

# Public Board of Directors

Thu 27 May 2021, 12:30 - 15:00

MS Teams

## Agenda

---

12:30 - 12:30  
0 min

### 1. Board of Directors Agenda

 A0 BoD Public Agenda - 27 MAY 21.pdf (3 pages)

---

12:30 - 12:55  
25 min

### 2. Business Items

#### 2.1. Standing Items

##### 2.1.1. Apologies for Absence and Declarations of Interest

Verbal      Chairman

##### 2.1.2. Minutes of the Meeting held on 25 March 2021 and Matters Arising

Attached      Chairman

 A1(ii) BoD Public Mins - 25 March 21 - DRAFT.pdf (15 pages)

##### 2.1.3. Meeting Action Log

Attached      Chairman

 A1(iii) BoD Public Board Actions MAY 21.pdf (1 pages)

#### 2.2. Chairman's Report

Attached      Chairman

 A2 Chairman Report MAY 21 final.pdf (5 pages)

#### 2.3. Chief Executive's Report, including overview of:

Attached      MD/DCEO

- ICHNE & Vaccine Hub latest position
- Operational activity and recovery programme
- Regional Collaboration and networking activities

 A3 CEO Board report MAY 21.pdf (10 pages)

---

12:55 - 14:05  
70 min

### 3. Patients

#### 3.1. Research Strategy

Attached      AMD

Professor J Issacs to dial in to present

 A4 A New Strategy for Clinical Research 2021-2026.pdf (25 pages)

#### 3.2. Digital Peoples Stories

Attached ECN

 A5 May 21 Digital Story.pdf (3 pages)

### 3.3. Director Reports

#### 3.3.1. Medial Director/Deputy CEO

Attached & BRP MD/DCEO

- a) Consultant & Honorary Consultant Appointments
- b) Quarterly Guardian of Safe Working Report & Annual Report

 A6(i) Medical Director Report May 21.pdf (9 pages)


#### 3.3.2. Executive Chief Nurse

Attached & BRP ECN

- a) Ockenden Update report
- b) Nursing Midwifery Staffing biannual review report

 A6(ii) ECN Update May 2021.pdf (16 pages)

 A6(ii)a The Ockenden Report May 2021.pdf (14 pages)

 A6(ii)b NM Staffing board paper May 21.pdf (14 pages)

#### 3.3.3. Directorate of Quality & Effectiveness

Attached & BRP DQE

- a) Learning from Deaths Quarterly Report
- b) Maternity CNST Report
- c) Quality Report


 A6(iii)a Learning from Deaths May 2021.pdf (14 pages)

 A6(iii)b Maternity CNST Board paper FINAL.pdf (13 pages)

 A6(iii)c Quality Account Cover Sheet.pdf (3 pages)

#### 3.3.4. Director of Infection Prevention and Control

Attached & BRP DIPC

 A6(iv) Healthcare Associated Infections - DIPC Report - May 2021.pdf (12 pages)

---

14:05 - 14:15

10 min

## 4. People

### 4.1. People Report

Attached HRD

 A7 People Report FINAL.pdf (12 pages)

---

14:15 - 14:35

20 min

## 5. Performance

### 5.1. Integrated Board Report - Quality, Performance, People & Finance

Attached DQE, COO, HRD & FD

 A8 Integrated Report Cover Sheet May '21.pdf (3 pages)

 A8 Integrated Board Report May 2021.pdf (36 pages)

---

14:35 - 15:00  
25 min

## 6. Governance

### 6.1. NIHR CRN NENC Annual Business Plan & Annual Financial Plan 2021/22[FOR APPROVAL]

Attached MD

 A9 NIHR CRN NENC Annual Business Plan and Financial Plan 2021-22.pdf (7 pages)

### 6.2. Update from Committee Chairs


Attached Chairs

 A10 Update from Committee Chairs MAY 21.pdf (6 pages)

### 6.3. Corporate Governance Update

Attached TS

a) Quarterly NHSI declarations

 A11 Corporate Governance Report.pdf (7 pages)

---

15:00 - 15:00  
0 min

## 7. Date of Next Meeting

- Private Extraordinary Trust Board Meeting for approval of the Annual Report & Accounts 2020/21- Thursday 10 June 2021 via MS Teams
- Private Board Development session - Thursday 24 June 2021 via MS Teams
- Formal Meeting - Thursday 29 July 2021 via MS Teams

## PUBLIC TRUST BOARD OF DIRECTORS' MEETING

Thursday 27 May 2021 via MS Teams  
Start time 12.30pm

Agenda					
Item		Lead	Paper	Time	Page
Business Items					
A1	Standing Items: i) Apologies for Absence and Declarations of Interest; ii) Minutes of the Meeting held on 25 March 2021 and Matters Arising; and iii) Meeting Action Log.	Chairman	Verbal  Attached  Attached	12:30pm – 12:35pm	4  19
A2	Chairman's Report	Chairman	Attached	12:35pm – 12:45pm	20
A3	Chief Executive's Report, including overview of: • ICHNE & Vaccine Hub latest position; • Operational activity and recovery programme; and • Regional collaboration and networking activities.	MD/DCEO	Attached	12:45pm – 12:55pm	25
Patients					
A4	Research Strategy [ <i>Professor J Isaacs, Associate Medical Director for Research, to dial in to present</i> ]	AMD	Attached	12:55pm – 13:15pm	35
A5	Digital People Stories	ECN	Attached	13:15pm – 13:25pm	60
A6	Director Reports: i) Medical Director/Deputy CEO, including: a) Consultant & Honorary Consultant Appointments; and b) Quarterly Guardian of Safe Working Report (Q4) & Annual Report 2020/21 ii) Executive Chief Nurse, including: a) Ockenden Update Report; and b) Nursing & Midwifery Staffing biannual review report.	MD/DCEO       ECN	Attached & BRP       Attached	13:25pm – 13:55pm	63       72 88 102



Item		Lead	Paper	Time	Page
	iii) Director of Quality & Effectiveness, including: a) Learning from Deaths Quarterly Report b) Maternity CNST Report c) Quality Account	DQE	Attached & BRP		116 130 143
	iv) Director of Infection Prevention and Control	DIPC	Attached & BRP		146
<i>Break -13:55pm – 14:05pm</i>					
<b>People</b>					
A7	People Report	HRD	Attached	14:05pm – 14:15pm	158
<b>Performance</b>					
A8	Integrated Board Report - Quality, Performance, People & Finance	DQE, COO, HRD & FD	Attached	14:15pm – 14:35pm	170
<b>Governance</b>					
A9	NIHR CRN NENC Annual Business Plan & Annual Financial Plan 2021/22 <i>[FOR APPROVAL]</i>	MD	Attached & BRP	14:35pm – 14:40pm	209
A10	Update from Committee Chairs	Chairs	Attached	14:40pm – 14:50pm	216
A11	Corporate Governance Update, including a. Quarterly NHSI declarations <i>[FOR APPROVAL]</i>	TS	Attached & BRP	14:50pm – 15:00pm	222
<b>Date of Next Meetings:</b> <ul style="list-style-type: none"> <li>- Private Extraordinary Trust Board Meeting for approval of the Annual Report &amp; Accounts 2020/21 – Thursday 10 June 2021 via MS Teams</li> <li>- Private Board Development session: Thursday 24 June 2021 via MS Teams</li> <li>- Formal Meeting: Thursday 29 July 2021 via MS Teams</li> </ul>					

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

**THIS PAGE IS  
INTENTIONALLY BLANK**

## DRAFT MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 25 MARCH 2021 VIA MS TEAMS

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

### **In Attendance:**

Mrs C Docking, Assistant Chief Executive  
 Mrs A O'Brien, Director of Quality and Effectiveness  
 Mr G King, Chief Information Officer  
 Mrs D Fawcett, Director of Human Resources  
 Mr R Smith, Director of Estates  
 Dr L Pareja-Cebrian, Director of Infection Prevention Control (DIPC) (for agenda item A6 iv only)  
 Mrs K Jupp, Trust Secretary  
 Mrs F Darville, Deputy Trust Secretary *[Minutes]*  
 Mr L Atkinson, Principal Advisor

### **Observers:**

Public Governors, Newcastle Hospitals:  
 Mrs M Elliott  
 Dr V Hammond  
 Mrs J McCalman  
 Dr LNS Murthy  
 Mrs P Yanez  
 Neil Macknight, Head of Response, Integrated Covid Hub North East (ICHNE)  
 Mr J Tyson, Head of Innovation Laboratory  
 Akhtar Husain, Clinical Director, Laboratory Medicine  
 Chris Shaw, Directorate Manager, Laboratory Medicine  
 Stephanie Klein, Pharmacist

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

## **21/13 BUSINESS ITEMS**

### *Standing Items*

#### **i) Apologies for Absence and Declarations of Interest**

Apologies were received from Mrs Pat Ritchie, Associate Non-Executive Director.

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

No additional declarations of interest were noted.

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

#### **ii) Minutes of the Meeting held on 28 January 2021 and Matters Arising**

The minutes of the meeting held on 28 January 2021 were agreed to be an accurate record of the meeting.

There were no additional matters arising.

**It was resolved:** to **approve** the minutes as an accurate record of the meeting.

#### **iii) Meeting Action Log**

The action log position was received.

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

#### **iv) Chairman's Report**

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

- Sir Simon Stevens, Chief Executive of NHS England/NHS Improvement (NHSE/I) was welcomed on a visit to the Centre for Life, our first Trust-led vaccination centre, and to the High Consequences Infection Diseases Unit at the Royal Victoria Infirmary (RVI).
- The publication of the Government White Paper on the future of health and care, added momentum and stimulated a number of conversations regarding the development of the Integrated Care System (ICS) in the North East and North Cumbria (NE&NC).
- Gratitude was expressed to Professor Kath McCourt, Non-Executive Director (NED) who had agreed to be the designated Trust NED Wellbeing Guardian.

- The report detailed the most recent 'Spotlight on Services' virtual visit. The visit, which highlighted the work of the Trust's Renal Services Team, was attended by five of the Trust's NEDs. The session highlighted the impact of the pandemic on haemodialysis patients, as well as the staffing challenges arising both in terms of shielding and the more significant impact of the virus itself on the relatively high proportion of staff from ethnic minority groups. The NEDs were briefed on remote management for patients through regular haemodialysis at one of the three community centres managed for the Trust by Renal Services UK.

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

## 21/14 PATIENTS

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

- **Operational activity and COVID-19 Response;**
- **Staff Survey results; and**
- **Regional collaboration and networking activities.**

The Chief Executive presented the report and noted the following key points:

- Over January and February 2021, the Trust experienced the most pressured position since the beginning of the COVID-19 pandemic. Staff were commended for their fantastic response to the pressures arising from increased community transmission, which resulted in high levels of occupancy in Trust hospitals.
- During March 2021, COVID-19 pressures had started to alleviate however focus had shifted to recovering the backlog of non-COVID related appointments which had emerged as a consequence of the pandemic. Trust Directorates were reviewing how to resume services safely and efficiently to reduce waiting times in line with national requirements.
- Work was underway in partnership with the Institute of Healthcare Improvement (IHI) to develop Newcastle Improvement, a quality improvement faculty.
- The COVID-19 Vaccination Programme for the NE&NC was progressing well. As lead COVID vaccine provider for the NE&NC, the Trust worked closely with partners from across the NHS in the NE&NC ICS, including those in primary care and in particular Newcastle General Practice Services (NGPS). Gratitude was expressed to the Chief Operating Officer, the Director of Pharmacy and all involved in the leadership of the programme.
- In early March, the ICHNE Baltic Laboratory went live in testing swab samples which was a significant milestone for the Trust. Alongside the other strands of ICHNE, Newcastle Hospitals would be even more closely linked to the continuing community public health response to COVID-19 and the associated recovery from the pandemic.

The Chief Operating Officer and the Executive Director for Enterprise & Business Development were commended for their work in the establishment of ICHNE.

A national announcement was made yesterday regarding the development of the new UK Health Security Agency (UKHSA). The agency would be responsible for planning,

preventing and responding to external health threats and providing intellectual, scientific and operational leadership.

Baroness Dido Harding, Head of the NHS Test and Trace programme, and Dame Anna Dominiczak, responsible for launching the COVID-19 Lighthouse Labs, visited the ICHNE facility and spoke positively regarding the creation of the ICHNE, as well as its important role in the next phase of pandemic.

- The NE&NC Provider Collaborative continued its development to set its agenda into 2021/22. The principal focus had been to establish itself as a forum for collaborative and constructive work, supporting the agenda set out in the Government's White Paper on Integrated Care and developing a collective response to the NE&NC NHS recovery.
- The recent positive media coverage by the BBC who broadcast live from the Centre for Life was noted. The Assistant Chief Executive was commended for her role in this.
- Gratitude was expressed to all staff who had received awards, achievements and accolades as outlined within the report.

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

**i) Digital People Stories**

The Executive Chief Nurse (ECN) introduced the patient story, noting that the story shared the experience of a paediatric staff nurse who volunteered to work on an adult Intensive Care Unit (ICU) ward during the COVID-19 pandemic.

The Board of Directors expressed their gratitude to Lorraine for sharing her story.

**It was resolved:** to (i) **receive** the report

**iii) Regional COVID Functions Provided by Newcastle Hospitals**

The Chief Operating Officer presented the report and noted the following key points:

- Nightingale Hospital North East (NHNE):
  - Despite the increase in community transmission of COVID-19 in January and February 2021, the Trust was not required to open the NHNE to provide additional capacity.
  - In the light of the very positive progress with the COVID-19 vaccine, NHS England decided to stand down all Nightingale Hospitals from the end of March 2021.
  - Arrangements were being made to redistribute hospital equipment sourced for the NHNE to the local NHS.
  - The facility would continue to be leased by the NHS until it was no longer required as a COVID vaccination centre.
  - Creation of the NHNE arose from significant collaboration and partnership working across organisations, including Sunderland City Council.
  - All involved in the creation of NHNE were commended for their work, particularly the Trust's Estates Department.
- ICHNE:

- As referred to earlier in 21/14(ii), the Baltic Laboratory was now operational and processing circa 10,000 COVID-19 tests per day. Testing volumes would be scaled up to a maximum of 40,000 per day.
- Performance against the agreed Key Performance Indicators was good, with low void rates. The rate of positive test samples was relatively low at 0.5% which was as expected due to lockdown restrictions and increasing numbers of vaccinations.
- The Innovation Lab was created to develop new approaches to testing and pathology. It brings industry, academia and the NHS together, developing partnerships to accelerate the development and adoption of next generation Covid diagnostics, as well as genome sequencing.
- The Coordination and Response Centre (CRC) was established initially to support public health teams in managing Covid risks however its role has expanded. The CRC is now coordinating nationally prioritised 'pilots' on a local basis, as well as working with local authorities to provide support for those individuals required to isolate at home.

The CRC partnered with Newcastle University to provide a world class data and analytics output capable of identifying life-saving actions across the region. Gratitude was expressed to Professor Fiona Matthews, Newcastle University for her support in leading the analytics development.

- Vaccine Programme:
  - The Director of Pharmacy and all involved were commended for their work in preparing for and delivering the vaccination programme. In addition, gratitude was expressed to Professor John Isaacs, Newcastle University Director of Research and Hannah Powell, Directorate Manager for Clinical Research, and all involved in COVID-19 research trial activity to support the vaccination programme.
  - As of this morning, circa 1.5m vaccine doses had been given in the NE&NC, of which around 150,000 were second doses.
  - The Trust was directly providing six vaccination centres, with a centre at Penrith due to go live today. In addition, the Trust was working with 65 Primary Care Networks (PCNs) across the NE&NC to coordinate the delivery of the vaccine in around 100 sites across the region.

Ms Baker commended the work of the Chief Operating Officer and all involved in the creation of the NHNE, ICHNE and the Vaccination Programme.

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

**iv) Director Reports:**

**a. Medical Director/Deputy CEO, including:**

- **Consultant Appointments; and**
- **Quarterly Guardian of Safe Working Report**

The Medical Director/Deputy Chief Executive presented the report with the following salient points noted:

- Ongoing progress with the development of Newcastle Improvement.

## Agenda item A1(ii)

- A Newsweek survey has ranked the RVI 3<sup>rd</sup> and the Freeman 6<sup>th</sup> in the UK, and in the top 50 internationally, based upon a combination of patient reported outcome measures, patient experience surveys and feedback from selected highly respected and credible health professionals.
- Regarding mortality rates for patients with COVID-19, the Trust reported the second lowest mortality rate in the country according to National Statistics Office data. In addition the rate of staff mortality from COVID-19 was zero.
- Gratitude was expressed to the significant discretionary effort displayed by staff during the pandemic, with focus now shifting on ensuring continued staff welfare.
- The Trust had treated circa 130 ICU patients transferred from elsewhere since January 2021.
- In regards to COVID-19, recent media coverage indicated a 3<sup>rd</sup> wave of COVID-19 across Europe, with case numbers at a similar level to the second wave experienced in the NE&NC.
- The Procurement and Supply Chair Director and the Procurement Team were commended for their continued work in ensuring staff had the required Personal Protective Equipment (PPE) to fulfil their roles safely. Over 6 million masks had been provided in the last year compared with a pre-Covid level of 250,000 per annum.
- Research activity has continued, with recruitment to trials increasing.
- Cancer performance is relatively good however the full impact nationally on referral rates and diagnosis times is not yet known.

Ms Baker referred to the Newsweek Survey and queried why the RVI and Freeman Hospital (FH) were treated as two hospitals when they are part of one Trust, to which the Medical Director/Deputy Chief Executive advised that the reason was unknown however it may be due to the different types of services offered at each hospital. The Assistant Chief Executive advised that different patient experience and staff experience measures were used and feedback had been sought as to what information was considered in order to ascertain the rankings.

Reference was made to the following additional documents included within the BRP:

- Consultant Appointments; and
- The Guardian of Safe Working quarterly report.

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

**b. Executive Chief Nurse**

The Executive Chief Nurse (ECN) presented the report and advised of the following salient points:

- The report provided an overview of the work of the circa 1,000 Allied Health Professionals (AHP) working within Therapy & Rehabilitation Services, who are responsible for providing therapy, rehabilitation & psychological interventions across all emergency and elective in-patient pathways and community settings to adults and children.
- In response to the pandemic, the staff working within Therapy services had to adapt their ways of working to support both the Trust, through redeploying staff to support



- surge plans, and through creating innovative solutions such as developing an integrated Covid-19 related rehab pathway.
- The Executive Team has recently supported plans for a 12-month Rehab model to address some of the more complex ongoing needs of patients with Long Covid.
  - The Trust Nursing & Midwifery Staffing levels were good.
  - The national Healthcare Support Worker (HCSW) programme continues with the aim of supporting Trusts to reduce vacancies to zero by the end of March. The Trust vacancy rate was currently 1.4% which represented a significant achievement. Gratitude was expressed to Mr Ian Joy, Associate Nursing Director and support from the Trust HR Department for the HCSW recruitment process.
  - Regarding the staff COVID-19 vaccination programme, circa 85% of staff have now been vaccinated with approximately 8,000 second doses having been administered over the previous two weeks.
  - The Trust has seen a slight increase in complaints during quarter 3, some of which related to COVID-19 specific concerns.
  - An overview of the work of the chaplaincy team in response to COVID-19 was provided, including the pre-recording of major remembrance services, worship and reflections for the first time in their history of working. The chaplaincy team provided excellent support to both staff and patients.
  - Safeguarding data continued to demonstrate COVID-19 challenges, particularly in relation to domestic abuse, criminal exploitation and self-neglect. Safeguarding training continued to be a priority and good progress had been made. In addition, an increase in Childrens safeguarding referrals had been witnessed, particularly in relation to mental health/behavioural issues.
  - At the end of Quarter 3, there were no outstanding LeDer (learning from deaths of people with a learning disability) reviews, following additional designated Trust support, representing a significant achievement.

Ms Baker queried the rapid discharge arrangements implemented to which the ECN explained that patients were discharge safely to their homes with appropriate loan equipment and wrap around care, with a community rapid response team in place to support patient flow. The Chief Operating Officer added that the rapid discharge work had commenced pre-pandemic as part of Collaborative Newcastle.

Professor McCourt highlighted the positive Quality Improvement example detailed within the report regarding the award submission by the Speech & Language Therapy (SALT) team.

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

#### **c. Director of Quality & Effectiveness: Learning from Deaths Quarterly Report**

The Director of Quality and Effectiveness presented the report with the following salient points noted:

- The report covered the period from October to December 2020 which coincided with the peak of the second wave in the NE&NC. During this period there were between 80-140 Covid-19 inpatients and 573 deaths, of which 107 were due to COVID-19.
- The process for reviewing and learning from deaths continued throughout the pandemic.

## Agenda item A1(ii)

- Throughout quarter 3, 326 patients received a full case note review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trust-wide mortality review database.
- The graph detailed in section 5 of the report showed the 12 month rolling total of inpatient deaths noted a peak in April 2020 due to the first wave of COVID. It was anticipated that this would be surpassed by a greater peak in January 2021 as a consequence of the third wave in the NE&NC.
- A comparison of regional mortality performance was detailed in the report.
- The latest SHMI publication for July 2019 – June 2020 shows the Trust to be at 98 which was below the national average and within “expected levels”.
- All patients who have died with a learning disability had been reported into the LeDeR National database. Trust data demonstrated that there has been no significant impact regarding COVID-19 on patients who have died with a learning disability.
- The Trust palliative care coding rate on discharge (including in-patient deaths) has historically been reported at below 2% within Newcastle Hospitals which was one of the lowest in the region. However, the palliative care team and coding department worked collaboratively to better capture patients who are receiving end of life care and it was expected that coding will continue to improve. This position would continue to be closely monitored.
- The Trust was on schedule to roll out the Medical Examiner system process Trust-wide from quarter 1 (2021/22).

Mr Stout referred to the palliative care coding rate and queried whether any further action was required. The Director of Quality and Effectiveness advised that it appeared that there may be slightly different interpretations of the reporting criteria depending on the hospice facilities in place across different Trusts which may result in slightly higher figures being reported.

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

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

The Director of Infection Prevention and Control (DIPC) presented the report, with the following key points noted:

- The Trust has maintained low levels of Healthcare Acquired COVID-19 infections and outbreaks when benchmarked against regional and national peers. This mirrors the low COVID-19 mortality rate within the Trust and demonstrates the strong Infection Prevention and Control (IPC) procedures in place across the Trust.
- The Trust has continued to review its COVID-19 IPC processes and learn lessons when any outbreaks do occur. Genotyping information is analysed to enable investigation of how the transmission occurred.
- The Trust’s IPC Team investigate any HCAI COVID-19 patient deaths, completing the required Duty of Candour process and inform the patient’s relatives of the outcome of the review.
- Significant testing of COVID-19 was undertaken across the Trust in order to assist with patient flow and to help prevent any potential outbreaks.
- The Trust had vaccinated specific cohorts of both inpatients and outpatients, with small quantities of suitable vaccine.

## Agenda item A1(ii)

- There had been no further MRSA bacteraemia cases since April 2020, which was a remarkable achievement.
- There had been an increase in Gram Negative Bacteraemias which was mirrored elsewhere in the country. A number of factors have contributed to this increase such as a change in patient acuity, different practices and an increased number of high impact interventions in critical care settings. A monthly Gram Negative Steering Group had been created to oversee the actions from the emerging themes.
- Work to manage deterioration as a result of sepsis continues to be high priority, but has been difficult due to COVID-19. The Deterioration ALERT to help drive improvements in management and diagnosis of sepsis had been developed but the relaunch planned for February 2021, has been delayed due to clinical demands from the third COVID wave.
- The 2020/21 influenza campaign commenced on the 5 October 2020 during the COVID-19 pandemic. The campaign was shortened to an 8 week programme as a result of the COVID-19 vaccination commencing in December 2020, with 77% of staff vaccinated for influenza.

*[The DIPC left the meeting]*

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

**21/15 PEOPLE**

**i) People Report, including:**  
**a. Gender Pay Report**

The Director of Human Resources presented the report and advised of the following points:

- The Flourish steering group has been re-established with recent discussion has focussed on the introduction of Wellbeing Conversations for staff. A number of funding streams and training opportunities have been identified which will help to create a sustainable model of training to support staff wellbeing.
- The formal end of the current Clinical Extremely Vulnerable (CEV) status was 31 March 2021. The Trust had maintained contact with all staff who have been absent as a result of this to offer support and agree next steps.
- With regards to Safeguarding, the Trust had seen an increase in cases of staff, and the children of staff, experiencing domestic violence during the pandemic. More complex support has been required during this time to support those staff and their line managers.
- To support staff with financial wellbeing, a number of virtual seminars have been arranged to set out key aspects of the Public Sector Pensions Remedy.
- The 2020 NHS Staff Survey results were published on 11 March 2021 and a supporting engagement plan had been developed to enable staff and leaders to take ownership for producing their local action plans.
- The Local Clinical Excellence Awards (LCEA) round closed for applications on 1 March 2021 with over 260 applications received.
- The Trust had been shortlisted as a finalist for the first HSI Race Equality Award 2020 relating to work undertaken on the Workforce Race Equality Standard (WRES).

## Agenda item A1(ii)

- The Trust had been shortlisted as finalists in a number of categories at the National BAME Health and Care Awards.
- A development programme for staff with disabilities had been launched this month to commence in May 2021.
- In partnership with Newcastle City Council, a pilot programme had successfully recruited eight Integrated Health and Social Care Support Worker Apprentices who will commence the programme in April 2021.
- It had been reported that Health Education England was developing an apprenticeship programme for doctors to improve access to medical training.
- Due to repurposing space across the organisation, available space for delivery of education and training continued to be a challenge. Work was ongoing with Estates to identify suitable, alternative accommodation.
- It was announced in the March 2021 Budget that the Pensions Lifetime Allowance will remain at £1,073 until April 2026. The impact of this was that more NHS staff may earn pensions benefits which exceeded the allowance and therefore incur a tax charge on their benefits at retirement and it may result in some colleagues reflecting on their retirement options sooner than had been anticipated.
- The Government expanded the Shortage Occupation List to include a number of additional health and social care roles.
- The NHS Pay Review Body was due to recommend salary levels for health service workers before early May in regard to the NHS pay award for NHS staff in England for 2021/22.
- Regarding the Trust Gender Pay Report, nationally it was agreed that reporting could be delayed until October 2021 however as the Trust had already collated the required data, approval was sought for publication of the report by the end of May 2021.

The data was subject to full analysis, with key points being:

- The Trust's mean and median gender bonus pay gap had increased. Proportionally, significantly more male staff were in receipt of a bonus compared to females; the difference in the Trust's mean and median bonus payments was strongly influenced by the pay and gender make-up of the Medical and Dental Staff Group.
- The Trust gender profile was currently stereotypical in that the majority of females are Nursing and Midwifery registered, followed by Administrative and Clerical, and the majority of males are Medical and Dental followed by Estates and Ancillary groups. It was anticipated that the work undertaken to improve equality and diversity regarding the LCEAs will have a positive impact however further work was necessary to overhaul recruitment practices for diversity.
- The report detailed actions and next steps.

Mr Jowett commented on the need to be proactive in creating schemes to support the development of women to reduce the gender bonus pay gap.

The Chairman queried whether the gender bonus pay gap was as significant in the younger age cohorts to which the Director of Human Resources advised that applications for LCEAs this year reflected a 40/60 female to male split, however the increase in applications in general reflected a positive improvement.

**It was resolved:** to **receive** the report and endorse publication of the Gender Report on the Trust and government website.

*[Professor McCourt left the meeting at 3pm]*

## 21/16 PERFORMANCE

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

#### *Quality*

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

- An increase in avoidable harm was seen during the Winter season, with staff working extremely hard to reduce incidences of falls and pressure ulcers. Whilst the increase was disappointing, it was expected due to the higher acuity of patients and the impact of the COVID-19 pandemic.

The Trust position was comparable with other Trusts in the Shelford Group.

Work has been undertaken to identify themes and areas of commonality, with action plans developed and lessons learned shared.

- Mortality rates were highlighted, with the Director of Quality and Effectiveness advising that there had been 121 deaths during the two months not covered in the earlier Learning from Deaths report. There was a peak in deaths in January 2021, however SHMI and HSMR remained below the national average.

#### *Performance*

The COO presented the performance section of the report with the following key points to note:

- February 2021 was the busiest month for the Trust to date in treating COVID-19 patients with the number of patients in critical care being three times higher than normal levels.

As a consequence many of the Trust services were operating at around 80% of regular activity levels and the elective programme operated at circa 60% of normal activity.

- The Trust did not achieve the 95% Accident and Emergency (A&E) 4 hour standard in February, with performance of 87.3%. A&E attendances remain below pre-COVID levels. The March position had improved to 93.7% and the Emergency Department were commended for their work in implementing actions to reduce the number of patients waiting over 4 hours.
- Length of Stay and Bed Occupancy figures show an improved position, with significant work undertaken in improving patient flow and discharge arrangements.
- Diagnostics performance for February was 80.7% against the 99% standard, a notable 4.5% increase from January. Improvements in performance had continued however it was noted that as activity levels recovered, pressures would arise in diagnostic

therefore further work was created to work with neighbouring Trusts to share diagnostic capacity.

- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continued to be significantly impacted. Performance in February against the 18 week wait target remained largely static in line with recent months, with compliance at 69%, and to date circa 6,000 patients had now been waiting over a year for treatment. A number of safeguards had been put in place to improve the position for patients, including risk assessments to assess for harm.
- Arrangements at the Northern Surgical Hub had been working well to redistribute some surgical work from Trusts who do not have capacity due to COVID, therefore reducing waiting times.
- Gratitude was expressed to the Deputy COO and the Director for Enterprise and Business Development in supporting teams with improving their performance.

### *People*

The Director of Human Resources presented the People section of the report and advised that COVID-19 related staff absence was reviewed daily, with the position improving.

### *Finance*

The Finance Director presented the Finance element of the report, noting that the report summarised the financial position for the Trust to the end of February 2021.

The Trust incurred expenditure of £1,181.6 million, and accrued income of £1,181.6 million on mainstream budgets, leading to a break even position, which was out of line with the Revised Plan due to additional income allocated by NHSE/I.

During the period to 28 February, the Trust had spent £35.9 million capital, £6 million behind Plan. It was anticipated that the underspend would be recovered during March 2021.

The Trust was forecasting to incur expenditure within its delegated limits for 2020/21.

It was noted that the current interim financial regime consisting of a non-recurrent financial envelope would continue, with no communication received to date as to the timeline for transitioning to a recurrent allocation.

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

## **21/17 GOVERNANCE**

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

The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Trust's Board on 28 January 2021:

- Extraordinary Charity Committee meetings – 29 January 2021 & 26 February 2021;



- People Committee – 16 February 2021;
- Quality Committee – 23 February 2021; and
- Finance Committee – 24 March 2021.

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

#### *Charity*

Ms Baker advised that two extraordinary Charity Committee Meetings had taken place since the previous Trust Board meeting to focus on developing and implementing the new Charity Strategy. She further added that the Charity governance arrangements were currently under review in conjunction with Withers Worldwide and a Governance Working Group was to be established.

It was noted that during the pandemic the Trust Charity had benefitted from additional income from NHS Charities Together.

#### *People*

Mr Jowett expressed his gratitude to all volunteers who have played a critical role in the success of the Trust-led Vaccination Centres, through the provision of their time and support.

#### *Quality*

Mr Chapman acknowledged the strong commitment from senior clinical staff to the Committee through the management group reporting process.

A presentation on the Trust's Nursing, Midwifery and Allied Health Professional (NMAHP) Research programme was delivered which demonstrated the Trust's strong commitment to research and quality of care for patients.

The Committee received an update on the ongoing work in relation to the Ockenden Report and reviewed progress against the CQC Action Plan.

#### *Finance*

Mr Morgan advised that Finance Committee had met the previous day and received assurance over the Trust's financial position. He further highlighted that Committee members were briefed on the asbestos and fire remediation work required to be undertaken, with Committee members seeking further information for discussion.

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

### **ii) Corporate Governance Update**

The Trust Secretary presented the report and highlighted the salient points. Included within the report were updates pertaining to Council of Governors and Council of Governors Elections, Annual Reports and Accounts 2020/21 reporting, a plan for the completion of the Board Committee Reviews and Committee Annual Reports, as well as a Data Protection Officer and Information Governance Team update.

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

**Date and Time of Next Meeting**

The next formal meeting of the Board of Directors was scheduled to take place on **Thursday 27 May 2021 at 12:30pm** via **MS Teams**.

**The meeting closed at 2.21pm.**

DRAFT



THIS PAGE IS INTENTIONALLY  
BLANK

Log No.	BOARD DATE	PRIVATE / PUBLIC	AGENDA ITEM	ACTION	ACTION BY	Previous meeting status	Current meeting status	Notes
77	28 JAN 21	Public	21/03 PATIENTS iii) Director Reports b. Executive Chief Nurse	Ms Baker referred to the 'English Unlocked' training programme for Trust staff and asked if a future update could be provided to the Board of Directors following evaluation of the programme. The ECN advised that the programme had been made possible through NHS Charities Together funding and agreed to provide a future update [ACTION01].	M Cushlow			18/03/21 - An update will be provided in the May 2021 Executive Chief Nurse report. 20/05/21 - Detail provided in section 3.9 of the Executive Chief Nurse Report for May 2021.

KEY

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

Date of meeting	27 May 2021						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Sir John Burn, supported by Amanda Waterfall, PA						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Board meeting, including:</p> <ul style="list-style-type: none"> <li>• Feedback from the recent Spotlight on Services virtual visits to Echocardiology Services and Community Services;</li> <li>• An update on the virtual Council of Governors meeting held on 15 April 2021;</li> <li>• An overview of the Board Committee Review Meetings undertaken;</li> <li>• Participation in the Institute for Healthcare Improvement (IHI) Foundational Visit; and</li> <li>• Details regarding a visit to the Northern Centre for Cancer Care at North Cumbria.</li> </ul>						
Recommendation	The Board are asked to note the contents of the report.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>Pioneers – Ensuring that we are at the forefront of health innovation and research.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

## CHAIRMAN'S REPORT

### EXECUTIVE SUMMARY

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

- Feedback from the recent spotlight on services virtual visit to the Echocardiography Service and the Community Services.
- Details of the Virtual Council of Governors Meeting held on 15 April 2021.
- A series of Board Committee Review Meetings were held to discuss:
  - The role of each Board Committee within the corporate governance structure;
  - The Committee terms of reference;
  - The strategic focus of each Committee;
  - Committee scheduling and membership.
- An overview of recent Chairs Meetings with:
  - The Regional Foundation Trust Chairs;
  - The Integrated Care Partnerships Chairs;
  - NHS Providers; and
  - The Healthcare Financial Management Association.
- Details on the Chair Participation in the Institute for Healthcare Improvement (IHI) Foundational Visit.
- Details of a visit to the Northern Centre for Cancer Care at North Cumbria alongside Mr Steven Morgan, Non-Executive Director.

## CHAIRMAN'S REPORT

The last four months have seen the passing of the two consultants who launched the Paediatric Cardiology service at Freeman Hospital, under whom I worked as a registrar in 1980. Hugh Bain and Stewart Hunter inspired me to write my MD thesis on the causes of heart malformation. At that time, there was a trial underway. Hugh thought the new technique of echocardiography wasn't essential before catheterisation and pitched his bedside skills against the new machine Stewart was championing. They were both right. Hugh was so good with a stethoscope that he was almost always correct but the machine won because it was easier to develop a broader skilled team. This dynamic between the committed traditional clinician and the innovators is what makes hospitals like ours great.

The Non-Executive Directors visited the Echocardiography service virtually in late April and met with several leaders including Directorate Manager Dawn Youseff, Clinical lead Tim Irvine, lead Cardiac Physiologist Professor Victoria Craig and Imaging lead Abbas Kushnood. Their enthusiasm for their world class complex service shone through but they also emphasised the challenges they face. The pandemic severely slowed their work resulting in a backlog of some 3,000 patients waiting for a range of childhood and adult investigations. It is also clear we must do all we can to develop the many different clinical and technical specialists who make up this and similar services. It's important we do our utmost to train and retain the expert staff needed to maintain our recognised international excellence.

In March 2021, we made a virtual visit to our Community Services Directorate presented by Matron Helen Nichols and Assistant Directorate Manager, Faye Kirkpatrick. This team is at the forefront of our efforts to better integrate our hospital based services with our local population. The Directorate has a portfolio of 14 Services delivering care across the age spectrum and has shown great adaptability overcoming the challenges and building on the opportunities resulting from COVID-19. When I visited the night team 2 years ago we discussed the challenge of developing more effective information technology. Thanks to the pandemic, laptops have become established resulting in much greater efficiency. These and similar adaptations will provide a lasting efficiency legacy. The challenges of getting vaccinations to 52 care homes, developing DIY sexual health kits, managing healthcare for asylum seekers and the rise in safeguarding issues and emergence of long COVID were just some of the issues discussed. They are tired, but rightly displayed their passion and pride in what they do.

Throughout April and May, I have continued to work closely with fellow Chairs attending both our Integrated Care Partnership and Regional Foundation Trust Chairs meetings together with national briefings by NHS Providers.

On 15 April 2021, we held our virtual Council of Governors meeting which was well attended by Governors. A Vaccination Programme update was given, which included presentations from:

- Mr Martin Wilson, Chief Operating Officer, giving the latest position update;
- Ms Sue Cook, Assistant Director of Nursing and Steven Forster, Clinical Lead in Occupational Health, providing details on staff vaccination take-up; and

## Agenda Item A2

- Ms Alexandra Storey, Senior Volunteer Services Administrator giving an update on the Role of the Volunteers.

Throughout April 2021, a series of Board Committee Review Meetings were held for our Quality, Audit, Finance and People Committees. The meetings were each attended by the Committee Chair, Executive Lead and an Independent Director who was not a current member of the Committee, as well as the Assistant Chief Executive, the Trust Secretary and myself. The meetings were held to discuss the role of the committee within the corporate governance structure, the Committee terms of reference, the strategic focus of the Committee, and Committee scheduling and membership.

A productive Board Development Session was held in April 2021 included discussions on:

- Issues of strategic and operational importance, including risks and opportunities over the next 6-12 months;
- Areas where Newcastle Hospitals can accelerate progress and pace in restoration and recovery, including Collaborative Newcastle and Digital Strategy; and
- Newcastle Health Innovation Partners, including overview of Academic Health Science Centre (AHSC) status and Strategic Ambitions.

As we embark on a partnership between the Trust and the Institute for Healthcare Improvement (IHI) to develop Newcastle Improvement, I met with Ms Susan Hannah, Senior Director, IHI Europe Region and Strategic Partners and Ms Elaine Mead, IHI Faculty on 4 May as part of a Foundational Site visit. Susan and Elaine had extensive NHS clinical and managerial experience and spoke with great enthusiasm about their organisation which is not-for-profit and seeks to stimulate service improvement by coordinating effort from the bottom up and top down. The wide ranging discussion embraced patient safety, staff wellbeing, team working and exploring how we can learn from experiences of the last year. I am sure they will help us retain our “outstanding” status.

On 5 May 2021, I visited the Northern Centre for Cancer Care at North Cumbria alongside Mr Steven Morgan, Non-Executive Director, guided by directorate manager Phil Powell. We met the team commissioning the new building and met Vincent Allen, Consultant Clinical Scientist and Alex Flynn, Clinical Scientist, from our Medical Physics department who were installing the first of two Linear Accelerators (LINACs) to deliver precision radiotherapy. We have now transferred 90 North Cumbria Oncology Service staff to our Trust ahead of integrating the North Cumbria cancer care into our Northern service, a practical example of how we can act as an anchor organisation for the whole region.

## **RECOMMENDATION**

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

**Report of Professor Sir John Burn**

**Chairman**

19 May 2021

THIS PAGE IS INTENTIONALLY  
BLANK



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer						
Prepared by	Caroline Docking, Assistant Chief Executive Lewis Atkinson, Principal Advisor Alison Greener, Executive PA to the CEO						
Status of Report	Public <input checked="" type="checkbox"/>		Private <input type="checkbox"/>		Internal <input type="checkbox"/>		
Purpose of Report	For Decision <input type="checkbox"/>		For Assurance <input type="checkbox"/>		For Information <input checked="" type="checkbox"/>		
Summary	<p>This report sets out key points from the Chief Executive and a summary of some of her recent areas of work. This includes:</p> <ul style="list-style-type: none"> <li>• An update on the Trust's response to the Coronavirus pandemic;</li> <li>• The approach to recovery for patients and staff; and</li> <li>• Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements.</li> </ul>						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Human Resources <input checked="" type="checkbox"/>	Equality & Diversity <input type="checkbox"/>	Reputation <input type="checkbox"/>	Sustainability <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

### EXECUTIVE SUMMARY

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

- Continued progress with the rollout of the Covid vaccination programme;
- NHS operational planning for the first half of 2021/22 including a focus on recovery of elective waiting times;
- Work to support staff and further develop the Flourish programme;
- The Newcastle Improvement approach and partnership with the Institute for Healthcare Improvement (IHI);
- Collaboration with other NHS providers through the North East and North Cumbria Provider Collaborative;
- Networking and influencing activity, including with the Civic Universities Network and engagement around the forthcoming guidance regarding Integrated Care Systems and Provider Collaboratives;
- Visits to clinical services including to the North Cumbria cancer team who have recently joined the Trust; and
- Recognition of key awards and achievements of staff.

## CHIEF EXECUTIVE'S REPORT

### 1. CHIEF EXECUTIVE OFFICER (CEO) OVERVIEW AND SUMMARY

Over the last two months, the NHS along with the country has begun to emerge from the pandemic. We can all feel things cautiously opening up again and I have valued being able to re-start my programme of in-person visits to clinical areas – visits that previously had to be carried out virtually.

#### Vaccination Programme and Integrated Covid Hub North East (ICHNE)

A significant contributor of the receding levels of the virus has been the successful roll-out of the vaccination programme. This has very much been a team effort across the entirety of the NHS and provides a great example of different organisations working in partnership to deliver for the population we serve – a way of working that will become increasingly important in the months ahead.

In our role as lead Covid vaccine provider for the North East and North Cumbria we have been responsible for leading the system vaccine operations centre, but primary care, community services, the voluntary sector and of course partner Trusts across the region have all taken key roles in delivering and encouraging uptake. There has been continued excellent progress, with >80% uptake in all priority 1 – 9 cohorts and roll-out to further cohorts under the age of 40 is now underway.

Of course we cannot be complacent, particularly in light of the risk of new variants, which is one reason why ongoing testing and research is so important. ICHNE continues to operate at the cutting-edge and we are involved in conversations with the Department of Health and Social Care (DHSC) and the new UK Health Security Agency (UKHSA) about how we can use the capacity, learning and innovation gained to support future population health improvement and monitoring.

#### Recovery for our patients

Since my last Board report, the national NHS operational planning guidance for April-September 2021 was published. The guidance sets out the expectations around the restoration of services and beginning to reduce the waiting lists and backlogs that have arisen due to the significant restriction of elective care over the last 14 months.

Our teams have been working to agree our activity recovery plans and I have been involved in various conversations with national and regional colleagues about how we can accelerate the pace. It is clear that reducing elective waiting times is going to be high priority for the Government and they are currently negotiating several initiatives and incentives to encourage and resource NHS providers to go as fast as possible. In the months ahead there is understandably going to be further scrutiny on waiting times and we have been implementing a greater degree of clinical prioritisation of all our procedure waiting lists as part of this approach.

Our plan is to get to 85% of equivalent 2019/20 elective activity by July 2021, and our directorates have been working to develop schemes with the potential to go further than

this, by providing additional resource or by changing the way we work. This has been a repeated theme in our conversations in the Executive Team in the last month and I expect it to carry on as the national expectations continue to be refined in the months ahead, including through the publication of the NHS operational guidance for the second half of this year.

As part of delivering sustainable service recovery it is clear to me that there will be a need for significant investment in schemes to increase capacity and resilience. For example recently we have held conversations with partners in the Clinical Commissioning Group (CCG) and the NHS England Specialist Commissioning teams about how capacity can be resourced to meet changes in demand. In a new world of NHS finance without '*payment by results*' - the mechanism that existed before the pandemic to move money in line with patient flows - we will need to work increasingly closely with partners to continue to secure the investment in services that is required.

A key part of ensuring our services are sustainable in the medium-term is the provision of appropriate estate for many of our specialist services on the Royal Victoria Infirmary (RVI) site. The '*New Specialist Hospital*', or '*Richardson-wing*' development is critical to ensuring the population of the North East as a whole have access to quality specialist maternity, burns, critical care and other services. I would like to commend the project team's work to date including their careful preparation of the Outline Business Case for the Board's consideration. It is clear to me that if we were not able to pursue this investment then it would lead to increasing future risks to the stability and quality of these specialist services. The Government are committed to funding a further 8 hospital building schemes through a national competition to run later in the year and we want to be as best placed as possible to submit a bid for funding. Recognising the wide reach of these specialist services, we want to draw on support from across the whole region as part of our bid and I would expect to see our engagement and communication work as part of this in the coming months.

### Recovery for our staff

Of course as we emerge from the pandemic we want to maximise the amount of clinical activity we do, to reduce waits for our patients. But I am very conscious that it is crucial this does not crowd out the equal need to support our staff to recover after the most challenging year. We need to work in a sustainable way that doesn't risk further burnout.

Our focus through the Flourish programme over the last year has been to do the best that we can do to help our staff get through what has been an incredibly difficult year. We're always looking at new ways we can support staff wellbeing and now have a new resource that we have launched: Togetherall – an independent, anonymous, online mental health and wellbeing service that is now freely available to all Newcastle Hospitals staff.

As important as providing practical support for wellbeing is, Flourish is about much more than that. It is about creating a working environment in which we can liberate the potential for all staff so we can be the best NHS organisation we can be.

As an Executive Team we have revisited the Flourish framework in the last month and have been looking at setting actions in place which suit the environment we are now operating in. To build on this I held a Leadership Congress on 13 May with leaders from across the

organisation to get their ideas about how we can create a culture in which our staff can Flourish. In light of the feedback we are updating our plans and incorporating the areas of focus from the feedback we recently received from the staff survey. I will include regular updates in future Board reports.

### Newcastle Improvement

If we are going to manage the parallel needs of increasing activity to meet patient demand while also working sustainably for staff and within resource constraints, then improving how we do our work on a continuous basis has to be a key priority for us.

Recently we brought together all our quality, service and efficiency improvement staff to form Newcastle Improvement – our integrated approach to doing things better. We have engaged with the prestigious Institute for Healthcare Improvement (IHI) to help support us in our improvement journey and an IHI team carried out a foundational visit to the Trust earlier this month. I was pleased to meet with the IHI Vice-President to discuss our improvement story of the last three years, and to discuss how they can help us sustain a culture of improvement at scale in the future. The Medical Director's report will provide further information about this ongoing and improvement work in agenda item A6(i).

### Provider collaboration

As part of my programme of clinical visits, it was fantastic to visit Carlisle to formally welcome almost 90 staff from North Cumbria to the team as we take over leadership of the Northern Centre for Cancer Care (North Cumbria). Together we will be providing one of the biggest combined cancer treatment services in the country. In a few months' time, the new £35 million cancer centre in Carlisle will open, bringing all of the Cumberland Infirmary's non-surgical oncology services under the same roof and giving patients and their relatives access to state-of-the-art services and support close to their homes.

Taking on the employment and leadership of the North Cumbria cancer team is a good example of a way in which providers will increasingly need to collaborate and network services. In this case, we hope to deliver great care for patients by sharing learning between staff in Newcastle and North Cumbria and providing combined access to the world-class training, development and research support we have available. In turn, the consolidation of such services should also help to attract and retain the key specialist staff needed in the future and increase the resilience of services. As the NHS changes rapidly and becomes increasingly focused on working as a system, I am sure we will be prompted to take similar such approaches with other services in collaboration with other regional partner Trusts.

Formally constituted provider collaboratives are likely to play an increasingly important role in the new NHS landscape and we are expecting national guidance on the form and functions they should exercise soon. The North East and North Cumbria Provider Collaborative is now formally established and jointly chaired by myself and Lyn Simpson, Chief Executive of North Cumbria Integrated Care NHS Foundation Trust. Our pace of work is increasing as we take on the delivery of key issues within the Integrated Care System (ICS), such as the design and alignment of clinical networks, the medical training/education impacts of the pandemic and the elective recovery programme.

To continue the development of the Provider Collaborative we have initial resource in place from the North of England Commissioning Support (NECS) to support our delivery, and facilitated workshops are scheduled in the coming weeks for the Provider Chief Executives in order to build agreement on the behaviours, structures and ways of working we will need to adopt collectively in order to ensure shared success.

## 2. NETWORKING ACTIVITIES

Where it has been safe to do so with social distancing or using virtual meetings, I continue to meet with different groups of staff to speak openly with them about their experiences, how they are feeling, and their thoughts and concerns for the months ahead.

I virtually met with members of the Sexual Health team who have transformed services in incredibly short timescales and were enthusiastic about the projects they are currently working on. I look forward to meeting them again in the future to see how these projects are progressing.

On my visit to ward 50, our new acute cardiac care ward, I was reminded of how we strive to make improvements and find better ways of working through the enthusiasm and pride of the team when they showed me around their facilities. The new facility is merger of two existing wards which supports a new model of care to enhance the patient experience. The new unit has three distinct treatment zones - a four-bay cardiac day unit, a coronary care unit with six cubicles for patients who need high dependency care for emergency heart care and a 17-bedded ward for patients who need to stay in hospital for specialist care. Staff were delighted with their new environment, they talked about how they could continue to develop and improve and what more they could do to create new roles and new ways of working. They further described their ambition to strengthen their focus on working with the community cardiology team to support individuals in their own homes without the need to come into hospital. Many thanks to our clinical teams and colleagues in estates, procurement, portering and other support services who have done a fantastic job in getting this new facility up and running.

I was asked to raise the new rainbow flag on the 10 May which was the beginning of the NHS Equality, Diversity and Inclusion (EDI) week, with a number of EDI events running, supported by our staff networks – more information is available in the Human Resources Director's report (agenda item A7). The flag we raised also marks International Day Against Homophobia, Transphobia and Biphobia (IDAHOT), and is different to the usual rainbow flag as it also incorporates signifiers of Black, Asian and Minority Ethnic (BAME) and Trans identities.

Over the last month I have chaired a number of roundtable events with the NHS Confederation and the Civic University Network to explore how deepening collaboration between universities and the NHS can support our local communities through place-based leadership. The discussions have really brought home to me what strength the relationships with our local universities bring and how many further opportunities we have to work together including through our key partnerships such as Collaborative Newcastle and Newcastle Health Innovation Partners. Our collaborative work is being cited nationally and will help inform a published report to conclude this project. This will include a set of

principles and examples of how universities and the NHS can work together locally to maximise their collective benefits to society and the economy, and will hopefully influence forthcoming national policy and legislation – providing a tangible example of how anchor institutions can contribute to the Government’s levelling up agenda.

As the first Trust to declare a Climate Emergency, I am regularly asked to contribute to discussions and policy about how organisations like ours can work together on this agenda. I was recently asked to share my perspectives on the contribution the NHS could make alongside Stephen Dorrell, a former Health Secretary. We have already made great progress on our SHINE sustainability programme through recycling, engaging staff and recognising ‘Green Champions’, and – accelerated by COVID - the significant expansion of virtual patient appointments. My presentation at the Public Policy Projects event explored how the NHS transition to net zero is currently progressing and what the main challenges and priorities are ahead, as well as give our perspective on what it means for us and why others should follow. The ICS are also meeting in the coming months to help finalise our regional sustainability strategy.

The Newcastle System Leadership programme continues to progress and I, together with a number of other Newcastle CEO’s, presented to a group of 24 leaders from a variety of regional public sector organisations to share our thoughts on the changing health and care landscape and what this means for leadership across the Newcastle System.

At a time of significant change in NHS leadership and policy, my continuing activities through co-chairing the Shelford Group have felt particularly important to understand and influence the direction of travel. As ever, it has been useful to engage with colleagues and identify where our collective strengths as large NHS anchor organisations with high levels of research and innovation expertise can support and inform national policy. We have had a number of productive sessions, including:

- Discussions with Matt Hancock, Secretary of State with regards to the ICS proposals and forthcoming legislation;
- With all Shelford Group CEOs to talk through refreshing the Shelford strategy to further strengthen relationships with the national team and influence the national agenda; and
- Regular discussion with Amanda Pritchard, Chief Operating Officer of NHS England / Improvement (NHSE/I). Most recently Amanda provided a summary of the current national agenda around recovery and likely performance management approaches to this, as well as discussing the future commissioning of specialist services and governance arrangements for ICS and Provider Collaboratives.

The Shelford Group is now being recognised as a key sounding board to help the DHSC and NHSE/I develop policy and I anticipate such discussions will intensify in the coming months.

### 3. AWARDS AND ACHIEVEMENTS

Our staff and teams continue to innovate and harness ideas to bring about real and sustainable change across Newcastle Hospitals to provide the very best services for our



patients and staff, many of which are recognised at regional and national level. These include:

- On the anniversary of the UK's first lockdown we welcomed the BBC to our vaccination centre at the Centre for Life to host Lockdown Live - a reflective programme of events to mark this important day of reflection and to look back on the outstanding response from everyone across the city.

Thank you to our staff and patients who shared their experiences in Naga Munchetty's Radio 5 Live programme and later on in the evening flagship programme. We also took a moment at noon to pause and reflect one-year-on, remembering those who have sadly died during the pandemic, the challenges we have faced and the hope we hold for the future as we ease out of this lockdown.

- Congratulations to Odeth Richardson and Surash Surash who were both highly commended in the National BAME Health & Care Awards in the 'Compassionate and Inclusive Leader' and 'Ground-breaking Researcher of the Year' categories. Well done also to Hloniphani Mpofu who was a 'Clinical Champion' finalist.
- Lead dietitian in Home Parental Nutrition (HPN), Lisa Gemmell, was included in the British Dietetic Association's Awards 'Roll of Honour' and COVID-19 Community Heroes section for her work to support patients throughout the pandemic and beyond.
- Dr Judith Mott was awarded an Honorary Membership by the Royal College of Radiologists (RCR) which recognise those who have promoted the interests of clinical radiology or clinical oncology and made notable contributions to either.
- The PERFORM project was awarded the PIER prize by the Royal College of Paediatrics and Child Health for their engagement and collaboration with children and young people to develop new molecular tests. The team includes Dr Emma Lim, Professor Marieke Emonts, Dr Jo Ball, Dr Jethro Herberg and the Young Person's Advisory Group North East (YPAG-ne).
- Newcastle Hospitals was announced as one of 10 Trusts enrolled to take part in the pilot of phase II of Rainbow Badges. All Trusts will undertake an assessment process comprising of the following elements - policy review, staff survey, patient survey and in-depth LGBT inclusion assessment.
- This month we celebrated our nurses and midwives and the care that they provide through their international recognition days - International Day of the Midwife and International Nurses Day on 12 May. Videos to mark both events are available through our social media platforms.
- Last week, we launched our Flourish #MoveMore challenge with teams of up to six taking part in this four-week event with the aim of each person getting in 8,000 steps a day. Progress is being plotted on our Flourish website.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel  
Chief Executive  
18 May 2021



THIS PAGE IS INTENTIONALLY  
BLANK



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

**TRUST BOARD**

Date of meeting	27 May 2021						
Title	A New Strategy for Clinical Research at Newcastle Hospitals						
Report of	Professor John Isaacs, Associate Medical Director for Research						
Prepared by	Hannah Powell, Research Operations Manager						
Status of Report	Public	Private		Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance		For Information			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Summary	<p>Over the course of 2020/21, the clinical research leadership team have developed an inaugural strategy for clinical research at Newcastle Hospitals.</p> <p>The strategy has been developed following engagement with patients, public, staff and partners and also with consideration given to Trust, system and national priorities.</p> <p>The Board is asked to approve the strategy so that, following a launch, the leadership team can develop detailed implementation and monitoring plans.</p>						
Recommendation	It is recommended that the Board formally endorse the enclosed strategy for clinical research.						
Links to Strategic Objectives	This report is relevant to the 2019/2024 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	This is a high level report covering a range of topics, opportunities and activities relating to research.						
Reports previously considered by	<p>The last research update to Board was July 2020.</p> <p>The enclosed strategy was received by the Executive Team on 12 May 2021.</p>						

## **A NEW STRATEGY FOR CLINICAL RESEARCH AT NEWCASTLE HOSPITALS**

### **EXECUTIVE SUMMARY**

It is vital that Newcastle Hospitals has a strategy for its clinical research activities.

