

















Public Board of Directors

30 July 2020, 11:00 to 13:15
Board Room, Culture Centre, RVI/Starleaf Spotlight

Agenda

| | | | |
|---------------|---|------------|----------------------|
| 1. | Public Board of Directors Agenda | | |
| |  A0 BoD Public Agenda 30 JULY 20.pdf | (3 pages) | |
| 2. | Business Items | | 20 minutes |
| 2.1. | Apologies for Absence and Declarations of Interest | | Verbal Chairman |
| 2.2. | Minutes of the Meeting held on 24 June 2020 and Matters Arising | | Attached Chairman |
| |  A2 NuTH Public Board of Directors Minutes 24 JUN 20 CONFIRMED DRAFT.pdf | (13 pages) | |
| 2.3. | Meeting Action Log | | Attached Chairman |
| |  A3 BoD Public Board Actions JUL 20.pdf | (1 pages) | |
| 2.4. | Chairman's Report | | Attached Chairman |
| |  A4 Chairman report Jul 20.pdf | (5 pages) | |
| 2.5. | Chief Executive's Report | | Attached CEO |
| |  A5 CEO Board report July 20.pdf | (8 pages) | |
| 3. | Patients | | 60 minutes |
| 3.1. | Patient Story | | Attached ECN |
| |  A6(i) Patient Story 30.7.2020.pdf | (4 pages) | |
| 3.2. | Medical Director's Report, including: | | Attached MD/DCEO |
| |  A6(ii) Medical Director Report July 2020.pdf | (5 pages) | |
| 3.2.1. | Consultant Appointments | | BRP |

| | | |
|---------------|--|--------------------------------|
| 3.3. | Executive Chief Nurse Report | Attached ECN |
| |  A6(iii) Executive Chief Nurse Report - July 2020.pdf (13 pages) | |
| 3.4. | Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control (DIPC) Report, including: <i>Dr Lucia Pareja-Cebrian, DIPC, to dial in to present</i> | Attached & BRP |
| |  A6(iv) Healthcare Associated Infections - DIPC Report - July 2020.pdf (8 pages) | |
| 3.4.1. | Infection Prevention and Control Board Assurance Framework | BRP |
| 3.5. | Maternity CNST Report | Attached DQE |
| |  A6(v) Maternity CNST Incentive Scheme July 30th 2020 Board paper (FINAL).pdf (9 pages) | |
| 3.6. | Learning from Deaths Report | Attached DQE |
| |  A6(vi) Learning from Deaths July 2020.pdf (13 pages) | |
| 3.7. | Cumbria Cancer Update | Attached ECN |
| |  A6(vii) North Cumbria Oncology July 2020 v2.pdf (10 pages) | |
| 4. | People | 5 minutes |
| 4.1. | People Update | Attached HRD |
| |  A7 People Update Jul 20.pdf (10 pages) | |
| 5. | Pioneers | 10 minutes |
| 5.1. | Research & Development Update <i>Prof John Isaacs, Assistant Medical Director - Research & Development, to present</i> | Attached MD/DCEO |
| |  A8 Reinvigorating research in NUTH.pdf (10 pages) | |
| 6. | Performance | 33 minutes |
| 6.1. | Integrated Board Report - Quality, Performance, People & Finance | Attached DQE, COO, HRD & FD |
| |  A9(i) Cover Sheet - Board - Integrated Quality and Performance Report - 30th July 2020.pdf (1 pages) | |
| |  A9(i) Integrated Board Report JULY 2020.pdf (28 pages) | |
| 6.2. | Health & Safety Annual Report | Attached DQE |



6.3. Update from Committee Chairs

Verbal
Committee Chairs

6.4. Corporate Governance Update, including:

Attached & BRP
TS



7. Items to Receive

1 minutes

7.1. Date of Next Meeting:

Thursday 24 September 2020 via Starleaf

Verbal
Chairman

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

Verbal
Chairman

PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Thursday 30 July 2020 via StarLeaf Spotlight
Start time 11.00am

| Agenda | | | | | |
|----------------|--|----------|-----------------------------|-------------------|---------|
| Item | | Lead | Paper | Estimated Timings | Page No |
| Business Items | | | | | |
| A1 | Apologies for Absence and Declarations of Interest | Chairman | Verbal | 11:00am – 11:05am | |
| A2 | Minutes of the Meeting held on 24 June 2020 and Matters Arising | Chairman | Attached | | 4 |
| A3 | Meeting Action Log | Chairman | Attached | | 17 |
| A4 | Chairman's Report | Chairman | Attached | 11:05am – 11:10am | 18 |
| A5 | Chief Executive's Report | CEO | Attached | 11:10am – 11:25am | 23 |
| Patients | | | | | |
| A6(i) | Patient Story | ECN | Attached | 11:25am – 11:40am | 31 |
| A6(ii) | Medical Director's Report, including: a. Consultant Appointments | MD/DCEO | Attached & BRP | 11:40am – 11:50am | 35 |
| A6(iii) | Executive Chief Nurse Report | ECN | Attached & BRP | 11:50am – 12:00pm | 40 |
| A6(iv) | Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control (DIPC) Report, including: a. Infection Prevention and Control Board Assurance Framework <i>[Dr Pareja-Cebrian, DIPC to present this item]</i> | DIPC | Attached & BRP | 12:00pm – 12:10pm | 53 |
| A6(v) | Maternity CNST Report | DQ&E | Attached & BRP [Private] | 12:10pm – 12:15pm | 61 |
| A6(vi) | Learning from Deaths Report | DQ&E | Attached | 12:15pm – 12:20pm | 70 |
| A6(vii) | Cumbria Cancer Update | ECN | Attached & BRP | 12:20pm – 12:25pm | 83 |

| Item | | Lead | Paper | Estimated Timings | Page No |
|-------------------------|---|---------------------|--------------------------|-------------------|---------|
| People | | | | | |
| A7 | People Update | HRD | Attached | 12:25pm – 12:30pm | 93 |
| Pioneers | | | | | |
| A8 | Re-invigorating research in Newcastle Hospitals <i>[Professor John Isaacs, Associate Medical Director for Research, to present this item]</i> | MD/DCEO | Attached | 12:30pm – 12:40pm | 103 |
| Performance | | | | | |
| A9(i) | Integrated Board Report - Quality, Performance, People & Finance | DQ&E, COO, HRD & FD | Attached | 12:40pm – 12:55pm | 113 |
| A9(ii) | Health & Safety Annual Report | DQ&E | Attached & BRP [Private] | 12:55pm – 13:00pm | 142 |
| A9(iii) | Update from Committee Chairs | Committee Chairs | Verbal | 13:00pm – 13:10pm | |
| A9(iv) | Corporate Governance Update, including: a) Committee Annual Reports b) Committee Terms of Reference & Schedules of Business | TS | Attached & BRP | 13:10pm – 13:13pm | 157 |
| Items to Receive | | | | | |
| A10(i) | Date of Next Meeting: - Thursday 24 September 2020 via StarLeaf Spotlight | Chairman | Verbal | 13:13pm – 13:14pm | |
| A10(ii) | To resolve to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest. | Chairman | Verbal | | |

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

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DRAFT MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING HELD ON 24 JUNE 2020

| | | |
|-----------------|---|--|
| Present: | Professor Sir J Burn Dame J Daniel Mr M Wilson <i>(via Starleaf)</i> Mrs A Dragone Dr V McFarlane Reid <i>(via Starleaf)</i> Mr A Welch Ms M Cushlow <i>(via Starleaf)</i> Mr D Stout <i>(via Starleaf)</i> Professor K McCourt Mr K Godfrey <i>(via Starleaf)</i> [from 12:38pm] Mr S Morgan <i>(via Starleaf)</i> Ms J Baker <i>(via Starleaf)</i> [from 13:09pm] Mr J Jowett <i>(via Starleaf)</i> | Chairman Chief Executive Officer Chief Operating Officer Finance Director Executive Director for Enterprise & Business Development Medical Director/Deputy Chief Executive Executive Chief Nurse Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director |
|-----------------|---|--|

In Attendance:

Mrs C Docking, Assistant Chief Executive *(via Starleaf)*
 Mrs A O'Brien, Director of Quality and Effectiveness *(via Starleaf)* [from 12:38pm]
 Mr G King, Chief Information Officer *(via Starleaf)*
 Mr R Smith, Estates Director *(via Starleaf)* [from 12:36pm]
 Mrs D Fawcett, Director of Human Resources (HR) *(via Starleaf)*
 Mrs K Jupp, Trust Secretary
 Mrs F Darville, Deputy Trust Secretary *(via Starleaf)* [Minutes]

Observers (all via Starleaf):

Dr Lakkur Murthy, Public Governor
 Mrs Madeleine Elliott, Public Governor
 Mr Steve Connolly, Staff Governor [until 13:38pm]
 Mr Graeme Chapman, incoming Non-Executive Director
 Mr Bill MacLeod, incoming Non-Executive Director

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

20/44 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies for absence were received from Professor David Burn, Non-Executive Director and Mrs Pat Ritchie, Associate Non-Executive Director. The Trust Secretary advised that Ms Baker, Non-Executive Director, would join later in the meeting.

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There were no additional declarations of interest noted at this time.

The Chairman welcomed all observers, including Mr Graeme Chapman and Mr Bill MacLeod who would be joining the Trust in the coming weeks as Trust Non-Executive Directors.

It was resolved: to **note** the apologies listed.

ii) Minutes of the Meeting held on 26 May 2020 and Matters Arising

The minutes of the meeting were agreed as an accurate record, subject to the following amendments:

- to remove the references to Starleaf adjacent to Ms Baker and Ms Cushlow's names to reflect that they attended the meeting in person rather than via Starleaf as indicated.
- an amendment highlighted by the Chairman to the Trust Secretary to re-word the third paragraph on page 3 of the minutes to state: *Regarding testing, the Chief Executive highlighted the importance of the work undertaken within Trust laboratories to ensure that testing was effective and efficient, with results communicated in a timely manner.*
- an amendment highlighted by the Chairman to the Trust Secretary to change the order of words in the tenth bullet point on page 7 of the minutes.

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

iii) Meeting Action Log

It was noted that there were no outstanding actions on the meeting action log.

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

iv) Chairman's Report

The Chairman presented the report. The following points were noted:

- The recruitment process for two new Non-Executive Directors (NEDs) had concluded, with:
 - Mr Bill MacLeod due to be appointed as NED with financial expertise. Mr MacLeod, a Partner within PricewaterhouseCoopers (PwC) LLP, currently chairs the International Advisory Board of the Newcastle University Business School, as well as the Finance Committee of Newcastle Gateshead Initiative Limited.
 - Mr Graeme Chapman due to be appointed as NED with expertise in innovation and transformation. Mr Chapman holds an executive leadership role in Healthcare and Life Sciences within Microsoft.

Both Mr MacLeod and Mr Chapman would take up their positions during July, following satisfactory receipt of references and DBS clearance.

- The Chairman detailed his presentation at the House of Lords Science and Technology Committee, which discussed future developments in the field of large scale testing for COVID-19. Footage of the meeting was available via the link included within the report.

[The Estates Director joined the meeting at 12:36pm]

It was resolved: to receive the report.

v) Chief Executive's Report

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

- Responding to the COVID-19 pandemic remained the primary operational and strategic priority for the Trust. A small number of COVID-19 positive patients continue to be admitted, however the rate of admissions continues on a downward trend.
- Staff across the organisation continue to act and operate with the utmost professionalism and in an exemplary manner.
- The Chief Executive continues to hold regular meetings with individual teams, whilst observing social distancing rules, to understand the different experiences across the Trust. The feedback collated from these meetings will be used to inform the Flourish programme over the coming months.
- Following a reduction in the numbers of COVID-19 positive inpatients, activities have focussed on safely restarting non-COVID clinical services and resetting the way that these services are delivered to patients. Lessons learnt from the Trust's experience in responding to the global pandemic would be used to transform services to result in improved, higher quality, more personalised care to patients, and potentially more efficiently.

[Mr Godfrey and the Director of Quality and Effectiveness joined the meeting at 12:38pm]

- The Executive Team used an extended meeting to take stock of the Trust's strategic objectives through to 2024 to consider areas of opportunity and ensure current activities were fully aligned to the Trust strategy. The use of data and intelligence to transform services, drive quality improvements, reductions in health inequalities and deliver more personalised care was a significant area of opportunity.
- Regarding staff health and wellbeing, the Chief Executive detailed the work undertaken in collaboration with the Director of HR, the Assistant Chief Executive, the Executive Chief Nurse, and the Medical Director/Deputy Chief Executive to further develop the Trust's Flourish programme. A proposal would be presented to the July meeting of the Board of Directors detailing the Trust's ambitions regarding quality improvement, including the desire to work alongside a global improvement partner.
- The Trust's work in partnership with Newcastle City Council (NCC) to support the testing of residents and staff in the city's care homes was highlighted.
- The Trust's commitment to equality in light of the 'Black Lives Matter' social movement and the work already underway within the Trust to ensure that the thoughts and experiences of the Trust's Black, Asian and Minority Ethnic (BAME) patients and staff were listened to and acted upon was noted. This included ongoing discussions regarding the inequality of impact of COVID-19 on BAME communities and the introduction of a reverse mentoring scheme, of which the Chief Executive would be participating in.
- Recent networking activities, both on behalf of the Trust and as Chair of the Shelford Group, were highlighted. The Secretary of State for Health and Social Care and NHS England and Improvement (NHSE/I) had commenced engagement with the wider NHS around the recovery of activity following COVID-19 and preparations for winter.

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- Collaboration with Fenwick on the creation of a patchwork quilt of drawings received into the organisation by the children of staff. A tote bag had also been produced for sale within Fenwick's stores and online, which displayed artwork from the child of a staff member. Sale proceeds would be shared with the Trust charity.

In addition to his report, the Chairman added that the NEDs received a presentation from Lewis Gray, Consultant in Critical Care, on the Trust's management of COVID-19 in ICU and from Mrs Karen Pearce, Head of Equality, Diversity and Inclusion and Mr Surash Surash, Consultant Neurosurgeon, on the ethnic pay gap and workforce development within Newcastle Hospitals.

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

20/45 PATIENTS**i) Patient Story**

The Executive Chief Nurse advised that the Chair of the Health and Race Equality Forum (HAREF) was scheduled to attend the meeting however was unable to attend. The presentation was to highlight the partnership working with the Trust to understand and consider health inequalities experienced within BAME communities. It was agreed that the agenda item be deferred until the next meeting of the Board of Directors [**ACTION01**].

It was resolved: to **defer** the report until the next meeting of the Board.

ii) Medical Director's Report

The Medical Director/Deputy Chief Executive presented the report, with the following points to note:

- The report detailed the portfolios and responsibilities of the Corporate Medical Team, including Clinical Directors (CDs) and Associate Medical Directors (AMDs).
- Dr Lucia Pareja-Cebrian, AMD/Director for Infection Prevention and Control, Dr Gus Vincent, AMD for Quality and Patient Safety, Dr Ian Pedley, AMD/Trust Cancer Lead, and Dr Gail Jones, AMD/CD for Cancer Directorate, were commended for their work during the COVID-19 pandemic.
- Throughout COVID-19, the investigation, diagnosis and management of patients with suspected cancer remained a high priority. In relation to Cancer performance, the Trust observed a significant reduction in cancer referrals, which at its lowest, was 29% of pre-COVID-19 levels for the week commencing 6 April. This position had improved to 82% at the time of the meeting.
- The Trust continued to assess urgent patients in a timely manner, with both telephone and virtual appointments, and combined appointments, ensuring that patients only needed to be on site for one rather than multiple visits.
- Robust plans have been developed to respond to any future COVID-19 surges.
- Elective surgery has been re-established by ensuring that patients self-isolate for 14 days prior to being admitted to hospital and undergo swab testing preoperatively.

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a. Honorary Consultant Appointments

The Honorary Consultant Appointments, contained within the Board Reference Pack, were received.

b. Consultant Appointments

The Consultant Appointments, contained within the Board Reference Pack, were received.

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

20/46 PIONEERS**i) The Commercial Enterprise Unit**

The Director for Enterprise and Business Development presented the report, noting that:

- The majority of the Commercial Enterprise Unit (CEU) Team commenced their roles on 1 June 2020.
- The biographies of the CEU Team were included within the report. The team had a strong collection of skills and experience, comprising a mix of internal expertise, along with wider NHS and private sector experience.

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

20/47 PERFORMANCE**i) Integrated Board Report – Quality, Performance, People and Finance***Quality*

The Director of Quality and Effectiveness noted that the contents of the report should be interpreted with caution, as it was difficult to reasonably compare the reported data with previous months and years due to the impact of the COVID-19 pandemic. The following salient points were noted:

- Bed occupancy was circa 50% of 'business as usual' levels, patient acuity was different to the pre-COVID position and elective surgery was cancelled during April and May.
- At the start of May, there were 120 COVID-19 positive patients receiving treatment in the Trust. This reduced to 40 at the end of the month.
- There were no cases of MRSA bacteraemia reported during May, and one case of MSSA reported which continued the downward trend within the Trust.
- Of the 1,234 patient safety incidents reported, 11 were categorised as Serious Incidents, with 0.8% of cases reported in May as having resulted in severe harm or death. Nationally, Newcastle Hospitals reported fewer incidents that result in severe harm or death than other similar providers.
- One Never Event was reported during the month, which related to the misinterpretation of an x-ray and an associated misplaced nasogastric tube. It was

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confirmed that the incident did not result in lasting harm to the patient. Our Duty of Candour process was followed and the incident was fully investigated.

- In total, there were 149 deaths reported in May 2020, which was lower than in the previous 12 months. It was noted however that the Trust had a very different patient cohort than the previous year and reduced occupancy due to COVID-19.

The Board discussed the need to revisit the format of the Integrated Board Report to enable greater comparability within the wider context of COVID-19. The Chief Operating Officer and Director for Enterprise and Business Development agreed to revisit the report format and present a revised version at the next meeting of the Board in July **[ACTION02]**.

- The Director of Quality and Effectiveness advised that the Trust's mortality indicators reflected favourable critical care outcomes. Further, it was noted that the Trust was participating in a regional comparison with the regional mortality group to analyse cohort demographics and COVID mortality across the region.

Performance

The Chief Operating Officer noted the following salient points:

- Accident and Emergency (A&E) performance continued to be positive, with the Trust narrowly missing the 95% 4 hour wait target at 94.9% for May. A decrease in activity within the Trust's Walk In Centres was observed against the same period last year. It was further advised that those patients attending were overall more poorly and as a result, there was a higher conversion rate to inpatient admissions.
- Regarding Delayed Transfers of Care, the positive position reported for May was due to proactive work undertaken early in the pandemic to ensure that there were reduced numbers of non-COVID patients within the hospital to respond to COVID surges.
- As a result of the requirement to prioritise the Trust's resources to manage COVID-19, elective activity was cancelled.
- Throughout April and May, the Trust received urgent and cancer referrals from GPs, with eReferral having been turned off for routine appointments following national guidance. Referrals in May were noted to be less than half of previous levels, with the latest data for June demonstrating a 37% reduction. Penalties for non-compliance with Referral to Treatment targets were currently suspended due to COVID-19.
- The challenges associated with increasing elective activity were highlighted, in light of an increased waiting list and social distancing and screening requirements.
- Work to reassure patients that it was safe to return to hospital was underway as part of the 'Restart, Reset and Recovery' programme.

[Ms Baker joined the meeting at 13:09pm]

- Diagnostic performance remained a challenge and the trust continues to use independent sector capacity.
- Outpatient activity had decreased by circa one third. The latest available data demonstrated the improvement in the position because of the implementation of telephone or video appointments. The benefits in relation to both patient experience and the environmental impact due to the reduction in car travel were noted.

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- Regarding Cancer performance, the Chief Operating Officer advised that the Trust continued to prioritise the most unwell patients to ensure that their needs were met. Referrals fell to 27% of pre-COVID-19 levels during the week commencing 6 April. This position had improved and as at 8 June, referrals were 84% of pre-COVID levels.

Mr Morgan queried whether data was available regarding the transmission of COVID-19 in care homes. The Chief Operating Officer advised that such data was not available. The Collaborative Newcastle partnership (as highlighted under agenda item 20/48 i) included provision to ensure that care home staff were supported in the management of COVID-19.

The Chief Executive advised that the Command Centre, created as part of Collaborative Newcastle, allowed for the oversight of activity across all health and social care beds in Newcastle.

Mr Morgan went on to query the ways in which the Trust would seek to reassure the public that it was safe to attend hospital appointments. The Chief Executive advised that work continued within the Trust's Communications department; which would be supported by wider regional communications from NCC, the Integrated Care System and NHSE.

The Assistant Chief Executive advised that feedback was being collected from patients who declined appointments to help to understand the factors that prevented people attending hospital. It was hoped that the recent requirement for hospital staff to wear facemasks would have a positive impact. Local media had been welcomed into the Trust to observe that services continued to be provided safely for those patients that needed them in order to increase public confidence. Targeted communications had been undertaken in areas of concern, such as paediatrics and cancer services.

The Chief Executive added that organisations had been asked to submit forecasts for activity based on current restrictions.

Mr Jowett queried whether funding, both in terms of capital and revenue, would be made available to Trusts to improve activity and performance levels and whether this would be recurrent or non-recurrent.

The Finance Director advised that there were three main areas of consideration:

- Managing COVID-19 – national funding had been made available, where reasonable, to continue to respond to the pandemic;
- The cost to 'catch up' activity – no additional funding had been identified/made available to assist organisations in this regard; and
- The return to 'business as usual' – the Trust must ensure that it resets activity to a level that is affordable within the new financial regime.

Mr Jowett highlighted that there was a need to ensure that the Trust was adequately addressing staff wellbeing given that in the report, circa 40% of non-COVID-19 related sickness absence was related to mental health.

People

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The Director of HR presented the People element of the report, noting that a meeting of the People Committee was held on 16 June. The following points were noted:

- In relation to Mr Jowett query around non-COVID-19 related absence, a 'deep dive' into the matter was currently underway; particularly in relation to the Additional Clinical Services and Nursing and Midwifery staff groups who were particularly impacted. The Trust was actively reviewing its health and wellbeing offer to staff and had launched a COVID-19 wellbeing survey to all staff, including learners and trainees, to collate feedback to shape future support. The survey would include doctors in training.
- In relation to COVID-19 related absence, including those staff who were self-isolating and shielding, monitoring continued. Following the recent Government announcement that shielding would be lifted for some of those affected on 1 August 2020, the Trust was actively reviewing the ways it could support staff to return to work where possible.
- Workplace risk assessment guidance was released to staff to allow an assessment of staff areas to be undertaken to ascertain whether such areas could be defined as 'COVID-19 secure'.
- In relation to the wearing of facemasks, it was noted that there had been a mixed response from staff, however the Trust was fully engaged with staff groups and trade union representatives to ensure that safety of staff remained a priority.

Finance

The Finance Director presented the Finance element of the report, noting that the content had been reduced due to the financial regime currently in operation because of COVID-19. It was noted that:

- Contracting performance was currently suspended until 31 July 2020. The Trust was currently being fully compensated for activity undertaken in relation to both COVID-19 and business as usual activity.
- Financial risk ratings and provider sustainability funding had been suspended.
- The Trust had spent £6.1 million capital, £1.2 million ahead of Plan.
- A strong cash balance was reported.

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

ii) Update from Committee Chairs*Audit Committee*

Mr Stout, Chair of the Audit Committee, noted that the recent extraordinary meeting took place on 15 June 2020. The following key points were noted:

- The Annual Report and Accounts for 2019/20 were received and approved for submission to the Trust Board. The Chief Executive joined the meeting to present the Annual Governance Statement, detailing changes in content from the previous year and the revised reporting requirements in response to COVID-19.
- The Draft Head of Internal Audit Opinion was received which demonstrated a good level of assurance.

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- The Committee considered the Internal Audit Plan for 2020/21, noting the slight delay in commencement of the plan due to COVID-19. The Plan would therefore be reduced to focus on the core audits required to inform the Head of Internal Audit Opinion.
- Mazars LLP, the Trust's External Audit provider, presented the Audit Completion report. It was noted that no issues of concern had been raised and therefore an unqualified audit opinion would be issued. Mazars LLP spoke highly of the assistance provided by Trust staff, despite the challenges associated with the impact of both COVID-19 and the implementation of a new Trust ledger.
- The Annual Report of the Committee, including the Terms of Reference and Schedule of Business were received. Small amendments were proposed and agreed.

People Committee

Mr Jowett, Chair of the People Committee, noted that the recent meeting took place on 16 June 2020. The Committee had not met since February as the last scheduled meeting of the Committee coincided with the peak of COVID-19. The following key points were noted:

- The Committee received and discussed a deep dive into short-term sickness absence.
- The agenda for the meeting focussed primarily on the impact COVID-19 has had on staff and overall HR processes. This included amendments made to the provision of learning and education, such as virtual induction, and recruitment, through to the utilisation of virtual employment checks to ensure any potential delays to start dates were minimised.
- The Assistant Chief Executive provided further detail around the provision of frequent and regular communications for staff, which have been critical to the Trust response.
- The Chief Operating Officer provided an update on the Trust testing provision.
- An update on the Reset and Recovery programme was received from the Director of HR, highlighting support for vulnerable staff, BAME staff and flexible working provision. This included the introduction of 'wobble rooms' to ensure staff had sufficient space to take some confidential time out to manage the pressures of delivering services.
- The introduction of a pulse survey was also highlighted with the feedback to be considered by the Committee at a future meeting.
- The workforce plans for the Nightingale Hospital North East (NHNE) were discussed, providing good assurance that they were sufficient should the facility be required.
- The Annual Report of the Committee was considered, along with the Terms of Reference and Schedule of Business. Some minor amendments were proposed and agreed. The Committee agreed to continue meeting on a bi-monthly basis.

Professor McCourt added that the People Committee had discussed the provision of improved IT access with the Education Centre facilities within the Trust and queried when the work would be completed. The Chief Information Officer advised that the upgraded network links had now been installed. He added that this would now be progressed with completion anticipated before the end of July.

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

iii) Corporate Governance Update

The Trust Secretary presented the report, highlighting the inclusion of updates relating to the Council of Governors election, NED recruitment and the completion of the Annual Reports of the Committees.

An update regarding the completion of the Annual Report and Accounts for 2019/20 was provided, noting the changes to both the content and timescales because of COVID-19. Thanks were extended to Fay Darville, Deputy Trust Secretary, for the coordination of the Annual Report and Accounts, which would be presented for approval during the private session of the Board meeting.

It was resolved: to receive the report.

20/48 PARTNERSHIPS

i) Collaborative Newcastle

The Chief Operating Officer presented the report, asking the Board of Directors to note the significant progress made and endorse the general direction of travel of the programme. It was noted that this report built upon previous board development sessions and discussions held in private Board of Director meetings. The following points were noted:

- Creating collaborative partnerships across geographical regions emerged as a key theme from the Long Term Plan, published in 2019, with the intention of improving integration of health and social care services. A Joint Executive Group (JEG) was established to include Chief Executives from the Trust, the Newcastle Gateshead Clinical Commissioning Group (CCG), Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) and Newcastle City Council (NCC). Additionally, a Joint Delivery Group (JDG) was created with Director representatives from collaborating organisations. This was created under the 'Collaborative Newcastle' umbrella.
- The main aim of the collaboration was to build upon the shared interest of improving the overall health of the population.
- Regarding the operational model, the primary focus was to explore how to further integrate community services within the Trust with Social Care services to ensure the best service and avoid duplication.
- Primary Care Networks (PCNs) were established across the city on a geographical basis to encourage increasing collaboration on clinical pathways. The Clinical Directors for each of the PCNs were all fully engaged in the Collaborative Newcastle programme.
- A Command Centre was created to collate and share data from, and with, Health and Social Care providers across the city to allow for more rapid response of patient discharge and bed management in the city.
- JDG meetings moved from fortnightly to daily during the COVID-19 pandemic to respond to health and social care pressures arising across the City. A number of new developments were introduced, including the establishment of 'hot clinics' in GP surgeries to provide support to care homes.
- Section 3 of the report also detailed the creation of the COVID-19 Vulnerable Older People (COVOP) Action Group, which developed a range of initiatives to assist vulnerable older people during the pandemic and facilitated information sharing,

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relationship building and innovative service development at scale and pace across organisations.

- Phase 2 of the Government response to the pandemic involved the delivery of ‘test, track and trace’ across cities. Newcastle had been selected as one of eleven cities to pilot the model. This enabled input into the national policy regarding the rollout across all cities and demonstrated the strength in working collaboratively. It was anticipated that the model would be utilised to deliver the flu vaccination programme and allow for further agility in response to pressures across the city.
- Section 5 of the report detailed the governance structure in place, with further work required on the overarching legal framework.
- The Five C’s, the agreed priorities for the JDG, were outlined in section 6. The fifth C, which previously related to ‘Capital’, now explicitly refers to COVID-19, with ‘Capital’ merging into another priority.

Mr Godfrey commended all involved and queried the rationale for the geographic boundaries for the PCNs. The Chief Operating Officer explained that the creation of PCNs was mandated nationally and there were seven within the boundaries of the city, split across the west, north and east. It was noted that there were similar arrangements in place across Northumberland, Gateshead and North Tyneside.

Ms Baker queried how learning as a result of ‘grassroots’ responses to COVID-19 would be captured and utilised moving forward. The Chief Operating Officer advised that Collaborative Newcastle sought to capture the social response to the pandemic in a ‘bottom up’ model. In addition, senior leaders from the voluntary and community sectors were represented on the JDG. Areas currently explored included challenges with Personal Protective Equipment (PPE). The Chief Operating Officer suggested inviting Judith Hay, Director of Children’s Services for NCC, to a future Board Development session to highlight work underway. The Chief Operating Officer agreed to arrange this with the Trust Secretary **[ACTION03]**.

Ms Baker noted that a reduction in drug related deaths had been observed during the pandemic due in part to changes in the ways in which methadone was distributed and queried whether this would continue going forward. The Chief Operating Officer advised that lessons learnt from COVID-19, and in particular, ‘what worked well’ would be continued.

Mr Jowett noted the caution identified with developing a new legally binding arrangement. The Chief Executive advised that the Trust and its partners looked to other similar collaboratives across the country and noted that establishing a legal agreement provided clarity over funding arrangements and responsibilities and that there would be further opportunities for the Board to consider this framework agreement.

It was resolved: to **receive** the report and support the direction of travel.

20/49 **ITEMS TO RECEIVE****i) Date and Time of Next Meeting:**

Agenda item A2

The next meeting of the Board of Directors was scheduled for 11am on Thursday 30 July 2020 in the Board Room, Culture Centre, RVI.

Due to Government guidelines on social distancing, Starleaf videoconferencing will be available for both participants and observers.

- ii) **Members of the press and public were excluded from the meeting in accordance with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest**

The meeting closed at 14:00pm.

DRAFT

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BOARD MEETINGS - ACTIONS

Agenda item A3

| Log No. | BOARD DATE | PRIVATE / PUBLIC | AGENDA ITEM | ACTION | ACTION BY | Previous meeting status | Current meeting status | Notes |
|---------|--------------|------------------|--|---|-----------|-------------------------|------------------------|--|
| 74 | 24 June 2020 | Public | 20/45 PATIENTS i) Patient Story | The Executive Chief Nurse advised that the Chair of the Health and Race Equality Forum (HAREF) was scheduled to attend the meeting however was unable to attend. The presentation was to highlight the partnership working with the Trust to understand and consider health inequalities experienced within BAME communities. It was agreed that the agenda item be deferred until the next meeting of the Board of Directors [ACTION01] . | K Jupp | | | <u>29/06/20</u> - Request to reschedule sent to Tracy Scott. <u>23/07/20</u> - Story included in agenda for July Board meeting. |
| 75 | 24 June 2020 | Public | 20/47 PERFORMANCE i) Integrated Board Report - Quality, Performance, People and Finance | The Board discussed the need to revisit the format of the Integrated Board Report to enable greater comparability within the wider context of COVID-19. The Chief Operating Officer and Director for Enterprise and Business Development agree to revisit the report format and present a revised version at the next meeting of the Board in July [ACTION02] . | S Lewis | | | <u>29/06/20</u> - Request sent to Stephen Lewis. <u>23/07/20</u> - Revised report format presented in the Integrated Board Report for the July Trust Board meeting. |
| 76 | 24 June 2020 | Public | 20/48 PARTNERSHIPS i) Collaborative Newcastle | The Chief Operating Officer suggested inviting Judith Hay, Director of Children's Services for NCC, to a future Board Development session to highlight work underway. The Chief Operating Officer agreed to arrange this with the Trust Secretary [ACTION03] . | K Jupp | | | <u>29/06/20</u> - Contact details shared with K Jupp to schedule for a future session. |

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



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

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|-------------------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Chairman's Report | | | | | | |
| Report of | Professor Sir John Burn, Chairman | | | | | | |
| Prepared by | Fay Darville, Deputy Trust Secretary | | | | | | |
| Status of Report | Public | Private | | | Internal | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Purpose of Report | For Decision | For Assurance | | | For Information | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | |
| Summary | The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Board meeting. | | | | | | |
| Recommendation | The Trust Board are asked to note the contents of the report. | | | | | | |
| Links to Strategic Objectives | Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Provides an update on key matters. | | | | | | |
| Reports previously considered by | Previous reports presented at each meeting. | | | | | | |

CHAIRMAN'S REPORT

This month, the newly elected members of the Council of Governors undertook their virtual induction, hosted by the Trust Secretary, Kelly Jupp, and myself. The induction covered a number of key areas, including the composition of the Trust's Board of Directors and the Trust's governance structure.

Elected Governors give their time freely to represent the members, both public and staff, of the Trust. In essence, their responsibility is to act as "the people on the Clapham omnibus" but more specifically:

- To hold the Non-Executive Directors (individually and collectively) to account for the performance of the Board of Directors;
- To represent the interests of the members of the Trust as a whole and the interests of the public; and
- To have specific statutory duties as set out within the Health and Social Care Acts.

Overall, this amounts to ensuring that sufficient oversight is maintained on the efficient and effective use of more than a billion pounds of tax payers' money.

As Chair, I am appointed by the Governors and act as their Chair alongside my chairing responsibilities to the Board of Directors. In addition to chairing the Board itself and supporting the Chief Executive and her Executive Team in the delivery of the Trust strategy, my role includes helping to represent the Trust in the wider social and political environment in which we must operate.

The focus of my activities for this month has been dominated by the annual appraisals of the individual Non-Executive Directors (NEDs) and going through my own annual appraisal with the Senior Independent Director (SID). A key learning point arising from this exercise was to recognise the vast expertise of our Non-Executive Directors who fulfil a critical role yet receive very little publicity.

The SID, as he is affectionately known, is Mr Keith Godfrey, a former obstetrician and Medical Director in Gateshead. The official title refers to the need to appraise the Chair and act as Deputy Chair for the Council of Governors. Keith also brings his extensive experience to bear in chairing the Charitable Funds Committee which supports the Board in management of the generous donations we receive each year.

The longest serving NED is Mr David Stout, who chairs the Audit Committee. The Audit Committee is a statutory requirement and is responsible for the oversight of the financial reporting, risk management and audit processes, the system of internal control and compliance with laws and regulations. In particular, they ensure the annual accounts are reviewed and endorsed for approval by the Trust Board. The accounts are audited by an external auditor whose appointment is led by the Business and Development Working Group of the Governors. The Chair of the Audit Committee must have a formal financial qualification. As I reported last month, to ensure continuity, we took the opportunity of a NED vacancy this year to appoint Mr Bill MacLeod as David's replacement to allow an

Agenda Item A4

orderly transition, a year before David steps down. David continues as Deputy Chair of the Board.

David is supported on the Audit Committee by the NEDs who chair the three principal Board Committees, introduced in 2019 to ensure adequate assurance was provided to the Board of Directors following the streamlining of the large number of committees and sub-committees previously in operation, being:

- Mr Jonathan Jowett, Chair of the People Committee;
- Professor Kath McCourt, Chair of the Quality Committee; and
- Mr Steven Morgan, Chair the Finance Committee.

Jonathan is a lawyer by background and Company Secretary of Greggs PLC, one of our region's leading companies.

Kath is a former nurse, Pro Chancellor and retired Executive Dean of the Faculty of Health and Life Sciences at Northumbria University. She remains a leading figure in nursing, and nursing education, at national and international levels. Her conversation with the Queen as part of the celebration of the year of the Nurse was broadcast a few weeks ago. She is an honorary Colonel, 201 Field Hospital Newcastle upon Tyne, and ensures our Trust retains its high standing in relation to the Armed Forces.

Steven lives in Cumbria where he is a local councillor and leads community initiatives in addition to continued work as a consultant with vast expertise in nuclear projects. His diverse former life includes overseeing the building of Heathrow Terminal 2, being Commercial Director for the Ministry of Defence and in the more distant past being a US Navy Rear Admiral.

Jill Baker joined the NED team last year. She has extensive experience of the "third sector" and is currently Director of Development at the Lloyds Bank Foundation, the charitable arm of Lloyds Bank. She will take over from Keith Godfrey later this year as Chair of the Charitable Funds Committee. Along with our other new NED, Graeme Chapman, who was also introduced last month, Jill attends the People Committee and has now joined the Appointments and Remuneration committee which I chair; this Committee has responsibility for the appointment and remuneration of Directors and senior members of Trust staff.

Similarly, NEDs are part of the other main committees to ensure effective oversight and to support the respective chairs. Pre COVID-19, the NEDs were involved in a range of other activities such as chairing consultant appointment panels and other groups, however such activities were paused or altered as a consequence of the pandemic response.

The two remaining members of the NED team are Professor David Burn, Pro Vice Chancellor of the Medical Faculty of Newcastle University and our Associate Non-Executive Director Mrs Pat Richie, Chief Executive of Newcastle City Council. Both bring great expertise and experience as leaders of two of our most important partner organisations.

Collectively, the NEDs make a key contribution to the success of our organisation. Their wisdom will be of particular importance as we navigate the challenges of recovery from the pandemic and adapt to the new issues raised by integration across our Integrated Care

Agenda Item A4

Partnership covering the Tyne Valley and Northumberland and the Integrated Care System involving the NHS organisations and Councils across the North East and North Cumbria.

RECOMMENDATION

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

Report of Professor Sir John Burn

Chairman

22 July 2020

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TRUST BOARD

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|-------------------------------------|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Chief Executive's report | | | | | | |
| Report of | Dame Jackie Daniel, Chief Executive Officer | | | | | | |
| Prepared by | Caroline Docking, Assistant Chief Executive Alison Greener, Executive PA to the CEO Andrew Edmunds, Principal Adviser | | | | | | |
| Status of Report | Public | Private | Internal | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Purpose of Report | For Decision | For Assurance | For Information | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| Summary | <p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • An update covering the Trust's response to the coronavirus outbreak since the last Public Board meeting. • An update on the Collaborative Newcastle agenda. • Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements. | | | | | | |
| Recommendation | The Board of Directors are asked to note the contents of this report. | | | | | | |
| Links to Strategic Objectives | This report is relevant to all strategic objectives and the direction of the Trust as a whole. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | This is a high level report from the Chief Executive Officer covering a range of topics and activities. | | | | | | |
| Reports previously considered by | Regular report. | | | | | | |

CHIEF EXECUTIVE'S REPORT

1. CEO OVERVIEW

Responding to the COVID-19 pandemic has been the principal operational and strategic priority for the Trust during the month, and we continue to care for small numbers of patients with a confirmed COVID diagnosis.

