



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 2021						
Title	Guardian of Safe Working Quarterly Report (Q2 2021-22)						
Report of	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
Prepared by	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
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 terms and conditions of service of the new junior doctor contract (2016) require the Guardian of Safe Working Hours to provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors' hours are safe and compliant.</p> <p>The content of this report outlines the number and main causes of exception reports for the period 27 June to 26 September 2021 for consideration by the Trust People Committee, prior to submission to the Trust Board.</p>						
Recommendation	The Board of Directors is asked to note the contents of this report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
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	In order to maintain quality and safety, we must have a junior doctor workforce who can work within safe hours and receive excellent training.						
Reports previously considered by	Quarterly report of the Guardian of Safe Working Hours. Previously considered by the People Committee on 4 November 2021.						

GUARDIAN OF SAFE WORKING QUARTERLY REPORT

1. EXECUTIVE SUMMARY

This quarterly report covers the period 27 June to 26 September 2021.

There are now 838 trainees on the New Junior Doctor Contract and a total of 1,042 junior doctors in the Trust.

There were 72 exception reports in this period. This compares to 71 exception reports in the previous quarter.

The main areas of exception reports are general medicine, haematology/oncology, dermatology and obstetrics/gynaecology.

The main cause of exception reports is when there is excessive workload which was not appropriate to hand over to on call teams. This is exacerbated when there are low staffing levels on the wards.

2. INTRODUCTION / BACKGROUND

The 2016 New Junior Doctor Contract came into effect on 3 August 2016 and was reviewed in August 2019, with changes implemented in a staggered approach from August 2019 to October 2020.

The TCS of the 2016 contract allows for exception reporting to raise reports on breaches of working hours and educational opportunities. These are ratified or rejected as appropriate by clinical supervisors and the process is overseen by the Guardian of Safe Working Hours.

The TCS require the Guardian of Safe Working Hours to provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors' hours are safe and compliant.

3. HIGH LEVEL DATA

		(Previous quarter data for comparison)
Number of Junior Doctors on New Contract	838	(828)
Number of Exception reports	72	(71)
Number of Exception reports for Hours Breaches	70	(70)
Number of Exception reports for Educational Breaches	5	(6)
Fines	1	(2)

Admin Support for Role Good

BRP A5(i)a

Job Planned time for supervisors

Variable

4. EXCEPTION REPORTS

4.1 Exception Report by Speciality (Top 3)

General Medicine	29
Haematology/oncology	13
Obstetrics and gynaecology	8
Dermatology	8

4.2 Exception Report by Grade

Foundation Year 1	19
SHO/CT/ST1 2	45
SpR	8

4.3 Example Themes from Exception Reports

General Medicine RVI/FH

High workloads on the wards, which have been frequently exacerbated by minimum staffing.

Haematology/Oncology

'Minimum staffing on the ward. Left late and unable to take lunch break.'

Previous issues with reduced staffing levels have been addressed.

Obstetrics and Gynaecology

'Overbooked clinic late finish again 17:40'

All exception reports have arisen from 1 trainee, whose work schedule has been adjusted to reflect the needs of this individual.

Dermatology

'Ward 5 @ RVI is currently a COVID ward. The Juniors on the ward; myself included; are on a dermatology placement (yet receiving minimal dermatology exposure due to the fact that Ward 5 has been taken over by Infectious Diseases). Despite this; we haven't been officially re-deployed. There are only three doctors staffing the ward; two working part-time; and therefore we regularly work at minimum staffing (sometimes below this).'

This was swiftly addressed. A plan was put in place to ensure extra medical support and that the educational needs of trainees were met.

BRP A5(i)a

5. EXCEPTION REPORT OUTCOMES

5.1 Work Schedule Reviews

There has been one work schedule review carried out due to exception reports (see above).

5.2 Fines

1 fine has been issued:

- General Surgery (FH): £195.93. Rule breached “Unable to achieve 11 hours rest between resident shifts.”

6. ISSUES ARISING

6.1 Workforce and workload

The recurring theme as to when exception reports are raised is when there is a reduction of trainee numbers on the ward or high workloads due to multiple unwell patients. Some wards, particularly the medical wards have experienced very high workloads. Comments from exception reports suggests that many different specialties are experiencing problems with rota gaps which are impacting on the workforce/ workload balance.

6.2 Supervisor Engagement

Supervisor engagement is currently good, and exception report response time has been greatly improved by weekly prompting from the medical staffing team.

6.3 Administrative Support

Administrative support for this quarter has been excellent.

7. ROTA GAPS

Unfortunately it has not been possible for medical staffing to provide data on rota gaps for the previous quarter due to timing and system issues, however work is ongoing to capture the rota gaps at a directorate level in order to enhance data quality and ensure it is available for reporting issues going forwards.

7.1 Locum Spend

LET Locum spend July – September: £355,984

Trust Locum spend July – September: £600,655

LET Locum spend April – June 2021 (Q1 2021-22): £292,533

Trust Locum spend April – June 2021 (Q1 2021-22): £699,617

8. RISKS AND MITIGATION

The main risk remains medical workforce coverage across a number of rotas. Directorates are aware of this and are looking for solutions. There is an increase in trainee shifts being covered by consultants when there is no available junior doctor.

9. JUNIOR DOCTOR FORUM

A new cohort of junior doctors have joined the junior doctor forum. There were no new issues discussed.

10. RECOMMENDATIONS

I recommend that we continue to be proactive at assessing the workforce/workload balance, and continue to find local solutions to ensure that patient safety and excellent training are maintained.

**Report of Henrietta Dawson
Consultant Anaesthetist
Trust Guardian of Safe Working Hours
6 October 2021**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 2021						
Title	Consultant Appointments						
Report of	Andy Welch, Medical Director						
Prepared by	Claudia Sweeney, Senior HR Advisor (Medical & Dental)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	The content of this report outlines recent Consultant Appointments.						
Recommendation	The Board of Directors is asked to review the decisions of the Appointments Committee.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
	People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Ensuring the Trust is sufficiently staffed to meet the demands of the organisation.						
Reports previously considered by	Consultant Appointments are submitted for information in the month following the Appointments Panel.						

CONSULTANT APPOINTMENTS

1. APPOINTMENTS COMMITTEE – CONSULTANT APPOINTMENTS

- 1.1 An Appointments Committee was held on 24 September 2021 and interviewed 1 candidate for 1 Consultant Dermatologist post.

By unanimous resolution, the Committee was in favour of appointing Dr Anna Dubois.

Dr Dubois holds MBChB (University of Leeds) 2007 and MRCP (UK) 2010. Dr Dubois is currently employed on behalf of the Lead Employer Trust as a Specialty Trainee in Dermatology based at the Royal Victoria Infirmary.

Dr Dubois is expected to take up the post of Consultant Dermatologist in November 2021.

- 1.2 An Appointments Committee was held on 7 October 2021 and interviewed 1 candidate for 1 Consultant Interventional Radiologist post.

By unanimous resolution, the Committee was in favour of appointing Dr John Lawrance James Reicher.

Dr Reicher holds BM BCh (University of Oxford) 2011, MRCP (UK) 2015 and FRCR (UK) 2018. Dr Reicher is currently employed on behalf of the Lead Employer Trust as a Speciality Trainee in Clinical Radiology based at the Freeman Hospital.

Dr Reicher is expected to take up the post of Consultant Interventional Radiologist in January 2022.

- 1.3 An Appointments Committee was held on 7 October 2021 and interviewed 1 candidate for 1 Consultant Radiologist post.

By unanimous resolution, the Committee was in favour of appointing Dr James William Anthony Chambers.

Dr Chambers holds MBChB (The University of Warwick) 2011, MRCS (UK) 2013 and FRCR (UK) 2016. Dr Chambers is currently employed as a Consultant Radiologist by Liverpool University Hospitals.

Dr Chambers is expected to take up the post of Consultant Radiologist in January 2022.

- 1.4 An Appointments Committee was held on 22 October 2021 and interviewed 1 candidate for 1 Consultant Cellular Pathologist with a special interest in Cardiothoracic Pathology post.

By unanimous resolution, the Committee was in favour of appointing Dr Nicola Lynch.

BRP A5(i)b

Dr Lynch holds MBBS (University of Newcastle) 2012. Dr Lynch is currently employed on behalf of the Lead Employer Trust as a Specialty Trainee in Histopathology based at the Royal Victoria Infirmary.

Dr Lynch is expected to take up the post of Consultant Pathologist with a special interest in Cardiothoracic Pathology in March 2022.

- 1.5 An Appointments Committee was held on 22 October 2021 and interviewed 1 candidate for 1 Consultant Cellular Pathologist with a special interest in Head and Neck and ENT Pathology.

By unanimous resolution, the Committee was in favour of appointing Dr Neil Alfred Robinson.

Dr Robinson holds MBBS (University of Newcastle) 2010 and FRCPath (UK) 2020. Dr Robinson is currently employed on behalf of the Lead Employer Trust as a Specialty Trainee in Histopathology based at the Royal Victoria Infirmary.

Dr Robinson is expected to take up the post of Consultant Cellular Pathologist with a special interest in Head and Neck and ENT in November 2021.

- 1.6 An Appointments Committee was held on 22 October 2021 and interviewed 1 candidate for 1 Consultant Cellular Pathologist with a special interest in Autopsy Pathology post.

By unanimous resolution, the Committee was in favour of appointing Dr Sam Hoggard.

Dr Hoggard holds MBChB (University Keele) 2014, PGDip (Post-Mortem CT Imaging [University of Leicester]) 2021 and FRCPath (UK) 2021. Dr Hoggard is currently employed on behalf of the Lead Employer Trust as a Specialty Trainee in Forensic Pathology based at the Royal Victoria Infirmary.

Dr Hoggard is expected to take up the post of Consultant Cellular Pathologist with a special interest in Autopsy Pathology in February 2022.

- 1.7 An Appointments Committee was held on 10 November 2021 and interviewed 3 candidates for 3 Consultant Anaesthetist posts.

By unanimous resolution, the Committee was in favour of appointing Dr Louise Sanderson, Dr Richard Bentley and Dr Fui Woon Yong.

Dr Sanderson holds MBBS (University of Newcastle) 2008, Postgraduate Certificate in Medical Education (University of Dundee) 2016 and FRCA (London) 2016. Dr Sanderson is currently employed on behalf of the Lead Employer Trust as a Specialty Trainee in Anaesthesia based at Sunderland Royal Hospital.

Dr Richard Bentley holds MBBS (University of Newcastle) 2010, Postgraduate Certificate in Medical Education (University of Dundee) 2016 and FRCA (London) 2017.

BRP A5(i)b

Dr Bentley is currently employed on behalf of the Lead Employer Trust as a Specialty Trainee in Anaesthesia based at the Freeman Hospital.

Dr Fui Woon Yong holds MBChB (University of Aberdeen) 2004, MRCP (UK) 2011 and FRCA (London) 2018. Dr Yong is currently employed on behalf of the Lead Employer Trust as a Specialty Trainee in Anaesthesia based at the Royal Victoria Infirmary.

Dr Sanderson, Dr Bentley and Dr Yong are expected to take up the posts of Consultant Anaesthetist in February 2022.

2. RECOMMENDATION

1.1 – 1.7 – For the Board to receive the above report.

Report of Andy Welch

Medical Director

25 November 2021

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

TRUST BOARD

Date of meeting	25 November 2021						
Title	Honorary Consultant Appointments						
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 checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	The content of this report outlines recent requests for Honorary Consultant Contracts.						
Recommendation	The Board of Directors is asked to note the award of/ extension to the Honorary Consultant Contracts.						
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Honorary Consultant Appointment requests are submitted as and when requests are received.						

HONORARY CONSULTANT APPOINTMENTS

1. HONORARY CONSULTANT APPOINTMENT REQUESTS

1.1 Dr Yi Shiau Ng

Dr Ng, MBChB(Hons) Aberdeen 2007, MRCP(UK) 2011, PhD Mitochondrial Disease Newcastle 2017, SCE Neurology 2019, CCT 2021 is currently employed by Newcastle University as a clinical Senior Lecturer.

An Honorary Contract has been requested to allow Dr Ng to carry out clinical service provision. The contract would commence as soon as possible and would be reviewed on an annual basis.

There are no financial implications for the Trust.

1.2 Dr Ian Ewington

Dr Ewington, MBChB Manchester, BSc (Honours) Manchester, MRCP (UK) 2003, is currently employed by The Royal Air Force and University Hospital Birmingham as a Consultant Anaesthetist and Intensivist.

An Honorary Contract has been requested to allow Dr Ewington to support the regional critical care transfer service with NECTAR.

There are no financial implications for the Trust.

1.3 Dr Emma Watson

Dr Watson, MBBS London 2008, BSc (Hons) Radiological Sciences with Medical Sciences London 2008, is currently employed by The Royal Air Force as a Consultant in Critical Care and Anaesthesia.

An Honorary Contract has been requested to allow Dr Watson to support the Regional Critical Care Transfer Service with NECTAR and would be reviewed on an annual basis.

There are no financial implications for the Trust.

1.4 Dr Hayley Llandro

Dr Llandro, BDS Bristol 2005, MFDS RCS Edinburgh 2010, MCLINDENT UCL 2016, MOrth RCS Edinburgh 2017, FDS (Orth) RCP &S 2020 is currently employed by South Tyneside and Sunderland NHS Foundation Trust as a Consultant in Orthodontics.

An Honorary Contract has been requested for Dr Llandro to carry out the supervision and teaching of Orthodontic specialty registrars and Post CCST registrars and also to attend Cleft

Agenda item BRP A5(i)b

Regional Clinics to support patients treated at the spoke unit (Sunderland) and would be reviewed on an annual basis.

There are no financial implications for the Trust.

1.5 Professor Hashim Hashim

Professor Hashim, MBBS London 1998, MRCS(England) 2001, FRCS(Urol) RCS 2008, FEBU 2009, MD London 2009, CCT 2010 is currently employed by the Bristol Urological Institute, Southmead Hospital as a Consultant Urological Surgeon.

An Honorary Contract has been requested to allow Professor Hashim to undertake mesh removal cases as required and would be reviewed on an annual basis.

There are no financial implications for the Trust.

1.6 Dr Alykhan Bandali

Dr Bandali, MBBS London 2007, RCP 2011, MSc Distinction Newcastle 2017 is currently employed by Sunderland and South Tyneside NHS Trust as a Consultant Cardiologist.

An Honorary Contract has been requested to allow Dr Bandali to be involved in cardiovascular MRI reporting and would be reviewed on an annual basis.

There are no financial implications for the Trust.

1.7 Dr Mohammad Saidi

Dr Saidi, MBBS London 1998, MRCS(England) 2001, FRCS(Urol) RCS 2008, FEBU 2009, MD London 2009, CCT 2010 is currently employed by Cumbria, Northumberland and Tyne & Wear NHS Foundation Trust as a Consultant Neuropsychiatrist.

An Honorary Contract has been requested to allow Dr Saidi to carry out clinical service provision in the Huntingdon's Disease Clinics cases as required and would be reviewed on an annual basis.

There are no financial implications for the Trust.

2. RECOMMENDATIONS

The Board is asked to note:

- 1.1 Dr Ng be awarded Contract as a Consultant Neurologist with immediate effect and to be reviewed on an annual basis.
- 1.2 Dr Ewington be awarded an Honorary Contract as a Consultant Anaesthetist with immediate effect and to be reviewed on an annual basis.

Agenda item BRP A5(i)b

- 1.3 Dr Watson be awarded an Honorary Contract as a Consultant Anaesthetist with immediate effect and to be reviewed on an annual basis.
- 1.4 Dr Llandro be awarded an Honorary Contract as a Consultant in Orthodontics with immediate effect and to be reviewed on an annual basis.
- 1.5 Professor Hashim be awarded an Honorary contract as a Consultant Urological Surgeon with immediate effect and to be reviewed on an annual basis.
- 1.6 Dr Bandali be awarded an Honorary Contract as a Consultant Cardiologist with immediate effect and to be reviewed on an annual basis.
- 1.7 Dr Saidi be awarded a Consultant Neuropsychiatrist with immediate effect and to be reviewed on an annual basis.

Report of Andy Welch**Medical Director**

19 November 2021

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NEWCASTLE SAFEGUARDING ADULTS BOARD

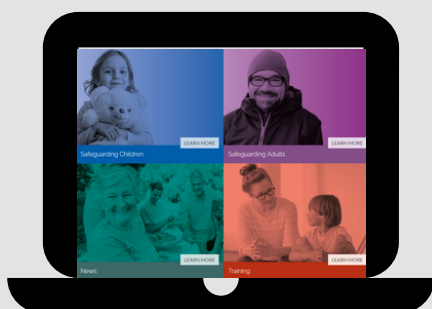
ANNUAL REPORT 2020-21



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For more information on safeguarding adults in Newcastle visit our new website:
www.newcastlesafeguarding.org.uk



or follow us on Twitter
[@newcastle_sab](https://twitter.com/newcastle_sab)



No excuse for adult abuse, report it:
0191 278 8377 or report online



INTRODUCTION

VIDA MORRIS, CHAIR



It goes without saying that this has been a challenging year - for adults with care and support needs, their families, and those who work or volunteer to keep adults at risk safe. I pay tribute to the dedication, resilience and understanding of so many people who have worked alongside the Newcastle Safeguarding Adults Board (NSAB).

From the start of the Covid-19 pandemic, partner agencies were clear that safeguarding adults duties remained a priority. Organisations adapted quickly to work in different ways, whether that was the Multi-Agency Safeguarding Hub (MASH) working remotely or agencies participating in safeguarding adults meetings virtually via Microsoft Teams.

The NSAB continued to meet as normal, albeit virtually. Extraordinary Board meetings were held in May and July 2020 to ensure there was regular dialogue between agencies and oversight of any risks to multi-agency safeguarding adult arrangements. An Operational Leads group was established to monitor any particular issues or trends coming through in safeguarding adults concerns.

The Annual Report details some of the indirect impacts of Covid-19 on safeguarding adults work - increased vulnerabilities and reduced professional face-to-face contact with those at risk - and our response to these.

Safeguarding adults activity has increased in Newcastle throughout the year. There have been particular areas where we have seen increased risk: domestic abuse, self-neglect, poverty and concerns for people's mental health. The report shines a spotlight on these areas.

The Board continues to work alongside other multi-agency partnerships, particularly around criminal exploitation and serious violence. The Newcastle Partnerships Group (formed in 2020-21) aims to create a forum where issues of common interest can be discussed and addressed.

The pandemic has tested us all, but it has forced us to do things differently. In some cases this has improved our safeguarding adults response. In 2021-22 we will build on these opportunities and ensure that any changes are fully embedded within our systems, policies and procedures.

I would like to end by reiterating my thanks to everyone who has risen to the challenges of 2020-21.

FOREWORD

COUNCILLOR KAREN KILGOUR



The Covid-19 pandemic has been the central feature of the last year and brought significant challenges to us all.

The annual report details the increasing volume of safeguarding concerns and safeguarding adults enquiries which have placed additional demands on our services.

The response to Covid-19 has required committed and innovative partnership working in a number of areas, including ensuring that the person at risk of abuse (or their representative) remains at the centre of the safeguarding process, working alongside City LifeLine to provide training and awareness-raising to new volunteers and community groups, identifying people on the shielding list who might have been at increased risk of abuse or neglect and continuing to deliver a multi-agency training programme, albeit virtually.

Poverty, increased burdens on informal carers, household tension, substance misuse and increased mental health need can all be factors that increase the risk of abuse and neglect for adults with care and support needs and have been an indirect impact of the pandemic and associated lockdowns. These areas will continue to be an important feature of the Board's work in 2021-22.

I would like to offer my sincere thanks and appreciation to all those who have worked tirelessly, with resilience and dedication, to keep so many of our residents safe from abuse and neglect.

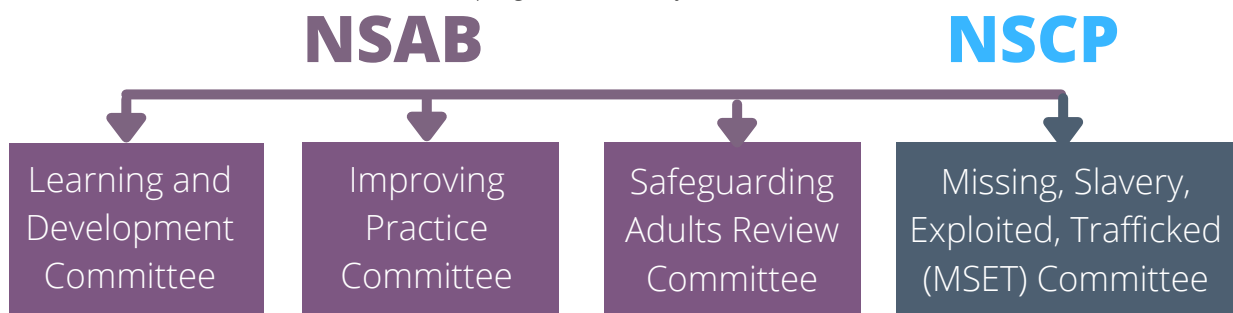


WHO WE ARE & WHAT WE DO

The Newcastle Safeguarding Adults Board (NSAB) is a statutory multi-agency partnership responsible for safeguarding adults from abuse and neglect. There are a number of agencies represented on the Board, including the Council, Health Services and the Police (see page 33 for membership).



The NSAB is supported by a number of sub committees, one of which is jointly overseen by the Newcastle Safeguarding Children Partnership (NSCP). The NSAB also works closely with Safe Newcastle (the Community Safety Partnership) and the Youth Justice Partnership Board. These Partnerships meet quarterly as Newcastle Partnerships Group to discuss and progress issues of joint interest.



OUR YEAR IN BRIEF

APRIL 2020

Covid-response focusses on ensuring safeguarding arrangements are maintained, monitoring safeguarding adults activity levels and ensuring key messages are getting to the public, professionals and volunteers

JUNE 2020

Toolkit produced highlighting the services and support that might prevent abuse or neglect happening during Covid-19.

SEPTEMBER 2020

NSAB discussions focus on recovery in anticipation of a longer-term lifting of restrictions.

DECEMBER 2020

All multi-agency training previously offered face-to-face now available via Teams.

FEBRUARY 2021

Safeguarding Adults Best Practice Week - over 200 practitioners attend eight short webinars covering topics related to safeguarding adults.

MAY 2020

Extraordinary NSAB meeting and Operational Leads Group established. Risk areas identified and NSAB Strategic Annual Plan revised to reflect these. Briefing produced on Covid-19 vulnerable groups to increase practitioner awareness of increased risk areas. Four Safeguarding Adults Review (SAR) referrals received. NSAB Twitter account, [@newcastle_sab](https://twitter.com/newcastle_sab), launched.

AUGUST 2020

Guidance issued on ensuring Making Safeguarding Personal principles are followed when safeguarding adults enquiries and/or meetings are being held virtually.

NOVEMBER 2020

Learning Event held in relation to a case not meeting the criteria for a Safeguarding Adults Review. Co-ordinated communications activity to coincide with National Safeguarding Adults Week. Launch of Missing Adult Protocol.

JANUARY 2021

NSAB Self-Assessment Session with Board members to ascertain areas of good practice and areas of challenge. Used to help inform the NSAB's Strategic Annual Plan for 2021-22. New website, www.newcastlesafeguarding.org.uk, jointly covering safeguarding adults and children, goes live.

STRATEGIC ANNUAL PLAN

The Care Act 2014 requires all Safeguarding Adults Board's to produce an annual plan that details how we will meet our objectives and how our member and partner agencies will contribute.

Our plan for 2020-21 had to be adjusted to reflect the impacts of the Covid-19 pandemic - our work and achievements are summarised on page 6 and detailed throughout this report.

Looking forward to our 2021-22 plan, we have used a variety of information sources to ensure our priorities reflect the needs related to safeguarding adults at risk. This has included using our local data, learning from cases and audit, results of agency self-assessments, consultation with both the public and professionals and responding to national policy, guidance or legislation.

Feedback from the public particularly focussed on the need to raise awareness of what safeguarding adults is and where people can go if they have a concern about abuse or neglect.

Our Strategic Annual Plan 2021-22 includes the following action areas:

- Targeting support and awareness raising with referrers about the importance of seeking views of the adult at risk or their representative.
- Seeking feedback from adults at risk/their representatives on their involvement in virtual safeguarding adults enquiries.
- Responding to national guidance on safeguarding and homelessness.
- Continue to implement the NSAB Communications Strategy, specifically ensuring that key messages are not limited to online/digital platforms.
- Maintaining an overview of the implementation of Liberty Protection Safeguards (LPS).
- Consider and agree proposals for our e-learning offer beyond our existing contract.
- Address recommendations from work done in 2020-21 around poverty and safeguarding adults.
- Production of guidance on preventing, identifying and responding to financial abuse.
- The review and update of multi-agency NSAB policy and procedures.
- Addressing learning from Safeguarding Adults Reviews and any other relevant review processes e.g. Domestic Homicide Reviews.

SELF-NEGLECT AND SAFEGUARDING ADULTS



The NSAB quickly identified that during the Covid-19 pandemic there were increased risks of self-neglect with people being less likely to seek help and support.

This might be because people did not want to be a burden or were worried about asking for help or medical attention as they were fearful of getting Covid-19. It was identified that those already vulnerable to self-neglect were likely to be at more acute risk with less professional contact from all services.

Self-neglect is a complex area of safeguarding adults work. It can result in serious harm if appropriate support or monitoring is not in place. The most serious cases require a co-ordinated, multi-agency response and safeguarding adults arrangements are well-placed to facilitate this.

Professionals are encouraged to follow local [self-neglect practice guidance](#). This highlights a preventative approach, aiming to negate the need for a safeguarding adults enquiry.

The NSAB will continue to work on self-neglect in 2021-22. This will include: plans to raise awareness with the public about self-neglect and what can be done; a re-launch of self-neglect and hoarding training; and an update to self-neglect guidance to reflect the impact of Covid-19 and learning from reviews.

CASE STUDY

NEWCASTLE UPON TYNE NHS HOSPITALS
FOUNDATION TRUST

Mr K is an insulin dependent diabetic, he lives at home with family visiting him and supporting where possible. Mr K's home environment provides a concern for visiting professionals, with environmental hazards that are increasing and extreme. Mr K has admissions throughout the year. There are a number of Safeguarding referrals from acute and community staff, there is consideration of mental capacity and in particular, examination of Mr K's mental capacity around his health needs. There are concerns about his understanding of risks and specialist teams, social workers, carers and district nurses are all pulling together to support Mr K's safety at home.

The environmental hazards are a grave concern and pose a risk to professionals. Teams continue to encourage Mr K to address hazards and through small steps, these were reduced. Adult Social Care played a significant role in working to incrementally introduce to Mr K possible ways to improve his environment. Using the principles of the self-neglect practice guidance of persistence and creativity things improved. The longevity of this case and risk meant the Trust consulted with legal services.

Mr K's voice was evident throughout, he wished to return home and was assessed as having mental capacity to make this decision. Although a very difficult decision for all involved and one that generated waves of discomfort – balancing Human Rights, risk, proportionality and accountability is never easy. The challenges of safeguarding remain and Mr K reminds us of the importance of collaboration, debate and tenacity.

WHAT OUR LOCAL DATA TELLS US...

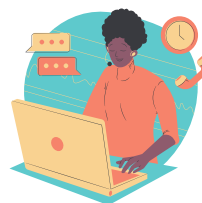
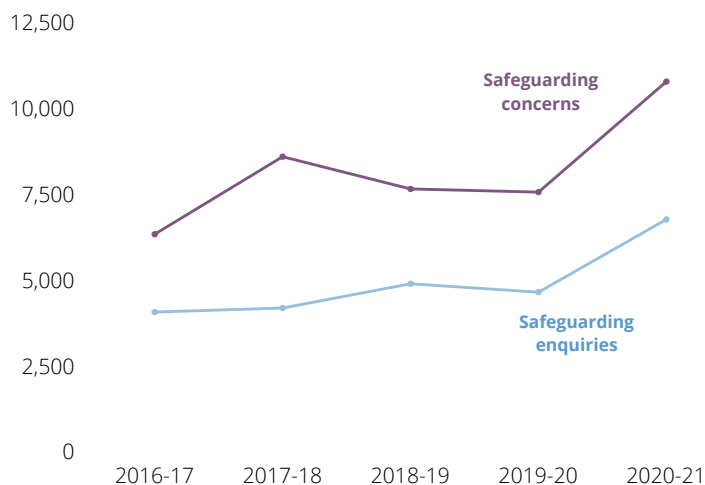
2020-21 saw a 42% increase in the number of safeguarding concerns and a 33% increase in Section 42 Enquiries.