Over the course of 2020/21, the clinical research leadership team have developed that strategy, with considerable internal and external consultation and engagement.

It is recommended that Board approve the enclosed strategy so that the leadership team can go on to develop a detailed implementation plan.

Progress against that plan will be monitored within the Directorate of Clinical Research and reported as part of existing governance arrangements, approved by the Trust Board in July 2020.

The Board should note that a significant barrier to the successful implementation of the strategy relates to the lack of physical space for research teams. The reallocation of research income into various strategic projects would also be a significant enabler for the successful implementation of the strategy.

Once the strategy is approved, the research leadership team would like to outline their ideas related to these topics to the Executive Team.

## **A NEW STRATEGY FOR CLINICAL RESEARCH AT NEWCASTLE HOSPITALS**

### **1. INTRODUCTION**

Clinical research has provided a beacon of hope during the past year, in Newcastle Hospitals and beyond, whilst also shining a light on the vital role research plays in improving healthcare.

Not only has Newcastle Hospitals been at the forefront of COVID-19 research efforts, it has remained at the forefront of research in numerous other clinical specialities. Across the year of the pandemic, the tireless efforts of our research workforce and the generosity of our research participants has enabled Newcastle Hospitals to have more research studies open (and recruited to) than any other research active NHS organisation in the country.

As we begin to return to some normality, we cannot afford to become complacent with regards to our research performance, workforce, participants or partnerships. Big data, cutting-edge breakthrough technologies and treatments, including precision medicines and artificial intelligence, are going to revolutionise healthcare and our clinical research needs to be in a strong position to form the backbone of efforts to lead this revolution.

We must use the current increased awareness of research, locally and globally, to springboard us to a point where research is truly embedded into patient care in Newcastle Hospitals and is a core part of what we do – with all staff feeling empowered to support research and all patients finding research participation as easy as possible.

Our goals are ambitious and they need to be. Bolstering clinical research in Newcastle Hospitals offers a precious opportunity to improve the lives of our patients and our staff whilst also improving our reputation and our contribution to the wider population health.

### **2. FROM CONSULTATION TO FINALISATION**

In July 2020, the Board was advised that the research leadership team were developing a new strategy. The anticipated key elements of that strategy (derived from observation, discussion and current and historical performance information) had already been shared with researchers and the research workforce across a series of events.

Following that initial round of consultation, the leadership team engaged with corporate and clinical teams in the Trust and with external partners. Analysis of the resultant internal and external stakeholder feedback enabled the production of an outline strategy document, co-designed with a 'research ambassador', that was then shared across various Patient and Public Involvement/Engagement (PPI/E) groups and social media feeds, with a survey, to obtain patient and public feedback.

The feedback generated from that engagement resulted in further development of the strategic document that was then assessed and amended to ensure alignment with the Trust strategy, individual Directorate strategic objectives, research strategies for peer organisations and government and other national body publications most notably: *Saving and improving lives: the future of UK clinical research delivery*.

### **3. PLANS FOR ASSURANCE AND REPORTING**

Following approval of the proposed strategy, the leadership team for clinical research will create a series of project plans to deliver against the outlined goals – with a priority focus on the various activities that will set about to fully embed the strategy in the organisation.

A local Strategic Oversight Group will be convened to monitor progress against the goals and to assess the overall impact of the strategy.

Broader assurance and reporting of progress will then take place via quarterly performance review with the research leadership team also updating on specific work streams via their usual reporting mechanisms to the Medical Director's Group, Quality Committee and Trust Board.

### **4. ANTICIPATED BARRIERS AND ENABLERS TO ACHIEVING THE STRATEGIC GOALS**

There are two key barriers to achieving the strategic vision and goals as outlined. One relates to the lack of physical space for clinical and administrative activities and the other relates to the current allocation of research income.

The research leadership team would welcome an opportunity to present proposals to overcome these barriers to the Executive Team following approval of the strategy.

### **5. UNDERSTANDING CLINICAL RESEARCH IN NEWCASTLE HOSPITALS**

The engagement activities undertaken as part of the outlined strategic planning process highlighted that the structure of clinical research in Newcastle Hospitals is often misunderstood by those in the organisation and in response to that, an animation has been produced to explain the infrastructure to internal stakeholders.

Board members are invited to view that animation here: <https://youtu.be/S05IHVXFp7Q>.

### **6. RECOMMENDATIONS**

It is recommended that the Trust Board offer formal endorsement of the strategy attached to this report.

**Report of Professor John Isaacs**  
**Associate Medical Director for Research**  
May 2021

# Our Clinical Research Strategy 2021-2026







# Contents

<b>Foreword</b> .....	4
<b>Our context</b> .....	6
Key achievements.....	10
<b>Introduction</b> .....	12
<b>Developing our strategy</b> .....	14
<b>Our vision</b> .....	16
<b>Our goals and indicators of success</b> .....	18
For our Patients.....	20
For our People.....	22
For our Partnerships.....	26
To remain Pioneering.....	28
To improve our Performance.....	32
<b>Find out more</b> .....	36

Please note: some photographs in this document were taken prior to the COVID-19 pandemic



# Foreword

**The unprecedented local and global research response to the COVID-19 pandemic has brought the importance of clinical research into sharp focus, and significantly increased awareness and interest in this important area.**

It is well recognised that clinical research answers scientific questions to address health challenges. What can be less obvious to some is the positive impact of clinical research upon organisations and populations. Not only is clinical research known to improve science, it also improves clinical care and outcomes, patient experience, staff satisfaction and retention. It helps to build organisational reputation and it attracts investment. It supports the health, wealth and wellbeing of the population.

It follows then that if we collectively embrace and embed research in Newcastle Hospitals then we are creating a better future for our patients, our staff and the wider population.

That is why research and innovation is a vital component of our Trust strategy and why we have this more detailed

supporting strategy that outlines our plan to achieve local excellence and global reach through our clinical research.

We are building upon a strong foundation in Newcastle. Our research excellence is recognised nationally and internationally in areas including but not limited to ageing, cancer, child health, diagnostics, robotic surgery, advanced therapeutics, microbiology, mitochondrial disease, immunology, transplantation, rare diseases, liver and musculoskeletal diseases.

Our strategy sets out how we will build on this legacy so that Newcastle cements its national and international reputation for excellence, whilst continuing to make a tangible difference to local people.

We want you to read our strategy and think about how you can support

or become more directly involved in an area of research. Clinical research should not be limited to those who are directly delivering research studies. We can all contribute in some way, whether it is informing research through clinical observations, signposting patients to research opportunities and information, promoting the fact that we are a research-active organisation or adapting clinical practices in line with research findings.

We then want everyone to share our ambition to deliver world-class research that not only advances science but enhances our services, promotes economic growth and ultimately, enhances the health, wealth and wellbeing of the Newcastle population and beyond.



**Dame Jackie Daniel**  
Chief Executive Officer



**Andy Welch**  
Medical Director and  
Deputy Chief Executive Officer

# Our COVID-19 Response

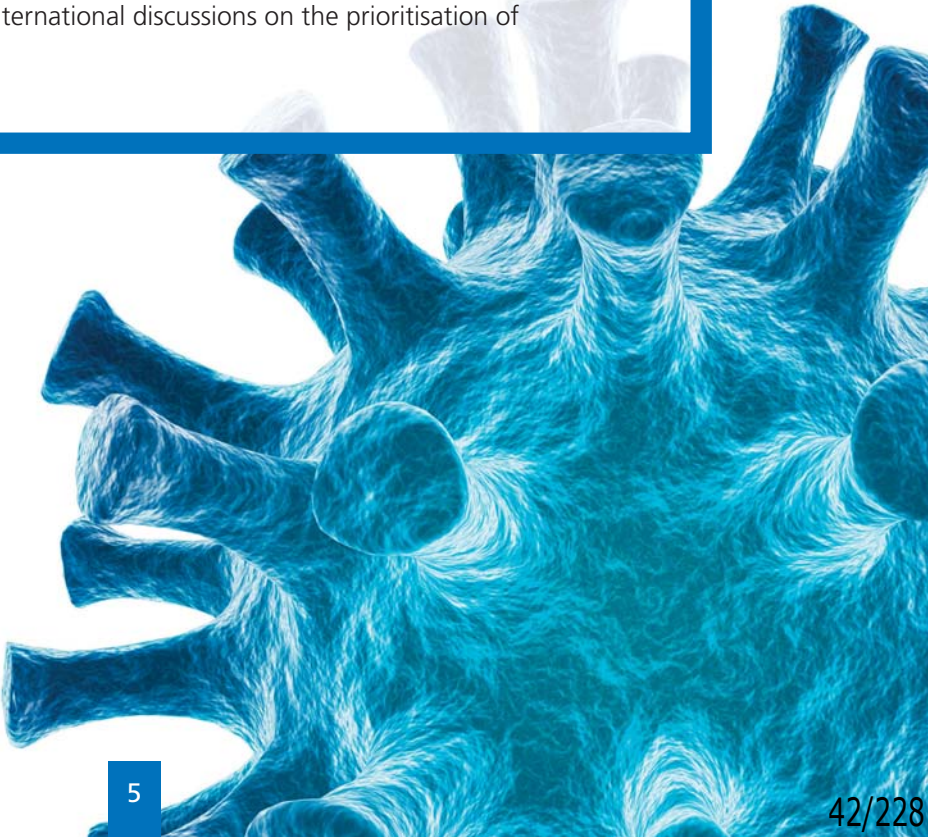
One year on from when we first received patients with COVID-19 in Newcastle Hospitals, we have recruited over 4,000 participants (adults and children) to 44 different COVID-19 research studies – placing us in the top three Trusts in the country for the total number of COVID-19 studies opened and the total number of patients recruited.

These predominantly urgent public health studies have been opened in record time (in days rather than months) and included four separate COVID-19 vaccine studies.

One of the vaccines delivered as part of our research in Newcastle has since been approved for use in a number of countries with others expected to be approved in the near future. Other studies have helped to discover new medical treatments that significantly reduce mortality rates for patients with COVID-19 and shorten recovery time for those admitted to hospital.

We have also contributed to world-leading laboratory science with a recent Newcastle-led study increasing understanding of the immune response to COVID-19 at the ‘single cell’ level.

Then, in addition to the delivery of research, our clinicians have also been actively contributing to national and international discussions on the prioritisation of COVID-19 studies.





# Our Context:

## Research at Newcastle Hospitals



### We have much to be proud of in terms of our clinical research at Newcastle Hospitals.

In an average year, we recruit in excess of 10,000 individuals into hundreds of different research studies (or trials), ensuring that we are consistently one of the best performing organisations in national league tables pertaining to research activities.

With the support of over 350 members of staff employed specifically to support the set-up and delivery of clinical research, we offer a full range of research, from 'early phase' trials where medicines are tested in patients for the first time through to 'late phase' trials which are essential before a medicine finally receives approval for general use. In addition to testing medicines, we perform many other forms of research, from something as simple as completing a questionnaire through to 'discovery' research that may involve taking small pieces of tissue, for example from an area of inflammation, to understand more about disease.

Whilst most of our research participants live in the North East and North Cumbria, we are also seeing an

increasing number of participants from much further afield because of our reputation and our nationally leading work into the design and delivery of virtual clinical trials<sup>1</sup>.

Our on-site trials operate across all our hospitals sites, often in dedicated state-of-the-art research facilities including:

- The National Institute for Health Research (NIHR) Newcastle Clinical Research Facility (CRF) based at the Royal Victoria Infirmary (RVI) incorporates the Dental Clinical Research Facility in the Dental Hospital and the Clinical Ageing Research Unit at the Campus for Ageing and Vitality (CAV).  
➤ This is **1 of 23** CRFs in England
- The Sir Bobby Robson Unit at the Freeman Hospital.  
➤ This is **1 of 14** NIHR Cancer Research UK Experimental Cancer Medicine Centres.
- The Newcastle Hospitals Clinical Research Vaccination Hub at the Freeman Hospital.

- The NIHR Newcastle Patient Recruitment Centre (PRC) at CAV.  
➤ This is **1 of 5** centres in England.

Our Newcastle Joint Research Office (NJRO) and our research informatics team based at Regent Point have an enviable national reputation for their expertise, experience and innovation.

Our major and high quality research activities, which generate in excess of £35 million per year, have secured our reputation as an efficient, world-leading research organisation that has generated strong industry partnerships enabling us to have preferential access to new research opportunities.

Whilst we collaborate closely with various academic, healthcare, research and industry partners in formal and informal partnerships and networks, our partnership with Newcastle University is critical to our delivery of high calibre research. A large proportion of our research funding is awarded through collaboration with the University. There is no doubt that we benefit



Healthcare at its best  
with people at our heart





*In an average year, we recruit in excess of 10,000 individuals into hundreds of different research studies (or trials).*

from the University's ranking as one of the top medical schools in the UK, with almost all of its research being officially classified as world-leading or internationally excellent in terms of originality, significance and rigour. The strength of this relationship is evidenced by the Academic Health Science Centre (AHSC) status awarded to the partnership in April 2020 by the NIHR, NHS England and NHS Improvement.

In addition to having its own Clinical Trials Unit (CTU), the University hosts the NIHR North East and North Cumbria Research Design Service, **1 of 4** NIHR Blood and Transplant Research

Units and the only NIHR Innovation Observatory in England.

Our hosted NIHR infrastructure also extends beyond our own research delivery facilities to include the Local Clinical Research Network (LCRN) for the North East and North Cumbria.

We co-host the Northern Alliance Advanced Therapy Treatment Centre and work closely with regional NIHR infrastructure such as the NIHR Applied Research Collaborative, which focuses on health and social issues relevant to our regional population.

We receive NIHR infrastructure awards

for the Newcastle Biomedical Research Centre (**1 of 20** in England and the only one focusing on ageing and long-term conditions) and the Newcastle Med-Tech in vitro Diagnostics Cooperative (**1 of 11** centres in England).

Existing at the interface between the NHS, the University and industry, Newcastle then has Novopath - an innovation hub for tissue-based diagnostics which has emerged from the Newcastle Molecular Pathology Node (**1 of 6** nodes in the UK funded by the Medical Research Council and the Engineering and Physical Sciences Research Council).

## An Academic Health Science Centre: Newcastle Health Innovation Partners

The name of our AHSC is Newcastle Health Innovation Partners (NHIP).

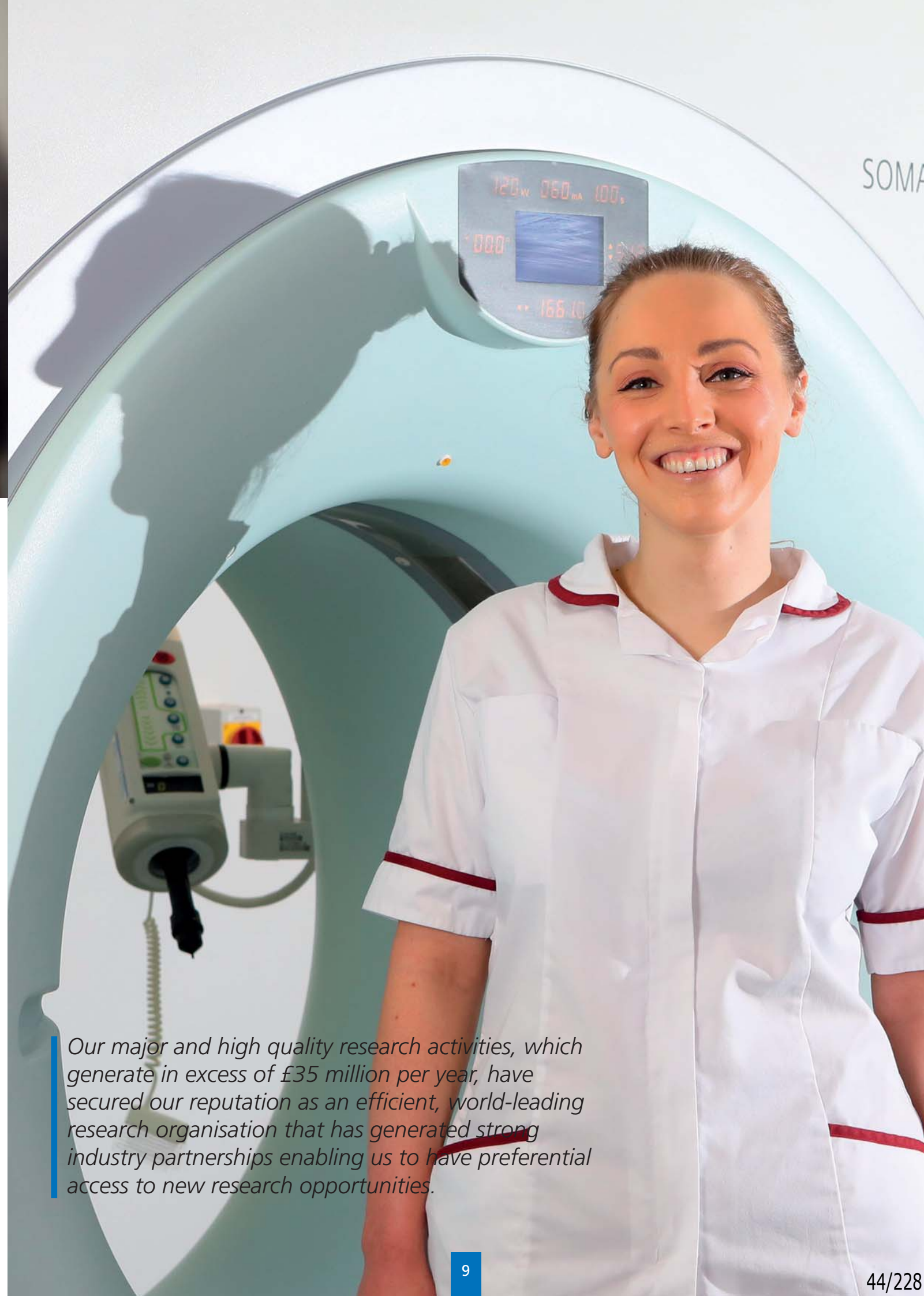
It is one of just eight AHSCs in the UK, with core partners comprising:

- The Newcastle Upon Tyne Hospitals NHS Foundation Trust
- Newcastle University
- Newcastle City Council
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Academic Health Science Network for the North East and North Cumbria

The collective vision of NHIP is to become the most integrated and innovative Academic Health Science Centre in the world, working with innovators to discover, develop and deliver new solutions in healthcare to improve population health in the North East and North Cumbria.

The concept behind this and all the AHSCs is that they build upon the 'added value' of collaborative activities that institutions cannot do alone and where the whole is greater than the sum of the parts.

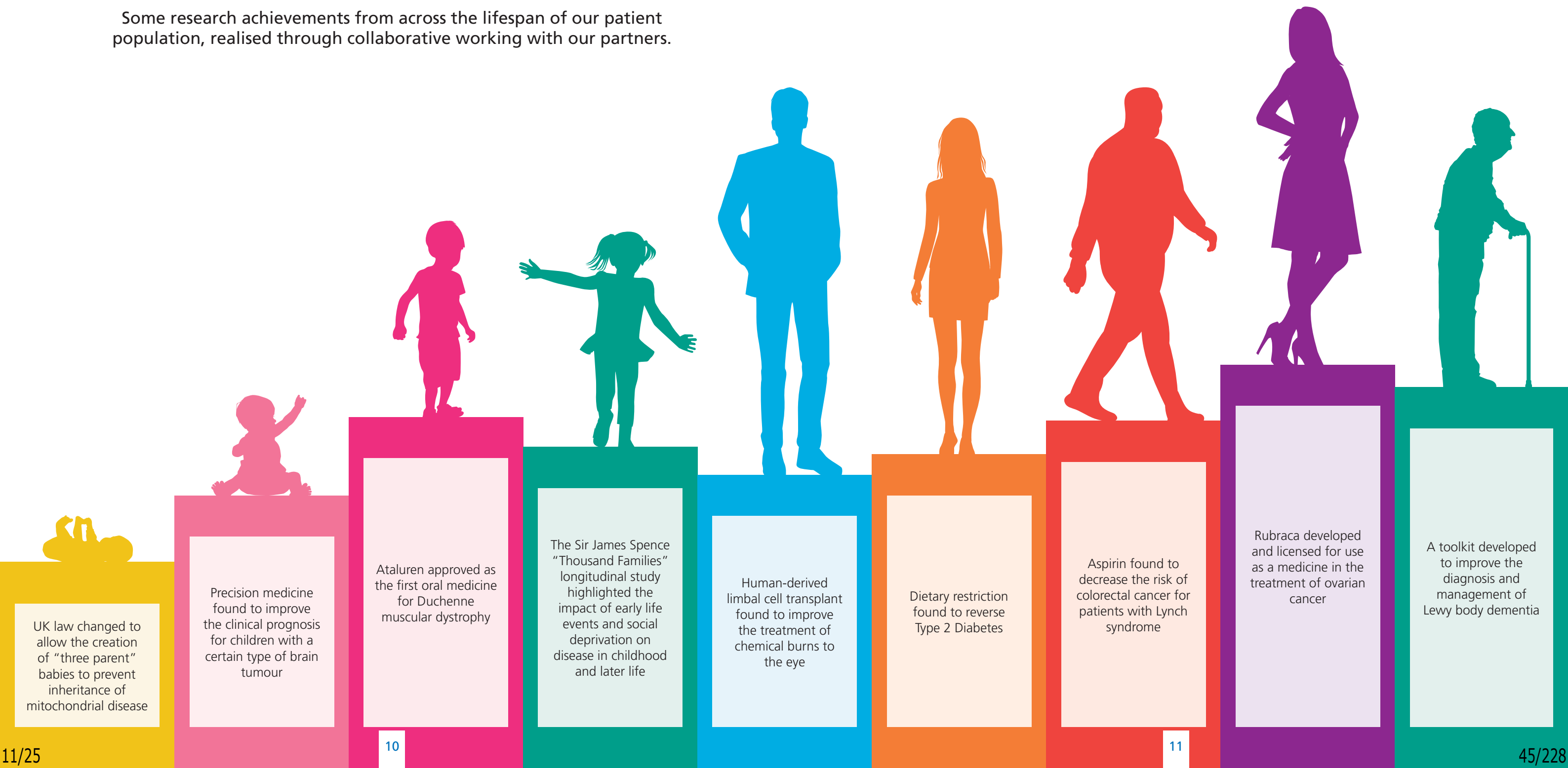
<sup>1</sup> Clinical trials that use technological solutions, such as video conferencing software and courier services, to avoid the need for participant attendance at a research facility.



*Our major and high quality research activities, which generate in excess of £35 million per year, have secured our reputation as an efficient, world-leading research organisation that has generated strong industry partnerships enabling us to have preferential access to new research opportunities.*

# Key Research Achievements

Some research achievements from across the lifespan of our patient population, realised through collaborative working with our partners.





# Introduction



**Clinical research is the scientific study of health and the prevention, diagnosis and treatment of illness. Not only is it important for scientific advancement, experts around the world are coming to understand that clinical research is good for everyone involved with it. The collaborative clinical research already taking place within Newcastle Hospitals has shaped this new understanding, helping to show the world how a culture of embedded research can create a virtuous circle of improvement for patients, staff, organisations and ultimately, the wider population.**

In Newcastle and our wider community, we have all the necessary ingredients to develop and deliver excellent clinical research: enthusiastic patients, passionate staff, state-of-the-art facilities and then several strong partnerships with organisations who share our ambition to improve the health, wealth and wellbeing of the community. Indeed, we already have an international reputation for the clinical research we are delivering in numerous areas.

This strategy sets out our vision and plans to take Newcastle Hospitals' clinical research activities to the next level by further embedding research into patient care in our organisation in new and exciting ways.

This strategy is specific to clinical research, however, the established culture of innovation and enterprise

in Newcastle Hospitals will be vital in facilitating the accelerated adoption and implementation of relevant research ideas into everyday care within the organisation.

Whilst this strategy serves our organisation, our research activities are delivered through a multitude of collaborative arrangements and partnerships, most notably NHIP. Our research success depends upon and contributes to strong system leadership in the wider research landscape.

Furthermore, whilst we will be using the strategy to guide our priorities and decisions over the next five years, the research ecosystem is in a constant state of change requiring us to continually reflect, looking both backwards and forwards, to ensure agility in what we do.

## The virtuous circle of research

We believe that clinical excellence and research excellence exist together, each enhancing the quality of the other.

*Outstanding clinical care*



*Research excellence*



Healthcare at its best  
with people at our heart



# Developing our Strategy



**In early 2020, the arrival of a new leadership team for clinical research presented a timely opportunity to take stock of our research activities and review the future direction of travel to ensure continued improvement.**

Initial thoughts for future strategic priorities, shaped from meetings with key stakeholders and their representatives, were presented to the clinical research workforce and the Trust's clinical, corporate and operational leaders across a series of open-invitation engagement sessions. A recording of one session was then distributed to the clinical research workforce along with a survey that invited anonymised feedback. More detailed documents were shared with colleagues in the Local Clinical Research

Network (LCRN) for the North East and North Cumbria<sup>2</sup> and also Newcastle University - a key research partner through history, geographical adjacency, a shared clinical workforce and the mutual relevance and interdependence of much of our research activity.

In addition, and of great importance, we sought patient and public feedback with a tailored video presentation and survey that was shared widely amongst our own engagement groups and those of partner organisations. To maximise reach and diversity of

representation, our video presentation and accompanying survey were also promoted on several organisational social media accounts.

This bottom-up approach ran in parallel to discussions with Board members to ensure the emerging strategy was aligned with the overarching Trust strategy and objectives. To consolidate this alignment, we have themed our priorities under the Trust's five overall priorities – Patients, People, Partnerships, Pioneers and Performance.

## Staff Engagement - Survey Results

- 98% of those who completed the survey agreed the strategic goals were the right ones
- 96% agreed the goals were inclusive of their views
- 95% agreed the goals included the key elements for research success
- 83% felt the goals were achievable while 14% were unsure

## Patient and Public Engagement - Frequent Findings

- Research participants need regular, timely feedback
- We should integrate research into routine patient care
- Patients should support the development and selection of research topics
- Research results need to be disseminated to the public
- Newcastle Hospitals needs to be a collaborative partner with other organisations

<sup>2</sup> LCRNs help to increase the opportunities for participants to take part in clinical research, ensure that studies are carried out efficiently, and support the Government's Strategy for UK Life Sciences by improving the environment for commercial contract clinical research.







# Our Newcastle Hospitals Vision:

*Achieving **local excellence** and **global reach** through compassionate and innovative healthcare, education and **research**.*



# Achieving Our Vision



*All patients are aware of the value of clinical research and the potential personal benefits of research participation.*



Healthcare at its best  
with people at our heart





# Patients

## Our patient-related goals

### By 2026 we will ensure:

- All patients are aware of the value of clinical research and the potential personal benefits of research participation.
- All patients will be routinely invited to participate in clinical research relevant to them.
- Patients will be involved in the development, design and planning of our research activities.
- All research participants will have the opportunity to share their experience of research and we will use that feedback to drive improvements.
- Information about research studies will be easily accessible to participants.

### How we will achieve these goals:

- We will use a variety of media and events to ensure that patients and the public are informed about research, using examples of local successes to explain the importance and benefits of research participation.
- We will ensure that information pertaining to research is systematically included in patient correspondence and features prominently in our clinical environments, on our website and on the emerging electronic patient portal. Where appropriate, patient information will include an invitation to participate in research.
- We will educate all patient-facing staff to understand the importance of research and its linked benefits.
- We will ensure information on open studies can be easily located on the internet so that clinical teams can support recruitment and where appropriate, patients and the public can directly sign-up for research opportunities.
- We will review and build upon our model of patient and public involvement and engagement, introducing dedicated resource to improve what we do from development to the dissemination of findings, with a key focus on improving diversity, inclusivity and accessibility.
- We will offer the Participant in Research Experience Survey (PRES) to all participants involved in research and ensure that the relevant teams regularly review and act upon the findings.

### Key indicators of success:

- An increased proportion of patients recruited to research studies.
- A consistently positive research participant experience, as measured by the PRES, reported by a large, representative sample of participants.

### The Young Person's Advisory Group North England (YPAGne)

The Young Person's Advisory Group North England (YPAGne) comprises a group of young people (aged 12-18 years old) who meet monthly in Newcastle to increase the input and influence of young people in the development of clinical and public health research.

The group has supported the production of a large number of research projects on wide-ranging topics and has designed and delivered interactive training to junior doctors, providing their perspective on some of the challenges felt by young people whilst accessing health services.

The work of this group has attracted national award and international recognition.

### Our Participant in Research Experience Survey (PRES) Findings

Every year, we ask people who have volunteered for clinical research to feedback on their experience so we can make improvements. To do this, we use the NIHR PRES.

In 2020/21, there were 689 PRES responses from or on behalf of research participants from Newcastle Hospitals:

- 96% of research participants felt the information received prior to taking part in a study prepared them for their experience
- 80% felt they had been kept updated about the research study they were participating in
- 82% reported knowing how they would receive the results of the research study
- 96% knew how to contact someone from the research team if they had any questions or concerns
- 94% felt our researchers valued them taking part in the research
- 98% felt they were treated with courtesy and respect by researchers
- 96% would consider taking part in research again



# People

## Our people-related goals

### By 2026 we will ensure:

- All staff understand the importance and far-reaching benefits of clinical research.
- Our organisational leaders have facilitated a research-positive culture, empowering colleagues to lead, support or become involved in research.
- All individuals with research aspirations can access the support and guidance required to fulfil their ambitions.
- All researchers are afforded time to progress their research.
- Our clinical research teams are highly engaged as evidenced by the national NHS Staff Satisfaction Survey and other local measures.

### How we will achieve these goals:

- We will actively pursue and progress opportunities for integrating research within clinical teams and therefore, within clinical care.
- Research will feature prominently in the induction for all new starters and the preceptorship programme and each Clinical Directorate will develop a bespoke plan for optimising their research engagement.
- We will improve the visibility of research across the organisation with impact and experience case studies being widely shared and with the establishment of inclusive 'Grand Rounds'.
- With our partners, we will build upon existing initiatives to de-mystify research and teach the fundamentals of how to develop and deliver research.
- We will design and deliver a comprehensive programme of engagement for our clinical research workforce to include career progression, education, training and mentorship.
- We will show our appreciation of the entire research workforce, celebrating successes, promoting diversity and raising the profile of achievements. We will educate all staff on the multiple mentorship, educational and funding opportunities available to them.
- We will reconfigure research finances to enable researchers to apply for funded time for research.
- We will enhance research leadership opportunities for all professions including nurses, midwives and allied health professionals, health care scientists and pharmacists.
- We will develop a framework for research fellowships for the most promising researchers across all healthcare professions.

### Key indicators of success:

- An increased proportion of staff are research-active.
- Improved engagement of our research workforce as measured by the National NHS Staff Satisfaction Survey and local recruitment and retention rates.

### Integrating Research within Clinical Practice in Stroke

The specialist hyper acute stroke unit in Newcastle Hospitals has truly integrated research within clinical practice. Rather than having research and stroke nurses working alongside one another, nurses in this unit are dual trained in stroke and clinical research. This integrated model of staffing enables the team to recruit patients into research studies across the week, including overnight, and undoubtedly contributed to Newcastle Hospitals recruiting four times as many stroke patients into research studies as the next most active centre during the coronavirus pandemic.



*We will actively pursue and progress opportunities for integrating research within clinical teams and therefore, within clinical care.*









# Partnerships

## Our partnership goals

### By 2026 we will ensure:

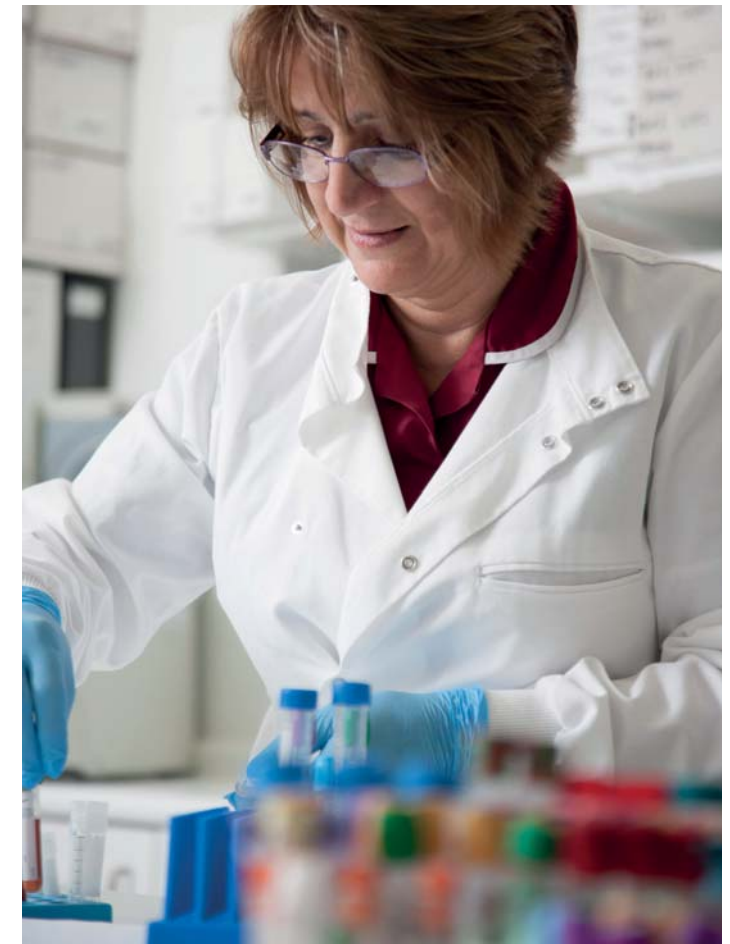
- We are a strong and valued NHIP partner, helping NHIP deliver on its research and innovation objectives.
- All our local and regional partnerships are working effectively to develop a seamlessly aligned and collaborative research framework that includes social care and primary care.
- We are the 'go to' partner for collaborative clinical research.
- Our contributions to national and international consortia and studies are prominent and highly valued.
- Our strong links with industrial partners are further developed to help our patients receive and test the most promising new therapies.

### How we will achieve these goals:

- We will promote an outward facing and connected approach to research, fostering strong regional, national and international collaborations. Our researchers will provide strong leadership to these collaborations, demonstrating the highest levels of quality and integrity.
- We will contribute substantially to the development of NHIP, initiating and supporting creative partnerships that drive innovation and involve the breadth of our workforce.
- An increasing proportion of our researchers will be recognised as key opinion leaders internationally, increasing our number of Chief and Principal Investigators.
- We will continue to advise on, and contribute to, the important work of research funders and charities.
- We will support joint appointments with University partners to strengthen integration of research and clinical roles, ensuring that research addresses questions and ideas from the front line.

### Key indicators of success:

- An increased number of Newcastle-based Chief and Principal Investigators overseeing national and international clinical trials.
- An increased number of investigator-initiated research studies with industrial partners.



## The Newcastle Joint Research Office (NJRO)

The NJRO was established in 2006 between Newcastle Hospitals and Newcastle University to support researchers and teams along the research pathway, from shaping an idea and processing funding applications through to study set-up and, ultimately, close-down. Through the partnership, Newcastle Hospitals acts as sponsor<sup>3</sup> for all University research involving patients, and a Quality Assurance team provides oversight of research activities, including the storage of biological samples used in research.

A dedicated industry-facing team within the NJRO has helped secure strong strategic partnerships with Pfizer and Syneos Health, whilst also helping foster excellent relationships with Sanofi, Medpace, Parexel, Novartis and Roche. The respective non-commercial team works to foster our relationships with other funders, including NIHR, UKRI<sup>4</sup> and charities, to help secure major research project funding across the partnership.

<sup>3</sup> A study sponsor is the organisation that takes responsibility for overseeing the research study.

<sup>4</sup> UK Research and Innovation.



Healthcare at its best  
with people at our heart



# Pioneering

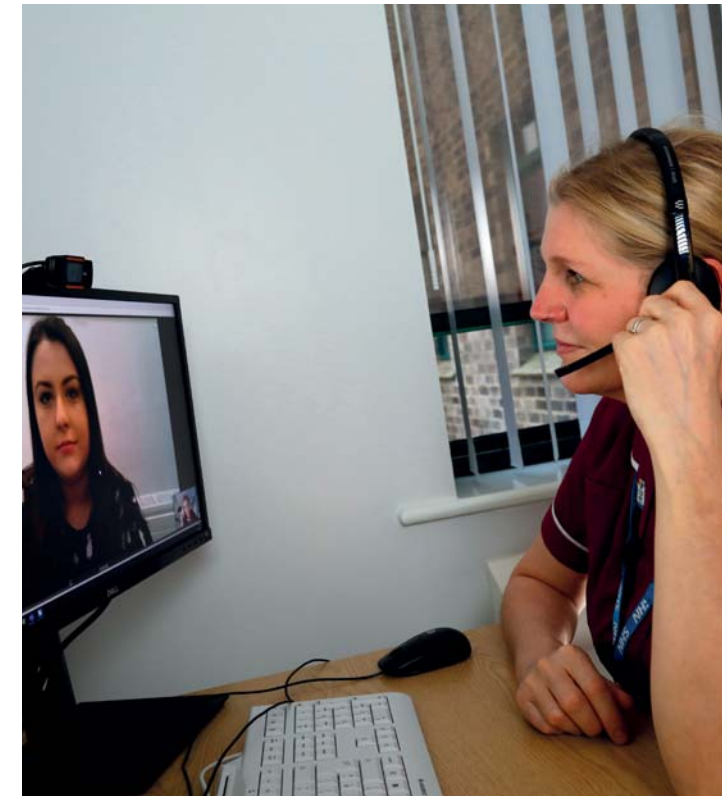
## Our pioneering goals

### By 2026 we will ensure:

- We continue to be recognised nationally and globally as a research and innovation centre of excellence, accelerating the journey from innovation discovery to implementation.
- Our research activities are underpinned by a state-of-the-art infrastructure including research-specific software within our electronic health record so that our research processes are 'Paperlite'.
- Our researchers are driving, and contributing to, national research policy and the national and international clinical guidelines that emerge from their work.
- Innovative trial designs are a prominent feature of our landscape, with a particular focus on virtual trials and electronic recruitment strategies.
- We co-create, with industry partners, a research-specific sustainability policy to reduce the environmental impact of our activities.

### How we will achieve these goals:

- Through NHIP, we will support investment and expansion in areas of research strength including precision diagnostics, rare diseases, healthy ageing, advanced therapies and robotic surgery.
- We will ensure seamless integration between research and innovation, signposting a clear journey from discovery to evaluation and adoption of novel ideas.
- We will support creative ideas in novel research areas, such as artificial intelligence and medical imaging, exploiting synergies between NHIP partners.
- We will develop a 'Dragon's Den', where researchers can gain initial funding and support for their innovative research ideas.
- We will maximise opportunities for the ethical and transparent use of the electronic health data, capitalising on both local and regional resources, such as the Great North Care Record.
- We will deliver a comprehensive programme of digitisation for clinical research.
- We will encourage our researchers to apply for prestigious awards, such as the NIHR Senior Investigator Award, and celebrate their successes.



### Key indicators of success:

- An increased number of fellowships, awards and international and national leadership positions presented to Newcastle researchers.
- An increased portfolio of research impacts, where our research has influenced clinical care, care pathways or guidance.

### Pioneering Virtual Trials

During the COVID-19 pandemic, our NIHR PRC: Newcastle used a pioneering virtual trial design to run the RELIEVE IBS-D study which aims to test a new treatment for patients with irritable bowel syndrome and diarrhoea. The study became the UK's first virtual interventional trial for this patient group and one of the UK's first virtual trials of any therapy.

The virtual trial design means that patients from across the country are able to participate from the comfort of their own home as the interventional treatment is delivered straight to their door and digital technology has enabled electronic documentation and consultations.

The greater geographical reach of this trial and the ease of participation was likely to be responsible for participant recruitment in Newcastle being 67% faster than all other 28 sites using a traditional approach.

The approach has gained national acclaim for developing treatment at a faster pace and marks a significant step-change in the way patients can participate in research, including traditionally 'difficult to reach' groups, and how digital technology can facilitate the recruitment to and delivery of clinical trials.



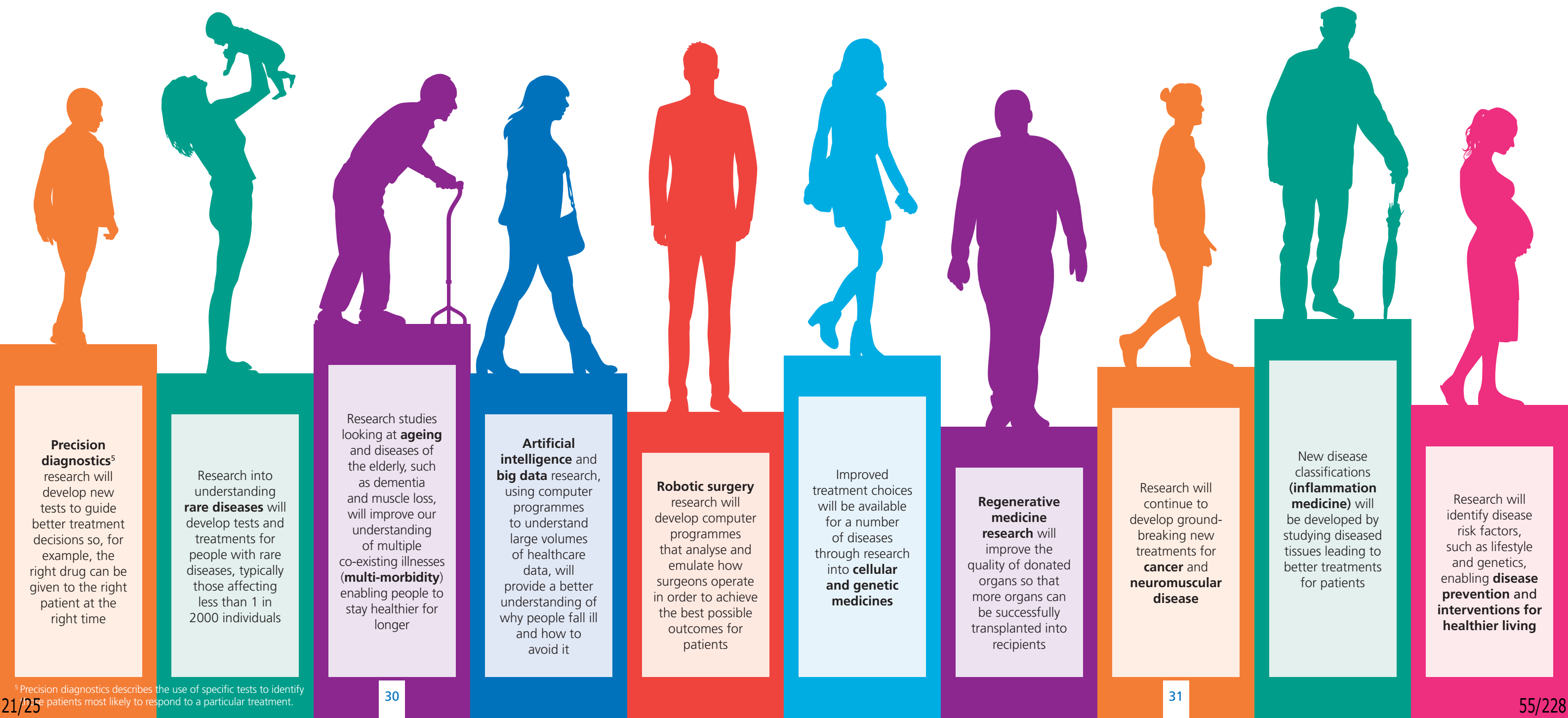
Healthcare at its best  
with people at our heart



# Looking Beyond 2021

Some of our future research aspirations, to be realised through collaboration with partners.

We continue to be recognised nationally and globally as a research and innovation centre of excellence, accelerating the journey from innovation discovery to implementation.



**Precision diagnostics<sup>5</sup>** research will develop new tests to guide better treatment decisions so, for example, the right drug can be given to the right patient at the right time

Research into understanding **rare diseases** will develop tests and treatments for people with rare diseases, typically those affecting less than 1 in 2000 individuals

Research studies looking at **ageing** and diseases of the elderly, such as dementia and muscle loss, will improve our understanding of multiple co-existing illnesses (**multi-morbidity**) enabling people to stay healthier for longer

**Artificial intelligence** and **big data** research, using computer programmes to understand large volumes of healthcare data, will provide a better understanding of why people fall ill and how to avoid it

**Robotic surgery** research will develop computer programmes that analyse and emulate how surgeons operate in order to achieve the best possible outcomes for patients

Improved treatment choices will be available for a number of diseases through research into **cellular and genetic medicines**

**Regenerative medicine research** will improve the quality of donated organs so that more organs can be successfully transplanted into recipients

Research will continue to develop ground-breaking new treatments for **cancer** and **neuromuscular disease**

New disease classifications (**inflammation medicine**) will be developed by studying diseased tissues leading to better treatments for patients

Research will identify disease risk factors, such as lifestyle and genetics, enabling **disease prevention** and **interventions for healthier living**

<sup>5</sup> Precision diagnostics describes the use of specific tests to identify the patients most likely to respond to a particular treatment.



# Performance

## Our performance goals

### By 2026 we will ensure:

- We have achieved accreditation from the Medicines and Healthcare products Regulatory Agency (MHRA) for our Phase I research.
- We are routinely and robustly assessing our research performance against a range of indicators, using interactive electronic dashboards.
- Our study set-up, approval and delivery processes provide consistently efficient performance, increasing our attractiveness to research partners and funders.
- We have a model of financial sustainability for clinical research that enables the delivery of our strategic goals.
- Our research workforce has sufficient and appropriate space to conduct its activities.

### How we will achieve these goals:



- We will ensure a balanced portfolio of research across its different phases, from early discovery to population testing and post-marketing surveillance.
- The research leadership team will undergo a quarterly performance review whilst also reporting regularly to the Trust Board and Quality Committee.
- An electronic tracking system will be introduced to provide real-time visibility of study set-up status, enabling rapid remedial action where required.
- We will establish interactive, electronic dashboards relating to activity, performance and financial management using Power BI and benchmark our performance against leading national research organisations.
- Our governance processes will ensure we make the best use of our finances, assets and estates and that our investment decisions are aligned to our strategic priorities.
- We will maximise our research income from commercial, charitable and other funding sources, and maximise the reinvestment of research income back into supporting research.



### Key indicators of success:

- A UK-leading study set-up time, highlighting our efficiencies, organisation and determination.
- Sustainability of our research financial position, allowing year-on-year investment.

### Phases of Drug Research

	Phase I	Phase II	Phase III	Phase IV
Aims	To test a new treatment in humans for the first time with a primary focus on safety.	To explore the safety and benefits of different doses of a new treatment.	To confirm that a new treatment works and is safe at selected doses.	To monitor long-term safety and effectiveness of a new treatment.
Sample	Small, typically healthy volunteers.	A larger group of patients, with a certain condition/disease.	A broader group of patients who have the condition/disease	A larger group of patients who are being treated with a new medicine in 'everyday' clinical practice.
	~50	100s	1000s	10,000s
				



Healthcare at its best  
with people at our heart



*We will ensure seamless integration between research and innovation, signposting a clear journey from discovery to evaluation and adoption of novel ideas.*






# Find out more

-  [www.newcastle-hospitals.nhs.uk/about/research](http://www.newcastle-hospitals.nhs.uk/about/research)
-  [www.newcastlejro.com](http://www.newcastlejro.com)
-  [www.twitter.com/NuTHResearch](https://www.twitter.com/NuTHResearch)

# Contact us

-  For researchers or prospective researchers: [nuth.genericenquiries@nhs.net](mailto:nuth.genericenquiries@nhs.net)
-  For all other enquiries: [nuth.clinicalresearch@nhs.net](mailto:nuth.clinicalresearch@nhs.net)



 Healthcare at its best  
with people at our heart

**THIS PAGE IS INTENTIONALLY  
BLANK**



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Digital People Stories						
Report of	Ms Maurya Cushlow, Executive Chief Nurse						
Prepared by	Mrs Tracy Scott, Head of Patient Experience						
Status of Report	Public		Private		Internal		
	<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 month's digital people story shares the experience of Francesca who tells the story of her late father's admission to the Freeman Hospital during the COVID pandemic.</p> <p>Francesca compares her involvement in his care during his final admission to other stays in hospital where she felt more able to ask questions and see, in person, how her father was doing and what care was being provided.</p> <p>Francesca finishes her story by noting how positive she feels being able to be with her father when he died was and acknowledges that this has helped her in her bereavement.</p>						
Recommendation	To listen and reflect on Francesca's personal experience of having a loved one die in hospital during the COVID pandemic.						
Links to Strategic Objectives	<p>Patients</p> <ul style="list-style-type: none"> <li>Putting patients at the heart of everything we do.</li> <li>Providing care of the highest standard focusing on safety and quality.</li> </ul>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Involving and engaging with staff, patients and relatives will help ensure we deliver the best possible health outcomes for our patients.						
Reports previously considered by	This patient/staff story is a recurrent bi-monthly report.						

## DIGITAL PEOPLE STORIES

### EXECUTIVE SUMMARY

This month's digital people story shares the experience of Francesca who tells the story of her late father's admission to the Freeman Hospital during the COVID pandemic.

Francesca compares her involvement in his care during his final admission to other stays in hospital where she felt more able to ask questions and see, in person, how her father was doing and what care was being provided.

Francesca finishes her story by noting how positive she feels being able to be with her father when he died was and acknowledges that this has helped her in her bereavement.

**THIS PAGE IS INTENTIONALLY  
BLANK**



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Medical Director's Report						
Report of	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Prepared by	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Status of Report	Public			Private			Internal
	<input checked="" type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Purpose of Report	For Decision			For Assurance			For Information
	<input type="checkbox"/>			<input type="checkbox"/>			<input checked="" type="checkbox"/>
Summary	The Report highlights issues the Medical Director wishes the Board to be made aware of.						
Recommendation	The Board of Directors is asked to note the contents of the report.						
Links to Strategic Objectives	Putting patients at the heart of everything we do and providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	This is a regular report to Board. Previous similar reports have been submitted.						

## MEDICAL DIRECTOR'S REPORT

### EXECUTIVE SUMMARY

The following items are to note within the report:

- Update following the Institute of Healthcare Improvement (IHI) Foundational Visit.
- Serious incident process reform.
- An update on the Covid-19 pandemic situation.
- Comprehensive update of Trust's Cancer performance.
- Research update to complement presentation of Research Strategy to Trust Board.
- Further rapidly increasing research profile of the Trust.
- The Board Reference Pack includes:
  - Consultant Appointments;
  - Honorary Consultant / Emeritus Contracts; and
  - The Guardian of Safe Working quarterly report (Quarter 4 2020/21) and Annual Report 2020/21.

## MEDICAL DIRECTOR'S REPORT

### 1. QUALITY AND PATIENT SAFETY

#### • Institute for Healthcare Improvement (IHI) Foundational Visit

Work has begun in earnest with the IHI, beginning with them establishing their set-point within Newcastle Hospitals in terms of our readiness and maturity with respect to our credentials, past work and “Quality Improvement (QI) environment”. This has included a large data examination exercise and, between 4- 6 May 2021, a foundational visit, encompassing interviews with senior medical staff and the wider leadership team within the organisation.

Their Diagnostic Template has eight Domains:

- i. Leadership, Teamwork, and Communication;
- ii. Patient Safety and Psychological Safety;
- iii. System Organisation of Quality: Quality Planning, Improvement and Control;
- iv. Management of Quality, Data and Learning Systems;
- v. Patient Engagement and Person-Centred Approaches;
- vi. Staff Wellbeing;
- vii. Equity; and
- viii. COVID Learning.

The full report will be available on 11 June 2021 but they have provided initial observations at a high level. As we may expect they were able to highlight Trust strengths as follows:

- Unusual levels of organisational and local pride in work;
- Designed in quality – e.g. wellbeing, equity, sustainability; and
- Exceptional elements – quality faculty, continence teams, Infection Prevention and Control (IPC) and the Allied Health Professions (AHP) programme.

As well as tensions and polarities that will need addressing:

- Finance v quality
- Time for routine v QI work
- Legacy v New
- Data availability

The next stage is selection of our 20 teams (80 colleagues) for initial QI training and project progression.

In the meantime there is a swell of interest and enthusiasm. The Newcastle Improvement team have staged monthly teams events highlighting project work that have been extremely popular and well attended.

The IHI asked the organisation to identify our top quality priorities. These will include:



- Maximising digital efficiencies.
- Surgical Transformation.
- Lost to Follow Up Events – eliminating.
- Acting on abnormal results – minimising missed opportunities to pick up pathology.

- **Serious Incident (SI) Process Reform**

Work continues as we move from the SI Framework 2015 to the incoming Patient Safety Incident Response Framework 2020 – likely to be required in 2022. As mentioned in previous Board reports, this de-emphasises the detailed investigation of every SI and instead asks for resource to be directed towards:

- Thematic work informed by groups of incidents – e.g. lost to follow up, acting on results.
- Using a range of proportionate investigations at local (director level).
- Developing wider sources for learning rather than solely from actual harms – e.g. Near Miss events prioritised alongside SIs.

This will require a re-structuring of the SI Panel and its activity and a shift within the medical and non-medical Clinical Governance and Risk Department (CGARD) teams.

- **Duty of Candour (DoC)**

We are in the final stages of introducing new documentation in regard to Duty of Candour – a key pillar of how we respond to patients and families when things do not go as we would wish. Encouraging best practice and documenting it has occurred for purposes of oversight and compliance has been challenging. We hope a new DoC form within PowerChart and links to a number of letter templates will help in both these regards.

- **BMJ Best Practice**

We are currently receiving directorate feedback on incorporating the British Medical Journal (BMJ) Best Practice Guidelines within the Newcastle Hospitals electronic patient record (EPR). This would function essentially as a decision support tool – a key advantage of EPRs we have yet to fully exploit – allowing junior staff in particular to access immediate high quality information and guidance on specific conditions and issues immediately from within an individual patient's chart. There are issues to resolve, most notably any conflict with internal guidance but we are confident that this can be successfully addressed.