Sunday 5th July 2020 marked the 72nd birthday of the NHS and social care system and the nation took the opportunity to say thank you to everyone who has contributed to the UK response to the pandemic. The final and biggest 'Clap for our Carers' was an incredible recognition of what our staff and key workers have achieved. The day culminated in a moving moment of reflection as the Great North Children's Hospital was illuminated with artist Ian Berry's 'Clapping Hands' and very poignant black and white images captured during lockdown which formed part of a poem produced by our Chaplaincy team.

Having experienced arguably the most challenging period in the history of our health and social care system, our staff continue to respond with the utmost professionalism to the pressures that the pandemic is creating on their working environment and personal lives. Many have understandably spent some time reflecting on the pressures of being at the very frontline of the response. As I've met with groups of staff, they have talked about their feelings of fear and helplessness, as well as pride in their actions and the care they have provided to patients. Although this initial period of frontline pressure has subsided, the pandemic has not ended and we must not forget the longer term impact it will have on our communities. Ensuring that our staff are properly supported and have access to the resources and space they need to recover will be a key part of our Flourish at Newcastle Hospitals programme and the executive and senior management teams' focus over the coming months.

Restart, reset and recovery – 'building back better'

Importantly for our patients, the majority of our non-COVID clinical services are restarting, although in a very different way to pre COVID-19. This continues to present new and often unexpected challenges – such as how to best test patients for COVID prior to admission, and what changes to the physical environment are needed to ensure social distancing.

The safety of our staff and patients is paramount, and balances the increasing need to provide non-urgent and other elective care to patients as soon as is practicable.

Our activity levels are steadily increasing across the board, from around 50% on average in May to around two-thirds at present. We have also seen our referrals pick-up, although they remain lower than we would otherwise have expected.

A key part of our service restart is to provide things in a different, transformative way. One of the largest changes has been to outpatient and other planned appointments, where approximately 50% of are now being conducted virtually each month. The knock-on benefits of this are significant and support our commitment to being zero carbon – we estimate that

Agenda item A5

this saves around 60,000 miles travelled in total, and around 160 tonnes of carbon dioxide each month.

Testing

Our testing regimes for staff, patients and families of staff are continuing. A particular time limited focus has been on antibody testing, where we have performed tests for around 80% of our staff to date. This is an incredible achievement over such a short period of time, with over 1,000 staff being tested in the first 48 hours the tests became available. The positive rate for the trust is lower than the national population average, which firmly shows how successful our efforts were to protect staff and prioritise their safety through the availability of PPE and other measures.

We continue to play an important role in the City of Newcastle's local test and trace system, ensuring that our testing capacity supports this city-wide response by providing timely results and supporting data. The City Council has set out its COVID Control Plan which outlines the local response to new cases and outbreaks of COVID in the city. It is clear on how we as civic partners can work in wraparound groups to support particularly vulnerable communities – in particular care homes – as well as the ongoing recovery plan for our City and the local economy.

Collaborative Newcastle

Test and trace is one example of the opportunities to improve services and ways of working from our Collaborative Newcastle agenda. Under this banner, the civic partners are working together and using our combined impact to improve the health, wealth and wellbeing of those who live and work in the city.

The Newcastle City Futures Board met for the first time on 29 June. This is the refreshed Health and Wellbeing Board that Newcastle City Council is required to host under the Health and Social Care Act 2012. This Board now has an updated membership and will bring this collective strength to focus on tackling the health inequalities that the City faces. A particular initial focus of the Board will be on supporting the COVID Control Plan and pandemic recover actions.

At a workshop on 7 July, the Joint Executive Group met and further developed our approach to the agreements which will underpin Collaborative Newcastle. We want Newcastle to lead the way in developing new ways of working that make best use of our collective resources to improve health and services in the City. Work continues at pace to continue this positive approach.

Academic Health Science Centre

I reported to the Board in our Public Board Meeting on 26 May that Newcastle Health Innovation Partners¹ have been awarded Academic Health Science Centre (AHSC) status for

¹ a partnership between our organisation, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Newcastle University, Newcastle City Council, and North East and North Cumbria Academic Health Science Network.

Agenda item A5

5 years. Work has been steadily progressing to develop the Centre, and begin to outline its work programme of health and care research and innovation. A key focus of this establishing work has been to make initial appointments, and I am pleased to confirm that Peter Noble will be the AHSC Chief Operating Officer. Peter brings a wealth of experience from other AHSCs and is a fantastic addition to the team. We welcome Peter to this role and look forward to working closely with him in the coming months to further establish the Centre.

Climate change

On 27 June we also recognised the one year anniversary of our declaration of a Climate Emergency. The bold action and decision that the Board took in 2019 is a critical acknowledgement of the climate crisis which threatens population health. We have committed to rapidly reduce our carbon emissions and work with our civic partners to deliver a zero carbon Newcastle. Building on our long-term success and leadership in this area, over the last year we have made some significant improvements and strong progress in many areas, including:

- Achieving a 5% reduction in direct carbon emissions over the last year;
- Banning diesel for all new fleet, lease and hire vehicles;
- Recycling 43% of our non-clinical waste;
- Installing more electric vehicle charging points on our sites;
- Delivering a 45% reduction in the carbon footprint associated with volatile anaesthetic gas use; and
- Delivering a 16% reduction in heat demand at the Freeman Hospital from Estates improvements.

I am also a part of the NHS Net Zero Expert Panel, which met on 9 July, and which is advising the NHS as a whole on delivering net zero by 2040. At this meeting we agreed our immediate plans that set out the detail that underpins this ambition, and how we will measure and track progress. We also recognised how the COVID pandemic has had a mixed impact on all our ambitions. Whilst there are positives from examples such as the reduced number of patient and visitor journeys to our hospitals (as mentioned above) and the carbon savings from this, we are also using a significant amount of single-use PPE each day. The national plans will be set out in the coming months, and I will be leading the engagement with the provider sector on behalf of the panel.

Black, Asian and Minority Ethnic (BAME) Reverse Mentoring Programme

Myself, members of the Executive Team, and other trust senior leaders have embarked on a journey of 'reverse mentoring'. This aims to enable those working at a senior level to understand the challenges staff from diverse backgrounds can face in the workplace, reflect and learn from those experiences.

We have 52 members of staff taking part in the process and we plan to evaluate the impact of this programme to support our goal of challenging under representation and encouraging diversity in leadership positions.

Agenda item A5

Since the introductory session on 25 June, I have held an introductory meeting with my mentor and we will be meeting regularly from the summer onwards. This programme is a fantastic opportunity for all of us to test, expand, and strengthen our knowledge of BAME issues and concerns. I am particularly keen to exchange views and insight into how we can tackle inequality, and what further actions the senior leadership team can take to make a difference.

2. NETWORKING ACTIVITIES

Where it has been safe to do so with social distancing, I continue to meet with different groups of staff to speak openly with them about how they are feeling, their experiences and thoughts, and the opportunities for the months ahead. Since my update to the 24 June Public Board meeting I have met with staff from our intensive care units, Physiotherapy, Occupational Health and Pharmacy teams.

There were a number of common themes in the feedback. I heard in more detail about the new and enhanced services which different teams established; the rapid and changing official advice; their approach to learning throughout the early stages of the pandemic, and the emotional toll that such challenges have brought.

These meetings are always a reminder of the exceptional hard work from staff in all parts of the organisation. They continue to be incredibly valuable, and I appreciate the open and honest discussion we have had. They are feeding into and informing our #FlourishAtNewcastleHospitals programme, and give me an important insight into the huge range of personal impacts the pandemic has had on our people and teams.

On 24 June I joined a webinar run by the NHS wellbeing community #caringforNHSpeople alongside Prerana Issar, Chief People Officer for NHS England and NHS Improvement, which focused on how we can support the health and wellbeing of our LGBTQI+ people during and beyond the COVID-19 pandemic. This coincided with NHS Pride week, and was a good opportunity to discuss these issues and engage with a number of leaders in this area. On the evening of 26 June a virtual NHS Pride event was held, recognising this very important highlight of the LGBT+ calendar, and featured music, poetry, comedy and video messages of support.

My activities through chairing the Shelford Group have also continued. We have had conversations with national leaders, including:

- Matt Hancock MP, the Secretary of State for Health and Social Care, who outlined his thanks to the Shelford trusts, and set out his emerging vision for the future of the NHS and the ongoing response to COVID-19.
- Jeremy Hunt MP, Chair of the Health Select Committee, who provided his reflections on the future pressures facing the NHS and social care, and the role of large providers such as Newcastle Hospitals to use their expertise, capacity and capability to transform these services.
- Amanda Pritchard, Chief Operating Officer for NHS England and NHS Improvement, who has been central to the national response to the pandemic.

Agenda item A5

Alongside this, the CEOs from the Shelford Group trusts met for an extended meeting to share reflections from the first stage of the COVID pandemic, and outline where we can further support our local partners, government and the national NHS bodies, our patients and the public. As ever, it was very useful to engage with colleagues and identify where our collective strengths are as large NHS anchor organisations with high levels of research and innovation expertise.

3. AWARDS AND ACHIEVEMENTS

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.

- Leading immunology experts, Honorary Dermatologist Professor Muzlifah Haniffa and Professor Sophie Hambleton, an Honorary Immunologist, were elected to join the prestigious Academy of Medical Sciences' Fellowship in recognition of their exceptional contributions to world-leading research. They join a cohort of 50 like-minded clinical leaders and are two of the 19 female Fellows, contributing to the growing diversity of the Fellowship.
- Alyson Laws, a specialist nurse for continence in the community, was awarded the title of Queen's Nurse reflecting her commitment to high standards of patient care, education, and leadership in continence care. Alyson has helped to develop the service across the city which, in turn, has improved the quality of life for thousands of people.
- Pharmacists at the RVI were the first in England to use an 'electronic prescription service' as part of a pilot scheme during the pandemic, which not only helped families (saving one a 50-mile round trip) but has also taken the pressure off our busy outpatient pharmacy and GP's. While the pilot finishes this month, the experience gained will be used to inform the development of the system and subsequent roll-out next year, facilitating care closer to home and reducing unnecessary journeys for our patients.
- Patients rated Newcastle Hospitals amongst the best performing trusts in the Care Quality Commission's national inpatient survey which gathers their views on all aspects of care such as the hospital environment, communication and patient experience. We are grateful to everyone who took the time to respond to the survey - it is one of the ways we capture feedback to drive further improvement.
- The Trust was highly commended twice in the Employers Network for Equality & Inclusion Awards for our work with NHS organisations across the region to hold a recruitment event for the BAME community, as well as our Project Choice programme, which offers a pathway to employment for young people with neurodiverse conditions.

Agenda item A5

- CRUK Research Nurse Specialist Ben Hood has been named a finalist in the ‘Excellence in Cancer Research Nursing’ category of the RCNi Awards for his role in developing a pilot project to highlight the role of clinical research nurses in cancer services that could be used across the UK. A virtual awards ceremony will be held later this year.

In July, we launched our People at Our Heart Awards – replacing the long-standing Personal Touch Awards – to reflect our values and ethos of putting people at the heart of everything we do.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
22 July 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

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|-------------------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Patient Story | | | | | | |
| Report of | Ms Maurya Cushlow, Executive Chief Nurse | | | | | | |
| Prepared by | Mrs Tracy Scott, Head of Patient Experience Mr Peter Towns Associate Director of Nursing | | | | | | |
| Status of Report | Public | Private | | | Internal | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Purpose of Report | For Decision | For Assurance | | | For Information | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | |
| Summary | There are numerous, often complex, reasons why Black, Asian and Minority Ethnic (BAME) communities face specific health issues and health inequalities, more recently during the COVID-19 pandemic these communities have not only encountered an increased risk of mortality but also increased difficulties in accessing services. This story shares the Trusts partnership working with the Health Race Equality Forum (HAREF) during COVID 19 and how this joint working and information sharing has been used to improve BAME patient experience during such challenging times. | | | | | | |
| Recommendation | The Board of Directors is asked to read, discuss and acknowledge the experience shared in this paper. | | | | | | |
| 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 |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Involving and engaging with 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. The patient story presented in this paper was originally scheduled for discussion at the June Trust Board meeting and deferred to allow a representative from HAREF to attend/present. | | | | | | |

PATIENT STORY

1. EXPERIENCE OF BLACK, ASIAN AND MINORITY ETHNIC (BAME) PATIENTS DURING COVID19

COVID-19 transmission, morbidity, and mortality can be exacerbated by the challenges faced by some members of BAME groups. The most recent research from the UK suggests that both ethnicity and income inequality are independently associated with COVID-19 mortality. Individuals from BAME groups are also more likely to work in occupations with a higher risk of COVID-19 exposure. Historic racism and poorer experiences of healthcare may mean that individuals in BAME groups are less likely to seek care when needed and are less likely to speak up when they have concerns about Personal Protective Equipment (PPE) or risk. Within the Newcastle area, 14.7% (40,600 people) are from BAME communities and may access healthcare using Trust services.

NHS England Public Health have found deep dismay, anger, loss and fear in BAME groups regarding emerging COVID-19 data and the realities of BAME groups being harder hit by COVID-19 than others. Many people have lost colleagues or family members to the disease, and nearly all were experiencing the effects of the disease on their communities with significant impacts on social, physical and mental health.

During COVID-19 the Trust has worked to promote inclusion of the needs of BAME groups in any service changes that were required to respond to the pandemic. Both a robust equality analysis of the Nightingale Hospital and also incorporating interpreting into remote appointments can be seen as examples of this. Additionally translated COVID-19 information has been shared with community staff to ensure patients are reassured about coming into hospital and are receiving up to date information. Patients have also been encouraged to contact PALS using 3 way interpreted telephone calls with regards to any questions in relation to appointments. The Trust is also able to translate letters into the patient's spoken language as required.

The Trust has worked in partnership with the Health and Race Equality Forum (HAREF) Newcastle to ask, listen and respond to BAME patient feedback during COVID-19. HAREF is committed to improving the quality of life of people in the diverse communities of Newcastle and Gateshead. They work with BAME communities to identify key issues around their health, to build confidence within communities and empower them to talk to health services and increase health service understanding of what communities need. They work in partnership with health services to improve the health information available to communities.

Overall feedback relating to BAME patient experience has been good with a particular positive reference to maternity services outlined here:

***'I had nothing but praise for the hospital staff, the care my partner received and the reassurance given by nurses and midwives. They are both doing great and 'the patient' felt very safe in hospital.'* (Relative feedback)**

There have understandably been some concerns from the BAME community with regards to being able to attend hospital and missed appointments:

Agenda item A6(i)

***'I know some people have missed their appointments due to not being able to read their post and volunteers not visiting them.'* (Community worker feedback)**

HAREF liaise closely with the Trust, Newcastle Public Health and Northumbria Police to ensure feedback, issues, and concerns like the one above, are raised appropriately and solutions are found to improve the patients experience in the future. The Trust continues to also use the Equality Delivery System (2) to address the health needs and experience of BAME patients, examples of this can be seen through the provision of interpreters when needed and the delivery of equality, inclusion and cultural awareness training.

2. RECOMMENDATIONS

The Board of Directors is asked to read, discuss and acknowledge the experience shared in this paper.

Report of Ms Maurya Cushlow

Executive Chief Nurse

30 July 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

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|-------------------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Medical Director's Report | | | | | | |
| Report of | Andy Welch, Medical Director/ Deputy Chief Executive Officer | | | | | | |
| Prepared by | Andy Welch, Medical Director/ Deputy Chief Executive Officer | | | | | | |
| Status of Report | Public | Private | Internal | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Purpose of Report | For Decision | For Assurance | For Information | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| Summary | The report highlights issues the Medical Director wishes the Board to be made aware of. | | | | | | |
| Recommendation | The Board of Directors is asked to note the contents of the report. | | | | | | |
| Links to Strategic Objectives | Putting patients at the heart of everything we do and providing care of the highest standard focusing on safety and quality. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Detailed within the report. | | | | | | |
| Reports previously considered by | This is a regular report to the Board. Previous similar reports have been submitted. | | | | | | |

MEDICAL DIRECTOR'S REPORT

1. COVID-19

Patient numbers have now decreased significantly with only three inpatients at the time of writing – two of these were transfers from elsewhere in the region. There have been no COVID related deaths within the Trust for more than 3 weeks.

The pandemic has tested the resilience of our staff to the limit and the Trust has ensured that supportive mechanisms are in place. Particular thanks are due to our Occupational Health team who have risen to this not inconsiderable challenge.

COVID-19 is becoming increasingly understood although there is a long way to go. The importance of antibody testing has been, to an extent at least, superseded by the publication of several peer reviewed papers explaining the importance of T cell immunity, the possibility of which we have been aware of for some considerable time.

NUTH have had extraordinary success in the treatment of COVID-19 as demonstrated by the exceptional ICU survival rates.

2. RVI RESPIRATORY UNIT

As a consequence of the COVID-19 pandemic, the Board agreed that it would be appropriate to create more ICU beds linked to the Respiratory Unit in the event of the predicted second surge. Work is underway to complete this project before winter. Inevitably, this has meant some service changes involving Cardiology, Haematology and the Programmed Investigation Unit which are currently being managed.

The respiratory unit will then be a self-contained unit, with ICU facilities, well equipped to manage large numbers of patients with respiratory compromise related to flu and COVID-19.

3. TALK BEFORE YOU WALK

This project has been previously approved and is essentially designed to increase resilience to NHS111, Clinical Advisory Service and Urgent Primary Care. This, in turn, will contribute to a decreased footfall in the Emergency Department. Patients will be streamed appropriately to the required service, streamed on site, or redirected to Primary Care. The North ICP pilot will 'go live' on Monday 3rd August 2020. The remainder of the ICS will 'go live' on Tuesday, 1st September 2020. Paediatrics is not included in Phase 1.

4. NHS BLOOD AND TRANSPLANT (NHSBT) CORRESPONDENCE

Correspondence has been received from NHSBT expressing grateful thanks to the Trust for supporting organ donation and transplantation through the unprecedented times of the COVID-19 pandemic. Hospitals across the UK ensured that between 11th March and 31st May 2020, 153 organ donors were facilitated resulting in 388 lifesaving organ transplants.

5. JUNIOR DOCTORS HEALTH AND WELLBEING

Correspondence has been received from the Chair of the Junior Doctors Forum as follows:

I'm a junior doctor at the RVI and attended the junior doctor forum on Monday the 29th of June as the new chair. Part of what we discussed was the restructuring of services during the coronavirus pandemic which led to the redeployment of the majority of medical staff. We managed to pick up many suggestions for improvement that will help guide our response in the future and it was lovely to hear junior doctors be open and honest about their experiences. What was also very nice to hear, and it mirrored my own experiences in redeployment, was that medical staff felt that overall we had done a really good job as a trust.

Compared to many anecdotal stories from colleagues across the region and beyond, we ensured patient care and safety by being prepared early, having plenty of medical cover to make sure no one felt rushed or unsupported, had adequate PPE at all times and responded well in time to the crisis. On the ground I felt like I had great support, despite being in unfamiliar surroundings and doing a job I wouldn't normally do. The psychology and chaplaincy departments were fantastic as they patrolled wards daily to ensure we were all familiar with the team and knew who to speak to for support if needed.

In the RVI, it was also really helpful for the medical staff to have access to safe, spacious rest facilities on Ward 51 given the higher number of people on call and we appreciated spaced access to plenty of computers. We hope that once this facility is removed when cardiology move in, we will continue to have access to rest facilities elsewhere and are very grateful for the works already in place at the Freeman hospital to arrange the same.

I thought you might like to hear the positive experiences of people on the ground in what has clearly been a very exceptional time.

6. OCCUPATIONAL HEALTH

The pandemic period has been particularly stressful for many staff including some of those who have been affected by the virus. The pressure on Occupational Health has been

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enormous. I would like to convey the gratitude of the Executive Team for the professionalism, commitment and compassion that was displayed by the team.

7. BOARD REFERENCE PACK DOCUMENTS

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

- a) Consultant Appointments

8. RECOMMENDATION

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

A R Welch FRCS
Medical Director
21 July 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

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|-------------------------------------|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Executive Chief Nurse | | | | | | |
| Report of | Maurya Cushlow, Executive Chief Nurse | | | | | | |
| Prepared by | Maurya Cushlow, Executive Chief Nurse Elizabeth Harris, Deputy Chief Nurse | | | | | | |
| Status of Report | Public | Private | | | Internal | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Purpose of Report | For Decision | For Assurance | | | For Information | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | |
| Summary | <p>This paper has been prepared to inform the Board of Directors of key issues, challenges and information with regard to the Executive Chief Nurse areas of responsibility. The content of this report outlines:</p> <ul style="list-style-type: none"> • Newcastle Occupational Health Service (OHS) – COVID-19 and Influenza ('FLU') Campaign 2020; • Nursing and Midwifery Staffing; • Patient Experience Summary – July 2020; and • COVID-19 Environmental and Patient Experience Update. | | | | | | |
| Recommendation | <p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> Note and discuss the content of this report. Note the actions taken. | | | | | | |
| Links to Strategic Objectives | <ul style="list-style-type: none"> • Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes. • Being outstanding, now and in the future. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Putting patients first and providing care of highest standard. | | | | | | |
| Reports previously considered by | The Executive Chief Nurse update is a regular detailed comprehensive report bringing together a range of issues to the Trust Board. | | | | | | |

EXECUTIVE CHIEF NURSE REPORT

1. INTRODUCTION/BACKGROUND

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



NEWCASTLE OCCUPATIONAL HEALTH SERVICES (OHS) – COVID-19 AND INFLUENZA ('FLU') CAMPAIGN 2020

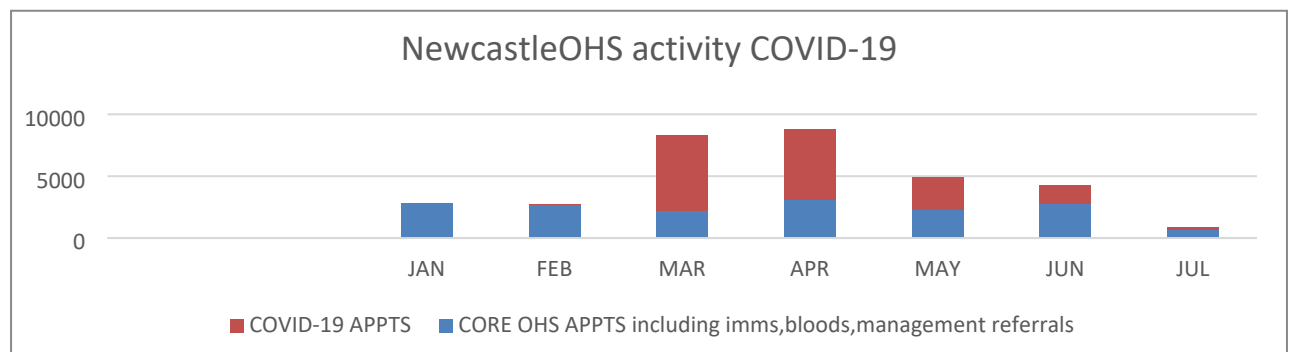
Newcastle OHS has been integral to the Trust’s response to the COVID-19 pandemic. The business continuity plan was activated on 31 January 2020, and was comprised of a stop, start and continue approach to the delivery of the necessary responses to the emerging pandemic. The team are justifiably proud of their contribution and key achievements.

Core occupational health functions during the pandemic – advice to staff; immunisations and blood tests; rapid recruitment of Foundation Doctors

The OHS were one of the first departments to receive redeployed staff to cope with a significant and increased demand for their services due to the impact of COVID-19. On 16 March 2020, OHS welcomed the first of 30 staff from both clinical and non-clinical areas within NUTH into a variety of different job roles working with HR. A system was put in place to induct and train them, ensuring that all of the high standards of clinical governance remained in spite of the unprecedented surge in demand. On site working space was identified and acquired across three floors in Regent Point; remote working was implemented immediately with support from IT and the other users of Regent Point. This allowed the OHS to expand from the working hours of Monday to Friday, 8am-5pm, to a 7-day service, 7am-11pm.

This collaboration allowed for essential OH activity to continue, whilst managing the surge in demand relating to the Trust employees’ needs for advice, swabs and support. This activity peaked with a four-fold increase in appointments delivered in March 2020, and continued with a two-fold increase in June 2020.

Grand Total of OHS appointments January 2020 – July 2020 OH core = 16,424, of which COVID-19 related = 16,090



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Staff Screening for COVID-19.

On the 10 March 2020, the Trust began screening symptomatic healthcare workers (HCWs) for COVID-19. This decision was made, in advance of national guidance, in order to ensure the maintenance of the health and welfare of staff; to enable rapid identification and isolation of infected HCWs; to protect patients and the wider community; and to inform risk assessments and decision-making in relation to return to work. Results were communicated within a 48-hour timeframe throughout this period, as a result of excellent multidisciplinary working between Newcastle OHS, the assessment pod and laboratory services.

| | Feb | Mar | Apr | May | Jun | Jul | Grand Total |
|----------------------|-----|-------|-------|-----|-----|-----|-------------|
| SWAB NEGATIVE | 0 | 1,111 | 1,482 | 615 | 292 | 40 | 3,540 |
| SWAB POSITIVE | 0 | 224 | 403 | 35 | 15 | 2 | 679 |

Communication and sharing of current best advice: local, regional and national

To ensure regular local communication with the wider Trust OHS, the clinical leads and service manager utilised video-conferencing to provide feedback to daily operational and strategic groups. OHS established a daily regional COVID-19 meeting with the North East and North Cumbria Integrated Care System (ICS) peers to share best practice and advice, and advised the Trust staff COVID risk assessment process via the redeployment/workforce cell. The Clinical Director also advised on national occupational health responses and implications for training via the Faculty of Occupational Medicine.

Mental Health Support – innovation & review of response.

A psychology-led COVID-19 telephone support line was rapidly established (with the support of IT Voice Support Telecommunications). Clear and timely information was vital to support the well-being of healthcare staff; and a psychologically informed telephone support line was a good use of occupational health service resources in the interim, while more tailored advice and services were established.

Fitness for work, shielding, adaptations, adjustments and advice on risk assessments.

The emerging information and guidance throughout the pandemic has necessitated a responsive and consistent service to staff and managers. OHS developed templates and responses, with the support of experts and research nurses, for queries received by email and telephone. Rapid assimilation of information from Government, Public Health England (PHE), Royal Colleges and clinical leaders has facilitated consistent and up-to-date advice being given.

HCW affected by COVID-19.

Health care workers who have had COVID-19 will require ongoing follow-up and support, in order to regain their health and wellbeing in the coming months. The mental health impact of this COVID-19 pandemic is now being recognised. OH has demonstrated its pivotal role in

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delivering responsive advice and support to staff; and we are preparing a bid for charitable funds to provide Psychological Wellbeing Practitioner support for this urgently.

Research and Publications.

First experience of CoVid-19 screening of health-care workers in England - Ewan Hunter David A Price Elizabeth Murphy et al Published April 22 2020 lancet [Doi:10.1016/S0140-6736\(20\)30970-3](https://doi.org/10.1016/S0140-6736(20)30970-3)

Establishing a healthcare worker screening programme for CoVid-19 - Kate Boustead, Kiera McDowall, Kenneth F Baker, Lucia Pareja-Cebrian, Lewis Gibson ...in Occupational Medicine Occupational Medicine, kqaa114, <https://doi.org/10.1093/occmed/kqaa114>

Implementation and analysis of a telephone support service during CoVid-19 PDF J Matthewson, A Tiplady, F Gerakios, A Foley, E Murphy Occupational Medicine, kqaa095, <https://doi.org/10.1093/occmed/kqaa095>

In addition, members of the core OH team and redeployed staff produced 10 academic research posters, which will be displayed at an upcoming nationally-recognised conference.

Other additional activity - COVID-19 antibody testing and PHE 'Test and Trace'.

Early clinical effectiveness evaluation has been undertaken, in collaboration with laboratory services, to evaluate the efficacy of the COVID-19 antibody test. This has paused due to the Government national testing programme. The Service has established links with PHE to support the Government's 'Test and Trace' strategy.

In summary, the contribution of Occupational Health for the Trust COVID response has been significant, this has brought an unprecedented increase in demand which is ongoing and has necessitated some reduction in core service delivery. A review of Occupational Health Service capacity going forward is underway to understand the medium and long term effects. This will include but is not limited to, developing the necessary psychological support functions that will enable staff regain the level of well-being associated with working in a leading organisation prior to the COVID-19 pandemic.

Staff 'Flu vaccination campaign

Newcastle Occupational Health Service has run this Campaign very successfully for a number of years. 2020 planning has begun and will be accelerated to meet the timelines required. This is subject to CQUIN target but much more fundamentally is important to assure our staff and patients are protected from winter 'flu. The campaign historically is very labour intensive and relies heavily on drop-in clinics. The Steering Group are meeting on a very regular basis to consider options available for delivery of this seasons vaccination programme. Further updates will be provided.

2. NURSING AND MIDWIFERY STAFFING

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The Nurse Staffing and Clinical Outcomes Operational Group continues to meet monthly, reviewing all wards based on a risk adjusted dashboard. Once reviewed, the wards will be classified as requiring low, medium 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. This process has been maintained throughout the COVID-19 pandemic.

In March 2020, eleven wards required review. Ward 8 Freeman Hospital (FRH) was reviewed and medium level support remained in place. Three further wards were reviewed including a full metric review; low-level support was agreed with no concerning trends noted. The other seven wards (four in Internal Medicine, one in Surgery, one in MSK and one in Cancer Services) were agreed, as requiring low-level support and managed appropriately.

In the April 2020 meeting, nine wards required review. Eight wards (three in Surgery, two in Cancer Services, one in Internal Medicine, one in MSK and one in EPOD) due to changes in outcome metric trends at year-end review. All were deemed as requiring low-level support due to a more recent improvement in metrics. One FRH ward remained as medium level support.

In the May 2020 meeting, only three wards were reviewed. Ward 8 remained in medium level support with good assurance. The other two wards both in Internal Medicine were reviewed. Root Cause Analysis (RCA's) were appropriately completed, and no further concerns noted and in both areas, it is worth remarking the excellent engagement of the staff during this process.

As per escalation criteria, Ward 8 FRH has required continued medium level support and has a robust action plan in place with good assurance.

It is important to note that, whilst this group provides oversight, 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. There are no significant risk noted for escalation to Trust Board.

Trust Level Fill Rates

The Trust level fill rates for the previous 3 months are as follows:

| Month | RN day fill rate % | HCA Day fill rate % | RN Night fill rate % | HCA Night fill rate % | Trust fill rate % |
|------------|--------------------|---------------------|----------------------|-----------------------|-------------------|
| March 2020 | 92.31% | 90.28% | 91.13% | 111.68% | 93.43% |
| April 2020 | 91.86% | 96.77% | 98.60% | 114.55% | 96.77% |
| May 2020 | 100.13% | 103.34% | 99.60% | 112.28% | 97.12% |

- The fill rates increased throughout April in May. This is due to a combination of reasons. A reduction in ward demands due to the change to 4 bedded bays had a reciprocal impact of increasing the Registered Nurse (RN) fill rate. The Healthcare Assistance (HCA) fill rates include the Band 4 and Band 3 student nurses on paid placements who have been included in the numbers as they are deemed employees of the Trust, increasing

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the fill rate. In some areas, there was also an increased demand for support staff due to a change in the needs of the patients due to COVID-19, further increasing the fill rate.

Recruitment and International Recruitment

- Recruitment and retention continue to be successful. For September 2020 approximately 190 whole time equivalent (wte) Band 5 job offers, have been made to new registrants leaving less than 30 wte Band 5 posts Trust wide to recruit to, with agreed over recruitment filled. This is the lowest figure we have achieved to date.
- There are currently 10wte Healthcare Assistants in the recruitment process with approximately 38 wte residual posts to fill. Interviews are planned for July 2020 and it is expected that the majority of these posts will be filled.
- Current vacancy rate for RN sits at approximately 8% and for HCA 5%. Based on the information above this is expected to reduce to less than 5% for RN in October 2020.
- The Five international recruits who joined the Trust at the end of January 2020 are due to complete their Objective Structured Clinical Examination (OSCE) at the end of July 2020. We have 4 international nurses still to deploy from the Philippines. Due to COVID-19 this has been delayed until 4 September 2020.

Deployment of Staff during COVID-19 and safe staffing

COVID-19 has had a significant impact on the nursing, midwifery and allied health professional workforce and unprecedented rapid redeployment of staff was necessary to meet actual and expected demand. Staff were moved in the main to support the emergency pathway and critical care. This was done very quickly but safely and every area had a review of its existing establishment and demand template and new staffing numbers and skill mix agreed. This was cross referenced with their existing establishment to understand the variance and what increase in staffing was required. Any areas where the potential to release staff was identified and a further review of the impact of sickness and shielding on their ability to support was also undertaken to ensure safety was maintained in all areas. This supported a robust and transparent process across the Trust for the release and redeployment of staff at pace.

All information and redeployment was centrally co-ordinated and overseen by the Executive Chief Nurse Team. In total, at the peak of demand, 401.76wte registered and unregistered staff were re-deployed either within their own directorate or to support other directorates across the Trust in a very complex matrix. The Executive Chief Nurse Team have been working hard to support the rapid redeployment “back to base” where possible. At present, there are now 19.25wte staff supporting outside of their directorate either in the COVID Screening POD’s or supporting the emergency pathway. 68.17wte staff continue to support elsewhere in their home directorate due to the reconfiguration of services and 314.34wte have moved back to base. It is likely further moves will be required in preparation for winter and this is currently being modelled. The work undertaken to rebase staffing across all of the Trust in the last year has been instrumental in ensuring an effective baseline from which all moves to, from and within directorates could be safely managed.

Student Nurse, Midwives and AHP’s during COVID-19

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All supernumerary placements for students were temporarily suspended from week commencing 23rd March 2020. As a result, both the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) made recommendations for revised education programmes. Students in 2nd and 3rd year were able to opt-in to undertake paid-placements that allowed them to remain ‘on programme’ whilst undertaking paid work to support the NHS. The funding for salaries for students was agreed nationally through Health Education England (HEE) and NHS Improvement and NHS England (NHSI/E).

The request to support paid placements was due to the need to increase the workforce in light of the COVID-19 pandemic. The Executive Chief Nurses Team is working hard to support all students to maximise their student learning experience whilst arranging the transition back to supernumerary placements from September.

Recent guidance has stated that 3rd year students who have completed their placement hours can register early with the relevant regulatory body if appropriate. Trust leads are working closely with the relevant universities to understand if this can be accommodated based on the completion date of the academic programme.

To date the Trust has employed and supported the following students during COVID-19:

| Student | Total Number of Students |
|--|--------------------------|
| 3 rd Year Aspirant Nurse | 168 |
| 2 nd Year Nursing Students | 138 |
| 3 rd Year Aspirant Midwife | 13 |
| 2 nd Year Midwifery Student | 16 |
| Operating Department Practitioners (ODP) | 22 |
| Allied Health Professionals (AHP) | 59 |
| Total | 416 |

The HR Recruitment Team and the Practice Placement Team have worked hard to deliver this number of placements and should be commended for their work.

3. PATIENT EXPERIENCE SUMMARY – JULY 2020

As previously reported, many of the patient experience data collection measures have been put on hold at a national level during the COVID-19 pandemic. We do however, continue to analyse any feedback received from those accessing trust services and maintain the recently implemented patient experience phone line. In general, feedback received since my last report centred mainly on the following areas:

Concerns, complaints and queries:

- Treatment plans;
- Discharge arrangements; and
- Involvement and communication with patient and relatives regarding plans.

CoVid-19 specific:

- Cancellations / delays in treatment;
- Social distancing and Personal Protective Equipment (PPE);

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- Information provided by telephone e.g. terminal diagnosis;
- Visiting restrictions;
- Support for maternity patients; and
- Cleaning of equipment.

It should be noted that the COVID-19 related issues were not necessarily negative and often patients required further information or reassurance regarding Trust processes.

Visiting

As described within the previous report, in keeping with National Guidance since March 2020, it has been necessary to restrict visiting across most of our wards and departments. Recent National guidance has advocated a relaxation of these restrictions but has provided no additional guidance. As this still poses a considerable risk, the Patient Experience team have been exploring options to best implement these changes within our Hospital settings to keep patients, visitors and staff safe within national government guidelines.

The updated visiting proposal will be completed and ready for implementation early August. In the interim all areas have been reminded that current visiting restrictions remain in place, with a degree of additional flexibility in exceptional circumstances on a case-by-case to provide compassionate care. Matrons are providing oversight and support at ward level as required.

Feedback from virtual visiting remains extremely positive and the Patient Experience team have been asked to explore how this system can be further utilised post COVID-19.

Complaint Management

The Trust received a total of 60 complaints between 1 May – 30 June 2020, compared to last year in the same time period of 100. Internal medicine/ED continue to receive the highest number of complaints (n=14).

Five complaints received have been in relation to COVID-19 specific issues, which have included dissatisfaction of cancelled breast screening, cancellation of planned spinal surgery, delays in surgery relating to cancer, progress of investigations regarding abdominal pain and postponement of surgery for breast cancer. 100% of complaints have been acknowledged within the agreed 3 day time period.

The Trust continues to follow standard complaint handling processes however; we are working closely with complainants to explain timelines may be longer than usual due to current events. This approach has been agreed nationally.

NHS Friends and Family Test (FFT)

The national suspension of the submission of FFT data from all settings remains in place therefore no data is available from March 2020. The Trust is ready to implement the new FFT using postcard surveys once NHS Improvement and Insight announces a new launch date.

National Adult Inpatient Survey 2019 – Care Quality Commission (CQC) publication

The latest results of the national annual adult inpatient survey were published by the CQC on 2 July 2020. The CQC use these surveys to help assess NHS performance and for regulation activities such as registration, monitoring and reviews. 143 NHS acute trusts took part with 79,915 responses nationally - a response rate of 45%.

The Trust historically performs well in these patient satisfaction surveys and this continues with the 2019 results. Key points are as follows:

- 658 inpatients responded giving a response rate of 53.5%.
- The Trust results were banded as 'Better than most trusts' in 9 questions.
- The Trust results were banded as 'Worse than most trusts' in 0 questions.
- The Trust results were about the same as other trusts in 54 questions.

Compared to the 2018 Inpatient survey

- The Trust results were significantly higher this year for 0 questions.
- The Trust results were significantly lower this year for 1 question - 36. How much information about your condition or treatment was given to you?
- There was no statistical differences for 60 questions.

Patient Experience Ambitions

As part of the Trusts recovery plans post COVID-19, work has been undertaken to draft a set of Patient Experience ambitions that are aligned to the Trust aims and values. The ambitions were formed through detailed discussion with trust staff, consultation with patient and public groups and via the Trust's Advising on the Patient Experience Group (APEX). This consultation gave confidence that the ambitions were not only reflective of the Trust's views but also strongly represented our patients' voices. The purpose of this document is to ensure that patient experience is at the forefront of all reset and recovery work, directing all staff to consider carefully how post COVID-19 service changes and new ways of working may impact on our patients experience of care. The patient experience ambitions have been included in the Board Reference Pack for information.

Freedom of Information (FOI)

The Trust has received 119 FOI requests between 01/04/20 – 07/07/20. 10 requests have been received specifically relating to COVID-19, ranging from patient details, discharges into care homes and staff risk assessments. We have received additional requests relating to PPE, ventilators and FIT testing. Nationally response timelines have been relaxed for response to FOI requests.

