

Public Trust Board of Directors' Meeting

Thursday 29 September 2022, 1:15pm – 4.00pm

Venue: Freeman Boardroom for Board members only, all others to dial in via MS Teams

Agenda

Item	Lead	Paper	Timing	
Standing items:				
1.	Apologies for absence and declarations of interest	Sir John	Verbal	13.15 – 13.16
2.	Minutes of the Meeting held on 28 July 2022 and Matters Arising	Sir John	Attached	13.16 – 13.20
3.	Chairman's Report	Sir John	Attached	13.20 – 13.23
4.	Chief Executive's Report	Dame Jackie	Attached	13.23 – 13.30
Strategic items:				
5.	Digital People Story	Ian Joy	Attached	13.30– 13.40
6.	Trust Recovery Programme Update, including end of August Performance Position	Martin Wilson and Vicky McFarlane-Reid	Attached	13.40 – 14.00
7.	Director reports:			
a.	Medical Director; including	Andy Welch	Attached & BRP	14.00 – 14.10
i)	Guardian of Safe Working Report Quarterly Report;			
ii)	EPRR Assurance Framework Compliance Statement and Annual Report			
iii)	Annual Revalidation Report			
iv)	Consultant and Honorary Consultant Appointments			
b.	Executive Chief Nurse; including	Ian Joy	Attached & BRP	14.10 – 14.20
i)	Update including Flu and Covid Vaccination Programme – Winter 2022			
ii)	Ockenden Update report			14.20 – 14.30
c.	Director of Quality & Effectiveness - CNST Quarterly report	Angela O'Brien	Attached & BRP	
	<i>Refreshments break</i>			14.30 – 14.35
d.	Director of Infection Prevention & Control	Julie Samuel	Attached & BRP	14.35 – 14.45

Item	Lead	Paper	Timing
e. Human Resources Director People Report; including	Dee Fawcett		14.45 – 14.55
i) Equality, Diversity and Inclusion, WDES and WRES Reports			
ii) Gender Pay Gap Annual Report 2021/22			

Items to receive and any other business:

8. Update from Committee Chairs	Committee Chairs	Attached	14.55 – 15.15
9. Corporate Governance Update	Kelly Jupp	BRP	15.15 – 15.20
10. Integrated Board Report	Martin Wilson	BRP	15.20 – 15.30
11. Meeting Action Log	Sir John	BRP	15.30 – 15.32
12. Any other business	All	Verbal	15.32 – 15.35

Date of next meeting: Thursday 24 November 2022

Professor Sir John Burn, Chairman

Mr Andy Welch, Medical Director/Deputy Chief Executive Officer

Mr Ian Joy, Deputy Chief Nurse [NB Deputising for Maurya Cushlow, Executive Chief Nurse]

Mr Martin Wilson, Chief Operating Officer

Dr Vicky McFarlane-Reid, Executive Director for Business, Development & Enterprise

Mrs Jackie Bilcliff, Chief Finance Officer

Mrs Dee Fawcett, Director of Human Resources

Mrs Angela O'Brien, Director of Quality and Effectiveness

Ms Julie Samuel, Director of Infection Prevention and Control

Mrs Kelly Jupp, Trust Secretary

Mr Steven Morgan, Non-Executive Director/Chair of Finance Committee

Mr Jonathan Jowett, Non-Executive Director/Chair of People Committee

Mr Graeme Chapman, Non-Executive Director/Chair of Quality Committee

Mr Bill MacLeod, Non-Executive Director/Chair of Audit Committee

Ms Jill Baker, Non-Executive Director/Chair of Charity Committee

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PUBLIC TRUST BOARD OF DIRECTORS' MEETING