Partner agencies worked hard at the start of the year to remind people that safeguarding adults duties still applied and that services were still available to protect adults from abuse and neglect. The success of this communication activity, as well as the strength of the multi-agency safeguarding system in responding to concerns is reflected in this data.

The Local Government Association Safeguarding Insights Project reported that Local Authorities from across the country had seen rises in the volume of safeguarding concerns over the course of 2020-2021.

Since the implementation of the Care Act 2014, there has been a continued increase in the proportion of concerns that are about adults aged 18-64. In the last year, this increase has been seen more steeply. This trend was also reflected nationally. However, the prevalence of abuse or neglect (when compared to overall population totals for age groups) continues to increase the older a person gets.

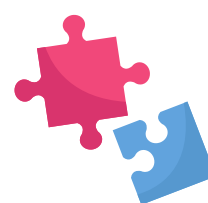
60% of Section 42 Enquiries related to abuse or neglect perpetrated in a person's home reflecting the reality that people have been spending more time at home. This was a 12% increase on the previous year.



10,774

Safeguarding concerns

Reports to the local authority of suspected abuse or neglect in relation to an adult



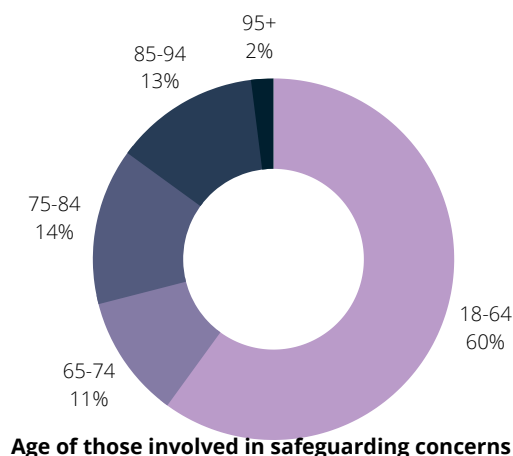
6,762

Section 42 Enquiries

Statutory enquiries made by the local authority when it is confirmed that the "concern" meets the criteria under the Care Act, 2014

"The Covid-19 pandemic and accompanying lockdowns had an unprecedented and extraordinary impact on safeguarding. Rates of safeguarding concerns during 2020 were overall higher than 2019."

Safeguarding Insights Project, LGA, April 2021



Age of those involved in safeguarding concerns

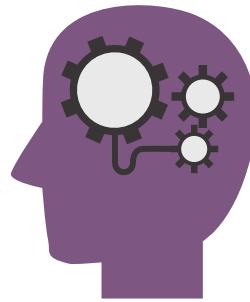
WHAT OUR LOCAL DATA TELLS US...

2020-21 saw a significant increase in the percentage of concerns where the Primary Support Reason of the person was not known (38%). This measure will be subject to further audit but may reflect national data collection guidance which states a primary support reason should only be recorded following assessment from Adult Social Care. A safeguarding concern will not always require an Adult Social Care assessment and a person does not have to be eligible for, or receiving, social care services to be considered under safeguarding adults procedures.

The most common form of abuse reported was emotional abuse. Significant rises were seen in relation to emotional, financial, domestic abuse and self-neglect. These risks reflect the themes reported in Newcastle for safeguarding concerns linked to Covid-19.

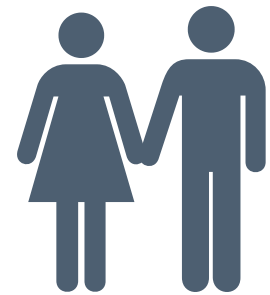
In 86% of Section 42 Enquiries, risk is either removed or reduced. Safeguarding enquiries must be proportionate and reflect the wishes of the adult who is at risk therefore it is not always possible to take action.

In 71% of safeguarding adults enquiries, the adult at risk or their representative was asked their desired outcomes. This was a decrease on the previous two years. An audit was undertaken which identified a decreasing ability for organisations at the front-line of the pandemic response to identify the views of the person before raising a concern.



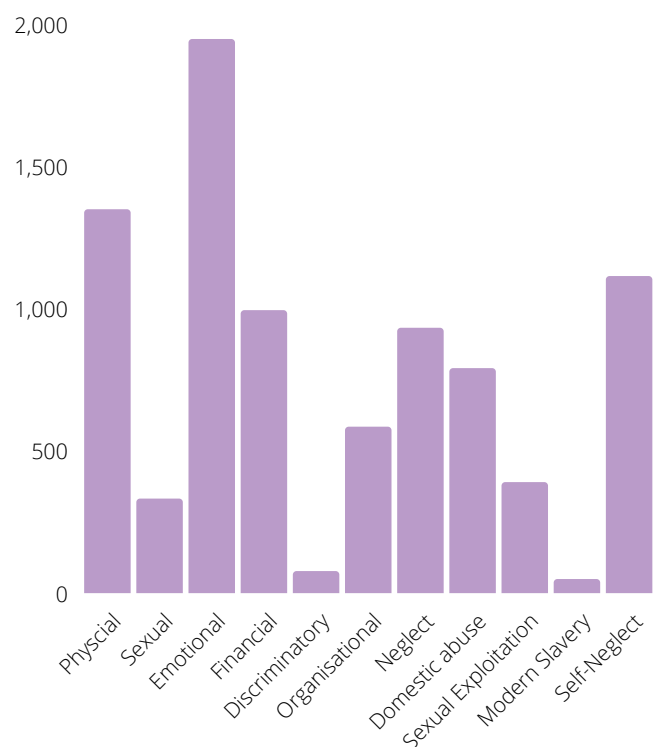
20%

Section 42 Enquiries about people lacking mental capacity



50% concerns about women
47% concerns about men
3% gender unknown

74% of safeguarding concerns related to people who were White British. 21% of concerns related to people whose ethnicity was unknown or undeclared.



Type of abuse identified as part of Section 42 Enquiry

POVERTY AND SAFEGUARDING ADULTS

Are people who experience poverty more likely to experience abuse and neglect? If so, what can agencies working in Newcastle do to reduce the likelihood that a person will be affected by poverty? And what more can we do to support people who are at risk of abuse?

These questions were considered as part of the Newcastle Safeguarding Adults Board (NSAB) Strategic Annual Plan for 2020-2021. In response there was close collaboration between those working in the Active Inclusion Newcastle partnership and those working in safeguarding adults roles.

A basic analysis of ward-level data relating to the the Indices of Multiple Deprivation (IMD) and safeguarding adults activity revealed that the wards experiencing the highest levels of deprivation also had the highest levels of safeguarding adults concerns and safeguarding adults enquiries.

Practitioner input was provided via a survey and workshop in September which sought to further understand the relationship between poverty and abuse and neglect. Conversations demonstrated that the relationship was complex but poverty can create circumstances under which abusive or neglectful behaviours are more likely to transpire. Those involved in the workshop highlighted the impact that poverty can have on the probability that someone will experience self-neglect.

Following the workshop, an audit of 29 resident's cases who had been to subject to safeguarding adults procedures were reviewed to understand their financial and housing circumstances and to identify potential opportunities to provide future advice and support to prevent or reduce crisis

The findings from the survey, workshop and audit resulted in the following recommendations:

- **Safeguarding Adults Plans for people at risk of self-neglect need to address the risk of poverty**
- **Self - Neglect practice guidance should include the risk of poverty**
- **Professionals from all agencies should be aware of the support available to informal carers**
- **The NSAB should consider how routine conversations about finances and money can be built into the safeguarding adults process.**
- **All agencies should promote the Active Inclusion training programme**
- **Agencies working in Newcastle should ensure that staff are aware of sources of advice, support and information about both financial inclusion and safeguarding adults.**
- **Take a more coordinated approach to those with mental health problems**

These have been incorporated into the Strategic Plan for 2021-22.

SAFEGUARDING ADULTS REVIEW SUB-COMMITTEE

The Safeguarding Adults Review (SAR) Committee received four referrals in 2020-21 for consideration for a SAR. A SAR is the statutory review process when an adult with care and support needs has died or suffered serious harm as a result of abuse and neglect and there is reasonable cause for concern about how agencies have worked together (Section 44, Care Act 2014). It was agreed that three of these cases met the criteria.

This was an unusually high number of referrals for the Committee to receive. This experience is something that has not been unique to Newcastle and there is some sense that Covid-19 has been a factor in the increase. The three cases all involved aspects of self-neglect, domestic abuse and substance misuse.

The SAR Committee, in conjunction with the NSAB, needed to decide the best way of conducting the SARs within the resources available, appreciating the significant pressures agencies were under due to Covid-19 and a desire to be able to learn from these cases as quickly as possible. It was agreed that the SARs would be undertaken concurrently, with a case linked to Covid-19 being prioritised first.

The SAR processes are ongoing and it is hoped the first SAR will be published in winter 2021. The key findings and actions taken will be published in next year's annual report.

A Learning Event was held for the case which did not meet the criteria for a SAR in November 2020. This was another case which involved self-neglect but that was quite hidden to services and professionals. A seven-minute briefing will be produced highlighting the key learning from this case.

In November 2020, a national [Analysis of Safeguarding Adults Reviews](#) was published. In 2020-21 the Committee began benchmarking the Newcastle position in relation to the recommendations. Any areas for improvement will be the basis of a SAR Committee workplan in 2021-22.

Chris Piercy, Executive Director of Nursing and Patient Safety at Newcastle Gateshead CCG, and Chair of the SAR Committee, retired in March 2021. The Committee is grateful for Chris's leadership and commitment to safeguarding adults in Newcastle.



DOMESTIC ABUSE AND SAFEGUARDING ADULTS

In 2020-21, the NSAB saw a significant increase in reported safeguarding adults concerns related to domestic abuse. In addition, the Safeguarding Adults Review (SAR) Committee received three SAR referrals which all included aspects of domestic abuse. NSAB partner agencies were also involved in two Domestic Homicide Reviews (DHRs) co-ordinated by Safe Newcastle.

Safeguarding adults procedures should be used to respond to domestic abuse when the person at risk is an adult with care and support needs and as a result of those needs they are unable to protect themselves from the harm or risk of it.

During the past year, the link between lockdowns and increased domestic abuse risks has been well reported. For adults with care and support needs specifically, there have been increased risks related to informal carer stress or tension and a widening of power imbalances. Abusers may have experienced additional anxiety about, for example, supplies of food, alcohol, medication and illicit drugs. The consequences of this could be escalated abuse of those around them.

The NSAB have promoted many of the new initiatives that have been established throughout 2020-21. This has included Safe Spaces at pharmacies and the Ask for ANI codeword scheme.

The NSAB will continue use their platform and voice to highlight the domestic abuse risks faced by adults with care and support needs. In particular, highlighting that domestic abuse is experienced by older and disabled people and ensuring that people do not perceive domestic abuse as something that is only perpetrated by family members who are or have been intimate partners - it might be sons, daughters, grandchildren for example.

Once published, the NSAB will respond to the findings and recommendations that arise from the SARs and DHRs.



**No excuse,
this is abuse**
Report it: 0191 278 8377

For more information search online for
"Safeguarding Adults Newcastle"



DOMESTIC ABUSE

AND SAFEGUARDING ADULTS

A YHN CASE STUDY

The Safeguarding Partnership Team received a safeguarding alert, after one of our customers contacted their Housing Officer stating that they had to flee their home address, due to fear of violence. The perpetrator of the alleged abuse was the customers adult son. She disclosed that the abuse and violent behaviour had been going on for a few years and that it had become worse. It centred around her son asking for money from her and using threats of violence until the demands were met.

The customer was in receipt of benefits and had recently seen a reduction in her income. She took the opportunity to leave her home while her son was out. She informed YHN that her son had earlier demanded £20 from her so she could use her own bathroom facilities. She had given her son some money and later left home, leaving her medication, which she had been prescribed for her mental health.

Based on the information shared with the Housing Officer a Safeguarding Initial Enquiry Form was submitted to Adult Social Care and emergency accommodation was sought.

The following day a housing application was submitted. YHN contacted the customer and completed a MARAC referral (for high risk domestic abuse), as well as a referral for an Independent Domestic Violence Advisor (IDVA). The case was discussed the following week at the MARAC Panel meeting.

As a result of the abuse she had suffered she was hospitalised under section 2 of the Mental Health Act, as her mental health had severely deteriorated and she wouldn't come out of her room and she had stopped eating.

As part of the Safeguarding Adults Enquiry, a strategy meeting was convened and she was assigned a Social Worker. The Social Worker liaised with YHN throughout her time in hospital and all agencies were to be advised of her discharge date. A safeguarding adults plan was agreed for post-discharge,

Once she was discharged YHN made her housing application active and a priority banding awarded. She was offered a new property and YHN prioritised the void repair work due to her significant risk of harm and her insecure housing situation. She continues to be open to YHN's Support and Progression services.

As a result of working in partnership, all agencies were able to share information regarding the health and wellbeing of both the victim and perpetrator. Whilst she was not prepared to support a Police prosecution, her son has been allocated a Mental Health support worker and a Care Act Assessment is being carried out of his care and support needs due to drug and alcohol misuse. Work is also being carried out to address the violence towards his mother.

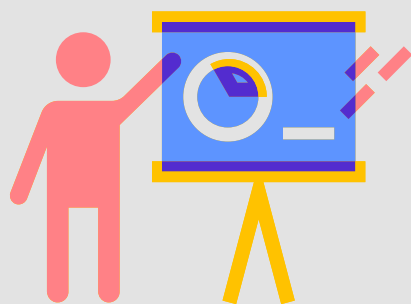
LEARNING AND DEVELOPMENT SUB-COMMITTEE

The Learning & Development Committee (L&DC) has taken the opportunity to reflect upon the challenges of planning and delivering training in 2020 – 2021 following the extraordinary events of the year. Unfortunately, once the COVID – 19 pandemic emerged and the country went into lock down in mid-March 2020, all face to face training was suspended. This remains the case to date.

However, it has given the L&DC the opportunity to look at new and innovative ways of developing and delivering training. This has enhanced our Training Programme for 2020 – 2021. The Committee continues to coordinate an extensive range of training at different levels to meet the needs of agencies and staff who have a wide spectrum of roles and responsibilities.

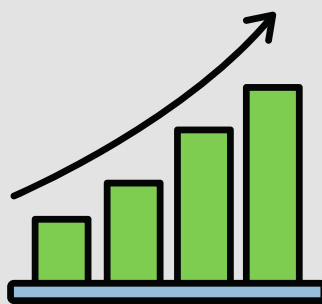
The Committee worked very hard in response to the COVID -19 pandemic and the fact that it was not possible to deliver face-to-face training. We have successfully developed and launched high quality virtual training courses (including webinars) at the end of 2020 with uptake proving very popular as they were rolled out.

We have successfully promoted our training via our NSAB Twitter account, the new Newcastle Safeguarding website and with links in the community and voluntary sector (via Connected Voice). Newcastle City Council's Commissioning Team have also promoted training via their weekly bulletin to social care providers.



2053

participants on
safeguarding adults
training courses



1607

e-learning courses
completed



842

completions of
safeguarding adults
basic awareness. Our
most popular e-learning
course

LEARNING AND DEVELOPMENT SUB-COMMITTEE

E-learning proved to be vital in the early stages of the pandemic and was very popular with the independent and voluntary sector organisations within Newcastle. It meant that safeguarding training was still accessible in the interim period when Teams training was being developed. We've also relied upon our Level 1 Workbooks and uptake has been positive since a re-promotion of it during the summer of 2020.



Looking ahead to 2021-22

- Our attention will focus on a blended approach to delivering training as the digital age is clearly here to stay. We look to continue our highly successful virtual training to compliment some face-to-face training, in accordance to government guidelines. It is hoped that some face-to-face training will resume at some point in 2021 -22. We are exploring different methods and platforms such as films or radio interviews which we could turn into podcasts and short information drops.
- There will be new training developed in line with new Code of Practice for Liberty Protection Safeguards (once published) which will be replacing Deprivation of Liberty Safeguards.
- The current contract with our e-learning provider comes to an end in August 2021. The Committee are considering various options including the possibility that e-learning may be commissioned on a regional basis.
- Our Self- Neglect & Hoarding training has been reviewed and the Committee are working in partnership with Your Homes Newcastle to relaunch this.
- The Learning and Development Committee members will continue to work jointly with the Newcastle Safeguarding Children's Partnership's Learning & Improving Group (LIG). This will include Train the Trainer sessions in 2021-22, aimed at supporting trainers who deliver safeguarding training in their organisations, by sharing our training resources and giving them the opportunity to form support networks. It will also ensure that training meets the NSAB and NSCP Capability Framework which outlines the minimum standards for safeguarding training in the City. There will also be work done to develop a joint online evaluation framework for training.
- We will continue to utilise the joint website, both as a platform to promote training and where people can book training. We will also to add other resources which will support people's development.
- The Committee is looking forward to the opportunities and challenges of the year ahead. It will continue to work tirelessly to offer an extensive range of training on different platforms and arenas, to the organisations who safeguard adults with care and support needs.

IMPROVING PRACTICE SUB-COMMITTEE

Much has been achieved this year despite the added complexity and challenges posed by the Covid-19 pandemic. The commitment of Improving Practice Committee (IPC) members has been outstanding, with good attendance at meetings. Just one meeting was cancelled in April 2020 at the start of the pandemic. All other meetings have been held successfully on-line using Microsoft Teams.

New members bring diversity and renewed enthusiasm to our work. This year we have welcomed new representatives from Cumbria Northumberland Tyne and Wear NHS Foundation Trust (CNTW), Northumbria Police, Newcastle Gateshead CCG, Your Homes Newcastle and Your Voice Counts. All are contributing actively to the work of the IPC and their input is very much appreciated.

Making Safeguarding Personal (MSP) continues to be a priority. Local guidance on involving people virtually in safeguarding adults enquiries was shared with the IPC in August in order to gain approval. The MSP Scorecard was updated and there was agreement to focus on two important priorities: ensuring desired outcomes of the adult at risk are sought and support/representation for the adult at risk.

Following on from the work in 2019/20 on the Herbert Protocol, in August this year we discussed and contributed to work on the regional protocol for 'missing adults'. This was then launched during Adult Safeguarding week in November 2020. We have also provided input to the Strategy on Criminal Exploitation and Serious Violence which was also discussed at our August meeting.

One of the highlights has been our Safeguarding Adults Best Practice week.

Due to Covid-19 restrictions we ran the event online. Eight webinars were held over 5 days from 8th-12th February 2021, with over 200 people joining sessions remotely. Topics included Prevent, safeguarding carers, advocacy, social prescribing and Information NOW, coercive control, cultural competency, poverty and financial inclusion and working through challenges of adversity.

The event was a huge success and we plan to deliver a similar programme in 2021/22.



The poster features a dark blue background with white text. At the top right is the Newcastle Safeguarding Adults Board logo. The main title 'SAFEGUARDING ADULTS BEST PRACTICE WEEK' is in large, bold, white capital letters. Below it, in smaller white text, is 'A WEEK OF WEBINARS LINKED TO SAFEGUARDING ADULTS'. The date '8-12 FEBRUARY 2021' is in the bottom right. A list of webinar topics is in the bottom left, and a URL for more information is in the bottom right. The background has a stylized white graphic of a person's head and shoulders.

SAFEGUARDING ADULTS BEST PRACTICE WEEK
A WEEK OF WEBINARS LINKED TO SAFEGUARDING ADULTS

8-12 FEBRUARY 2021

Short webinars for professionals on topics including:

- Prevent
- Coercive control
- Cultural competence
- Advocacy in safeguarding adults
- Working through challenges of adversity
- Poverty & financial inclusion

For more information & how to book please visit:
www.newcastlesafeguarding.org.uk/safeguarding-adults-best-practice-week/

IMPROVING PRACTICE SUB-COMMITTEE

Much of the face to face work around safeguarding adults has been on-line in 2020/21. When it became clear that this situation would continue, a survey of virtual meetings took place (opened in February 2021) to obtain feedback from those involved. Whilst there were limited responses to the survey, respondents painted a favourable impression of virtual meetings. Not having to worry about travelling to a meeting or parking were raised as positives as well as the ability to research systems for information during the meeting. The Committee would like to further understand adult at risk (or representative) experience of participation in virtual meetings.

A number of IPC members are part of a subgroup that audits safeguarding referrals related to different themes, with the overall aim of improving practice. The important work of this audit group has continued. In October an audit of 10 cases that were referred to safeguarding but that did not progress to a section 42 enquiry took place. A number of recommendations were made including attempting to get mental health service representation within the Multi-Agency Safeguarding Hub (MASH).

The issue of social isolation remains high on our list of priorities. Although we have been unable to hear from public health about their data, we have heard from [Information NOW](#) and members continue to raise awareness of this resource amongst their colleagues.

Committee priorities for 2021-22

Making Safeguarding Personal will remain a priority for the Committee. We will focus on two important elements: increasing the proportion of enquiries where a person is asked their desired outcomes and increasing representation for those people who would have a substantial difficulty in participating in the safeguarding adults process.

We will continue to focus on implementing new policy and legislation, focussing on what this will mean for front-line practitioners. Updating of local policy, procedures and guidance will continue in 2020-21. We anticipate doing work to update the transition protocol, guidance on service user on service user abuse and guidance on self-neglect.

During 2020-21 the Committee have scoped the work for a task and finish group on financial abuse which is due to start in June 2021. We have been in touch with a number of relevant stakeholders, including Northumberland Tyne and Wear DWP, Trading Standards, Moneywise Credit Union and our colleagues within the Safeguarding Adults Partnership and look forward to working with them to develop guidance on identifying preventing and responding to financial abuse.

We will build on the success of the on-line best practice event held in February 2021, by holding a similar programme of webinars during 2021/22.

MENTAL HEALTH AND SAFEGUARDING ADULTS

The last 12 months have seen increased reports through safeguarding adults procedures about concerns for people's mental health.

Covid-19 and associated lockdown measures have a significant impact on people's mental health. Things such as anxiety, loneliness and isolation can create or increase mental health need. With this, comes the potential for increased vulnerability to abuse or neglect.

An audit co-ordinated by the Improving Practice Committee Audit Group highlighted that there were a significant proportion of concerns being reported through safeguarding adults procedures which were purely about a person's mental health with no abuse or neglect (or risk of it) being associated with it. This was taking up resource within the Adult Multi-Agency Safeguarding Hub (MASH) and it was felt that it would be beneficial to have further representation within the MASH from mental health services. It was hoped that this would assist in the effective response to individuals and ensure that the MASH was able to dedicate more of their capacity towards concerns related to abuse and neglect. The resource to be able to make this happen is currently being explored by NSAB member agencies.

As part of the preventative work of the NSAB, opportunities have been used to promote the services and support available to support people's mental health during this time:

- Stop Suicide North East and CNTW produced a [wellbeing and mental health during Covid-19 booklet](#) which was sent to every address in region.
- Skills for People started up a [Keeping People Connected group](#) to keep people with a learning disability and/or autism in touch during the lockdowns.
- The NHS website [Every Mind Matters](#) has information on looking after mental health and where to get further help and support if you need it.
- Suicide Text Safe - Northumbria Police have collaborated with the Missing People Charity to take advantage of a service which offers missing adults in mental crisis with early contact and support from the Samaritans. Early analysis of this service shows that 80% of missing adults who are offered an intervention take up the offer of contact and support from the Samaritans. This is in keeping with our multi-agency focus on preventing the harms suffered by missing adults

MISSING, SLAVERY, EXPLOITED, TRAFFICKED (M-SET) SUB-COMMITTEE

Like all sub-committees of the the NSAB (and NSCP), the work of the strategic M-SET committee has been indirectly influenced by Covid-19. Intelligence shared at M-SET has highlighted some changes to how children and adults might be abused or exploited and the location where it might happen.

Reports from Changing Lives (Net Reach and Nowhere to Turn) have been helpful in highlighting some of the increased risks and vulnerability at this time (see page 25).

The Committee have received regular reports about immigration abuse and harmful practices (e.g. Female Genital Mutilation). Immigration abuse was of particular concern as the UK transitions post-Brexit.

The launch of the Missing Adults Protocol ,on a regional basis, will help achieve consistent responses to adults who go missing and return home interviews should help better understand some of the reasons why adults go missing.

Members of the Committee have contributed to the National County Lines Coordination Centre's Strategic Assessment, highlighting the risks to adults as a result of County Lines.

Looking ahead to 2021-22, the Committee will review their delivery plan, in light of the challenges and changes brought about by Covid-19 and to align work more closely to the Criminal Exploitation and Serious Violence Strategy.

Northumbria Police's Missing From Home Coordinators have played an active role in multi-agency safeguarding over the past 12 months in respect of young adults missing through Criminal Exploitation and County Lines.

The addition of adult social care representatives into Newcastle's Operational MSET meetings has been a positive step in assisting to safeguard our young people as they transition into adulthood.

Northumbria Police alongside adult social care partners and Edge NE have effectively safeguarded young adults involved in County Lines across the UK by working closely together, communicating quickly and working with partners in housing and third sector to support vulnerable young adults.

A consistent chair from Northumbria Police chairs the M-SET sub-Committees in the Northumbria force-area. There is a focus on all age exploitation, learning from practice and improving collaboration across partnerships.

PARTNER AGENCY PERSPECTIVES

NHS Newcastle Gateshead CCG

The CCG has supported the development of a programme of training for clinical staff to undertake forensic examination of non-accidental injuries for adults. Initial training was provided in January 2021 and work is underway to develop a service specification for a planned potential regional/national pilot. The CCG has also led and established a Multi-Agency group to support implementation of the Liberty Protection Safeguards (LPS).

The CCG Safeguarding Team have supported the NSAB priorities for 20-2021 in the following areas:

- Attending safeguarding meetings and managing information sharing on behalf of GPs to ensure that adults at risk are appropriately supported and represented.
- Developed quality assurance and incident management systems which support identification of key themes and issues at a service level to support earlier intervention.
- Worked in partnership with the Local Authority and care providers to manage and support improvement when issues have been identified.
- Led an Appreciative Inquiry working in partnership with agencies from across the City.
- Used social media to promote safeguarding issues during the pandemic and displayed safeguarding information and posters at Covid testing and vaccination hubs.
- Delivered Safeguarding Training via remote learning (MS Teams) to ensure health staff maintain knowledge and competencies for safeguarding adults.

Newcastle City Council

Over the course of the past year staff within Adult Social Care and Integrated Services have been at the centre of efforts to keep the people of Newcastle safe. This included responding to a 42% increase in the volume of safeguarding concerns, co-ordinating Section 42 Enquiries and working creatively to support adults who have been at increased risk of abuse and neglect.

Staff have played a pivotal role in co-ordinating the city-wide response to the pandemic. Staff working in Newcastle City Council commissioning teams maintained daily contact with providers of social care support to ensure issues such as system pressures, concerns and supply of vital PPE equipment could be raised and responded to appropriately. Social work staff have assisted with the wrap-around support for care homes, as well as undertaking face-to-face visits where the risk or circumstance required it.

The Safeguarding Adults Unit established a fortnightly Safeguarding Adults Leads Operational catch up meeting which provided an additional platform for safeguarding leads from across partner agencies to share emerging themes, and work collaboratively to ensure the effectiveness of the multi-agency system during an extremely challenging time.

PARTNER AGENCY PERSPECTIVES

Newcastle City Council (continued)

From the on-set of the pandemic, a daily performance dashboard was established which allowed workers to identify themes across safeguarding concerns which were linked to the impact of the pandemic. Safeguarding performance information was reported to the Adult Social Care and Integrated Services Directorate Management Team on a fortnightly basis providing an oversight of the safeguarding system including the sharp rise in the volume of safeguarding concerns. These additional performance measures and reporting ensured that early themes of domestic abuse, self-neglect and mental health were identified and practice guidance was quickly developed and shared with staff.



Digital assistive technology pilot as part of work to try and reduce falls. Partnership work between Newcastle City Council's Reablement Service and Urban Foresight.

As part of the wider Newcastle City Council pandemic response staff from across the council came together to support residents as part of the Covid-19 response plan. This included the approach to support self-isolation and city-wide preparedness to mitigate or minimise associated social and health inequalities.