Small claims

During May and June 2020, the Trust received a total of eight small claims for investigation. The claims were for a range of items including; dentures, jewellery, spectacles and reimbursement of taxi fares. This compares to 10 claims in the same two month period last year. The Patient Experience and Engagement Group are looking at the outcome of a critical care pilot of property boxes, specifically designed to hold dentures, spectacles and small jewellery items.

Chaplaincy

The chaplaincy team continue to provide an outstanding service, supporting both our patients and our staff. During the month of June, they undertook over 75 pastoral conversations, attended 113 end of life visits, and coordinated 65 viewings.

The team also provided 43 staff support sessions, this is almost double of that provided pre COVID-19 and does not take into account the numbers of staff that the team have engaged with, and supported during ward, department and site visits.

Review of British Sign Language Video Relay Service/Interpretation (BSL VRS/VRI) process and equipment

Deaf people have provided feedback detailing the difficulties they face in contacting the Trust especially during COVID-19. In response to these concerns, the Trust has asked Deaf support organisations to publicise opportunity to contact the Patient Advice and Liaison Service (PALS) via text, email and letter for support. PALS will also arrange a face to face BSL Interpreter to discuss any issues if this is preferred. Clinical and IT staff have worked together to review how the BSL VRI and VRS is being used in clinical practice. An action plan to renew and update the current Trust equipment and promote its use is in progress.

Wearing of face masks

Following national mandate, the Trust has put measures in place to ensure that all staff and visitors wear a face mask or face covering on site, this in practice has caused some difficulties for hard of hearing patients, older people and some disabled people who are having difficulty communicating. The Patient Experience team have explored a number of options to mitigate this problem such as the use of Digital Listening Devices and the potential use of clear masks, although there are currently limited products available nationally.

Pride 2020

This year due to social distancing regulations, Pride was held using virtual platforms. The Trust has linked with Council and voluntary services to send a message via these platforms surrounding the theme of "I see you and you are valid". As part of the Pride 2020 celebrations Patient Relations sent a short video clip conveying a message of thanks to everyone who took part in the Newcastle Hospitals patient feedback questionnaire at Pride 2019 and asked them to let us know about their experience during COVID-19.

4. COVID-19 ENVIRONMENTAL AND PATIENT EXPERIENCE UPDATE

The Environment, Infection Prevention/Control and Patient Experience enabling work stream was developed in response to restarting activity when there is an ongoing risk of COVID-19. The aim of the work stream is to assess and mitigate the risk posed by COVID-19 to staff, patients and public visiting the trust. There is a significant amount of work contained within this work stream, which is focused on 3 main areas.

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There are 3 areas of focus:

1. Environment – Estates & Facilities: wayfinding; patient/public areas; staff areas; main reception areas; social distancing.
2. Infection Prevention/Control – Processes: PPE; hand hygiene; meeting room standards.
3. Communications – Information: visuals; patient, visitor, and staff information; patient experience.

Progress to date:

Environment Way finding - Immediate estates work to ensure social distancing measures has been undertaken across hospital sites. An external partner, has been commissioned to work with the Trust to develop our 'wayfinding work'. Initial proposals are being considered which incorporate Infection Prevention and Control (IPC) communications with a consistent message of 'Reassure, Remind & Respond' to visitors and staff.

'Meet & Greet' volunteers have been appointed to support and advise at main reception and outpatient areas and to reassure patients and the public. The Social Distancing Volunteers role descriptor has been developed and the volunteers are providing assistance to Directorates in encouraging social distancing, wayfinding and supporting visitors with advice and guidance as they use our services.

Infection Prevention & Control

Our PPE provision is in line with recent national guidance and continues to be reviewed as changes are communicated nationally. Daily and weekly procedures were established to provide assurance of PPE provision. The use of reusable gowns was adopted early in the pandemic and is a model that many Trusts are moving to nationally. The Trust has been asked to contribute to a National working group given our success. PPE for a further surge has been planned for.

Increase in fit testing training. A review of FFP3 mask, respirator and powered hood provision highlighted that FFP3 mask supply remains inconsistent making fit testing for staff challenging. Following a review of products and taking into account cost efficiency and sustainability the Trust has purchased 2,835 respirator masks which will be fit tested to the individual for their sole use and 50 powered hoods. This will provide assurance and resilience should a further surge occur.

Additional hand hygiene has been procured and distributed to high traffic areas; prioritising patient and public areas. COVID-19 PPE, cleaning, and meeting room principles have also been produced and shared with staff.

One of the major challenges since the last Trust Board meeting has been responding to the national requirement for all staff to wear face masks whilst on Trust premises. This generated a significant amount of work to set up a system in an extremely short space of time to ensure:

- Sufficient availability of masks;

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- a process for stock management at a local level across multiple clinical and non-clinical areas; and
- Clear guidelines regarding the use and safe disposal of masks for staff and patients.

Communications - Standard information has been created for patients entering our hospitals which provides key information across some core clinical pathways such as elective admissions or when coming in for a diagnostic procedure. The content is reviewed and as guidance is changed, it is updated to ensure it is up to date.

A key project has been to ensure consistency of key messages to staff. Whilst much has been disseminated in COVID-19 updates a 'Staff Handbook' has now been developed and is readily available for all staff.

5. RECOMMENDATIONS

The Board of Directors is asked to

- i. Note and discuss the content of this report; and
- ii. Note the actions taken.

Report of Maurya Cushlow
Executive Chief Nurse

30 July 2020

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TRUST BOARD

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|-------------------------------------|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control Report | | | | | | |
| Report of | Maurya Cushlow, Executive Chief Nurse | | | | | | |
| Prepared by | Dr Lucia Pareja-Cebrian, Assistant Medical Director, Director of Infection Prevention & Control (DIPC), Consultant Microbiologist Mrs Elizabeth Harris, Deputy Chief Nurse Mrs Angela Cobb, Matron Infection Prevention & Control (IPC) | | | | | | |
| Status of Report | Public | Private | | Internal | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Purpose of Report | For Decision | For Assurance | | For Information | | | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | | |
| Summary | This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the monthly Integrated Board Report and summarises the current position within the Trust to the end of June 2020. The IPC Board Assurance Framework for COVID-19 can be found in Appendix 1; trend data can be found in Appendix 2 (HCAI Report and Scorecard June 2020), both enclosed in the Board Reference Pack, which details the performance against targets where applicable. | | | | | | |
| Recommendation | The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly. | | | | | | |
| Links to Strategic Objectives | Achieving local excellence and global reach through compassionate and innovative healthcare, education and research. Patients - Putting patients at the heart of everything we do and providing care of the highest standards focussing on safety and quality. Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes. Performance - Being outstanding, now and in the future. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Failure to effectively control infections may lead to patient harm, litigation against the Trust and loss of reputation. There are no specific equality and diversity implications from this paper. | | | | | | |
| Reports previously considered by | This is a bimonthly update to the Board on Healthcare Associated Infections (HCAI). | | | | | | |

DIRECTOR OF INFECTION PREVENTION & CONTROL (DIPC) REPORT

1. INTRODUCTION / BACKGROUND

This paper provides bimonthly assurance to the Trust Board regarding Healthcare Associated Infections (HCAIs). The coronavirus pandemic has required that IPC resources are dedicated to support all clinical areas in the management of COVID-19. An overview of HCAI rates is covered in the Integrated Board Report and trend data can be found in Appendix 2 entitled HCAI Report and Scorecard June 2020 (located within the Board Reference Pack). NHS England has recently 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 has been reviewed and accepted at the Quality Committee, and ratified by the Infection Prevention and Control Committee (IPCC). It is now presented to the Trust Board in July 2020 and is included as Appendix 1 within the Board Reference Pack.

2. KEY POINTS FOR MAY/JUNE 2020

2.1 Coronavirus (COVID-19)

COVID-19 remains a major focus within the organisation; we continue to comply with current NHS England (NHSE) requirements to prevent HCAI COVID-19 infections. This work is underpinned by our IPC Board Assurance Framework (BAF) which is included in Appendix 1. This document is an ongoing self-assessment tool against compliance with Public Health England (PHE) and other COVID-19-related infection prevention and control guidance and to identify risks, based upon the 10 point criteria set within the Health and Social Care Act. The areas of work are:

2.1.1 Inpatient Testing

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

2.1.2 Staff and Household Testing

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

The POD service was created at the onset of the pandemic and it was staffed by services who saw their activity reduced or paused during the peak of the pandemic. In addition to staff and household testing, the service also supports screening of care home staff and

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some GP practices. As activity in all areas increases and staff are returning to their base areas, a review is underway on how to best sustain this new and essential service.

2.1.3 Staff Risk Assessments

Staff are encouraged to complete risk assessments which consider known risks associated with worse outcomes following COVID-19 infection, including risks identified in Black, Asian and Minority Ethnic (BAME) groups.

2.1.4 Environmental COVID-19 Security and Safety

All staff wear masks in hospital and wherever possible maintain 2m distancing. Risk assessments on COVID-19 secure and COVID-19 non-secure areas help identify areas where infection prevention measures are particularly important. Further details are provided in the Executive Chief Nurse Report.

2.1.5 Managing HCAI COVID-19 cases

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

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

Currently the Trust figures as at 30 June 2020 are as follows:

| Banding | Patients | % Patients |
|--|------------|-------------|
| Community-onset – first positive Specimen date ≤ 2 days after admission to trust. | 475 | 86% |
| Hospital-onset indeterminate healthcare-associated – first positive specimen date 3–7 days after admission to trust. | 38 | 7% |
| Hospital-onset probable healthcare-associated – first positive specimen date 8–14 days after admission to trust. | 13 | 2% |
| Hospital-onset definite healthcare-associated – first positive specimen date 15 or more days after admission to trust. | 25 | 5% |
| Grand Total | 551 | 100% |

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

Root Cause Analysis (RCA) and audits of practice are undertaken by the IPCNs for all COVID-

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19 cases from 3 days of admission and will be reported as Serious Incident (SI) as appropriate and according to SI findings.

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

2.2 C. difficile Infections (CDI)

To date we are awaiting formal objectives from NHS England / Improvement (NHSE/I) but we are expecting the trajectory to be ≤ 112 cases. It is anticipated that there will no longer be financial penalties associated to CDI therefore it is likely that the formal appeals process will end. Mandatory reporting continues but formal Multidisciplinary Team (MDT) led RCAs continue to be temporarily suspended during CoVid-19. However, IPC led individual reviews for all cases are still being undertaken, to ensure patient safety and compliance of practice in line with policies. It is anticipated that MDT RCAs will recommence in September 2020 but will continued to be reviewed dependent upon the impact of COVID-19 in normal activities.

2.3 MRSA / MSSA Bacteraemias

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

The 2020/21 NHS Contract has included Community Onset Healthcare Associated (COHA) cases (patient group includes those who have been discharged within the previous 4 weeks) to all Blood Stream Infections (BSI) from 1 April 2020. To date the Public Health England's Data Capture System (PHE DCS) has not reflected this change in reporting and therefore we are unable to compare Trust data nationally. However, we continue to monitor all HCAI indicators for themes of practice to support clinical areas to achieve sustainable reductions.

Due to this change in guidance, we have set an internal objective for a 10% reduction based on an amended figure for last year's HCAI rate which would have included Community onset, Healthcare acquired (COHA) definitions. Currently, we are seeking local agreement regarding which patient groups need to be included in the definition of COHA cases i.e. following an inpatient stay only or inclusive of Accident and Emergency or other day attendees, before we will be able to confirm our progress to date.

| Bacteraemia | Last Year's Total (before NHSE/I change) | Additional number of COHA Cases | New Total | New Objective for 2020/21 (10% reduction of New Total) |
|-------------|--|---------------------------------|-----------|--|
| MSSA | 72 | 25 | 97 | ≤ 88 |

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

Due to the changes outlined in 2.3 above for the definitions of HCAI we have set an internal objective for a 10% reduction based on an amended figure for last year's HCAI rate which

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would have included COHA definitions. As per 2.3 above, we are currently awaiting clarification for COHA definitions before we can confirm our current position.

| Bacteraemia | Last Year's Total (before NHSE/I change) | Additional number of COHA Cases | New Total | New Objective for 2020/21 (10% reduction of New Total) |
|------------------------|--|---------------------------------|-----------|--|
| E. coli | 159 | 56 | 215 | ≤194 |
| Klebsiella | 110 | 40 | 150 | ≤135 |
| Pseudomonas aeruginosa | 36 | 15 | 51 | ≤46 |

2.5 Outbreaks and Periods of Increased Incidence (PIIs)

There have been no outbreaks or PII during May and June.

2.6 Sepsis

The priorities for Deterioration & Sepsis:

- Early identification and timely escalation of deteriorating patients according to National mandate NEWS2 ≥5 (NUTH Process MEDIUM/HIGH RISKS).
- Adherence to sepsis screening & Treatment: Sepsis 6.
- Timely Recognition and management of Suspicion of Sepsis.
- Developing Deterioration/Sepsis Dashboard (ALERT).

Directorate Reports on deterioration, including sepsis are not available as the deterioration ALERT system was postponed due to the COVID-19 pandemic. The use of an electronic ALERT system, linked to eObservations will be critical to data extraction pertaining to Trust targets, patient safety in terms of recognition and treatment of deteriorating/septic patients and will enable higher quality clinical assessment information to be obtained. They will also help provide assurance on compliance with sepsis management, timely prescribing of antibiotics and escalation of deteriorating patients.

The capacity of the very small 'Deterioration and Sepsis Team' has been impacted by the COVID-19 pandemic therefore, the ability to implement improvement from audit outcomes has been limited. This has been highlighted in the IPCC business case, which has been submitted. Work targeting deterioration & sepsis will continue to be a high priority for 2020/21, which sees the introduction of the deteriorating patient CQUIN.

Due to COVID-19 we were unable to finalise sepsis targets to be included into the Quality Account Priorities for reducing infection 2020/21 although we continue to monitor cases.

Trust wide education sessions are being promoted to all directorates to raise awareness on deteriorating patients and sepsis. Education strategies have been developed to improve compliance with sepsis screening process and treatment. A new up to date Trust Sepsis video has been developed.

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Please note that due to COVID-19, resources have been concentrated on clinical work. The Deterioration & Sepsis Leads including the trust Deterioration/Sepsis Nurse Specialist were redeployed back to critical care.

2.7 Antimicrobials

The Antimicrobial Steering Group (AMSG) is focusing on education in light of the newly qualified medical staff starting in August and for those that joined the Trust earlier this year, focusing on 'Start Smart then Focus'. The AMSG have welcomed new Antimicrobial Quality Lead Microbiology Consultant Dr Deepa Nayar who is going to help review all of the AMS Education material we use within the Trust.

Antimicrobial Leads are being asked to re-start the 'Take 5' audits in August after taking a break of what will be 6 months during the additional clinical pressures of COVID-19 as a ward level assurance of good compliance.

Preparations have begun to review the process of undertaking the Biennial Point Prevalence audit, which will involve more pharmacy input this year and is due early Quarter 3.

2.7.1 Targets

Both Standard Contract and CQUIN

To allow additional time to be devoted to clinical care during the COVID-19 pandemic, NHSE/I announced on the 1 July 2020 that all CQUINs have been suspended until March 2021. An allowance for CQUIN will continue to be included in the block payments made to Trusts. The Standard Contracts are also no longer in place; the current guidance is that 'Trusts must do all that they reasonably can to continue to comply with the national service requirements stated in the Contract, but commissioners must recognise that these may not always be achieved in full during the COVID-19 outbreak'.

To comply with the elements of quality improvement set out by CQUIN the AMSG are making plans to work within the CQUIN framework, interpreting and forming a plan to deliver the CQUINs (as listed below) in the future.

The Standard Contract required the Trust to reduce overall antibiotic use by 2%, so far this quarter (up to and including May 2020) usage is 2.70% less than at the end of 2018. There are no financial implications if this target is not met.

On-going CQUIN

Anti-Fungal Stewardship CQUIN goals - Reduce inappropriate use of systemic anti-fungal agents and prevent the development of resistance to antifungals through the development of anti-fungal stewardship teams. Data will be available later in Quarter 2.

New CQUIN

These are on hold as per national guidance although the AMSG are actively starting to implement the objectives. A summary of each of the goals are:

Under prevention of Ill health

Appropriate antibiotic prescribing for UTI in all admissions for patient's 16+ years old (with

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some exclusion) as per NICE and local guidance.

Under Best practice pathways within Acute Trust

Treatment of community acquired pneumonia in line with British Thoracic Society (BTS) Care Bundle, for all admissions of patients aged 18+, admitted from the usual place of residence with a primary diagnosis of pneumonia (with some exclusions).

2.8 Water Safety

It was agreed with Dr Julie Samuel (Deputy DIPC) that Legionella sampling would be on hold for 3 months from 24 March 2020 due to issues accessing areas impacted by COVID-19 and capacity of the testing laboratory. As an additional control measure all outlets were flushed daily by ward / department staff. Ward block, Podium, and Cardio sampling is planned to restart and be completed by w/e 10 July 2020.

2.9 Ventilation

There were 2 system failures in Cardio Theatres in June resulting in the loss of theatre lists. Due to the age of this equipment there are lengthy repair times following failure and as such an upgrade programme is being implemented to replace the existing fans with modern plug in fans. These works are expected to be completed within the next 12 weeks.

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)**

30 July 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

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|-------------------------------------|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Maternity CNST Incentive Scheme Year 3 Report | | | | | | |
| Report of | Angela O'Brien, Director of Quality and Effectiveness | | | | | | |
| Prepared by | Jo Ledger, Head of Patient Safety and Louise Hall, Deputy Director of Quality & Safety | | | | | | |
| Status of Report | Public | Private | Internal | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Purpose of Report | For Decision | For Assurance | For Information | | | | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| Summary | <p>The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 3 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 Maternity Safety Actions.</p> <p>Reporting requirements in regards to the Maternity incentive scheme have been paused since 26th March 2020 until 31st August 2020, due to the COVID-19 response. Subsequent guidance on future requirements and time-scales has not yet been published nationally.</p> <p>The content of this report specifically addresses Maternity Safety Actions 1, 2, 3 & 9 in order to report progress and ongoing compliance with the recommended standards and time-scales for these respective safety actions up until 26th March 2020.</p> | | | | | | |
| Recommendation | The Board of Directors is asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined in the ten maternity safety actions are being met. | | | | | | |
| Links to Strategic Objectives | Putting patients first and providing care of the highest standard focusing on safety and quality. Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Failure to comply with the standards outlined could impact negatively on maternity safety, result in financial loss to the Trust from the incentive scheme and from potential claims. | | | | | | |
| Reports previously considered by | This is a new report for Year 3 of this Maternity CNST incentive scheme. Previous reports for Year 2 of this Maternity CNST incentive scheme were presented to Board on 25th April, 27th June, 26th September, 28th November 2019 and 30th January 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 requirements from 31st August 2020 is yet to be published.

The Board will receive a further report for consideration in September 2020 as required by the scheme.

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

The Trust has produced a quarterly PMRT report for Board since 25/04/2019. This report outlines data from PMRT for Quarter 4 2019/20 reviews (01/01/2020 - 31/03/2020) and for data from Quarter 1 2020/21 reviews (01/04/2020 – 30/06/2020). The PMRT reports are included in the Private Board Reference Pack.

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

2.1 Standard A

A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20th December 2019 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.

All deaths of babies in the Trust, who require review, are reviewed within four months of each death using the PMRT and this process pre-dates the date outlined in standard A (12/12/2018). This process is well established, there are no concerns regarding ongoing compliance with this standard and cases either have a review in progress or a completed review. There is variation in PMRT data pulled month on month as this is dependent on the date of death, completion of review and the timing of Board report submission.

From 1/01/2020 to 31/03/2020 there were 21 baby deaths in the Trust (5 stillbirths & late fetal losses; 16 neonatal and post-neonatal deaths). This data includes 8 neonates born at a different hospital but died at the RVI.

From 1/04/2020 to 30/06/2020 there were 17 baby deaths in the Trust (9 stillbirths & late fetal losses; 8 neonatal and post-neonatal deaths). There were 8 neonatal and post-neonatal deaths, 3 of these babies were born at a different hospital but died at the RVI.

2.2 Standard B

At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in the Trust, including home births, from Friday 20th December 2019 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool, within four months of each death.

We are confident in exceeding the 50% target outlined in this standard. The PMRT will only provide a completed (published) report after multidisciplinary case reviews have been fully completed. Where PMRT data set does not clearly generate accurate information, evidence of MDT involvement is available for each individual case review if needed.

There are likely to be challenges to achieving compliance with this standard in future submissions due to delays with completion of Post Mortems, the proportion of out-born

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infants cared for and challenges organising local mortality reviews with representative input from involved clinicians outside the Trust. These are all outside the Trust's control.

2.3 Standard C

For 95% of all deaths of babies who were born and died in the Trust from Friday 20th December 2019, the parents were 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 Trust staff and the baby died.

The Trust continues to be compliant with this standard. It is a routine part of the discussion with families after the death of a baby that a review will take place and their views are sought as part of the bereavement pathway. This is recorded clearly within the PMRT database (Quarter 4 2019/20 and Quarter 1 2020/21) and we have achieved 100% compliance.

2.4 Standard D

Quarterly reports have been submitted to the Board that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the trust maternity safety champion.

We are confident of meeting this standard. The content of this report includes a summary of the deaths reported and reviewed for PMRT Quarter 4 2019/20 and Quarter 1 2020/21.

21 reviews (eligible for PMRT as per this incentive scheme criteria) have been completed in Quarter 4 2019/20 and the report published; these reviews have demonstrated the care was appropriate and consequent action plans have been implemented. The remaining cases are in draft and further information will be reported to the Board for consideration in September 2020 once completed.

17 reviews (eligible for PMRT as per this incentive scheme criteria) have been completed in Quarter 1 2020/21 and the report published; these reviews have demonstrated the care was appropriate and consequent action plans have been actioned. The remaining cases are in draft and further information will be reported to the Board for consideration in September 2020 once completed.

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 the actions outlined for this safety action to date. At least two people (six in total) are registered to submit MSDS data to SDCS Cloud and were still

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working in the Trust on 28/02/2020 as specified in the scheme. The MSDAv2 webinar was attended by a Trust representative in January 2020 in line with the scheme requirements.

The MSDSv2 post-implementation review questionnaire has been completed and returned to NHS Digital by the extended national deadline of 12/06/2020. In line with the scheme requirements, a plan is in place to fully conform with the MSDSv2 Information Standards Notice (DCB1513 Amd 10/2018) with the expectation to fully conform in line with the scheme's requirements. Due to the national COVID-19 response, subsequent guidance on forthcoming requirements is not yet published.

MSDS data has been submitted monthly by the Trust from November 2019 - April 2020 in line with monthly deadlines January 2020 – June 2020 respectively.

Ongoing compliance with submission of monthly MSDS data will be presented to the Board for assurance in the September 2020 paper.

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?

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

4.1 Standard A

Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with neonatal involvement in decision making and planning care for all babies in transitional care.

The Trust is compliant with this standard as outlined in Board report 23/04/2019 and this pre-dates the deadline of 31st January 2020 required for the scheme. Pathways of care are outlined in the Care of the Vulnerable Neonatal Guideline and are based on the principles of the British Association of Perinatal Medicine (BAPM). This pathway was jointly approved by maternity and neonatal teams, and includes the NEWBORN Early Warning Trigger and Track (NEWTT) assessment from birth on Delivery Suite, Transitional and Postnatal care.

4.2 Standard B

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

The Trust is compliant with this standard and monthly audit of compliance with the agreed pathway into transitional care was commenced by the February 2020 deadline outlined in the incentive scheme and a process is in place to share subsequent findings with the neonatal safety champion.

4.3 Standard C

A data recording process for capturing transitional care activity has been embedded.

Data is available on transitional care activity and this data recording process pre-dates the deadline of 31st January 2020 outlined in the incentive scheme.

4.4. Standard D

Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared, on request, with the Operational Delivery Network and commissioner to inform a future regional approach to developing TC.

The Trust is compliant with this, coding is in place and commissioner returns are available to be shared, on request, with the Local Maternity System, Operational Delivery Network or commissioner.

4.5 Standard E

An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews has been agreed with the neonatal safety champion and Board level champion.

The development of an ATAIN action plan has been carried over from Year 2 in order to address local findings from reviews of unexpected term admissions to the Neonatal Unit, in order to determine whether there were modifiable factors which could be addressed. The ATAIN action plan has been agreed with the neonatal safety champion and Board level champion within the deadline of 31st January 2020.

4.6 Standard F

Progress with the agreed ATAIN action plan has been shared with the neonatal safety champion and Board level champion.

The Trust is compliant with this standard and progress with the ATAIN action plan has been shared with neonatal safety champion and Board level champion monthly before the timeframe of commencing March 2020, in line with the requirements of the scheme.

5. 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?

The following standards are required to be compliant with Safety Action 9:

5.1 Standard A

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A pathway has been developed that describes how frontline midwifery, neonatal, obstetric and board safety champions, including the Executive Sponsor for the MatNeoSIP, share safety intelligence from floor to board and through the LMS and Local Learning System (LLS).

The Trust is compliant with this standard and a pathway for sharing safety intelligence is in place and visible to staff, as outlined in the scheme within the deadline of 28th February 2020.

5.2 Standard B

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

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

- Sub-optimal Neonatal Intensive Care Unit (NICU) environment and estate; this is regularly discussed by the Executive Team and the Trust Board with the knowledge that the current estate doesn't meet current building standards. Four additional cots have recently been commissioned by NHS England and re-provision of the Maternity and Neonatal Unit is included within the Estates Strategy. Estates work is nearing completion in the Neonatal area to create space through reconfiguration and the existing environment has been improved.
- Neonatal staffing & skill mix concerns; Midwifery vacancies are actively being recruited to and the Trust has recently welcomed 13 final year students to the Trust as Aspiring Midwives. Plans are in place to undertake a staffing review utilising a validated workforce review tool to ensure ongoing safe service provision.
- Maternity Assessment Unit (MAU) and Post-natal ward environment concerns; specific concerns have been raised by staff in regards to patient safety, and the impact on the patient experience for mothers and fathers from lack of facilities and poor environment. MAU refurbishment is currently underway which includes the creation of a triage room, an additional consulting room and a refreshed unit. Additional equipment will enable the new patient pathway to be introduced and provide a more welcoming space for women and appropriate working environment for staff.
- Lifts reliability; specific concerns have been raised by staff in regards to failure of the lifts used to take patients from the Birthing Centre up to level 4 Delivery Suite & wards, or by the neonatal transport team use to move babies to and from the Neonatal Unit. The risk to patients was escalated to the Maternity Safety Champions and there is now a plan in place for their replacement.

5.3 Standard C

Board level safety champions have agreed and maintain oversight of an action plan that describes how the maternity service is working towards a minimum of 51% of women receiving continuity of carer pathway by March 2021.

The Trust is compliant with this standard and an action plan relating to working towards achieving a minimum of 51% of women being placed onto a Continuity of Carer (CoC) pathway has been developed and shared with Board Maternity Safety Champions within the deadline of 28th February 2020. Progress in meeting the CoC action plan is overseen by Board Maternity Safety Champions (via email review) on a monthly basis as outlined in the incentive scheme.

5. RECOMMENDATIONS

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

Report of Angela O'Brien
Director of Quality & Effectiveness
22/07/2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

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|-------------------------------------|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 24 July 2020 | | | | | | |
| Title | Learning From Deaths (January 2020 – June 2020) | | | | | | |
| Report of | Angela O'Brien, Director of Quality and Effectiveness | | | | | | |
| Prepared by | Pauline McKinney, Integrated Governance Manager - Quality | | | | | | |
| Status of Report | Public | Private | Internal | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Purpose of Report | For Decision | For Assurance | For Information | | | | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| Summary | <p>This paper aims to provide assurance to the Board that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018)</p> <p>This paper also summarises the processes that are in place to provide assurance to the Board that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.</p> | | | | | | |
| Recommendation | The Board of Directors is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanism for sharing learning across the Trust. | | | | | | |
| Links to Strategic Objectives | Putting patients first and providing care of the highest standard focusing on safety and quality <ul style="list-style-type: none"> Put patients and carers first and plan services around them; and Maintaining our 'Outstanding' CQC rating. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Provision of assurance that patient outcomes are reviewed and lessons learned to include deaths of people with learning disabilities. | | | | | | |
| Reports previously considered by | This is a recurrent report provided quarterly to the Board. This report was received by the Quality Committee on 24 July 2020. | | | | | | |

LEARNING FROM DEATHS

1. INTRODUCTION

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

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

2. BACKGROUND

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

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

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

3. MORTALITY REVIEW DATABASE – DATA SUMMARY

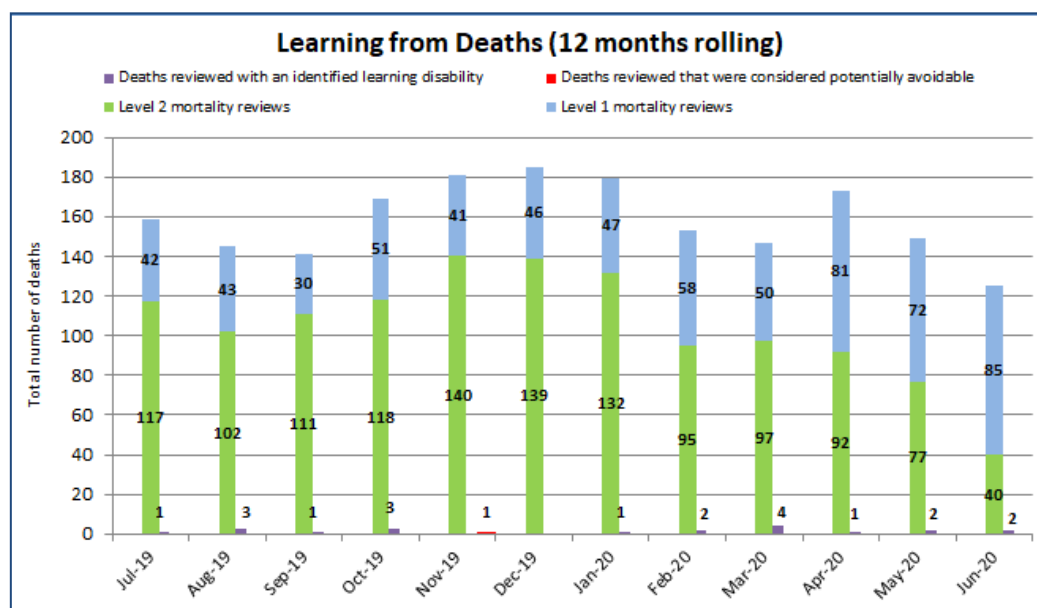
Current Morbidity and Mortality (M&M) meetings provide a robust forum for multidisciplinary discussion of each death. The mortality review database was launched in June 2017 and has improved the ease at which lessons identified within M&M meetings can be shared between Directorates. The database captures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

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

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

3.1 Inpatient Deaths

In the past 12 months 1,906 patients died within Newcastle Hospitals and a total of 1,260 patients have received a level 2 mortality review. These figures could continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.



3.2 Patients identified with a Learning Disability

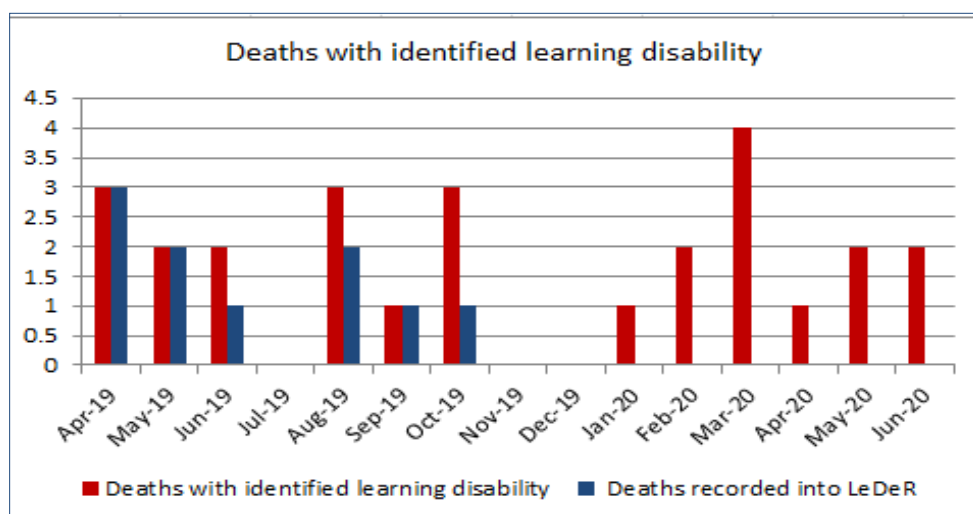
The National Learning Disabilities Mortality Review (LeDeR) Programme was established as a response to the recommendations from the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD 2013). CIPOLD reported that people with learning disabilities are three times more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

Since April 2019 26 patients who died within Newcastle Hospitals were identified as having a learning disability. Within the Trust whenever a patient with a learning disability dies, the death is reviewed by the clinical team supported by the learning disability team; there is further in-depth review at the Learning Disability Mortality Review Panel and the death is also entered onto the Trust Mortality Review Database as well as the LeDeR National Database. An update is provided from the Learning Disability Specialist Nurse to each Mortality Surveillance Group and lessons shared via various methods including Clinical Risk Group and Patient Safety Briefings.

The graph below shows the data for the past 12 months including those patients who have been recorded into the national LeDeR database. There is a delay recording into the LeDeR

Agenda Item 6(vi)

database due to the lack of trained assessors within the Trust; however this issue is known to be reported nationally.



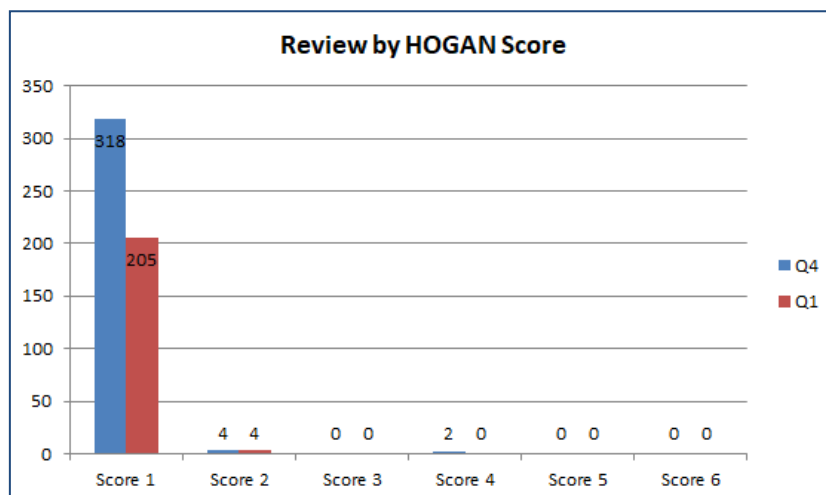
3.3 Outcome of Case Reviews – Hogan Score

Throughout Q4 and Q1, 533 patients have received a full casenote review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trustwide mortality review database. This will continue to rise as more M&M meetings go ahead over the forthcoming months.

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

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

A score of ≥ 5 suggests 'strong evidence of preventability' and an investigation is initiated to determine if a serious incident is to be reported. The outcomes of cases reviewed in Q4 and Q1 are summarised below:



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

4. KEY LEARNING POINTS

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

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

The learning points identified in Q4 & Q1 following M&M reviews are detailed below, together with how this information has been shared and what action has been taken. Clinicians from one Directorate are also able to share learning from mortality reviews direct with other Directorate throughout the Trust.

Learning points identified in Q4 and Q1

| Directorate | Speciality | Date of Review | Learning Point | Action Taken |
|---------------------|-------------------------|----------------|--|--|
| Peri-op & CC | Critical Care | 19/01/2020 | Letters to GP's to inform of the death of a patient are not always produced in a timely manner on critical care. | Directorate educational topic of the week in place to encourage summaries to be written in timely manner. |
| Internal medicine | Older People's Medicine | 02/01/2020 | On occasions it is difficult identifying next of kin due to lack of documentation. | Learning escalated via local Governance Committee to improve documentation both in outpatient as well as inpatient settings. |
| Children's Services | Paediatrics | 20/01/2020 | Genetic test results do not appear on e-record and are directed to individual consultants. | Plans are underway to incorporate generic test results into e-record. |
| Internal medicine | Older People's Medicine | 04/06/2020 | Opportunities to improve management of hypersalivation in Parkinson's disease. | Invite PD specialist to discuss non-motor symptom management at weekly education sessions to improve awareness of additional treatment options. |
| Internal medicine | Older People's Medicine | 12/06/2020 | Patient was listed on e-Record "for resus" and "not for resus" on different parts of the system despite having a DNACPR filled in. | Learning escalated via local Governance committee to guarantee resus status via care plan section on e-Record is upto date in all sections. |
| Internal medicine | Older People's Medicine | 03/06/2020 | Improve documentation regarding communication with relatives, especially during prohibited visiting. | MDT discussions are to include 'family contact' as routine heading. |
| Children's Services | Paediatrics | 14/04/2020 | Blood culture and change of antibiotics without documentation of reasoning is a recurring problem. | Using briefing in a minute tool to reiterate to the team that it is vital we document the rationale for all blood cultures and antibiotic changes. |
| Children's Services | Paediatrics | 14/04/2020 | Unreported Radiology – It was noted at review that some imaging was not reported by the time of patient's death. | Paediatric consultant alerted radiology to unreported films and the need for these to be formally reported even where an infant has passed away. |

Agenda Item 6(vi)

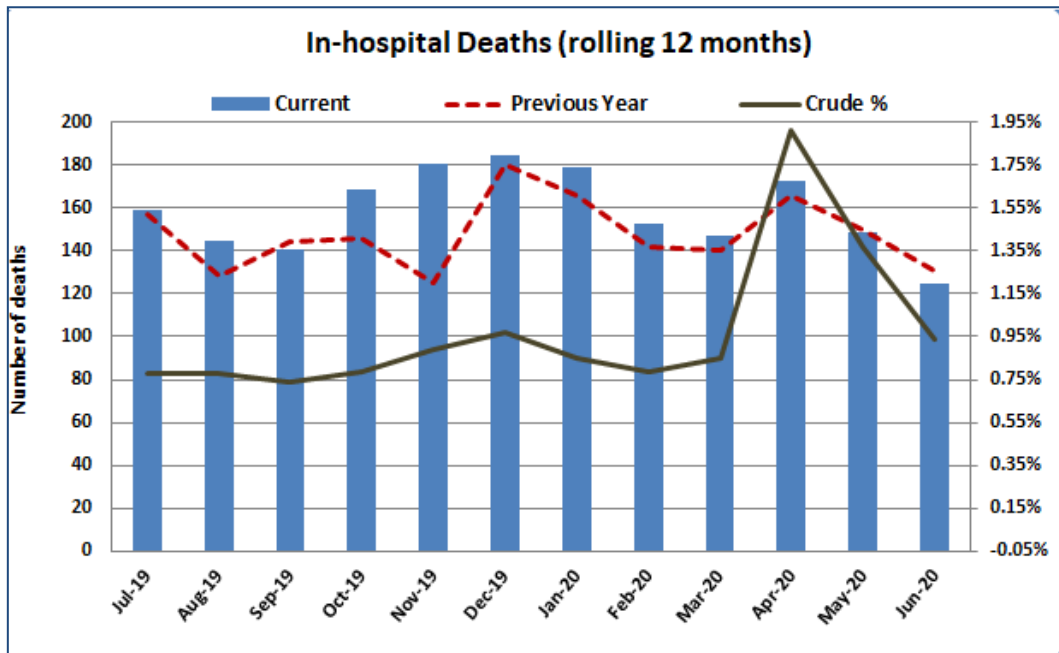
| | | | | |
|-------------------|----------------------|------------|--|--|
| | | | This resulted in them not being reported at all. The reviewing team felt that it was important that all imaging be formally reported even if posthumously. | |
| Internal Medicine | Emergency Department | 25/05/2020 | A patient was assessed in Emergency Department without medical review, In hindsight; a senior medical review may have resulted in a different outcome. | A serious incident investigation commenced. Protocol changed immediately to include all COVID-19 patients who attend ED and able to self-isolate at home to be reviewed by a senior medic prior to advice and discharge. |

5. CRUDE MORTALITY

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

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

The graph below shows the crude mortality for the past 12 months. The crude mortality is showing a distinct rise in April and May. Due to the COVID-19 pandemic the majority of elective surgeries were postponed during this time period, this dramatically reduced the amount of discharges. Although the deaths for this time period did not rise dramatically in comparison to the same time period the previous year, the reduced discharges increase the crude mortality. Crude mortality has reduced to less than 1% in June 2020 due to hospital activity starting to increase.