- **Concerns**

- Endophthalmitis – a cluster of intra-ocular inflammations were identified and subject to robust investigation. No common cause has been identified therefore surgery has recommenced.
- Pseudomonas infection within maternity – An extremely premature baby developed a positive blood culture with a pseudomonas organism. This has been

subject to rigorous internal investigation in association with the Trust Infection Prevention and Control Team.

## 2. **COVID 19**

- At time of writing, two inpatients with no patients in the Intensive Care Unit (ICU) or High Dependency Unit (HDU).
- Some concerns about Indian variant but confidence that vaccines will cover this as with other variants. Mainly seems to be affecting younger cohorts in whom disease generally not severe. Clinical concerns would be associated with older non-vaccinated cohorts.
- Recovery programme accelerating but fallback plans available in the very unlikely event of a 4<sup>th</sup> wave.
- Consideration will need to be given to social distancing relaxation when appropriate based on national guidance and departmental risk assessments.

## 3. **CANCER UPDATE – BASED ON VERIFIED DATA FOR MARCH 2021**

### • **2 week wait (2WW) referrals**

In March 2021 referrals were 10% higher than we would have expected compared with March 2019.

Referrals for head and neck still only at 80% of pre COVID and urology 80% pre COVID.

Lung referrals now at same level as pre COVID.

Breast symptomatic referrals are 50% higher than expected - work ongoing with breast team to review out of area referrals.

Did not attend (DNA) rates remain stable at 5.7% having been at 10% in first wave this reflects the work of the patient navigator posts as well as the Clinical Nurse Specialists (CNS's).

### • **14 Day and 28 day FDS**

In March we received 2,014 Cancer Waiting Times (CWT) referrals, 61% were seen within 14 days.

We continue to see significantly increased numbers of skin referrals. Dermatology has introduced tele-dermatology and Waiting List Initiatives (WLIs) to reduce the waiting times. 72% of all 2ww referrals were informed that they did not have or did have cancer within 28 days of referral - this is a more relevant measure of cancer performance than the 14 day (2 week wait). Our performance continues to compare well both regionally and nationally.

### • **62 Day Performance**

Our 62 day performance in March improved to 79% against the 85% target. We are continuing to work with Multi-disciplinary Team (MDT) leads, diagnostic radiology, and endoscopy to improve this further. We have established weekly Patient Tracking List (PTL) meetings for the majority of tumour groups and this is having an impact in improving 62-day performance. All tumour groups will have weekly PTL by September 2021.

- **31 Day Subsequent March validated performance**

Surgery **82.9%** (94%)  
 Chemotherapy **96.0%** (98%)  
 Radiotherapy **99.0%** (94%)

- **Rapid Diagnostic Service (RDS)**

As part of the NHS England (NHSE) long term plan we have been working on establishing a RDS and have been successful in obtaining funding from the Integrated Care Partnership (ICS) /Northern Cancer Alliance (NCA) to appoint a clinical lead, an Advanced Clinical Practitioner and a Care Coordinator. David Nylander has been appointed as the clinical lead.

#### 4. **RESEARCH UPDATE**

- Our research strategy has been presented to the Executive Team and will be presented to the Trust Board in the meeting that these notes relate to.
- Alison Head appointed to new Chair of Nursing Post (50% Newcastle Hospitals funded, 50% Northumbria University). Strong research profile.
- National Institute for Health Research (NIHR) has implemented a 'managed recovery process' – not prioritisation – to retain commercial sponsors in the UK. In theory, this should have little or no impact on Newcastle Hospitals research.
- Department of Health and Social Care (DHSC) have published a white paper on the future of clinical research delivery in the UK. It aligns very well with our own research strategy. Pleasingly, our virtual trial (the first in the UK, focussed on irritable bowel syndrome) features as a case study around novel research study designs.
- We have recruited >4,000 participants to COVID studies, including vaccine trials (>1,000). Recently we performed particularly well in a challenging paediatric observational study – 'what's the story' – rapidly achieving its recruitment target. A great example of research working well within a clinical Directorate – Great North Children's Hospital (GNCH) – who provided space in the lodge and a volunteer rota of junior doctors.
- Newcastle Hyper Acute Stroke Centre recruited more participants to research during the pandemic than any of the other 12 national centres - and more than 4 times as many as the next most active Health Science Research Centre (HSRC) (Cambridge). The stroke team have integrated research into their everyday care, enabling recruitment to studies 24/7. This and the paediatric study above illustrates the value of embedding research into care - a major pillar of our research strategy.
- The staff survey results for clinical research are better than the Trust average and better than last year which is really encouraging given the significant volume of

redeployments, COVID pressures etc. This illustrates the relevance of research to staff satisfaction and retention.

- Participant experience (measured in a Local Clinical Research Network (LCRN) survey) is fantastic for the COVID studies.
- In the Sir Bobby Robson Unit (SBRU) during lockdown, we treated the first patient in the world with a novel cellular therapy (NAR-T cells - or tumour-infiltrating lymphocytes).
- Professor John Dark, and colleagues Professors Andrew Fisher, Guy MacGowan, Neil Sheerin and Jim Shaw have been awarded a £1.33M NIHR grant for the SIGNET (Statins for Improving organ outcome in Transplantation) study, to run over 5 years and randomise 2,600 organ donors. It will be the largest donor intervention study in the world. Note that it is the donors who are treated prior to donation.
- We remain top of all Trusts in the country in terms of open studies (a position held for most of the year) and are surpassing last year's recruitment activity.
- A formal programme of sustainability-related work is underway across the Directorate, to be delivered in partnership with one or more commercial companies.
- The vaccine research hub (Ward 11, Freeman Hospital (FH) - which includes a research lab and ultra-low freezer storage) has been a tremendous asset to the Directorate. It is not only hosting the vaccine studies but also supporting the restart of other research in cardiology, respiratory, hepatology and renal specialties.
- A successful Charitable Funds bid has enabled us to extend cancer research into Cumbria.
- The Academic Health Science Centre (AHSC) 'one year on' event is happening on 8th June.
- Studies are being declined due to staffing capacity. In part this relates to the follow-up burden from COVID studies, alongside new vaccine studies - the pressure on the research delivery teams will continue into late 2021/early 2022.
- Whilst we will receive extra LCRN funds for next year, we will still be running with considerably less resource than was the case two years ago whilst we are now delivering more. LCRN funds increasingly support community research, and fewer programmes now attract Research Capability Funding (RCF).

## **5. BOARD REFERENCE PACK DOCUMENTS**

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

- a) Consultant Appointments;
- b) Honorary Consultant / Emeritus Contracts; and
- c) The Guardian of Safe Working quarterly report (Quarter 4 2020/21) and Annual Report 2020/21.

## **6. RECOMMENDATION**

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

**A R Welch FRCS**  
**Medical Director**  
18 May 2021

**THIS PAGE IS INTENTIONALLY  
BLANK**



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Executive Chief Nurse (ECN) Report						
Report of	Maurya Cushlow						
Prepared by	Elizabeth Harris, Deputy Chief Nurse Diane Cree, Personal Assistant						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>This paper has been prepared to inform the Board of Directors of key issues, challenges and information with regard to the Executive Chief Nurse areas of responsibility. The content of this report outlines:</p> <ul style="list-style-type: none"> <li>• Facilities – update including Covid-19 Response, Staffing and Meeting Patient Needs.</li> <li>• Wellbeing, Staff Support &amp; Development - Critical Care.</li> <li>• Patient Experience Summary - Quarter 4 2020-2021.</li> <li>• Cumbria Cancer update.</li> <li>• Safeguarding Summary - Quarter 4 2020-2021.</li> <li>• Learning Disability Summary Quarter 4 2020-2021.</li> </ul>						
Recommendation	The Board of Directors is asked to note and discuss the content of this report.						
Links to Strategic Objectives	<ul style="list-style-type: none"> <li>• Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</li> <li>• We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes.</li> <li>• Being outstanding, now and in the future.</li> </ul>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients first and providing care of highest standard.						
Reports previously considered by	The ECN Update is a regular comprehensive report bringing together a range of issues to the Trust Board.						



## EXECUTIVE CHIEF NURSE REPORT

### EXECUTIVE SUMMARY

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

Section 1: This month's 'Spotlight' section describes and celebrates the services and staff that make up 'Facilities' which is an integral part of Patient Services. Facilities are essential in keeping our hospitals safe, clean, assuring nutrition and hydration for patients and staff, and many other unseen but essential functions, which enable and support clinical teams to provide excellent patient care.

Section 2: Details of the impressive wellbeing and education project designed to support critical care staff and those who have worked in this area in the last year complementing the wider health and wellbeing offer for staff more broadly in the Trust.

Section 3: Quarter four patient experience and annual patient experience data includes:

- A summary of patient experience projects;
- Complaints data; and
- An equality and diversity update.

Section 4: The transfer of the North Cumbria Oncology Service was completed on 1<sup>st</sup> April 2021 as planned with no concerns, and with evident enthusiasm from the staff.

Section 5: The final two sections are the Quarter 4 updates for Safeguarding and Learning Disabilities.

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

Report of Maurya Cushlow  
Executive Chief Nurse

27 May 2021

## EXECUTIVE CHIEF NURSE REPORT

### 1. FACILITIES



Facilities is made up of four key departments with 1,080 staff consisting of Hotel Services, Catering Services, Portering and Security staff. These staff are integral to the safe and effective delivery of care to patients and to staff in their daily work. With a budget of £28.3 million for 2020-2021 the service ended the year with an underspend of £254k.

This update provides an overview of the last year and key professional and strategic priorities -

- Departmental Challenges, Opportunities and Successes;
- National Policy Changes; and
- Future Plans.

#### 1.1 Overview, Opportunities, Successes

There is no doubt that departments within Facilities have had a challenging 12 months as a result of the Covid pandemic, but throughout this time the team has continued to deliver all core services. Staff have consistently demonstrated their loyalty and pride, even at the height of the pandemic when absence levels rose within Facilities to around 13%. This was hugely challenging, yet the team continued to provide a full professional and outstanding service throughout ensuring patient safety was never compromised.

Facilities always steps up to the challenge, and with the Pandemic in full flow they embarked on fully supporting the Nightingale Hospital North East (NHNE), the Integrated Covid Hub North East (ICHNE) Baltic Laboratory development along with the vaccination centre hub roll outs, whilst maintaining full control of the evolving pandemic situation across the Trust sites. This is in no small part due to the commitment and pride for the service we provide every day to the Trust.

#### 1.2 Catering

Whilst catering income was down by over £800k due to the lack of sales with no footfall and the increased social distancing measures, the Catering team stepped up. They served over 35,000 free packed lunches to Trust staff over the first six weeks of the pandemic as well as supporting the local People's Kitchen to feed the homeless. Fruit & Vegetable stalls at the Freeman Hospital and Royal Victoria Infirmary (RVI) continue to support staff to eat healthily providing fresh produce throughout the week.

Four themed menu days were created to support Black History Month in October 2020, along with recognising other events such as St George's Day and Equality and Diversity week. The patients on the wards also benefited with tea and biscuits in celebration of the 'Big T' event.

At Christmas we prepared and served over 14,000 Christmas themed packed lunches in an effort to bring some Christmas joy to a tired Trust team.

Catering also worked on major off site developments such as the NHNE and ICHNE by creating bespoke catering plans to support both projects. With the successful opening of the Baltic Laboratory, the team provide full catering services to meet the demands of the 24/7 food provision for the 650 plus staff.

Due to social distancing measures, the team looked at alternatives to support staff during rest periods. The piano room was opened to staff and external seating areas were created at the Peacock Hall Bistro, adjacent to the Chapel and the Outpatient department. This was supported by the Trust Charities for the purchase of tables and chairs. This has allowed staff space and fresh air during their well-deserved breaks which is crucial for their well-being.

Facilities led the development of a new staff facility at the Leazes Wing of the hospital to offer additional staff space for respite and recovery, a well overdue facility which is now well used.

Plans this year will focus on developing a capital plan for the service as much of the existing catering equipment is coming to the end of its natural working life to ensure that we continue to provide the level of support required for patients and staff.

The catering team's goal in moving forward is to remain at the forefront of nutritional food service delivery to patients, "Food is medicine". The team plan to expand the existing food services and the introduction of an electronic meal ordering (EMO) system in year will significantly improve the patient experience whilst reducing food waste by at least 10%. For staff a 'food to go' app is planned in the coming months, which will allow staff across the RVI to order and have their food delivered to a set location.

### 1.3 Portering and Security

The Porters have had a challenging time in this last year and the staff have worked closely with Infection Prevention and Control (IPC) to ensure patients and staff were protected during transfers and that appropriate Personal Protective Equipment (PPE) was used at all times. The team have responded to increased waste collections and a complete change in some cases to how they have been required to work. Our Portering teams have successfully provided collection and delivery of blood products, thousands of specimens, over 2,000 tons of clinical/sharps waste and over 7,000,000 dirty/clean linen items per year. With over 530,000 postal items being franked every week, collection and delivery of loan library equipment, furniture and ad-hoc equipment amounting to 7,669 jobs in April 2021 alone. This, alongside 14,263 patient movements also completed in the same month demonstrates the breadth of their role.

Our very small team of well-respected Security Officers (SOs) continually support and protect staff, patients, visitors and Trust property from anxious, challenging and sadly, at times violent patients and visitors. Although we have seen a drop during the pandemic of patient and visitor numbers there has been increased verbal and physical abuse against

Trust staff which our SOs have respond to with professionalism and dignity. On an almost daily basis, the team use various techniques from de-escalation and negotiation skills, to control and restraint, to correctly preventing those with intent from either hurting themselves or others. This small, professional and dedicated team dealt with 1,203 security incidents in 2019/2020 and 1,077 in 2020/2021.

#### 1.4 Hotel Services

As an organisation we are very proud of our cleanliness and environmental standards evidenced by our last Patient-Led Assessments of the Care Environment (PLACE) cleanliness score of 99.6% (*second in Shelford group*) and with regular nursing and domestic supervisor audits we continue to provide a safe and clean environment for patients.

Increased use of gowns, scrubs and other PPE added great pressure on the laundry and linen services in the last year with over 6,782,554 items being laundered between April 2020 and March 2021. Enhanced cleaning regimes evoked from the IPC team also saw increased workloads for our domestic teams; in particular the 196% increase in Health Care Associated Infections (HCAIs) cleans with 35,591 Rapid Response (RRs) cleans, over 45% of which, were Covid related cleans.

The RR cleans are an enhanced service carried out following movement of a patient with a known infection e.g. Covid. To achieve this it has been necessary to roster additional RR cleaning teams, part time staff working longer hours, prioritising essential cleaning over non-essential e.g. office areas, all of which kept the flow of patients moving throughout their Trust journey to recovery. The efficiency of the RR cleans ensures that the patient flow is maintained within the hospital, and, keeps beds open directly influencing and improving the patient pathway.

The Hotel Services team played a very important role in relation to PPE, which presented a huge challenge in the pandemic. They worked with NHS England / NHS Improvement (NHSE/I) to assure quality and availability of non-sterile gowns and purchased over 6,000 scrubs which were made available for all staff working within Covid wards. The Hotel services team were also intrinsic to the success of the ICHNE roll out, recruiting new staff to meet the cleaning needs of the 24/7 lab operation ensured a smooth transition from project to full lab operation.

A national policy change merits mention. The National Standards of Healthcare Cleanliness (NHSC) 2021 replace previous standards and seek to drive improvement while being flexible enough to meet the different and complex requirements of all healthcare organisations. Each healthcare establishment can decide how their cleaning resources are best organised for their local environment and services, but meeting the aspects of the new standards is mandatory.

These standards reflect modern methods of cleaning, infection prevention and control and other changes since the last review, including important consideration for cleaning services during a pandemic. The standards emphasise transparency to assure patients, the public and staff that safe standards of cleanliness are met. Facilities are working very closely with

colleagues in the ECN team and IPC to establish how we can ensure Trust compliance and continuation of our current excellent standards of cleanliness and to identify any gaps or risks in delivery.

### 1.5 Summary

In summary, the last 12 months have been one of the most challenging for the Trust, and without doubt Facilities and our staff are at the heart of the Trust. Our team keep patients moving, keep patients and staff nourished in a safe and clean environment every day of the year.

## 2. WELLBEING, STAFF SUPPORT AND DEVELOPMENT

The Board of Directors is aware that based on the trajectory of the pandemic seen in other European countries and the anticipated demand for inpatient Medical and Critical Care capacity escalation, a plan was developed to ensure Critical Care preparedness in line with the NHSE/I Adult critical care COVID-19 staffing framework (NHSE/I 2020). This required training of and redeployment of many staff within and out with Critical Care to support this response.

Additional funding became available and a bid was successfully submitted to support both training and wellbeing for these key staff. This section describes some of this work however, is just one part of the wider approach to well-being for staff across the Trust in response to the pandemic.

### 2.1 Surge Education North East and Yorkshire (NEY) NHSE/I funding proposals

The initial priority focused on training for non-critical care and non-ward based staff in large numbers in short space of time. However, the priority now is to

- Maintain Trust preparedness for all clinical areas and to provide ongoing training and education to the 900 staff trained as part of the COVID-19 response; and
- To respond to any future surges developing a programme of support for their wellbeing both now and in the future.

The funding provided by NEY NHSE/I has enabled the appointment of two additional Clinical Educators and a Senior Nurse for Practice Development who will lead this work.

The education proposal will enhance training already delivered, address any backlog in mandatory training and expedite induction and training for new Critical Care Nurses. The first requirement is to maintain the knowledge and skills of the large cohort of staff who redeployed to the critical care areas during the surges, whilst allowing the staff to access the wellbeing offer outlined above. It is recognised redeployment combined with the COVID-19 pandemic has exposed staff to challenging and distressing situations out with their normal working environment. This work is in addition to, and complementary to the extensive support provided by the Trust for well-being. More detail on the role of Occupational Health will be the subject of a future update to this Board.

The educational offer consists of training incorporating simulation, skills training and clinical supervision. The extra educator posts will allow a larger faculty to facilitate simulation and debriefing. This is in response to the feedback from learners and staff in the critical care areas during surge and through evaluation.

As an example, during the pandemic it was identified that COVID patients frequently required Renal Replacement Therapy (RRT), the training for which is often supplied by external company representatives who were prevented from travelling and attending Trusts. This resulted in the rapid development of online training packages and virtual teaching sessions. The additional clinical educator posts will facilitate the upskilling and creation of super-users to provide support in the units, allowing staff to acquire practical skills.

A further work stream identified is to increase and develop leadership capability. Due to the clinical model for deployment of staff, critical care staff were needed to co-ordinate and oversee the care of a number of patients working with non-critical care nurses. This presented a departure for many experienced critical care nurses from the usual 1:1 accountability for care. Equipping staff with a skill set to confidently lead and delegate would be advantageous not only to prepare for another surge but also to develop leadership capacity within the teams.

In addition to the critical care initiatives described, there are a number of training opportunities that have been identified which will help to create a sustainable model to support staff wellbeing; these are referred to in a separate update to the Board of Directors by the Human Resources Director (agenda item A7).

## 2.2 Wellbeing funding streams and proposals

National guidance and published evidence from previous pandemics and major incidents highlights risks and recommends approaches to support staff well-being in critical care and wider acute hospital and community settings. In collaboration with Psychology, Human Resources, Chaplaincy and the Occupational Health Service the aim is to develop, maintain and sustain education and development for leaders and managers relating to staff well-being and peer-led wellbeing provision beyond the pandemic.

The funding received from NHSE/I augmented by Newcastle Charities for critical care staff and those who have worked in critical care will focus on 3 key areas:

- In-reach psychological and pastoral support, training;
- A visible and accessible presence - through one-to-one support, drop-ins and team support for critical care staff and those who were allocated to critical care in recent months by a Clinical Psychologist; and
- Pastoral and psychological rapid response through in-reach to wards, departments and community teams who have engaged in the pandemic response either directly or indirectly.

NEY NHSE/I funding will augment the above offer, and our plan is to engage in a needs assessment to extend and embed psychological well-being, self-management resources and provide training in psychological first aid and peer-led support. This will be in close collaboration with colleagues in the Occupational Health Service, Chaplaincy, and Mental Health First Aiders and with colleagues engaged in promoting staff well-being.

Integrated Care System (ICS) staff resilience hub spoke funding has also been distributed to health and care providers alongside the ICS hub resources and offers. The funding will support a wider Trust offer, as part of the above team and plan. Training for additional Schwartz Round facilitators and for bespoke rounds for particular teams and leaders across the Trust will also be available in the year ahead.

This team will work with clinical leaders to identify staff needs and collaborate to provide brief interventions, reflective practice sessions, and develop peer-led support systems, resources and links with other services. This is in conjunction with existing staff health and wellbeing processes and policies. The aim is to develop and leave a legacy supporting resilient teams.

### 3. PATIENT EXPERIENCE – QUARTER 4 2020-2021

#### 3.1 Overview

Covid-19 has challenged nearly everything about health care delivery, including the experiences of patients and families. Whilst the full impact of COVID-19 on the NHS has yet to be fully understood, there are many ways in which the Trust has rapidly adapted over the past year to ensure that we continue to deliver an outstanding patient experience.

Since the introduction of virtual patient visiting in April 2020, there have been over 3,000 virtual visits facilitated. During the last 3 months over 1,300 virtual visits have taken place, accounting for 43% of visits for the year. Virtual Visiting is still a valued mechanism for patients to be able to keep in contact with their families and friends during this time. Our visiting policy is reviewed regularly and face-to-face visiting was reintroduced on a scheduled and safe basis in April 2021.

Following the introduction of the virtual outpatient service, the Trust invited patients to complete a review of their experience at the end of the consultation, which has received over 1,000 responses to the survey.

	VERY GOOD	GOOD	NEITHER GOOD NOR POOR	POOR	VERY POOR
Communication about your appointment data/time	749	167	14	11	20
Ease of logging into the system	669	213	39	14	15
How was the connection to the system?	640	211	45	33	22



The heat map above shows that the majority of respondents found the administration, ease of use and connectivity to be of a “very good” or “good” standard, with an average of 93% between these three questions giving a positive response.

Most of the other survey questions asked within the survey demonstrated a similar level of satisfaction with a positive response:

- Staff introduction – 96%
- Listened to and involved in decisions – 98%
- Understood what would happen next – 97%
- Clear consultation – 96%
- Overall Service Experience – 94%

Despite being a new service, which was rapidly introduced, the overall response to this survey is extremely positive. Confidence in using the technology has improved with staff and patients over time, issues with connectivity and speeds have been improved with major infrastructure developments. The patient experience team are working with speciality services across directorates and Newcastle Improvement to capture further data from both patients and staff, which will form further improvement work going forward.

### 3.2 Complaints Activity

The Trust has opened 112 formal complaints in Quarter 4 (Q4), which is a decrease of 28 from complaints opened in Q3 (140). The total number of complaints received this year is 467, which is 168 lower than the 635 complaints received in 2019-20.

Of the 467 complaints that opened, 296 (63%) had a primary concern about clinical treatment. This further breaks down in to sub-subjects, where the medical care is the most common issue (n194), progress of care (n26) and clinical investigation (n22).

There have been 32 complaints that have had COVID as one of the subjects of complaint and 11 complaints where COVID has been the primary reason for complaint.

### 3.3 Learning from complaints

Learning from complaints and feedback has been essential to strengthen and improve the overall experience for our patients. Examples of service improvement following some of our complaints has included:

- Standard operating procedures (SOPS) developed for the training of staff;
- Teaching sessions delivered;
- Dissemination of new research findings via staff meetings;
- Update of Trust policies; and
- Co-produced training to help raise awareness and support patients with a physical disability.

### 3.4 NHS Choices

The Trust received the maximum score rating of five stars from 77% (n99) of comments received in Q4 and 13% (n17) were the lowest score of one star:

ED (5 Star) – *"Thank you so much to all the staff in the eye emergency department at the RVI. Even though they are faced with incredibly difficult circumstances, my son received excellent care. We are so lucky to have this incredible hospital with amazing staff we really appreciate it thank you."*

### 3.5 Adult Inpatient Survey 2019

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

- 658 inpatients responded.
- The Trust results were banded as 'Better than most trusts' in 9 questions.
- The Trust results were significantly lower this year for 1 question - How much information about your condition or treatment was given to you?

In response to this particular issue the Trust has commissioned and is working with EIDO Healthcare - a national provider of quality assured patient information leaflets with the aim of improving the information provided to patients about their condition and treatment. The patient experience team are also reviewing the process for the production and review of internally produced patient information leaflets to ensure they meet patient need.

### 3.6 Patient Involvement and Engagement

During 2020, we continued to actively engage with our patient and public involvement groups (Advising on the Patient Experience, Young Persons Advisory Group North East and Maternity Voices Partnership) via e-mail, newsletters and Microsoft teams to seek their views and involve them in many service improvement projects.

### 3.7 NHS Friends and Family Test (FFT) - free text project

We are one of four Trusts involved in this research project, led by Imperial College, which will use free text comments to help teach the Artificial Intelligence (AI) coding to effectively read feedback and categorise themes and polarity from the FFT.

It is anticipated that when this project is complete, we will be able to build the results into our reporting systems, and working with the Information Service hope to have this integrated into the Power Business Intelligence reporting tool.

This will improve the effectiveness of this vast resource, which provides around 40,000 responses per year. There are many opportunities to use this data as a much more effective indicator of the overall patient experience at a granular level across the Trust.

### 3.8 Freedom of Information

544 freedom of information requests have been received in 2020/21 which was significantly lower than the previous financial year (n= 850). This year has seen a decrease in timeliness of responses (20 working days) with a 43% compliance due to a shift of priorities during COVID-19. This is however, reflective of compliance nationally.

### 3.9 Equality & Diversity

Evidence reports that the pandemic has had a disproportionate impact on particular communities. The patient experience team have captured emerging evidence and reports into the equality impacts of COVID-19 and have listened to the voiced concerns of patients and their families to feed these into decision-making. This has encompassed embedding equality considerations in the development of new policies, guidance and procedures, updating existing policies and processes and introducing specific support measures for patients where identified.

The patient experience team are in the process of finalising the e-learning programme 'English Unlocked' funded by NHS charities, which will be launched through June 2021. This e-learning package consists of 3 short e-learning modules with the aim to support staff understanding and skills to work with people whose first language is not English. Learners will learn through first-hand experience how it feels to be spoken to in a foreign language, and explore how some ways of listening and speaking are far easier to understand.

#### 3.10 In 2021 – 22 the focus for patient experience will be:

- Work in partnership with local communities and voluntary groups in order to ensure that equal and diverse opportunities are promoted to all.
- Continue to embed patient and public engagement in our approaches to service improvement and transformation, in particular the significant transformation plans.
- Improve our use of existing sources of FFT patient experience data to inform continuous improvement and transformation.
- To develop a clear and accessible social media presence to promote patient and public involvement and engagement and encourage patients to take part in surveys at any point during their care and treatment.
- Develop and evaluate the Carers Information and Advice Worker Role.

## 4. CUMBRIA CANCER UPDATE

The transfer of the North Cumbria Oncology Service was completed on 1<sup>st</sup> April 2021, with the NHS England contract moving to Newcastle Hospitals and 90 staff transferring to our Trust under the TUPE transfer HR process. The staff transfer was smoothly concluded with evident enthusiasm from the staff in both Carlisle and Whitehaven in relation to joining the Trust. The new cancer centre construction is now complete; landscaping and the reinstatement of a road which will provide a patient drop off point and designated 'Daft as a

Brush' patient transport parking are nearing completion around the building. The practical completion and building handover will take place on 21 May 2021.

The new Linear Accelerator and CT scanner have been delivered into the building and both are currently undergoing testing and commissioning with a timeline for the commencement of treating Radiotherapy patients in the new building of July 2021. At the same time the administration teams will transfer into the building meaning that level 1 in the building will be functionally operational. The Chemotherapy day unit, along with oncology outpatients will transfer in August/September from Riever House and Main Outpatients respectively, with the building fully operational in September 2021. Plans are being progressed with the North Cumbria Integrated Care (NCIC) estates team to update and enhance the chemotherapy day unit facilities at Whitehaven to match the facilities in both Newcastle and Carlisle.

The Directorate Senior Management Team have been extremely visible in North Cumbria since the service transfer and present on a daily basis. Processes around clinic management, governance and risk management are being reviewed and brought wholly into line with Newcastle Hospitals protocols. Streamlining and centralising of the chemotherapy scheduling processes across both North Cumbria sites have seen a reduction in new chemotherapy start waits from seven weeks in January 2021 to less than one week in April 2021.

## 5. SAFEGUARDING – QUARTER 4 2020/2021

This summary provides a Quarter 4 update including analysis and review of the activity of the safeguarding team, considering new statutory national guidance, emerging issues and local practice developments.

COVID-19 continues to provide challenges to safeguarding practice and training, with social distancing changing the ways of multi-agency working and training. However as noted at a recent Newcastle Safeguarding Adult's Board although challenging, the pandemic has emphasised the need for collaboration and multi-agency working and the strengthening of this practice throughout the pandemic.

Within the Adult Safeguarding Team, activity at the end of Quarter 4 shows a 17% increase comparable to statistics from the same period 2019/2020. Cases continue to demonstrate a sense of intensity in the categories of abuse and risk. Our involvement is not limited to the Newcastle Area and referrals/safeguarding activity supports individuals who live in the surrounding areas due to the regional nature of the Trust's services. By far the greatest area of concern continues to remain self-neglect; this can often include complex young individuals who may be homeless or living in temporary accommodation, who use substances and consequently are vulnerable to exploitation from others. Understanding mental capacity where there is self-neglect is an essential element of support.

There has been a 14% increase in concerns related to domestic abuse, which also includes staff as victims. There has however been a reduction generally in all concerns relating to

staff. The number of referrals made to MARAC by the Trust is comparable to 2019-2020. There are sadly, however two current Domestic Homicide Reviews and two further pending.

Activity for the Children's team overall is marked by an increase in duty calls compared to previous years. The team have been involved in the ongoing agenda around knife crime and gang related incidents by providing the health data and narrative to support Newcastle Safeguarding Children's Partnership.

It had been suggested that Newcastle was amongst the top areas in the country for numbers of knife crime in young people. However, when the data was examined this related to all young people treated in the Trust which was higher because of the tertiary nature of the services we offer.

Safeguarding activity within midwifery for Q4 has been relatively stable as has the category and source of notification. Female Genital Mutilation (FGM) numbers are generally relatively small although the latest Dashboard recorded the highest number of disclosures of 10 in March. The only other aspect of note is a falling trend in the number of Newcastle unborn cases on a Child Protection Plan (CPP).

Process changes due to Covid 19 guidelines identified in previous reports remain in place. Reassuringly the safeguarding of mothers and babies has been maintained with a number of advantages and disadvantages starting to become evident. Many of these are related to the restrictions on partners, family and friends attending appointments / visiting and holding meetings virtually.

### 5.1 Domestic Abuse

The team have also been attending sessions around Drive, which is a perpetrator programme that acknowledges the need to focus on working with perpetrators of domestic abuse. It is hoped that the Domestic Abuse Bill will underline this work. The safeguarding team welcomes the Domestic Abuse Bill and anticipate that this may require further investment in training specific to domestic abuse.

As we have seen prior to and even more so during the Pandemic the impact of Domestic Abuse can cost the lives of individuals, cause significant harm and reverberate for families and those affected for many years.

### 5.2 Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (LPS)

The total number of Deprivation of Liberty Safeguards (DoLS) applications for Quarter 4 is 264, and annually there has been a 10% increase in applications compared to 2019/2020. Ensuring the understanding and application of the MCA is noted within the Safeguarding Risk Register, due to risks to patients, reputational and financial risk. The use of the Mental Capacity Act provides a legal framework enable and care for individuals who may lack capacity. The application of the Act is vital to prevent decisions being made that are not in the best interest and may not support safety and quality of care.

Key future work within MCA is as previously highlighted the transition to LPS which can only be successfully embedded through a strengthened understanding of MCA.

### 5.3 Safeguarding Training

Safeguarding training continues to be a priority. Progress has been made with compliance for Safeguarding Adults Level 3 and almost 78% of staff have now completed their training. Adult Level 3 training commenced in July 2019 and this continued increase in compliance is aiming for greater than 85% compliance by year 3. The introduction of the Trust e-learning Safeguarding Adults Level 3 alongside the Microsoft Teams training sessions have greatly increased compliance and it is hoped that this will continue.

Compliance with Level 3 Children's safeguarding training remains challenging with figures currently running at 78% (the two years previous at 76.64 and 81.09 respectively). Whilst there is a national Level 3 eLearning package on the Electronic Staff Record (ESR), it is heavily medicalised with staff advising it was taking anything up to 8 hours to complete. Therefore, it was decided that a local level 3 package would be provided, with the option of the ESR package if staff preferred.

Although it evaluates well, this has not improved the figures to the level we had hoped. The shortfall equates to approximately 400 staff. Extra training sessions have been put on in an attempt to improve compliance and the safeguarding team are currently in discussions with HR learning and development to develop an on-line local package to encourage uptake.

The Domestic Abuse Bill, LPS and envisaged learning from Local Serious Adult Reviews (SARs) and Domestic Homicide Review (DHR) training will remain a priority. Amongst this work, there is a need to raise awareness and to assure confidence and competency. Training is part of a wider picture of learning and development. Therefore, there may be scope to link the review of this role alongside wider campaigns using social media platforms to continue to highlight the growing safeguarding agenda.

## 6. LEARNING DISABILITY UPDATE Q4 2020/2021

Activity for the Learning Disability Nursing Liaison Service demonstrates an ongoing increase in activity within children's referrals and some evidence of spikes of activity in adults. The appointment of a Band 6 Learning Disability Liaison Nurse has established and strengthened relationships within the Great North Children's Hospital (GNCH) and increased visibility within this area.

There were 410 'facilitation' activities recorded in Q4 compared to 397 in Q3. However, overall there is a slight reduction in the number of cases where there was facilitation in comparison to 2019-2020. Activity expressed in number of cases as in safeguarding does not provide full understanding of the needs of individuals and the range of support and care required.

The team have also received a number of calls asking for support with people who have Autism or ADHD and no learning disability. This will need wider consideration, as the needs of these individuals may be equally as complex.

#### 6.1 Diamond Standards

The North East and Cumbria Learning Disability Network has been working with Learning Disability Liaison Nurses in acute hospitals in the North East and Cumbria to revise reasonably adjusted care pathways (emergency and elective admission pathways) for people with learning disability. These replace the previous learning disability pathways developed 2011. The Learning Disability Diamond Standard Pathways fulfil both the LeDeR and NHS Improvement Learning Disability Standards requirements. The Trust is now building eLearning to support the use of these standards.

#### 6.2 Learning Disability Passports

There is ongoing work with The North East and Cumbria Learning Disability Network considering the advantages of digital passports for patients with a Learning Disability. The existing handheld passports are updated and will be relaunched to coincide with Diamond Standard electronic training.

The Learning Disability Steering Group continue to focus on providing priorities for supporting care for patients with known Learning Disabilities when they access Trust services.

### 7. RECOMMENDATIONS

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

Report of Maurya Cushlow  
Executive Chief Nurse

27 May 2021



THIS PAGE IS INTENTIONALLY  
BLANK



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

**TRUST BOARD**

Date of meeting	27 May 2021		
Title	The Ockenden Report; Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust, 10 December 2020 Newcastle Hospitals Maternity Services Update to the Trust Board.		
Report of	Maurya Cushlow, Executive Chief Nurse		
Prepared by	Jane Anderson, Associate Director of Midwifery		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Summary	<p>The Ockenden Report published on 10 December 2020, is the report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an 'independent review of the quality of investigations and implementation of their recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust'.</p> <p>The purpose of this paper is to provide an update to the Trust Board on the Maternity Services' progression of the High Level Action Plan relating to the 7 Immediate and Essential Actions, 12 Urgent Clinical Priorities, and Newcastle's current position against the initial assurance.</p> <p>A demonstration of workforce planning is required for all staff groups within the Maternity Service; this paper discusses and provides an overview of the current position for both the Midwifery and Medical workforce.</p> <p>To reduce variation in experience and outcomes for women and their families across England, NHS England / Improvement (NHSE/I) is investing an additional £95.9m in 2021/22 to support the system to address all 7 immediate and essential actions consistently. This paper will discuss and provide detail of Newcastle's bid for funding aligned to maternity workforce and training.</p> <p>Associated risks have been identified which align to elements of workforce and the delivery of obstetric training within the Maternity and Neonatal Services.</p>		
Recommendation	<p>The Board of Directors is asked to</p> <ul style="list-style-type: none"> <li>i) Receive and discuss the report;</li> <li>ii) Note the current level of assurance and the identified gaps in assurance as benchmarked in the Maternity Assessment and Assurance Tool (NHSE);</li> <li>iii) Recognise that further detailed work is required to ensure full compliance;</li> <li>iv) Note the associated risks involved; and</li> <li>v) Note the strategic implications arising for all Maternity Services from the Ockenden Review and the impact that this brings for Newcastle Hospitals as the leading Tertiary Centre for the North East.</li> </ul>		
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standards focussing on safety and quality.		

Agenda item A6(ii)a

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the main body of the report.						
Reports previously considered by	Previous report presented to the Trust Board on 28 January 2021.						

## OCKENDEN REPORT UPDATE

### EXECUTIVE SUMMARY

The Ockenden Report published on 10 December 2020 is the report of an independent review of the quality of investigations and implementation of their recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust'. Emerging from this Inquiry were a range of immediate and essential actions, together with a number of urgent clinical priorities which all providers of maternity services were asked to address.

The Trust submitted a self-assessment and assurance tool in February 2021, developing a high level action plan to meet with all recommendations. A review of the assessment and assurance tool was undertaken by the office of the Regional Chief Midwife (NHSE/I) in March 2021. The regional assessment was notified to the Trust in April 2021 and the Directorate have rigorously compared the regional evaluation against the Trust's self-assessment. Assurance is given to the Trust Board that there are no material differences and, therefore, the initial high level action plan remains the same as detailed within this report.

A National portal was launched on 19 May 2021 to enable providers to submit their evidence against the 'minimum evidence requirements'. The Trust has a plan in place to support submission of all evidence by the deadline of 14 June 2021.

NHSE/I is investing an additional £95.9m in 2021/22 to support systems to address the immediate and essential actions arising from the Ockenden Review and bids have been invited. Newcastle submitted a bid on 6 May 2021 to for a total of £1,792,123 to support identified deficits in the Midwifery workforce, together with the additional resource which is required for multi-disciplinary training and which has been identified through completion of a bespoke Training Needs Analysis. The success of this bid will be notified on 30 May 2021. There is a risk that the Trust is not successful for the full amount of the bid to support deficits in the Maternity workforce and multi-professional core competency training. This will need to be considered by the Trust and local commissioners to ensure that the Maternity services continue to deliver safe, effective and high quality services to meet the requirements of the Ockenden Review.

Work continues by the Trust on the progression of the recommendations of the Ockenden Review and it is clear that there is further work to identify how the established gaps can be resolved, including the additional investment required.

Strategic implications for the Trust as a Tertiary centre are as yet unclear, however, the Trust is working with the LMS and other NHS providers within the region to establish and consider the wider implications of meeting with the Ockenden requirements.

## OCKENDEN REPORT UPDATE

### 1. INTRODUCTION

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

### 2. BACKGROUND

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

All units across the country were tasked to complete a Maternity Services Assessment and Assurance Tool to self-assess against the required actions, cross referenced to the 10 Safety Actions contained within The Maternity Incentive Scheme (CNST). These were discussed at the Trust Board Meeting in January 2021. Newcastle's completed Tool was submitted to the Local Maternity System (LMS) and NHS England (NHSE) by the required deadline of 15 February 2021.

To reduce variation in experience and outcomes for women and their families across England, NHSE/I is investing an additional £95.9m in 2021/22 to support the system and address all 7 Immediate and Essential Actions consistently, and to bring sustained improvements in maternity services. This paper will discuss Newcastle's bid against the available funding.

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

The Maternity Services Assessment and Assurance Tool, developed by NHSE and published in December 2020, supports providers in assessing their current position against the 7 Immediate and Essential Actions (IEA) in the Ockenden Report, and to provide assurance of effective implementation to their Board, Local Maternity System (LMS) and NHSE/I regional teams. The Tool provides a structured process to enable critical evaluation and identify further actions and any support requirements. The 7 IEAs in the report have been cross referenced with an additional 12 Urgent Clinical Priorities (UCP) and the 10 Safety Actions within the Maternity Incentive Scheme.

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

In addition to the 7 IEAs and 12 UCPs, the Trust is required to ensure that there are appropriate mechanisms in place for workforce planning across all professional groups with specific focus on the leadership within the Maternity Services.

There is a requirement to review the approach to National Institute for Health and Care Excellence (NICE) guidelines in Maternity and provide assurance that these are assessed and implemented where appropriate.

Table 1 below presents the 7 IEAs together with the 12 UCPs, illustrating Newcastle Hospital's position on submission of initial gap analysis.

Since the Trust's initial self-assessment, work has continued in progressing all actions, updated as follows:

**Immediate and Essential Action (IEA) 1;** a draft Regional surveillance dashboard has now been agreed; Newcastle's first submission has been made through the LMS and presented to the Trust's Executive Team. This work is ongoing with the LMS and therefore, remains partially compliant at present.

**IEA 1;** work is on target to enable reporting of key metrics to the Trust Board through the May 2021 Integrated Board Report (IBR). Serious incidents will be reported to the Quality Committee and Trust Board through the IBR and shared with the LMS as is required.

**IEA 3;** a training needs analysis has now been completed and ratified through the Obstetric Governance Group. The request for additional funding for multi-disciplinary training is included in the Ockenden bid.

**IEA 5;** is now complete with a process in place to ensure that women are risk assessed at every contact in the antenatal period. An audit mechanism is in place.

A review of Newcastle's submission of the Assessment and Assurance Tool has been undertaken by the office of the Regional Chief Midwife (NHSE/I), this was returned to the Trust on 1 April 2021.

The Senior Leadership Team within the Directorate have rigorously compared and contrasted the regional evaluation against the Trust's self-assessment. This exercise indicates some nuances in the criteria used in external assessment. Assurance is given to the Trust Board that there are no material differences and therefore the high level action plan remains the same and has been updated (Table 2).

The external review will be used as a working document by the Directorate to ensure that consideration of the regional evaluation is made when submitting evidence to the national portal. This will provide assurance to the Trust Board that all criteria has been robustly

assessed by the Trust and is supported by evidence. The portal, a repository for the submission of evidence opened on 19<sup>th</sup> May 2021 and will close to submissions on 14<sup>th</sup> June 2021.

**Table 1**

Immediate & Essential Action	Urgent Clinical Priorities	Compliance
<b>1. Enhanced Safety</b>		
■ Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks.	Perinatal Clinical Quality Surveillance Model	Partial
■ Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and LMS oversight.	SIs shared with Boards/LMS/Healthcare Safety Investigation Branch (HSIB)	
<b>2. Listening to Women and their families</b>		
■ Maternity services must ensure that women and their families are listened to with their voices heard.	Robust service feedback mechanisms	Fully
	Executive/Non-Executive Directors in place	
<b>3. Staff training and working together</b>		
■ Staff who work together must train together.	Consultant led ward rounds twice daily	
	Multidisciplinary Team (MDT) training scheduled	Partial
	CNST funding ring fenced for maternity	
<b>4. Managing complex pregnancy</b>		
■ There must be robust pathways in place for managing women with complex pregnancies.	Named consultant lead/audit	
■ Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and/or referred to a maternal medicine specialist centre.	Development of Maternal Medicine Centres	Fully



Immediate & Essential Action	Urgent Clinical Priorities	Compliance
<b>5. Risk assessment throughout pregnancy</b> <ul style="list-style-type: none"> <li>■ Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.</li> </ul>	Risk assessment recorded at every contact	Partial
<b>6. Monitoring fetal wellbeing</b> <ul style="list-style-type: none"> <li>■ All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.</li> </ul>	Identified midwifery & obstetric leads	Fully
<b>7. Informed consent</b> <ul style="list-style-type: none"> <li>■ All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.</li> </ul>	Pathways of Care clearly described, on website	Fully

#### 4. MATERNITY WORKFORCE PLANNING AND INVESTMENT

Three key areas of investment for local delivery to support the full implementation of the Ockenden report are Midwifery workforce, Obstetric workforce and multi-disciplinary training. Newcastle submitted a bid on 6 May 2021 to NHSE/I for a total of £1,792,123.

The components of the bid include deficits in the Midwifery workforce identified in comparing current funded establishment against the external Birthrate Plus review, together with additional time required for Midwives, Obstetricians and other key staff from different specialities to undertake multi-professional training.

Newcastle's responsibility as an anchor organisation for collaborative perinatal surveillance across the region has also been considered within the bid.

##### 4.1 Midwifery Workforce

A Birthrate Plus workforce review was undertaken in October 2020 which has enabled the Directorate to compare the recommended levels of staffing for the Maternity Unit against the current funded establishment. A plan is in place to ensure that optimisation of the Midwifery workforce is prioritised; a more detailed timeframe to meet the workforce deficits will be possible after 30 May 2021, when the success of the Ockenden bid for funding will be known. This detail will be included in the regular staffing reviews to the Trust Board, together with updates in relation to Ockenden.

As part of the workforce review, the Trust is required to describe how the organisation meets the maternity leadership requirements as set out in the manifesto of the Royal

College of Midwives Strengthening Midwifery Leadership. This element will be incorporated into the overarching review and planning of the Midwifery workforce within the Trust.

#### **4.2 Neonatal Medical Workforce**

A business case submitted to support an increase in Tier 2 medical staffing has been approved by the Executive Directors. Recruitment is underway and it is anticipated that appointed candidates will be in post by September 2021.

#### **4.3 Neonatal Nursing Workforce**

The Dinning Tool has previously been utilised to inform nurse staffing within the Neonatal Unit. Using the Dinning Tool, a repeat review will be undertaken to ensure resource remains sufficient to support an additional six low dependency cots, due to open in July 2021. This exercise will enable appropriate plans to be made to ensure that staffing remains within safe parameters within the Neonatal Service.

#### **4.4 Obstetric Medical Workforce**

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

### **5. HIGH LEVEL ACTION PLAN**

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

Table 2

The Newcastle upon Tyne Hospitals NHS Foundation Trust Maternity Services Assessment and Assurance Tool High Level Action Plan to support the initial outstanding actions: 19 <sup>th</sup> January 2021				
Immediate and Essential action (IEA)	Urgent Clinical Priority (UCP)	Action required to meet recommendation	Lead/s	Completion Date
<b>Enhanced Safety</b>	Perinatal Clinical Quality Surveillance Model	<p>Work has commenced on the implementation of this model; a draft plan will be completed and confirmation of implementation will be reported to the Trust Quality Committee and the LMS and Trust Boards.</p> <p><b><u>Update 04.05.21</u></b></p> <p>A draft Regional surveillance dashboard has now been agreed; Newcastle's first submission has been made and presented to the Trust's Executive Team.</p> <p>Work is on target to enable reporting of key metrics to the Trust Board through the May 2021 IBR.</p>	<p>Associate Director of Midwifery</p> <p>Head of Obstetrics</p> <p>Clinical &amp; Quality Effectiveness Midwife</p>	<p>15.02.21</p> <p>Revised date for submission to Trust Board through IBR May 2021</p>
	SIs shared with Boards/LMS/HSIB	<p>Awaiting agreed structure and Terms of Reference from regional teams for sharing of information; this will form part of the Perinatal Clinical Quality Surveillance Model.</p> <p><b><u>Update 04.05.21</u></b></p> <p>Regional surveillance dashboard now in place; awaiting additional information on the level of detail required and reporting mechanism. SI's will be reported to the Trust Quality Committee and the Trust Board through the IBR (see above).</p>	<p>Associate Director of Midwifery</p> <p>Head of Obstetrics</p> <p>Clinical &amp; Quality Effectiveness Midwife</p>	May 2021

<b>Staff training and working together</b>	MDT training scheduled	Revised Training Needs Analysis (TNA) required to incorporate national core competencies.  <u><b>Update 04.05.21</b></u> Completed.	Consultant Obstetrician (Training Lead)  Practice Support Team	15.02.21  Completed
	Confirmation that funding allocated for Maternity staff training is ring-fenced  CNST funding is ring fenced for Maternity Services	Review to be undertaken with regard to the additional resource required within the workforce budget to ensure capacity to deliver the maternity core competency framework.  Analysis from this review to be progressed through the Board Assurance Framework.  <u><b>Update 04.05.21</b></u> Analysis of additional resource aligns to current workforce review. Ockenden funding bid to include training resource; results notified on 30.05.21.	Clinical Director  Directorate Manager	Report to Trust Board May 2021
<b>Risk assessment throughout pregnancy</b>	Risk assessment recorded at every contact	Newly implemented risk assessment documentation requires robust implementation of the audit schedule.  <u><b>Update 04.05.21</b></u> Audit schedule in place; evidence saved.	Head of Obstetrics  Midwifery Matrons	15.02.21  Completed



Actions to support Maternity Workforce planning				
		Action required to meet recommendation	Lead/s	Completion Date
<b>Midwifery workforce</b>	A plan in place to meet the Birthrate Plus standard	<p>Complete gap analysis and create action plan with timescales for full implementation.</p> <p><b><u>Update 04.05.21</u></b></p> <p>Gap analysis completed; work continues on the plan and timescales for full implementation of recommendations. This is aligned to the funding bid, the results of which will be notified on 30.05.21.</p> <p>Details will be contained within the Trust Board Nursing and Midwifery Staffing Report May 2021.</p>	Associate Director of Midwifery  Directorate Manager	<p>15.02.2021</p> <p>Initial gap analysis completed.</p> <p>Staffing Report to Trust Board May 2021.</p>

## **6. NICE GUIDANCE RELATED TO MATERNITY**

The Trust intranet Clinical Guideline Database holds internally and externally endorsed Maternity guidelines. With each new or revised iteration of a NICE maternity guideline the Service assesses assurance with compliance. Local guidelines which are not NICE compliant are added to the Directorate risk register and feed through into Trust Governance processes.

## **7. STRATEGIC IMPLICATIONS**

As a Tertiary centre the Trust is working with the LMS and other NHS providers within the region to establish and consider the wider implications of meeting the Ockenden requirements. At present there is nothing further to update to the Trust Board on this element, however, this will be an item for discussion at the next LMS Board meeting in May 2021 and updates will be provided in future reports.

## **8. RISKS**

There is a risk that the Trust is not successful for the full amount of the bid to support deficits in the Maternity workforce and multi-professional core competency training. This will need to be considered by the Trust and local commissioners to ensure that the Maternity services continue to deliver safe, effective and high quality services to meet the requirements of the Ockenden Review.

The Maternity Transformation Programme, Better Births (NHSE 2016) directs that all providers of maternity services move towards models of care which support continuity of carer. This relies on a funded workforce establishment aligned to the recommendations of Birthrate Plus as a baseline starting point.

The amount of progress the Trust can make in moving towards the whole service remodelling which is required for Better Births is dependent upon securing the additional funds for the maternity workforce.

An update on the plans for achieving aspirations of Better Births will be shared at a future Trust Board meeting.

## **9. CONCLUSION**

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

## **10. RECOMMENDATIONS**

For the Board of Directors to:

- i) Receive and discuss the report.
- ii) Note the current level of assurance and the identified gaps in assurance as benchmarked in the Maternity Assessment and Assurance Tool (NHSE).
- iii) Recognise that further work is required to ensure full compliance.
- iv) Note the National investment opportunity aligned to the maternity workforce and training and Newcastle's bid for funding.
- v) Note the strategic implications arising for all Maternity Services arising from the Ockenden Report and the impact that this brings for Newcastle Hospital as the leading Tertiary centre for the North East.

**Report of Maurya Cushlow  
Executive Chief Nurse  
27<sup>th</sup> May 2021**

**THIS PAGE IS INTENTIONALLY  
BLANK**





**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

**TRUST BOARD**

Date of meeting	27 May 2021						
Title	Nursing and Midwifery Staffing						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Elizabeth Harris, Deputy Chief Nurse Ian Joy, Associate Director of Nursing						
Status of Report	Public	Private		Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance		For Information			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Summary	<p>This report comprises the Nursing and Midwifery Staffing (2020/21) annual review and the quarterly safe staffing assurance report. It fulfils the recommendations of the NHS Improvement 'Developing Workforce Safeguards' guidance (October 2018), and adheres to the recommendations set out by the National Quality Board (NQB 2016): How to ensure the right people, with the right skills, are in the right place at the right time. It updates the Board in relation to the following:</p> <ul style="list-style-type: none"> <li>• Actions agreed in the 2019/20 Nursing and Midwifery Staffing Six Month Interim Review (section 2).</li> <li>• Setting evidenced based staffing establishments (section 3).</li> <li>• In-patient Skill Mix (section 4).</li> <li>• Vacancy and turnover data for Nursing and Midwifery (section 5.1).</li> <li>• Monthly planned and actual staffing fill rates (section 5.3).</li> <li>• Care Hours Per Patient day (CHPPD) figures (section 5.4).</li> <li>• Three monthly staffing assurance review (section 5.5).</li> <li>• Covid-19 and Safe Staffing (section 6).</li> </ul>						
Recommendation	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Receive and review the annual review from April 2020- March 2021.</li> <li>• Review and note the progress with the actions from the six-month interim review.</li> <li>• Comment on the content of this approach which has been prepared in line with national guidance.</li> <li>• Acknowledge and comment on actions outlined within the document.</li> <li>• Receive and review the quarterly staffing and outcomes review from January, February and March 2021.</li> </ul>						
Links to Strategic Objectives	<ul style="list-style-type: none"> <li>• To put patients at the heart of everything we do and providing care of the highest standard focussing on quality and safety.</li> <li>• Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential performance.</li> <li>• Being outstanding, now and in the future.</li> </ul>						
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability

Agenda item A6(ii)b

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

## NURSING AND MIDWIFERY STAFFING REVIEW REPORT

### EXECUTIVE SUMMARY

This report combines the Nursing and Midwifery Staffing (2021/21) annual review report with the quarter four safe staffing report. The purpose is to provide assurance that the Trust is compliant with national guidance in relation to safer staffing.

The following key points are noted:

- In line with national guidance, the nurse staffing review process has been completed for all inpatient wards and budgets have been agreed for the financial year 2021/22 following meetings with the directorate and financial management teams.
- With the exception of the adult and paediatric wards highlighted in this report, the establishments remain broadly fit for purpose whilst acknowledging the changes in the acuity and dependency of the patients in the last year.
- The Birthrate Plus review in Maternity Services has been analysed and demonstrates a shortfall in the required Registered Midwifery (RM) workforce of 18.56wte, an increase of 6% RMs.
- The Nurse Staffing and Clinical Outcomes Group continues to provide monthly oversight and assurance in regards to safer staffing. No ward action plans require highlighting to Board at this time in line with the agreed escalation criteria.
- Focused work continues to maximise recruitment and retention overseen by the Nursing and Midwifery Recruitment and Retention Group. The Trust position is strong and work is on-going to maximise international recruitment and Healthcare Support Worker recruitment in line with national work streams.
- The rapid and responsive movement of staff to respond to Covid-19 has been overseen by the Senior Nursing Team and based on existing evidence based tools and assurance processes to ensure safer staffing levels.
- Based on this annual staffing review, six key actions are outlined for the year ahead in section 7. The Trust Board are asked to review and comment accordingly.