DRAFT MINUTES OF THE MEETING HELD 28 JULY 2022

Present:	Professor Sir J Burn <i>[Chair]</i>	Chairman
	Mrs M Cushlow	Executive Chief Nurse [ECN]
	Mrs A Dragone	Finance Director [FD]
	Dr V McFarlane Reid	Executive Director of Business, Development & Enterprise [EDBDE]
	Mr A Welch	Medical Director/Deputy Chief Executive Officer [MD/DCEO]
	Mr M Wilson	Chief Operating Officer [COO]
	Mr G Chapman	Non-Executive Director [NED]
	Ms S Edusei	NED
	Mr J Jowett	NED
	Mr B MacLeod	NED
	Professor K McCourt	NED
	Mr S Morgan	NED
	Mrs L Bromley	NED
	Mrs P Smith	Associate NED [ANED]

In attendance:

Mrs C Docking, Assistant Chief Executive [ACE]
 Mrs D Fawcett, Director of HR [HRD]
 Mr R Smith, Estates Director [ED]
 Mrs K Jupp, Trust Secretary [TS]
 Mr G King, Chief Information Officer [CIO]
 Mrs J Samuel, Director of Infection Prevention and Control [DIPC]
 Mrs A O'Brien, Director of Quality & Effectiveness [DQE]
 Mr C Speed, Deputy Chief Operating Officer NIHR Clinical Research Network *(for item 22/23 ii)*

Observers:

Ms K Finlayson, Partner, PwC
 Mr I Joy, Deputy Chief Nurse
 Mrs P Yanez, Lead Governor
 Mr E Valentine, Public Governor
 Mr P Home, Public Governor
 Mr D Hughes, Public Governor
 Mrs J Carrick, Public Governor *(from 13:35)*
 Mr S Volpe, Health Reporter

Secretary:	Mrs G Elsander	Corporate Governance Officer and PA to Chairman and Trust Secretary
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Note: The minutes of the meeting were written as per the order in which items were discussed.

22/22 STANDING ITEMS:**i) Apologies for Absence and Declarations of Interest**

The Chairman welcomed Ms Finlayson to the meeting, noting that she would be observing the meeting as part of the Well-Led External Review which the Trust had commissioned, and was being undertaken by PwC.

Apologies for absence were received from Dame Jackie Daniel, Chief Executive Officer [CEO], Ms J Baker, NED and Mr D Burn, ANED.

The Chairman declared an ongoing interest regarding matters pertaining to COVID-19 testing and the Integrated COVID Hub North East (ICHNE), due to his role as chairman of QuantuMDx.

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

It was resolved: to (i) **receive** the Chairmans declaration and (ii) **note** no further declarations were made.

ii) Minutes of the Meeting held on 31 May and Matters Arising

The minutes of the meeting were agreed to be an accurate record, subject to the following amendment:

- Page 15, final bullet point – to replace ‘create’ with ‘Great’.

There were no matters arising from the previous minutes.

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

iii) Chairman’s Report

The Chairman presented his report, noting:

- A welcome to both new and reappointed Governors following the recent Governor elections.
- Attendance at a recent Quality of Patient Experience Working Group meeting, the date of which coincided with the Big Tea Event in celebration of the NHS’ 74th Birthday.
- Recent Spotlight on Services sessions with the Infection Prevention and Control Team, Urology and the Children and Families Newcastle Programme who utilise the Hub and Spoke model with Collaborative Newcastle.

The chairman highlighted the importance of the Children an Families Newcastle Programme, and equivalent programmes, given that circa 42% of children in society were now ‘in poverty’.

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- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives.

The Chairman referred to his recent attendance at the Bubble Foundation anniversary event, celebrating their 30th year. The Bubble Foundation supports the Bubble Unit based at the Great North Children's Hospital which was established to treat babies and children born with defective immune systems, by offering them bone marrow transplantation.

It was resolved: to receive the report.

iv) Chief Executive's Report

The ECN presented the report on behalf of the CEO, drawing attention to three main areas:

- **The establishment of the Integrated Care Boards (ICBs)**, the aims and intentions of which would be to:
 - Improve outcomes in population health and healthcare;
 - Tackle inequalities in outcomes, experience and access;
 - Enhance productivity and value for money; and
 - Help the NHS support broader social and economic development.