Citylife Line Welfare and Wellbeing Team (WWT) is a core component of COVID Control for Newcastle. The service underpins the self-isolation support to ensure residents receive timely aid and protection from across voluntary and community sector and statutory services, including through the safeguarding adults pathway where required. WWT work closely with staff in Adult Social Care and act as a single point of contact for any resident to raise an issue that they experience because of Coronavirus by providing Welfare Checks. This agile style of working has enabled the provision of a clear front door into the Council when residents have a range of concerns.

In October 2020 the “Keeping Everyone Safe” training programme was launched. This mandatory training programme for all Newcastle City Council staff brings together key messages of safeguarding adults, safeguarding children, domestic abuse, Prevent and other community safety themes under one training course with one core message.

PARTNER AGENCY PERSPECTIVES

Connected Voice Advocacy

Connected Voice Advocacy provide a range of advocacy services in Newcastle and Gateshead. We ensured that practices during the pandemic remained person centred and compliant with the Mental Capacity Act. Advocates have played an important scrutiny role in local institutions and service providers to make sure the vulnerable were reached despite lock downs. This has included rights-based calls to care homes and hospitals to ensure people's rights were upheld, decisions were being made lawfully and that there was least restrictive practice over lockdowns. Where needed, face-to-face advocacy visits have been undertaken to ensure privacy and to facilitate the disclosures.

The service has delivered awareness raising sessions for the community and voluntary sector around the role of advocacy in safeguarding. During the last year, this has included local level campaigns to remove myths during the pandemic, for example that advocacy was no longer applicable due to the Coronavirus Act or local authority easements.

The organisation has taken on a campaigning role nationally for improvements to the Mental Health Act and Mental Capacity Act to improve the quality of life and access to support services.

Connected Voice Advocacy received additional funding from the Police and Crime Commission for Safeguarding people during the pandemic due to the rise in advocacy referrals for victims of Hate Crime. It was acknowledged that people were turning to their support service which requires them to be safeguarded from abuse such as financial, physical, psychological, sexual abuse or neglect.

Connected Voice provide a range of support to the voluntary and community sector (VCS) around their safeguarding responsibilities. This includes a specific safeguarding section within the monthly "On the Hoof" bulletin and safeguarding training. Connected Voice have played an integral role in supporting the VCS during the pandemic, including administering Covid recovery grants to support vulnerable people. The service have also been helping community groups to adapt to online services.



Connected
Voice Advocacy

Blog: Advocacy and Safeguarding

"Being a victim of any form of abuse can leave people feeling disempowered and advocates ensure that the person is back in control of the enquiry process. By having an advocate in the safeguarding process our service users feel supported and have the information they need."

#SafeguardingAdultsWeek

16 - 22 November 2020



PARTNER AGENCY PERSPECTIVES

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

For the period of reporting, all agencies have been delivering services under Covid restrictions and increasingly using remote technologies. Throughout this CNTW has protected frontline care and treatment services and ensured face to face contacts have continued to be offered.

CNTW has continued to engage with all serious case reviews, learning events, safeguarding conferences and Domestic Homicide reviews. Staff have also attended all extraordinary meetings to ensure good and effective feedback and assurance to our partner agencies.

CNTW has continued to provide advice support and supervision to clinical services trustwide to ensure that safeguarding and public protection referrals have been made where required and service users and staff are supported.



What is safeguarding adults?

Patient information leaflet



Case study

This case relates to a mother and son. Both individuals have very complex needs, and each had multi agency teams involved.

The CNTW Safeguarding Team, were initially alerted to the case, by the completion of a web-based report. After triaging the case, we were then able to formally engage in with a multi-agency response. Concerns related to domestic violence incidents due to frustration in the household. The agencies involved shifted to a "think family" approach, considered the needs of those involved as a part of a whole-system, and how to respond to this.

There was an escalation in incidents. All professionals were fully aware of the risks, due to both having very complex needs and contacts with associates of the son. There was excellent communication between all agencies and a fully coordinated approach was taking by all professionals.

Both individuals were subsequently detained under Section 2 of The Mental Health Act to ensure that their mental health needs were fully assessed and to ensure they were both safe. The mother has now been discharged and current risks have been addressed. The son is due for discharge soon. Whilst there are still concerns, both individuals have ongoing support, care plans and professionals involved in their care. Everyone is clear that safeguarding adults procedures can be re-opened should things change or escalate.



PARTNER AGENCY PERSPECTIVES

Newcastle upon Tyne Hospitals NHS Foundation Trust

Covid-19 has continued to present many challenges to the NHS, not least to safeguarding practice and training, with social distancing changing previous methods of multi-agency working and training. During this extraordinary year, safeguarding has remained a priority for the Trust and this is demonstrated by a 17% increase in referrals to the local authority. Cases continue to demonstrate a sense of intensity in the abuse and risk. Our involvement is not limited to the Newcastle Area and referrals/safeguarding activity supports individuals who live in across the North East.

Key achievements through this year are a system of establishing outcomes from safeguarding activity to review risk and consider if there is a need for further action. From recent Safeguarding Adult Reviews there is an emerging theme around escalation and the review of cases to prevent further harm and risk occurring wherever possible. A challenge for the team is identifying which cases may indicate greatest risk particularly within increased activity.

We have expanded work to include participation in the MASH triage process and we have continued to participate in multi-agency safeguarding meetings.

Electronic medical records has increased the opportunities to provide a “safeguarding footprint” for staff on the front line to understand individual circumstances and risks. We continue to work with our IT colleagues to grow safeguarding visibility.

We have continued to consider “Think Family” and have strengthened working relationships. We have introduced a role that works across children’s and adult safeguarding, with a particular focus on the overlap with midwifery and women’s services.

We have maintained a range of training and increased the number of staff who have achieved Level 3 Adult Safeguarding and offered a number of bespoke learning via Teams. This has include learning from Safeguarding Adult Reviews, Prevent and the impact of Covid-19 on domestic abuse.

By far the greatest area of concern continues to remain self-neglect, which can often include complex young individuals who may be street homeless or living in temporary accommodation, who use substances and consequently are vulnerable to exploitation from others.

Understanding mental capacity and Making Safeguarding Personal where there is self-neglect is an essential element of support. During the pandemic, it has become clearer that these concerns can be acute and there can be exacerbation from isolation.

The importance of ensuring consistent use of the Mental Capacity Act continues. As we transition to Liberty Protection Safeguards, ensuring we have a strong and consistent understanding of the Mental Capacity Act is critical. This work has continued through the development of e learning and examination of challenges through action research.

PARTNER AGENCY PERSPECTIVES

Changing Lives

Changing Lives produced a [Net-Reach report](#) to highlight our concerns that a worrying number of women are advertising to sell or exchange sex, across specialist paid platforms as well as mainstream community selling pages, as a direct result of the financial hardship created by Covid-19. We're calling for action to support women with existing vulnerabilities such as homelessness, addiction and poverty, who consistently slip through the net.

There has been a sharp increase in sexual violence among women selling sex and/or experiencing sexual exploitation since the beginning of the pandemic. During the first four months of lockdown, there was a 179% increase in the number of women disclosing that they have experienced sexual violence in some of Changing Lives' services. This is highlighted in our [Nowhere to Turn report](#).

Changing Lives have a dedicated worker attending the MASH meetings who coordinates all internal referrals, this has proved to be successful and should be sustained, especially to help support our Housing and Homelessness Services in Newcastle.

Changing Lives continue to be part of the Northumbria Exploitation Safeguarding Hub, operationally and strategically.

Changing Lives have campaigned nationally for women survivors of sexual exploitation to get equal access to Justice. During February 2021 Changing Lives produced an influencing paper, drawing on learning and exploration within the STAGE project about how women who have survived sexual exploitation access and experience justice. Justice is understood in broad terms by the project partners, including accessing the criminal justice system, receiving protection and equitable treatment within this, to recovering from trauma. We continue to promote our recommendations locally within safeguarding.

For this year's Safeguarding Adults week Changing Lives delivered a range of Safeguarding Adults Lunch and Learn sessions for all staff, a huge amount of knowledge and experience was shared. The sessions covered the following topics:

- Person-led safeguarding
- Using the right language
- Learning from Serious Case Reviews
- Safeguarding and Exploitation
- Transition between Children's and Adults Services
- Safeguarding and Advocacy

The session on person-led safeguarding involved Fulfilling Lives Experts by Experience Group to explore what it meant to be person-led in safeguarding. There were some powerful statements, including:

- "Prepare people for meetings and what to expect, create a safe environment and use the word "we", help people have a voice"
- "Listening is so important, understanding what people want from the safeguarding process"



Picture from the STAGE webinar – women explained that a dedicated worker and therapeutic activities have been important to a recovery and safeguarding journey

PARTNER AGENCY PERSPECTIVES

Northumbria Police

As part of our commitment to protecting the vulnerable, the force are currently launching their Early Intervention Strategy and delivery plan. The plan has four pillars: Working Together; Preventative Intervention; Community Resilience and Our People. Our ultimate aim is to achieve a safe environment for people, their families and the wider communities to thrive without fear of harm and to ensure perpetrators are identified and targeted, and that the opportunity for them to cause further harm is removed or minimised.

Northumbria Police have recently created a new Strategic Innovation Partnership Team (SIP). This ensures that the same member of the Safeguarding Senior Management Team at DCI level attends all six of the Local Authority's Safeguarding Adult's boards. Within the new SIP team, there is now a learning and improvement function, overseen by a Detective Inspector who will attend all learning and improvement/ quality improvement sub groups, to work with partners to drive and share internal and external learning and improvement. The SIP team will help support the NSAB priorities and provides a consistent and innovative approach to Safeguarding and the development of safeguarding procedures.

Northumbria Police have also led on the review of the multi-agency Exploitation Hub and the commitment of all six Local Authorities and Clinical Commissioning Groups to work together to provide a multi-agency response to those at risk of sexual, criminal exploitation and all aspects of Modern Slavery.

Within the past 12 months Northumbria Police have worked with regional Safeguarding Adults Boards to develop a Missing Adult Protocol. The protocol contains guidance for partners about police responses to Missing persons and Safeguarding guidance for all agencies. The protocol also contains a return interview template and introduces the Winnie Protocol for agencies to record information in respect of adults at risk of going missing. Since the launch of the protocol in November 2020 the protocol has attracted positive comment from the National Safeguarding Adults network and the NHS England Head of Safeguarding.

Northumbria Police have enhanced their support to the return home interview process by introducing a pilot which sees our Street Triage Service attend and conduct return home interviews with those adults who have been missing due to a mental health crisis. It is hoped that by providing early intervention by a mental health specialist we can provide effective signposting and support to prevent future missing episodes and serious harm linked to suicide/self harm.



PARTNER AGENCY PERSPECTIVES

Northumbria Police (continued)

In response to the rise in online fraud and cyber scams throughout the Covid Pandemic which impact on our vulnerable adults, Northumbria Police have led several campaigns to highlight awareness of frauds including local radio interviews and publications both online and in local newspapers. This demonstrates Northumbria Police preventative approach, providing the vulnerable with the knowledge required to keep themselves safe.



National Probation Service

Our activities in the past year, in common with every organisation, have been dominated by the Covid pandemic and much of the work that we have done in the National Probation Service (NPS) has been involved with organising and delivering our response.

Our main priority has been to ensure that we continue to supervise our service users safely and efficiently while also ensuring the safety of our staff. Although our focus has been on mitigating the effects of the pandemic, we have not lost sight of key areas of work which of course includes safeguarding vulnerable adults. In addition to our "business as usual" approach to and work with service users and partners around safeguarding, we have had a particular focus on domestic abuse working with perpetrators to safeguard vulnerable victims.

We continue to participate in a number of local forums – e.g. MARAC, MATAAC – and through MAPPA we ensure that the most complex and high risk offenders are successfully managed via a well-established multi agency approach for the benefit of vulnerable victims and their families. We have also this year successfully rolled out a toolkit for Offender Managers – the Skills for Relationships Toolkit (SRT) – working with perpetrators not suitable for groupwork interventions.



PARTNER AGENCY PERSPECTIVES

National Probation Service (continued)

We are also involved in the delivery of a national pilot of polygraph for high risk domestic abuse perpetrators, provision that formed part of the Domestic Abuse Act passed in April 2021. This is an innovative piece of work that will represent a significant addition to our ability to successfully manage perpetrators. Domestic abuse has not been our only focus. We continue to work effectively with perpetrators of sexual offences who have offended against both children and adults and we have undertaken a significant amount of education and training around Contemporary Slavery and other forms of exploitation.

The National Probation Service has a long-standing commitment to working with its service users to empower them to manage their own risk by providing practical help and support within the statutory frameworks within which we work. Safeguarding is at the heart of what we do and our policies and procedures as well as the training and support that we provide for staff working in our organisation are evidence of that commitment. As an organisation we recognise that we cannot achieve what we want to achieve by working in isolation and our commitment to working in partnership - either on a day to day basis in case management or in more specialist activities such as MAPPA, MARAC and counter-terrorism functions - is well established and evidenced throughout all of the work that we do to help reduce re-offending and protect the public.

All of our activity has taken place against a backdrop that not just includes Covid but the most significant restructure of our service since Transforming Rehabilitation in 2014. Those changes, which bring back together both public and private sector providers of Probation services into one single, unified organisation were implemented in June 2021 and represent a significant organisational challenge for all of us. While the process of transition is still ongoing, and while we continue with the process of recovery from Covid, our focus will however remain on the critically important business of safeguarding vulnerable adults.

In the last year, we have worked hard to ensure that we have not let standards drop and we have employed creative and innovative ways to ensure continuity of services and relationships with partners while also ensuring that we continue to support, engage and hold the people that we work with to account.



North of Tyne managers formulate delivery plans for staff and service users to ensure effective and safe delivery of services, during the COVID19 emergency.

PARTNER AGENCY PERSPECTIVES

Your Homes Newcastle (YHN)

During 2020-21, the Safeguarding Partnership Team have recruited additional resources, to enhance our response to Safeguarding. We are an integral part of the Adult Multi Agency Safeguarding Hub. We have changed our ways of working to ensure the service continued throughout the lockdowns.

The team are a Single Point of Contact for all safeguarding, domestic abuse and public protection matters, within the business.

We have an Internal employee Safeguarding & Domestic Abuse Forum which includes all our safeguarding trainers in order to:

- To continually raise the profile of children and adults' safeguarding across YHN.
- Monitor and analyse safeguarding performance and identify areas of the business that may require additional support
- Monitor and evaluate training needs to help ensure training content and materials are 'fit for purpose'.
- Provide peer support.
- Consider feedback and learning from Safeguarding Adult Reviews

During the Sumer of 2020 an internal Review was undertaken to consider the working practices and arrangements within the YHN Safe Living Team. The Safe Living team has been restructured and a new Safe Living Plan is in place.

A further positive outcome of this internal Review has been the Safeguarding Partnership Team transitioning into the Support Services Department. This has enabled us to build upon and enhance our internal support for all vulnerable customers and further make safeguarding personal.

Within the Support Services Department we have staff that support victims of abuse. These staff work closely with our safeguarding partners by risk assessing victims and offering emotional and practical support to customers to improve their situation.

- Through the work of the internal Safeguarding & Domestic Abuse Forum we have motivated staff who act as Safeguarding Champions across all directorates, with YHN.
- During 2020-21, 97% of YHN staff completed the "Keeping Everyone Safe" online training.



PARTNER AGENCY PERSPECTIVES

Tyne and Wear Fire and Rescue Service (TWFRS)

Quarterly Safeguarding Meetings with our Deputy Chief Fire Officer (strategic lead on safeguarding) have been increased to monthly meetings to ensure changes, developments, updates and trends are communicated and actioned as soon as practicable.

We have developed our reporting systems, in collaboration with local Safeguarding Adult Boards, to improve the quality and quantity of referrals. This has included the addition of questions related to Making Safeguarding Personal, in particular asking the adult what they would like to happen next.

We have delivered training to fire stations on the importance of referring all adults that present distressed at bridges, regardless of the number of agencies that attend incidents.

We have helped to form a Northern Fire and Rescue Service Safeguarding hub to share best practice and keep updated of developments regionally. This includes fire and rescue services from Lancashire, Merseyside, Cheshire, Manchester, Cumbria, Durham & Darlington, Northumberland, Cleveland and Northern Ireland.

Safeguarding data is now included in our Performance Action Group (PAG) to ensure the quantity and quality of our safeguarding adults referrals are improving.

Responding to fire fatalities

Following two fire fatalities in December 2019 within the Asian community, TWFRS have undertaken a number of actions with the aim of preventing future similar incidents:

- Prevention and Education (P&E) Teams engaged with women within the communities who would most likely be affected, as well as staff and volunteers of support groups and organisations. Messages were conveyed in alternative languages.
- Internal TWFRS training for Operational and P&E Teams updated to include loose clothing risks.
- Community Safety (CS) advocates made information videos in more than one language, which could be released via all social media platforms and released prior to and during specifically relevant events such as Diwali, Eid, Ramadan etc.
- CS advocates compiled an illustrated booklet targeted at anyone who may find it difficult to understand the written word. This was in consideration of many groups of people including those where English is not their first language.
- Both electronic and hard copies of the leaflet have been widely distributed to Mosques, Temples and Gurdwaras throughout the service area.



PARTNER AGENCY PERSPECTIVES

Northumbria Community Rehabilitation Company (CRC)

As a result of HM Government's decision to re-unify probation providers into a new national Probation Service, the CRC have known for the last 18 - 24 months that the Ministry of Justice would not renew the contract with Northumbria Community Rehabilitation Company.

We have used this period to review and consolidate our training provision in collaboration with partners, to ensure that all our practitioners are up to speed with policy, practice and on-line referral systems and are ready to fully discharge their safeguarding duties as they take up posts in the Probation Service from 28 June 2021.

Amongst our many tasks in transition, we have worked ever more closely with our National Probation Service (NPS) colleagues, to familiarise CRC staff with the current NPS safeguarding policies which are likely to form the basis of Probation Service practice, at least for the first two years post-transition.

In line with Making Safeguarding Personal principles, Northumbria CRC's Reviewing and Quality Assurance Manager's has led the development of practitioner responses to the safeguarding needs of our service users. The role involved ensuring that all relevant learning from local and national review work was shared with front line staff, so that they were kept abreast of current trends and might better discharge their duty to work with service users with a focus on person-led decisions and informed consent.

Search

Search has remained committed to the wellbeing and welfare of older people throughout the Covid-19 pandemic. Search has a history of bringing people together in the community for over 41 years, to address social isolation and loneliness.

Search changed its message in the pandemic to "stay safe, stay at home" and it quickly adapted its service delivery models to ensure this was possible. Signing up to help with City Lifeline was part of ensuring this was possible, along with delivering shopping, hot meals, medication and activities to peoples doorsteps. Telephone and online delivery of activity also ensured that Search remained in contact with vulnerable older people. Throughout all of this safeguarding was at the forefront of the work, ensuring that the wave of new volunteers that joined had the correct training and awareness of safeguarding to raise an alert was important.

Our Chief Officer continued in his role as voluntary and community sector representative on the Newcastle Safeguarding Adults Board and was able to feedback on some of the real issues that the pandemic posed to older people.

BOARD MEMBERS

In 2020-21, the NSAB was chaired by Vida Morris. The NSAB would like to offer thanks to Jacqui Jobson, Chris Piercy and Peter Iveson for their contributions to safeguarding adults in Newcastle over the years and who all stepped down as NSAB members this year.

Changing Lives (VCS representative)

Connected Voice Advocacy (VCS representative)

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
National Probation Service
Newcastle City Council

NHS Newcastle Gateshead Clinical Commissioning Group

Northumbria Police

Northumbria Community Rehabilitation Company
Newcastle upon Tyne Hospitals NHS Foundation Trust
Search (VCS representative)
Tyne and Wear Fire and Rescue Service

Your Homes Newcastle
Newcastle Safeguarding Children Partnership
Chair of Improving Practice Committee
Chair of Learning and Development Committee
Legal Adviser to NSAB
NSAB Coordinator

Neil Baird
Laura McIntyre
Jacqui Jobson
Jane Kingston
Karen Whorton
Paul Weatherstone
Alison McDowell
Jonathan Jamison
Samantha Keith
James Steward
Michelle Stamp
Councillor Karen Kilgour
Chris Piercy
Richard Scott
Alan Cairns
Clare Wheatley
Natalie Caush
Maurya Cushlow
Simon Luddington
Peter Iveson
Mick Mangan
Alan D'Arcy
Helen Neal
Sue Kirkley
Dr Clare Abley
Dr Carole Southall
Peter Larkham
Claire Nixon



No excuse for adult abuse. **Report it.**

To report abuse or neglect, please contact:

Community Health and Social Care Direct

Telephone: 0191 278 8377

Textphone: 0191 278 8359

Email: scd@newcastle.gov.uk

Online report: www.newcastlesafeguarding.org.uk

Outside of office hours, please call:

Telephone: 0191 278 7878

In an emergency always call 999.

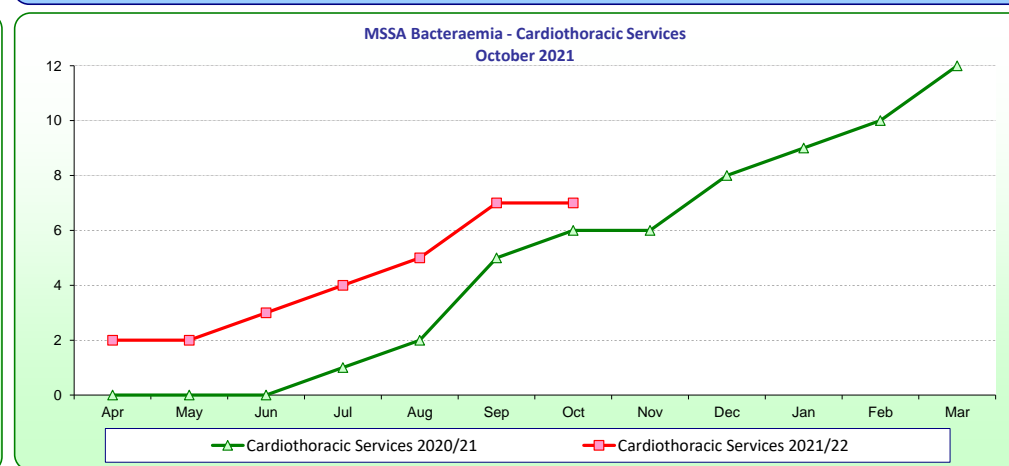
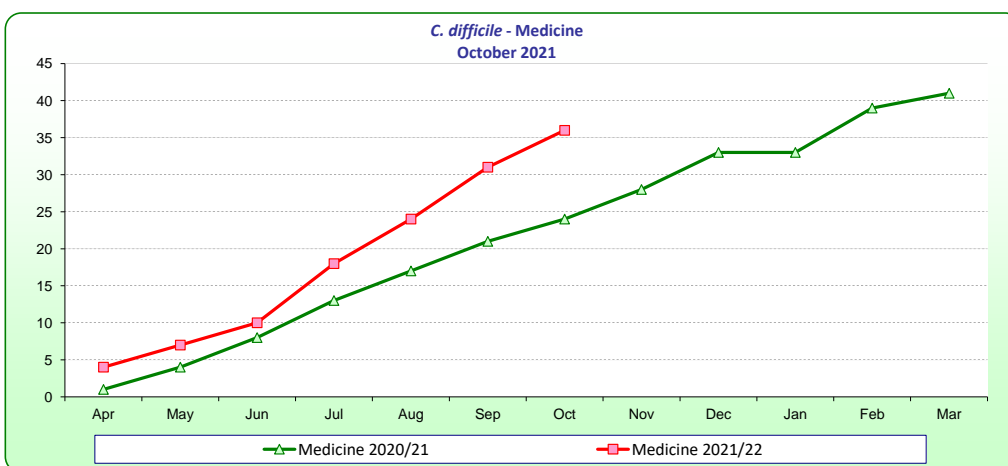
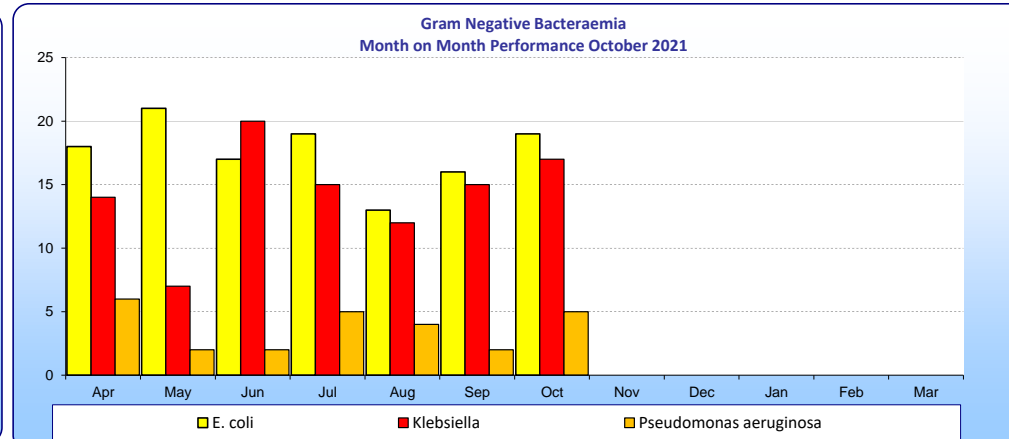
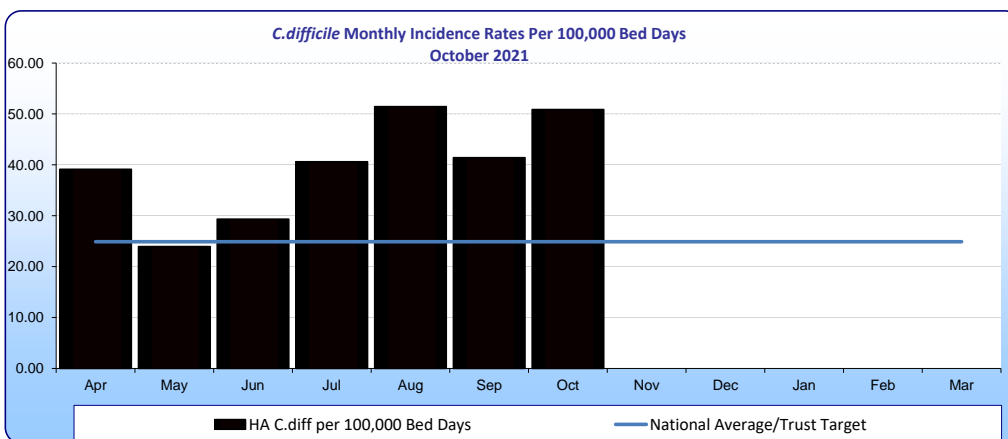
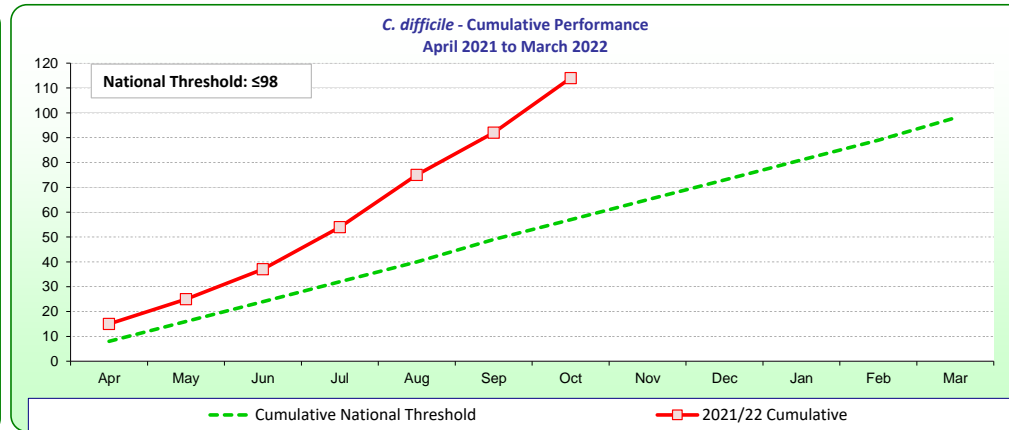
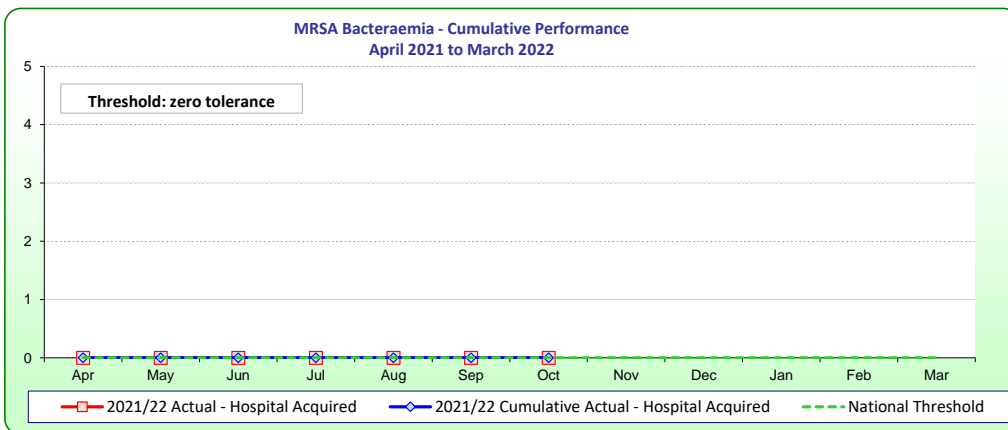
All agencies in Newcastle work together to protect adults at risk from abuse. If you want to tell somebody else that you trust, like a GP, nurse, police officer or care worker then they will pass on your concerns.