## **NURSING AND MIDWIFERY STAFFING REVIEW REPORT**

### **1. INTRODUCTION/BACKGROUND**

This report combines the Nursing and Midwifery Staffing (2021/21) annual review report with the quarter four safe staffing report. The purpose is to provide assurance that the Trust is compliant with national guidance in relation to safer staffing. The National Quality Board (2016) and Developing Workforce Safeguards (2018) documents articulate the requirement to undertake an in depth nursing and midwifery staffing review annually with an interim review and update on actions highlighted to the Board at six months.

It is acknowledged that the Covid-19 pandemic has had a significant impact on the deployment of staff across the Trust. There has been robust professional leadership in place, supported by existing safe staffing governance frameworks and pandemic specific escalation criteria to ensure the safe and effective deployment of staff throughout. Alongside this, the senior nursing and midwifery team have undertaken a nurse staffing review in line with national guidance; acknowledging the impact of the pandemic on data analysis. The actions and outcomes form part of our detailed baseline and audit trail and support robust governance if future changes are required.

### **2. 2019/20 NURSING AND MIDWIFERY STAFFING REVIEW UPDATE**

#### **2.1 Progress since six month interim review**

In line with national guidance a comprehensive six month interim review report of safe staffing was presented to the Board in November 2020. The report reviewed the progress against the actions outlined in the 2019/20 annual staffing review.

At the end of that review, actions were identified that required completion in the 2020/21 financial year. All actions were reviewed and actioned where possible. Exceptions to this are noted below:

- Undertake an in-depth nurse staffing review in the Emergency Department when the tool is available.
- Complete and review the acuity and dependency data within Community services to support staffing and skill mix requirements and to work with the Shelford Group in the development of Community evidence based tool.

Both actions will be referenced and discussed in section 3.

### **3. SETTING OF EVIDENCED BASE ESTABLISHMENTS - (Review of data April 2019 – March 2020)**

#### **3.1 Adult and Paediatrics**

##### **3.1.1 Acuity and Dependency Tools**

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

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

Under the SNCT licence agreement and in line with guidance all matrons and senior ward staff are required to complete inter-rater reliability scoring to assure validity of the levels of care identified by staff for establishment setting. A training process has been implemented to ensure all new staff complete their training during their preceptorship period and all existing staff have been trained and assessed.

### **3.1.2 Outcome of the data review**

Since the November update, the Senior Nurse (N&M Staffing) has met with each directorate's Matrons and Senior Sisters/Charge Nurses to discuss the results of the 20 day SNCT data capture which took place in September. This discussion involved review of the SCNT data analysis alongside other safe staffing metrics including nurse sensitive indicators. A subsequent meeting was held with the Associate Director of Nursing, Directorate Management Teams and Finance colleagues to agree establishments for the 2021/22 financial year, identifying any areas requiring investment or areas of risk.

The following key points and actions were noted:

- There has been a noticeable increase in the acuity and dependency of patients compared to pre-pandemic levels. This is particularly evident in Older People's Medicine and Surgical disciplines. Work is underway to benchmark with local Trusts to see if this is a regional picture. A second 21 day data collection is being undertaken in April and May. If this trend remains consistent, these areas may require additional funded resource or a sustained reduction in bed capacity to mitigate risk.
- Ward 1a and 9 in the Great North Children's Hospital (GNCH) were identified as having a gap between the required versus actual establishment due to the acuity and dependency profile of the patients, despite some beds being closed. As per national guidance, changes to establishment should not occur until a minimum of two data sets are obtained at two distinct points in the year. It was agreed to review again after the next data capture and bed capacity is being flexibly managed in the short term to mitigate any risk.
- Ward 7 in the GNCH has a small nursing establishment with an unpredictable clinical workload and therefore existing tools are not accurate in assessing the required establishment. An increase in activity is causing a sustained workforce and cost



pressure. Professional judgement suggests this requires a small substantive increase in funding and will be progressed via a business case once the demand template has been agreed and costed. In the short term this is being managed through over-recruitment in the directorate.

- The data capture in September confirmed the need for additional registered nurse (RN) on night shift for Ward 34 and 35 Northern Centre for Cancer Care (NCCC) at the Freeman Hospital (FH). This is managed locally and safely whilst a business case is being progressed.
- There are two wards at the FH who have two RN on nights in the funded establishment supported by two healthcare assistants (HCA). Based on acuity and dependency metrics it is recommended that the RN numbers be changed to three and HCA to one. This is currently being explored and costed by the relevant directorates.
- All other areas were noted to be appropriately funded with rostering demand templates aligned to SNCT recommendations.

### **3.2 Urgent and Emergency Services**

The release of the establishment setting tool for Emergency Department (ED) had been delayed nationally due to the Covid-19 Pandemic. A data collection will be completed alongside the collection of SNCT data in the autumn. In the interim staff will complete required training in preparation for this work.

Due to the impact of the pandemic, additional staffing resource has been allocated to the emergency pathway on a non-recurrent basis and staff appointed into these posts. This mitigates any risk in the short term whilst the formal data capture is undertaken and the long term staffing requirements understood.

### **3.3 Neonatal Services**

Staffing in Neonatal units is based on the commissioned cot base and activity. In Newcastle, the British Association of Perinatal Medicine (BAPM) standards are used as a framework to manage the workload and staffing. In line with NQB (2018) guidance for Safe and Sustainable Care in Neonates, a workforce review is required at least annually or more frequently if changes are planned. Staffing reviews were completed in May and October 2020 due to cot expansion, using the Dinning tool which is similar to the Safer Nursing Care Tool, but specific to Neonates. A further review was due to take place in March this year but has not been completed due to the cot expansion being delayed. A review will be undertaken once all the cots are open.

Although the total establishment is broadly fit for purpose, the review recommends a greater number of Band 6 staff compared to Band 5. This is being reviewed and a risk/benefit analysis undertaken. It is anticipated that this can be rectified within the existing budget.

### **3.4 Community District Nursing Services**

Currently there is no available evidence based workforce planning tool for Community District Nursing Services. The Shelford Group and NHS England/Improvement (NHSE/I) have commissioned work to develop a Community Nursing SNCT. As a Trust, we have expressed an interest to be part of the development of the tool and are awaiting further information.

There has been substantial responsive service transformation in the last year in community services as a result of the pandemic. It is therefore necessary and timely to do an in-depth and substantial review of community services in this financial year supported by the new national tool.

### **3.5 Maternity Services Review**

Nationally, Maternity Services are under intense and increasing scrutiny due the findings of various governing bodies, and the public inquiries of Kirkup (2015) and Ockenden (2020). In addition, the key deliverables required of providers within NHS England's Maternity Transformation Programme and Better Births (2016), lay down specific requirements with regard to workforce planning and changing models of maternity care. Alongside this, the Trust has recently had an external BirthRate Plus review, the results of which have been analysed. This review has shown a shortfall in registered Midwives equating to 18.56 WTE (circa 6%) RMs). A summary of the Birthrate Plus review and the Ockenden action plan can be found in the separate Ockenden update to the May 2021 Trust Board (agenda item A6(ii)a).

Operationally, a requirement of The Maternity Incentive Scheme Year 3 (NHS Resolution 2020), is the provision of 1:1 care for all women in labour and 100% supernumerary status of the Labour Ward Co-ordinator. In the period 1st September 2020 to 1st March 2021 six occasions were recorded on the Birthrate Plus® Acuity Application where the Midwife was not able to provide continuous one to one care and support for a woman in labour. Three of these occasions were recorded on the Delivery Suite and three on the Birthing Centre. During this same period there was one occasion where the Delivery Suite co-ordinator was the named Midwife for a woman receiving care on the Delivery Suite.

All six occasions as described above were associated with significant peaks in clinical activity as opposed to staffing pressures. The six occasions were sporadic in nature, separated by several weeks. There were no adverse incidents where red flags occurred and the appropriate escalation and professional actions were taken in mitigation.

In line with national guidance the Midwife to birth ratio is monitored and reviewed. The current ratio is 1:27 which is broadly aligned to similar Trusts nationally. Planned and actual staffing has also been recorded daily and reported in-line with national guidance. This has been maintained throughout the Covid-19 pandemic. The average day shift registered midwifery fill rate across the Maternity Unit was 99% with a night shift average of 97%. Where any shortfalls against plan were noted a review of acuity was undertaken, together with professional judgement, to ensure the most appropriate utilisation of the available workforce and preserve safety. Alongside this, operational workforce planning consistently considers the effect of COVID-19. There has been no significant impact on staffing levels caused by the pandemic and the Trust has in place a rigorous escalation and business continuity plan to ensure that staffing remains at optimum levels at all times.

#### 4. IN-PATIENT SKILL MIX

Although there is national guidance relating to establishment setting there is no formal guidance regarding skill mix which is largely based on professional judgment using the outputs of the acuity and dependency data. Our skill mix ratios are benchmarked locally and nationally and there has been no significant change in skill mix since the last staffing review.

##### ***Key points to note:***

- There is no national guidance around the integration of Nursing Associates into the workforce in terms of numbers per ward or as a percentage of the workforce. Internally the Trust has agreed local skill mix parameters and ensured this is aligned to existing safe staffing guidelines. Any impact on quality is monitored through the Nurse Staffing and Clinical Outcomes Group.
- Maternity skill mix is currently being reviewed as part of the Birthrate Plus review. It is noted however that the percentage of specialist midwives in the Trust is currently 21.57% against a national recommendation of 27.73%. This is under review within the directorate.

#### 5. NURSE STAFFING METRICS

##### **5.1 Vacancy and Turnover Data**

The updated vacancy and turnover data has been reviewed:

- The Nursing and Midwifery Recruitment and Retention Group continues to improve the vacancy and turnover position with an agreed work plan. Two virtual open days were held in March and April for Nursing, Midwifery and Operating Department Practitioner (ODP) students and qualified staff wishing to join the Trust. Both days were successful with positive feedback.
- Based on the March 2021 data for staff in post the Band 5 vacancy rate was 5.2% (143wte) with a total registered workforce vacancy of 3.9% (172wte). Recent recruitment has been very successful.
- International recruitment continues in line with the national focus on maximising this opportunity. The Trust has agreed to recruit 75 nurses from India and the Philippines in the next year supported by national funding. 26 Indian nurses were due to be deployed in April but this was postponed due to the pandemic in India. At present there is no agreed deployment date.
- Vacancy rates in Maternity remain low with recruitment to turnover vacancy only and no sustained deficit.
- There has been significant focus on recruitment of Healthcare Support Workers (HCSW) from NHSE/I in the last six months with funding available to support recruitment to an operational zero position. The Trust has set up a task and finish group to maximise this work stream. Due to successful recruitment there are currently less than 15wte posts vacant. This is a significant achievement.

##### **5.2 Red Flags and Datix (April 2020-March 2021)**

Each month Adult and Paediatric red flag and Datix incident data is reviewed by the Nurse Staffing and Clinical Outcomes Group to identify trends and areas of concern, at ward and directorate level. Themes from this data are used to inform responsive and planned nurse staffing reviews and inform future establishment requirement.

***Key points to note:***

- There were no notable trends in the submission of staffing related Datix with the vast majority relating to unpredictable shortfalls in staffing due to sickness or increased acuity.
- An update to the Datix system has improved data quality with regard to incidents where staffing was identified as a potential contributing factor.
- Red flags in the SafeCare system have been utilised effectively with a mix of red flags identifying shortfalls in staffing and increased acuity of the patients. This information is frequently supplemented by professional judgement allowing these incidents to be managed and mitigated responsively.
- Red flags continue to be auto generated via the nurse day count system due to the shortfall in registered nursing time. This supports effective review by the Nurse Staffing and Clinical Outcomes Group.

**5.3 Planned and Actual Staffing (April 2020-March 2021)**

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

***Key points to note:***

- The Nurse Staffing and Clinical Outcomes Group continue to review the individual ward fill rates with other staffing metrics on a monthly basis.
- Registered professional fill rates have remained broadly static on day shift at 96% and night shift 95%. This is due to a combination of the efficient use of SafeCare to deploy staff and the reduction in bed capacity on some wards.
- HCA fill rates remain static with night shift fill rate at 107% and dayshift fill rate 94%. These figures include nursing students whilst on paid placements during the first and third Covid -19 waves between April and September 2020 and January to March 2021. This is well understood and has been closely monitored.

**5.4 Care Hours per Patient Day (CHPPD) (April 2020-March 2021)**

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



Appendix 1 outlines the average CHPPD figures per clinical sub speciality and benchmarked against the national average.

**Key points to note:**

- The Trust average CHPPD for February (last national data capture) is 10.1 with a national average 9.6. The data accuracy has been substantially impacted by the pandemic and increased number of critical care patients over the last year making it impossible to draw any meaningful conclusion from this figure.
- At present there is no mechanism to benchmark actual figures against required. Therefore, a higher number may represent inefficient utilisation of the workforce rather than a more positive position.
- Due to Covid-19, wards across the country have changed their primary function and this has altered the accuracy of ward level and speciality level benchmarking. We broadly remain aligned with no areas of concern with all metrics reviewed as part of the nurse staffing review process.
- Specialist areas continue the re-occurring theme of demonstrate the greatest variance against the national average. This trend is well understood locally and nationally.

### **5.5 January to March 2021 Nurse Staffing and Clinical Outcomes Review**

Any ward demonstrating a RN day fill rate of less than 85% is reviewed by the Nurse Staffing and Clinical Outcomes Group alongside all other wards, which have flagged due to a high staffing or outcome risk score; any ward requiring medium level support after review for two consecutive months will be highlighted to Board.

- Between January and March, no wards required medium level support and therefore no action plans are presented.
- All wards, which altered from their primary function due to Covid 19 were monitored monthly.
- The reduction in bed capacity and temporary closures of wards has been taken into account to ensure accurate representation of the data.

Month	No. of Wards Reviewed	Directorate	Monitor	Low Level Support	Medium Level Support	High Level Support	No support required
January	13	X3 NCCC x1 EPOD x2 MSK x4 Internal Medicine x1 Surgical Services	4	8	0	0	1



		x 2 Cardiothoracic Services x 1 Peri-Op and Critical Care					
February	13	x1 EPOD x4 Musculoskeletal Services x1 Internal Medicine x3 Cancer Services x1 Cardiothoracic Services x1 Children's Services x1 Urology and Renal Services	3	9	0	0	0
March	8	x2 Musculoskeletal Services x1 Surgical Services x1 EPOD x3 Cancer Services x1 Urology and Renal Services	1	4	2	0	1

## 6. COVID-19

Although this report is designed to provide an update of the 2020/21 year end staffing review, the extraordinary events and response to the global pandemic have been included for information and assurance. In recent reports, the Board has been apprised of a number of measures established to manage and mitigate staffing risk and these measures continue. More recent updates are noted below:

- All staff who were released from the clinical directorates to support the surge in critical care have now returned. The ECN team, supported by colleagues in HR developed a document outlining principles for redeployment to ensure staff were supported in terms of well-being and education and during transition back to their base units.
- A number of registered and un-registered staff from other directorates are still supporting the provision of high level respiratory care on Ward 49 Royal Victoria Infirmary (RVI). Funding has been agreed on a non-recurrent basis to staff this unit as a mixed respiratory/surge critical care unit until March 2022. Work is underway to recruit staff into these posts. A continued package of education and rotation is in place to maintain a skilled workforce.
- In light of the reduction in Covid-19 cases and in-line with agreed safer staffing escalation criteria, normal business as usual safer staffing governance process are currently in place. This is under regular review.
- As outlined previously in this report, additional non-recurrent funding is in place to further support the emergency pathway. Staff have been recruited to these areas and have now commenced in post. This will be reviewed at the end of July. If additional staffing resource is no longer required, any over-establishment will be managed through natural turnover.
- There is still a requirement to support the Covid-19 swabbing service, asymptomatic staff testing and the test and trace service. To ensure the most effective service provision, these teams have been amalgamated and are overseen by one of the Associate Directors of Nursing. Funding has been agreed for the service until the end of September when this will be reviewed.

- There will be a requirement to remain flexible and responsive to manage safer staffing in the next year due to increased demands on the elective profile, the need for wide spread transformation and the necessity to continue to manage Covid-19. The Senior Nursing Team continues to work closely with the wider teams to ensure a pro-active and cohesive approach.

The Senior Nursing Team is assured of the robust governance and oversight of the processes outlined and will continue to monitor impact via existing processes.

## **7. CONCLUSIONS AND ACTIONS**

From this annual review, the following conclusions have been drawn:

- In line with national guidance, the nurse staffing review process has been completed for all inpatient wards and budgets have been agreed for the financial year 2021/22 following meetings with the directorate and financial management teams.
- With the exception of the wards highlighted in this report, the establishments remain broadly fit for purpose whilst acknowledging the changes in the acuity and dependency of the patients in the last year.
- The rapid and responsive movement of staff to respond to Covid-19 has been overseen by the Senior Nursing Team and based on existing evidence based tools and assurance processes to ensure safer staffing levels.
- The outputs from the Birthrate Plus review has been analysed. The conclusions have been presented to the Board in a separate report.

The following actions are proposed:

- Undertake a review of neonatal staffing with the support of the Dinning Tool once the cot expansion has been completed and there is adequate data at full capacity.
- Undertake a review of the Emergency Department in September using the SNCT once training in the tool has been completed.
- To work with the Shelford Group in the development of the community evidence based staffing tool. In light of the recent service changes in community, use this opportunity to undertake an extensive staffing review of the services.
- Review the outputs of the April/May SNCT data capture to identify any continued changing trends in acuity and dependency across the Trust.
- Continue to provide scrutiny and oversight in regards to the re-deployment of staff to respond to Covid-19.
- Work collaboratively with other internal key stakeholders to deliver on the service transformation and recovery whilst maintaining a robust approach to safer staffing governance.

## **8. RISK AND MITIGATION**

This report highlights that a robust nursing and midwifery annual review process has been undertaken in line with national mandate and guidance; acknowledging the challenges the

pandemic has provided in terms of data analysis locally, regionally and nationally. There are some areas which require further work to improve assurance and actions are outlined to address this. It is clear that there will be challenges and risk in the year ahead in balancing service transformation and re-design with safer staffing and financial efficiency whilst continuing to respond to the pandemic. This is in part mitigated by the strong governance processes already in place but will require pro-active planning and strong working relationships internally and externally to deliver this effectively.

It is evident from the nurse staffing metrics that there is a continued risk to the Trust due to the local and national shortage of Registered Nurses, which is being closely monitored. Although the Trust is in an extremely positive and assured position, it is necessary to continue to explore mechanisms to maximise external recruitment, alongside retention strategies to reduce the total vacancy rate. Whilst this risk cannot be fully mitigated, robust professional leadership and framework is in place to actively support directorates in assuring safety and good progress across all work streams is noted.

## **9. RECOMMENDATION**

The purpose of this report is to provide the Board with an overview of nursing and midwifery staffing capacity and advise upon compliance with national guidance. The 2020/21 annual review has been thoroughly and comprehensively undertaken and ongoing work and actions identified within this report. The Board will be provided with a six month review of progress in November.

The Board of Directors are asked to:

- (i) Receive and review the Annual Staffing Review report from April 2020 - March 2021.
- (ii) Consider the approach taken in line with national guidance.
- (iii) Acknowledge and comment accordingly on actions outlined within the document.
- (iv) Receive and review the last quarter staffing and outcomes review from January to March 2021.
- (v) Acknowledge and comment accordingly on the approach undertaken in response to Covid-19.

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

**Elizabeth Harris**  
**Deputy Chief Nurse**

**Ian Joy**  
**Associate Director of Nursing**

**27 May 2021**

**THIS PAGE IS INTENTIONALLY  
BLANK**



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Learning From Deaths (January 2021 – March 2021)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Pauline McKinney, Integrated Governance Manager; Jo Ledger, Head of Patient Safety						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Summary	<p>This paper aims to provide assurance to the Trust Board that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018).</p> <p>This paper also summarises the processes that are in place to provide assurance to the Trust Board that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.</p>						
Recommendation	The Trust Board is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanisms for sharing learning across the Trust.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality <ul style="list-style-type: none"> <li>Put patients and carers first and plan services around them</li> <li>Maintaining our 'Outstanding' CQC rating</li> </ul>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 presented to the Quality Committee on 18 May 2021.						



## LEARNING FROM DEATHS

### **EXECUTIVE SUMMARY**

This paper aims to provide assurance to the Trust Board that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018).

This paper also summarises the processes that are in place to provide assurance to the Trust Board that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.

## LEARNING FROM DEATHS

### 1. INTRODUCTION

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

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

### 2. BACKGROUND

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

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

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

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

### 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 mortality reviews.

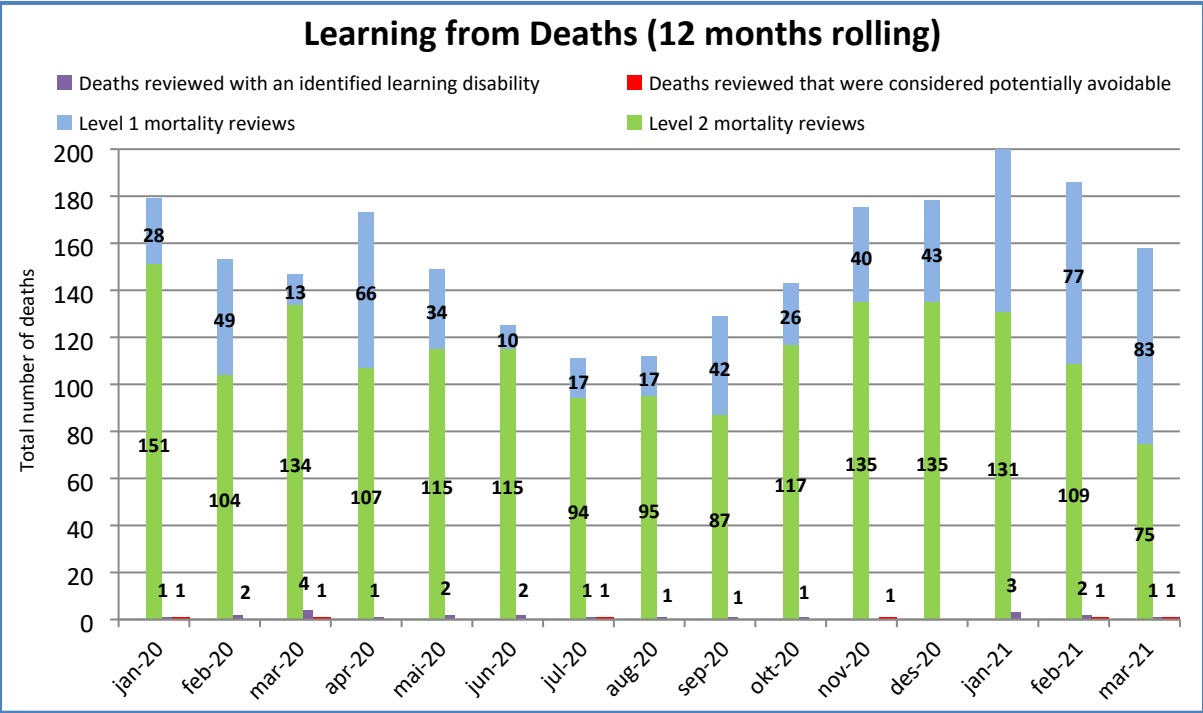
Level 1: The reviewer reviews the cause of death and discusses with the certifying doctor.

Level 2: In addition, the reviewer also considers documents and health records associated with the death and records findings into the Trust-wide 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 mortality review database to record all child death reviews. In addition, the Learning Disability Team (LDT) uses the database to record their investigations; this is above and beyond the LDT recording into The National Learning Disabilities Mortality Review (LeDeR) National Database.

**3.1 Inpatient Deaths**

In the past 12 months (April 20 – March 21) 1,860 patients died within Newcastle Hospitals with a total of 1,315 patients having received a level 2 mortality review. It is likely that these mortality review figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months. These figures will continue to be monitored and modified accordingly.



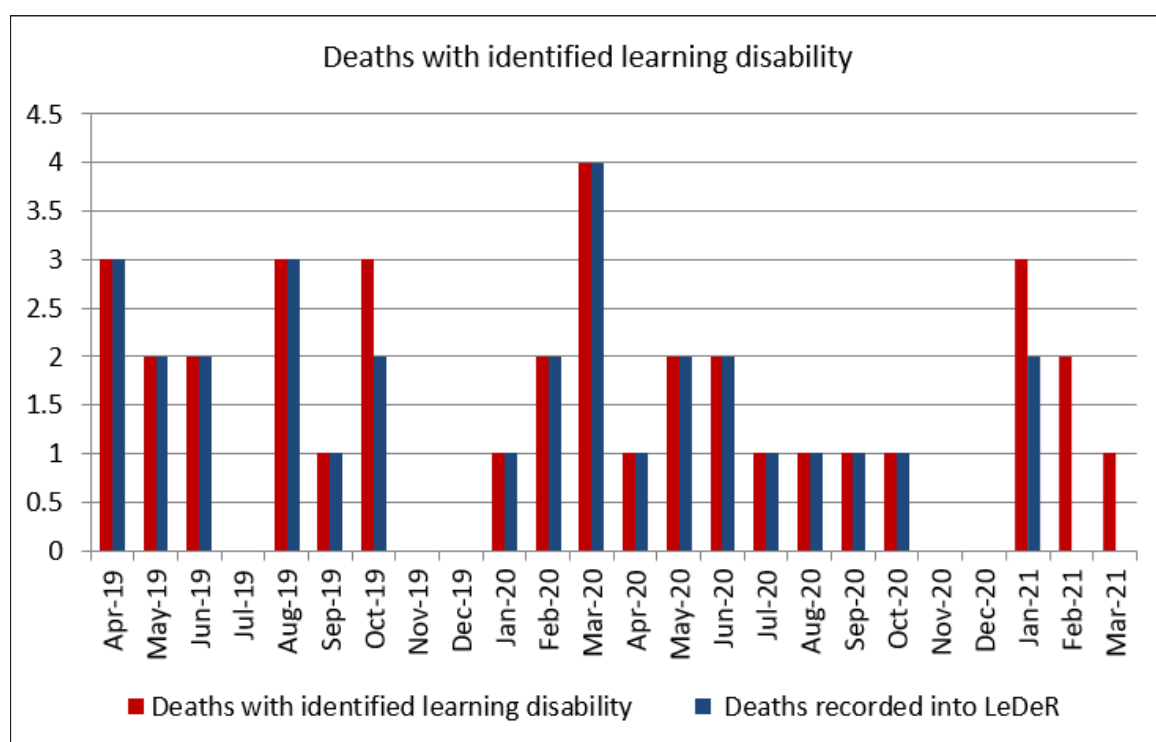
**3.2 Patients identified with a Learning Disability**

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

The graph below shows the data from April 2019 – March 2021 and includes those patients who have been recorded into the national LeDeR database. Historically, there was a delay submitting data into the LeDeR database due to the lack of trained assessors within the Trust; which was consistent with the position that other trusts reported nationally. However, the Trust has recently appointed a Trust clinician on a temporary basis to help improve compliance with LeDeR submissions. This appointment has dramatically helped to reduce delays with reporting into the LeDeR National database.



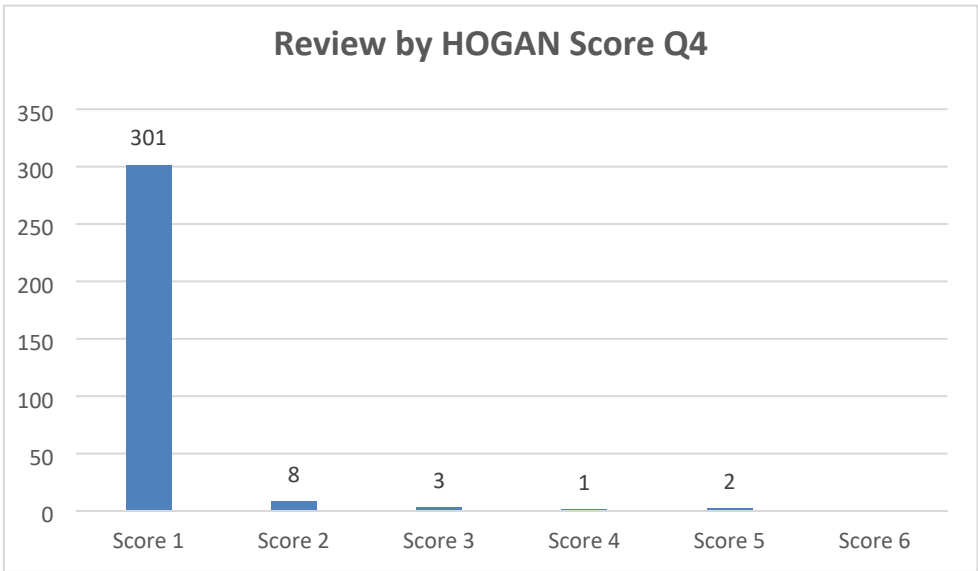
### 3.3 Outcome of Case Reviews – Hogan Score

Throughout Quarter 4 (Q4) (January 21 – March 21), 315 patients have received a full case note review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trust-wide mortality review database. This number will continue to rise as more M&M meetings go ahead over the forthcoming months.

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

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

A score of  $\geq 5$  suggests 'strong evidence of preventability' and an investigation is initiated to determine if a serious incident (SI) is to be reported. The outcomes of the cases reviewed in Q4 are summarised below:



All HOGAN data is presented to the Mortality Surveillance Group and any patient that has been graded  $\geq 4$  is presented on an individual case basis.

One patient was graded a HOGAN 4 due to developing a post-operative complication secondary to a hospital acquired Pseudomonas infection. Two patients were graded Hogan 5. One of these patients was transferred from another NHS provider for emergency care after unexpected complications in theatre. The referring Trust were notified of the patient's death and are undertaking a serious incident investigation into the surgical care the patient received whilst under their care. The second patient was graded a HOGAN 5 due to an unexpected death in theatre, a serious incident investigation is currently being undertaken in relation to this patient's care.

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. In addition, learning should be shared with other services where it is perceived this will benefit future patients.

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

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

#### Learning points identified in Q4

Directorate	Speciality	Date of Review	Learning Point	Action Taken
Internal Medicine	Infectious Diseases	15/01/21	Care of the dying documentation not completed on E-record for four patients.	Learning from reviews shared with Ward Managers highlighting the importance of supporting documentation. Enhanced local education delivered to medical and nursing staff.
Peri-op & CC	Ward 18	14/01/21	<p>Patient admitted as an emergency on warfarin. Medication information available in patients electronic record on admission but not referred to in a timely manner.</p> <p>Blood taken for a coagulation sample was under filled in the tube so not processed.</p> <p>Warfarin treatment not recognised until patient was in theatre and therefore not reversed promptly.</p>	<p>Clinical reflection locally by relevant clinical staff.</p> <p>Case reported and being investigated as a serious incident in order to identify any learning.</p>
Internal Medicine	Liver/Hepatology	27/01/21	<p>A patient was admitted for a liver transplant but deemed unfit for surgery due to underlying disease processes.</p> <p>Excellent communication to the patient's family throughout admission was acknowledged.</p> <p>Local learning for nursing staff would re-enforce the importance of fluid balance monitoring.</p>	<p>Direct feedback in relation to this case was provided to the nursing team at the time.</p> <p>Local learning has been provided to nursing team in relation to accurate fluid balance monitoring.</p>

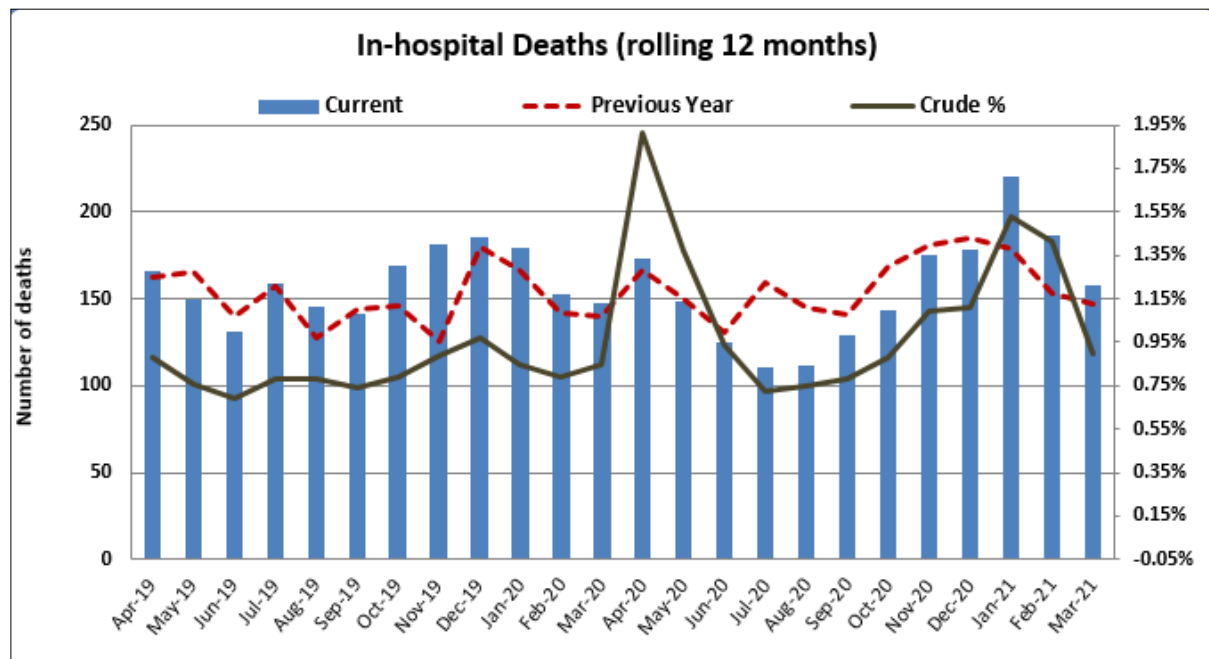
Internal Medicine	Infectious Diseases	15/01/21	<p>A patient with safeguarding concerns was not referred to the Coroner as is expected process.</p> <p>Trust policy is that any patient with safeguarding concerns should be discussed with the coroner even if the death was thought not to be associated with the safeguarding issues as in this case. The clinical team were not aware of this and so the patient was not discussed with the Coroner. On reflection, this omission would not have changed cause of death identified.</p>	Education provided for the local team on expected Trust process following the death of a patient with safeguarding concerns identified at time of death.
Surgical Services	Vascular	03/01/21	Hypersensitivity to opiate analgesia can occur in patients with myotonic dystrophy.	Education strengthened to highlight hypersensitivity to opiates for junior medical staff training.
Childrens Services	Childrens Services	26/01/21	The importance of early communication and handover alerting the clinical team to the delivery of an infant with severe congenital abnormalities.	Guidance updated to emphasise the requirement for the Neonatal Team to alert the Hospital PICU team when an infant with severe congenital abnormalities is delivered.
Childrens Services	Childrens Services	26/01/21	Supporting families to be together in the event of a child death. It is expected that parents be offered this option in line with current guidance and it is therefore likely that more families take up this offer. The reviewing team felt it would be advisable to modify our counselling guidance when taking babies home to support families and make them aware of any restrictions.	Guidance strengthened and clarified in relation to parents taking babies home after death.

## 5. CRUDE MORTALITY

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

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

The graph below shows the crude mortality rates since April 2019. The crude mortality shows a significant increase in April 2020. This can be explained as the majority of elective surgical cases were postponed during the COVID-19 pandemic first wave period, which dramatically reduced the amount of discharges. Although the deaths for this time period did not rise dramatically in comparison to the same time period the previous year, the reduced discharges increases the crude mortality percentage. A further significant rise can be seen December 2020 to February 2021, which reflects more deaths than expected during the second wave of the COVID-19 pandemic. This is in part due to increased numbers of patients being admitted into the Intensive Treatment Unit (ITU) from other regional and national Hospitals as part of the second wave surge.



## 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 Trust and primary care, the data is published approximately six months retrospectively.

SHMI and HSMR data is scrutinised on publication to determine any areas that may raise concern. All groups within the data are individually monitored and all findings are presented to the Trust Mortality Surveillance Group on a quarterly basis. Any group that flags as a concern is raised with the relevant Directorate to ensure an in-depth analysis is undertaken and findings recorded into the mortality review database. All learning from this analysis is shared with Directorates and presented to the Mortality Surveillance Group. The latest SHMI publication for October 2019 – September 20 shows the Trust to be at 98 which is below the national average and within “expected levels”.

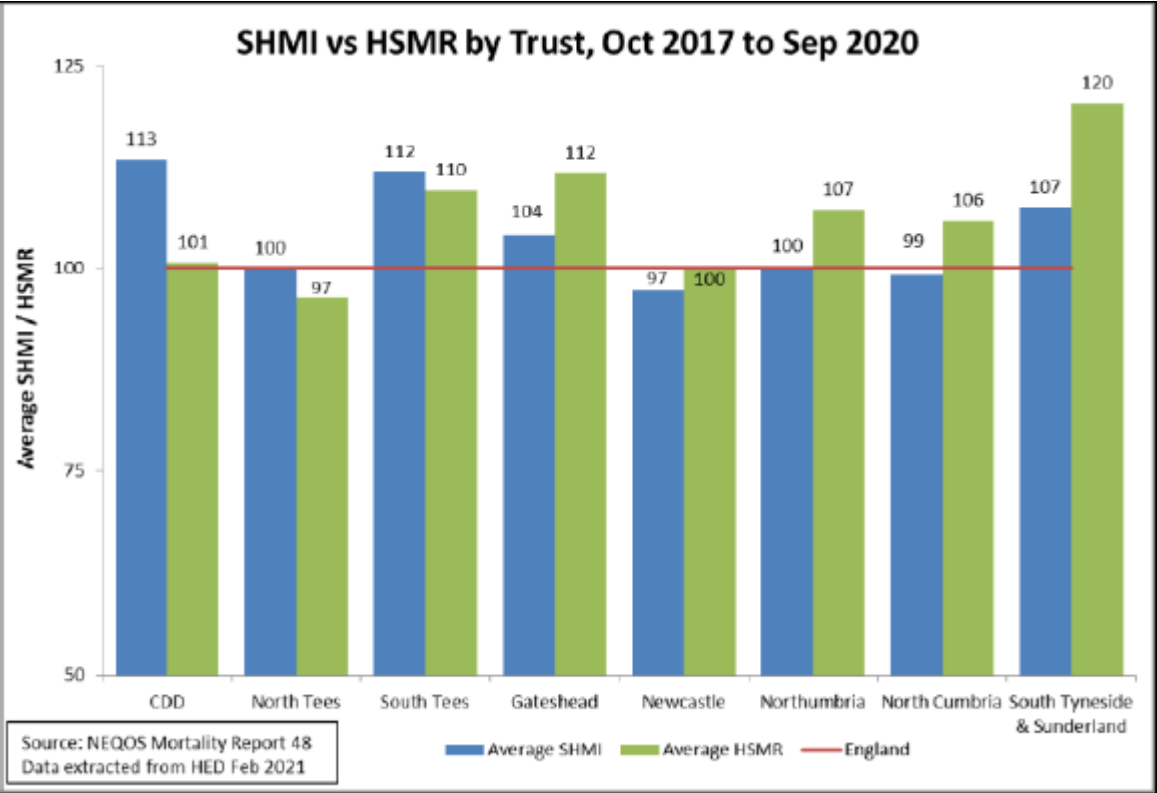
All mortality data including Standardised Hospital-level Mortality Indicator (SHMI), Hospital Standardised Mortality Ratio (HSMR) and Variable Life Adjustment Displays (VLADS) are closely monitored.

## 7. NEQOS

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

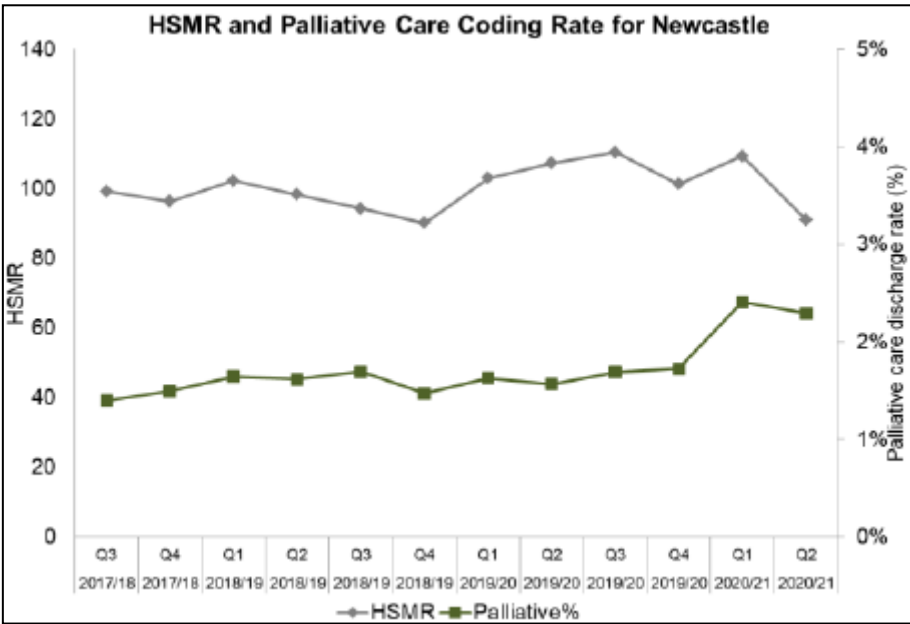
Overall, the graph below shows the Trust to be consistently below the national average for both SHMI and HSMR, however the HSMR has increased slightly over recent months. This increase is likely to be due to, firstly that HSMR includes palliative care coding and is adjusted accordingly, therefore the lower the palliative care coding the higher the HSMR. Secondly, HSMR is analysed using mean centred analysis, which compares the observed and expected deaths for each month to the average.

SHMI vs HSMR for the last 3 years

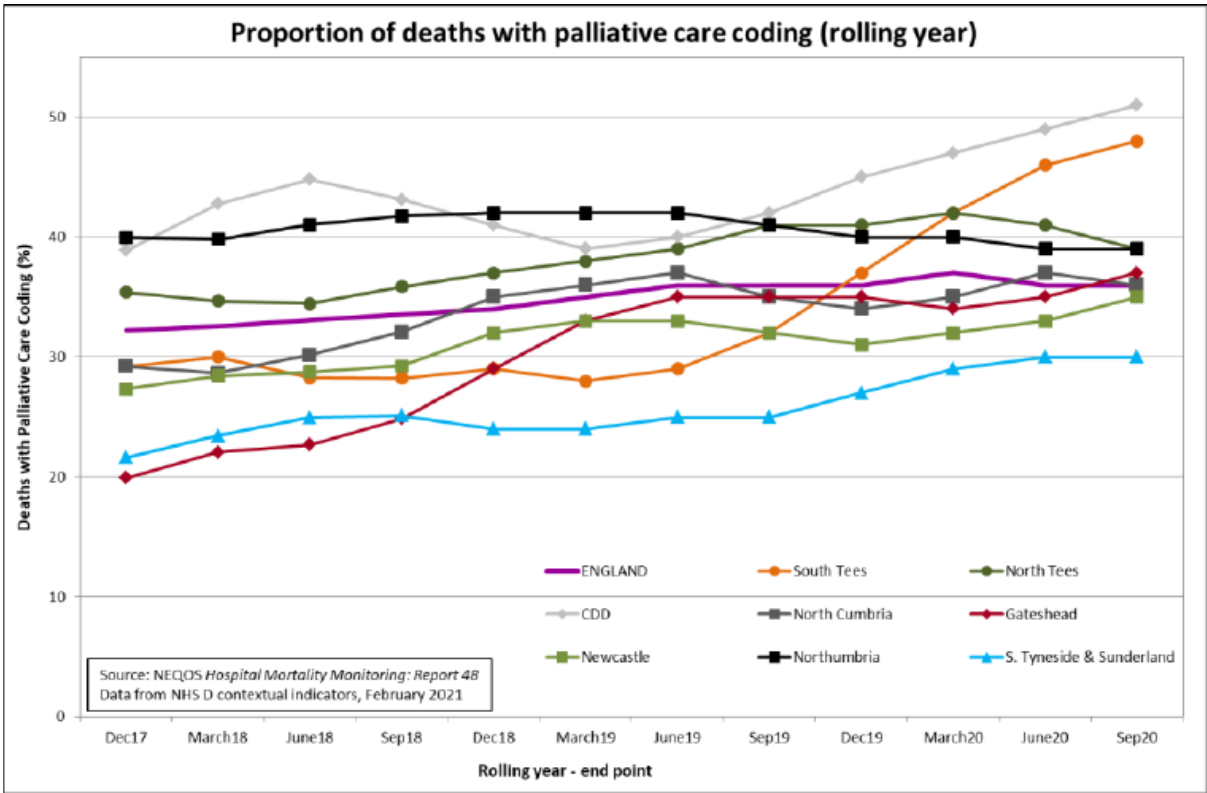


8. PALLIATIVE CARE CODING

The graph below shows that palliative care coding rate on discharge (including in-patient deaths) is historically reported below 2% within Newcastle upon Tyne Hospitals which is one of the lowest in the region. However, the palliative care team and coding department have worked collaboratively to better capture patients who are receiving end of life care and the graph reflects this with palliative care coding starting to rise.



The graph below shows the percentage of deaths with a palliative care coding including those who have died within 30 days of discharge.



9. OUTCOME OF INVESTIGATIONS LINKED TO SERIOUS INCIDENTS

All unexpected patient deaths, or deaths with possible modifiable factors, are routinely escalated as potential serious incident’s (SI) via the Trust incident reporting system (Datix). Deaths of this nature are subject to a detailed review facilitated by a Clinical Director and



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 to identify any learning and determines whether any modifiable factors contributed to the death. Key learning points are identified and action plans generated. A summary of investigation outcomes linked to SIs in Q4 are shown below:

- During January 2021 - March 2021 there were 40 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 40, there were eight patient deaths which identified potential modifiable factors and which were subject to a SI investigation. One investigation has now been completed and seven investigations are ongoing.

The incidents and learning from SI investigations that have been completed since the previous report submitted on 21<sup>st</sup> February 2021 are as follows:

#### **2020/13449 – Delay in diagnosis**

This case was investigated following a missed opportunity for timely diagnosis of a subdural bleed. An assumption was made that a scan report addendum was available to clinical staff at the time the patient was assessed, however, the patient had been discharged.

- Local improvement has focused on providing a robust and inclusive process of review for all radiology imaging reports taken in the Emergency Department where addendum reports are added after initial reporting.
- Enhanced education has been delivered to staff to include documentation standards required in order to record patients' capacity to understand and process clinical information and safety advice before discharge.

#### **2020/15201 – Unexpected Death**

This death was as a result of a rare but recognised complication of a surgical procedure however, some learning opportunities remain for the organisation:

- Learning has been shared regarding the importance of fully informed consent and that families are given the opportunity to consider benefits, risks and alternatives.
- Delays in the production of paediatric post-mortem reports risks speculative information being provided to parents. Advice sought from the Coroner which has been shared across the Trust.

#### **2021/4624 – Patient Fall**

This case investigated the death of a complex patient following a fall in hospital. As a result of the investigation the following learning has been identified:

- Enhanced education provided for nursing staff to improve compliance with the completion of lying and standing blood pressure for all patients over the age of 65 years.

- Ward level processes to ensure timely communication with families and that Duty of Candour obligations are met, have been strengthened.
- Root Cause Analysis documentation has been improved in order to prompt the investigator to review the current wellbeing of the patient prior to finalising the report.

## **10. MEDICAL EXAMINER**

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

The Medical Examiners roles went live in January 2021 as part of an initial test period, scrutinising patients' medical notes and discussing the care pathway with the ward clinician for all patients who died within the Freeman Hospital. As this was a test period only, no next of kin were contacted as part of this process. The test period was considered a success and the project moved to the next stage in March 2021 with 19 patients being scrutinised and all included discussions with relatives. However, only patients who died at Freeman Hospital are currently going through the Medical Examiner process. The Trust hopes to roll out this process Trustwide by Quarter 3 2021.

## **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**  
18 May 2021

**THIS PAGE IS INTENTIONALLY  
BLANK**



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Maternity CNST Incentive Scheme Year 3 Report						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Jo Ledger, Head of Patient Safety and Jane Anderson, Associate Director of Midwifery						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Summary	<p>The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 3 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 maternity safety actions.</p> <p>Reporting requirements in regards to the Maternity incentive scheme previously paused since 26th March 2020 due to the Covid-19 response, have now been re-launched on 1<sup>st</sup> October 2020.</p> <p>Amendments to the safety actions outlined in the re-launched scheme were published in January 2021 and March 2021.</p> <p>The content of this report specifically addresses all 10 maternity safety actions.</p>						
Recommendation	The Board of Directors is asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined in the ten maternity safety actions are being met.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality. Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to comply with the standards outlined could impact negatively on maternity safety, result in financial loss to the Trust from the incentive scheme and from potential claims.						
Reports previously considered by	This is a follow on report for Year 3 of this Maternity CNST incentive scheme. Previous reports were presented to Board on 30 <sup>th</sup> July 2020, 24 <sup>th</sup> September 2020, 26 <sup>th</sup> November 2020 and 28 <sup>th</sup> January 2021.						

## 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 is running for a further year and new standards were published on 20th December 2019 outlining Year 3 requirements.

On 26th March 2020, NHS Resolution paused the reporting requirements for the majority of maternity incentive scheme 10 safety actions, as part of the national Covid-19 response, until 31st August 2020. Further information regarding the reporting requirements was received on 12<sup>th</sup> August 2020 advising, review and submission dates initially planned would be revised and updated.

The scheme was re-launched on 1<sup>st</sup> October 2020 with revised timelines. Further revised safety actions with amended conditions were published in January 2021 and March 2021, with confirmation of a revised Board Declaration submission date of 15<sup>th</sup> July 2021. Some



requirements of the scheme previously outlined have been removed and others amended and are outlined in this report.

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

2.1 Standard a

- i. *All perinatal deaths eligible to be notified to MBRRACE-UK from Monday the 11<sup>th</sup> January 2021 onwards must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within four months of the death.*

The timeline for this standard has been amended from 1<sup>st</sup> October 2020 to the requirement for notifications to be submitted to MBRRACE-UK from 11<sup>th</sup> January 2021. The Trust is confident of meeting this standard; MBRRACE-UK have been notified of all perinatal eligible deaths within seven working days since 11<sup>th</sup> January 2021. Eligible deaths occurring out with maternity and neonatal services are notified to MBRRACE by the Child Death Administrator within the required time period.

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

- ii. *A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 to Monday the 15<sup>th</sup> March 2021 will have been started before Thursday 15<sup>th</sup> July 2021.*

The Trust has produced a quarterly PMRT report for Board since 25<sup>th</sup> April 2019 and continues to be compliant with this standard. Data from Quarter 4 (01/01/21 – 31/03/21) PMRT is included in this paper and all baby deaths have had a review started using the PMRT (see Private Board Reference Pack). There were 19 baby deaths in the Trust (7 stillbirths; 12 neonatal and post-neonatal deaths). 7 neonates were born in the Trust, 5 neonates were born outside the Trust and transferred for specialist neonatal care.

- iii. *A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Thursday 1 October 2020 will have been started within four months of each death.*

This element of Standard a) is no longer a requirement of the scheme.

2.2 Standard b

- i. *At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Friday 20 December 2019 to Monday the 15<sup>th</sup> March 2021 will have been reviewed using the PMRT, by a*

*multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool before the 15<sup>th</sup> July 2021.*

The Trust has produced a quarterly PMRT report for Board since 25/04/2019. Data from Quarter 4 (01/01/21 – 31/03/21) PMRT is included in this paper and at least 50% of all inborn baby deaths are reviewed using the PMRT by a multidisciplinary review team, before the 15th July 2021 deadline outlined in the scheme.

- ii. *At least 40% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Saturday 1 August 2020 to Thursday 31 December 2020 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool.*

This element of Standard b) is no longer a requirement of the scheme.

### 2.3 Standard c

*For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your Trust staff and the baby died. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion.*

For neonatal deaths and stillbirths, a named Consultant makes parents aware of the local review process and seeks parent's perspectives about their care and that of their baby. This is undertaken at the time of bereavement and subsequently through bereavement follow up with a named Consultant. Named Consultants make an early assessment of whether any questions parents have can be addressed before a full review has been completed and this is recorded in the PMRT report. Parents are appropriately supported through the review pathway and parents are invited to a follow-up meeting to discuss the findings of the review of their care.

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

### 2.4 Standard d

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

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

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

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

The Trust is compliant with this standard to date and monthly submission of MSDS data has continued. The first data submission for the 1<sup>st</sup> October 2020 re-launch of the scheme was August 2020 data, and this was submitted by the Trust before the 30<sup>th</sup> October 2020 deadline. The data submission for December 2020 data was submitted by the Trust before the Sunday 28<sup>th</sup> February 2021 deadline and demonstrates the Trust's compliance with data quality and completeness outlined in the scheme.

All 13 criteria in this safety action are mandatory. The Trust is compliant with all criteria.

3.1 Criteria 3

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

The Trust is compliant with meeting MSDSv2 Information Standards Notice outlined in this standard. The directorate commissioned an external options appraisal in order to implement a digital solution in order to work towards having a plan in place within the deadline of 28 February 2021. The LMS Board has been updated on the progress to implement the agreed digital solution. The Trust's Executive Team approved the procurement of the Electronic Maternity Record (EMR) solution for Maternity Services at the Executive Team meeting on 19<sup>th</sup> May 2021.

Compliance with meeting MSDSv2 information standards has been confirmed via e-mail by *Wellbeing Software* on the 18<sup>th</sup> March 2021 and demonstrates that the Trust is compliant with criteria 3.

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

Safety Action 3 initially comprised Standards A – G. Standards A-C are no longer required for the scheme as outlined in March 2021 requirements.

4.1 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 (ODN) and commissioner to inform a future regional approach to developing Transitional Care (TC).*

Information on compliance with Standard D has been presented to Board in previous papers and the Trust is compliant with this standard.

#### 4.2 Standard E

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

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

A review of term admissions during 1<sup>st</sup> March 2020 – 31<sup>st</sup> August 2020 (during the Covid-19 period) to the neonatal unit and transitional care (TC) activity has been completed. The March 2021 revised requirements amended the deadline for this submission to 26<sup>th</sup> February 2021. However, the Trust has assessed the impact of the factors outlined in the requirements above and this was completed before the earlier deadline of 30<sup>th</sup> November 2020, outlined in the scheme.