It was noted that Mr Joe Corrigan had been appointed as the place-based Director for Newcastle. The CEO had welcomed Mr Corrigan into his role and was looking forward to carrying on discussions in relation to the collaborative and partnership work across the city.

- **Renewing high-performance culture**, in relation to collectively renewing energy and focus on performance targets, recognising that quality was at the forefront of all work undertaken by the Trust. As well as the many competing challenges witnessed daily, there was also increasing activity within the Emergency Department (ED) and a continued focus on recovery within the elective programme for both inpatient and outpatient areas. Despite this the Trust continued its relentless focus on delivery of the fundamental standards of care and practice, as well as ensuring high quality care for patients and caring for our workforce.

Significant progress had been made in reducing patients waiting the longest for treatment.

- **Improving life Chances**, working with partners as part of Collaborative Newcastle, the Trust already created 'Children & Families Newcastle', bringing together health and support services in community hubs. The Trust joined partners from across the city at the launch of 'EVERY Child Newcastle', which has an ambition to empower young people and make Newcastle a place where every child and young person can achieve a successful future. As part of this, the Trust will be offering high quality paid traineeships to young people, especially those from areas of the city with high levels of inequality and poverty, to build high-quality careers.

Mr Jowett referred to the first page of the report, in particular *'in my view we cannot afford to have focus and resources spent on centralising decision-making and performance-*

management arrangements,' highlighting that it was critical for the place and the region to have local control its funding resources.

Regarding a question raised in relation to the remit of the Place Director, the ECN advised Mr Morgan that further information had been requested to understand the scope and responsibilities of the role. Place based teams would be established in each locality which would take over responsibilities from Clinical Commissioning Groups (CCG). The COO added that Mr Corrigan was a member of the Collaborative Newcastle joint Director Team and would report into a member of the ICB.

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

22/23 **STRATEGIC ITEMS:**

i) **Digital People Story**

The ECN introduced the digital people story, which shared the lived experience of a visiting carer accessing healthcare services and the personal reflections of a staff carer. It described how carers share their personal lived experiences and provided an introduction to the role of the Hospital Carers Information and Advice Worker (HCIAW).

The ECN advised that the HCIAW role is a collaborative role developed in partnership with Newcastle Carers and funded by Newcastle Hospitals Charity which was successfully implemented in June 2021.

The digital story demonstrated the strategic commitment to supporting unpaid carers, personally and professionally.

In response to a query from Mr MacLeod in relation to the proactivity of the service, the ECN advised that support was provided on discharge and the support worker acted as a bridge between hospital and home. The ECN highlighted that demand levels were high which had created some challenges due to having only one HCIAW post in place.

Ms Edusei welcomed the initiative and questioned if there was education and learning available for staff who were also carers. The ECN confirmed this was available and adjustments were made for staff where possible, acknowledging there was always improvements to be made.

It was resolved: to **receive** the report and the associated digital story.

ii) **Trust Recovery Programme:**

- a. **General Update; and**
- b. **End of June Performance Position**
- c. **Performance Successes**

The COO noted that despite it being over 900 days since the start of the pandemic, organisation was still heavily impacted by the ongoing challenge of caring for COVID-19

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patients and Infection Prevent and Control (IPC) considerations. As such the recovery programme focussed on:

- Reducing waiting times for patients;
- Dealing with the increasing demand for Emergency & Urgent Care; and
- Increasing the levels of elective activity required to address the backlog from the COVID-19 pandemic.

The EDBDE highlighted the following points from the report which used June data:

- Provisional data suggested Newcastle Hospitals delivered day case activity equivalent to 92.1% of June 2019 volumes, with overnight elective activity lower at 78.1%. Outpatient activity as a whole was delivered at 99.6% of the levels recorded in June 2019.

This was a relatively small increase since the previous Board; however, it did not meet the target set by NHS England / Improvement (NHSE/I). Despite not achieving the target of 104% weighted activity which was the eligibility criteria for Elective Recovery Funding (ERF), the funding had been made available for quarter 1.