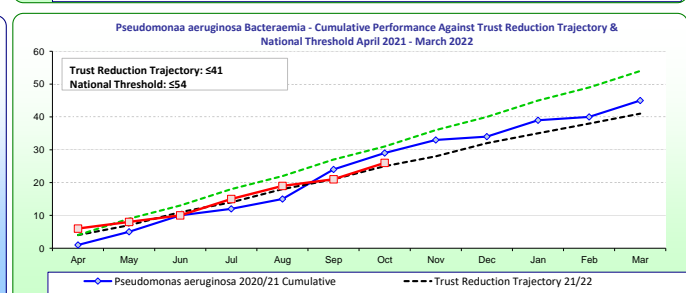
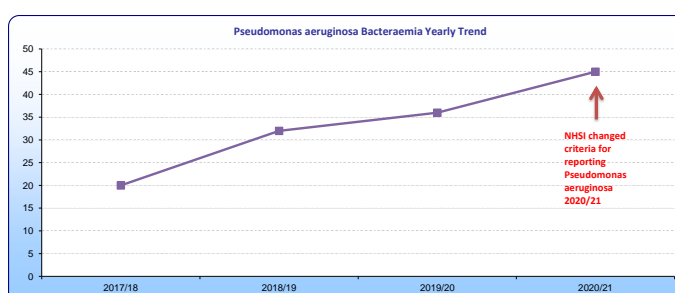
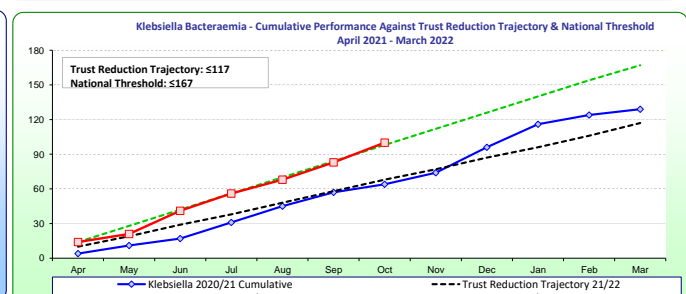
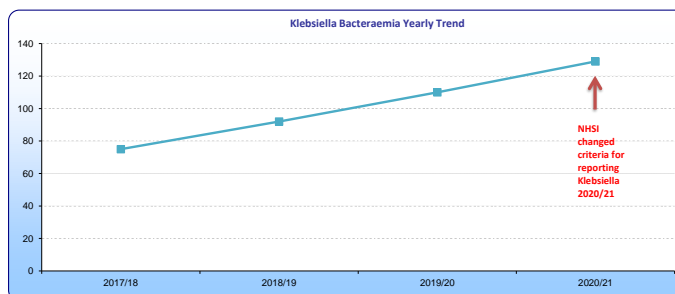
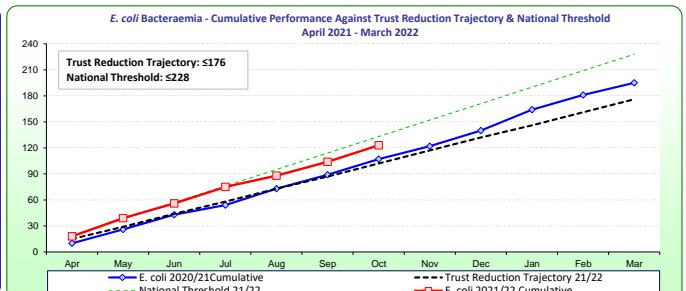
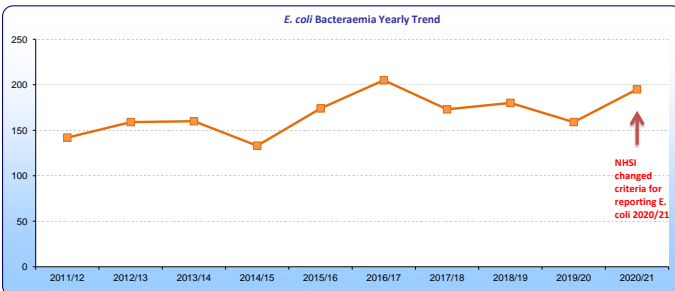
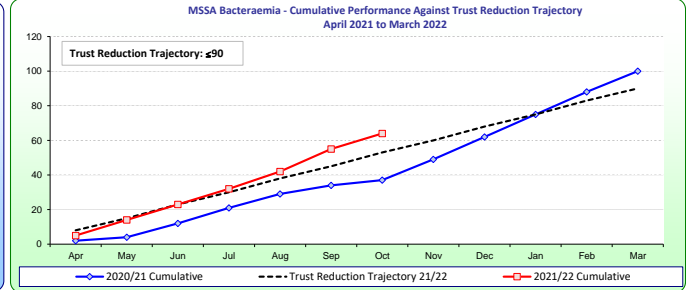
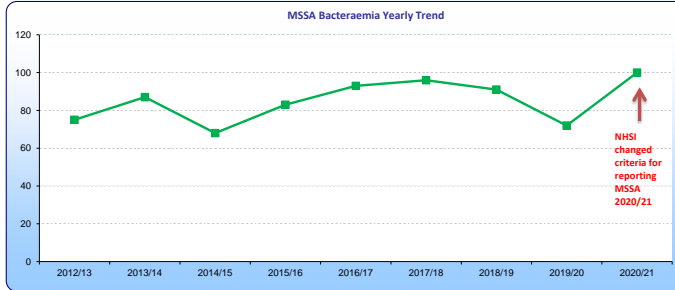
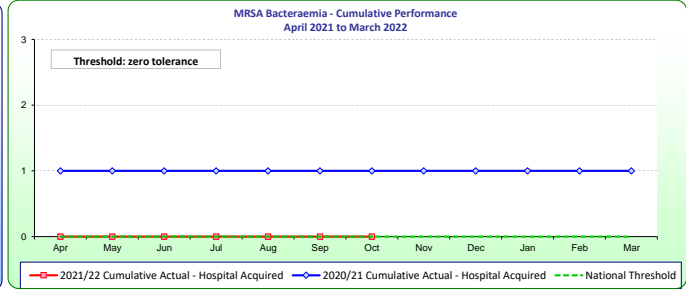
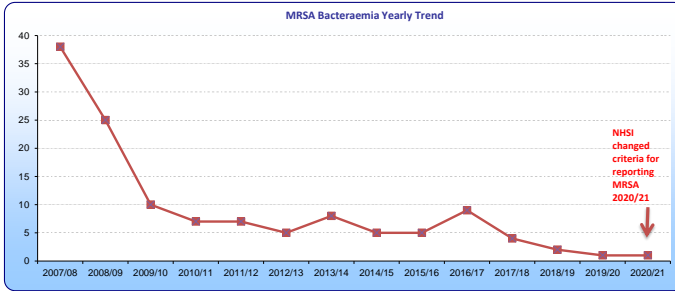
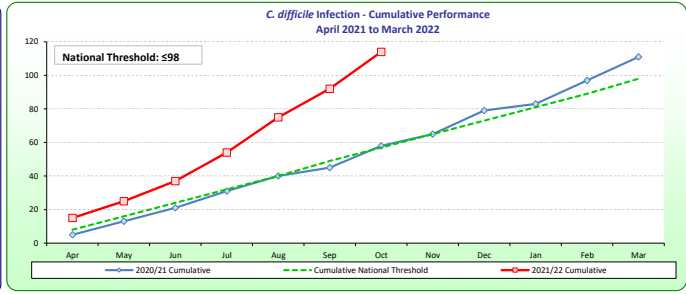
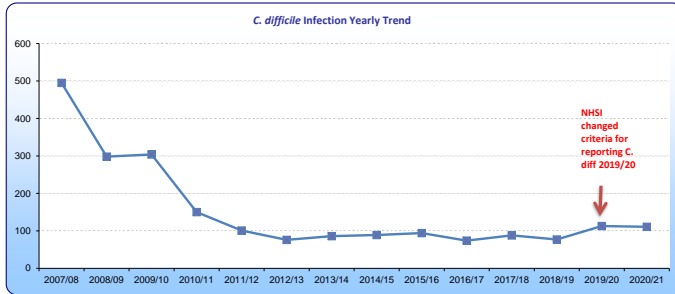
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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Healthcare-Associated Infections Report
October 2021





IPC indicators (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA Bacteraemia - non-Trust	-	-	-	-	-	1	0						1
MRSA Bacteraemia - Trust-assigned (objective 0)	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●						0 ●
MRSA HA acquisitions	2	0	1	2	5	2	2						14

MSSA Bacteraemia - post-48 Hours Admission (local objective ≤90)	5 ●	9 ●	9 ●	9 ●	10 ●	13 ●	9 ●						64 ●
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<i>E. coli</i> Bacteraemia - post-48 Hours Admission (local objective ≤176)	18	21	17	19	13	16	19						123 ●
Klebsiella Bacteraemia - post-48 Hours Admission (local objective ≤117)	14	7	20	15	12	15	17						100 ●
Pseudomonas aeruginosa Bacteraemia - post-48 Hours Admission (local objective ≤41)	6	2	2	5	4	2	5						26 ●

<i>C.diff</i> - Hospital Acquired (national threshold ≤98)	15 ●	10 ●	12 ●	17 ●	21 ●	17 ●	22 ●						114 ●
<i>C.diff</i> related death certificates	2	0	1	0	0	1	1						5
Part 1	2	0	1	0	0	0	0						3
Part 2	0	0	0	0	0	1	1						2

Periods of Increased Incidence (PIIs)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA HA acquisitions	-	-	-	-	1	0	0						1
Patients affected	-	-	-	-	2	0	0						2
<i>C.diff</i> - Hospital Acquired	3	2	5	1	3	5	3						22
Patients affected	6	4	8	2	7	10	8						45

Healthcare Associated COVID-19 cases (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Hospital onset Probable HC associated (8-14 days post admission)	-	-	4	6	7	4	13						34
Hospital onset Definite HC associated (≥15 days post admission)	-	-	-	7	2	10	20						39

Outbreaks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Norovirus Outbreaks	-	-	1	0	0	1	3						5
Patients affected (total)	-	-	18	0	0	11	27						56
Staff affected (total)	-	-	12	0	0	1	15						28
Bed days losts (total)	-	-	5	0	0	99	127						231
Other Outbreaks	-	-	-	1	0	0	1						2
Patients affected (total)	-	-	-	5	0	0	7						12
Staff affected (total)	-	-	-	11	0	0	0						11
Bed days losts (total)	-	-	-	4	0	0	10						14
COVID Outbreaks	-	-	2	3	3	1	6						15
Patients affected (total)	-	-	8	9	3	11	45						76
Staff affected (total)	-	-	1	0	4	3	5						13
Bed days losts (total)	-	-	45	29	-	-	-						74

<i>C.diff</i> Transit and Testing Times Target <18hrs	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Trust Specimen Transit Time	09:56	10:16	11:03	10:56	13:14	11:54	11:53						11:18
Laboratory Turnaround Time	02:28	03:15	03:38	03:25	04:39	03:10	03:36						03:27
Total to Result Availability	12:24 ●	13:31 ●	14:41 ●	14:21 ●	17:53 ●	15:04 ●	15:29 ●						14:46 ●

Hygiene Indicators/Audits (%)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
CAT Trust Total	CAT currently suspended due to COVID-19 pandemic and awaiting new assurance tool												
Hand Hygiene Opportunity	CAT currently suspended due to COVID-19 pandemic and awaiting new assurance tool												
Hand Hygiene Technique	CAT currently suspended due to COVID-19 pandemic and awaiting new assurance tool												
Environmental Cleanliness	CAT currently suspended due to COVID-19 pandemic and awaiting new assurance tool												

Infection Control Mandatory Training (%)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Infection Control	89% ●	88% ●	88% ●	88% ●	88% ●	89% ●	89% ●						88% ●

Aseptic Non Touch Technique Training (%)	April	May	June	July	Aug	Sept	Oct	Nov	Nov	Jan	Feb	Mar	Average
ANTT (M&D staff only)	57% ●	56% ●	56% ●	54% ●	55% ●	60% ●	55% ●						57% ●

Integrated Board Report

Quality, Performance, People and Finance

November 2021



Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of **Quality, Performance 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 Delivery Board, with delivery governed through the Operational Board and Performance Recovery groups.

Current Operating Environment

- The Trust is now operating within an environment which contains a steady volume of COVID inpatients. This is adding significant pressure to the Trust's currently reduced bed base (due to reduced staffing levels). Staff absences from COVID, self-isolation and stress / anxiety continue to impact on the ability to recovery Trust performance, whilst maintaining priority surgery and cancer operations:
 - prior to the rise in cases **NuTH were exceeding recovery targets** set by NHSE/I, outstripping the ERF Upper Threshold;
 - due to staff absences a number of beds have been closed and operations postponed, **priority surgery and cancer operations continue to be maintained and protected.**

Report Highlights

1. The Trust **had 0 cases of MRSA bacteremia attributed in October 2021**, therefore no cases have been recorded since April 2020.
2. There were 24 Serious Incidents (SIs) reported in October 2021. The increase in the numbers of SIs in May 2021 and October 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust.
3. The Trust did not achieve **the 95% A&E 4hr standard in October, with performance of 83.7%**. Type 1 attendances remain above pre-COVID levels.
4. The **Trust PTL size was 92,919 in October with 5,069 patients waiting over 52 weeks. RTT Compliance was 70.6%**.
5. The Trust **achieved 2 of the 8 Cancer Waiting Time standards in September**, which was more than in the previous month (1).

Contents: November 2021

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
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- Serious Incidents Lessons Learned
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- Friends and Family Test and Complaints
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- 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

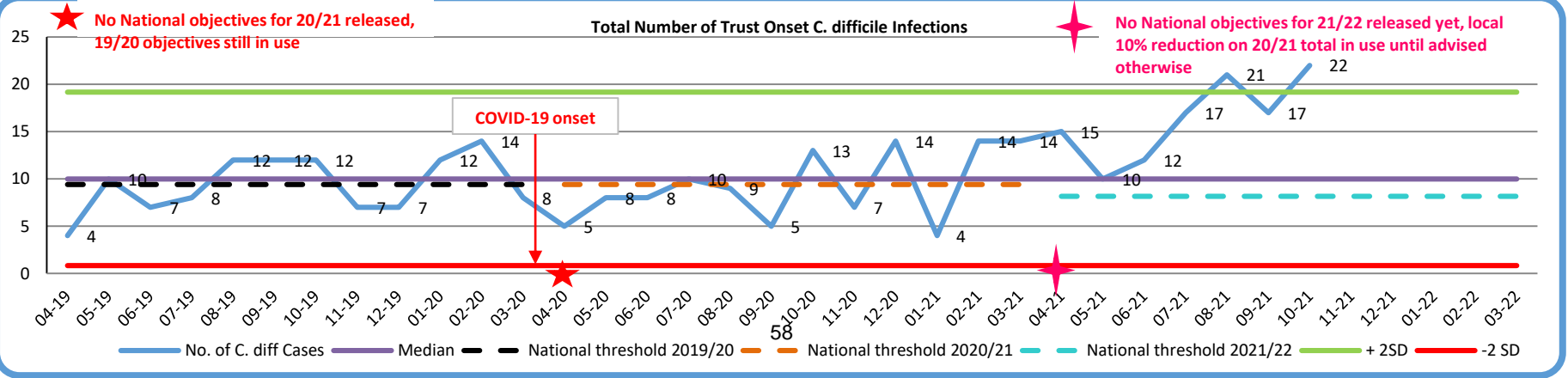
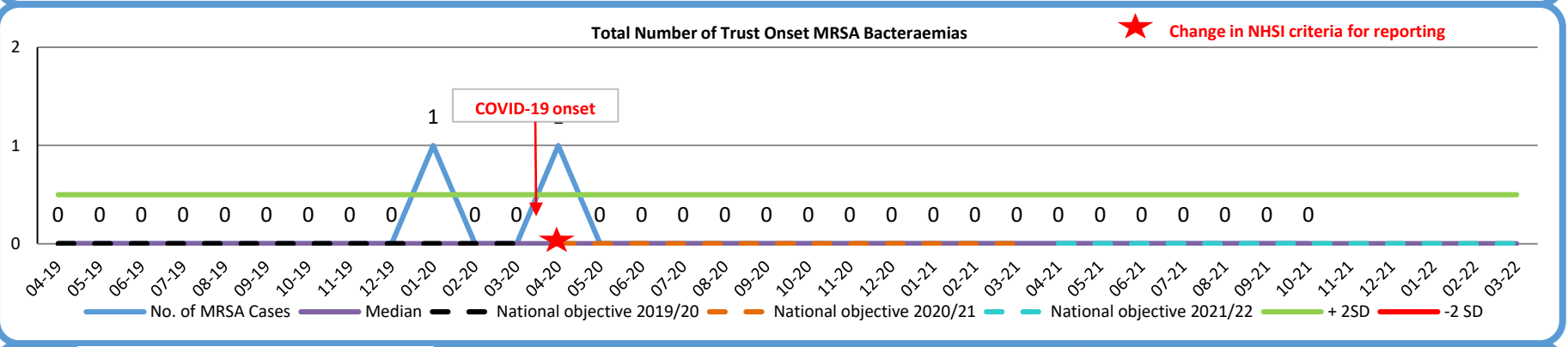
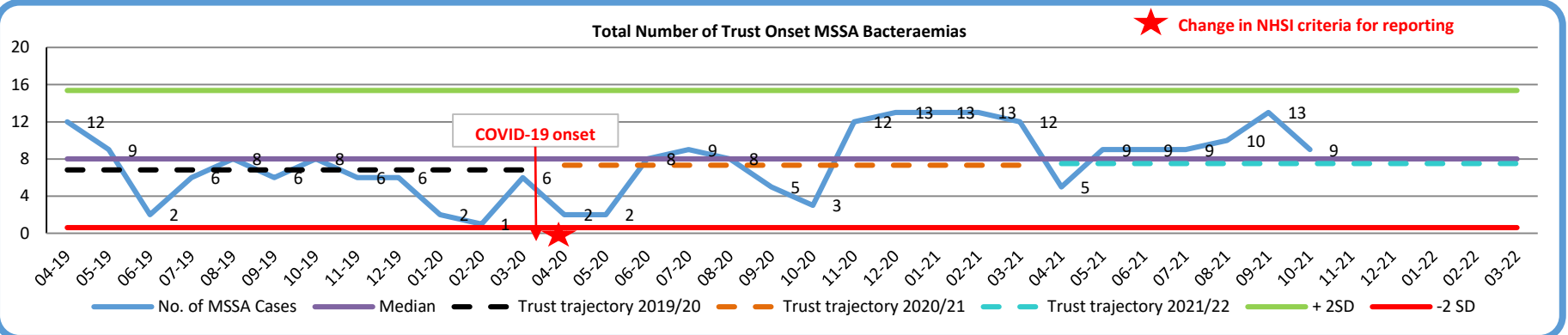
People

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

Finance

- Overall Financial Position

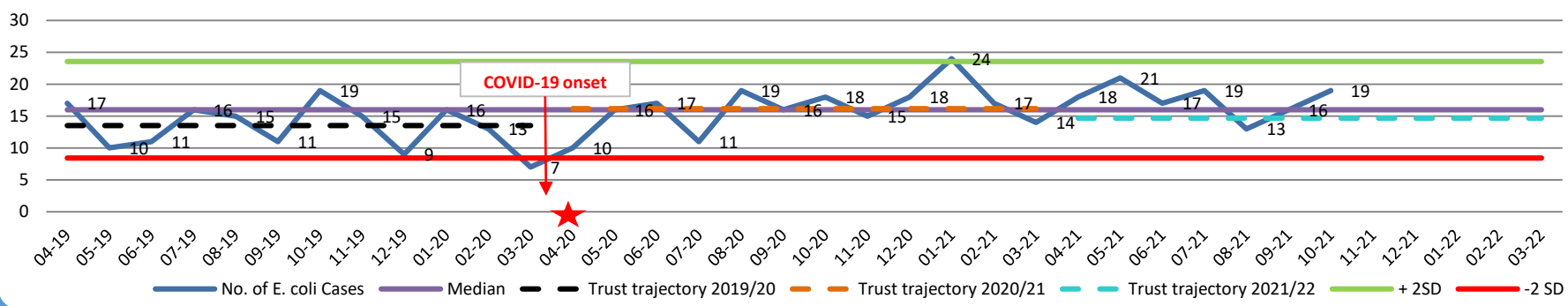
Quality and Performance: Healthcare Associated Infections



Quality and Performance: Healthcare Associated Infections

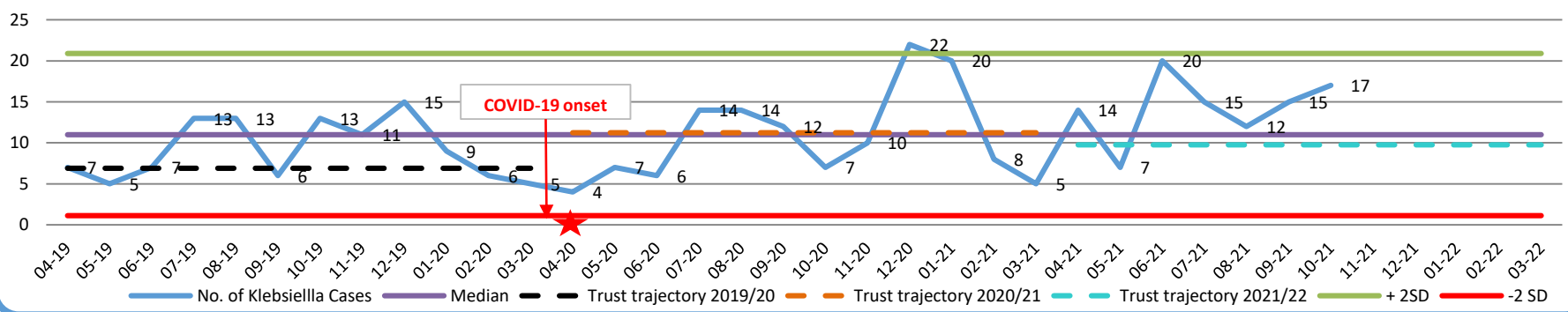
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



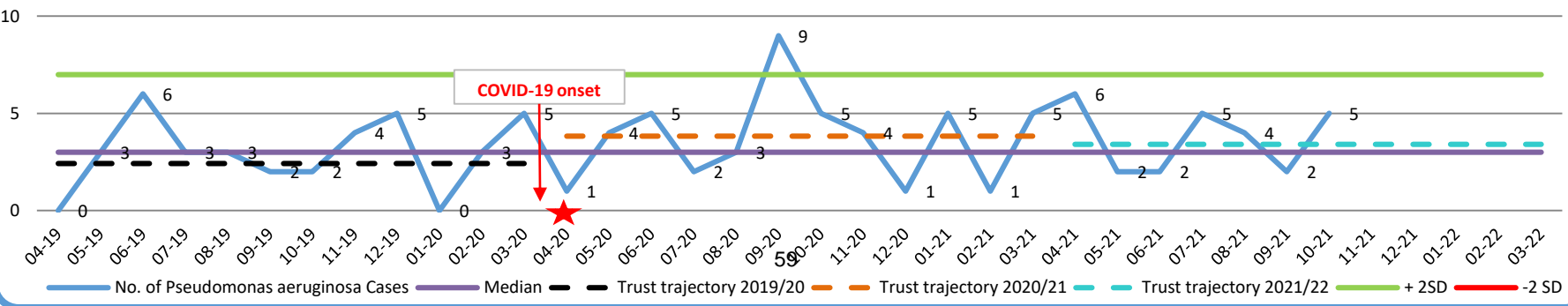
Total Number of Trust Onset Klebsiella Bacteraemias

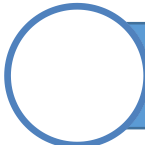
★ Change in NHSI criteria for reporting



Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

★ Change in NHSI criteria for reporting





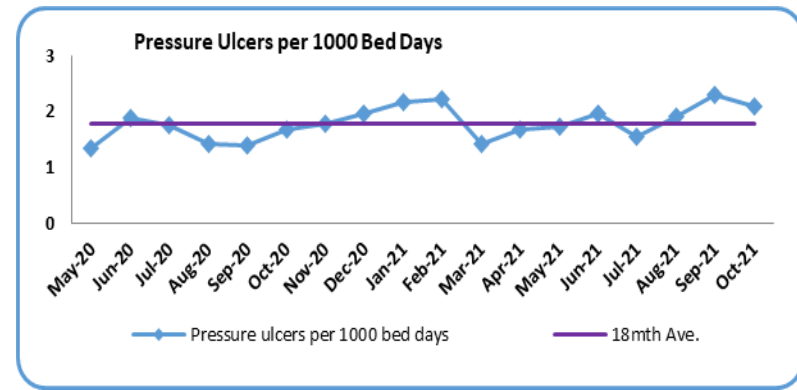
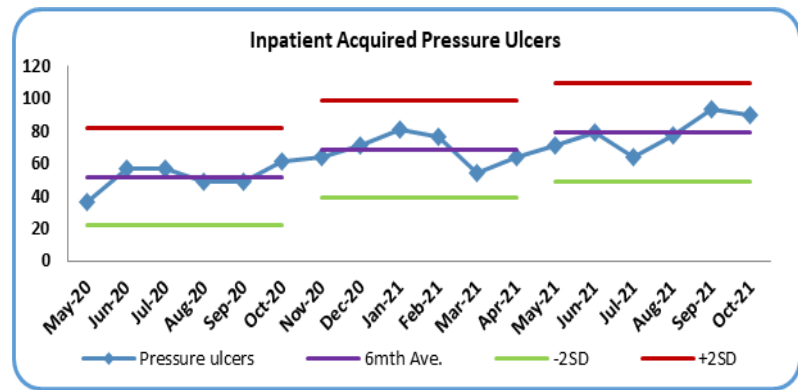
Quality and Performance: Harm Free Care 1/2

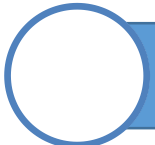
Incidence of pressure ulcers have been on an upward trajectory since November 2020, particularly between October 2020 – February 2021. This is consistent with other winter periods in previous years, however with the added impact of the pandemic this year we have seen an additional increase.

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. From March to July this did reduce, however remained higher than pre-pandemic figures.

Since July numbers have increased, this is reflected in The Trust safe care data, where by the acuity of patients is significantly higher than pre-pandemic levels, there is also an increase in patient presenting to the Trust with significant existing damage, or at risk of skin deterioration. This is consistent with the national picture.

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 and podiatry team to provide education and support, increasing awareness of risk.