#### 4.3 Standard F

*An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews, including those identified through the Covid-19 period as in Standard E) above has been agreed with the maternity and neonatal safety champions and Board level champion. Progress on Covid-19 related requirements are monitored monthly by the neonatal and board safety champions from January 2021.*

The Trust is compliant with this standard as outlined in previous papers and there is on-going monthly review of the ATAIN action plan. A process is in place to ensure the action plan is overseen by Board Maternity Safety Champions at the Safety Champions Meeting (bi-monthly) or via email review (alternate months) to ensure monthly oversight. This monthly review process includes progress on Covid-19 related requirements reviewed by the Neonatal and Board Safety Champions from January 2021, as outlined in the March 2021 scheme requirements, as per Standard G, below. Internal governance processes within the Directorate have been established to monitor any outstanding actions.

#### 4.4 Standard G

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

The Trust is compliant with these standards and progress with the ATAIN action plan is shared monthly as outlined in previous papers.

The December 2020 action plan was overseen by Board Maternity Safety Champions via email review on 2<sup>nd</sup> February 2021 and there were no significant recurring themes noted.

The January 2021 action plan was overseen by Board Maternity Safety Champions via email on 25<sup>th</sup> February 2021 and a detailed review of all cases was outlined in the action plan. A theme was highlighted in relation to a rise in the number of hypoglycaemic infants that required repeated pre-feed blood sugars, before requiring admission to the transitional care ward. Detailed audit is being undertaken to review practice and results are being overseen by Postnatal and Neonatal Governance Groups. Focused work is also being undertaken to improve compliance with completion of the Neonatal Early Warning (NEWTT) for the recognition of deteriorating infants. There were no Covid-19 related admissions during January 2021.

The February 2021 action plan was overseen by Board Maternity Safety Champions via email on 31<sup>st</sup> March 2021. Detailed review of a number of cases is outlined in the action plan and assurance that learning identified has been shared across the clinical team. Focus on improving documentation in relation to the risk of respiratory distress syndrome (RDS) has been addressed in order to better inform the clinical rationale for induction at 37 weeks. A review of steroid use in Term admissions for elective C-sections is being undertaken and progress will be overseen by the Obstetric Governance Group. There were no Covid-19 related admissions during February 2021.

The March 2021 action plan was overseen by Board Maternity Safety Champions via email on 30<sup>th</sup> April 2021. The review of cases is outlined in the action plan and assurance that learning identified has been shared across the clinical team. Regular review and monitoring of cases related to Covid-19 revealed that there were no specific issues regarding our ability to care for babies or their parents.

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

Processes are in place to ensure continuous workforce planning is in place for obstetric, maternity and neonatal clinical workforce provision.

5.1 Component 1

The revised safety actions published in March 2021 removed the requirement in relation to component 1; having an action plan in place to address obstetric medical workforce lost educational opportunities, as indicated by the General Medical Council (GMC) National Trainee Survey responses.

The Trust is compliant with the remaining three components, as follows:

5.2 Component 2



The Trust demonstrates that it meets the Anaesthesia Clinical Services Accreditation (ACSA) standards 1.7.2.5, 1.7.2.1 and 1.7.2.6 as follows:

1.7.2.5 – The Trust has elective caesarean section lists with a team of dedicated obstetric, anaesthesia, theatre and midwifery staff and is compliant with this standard. A named Consultant or Senior Speciality Trainee is assigned onto the rota and who have no other clinical commitments. Rotas are available for information if required.

1.7.2.1 - A duty Anaesthetist is immediately available for the obstetric unit 24 hours a day and the Trust is compliant with this standard. Where the duty anaesthetist has other responsibilities, they can delegate care of their non-obstetric patient in order to be able to attend immediately to obstetric patients. Local induction is delivered which outlines the requirement for juniors regarding the prioritisation of obstetric responsibilities.

1.7.2.6 - The Trust ensures that a duty anaesthetist for obstetrics participates in labour ward rounds and is compliant with this standard. Rotas to demonstrate duty Consultant Anaesthetist or delegated Specialty Trainee availability are available for information if required. Activity sheets indicating delivery suite ward round attendance are available for information if required.

### 5.3 Component 3

The Trust does not currently meet the British Association of Perinatal Medicine (BAPM) national standards of junior neonatal medical staffing. However, an action plan has been developed to address deficiencies as is outlined in the requirements of the scheme. A directorate business case has been approved and recruitment is underway which will support the expansion of junior tiers of neonatal medical staffing, in order to be fully compliant with national standards. The Trust is confident with having a plan in place which demonstrates compliance with the requirements outlined for this component of the scheme.

### 5.4 Component 4

The Trust is confident that it meets the service specification for neonatal nursing standards, using a neonatal clinical reference group nursing workforce calculator (*the Dinning Tool*). The Dinning Tool uses actual data for neonatal care complexity and calculates the nursing workforce required according to BAPM standards. The Trust plans to re-calculate workforce requirements using the Dinning Tool when all additional special care baby unit (SCBU) cots have been open for 4-6 months to see how the establishment compares as all additional nurses are now in post.

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

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

An external Birthrate Plus workforce review was undertaken by the Trust in October 2020 and this was reported to the Trust Board in November 2020. Plans are in place to ensure that the Midwifery workforce meets with the required standard as recommended by Birthrate Plus, and this is discussed in detail in the annual Nursing and Midwifery Staffing report submitted to the Trust Board in May 2021. Included in this report is information with regard to the supernumerary status of the labour ward co-ordinator and one-to-one care in labour.

In addition, workforce review and planning is integral to the work required to ensure that the Trust meets with the recommendations of the Ockenden Review. This is reported separately through the Trust Board Ockenden report.

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

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

Across all five elements outlined in Safety Action 6, there are 43 criteria to meet. The Trust is fully compliant with 42 of these criteria and work is in progress to ensure compliance with the remaining 1 (see Board Reference Pack).

The requirement for monitoring of Carbon Monoxide (CO) for all women at presentation and at 36 weeks was paused due to Covid-19 in April 2020. A challenge currently is the Trust's ability to capture documentation in relation to the staff recording the smoking status and CO monitoring of all women presenting at 36 weeks. Community midwives do not currently have access to electronic notes and so this data entry relies on the hospital midwives entering the data from the 36 week assessment, after birth. A programme of manual weekly audit was commenced on 10<sup>th</sup> May 2021 in order to closely monitor and evidence compliance. The Trust is confident in meeting the threshold of 80% compliance by the 15<sup>th</sup> July 2021 deadline, as outlined in the scheme.

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

The MVP holds a Service User meeting quarterly which is compliant with the standard of 'no less than four times per year' outlined in this standard. Maternity Services has a professional Midwife to support the MVP and the Associate Director of Midwifery meets monthly with the Chair of the MVP. The collaborative partnership working is well embedded with evidence to support co-production; the new template has been adopted and the Trust is confident in demonstrating compliance with Safety Action 7.

There is a variety of evidence available to support the Trust's partnership with the MVP; including meeting minutes, surveys, conferences and seminars. The Trust is incorporating this into the new template outlined in the scheme. Evidence includes the work that the MVP is prioritising to engage with women from BAME backgrounds. A meeting with the Clinical Commissioning Group (CCG) Executive Committee was held with the Trust on 8th December and the work of the MVP to date was discussed, together with proposals for the forthcoming year, and a work plan is being developed. The CCG were impressed with the work of Newcastle MVP to date.

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

The revised safety actions in March 2021 removed the requirement for evidencing that 90% of staff had attended 'in-house' multidisciplinary maternity emergencies training. The scheme recommends that any shortfalls in reaching the 90% threshold are identified and to commit to addressing this as soon as possible.

Standards A, B and C have been revised in the March 2021 scheme requirements and are outlined as follows:

9.1 Standard A

*Covid-19 specific e-learning training has been made available to the multi-professional team (MDT) members?*

The Trust has continued to deliver face-to-face MDT training that includes local Covid-19/Personal Protective Equipment (PPE) emergency care and maternity care. As a result, the Trust has not needed to develop specific e-learning training.

9.2 Standard B

*Team required to be involved in immediate resuscitation of the newborn and management of the deteriorating new born infant have attended in-house neonatal resuscitation training or Newborn Life Support (NLS) course since the launch of MIS year three in December 2019?*

As above, the Trust has continued to provide face-to-face training and is confident of meeting the requirement outlined in the scheme.

9.3 Standard C

*There is a commitment by the Trust board to facilitate multi-professional training sessions, including fetal monitoring training once this is permitted.*

As above, training sessions have continued and these include fetal monitoring training.

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

The Trust is compliant with standards A & D of this safety action as outlined in previous reports.

10.1 Standard B

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

The Trust is compliant with this standard and this pre-dates the deadline of 31st March 2020 as outlined in previous papers. Progress with actions in relation to staff safety concerns continue to be raised at monthly feedback sessions, are visible to staff and progress can be demonstrated. Monthly feedback sessions took place on 3rd December 2020 and 24th December 2020 and are compliant with the time-scales outlined in the relaunch of the scheme from 1st October 2020.

Progress with actioning named concerns from staff walkabouts were shared with staff on 25th November 2020, before the deadline of 30 November 2020 outlined in the scheme.

The March 2021 requirements for this standard have changed to every other month, however, monthly feedback sessions by the Trust have continued and we are compliant with this standard. Monthly feedback sessions took place on 25th January 2021, 18th February 2021, 18th March 2021 and 16th April 2021. Information in relation to feedback sessions is available if required.

10.2 Standard C

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

Progress continues with work towards achieving compliance as per the national target for 35% of women being placed onto a Continuity of Carer (CoC) pathway as outlined in the previous paper. The November 2020 CoC action plan prioritised women from BAME and the most vulnerable groups. Action plans are shared with the Board level Safety Champions on a monthly basis. The directorate is currently undertaking a significant piece of work in planning against the national CoC targets.

11. SAFETY ACTION 10: HAVE YOU REPORTED 100% OF QUALIFYING CASES TO HSIB AND (FOR 2019/20 BIRTHS ONLY) REPORTED TO NHS RESOLUTION'S EARLY NOTIFICATION (EN) SCHEME?

11.1 Standard A

*Reporting of all outstanding qualifying cases for the year 2019/20 to NHS Resolution's EN Scheme*

There were 8 qualifying cases reported to the NHS Resolution's Early Notification Scheme. Information in relation to these cases is available if required.

11.2 Standard B

*Reporting of all qualifying cases to the Healthcare Safety Investigation Branch (HSIB) for 2020/21*

7 qualifying cases were reported to the HSIB by the Trust between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021. 5 cases were accepted for HSIB investigation due to changes in criteria as a result of Covid-19.

11.3 Standard C

*For qualifying cases which have occurred during the period 1 October 2020 to 31 March 2021 the Trust Board are assured that:*

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

The Trust is confident in meeting standard C. The family is either informed in person (whilst still an in-patient) or sent information after discharge if unable to meet face-to-face. Discussion with parents regarding external investigations are documented in the patients notes and Duty of Candour letters were sent to all of the above 7 cases.

RECOMMENDATIONS

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

Report of Angela O'Brien  
Director of Quality & Effectiveness  
19/05/2021



THIS PAGE IS INTENTIONALLY  
BLANK



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Quality Account						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Anne Marie Troy-Smith, Quality Development Manager						
Status of Report	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>		Internal <input type="checkbox"/>			
Purpose of Report	For Decision <input checked="" type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>		For Information <input type="checkbox"/>			
Summary	<p>Each year the Trust is required to produce and publish a Quality Account. Contained within this is a review of the previous 12-month performance against the agreed Quality Priorities, as well as a narrative detailing the identified priorities for the coming year. The Trust Board is asked to review this paper which summarises the content of the 2020-21 Quality Account and lists priorities for 2021/22.</p> <p>Continuing the revised arrangements put in place last year, NHS foundation trusts are no longer required to include a quality report in their annual report.</p>						
Recommendation	The Board are asked to i) note progress against the 2020/21 quality priorities and ii) agree content of the document included in the Board Reference Pack for publication.						
Links to Strategic Objectives	Patients – Putting patients						
Impact (please mark as appropriate)	Quality <input checked="" type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Human Resources <input checked="" type="checkbox"/>	Equality & Diversity <input checked="" type="checkbox"/>	Reputation <input checked="" type="checkbox"/>	Sustainability <input checked="" type="checkbox"/>
Impact detail	If we fail to meet Quality and safety targets we put patient safety at risk.						
Reports previously considered by	Six monthly progress reports are taken to Trust board.						

## QUALITY ACCOUNT

### **EXECUTIVE SUMMARY**

Each year the Trust is required to produce and publish a Quality Account. Contained within this is a review of the previous 12 month performance against the agreed Quality Priorities, as well as a narrative detailing the identified priorities for the coming year. The Trust Board is asked to review this paper included within the Board Reference Pack which summarises the content of the 2020/21 Quality Account.

**Anne Marie Troy-Smith**  
**Quality Development Manager**

19 May 2021

**THIS PAGE IS INTENTIONALLY  
BLANK**



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Dr Lucia Pareja-Cebrian, Associate Medical Director, Director of Infection Prevention & Control (DIPC), Consultant Microbiologist Mrs Elizabeth Harris, Deputy Chief Nurse Mrs Angela Cobb, Infection Prevention & Control (IPC) Lead						
Status of Report	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>		Internal <input type="checkbox"/>			
Purpose of Report	For Decision <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>		For Information <input type="checkbox"/>			
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the regular Integrated Board Report and summarises the current position within the Trust to the end of April 2021. IPC Board Assurance Framework for COVID-19 can be found in the Private Board Reference pack (2020-21 Working Document COVID-19 Board Assurance Framework updated 20.04.21); trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report and Scorecard March 2021 and HCAI Report and Scorecard April 2021), enclosed in the Public Board Reference Pack, which details the performance against targets where applicable.						
Recommendation	The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.						
Links to Strategic Objectives	Achieving local excellence and global reach through compassionate and innovative healthcare, education and research. Patients - Putting patients at the heart of everything we do and providing care of the highest standards focussing on safety and quality. Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes. Performance - Being outstanding, now and in the future						
Impact (please mark as appropriate)	Quality <input checked="" type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Finance <input type="checkbox"/>	Human Resources <input type="checkbox"/>	Equality & Diversity <input type="checkbox"/>	Reputation <input type="checkbox"/>	Sustainability <input type="checkbox"/>
Impact detail	Failure to effectively control infections may lead to patient harm, litigation against the Trust and loss of reputation. There are no specific equality and diversity implications from this paper.						
Reports previously considered by	This is a bimonthly update to the Board on Healthcare Associated Infections (HCAI).						



## **HEALTHCARE ASSOCIATED INFECTIONS (HCAI) DIRECTOR OF INFECTION PREVENTION & CONTROL (DIPC) REPORT**

### **EXECUTIVE SUMMARY**

This paper provides bimonthly assurance to the Trust Board regarding Healthcare Associated Infections (HCAIs).

NHS England (NHSE) has published an IPC Board Assurance Framework relating to COVID-19, which is based upon the criteria set within the Health and Social Care Act. This document has been reviewed biweekly at the COVID-19 Assurance Group and from May 2021 this will be a monthly review. The latest updated version is within the Private Board Reference Pack.

An overview of COVID-19 HCAI rates is covered in the Integrated Board Report and trend data (including the number of COVID-19 outbreaks in the Trust) can be found in Appendix 1 where there are individual scorecards for March 2021 and April 2021 (located within the Public Board Reference Pack).

The COVID-19 staff vaccination programme has been successful with delivery of 87% or 16.5k staff (at 10 May 2021) across all staff groups and received national commendation for best practice engagement with high-risk groups. This does not include staff who will have received their vaccines from elsewhere e.g. GP so the number is likely to be higher in practice. Patient vaccination has also been supported with a total delivery of 1,400 vaccines.

2020-21 HCAI figures have changed nationally, and patients who have been an in-patient within a 4-week prior to the bacteraemia will be included in the Trust mandatory reporting. At the end of the financial year, healthcare associated MSSA and gram-negative bacteraemia rates have increased from the previous year's rates, the reporting change has contributed to this increase. A Gram-negative bacteraemia steering group has been established to address the common themes and a business case has been submitted for resources to support some of the areas where gaps have been identified such as line care, catheters and sepsis.

## HEALTHCARE ASSOCIATED INFECTIONS (HCAI) DIRECTOR OF INFECTION PREVENTION & CONTROL (DIPC) REPORT

### 1. KEY POINTS FOR MARCH/APRIL 2021

#### 1.1 Coronavirus (COVID-19)

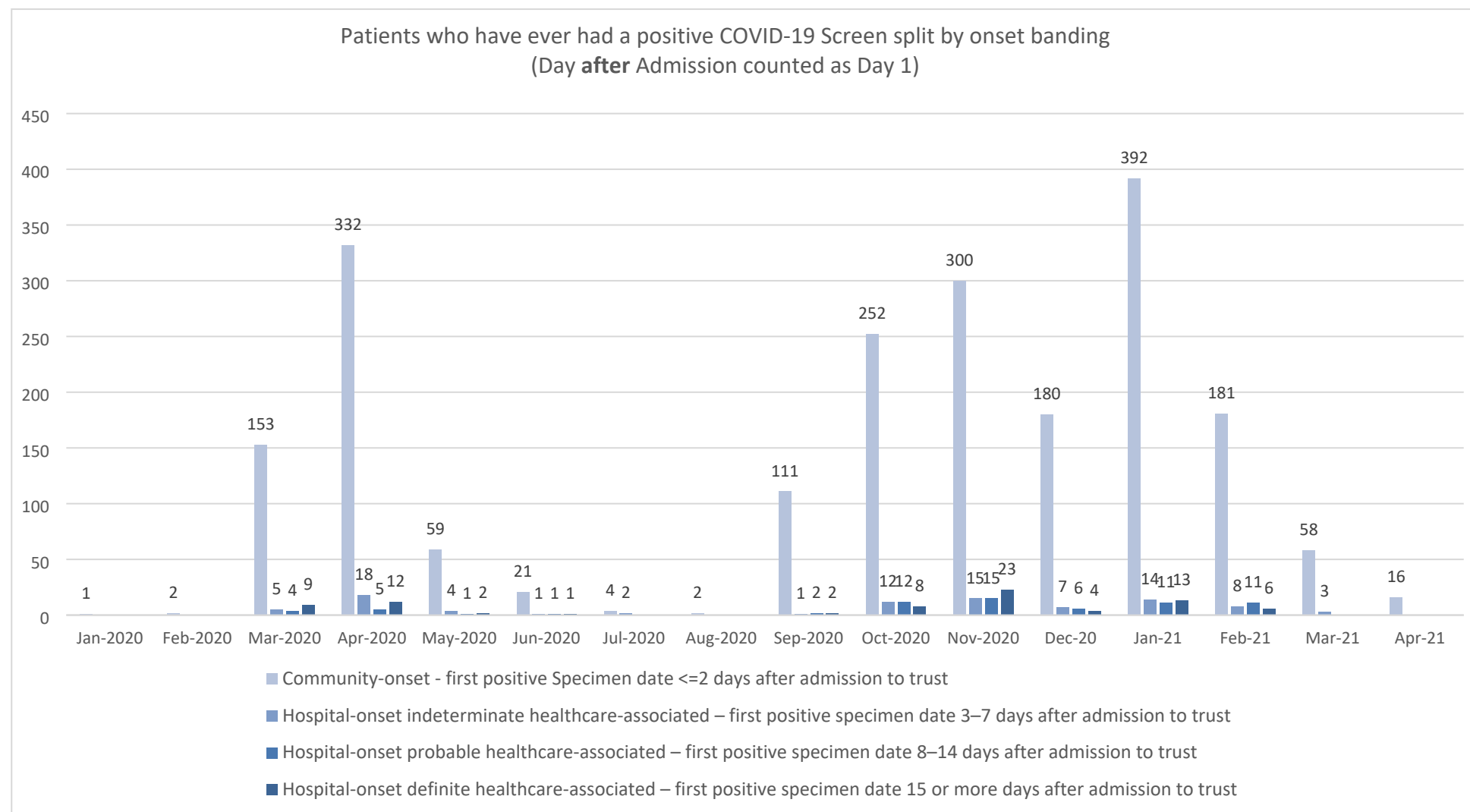
As a consequence of the reduction in prevalence of COVID cases and in line with the Government road map, there was a gradual lifting of the national restrictions during April 2021. This was reflected as a reduction in COVID-19 admissions as reflected in the graph overleaf.

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

COVID-19 infections are classified as follows:

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

The graph overleaf demonstrates the COVID activity and category of detection. This takes into account the incubation period, which for most people is 5-7 but can be up to 14 days.



The reduction in hospital onset COVID-19 cases has resulted in a reduction in the number of COVID-19 outbreaks with only one declared in March 2021. An outbreak is declared when there are two confirmed connected cases within a 14-day period and continues for 28 days from the last positive case. Early detection of COVID-19 remains key to reduce the risk of transmission and thereby prevent an outbreak by correct patient management and adherence to IPC practices. COVID-19 screening is completed in line with National Guidance on admission (or 72 hours prior for elective cases), day 3 and day 5 after admission, with additional testing in place in areas that have increased capacity.

Point prevalence audits for COVID screening compliance are undertaken whilst we work towards establishing a regular monitoring process as part of our “business as usual”. The results of our latest point prevalence audit from 12 April 2021 confirmed Trust compliance of 94% for admission screening, 72% day 3 and 56% for day 5. Screening compliance is shared with clinical teams to identify opportunities for improvements. In addition to the eRecord alert and reminder prompts, a new COVID icon on the electronic whiteboard is now live which is a visual prompt that screening is required.

Fit-testing is required for staff who are undertaking aerosol generating procedures (AGP) which requires the use of FFP3 mask. The increase in demand for Fit-testing due to the pandemic has been supported by Fit2Fit qualified company reps or competent, experienced designated Trust fit tester trainers. Different respirators are available including powered air purifying respirators (PAPRs). Fit testing records are held within departments but in the future will be centrally held within ESR.

The message of ‘Hands, Face and Space’ continues to be disseminated through Champions within directorates. The latest completed audit was undertaken in April 2021, which continued to demonstrate engagement with this process with a return rate of 92% from clinical areas and 71% from non-clinical areas. Compliance with all elements of the audit is greater than 92% from both staff groups with the exception of non-clinical staff who reported 79% compliance to staff working remotely if able to do so.

### **1.1.2 Test & Trace (T&T)**

Lateral Flow Test (LFT), voluntary asymptomatic testing of staff continues and up until 30 April 2021 there have been 114 positives results out of 70,272 tests so 0.2% of asymptomatic staff have been identified as COVID-19 positive. Symptomatic staff and household contacts continue to have access to PCR testing via the testing pod.

The staff test and trace team continue to provide a 7 day service to assist assessment of adherence to IPC practices and supporting any required contact tracing. The number of COVID-19 positive staff has significantly reduced with only 3 positive staff in April 2021. The availability of family screening continues for staff with a symptomatic household member to support early diagnosis and isolation requirements.

### **1.1.3 COVID-19 Staff Vaccination Programme**

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

To date (7 May 2021) more than 16,500 staff have received their first dose of the COVID vaccine and 16,000 staff their second dose. The final stage of the programme to deliver 700 second doses begins week commencing 7 June 2021.

The Trust has achieved an excellent uptake (87% as at 10 May 2021) across all staff groups and received national commendation for best practice engagement with high-risk groups:

- Black and Minority Ethnic;
- Clinically Extremely Vulnerable;
- Over 65; and
- Front line staff / high risk departments.

#### **1.1.4 COVID-19 Patient Vaccination Programme**

Whilst the focus of the Trust was to vaccinate staff, opportunity presented itself to vaccinate specific cohorts of both in patients and out-patients and 130 patients over the age of 80 were vaccinated. In addition, a total of 258 Haemodialysis patients (a recognised high risk group) were vaccinated over 5 days by the renal directorate and the vaccine team.

Further cohorts of patients (both inpatients and outpatients) were identified by clinical teams and have been vaccinated. These include:

- Patients awaiting transplant surgery.
- Patients about to commence immunosuppression treatment.
- Patients about to start treatment for cancer.
- Patients prior to undergoing major surgery with co-morbidities.
- Those patients from the identified cohorts who were inpatients (either 1<sup>st</sup> or 2<sup>nd</sup> dose).
- Patients who have severe allergies who require administration of the vaccine under medical supervision.

The above initiative proved labour intensive and challenging at times but was a necessary patient safety priority.

Future Plans:

- Develop and deliver a clinic for the region for patients/people with anaphylaxis who require vaccine delivery under medical supervision.
- Continue to deliver a small number of vaccines for inpatients when appropriate.
- Manage the above within the constraints of vaccine availability.
- Coordinate/liase with mass vaccination sites to facilitate early vaccination or follow up vaccines when required.

In total circa 1,400 vaccines, a combination of both 1<sup>st</sup> and 2<sup>nd</sup> doses have been delivered to patients.

#### **1.1.5 New variant of concern**

National genomic sequencing of COVID continues which enables the identification of new circulating variants. New variants are classified as 'Variants Under Investigation' (VUI) and 'Variants of Concern' (VOC), based on a risk assessment by the relevant national committee.



At the time of writing this report, there were 4 VOC and 7 VUI all of which are being monitored by Public Health England (PHE) currently. The latest VUI originated in India with cases in the UK monitored by PHE. Patients with a history of travel abroad who require admission to the Trust are isolated until their screening results are confirmed negative in line with national guidance. There is an agreed process for the IPC team to be notified by PHE if there are any patients or staff found to have any VOC following any community surge screening.

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

As no national trajectory from NHSE/I was issued for 2020/21, the Trust continued to work to 2019-20 reduction trajectory of no more than 113 cases annually. By the end of March 2021, the Trust achieved this with a total of 111 cases. To date, no national trajectory has been issued for 2021/22; therefore, in lieu of this the Trust is aiming for a 10% reduction of the 2020/21 total. At the end of April 2021, the Trust had 15 cases attributed.

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

There have been no MRSA bacteraemia cases since April 2020 thus the Trust has been “MRSA bacteraemia free” for 12 months.

However, MSSA bacteraemia cases have increased and the Trust was over its internal 10% reduction trajectory by 12 cases. IV devices remain the primary source therefore, device management in line with best practice remains a Trust priority for 2021/22 with an aim of an internal 10% reduction trajectory. At the end of April 2021, the Trust had 5 cases attributed.

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

*E. coli* was above the Trust’s internal 10% reduction by 1 case but did achieve a 9.3% reduction. A gram-negative blood stream infection (GNBSI) working group coupled with the reinstated SIRMs and focused post infection review meetings will support further reductions. At the end of April 2021, the Trust had 18 cases attributed.

*Klebsiella* and *Pseudomonas aeruginosa* rates both exceeded their internal 10% reductions (by 6 cases and 1 case respectively). It is hoped that the GNBSI work and focus upon device management will influence this reduction. At the end of April 2021, the Trust had 14 cases and 6 cases respectively attributed.

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

With the exception of COVID-19, there was 1 reported norovirus outbreak declared in March 2021 which resulted in 150 lost bed days with 9 patients and 3 staff affected.

There has been an increase in the instance of *C. difficile* PII during March and April 2021, with a total of 4 PII from 3 different areas. MDT meetings are planned to discuss cases further and ribotyping has been requested; preliminary findings indicate the cases are not linked. The IPCNs are supporting with some focused diarrhoea management education with the clinical area that had PII in March and April.

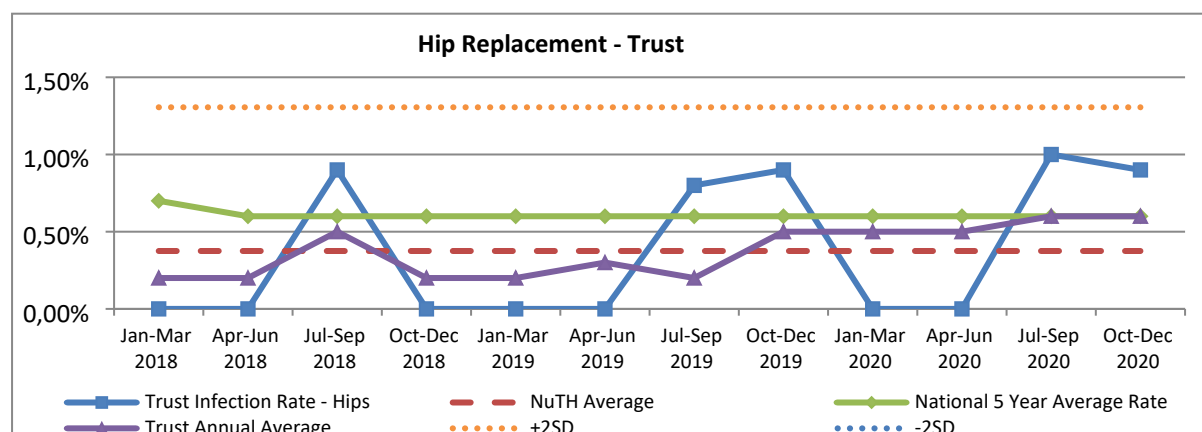
MSSA monitoring has identified 1 PII in for this period, investigations have confirmed different primary sources and IPCNs are providing ongoing IPC support.

## 1.6 Surgical Site Infections (SSIs)

The Trust participates in PHE surveillance of SSI for hip, knee and spinal surgery, PHE continues to report SSI rates based on a calendar year. In April, the Trust received the reports for Quarter 4 (October - December 2020) which demonstrated that no SSIs were reported for this period.

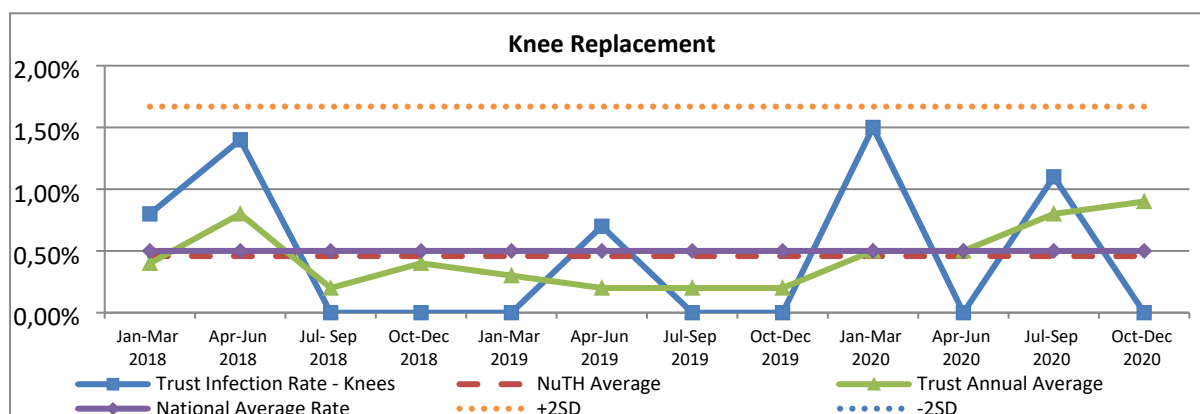
### 1.6.1 Hip Replacement

Within October – December 2020 there was 1 superficial SSI identified, resulting in a Trust quarterly rate of 0.9%, as illustrated in table below which is above the benchmark from the 5 year average. However, the Trust SSI rate for the last 4 reported quarters stands at 0.6%, which is in line with the National Average.



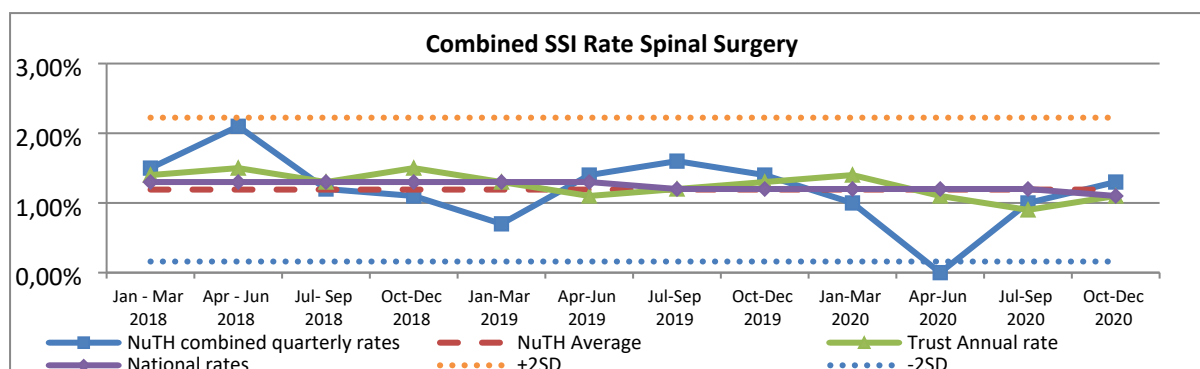
### 1.6.2 Knee Replacement

No SSIs were identified during Quarter 4, as seen in table below resulting in a quarterly rate of 0%. A new SSI had been identified from quarter 1 (January – March 2020) as PHE requirements are a 12 month monitoring and reporting for SSI where an implant has been used. The subsequent rates have been altered to reflect this amendment therefore the Trust SSI rate for the last 4 reported quarters has increased to 0.9%. This is also due to a lower denominator (the number of operations for this period) along with an increase in the numerator (number of SSIs).



### 1.6.3 Spinal Surgery

The RVI site continues to be the main site undertaking spinal surgery; Quarter 4 identified 3 SSIs (2 from Orthopaedics, 1 from Neurosurgery). The resulting quarterly rate of 1.3% keeps the Trust annual SSI rate at 0.9%, below the National 5 year benchmark for the third consecutive quarter.



FH began undertaking spinal surgery in Quarter 2 (April-June 2020) in response to pressures arising out of COVID-19. Spinal surgery is usually undertaken at RVI site, the FH had last performed spinal surgery in July-September 2016. PHE produce SSI reports which are site specific rather than Trust wide therefore, in order to calculate FH SSI rate over 4 quarters the historical data from 2016 has been included. As a result, despite no SSI reported from April – December 2020 the collective FH rate for the 4 quarters is 3%, which is higher than the National 5 year average. The Trust implemented a spinal SSI reduction strategy in 2016/2017 that resulted in a sustained reduction of infection rates and overall rates are aligned to the National 5 year benchmark. An outlier notification had been received based upon this data but PHE have acknowledged that no additional actions are required, as the Trust has demonstrated improvement in practices.

### 1.7 Sepsis

Due to the COVID-19 pandemic, sepsis compliance has become more challenging for clinical staff to differentiate between COVID-19 and bacterial sepsis. The introduction of Procalcitonin as a biomarker of infection has been useful for the management of COVID-19 patients and could help guide decisions relating to antibiotic stewardship.

Trust wide education sessions continue to raise awareness on Deteriorating Patients and

Sepsis. Education strategies have been developed to improve compliance with sepsis screening process and treatment. Staff have also completed Deterioration ALERT training highlighting the escalation process associated with deteriorating patients.

The Deterioration ALERT was paused on 30 September 2020 following feedback from the frontline clinical teams to make improvements and make this process simpler, more efficient to use and critically more effective at preventing harm to patients. A provisional date for relaunch is 17 May 2021 and once live, compliance will be monitored so targeted quality improvement strategies and educational support can be focused in these areas.

### **1.8 Antimicrobials**

The first Antimicrobial Steering Group (AMSG) of 2021 was held in March, including guideline reviews and ideas for service improvement. The Trust's intranet antimicrobial guidelines are transferring to MicroGuide™ a platform with an improved user search facility and inbuilt calculator. In addition, the MicroGuide™ App will be available to be uploaded from the 12 April. Once installed, the new app will download updated guidelines automatically to the mobile device, which is an improvement on the current RxGuideline™ App.

The Pharmacy Antimicrobial Team led antibiotic audits, identified as a way to help analyse and improve practice at the clinical level, have now covered 8 directorates with interesting and useful data cascaded, with all average results across the directorates 80-90+%. The Patient Safety & Governance leads disseminate and where necessary implement a plan to improve performance.

The Take 5 audits, which measure 6 quality parameters for prescribing of antibiotics, will engage the ward prescribers into the auditing of antibiotics against best practice as per Trust guidelines, ultimately to help improve practice for patient safety and reduced antimicrobial resistance.

### **1.9 Water Safety**

Issues linked to elevated Total Viable Counts (TVC) within Freeman Cardio Theatres Perfusion Department appear to have been resolved. Following identification that Mycobacterium Chimera was present within previous samples, associated filters and filter banks have now been replaced. TVCs taken mid-April 2021 have returned with a Colony-Forming Unit (CFU) of 10 i.e. low. Separate samples have been taken by the perfusion team to again determine the species.

Remedial work has been completed in response to the isolation of Pseudomonas in an outlet in the maternity unit, following routine investigation of a Pseudomonas bacteraemia. Despite the removal of 20 dead legs from the Delivery Suite entrance ceiling void, as part of the ongoing refurbishment works, further work is required to fully address the water quality issues identified in that area and will be captured within the refurbishment plans for maternity.

### **1.10 Ventilation**

Agenda item A6(iv)

No exceptions to report.

## **2. RECOMMENDATIONS**

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

**Report of Maurya Cushlow  
Executive Chief Nurse**

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

17 May 2021



THIS PAGE IS INTENTIONALLY  
BLANK



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	People Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>		Internal <input type="checkbox"/>			
Purpose of Report	For Decision <input type="checkbox"/>	For Assurance <input type="checkbox"/>		For Information <input checked="" type="checkbox"/>			
Summary	<p>The purpose of the report is to provide an update on developments across our People agenda. Reporting is aligned to our local People Plan themes and actions.</p> <p>No decision is requested of the Board.</p>						
Recommendation	The Board is asked to note the content of this report. Feedback is welcome.						
Links to Strategic Objectives	People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality <input checked="" type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Human Resources <input checked="" type="checkbox"/>	Equality & Diversity <input checked="" type="checkbox"/>	Reputation <input checked="" type="checkbox"/>	Sustainability <input checked="" type="checkbox"/>
Impact detail	Impacts on all areas from a People perspective.						
Reports previously considered by	Routine update to the Board.						

## PEOPLE REPORT

### EXECUTIVE SUMMARY

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

Key points:

- The focus remains on looking after our staff, supporting them through recovery following the pandemic, and maintaining a beneficial health and wellbeing offer. This is underpinned by our Flourish at Newcastle, organisational development framework.
- The volume of Equality, Diversity and Inclusion activity remains high and a very inspiring programme has been developed for this month's celebration.
- The Trust is endeavouring to return to pre-covid levels of education, training and learning activity. The issue of available space to deliver teaching is an ongoing concern.
- The Trust Improvement Academy has been launched supported by the Institute for Healthcare Improvement (IHI); they will also work with the Trust in facilitating capacity and capability building to enhance the staff experience.
- 31 March 2021 marks the end of the 4 year public sector reporting period since the introduction of levy funded apprenticeships.
- It is a year since the first Robotic Process Automation (RPA) 'HR Bot' was launched, 30 have followed and collaborative working with IT continues focussed on identifying utilisation and deployment of 'bots' for the future.
- Recruitment remains buoyant and a significant investment in medical staff continues as the Trust supports Health Education England (HEE) through facilitating creation of additional training opportunities.
- As the anchor organisation, partnership working continues with key stakeholders to develop joint approaches to workforce issues.
- The NHS Future of Human Resources (HR) and Organisational Development (OD) programme is ongoing, with the final report and recommendations anticipated in June.

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



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

Covid 19 Mass Vaccination Hub & Programme	There has been a very positive voluntary uptake of the vaccine by staff. <b>Volunteers:</b> In addition to the 225 volunteers recruited by the Trust, we continue to work in collaboration with other volunteer organisations, including the Royal Voluntary Service (RVS) and St John Ambulance.
Integrated Covid Hub North East (ICHNE) – ‘Lighthouse’.	The last cohort of staff started in the Lighthouse Lab on 19 April 2021. Activity is increasing and workforce requirements remain under review.
Sharing Learning	As part of the Shelford Group, the Trust is participating in a national development by the Department of Health and Social Care (DHSC) regarding how to take forward learning about a ‘contingent’ well prepared workforce to be available in times of need.



## 2. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

Wellbeing	<p>The focus remains on looking after staff, supporting their health and wellbeing through recovery to enhance the staff experience, and enable them to liberate their potential through our OD framework, Flourish at Newcastle. This is being shaped as follows:</p> <ul style="list-style-type: none"> <li>• <u>Recognising, acknowledging and thanking staff</u>, their need to recuperate through encouraging the taking of leave to support rest and recovery, and subject to government guidance, enabling staff to take leave and ‘reconnect’, particularly those with friends and loved ones which requires international travel.</li> <li>• <u>Proactively maintaining and enhancing the wellbeing offer</u> as part of recovery, enabling direct access to resources to facilitate a preventative approach as part of the national offer, or the locally available support including Occupational Health. Staff are signposted to Health and wellbeing resources which have been further enhanced, as previously advised, through the provision of:             <ul style="list-style-type: none"> <li>○ Funding which support training to create a sustainable model to support staff wellbeing including:                 <ul style="list-style-type: none"> <li>▪ Critical Care nurse workforce funding for training and pastoral care.</li> <li>▪ Integrated Care System (ICS) Hub and Spoke for Wellbeing support.</li> <li>▪ Completion by a small group of staff of the ‘REACT’ Mental Health Conversations ‘Train the Trainer’ programme - funded nationally by NHS England / Improvement (NHSE/I).</li> </ul> </li> </ul> </li> </ul>
-----------	---

	<ul style="list-style-type: none"> <li>▪ Completion of the 'Resilience@Work Toolkit Accreditation programme by members of the Education team.</li> <li>○ <b>Togetherall</b>; free, independent, online mental health and wellbeing service available 24/7/365 to Trust staff. Members can join the community anonymously for support with a range of issues, and it will support with immediate and longer term mental health issues. The service also provides safe access to 'Wall Guides', trained mental health professionals.</li> <li>○ <b>Wagestream</b>: through registering with an app, staff can have 'instant access' to a proportion of their pay to help with personal financial management.</li> <li>• <u>Building support for front line supervision and line management</u> to build 'preventative' health and wellbeing coaching and capability which, in time, will facilitate <b>Wellbeing/'What Matters to You' Conversations</b> taking place with every staff member. This activity is part of the national and local People Plan. Discussion has been taking place with colleagues including staff side, about the most effective approach to this conversation, which for the majority would mean it does not sit as part of an appraisal discussion.</li> <li>• Enabling teams to undertake and deliver improvement activities providing a 'common purpose'; this will be facilitated through the Improvement Academy.</li> <li>• <u>Maintaining a focus on wellbeing at Board</u> through the Wellbeing Guardian and People Committee, and monitoring progress.</li> <li>• <b>Increasing the ability to listen to and engage with staff</b>, including the networks, to maintain a dynamic dialogue. Ideally using technology, we are currently actively exploring options to embed frequent engagement and 'pulse check' surveys.</li> </ul> <p><b>Public Sector Pensions Remedy:</b> There has been extremely positive take up of places on the virtual seminars regarding the impact of the McCloud ruling. Additional webinars are being provided. It is expected that the relevant legislation will be laid before Parliament before the summer recess in July.</p>
<b>Belonging, feeling valued and recognised</b>	<ul style="list-style-type: none"> <li>• <b>2020 NHS Staff Survey</b> Directorates have been provided with bespoke local results overview and analysis to inform development of the local action plan. The plans are expected to be more expressly aligned to the #FlourishAtWork framework. All directorates will be supported with capacity to facilitate focus groups and other discussions to enable more effective listening to staff. There have been some national delays on data from the National Co-ordination Centre which we continue to pursue.</li> <li>• <b>Volunteers</b> In preparation for 'reopening' our volunteers service an action plan has been developed including a refresh of our recruitment processes. 'Post covid' opening up will be undertaken on a phased approach, beginning with those who support Trust-wide visiting being reinstated.</li> </ul>
<b>Inclusive and diverse workforce</b>	<ul style="list-style-type: none"> <li>• <b>National BAME Health and Care Awards.</b> Individual staff Odeth Richardson, Highly Commended as a 'Compassionate Leader'; Surash Surash as a Clinical Researcher for his contribution to the Surash/Pearce Report on the Ethnic Pay Gap, and the newly established Filipino Nurses Association of the UK, of which there is a</li> </ul>

	<p>significant branch in the North East, won the Community Initiative of the Year award.</p> <ul style="list-style-type: none"> <li>• <b>Equality, Diversity and Inclusion Week</b> took place from 10-14<sup>th</sup> May. A programme of events has been developed in partnership with the staff networks. Access to some parts of the programme have been shared with other Trusts in the region via the ICS.</li> <li>• Two video resources have been developed as part of the programme: a ‘micro-aggressions’ resource produced by our BAME staff network <a href="https://www.youtube.com/watch?app=desktop&amp;v=Qi0HL4MYqjw">https://www.youtube.com/watch?app=desktop&amp;v=Qi0HL4MYqjw</a>, and a short film showing the Trust’s equality journey so far. ICHNE has been included in the programme <a href="https://m.youtube.com/watch?v=UVERTP7k_gQ">https://m.youtube.com/watch?v=UVERTP7k_gQ</a></li> <li>• <b>Staff with Disabilities or Long Term Health Conditions Talent Development Programme:</b> a personal staff development programme launched this month. This inaugural programme with the aim of liberating the potential, supporting staff to build on skills and develop strategies to get the most out of their career, assist personal development, challenge the organisational dynamics to help create positive change for staff with disabilities and health conditions and empower staff to become a role models.</li> <li>• <b>Overhauling recruitment practices.</b> The Trust is participating in the pilot programme, working closely with the NHSE/I regional team, to establish an improvement cycle and start closing the gap on inclusive recruitment and promotion practices in NHS. Supporting implementation we will be working within the systems and region to develop an evidence base and guidance to support implementation of 6 actions.</li> <li>• <b>Rainbow Badge pilot:</b> The Trust will be one of 10 organisations participating in the assessment pilot commencing in June to establish how we support LGBT people. It involved a three phase assessment, with outcomes expected in September.</li> </ul>
<b>Improvement Academy</b>	<p>The Institute for Healthcare Improvement (IHI) foundation visited the Trust 4<sup>th</sup> – 6<sup>th</sup> May. This collaboration between Newcastle Improvement and the IHI aims to accelerate capability and capacity for Improvement, and to identify multi-disciplinary teams of 4-5 members who would like to work together on an improvement project. The opportunity is now open for teams and individuals to participate in a formal training programme that is being delivered in partnership with IHI. The training programme offers two training opportunities:</p> <ul style="list-style-type: none"> <li>• Improvement for Teams</li> <li>• Improvement Coach</li> </ul> <p>Submission of expressions of interest is by 21<sup>st</sup> May with outcomes by 29<sup>th</sup> May.</p>



### 3. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING



<b>Leadership &amp; Organisation Development</b>	<p><b>Leadership Congress</b></p> <p>A Leadership Congress Schwartz round was held in April around the subject of “putting our own mask on first”. The Leadership Congress focused on ‘Flourish at Newcastle Hospitals’ was delivered earlier this month, adopting an engagement and improvement approach to exploring what matters to our leaders in creating a ‘good day’ at work, and reminding colleagues how Flourish frames our staff experience.</p> <p><b>Organisational Development</b></p> <p>Team continue to work collaboratively with Newcastle Improvement developing a range of OD interventions.</p> <p><b>Coaching</b></p> <ul style="list-style-type: none"> <li>• Monthly ‘bitesize’ coaching sessions via Teams have commenced starting with “Coaching v. Mentoring”.</li> <li>• A re-engagement session with our current workplace coaches is planned.</li> <li>• An Introduction to Coaching session is due to be delivered in May/June. As part of our positive action to support under represented staff, one cohort will target nursing staff who identify as people from an ethnic minority.</li> <li>• CMI Level 5 Coaching for System leaders recommenced on a virtual platform with Northumbria University.</li> <li>• We continue to explore options for a new Apprenticeship Standard for Coaching which supports fostering a coaching approach in every day working life to make the most of, and liberating potential.</li> </ul>
<b>Apprenticeships</b>	<p><b>Integrated Health and Social Care Support Worker</b></p> <p>8 apprentices were appointed between two employing organisations, starting in April 2021. This is a novel apprenticeship programme, and the apprentices attended a joint induction before the formal programme.</p> <p><b>Health Care Support Worker recruitment</b></p> <p>Over 100 applications were received for 15 apprentice positions.</p> <p><b>Government incentives</b></p> <p>The Government incentives introduced to encourage apprentice recruitment during the pandemic have been further increased and extended. Employers will now be paid £3,000 for each ‘new recruit’ apprentice starting between 1 April and 30 September 2021. The Trust has submitted a number of claims.</p> <p><b>Levy transfer opportunities</b></p> <p>To ensure the apprenticeship levy benefits education and employment, the Trust agreed to transfer a significant proportion of levy funding to the North East Ambulance Service NHS Foundation Trust (NEAS). This will result in 12 Ambulance Support Worker Apprentices being supported. Other levy transfer requests are being considered for regional Advanced Clinical Practice, via HEE North East, as well as a request from Newcastle Gateshead Clinical Commissioning Group (CCG) to fund some upcoming registered nurse and nursing associate apprentices.</p> <p><b>Public Sector Apprenticeship Target</b></p> <p>The Department for Education (DfE) announced on 19 March 2021 that it will be amending legislation to set a new 1 year apprenticeship target from 1 April 2021 to 31 March 2022. The original 4 year target required public sector organisations with 250 or more employees to start 2.3% of new employees as apprentices over the</p>

	<p>period 1 April 2017 to 31 March 2021. The new 1 year target will remain at 2.3%, but will not count previous years' performance.</p> <p><b>Performance Data at 31 March 2021</b></p> <p>31 March 2021 marked 4 years since the introduction of levy funded apprenticeships, and the end of the 4 year public sector reporting period. A summary of the Trust's apprenticeship programme is as follows shows that 0.9% of Public Sector Target was achieved:</p> <ul style="list-style-type: none"> <li>• 447 apprentices have started (136 as Employer Provider, 311 contracted to main providers).</li> <li>• 187 apprentices have successfully completed.</li> <li>• 209 apprentices on programme at 31 March 2021.</li> </ul>
<b>Newcastle Clinical Skills Academy (NCSA) /Continuing Professional Development (CPD)</b>	<p>Due to the pandemic, Nursing, Midwifery and Allied Health Professions (NMAHP) staff had limited access to development opportunities in 2020/21 and a significant underspend has been carried forward to be utilised in 2021/22. The allocation for 2021/22 has been received. A robust programme of educational activity, both internal and external, has been drafted awaiting approval from the Executive lead for the project.</p>
<b>Medical Education</b>	<p><b><u>Undergraduate (UG)</u></b></p> <p><b>Facilities and expansion of student numbers</b></p> <p>Newcastle University student numbers are increasing and plans to support Sunderland Medical School will further expand the cohort of UG students on placement or requiring assessment within the Trust at any one time. Availability of appropriate teaching space remains a challenge.</p> <p><b>Teaching Fellow Programme 2021/2022 Academic Year</b></p> <p>A successful recruitment process in February saw 31 Teaching Fellows appointed to Newcastle Hospitals for 2021/22. Subsequent withdrawals has resulted in the need for a further recruitment round.</p> <p><b>Exams</b></p> <p>Arrangements for Year 3 OSCE and Stage 5 MOSLER exams are now finalised. Space remains an ongoing issue therefore work is underway to explore a more extensive range of appropriate clinical areas to host exams over the next five years. Service agreements will be sought with the aim of drawing up a "5 year rotational plan".</p> <p><b>Quality Process</b></p> <p>A new quality process, mapped to General Medical Council (GMC) standards, is being rolled out to extract highlights, lowlights and SMART action plans for all UG courses.</p> <p><b>Student-selective Components (SSCs)</b></p> <p>After a successful recruitment drive, Year 4 SSC numbers have been confirmed at 163 (approximately 50% of the Year 4 year group). Within this group, 117 are new to the Newcastle Hospitals having spent the Year 4 Academic year in Lead Employer Providers (LEPs) around the regional medical school.</p> <p><b>Raising a Concern</b></p> <p>The Deputy Director of Medical Education (UG) and Freedom to Speak up Guardian are planning to implement a new process for the 2021/2022 Academic Year to support students with Raising a Concern.</p> <p><b><u>Postgraduate</u></b></p>

	<p><b>Foundation Programme</b></p> <ul style="list-style-type: none"> <li>• All 73 Foundation Year 1 posts for August 2021 have been filled pending final exam results in July.</li> <li>• The Foundation School have confirmed the Foundation Shadowing Programme will be extended to 10 days.</li> </ul> <p><b>Speciality Training Programme</b></p> <ul style="list-style-type: none"> <li>• The Trust has agreed to host an additional 21 IMT3 posts from August 2021 (7 additional substantive IMT3 and 14 (12 month) temporary IMT3 posts. This is in addition to converting 10 ST3 level posts to IMT3 on a permanent basis.</li> <li>• There has been a significant increase in the number of trainees classed as Doctors with Differing Needs during the pandemic.</li> </ul> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• The national GMC survey Trainee and Trainer Survey went live on the 20th April and closed on 18th May.</li> <li>• Work continues to standardise Consultant Supporting Professional Activities (SPA) time for training. Once agreed, this will be shared with all directorates to ensure all trainers received adequate time to train.</li> </ul>
<b>Simulation, Resus and Technology Enhanced Learning (TEL).</b>	<p><b>Technology Enhanced Learning (TEL)</b></p> <p>The volume of the TEL worklist remains constant and the team continue to produce high quality e-learning materials and content for a wide variety of teams across the Trust. There are currently 20 projects in progress and 12 projects awaiting commencement.</p> <p><b>SIM</b></p> <ul style="list-style-type: none"> <li>• A filmed simulation scenario for the Great North Childrens Hospital (GNCH) is to be shown at the Royal College of Paediatrics and Child Health conference. The film has been copyrighted to the Trust.</li> <li>• The first 'deteriorating patient simulation' pilot course went ahead in April. This aims to train registered nurses and Health Care Assistant together, allowing a focus the deteriorating patient including communication and escalation. The feedback from the course was positive and courses will run monthly until March 2022.</li> </ul> <p><b>Health Care Academy</b></p> <p>Following the initiative aiming to have zero Health Care Assistant vacancies by March 2021 there has been a substantial increase in demand on both the Health Care Academy and Health Care Apprentice Training. Recruitment to support this initiative in the form of a nine-month secondment for 1 whole-time equivalent (WTE) band 6 and band 5 to sit under Workforce Development is currently underway.</p> <p><b>Resus</b></p> <p>A trust wide deployment of new ZOLL defibrillators has been successfully completed across the Freeman Hospital (FH) and Royal Victoria Infirmary (RVI). Work is now ongoing with Community venues and to refresh the Resus specific Training Needs Analysis for all clinical staff.</p>
<b>Education Quality</b>	<p>The '<b>Annual Deans Quality Meeting</b>' (ADQM) took place earlier this month. The Trust received very positive feedback session from the panel chaired by Professor Namita Kumar who noted evidence of strong solution focused clinical leadership,</p>

	<p>with many examples of developing practice, ongoing service improvement and innovation. Comment was also made about our staff being as important as our patients and how this was anticipated to positively impact on our retention rates post pandemic.</p> <p>It was noted that colleagues worked together as a functional organisation, demonstrating positive relationships delivering our approach to education and training as well as delivering our services. In summary the Trust was described as a 'learning organisation'. The formal report is expected within the next 6 weeks.</p>
--	---

#### 4. PEOPLE WORKING DIFFERENTLY

<b>Robotic Process Automation (RPA)</b>	<p>The first 'HR bot' was launched in March 2020 to facilitate recording of staff appraisals onto ESR. Since then, a further 30 ad hoc bots have been deployed to enhance workforce data capture and support managers with this task, particularly onto ESR. A very recent example has been capturing position creations as a result of organisational change. Evaluation shows that over 8,880 hours' data processing time has been saved, equivalent to 4.5FTE.</p> <p>RPA continues to interact with multiple applications, including ESR, Allocate, TRAC, e-forms, SQL database, MS Office; 10 bots are in the development pipeline a significant proportion of which will support clinical services with data capture including Occupational Health (OH), Cardiology PCI Dendrite system, Cancer Information, and Patient Services to facilitate recording of Personal Protective Equipment (PPE) 'fit testing'. Preparation is underway to migrate to a new platform currently subject to testing.</p> <p>The Trust has worked collaboratively with NHS Digital to produce a bespoke bot for abstract reports from Allocate and submit to a designated data portal and within the Trust collaborative working with IT continues focussed on identifying utilisation and deployment of bots for the future.</p>
<b>Recruitment</b>	<p><b>International Recruitment:</b></p> <p>Due to the severity of the situation, the UK Government has placed an immediate pause on all nurse international travel from India taking up employment in the NHS until further notice. We do not know how long this pause will last. The 26 Staff Nurses that were due to start on Monday 26 April 2021 have been temporarily put on hold due to the situation, and we are working closely with our stakeholders to ensure these nurses are supported and will provide further update as soon as possible. Further international recruitment is planned for staff nurses from the Philippines for deployment in Autumn 2021.</p> <p><b>Medical Staff</b></p> <p>The Trust is awaiting data from HEE for junior doctor fill rates from August 2021, and in the interim are continuing to recruit to recurrent and ad hoc Trust Doctor posts. Recruitment to the Newcastle Surgical Rotation is underway with interviews due to take place in June.</p> <p>Due to national oversubscription to the Foundation Programme, there are considerably more applicants on the reserve list for Foundation posts with effect from August 2021 than in previous years. To support Health Education North East (HENE) in managing its contribution to this, the Trust has offered to support and</p>

	<p>invest in an additional three Foundation Year 1 posts, from August 2021 for 12 months. The offer has been accepted. We await further updates regarding a matched FY2 programme from August 2022.</p> <p><b>Staff Nurse and Operating Department Practitioner (ODP) Recruitment Fairs</b>          Staff Nurse and ODP Recruitment Fairs were delivered virtually in March and April 2021. We continue to review our approach to staff nurse vacancy recruitment with the objective of further reducing time to recruit.</p> <p>‘Business as usual’ recruitment is increasing, most notably due to recruiting into pre-registration staff nurse and ODP vacancies for September 2021 start dates.</p> <p><b>Health Care Support Worker (HCSW) recruitment</b>          Bespoke recruitment campaigns for Healthcare Assistants have been delivered, and currently almost 50 candidates being processed for vacancies. The increase in Academy capacity has enabled candidates to commence employment sooner.</p> <p><b>Newcastle College Healthcare Assistants (HCA) Academy</b>          Partnership working with Newcastle College is ongoing for Healthcare Assistants and proving a valuable approach in creating opportunity to strengthen the candidate experience and enable them to work towards a relevant qualification.</p> <p><b>NHS Jobs</b> - The Trust will transition on to the new NHS Jobs service which will enable direct application via the TRAC system. This should accelerate the application review process for recruiting managers.</p>
--	---

## 5. PARTNER AND ‘ANCHOR’ INSTITUTIONS

<b>Collaborative Newcastle</b>	<p><b>System Leadership:</b></p> <p><b>Newcastle programme</b>          Cohorts 1, 2 and 3 are due to complete the programme by September 2021 with Cohort 4 due to conclude in February 2022.</p> <p><b>Gateshead programme</b>          Days 2, 3 and 4 have taken place as scheduled across March and April. The format of the programme has been adapted to the local needs of the Gateshead system, at their request. This allows the participants additional ‘secured’ time to explore their selected themes.</p> <p><b>Collaborative Newcastle and the Growth and Prosperity Delivery Group</b> are establishing a joint subgroup to address workforce issues across the city. This subgroup will focus on areas including:</p> <ul style="list-style-type: none"> <li>• Increasing employment in Newcastle;</li> <li>• Reducing worklessness through actions health and care and other partners can take to keep people in work;</li> <li>• Upskilling local people, including in health and care sector, and linked to apprentices and graduates; and</li> <li>• Improving employee wellbeing in a coordinated manner.</li> </ul>
<b>Newcastle Health Innovation Partnership (NHIP/AHSC)</b>	<p>One of the ‘satellite’ work streams within the People and Culture workgroup, will explore a collective focus <b>Widening Participation</b>, with a view to developing a joint programme to inspire, attract and enable people to consider careers in research, academia health and social care, increase access and equality of opportunity, and contribute to improving population outcomes and reducing inequalities.</p>

### **5.1 National HR and OD Review**

A number of themes with supporting national working groups have been identified and engagement continues. The *strategic* themes are equality, diversity and inclusion, wellbeing and anchor organisations, talent and leadership, employee experience and recruitment; the *enabling* themes are digital and technology, 'target' operating model and professional development for the people profession. The intent has been to share good practice and determine how to shape the future people services and profession. A second 'Big Conversation' commenced from 24<sup>th</sup> May to 6 June 2021 through which anyone can participate via [www.ournhspeopleprofession.org](http://www.ournhspeopleprofession.org) platform.