6. SHMI AND HSMR MORTALITY RATES

SHMI and HSMR Mortality rates are published quarterly by NHS Digital, however due to the time delay between data being uploaded by each individual Trusts and Community, the data is published approximately 6 months retrospectively.

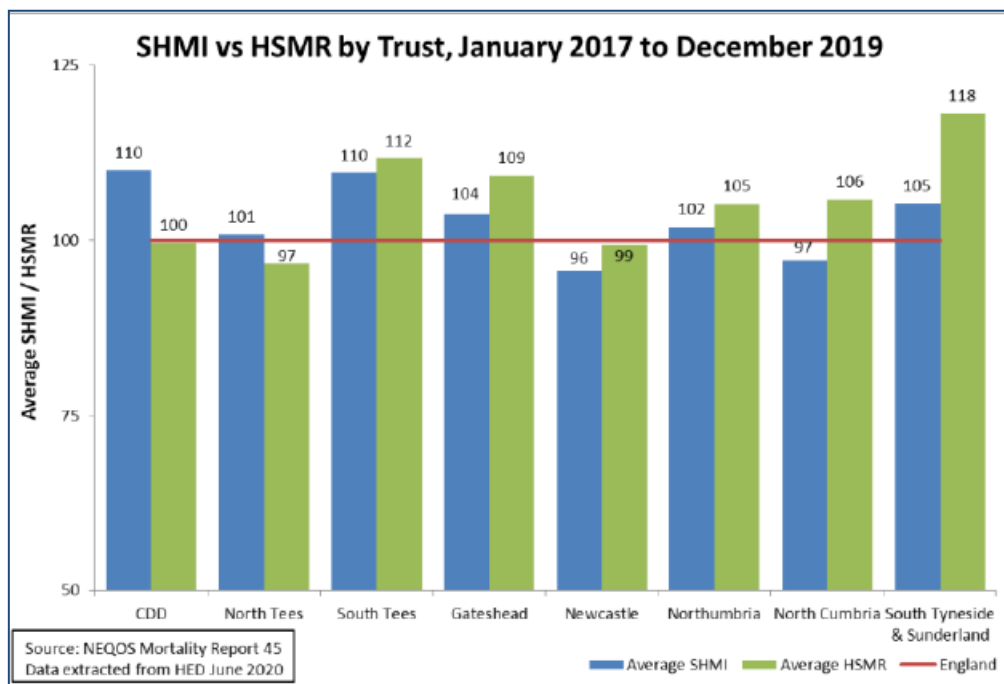
SHMI and HSMR data is scrutinised on publication to determine any areas that may raise concern. All groups within the data are individually monitored and all findings are presented to the Mortality Surveillance Group on a quarterly basis. Any group that flags as a concern is raised with the Directorate to ensure an in-depth analysis is undertaken and findings recorded into the mortality review database. All learning from this analysis is shared with Directorates and presented to the Mortality Surveillance Group. The latest SHMI publication for January 2019 – December 2019 shows the Trust to be at 97 which is below the National average and within “expected levels”.

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

7. NEQOS

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

The graph below shows the SHMI vs HSMR for the last 3 years. The graph shows NuTH to be consistently below the national average for both SHMI and HSMR; however both will continue to be monitored on a quarterly basis for any flags of concern.



Palliative care rate is consistently reported below 2% within Newcastle upon Tyne Hospitals which is the lowest in the region. The palliative care team and coding department have worked hard to capture patients who are receiving end of life care and two new initiatives will support this:

- Paperlite system will encourage clinical staff to record palliative care status within e-record.
- In Q1 a process was introduced which enables e-record to automatically alert the palliative care team via a message centre if a medication which would normally be used for end of life care was prescribed. On retrieving this message the palliative care team would have a face to face consultation or phone call with the patients' medical team to offer end of life support. This initiative will show in the palliative care reporting within future NEQOS reports.

8. OUTCOME OF INVESTIGATIONS LINKED TO SERIOUS INCIDENTS

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

- During January - June 2020 there were 65 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 65, there were four patient deaths which identified potential modifiable factors and were subject to a SI investigation. One investigation is now complete and three investigations are ongoing.

The incidents and learning from the four deaths are summarised below:

| |
|-------------------------------------|
| 2019/5406 – Unexpected death |
|-------------------------------------|

- | |
|--|
| <ul style="list-style-type: none"> • Robust patient pathway agreed for patients following coronary intervention to ensure improved consultant oversight and ongoing monitoring. |
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|--------------------------------------|
| 2020/2288 – Delayed treatment |
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| Investigation in progress. |
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| 2020/6493 – Medication Error |
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| Investigation in progress. |
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| 2020/6343 – Misdiagnosed PE |
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|----------------------------|
| Investigation in progress. |
|----------------------------|

8.1 Incidents and Learning outstanding from Q3**2019/21634 - Misplaced medical device**

- Introduction of a standardised medical device protocol incorporating site photographs, checklist, personnel, training and monitoring standards.
- Liaised with manufacturer & MHRA in order to explore device improvement solutions and to share learning nationally.

2019/20921 Delayed CT scan

- Introduce new process for the follow up of TPN patients commenced on therapeutic tinzaparin.
- Patient information to be included as standard in all boxes of tinzaparin.
- Information required regarding average waiting times for scans. Radiology to provide monthly reports.

2019/21443 Delay in reversal of anticoagulation therapy

- Investigation in progress.

9. MEDICAL EXAMINER

The Medical Examiner system for reviewing all deaths was introduced in 2019 by NHS England and was designed to strengthen safeguards for the public, improve the quality of certification and avoid unnecessary distress for the bereaved. The process aims to ensure all deaths are reviewed independently by the Medical Examiner giving relatives of the deceased an opportunity to ask questions relating to their loved ones care. The initial “go live” date has been postponed by NHS England while trials went ahead in early adopted Trusts. It is envisaged Medical Examiners in NuTH would be in post by summer 2020 however this is now likely to be towards the end of 2020.

In March 2020 the government published a report regarding “Managing the deceased during a pandemic”. The report makes reference to the coroners and justice act 2009 stating “*a non- statutory medical examiner system was introduced from April 2019; however the medical examiner system is not yet a statutory requirement. In a period of emergency it is recommended that a medical examiner system is suspended and medical examiners revert to their usual duties as a medical practitioner*”. In light of this recommendation, NuTH took the decision to suspend the implementation process between March 2020 – June 2020.

10. INVOLVING BEREAVED FAMILIES

In line with the National Quality Board Learning from Death guidance (2017), the Trust staff offer support and guidance to bereaved families and loved ones. This includes supporting families on how to register a death as well as answering any concerns they may have around their relative’s episode of care. All concerns are, where possible, dealt with immediately with clinicians attending bereavement office to answer any questions. Any concerns or issues identified to the bereavement office are recorded and presented to Mortality

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Surveillance Group on a quarterly basis for learning purposes. All bereaved loved ones are offered a support booklet which also details contact information if they have any further questions or concerns. Between January 2020 – June 2020 five families contacted the bereavement office to request further information.

11. RECOMMENDATIONS

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

Report of Angela O'Brien
Director of Quality & Effectiveness
16 July 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

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|-------------------------------------|---|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Provision of a Northern Centre for Cancer Care in North Cumbria | | | | | | |
| Report of | Maurya Cushlow, Executive Chief Nurse | | | | | | |
| Prepared by | Phil Powell, Directorate Manager, Cancer Services & Clinical Haematology | | | | | | |
| Status of Report | Public | Private | Internal | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Purpose of Report | For Decision | For Assurance | For Information | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| Summary | <p>The purpose of this paper is to provide:</p> <ul style="list-style-type: none"> • Overview and update on progress towards implementation of the Full Business Case for the Provision of a Northern Centre for Cancer Care in North Cumbria, including the provision of assurance around project governance and risk management. • A summary of the urgent and emergent issues and risks in relation to ongoing provision of oncology services by NCIC currently being addressed by the clinical and management team in the Cancer Services & Clinical Haematology Directorate at Newcastle Hospitals. • Request decisions on three key issues: <ul style="list-style-type: none"> a. A date of TUPE transfer of staff completion; b. A working agreement to a date of transfer of contract subject to Heads of Terms and SLA's being in place; and c. A process to confirm the name of the new Cancer Centre at Cumberland Infirmary. | | | | | | |
| Recommendation | Trust Board are asked to acknowledge the information within the report and continue to support the Directorate in taking this project forward. Board are invited to comment on the progress to date and the management of the work to identify emergent risks. The Board are asked to support the proposed dates for staff and contract transfer; and the process to confirm the new name of the new Cancer Centre building. | | | | | | |
| Links to Strategic Objectives | Partnerships – We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Impact detail | <p>Directorate risk register references:</p> <p>Risk 3645 – Oncology Consultant national shortage.</p> <p>Risk 3546 – North Cumbria project to establish a sustainable and deliverable oncology service.</p> | | | | | | |
| Reports previously considered by | January 2020 Board Meeting. | | | | | | |

PROVISION OF A NORTHERN CENTRE FOR CANCER CARE IN NORTH CUMBRIA

1. BACKGROUND

The need to provide sustainable, robust and clinically excellent Oncology services in North Cumbria has long been identified. Discussions between The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) and North Cumbria University Hospitals Foundation Trust (now North Cumbria Integrated Care Foundation Trust (NCIC)) have been ongoing for a number of years. These discussions progressed significantly when the Full Business Case (FBC) for Newcastle Hospitals to deliver Oncology services in North Cumbria was approved in September 2019. This resulted in the commencement of the construction of a new cancer centre located on the Cumberland Infirmary site in Carlisle, as well as purchase of a second LINAC radiotherapy treatment machine, and recruitment to additional staffing posts in radiotherapy and chemotherapy service delivery. The full service is due to transfer to Newcastle Hospitals, with a staff transfer under TUPE regulations, in April 2021.

2. STRATEGIC FRAMING

In 2019 Newcastle Hospitals published a five year Strategic Framework identifying five key priority areas. This proposal is aligned with the strategic priority of:

“Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality”

The objective of the FBC is to deliver fully integrated world class Oncology care, in line with that delivered in Newcastle at The Northern Centre for Cancer Care (NCCC). This will result in care closer to home for patients from Cumbria in Carlisle, within a state of the art newly built environment, removing the prevailing need to travel to Newcastle to access these services as happens currently.

It is, however, the Partnership strategic priority where this development has most resonance:

“We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes”

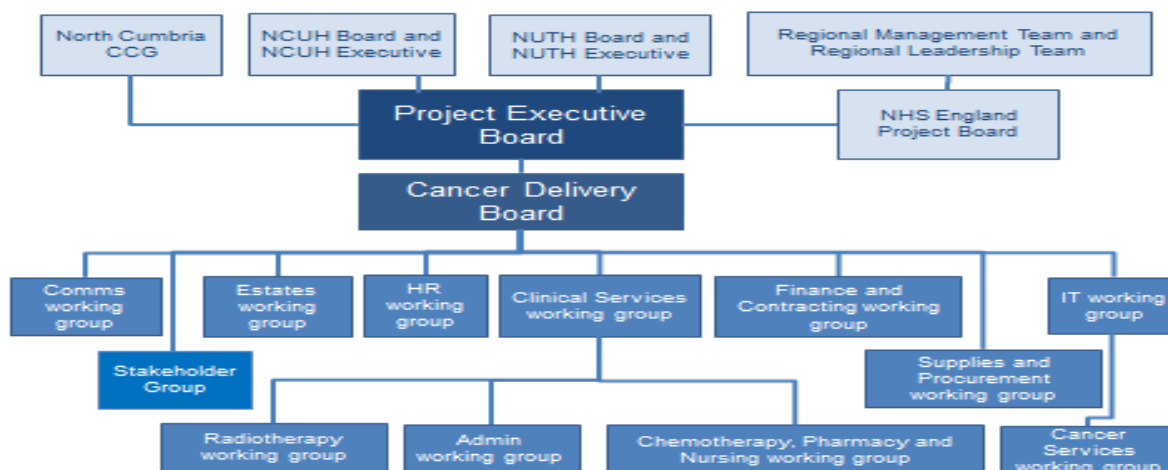
The joint development between the two Trusts is the largest collaborative work stream seen to date between the two organisations. Through a managed clinical partnership this will deliver clear shared and joined up pathways, improving the existing patient pathways and experience. This proposed clinical model will provide care as close to home as possible in congruence with the Northern Cancer Alliance and North Integrated Care System (ICS) aims to provide sustainable acute hospital services across the region.

Overview and Update on Progress Towards Implementation

3. GOVERNANCE STRUCTURE

3.1 Project Governance Structure

A governance structure has been devised which reflects all elements of the partnership as illustrated below:



The project governance structure and agreed reporting processes have proven to be robust and effective over the period of the COVID-19 pandemic. Many of the designated project work streams were paused during March and April 2020 as the over-riding focus of both Trust’s at that time was managing the impact of Coronavirus; all are now operational once more. The Cancer Delivery Board (CDB), chaired by the NUTH Directorate Manager, Cancer Services & Clinical Haematology, remains the focal point for work stream reporting and operational decision making across all aspects of the project’s remit. The Board meets monthly and provides a quarterly update to the Project Executive Board (PEB), chaired by the NUTH Executive Chief Nurse, which reconvened after the postponement of the planned April 2020 meeting in June 2020. The focus of the PEB is to approve the Project Execution Plan for the project, consider recommendations from the CDB, approve and sign off the outputs at each stage of the project and seek Board and commissioning organisation approval of outputs as required.

The projects Senior Responsible Officers (SRO) are the Executive Chief Nurse at The Newcastle upon Tyne Hospitals Foundation NHS Trust and the Executive Director of Performance and Improvement for North Cumbria Integrated Care NHS Foundation Trust, who have respective Trust Board accountability for the programme.

SROs

- Ensure that the project progresses to ensure delivery of commissioning intentions and the respective trust business plans.

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- Ensure support from partner agencies to deliver their aspects of the change required to realise the vision set out in the overall Commissioner and Trust’s strategies.
- Ensure commitment by all members of the appropriate Boards.
- Maintain visible and sustained commitment to the programme.
- Take the lead responsibility for risk relating to the project and for the realisation of associated benefits – balancing the acceptable level of risk against objectives and business opportunities.
- Holding the Project Executive Board to account.

4. RISK MANAGEMENT AND RISK REGISTER

The Cancer Delivery Board undertake a scheduled monitoring process to review and identify progress in addressing established risks and consider new risks during the monthly meetings. A process is in place for any of the Cancer Delivery Board work streams to identify risks and escalate these for consideration and discussion to the Board. A detailed risk register is in place and managed by the Cumbria Project Manager, which incorporates risks in relation to the new cancer centre build, as well as operational and staffing risks.

The current project risk register is attached as Appendix 1. There are no risks which require escalation to the Trust Board at this time.

5. CLINICAL SERVICE MODEL

The current provision of Cancer Services in North Cumbria is unable to achieve the requirements described in a range of national specifications due to number of underlying issues and gaps in the current level of service. These in the main, although not wholly, relate to the fragility of the medical workforce in Cumbria. These issues are well known and long standing and following a request from Commissioners in March 2014 the NUTH Cancer Services and Clinical Haematology Directorate has been working in conjunction with NCIC to develop a local, resilient and high class modern service to the patient population of the Cumbria region.

Following agreement of the Full Business Case, which included a new build on the Cumberland Infirmary site, the two organisations have continued to work in a collaborative manner to develop a clinical model in an attempt to stabilise the current service provision. This includes agreement to appoint additional Oncology Consultants by Newcastle Hospitals using funding released by NCIC. These oncologists will be appointed to Newcastle roles and release experienced Consultants to deliver sessions (identified within Job Plans) in North Cumbria. Five Consultant posts were advertised in summer 2019, with two appointments (internal candidates) made in September 2019. A further four posts were advertised in January 2020 with appointments made into two of these posts (again internal candidates).

The longer term solution addresses all the current underlying issues and service gaps with a redesigned service and workforce model. It is proposed that current North Cumbria staff will TUPE to Newcastle Hospitals. The service detail of this model is as below.

5.1 Provision of Outpatient Services

The proposed service model will result in the provision of additional capacity to meet the number of referrals received into the North Cumbria service. This will be achieved through targeted work which includes a review of the clinical pathway to reduce unnecessary steps, e.g. targeting follow-up protocols and the development of additional clinical roles and expansion of skill-mix through enhanced training, to enable appropriate work to be undertaken by non-medical staff and the appropriate use of Telemedicine.

5.2 Provision of Radiotherapy

A satellite service for Radiotherapy will be provided which reflects the national direction of travel for radiotherapy services maximising resources from a limited pool of skilled staff and capitalising on efficiencies available through remote planning. Operating two radiotherapy treatment machines (LINAC's), one existing and one new, from the new cancer centre. With the installation of the new linear accelerator and associated software, the remote planning capability is now in practice and some partnership work is already underway. In line with NCCC practice, an on treatment review service has been implemented led by radiographers.

5.3 Provision of Chemotherapy

Advanced practitioner posts will be utilised, capitalising on remote prescribing available via the Newcastle Hospitals hosted e-prescribing system. In addition the proposal would be to look at role development, for example pharmacist prescribing as introduced in NCCC. This includes the provision of a Supportive Therapies Unit, not currently available, which would manage planned procedures.

6. CURRENT POSITION

6.1 New Cancer Centre Build

Construction of the new cancer centre at Cumberland Infirmary in Carlisle commenced in September 2019 and progressed well and in line with the Project Outline Master Programme of partial completion in May 2021 with full building handover in October/November 2021. In March 2020 due to the uncertainty around the sustainability of construction services during the COVID-19 lockdown, a significant risk was identified to the continuation of building programme; specifically in relation to:

1. Building suppliers either shutting down or planning to shut down preventing the provision of deliveries of building materials to the site.
2. The impact of the virus on the availability and sustainability of the workforce.
3. The impact of the social distancing regulations on the workforce and the implications on construction targets and timelines.
4. Accommodation in the local area closing to the public - the majority of the construction team are not local to the area.
5. Uncertainty around the feasibility of international contractors being able to arrive on site as planned due to travel restrictions.

At that time, and as reported to the NUTH Trust Executive Team in April 2020, it was expected that construction would be suspended in mid-April 2020, with the impact of this suspension on the construction completion dates determined by the length of time the process was halted.

The building contractors, however, have been able to continue construction unabated throughout the peak of the COVID-19 pandemic to current day. This was achieved primarily by sourcing materials from suppliers able to guarantee delivery, bulk materials delivery and utilising non-commercial accommodation in Carlisle to house the staff, whilst adhering to the national social distancing guidelines. The construction project at present remains within budget and only marginally behind programme completion timelines. The project is currently running at nine days behind schedule, the contractors are confident they can return to schedule during the remainder of the construction process.

The building has had the working title of Northern Centre of Cancer Care – North Cumbria over the term of the project; the Board are requested to confirm the process to confirm the formal building title.

6.2 Service Alignment

Through the work of the clinical services work streams, progress has been made in chemotherapy and radiotherapy service alignments. This work has included:

- North Cumbria Integrated Care NHS Foundation Trust (NCIC) have adopted the Northern Centre for Cancer Care (NCCC) document control system (QPulse).
- NCIC have adopted the NCCC radiotherapy reporting framework.
- The IT information portal between the two Trust's which allows both Trust's patient records to be viewed on either site is currently in testing and will go live later this summer.
- NCIC patient blood results and GP records can be viewed by NCCC staff via NCIC ICE licences.
- Honorary contracts are in place as required during the interim period before service transfer.
- Reciprocal staff visits for training and education are in place in radiotherapy with dates for the chemotherapy service to follow.
- NCCC are currently providing capacity to the depleted NCIC Dosimetry planning service via a Service Level Agreement which allows both Trusts' dosimetry teams to plan each other's patients' radiotherapy treatment. To further strengthen this alignment process NCIC have agreed to fund a post (using a vacant post within their dosimetry service) for NCCC to appoint into to provide sustainability and leadership across both services.

The NCIC radiotherapy service was subject to an external review undertaken by the Christie Hospital, the subsequent report was shared with NCCC and work was undertaken between both Trusts to develop an action plan to address the issues identified.

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The pharmacy work stream met with senior management from both Trusts in June to determine the delivery model within the new service. Clarity was gained and the respective pharmacy leads from NUTH and NCIC were charged with agreeing the fine detail of the service provision before reporting back to the wider group.

6.3 Workforce and Recruitment

Within the Full Business Case, approved in September 2019, there were 60 Consultant PAs (including two substantive post holders) agreed, a further 4 Consultant PA's were agreed for a Clinical Director/Head of Service.

6.3.1 Medical Workforce

The current medical staffing for NCIC oncology services comprises of two consultant clinical oncologists. There are 3 agency locum medical oncologists on short term contracts. NCCC consultants visit Cumbria under private arrangements and provide approximately 3 days of oncology input per week, often at the weekend.

The focus of recruitment is on mitigating the risks, closing the identified service gaps by recruiting to existing posts and the additional posts approved within the Full Business Case.

Although a number of NCCC posts have been advertised over the last 9 months due to the national shortage of Consultant oncologists appointments have only been made to 4 posts, all from local trainees.

6.4 Chemotherapy/Radiotherapy/Management Workforce

Within the approved Full Business Case a number of additional non-medical posts were funded, all of which are at various stages of recruitment:

- Band 7 1wte – Project Manager – commenced in post in September 2019.
- Band 4 1wte – Cancer Tracker – phased post with funding available from October 2020, NUTH Corporate Cancer Tracking Team are aware of the funding and will appoint into the post.
- Band 8a 1wte – Matron – Interviews taking place on 16th July 2020.
- Band 8a 2wte – Advanced Care Practitioner (Chemotherapy) – Interviews taking place on 31st July 2020.
- Band 8a 1wte – Advanced Care Practitioner (Radiotherapy) – appointed into on 29th June 2020.

Planning for a TUPE staff consultation process is underway, an updated TUPE list has recently been requested from NCIC with the expectation that approximately 83 posts will be subject to the transfer. Throughout the project to date the point of TUPE transfer has been considered to be 1st April 2021. The Board is requested to confirm that they are agreeable to this date. This will allow the mandatory six month TUPE consultation process to commence in October 2020.

6.5 Service Level Agreements (SLAs) and Building Heads of Terms

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An additional work stream was set up after the May 2020 Cancer Delivery Board and met in June 2020 with the specific objective of progressing to completion the clinical and non-clinical SLA's to underpin service delivery from the new cancer centre at the Cumberland Infirmary. At the point where the content of both documents are agreed a re-costing exercise will be undertaken in conjunction with the Finance and Contracting work stream before being finalised.

Engagement with the Directors of Estates from both Trusts has gained a commitment to progress the draft Heads of Terms submitted as part of the Full Business Case process to a final document.

It is recommended that there is a working assumption that the date of transfer of the contract for service delivery is at the same time as the TUPE transfer of staff, however this can only be agreed when the clinical and non-clinical SLA's and Heads of Terms are agreed and implemented by both Trusts.

7. SUMMARY

Overall the project is progressing well, collaborate working within the project work streams, as well as within the clinical services, is encouraging.

The biggest risk to the project remains the availability of Consultant Oncologists to deliver the service at the new Cancer Centre site. As stated NCCC continues to advertise posts in order to attract Consultants to Newcastle, in order to release resource to deliver clinics in Carlisle.

In order to enhance the project leadership the Project Manager commenced working two days a week at the Cumberland Infirmary in June 2020 in addition to which the NUTH Directorate Manager, Cancer Services & Clinical Haematology will work one day a week at the Cumberland Infirmary from July 2020.

8. RECOMENDATIONS

The Trust Board is asked to:

- Receive the report.
- Acknowledge the information within the report and continue to support the project team in taking this project forward.
- Comment on the progress to date and the management of the work to identify emergent risks
- Consider the requests for agreement for:
 - A date of TUPE transfer of staff completion.
 - A working agreement to a date of transfer of contract subject to Heads of Terms and SLA's being in place.

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- A process to confirm the name of the new Cancer Centre at Cumberland Infirmary.

Report of Maurya Cushlow

Executive Chief Nurse

31 July 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

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|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | People Update | | | | | | |
| Report of | Dee Fawcett, Director of HR | | | | | | |
| Prepared by | Dee Fawcett, Director of HR | | | | | | |
| Status of Report | Public | Private | | | Internal | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Purpose of Report | For Decision | For Assurance | | | For Information | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | |
| Summary | The purpose of the report is to update the Trust Board with information about the Trust People agenda. Given the ongoing COVID-19 pandemic, the report focuses on COVID-related people activity. | | | | | | |
| Recommendation | The Board is asked to read the report and note content. | | | | | | |
| Links to Strategic Objectives | People: Supported by Flourish, we will ensure that each member of staff is able to liberate their potential. We aim to be the recognised employer and educator of choice in the North East. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Impact detail | Risk ID 3803, vulnerable staff at risk, including BAME staff. | | | | | | |
| Reports previously considered by | Routine Board update. | | | | | | |

PEOPLE UPDATE

1. BACKGROUND AND INTRODUCTION

Acknowledging the impact of the COVID-19 pandemic emergency, this update is limited predominantly to COVID-related people activity.

Three 'COVID' groups have been established, focussed primarily on the 'people' related agenda – the 'staff support cell', 'workforce group' and more recently the 'reset, restart and recovery environmental group'.

Our union representatives have worked productively and in partnership throughout the period enabling colleagues to ensure a reasonable and proportionate local response to issues which needed resolving.

Our consultation, information and engagement has been shaped by the shared priority of keeping staff safe and feeling supported and endeavouring to ensure a pragmatic approach to policy development which is responsive to need. The experience has demonstrated that 'our people' have been key to serving 'our community'.

The staff testing regime is addressed in the report of the Director of Infection Prevention and Control in agenda item A6(iv).

2. #FLOURISH AT NEWCASTLE – SHAPING THE BEST PLACE TO WORK

Acknowledging the need to continue evolving, proactively facilitating change and transformation, #Flourish at Newcastle Hospitals is our approach to organisational development (OD). As the framework underpinning the goal of liberating the potential of all our staff, it supports our ability to shape the environment and culture of the organisation to enhance the staff experience and ensure that Newcastle Hospitals is the best place to work.

The key people themes in our OD strategy are:

- Well workforce – enhanced staff wellbeing in a flexible and healthy workplace;
- Valued and recognised – meaningful engagement, communication and empowerment;
- Behaviour and culture – building an inclusive and diverse workforce representative of the community we serve; and
- Improvement and innovation.

Reflecting on the impact of COVID-19 on our people, we are reviewing and refreshing our approach and aim to share our planned programme of activity in the coming weeks. We will use the framework as the catalyst to make a step change in our people strategy, and focus our activity into tangible actions aligning behaviours and practices to our values and strategic objectives.

2.1. Well Workforce

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- Sickness absence: We have been encouraged by a steady decline in % staff off sick – largely due to corresponding fall in absence due to COVID.

Due to the increase in absence due to mental health issues, an analysis of absence due to COVID and mental health is currently in progress to ensure staff are supported individually and to determine which broader targeted interventions are necessary to address themes and trends. This includes the production of a mental health and psychological wellbeing strategy which will be shared in due course.

- 'Shielded' Staff Groups: Last month, the government set out steps to 'relax' shielding guidance which included advising that it will be paused on Friday 31 July 2020 unless there is a significant rise in COVID cases. Therefore, from 1 August 2020, staff who are shielding may return to work, if they cannot work from home, as long as the workplace is COVID-safe.

Many staff who are shielding are disabled for the purposes of the Equality Act 2010, and to ensure that the Trust appropriately considers any reasonable adjustments to support staff with a disability, we have developed a local 'return to work plan' to enable managers and affected staff to consider the individual needs and circumstances.

It is acknowledged that some shielded staff will not be able to return to work or perform the role in which they are substantively employed. We are confident that in those cases, we can support staff to work differently which may result in deployment to a different service or department, perhaps working remotely, but continue to use their skills and expertise.

- Risks assessments of vulnerable staff: in discharging our duty of care to protect the health and safety of staff, a key component of this has been to offer 'at risk' staff the opportunity to participate in a risk assessment discussion to share concerns and agree if any adjustments are necessary to support an individual staff member.

Due to increased understanding about the impact of COVID on Black, Asian and Minority Ethnic (BAME) people, and following engagement with our BAME staff network groups, including reviewing our local data, we agreed early in the pandemic to add BAME colleagues as a 'high risk' group. As a result of the feedback, it was agreed not to 'mandate' the completion of a risk assessment, and if a staff member declined the opportunity, their decision will be noted and respected.

Nationally, the undertaking of risk assessments has now become a performance target against which the Trust is required to report compliance.

- Workplace COVID-secure risk assessment guidance: As part of the government guidance, employers were asked to take measures to ensure all settings are - where practicable – COVID-secure. In response, we have produced local risk assessment guidance for managers and staff to use in their own working areas. This approach results in a '5 tick' certificate of compliance 'Staying COVID-19 secure' which can be

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displayed across departments and services and provide assurance to staff, patients and visitors.

- Junior Doctors Forum: A number of medical staff were redeployed to support the response to the pandemic, and the forum has continued to be available to junior doctors. It has been very encouraging to hear directly that our junior doctors felt supported, with access to a range of resources, assured of adequate Personal Protective Equipment (PPE) at all times, there was sufficient medical cover, and they were able to suggest improvements where necessary. They also appreciated the provision of and access to the rest facilities. In general whilst acknowledging this exceptional experience, their experience has been positive. Detailed feedback is included in the Medical Directors report, agenda item A6(ii).
- Good Work Plan (GWP): This sets out plans to address concerns and implement the recommendations made in the Taylor Review of Modern Working Practices in the UK and includes a proposed Employment Bill to reform workers' rights. It is anticipated there will be a focus on unpaid carers in work, and the Trust has participated in a recent national consultation process following engagement with staff side. The Trust has a number of measures already in place to support staff in achieving balance with their work/life commitments, and welcomes any future legislative changes to further enhance the employment offer.

2.2 Equality, Diversity and Inclusion

Black Lives Matter (BLM)

As expected, our staff and in particular our BAME colleagues, were moved by recent events stimulated by the BLM campaign. Our Chief Executive has been very clear reiterating the position of the Trust and the expectation of all staff that racism will not be tolerated, and discrimination will be challenged in order to eliminate it from our organisation.

Our BAME staff network has confirmed its expectation that collectively we take action to address issues, and they will continue to support us through raising concerns and improve our understanding of how our actions and words impact on others.

We have a clear equality plan in place, and in coming months hope to evidence real progress in creating opportunities for employment, career development and progression for all colleagues, and continue working to eliminate inequality.

- The BAME Staff (Reverse) Mentoring Programme was launched last month. The purpose of the programme is to support the creation of an inclusive workplace culture, and enable senior leaders to be educated about diversity through dialogue and reflection with a mentor in a safe way. Mentors support cultural change, gain a different workplace experience; promote an approach which builds awareness of barriers faced by staff and increase confidence to support their own career progression. 52 people are taking place in the first programme and there will be an evaluation process to consider its impact.
- The 'Surash/Pearce Report' into the ethnic pay gap and workforce development in the Trust has been published this month.

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- The Trust has been ‘Highly Commended’ by the Employers Network for Equality and Inclusion (ENEI) for the following 2 categories:
 - ‘Inclusive Recruitment’ Award for our BAME Recruitment Event; and
 - Neurodiversity Award for Project Choice.
- The BAME staff network has continued its regular ‘starleaf’ meetings which are open to all staff to provide support and a safe space in which to discuss issues or concerns.
- Wellbeing Support:

It is recognised that many staff are expressing feelings of fatigue and tiredness and as we approach the ‘summer holiday’ period, we have produced a COVID annual leave policy in which staff are positively encouraged to take time off to rest and recuperate.

We appreciate that some staff are concerned and anxious about the impact of a potential 2nd wave, and ‘living with COVID’ on a daily basis. It is also now acknowledged that staff who have had COVID-19 are requiring ongoing support with their health and wellbeing.

In addition to support and advice from Occupational Health, Chaplaincy and Psychology teams, the Trust has provided and sign posted staff to a range of resources to support staff, in particular, deal with the mental and psychological health impact. To further enhance this offer the following developments are of note:

- Wellbeing Staff Survey: a bespoke pulse survey to seek feedback and gauge a ‘snapshot’ from staff regarding the impact of COVID, the resources they’ve accessed and what they would like retained was launched late June. Over 2,000 responses to the survey which closed on 12 July were received. The data has been reviewed, analysed and will be reported on and used to inform and scope requirements for psychological support and sustainability of wellbeing resources.
- ‘Your COVID Recovery’: on 5 July, Sir Simon Stevens announced the launch of an on demand COVID-19 recovery service to help those who have survived the illness but have ongoing complications. It will use technology to enhance ‘in person’ care to support recovery and we await further information about how to access the resource.
- Health and wellbeing activity: virtual Pilates, wellbeing and balance sessions have been provided this month; planned activities include physical wellbeing challenges using Strava an internet service for tracking exercise, staycation advice to help staff keep active and aware of local events, and virtual spa at home.

2.4 Free Spirits Nursery

Our nursery, which has recently celebrated its 20th birthday, has remained open throughout the pandemic and worked closely with parents and carers to support our own and other key workers childcare needs.

2.5 Valuing and celebrating our staff

Our new 'People at our Hearts' Award scheme, replacing the Personal Touch Awards scheme was launched earlier this month, and better reflects our core values and organisational branding.

These awards replace our long-standing Personal Touch Awards but the principles remain the same – if a staff member, team or volunteer who has gone above and beyond their role to make a difference, they can be nominated for an award. The winners will be confirmed quarterly.

3 EXCELLENCE IN EDUCATION AND LEARNING

3.1 Statutory and Mandatory Training

Please refer to the People section of the Integrated Board Report for further detail – agenda item A9(i).

3.2 Impact of COVID-19 on education facilities

- A number of teaching facilities have been repurposed for alternative use during the pandemic to support the Trust response. The impact was a temporary loss of training space which is expected to be 'returned' by end July.
- Due to the new social distancing requirements, teaching room capacity is reduced. To mitigate this:
 - Alternative delivery methods have been introduced including live streaming of lectures and presentations, e-learning and blended learning to meet the needs of some learners.
 - Changes to location, working hours, 'twilight' teaching sessions and delivery across 7 days have been implemented.

3.3 Education Restart and Recovery

- A process of evaluation of changes to teaching, learning and assessment of trainees, students, FiY1's and Aspirant nurses will result in a collaborative article outlining the learning from the COVID experience and is being jointly produced across general, medical and nursing education colleagues.
- The creation of the 'Newcastle Clinical Skills Training Academy' is at planning stage with scoping to review current and potential provision to make best use of Continuing Professional Development (CPD) provision for Nursing, Midwifery and Allied Health Professionals (NMAHP) staff. It is anticipated that this will enable the Trust to maximize capacity through best use of the funding to 'unleash' potential and support transformation.
- Leadership development programmes, including System Leadership, will restart in September and development work continues on all streams including support for the introduction of an Improvement Academy.

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- Apprenticeships will be reintroduced accompanied by a policy review cognisant of recent government announcements. We are also optimistic to launch our 'Princes Trust' programme in the autumn which aligns to our strategy of supporting the creation of quality employment opportunities for the local population.
- Our 'Doctors in Training' rotation, scheduled for August will progress. Changes resulting in e-induction and alternative methods of delivery will apply to the shadowing and induction period.
- COVID directly impacted on the ability of many healthcare undergraduates (NMAHP's, Healthcare Scientists etc.) to access placements to gain clinical skills and experience. This will restart in coming weeks and some funding has been made available from Health Education England (HEE) to increase clinical capacity. Plans are being developed to facilitate this, including adopting 'novel' ways of how to increase placement capacity safely and most aligned to the routine working arrangements. We will work collaboratively with partners (including primary care and the Integrated Care System) to support a system approach.
- Nationally there has been a significant increase in all healthcare careers which is having a positive impact on university applications. Careers events and work experience opportunities have been an excellent method of promoting those careers, working for the Trust and increasing our supply pipeline. Both activities stopped due to COVID and we're exploring how to restart adopting an innovative approach in the autumn, using technology to provide access.
- As Higher Education Institutions (HEIs) look to the start of the new academic year we are working with our established partners to ensure the availability of appropriate programmes to support the development of our multi professional workforce.
- Research remains high on the agenda with a number of the NMAHP workforce being supported through Research Fellowships. The Trust Lead for NMAHP Research is currently involved in the development of a MCLinRes Masters level apprenticeship to further support this area of work.

4. PEOPLE WORKING DIFFERENTLY - PLANNING, TRANSFORMATION, AGILE AND DIGITALLY ENABLED

- Recruitment and retention: In total 989 additional staff were recruited via one of our local 20 emergency on-boarding workstreams to support the COVID response.
- COVID has had a positive impact on workforce **supply** resulting in an increase to both volume and quality of applicants to posts. Accelerated recruitment continues.
- International recruitment: Earlier this month the government announced further information regarding the points-based immigration system in the UK, including the introduction of a 'Health and Care Visa' as part of the skilled worker route. Freedom of movement will end in January 2021 and this will be set in law by the Immigration Bill. More guidance is expected via legislation later this year.
- Medical Staffing Recruitment: Consultant recruitment: the process has been streamlined, and accelerated with much greater use of video conferencing. A BAME staff representative from outside the recruiting directorate is invited to be a member of the consultant Advisory Appointment Committee panel constitution.
- There has been a noticeable increase in applicant volumes in the period 01/04/20 – 30/06/20 in response to junior doctor vacant posts. This may have been influenced by COVID-related travel restrictions deterring sabbaticals abroad between training programmes.