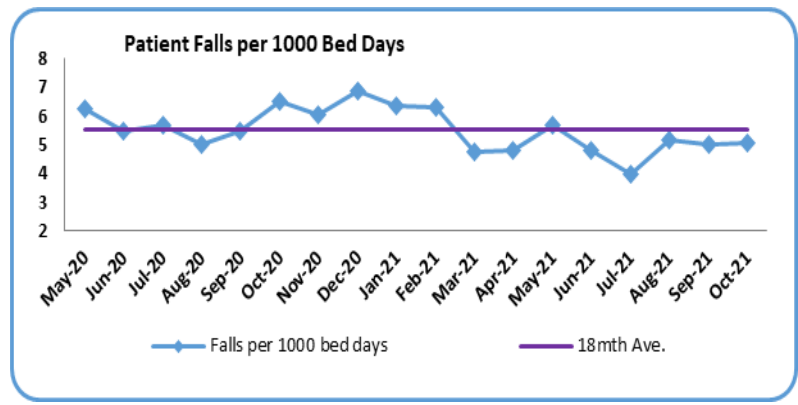
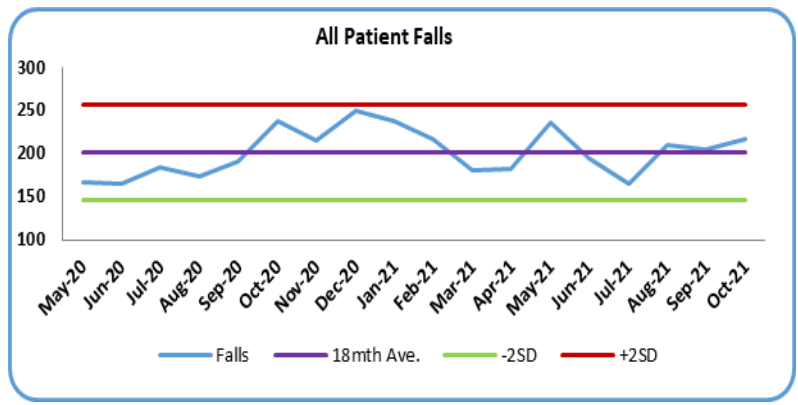
Quality and Performance: Harm Free Care 2/2

Until October 2020 a significant reduction in inpatient falls was evident, however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1,000 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.

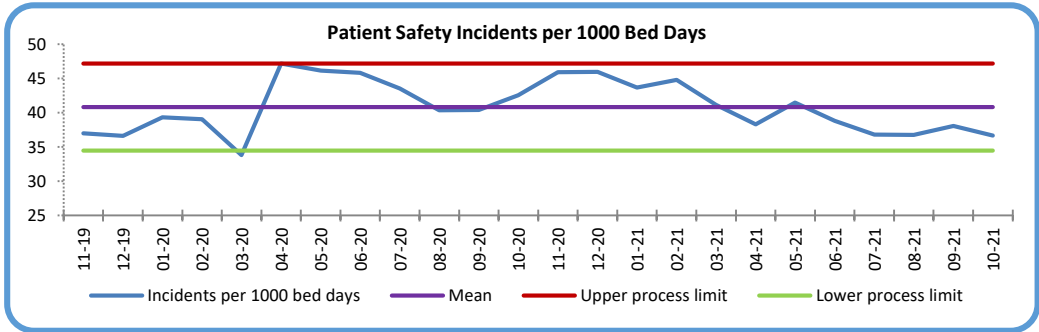
Within the Trust there was a significant rise in Covid-19 patients, and many surgical wards have converted to medicine in order to increase capacity. Medical patients tend to be of a higher risk of falls and therefore this can explain the increase, in addition to this evidence indicates, Covid 19 patients 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. With the exception of May 2021 where a slight increase is evident, incidence of falls are on a downward trajectory. In August again there has been a significant increase in medical patients, with surgical ward again being converted to medicine, an increase in falls is again evident.

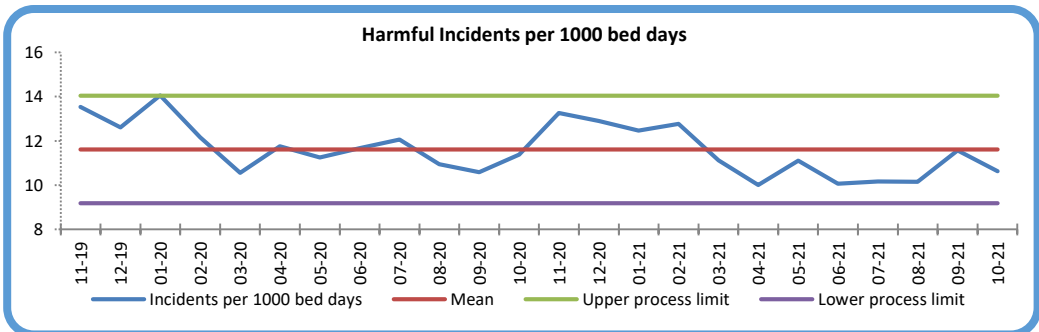
The Falls Coordinator has commenced work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust continue to report less incidents resulting in serious injury.



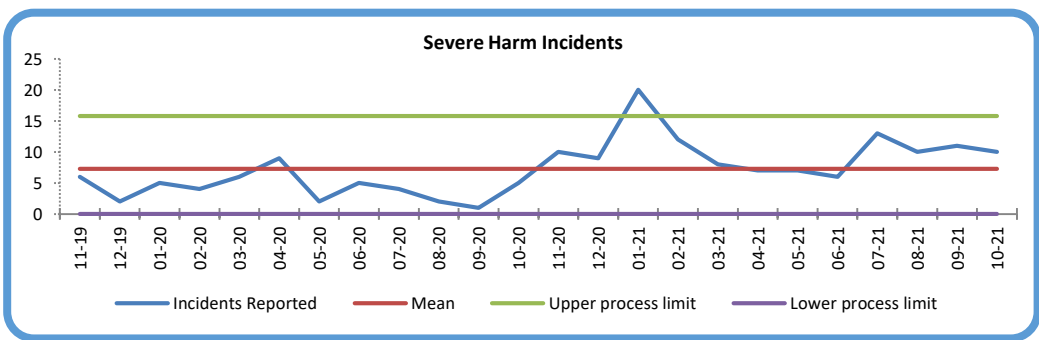
Quality and Performance: Incident Reporting



All patient incidents: There has been a slight decrease in the rate of patient incidents reported between June - October, indicating a shift back towards the mean. However, this remains within the expected common cause variation.

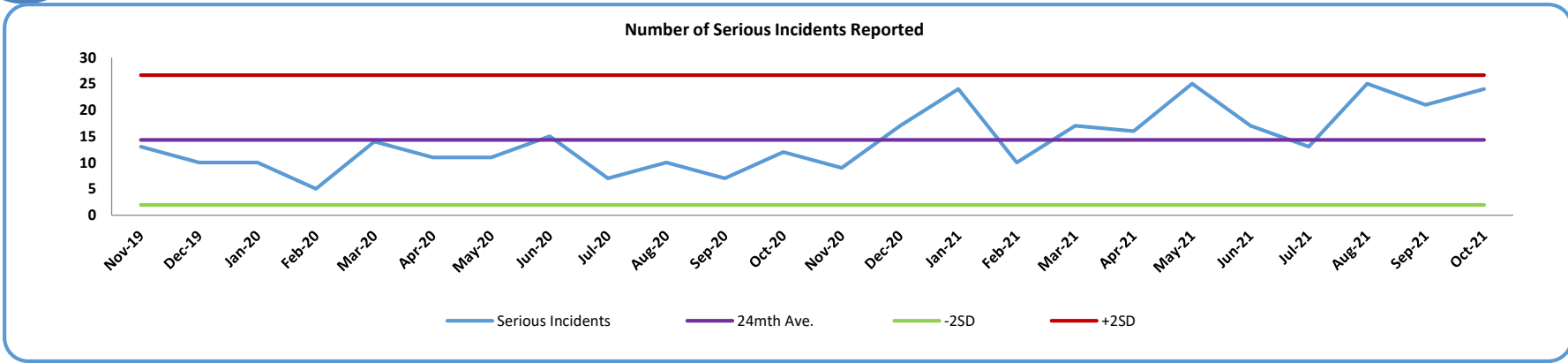


Harmful incidents: There has been a slight decrease, back towards the mean, in the number of *harmful patient safety incidents reported per 1000 bed days. This remains within the common cause variation expected.
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*



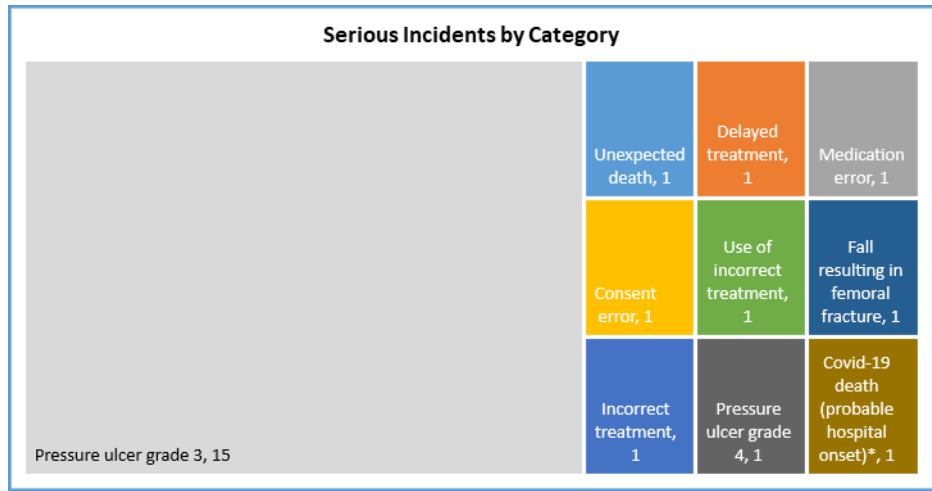
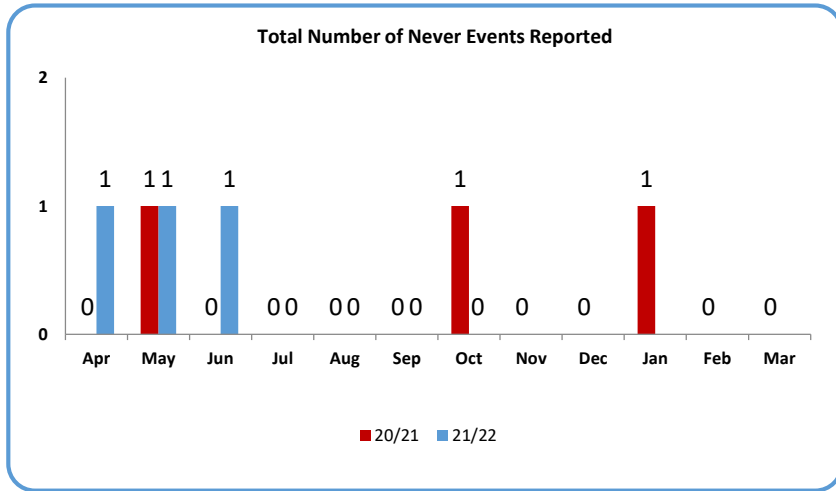
Severe harm incidents: There were 10 patient safety incidents reported which resulted in severe harm in October 2021. This monthly data is subject to change in future reports as severity grading may be modified following investigation. The January-February 2021 increase was in part related to new NHSEI Covid-19 reporting requirements; this included all patient deaths or patients with severe harm, and confirmed definite or probable hospital-onset Covid-19.

Quality and Performance: Serious Incidents & Never Events



There were 24 Serious Incidents (SIs) reported in October 2021. The increase in the numbers of SIs in May 2021 and October 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust.

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 cases reported in October 2021.



*Due to new NHSEI Covid-19 reporting guidance which aims to standardise reporting by all trusts nationally, the Trust has reported all patient deaths or with severe harm due to definite or probable hospital onset Covid-19 as SIs, from 1st December 2020.

Quality and Performance: Serious Incident Lessons Learned 1/2

Learning identified from Serious Incident (SI) & Never Event (NE) investigations completed since June 2021

The following section outlines key learning from SI investigations that have been completed since June 1st 2021. This data excludes information on falls, pressure ulcers and SI cases subsequently de-registered.

Maternity reportable cases (2 cases - 1 case 'Each Baby Counts'* reportable)

- Strengthened emergency skills & resuscitation training to include scenarios for learning.
- Emergency alarms placed near to resuscitaires to make it easier for staff to escalate concerns.
- Record keeping audits undertaken to ensure clear, complete documentation and clarity of roles & responsibilities.
- Learning from case review shared to promote agreed protocol for management of pre-term labour.

Delayed recognition of deterioration

- Enhanced staff NEWS2 and leadership training to promote best practice and improved communication.
- Electronic white board placed to be more visible and to better align to work as done in practice.

Missed referrals (2 cases)

- Referral pathway reviewed & updated in difficult to diagnose patients.
- Processes for reviewing results strengthened to include specialist nurse support to prevent reliance on single member of staff on One-stop Clinic.

Lost to follow up ophthalmology (7 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.

**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.*

Learning identified from SI & NE investigations completed since June 2021 (continued)

Lost to Follow Up (Surgery)

- Strengthened processes implemented for endoscopy referral, including the development of an electronic request form to reduce the risk of misplaced paper referrals.

Never Events - retained swabs (2 cases)

- Clear handover developed, as essential in enabling a safe plan of care for patients transferred between care providers.
- Strengthened local processes, including the creation of a protocol for junior doctors to escalate concerns relating to patients boarded on outlying wards.
- Audit programme of count procedures commenced to gain ongoing assurance of best practice.

Complication of interventional procedure

- Formal multi-disciplinary team meetings to align themselves to national and international guidance to ensure the needs of all patients are appropriately met. To include clear documentation of clinical decision-making and the consent process required as essential in understanding plans in relation to patient management.

Referral delay

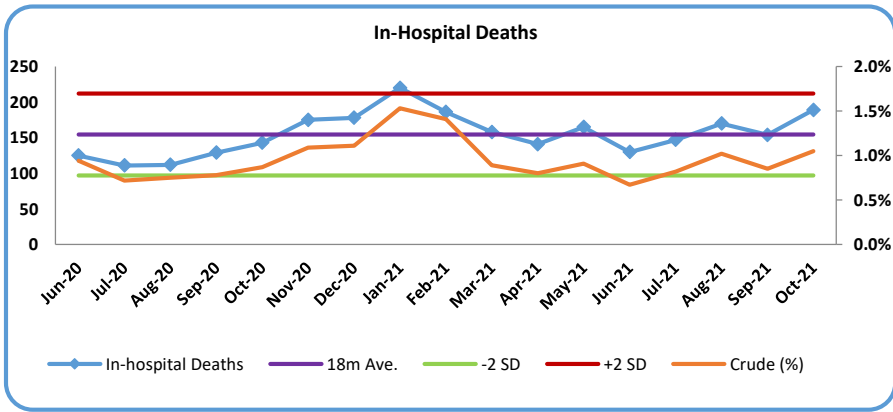
- Robust local process put in place to ensure the outcome of MDT meetings are effectively communicated.
- Local and regional processes strengthened, including generic email Inboxes, to reduce the risk of email referrals being lost or delayed.
- Implementation of cross-speciality education in regards to adjuvant chemotherapy referrals.

Incorrect planning of treatment

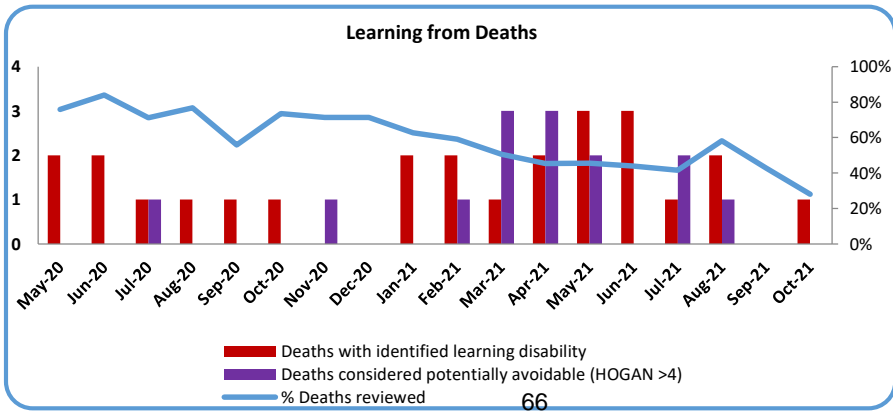
- Local improvement work to provide a robust process of treatment planning, including the implementation of safety nets between systems and clinicians.
- Local audit programme to be implemented to provide ongoing assurance.

Quality and Performance: Mortality Indicators 1/2

In-hospital Deaths: In total there were 189 deaths reported in October 2021, which is higher than the amount reported 12 months previously (n=143). This can be explained with the introduction of elective procedures in 2021 after the temporary closure due to the pandemic. Crude death rate is 1.05%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.

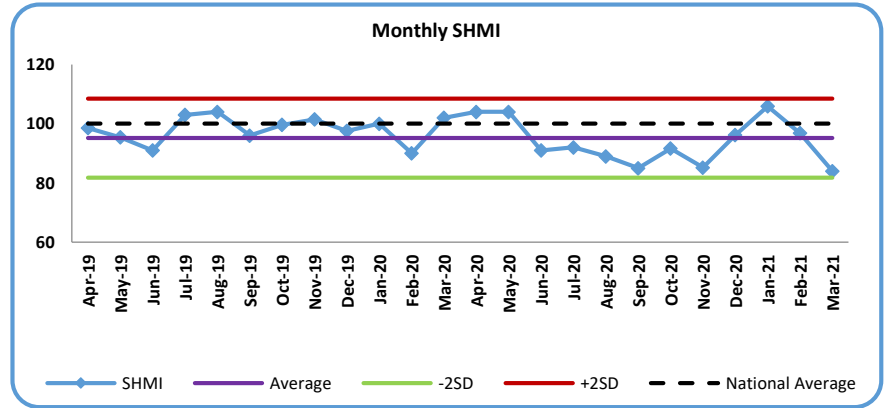
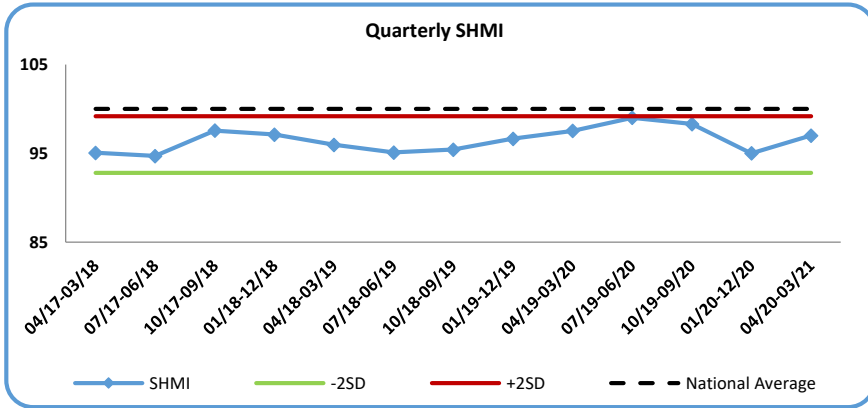


Learning from Deaths: Out of the 189 deaths reported in October 2021, 53 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months and this will continue to be monitored and modified accordingly.

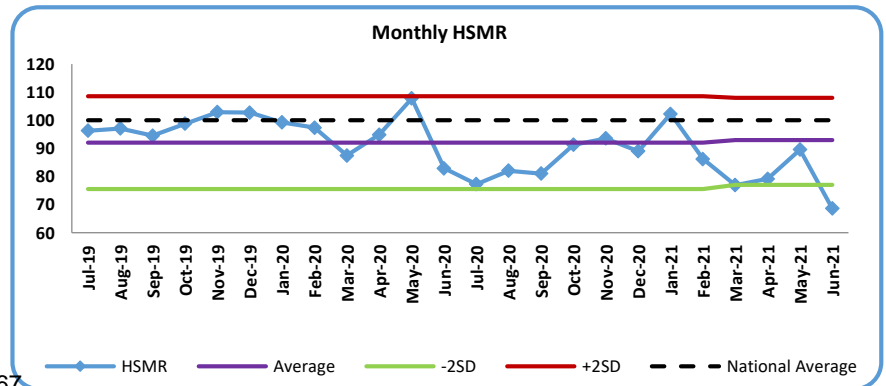
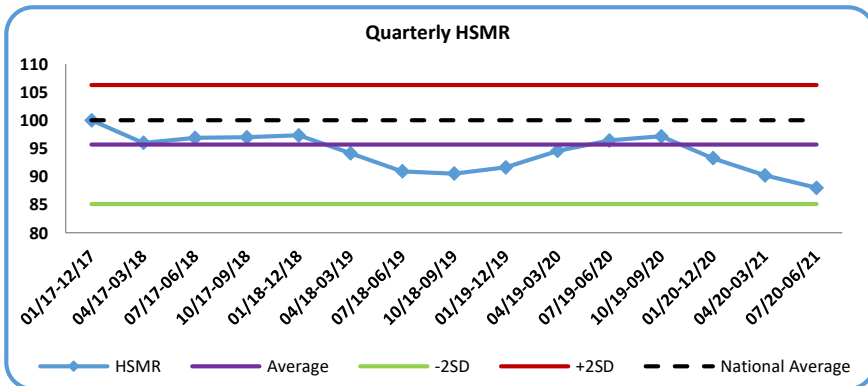


Quality and Performance: Mortality Indicators 2/2

SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 97 from months April 2020 – March 2021, this is below the national average and is within the "as expected" category. Monthly SHMI shows the Trust to be within expected limits.



HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Monthly HSMR data is available up to June 21 and is well below the national average with a fall below the positive indicator in June 21, however this number may rise as the percentage of discharges coded increases.



Quality and Performance: FFT and Complaints

Inpatients and day cases

97% (94%)
2% (3%)



Outpatients

97% (92%)
1% (4%)



Maternity

100% (92%)
0% (5%)



Community Health

95% (94%)
1% (3%)



A&E, walk-in centre and minor injury units

84% (75%)
13% (17%)

Friends and Family Test

The Trust has now submitted FFT data for nine months to NHS England. The published data shows that there were 1,767 responses to the Friends and Family test from the Trust in September 2021 (published 14th November 2021) compared to 1,656 in the previous month. The following infographic shows the proportion of responses that reflect a positive or negative experience from the feedback provided by our patients. The national average results are shown in brackets.

All data is available at:

www.england.nhs.uk/fft/friends-and-family-test-data/

*numbers too small to publish

Trust Complaints 2021-22

The Trust received a total of 334 (309 with identified patient activity) formal complaints up to the end of October 21, an increase of 71 on last month's opened complaints.

The Trust has received an average of 48 new formal complaints per month, which is 9 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 and areas with patient contact, the highest percentages of patients complaining to date are within Surgery with 0.06% (6 per 10,000 contacts) The lowest complaint percentages are within Dental and ePOD with 0.01%.

Directorates	2021-22				20-21 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	28	64,823.00	0.043%	1:2315	1:3733
Children's Services	18	48,197.00	0.037%	1:2678	1:2523
Community	10	38,759.00	0.026%	1:3876	1:3134
Dental Services	5	62,821.00	0.008%	1:12564	1:5411
Medicine	38	101,039.00	0.038%	1:2659	1:4129
Medicine (ED)	30	132,925.00	0.023%	1:4431	1:3416
ePOD	30	215,804.00	0.014%	1:7193	1:7606
Musculoskeletal Services	19	71,939.00	0.026%	1:3786	1:2610
Cancer Services / Clinical Haematology	18	115,592.00	0.016%	1:6422	1:6118
Neurosciences	22	62,406.00	0.035%	1:2837	1:3299
Patient Services	19	27,665.00	0.069%	1:1456	1:2003
Peri-operative and Critical Care	7	25,377.00	0.028%	1:3675	1:51990
Surgical Services	25	44,422.00	0.056%	1:1777	1:1313
Urology and Renal Services	15	43,516.00	0.034%	1:2901	1:4013
Women's Services	25	86,380.00	0.029%	1:3455	1:2742
Trust (with activity)	309	1,141,665.00	0.027%	1:3695	1:3583

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 62% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 21% of all subjects raised within complaints, with the remaining 17% covering a wide range of issues.

Quality and Performance: Health and Safety

Overview

There are currently 1226 health and safety incidents recorded on the Datix system from the 1st November 2020 to 30th October 2021 this represents an overall rate per 1,000 staff of 71.2. The Directorate with the highest number of incidents is Patient Services reporting 159 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (346) Peri-operative & Critical Care Services (108), Women's Service (97) and Internal Medicine (79).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 942 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st November 2020 to 30th October 2021 - this represents an overall rate per 1,000 staff of 55 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (407), Musculoskeletal Services (70), Community (67), Patient Services (54), and Neurosciences (39).

Sharps Incidents

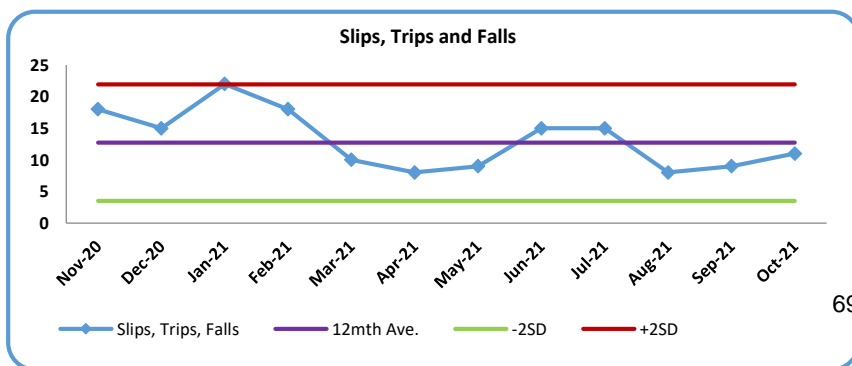
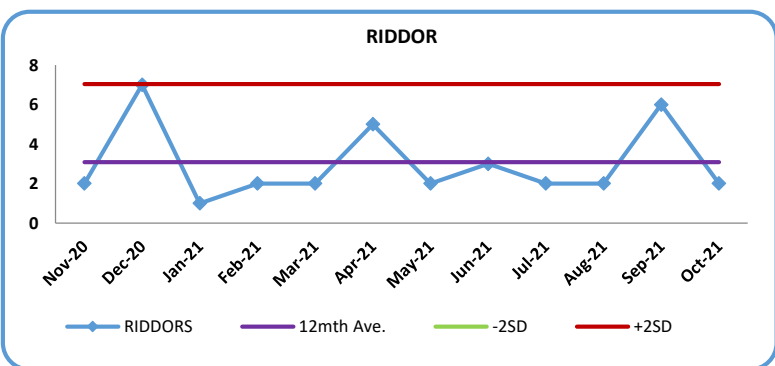
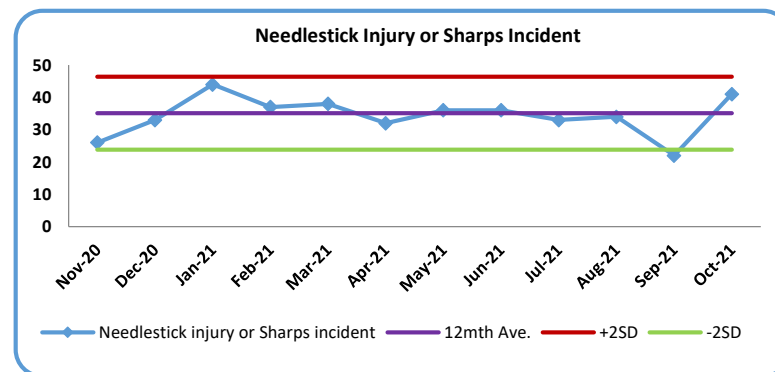
The average number of all sharps injuries per month is 34 between 1st November 2020 to 30th October 2021 based on Datix reporting, with 19.1% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 24.5 per month.

Slips, Trips and Falls

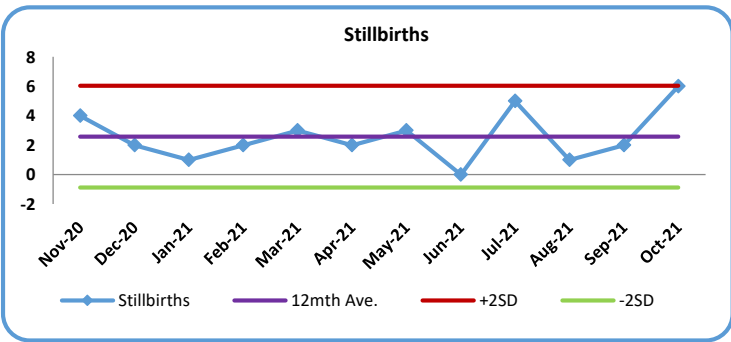
Slips on wet surface, fall on level ground and tripped over an object collectively account for 58.4% of falls between 1st November 2020 to 30th October 2021. Fall from height; fall up or down stairway and falls from a chair account for 17% of the incidents recorded.