### **5.2 Letter to the Government requesting urgent action to address undersupply of NHS staff**

In April, a joint letter to the Prime Minister was issued by the NHS Confederation, NHS Providers, BMA, RCN, Academy of Royal Medical Colleges and Unison.

The six organisations are calling on the Government to take urgent action, and highlighted the 'compelling need for investment' to 'deliver sustained and impactful increases to workforce numbers' by the end of this Parliament. They also requested clarity regarding workforce requirements to deliver the Long Term Plan across different parts of the country, as well as setting out the risk to effectively deliver services to patients, and greater transparency about which staff groups need to be strengthened.

### **5.3 Government consultation on proposals to reform the regulation of healthcare professionals**

The Government is seeking views on proposals to reform the regulation of healthcare professionals. It also seeks views on the proposed approach to introducing statutory regulation of physician associates and anesthesia associates. The consultation closes on 16<sup>th</sup> June 2021.

## **6. RECOMMENDATIONS**

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

Report of Dee Fawcett  
Director of HR  
May 2021



**THIS PAGE IS INTENTIONALLY  
BLANK**



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

**TRUST BOARD**

Date of meeting	27 May 2021						
Title	Integrated 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 on the Trust's performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p>Performance – Being outstanding now and in the future.</p> <p>People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.</p>						
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	<p>Details compliance against national access standards which are written into the NHS standard contract.</p> <p>Details compliance against key quality targets.</p> <p>Covers metrics relating to various domains within the People strategy.</p>						
Reports previously considered by	Regular report.						

## INTEGRATED BOARD REPORT

### EXECUTIVE SUMMARY

This report provides an integrated overview of the Trust's position across the domains of Quality, Performance, People and Finance.

- The Trust had 0 cases of MRSA bacteremia attributed in April 2021, therefore no cases have been recorded since April 2020.
- Due to a change in reporting requirements for Severe Harm Incidents the number of reportable cases for the Trust has increased recently (April, 13). This is partly due to new requirement to include all patients' deaths with confirmed definite or probable hospital-onset COVID-19.
- The Trust did not achieve the 95% A&E 4hr standard in April, with performance of 92.4%. A&E attendances remain below pre-COVID levels.
- The Trust PTL size was 80,540 for April, with 6,411 patients waiting over 52 weeks. RTT Compliance was 70.8%.
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in March which was less than the previous month (2).

THIS PAGE IS INTENTIONALLY  
BLANK

# Integrated Board Report

Quality, Performance and Finance

May 2021



Healthcare at its best  
with people at our heart

# Executive Summary

## Purpose

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

## Restart, Reset and Recovery (3Rs) / Recovery Plus

- 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.
- As we are now into the third phase (recovery), the 3Rs programme has now transitioned into a Recovery Plus programme across the Trust with sub-groups continuing to meet and maintain their current momentum, reporting into the Operational Board.

## New Operating Environment

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

## Report Highlights

1. The Trust had 0 cases of MRSA bacteremia attributed in April 2021, therefore no cases have been recorded since April 2020.
2. Due to a change in reporting requirements for Severe Harm Incidents the number of reportable cases for the Trust has increased recently (April, 13). This is partly due to new requirement to include all patients deaths with confirmed definite or probable hospital-onset COVID-19.
3. The Trust did not achieve the 95% A&E 4hr standard in April, with performance of 92.4%. A&E attendances remain below pre-COVID levels.
4. The Trust PTL size was 80,540 for April, with 6,411 patients waiting over 52 weeks. RTT Compliance was 70.8%.
5. The Trust achieved 1 of the 8 Cancer Waiting Time standards in March which was less than the previous month (2).



# Contents: May 2021

## Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Serious Incident Lessons Learned
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity
- Clinical Audit
- 3Rs Programme / Recovery Plus
- Monthly Performance Dashboard
- A&E Access and Performance
- Bed Occupancy and Stranded Patients
- Diagnostic Waits
- 18 Weeks Referral to Treatment
- Cancer Performance
- Other Performance Standards

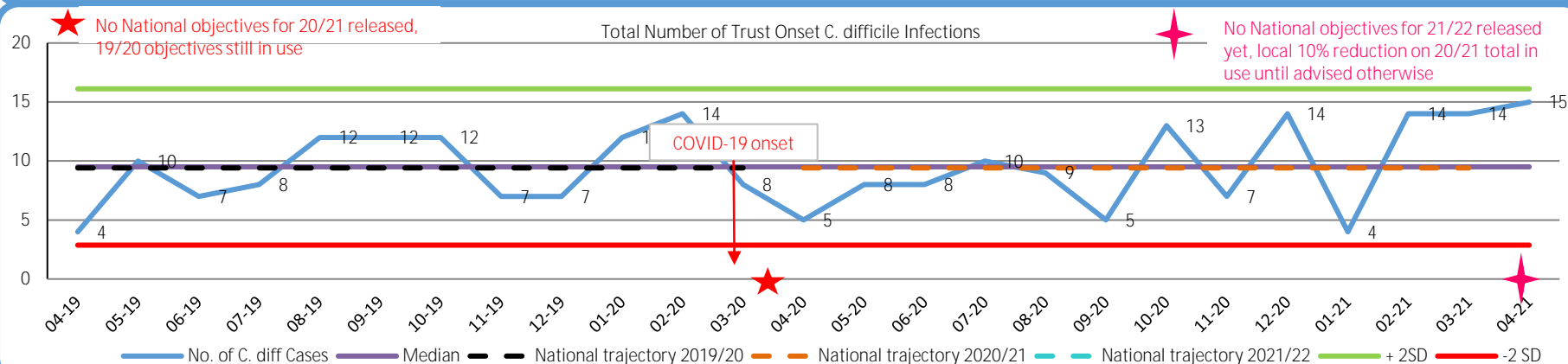
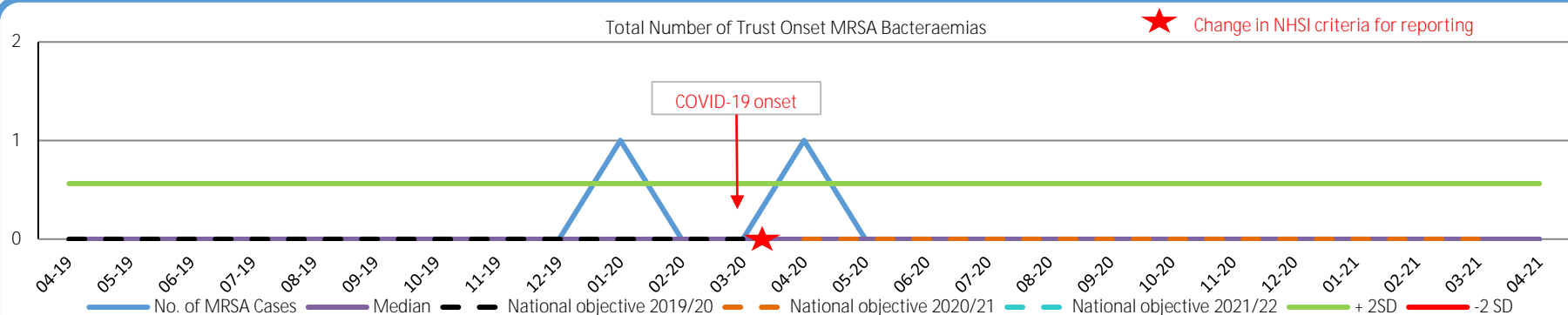
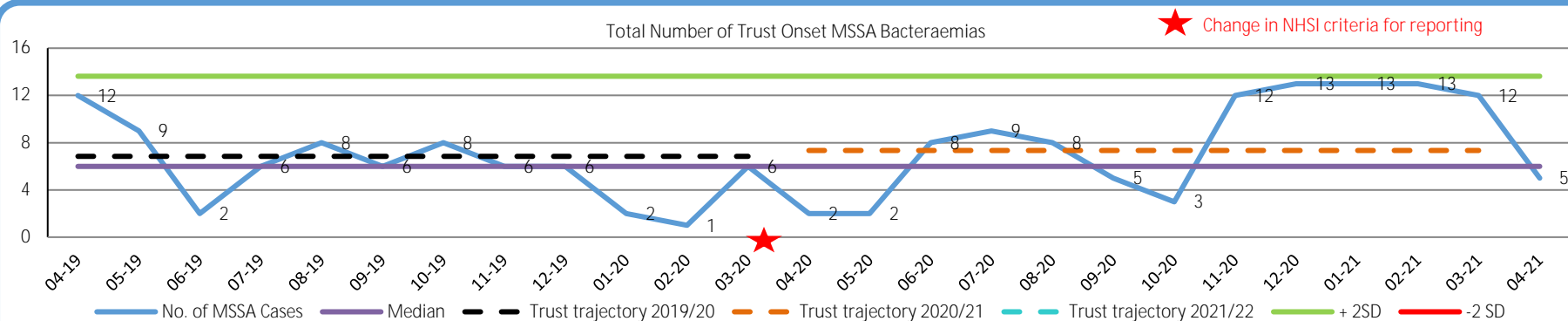
## People

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

## Finance

- Overall Financial Position

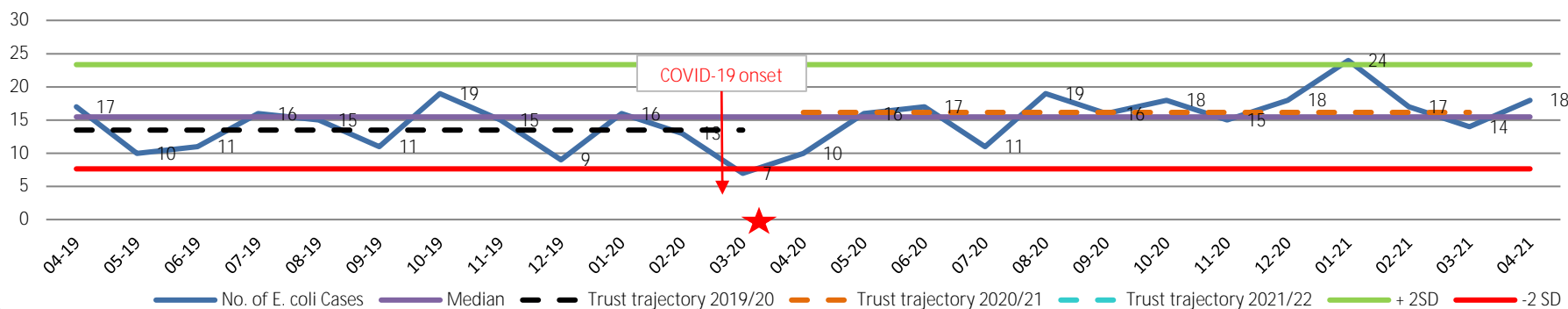
# Quality and Performance: Healthcare Associated Infections



# Quality and Performance: Healthcare Associated Infections

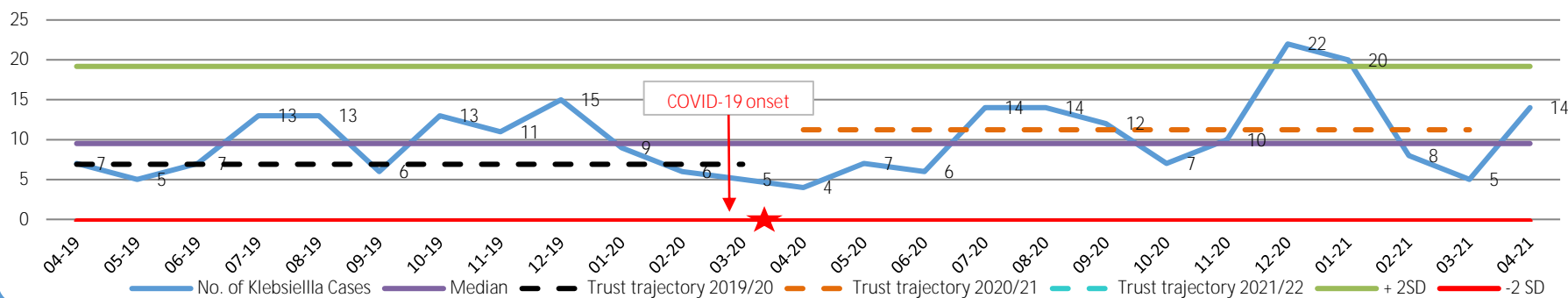
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



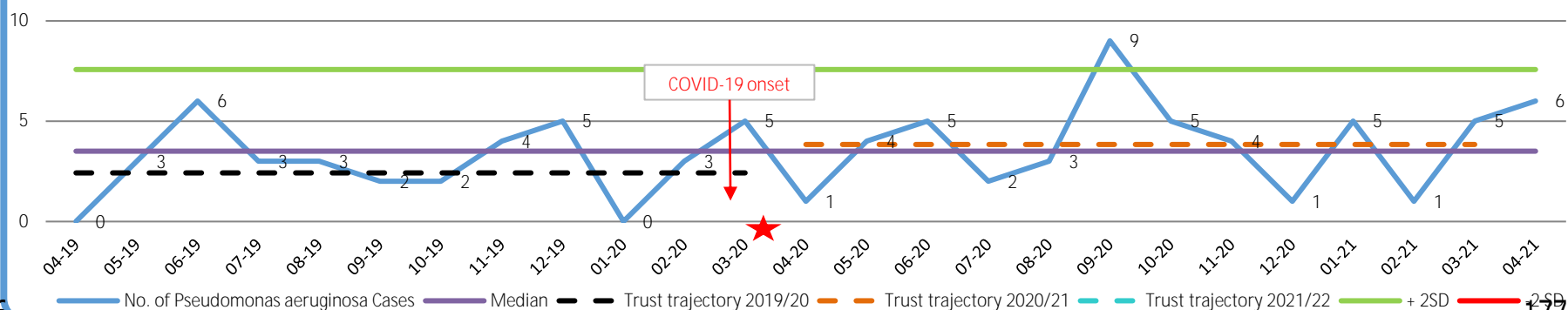
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



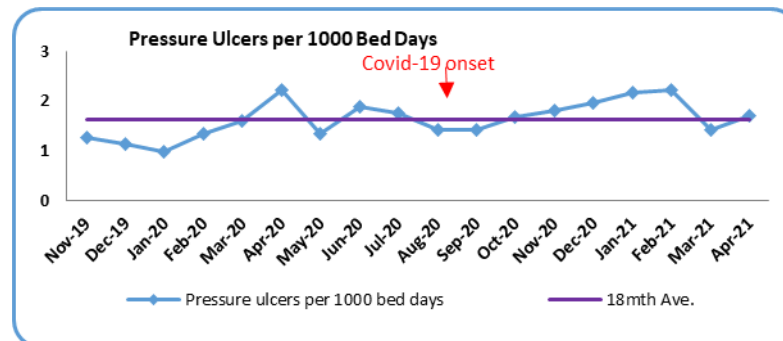
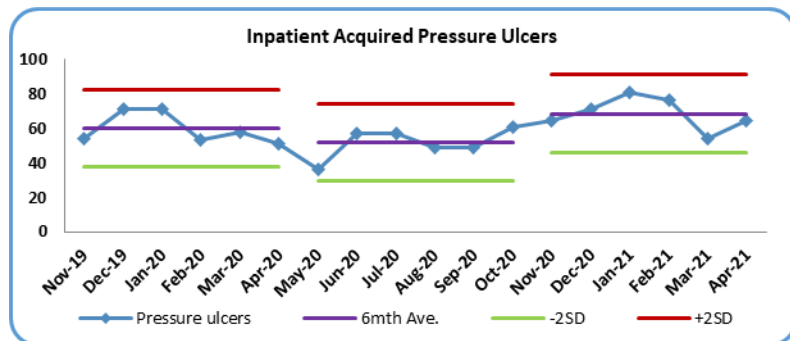
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

★ Change in NHSI criteria for reporting

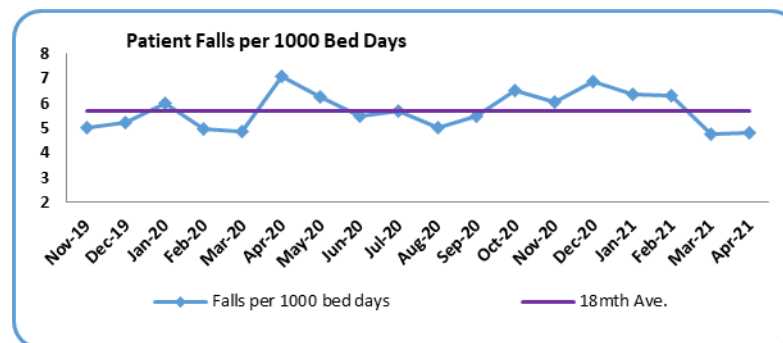
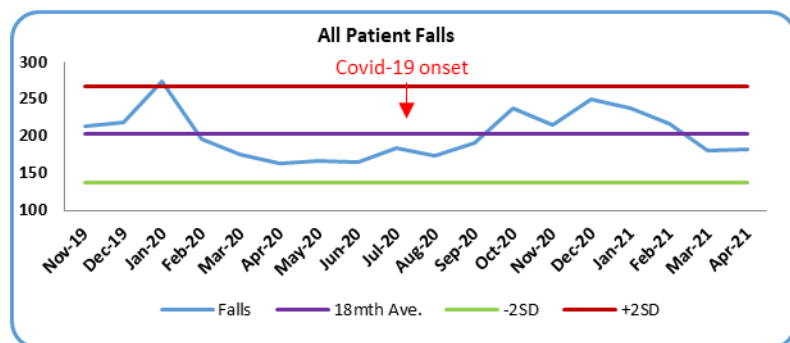


# Quality and Performance: Harm Free Care

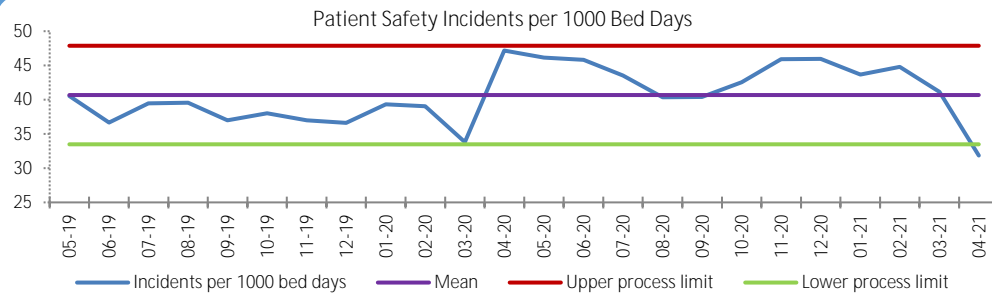
Over the last two years it is evident there has been a gradual reduction in the average number of pressure ulcers (PU). There has also been a reduction in the levels of serious harm. Between October 2020 – February 2021 there was an increase in the number of PU reported. This is consistent with other winter periods in previous years, however with the added impact of the pandemic this year we have seen an increase. Due to the difficulties faced in inpatient areas, this is largely incomparable to previous years. This directly correlates with the Trust safe care data, in that the acuity of patients has increased, this is consistent with other Trust's in the Shelford group. These increases are not concentrated in one particular area, but rather spread across the Trust. However, there have been some successes in the last year in some areas, particularly in those areas of high input from the Tissue Viability team to provide education and support, increasing awareness of risk. In March and April this has reduced to pre-pandemic levels.



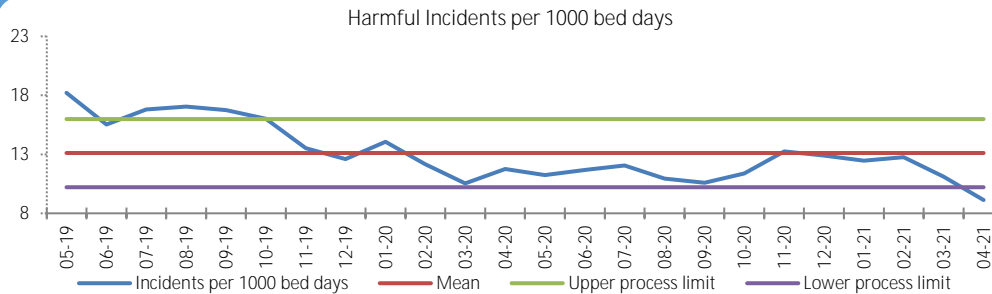
There was a significant reduction in inpatient falls between February and September 2020 however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1000 bed days. In December and January, a significant increase is evident, this is consistent with an increase in acuity of patients, as seen with PU. Within the Trust there has been a significant rise in Covid-19 patients, and many surgical wards have converted to medicine in order to increase capacity. Medical patients tend to be of a higher risk of falls and therefore this can explain the increase, in addition to this evidence indicates, Covid 19 patients suffer a sudden deconditioning which puts them at a heightened risk of falls. From February onwards these numbers have began to decrease to pre-pandemic levels. The Falls Coordinator has commenced work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust continue to report less incidents resulting in serious injury.



# Quality and Performance: Incident Reporting

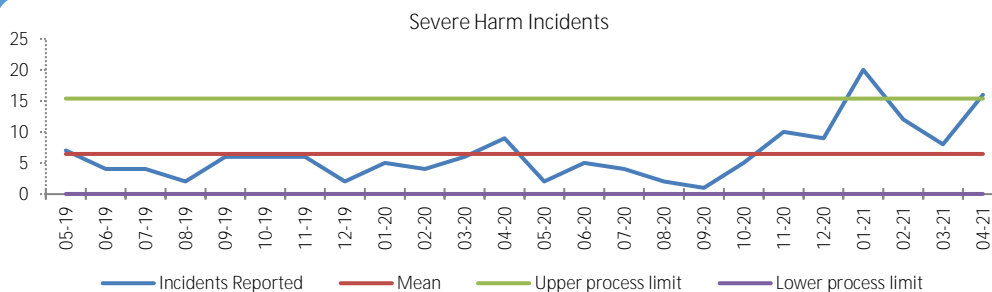


All patient incidents: There has been a slight increase in the rate of incidents reported per 1000 bed days between November 2020 – April 2021. This is likely to be due to increase in acuity of patient's admitted.



Harmful incidents: There is an improvement shift demonstrated, starting with a downward trend in the number of \*harmful patient safety incidents per 1000 bed days from May 2019 to April 2021. This reflects a combination of increased accuracy in grading of harm from patient safety incidents and a overall reduction in incidents resulting in harm.

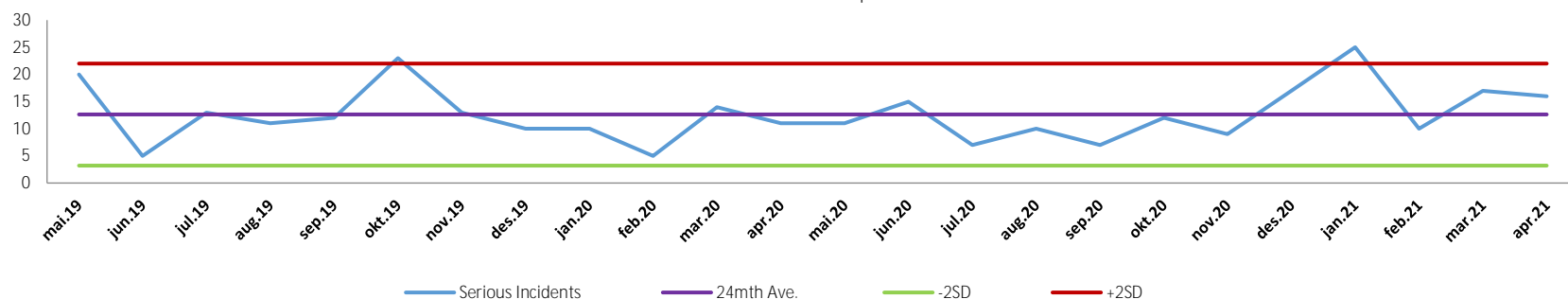
*\*includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*



Severe harm incidents: There were 13 patient safety incidents reported which resulted in severe harm in April 2021, which is a reduction compared to the significant increase in numbers reported in January 2021 and February 2021. This increase was in part related to new NHSEI Covid-19 reporting requirements; this includes all patient deaths or patients with severe harm, and confirmed definite or probable hospital-onset Covid-19. This data is subject to change in future reports as severity grading may be modified following investigation.

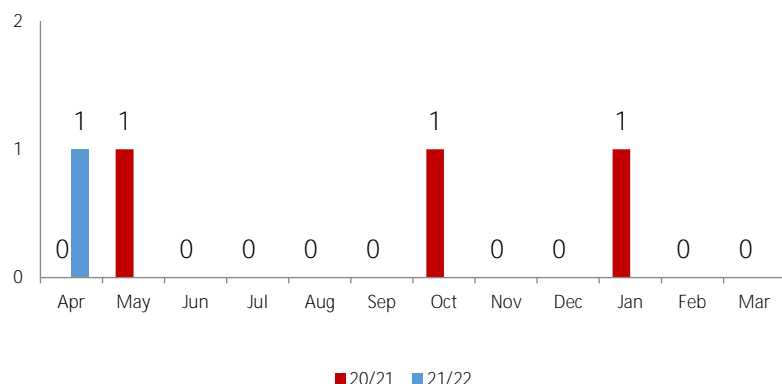
# Quality and Performance: Serious Incidents & Never Events

Number of Serious Incidents Reported

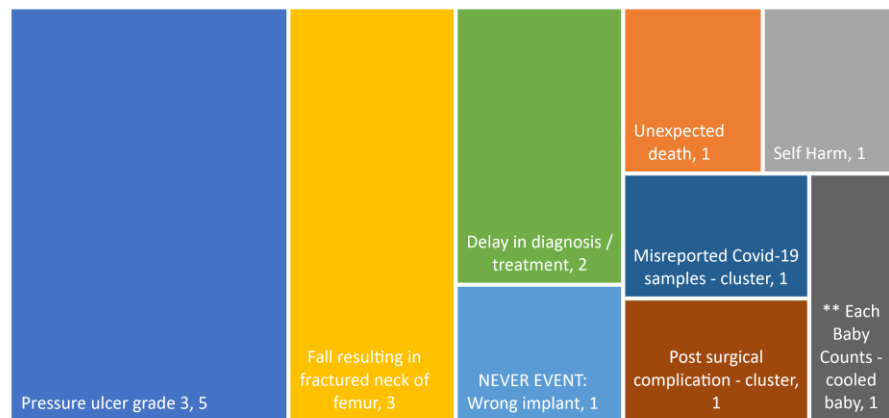


There were 16 Serious Incidents (SIs) reported in April 2021. This data is subject to change in future reports if SIs are de-registered following investigation. The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death and requires the Trust to be open and transparent with patients and their families. The DoC process has been initiated in all but one serious incidents reported in April 2021. DoC is being progressed in one sensitive case.

Total Number of Never Events Reported



Serious Incidents by Category



\*\* Incidents involving babies, that fulfil the criteria for the 'Each Baby Counts' national quality-improvement initiative, are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. 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.



# Quality and Performance: Serious Incident Lessons Learned

## Learning identified from SI & NE investigations completed since January 2021

The following section outlines key learning from SI investigations that have been completed since January 1<sup>st</sup> 2021. This data excludes information on falls, pressure ulcers and SI cases subsequently de-registered.

### Incorrect placement of a Nasogastric Tube (Never Event)

- Improvement work commenced to improve visibility of insertion safety checks in the electronic patient record to support less experienced practitioners and those new to the Trust.
- E-learning locally mandated for all relevant practitioners interpreting X-rays in intensive care settings across the Trust to embed clear understanding of required safety checks.

### Wrong Route Medication (Never Event)

- An enhanced programme of local and trust-wide learning and audit commenced, re-enforcing the use of equipment controls to promote safe administration.

### Medication Incident

- Strengthened standardised practice and stock-control processes to reduce the risk of dilution error and reduce the variability of dosage strengths available.

### Surgical Complication Resulting in Injury

- Review of Multi-disciplinary Team processes for complex surgical patients with benign disease.
- Trust wide consent audit to focus on patients undergoing repeated procedures and seeking patient feedback, to ensure consistent compliance with informed consent.

### Delayed diagnosis/ treatment (4 cases)

- Enhanced local governance and equipment monitoring to ensure that local policy is aligned to national guidance in order to have oversight of assurance in providing safe, evidenced based care.
- Local improvement focused on providing a robust process of review of all radiology imaging reports in the Emergency Department, where addendum reports are added.
- Enhanced learning provided to include expected standard of recording patients' capacity to understand and process clinical information and safety advice before discharge.

- A Paediatric Nurse Specialist has been recruited to post to oversee completion of the MRSA screening pathway for children undergoing spinal surgery.

- Introduction of a Trust-wide digital dictation system in order to improve the reliability and efficiency when communicating patient information following Out-Patient review.

### Lost to follow up (2 cases)

- Trust ophthalmology improvement work commenced, with enhanced governance, to include establishing a robust and reliable electronic system to ensure patients receive appropriate follow-up.
- Robust processes adopted to ensure that patients are given a reliable contact number to raise appointment concerns and that all communication with patients is logged and acted upon.

### Unexpected death from surgical complication

- Local learning focused on the importance of parents being fully informed pre-operatively of the risk associated with surgical procedures, and that they have the opportunity to ask questions and in avoiding giving speculative information to families in relation to the cause of death.

### Maternity cases were reported under Each Baby Counts\* criteria (2 cases) - the learning is as follows:

- Re-enforced the standard maternity process required for the retention of placentae for pathological examination in order for staff to be familiar with requirements following complex deliveries.
- Staff compliance monitored to ensure that the standards for carbon monoxide testing are met for all women at booking appointments.
- Local maternity standard with 'Fresh eyes review' aligned to national guidance to promote timely identification and escalation.

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

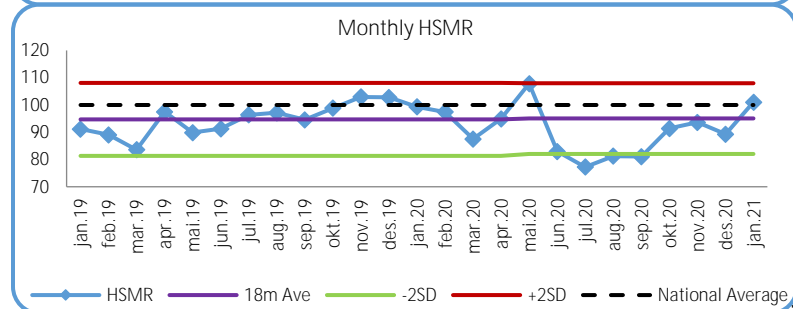
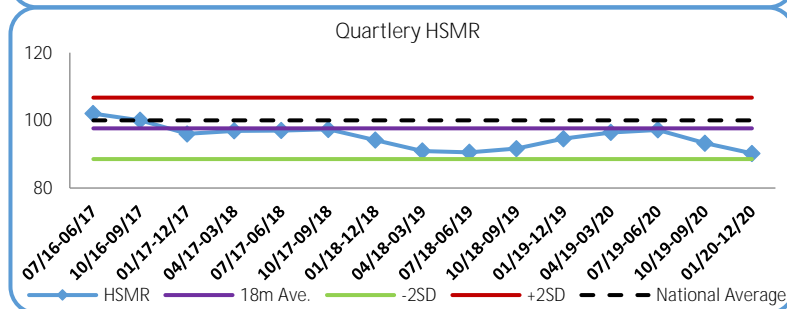
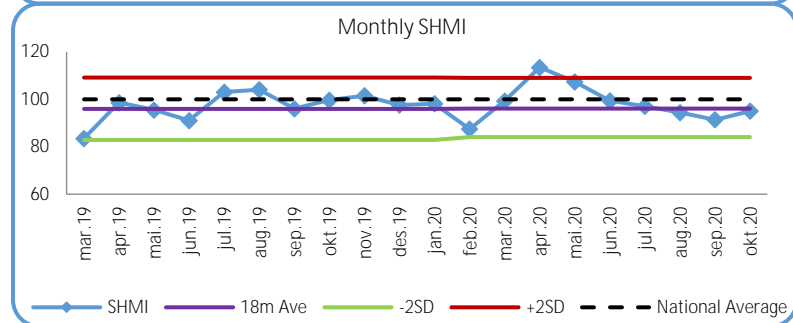
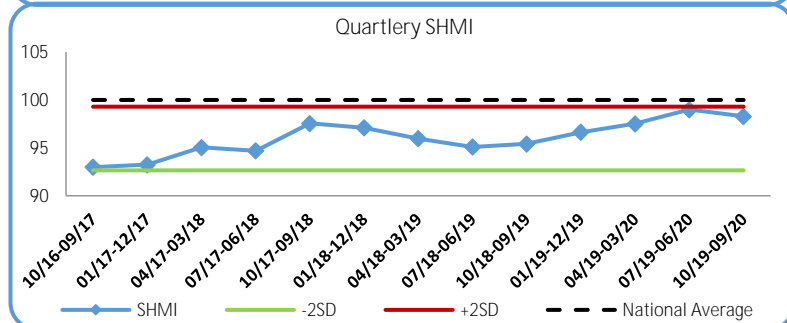
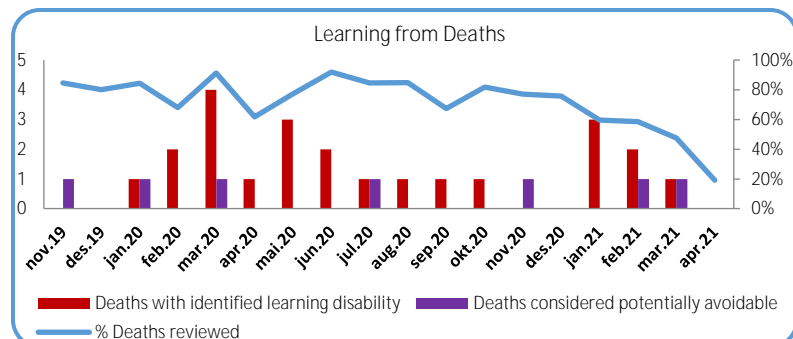
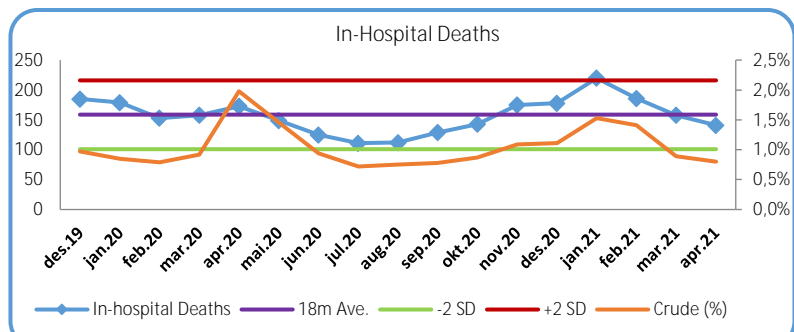
# Quality and Performance: Mortality Indicators

**In-hospital Deaths:** In total there were 141 deaths reported in April 2021, which is considerably lower than the amount reported 12 months previously (n=173). Crude death rate is 0.80%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 peaks.

**Learning from Deaths:** Out of the 141 deaths reported in April 2021, 27 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months and will continue to be monitored and modified accordingly.

**SHMI:** The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 98 from months October 2019 – September 2020, this is below the national average and is within the "as expected" category. A rise in April 20 is reflected by the elevated crude data. SHMI monthly data for October 2020 shows the Trust has scored 95 which is below the national average.

**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 December 2020 and is below the national average. This number may rise as the percentage of discharges coded increases.



# Quality and Performance: FFT and Complaints

## Friends and Family Test

The Trust has now submitted FFT data for four months to NHS England. Further actions are underway to encourage participation in the survey including the use of social media to encourage people who have used inpatient or outpatient services (even if remotely) to go online and give us their feedback and we have recently refreshed stock in a number of areas.

NHS England previously reported that the data would be nationally published mid-April 2021 but no publication has been released as yet. When published data will be available at [www.england.nhs.uk/fft/friends-and-family-test-data/](http://www.england.nhs.uk/fft/friends-and-family-test-data/)

## Trust Complaints 2020-21

The Trust received a total of 44 (41 with patient activity) formal complaints up to the end of April 21, a decrease by 10 on last month's opened complaints.

The Trust received an average of 44 new formal complaints per month, which is 5 complaints per month higher than the 39 per month average for the last full financial year 2020-21.

Taking into consideration the number of patients seen, the highest percentages of patients complaining in April are within Community Services with 0.10% (10 per 10,000 contacts) and the lowest are within Perioperative, Urology & Renal and Dental who are yet to receive a complaint.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 53% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 19% of all subjects raised within complaints.

Directorates	2020-21				20-21 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	2	8,115.00	0.025%	1:4058	1:3733
Children's Services	2	6,695.00	0.030%	1:3348	1:2523
Out of Hospital/Community	4	3,890.00	0.103%	1:973	1:3134
Dental Services	0	8,914.00	0.000%	1:0	1:5411
Medicine	6	12,686.00	0.047%	1:2114	1:4129
Medicine (ED)	4	17,614.00	0.023%	1:4404	1:3416
ePOD	6	27,440.00	0.022%	1:4573	1:7606
Musculoskeletal Services	4	9,686.00	0.041%	1:2422	1:2610
Cancer Services / Clinical Haematology	2	10,012.00	0.020%	1:5006	1:6118
Neurosciences	3	8,638.00	0.035%	1:2879	1:3299
Patient Services	3	3,501.00	0.086%	1:1167	1:2003
Peri-operative and Critical Care	0	3,892.00	0.000%	1:0	1:51990
Surgical Services	2	6,217.00	0.032%	1:3109	1:1313
Urology and Renal Services	0	6,190.00	0.000%	1:0	1:4013
Women's Services	3	11,953.00	0.025%	1:3984	1:2742
Trust (with activity)	41	145,443.00	0.028%	1:3547	1:3583

# Quality and Performance: Health and Safety

## Overview

There are currently 1105 health and safety incidents recorded on the Datix system from the 1st May 2020 to 30<sup>th</sup> April 2021 this represents an overall rate per 1,000 staff of 66. The Directorate with the highest number of incidents is Patient Services reporting 150 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (223) Peri-operative & Critical Care Services (100), Women's Service (92.8) and Internal Medicine (83).

## Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 871 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st May 2020 to 30<sup>th</sup> April 2021 - this represents an overall rate per 1,000 staff of 52 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (252.6), Neuroscience (118.9), Musculoskeletal Services (125.5), Community (85.8), and Surgical Services (74.8).

## Sharps Incidents

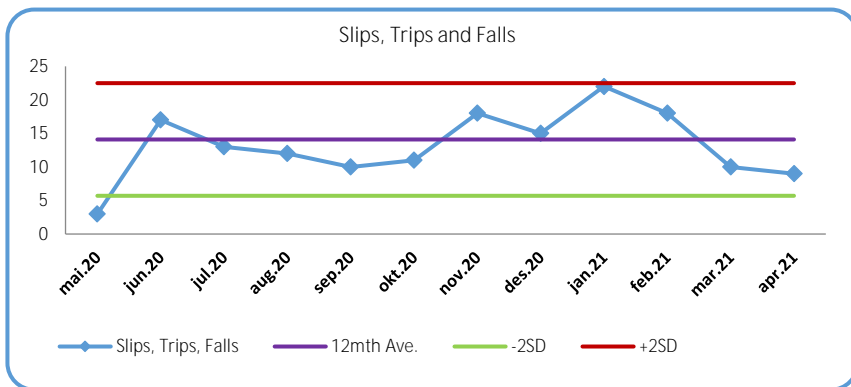
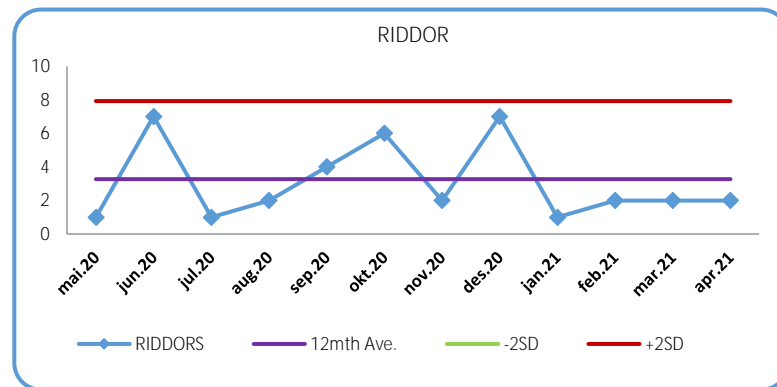
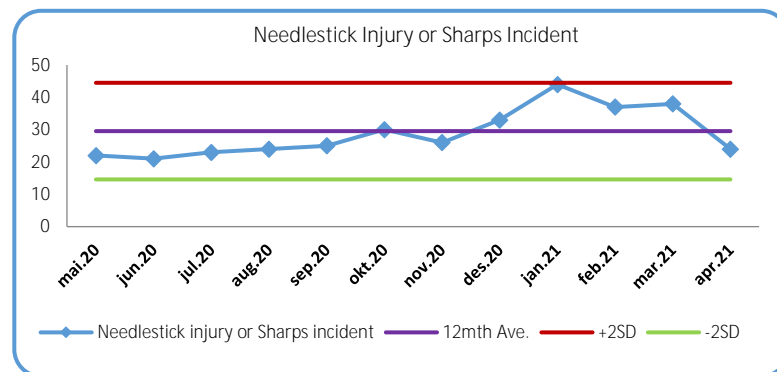
The average number of all sharps injuries per month is 28.9 between 1st May 2020 to 30<sup>th</sup> April 2021 based on Datix reporting, with 13.87% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 22.4 per month.

## Slips, Trips and Falls

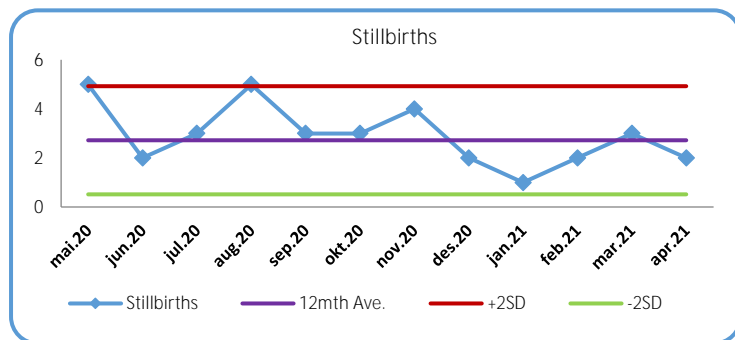
Slips on wet surface, fall on level ground and tripped over an object collectively account for 61.3% of falls between 1st May 2020 to 30<sup>th</sup> April 2021. Fall from height; fall up or down stairway and falls from a chair account for 16.45% of the incidents recorded.

## RIDDOR

There have been 37 RIDDOR incidents reported between 1st May 2020 to 30<sup>th</sup> April 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (11) Moving and handling (8), COVID (4) Exposure to Hazards (2). These account for 67.6% of reportable accidents over the period.

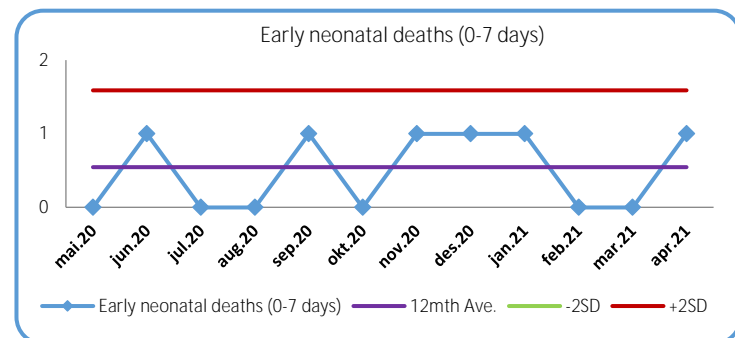


# Quality and Performance: Maternity (1/3)



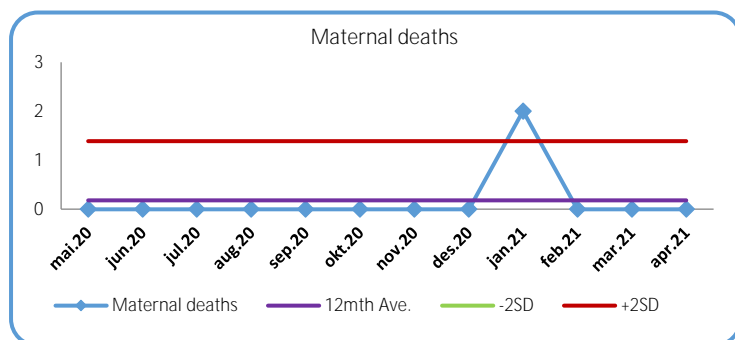
## Perinatal deaths

All Perinatal deaths (Stillbirths and Neonatal Deaths) are reported to MBRRACE-UK who produce an annual National report which includes our local data. The Stillbirth data includes pregnancy losses from 24 weeks gestation. A large number of our Stillbirths are terminations for known fetal abnormalities rather than an unexpected pregnancy loss. As we are a tertiary referral Fetal Medicine Unit often complex cases are referred to us from other units within the region and the women opt to deliver here rather than return to their local unit. All cases undergo an initial local review and then a more detailed review including external input, once we have investigation results.



## Early Neonatal Deaths

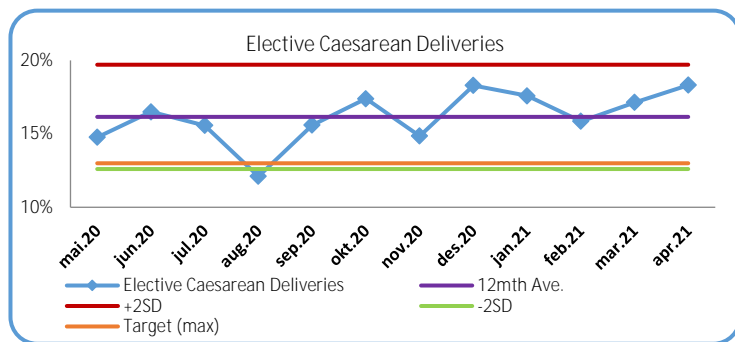
These figures are for term infants (born between 37 and 41 weeks) who delivered at The Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner. They will also be reported as a Serious Incident and have an obstetric review with external input.



## Maternal Deaths

Maternal deaths are also reported to MBRRACE-UK and a national report is provided annually. Maternal deaths can be categorised as Direct or Indirect. It is rare to have a direct Maternal death in Newcastle and we do believe that having access to specialist services across a range of departments at any time of the day or night has helped us avoid such deaths. The two deaths that occurred in January 2021 sadly died in Newcastle but did not receive any of their pregnancy or labour care at this Trust. Both cases have been reported as Indirect deaths and we have been involved in the joint review process for these deaths. A specific Covid-19 morbidity review took place at the start of the pandemic which MBRRACE published in May 2020.

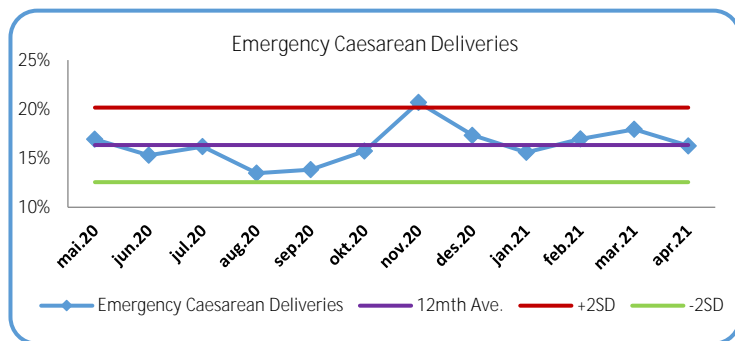
# Quality and Performance: Maternity (2/3)



## Elective Caesarean section

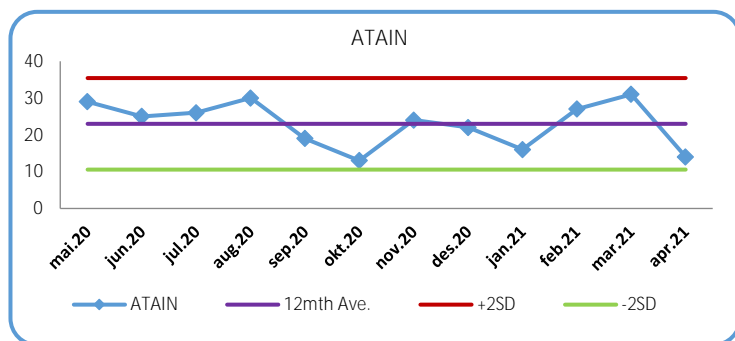
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK. The factors that contribute to this include:

The Trust is a tertiary / quaternary referral centre for the region's complex fetal medicine, complex maternal medicine and very high risk obstetric cases e.g. morbid obesity, placenta accreta and women at very high risk of preterm birth. Cases such as these are associated with a high elective Caesarean section rate. The service also has at its heart a shared decision making philosophy and offers informed non-directive counselling for women over mode of delivery. There is an obstetrician/midwifery specialised clinic to facilitate this counselling and patient choice.



## Emergency Caesarean section

The emergency Caesarean section rate is comparable to other Trusts. Maternity is a consultant led service with 98 hour dedicated consultant sessions for Delivery Suite (8am-10pm daily), twice daily consultant ward rounds and consultant obstetricians being involved with all decisions for emergency Caesarean section. Maternity at the Trust has safety at the heart of patient care and has had a low perinatal mortality rate and lower than expected number of Serious Incidents and cases reported to HSIB for the size/tertiary nature of the service. The Ockenden review has demonstrated that striving for lower Caesarean section rates can be detrimental to the safety of women and babies.



## ATAIN

A review of all Term admissions into the neonatal unit is a CNST requirement and a monthly action plan / report is subsequently produced and shared. Any recurring themes will result in further investigation / review by the appropriate governance group. A Multi-disciplinary meeting is held weekly to review the most recent cases. Some of these cases will be reviewed in more detail if they have been identified as a Serious Incident. We are fortunate to have a transitional care unit which is able to accept some smaller babies or more vulnerable babies who might have otherwise been admitted to the neonatal unit. An annual audit report is presented to the Directorate Audit meeting with lessons learnt/ key themes/ change to practice being shared across obstetrics and neonatology.