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- Whilst the rotations were paused between April and July, plans for the August rotations are progressing and arrangements in line with national safety guidance relating to COVID have been implemented. Recruitment to both the Teaching Fellow and Newcastle Surgical Rotation programmes have been successfully completed.
- To support the potential ongoing demand in response to COVID, additional junior doctor posts have temporarily been created and appointed to in Critical Care and Internal Medicine effective from 1 August.
- From August 2020, the Lead Employer Trust is the employer of all Foundation Year (FY) 1 doctors regionally. FY2's will continue to be employed by the Trust until August 2021.
- Volunteer workforce: 125 volunteers are currently active in the new 'Social Distancing Volunteer' role designed to provide advice and support to patients, carers and visitors attending our sites. A risk assessment framework is in place supporting those volunteers who are within high-risk categories and shielding, back into their role safely, where they express a wish to return.
- Flexible working and accelerated digital transformation: The local response to COVID-19 has empowered staff to be innovative and try new ways of working and problem solving. Through creating an enabling environment in which to more easily access technology has enhanced the shift towards staff being able to successfully work in a more flexible and agile way – whether from home, participating in e-meetings, or increasing the use of apps or on-line links to access workforce systems (e.g. Allocate or ESR) and information. It has accelerated the workforce digital transformation.

Staff are now prepared to embrace digital technologies to deliver service needs, as well as learning to accept a level of tolerance to facilitate implementation of a novel way of working which may not be 'perfect'. This has been welcomed.

Without question, the successful utilisation of digital learning and use of technology has demonstrated the potential to transform delivery of education and training; some universities have been required to revise significant educational programmes through online platforms and within the Trust, we have done the same.

There are some ongoing challenges with hardware and connectivity to be resolved, COVID has reinforced the need to invest in a Virtual Learning Environment (VLE) to provide the necessary platform for hosting content, facilitating on line classrooms, chat facilities and a repository for resources. Starleaf, whilst a useful meeting platform, is not sufficient to efficiently meet teaching and learning needs, and alternatives such as MS Teams and Zoom need to be available to facilitate effective interaction with external organisations in particular.

The introduction of Robotic Process Automation for transactional activity in HR has resulted in the release of over 1,000 hours and improved data quality. Data input processes including appraisal, local induction and probationary period outcomes have been automated, providing capacity for staff to reinvest in more value adding activity. Planned developments to further apply RPA include automating clinical 2-week waiting referrals and Occupational Health screening.

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The COVID-19 central skills database is subject to further IT refinement to ensure data remains current for effective deployment of staff if required.

The Trust continues to actively participate in the regional 'Great Place to Work' programme. This resulted in a timely response to the pandemic with the production of a Memorandum of Understanding (MOU) to support the smooth transfer of staff across the region if required. This will further shape the staff passport solution going forward.

We will continue as an anchor organisation to collaborate with partners across the city to identify and build a joint work programme to ensure that through positive action in regard to local employment and education, there is an improvement on the social determinants of health inequalities and to attract new people into the health and care sector.

5. NHS PEOPLE PLAN

As previously advised, publication of the national NHS People Plan was paused earlier this year. Recognising the change which has taken place due to the pandemic, the plan is being refreshed and reframed nationally and a revised version is expected before end July. It is expected to reiterate an additional focus on the health and wellbeing of staff and actions to reduce health inequalities.

6. NHS PENSION SCHEME

The Treasury have just published their consultation document setting out the government's proposals for addressing discrimination as a result of the transitional arrangements to the 2015 public service pension schemes, along with the plan for the future. Consultation closes in October.

7. RECOMMENDATIONS

The Board is asked to read the report and note contents.

**Report of Dee Fawcett
Director of HR
20 July 2020**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

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|-------------------------------------|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Re-invigorating research in Newcastle Hospitals | | | | | | |
| Report of | Dame Jackie Daniel, Chief Executive Officer Professor David Burn, Non-Executive Director & Director, Newcastle Health Innovation Partners Andrew Welch, Medical Director / Deputy Chief Executive Officer Victoria McFarlane Reid, Director for Enterprise and Business Development Professor John Isaacs, Associate Medical Director (AMD) for Research | | | | | | |
| Prepared by | Professor John Isaacs, Associate Medical Director for Research | | | | | | |
| Status of Report | Public | Private | | | Internal | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Purpose of Report | For Decision | | For Assurance | | For Information | | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | | |
| Summary | This report sets out the recent points and opportunities from the organisation’s research and innovation work, including: <ul style="list-style-type: none"> • An overview of the revised internal governance arrangements for research. • A summary of progress regarding the implementation of a new strategy for research. • An update on the new Academic Health Science Centre (AHSC) (including appointment of COO) and National Institute for Health Research (NIHR) Patient Recruitment Centre. • A summary of the COVID-19 research undertaken. • A synopsis of the Reset, Restart and Recovery programme for research and the longer term plan to become one of a number of national hubs for vaccine research. | | | | | | |
| Recommendation | The Board of Directors are asked to note the contents of this report. | | | | | | |
| Links to Strategic Objectives | This report is relevant to the 2024 strategic objective to lead the way in delivering world class, cutting-edge diagnostics, treatment and care, research, education, innovation and management. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | This is a high level report from the Chief Executive Officer and key directors covering a range of topics, opportunities and activities relating to research and innovation. | | | | | | |
| Reports previously considered by | This report follows the Private Board report on research and innovation opportunities presented in January 2020. | | | | | | |

RE-INVIGORATING RESEARCH IN NEWCASTLE HOSPITALS

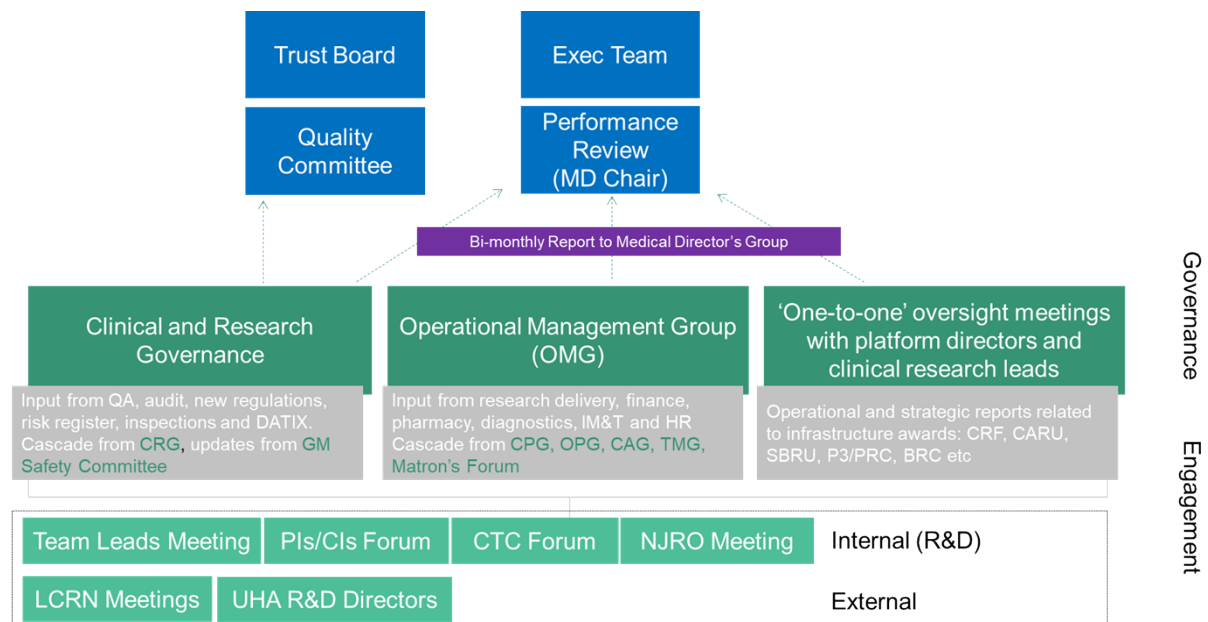
1. REVISED GOVERNANCE ARRANGEMENTS FOR RESEARCH

In January 2020, the Board was advised that work was underway to consider the most appropriate and robust arrangements to provide effective strategic leadership and operational delivery for research and innovation in the Trust following multiple changes in leadership and a potential AHSC award.

Mr Andy Welch along with Dr Victoria McFarlane-Reid, Professor John Isaacs and Professor David Burn have led that work through to its conclusion which is such that the Trust’s research infrastructure, including the Joint Research Office, will now operate as a Trust Directorate (of Clinical Research).

The leadership team for the Directorate will hold operational meetings and clinical and research governance meetings as occurs in the other clinical Directorates, see Figure 1. The operational meetings will oversee financial and research performance whilst the newly-established governance meeting will focus on quality assurance, internal audit, regulatory issues, risk, inspections and incidents. The terms of reference developed for these meetings provide assurance that communications will flow effectively in both directions across the research workforce and that there exists a focus on a new vision and strategy for research.

Figure 1. Governance Arrangements for the Directorate of Clinical Research



In addition to the above meetings the leadership team for the Directorate will meet on a rotational basis with platform directors and clinical leads including, but not limited to: Professor Ruth Plummer for the Sir Bobby Robson Facility (SBRU); Professor Mark Walker for

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the Clinical Research Facility (CRF); Professor Nicola Pavese for the Clinical Ageing Research Unit (CARU) and Professor Avan Sayer for the Biomedical Research Centre (BRC). The purpose of the meetings is primarily to oversee income, expenditure and other key performance indicators related to Trust-held infrastructure awards. Moving away from the previous structure of a collective meeting, and recognising that ‘one size doesn’t fit all’, the individualised meetings are also intended to create a forum to discuss the strategic objectives of the platforms and clinical research leads to ensure a truly joined-up Directorate of Clinical Research.

Executive oversight of the financial and other performance and quality indicators for research will take place as part of the Trust’s performance review process. The performance review frequency will be three times each year as happens for other Directorates and, in addition, a bi-monthly report outlining research activities and performance will be presented to the Medical Director’s Group by the AMD for Research. That report will serve to provide regular assurance that research activities are safe, cost effective and fit for purpose. The Clinical Director and Research Operations Manager will also meet with the Chief Operating Officer on a bi-monthly basis to help ensure that research is embedded within the clinical Directorates across the entire organisation.

The Board will continue to be assured of the Trust’s research activities with a bi-annual written report to the Quality Committee. As per the terms of reference for that Committee, the report will outline compliance with standards and ethics, and clinical and patient safety improvement processes relating to all research undertaken in the name of the Trust and / or by its staff. The AMD for Research is established as a (non-core) member of that Committee, with a deputy in the CD for the Directorate of Clinical Research.

From a strategic perspective, the AMD for Research will chair a new Joint Research, Innovation, and Enterprise Strategy Group (RISG) within Newcastle Health Innovation Partners (NHIP, Newcastle’s Academic Health Science Centre). RISG has been established to ensure strong alignment between research, innovation and enterprise across NHIP partners. The purpose of this Group is to develop a high level research, innovation and enterprise strategy for NHIP that maximises opportunities for collaborative research and innovation across partner organisations, and is attractive to potential industry partners. RISG currently comprises 24 members, representing relevant constituencies across partner organisations and the region. There is also an ‘open seat’, which will rotate across partner organisations, and provide an opportunity for individuals with a relevant interest to experience the workings of such a group, recognising that bringing together a ‘Leadership Group’ of such expertise represents an opportunity to demonstrate equality, diversity and inclusion.

2. A NEW STRATEGY FOR RESEARCH

The NHS is currently undergoing significant change, in part due to the effects of COVID-19 but also because of the need to develop, adopt and embed new technologies into patient care – genomics, artificial intelligence, precision medicine and advanced therapies to name just a few. External “macro-environmental” forces are also likely to inform our research

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planning, such as the Life Sciences Recovery Roadmap (3rd June 2020) and the outputs of the UK Research and Development Roadmap consultation (closes August 2020).

The leadership team for research have developed a comprehensive, new research strategy – colloquially entitled Research Reboot - to ensure that we are organised, prepared and equipped to avail ourselves of emerging opportunities, and to ensure that our patients can participate and be involved in the cutting edge research that will inform twenty-first-century medicine.

Linked into the Reset, Restart and Recovery programme within the Directorate of Clinical Research, Research Reboot will signal the start of an exciting research renaissance, with new ways of integrating research into everyday care, alongside educational and mentorship opportunities for staff, and incentives at Directorate and individual level that will ensure that research is fun, fulfilling and desirable.

In July, consultation on the main elements of Research Reboot took place with researchers and the research workforce via roadshows and an interactive audio-visual tool. The next step is to consult with the wider organisation prior to returning to Board for presentation and ratification of a final strategy document, revised according to consultation feedback, in preparation for its publication as a patient-facing product.

Our strategy will maximise opportunities for research and innovation within the organisation. In line with the research Board paper of January 2020, our aspiration is to attract increased government funding from the National Institute for Health Research (NIHR) and UK Research & Innovation (UKRI), whilst encouraging research adoption and innovation, and partnership with industry, in line with the long-term NHS plan, the Life Sciences Industrial Strategy, the Accelerated Access Collaborative and Transforming Health through Innovation. The strategy encourages collaboration, for example via the Northern Health Science Alliance (NHSA), and enhances our offering to industry as a high performing clinical trials centre across the four phases of pharmaceuticals development. Whilst focusing on our core strengths, e.g. ageing across the life course, rare diseases and dementia, the strategy encourages the emergence of new researchers via training and mentorship, in line with Developing Careers and the Workforce. Lastly, the strategy recognises the synergistic strength of partnering with Newcastle University as recommended in integrating the NHS and academia.

3. THE NIHR-NHSE/I ACADEMIC HEALTH SCIENCE CENTRE AND NIHR PATIENT RECRUITMENT CENTRE

Since Newcastle Innovation Health Partners was designated an Academic Health Science Centre on 1 April 2020, Mr Peter Noble has been appointed as Chief Operating Officer. This appointment brings a wealth of relevant experience to the existing leadership team, whose ultimate objective is to reduce the time it takes our healthcare system to develop, and adopt, new and better quality diagnostics, therapeutics, and health improvement strategies, with a specific focus on our regional population. Work is progressing well to develop the AHSC website, logo and branding.

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The NIHR Patient Recruitment Centre (PRC) has also appointed a senior leader, Angela Birt, from the Local Clinical Research Network to help provide operational managerial leadership and drive forward an exciting number of developments including virtual trials.

Virtual trials (VTs) are site-less trials with end-to-end digital management of the research pathway, eliminating geographical exclusion and enabling full exploitation of registries and digital media techniques, to increase recruitment efficiency. In addition to increasing convenience for patients and reducing costs, early experience from the United States suggests that virtual trials also empower engagement from culturally and socially hard to reach populations.

VT utilisation is currently limited to the United States with an expectation of rapid, world-wide growth over the coming years, promoted by enhanced digital media reach, consent for contact registries and 'big data/search' solutions. The desire for low-contact healthcare and research facilities as a result of the COVID-19 pandemic has increased the urgency to develop this capability. All major Clinical Research Organisations have established their own in-house VT platforms, but the NHS is lagging behind.

Over recent months, the P3/PRC team have developed capability with e-consent, electronic data capture and the home delivery of investigational product. Agreement has also been reached with the commercial sponsor of the RELIEVE IBS study to turn the study into a VT, which could be the first commercial interventional trial in Europe.

Whilst the PRC model is being described as a franchise, the five individual units each offer their own distinct capabilities and strengths, based on the health needs of the regional geographies and existing research infrastructure in each host organisation. The national NIHR team are starting to feed these individual strengths and USPs into the PRC communications and marketing plans, which will be disseminated internationally, to further promote the UK as a destination for the Life Sciences Industry.

The ambition for the Newcastle PRC is to focus on common, chronic conditions such as COPD, Diabetes and Heart Failure - given that the North East and North Cumbria has some of the highest levels of social deprivation and disease burden prevalence rates for these conditions in the country. In focusing on these conditions we are improving our regional population health, which will in turn improve the economy.

4. THE RESEARCH RESPONSE TO COVID-19

During the COVID-19 pandemic, the primary focus of the research leadership team has been to deliver urgent public health (UPH) research (research that needs to take place during the emergency phase of the pandemic that will deliver an impact within twelve months) whilst also supporting the deployment of clinical staff to support the pressure on rest of the organisation. To enable this to happen a significant piece of work was undertaken to pause other, 'non-priority', studies whilst ensuring clinical trials continued which provided unique access to potentially effective treatments and/or no other effective treatment existed.

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Sixteen UPH studies have opened to recruitment in the organisation since the start of the pandemic, to support the gathering of necessary clinical and epidemiological evidence that will inform national policy in the short term, and enable new diagnostics, treatments and vaccines to be developed and tested.

Seven of these open studies are interventional studies and one of these is the Oxford University sponsored UK RECOVERY trial, which was the first clinical trial in the world to evidence that a treatment provides significant impact by reducing patient mortality. The anti-inflammatory drug Dexamethasone was proven to significantly reduce the risk of death in COVID-19 patients on ventilation by as much as 35% and patients on oxygen by 20% and, as a consequence, has already become standard-of-care in the UK for hospitalised COVID-19 patients requiring oxygen or ventilation.

As at 10 July 2020, 1,315 participants had been recruited across all sixteen studies in Newcastle Hospitals, including 522 participants in the Oxford vaccine trial, the highest recruitment rate of all participating sites in the country.

Our very successful involvement in UPH studies has meant that our overall recruitment activity year to date (YTD) has been less severely impacted by the pausing of research activity necessitated by the pandemic than would otherwise have been the case, see Figure 2.

Figure 2. Newcastle Hospitals Recruitment Comparison, by Speciality, 1 April- 10 June 2020 compared to the same period in 2019.

| Recruitment Comparison | | | |
|--------------------------------|--------------|--------------|------------------|
| Managing Specialty | FY2021 | FY1920 | FY2021 vs FY1920 |
| Ageing | 0 | 4 | - |
| Anaesthesia, Perioperative ... | 0 | 16 | - |
| Cancer | 17 | 158 | - |
| Cardiovascular Disease | 0 | 66 | - |
| Children | 13 | 183 | - |
| Critical Care | 37 | 226 | - |
| Dementias and Neurodegen... | 0 | 92 | - |
| Dermatology | 4 | 28 | - |
| Diabetes | 0 | 7 | - |
| Ear, Nose and Throat | 0 | 8 | - |
| Gastroenterology | 1 | 74 | - |
| Genetics | 0 | 124 | - |
| Haematology | 0 | 13 | - |
| Health Services Research | 0 | 1 | - |
| Hepatology | 0 | 117 | - |
| Infection | 863 | 29 | + |
| Mental Health | 0 | 3 | - |
| Metabolic and Endocrine Dis... | 0 | 27 | - |
| Musculoskeletal Disorders | 3 | 211 | - |
| Neurological Disorders | 1 | 64 | - |
| Ophthalmology | 5 | 53 | - |
| Oral and Dental Health | 0 | 5 | - |
| Primary Care | 0 | 0 | = |
| Public Health | 0 | 0 | = |
| Renal Disorders | 47 | 60 | - |
| Reproductive Health and Chi... | 22 | 213 | - |
| Respiratory Disorders | 1 | 28 | - |
| Stroke | 2 | 22 | - |
| Surgery | 3 | 14 | - |
| Trauma and Emergency Care | 213 | 18 | + |
| Total | 1,232 | 1,864 | - |

5. RESET, RESTART AND RECOVERY FOR RESEARCH

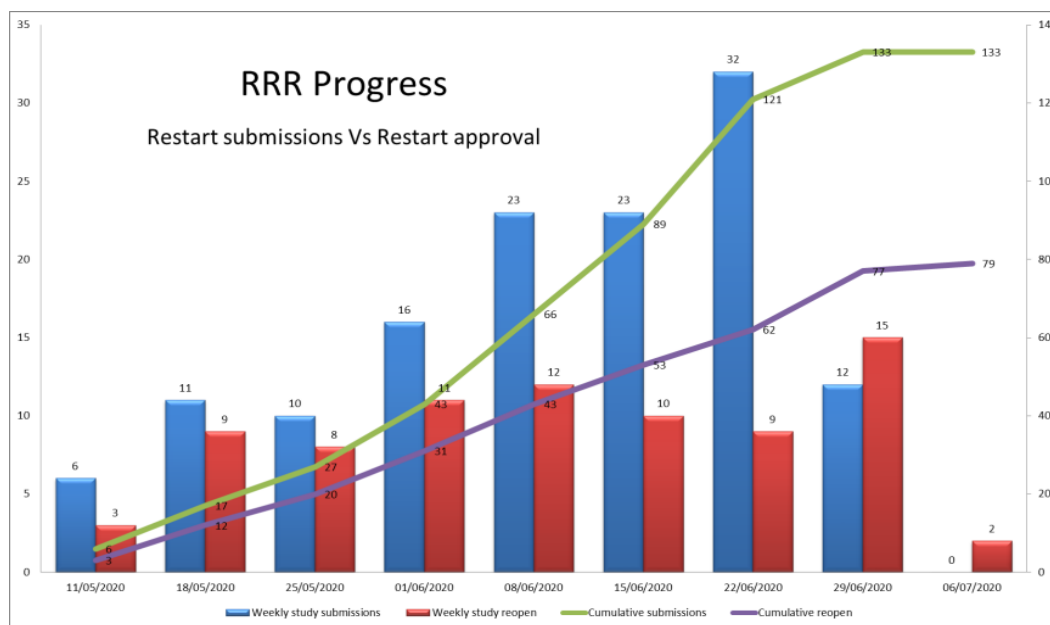
We are now in a new phase of the pandemic where the number of new cases of COVID-19 is declining although we continue to have a significant portfolio of nationally prioritised UPH studies, which are actively recruiting and following-up participants.

To that effect, we have started work towards the restoration of our diverse and active portfolio of commercial and non-commercial research unrelated to COVID-19. To achieve this efficiently and effectively, the leadership team have implemented a programme management framework and engaged widely with researchers, sponsors, funders and other stakeholders across the system on strategic objectives, guiding principles and preconditions for initiating new research and restarting previously paused research. A steering committee within the programme framework provides oversight and coordination of the ongoing initiation and restart of research, including the monitoring of key performance indicators (KPIs) and the provision of guidance and direction, including the management of communications.

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One such KPI relates the number of submissions to restart sent through to the Joint Research Office after the study teams have completed a risk assessment to the number of approved restarts made. Figure 3 shows progress on this as at 7 July 2020.

Figure 3. Study restarts, submissions and approvals, 11 May 2020 – 7 July 2020



There are a number of vaccine trials in development nationally and, rather than commercial companies progressing individual applications, there is a move for ‘expressions of interest’ to be submitted to regional Local Clinical Research Networks (LCRN) to develop vaccine ‘hubs’. The Directorate team are working closely with LCRN colleagues who have established a Regional Vaccine Taskforce to manage this opportunity.

Nationally, there is an expectation that eighteen vaccine hubs will exist across the country to cover as much of the population as possible. Each hub will have capacity and capability to run between three and five vaccine trials, enrolling between 3,000 and 15,000 patients. All of these studies are expected to start before November 2020, with eight listed at present and an active national conversation regarding funding arrangements.

Our intention is to host a regional vaccine hub and potential locations for this large-scale work are being explored. These include the Nightingale North East Hospital, where opportunities and limitations are understood by the research leadership team owing to prior involvement of the DM in mobilisation of that site.

A further important piece of short-term work is to develop research plans for a possible second ‘surge’ of COVID-19, including lessons learned from the first wave, and informed by predictions from, for example, the Academy of Medical Sciences report ‘Preparing for a challenging winter 2020/21’.

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Report of:

Professor John Isaacs, Associate Medical Director for Research

Vicky McFarlane-Reid, Director for Enterprise & Business Development

24 July 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Board Report

| | | | | | | | |
|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| 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 | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Purpose of Report | For Decision | For Assurance | | | For Information | | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | | |
| Summary | This paper is to provide assurance to the Board of Directors on the Trust's performance against key indicators relating to Quality, Performance, People and Finance. | | | | | | |
| Recommendation | For assurance. | | | | | | |
| Links to Strategic Objectives | Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Impact detail | Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets. Contains key HR metrics. Provides an overview of the current financial position. | | | | | | |
| Reports previously considered by | Regular report. | | | | | | |

Integrated Board Report

Quality, Performance, People and Finance

July 2020



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. Updates from the Trust's Restart, Reset and Recovery (3Rs) cell will also flow through this paper.

Restart, Reset and Recovery (3Rs)

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

New Operating Environment

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

Report Highlights

1. The Trust had no cases of MRSA bacteraemia attributed in June, therefore the total number of cases attributed to the Trust is 1 (April).
2. The Trust achieved the 95% A&E 4hr standard in June 2020, with performance of 97.5%. A&E attendances continue to increase following a significant drop in attendances during the COVID-19 pandemic but remain below pre-COVID levels.
3. The Trust achieved 2 of the 8 Cancer Waiting Time standards in May which is an improvement from the previous month where 1 of the 8 standards were met. The standards met were 31 Day Subsequent Treatment (Radiotherapy) and 31 Day Subsequent Treatment (Drug).
4. Activity continues to rise with 3.6% weekly compound growth throughout June in Day Case and Electives, and 2% growth in Outpatients.
5. All Healthcare Contracting and Performance have been suspended during 1st April 2020 to the 31st July 2020, as we are operating under an emergency COVID-19 financial regime.

Contents: June 2020

Quality & Performance

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

People

- Health and Wellbeing
- Sustainable Workforce Planning
- Excellence in Training and Education
- COVID-19 Staff Absence

Finance

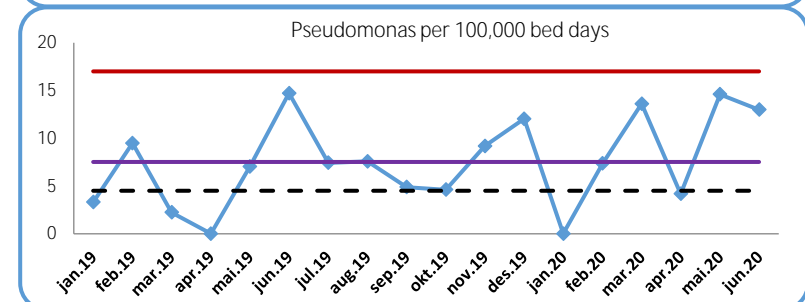
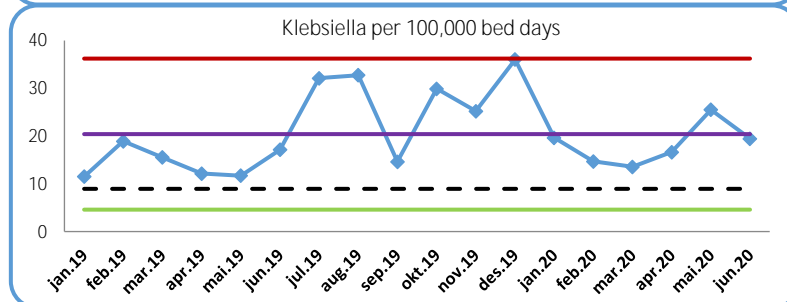
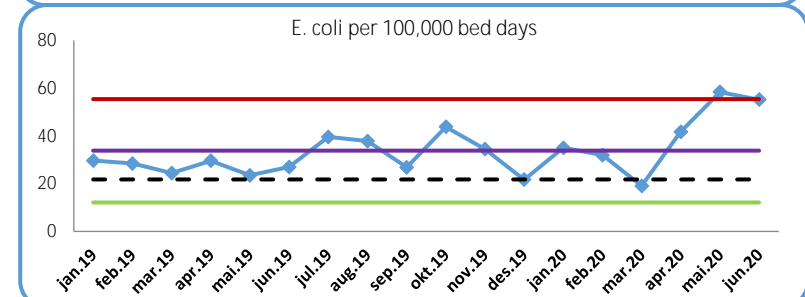
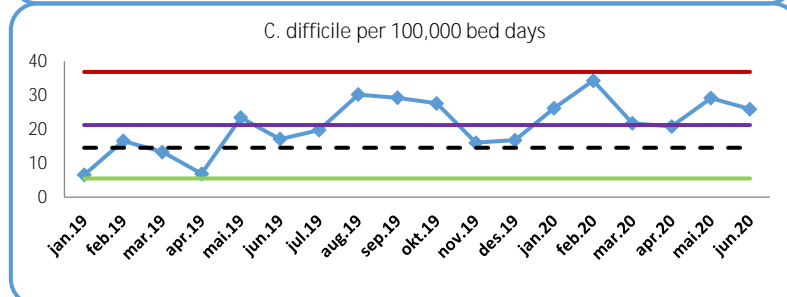
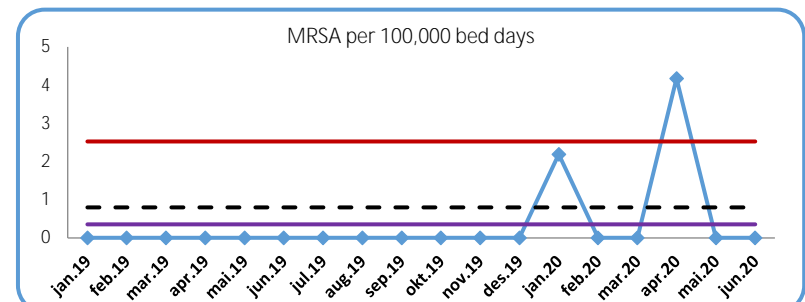
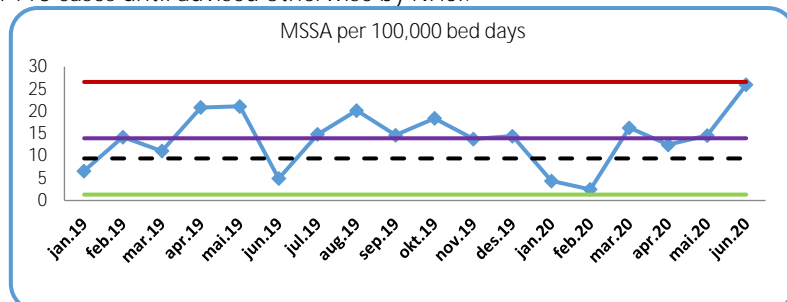
- Overall Financial Position

Quality and Performance: Healthcare Associated Infections

The 2020/21 NHS Contract has now included Community Onset Healthcare Associated (COHA) to all Blood Stream Infections (BSI) from 1 April 2020 and due to this change in guidance, we **have set an internal objective for a 10% reduction based on an amended figure for last year's HCAI rate which would have included COHA definitions.** Therefore MSSA bacteraemia cases has a new internal 10% to achieve ≤ 88 cases for 2020/21 and at the end of June there were 14 cumulative cases. There have been no further MRSA bacteraemia cases since April 2020.

The same internal reduction has been set for E. coli bacteraemia cases with the aim to achieve ≤ 194 cases ; June saw a total of 44 cases cumulatively. This has also been applied to Klebsiella bacteraemias (≤ 135 cases) and *Pseudomonas aeruginosa* bacteraemias (≤ 46 cases). By the end of June there were 17 cases of Klebsiella bacteraemias and 9 case s of *Pseudomonas aeruginosa* bacteraemia cumulatively.

By the end of June 2020 we still have not received our nationally set trajectory for *C. difficile* infections so we are currently still using last year's objective of a total of no more than 113 cases until advised otherwise by NHSI.



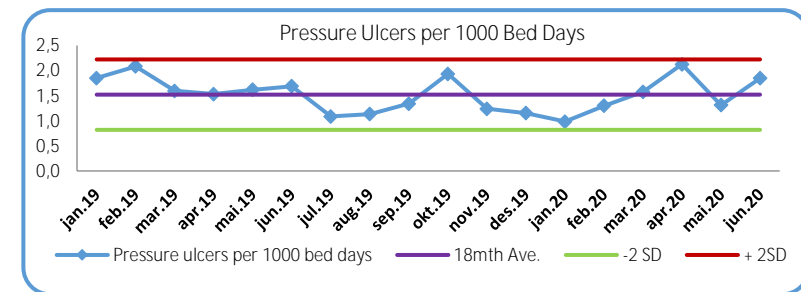
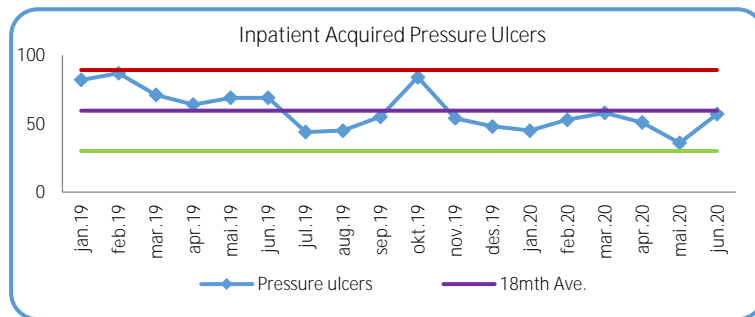
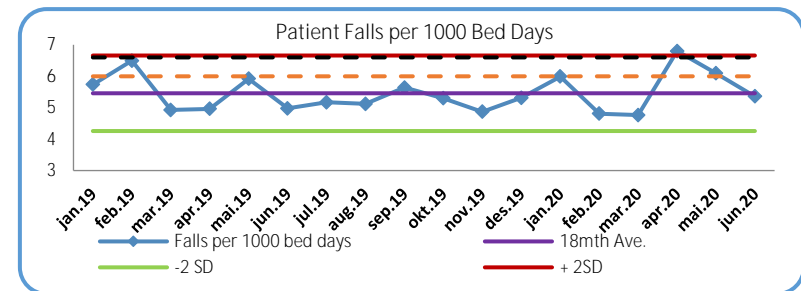
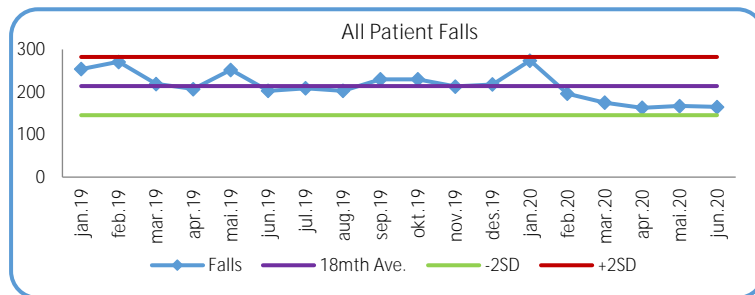
per 100,000 bed days 18mth Ave. -2SD +2SD - - National average

Quality and Performance: Harm Free Care

The Acute Trust figures show an increase in the amount of pressure ulcers reported in June 2020. The two previous month's figures reduction in April and May, likely attributed to a reduction in occupancy, and when compared to 1,000 bed days therefore this shows that the figure is more sustained rather than an increase. Work continues in the Tissue Viability team to prevent pressure damage and share this with ward areas to promote ownership of the pressure ulcers acquired within their own areas with an aim of prevention.

In June 33 acute acquired pressure ulcers DATIX reports were unable to be validated due to images not being taken and shared with the Tissue Viability team / images not uploaded to DATIX therefore the accurate number may be lower. Work will continue with ward areas and it is expected from this all pressure ulcers will be able to be validated and we will see a reduction in the numbers acquired. Other work streams also continue to hospital acquired pressure ulcers.

In relation to inpatient falls, the statistically significant reduction achieved between July and December 2018 has not been sustained throughout 2019/20 but the rate and total number of falls remain within normal levels of variation and there has been a further reduction month on month in 2020. There has been success in relation to reducing serious harm from falls, as the Trust have reported 30% less incidents resulting in serious injury compared to the same period last year (a total of 26 incidents 2019/20 Vs. 37 incidents 2018/19 April – September inclusive). The incidents and rates of falls and PU are monitored closely and any serious incidents undergo a robust Root Cause Analysis (RCA) process which assists in the identification of quality improvement work streams which to date have been successful.

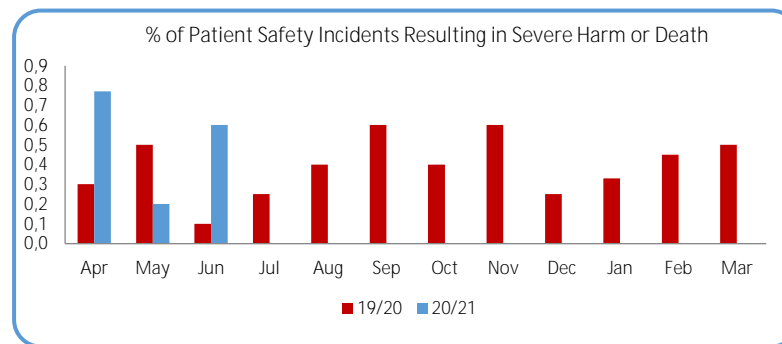
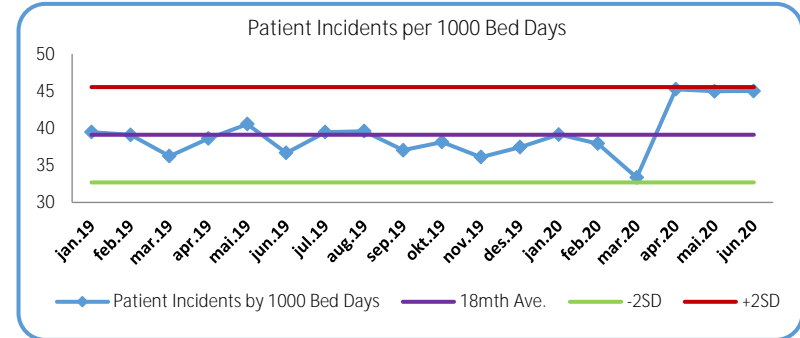
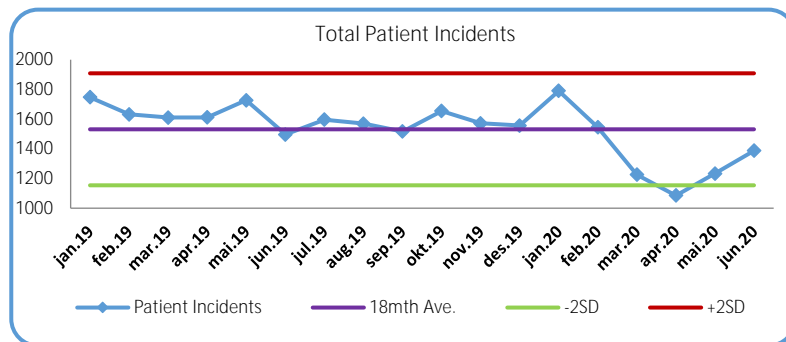


Quality and Performance: Incident Reporting

The percentage of incidents that resulted in severe harm or death reported in June 2020 is 0.6%. Nationally we report fewer incidents that result in severe harm or death than other similar providers.

This data is subject to change in future reports as severity grading may be modified following investigation.

The number of patient safety incidents reported during March 2020 – June 2020 is lower than in previous months as would be expected due to the reduction in activity and **in-patient bed days during the Trust's COVID-19 pandemic response**. Therefore, the rate of patient safety incidents per 1,000 patient bed days appears to have risen during this period. It should also be noted that the dependency and acuity of the in-patient population will differ during this period.



Quality and Performance: Serious Incidents & Never Events

Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate harm, severe harm or death. It is a statutory requirement for the Trust to be open and transparent ensuring that patients/their families are informed about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences.