RIDDOR

There have been 38 RIDDOR incidents reported between 1st November 2020 to 30th October 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (11), Aggression & Violence (6), COVID (5) Exposure to Hazards (1). These account for 61% of reportable accidents over the period.



Quality and Performance: Maternity (1/3)

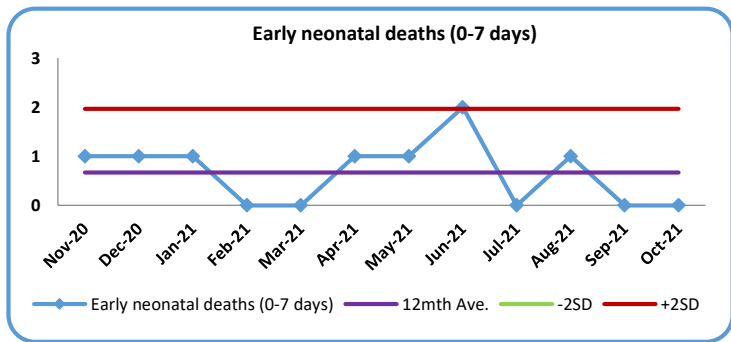


Perinatal deaths

All Perinatal deaths (Stillbirths and Neonatal Deaths) are reported to MBRRACE-UK who produce an annual National report which includes our local data.

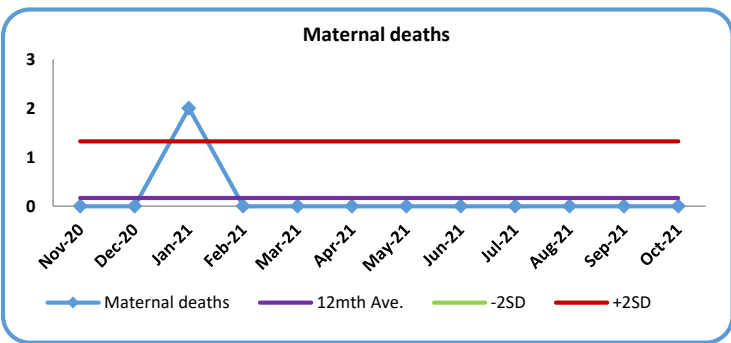
Stillbirths

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 the investigation results. Of the 6 Stillbirths in October, 2 babies were known to have an abnormality, 1 baby sadly demised whilst the mother was extremely unwell, 2 were found to have complications that were unable to be detected in-utero. None of these tragic cases identified modifiable factors that would have changed the outcome.



Early Neonatal Deaths

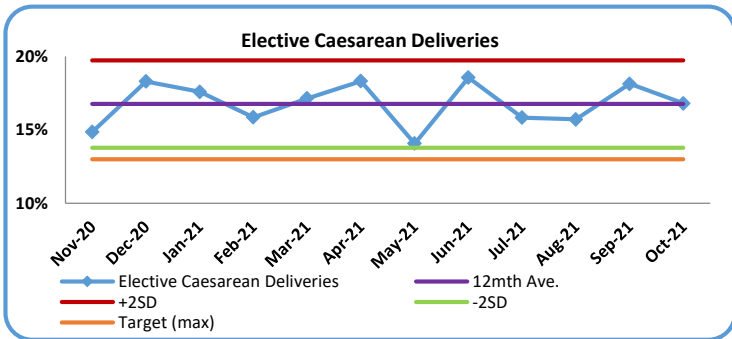
These figure are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner.



Maternal Deaths

Maternal deaths are 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. A specific Covid-19 morbidity review took place at the start of the pandemic which MBRRACE published in May 2020. A more detailed report 'Saving Lives, Improving Mothers' Care' was published in December 2020. A detailed review of this report was undertaken and a gap analysis presented to the Board level Safety Champions in August.

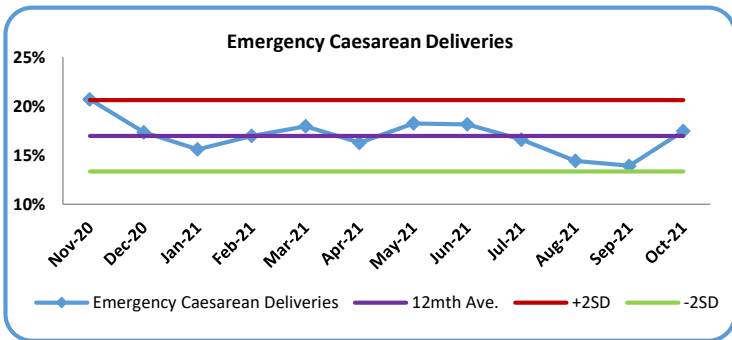
Quality and Performance: Maternity (2/3)



Elective Caesarean section

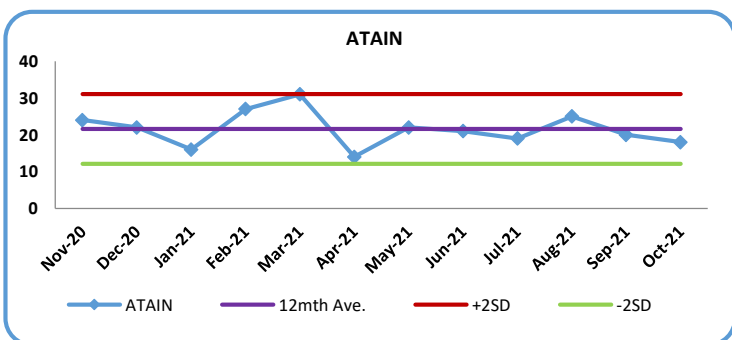
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK.

The 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.



ATAIN

All unplanned admissions of term babies (37 – 41 weeks) into the neonatal unit are reviewed at a weekly Multi-disciplinary meeting and a quarterly report is produced and shared. Some of these cases will be reviewed in more detail if they have been identified as a Serious Incident. An annual audit report is presented at the Directorate Audit meeting with lessons learnt/ key themes/ change to practice being shared across obstetrics and neonatology.

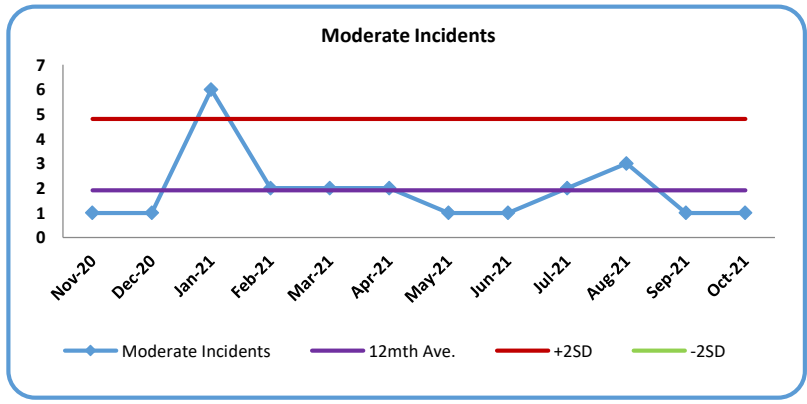
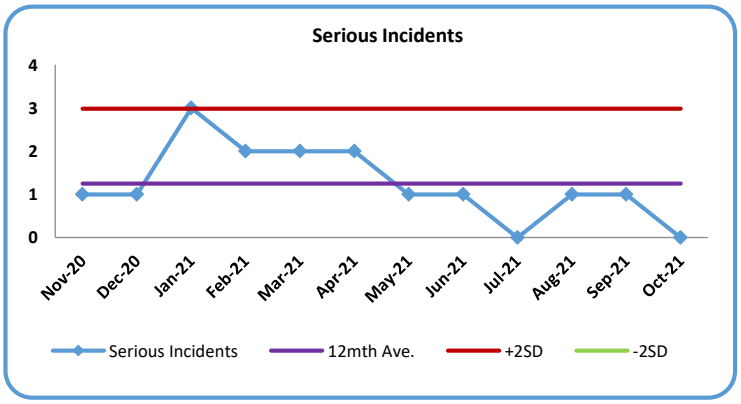
Quality and Performance: Maternity (3/3)

Serious Incidents

There have been 15 incidents escalated as Serious Incidents to The Trust in the past 12 months. These include 8 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 2 unexpected Stillbirths, 1 neonatal death, 2 maternal deaths, 1 major obstetric haemorrhage and 1 baby fall. 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 Ockenden report, lessons learnt from Serious Incidents have been shared with the LMS (Local Maternity System) from 31st October 2021.

Moderate incidents

All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (48hr report). In the past 12 months the majority of the moderate graded incidents 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. Moderate incidents will be investigated as a Serious Learning Event and involve parental input to the investigation. Lessons learnt from these incidents are shared in a weekly update 'Sharing is Caring'.



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

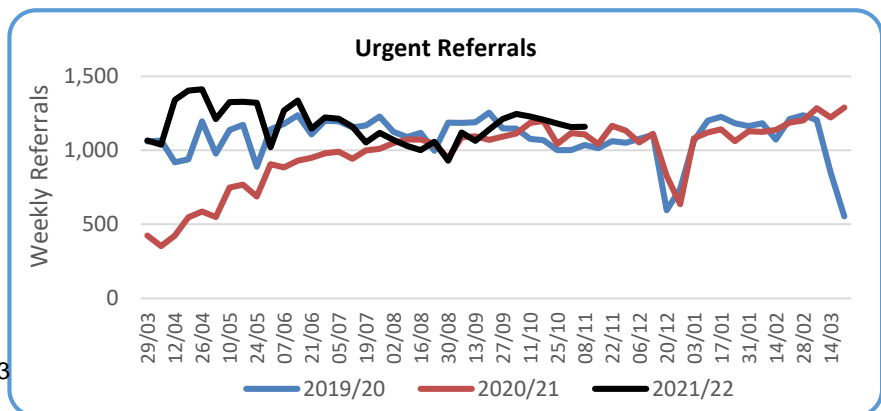
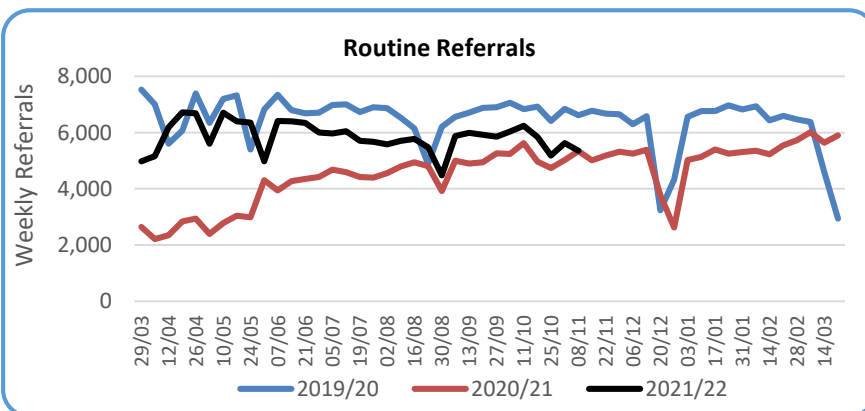
- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective 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 firmly in the third recovery phase of the programme** the firm focus is now on recovering activity levels and reducing waiting times. The programme is ultimately governed by the Trust's Delivery Board, and operationalised via the Trust's Operational Board and Performance Recovery groups. Recovery work streams, initiatives and investments come through these groups in order to adequately support operational teams to deliver safe recovery of waiting times and backlog reduction, whilst ensuring services are delivered safely and efficiently.
- **Examples of monitoring and schemes include:**

Key Schemes

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

Key Measures

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



Quality and Performance: Monthly Performance Dashboard

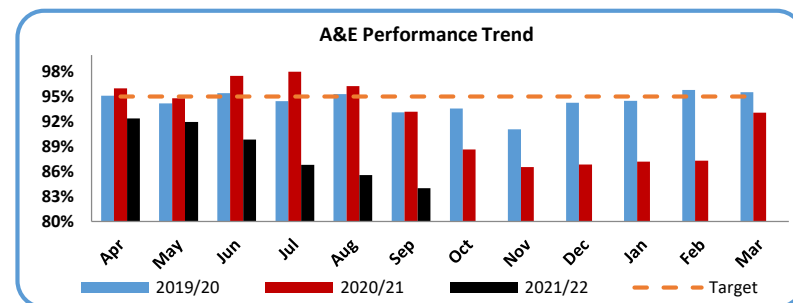
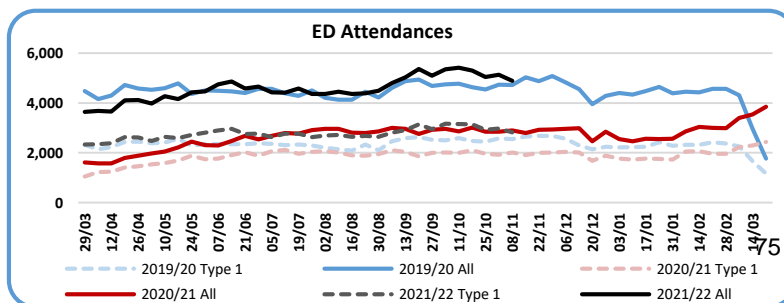
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month in 2019			
				w/e 10/10/2021	w/e 17/10/2021	w/e 24/10/2021	w/e 31/10/2021	Aug-21	Sep-21	Oct-21	
Front Door	Type 1 Attendances (Main ED)	2,377	2,917	133.4%	132.7%	132.2%	122.7%	122.2%	118.5%	124.1%	
	Ambulance Arrivals	635	615	105.2%	109.0%	100.8%	96.9%	Unavailable		105.6%	
	Eye Casualty Attendances	416	317	83.1%	84.1%	83.6%	76.2%	75.0%	82.4%	79.2%	
	Walk in Centre Attendances	1,419	1,534	118.9%	121.0%	113.8%	108.1%	94.4%	103.7%	113.1%	
	A&E 4hr performance (Type 1)	89.5%	73.3%	-13.5%	-15.8%	-19.4%	-16.2%	-14.3%	-13.8%	-15.5%	
	A&E 4hr performance (All Types)	94.3%	84.2%	-8.5%	-9.4%	-12.2%	-10.1%	-9.7%	-9.1%	-9.8%	
Admission & Flow	Emergency Admissions (All)	1,368	1,280	99.4%	101.5%	104.8%	93.5%	105.6%	103.0%	92.1%	
	G&A Bed Occupancy	80.8%	81.2%	81.7%	80.7%	83.5%	81.2%	80.3%	82.2%	81.6%	
RTT/Planned Care	Outpatient Referrals (All)	8,187	6,158	93.7%	95.1%	87.2%	75.2%	89.0%	89.6%	88.3%	*
	Elective Spells	2,721	2,065	88.8%	91.3%	92.5%	75.9%	78.0%	87.1%	84.8%	*
	Outpatient Activity	20,457	17,895	109.5%	114.7%	105.2%	87.5%	100.4%	97.9%	95.8%	*
	DNA Rates	7.2%	8.1%	8.0%	8.1%	8.1%	8.1%	8.3%	8.3%	8.4%	
	Incomplete Performance	87.3%	68.0%	69.3%	69.1%	68.4%	68.0%	72.8%	71.4%	70.6%	
	RTT >52 Week Waiters	18	5,188	5,295	5,308	5,175	5,188	5,050	5,113	5,069	
Cancer	2WW Appointments	482	454	104.1%	121.9%	109.3%	94.1%	88.8%	95.2%	96.0%	*
	All Cancer 2WW	No weekly performance recorded.						55.7%	61.1%	Reported one month in arrears.	
	Cancer 2WW Breast Symptomatic	No weekly performance recorded.						57.1%	50.8%		
	Cancer 62 Days - Urgent	No weekly performance recorded.						64.4%	51.3%		
	Cancer 62 Days - Screening	No weekly performance recorded.						74.3%	64.3%		
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,805	99.7%	95.9%	96.6%	89.0%	91.9%	90.9%	94.3%	*
	Diagnostic Performance	No weekly performance recorded.						78.3%	77.3%	77.1%	

Data provided as 'Actual' figure rather than % comparison

*Working day adjustment

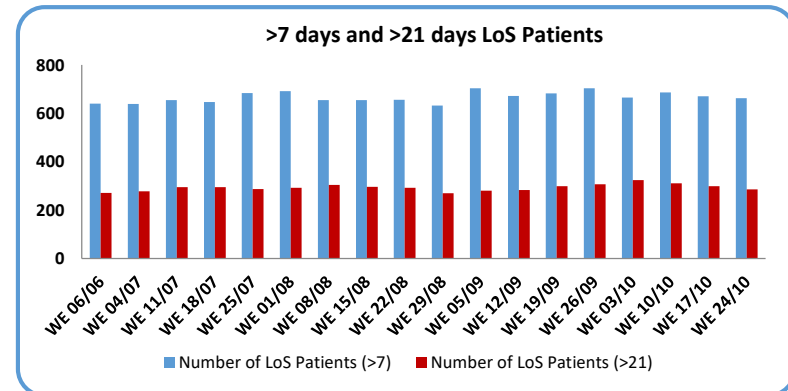
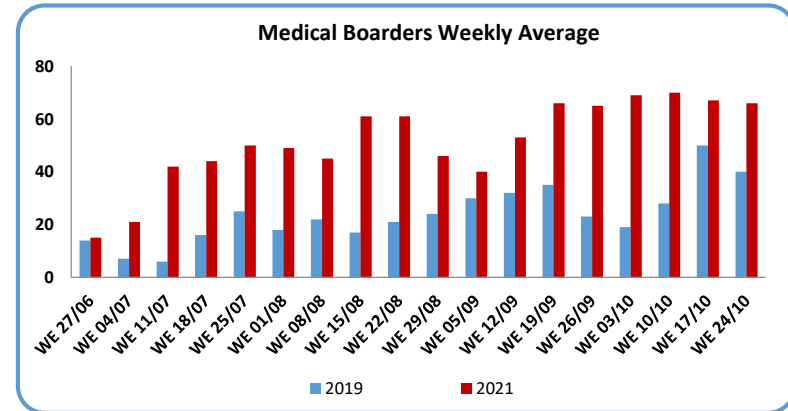
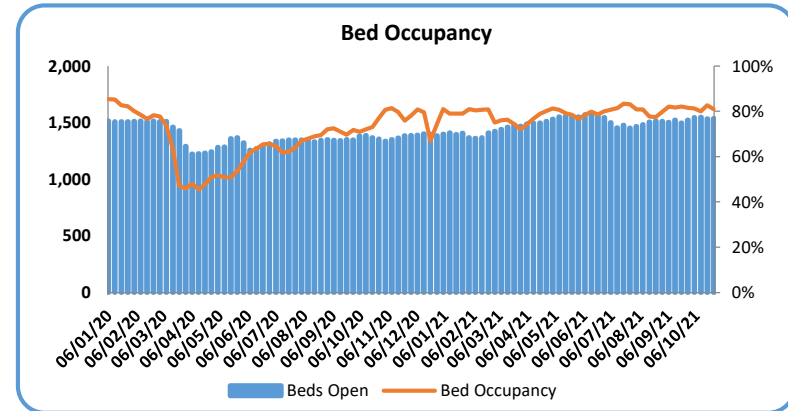
Quality and Performance: A&E Access and Performance

- In October A&E performance was 83.7% against the 95% 4hr standard. The standard has not been met for more than a year.**
 - This performance is 0.3% below September's level, and is the lowest seen at the Trust for many years.
 - Type 1 performance dropped to 72.6%. However, Type 2 Eye Casualty compliance (95.8%) exceeded 95% for the first time in 4 months.
 - Positively, NuTH's performance compares favourably to other Shelford Trusts and in September (84.0%) remained well above the national (75.2%) and regional (80.5%) averages. This is despite NuTH experiencing greater A&E activity growth than other Trusts in the region.
 - October saw 4 ambulance handovers >60 minutes, the highest level since the onset of COVID-19. NuTH also reported 1 trolley wait >12 hours.
- October was a record month for overall attendances (all types), with the total 12.4% higher than in October 2019 (83 more patients per day).**
 - Type 1 attendances reached unprecedented levels and mainly accounted for this growth (24% above October 2019's level).
 - Paediatric attendances have particularly grown since the new school term started with October 2021 paediatric attendances at 153% of October 2019's level. There has also been growth in the prominence of RSV in this patient group in the past 2 months,
 - In October the Trust received over 16% of the North East and North Cumbria region's ambulance arrivals. This is well below above pre-COVID levels and NuTH has seen its activity as a proportion of the region's ambulance conveyances rise for 9 months in a row.
 - Eye Casualty attendances are yet to return to pre-pandemic levels, with October 2021's total equating to 79% of October 2019's total.
 - The Trust's Urgent Treatment Centres (UTCs) saw over 7,000 attendances for the first time since October 2019. This attendance type recovered activity more slowly than Type 1 attendances during the first half of 2021, but has seen a 26% rise in attendances over the past 2 months.
 - Comparatively Ponteland Road is now seeing a greater proportion of these UTC attendances compared to pre-COVID levels.
 - GP Streaming activity also rose but remains 23% lower than pre-COVID levels. Work is ongoing to optimise how this resource is utilised.
- The Trust has faced exceptional difficulties in staffing levels and bed availability due to the high levels of COVID transmission in the past 4 months.**
 - October saw 2,200 breaches due to patients awaiting treatment/assessment. This is significantly more than in previous months and equates to around 60% of the Trust's total breaches. Additionally breaches due to unavailability of beds reached their highest level for many years.
 - The Trust accommodated a rising number of COVID inpatients throughout October, increasing from 58 to 80 patients during the month.
 - Multiple wards have converted elective to non-elective beds, with winter expected to further increase non-elective admissions.
 - The total number of bed days lost reached an unprecedented position in October, and was 24% higher than September's level.
 - Closures are due to COVID infections, norovirus outbreaks and staffing shortages prompting sizeable reductions to the overall bed base.
 - Staff sickness due to COVID-19 remains high, and October saw a considerable rise in self-isolation absences to their biggest levels since July.
 - Clinical uptake to cover dropped shifts has also diminished.
 - A Trustwide Urgent and Emergency Care (UEC) action plan has been developed corresponding to the national UEC 10 point plan.



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

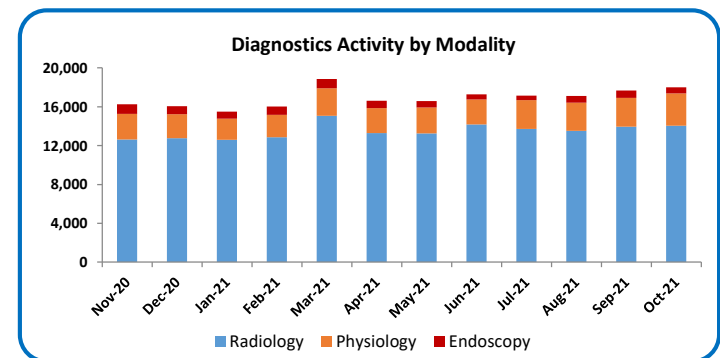
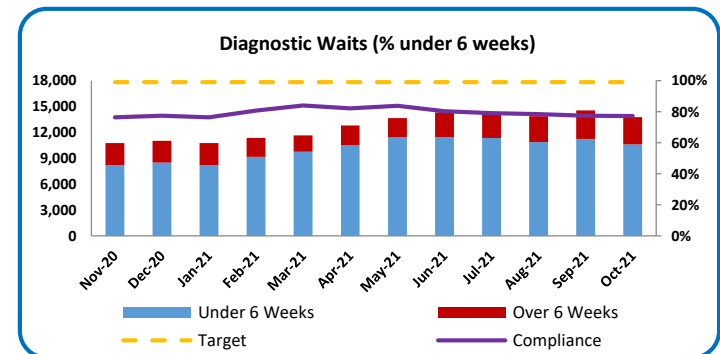
- **The Trust averaged 81% bed occupancy in October 2021, which was in line with September's level, though slightly below October 2019's position**
- **Weekly occupancy levels peaked at 83% in the penultimate week of the month. Factors impacting bed occupancy levels include:**
 - Increased levels of emergency admissions. Consequently, a much higher proportion of the Trust's beds are occupied by emergency patients (rather than elective patients) compared to pre-COVID levels.
 - October saw the most ever bed closures (an average of 43 beds closed per day) due to COVID-19 outbreaks, with numerous wards impacted. Norovirus also caused further closures
 - Additionally, the Trust currently has twice as many beds closed for staffing shortages, as would usually be expected at this time of year (an average of 90 beds closed per day during October)
 - Whilst there are plans to reopen some of these beds during November through nursing staff recruitment, a number of beds are still expected to remain closed
 - Difficulties repatriating Northumberland and North Tyneside patients
 - The Trust accommodating a rising number of COVID inpatients, with the level exceeding 80 by the end of October (from 58)
- **Throughout 2021/22 the Trust's level of medical boarders has risen consistently, with October seeing this trend continue, as the total reached record levels.**
 - Total medical boarders peaked at 70, with 67 patients on average
 - This level of medical boarders is in line with those seen at peak winter levels
 - This is partially caused by emergency patients taken up a higher proportion of bed occupancy compared to previous years – 80% vs 72% (Oct '21 vs Oct '19)
- **October saw similar volumes of long Length of Stay (LoS) patients compared to September, though this fluctuated throughout the month**
 - Actions are being taken to facilitate speedier discharges including greater MDT planning and cooperation with radiology. The impact of these actions will however be limited by staffing shortages
- **Due to the suspension of reporting to NHSE/I this report no longer contains information relating to Delayed Transfers of Care (DTCs)**
 - Processes remain in place to ensure this reporting can be restarted if required. Some discharge information is submitted nationally as part of the COVID SitRep submission, including providing reasons for any lost bed days



Quality and Performance: Diagnostic Waits

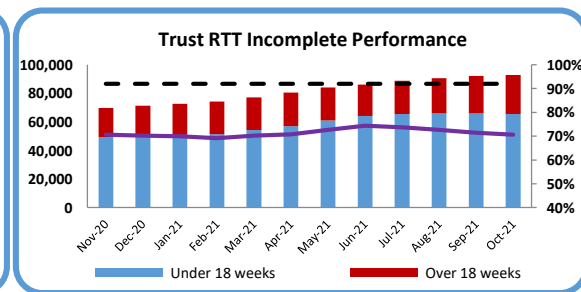
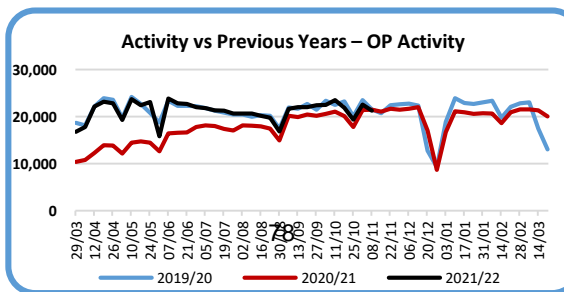
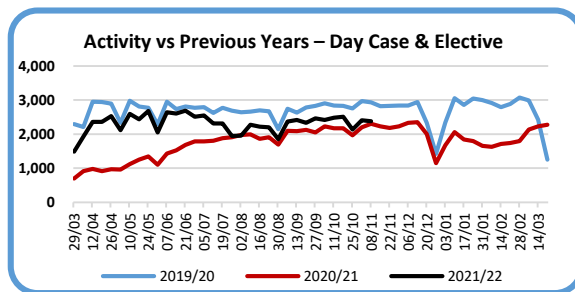
- At 77.1% against the 99% standard, diagnostic performance in October was the lowest recorded since January 2021 (-0.3% from September).**
 - Performance marginally improved across both Physiological Measurements (51.9%, +2.2%) and Endoscopy (59.8%, +7.4%), but a slight downturn within Imaging (85.2%, -0.5%), where the majority of our waiters reside, this resulted in a minor reduction in compliance at overall Trust level.
 - Positively, the total number of diagnostic long waiters (patients waiting greater than 13 weeks) reduced by 7% from September to a total of 973 patients. This cohort of patients make up 7.1% of the overall WL.
 - In September (latest NHSE data) NuTH's diagnostics performance (77.4%) remained above the national (73.9%) and regional (72.3%) positions.
- In October 18,010 tests were carried out by the Trust, the second highest monthly total since February 2020 and equating to 95.4% of the pre-pandemic 19/20 average.**
 - NuTH carried out 6.8% more examinations per day in October than September, contributed to in particular by the Echo service who further amplified their activity delivery levels by 24% from the previous month - facilitated through the optimisation of existing insourcing / outsourcing schemes.
 - There were also notable rises in the number of tests carried out within MRI and CT, with throughput increasing by 9-10% per day on average when compared to the previous month. Audiology activity also increased by 9% from September when adjusted for working days despite ongoing staffing pressures.
- The total reported Diagnostic WL size decreased by over 5% in October to 13,756 patients, the smallest volume of patients waiting since May 2021.**
 - The key drivers were significant reductions in both MRI (13%) and CT (8%) waiters, assisted in part by the expansion in accessible capacity at the Blaydon Community Diagnostic Hub currently being shared with Gateshead FT. This additional capacity has the potential to meaningfully contribute towards the reduction of our Imaging WL back to sustainable levels in the coming months.
 - That said, despite the reduction in WL size within MRI and CT, the total volume of breaching patients overall failed to reduce, resulting in falling compliance levels across both services. More positively, the number of DEXA patients breaching the six week target reduced by almost a third.
 - Despite the contraction recorded last month, the overall WL size is nonetheless 25% larger than it was at the end of 2020, having remained comparable to pre-pandemic levels through 2020.
- Opportunities to expand activity delivery continue to be explored, with recovery schemes approved for implementation via the Recovery Plus programme.**
 - MRI have accrued an additional mobile van to supplement existing capacity from January, whilst Endoscopy continue to work with Cobalt to maximise output. Work will also shortly begin on a fourth room at the RVI which will significantly boost our internal capacity upon completion.
 - Regular review of infection prevention and control regulations ¹⁷also taking place to assess where throughput can safely be increased.