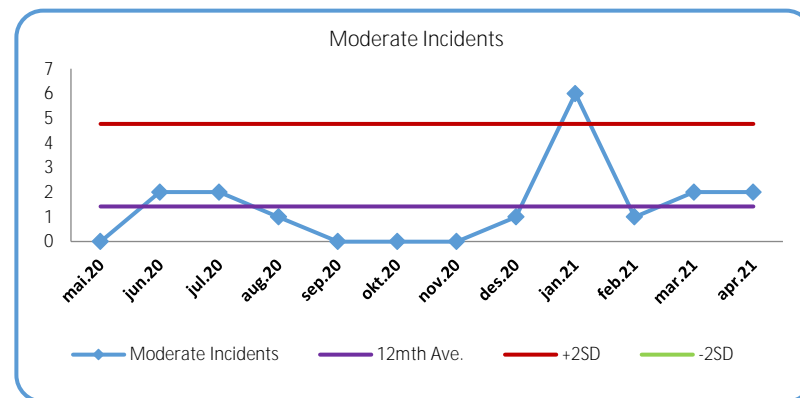
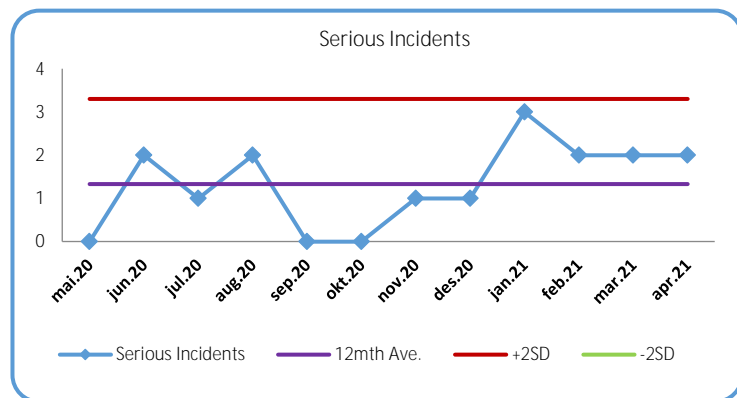
# Quality and Performance: Maternity (3/3)

## Serious Incidents

There were 16 incidents escalated as Serious Incidents to The Trust. These include 6 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 3 unexpected Stillbirths, 4 neonatal deaths, 2 maternal deaths and 1 major obstetric haemorrhage. The HIE cases were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. Once these reports are available a joint report with action plan is written by The Directorate. As a result of the Ockendon report, lessons learnt from Serious Incidents will be shared with LMS (Local Maternity System) from May 2021 onwards.

## Moderate incidents

All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (72hr report). In the past 12 months the majority of the moderate graded incidents (35%) were babies that needed to receive 'therapeutic hypothermia' in order to minimise the risk of a brain injury. Although graded moderate these babies may have no long term injury but they require a two year follow up in order to assess their neurological status. There were 17 incidents graded as moderate. The review process involved speaking to the parents / family and listening to any concerns they may have about the care provided. There were 6 incidents graded as moderate in January 2021 – this was much higher than normal – two of these were maternal deaths, 1 HIE case, 1 major bleed with admission to ITU, 1 Stillbirth with ruptured uterus and 1 Neonatal death with maternal and fetal sepsis.



# Quality and Performance: Clinical Audit (1/3)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Asthma and COPD Audit Programme – ASTHMA (Adults)	1 April 2019 - 31 March 2020		<ul style="list-style-type: none"> <li>• Increase number of inhaler technique checks.</li> <li>• Maintenance medication reviews to be increased.</li> <li>• Completion of Asthma Action Plans.</li> <li>• Increase referrals to smoking cessation service.</li> <li>• Increase referrals for GP review within 48 hours.</li> <li>• Review respiratory clinic within 4 weeks of discharge.</li> </ul>	Discussed at April 2021 Clinical Audit and Guidelines Group
National Audit of Seizures and Epilepsies In Children and Young People	2020 National Report	<ul style="list-style-type: none"> <li>• 100% data completion.</li> <li>• 88% of children saw a paediatrician with expertise in epilepsy.</li> <li>• 1 of only 34 (out of 136) health board trusts able to facilitate Vagal Nerve Stimulation.</li> <li>• Offer full range of investigations (EEG, MRI, telemetry).</li> <li>• 0% prescribing Sodium Valproate (teratogenic anti-epilepsy drug) to girls ages 9 and above.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase clinical capacity.</li> <li>• Reduce wait times for first appointment.</li> <li>• No Paediatric Epilepsy Specialist Nurse (PESN). Funding now secured.</li> <li>• Provision of formal screening, MDT or direct clinical care for Mental Health issues.</li> <li>• Database of children and young people with epilepsy (40% nationally).</li> <li>• Provision of clinic for young people (37% nationally) or agreed referral pathway to adult care (80% nationally).</li> </ul>	Discussed at April 2021 Clinical Audit and Guidelines Group
National Cardiac Audit Programme – Congenital Heart Disease in Children and Adults	2020 National Report	<ul style="list-style-type: none"> <li>• Actual and Predicted Survival in 2016/17 to 2018/19, using PRAIS2 Risk Adjustment / patients under 16 years of age: all centres have performed such that 30-day survival was as predicted or better than predicted. FRH predicted survival 97.5% (as predicted), average predicted mortality per case 2.5%.</li> <li>• Actual and Predicted Survival in 2016/17 to 2018/19, using STAT mortality risk methodology to give the average predicted risk of death per case for the 14 centres undertaking at least 30 congenital heart surgical procedures in patients aged 16 years and over. FRH actual survival 97.25%, predicted survival 97.51%, average predicted mortality per case 2.49%.</li> <li>• Incidence of surgery related acute neurological event in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 0.13% (National 1.5%)</li> <li>• Incidence of post-surgical use of extracorporeal life support (ECMO) in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 3.09% (National 2.29%).</li> <li>• Incidence of post-surgical use of renal replacement therapy (dialysis) in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 3.23% (National 3.47%)</li> <li>• Incidence for the unplanned placement of a pacemaker following congenital cardiac surgery in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 0.94 % (National 1.12 %)</li> <li>• Incidence of prolonged pleural drainage (over 7-10 days) following congenital cardiac surgery in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 1.21 % (National 4.74%)</li> <li>• Incidence of the need for an emergency complication related procedure (surgery or transcatheter) related to a transcatheter procedure in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH &gt; 0.4% (National 0.75%)</li> <li>• Incidence of catheter-related device embolisation following or during a transcatheter procedure in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 0.61% (National 0.66%).</li> <li>• The DOI has consistently improved over the last five years, where there has been an increase in centres reaching over 98%. FRH 99% (high quality data).</li> <li>• Incidence of the need for an emergency complication related procedure (surgery or transcatheter) related to a transcatheter procedure in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH &gt; 0.4% (National 0.75%)</li> <li>• Incidence of catheter-related device embolisation following or during a transcatheter procedure in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 0.61% (National 0.66%).</li> <li>• The DOI has consistently improved over the last five years, where there has been an increase in centres reaching over 98%. FRH 99% (high quality data).</li> </ul>	National Audit did not identify any areas for improvement.	Discussed at April 2021 Clinical Audit and Guidelines Group

# Quality and Performance: Clinical Audit (2/3)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
Severe Injury in Children – Trauma Audit Research Network	January 2015-December 2016		<ul style="list-style-type: none"> <li>Review patterns of staffing in ED / Children's ED to reflect peak times for trauma.</li> <li>Review Senior specialist paediatric availability at peak times.</li> </ul>	Discussed at May 2021 Clinical Audit and Guidelines Group
National asthma and COPD audit programme – (Paediatrics)	1 June – 30 November 2019	<ul style="list-style-type: none"> <li>Good participation in the audit process.</li> <li>Reasonable compliance with 'steroids administered within 1 hour of arrival: 48%, regional average 39%, national average 40%.</li> </ul>	<ul style="list-style-type: none"> <li>Improve inhaler technique checks prior to discharge.</li> <li>Increase provision of Asthma Action Plans.</li> </ul>	Discussed at May 2021 Clinical Audit and Guidelines Group
National Hip Fracture Database	Annual Report 2020 (covering data from Jan to Dec 2019)	<ul style="list-style-type: none"> <li>RVI named as one of nine units reporting significantly above average results across all six of NHFD KPIs (Key Performance Indicators).</li> <li>RVI named as one of 41 units with excellence in data collection</li> <li>RVI was one of sixteen units where case mix adjusted mortality was lower than national average.</li> </ul>	National Audit did not identify any areas for improvement.	Discussed at May 2021 Clinical Audit and Guidelines Group
Stroke National Audit Programme (SSNAP)	Annual Report for 2019/20	<ul style="list-style-type: none"> <li>Trust service is consistently scoring above national average across all indicators on SSNAP.</li> <li>NHSE Long term plan ambition is to expand thrombectomy provision from 1% to 10% of all stroke patients and focus nationally is on expanding existing workforce and services.</li> <li>MT service is currently 7 days 9-5 , with aim to progress to extended hours from March 2022 and 24/7 from August 2022</li> </ul>	National Audit did not identify any areas for improvement.	Discussed at May 2021 Clinical Audit and Guidelines Group
Surgical Site Infection Surveillance (SSIs)	The Trust participates in PHE surveillance of SSI for hip, knee and spinal surgery, PHE continues to report SSI rates based on a calendar year. The Trust received the reports quarterly.	<ul style="list-style-type: none"> <li>The Trust SSI hip replacement rate for the last 4 reported quarters stands at 0.6%, which reflects the National Average. MDT root cause analysis continue to be undertaken for all joint SSIs.</li> <li>The Trust SSI knee replacement rate for the last 4 reported quarters matches the National 5 year benchmark of 0.5%.</li> <li>Within Quarter 3 in relation to Combined Spinal Surgery there has been 3 SSIs identified from surgery undertaken at RVI site, these figures include spinal surgery from both Neurosurgery and Orthopaedics. The resulting quarterly rate of 1.0% has led to a reduction in the Trust annual SSI rate to 0.9%; this is below the National 5 year benchmark for the second consecutive time in the last 4 quarters. The Trust annual rate has dropped below the National average of 1.2%.</li> </ul>		Discussed at May 2021 Clinical Audit and Guidelines Group

# Quality and Performance: Clinical Audit (3/3)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
Mandatory Surveillance of Healthcare Associated Infection (HCAI)	April 2019 – March 2020	<ul style="list-style-type: none"> <li>The Trust C. difficile rate of 21.85 for October to December 2020 saw the Trust in the middle of the Shelford Group of trusts with the range 5.61-26.51.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce incidence of MSSA bacteraemia.</li> </ul>	Discussed at May 2021 Clinical Audit and Guidelines Group
MBRRACE-UK Perinatal Confidential Enquiry (Neonatal response)	Sample of patients taken from October 2018	<ul style="list-style-type: none"> <li>The neonatal service use the BAPM framework as well as our own local data to counsel parents and support them to make decisions around care.</li> <li>Neonatal service uses both national and local bereavement information/support where available for parents of twins experiencing pregnancy and one or more baby loss.</li> <li>The neonatal service offers postmortem (consultant led discussion) with all families that lose a liveborn infant. Where consent is given, there is verbal or written information to the pathologist.</li> <li>The Trust already has longstanding guidance around neonatal attendance at delivery and criteria for escalation of that support.</li> <li>The Trust already counsels parents prior to the birth of Twin 1, regarding the possible option of delayed birth of Twin 2 including the maternal risks as well as the risk of Twin 2 being born at the extremes of prematurity.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure timely documentation of parental questions regarding quality of care.</li> </ul>	Discussed at May 2021 Clinical Audit and Guidelines Group
Royal College of Emergency Medicine Audit – Care of Children In ED	2019/20 Audit	<ul style="list-style-type: none"> <li>Above national mean for standard 1 (Infants at high risk of potential safeguarding presentations are reviewed by a senior (ST4+) clinician whilst in the ED).</li> <li>All notes for vulnerable children are reviewed by consultant as part of daily 'bouncer' caseload.</li> </ul>	National Audit did not identify any areas for improvement.	Discussed at May 2021 Clinical Audit and Guidelines Group
Royal College of Emergency Medicine Audit – Cognitive Impairment in Older People	2019/20 Audit	<ul style="list-style-type: none"> <li>Above national mean for standard 1 (There should be written evidence that patients have had an assessment for cognitive impairment during their visit to the ED using a validated national or locally developed tool).</li> <li>Above national mean for standard 2 (Whenever cognitive impairment has been identified, there should be documented evidence that the patient was assessed using a delirium bundle).</li> </ul>	<ul style="list-style-type: none"> <li>To ensure that delirium assessment is added to discharge letter.</li> </ul>	Discussed at May 2021 Clinical Audit and Guidelines Group
Royal College of Emergency Medicine Audit – Mental Health (self-harm)	2019/20 Audit	<ul style="list-style-type: none"> <li>Above national mean for standard 1 (Patients should have mental health triage on arrival to briefly gauge their risk of self-harm or suicide and risk of leaving the department before assessment or treatment is complete).</li> </ul>	<ul style="list-style-type: none"> <li>Ensure process is in place for documenting observations.</li> <li>Education of junior doctors on completion of documentation of self-harm risk assessments.</li> </ul>	Discussed at May 2021 Clinical Audit and Guidelines Group

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

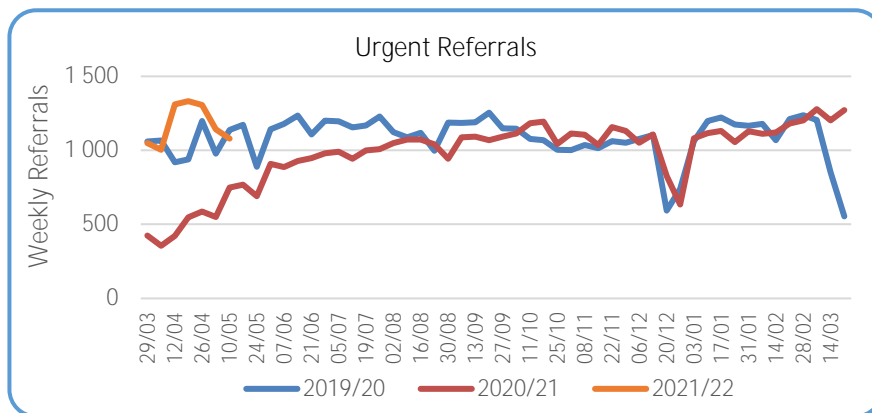
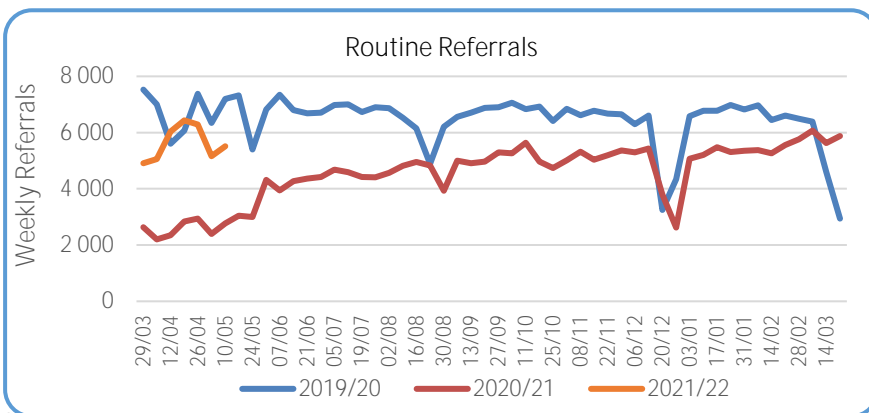
- As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective Surgery.
  - Led by the sub-groups, a number of new frameworks and standard operating procedures have been produced and maintained to provide guidance for Directorates to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways.
- Due to the second and third COVID waves, groups were reinvigorated with a focus on maintaining safety, rescheduling any displaced treatments / assessments and maximizing any remaining elective capacity.
  - As well as necessary immediate actions, performance recovery initiatives will be directed through these subgroups once the third wave is navigated.
- Now in the third phase of the programme the firm focus is now on recovering activity levels and reducing waiting times. The 3Rs programme has now transitioned into a Recovery Plus programme which focuses on how we best move out of COVID, safely stepping down actions taken such as reduced beds in a bay and stepping up recovery through initiatives such as approval of non-recurrent backlog clearance measures through the Trust's Operational Board meeting group.
- Key measures are tracked through the programme and investigated further where necessary through clinically led sub-groups.
  - Additional Recovery Schemes (ARS) have been approved through the Operational Board and will continue to be monitored.

## Schemes include:

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

## Measures include:

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



# Quality and Performance: Monthly Performance Dashboard

Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)					Monthly Delivery as a % of Same Month Previous Year			Data
				w/e 04/04/21	w/e 11/04/21	w/e 18/04/21	w/e 25/04/21	w/e 02/05/21	Feb-21	Mar-21 (v Mar-19)	Apr-21 (v Apr-19)	
Front Door	Type 1 Attendances (Main ED)	2,377	2,606	97.8%	98.4%	100.1%	110.4%	109.6%	81.0%	91.3%	106.6%	
	Ambulance Arrivals	635	750	105.1%	109.2%	108.7%	113.0%	118.1%	98.4%	107.1%	Unavailable	
	Eye Casualty Attendances	416	308	62.7%	66.3%	74.2%	78.1%	74.0%	56.7%	64.1%	69.8%	
	Walk in Centre Attendances	1,419	980	61.3%	62.6%	56.6%	68.9%	69.0%	36.4%	52.1%	65.1%	
	A&E 4hr performance (Type 1)	89.5%	88.6%	-4.7%	+0.8%	-2.6%	-1.5%	-0.9%	-10.7%	-3.5%	-2.7%	
	A&E 4hr performance (All Types)	94.3%	92.5%	-4.2%	-0.7%	-2.9%	-2.2%	-1.8%	-8.6%	-3.2%	-2.7%	
Admission & Flow	Emergency Admissions (All)	1,368	1,431	94.1%	97.9%	103.9%	106.6%	104.6%	80.7%	114.1%	101.9%	
	Bed Occupancy	80.8%	80.8%	72.3%	75.4%	77.6%	79.6%	80.8%	80.7%	75.5%	77.2%	
RTT/Planned Care	Outpatient Referrals (All)	8,115	7,087	97.2%	100.4%	95.7%	99.0%	87.3%	83.4%	86.6%	91.0%	*
	Elective Spells & Outpatient Procedures	6,994	4,597	74.4%	87.6%	81.3%	74.9%	65.7%	65.7%	74.6%	71.2%	*
	Outpatient Consultations	16,187	18,819	108.8%	115.5%	116.0%	124.3%	116.3%	96.6%	101.1%	103.6%	*
	DNA Rates	7.2%	6.8%	6.0%	6.6%	7.0%	6.7%	6.8%	9.5%	7.9%	6.8%	
	Incomplete Performance	87.3%	69.2%	67.8%	67.9%	67.5%	68.0%	69.2%	69.1%	70.2%	70.9%	
	RTT >52 Week Waiters	18	6,413	6,886	6,703	6,540	6,461	6,413	6,225	6,797	6,411	
Cancer	2WW Appointments	482	502	106.5%	102.9%	88.3%	83.1%	104.1%	88.8%	75.2%	99.0%	*
	All Cancer 2WW	No weekly performance recorded.							74.5%	60.8%	Reported one month in arrears.	
	Cancer 2WW Breast Symptomatic								25.3%	17.1%		
	Cancer 62 Days - Urgent								75.4%	76.0%		
	Cancer 62 Days - Screening								79.7%	80.7%		
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,927	95.1%	96.6%	93.4%	92.7%	91.9%	89.1%	90.1%	93.2%	*
	Diagnostic Performance	No weekly performance recorded.							80.7%	83.9%	82.1%	

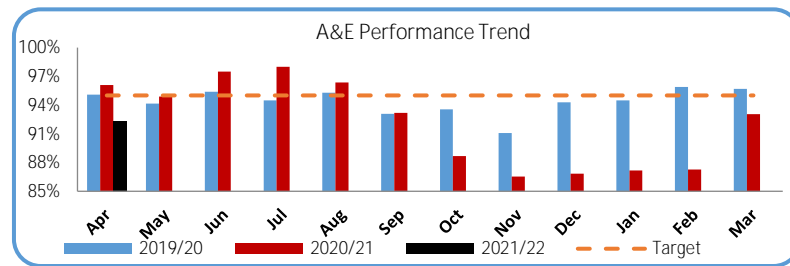
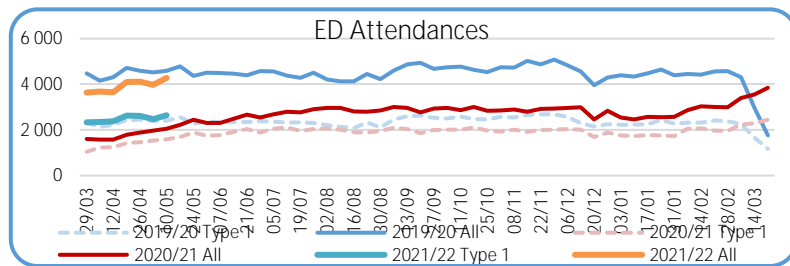
Data provided as 'Actual' figure rather than % comparison

\* Working day adjusted



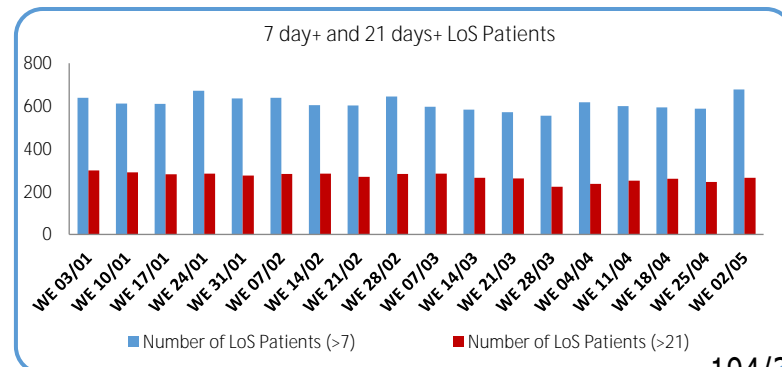
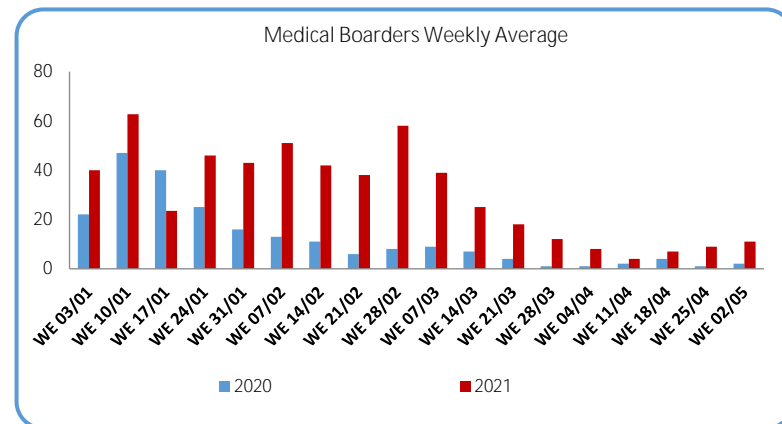
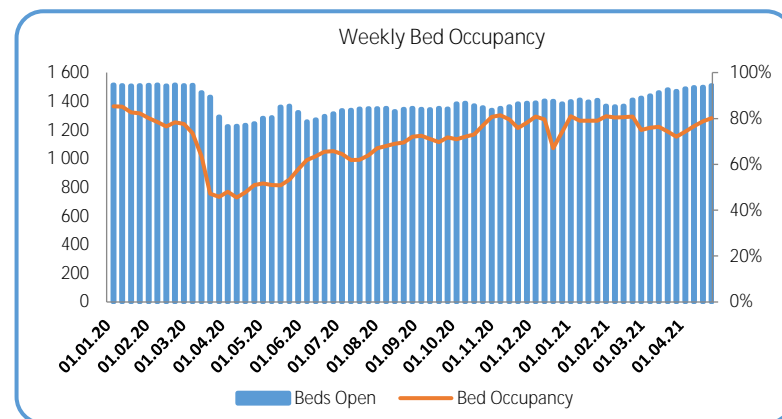
# Quality and Performance: A&E Access and Performance

- In April A&E performance declined slightly to 92.4% against the A&E 4hr standard (95%). The standard has not been achieved since August 2020.
  - NuTH's April performance was well above the national (85.4%) and regional (90.5%) averages.
  - The Trust reported 1 trolley wait >12 hours in April, with this attributable to a psychiatric specialty breach.
- Contributing factors to the higher performance during March and April include:
  - The partial reopening of observation beds via the re-provision of the minor injuries unit in an alternative space.
  - Increased utilisation of Same Day Emergency Care (SDEC) for suitable Emergency Department patients.
  - The move up to a model of 5 and 6 bedded bays has enabled the reopening of over 120 beds across the Trust.
  - A sharp and sustained fall in the number of COVID-19 inpatients since the end of February. This has also contributed to a sharp drop in the number of bed days lost due to COVID-19 related reasons, compared to the very high levels seen in the 2020/21 winter.
  - Improved patient flow due to the Trust seeing a sevenfold reduction in medical boarders compared to January 2021.
- Changes in attendance profile / acuity as a result of the COVID-19 pandemic:
  - Overall 2020/21 saw 39% fewer attendances than in 2019/20, with 2020/21 Q4 attendances 28% below 2019/20 Q4 levels.
  - However, in the past 2 months attendances have risen considerably in line with the continued easing of lockdown restrictions and the lower prevalence of COVID-19 which will reduce patient anxiety about accessing care. April saw attendances rise by a further 10% from March.
  - April 2021 had the most Type 1 attendances since December 2019.
    - Type 1 attendances in April 2021 accounted for 64% of all attendances, compared to 52% prior to COVID.
    - Majors attendances were particularly high, consistently exceeding 200 per day. Consequently April had 36 more major attendances per day than January 2021. Emergency admissions rose for the 4<sup>th</sup> successive month.
  - In line with the high 'majors' attendance levels, the Safe Care Tool has evidenced that the average acuity of patients is higher than pre-COVID.
  - Despite increasing in April, Type 2 Eye Casualty (-30%) and Urgent Treatment Centre (-35%) attendances remain significantly below April 2019 levels. Paediatric attendances per day in March and April were 52% higher than in February following the return of schools during March.
  - April saw the most ambulance arrivals for many years. This follows regional ambulance conveyance pathway changes which have resulted in the RVI receiving around 200 more monthly ambulance arrivals from West Northumberland. The Trust historically received 1 ambulance per day from West Northumberland, but currently receives 9 per day. In April the RVI received 15.6% of total NENC ambulances, around 2% higher than pre-pathway changes. This activity shift equates to the Trust requiring an additional 31 beds to accommodate these patients.
- As previously reported, the Emergency Department are working alongside Newcastle Improvement and Patient Services to implement actions to improve performance and patient experience via numerous initiatives such as:
  - Implementation of safety huddles in the department to increase communication and improve patient pathways.
  - Collaboration with Paediatrics to implement a more effective and streamlined clinical model.
  - Working with CNTW and commissioners to address the high level of psychiatric breaches.



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

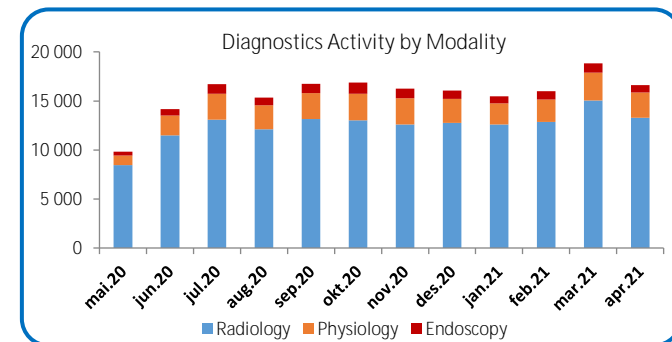
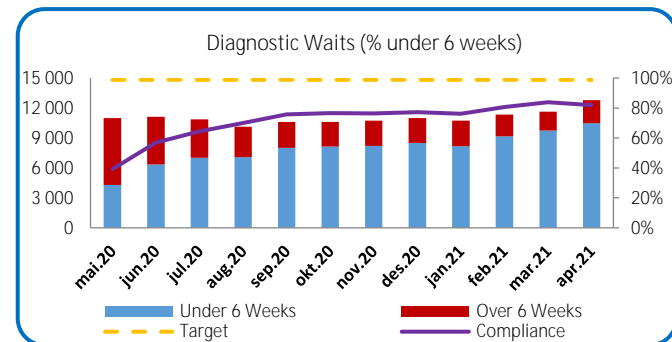
- The Trust averaged 77% bed occupancy in April 2021, 2% higher than in March.
  - Occupancy rose steadily during the month, up from 72% at the start of the month to 81% by the final week in April. This is in addition to 41 more beds opening and in line with the focus on activity recovery as part of the response to COVID-19.
  - Occupancy was well above April 2020 levels, when the onset of the COVID-19 pandemic caused widespread cancellation of elective activity. However, April 2021 saw bed occupancy fall by 6% compared to April 2019.
- Reasons for the rise in bed occupancy in April include:
  - Elective overnight inpatient activity has more than doubled in the past 2 months and rose to its highest level since February 2020. This has been facilitated by a very sharp drop in the Trust's level of COVID-19 inpatients.
  - A significant increase in A&E walk ins and ambulance arrivals caused emergency admissions per day to the Trust to be 17% higher than 2 months ago.
  - Reduced bed availability due to the closure of Ward 42 to enable some transformational estates work to take place.
  - Although there are now more beds open than during 2020/21, the average number of open beds in April was still 8% lower than in April 2019, which equates to 122 fewer beds across the Trust.
  - Paediatric bed occupancy increased to its highest level for more than a year.
- Medical boarders reduced significantly again in April dropping to their lowest level since August 2020. This contrasts with a sustained period of very high levels during the 2020/21 winter. The sharp drop in COVID-19 inpatients will have contributed to this improvement. Having fewer medical boarders has also contributed to the improved performance against the A&E 4 hour standard by enhancing patient flow in the past 2 months.
- The Trust's volume of Long Length of Stay (LoS) patients fluctuated during April, but by the end of the month there were 10% more patients with a LoS > 21 days and 6% more patients with a LoS > 7 days (compared to the end of March). The Trust's average length of stay may increase in line with the higher average acuity of patients currently attending A&E which has led to emergency admissions rising to their highest level for over a year.
- Due to the suspension of reporting to NHSE/I this report will no longer contain information relating to Delayed Transfers of Care (DTOCs) until October 2021.
- Processes remain in place to ensure this reporting can be restarted in the second half of 2021/22 in line with the proposed national timescales.
  - In order to assist with patient flow and to optimise patient outcomes, NuTH's Patient Services team will continue to monitor DTOC patients who require repatriation or packages of care.



# Quality and Performance: Diagnostic Waits

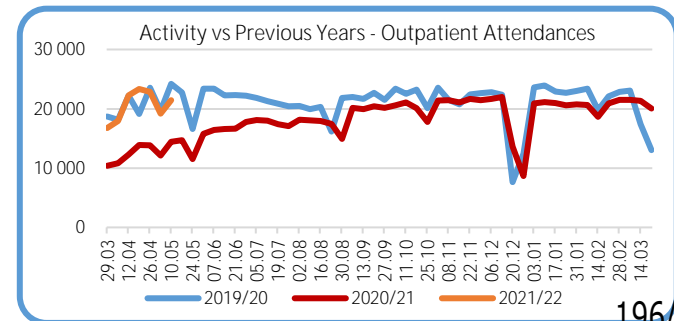
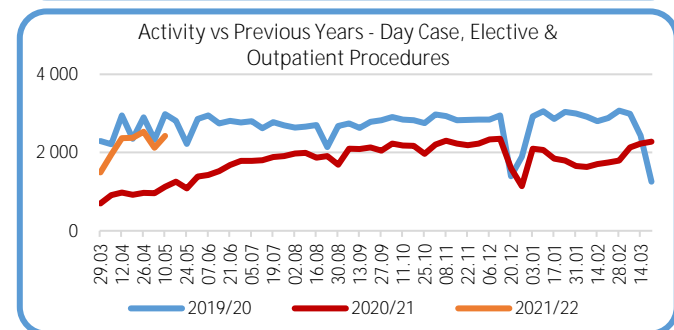
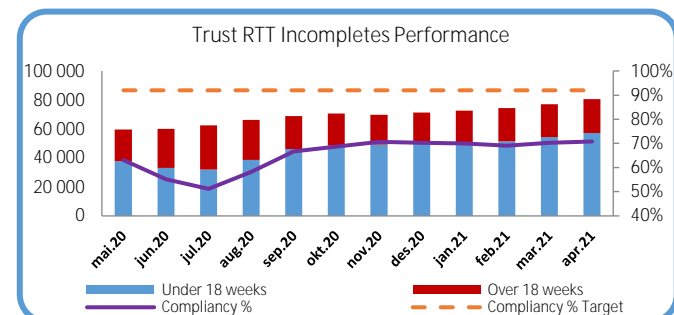
- Diagnostics performance for April was 82.1% against the 99% standard, a decrease of 1.8% from March which had seen the highest level of compliance recorded since February 2020.
  - Performance declined across both Imaging (88.7%, -1.5%) and Physiological Measurement (58.7%, -2.0%) modalities month on month but improved in Endoscopy (66.5%, +5.5%)
  - The total number of long waiters grew slightly compared to March (+3.7%), with 706 patients now waiting over 13 weeks, although the increase in the overall waiting list (WL) size ensured that the proportion of the overall WL waiting >13 weeks fell slightly (now 5.5%).
  - In March (latest NHSE data) NuTH's diagnostics performance (83.9%) was significantly above the national (75.7%) and regional (76.0%) positions.
- In April 16,608 tests were carried out, a 11.8% reduction on the total for March.
  - This represents 88.0% of the average monthly activity carried out between April 2019 and February 2020. There were less working days than typical in April and when this is factored in the total compares favourably to the post-pandemic activity high point achieved last month.
  - Volumes reduced across almost every diagnostic test from the previous month, but imaging activity levels remain strong with delivery at 96% of the average seen between April 2019 – February 2020, and over 100% of the total undertaken in April 2019. Physiological measurement and Endoscopy both remain significantly down on pre-Covid 2019/20 averages (at 67% and 65% respectively).
- The total WL size continues to climb, now standing at 12,788 patients in April – a 10% increase on the previous month and the largest recorded in many years.
  - There were particularly large increases within Neurophysiology (+119%), Gastroscopy (+43%), Colonoscopy (+39%) and MRI (+19%).
  - In Endoscopy these increases can be in part ascribed to catching up with paper backlogs and logging referrals on to the system – plans are in place for a new system and Paperlite process to be implemented across the units in July 2021. MRI continue to flex capacity as much as possible but face an increasing demand – an extra van remains funded throughout Q1 to provide additional capacity.
  - 63% of Echo patients on the WL have waited >13 weeks. The service have received approval through the Recovery Plus programme for additional funding to support insourcing over the next four months to help reduce both the backlog and average wait time.
- Efforts continue to further increase activity across all settings despite ongoing social distancing and infection prevention control regulations as well as the additional settle time required between patients, which pose significant challenges.
  - Endoscopy are providing regular extra sessions throughout Q1 2021/22 following approval of Recovery Plus schemes, as well as providing additional pre-assessment capacity which will in turn reduce DNA rates.
  - Through Recovery Plus, Cardiothoracic services have also been funded to provide a number of extra adult sleep study diagnostics over the next two months.

Patients Treated	Apr '21	Mar '21	Difference (Actual)	Difference (%)
Imaging	13,299	15,050	-1,751	-11.6%
Phys. Measurement	2,559	2,846	-287	-10.1%
Endoscopy	750	943	-193	-20.5%
Trust Total	16,608	18,839	-2,231	-11.8%

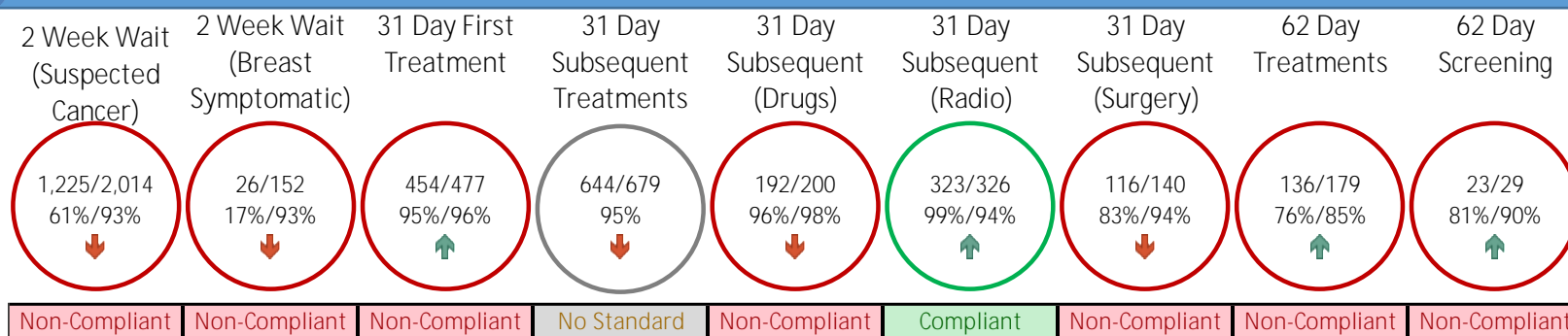


# Quality and Performance: 18 Weeks Referral to Treatment

- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. Performance in April against the 18 week wait target (92%) remains largely static with compliance at 70.8%, a 0.6% increase from March but nonetheless the highest level achieved since April 2020.
  - 23,465 patients have now waited greater than 18 weeks, 8,633 of these have waited over 40 weeks, the first increase in this group for 4 months.
  - The number of patients waiting >52 weeks reduced for the first time in over a year, down 5.7% to 6,411. 46% of >52 week waiters are within Ophthalmology, although the overall total reduced by 212 from March to 2,918. 27 patients are breaching 104 weeks, all within Spinal Surgery.
    - It should be noted that 12 months ago the number of referrals the Trust received dropped considerably due to COVID.
  - NuTH have the 7<sup>th</sup> largest PTL in the country as of March 2021, with the highest compliancy rate of the Trusts with the 10 largest PTLs. Overall national compliance in March stood at 64.4%, 5.8% below the NuTH total.
  - In total the volume of referrals received in April 2021 was 91% of those seen in April 2019. Whilst routine referrals were only at 86% of the numbers previously seen, 2WW and urgent referrals were both received in greater volumes than the comparable month, at 106% and 118% respectively.
  - Directorates continue to undertake multiple actions to mitigate the risks of longer waits, with harm reviews for >52 week waiters carried out alongside the triaging patients on WLs to assess their condition.
- Treatment of long waiters as well as recovery of elective activity and RTT performance are key priorities for the Trust, with NHSE/I Elective Recovery Framework (ERF) ambitions to achieve 70% of DC, EL, OP Proc. and OP Attendance activities from Apr '21, 75% from May '21, 80% from June '21 and 85% from Jul-Sep '21.
  - Following the winter surge of COVID-19 admissions, theatres, staff and beds have now returned to their usual departments and the number of beds in a bay has increased from 4 to 5 and in some cases back to 6, enabling more elective activity.
  - For the month of April 2021, activity delivery measured at 85.4% (Day Case & Elective) and 97.5% (Outpatient Attendances & Procedures) when compared to April 2019. This demonstrates the clear increase on March levels whilst also exceeding the 70% recovery target.
    - These figures are based solely on units of activity, with no accommodation of case mix/financial value which is a factor in the ERF ambitions.
  - The Trust continues with its established recovery work streams, with intensifying focus on elective activity recovery. Activity plans have been produced in collaboration with Directorates and opportunities to increase throughput and reduce long waits are being assessed on a weekly basis via the Recovery Plus programme.
- Current primary recovery schemes include:
  - A cataract modular theatre which will rapidly expand capacity by an additional 1/3<sup>rd</sup> of previous volumes due to the enhanced patient flow benefits of the design.
  - Additional sessions within Dental, Surgery, Endoscopy, Radiology and Women's.
  - 7 day working within the Chemo Day Case Unit
  - Numerous other recovery schemes identified.



# 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'

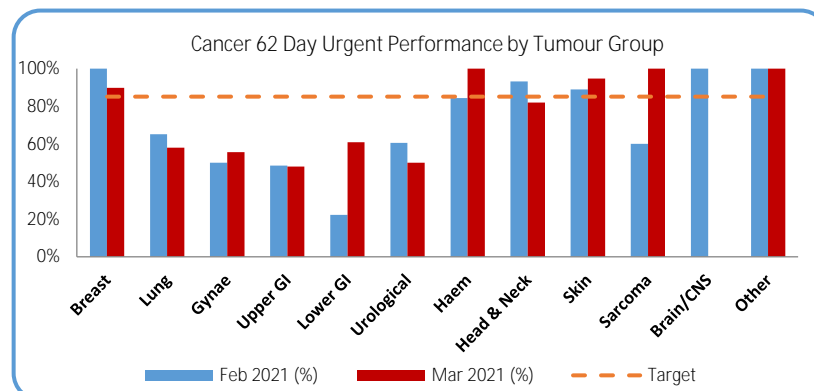
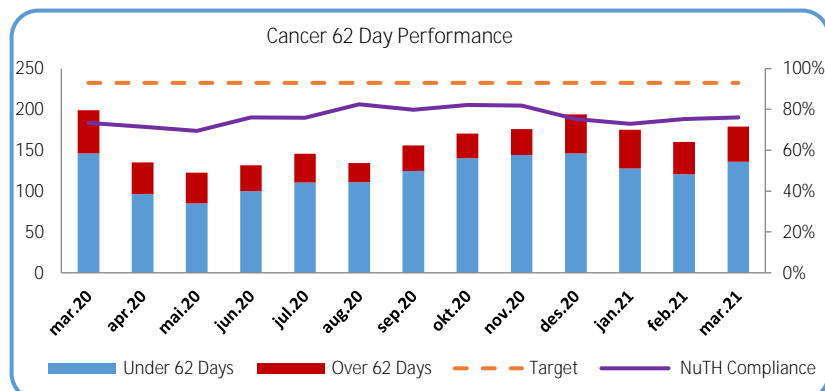
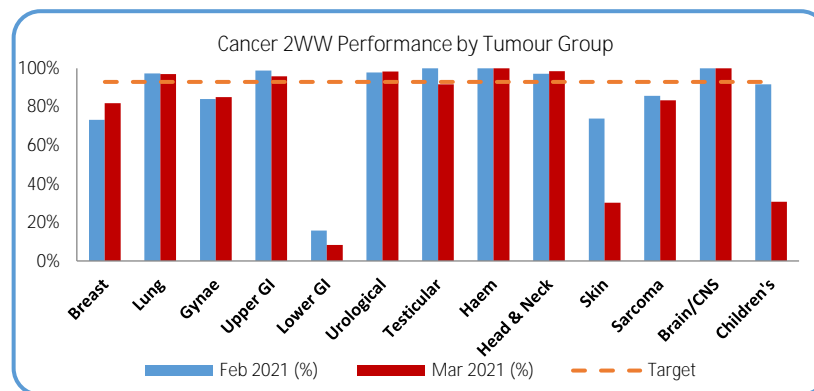
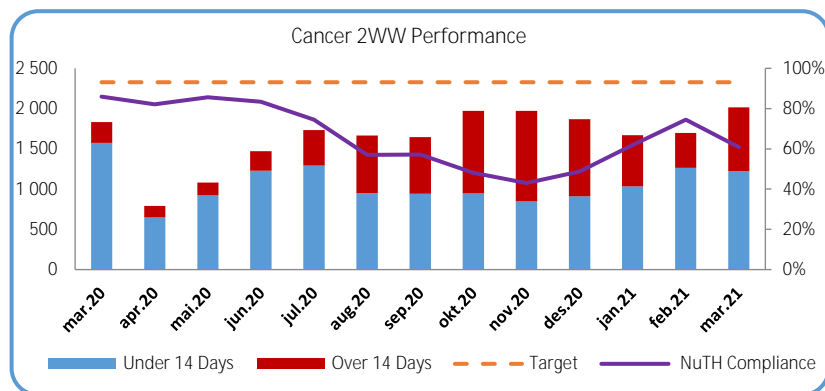
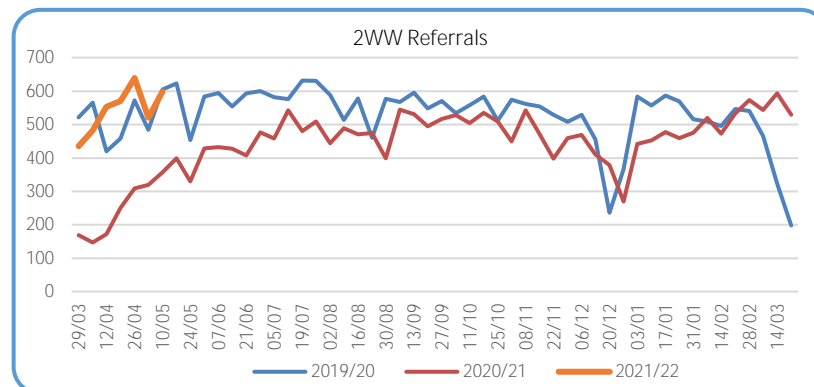
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in March; 2 of the 8 standards were met in February.
- The nationally validated 2ww position declines as expected due to issues talked about in the Skins pathway (61% from 75%) for March; this is primarily due to significantly increased referrals levels with capacity yet to catch up. Concerns also remain within Breast and Lower GI.
  - Within the Skins pathway tele-dermatology has been introduced with GPs now sending images to NuTH alongside referrals, this is still voluntary with further education events planned with primary care.
  - Skins is the largest single tumour group for 2ww, accounting for 42% of the overall numbers meaning that the Skins compliance has a large impact on the overall Trust position.
  - Skins referrals from the end of February increased significantly due to pathway changes, this is now coinciding with a seasonal increase in Skins referrals, this will continue to have a knock on effect to 2ww compliance as the service reorganises to meet the additional demand.
  - The Lower GI service (8% 2ww compliance) continues to suffer from reduced consultant capacity due to vacancies and sickness.
    - Following the introduction of FIT testing on receipt of referral this is resulting in additional waits at the start of the pathway (approx. 5 days when GP requested). Shortly GPs will provide the result of the FIT before referral which will increase performance.
    - A nurse endoscopist post has been funded through the Northern Cancer Alliance and other measures have been approved internally to increase capacity to the endoscopy service.
  - The Breast service (82% suspected compliance and 17% symptomatic compliance) are struggling to clear an existing symptomatic backlog which has formed due to increased referrals, with additional capacity beyond usual establishment being shared with the Breast Screening service.
    - Additional support from Radiology was secured during February and March to support the Breast Screening and Breast Symptomatic services. Discussions continue to find longer term solutions with the Recovery Plus programme approving several proposals.
- The Northern Surgical Hub which captures patients requiring surgical intervention across the Northern section of the Cancer Alliance is no longer redistributing cases between organisations, with each provider now able to treat their caseload after the decline of the latest COVID wave.
  - NuTH provided significant support during February to this initiative and March will likely show a knock on impact from taking on this additional caseload.
- The Northern Cancer Alliance met 3 of the 8 standards in March; 2 of the 8 standards was met in February.
  - 5 providers within the Northern Cancer Alliance achieved the 2ww target in March.
  - 1 provider within the Northern Cancer Alliance met the 62 day target in March.

Please see additional charts and referral information contained on the next page 197/228

# Quality and Performance: Cancer Performance (2/2)

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

Recent months have seen a significant increase in referrals within the Skins tumour group with pathway discussions in place with primary care colleagues.





# Quality and Performance: Other Performance Requirements

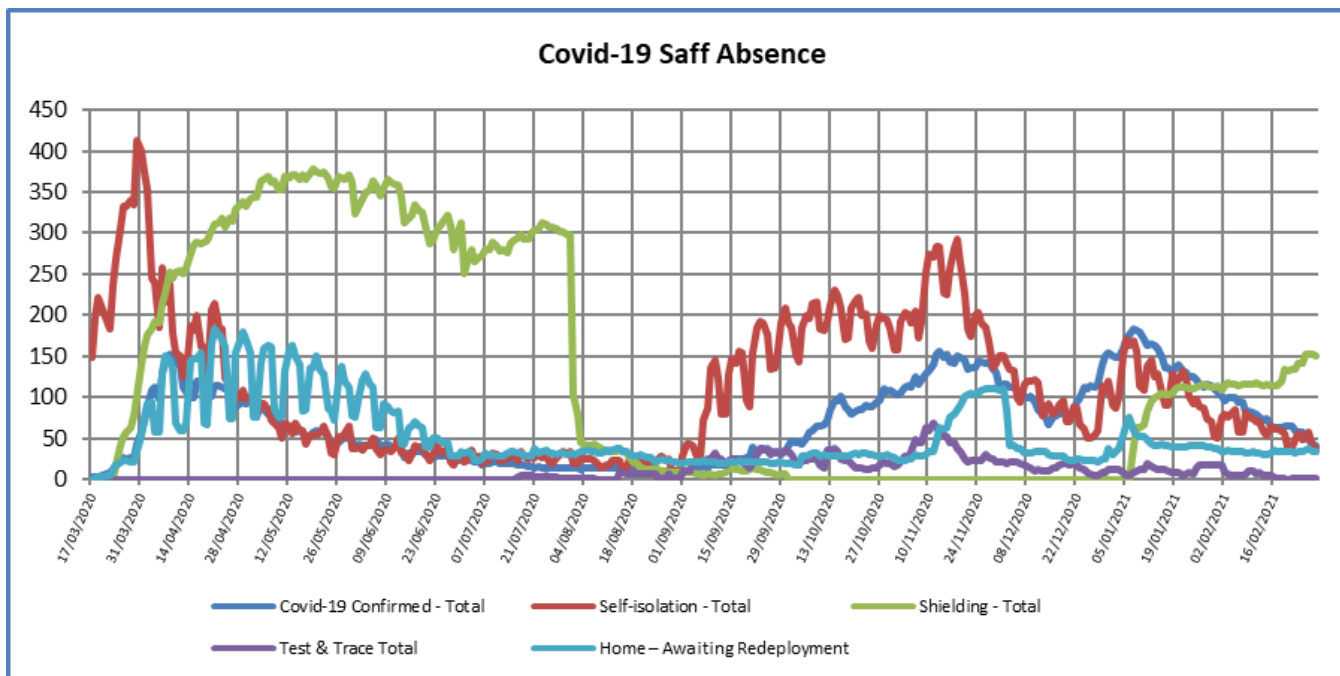
- The Trust reported 24 'last minute' cancelled operations in April 2021, a noticeable increase on the numbers reported over the winter months.
  - This still remains significantly below both the pre-COVID monthly average of 62 and the monthly totals reported during the summer and autumn of 2020, but reflects the gradual increase in elective inpatient activity in tandem with continual close management of listed patients.
  - Cardiothoracic Services (16) continue to be the biggest contributor to the Trust total, with only two other directorates - Neurosciences & Surgical Services – reporting 'last minute' cancellations (4 each), having both reported none last month for the first time since June 2020.
  - The Trust reported 0 breaches against the standard to treat within 28 days following last minute cancellations in April. This is the 9<sup>th</sup> time there have been no monthly breaches in the past 11 months.
- Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in April.
  - Performance against the referral metric was 100% and has been at this level of compliance for over a year.
  - The percentage of patients asked the dementia case finding question remains significantly below target and decreased slightly last month to just below 50%, however continues to outperform the average monthly compliance seen in recent years. The dementia team have heavily promoted the dementia and delirium screening tool through training and education events, as well as working directly with clinical teams to support screening completion, for example on Assessment Suite. Alternative screening methods within e-record are being explored, including gathering learning from other Trusts in order to further improve compliance.
  - Achievement of the requirement for appropriate patients to have a dementia diagnostic assessment slightly improved last month but is significantly lower than pre-October 2020 compliance levels. This is due to some issues identified following changes to the screening tool and the dementia team and IT are working together to make some necessary adjustments.
- The proportion of people who have depression and/or anxiety receiving psychological therapies significantly improved in April (1.46%), reaching its highest level since January 2020, albeit this remains below target (1.58%).
  - Whilst referrals continue to gradually increase post-lockdown they are yet to return to pre-COVID levels.
  - Newcastle Gateshead CCG have recently announced an uplift in service funding to secure additional counselling and CBT capacity, with the hope that this should enable the service to reach the required 18.9% annual access target once additional staff are in place.
- In April performance against the IAPT 'moving to recovery' standard marginally reduced to 40.4%, below the 50% target. IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 90.8% and 100%.
  - The service is working with Collaborative Newcastle and the CCG to review the service specification, contracting arrangements and a service work plan. They continue to provide the majority of clinical sessions via telephone or video, but are offering a small amount of face to face work based on clinical need.

Reportable Cancelled Operations	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	
Last minute cancelled operations	15	16	45	40	34	30	30	14	19	16	7	24	
Number of 28 day breaches	6	0	0	0	0	2	0	0	5	0	0	0	
Urgent operations cancelled for a 2 <sup>nd</sup> or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	
Standards	Target	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
% asked the dementia case finding question within 72 hours of admission.	90%	37%	36%	28%	39%	38%	36%	43%	42%	47%	49%	52%	49%
% reported as having had a dementia diagnostic assessment including investigations.	90%	65%	67%	62%	71%	64%	38%	36%	26%	24%	15%	14%	17%
% who are referred for further diagnostic advice in line with local pathways.	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 17<sup>th</sup> March 2020 and 30<sup>th</sup> April 2021. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Confirmed COVID-19 instances peaked at 183 on 7<sup>th</sup> January 2021 but by 30<sup>th</sup> April they were down to 16. It also shows the number of staff advised to shield due to being clinically extremely vulnerable.



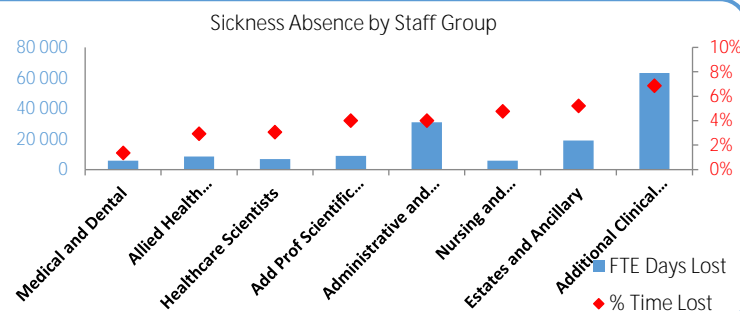
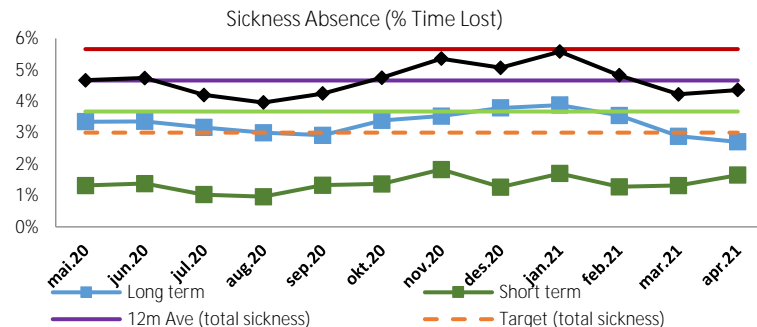
- Risk Assessments have been made available to all Trust staff – staff in 'high risk' category prioritised.