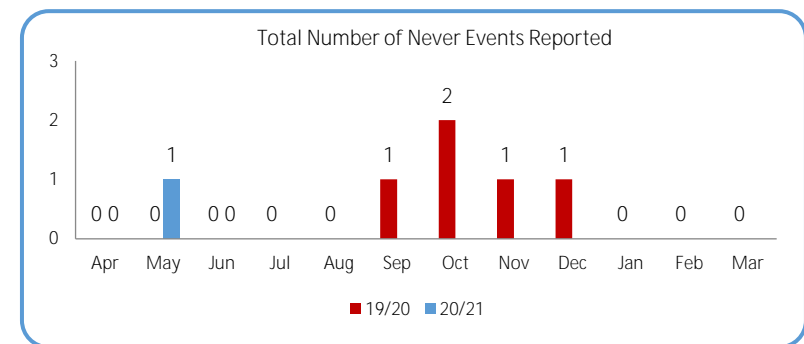
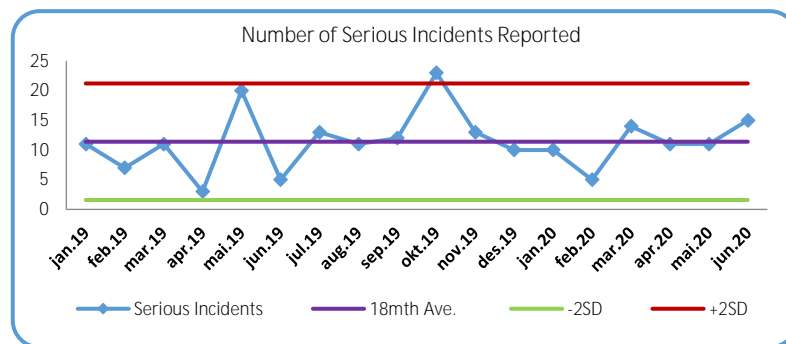
In June there were 15 cases reported as SIs. The Duty of Candour process has been initiated in all cases.

The cases were:

- Three delayed treatment - DoC in progress
- One missed diagnosis - DoC in progress
- **One reportable** *'Each Baby Counts' case - DoC in progress
- Eight pressure ulcers resulting in harm - DoC in progress
- Two falls resulting in harm - DoC in progress

*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.

Since April 2019 all 'Each Baby Counts' reportable cases are now externally investigated by the Healthcare Safety Investigation Branch (HSIB) as part of their national programme. DoC is initiated by the Trust in conjunction with the HSIB for these cases.



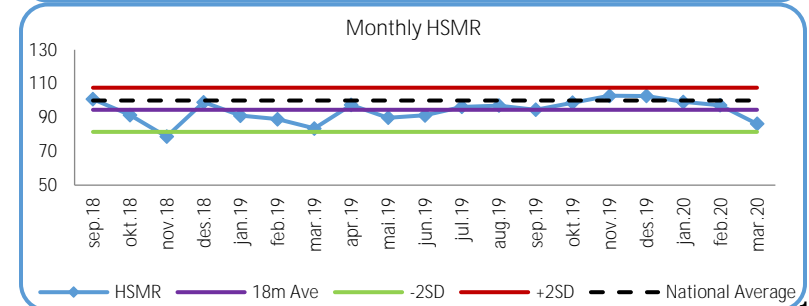
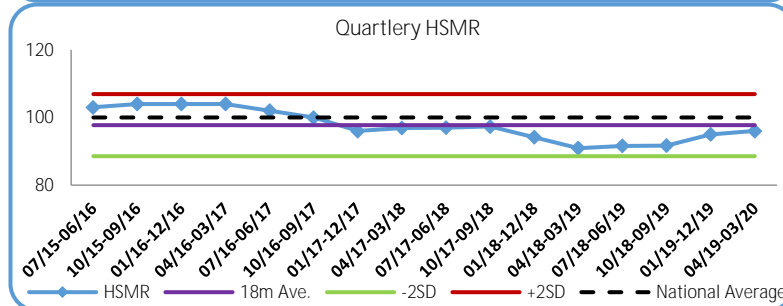
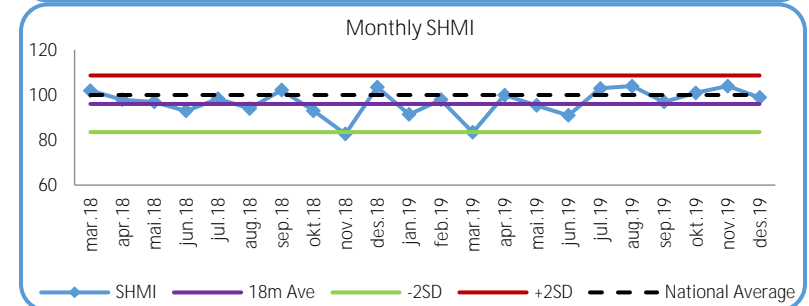
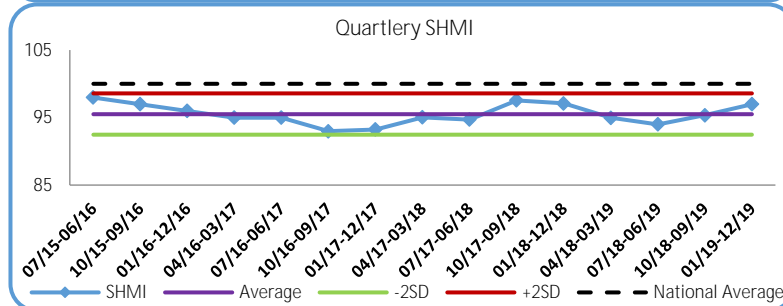
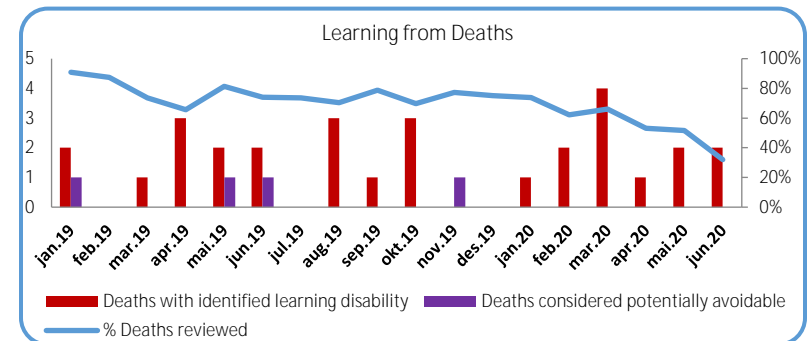
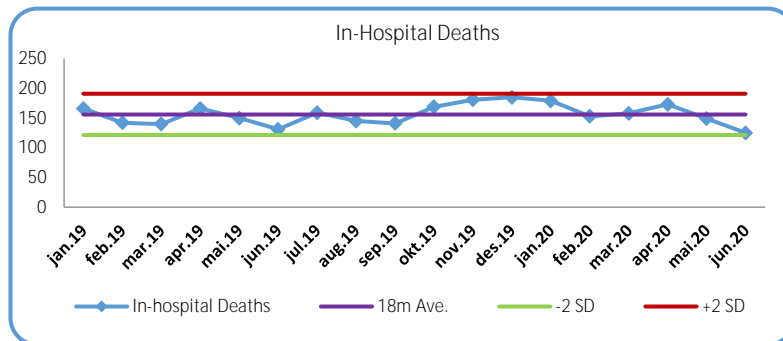
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 125 deaths reported in June 2020, which is lower than the amount of deaths reported 12 months previously (n=131). However, it should be noted due to COVID-19 the Trust had 13,283 inpatient discharges in June 20 which is significantly less than reported 12 months previously (n=18,932).

Learning from Deaths: In June 2020, 125 deaths were recorded within the Trust and to date, out of the 125 deaths, 40 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.

SHMI: The most recent published SHMI data from NHS Digital shows the Trust has scored 97 from months January 2019 – December 2019, this continues to be lower than the national average and is within the "as expected" category. The latest monthly SHMI data retrieved from external database CHKS is currently published up to December 2019.

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 March 2020 and is below the national average. Monthly data is available until March 2020. This number may rise as the percentage of discharges coded increases.



Quality and Performance: FFT and Complaints

Friends and Family Test

The collection and reporting of data was postponed in March by NHS England.

The launch of the new FFT guidance which was due to start on the 1st of April has also been postponed until further notice and there has been no formal announcement of when FFT will recommence.

Trust Complaints 2020-21

The Trust received a total of 83 (76 with patient activity) formal complaints up to the end of June 20, with 36 complaints received in June. The Trust is receiving an average of 28 new formal complaints per month, which is on average 25 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 June are within Surgical Services with 0.12% (12 per 10,000 contacts) and the lowest are with ePOD and Cancer Services with 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 24% of all subjects raised within complaints.

| Directorates | 2019-20 | | | | 19-20 Ratio (Full Year) | 18-19 Ratio (Full Year) |
|--|------------|-------------------|----------------------|---------------|-------------------------|-------------------------|
| | Complaints | Activity | Patient % Complaints | Ratio (YTD) | | |
| Cardiothoracic | 4 | 15,903.00 | 0.025% | 1:3976 | 1:1873 | 1:2770 |
| Children's Services | 7 | 17,732.00 | 0.039% | 1:2533 | 1:1753 | 1:2778 |
| Out of Hospital/Community | 1 | 4,263.00 | 0.023% | 1:4263 | 1:6027 | 1:3505 |
| Dental Services | 4 | 12,779.00 | 0.031% | 1:3195 | 1:6857 | 1:9392 |
| Internal Medicine/ED/COE | 9 | 33,195.00 | 0.027% | 1:3688 | 1:2552 | 1:2996 |
| Internal Medicine/ED/COE (ED) | 6 | 23,035.00 | 0.026% | 1:2352 | 1:3817 | 1:4091 |
| ePOD | 2 | 39,132.00 | 0.005% | 1:19566 | 1:6745 | 1:8799 |
| Musculoskeletal Services | 7 | 15,438.00 | 0.045% | 1:2205 | 1:2080 | 1:2849 |
| Cancer Services / Clinical Haematology | 4 | 32,451.00 | 0.012% | 1:8113 | 1:7908 | 1:7235 |
| Neurosciences | 4 | 25,912.00 | 0.015% | 1:6478 | 1:2373 | 1:2543 |
| Patient Services | 2 | 10,835.00 | 0.018% | 1:5418 | 1:3819 | 1:3415 |
| Peri-operative and Critical Care | 2 | 6,846.00 | 0.029% | 1:3423 | 1:2640 | 1:3080 |
| Surgical Services | 16 | 13,086.00 | 0.122% | 1:818 | 1:1310 | 1:1607 |
| Urology and Renal Services | 3 | 12,857.00 | 0.023% | 1:4286 | 1:2406 | 1:2668 |
| Women's Services | 5 | 28,229.00 | 0.018% | 1:5646 | 1:3114 | 1:3307 |
| Trust (with activity) | 76 | 291,693.00 | 0.026% | 1:4116 | 1:3241 | 1:3834 |

Quality and Performance: Health and Safety

Overview

There are currently 1,003 health and safety incidents recorded on the Datix system from the 1st June 2019 to 31st May 2020; this represents an overall rate per 1,000 staff of 62.8. The Directorate with the highest number of incidents is Patient Services reporting 151 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Internal Medicine (109.6), Peri-operative & Critical Care Services (96.03), Women's Service (71), and Patient Services (66.5).

Incidents of Aggression on Staff

In addition to the health and safety incidents, there are 696 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st June 2019 to 30th May 2020 this represents an overall rate per 1,000 staff of 43.7. Directorate rates per 1,000 staff over this period for the highest reporting services of aggressive behaviour are Neuroscience (129.4), Directorate of Medicine (106), Community (97.5), Musculoskeletal Services (81.2) and Urology/Renal Services (60).

Sharps Incidents

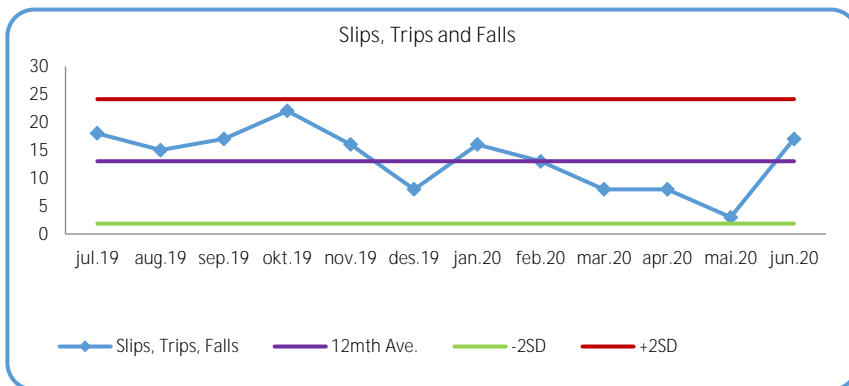
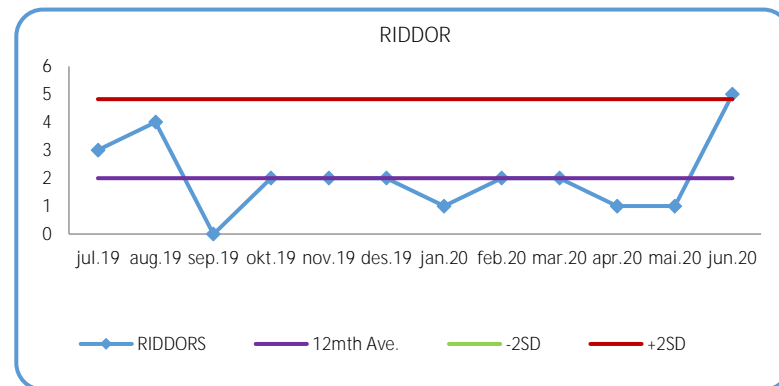
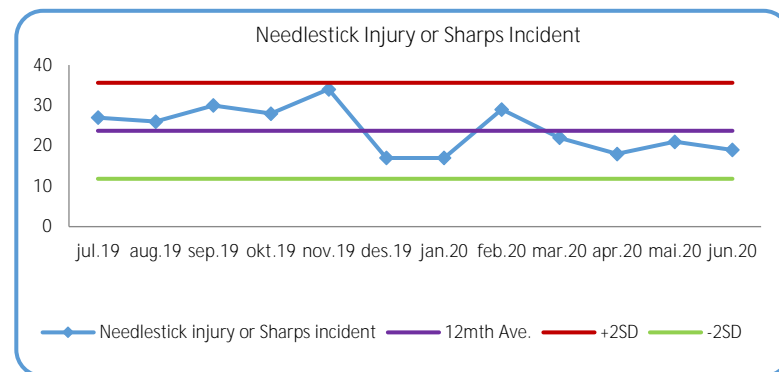
The average number of all sharps injuries per month is 24.5 between 1st June 2019 to 30th May 2020 based on Datix reporting, with 16.6% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 18.1 per month.

Slips, Trips and fall

Slips on wet surface, fall on level ground and tripped over an object collectively account for 62.8% of falls between 1st June 2019 to 30th May 2020. Fall as a result of a faint, fit or other similar event, collision with an object and falls from a chair account for 16.3% of the incidents recorded.

RIDDOR

The most common reasons of reporting accidents and incidents to the HSE within the 1st June 2019 to 30th May 2020 are Slips and fall (12), Needle stick Injuries (2) and Physical Assaults (2). These account for 56% of reportable accidents over the period.

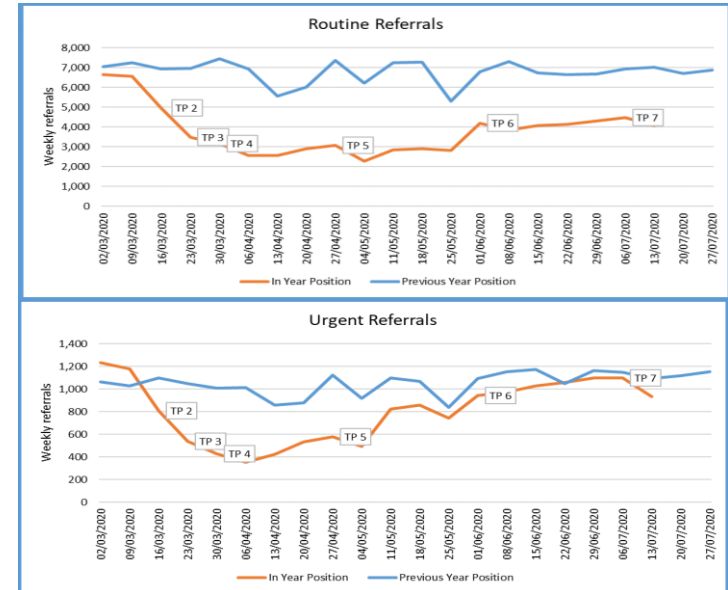


Quality and Performance: Clinical Audit

| Audit / NCEPOD | Date of Release | Areas of Good Practice | Recommendations for improvement | Action Plan Developed |
|--------------------------------|-----------------|---|---|---|
| National Congenital Heart | September 2019 | <ul style="list-style-type: none"> The Trust showed a 1% mortality rate against a predicated rate of 2.62%. The Trust had an acute neurological rate of 0.4% against the National 1.2% rate. The Trust had a renal replacement therapy rate of 3.37% compared to the national 3.29% rate. The Trust's post-surgical requirement for a pacemaker (unplanned) was 0.67% compared to the national 1% rate. The Trust rate for catheter procurement for emergency complication related procedure was <0.6% as opposed to the national 0.74% rate. The Trust catheter related device embolization rate was <0.6% compared to national 0.64% rate. | The Trust was not an outlier in any of the performance indicators. | Discussed at June 2020 Clinical Audit and Guidelines Group. |
| National Heart Failure Audit | September 2019 | <ul style="list-style-type: none"> Trust achieved 70% target for case ascertainment achieving 95% regularly. 61% of the Trust's patients were cared for on a cardiology ward compared to <50% nationally. The Trust partially achieved the requirement for 2 week follow up post discharge. 46% of cases were referred for Heart Failure Nurse follow up which was below the target of greater than 50% but the Trust figure increased to 68% Heart Failure Reduced Ejection Fraction (HFrEF). | <ul style="list-style-type: none"> 73% of cases Trust patients received input from a cardiologist compared to the target of >85%. The Trust scored 54.4% against the requirement of >85% of HFrEF patients being discharged on all 3 disease modifying medicines. | Discussed at June 2020 Clinical Audit and Guidelines Group. |
| National Prostate Cancer Audit | January 2020 | <ul style="list-style-type: none"> The Trust performed excellent throughout with performance matching or exceeding national benchmarks. The audit demonstrated excellent management of low risk disease i.e. there was no over treatment. There were excellent surgical outcomes with readmission rate lower than average. | No definable recommendations. | Discussed at June 2020 Clinical Audit and Guidelines Group. |

Quality and Performance: 3Rs – Data, Processes and Performance Work Stream

- As part of the Trust response to COVID-19 through the Restart, Reset and Recovery Cell (3Rs) the Trust continues to take actions to ensure it has robust processes in place for managing referrals and patients relating to Outpatients and RTT.
 - As the Trust continues to move forwards into the second and third phases of its 3Rs cell, and into business as usual activity, the focus of the individual sub-groups will move into maximizing current available capacity, solidifying current transformational changes such as the move to non-face to face activity and focusing on longer term transformation objectives.
- The Trust began re-acceptance of routine GP referrals from 1st June, having agreed with local commissioners to halt routine referrals during April and May.
 - The Trust has worked alongside commissioners to manage this process of reopening to routine referrals and this follows national NHSE/I instruction that the NHS had moved into the second phase of response to COVID-19.
 - Routine referrals remain under previous levels but have remained steady since the re-acceptance of GP referrals (Time Point 6) at approx. 65% of previous levels.
 - Urgent referrals have now recovered to almost 100% of previous levels.
- Processes have been put in place for safely restarting services, including addressing any environmental concerns, for example linked to social distancing. Consideration is being given to different patient cohorts when restarting activity including patients who are currently shielding, or those not wanting to attend hospital, due to the COVID-19 pandemic
- There are various outcomes for how directorates are dealing with individual referrals, with consultants making clinical decisions about the most appropriate outcome:
 - Face-to-face appointments (as many appointments as possible are being converted to telephone and video appointments, and on-site face-to-face outpatient appointments are only taking place where absolutely necessary).
 - Telephone or Video appointments.
 - Advice and Guidance.
 - Patient discharged back to their GP.
- As part of the Trust's response to COVID-19, a framework and a number of standard operating procedures have been produced 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.



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 28/06/20 | w/e 05/07/20 | w/e 12/07/20 | w/e 19/07/20 | Apr-20 | May-20 | Jun-20 |
| Front Door | Type 1 Attendances (Main ED) | 2,377 | 2,105 | 85.3% | 79.0% | 85.5% | 88.6% | 56.6% | 70.9% | 79.4% |
| | Ambulance Arrivals | 635 | 571 | 89.0% | 79.4% | 86.6% | 90.0% | Data unavailable due to historical recording issues. | | |
| | Eye Casualty Attendances | 416 | 238 | 56.5% | 56.5% | 53.8% | 57.2% | 25.1% | 37.3% | 50.1% |
| | Walk in Centre Attendances | 1,419 | 454 | 28.8% | 29.7% | 27.8% | 32.0% | 20.5% | 22.8% | 27.4% |
| | A&E 4hr performance (Type 1) | 89.5% | 97.6% | +8.8% | +7.5% | +7.5% | +8.1% | +3.7% | +3.9% | +5.1% |
| | A&E 4hr performance (All Types) | 94.3% | 98.2% | +4.3% | +3.4% | +3.4% | +3.9% | +1.0% | +0.7% | +2.1% |
| Admission & Flow | Emergency admissions (All) | 743 | 686 | 95.7% | 86.4% | 92.5% | 92.3% | 62.9% | 71.3% | 86.6% |
| | Bed Occupancy | 80.8% | 61.9% | 65.4% | 65.7% | 64.5% | 61.9% | 47.5% | 51.5% | 62.5% |
| | Number of DTOCs (No. of Patients) | No weekly performance recorded. | | | | | | 45 | 41 | 47 |
| RTT/Planned Care | Outpatient Referrals (All) | 8,115 | 5,524 | 69.1% | 72.9% | 74.5% | 68.1% | 44.9% | 51.6% | 65.6% |
| | Elective Spells | 2,721 | 1,788 | 63.7% | 66.6% | 67.6% | 65.7% | 35.6% | 44.2% | 55.1% |
| | Outpatient Attendances | 20,457 | 15,529 | 80.3% | 85.0% | 84.7% | 75.9% | 57.4% | 63.4% | 70.7% |
| | DNA Rates | 7.2% | 7.0% | 6.8% | 6.4% | 6.6% | 7.0% | 5.7% | 5.7% | 6.2% |
| | Incomplete Performance | 87.3% | 49.6% | 54.1% | 52.4% | 51.3% | 49.6% | 74.1% | 63.2% | 55.1% |
| | RTT >52 Week Waiters | 4 | 517 | 345 | 413 | 469 | 517 | 72 | 189 | 354 |
| Cancer | 2WW Appointments | 482 | 419 | 76.3% | 80.6% | 86.9% | TBC | 38.8% | 55.5% | 66.0% |
| | All Cancer 2WW | No weekly performance recorded. | | | | | | 82.2% | 85.5% | Reported one month in arrears. |
| | Cancer 2WW Breast Symptomatic | | | | | | | 45.3% | 37.0% | |
| | Cancer 62 Days - Urgent | | | | | | | 71.7% | 69.5% | |
| | Cancer 62 Days - Screening | | | | | | | 79.3% | 14.3% | |
| Diagnostics | Total Diagnostic Tests Undertaken | 4,275 | 3,261 | 74.9% | 81.1% | 76.3% | TBC | 33.1% | 55.5% | |
| | Diagnostic Performance | No weekly performance recorded. | | | | | | 36.5% | 41.0% | 59.3% |

Data provided as 'Actual' figure rather than % comparison

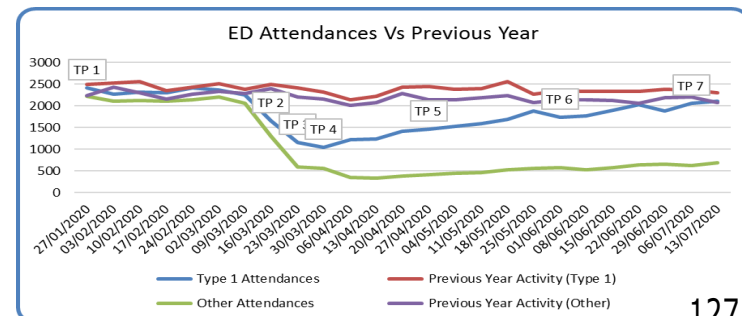
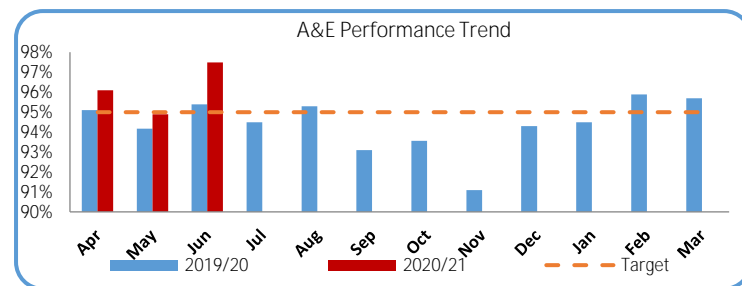
Several of the following graphs have Time Points (TPs) indicated to highlight key dates throughout the COVID-19 pandemic.

They indicate the following events: TP 1 = First UK COVID-19 Case, TP 2 = Internal Cancellation of Non-Critical Activity, TP 3 = UK Lockdown, TP 4 = Switch Off of Routine Referrals, TP 5 = NHSE Launch of Phase 2, TP 6 = Switch on of Routine Referrals, TP 7 = Further Relaxation of UK Lockdown.

Quality and Performance: A&E Access and Performance

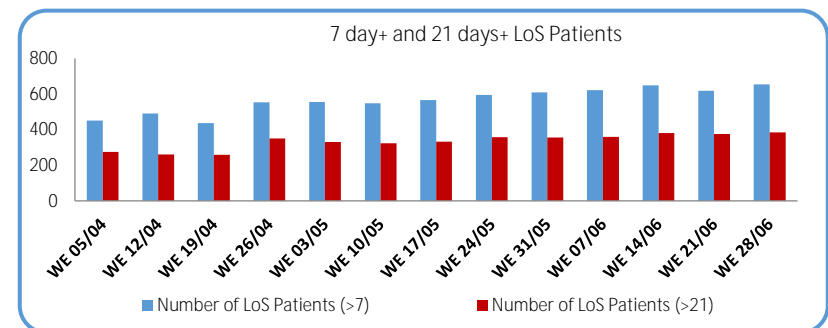
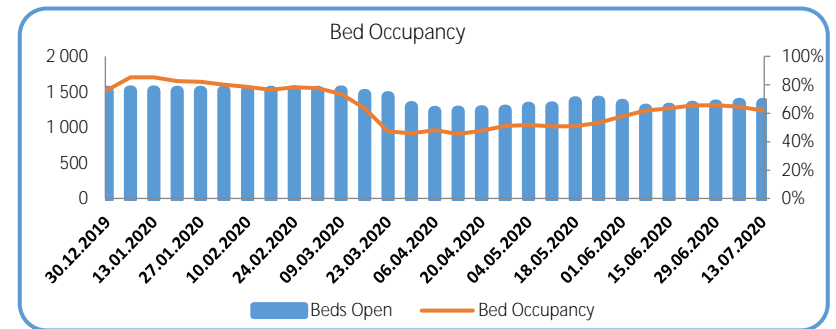
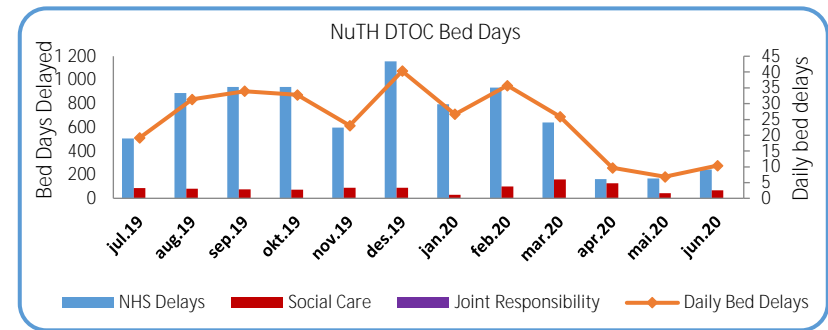
- In June the Trust met the monthly A&E 4hr standard (95%) with very strong performance of 97.5%.
 - This placed the Trust 7th in the whole of England out of 118 Trusts (NHSE data excludes 14 Trusts piloting the new A&E metrics) with NuTH's improvement in performance contrasting against a 0.7% decline in the national average (92.8%).
 - STP data shows this strong performance was replicated across Cumbria and the North East, with overall regional performance of 96.2%; the 5th highest STP performance out of 42 STPs.
 - July performance is currently 97.8% as at 20/07, with the 4 hour standard having been achieved every single day since 5th June.
 - Attendance levels continue to rise steadily with last week (week commencing 13/07) having the most Type 1 attendances since early March.
- Factors contributing to the very high performance in June include:
 - The Trust has not had any beds closed for either D&V or staffing reasons since March. This has helped combat a reduction in the Trust's bed capacity caused by new infection prevention and control regulations associated with COVID-19.
 - The proportion of ambulance arrivals waiting more than 30 minutes dropped considerably to 2.19%, the lowest level for over 12 months.
 - The Trust has not received any ambulance diversts so far in 2020/21. This is a significant change from April-June 2019 when the Trust received 46 ambulance diversts, and will reflect lower bed occupancy levels across the region.
- Attendances across all types combined were 13% higher in June than in May, having risen steadily throughout the month. This was still well below pre-COVID levels and a 45% reduction from the number of attendances seen in June 2019.
 - Type 1 attendances have risen most quickly and equate to 78% of the pre-COVID monthly average. This is in line with the national position.
 - Having only increased slowly throughout June, Eye Casualty attendances remain low at around 50% of the pre-COVID average.
 - The Trust's Walk-in Centres have seen very low attendance levels in recent months, as Westgate and Molineux Walk-in Centres have been closed since early April (due to COVID-19).
- The table below shows the most common triage reasons through Type 1 ED and the volume of weekly attendances.
 - Initially attendances for abdominal and chest pain declined but have recently returned to usual levels. Injury related attendances remain below pre-COVID levels but continue to rise.

| Condition | Data Sparkline (Axis = pre-COVID average) | Pre-Covid Average 30/12/19 to 02/03/20 | Latest Week | % of Pre-Covid Average |
|---------------------------|--|--|-------------|------------------------|
| Soft tissue injury | | 98 | 78 | 79% |
| Abdominal pain | | 83 | 81 | 98% |
| Chest pain | | 80 | 86 | 108% |
| SOB - Shortness of breath | | 51 | 39 | 76% |
| Head injury | | 49 | 33 | 67% |



Quality and Performance: Delayed Transfers of Care and Long Length of Stay Patients

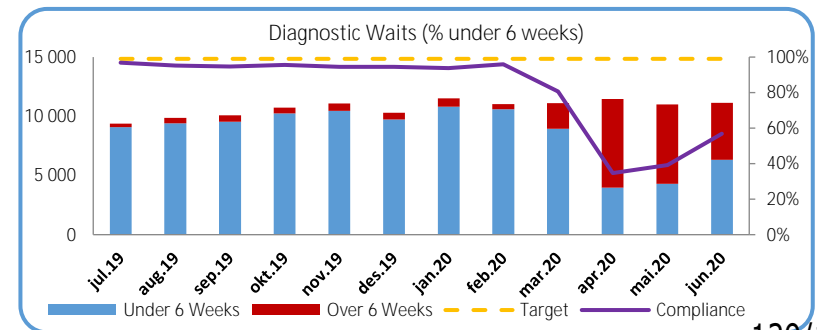
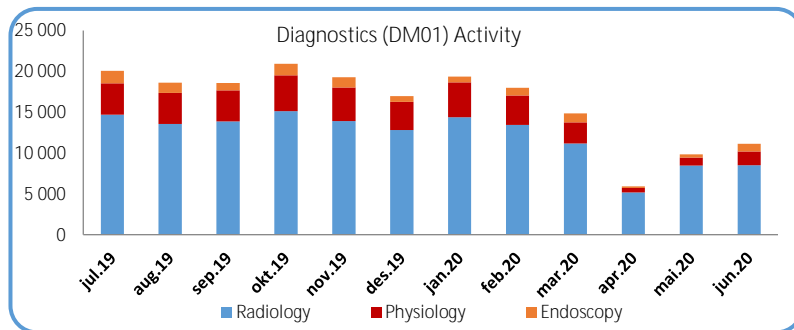
- The number of bed days delayed due to Delayed Transfers of Care (DTOCs) remains low throughout June at 10.4.
 - Average daily delays have dropped from 35.7 in February, and are currently less than 1/3rd of previous levels.
- Bed occupancy increased by to 63% in June, which is 11% higher than in May, though this remains below pre-COVID levels. Occupancy has consistently increased each week since mid May until 13th July which is in line with the increased activity going through the hospital.
 - The number of beds open within the hospital has significantly decreased since the beginning of the COVID-19 pandemic due to social distancing measures. The total overnight bed stock reduced by 237 beds towards the end of March.
- Following a significant reduction in March to create greater capacity to cope with the COVID-19 pandemic, the number of 7 day+ and 21 days+ Length of Stay (LoS) patients has consistently and gradually increased.
 - The number of 7 day+ LoS patients has risen from 452 at week ending 05/04, to 654 by week ending 28/06, a 45% increase.
 - The number of 21 days+ LoS patients has also risen from 274 at week ending 05/04, to 384 by week ending 28/06, a 40% increase.
 - This is the total number of patients within this category and does not contain any exclusions for patient categories such as paediatrics.
- To maintain lower Length of Stay (LoS) in patients approaching discharge, and to maintain low bed occupancy levels, the Trust has been following enhanced NHSE/I discharge guidelines such as;
 - Having daily discharge meetings (hub meetings) where all patients who are medically fit are discussed.
 - Using a nurse assessor from the CHC team to assist with check listing patients (freeing up time for ward staff).
 - Having a multi-disciplinary team approach which enables staff to have conversations quickly which may previously have taken hours longer.



Quality and Performance: Diagnostic Waits

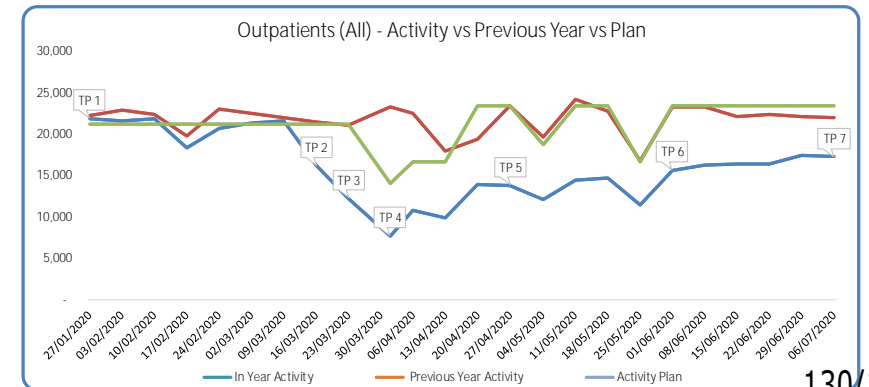
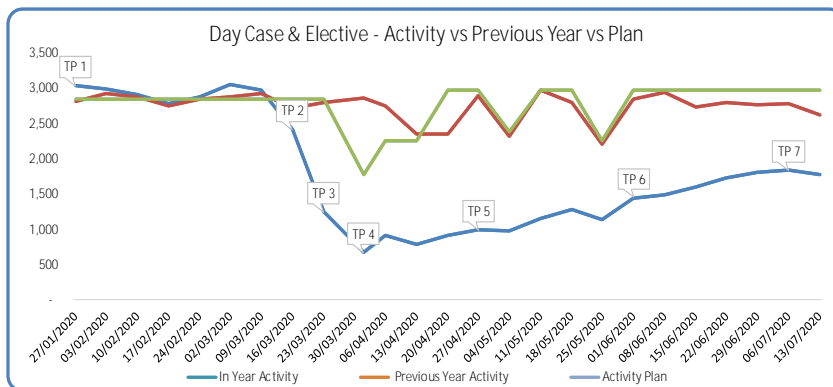
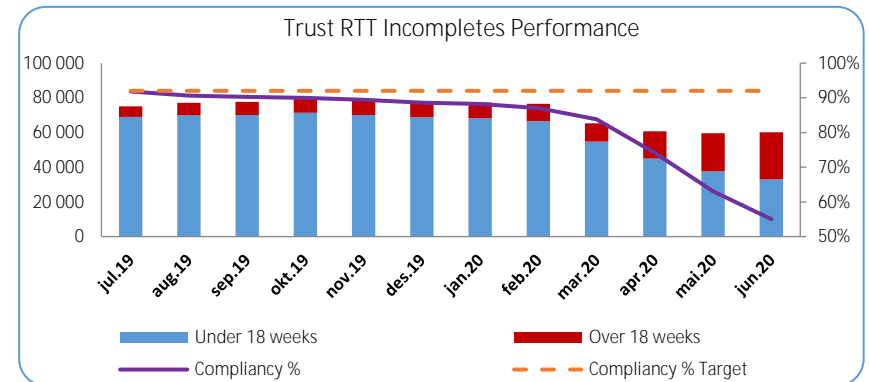
- In June Diagnostics performance was 56.9% against the 99% standard, which was a significant increase from 39.2% in May. Whilst both activity and referral levels continue to rise they remain below pre-COVID levels.
 - Radiology (67.1%) saw the biggest performance improvement from May's level, due to testing having increased to around 85% of pre-COVID activity levels. This equated to an additional 3,019 scans in June.
 - Contrastingly, performance improved more slowly within Endoscopy (29.6%) and Physiological Measurement (20.5%).
 - 92% of patients waiting for Audiology Assessments have now waited for 13 weeks or more.
 - In May (latest available national NHSE data) NuTH's performance was in line with the national and regional position.
 - All patients waiting for non-urgent tests have been validated and are being scheduled in for tests according to clinical need.
- In June 14,170 tests were carried out, which is 44% higher than in May, but a 24% reduction compared to June 2019.
 - Activity within Imaging, Endoscopy and Physiological testing has consistently increased on a weekly basis since the beginning of May, as more capacity becomes available.
 - Social distancing restrictions continue to be a major obstacle to further increasing diagnostic activity to pre-COVID levels, with additional time needed between cases in order to meet Infection Prevention and Control regulations, and fewer patients allowed within waiting areas.
- In June the total waiting list (WL) size (11,141 patients) continues to remain relatively stable despite reduced diagnostic capacity.
 - Despite the recommencement of routine GP referrals from 01/06/20 the WL did not grow significantly.
 - Radiology saw their WL size decrease in June due to higher activity levels with the biggest reduction within non-obstetric ultrasound.
 - Audiology Assessments experienced the biggest growth in WL size, with staffing problems exacerbating the capacity shortages caused by COVID-19. Some assessments have been conducted via video or telephone but this conversion to non face-to-face appointments has only been possible for a small number of patients.
 - The number of patients on the waiting list who have waited over 13 weeks rose significantly again in June, despite increased activity levels. 33% of the total waiting list now sits above 13 weeks.
 - Where patient diagnostic tests are cancelled or deferred, the waiting time clock for these patients will continue.

| Treatments | Current Month | Previous Month | Difference (Actual) | Difference (%) |
|---------------|---------------|----------------|---------------------|----------------|
| Imaging | 11,485 | 8,466 | 3,019 | 35.7% |
| Physiological | 2,026 | 960 | 1,066 | 111.0% |
| Endoscopy | 659 | 420 | 239 | 56.9% |
| Trust Total | 14,170 | 9,846 | 4,324 | 43.9% |

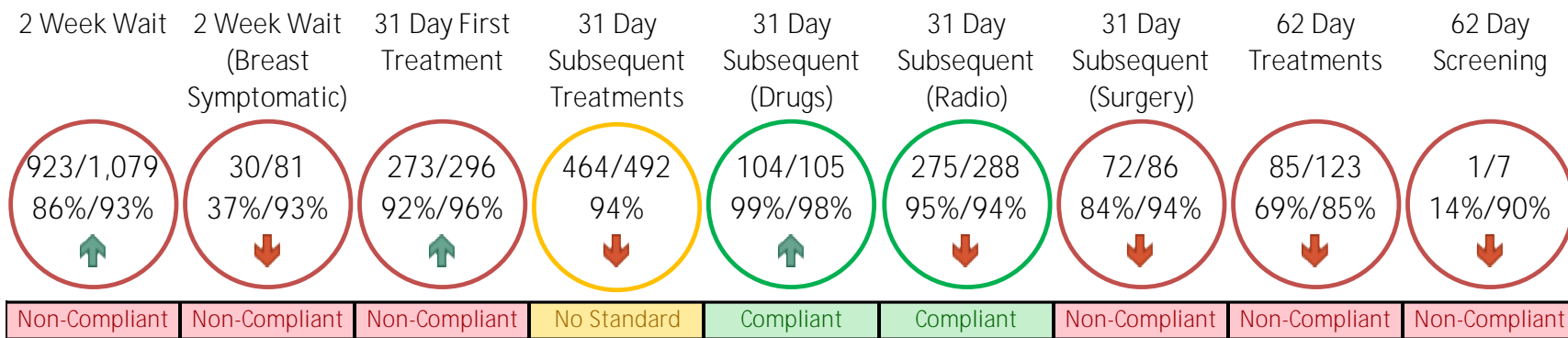


Quality and Performance: 18 Weeks Referral to Treatment

- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position has taken a major hit with 18 week performance continuing to fall. In June the Trust recorded performance of 55.1% against the 92% standard, and recorded 354 patients waiting 52 weeks or more for first treatment.
 - All specialties are now failing the 92% standard and 10 (including X01 bucket) containing patients having waited over 52 weeks.
 - Almost 27,000 patients have now waited above 18 weeks, with 2,631 having waited over 40 weeks.
- This drop in RTT performance is replicated nationally and is a key focus of the Trust's 3Rs recovery work streams – with dedicated sub groups focusing on: elective surgical restart, outpatient transformation, RTT / outpatient process issues.
- Nationally RTT compliance fell from 71% in April to 62% in May.
- Having dropped in previous months the Trust waiting list size did not grow significantly (+570) in June having reopened to routine GP referrals from 01/06/20, with the total PTL size sitting at 60,098.
 - The volume of referrals received in June '20 was 72% of the volume received in June '19, up from 47% in May.
 - 18% of the total PTL and 34% of patients waiting > 40 weeks reside within Ophthalmology
- Activity levels continue to rise with the latest weekly activity levels back to 65% (Day Case & Elective) and 75% (Outpatients) of pre-COVID levels.
 - Day Case & Elective growth has been steady, with weekly compound growth of 3.6% since the start of June.
 - Whilst having a higher starting base Outpatient activity has also risen steadily with weekly compound growth of 2.0%.
 - NuTH continue to make use of the Independent Sector (IS) with approximately 5% of total activity going through the IS.