Overall Patients Treated Within Month	Oct-21	Sep-21	Difference (Actual)	Difference (%)
Imaging	14,042	13,936	106	0.8%
Physiological Measurement	3,314	2,979	335	11.2%
Endoscopy	654	744	-90	-12.1%
Trust Total	18,010	17,659	351	2.0%

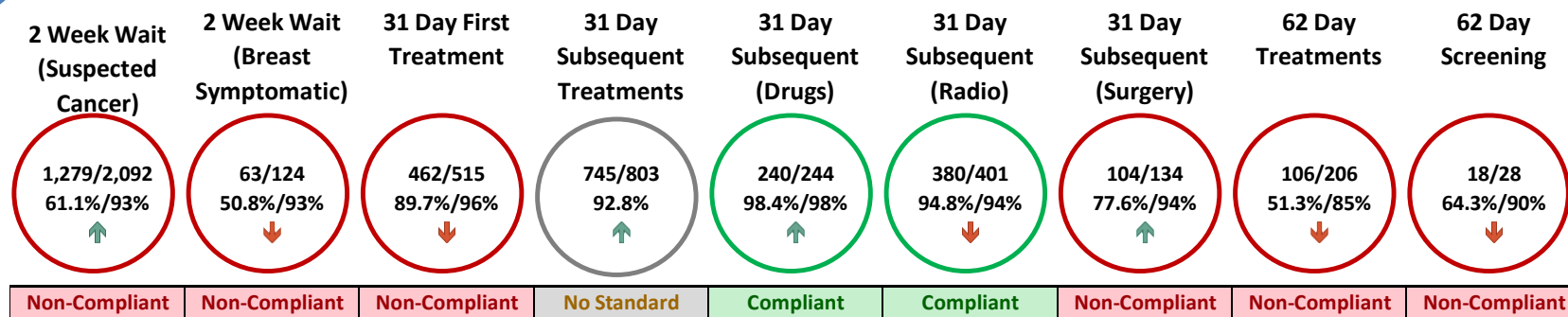


Quality and Performance: 18 Weeks Referral to Treatment

- **Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. October's performance against the 18 week wait target (92%) declined slightly to 70.6%, 0.8% below September's level of performance.**
 - 27,304 patients have waited greater than 18 weeks, the fourth month in a row the volume of this cohort of waiters has increased.
 - 8,150 patients have waited more than 40 weeks, a reduction of almost 700 (7.7%) from the previous month and the lowest total in over a year.
 - The number of patients waiting >52 weeks minimally decreased by 44 patients (0.9%) to 5,069. Routine referrals in to the Trust throughout 2020 were consistently below the 19/20 average (~25%), compensating for a reduction in elective activity delivery as a consequence of the pandemic.
 - In September 5.5% of the Trust's PTL were >52 week waiters, 0.3% above the national total but below the latest overall Shelford position (6.8%).
 - Consistent with the trend of recent months, in September 46% of the Trusts >52 week waiters were waiting for treatment within the Ophthalmology service (2,353). The Trust has a cataract modular theatre in operation to enhance patient flow and rapidly expand capacity to address this issue. Dermatology, Spinal Surgery and Orthopaedics continue to also have high volumes of >52 week waiters.
 - 196 patients have now waited >104 weeks, with the majority of these waiters sitting within Ophthalmology (81) and Spinal Surgery (59). One of the Trust's key aims is to reduce this total as far as possible by the end of March 2022, with regular, active review of patients due to breach 104 weeks by the end of the financial year taking place - including providing TCI dates wherever possible. The longest current wait is 146 weeks.
- **As of September 2021 NuTH have the 8th largest PTL in the country and the highest level of compliance of the ten Trusts with the largest PTLs. National compliance in September stood at 66.5%, 4.1% below the NuTH position.**
 - The total number of outpatient referrals received by the Trust in September represented a 5.2% decrease from September, and equated to just 80.6% of the volume received in October 2019. Routine referrals remain below the levels received in the same month of 2019 for a fourth month in a row, however Urgent referrals were up 3% and 2ww referrals down 9% compared to the same month, a reversal of trend in both cases.
 - Whilst the Trust's total PTL size continues to increase, the rate of growth has slowed in recent months and grew by less than 1% in October for the first time in over a year.
- **Recovery of elective activity, RTT performance and the treatment of long waiters remain key Trust priorities.**
 - During October activity delivery measured at 84.8% (Day Case & Elective) and 95.8% (Outpatient Activity) when compared to October 2019.
 - Monitoring of approved recovery schemes and the assessment of new opportunities to increase throughput and reduce long waits take place on a weekly basis via the Recovery Plus programme at the Trust's Operational Board.
 - Current approved recovery schemes include additional sessions within numerous specialties, additional locum cover, expansion of radiology provision, the cataract delivery unit and a dedicated weekend day case ward pilot, amongst other initiatives.
- **Due to the staffing and bed situations described throughout the report, elective activity decreased during the summer, with cancer and urgent P1 and P2 work prioritised.**
 - The elective programme is in constant review with as much non-urgent elective work undertaken as can be safely delivered.



Quality and Performance: Cancer Performance (1/2)



The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'

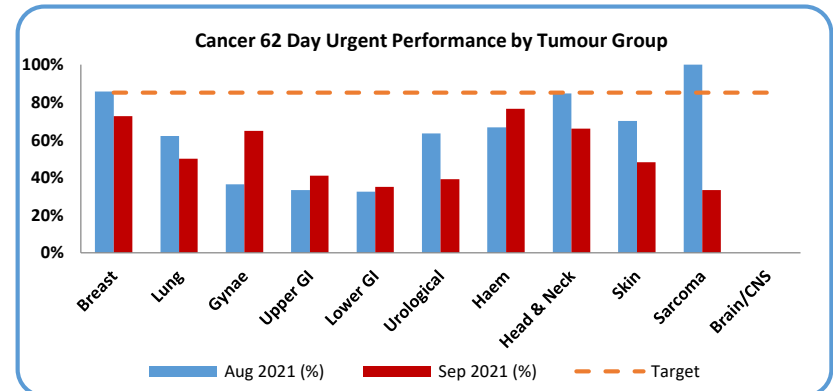
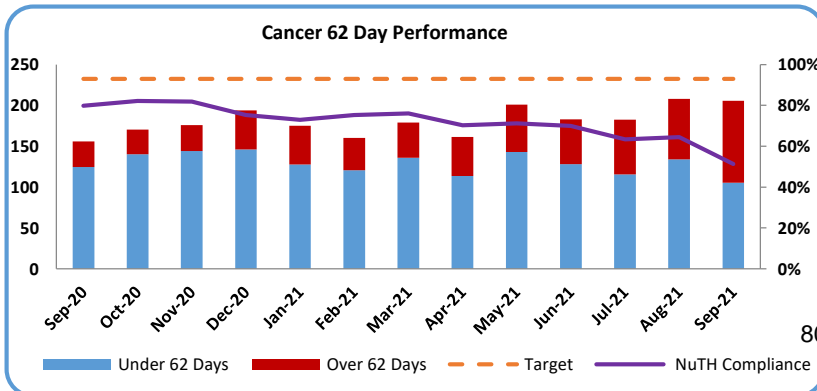
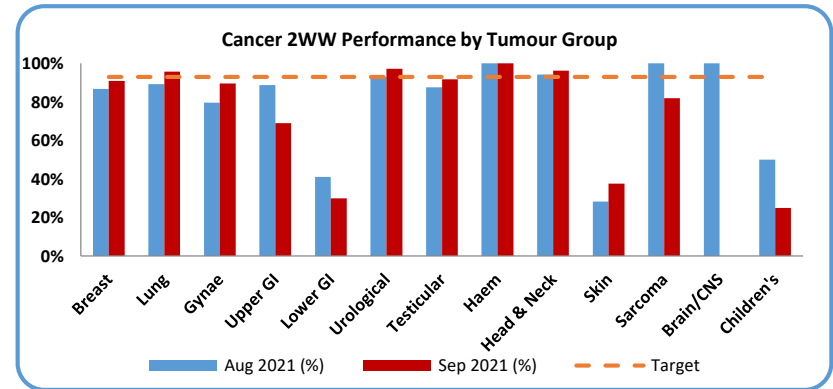
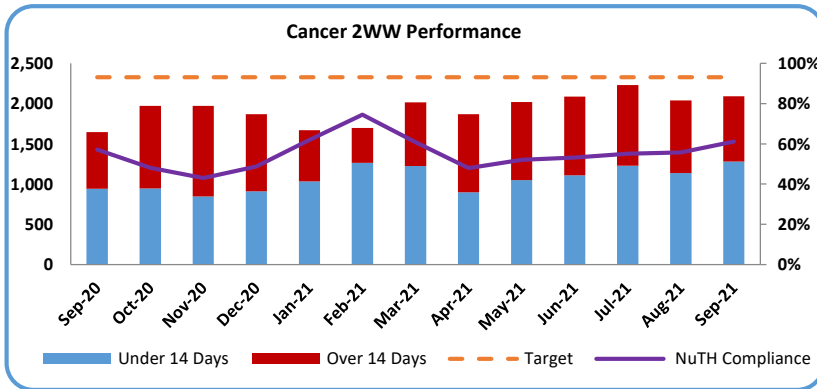
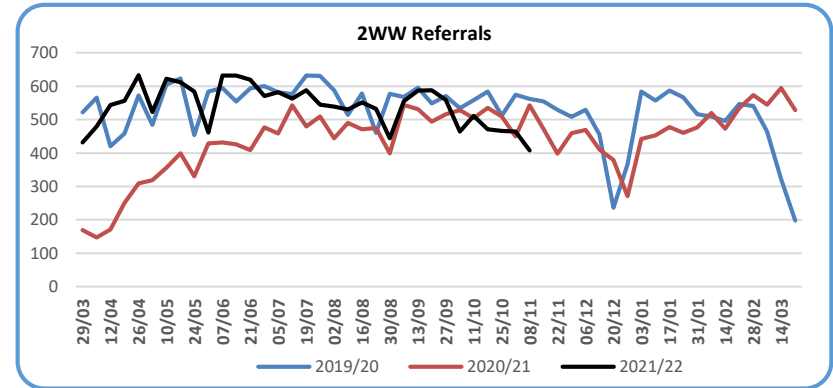
- The Trust achieved 2 of the 8 Cancer Waiting Time standards in September; 2 of the 8 standards were met in August.
 - The nationally validated 2ww position remained low as expected due to issues previously raised relating to the Skins (37.5%) and Lower GI (29.9%);
 - Within the Skins pathway tele-dermatology has been introduced with GPs now sending images to NuTH alongside referrals, further education events are planned within primary care to ensure images received are of the highest quality. It is estimated that 50% of these reviews result in no face to face appointment being required within a cancer pathway.
 - Skins is the largest single tumour group for 2ww, accounting for approx. 40% of the overall volume meaning that the Skins compliance has a large impact on the overall Trust position.
 - The Lower GI service has now moved to an electronic solution to assist in the management of the referral and triage process; alongside actions to increase capacity and utilise the independent sector (for non-cancer work), further improvements are expected within the area.
 - GPs are now required to provide the result of the FIT before referral which will increase performance. Where this is not received first time this can add up to 5 days to a pathway.
 - 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 (91% suspected, 51% symptomatic) have secured additional capacity to see risk stratified patients through a Young Person's Breast Clinic via the assistance of local practitioners.
 - 62 Day compliance dropped from 64% to 51% due to drops in Skins (-22%), Urology (-24%), and Breast (-13%). Although the reasons behind the drops were multifactorial, a key theme was increased diagnostic turnaround for reporting times due to annual leave, as well as OP clinic capacity.
 - The Skins drop is due to the well documented issues at the front end of the pathway, and these patients now breaching 62 days when having further treatment.
 - Due to COVID pressures, the Northern Cancer Alliance initiated a North and South Surgical Hub to capture details of patients requiring surgical intervention across the Cancer Alliance; cases are then discussed to ensure each organisation has capacity to take their own cases and support sought if not. Cases were redistributed during the Jan / Feb wave with NuTH providing significant surgical support during the period.
 - Both surgical hubs have resumed meeting to ensure that capacity is maintained, with chemotherapy capacity now discussed as well.
 - The Northern Cancer Alliance met 2 of the 8 standards in September; 1 of the 8 standards were met in August.
 - 3 providers within the Northern Cancer Alliance achieved the 2ww target in September.
 - No providers within the Northern Cancer Alliance met the 62 day target in September.
- Please see additional charts and referral information contained on the next page

Quality and Performance: Cancer Performance (2/2)

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

Summer months saw a significant increase in referrals within the Skins tumour group, carrying on growth trends from the past several years.

Recent weeks have seen an increase in Breast cancer referrals following high profile cases in the news.



Quality and Performance: Other Performance Requirements

- **Since June 'last minute' cancelled operations have consistently been at their highest levels since the onset of COVID-19, with 47 reported in October.**
 - This is still below the pre-COVID monthly average of 62 and is in part a consequence of the increasing elective inpatient activity being scheduled as the Trust looks to recover activity levels. For the 11th month in a row Cardiothoracic Services (31) was the largest directorate contributor to the Trust total. The primary reason for cancellations this month was the lack of available ITU beds, followed by overrunning theatre lists.
 - The Trust reported 5 breaches against the standard to treat within 28 days following last minute cancellations in October, all of which were within Cardiothoracic Services. This total remains in line with pre-COVID average levels and one higher than the number recorded in September.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in October.**
 - Performance against the referral metric was 100% and has been at this level of compliance for over a year.
 - The low proportion of patients who have been asked the dementia case finding question in recent months is partly due to the increased staffing pressures across the Trust caused by the high prevalence of COVID-19 and increased numbers of emergency admissions. In response, the dementia care team are providing support to Assessment Suite to aid with the screening of patients entering hospital.
 - Compliance with the requirement to conduct dementia diagnostic assessments has been low throughout 2021 but did slightly improve in October. The dementia care team have increased their support to clinical teams completing the assessment in an attempt to further improve performance.
- **The proportion of people who have depression and/or anxiety receiving psychological therapies increased slightly October (1.31%), but remains below both pre-COVID average levels and the monthly target (1.58%). This is partially due to lower referral rates to IAPT services across the region.**
 - Operational service leads and finance teams have modelled current and projected models of service access and provision, and are corresponding with commissioners about this. It is hoped this will facilitate an increase in access levels.
 - Funding for both additional step 3 CBT trainee posts and extra CBT online provision has facilitated a 24% reduction in the CBT waiting list size since April, and consequently waiting times have also decreased.
 - The service has undertaken a successful transition to using telephone and video consultations. These virtual sessions are now a common method of delivery and will continue to be offered to patients, as feedback suggests virtual service provision has been very helpful for many patients. Concurrently, the service are exploring methods of increasing levels of face to face provision through sourcing additional clinic space.
- **In October performance against the IAPT 'moving to recovery' standard decreased to 34.3%, and the 50% target has not been met since June 2020. This is partly due to long waits for Step 3 therapy, which adversely affects recovery rates, and consequently the service is working to address this.**
 - Positively, the IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 95.1% and 100%, high levels of compliance in comparison to recent months. However, there are sometimes long waits for second appointments.

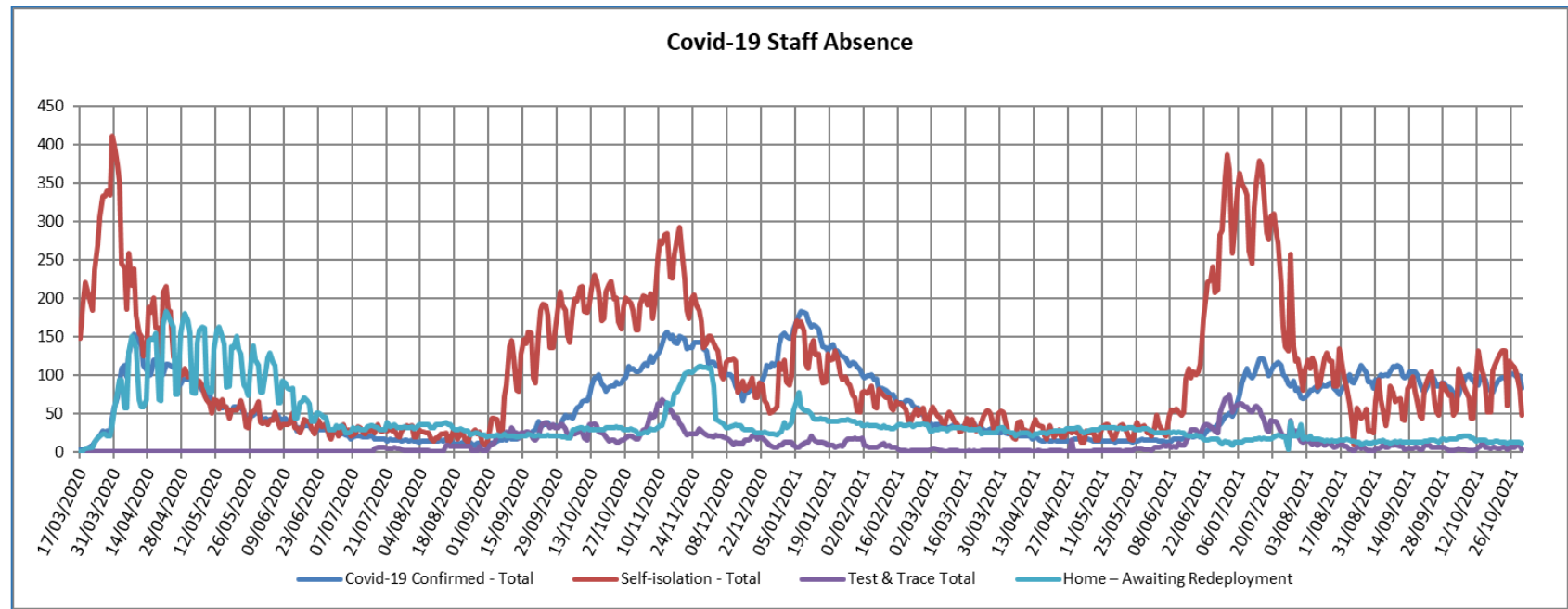
Reportable Cancelled Operations	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Last minute cancelled operations	30	30	14	19	16	7	24	34	56	52	45	45	47
Number of 28 day breaches	2	0	0	5	0	0	0	3	1	6	9	4	5
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
% asked the dementia case finding question within 72 hours of admission.	36%	43%	42%	47%	49%	52%	49%	35%	57%	44%	49%	49%	39%
% reported as having had a dementia diagnostic assessment including investigations.	38%	36%	26%	24%	15%	14%	17%	30%	18%	27%	17%	14%	25%
% who are referred for further diagnostic advice in line with local pathways.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

People

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 17th March 2020 and 31st October 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 7th January 2021 and climbed again to 121 on 16th July 2021.



- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.

People

- Year to year comparison for sickness absence (including Covid related sickness) :

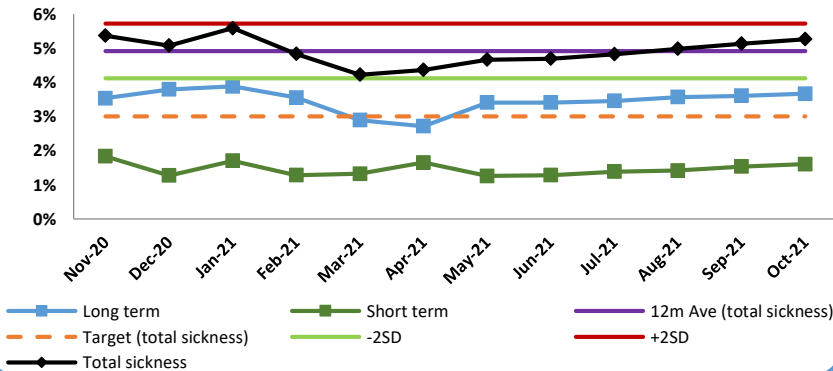
	Oct-20	Oct-21	
Long-term	3.39%	3.66%	↑
Short-term	1.37%	1.60%	↑
Total	4.75%	5.26%	↑

- 260,278 FTE working days were lost due to sickness (including Covid related sickness) in the year to October 2021, compared to 224,803 for the previous year.
- Overall sickness absence (including Covid related sickness) is 5.26%, which is up from the end of March 2021 position of 4.69% - (% FTE Time Lost).
- The top three reasons for non-Covid related sickness absence are anxiety/ stress/ depression (29% of total absence), cold, cough and flu (18% of total) and other musculoskeletal problems (10% of total). For the previous 12 months the top three reasons were anxiety/ stress/ depression, gastrointestinal problems and other Cold, Cough, Flu - Influenza.

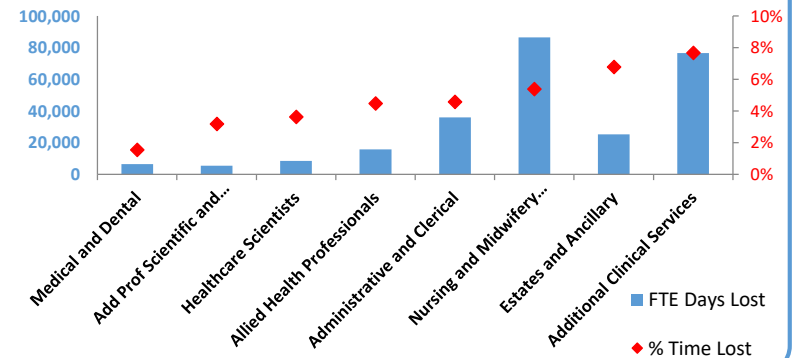
Sickness Absence (% Time Lost) by Directorate



Sickness Absence (% Time Lost)

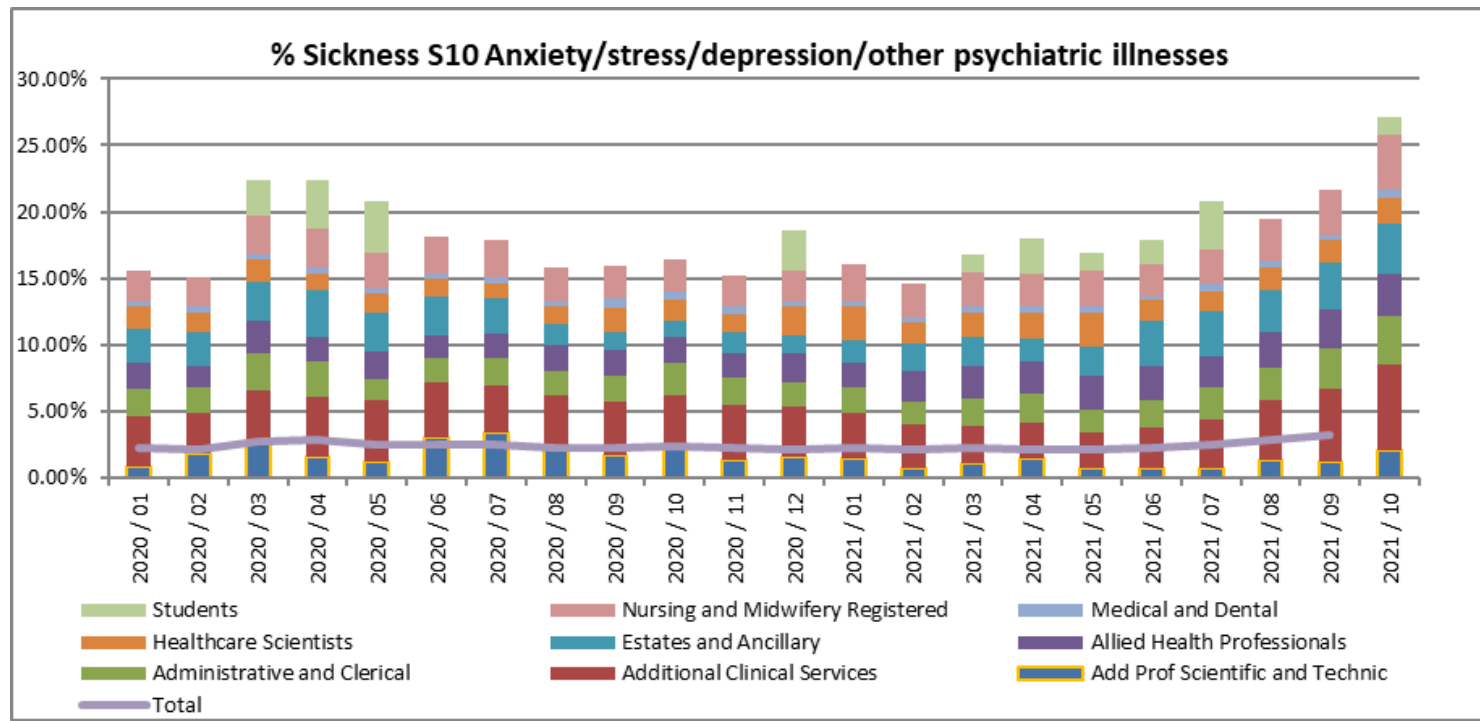


Sickness Absence by Staff Group



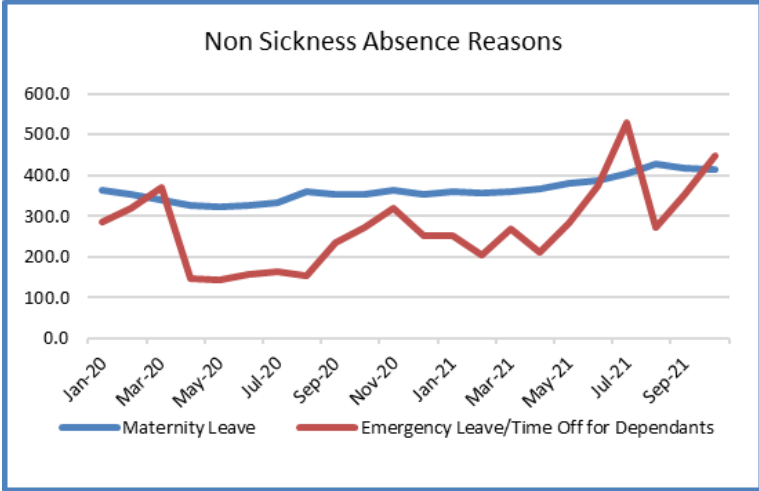
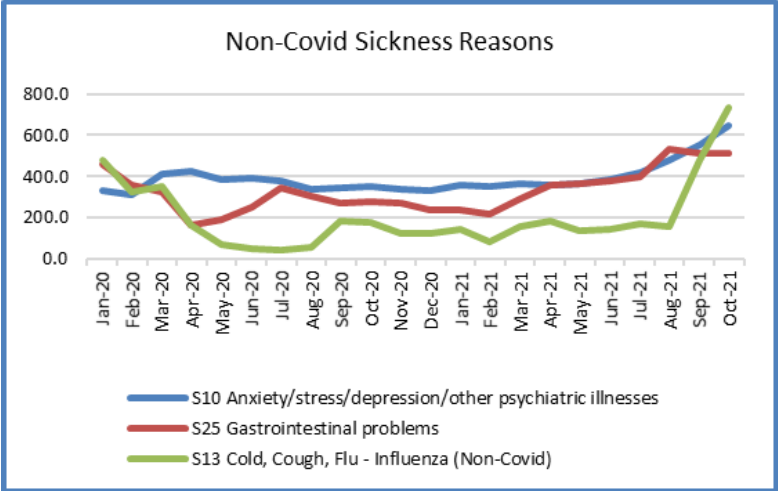
*COO Directorate includes Outpatients / ABC Service

People



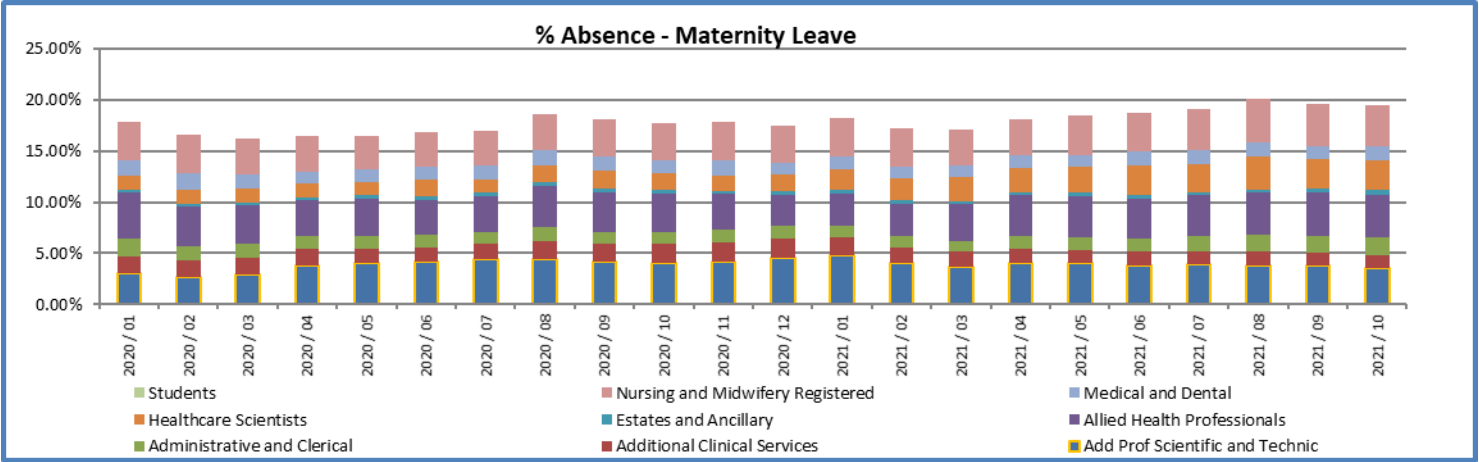
- The graph identifies % sickness absence for anxiety/stress.
- The % sickness absence across the Trust for anxiety and stress has increased from 2.18% in January 2020 to 3.85% in October 2021
- The 3 staff groups with highest % sickness for stress/anxiety in October 2021 are Additional Clinical Services (6.44%), Nursing and Midwifery (4.11%) and Estates and Ancillary (3.185%)

People



- The graph above identifies the number of staff absent due to non-Covid sickness for the for the top 3 reasons up to the end of October 2021

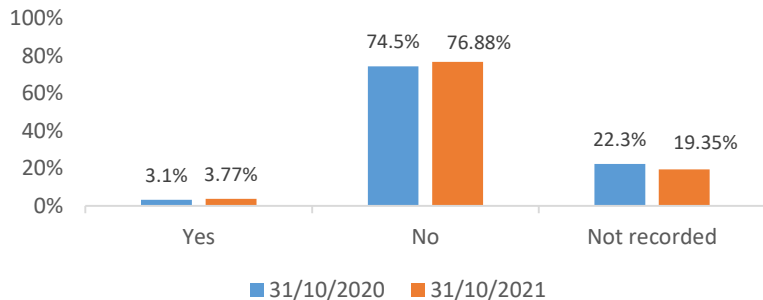
- The graph above identifies the number of other non-sickness absence reasons up to the end of October 2021, (excluding Covid 19).