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

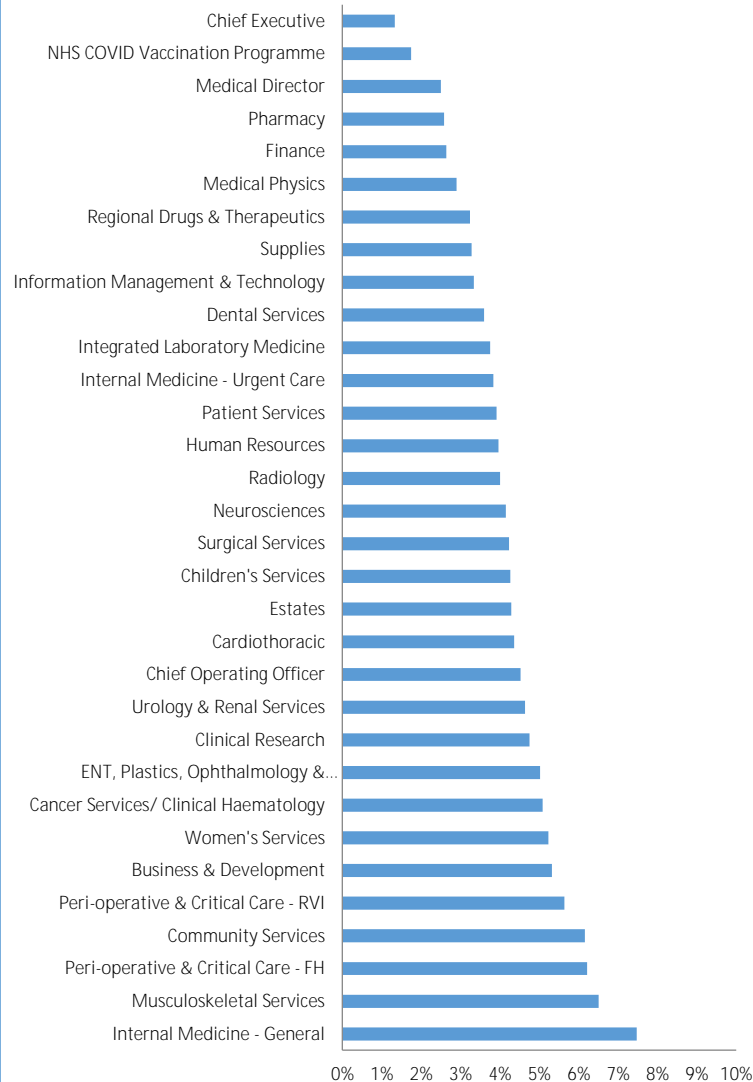
- Year to year comparison for sickness absence :

	Apr-20	Apr-21	
Long-term	3.21%	3.41%	↑
Short-term	1.43%	1.13%	↓
Total	4.64%	4.54%	↓

- 218,663 working days were lost due to sickness in the year to April 2021, compared to 215,250 for the previous year.
- Overall sickness absence is 4.64% , which is down from the end of March 2021 position of 4.77% - (% Time Lost).
- The top three reasons for sickness absence are anxiety/ stress/ depression (35.53% of total absence), other musculoskeletal (12.07% of total) and other known causes (3.37% of total). For the previous 12 months the top three reasons were anxiety/ stress/ depression (31.18% of total), cold/ cough/ flu (23.43% of total) and other known causes (7.48% of total).



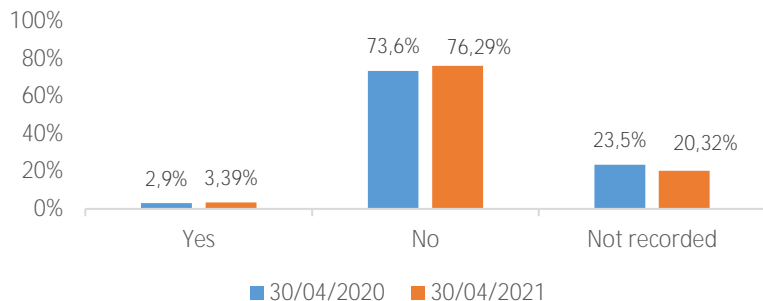
Sickness Absence (% Time Lost) by Directorate



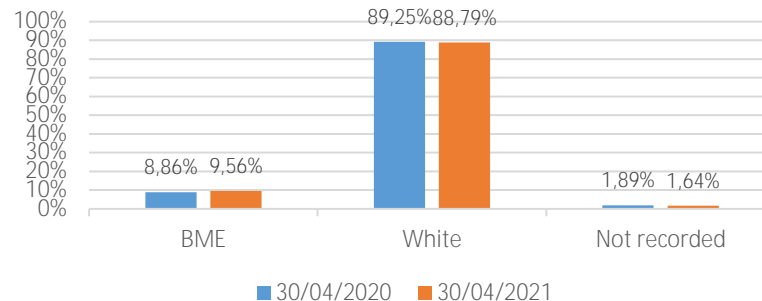
\*COO Directorate includes Outpatients / ABC Service

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

## Disability %

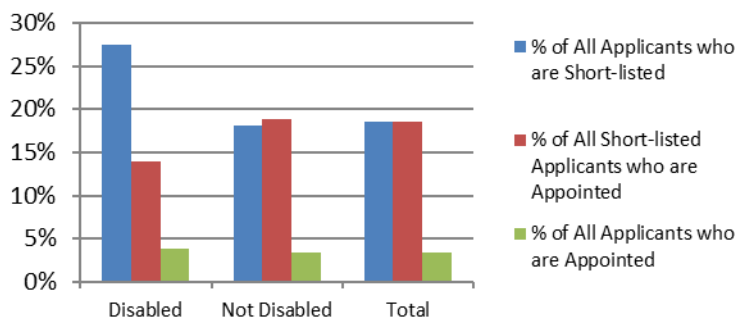


## Ethnicity %

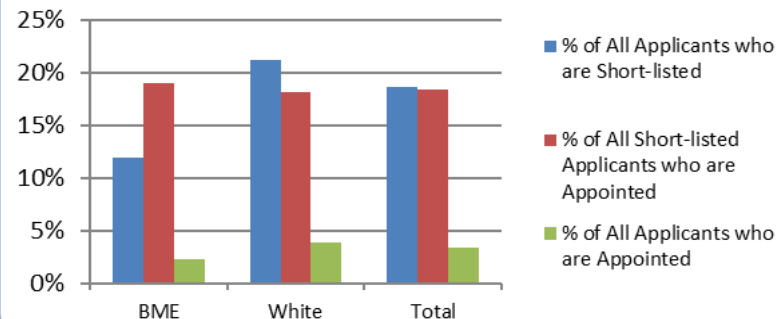


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending April 2021.

## Analysis of Recruitment Activity by Disability

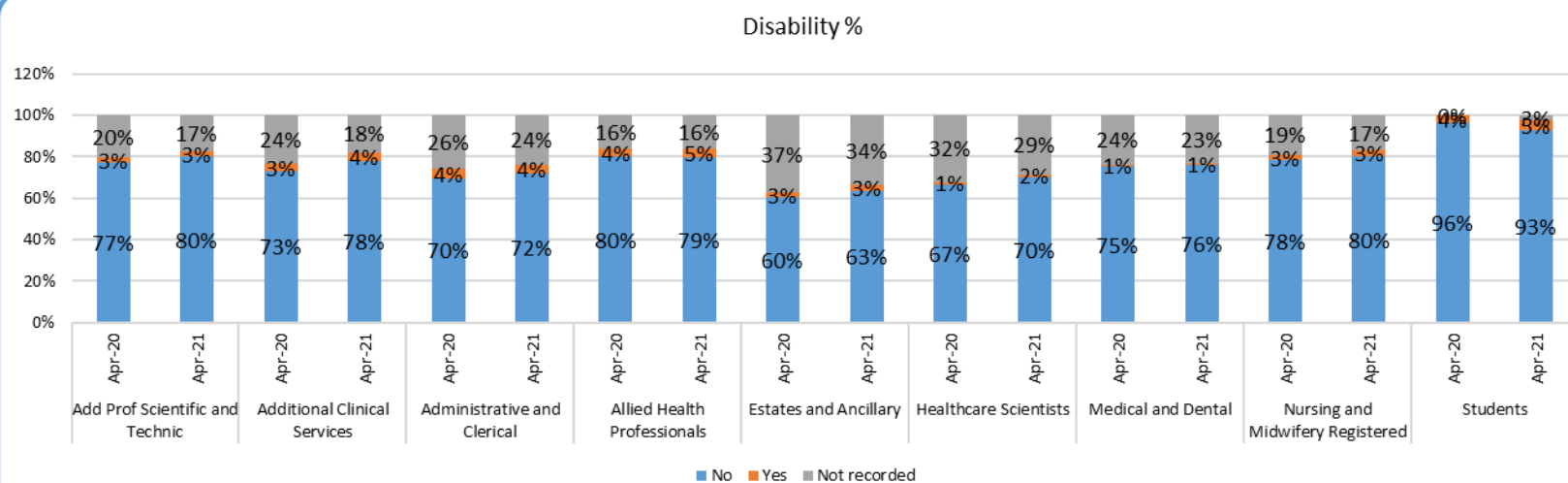
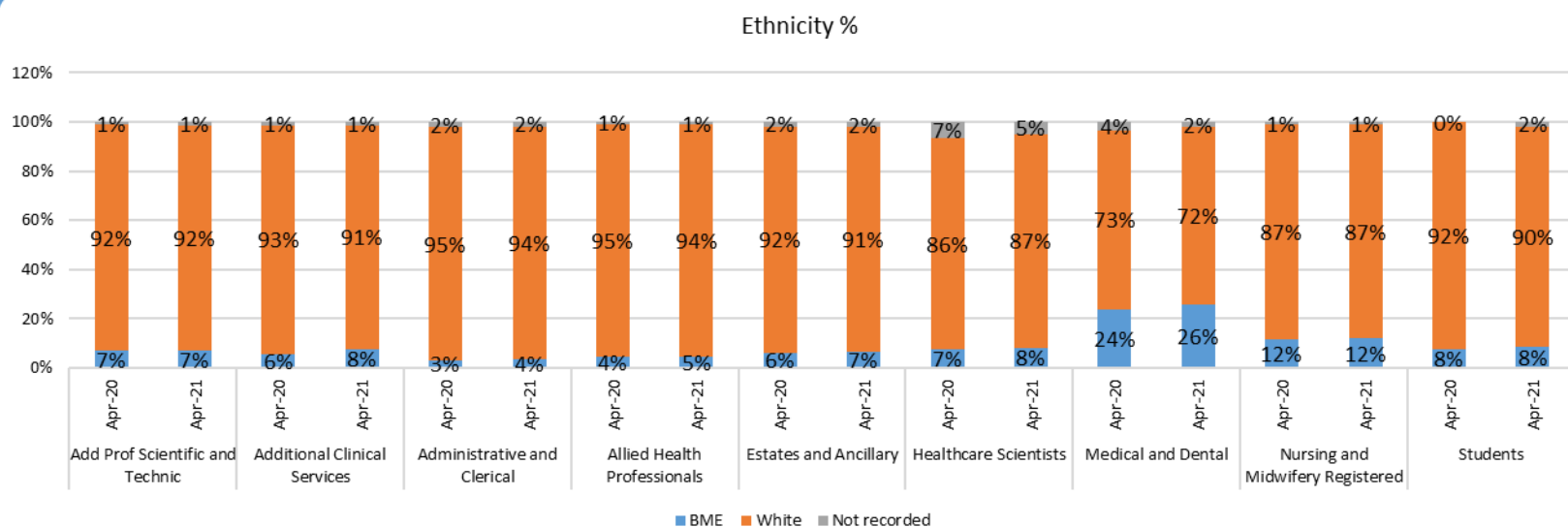


## Analysis of Recruitment Activity by Ethnicity



- The graphs above identify, by headcount, the percentage of staff in post in April 2020 and April 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 2.93% to 3.39% and the percentage of BAME staff has increased from 8.86% to 9.56%.

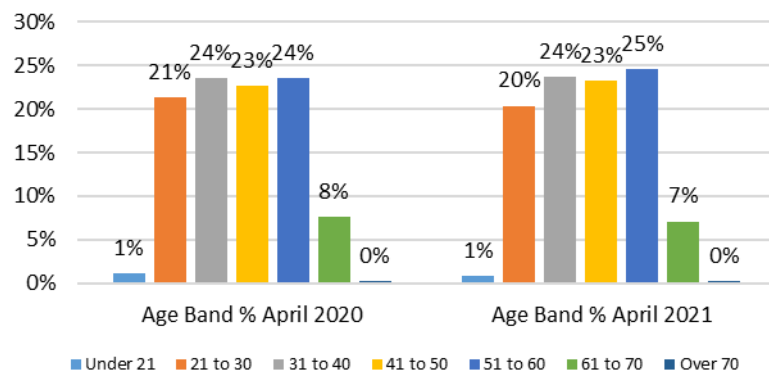
# People: Flourish – 'Shaping the Best Place to Work'



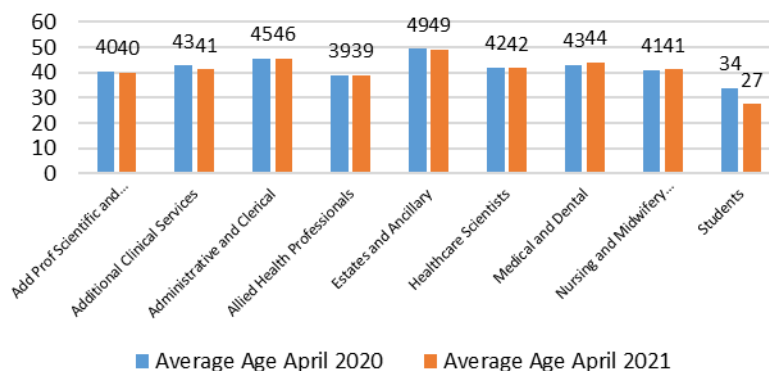
- The graph above identify, by headcount, the percentage of staff in post at April 2020 and April 2021 by ethnicity and disability across all staff groups.

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

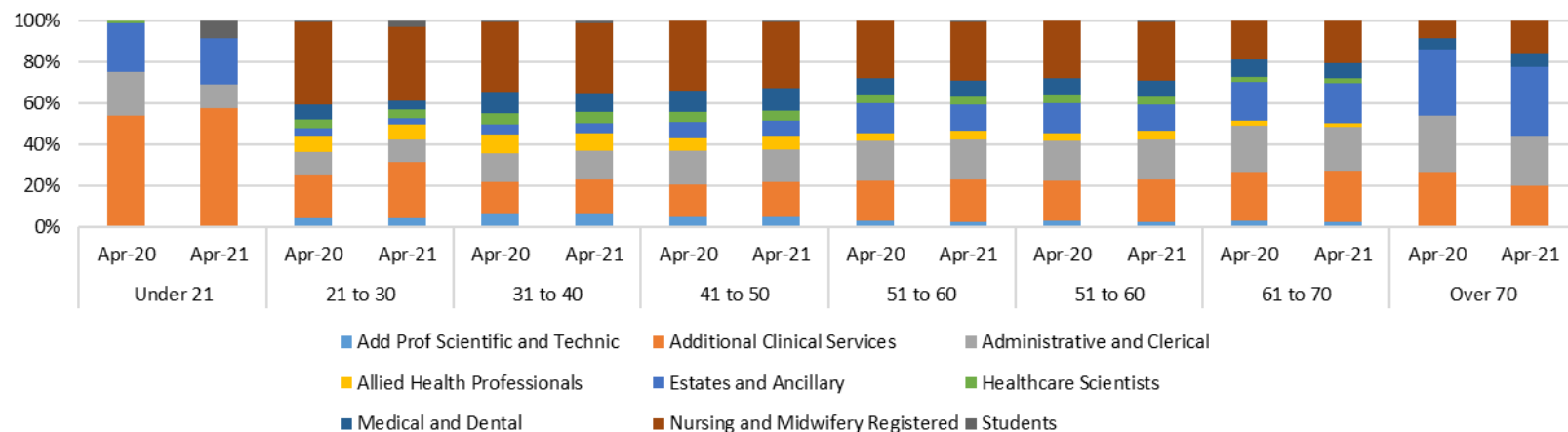
## % Workforce across Age Bands



## Staff in Post: Average Age (years)



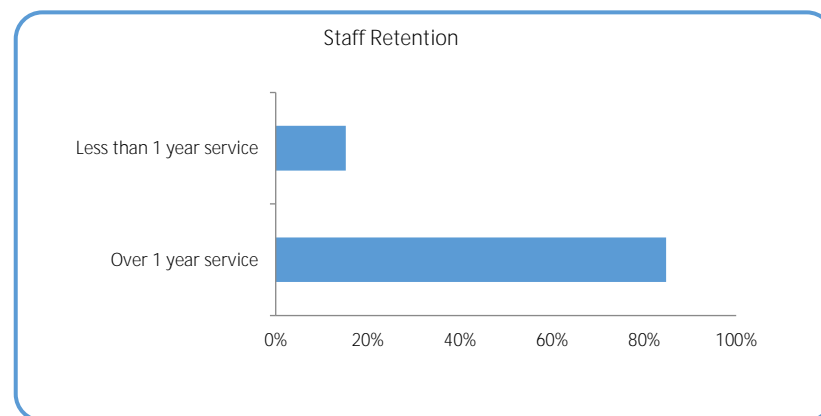
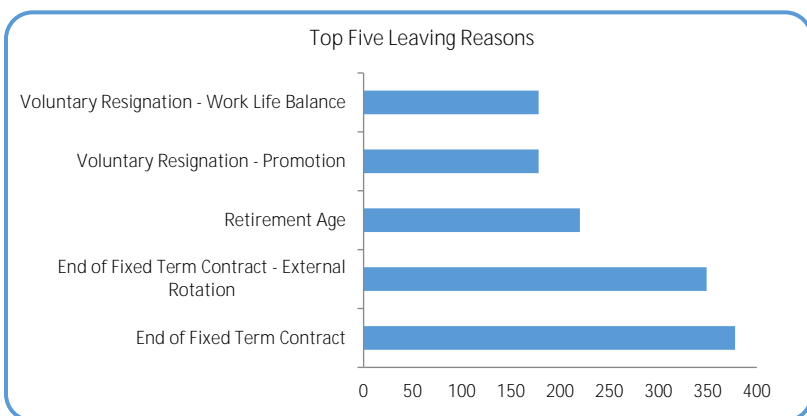
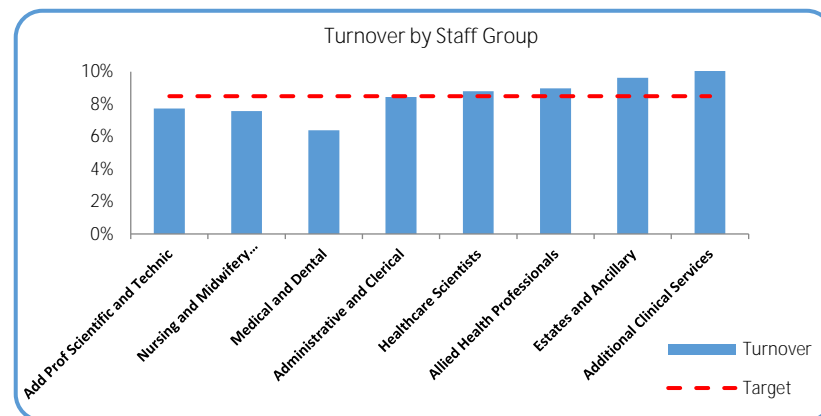
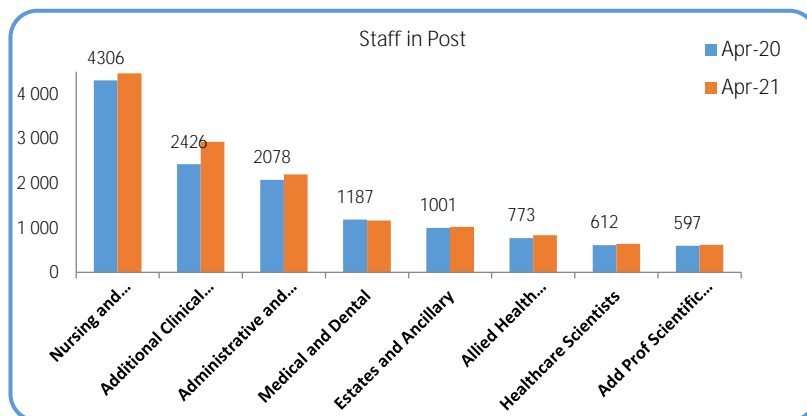
## Staff in Post: Staff Group - Age Band



- The graphs above identify that staff in post across aged bands has remained similar between April 2020 and April 2021.



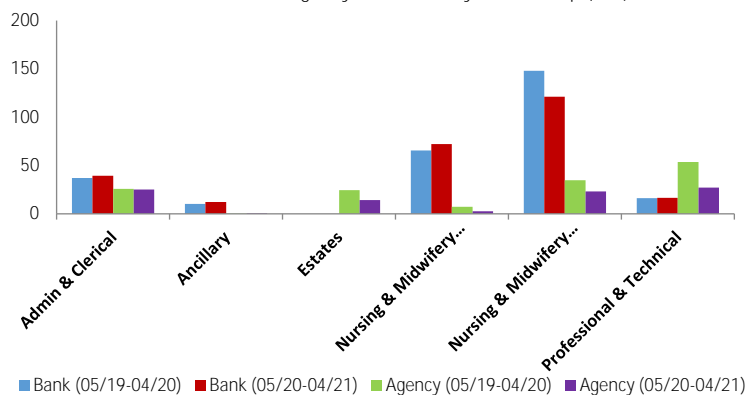
# People: Flourish – 'Shaping the Best Place to Work'



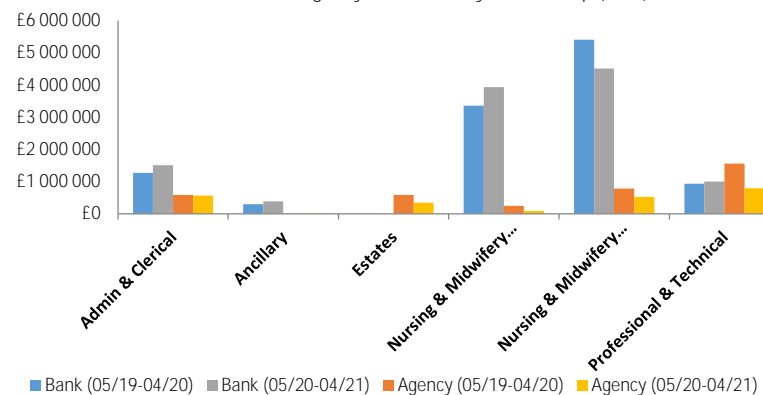
- Staff in post at April 2021 is 13,887 wte (16,129 headcount) compared to 12,979 in April 2020 (15,005 headcount).
- Staff turnover has increased from 8.98% in April 2020 to 9.44% in April 2021, against a target of 8.5%.
- The total number of leavers in the period May 2020 to April 2021 was 1,439.
- Staff retention for staff over 1 year service stands at 84.79%, which is a decrease from 88.58% in April 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.

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

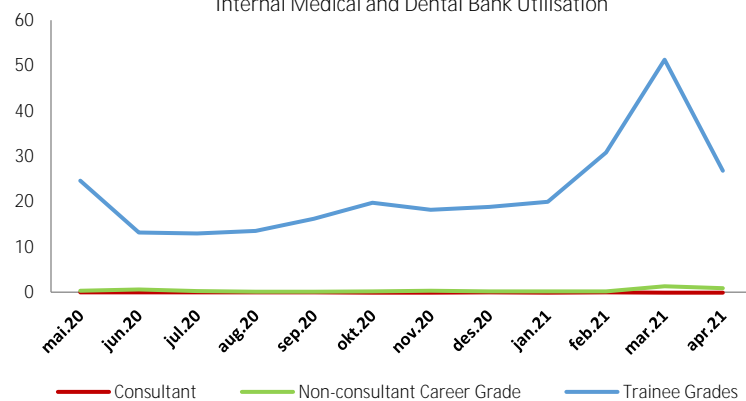
Bank and Agency Utilisation by Staff Group (FTE)



Bank and Agency Utilisation by Staff Group (Cost)



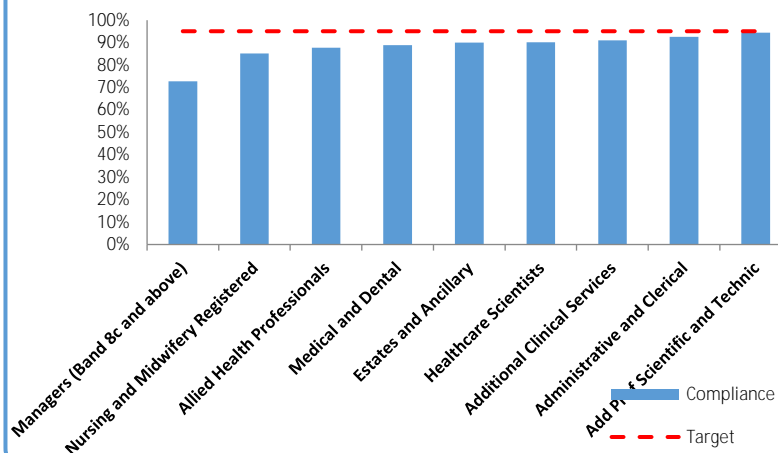
Internal Medical and Dental Bank Utilisation



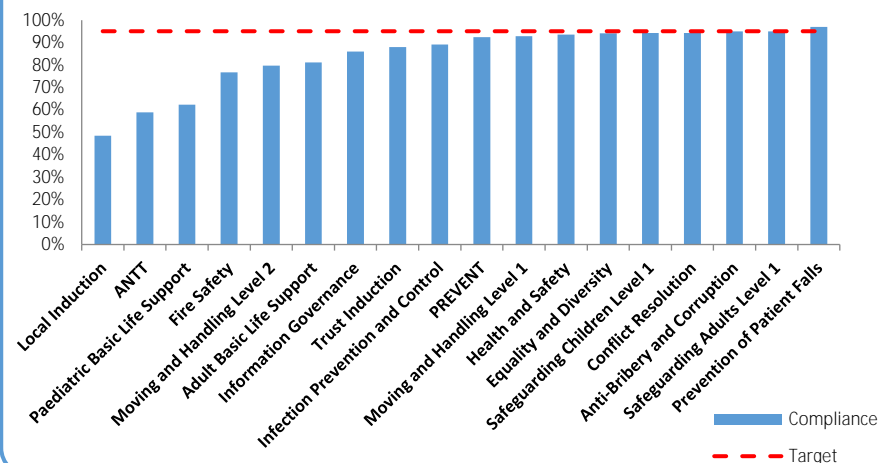
- Comparing the periods May 2019 – April 2020 to May 2020 – April 2021, overall bank utilisation has decreased from 277 wte to 261 wte and agency utilisation has decreased from 145 wte to 92 wte.

# People: Delivering Excellence in Education & Training

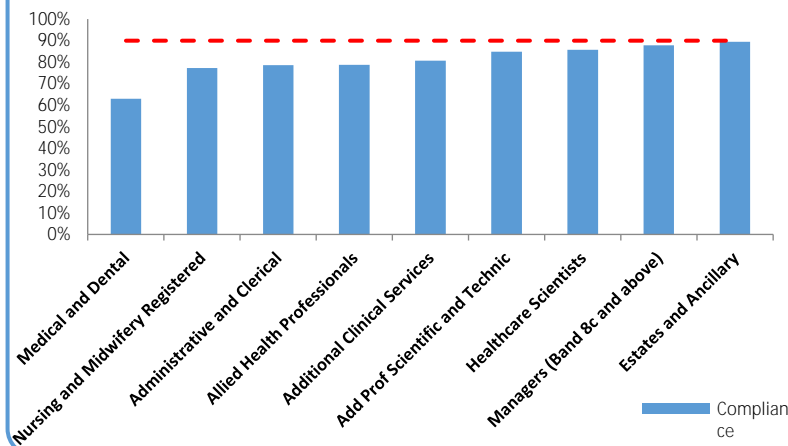
## Mandatory Training by Staff Group



## Mandatory Training by Topic



## Appraisals



- Appraisal compliance stands at 79.49%, at end of April 2021, against an end of year target of 95%. The April 2020 position was 76.19%. Interventions are in hand to improve this. Medical appraisals for revalidation was paused for six months during the pandemic and restarted in October 2020. 353 medical staff had 'approved missed appraisals' during this six month hiatus.
- Mandatory training compliance stands at 88.85% at end of April 2021, against a Q1 target of 80% and end of year target of 95%. The April 2020 position was 89.15%.

# Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 30<sup>th</sup> April 2021.

NHSE has issued a new finance regime to operate to 30th September - NHSE are using the term H1 to mean the first half of 2021/22, at present we do not know what the finance regime will be for the second half of the year. The Trust is required to submit a financial Plan to NHSE for H1 and that is to be completed by the end of May.

In the period to 30th April 2021 the Trust incurred expenditure of £112.4 million, and accrued income of £112.4 million on mainstream budgets, leading to a break even. In addition the Trust incurred further expenditure of £7.6 million on the programmes outside the block envelope (Nightingale, ICHNE, and the vaccine roll-out programme), that expenditure is exactly matched by income from NHSE and is therefore and I & E neutral for the Trust.

It should be noted that all financial risk ratings and use of resources metrics have been suspended for the COVID period and are not reported here.

To 30<sup>th</sup> April the Trust had spent £1.7 million capital, £0.8 million behind Plan.

<b>Overall Financial Position</b>	
	<b>Month 1 Actual £'000</b>
<b>Income</b>	<b>112,390</b>
<b>Expenditure</b>	<b>112,390</b>
<b>I &amp; E position (excl impairment)</b>	<b>(0)</b>
<b>Capital Programme</b>	<b>1,672</b>



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD MEETING

Date of meeting	27 May 2021						
Title	NIHR CRN NENC Annual Business Plan (And Financial Plan) 2021-22						
Report of	Andrew Welch, Medical Director						
Prepared by	Morag Burton, NIHR CRN NENC Chief Operating Officer Caroline Wroe, NIHR CRN NENC Clinical Director						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Summary	<p>The National Institute of Health Research, Clinical Research Network North East and North Cumbria (CRN NENC) is a service hosted by The Newcastle Upon Tyne Hospitals NHS FT. The CRN provides regional infrastructure research services for study support, staff development and research leadership. It works across &gt;500 GP practices and primary care locations, all Hospitals in the region and non NHS care settings.</p> <p>The CRN NENC is required to submit an annual business plan and financial plan in the first quarter of the new financial year. The report on progress uses a national format, and works to a national timeframe for submission to the national Coordinating Centre. The annual plan requires approval by both the CRN NENC Partnership Group (our senior board comprising representatives of each of the regional Partner Organisations) and also the Host Trust Board.</p> <p>The plan identifies the activities to be carried out within the North East and North Cumbria region in accordance with the Performance and Operating Framework, CRN NENC Contract with the Department of Health and Social Care.</p> <p>In March 2021 additional unexpected funding of £30 million was awarded to CRN nationally by the Department of Health Social Care (DHSC).</p>						
Recommendation	<p>The Annual Business Plan and Financial Plan are required to be approved by the Host Trust Board prior to sign off by the NIHR CRN Coordinating Centre and inclusion in the CRN Annual Business Plan to the Department of Health and Social Care.</p> <p>The date of submission to NIHR CRN Coordinating Centre is 28/05/2021.</p>						
Links to Strategic Objectives	<p>Links to the following strategic objectives:</p> <ul style="list-style-type: none"> <li>- Ensuring that we are at the Forefront of Health Innovation and Research</li> <li>- Flourish - Ensuring that each member of staff is able to liberate their potential</li> <li>- Effective Partnerships</li> </ul>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	X		X	X		X	X

Impact detail	<p>Quality: - a number of digital quality improvement initiatives are planned to more effectively support research in the NENC region (e.g. the national roll out of digital Participant Research Experience Survey led by NENC, joint development of a local Research Registry in partnership with Newcastle Hospitals, exploration of linkages between data in research and NHS records via NHS Number, potentially in collaboration with Newcastle Data).</p> <p>Finance: - the report details the spend of the annual budget allocated to CRN NENC (circa £20,000,000) and how this is allocated to achieve maximum impact for staff and infrastructure investment. Development of a new regional delivery infrastructure in line with additional funding awarded by DHSC.</p> <p>Human Resources: - almost 850 staff are employed using the budget of CRN NENC annually and this year we plan to develop a new centralised research delivery function to expand wider into supporting research in settings outside of secondary care, with a footprint in the North, South and West.</p> <p>Reputation: - CRN NENC funding and development work is significantly linked to the Host organisation. It gives it the opportunity to position itself as an innovator as well as an advocate for and deliverer of research. The continued partnership working of the LCRN with other regional and national NIHR infrastructure and local partners e.g. AHSN mirrors the Host Trust aspirations in relation to both Newcastle Health Innovation Partners and Collaborative Newcastle.</p> <p>Sustainability: - The CRN NENC contract has now been extended to March 2024 with a commitment of additional £30 million nationally each year going forward. This helps to underpin the ongoing sustainability of research workforce in the region, and continued partnership with Life Sciences Industry and Small to Medium Enterprise result in further regional investment.</p>
Reports previously considered by	New report - annual requirement for Trust Board approval.



## NATIONAL INSTITUTE OF HEALTH RESEARCH CLINICAL RESEARCH NETWORK NORTH EAST AND NORTH CUMBRIA (NIHR CRN NENC) ANNUAL BUSINESS PLAN & FINANCE PLAN 2021-22

### EXECUTIVE SUMMARY

The National Institute of Health Research, Clinical Research Network North East and North Cumbria (CRN NENC) is a service hosted by The Newcastle Upon Tyne Hospitals NHS Foundation Trust. The CRN provides regional infrastructure research services for study support, staff development and research leadership. It works across >500 GP practices and primary care locations, all Hospitals in the region and non NHS care settings.

The CRN NENC is required to submit an annual business plan and financial plan in the first quarter of the new financial year. The report on progress uses a national format, and works to a national timeframe for submission to the national Coordinating Centre. The annual plan requires approval by both the CRN NENC Partnership Group (our senior board comprising representatives of each of the regional Partner Organisations) and also the Host Trust Board.

The plan identifies the activities to be carried out within the North East and North Cumbria region in accordance with the Performance and Operating Framework, CRN NENC Contract with the Department of Health and Social Care.

In March 2021 additional unexpected funding of £30 million was awarded to CRN nationally by the Department of Health Social Care (DHSC).

In the Board Reference Pack, please find:

- 2021/22 Annual Plan;
- Annual Financial Business Plan; and
- Annual Financial Plan: Final Allocations (Private Board Reference Pack).

## NATIONAL INSTITUTE OF HEALTH RESEARCH CLINICAL RESEARCH NETWORK NORTH EAST AND NORTH CUMBRIA (NIHR CRN NENC) ANNUAL BUSINESS PLAN & FINANCE PLAN 2021-22

### 1. BACKGROUND

The National Institute for Health Research Clinical Research Network (NIHR CRN) is the clinical research delivery arm of the NHS in England and has been hosted by The Newcastle upon Tyne Hospitals since 2014. Its purpose is to ensure patients and healthcare professionals from all parts of the country are able to participate in and benefit from clinical research; integrate health research and patient care; improve the quality, speed and coordination of clinical research; increase collaboration with industry partners and ensure that the NHS can meet the health research needs of industry.

The NIHR CRN has been funded for the past 5 years by the Department of Health and Social Care (DHSC) to support the following aims:

- a) Promote equality of access, ensuring that wherever possible, patients, the public, and users of social care services have parity of opportunity to participate in research;
- b) Improve the quality, speed and coordination of clinical research by removing the barriers to research in the NHS and wider health care settings;
- c) Streamline and performance manage NHS Support for eligible studies, to ensure the NHS Service Support Costs of these studies (or equivalent support in wider health and social care settings) are met in a timely and efficient manner;
- d) Work in partnership to unify and streamline administrative procedures associated with regulation, governance, reporting, and approvals;
- e) Meet the research delivery needs of the life sciences industry including: pharmaceutical; biotechnology; diagnostic; medical technology; and contract research organisations (CROs);
- f) Further integrate health research and patient care;
- g) Engage the providers of NHS services in research in line with the NHS Constitution to promote research participation and a research culture; and
- h) Engage the providers of Public Health and social care services to promote research participation and a research culture.

Before April 2014, there were over 100 clinical research networks in England hosted by NHS Trusts in adjacent localities. From April 2014, there has been one research "branch" of the NIHR CRN in each NHS region; these are termed Local Clinical Research Networks (LCRNs). The Newcastle upon Tyne Hospitals NHS Foundation Trust (the Trust) successfully applied to host this network on behalf of the NIHR and partner organisations in the North East and North Cumbria region (County Durham, Teesside, North Cumbria, Tyne & Wear and Northumberland). The CRN is divided into 30 Clinical Specialty areas for operational management, each with a regional clinical lead in post.

The CRN is intended to fund research infrastructure throughout the region - predominantly research delivery staff e.g. research nurses in all our Partner Organisations and service support department staff e.g. pharmacy technicians. In the North East and North Cumbria, this currently funds approximately 798 people comprising 271 Nurses, Midwives and Allied

Health Professionals (NMAHPs), 234 Medical Staff, 188 Research Delivery Support Staff and 104 Operational Management and Study Support Staff.

In January 2018, the remit of the CRN was widened by the new National Director to incorporate both Public Health and Social Care Research and in October 2018 it also took over the national payments administration of Excess Treatment Costs on behalf of NHS England. The staff we fund have traditionally been NHS staff but increasingly this is branching into Local Authorities and the non-NHS sector. We engage actively with local HEIs, Life Sciences Industry, including Small to Medium Enterprises (SME), and with other local research infrastructure e.g. NIHR Applied Research Collaborative (ARC), Academic Health Sciences Network (AHSN), NIHR Med Tech and Invitro Diagnostics Collaborative (MIC).

The Host holds contracts with providers in the NENC region of varying financial levels:

11 Category A Partners (>£50,000 annual funding)  
5 Category B Partners (£10,000 - £50,000 annual funding)  
100 Category C Partners (<£10,000 annual funding)

CRN NENC is governed by the Performance and Operating Framework (POF) contract which the Host has agreed to. This clearly outlines the areas of responsibility each year and the rules in relation to finance and operations. There are several sub-sections within this:

- Governance and Management;
- Financial Management;
- CRN Specialties;
- Research Delivery;
- Information and Knowledge;
- Communications;
- Patient and Public Involvement and Engagement (PPIE);
- NHS Engagement;
- Workforce Learning and Organisational Development; and
- Business Development and Marketing.

The Annual Business and Finance Plans outline all proposed activities to deliver the POF each year.

## 2. ANNUAL BUSINESS PLAN & FINANCE PLAN 2021-22

The Annual Plan is structured using a national template with standardised sections and requirements. Each year the format is re-structured to a greater or lesser extent. This year there are 4 distinct sections of note:

1. Contract Compliance
2. CRN High Level Objectives
3. CRN National Priorities
4. LCRN Initiatives

There are no limits on the length of individual sections, other than that they should evidence the compliance with the current Performance and Operating Framework, NIHR CRN Priorities Document, delivery of the NIHR CRN High Level Objectives and all relevant

## Agenda item A9

national Contract Support Documents (of which there are currently 52 in active use – available in the appendices for reference).

The Annual Finance Plan has a separate document describing the financial allocations at a high level and for reference a more detailed document has been attached describing the monetary allocations to each of our Partners.

### 2.1 Annual Plan Requirements

Additional detail surrounding the 4 sections are detailed below:

#### 1. Contract Compliance

This indicates high level compliance and intention to deliver the contract of the LCRN (Performance and Operating Framework). Green should be used unless there is an intended exceptional area already identified for further work and evidenced within the LCRN Initiatives for rectification.

#### 2. CRN High Level Objectives

These are the main national objectives for the CRN to deliver – many are measured at a national level as a composite of LCRN level activities. Work in relation to assuring their delivery and any local estimates of objective targets or ambitions are evidenced here.

#### 3. CRN National Priorities

Local work to support the delivery of national priority or mandated areas of work are required in this section. This includes in particular the development of a new centralised research delivery workforce under the direct leadership of the LCRN. This is a distinct deviation from previous years' national requirements and was only awarded in April 2021 (£833,000 to spend in each year for the next 3 years). Further to this a new national Primary Care Strategy has also been launched this year and has a specific focus and workload commencing in April 2021.

#### 4. LCRN Initiatives

Specific local initiatives underway to underpin HLOs and descriptors of further developmental opportunities within the region are detailed here. These include work across organisations e.g. NIHR partners, NHSA, AHSN and supra-regional work with other LCRNs but predominantly with the other 3 northern LCRN regions (Yorkshire & Humber, North West Coast and Greater Manchester).

### 3. RECOMMENDATIONS

The Board is asked to approve the Annual Business Plan and Annual Financial Plan for CRN NENC for 2021-22.

Report prepared by Morag Burton and Prof Caroline Wroe,  
on behalf of Dr Andrew Welch,  
Medical Director  
21/05/2021

THIS PAGE IS INTENTIONALLY  
BLANK



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private		Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance		For Information			
	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Summary	<p>The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Trust's Board on 25 March 2021:</p> <ul style="list-style-type: none"> <li>• Charity Committee – 26 March 2021;</li> <li>• People Committee – 19 April 2021;</li> <li>• Audit Committee – 27 April 2021;</li> <li>• Quality Committee – 18 May 2021; and</li> <li>• Finance Committee – 26 May 2021.</li> </ul>						
Recommendation	The Board of Directors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Regular report.						



## UPDATE FROM COMMITTEE CHAIRS

### EXECUTIVE SUMMARY

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

## UPDATE FROM COMMITTEE CHAIRS

### 1. CHARITY COMMITTEE MEETING

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

- The Charity Director provided an extensive update on progress to date against the Charity Strategy and the next steps required in the establishment of a Governance Working Group.
- A number of grants were considered and approved. These included grants for a Radiotherapy Imaging Clinical Fellow and Physicist and Lifestart Neonatal Resuscitation Units.
- The Committee considered the approach to the ongoing management of the Charity's investment funds.
- A number of financial reports were received including the Statement of Financial Accounts, the Target Spend Report, the Income Report and the Summary of Investments.

The next meeting of the Committee is scheduled to take place on 25 June 2021.

### 2. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 19 April 2021. During the meeting, the main areas of discussion to note were:

- The Chief Operating Officer provided an extensive update on the Integrated COVID Hub North East (ICHNE) and Vaccination Hub. The thanks of the Committee were extended to all staff and volunteers involved in the vaccine delivery programme.
- The Assistant Chief Executive delivered a presentation on the Trust's Communications Strategy. The creation and launch of the Trust website was noted, as well as next steps which would ensure alignment with the Trust's Flourish programme.
- The Director of HR provided a broader Flourish programme update, as well as a summary of the NHS Staff Survey action plan.
- An extensive Education and Workforce Development Update was provided which included an update on the compliance status of statutory and mandatory training and appraisal.
- Dr Henrietta Dawson presented the Guardian of Safe Working Hours quarterly and annual report.
- In response to a request to all NHS Trusts from the Chief People Officer regarding the local Disciplinary Policy and Procedure, an update on the process of review was outlined. No issues were raised, and the outcomes endorsed by the Committee. The policy is accessible on the Trust website.

The next meeting of the Committee is scheduled to take place on 22 June 2021.

### 3. AUDIT COMMITTEE

#### Agenda item A10

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

- The Assistant Chief Executive presented the Board Assurance Framework (BAF) Risk Management Annual Report. Seven risks were added to the BAF over the course of the year and two were removed.
- Updates to the Trust's Financial Statements were discussed, and the Committee endorsed that the Trust's Accounts be prepared on a 'Going Concern' basis.
- The Internal Audit Update was provided, which included the Progress Report, Draft Internal Audit Plan for 2021/22 and the Internal Audit Charter.
- The Counter Fraud Activity Report was received and discussed, along with the Annual Plan for 2021/22.
- The External Audit Update was provided, this included the Audit Strategy Memorandum (for the Trust and Charity), the 'Those Charged with Governance' request (for the Trust and Charity), the Three Year Strategic Plan and the External and Internal Audit Protocol.
- The Committee approved the Audit Committee Annual Report, the draft Annual Governance Statement and amendments to the Scheme of Delegation.
- The Committee received:
  - The Review of the Schedule of Approval of Single Tender Action and Breaches and Waivers Exception Report;
  - The Review of Debtors and Creditors Balances;
  - The Review of the Schedule of Losses and Compensation; and
  - The Annual Review of Special Severance Payments/Settlement Agreements.

The next formal meeting of the Committee is scheduled to take place on 27 July 2021. An extraordinary meeting is scheduled for 8 June 2021 for the approval of the Annual Report and Accounts 2020/2021.

#### **4. QUALITY COMMITTEE**

A formal meeting of the Quality Committee took place on 18 May 2021. During the meeting, the main areas of discussion to note were:

- The Committee received an extensive update on the Trust's management of the pandemic. This included an update on the roll out of the Vaccination Programme.
- Changes to the ongoing frequency and constitution of Committee meetings was outlined and agreed. This would include the opportunity to undertake deep dive sessions into specific subject matters.
- Reports from the Management Group Chairs were received and discussed.
- The Executive Chief Nurse provided an update on the Trust's response to the Ockenden Report.
- The Committee considered the BAF Quality Committee Assurance Report.
- The Committee received a Legal Update.

The next meeting of the Committee is scheduled to take place on 22 July 2021.

#### **5. FINANCE COMMITTEE**

Agenda item A10

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

- The Draft Annual Accounts 2020/21 were reviewed and discussed.
- The Finance Director presented the Financial Reports, which included the:
  - Month 1 Finance Report;
  - Financial Plan; and
  - Capital Programme 2021/22.
- An update to the Trust's Restart, Reset, and Recovery Programme was received, which included the Month 1 Directorate Activity Summary and COVID Projects.
- A number of tenders and business cases were received and discussed.
- The Committee received the BAF Report and Director Reports from the Chief Information Officer and Procurement and Supply Chain Director.

The next formal meeting of the Committee is scheduled to take place on 28 July 2021. An extraordinary meeting is scheduled for 8 June 2021 to review the final version of the Annual Accounts 2020/2021.

## **6. RECOMMENDATIONS**

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

**Report of Fay Darville**  
**Deputy Trust Secretary**  
20 May 2021

**THIS PAGE IS INTENTIONALLY  
BLANK**



**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## TRUST BOARD

Date of meeting	27 May 2021						
Title	Corporate Governance Update						
Report of	Dame Jackie Daniel, Chief Executive						
Prepared by	Kelly Jupp, Trust Secretary Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The report includes an update on the following areas:</p> <ul style="list-style-type: none"> <li>• Council of Governors Update;</li> <li>• Council of Governors Elections;</li> <li>• Annual Report and Accounts 2020/21;</li> <li>• Non-Executive Director Recruitment Update;</li> <li>• Board and Committee Meeting Dates;</li> <li>• Corporate Risk and Assurance Update; and</li> <li>• Quarterly NHS Improvement (NHSI) Declarations.</li> </ul>						
Recommendation	The Board of Directors are asked to (i) receive the update; (ii) note the contents and (iii) approve the quarterly NHSI declarations.						
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**

### **EXECUTIVE SUMMARY**

This report provides an update on a number of corporate governance areas, including:

- An update on the recent Council of Governors meeting.
- The outline Council of Governors election timetable, which was agreed by the Council of Governors at their meeting on 15 April 2021.
- An update on the preparation of the Annual Report and Accounts for 2020/21.
- An overview of the recruitment timeline for a replacement Trust Non-Executive Director.
- A revised list of Committee meeting dates following recent changes made.
- Detail relating to the newly created Corporate Risk and Assurance Team.
- The Quarterly NHS Improvement Declarations which require Trust Board approval and are included in Board Reference Pack.

## CORPORATE GOVERNANCE UPDATE

### 1. COUNCIL OF GOVERNORS UPDATE

The Council of Governors meetings continue to take place virtually with the last meeting being a formal held on Thursday 15 April 2021. The meeting included updates on the following items:

- The Council of Governors Elections;
- The Trust's Vaccination Programme, which included detail regarding the staff vaccination uptake and the role of volunteers; and
- The Trust's Recovery Programme and Activity Update, which included specific service updates relating to Cancer Services and Accident and Emergency.

The next formal meeting of the Council will take place on Thursday 17 June 2021. The agenda is currently being drafted.

Since the last meeting of the Board of Directors, Mr Matthew McCallum (Public Governor for Northumberland, Tyne and Wear, excluding Newcastle) and Councillor Ann Schofield (Appointed Governor for Newcastle City Council) have stepped down from the Council of Governors. The thanks of the Chairman and the Board of Directors are extended to Mr McCallum and Councillor Schofield for their time as Governors.

The Deputy Trust Secretary continues to regularly update the Governors on Trust developments via virtual meetings and fortnightly emails.

### 2. COUNCIL OF GOVERNOR ELECTIONS

In the last report to the Board, an update was provided regarding the proposed delay to the Council of Governor Election process taking place as a consequence of the pandemic. At the 15 April 2021 meeting, Governors agreed to the proposed revised timetable as outlined below:

Action	Date
Publication of Notice of Election	01/07/2021
Deadline for receipt of nominations	19/07/2021
Publication of Statement of Nominations	20/07/2021
Deadline for candidate withdrawals	22/07/2021
Notice of Poll/Issue of ballot packs	03/08/2021
Close of Poll 5.00pm	26/08/2021
Count and Declaration of Result	27/08/2021

It was agreed that Governors whose terms of office would end in 2021 would be extended until the election process has been completed.

A further update would be provided to the Council of Governors at the June meeting.

### 3. ANNUAL REPORT AND ACCOUNTS 2020/21

The draft Annual Report and Accounts for 2020/21 have been collated and submitted to the Trust's External Auditors Mazars LLP for external audit review.

The thanks of the Corporate Governance Team are extended to all of those who contributed to the content.

The draft report and accounts will be considered for approval at extraordinary meetings of both the Audit and Finance Committees held on 8 June prior to approval at an extraordinary meeting of the Board of Directors on 10 June 2021.

### 4. NON-EXECUTIVE DIRECTOR RECRUITMENT

Further to the update provided at the last meeting, the recruitment process for a new Non-Executive Director is underway to seek a replacement for Mr David Stout, Non-Executive Director (NED) and Deputy Chair, who will be stepping down from the Trust's Board of Directors in July 2021 after nine years of service.

The Trust's Nominations Committee held a longlisting meeting on 17 May 2021, supported by Hunter Healthcare, with the shortlisting meeting scheduled for 3 June 2021. Interviews will take place on 14 June and it is anticipated that a recommendation for appointment will be made to the Council of Governors at their meeting on 17 June 2021.

### 5. BOARD AND COMMITTEE MEETING DATES

As a result of a number of changes to meeting dates, please find below the dates for the Board of Directors and Board Committees for the remainder of 2021:

Board of Directors*	10 June (Extraordinary), 29 July, 30 September, 25 November
People Committee	22 June, 24 August, 19 October, 14 December
Finance Committee	8 June (Extraordinary), 28 July, 29 September, 24 November
Charity Committee	25 June, 27 August, 3 December
Quality Committee	22 July, 23 September, 16 November
Audit Committee	8 June (Extraordinary), 27 July, 26 October

*\*Excludes the separate dates for the Private Board workshops*

As reported to the Trust Board in March 2021, the Corporate Governance Team are currently reviewing the Committee Terms of Reference (ToR) and collating the Annual Reports of each Committee. In addition to this, and as referenced in the Chair report in agenda item A2, a series of Board Committee Review Meetings were held during April 2021 to discuss a number of key areas. A report is being collated by the Trust Secretary to summarise the matters discussed and recommended actions/next steps – this will be available for discussion at the Private Board workshop scheduled for 24 June 2021.

## **6. CORPORATE RISK AND ASSURANCE UPDATE**

On 1 April 2021, following an internal restructure, the Trust's Information Governance and Data Protection functions now form part of a newly created Corporate Risk and Assurance Team. Updates on each of the areas within the Corporate Risk and Assurance Team can be found below:

### **6.1 Information Governance**

Following the above mentioned changes, work is underway to review Information Governance processes and procedures. The Corporate Risk and Assurance Team are currently working closely with the IT Cyber Security Team to support and contribute to the completion of the Data Security and Protection Toolkit (DSPT) and Cyber Essential Plus certification requirements. An Internal Audit undertaken by AuditOne in relation to the DSPT is still awaited and once received, this will give the Trust an indication of the current level of compliance with the DSPT and any actions required to compete before the submission date on 30 June 2021.

In addition to the ongoing DSPT work, the team continue to support staff across the Trust with Information Governance (IG) related matters including:

- The use of MS Teams and the recording functionality;
- Completion of data privacy impact assessments for new and existing software/information systems;
- Review and management of IG related incidents; and
- The ongoing Trust IG training requirements.

### **6.2 Data Protection**

The Data Protection Manager continues to have a central role in supporting and providing guidance to the Trust, patients, staff and public in relation to information rights, Data Protection and Freedom of Information. In addition, the Data Protection Manager supports current and future regional projects with data protection, data sharing and contracting agreements including Collaborative Newcastle, the Integrated Covid Hub North East, Track and Trace and Regional Information Technology projects.

### **6.3 Risk Management**

Since the last report to the Trust Board, work has focussed around reporting the end of year Board Assurance Framework position and a review of the year ahead to identify risks for addition to the Board Assurance Framework. Work continues to progress with the recommendations noted in the 2020/21 internal audit and risk focus this year will be around improving actions to mitigate risk and ensuring risk is fully embedded in directorate governance meetings.

### **6.4 Assurance**

The Corporate Risk and Assurance Manager has continued to concentrate on collection and review of the Trust statutory and regulatory requirements:

## Agenda item A11

- The annual Standards of Business Conduct process which included collection of all annual Declarations of Interest from over 1,600 key decision makers within the Trust including the Board of Directors. An Annual report will be provided to the Audit Committee in July;
- The Annual Governance Statement which forms part of the Annual Report and Accounts and is a statutory document which sets out the Trust's Governance process and procedures; and
- NHS Provider Licence Self Certifications (see section 7 that follows).

## 7. QUARTERLY NHS IMPROVEMENT DECLARATIONS

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

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

## 8. RECOMMENDATIONS

The Board of Directors are asked to (i) receive the update; (ii) note the contents and (iii) approve the quarterly NHSI declarations.

**Kelly Jupp**  
Trust Secretary

**Fay Darville**  
Deputy Trust Secretary

**20 May 2021**

THIS PAGE IS INTENTIONALLY  
BLANK