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 June, an improvement from April where only 1 of the 8 standards was met.
 - Despite Breast Symptomatic performance declining in May (37% from 45%) the 2WW performance for suspected Breast cancer was 99%. Overall performance across both metrics has increased since December when recruitment of a Breast Radiologist (0.6 WTE) added additional capacity which has improved the waiting time to first appointment.
 - The most challenged tumour groups in May for 62 Day performance were Upper GI at 18.7% (45% in April) and Lower GI at 22.7% (29% in April).
- The Northern Cancer Alliance met 2 of the 8 standards in May; the 31 Day Subsequent Treatment standard for Radiotherapy and the 31 Day Subsequent Treatment standard for Drugs.
 - Only one provider within the Northern Cancer Alliance achieved the 62 day target in May with most experiencing decreased performance.
- The Trustwide Cancer PTL group is seeking updated Plan on a Page documents from each tumour group and implementing a round of rolling attendance from MDT leads at its fortnightly meeting group to seek local intelligence about bottlenecks within the system as well as progress against key actions and issues.
- Despite cancer treatments being prioritised the number of 62 day treatments has declined since March, although this is in line with the decline in referrals received there has been a lengthening in patient pathways due to decreased diagnostics and surgical capacity.
- Due to social distancing measures a number of changes have been made in within the Trust's Cancer Services Directorate.
 - To offset the reduction in space and beds wherever possible treatment regimens have been reviewed to safely lengthen the time between appointments and outpatient appointments have moved to telephone / virtual clinics.

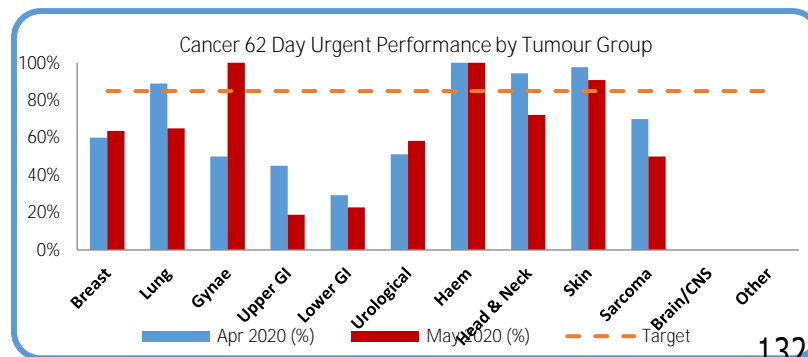
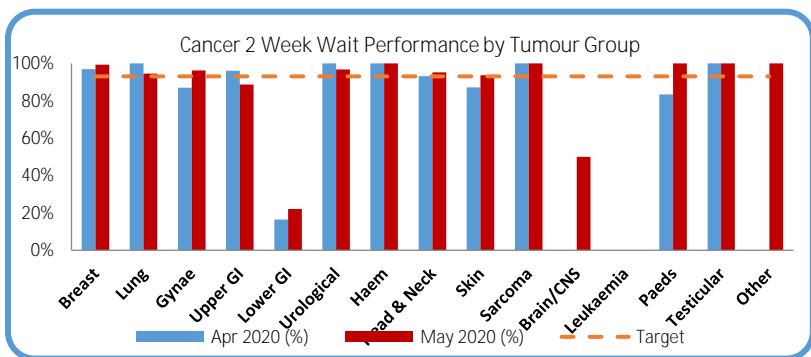
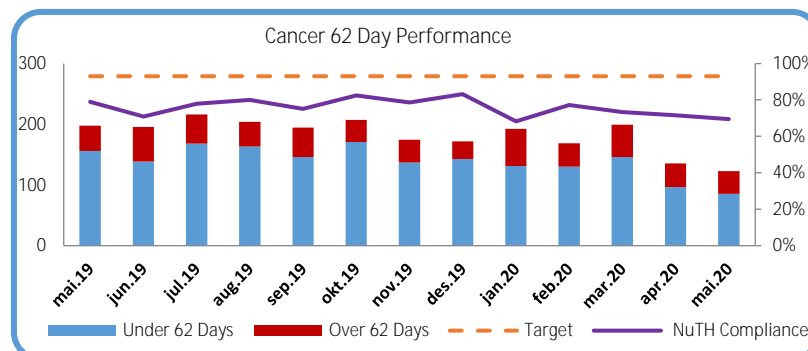
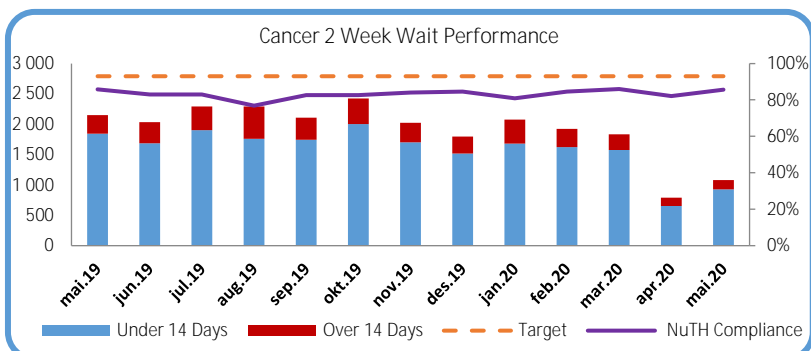
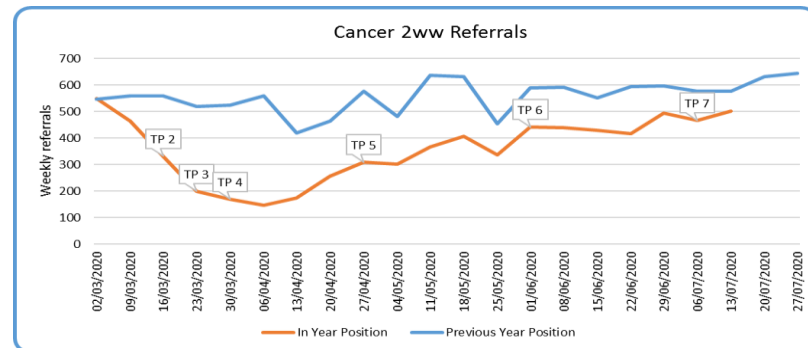
Quality and Performance: Cancer Performance (2/2)

| Referrals | 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 28/06/20 | w/e 05/07/20 | w/e 12/07/20 | w/e 19/07/20 | May-20 | Jun-20 | Jul-20 |
| Outpatient 2WW | 543 | 502 | 76.9% | 91.1% | 86.1% | 92.5% | 65.7% | 75.2% | 82.3% |

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.

Recently 2ww referrals have been close to usual levels, with a particular recent surge in Skins referrals to pre-COVID levels. Anecdotally referral levels across the region have been reflective of the NuTH position.

The additional graphs below provide further context to the Cancer Waiting Time position.



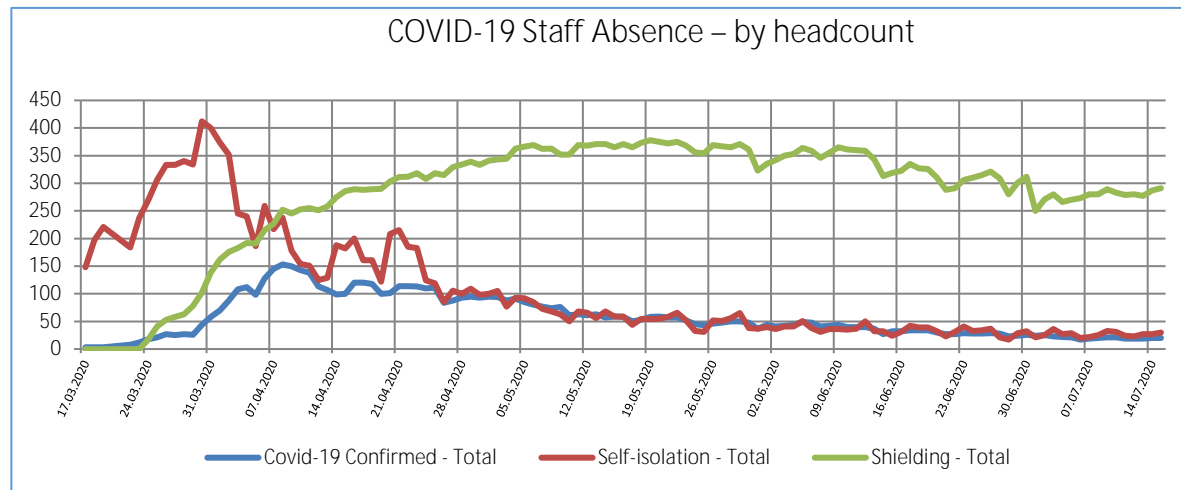
Quality and Performance: Other Performance Requirements

- The Trust reported 16 'last minute' cancelled operations in June 2020, which was almost identical to May despite increased activity.
 - Pre-COVID the average number of monthly 'last minute' cancellations was 62.
 - The most common reasons in June were 'Difficult Case earlier on the List' and 'Theatre List Over Ran'.
 - Approximately 90% of theatre lists have now resumed their usual service.
 - NuTH reported 0 breaches against the standard to treat within 28 days following last minute cancellations for the first time since October 2018. This is a significant improvement compared to May which saw 6 operations which were unable to be rescheduled in time, primarily due to COVID-19 pressures.
- In relation to Dementia, the data provided for June is still to be signed off but currently shows that the Trust has not achieved the national standards for 2 of the 3 metrics.
 - Performance against the referral metric was, however, 100% and this is the 12th month in a row when this target has been met.
 - Actions have been taken to improve compliance against the other 2 metrics (65% and 37% against 90% standard) including amending the dementia screening tool alongside IT – **with a new 'go live' date at the end of July.**
 - All junior doctors continue to receive training from the dementia team as part of their inductions.
- Despite increasing, the proportion of people who have depression and/or anxiety receiving psychological therapies remained low in June at 0.91% (against the 1.58% target).
 - This is the third successive month below 1%, following a significant drop in referrals since lockdown measures were first implemented in the UK.
 - Referrals have increased gradually in recent weeks, with anticipation that referral levels may exceed pre-COVID volumes throughout the year.
- In June, the 'moving to recovery' standard for IAPT was met for the first time since January 2019, at 51.5% against the 50% standard, with this achievement in line with a recent improvement nationally. This improvement is in spite of COVID-19 causing a general increase in anxiety levels.
- The IAPT targets (patients seen within 6 (75%) and 18 weeks(95%)) continue to be met with 99.2% of patients seen within 6 weeks in June, and 99.7% within 18 weeks. This is the highest performance level for many years.
 - Due to low referral levels, the service has been able to reduce their overall waiting list size by 35% since March. With waiting times for Guided Self Help, Counselling and Psychology modalities significantly reducing.
 - Telephone and video appointments have facilitated a greater number of patient contact hours. The team has achieved this despite an increasing number of vacancies, alongside managing the risks and challenges presented by COVID-19.

| Reportable Cancelled Operations | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Dementia Standards | Target | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Last minute cancelled operations | 65 | 79 | 63 | 73 | 54 | 60 | 52 | 48 | 51 | 70 | 7 | 15 | % asked the dementia case finding question within 72 hours of admission. | 90% | 45% | 52% | 50% | 45% | 39% | 36% | 36% | 35% | 42% | 39% | 42% | 37% |
| Number of 28 day breaches | 9 | 3 | 13 | 2 | 4 | 1 | 4 | 5 | 3 | 4 | 3 | 6 | % reported as having had a dementia diagnostic assessment including investigations. | 90% | 60% | 44% | 59% | 52% | 57% | 59% | 61% | 55% | 69% | 72% | 67% | 65% |
| Urgent operations cancelled for a 2 nd or subsequent time | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | % who are referred for further diagnostic advice in line with local pathways. | 90% | 81% | 100% | 100% | 100% | 100% | 100% | 96% | 94% | 100% | 100% | 100% | 100% |

People: COVID-19

- The graph below identifies, by headcount, the number of COVID-19 related absences taken by Trust staff between 18th March and 16th July. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Number of Self Isolation cases by headcount down from 109 on 01/05/20 to 30 on 16/07/20.
- Number of Shielded Staff absence by headcount down from 339 on 01/05/20 to 291 on 16/07/20.



- Risk Assessments have been made available to all Trust staff – **staff in ‘high risk’ category prioritised.**
- 24.46% (as at 20/07/2020) of Trusts BAME staff have accepted the offer of a Risk assessment with mitigating outcomes agreed where necessary.
- 989 staff on-boarded via 20 priority recruitment work streams to support COVID-19 response.
- 56 staff (including 10 Medical) returned to practise through Bring Back Staff scheme – 15 (including 2 Medical) of these picked up clinical shifts within the Trust.

People: COVID-19 Wellbeing

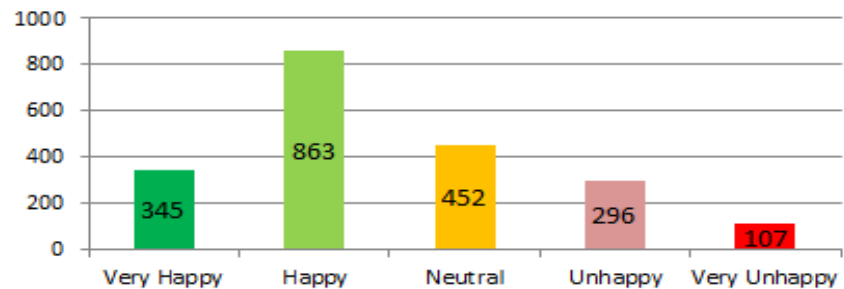
- COVID-19 Staff Wellbeing Survey – 2,089 staff completed the questionnaire (13.58% of the total workforce).

| Staff Group | Responses | Response Rate |
|--|-------------|---------------|
| Add Prof Scientific and Technic | 60 | 8.51% |
| Additional Clinical Services including Healthcare Assistants | 106 | 3.44% |
| Administrative and Clerical | 639 | 26.71% |
| Allied Health Professionals | 345 | 36.47% |
| Estates and Ancillary | 50 | 3.71% |
| Healthcare Scientists | 98 | 14.54% |
| Medical and Dental | 181 | 13.26% |
| Nursing and Midwifery Registered | 593 | 12.24% |
| Students | 17 | 60.71% |
| Total | 2089 | 13.58% |

How do you feel?

| Do you work in a patient area? | Do you have direct physical contact with patients? | Rating based on Current Role | | | | | Percentage | |
|--------------------------------|--|------------------------------|------------|------------|------------|--------------|---------------|---------------|
| | | Very Happy | Happy | Neutral | Unhappy | Very Unhappy | +ve | -ve |
| Yes | Yes | 160 | 459 | 232 | 140 | 60 | 58.90% | 19.03% |
| | No | 24 | 53 | 46 | 22 | 7 | 50.66% | 19.08% |
| No | Yes | 8 | 27 | 20 | 10 | 4 | 50.72% | 20.29% |
| | No | 153 | 324 | 154 | 124 | 36 | 60.30% | 20.23% |
| Overall | | 345 | 863 | 452 | 296 | 107 | 58.56% | 19.53% |

- 58.56% of staff who responded felt very happy or happy during the COVID pandemic, compared to 19.53% who felt very unhappy or unhappy.
- 39.74% of staff who responded disagreed or strongly disagreed that their mental health had been positive during the pandemic, compared to 39.44% who agreed or strongly agreed.

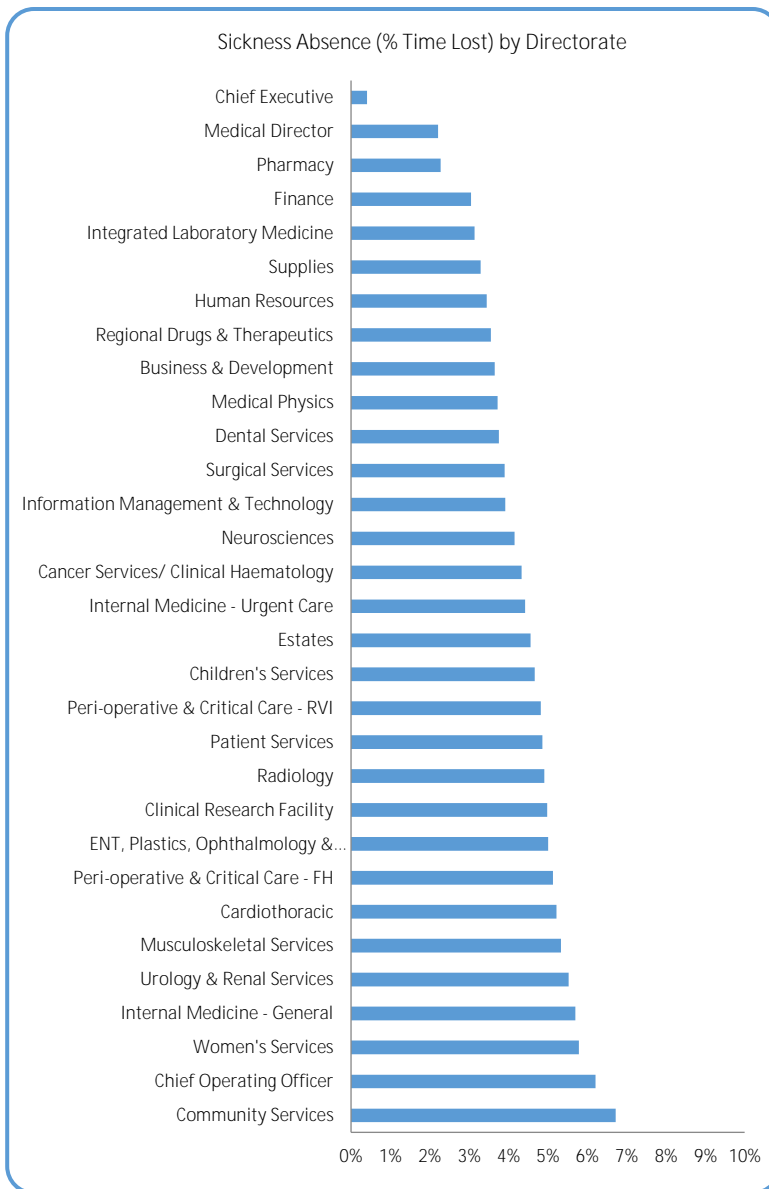
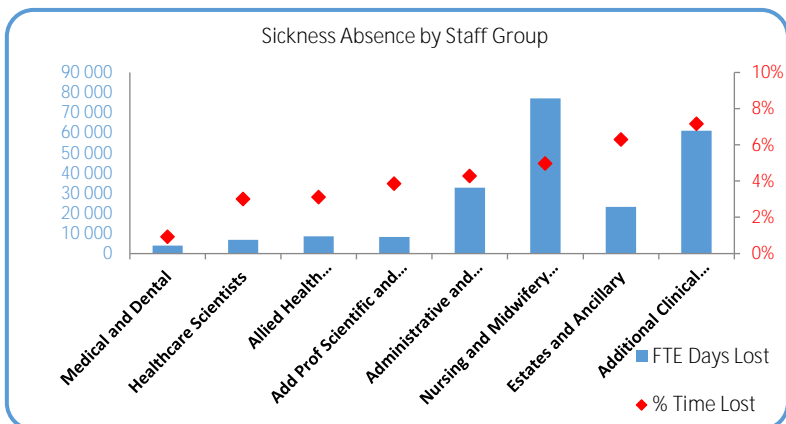
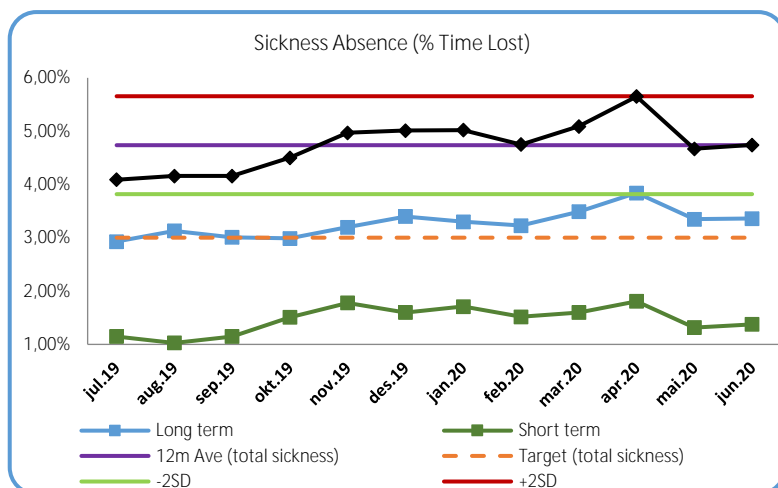


People: Health and Wellbeing

- Year to year comparison for sickness absence :

| | Jun-19 | Jun-20 | |
|------------|--------|--------|---|
| Long-term | 2.71% | 3.36% | ↑ |
| Short-term | 1.22% | 1.38% | ↑ |
| Total | 3.93% | 4.74% | ↑ |

- Cost of absence £19m compared to £16.3m in June 2019.
- Overall sickness absence 4.74% down from 5.65% April position.



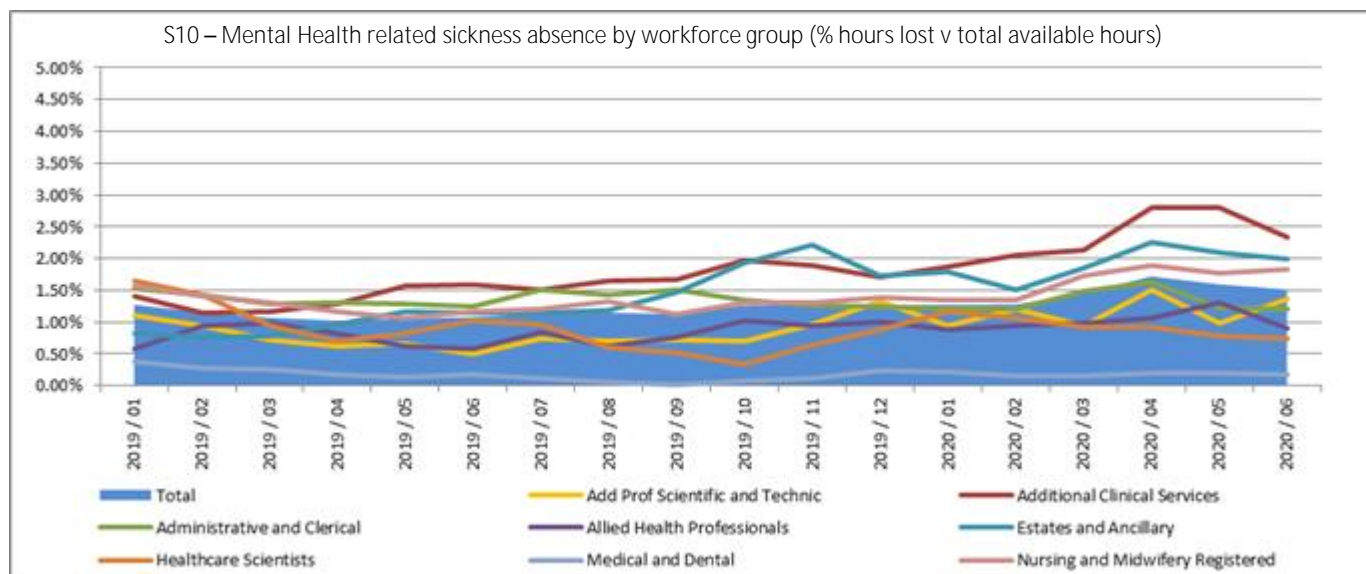
*COO Directorate includes Outpatients / ABC Service

People: Health and Wellbeing

- End of June position – 35.38% of all Trust sickness absence was attributable to S10 – Mental Health related sickness absence.

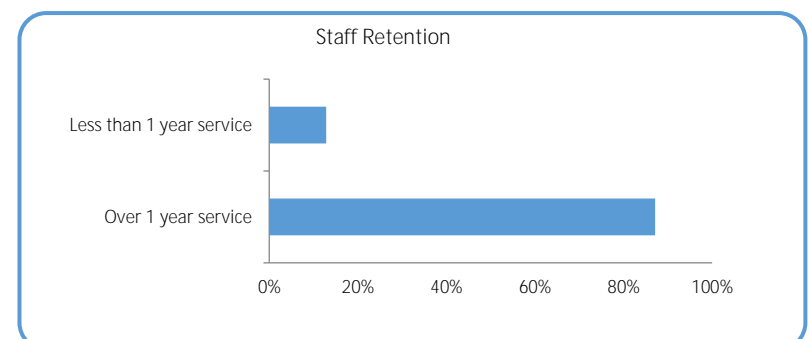
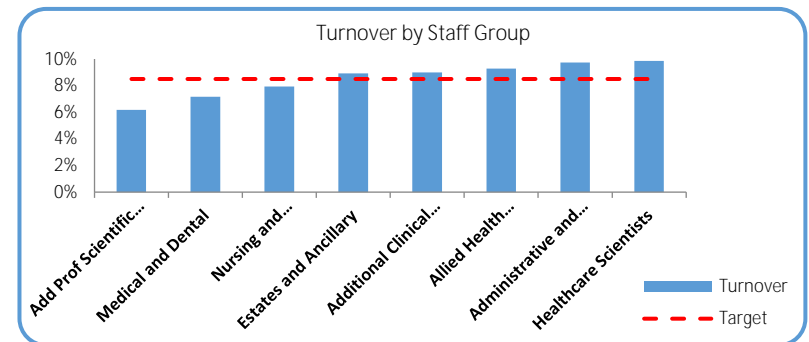
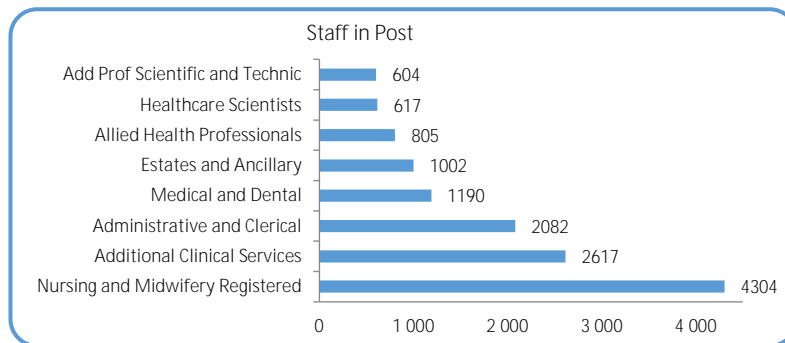
| Sickness Absence Reasons (Top 3) | Trust % |
|---|---------|
| S10 Anxiety/stress/depression/other psychiatric illnesses | 35.38% |
| S12 Other musculoskeletal problems | 9.08% |
| S98 Other known causes - not elsewhere classified | 8.93% |

- Additional Clinical Services (including HCAs), Estates & Ancillary and Nursing & Midwifery Registered staff groups have the highest % of S10 related absence.



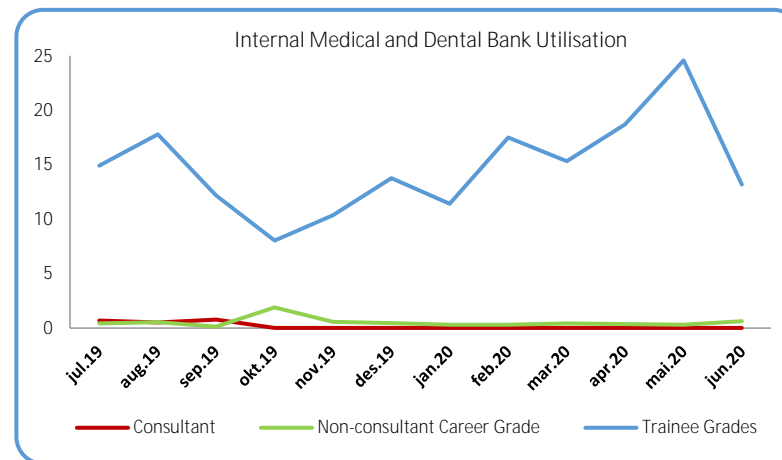
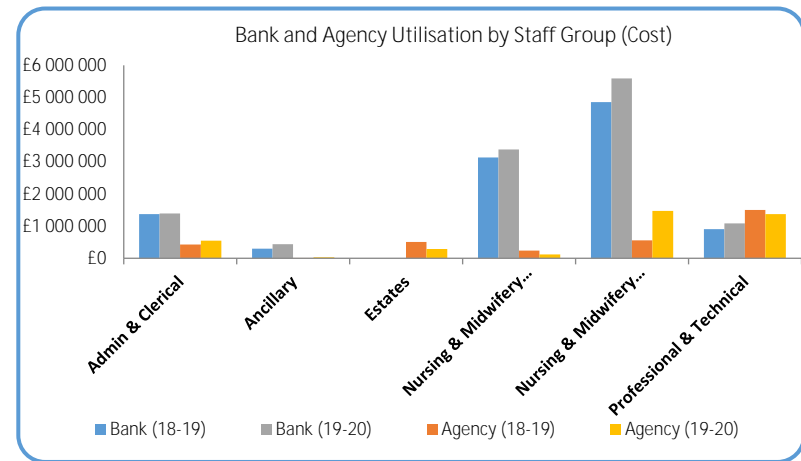
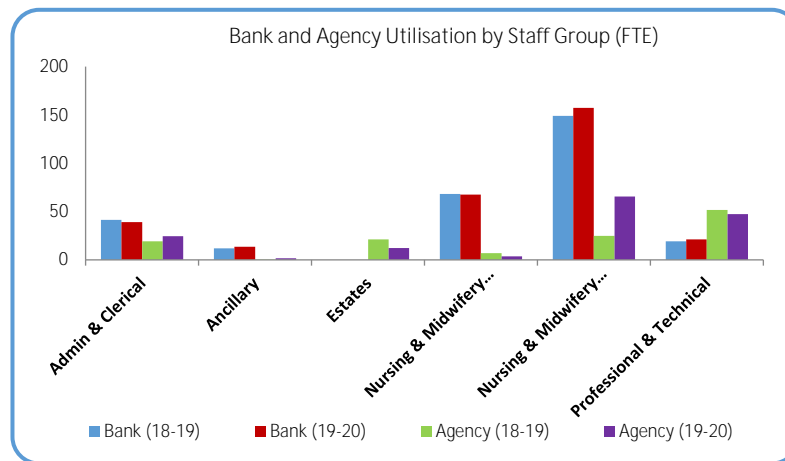
People: Sustainable Workforce Planning

- Staff in post at June 2020 is 13,220 wte compared to 12,615 in June 2019.
- Staff turnover has decreased slightly from 9.14% in June 2019 to 8.56% in June 2020, against a target of 8.5%.
- The total number of leavers in the period July 2019 to June 2020 was 1,392.
- Staff retention for staff over 1 year service stands at 87.2%, which is a slight decrease from 88.4% in June 2019.



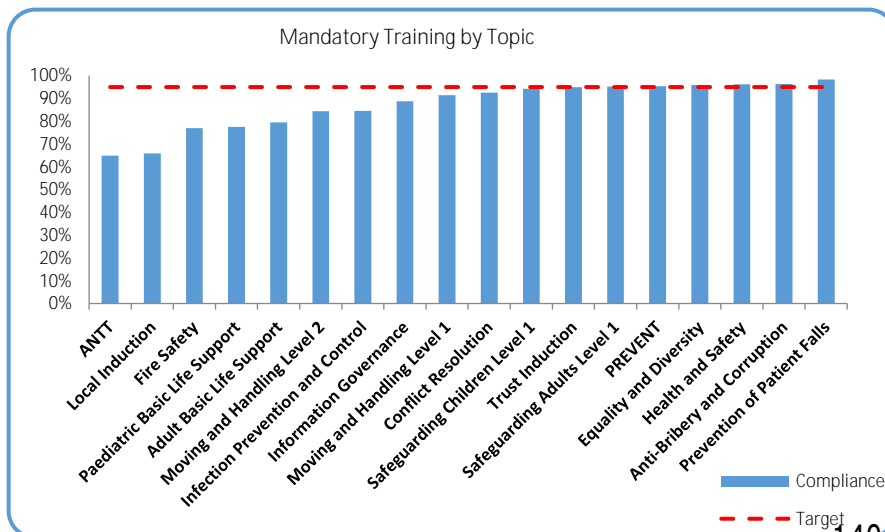
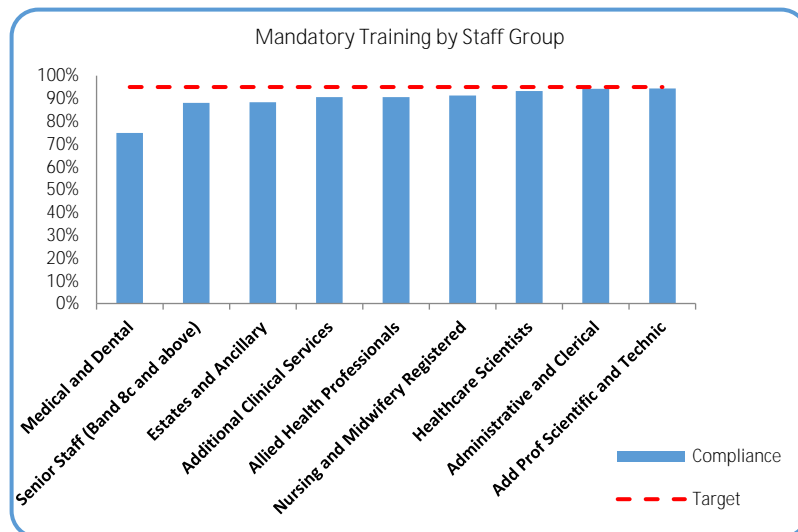
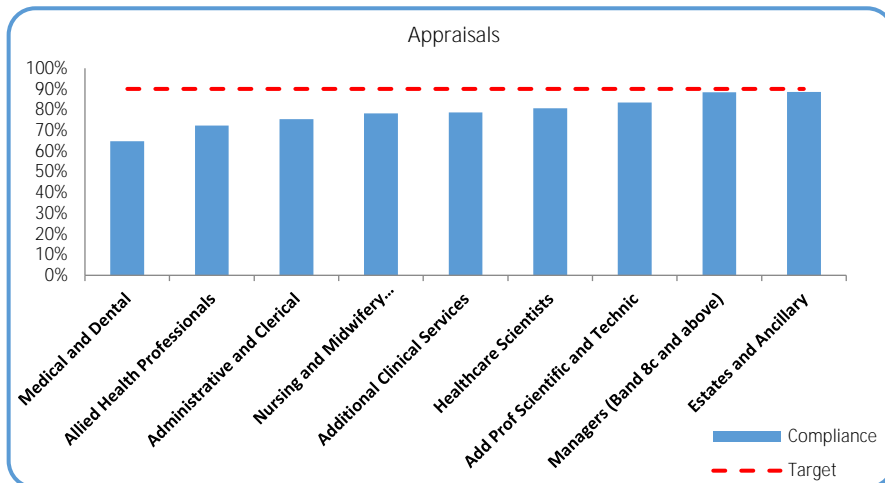
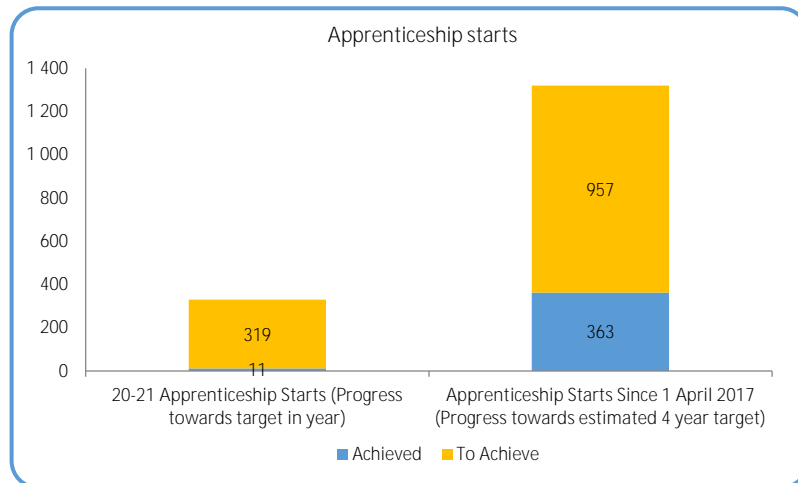
People: Sustainable Workforce Planning

- Comparing the periods July 2018 – June 2019 to July 2019 – June 2020, overall bank utilisation has increased from 289 wte to 298 wte and agency utilisation has increased from 123 wte to 154 wte.