- The 28-day Faster Diagnosis Standard (FDS) for cancer care has been achieved in each of the past four months, but seven of nine cancer standards fell short of target in May 2022. Challenges remained, particularly regarding achievement of the 62-day target.
- At the end of June, the Trust still had 41 patients waiting >104 weeks, but this represented a 27% reduction from the previous month, and the reduced volume was ahead of trajectory (63). A national issue remained in relation to lack of capacity for treating the complex long-waiting spinal patients. Referral to Treatment (RTT) compliance was 70.4%.

In noting that the new targets were based on demand levels pre pandemic, Mr Morgan questioned the Trust performance at that time to which the COO advised there were 12 patients waiting over 104 weeks and acknowledged there had been a significant increase post pandemic. The EDBDE added that there were also some specialist areas which were also beginning to experience pressures pre-Covid, notably dermatology and ophthalmology.

The EDBDE demonstrated the live dashboard for the daily Sitrep of COVID-19 patients highlighting that Covid-19 patients were still occupying beds that would ordinarily be occupied with elective patients. The Trust was still treating circa 109 COVID-19 inpatients and there were higher levels of patients presenting at Accident and Emergency (A&E) with more complex needs. This was coupled with a tired workforce and gaps in rotas.

The COO added that this situation was not unique to Newcastle Hospitals and advised that the new Day Treatment Centre would offer an additional 4 theatres to assist in delivering further elective activity.

Recognising that more than 100% of activity was needed to catch up on the backlog of patients Ms Edusei questioned if there was a known timescale for reducing the backlog and a knowledge of what was required to address it. The EDBDE admitted this was difficult to predict recognising known pressures in some specialties pre-Covid and the consequences of

COVID-19. The COO added that for example in spinal services a significant increase in capacity was required over 2-3 years to recover the backlog.

Ms Edusei welcomed the improvement in 104 week waits but expressed some concern in relation to 52 week waits and questioned if there was a specific reason for this. The EDBDE advised that the ability to treat patients within this category was compromised by increasing A&E demand coupled with the number of COVID-19 patients being treated and surges in referrals post-pandemic. It was noted that the target set for 52-week waits was based on the premise of not needing to treat any COVID-19 patients.

Ms Edusei commended the performance in relation to ambulance handovers. The MD/DCEO highlighted that ambulance handovers had never been an area for concern for the Trust, having agreed that the standard procedure was to receive patients into the care of the hospital rather than patients being delayed in the back of an ambulance preventing turnarounds.

Mr C Speed joined the meeting at 14:05.

The EDBDE highlighted a number of performance success stories, which included:

- Skin cancer performance - Skin cancer has been one of the most challenged tumour groups and has recently made significant improvements in its performance against the 28-day FDS and halved the backlog of patients on the 62-day cancer pathway since January 2022.
- Referral to Treatment Times (RTT) – Dental – Dental services have stayed closer to this target than any other directorate during the pandemic, only marginally missing the 92% on a few occasions in the last 12 months. They also have no >52-week waiters. This demonstrated strong leadership and collaboration.
- RTT – Catheter labs – With the use of a mobile catheter lab as well as external providers the Cardiology Department have reduced the waiting times for planned procedures, whilst maintaining an emergency service and with two of the Hospital cath labs under refurbishment. RTT compliance for May 2022 was slightly above 92%.
- Diagnostic waiting times – Echocardiogram - The cardio team saw a reduction in echo capacity due to recommended changes in the volume of work physiologists should carry out, coupled with a rise in demand for echo diagnostics. Working with 4 insourcing companies, at weekends and evenings, the department have reduced the number of patients waiting from almost 4,000 to under 1,000 in the last 12 months and in May 2022 were 91% compliant with the diagnostic target, compared to just over 20% in May 2021.
- Long waiters - The Trust is managing the largest number of long waiters within the Integrated Care System (ICS). In Ophthalmology the number of long waiters has reduced from >3,000 in March 2021 to <1,000 in May 2022. Treating more than 2,000 of the longest waiters in 12 months.