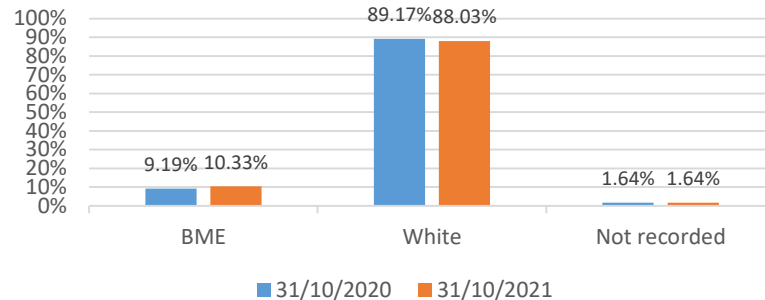
- There has been a 0.03% increase in maternity leave overall from January 2020 to October 2021.
- Maternity leave absence in Nursing and Midwifery has increased by 0.29%, from January 2020 (3.75%) to October 2021 (4.04%)

People

Disability %

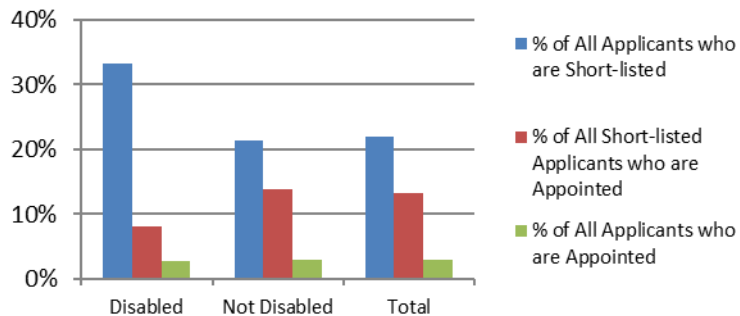


Ethnicity %

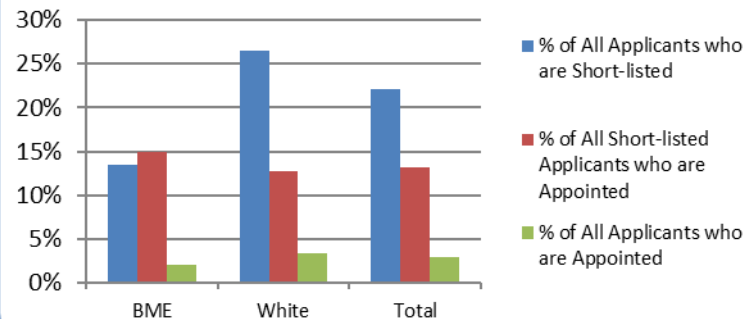


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending October 2021.

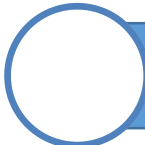
Analysis of Recruitment Activity by Disability



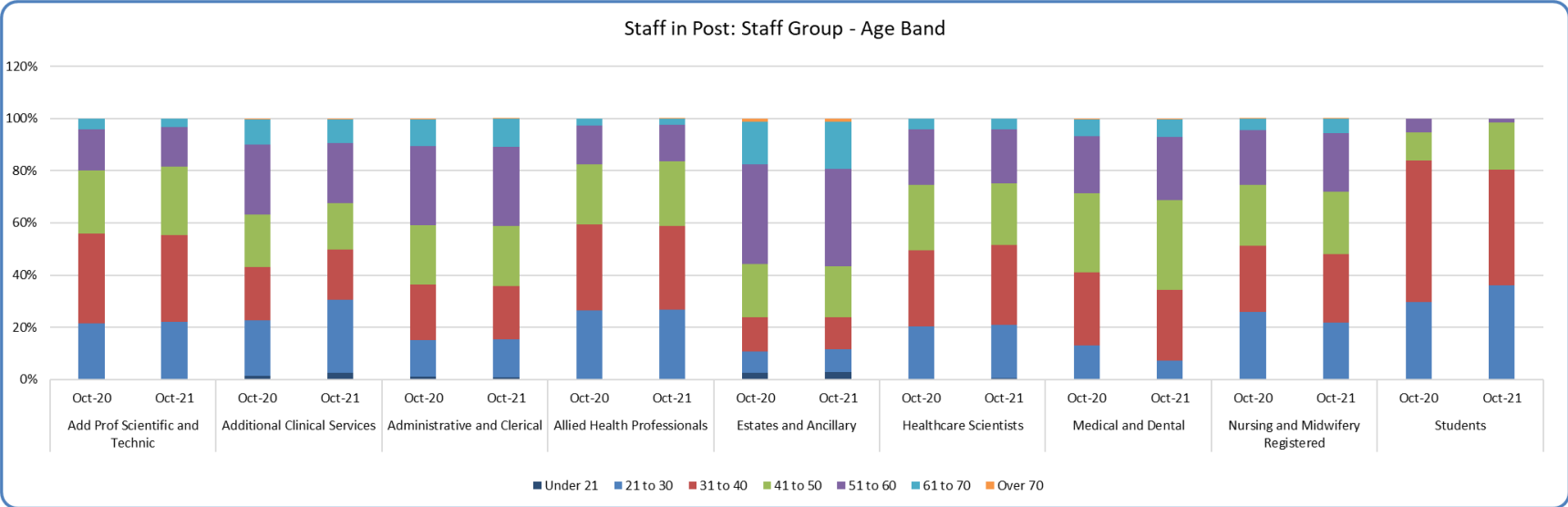
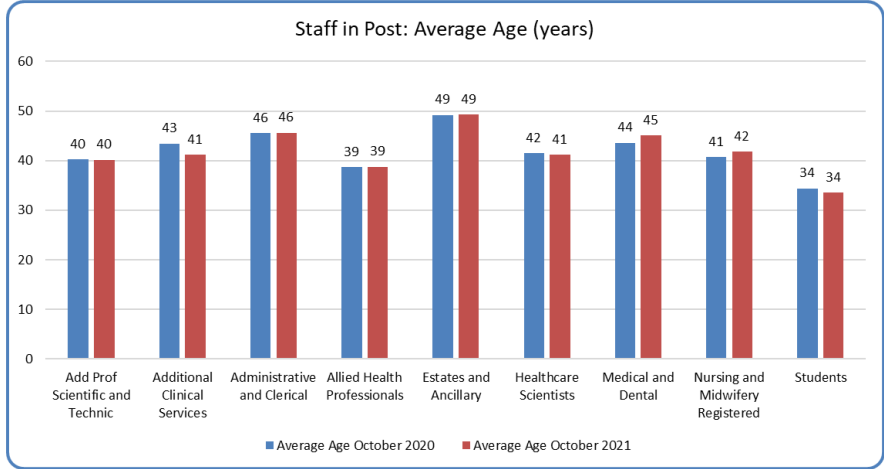
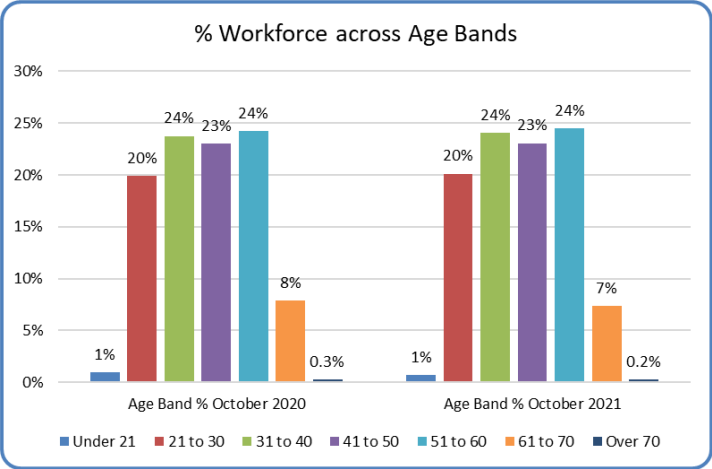
Analysis of Recruitment Activity by Ethnicity



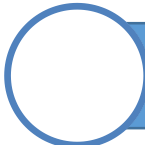
- The graphs above identify, by headcount, the percentage of staff in post in October 2020 and October 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 3.14% to 3.77% and the percentage of BAME staff has increased from 9.19% to 10.33%.



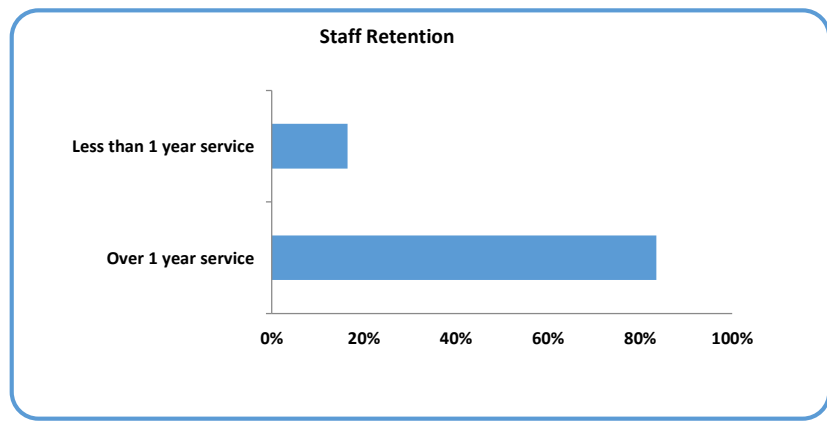
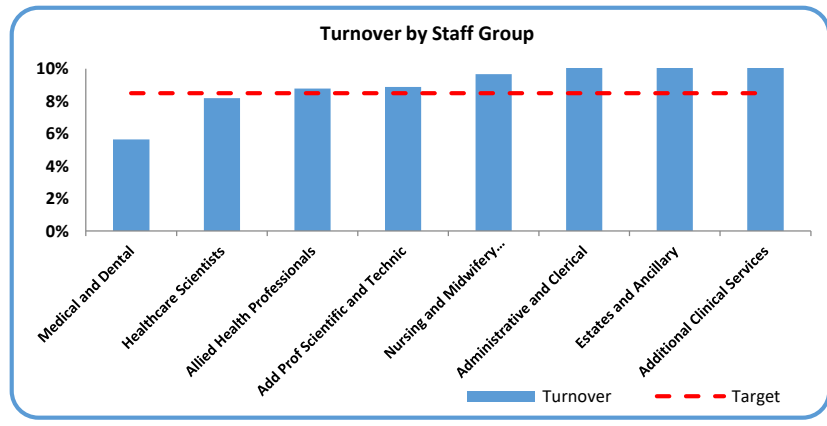
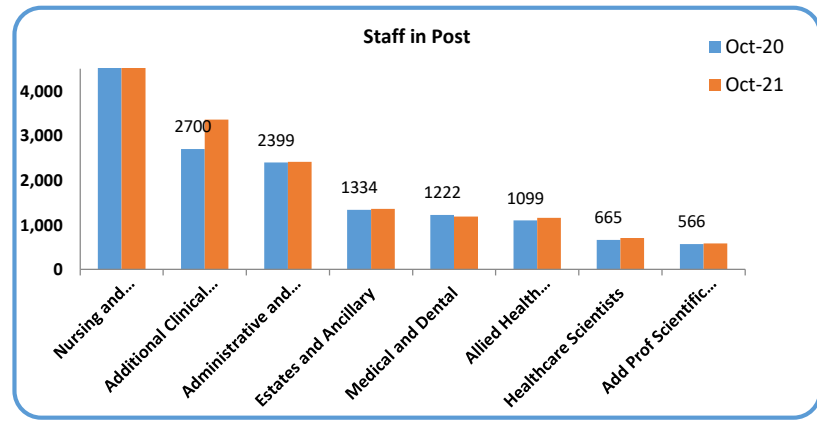
People



The graphs above identify that staff in post across aged bands has remained similar between October 2020 and October 2021.



People



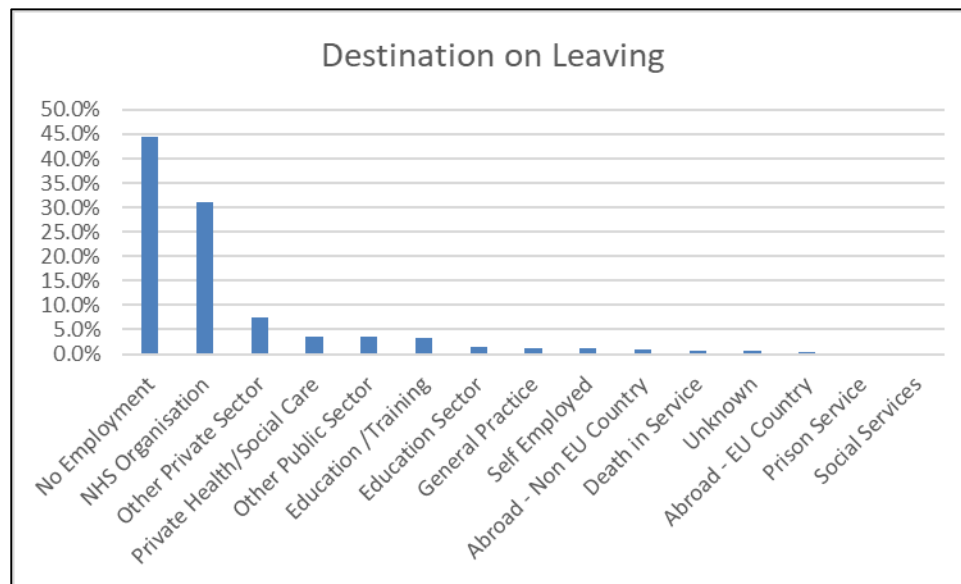
- Staff in post at October 2021 is 13,885 wte (16,086 headcount) compared to 13,014 in August 2020 (15,033 headcount). These numbers exclude bank staff, LET doctors and honorary contract holders.
- Staff turnover has increased from 9.85% in October 2020 to 10.53% in October 2021, against a target of 8.5%.
- The total number of leavers in the period November 2020 to October 2021 was 1,622.
- Staff retention for staff over 1 year service stands at 83.54, which is a decrease from 88.78% in October 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.

People

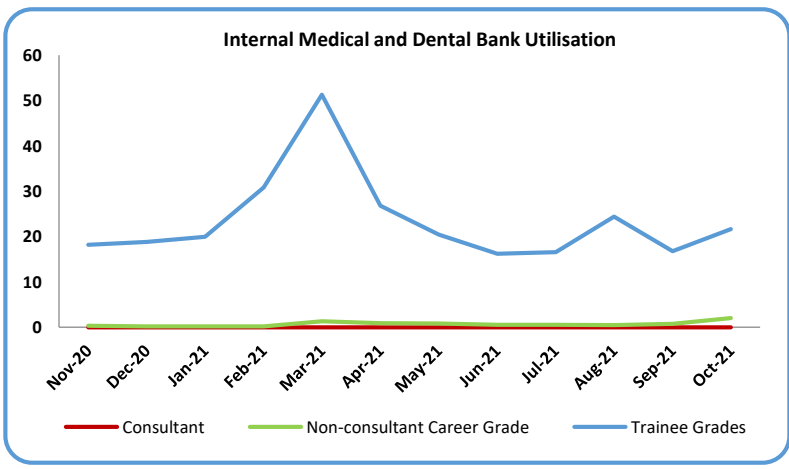
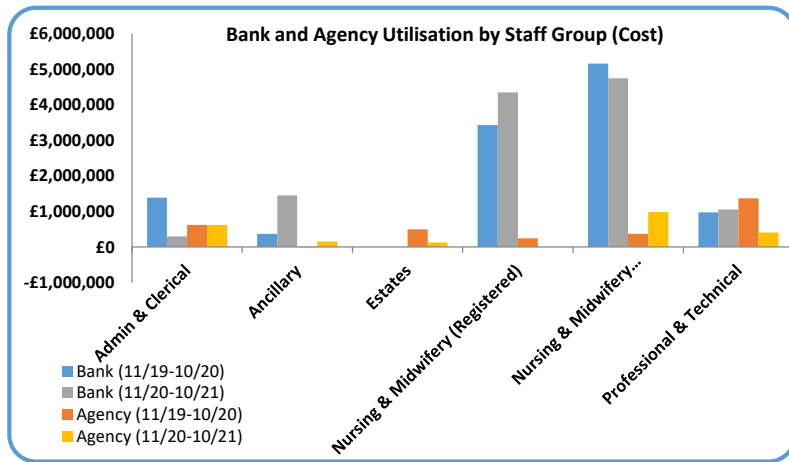
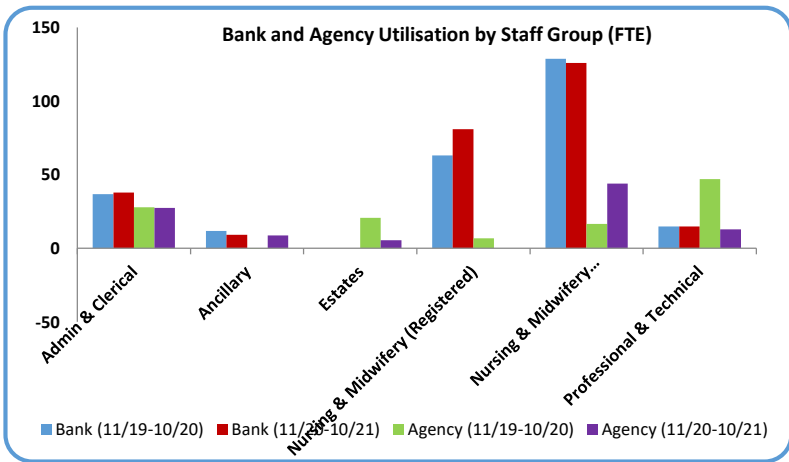
Turnover by Directorate

Directorate	Turnover
NHS COVID Vaccination Programme	78.96%
North East Integrated Covid Hub	27.36%
Finance	14.88%
Estates	13.36%
Clinical Research	13.20%
Community Services	12.79%
Patient Services	12.32%
Dental Services	11.66%
Supplies	11.32%
Pharmacy	10.22%
Women's Services	9.64%
Human Resources	9.59%
Chief Operating Officer	9.51%
Medical Physics	8.94%
Cancer Services/ Clinical Haematology	8.90%
Information Management & Technology	8.75%
Peri-operative & Critical Care - RVI	8.57%
Cardiothoracic	8.55%
Children's Services	8.54%
Integrated Laboratory Medicine	8.46%
Neurosciences	8.33%
Peri-operative & Critical Care - FH	8.16%
Internal Medicine - Urgent Care	8.11%
Chief Executive	8.08%
Urology & Renal Services	7.80%
Radiology	7.73%
ENT, Plastics, Ophthalmology & Dermatology	7.72%
Internal Medicine - General	7.47%
Medical Director	7.25%
Musculoskeletal Services	7.09%
Surgical Services	7.07%
Regional Drugs & Therapeutics	5.41%
Business & Development	3.51%
Grand Total	10.53%

- The NHS Covid Vaccination Programme have had the highest turnover between October 2020 and October 2021, with an average staff in post of 154 and a total of 122 leavers.
- Only 31% of leavers across the Trust left to go to another NHS organisation



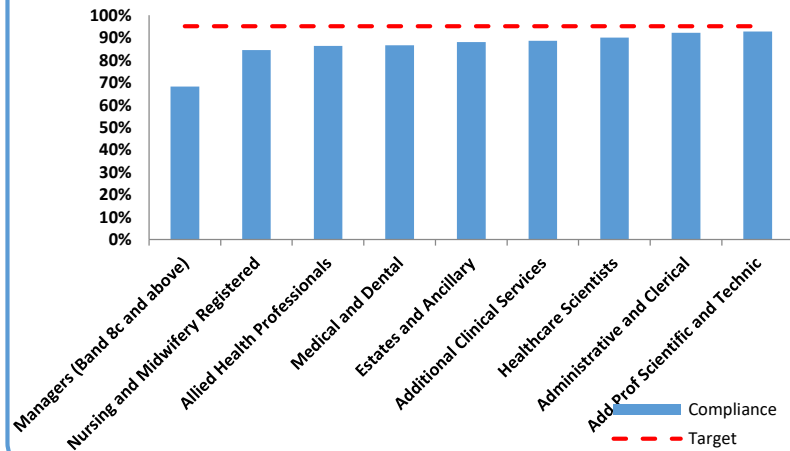
People



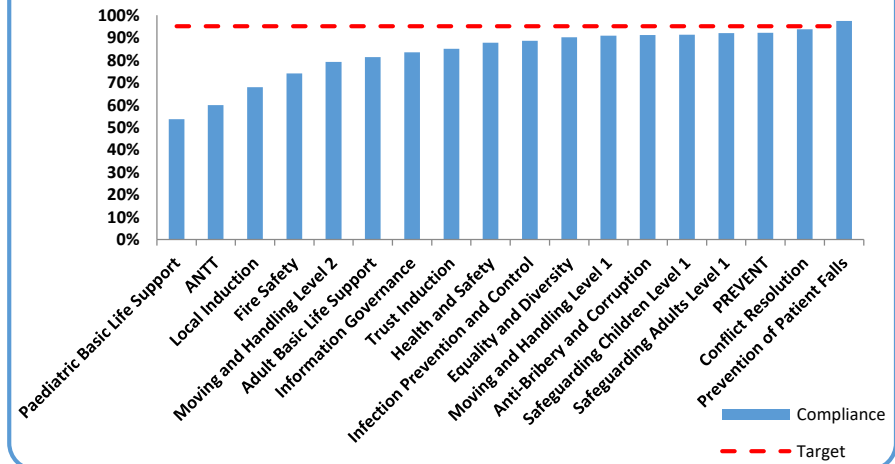
- Comparing the periods November 2019 – October 2020 to November 2020 – October 2021, overall bank utilisation has increased from 286 wte to 275 wte and agency utilisation has decreased from 146 wte to 119 wte.

People: Delivering Excellence in Education & Training

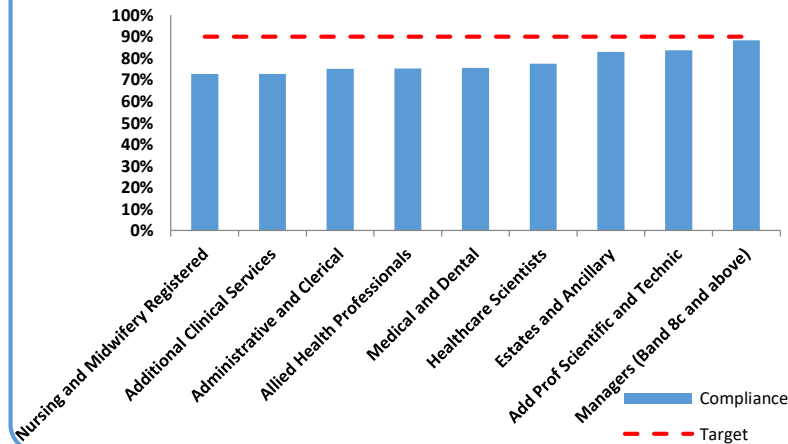
Mandatory Training by Staff Group



Mandatory Training by Topic



Appraisals



- Appraisal compliance stands at 75.24%, at end of October 2021, against an end of year target of 95%. The October 2020 position was 77.44%. 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 86.83% at end of October 2021, against a Q1 target of 80% and end of year target of 95%. The October 2020 position was 89.83%.

Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 31st October 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. The financial regime guidance has been issued for the second half of the year. The Trust submitted a financial Plan to NHSE for H1 at the end of May, and a Financial Plan is required to be submitted for the second half of the year (H2) in early November.

In the period to 31st October 2021 the Trust incurred expenditure of £780.8 million, and accrued income of £780.8 million on mainstream budgets and incurred expenditure of £11.5 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a break even. The Trust expenditure is exactly matched by income from NHSE and other commissioners and is therefore I & E neutral for the Trust. ICHNE is now being treated on an 'Agent Basis' and is excluded for both income and expenditure, the figure is £79.3 million.

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 31st October the Trust had spent £23.6 million capital, £2 million behind Plan.

Overall Financial Position			
	Month 7 Budget £'000	Month 7 Actual £'000	Month 7 Variance £'000
Income	785,546	780,780	(4,766)
Expenditure	785,546	780,780	(4,766)
I & E position (excl impairment)	(0)	0	0
Capital Programme	23,649	21,631	(2,018)