People: Excellence in Training and Education

- The appraisal compliance rate at June 2020 is 77.9% (81.2% at June 2019), against an end of year target of 95%.
- Mandatory training stands at 89.1% against a Q1 target of 80% and end of year target of 95%. The June 2019 position was 86.6%



Finance: Overall Financial Position

This paper summarises the financial position of the Trust for the period ending 30th June 2020.

It should be noted that all Healthcare Contracting and Performance have been suspended during 1st April 2020 to the 31st July 2020, as we are operating under an emergency COVID-19 financial regime. As a result of this, the income will exactly equal expenditure; all financial risk ratings, Provider Sustainability Funding (PSF), and use of resources metrics are not in operation.

In the period to 30th June 2020 the Trust had incurred expenditure of £300.6 million, and accrued income of £300.6 million to match.

To 30th June the Trust had spent £7.3 million capital, £2.9 million behind Plan.

| Overall Financial Position | |
|---|--------------------------|
| | Month 3 £'000 |
| Income | 300,568 |
| Expenditure | 300,568 |
| I & E position (excl impairment) | 0 |
| | |
| Capital Programme | 7,313 |



TRUST BOARD

| | | | | | | | |
|-------------------------------------|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Health and Safety Annual Report 2019-20 | | | | | | |
| Report of | Angela O'Brien, Director of Quality and Effectiveness | | | | | | |
| Prepared by | Craig Newby, Health, Safety and Risk Lead | | | | | | |
| Status of Report | Public | Private | Internal | | | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Purpose of Report | For Decision | For Assurance | For Information | | | | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| Summary | The purpose of this report is to provide the Trust Board with an update on health and safety activity across the organisation during 2019-20. | | | | | | |
| Recommendation | The Trust Board is asked to note the content of the report and its findings. | | | | | | |
| Links to Strategic Objectives | <ul style="list-style-type: none"> Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Maintain compliance with all regulatory requirements. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | <ul style="list-style-type: none"> Potential for harm to patients, staff and/or the public. Enforcement action from regulatory bodies. | | | | | | |
| Reports previously considered by | This report is an annual update on the activity associated with the Trust Board. | | | | | | |

HEALTH AND SAFETY ANNUAL REPORT 2019/2020

1. INTRODUCTION

The Health & Safety annual report covers the period 1 April 2019 to 31 March 2020. The annual report outlines key developments and the work that has been undertaken during this reporting period as well as a review of all health and safety related incidents. It reflects the Trust's compliance with the Board of Directors approved 'Statement of Intent' and Health & Safety Policy Statement, which requires those responsible for health and safety within the organisation and during Trust activities to:

- Comply with health and safety legislation;
- Implement health and safety arrangements;
- Comply with monitoring and reporting mechanisms appropriate to internal and external key stakeholders and statutory bodies; and
- Develop partnership working and to ensure health and safety arrangements are maintained for all.

In progressing the management strategy of health and safety throughout the Trust, the Compliance and Assurance Team continues to observe the HSG65 model "Managing for Health and Safety". The key components of the Plan, Do, Check, Act (PDCA) framework can be summarised, as follows:

Plan Determine policy, plan for implementation.

Do Profile health and safety risks, organise for health and safety management, and implement the plan.

Check Measure performance, investigate accidents and incidents.

Act Review performance, apply learning. This framework directly maps with the SASH+ methodology, Plan, Do, Study, Act.

| Members | 09/05/19 | 08/08/19 | 14/11/19 | 06/02/20 |
|--|----------|----------|----------|----------|
| Chairman: Head of Risk, Compliance and Assurance | | | | |
| Vice Chairman: Deputy Director of Quality & Safety | | | | X |
| Director of Quality and Effectiveness | | | | X |
| Health Safety and Risk Lead | | | | |
| Associate Director of Nursing | | X | | |
| Health and Safety Advisors | | | | |
| Health and Safety Administrator | | | | |
| Integrated Governance Manager | | | | |
| Occupational Health Clinical Lead | | | | |
| Estates Compliance and Risk Manager | | | | |
| Portering and Security Manager | | | | |
| Strategic Fire Safety Lead | | | | |
| Senior Human Resources Manager | X | | | |
| Workforce Development Manager | | | X | |
| Directorate Manager | | | | |
| Lead Moving and Handling Coordinator | | | | |
| Newcastle University Safety Advisor | | | X | |
| Contract Compliance Officer (Interserve) | X | X | X | X |
| Staff Side Representatives | | | | |

Agenda Item A9(ii)

2. MEETINGS & ATTENDANCE

The Health and Safety Committee has met four times during the period 1 April 2019 to 31 March 2020. This is in line with the Terms of Reference. The Trust Health & Safety Committee achieved an attendance rate of 87% during the period of 1 April 2019 to 31 March 2020.

3. TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 14 November 2019.

4. POLICIES & PROCEDURES

The policies below were ratified by the Health and Safety Committee during 1 April 2019 to 31 March 2020.

| Policy/Procedure | Date Approved |
|--|---------------|
| Fire Management Evacuation Procedure | 09/05/2019 |
| First Aid Policy | 26/03/2020 |
| Lift Policy | 09/12/2019 |
| Management of Stress Policy | 24/03/2020 |
| Noise at Work Policy | 09/03/2020 |
| Operational Control of Contractors Policy | 09/05/2019 |
| Security Policy | 14/11/2019 |
| Wheel Chair Policy | 08/08/2019 |
| Young Persons under 18 years of age Policy | 19/07/2019 |

Quarterly and annual reports received at the Health and Safety Committee during 1 April 2019 to 31 March 2020.

| Quarterly Reports | Annual Reports |
|------------------------------|------------------------------|
| Training | Health and Safety |
| Health and Safety Compliance | Moving and Handling |
| Inspection Programme | Fire Safety |
| Health and Safety Incidents | Security |
| Sharps Incidents | Lone Working |
| Estates | Violent Patient Markers |
| Fire Safety | Pressure Systems |
| IP&C | Asbestos Management |
| Security | Laboratory Health and Safety |
| Moving and Handling | |
| Stress Management | |
| Health and Safety Risks | |

Minutes for the following committees and groups were reviewed quarterly in 1 April 2019 to 31 March 2020.

| Related Committee Minutes |
|--------------------------------------|
| Trust Security Group |
| Stress in the Workplace Review Group |
| Radiation Protection Committee |
| Dental Health & Safety Committee |
| Laboratory Health and Safety Group |
| Fire Safety Group |
| Asbestos Working Group |
| Electrical Safety Group |
| Pressure System Minutes |
| Latex Group |

5. TRAINING

The Health and Safety Team has successfully delivered 77 training courses during 1 April 2019 to 31 March 2020.

| Courses | Number of Sessions |
|---------------------------------|--------------------|
| Risk Assessor | 10 |
| COSHH Assessor | 11 |
| CRT Train the Trainer | 3 |
| Stress Awareness | 9 |
| Stress Training for Managers | 9 |
| Lone Working Lookout Call | 28 |
| Mental Health First Aid Courses | 7 |

6. LEGAL COMPLIANCE

The table below outlines the main Health & Safety legislation and identifies the proactive work that the Trust has carried out in order to comply:

| Legislation | Description of actions/compliance |
|--|--|
| Health & Safety at Work Act 1974 | Compliant, specific areas of assurance are: <ul style="list-style-type: none"> • Competent persons in place to provide compliance advice. • Health and Safety Committee held 4 times a year – which are well attended. • Increased availability of induction training sessions for new recruits, both induction and update sessions include reminders of the requirement to risk assess |
| Management of Health & Safety at Work Regulations 1999 | Compliant, specific areas of assurance are: <ul style="list-style-type: none"> • H&S Audit programme, all clinical areas audited on a 2 year cycle, requires audit actions to be addressed at service level within given timescales in order to ensure full compliance. • Risk assessment training is provided to all clinical areas and risk assessment paperwork has been reviewed. Requirement for role |

| | |
|--|---|
| | <p>specific risk assessments, production and quality of these is monitored via the audit / inspection programme.</p> |
| <p>Control of Substances Hazardous to Health (COSHH) 2005</p> | <p>Compliant, specific areas of assurance are:</p> <ul style="list-style-type: none"> • COSHH policy has been revised with enhanced guidance on the risk assessment process e.g. DSEAR. • COSHH Risk assessment form simplified in order to improve compliance with Regulation 6. • COSHH awareness included in all H&S Awareness training, Induction Training. • COSHH compliance reviewed in Ward areas as part of health and safety audit / inspection programme. |
| <p>Display Screen Equipment Regulations 1992</p> | <p>Compliant, specific areas of assurance are:</p> <ul style="list-style-type: none"> • This policy aims to ensure that effective arrangements are in place for working with display screen equipment and to meet the requirements of the Display Screen Equipment Regulations 1992 (amended 2003). To safeguard staff safety and comfort whilst working with DSE. • Training Figures - The required standard is 95% compliance with the overall compliance for the year being 87.86%. • Office Chair Assessment Service - There have been a total of 283 referrals in 2019/2020 compared with 254 referrals in 2018/19. • Overall 64.7% of all departmental assessments were completed. Compliance has been affected by a reduced staff in the MHT over the year due to maternity leave, sickness and delays in recruitment. |
| <p>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)</p> | <p>Minor non-compliance with reporting timeframes</p> <ul style="list-style-type: none"> • 64% of the reported incidents are (Staff member off over 7 days). • Learning from all RIDDOR incidents is shared at the Trust Health & Safety Committee and other respective assurance meetings • Further work identified to remind managers of reporting timeframes. |
| <p>Health and Safety (Sharp Instruments in Healthcare) Regulations 2013</p> | <p>Compliant, specific areas of assurance are:</p> <ul style="list-style-type: none"> • The Trust continues to monitor ordering practices to ensure compliance with the Regulations and use of safe sharps devices wherever reasonably practicable. • Where safe sharps are not reasonably practicable, we continue to ensure and have taken steps to enhance robust risk assessment and mitigation measures are in place. • Sharps disposal remains a priority and the Group continues to advocate the use of point of care disposal and use of SharpSmart sharps boxes. • Sharps Group meet Bi-monthly with representation from a variety of Trust departments including Clinical Education, Procurement, Supplies, Sustainability & Waste and Patient Safety. • The Trust is currently on the 5th edition of the Safer Sharps Inventory. |
| <p>Health & Safety Information for Employees</p> | <p>Compliant, Specific areas of assurance are:</p> |

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| | | |
|---|--|--|
| Regulations (Amendment) 2009 | | <ul style="list-style-type: none"> • The H&S intranet page has been revised. • H&S Coordinators and TU H&S Reps in place. • Health and Safety Committee held four times a year is well attended by Managers, Trust Competent Persons, TU Reps and H&S Coordinators. • Reports on Audits, Action Plan progress, KPIs and Risk Register. • Health and Safety Committee acts as consultative committee for H&S policies. |
| Health & Safety Consultation with Employees Regulations 1996 | | |
| Safety Representatives and Safety Committees Regulations 1977 | | |

7. HEALTH & SAFETY COMPLIANCE

Health & Safety Compliance audit results are reported quarterly to the Trust Health and Safety Committee for each Directorate. This compliance tool is an indicator of risk assessment completion across 12 common areas of health and safety which also include radiation and fire safety. The most recent report for Quarter 3 2019-2020 indicates that compliance across the Trust for the 12 general areas of health and safety is at 92% overall. There is ongoing work to further improve the quality of risk controls and close gaps in associated arrangements at service level.

All Departments have been subject to a health and safety inspection since 2013 as part of a 24 month cycle to support local risk assessors and validate information collected under the compliance audit tool. Departments are provided with an action plan following each inspection. There have been 103 Health and Safety inspections undertaken during this period. The inspections have been undertaken in 6 Directorates in the current programme. Along with other measures, it is envisaged that the compliance and inspection arrangements will support an overall reduction in harm over the coming years. The inspection programme plays an important role in validating compliance, the development of safe systems of work, leading to improved risk controls whilst supporting services.

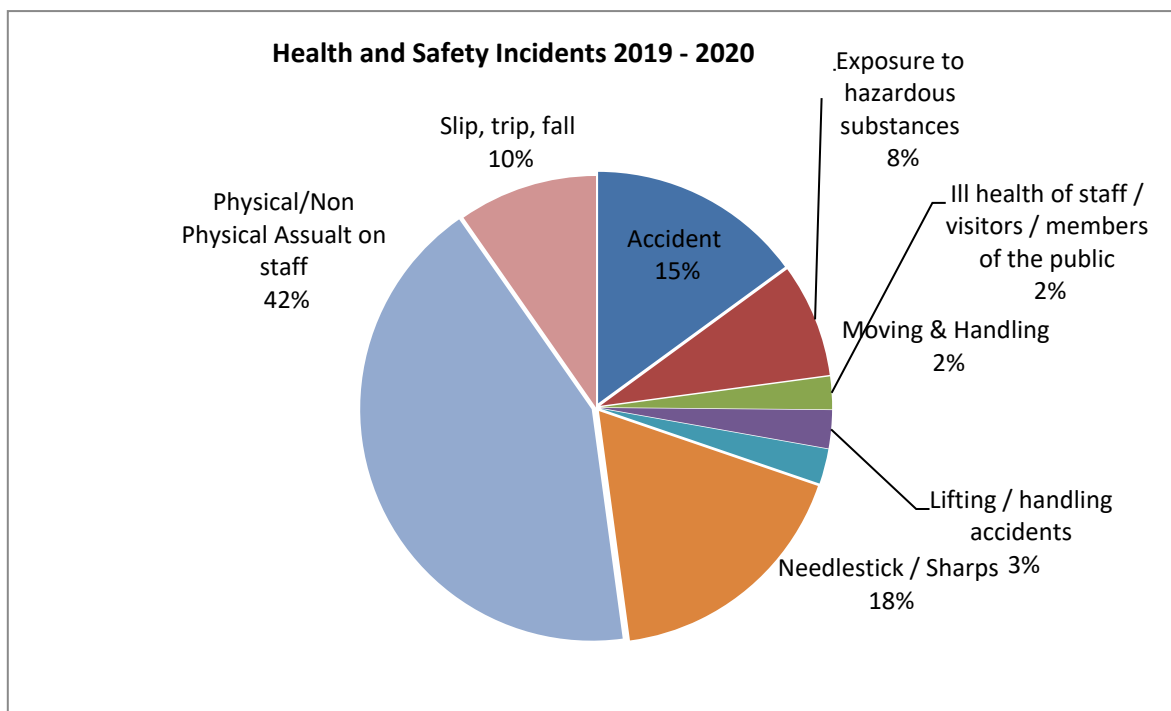
The Compliance and Assurance department continue to work closely with the Estates department supporting the review of governance, monitoring and assurance measures around the estate related functions of the Trust. Those health and safety related risk register entries that have an estates related component and are shown below. Health and safety representation on key committees and groups continues to be provided.

8. HEALTH AND SAFETY INCIDENTS

The number and type of staff related incidents for each Directorate during the period of 1 April 2019 to 31 March 2020 is shown in table below. There is an overall 1.5% decrease in reported health and safety incidents for 2019 – 2020 compared to the previous year.

| | Accident | Exposure to hazardous substances | Ill health of staff / visitors / members of the public | Lifting / handling accidents | Moving & Handling | Needle stick / Sharps | Physical/Non Physical Assault on staff | Slip, trip, fall | Total |
|---|------------|----------------------------------|--|------------------------------|-------------------|-----------------------|--|------------------|--------------|
| Business and Development | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Cancer Services / Clinical Haematology | 6 | 3 | 1 | 0 | 0 | 7 | 14 | 7 | 38 |
| Cardiothoracic | 13 | 13 | 0 | 3 | 5 | 28 | 46 | 5 | 113 |
| Chief Operating Officer | 6 | 0 | 2 | 2 | 1 | 0 | 11 | 5 | 27 |
| Children's Services | 9 | 6 | 0 | 1 | 0 | 15 | 29 | 6 | 66 |
| Clinical Research Facility | 3 | 1 | 1 | 0 | 0 | 3 | 1 | 2 | 11 |
| Dental Services | 0 | 5 | 2 | 0 | 0 | 14 | 16 | 2 | 39 |
| ENT, Plastics, Ophthalmology & Dermatology (ePOD) | 9 | 10 | 1 | 3 | 1 | 12 | 25 | 8 | 69 |
| Estates | 16 | 9 | 3 | 1 | 0 | 2 | 4 | 16 | 51 |
| Human Resources | 6 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 11 |
| Internal Medicine/ED/COE | 26 | 19 | 6 | 7 | 3 | 46 | 181 | 13 | 301 |
| Institute of Transplantation | 1 | 0 | 1 | 0 | 0 | 2 | 2 | 3 | 9 |
| Integrated Laboratory Medicine | 6 | 21 | 0 | 1 | 1 | 19 | 0 | 6 | 54 |
| Information Management & Technology | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 4 |
| Medical Director | 6 | 0 | 0 | 0 | 0 | 0 | 1 | 9 | 16 |
| Musculoskeletal Services | 10 | 5 | 5 | 3 | 0 | 8 | 43 | 6 | 80 |
| Neurosciences | 4 | 2 | 0 | 2 | 0 | 11 | 54 | 3 | 76 |
| Northern Medical Physics and Clinical Engineering | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 3 |
| Out of Hospital/Community | 10 | 3 | 5 | 3 | 1 | 14 | 70 | 8 | 114 |
| Patient Services | 78 | 13 | 6 | 13 | 13 | 11 | 148 | 31 | 313 |
| Peri-operative and Critical Care | 29 | 15 | 2 | 6 | 14 | 72 | 43 | 11 | 192 |
| Pharmacy | 7 | 1 | 0 | 0 | 0 | 13 | 2 | 2 | 25 |
| Radiology | 4 | 2 | 0 | 0 | 0 | 4 | 16 | 2 | 28 |
| Supplies | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Surgical Services | 5 | 3 | 2 | 1 | 1 | 9 | 31 | 11 | 63 |
| Urology and Renal Services | 6 | 3 | 1 | 1 | 2 | 9 | 29 | 6 | 57 |
| Women's Services | 13 | 10 | 2 | 1 | 1 | 24 | 12 | 11 | 74 |
| External Trust / Organisation | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 3 |
| Directorate not known | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 5 |
| Total | 276 | 146 | 42 | 49 | 45 | 325 | 783 | 179 | 1,845 |

Health and Safety Incidents by Type and Directorate 2019 - 2020



Health and Safety Incidents by Category and Percentage 2019 - 2020

The number of health and safety incidents for 2019-20 has decreased by 1.5% from 1,874 to 1,845 compared to the previous year; however the 'Ill Health to Staff / Visitors / Members of the Public' have been added this year, which added a further 42 incidents. 'Accidents other' has now been removed from the system to provide a greater level of detail within the system. There have been general decreases in incident rates for falls, sharps, moving and handling and physical assault.

A comparison of key slip, trip and fall types for staff and visitors for the period 2015 – 2020 is shown below. This shows some overall reduction in key fall types compared to the 2015 to 2017 periods; however recent year on year increases in some key incident types have been noted and are being analysed. Work continues on generic risk assessments for general circulation areas across the Trust.

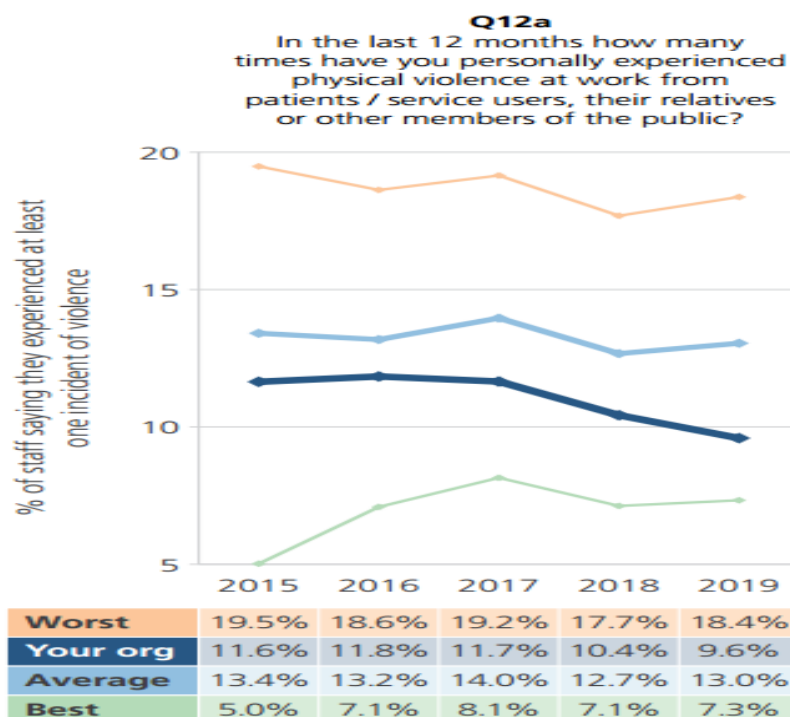
| Type of Fall | Number 2015-2016 | Number 2016-2017 | Number 2017 - 2018 | Number 2018 - 2019 | Number 2019-2020 |
|-----------------------------|------------------|------------------|--------------------|--------------------|------------------|
| Tripped over object | 52 | 40 | 36 | 21 | 20 ↓ |
| Slip on wet surface indoors | 44 | 50 | 34 | 38 | 38 → |
| Fall stairs/steps | 18 | 14 | 10 | 14 | 17 ↑ |
| Fall on level ground | 47 | 52 | 48 | 34 | 45 ↑ |

Physical assault information on staff previously collected by NHS Protect ceased to be available from 2016. The table below shows the number of physical assaults per 1,000 employees over a 12 month period for the most recent 6 years.

| Number of staff assaulted per 1000 employees | 2014 - 2015 | 2015 - 2016 | 2016 - 2017 | 2017 - 2018 | 2018 - 2019 | 2019 - 2020 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Newcastle Hospitals NHS FT | 18 | 16 | 18 | 16 | 18 | 16 ↓ |
| Gateshead NHS FT | 21 | 31 | | | | |
| Northumbria Healthcare NHS FT | 29 | 25 | | | | |
| Sunderland NHS FT | 28 | 29 | | | | |
| Acute average per 1000 Staff | 21 | 21 | | | | |

Physical Assaults 2014 – 2020 per 1,000 Staff

Data received under the NHS staff survey and shown in the Figure below provides some indication of ongoing improvement in violent and aggressive incidents experienced by staff, however further work continues to improve staff safety mechanisms and improve reporting of incidents.



Extract from 2019 NHS Staff Survey for NUTH

9. VIOLENCE AND AGGRESSION (V&A)

The Violent Marker Panel has approved the marking of 111 patient records during 2019/2020; this represents a 25% increase on the previous year. The conflict resolution training programme is a requirement for all staff with a regular patient facing role. This programme equips staff to recognise the ways that violence escalates, helps identify the behavioural and physical signs in people and provides a range of de-escalation techniques.

A review of physical intervention (restraint) training provision for security staff was undertaken in 2018 and a more sustainable training model implemented, training via an

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external provider was commenced, however due to COVID-19 this training was suspended, this resulted in staff training targets not being met in year 2019-2020.

In year 2019-2020 the Security Management Team have been working with colleagues from Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and actively are highlighting concerns regarding V&A incidents involving those patients with mental health issues, this is to ensure learning from incidents and inform of issues that affect service delivery and patient care.

Mental health awareness training was made available to security staff, however like lots of face to face training, has been suspended due to COVID-19, it is hoped this will commence again in 2020.

One of the key objectives of the Compliance and Assurance team is the reduction of violence and restrictive interventions. Towards the end of the financial year work began on the development of a Reduction of Restrictive Intervention Policy. A number of ongoing initiatives will feature within this work. For example:

- Datix system has been updated to allow the capture of restraint and restrictive intervention information when it's used as part of an incident. This will provide an enhanced analysis of this type of activity.
- Following an incident on Ward 6, involving a patient with mental health / behavioural issues, work is progressing to design a more appropriate living area and staffs are currently planning to undertake collaborative work with NHS colleagues from Ferndene children's unit.
- The Trust are involved in a multi-trust bid to gain funding via Clinical Commissioning Groups (CCG's) to progress with the We Can Talk initiative, which provides support and training to Trust staff to improve their knowledge, skills and confidence when working with children and young people who are experiencing mental health difficulties whilst in hospital or attending A&E in a mental health crisis.

10. SLIPS, TRIPS AND FALLS

The Health and Safety Committee continues to monitor the slips, trips and falls action plan which is updated annually and approved by the committee. A number of mini audits of work practice for cleaning operations are routinely undertaken to assist in maintenance of safe cleaning practices and hot spots identified by Datix analysis. Information on the causes and prevention of slips, trips and falls is delivered in specific training programmes for domestic services and contained within the Trust induction package. A non-clinical STF e-learning package is available via the intranet. Slips and falls are within the scope of the inspection programme and each department is expected to have considered the risks of falls understanding and monitored risk assessment arrangements.

11. SHARPS INCIDENTS

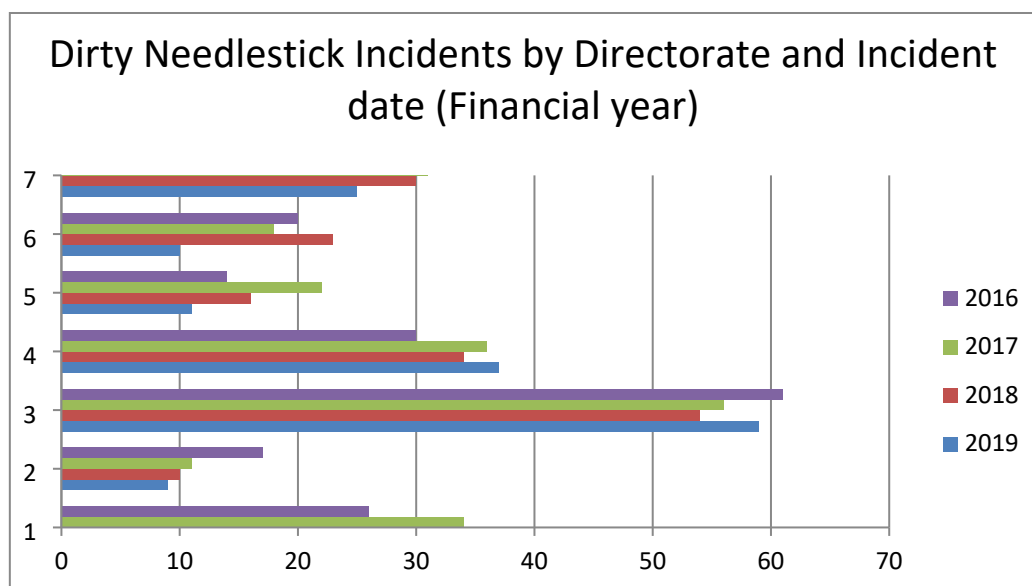
The Safer Sharps Review Group met four times during 2019-20. The group work during 2019-20 includes assurance on the ongoing use of safer sharps devices in all appropriate clinical areas, ensuring risk assessments for use of non-safety devices (where reasonably

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practicable) reflect robust safety practice, review of sharps incidents including RIDDOR reports and introduction of a programme of staff education to enhance improvements in practice. Collaborative working with the Occupational Health Service (OHS) continues to ensure accurate recording of incidents and that appropriate incident follow up actions are being undertaken. An inoculation incident report is presented quarterly to the Trust Health and Safety Committee.

There were 325 sharps incidents during the period, of these 245 relate to dirty sharps with the remainder being clean or non-medical sharps incidents. Three of these incidents were reported to the Health and Safety Executive (HSE) under RIDDOR requirements.

The Trust is on the 5th edition of the safer sharps inventory. Dirty sharps incidents for the highest reporting Directorates covering the previous 4 years is shown below, which shows increase in and Peri Operative & Critical Care and the Directorate of Medicine, with reducing levels in Women’s Services, Cardiothoracic, Urology and Renal Services, ENT and Children’s services since 2016.



12. STRESS MANAGEMENT

The Stress in the Workplace Review Group (SWRG) met three times during 2019-20 and membership includes H&S, OHS, HR, Staff Development, Health Improvement, Chaplaincy and Staff Side. It meets quarterly and reports to the Trust Health and Safety Committee. Its role is to ensure that the requirements of the stress policy are met and progress the development of arrangements to prevent and manage stress. (The terms of reference for the group have been updated and amended, and all changes accepted by the group. The Stress Prevention Intranet site has been updated to include the up to date list of Mental Health first aid staff members and latest information. The stress risk assessment process remains the focal Mechanism to manage work related stress including areas of stress related sickness absence. The HR Department are actively involved in the process supporting directorates in the completion of both service level and individual risk assessments. The Trust Stress risk assessment process is included in the manager induction programme. There has also been an ongoing series of monthly training sessions held across

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the Trust to instruct all managers in the risk assessment process, run by the H&S team. The group continues to take account of the findings of the annual staff survey and incorporate any actions into the SWRG action plan. The SWRG action plan is a rolling plan designed to how best achieve set actions within an annual time frame. The plan is monitored and amended as actions are completed at the group meetings.)

Mental Health First Aid (MHFA) training was introduced in 2016 and work continued throughout 2019-20 to improve the service. A further 27 staff were trained to be MHFA's during the year bringing the total trained across the Trust to 172 as at March 2020. Further development work is planned for 2020 – 2021. The MHFA course teaches attendees to recognise the early signs of a mental health problem and the knowledge to provide help and support to staff across the organisation.

13. LONE WORKING

The Trust acknowledges the number of staff working in higher risk environments such as the community based nursing teams. The Trust purchased the Look Out Call phone app based system in 2013; however recent reviews have identified low usage rates and a low confidence rating from staff using the application. In February 2020 the Clinical Governance and Risk Department (CGARD) facilitated a workshop with community staff to review a number of other lone worker devices. Following this a pilot of 30 devices was agreed with Lone Working Solutions and the results of the pilot will be used to help formulate a business case to move to a different provider with a more functional lone worker device.

14. REPORTING OF INJURIES DISEASES & DANGEROUS OCCURRENCES REGULATIONS

There has been a decrease in the number of RIDDOR incidents compared to 2018 - 2019 from 27 to 25 incidents in 2019 - 2020. There were 8 specified (major) injuries reported to the Health and Safety Executive. There was one reportable exposure to blood borne virus, where appropriate action was taken. The remaining incidents reported were categorised as resulting in an over 7 day absence from work as a result of an injury. A number of these absences have resulted from fractures to fingers or toes with no specific common factors identified, occurred in different directorates with various contributory factors. All RIDDOR incidents are investigated by the reporting directorate and the followed up by the supporting Health and Safety Advisor under the continuous monitoring and support arrangements undertaken by the Health and Safety Team.

| | Abusive, violent or disruptive behaviour | Exposure to hazard or hazardous substances | Medical Devices and Equipment | Moving and Handling | Non-Patient Accident | Non-Patient Fall | Total |
|---|--|--|-------------------------------|---------------------|----------------------|------------------|-----------|
| Cardiothoracic | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Chief Operating Officer | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Children's Services | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| ENT, Plastics, Ophthalmology & Dermatology (ePOD) | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Estates | 0 | 0 | 0 | 0 | 1 | 2 | 3 |
| Internal Medicine/ED/COE | 1 | 0 | 0 | 1 | 2 | 0 | 4 |
| Integrated Laboratory Medicine | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Medical Director | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Musculoskeletal Services | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Patient Services | 0 | 0 | 0 | 1 | 1 | 3 | 5 |
| Peri-operative and Critical Care | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Surgical Services | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Urology and Renal Services | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Women's Services | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Total | 1 | 1 | 1 | 4 | 7 | 11 | 25 |

15. EXTERNAL INVESTIGATIONS

In November 2019 the Health and Safety Executive received information from an unknown source raising concerns regarding safe working practices in the Podium Yard at Freeman Hospital and specifically in relation to the management of waste. A site visit with HSE inspectors took place on 25 November 2019, the inspection failed to find evidence of the alleged practices and the HSE were satisfied with the practices and safety measures in place. This however provided the Trust with an opportunity to look at a number of issues in relation to waste management and the safe use of the podium yard at Freeman Hospital. A number of actions were formulated, which were managed by a time limited task and finish group and monitored by the Trust Waste Management Group.

16. RISK REGISTER

The Trust Health and Safety Committee receive a quarterly report covering health and safety related risks with a current rating of 15 or above.

As at 1 July 2020, a total of 33 open risks were held Trust-wide. 66 of these had a current rating of 15 and above. 17 of these risks related to the Health & Safety Committee's area of focus. This equated to 25.8% of all Trust wide high rated risks (15 and above) and 3.9% of all Trust wide open risks.

Board members can access the list of the 16 risks of scored 15 and above within the Private Board Reference Pack.

17. RECOMMENDATIONS

The Committee is requested to receive the report and endorse the developments.

Report of Angela O'Brien
Director of Quality and Effectiveness
16/07/2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

| | | | | | | | |
|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 30 July 2020 | | | | | | |
| Title | Corporate Governance Update | | | | | | |
| Report of | Dame Jackie Daniel, Chief Executive | | | | | | |
| Prepared by | Kelly Jupp, Trust Secretary Fay Darville, Deputy Trust Secretary | | | | | | |
| Status of Report | Public | Private | | | Internal | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Purpose of Report | For Decision | For Assurance | | | For Information | | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | |
| Summary | <p>The report includes an update on the following areas:</p> <ul style="list-style-type: none"> • Council of Governors Update; • Annual Report and Accounts 2019/20 Update; • Annual Reports, Terms of Reference and Schedules of Business of the Committees; • Insight Programme Update; • New Non-Executive Director commencement; and • Key Dates. | | | | | | |
| Recommendation | <p>The Board of Directors are asked to</p> <ol style="list-style-type: none"> receive the update; approve the Committee Annual Reports; and approve the changes to the Committee Terms of Reference and Schedules of Business. | | | | | | |
| Links to Strategic Objectives | Performance – Being outstanding, now and in the future. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Impacts on those highlighted at a strategic and reputational level. | | | | | | |
| Reports previously considered by | Standing agenda item. | | | | | | |

CORPORATE GOVERNANCE UPDATE

1. INTRODUCTION

This report provides an update on ongoing work in relation to the governance arrangements within the Trust to date.

2. COUNCIL OF GOVERNORS UPDATE

As outlined in the previous report to the Board of Directors, the Trust completed the annual cycle of Council of Governor elections in June. A virtual induction with the Chairman and Trust Secretary took place on 21 July 2020, with further detail contained within the Chairman's Report (agenda item A4).

A Council of Governor workshop took place in mid-June, which included presentations on the management of COVID-19 by the Trust, the creation of the Nightingale Hospital North East and the Trust's 'Restart, Reset and Recovery' programme.

The next formal meeting of the Council of Governors will take place on 20 August which will include standing agenda items such as the receipt of the Integrated Board Report and updates from the Chairman and Chief Executive; as well as presentations on the patient experience during COVID-19 and the work undertaken on the Annual Report and Accounts 2019/20 by the Trust's external auditors, Mazars LLP.

Following NHS guidance, Council of Governors meetings will continue to be held virtually. The format of the meetings will continue to be reviewed regularly.

3. ANNUAL REPORT AND ACCOUNTS 2019/20

The Group's Annual Report and Accounts for 2019/20 were approved by the Board of Directors during its last meeting held in June.

This was subsequently submitted to parliament in advance of the 6 July deadline and was laid before parliament on 8 July as evidenced. Further information can be found on page 9 [here](https://publications.parliament.uk/pa/cm5801/cmvote/200708v01.pdf) [https://publications.parliament.uk/pa/cm5801/cmvote/200708v01.pdf].

The content of the Annual Report and Accounts will now be converted into a 'designed' version by the Trust Communications Team and will be presented at the Trust's Annual Members Meeting on 29 September 2020.

4. COMMITTEE ANNUAL REPORTS, TERMS OF REFERENCE AND SCHEDULES OF BUSINESS

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The annual reviews of each Board Committee have now been completed with Committee Annual Reports produced. The Annual Reports set out Committee business undertaken during the year, membership and attendance, and areas of focus for 2020/21.

Further the Terms of Reference and Schedules of Business of each Committee have been reviewed and minor changes proposed. Changes are highlighted in tracked changes/coloured font.

The Annual Reports and Schedules of Business for each of the Committees are contained within the Board Reference Pack for the approval of the Board. All Terms of Reference, other than for the Charitable Funds Committee, are also included for approval. The Audit Committee checklist and Remuneration and Appointments Committee Annual Report are contained within the Private Board Reference Pack due to their confidential nature.

Further work to review the Terms of Reference for the Charitable Funds Committee is required which will be completed at its next meeting in August. This will then be included at the Board meeting in September.

Following the annual review exercise, and in line with best practice, there is a need to consider the effectiveness of the Trust Board and Board Committees annually. The effectiveness of the Audit Committee has been considered during the HFMA Audit Committee handbook checklists. An approach is being developed for the remaining Board Committees and the Trust Board itself.

5. INSIGHT PROGRAMME UPDATE

Mrs Theodora Adegbeie, our first candidate from the Gatenby Sanderson Insight Programme, successfully completed her time on placement at Newcastle Hospitals as scheduled in March 2020.

An appraisal was undertaken by the Trust Secretary, Professor Kath McCourt, as Insight Programme NED Mentor, and the Trust Chairman, with feedback provided to the candidate and the programme facilitator.

The Trust was due to commence a second 4-month candidate placement thereafter however this was halted due to the COVID-19 pandemic. It is hoped that the second candidate will be welcomed in to the Trust in September/October 2020, however this is dependent upon the status of the COVID-19 pandemic at that time.

6. NEW NON-EXECUTIVE DIRECTOR COMMENCEMENT

The Trust Board will formally welcome Mr Bill MacLeod and Mr Graeme Chapman as new Trust Non-Executive Directors on 30 July 2020.

All required pre-commencement checks have been undertaken satisfactorily and an induction programme scheduled. The programme will include both corporate and local

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inductions, as well as 1:1 meetings with individual Board members and training on AdminControl.

7. KEY DATES

Please see below for the key dates for Board members for the remainder of 2020:

| <i>August</i> | <i>September</i> | <i>October</i> | <i>November</i> | <i>December</i> |
|--|--|---|---|--|
| 20 th Council of Governors | 18 th Quality Committee | 15 th Council of Governors | 20 th Quality Committee | 10 th Council of Governors |
| 25 th People Committee | 23 rd Finance Committee | 20 th People Committee | 25 th Finance Committee | 15 th People Committee |
| 28 th Charitable Funds Committee | 24 th Board of Directors | 27 th Audit Committee | 26 th Board of Directors | 17 th Private Board Workshop |
| | 29 th Annual Members Meeting | 29 th Private Board Workshop | | 18 th Charitable Funds Committee |

In addition to the above dates, on 31 July Board members will be attending a seminar to explore ways in which the Trust can create and sustain an organisation wide culture of continuous improvement and learning and become a national exemplar for patient care through health and care improvement in the next 3-5 years. The seminar will be facilitated by the Institute for Healthcare Improvement (IHI).

8. RECOMMENDATIONS

The Board of Directors are asked to

- i. receive the update; and
- ii. approve the contents of the Annual Reports and the updated Terms of Reference and Schedules of Business for the Committees.

Report of Kelly Jupp and Fay Darville
Trust Secretary and Deputy Trust Secretary
23 July 2020

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