It was resolved: to **receive** the report and the performance success stories.

iii) NIHR CRN NENC Annual Report [FOR APPROVAL] and Annual Plan

Mr Speed presented the report which provided a summary of the NIHR CRN NENC Annual Business Plan (And Financial Plan) 2022-23, and Annual Report 2021-22 required to be submitted.

Mr Speed explained that the National Institute of Health Research, Clinical Research Network North East and North Cumbria (CRN NENC) was one of 15 in England, hosted by Newcastle Hospitals to deliver research activity across the region in acute care, primary care and broader health and care settings.

Originally the CRN NENC was required to create a local plan which specified the activities to be carried out within the North East and North Cumbria region in accordance with the Performance and Operating Framework and with the CRN NENC Contract with the Department of Health and Social Care (DHSC). However, the process was amended to develop one single national CRN plan with high level themes for all CRNs to follow.

Also submitted to the Board and included in the Board Reference Pack was the CRN NENC annual report for 2021/22. The report on progress uses a national format and works to a national timeframe for submission to the Coordinating Centre. The annual report was submitted to NIHR CRN Coordinating Centre in Quarter 1 (Q1) 2022/23 as required, post submission approval for the report from Trust Board was sought.

Mr Speed advised that the CRN NENC Annual Business Plan and Financial Plan are no longer required to be approved by the Host Trust Board. However, the CRN NENC thought it important that the host Trust Board has sight of the planned activity and an opportunity to endorse it, therefore the Trust is submitting the plans for local approval.

The Chairman welcomed the update and noted that the CRNs would be renamed as Research Delivery Networks.

It was resolved: to **receive** the report and **approve** the documents referenced in the main report.

Mr C Speed left the meeting at 14:15.

iv) Director Reports

- a. Medical Director: including:**
- i) Quarterly Guardian of Safe Working Report (GOSW)**
 - ii) Consultant Appointments**

The MD presented the reports, noting the following points:

- **National Patient Safety Strategy** – work continued in response to the new national strategy, with an update provided to Board members in the June Board Development session.

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- **Digital** – successful roll out of e-obs in Paediatrics.
- **NICE** – improving position with respect to risk of non-compliant guidelines, including antimicrobial stewardship (previously the highest rated risk) and other longstanding risks following appointments to nurse specialist posts in young person's epilepsy and autism service.

Despite financial pressures, the importance of keeping quality and patient safety, patient experience and outcomes at the top of agenda was acknowledged.

- **COVID-19** – there were currently 109 patients in the Trust being treated with a 55/45 incidental findings split. Patients appeared less acutely ill, most likely due to the success of the vaccination programme, with a further booster programme anticipated in the Autumn. The Trust IPC strategy regarding COVID-19 remained under review, being cognisant of staff sickness levels, demand for services and the need to reduce waiting lists for elective treatment.
- **Dermatology** – referrals peaked to 330 in one week and cancer 2 week wait referrals have exceed pre COVID-19 levels.
- **Education & Training** – the Trust had received several requests from Health Education North East (HEE-NE) to take on additional Foundation doctors from August 2022 (oversubscription) as a result of expansion in medical school numbers. The Trust was unable to take up any posts due to the posts being unfunded.

Recent changes to curricula in specialities will have service implications due to increased requirements for self-development time and cover for study leave. Working groups have been established to consider the implications further. There may be a need for additional trust doctors to fill any gaps created.

- **Mental Health** – Dr Sarah Brown appointed as a new, honorary Associate Medical Director (AMD) on 1 August 2021. Significant work undertaken to raise the awareness of mental health and to co-ordinate services.
- **Annual Guardian of Safe Working Report (GOSW)** – the terms and conditions of service of the new junior doctor contract (2016) require a consolidated annual report on rota gaps, and the plan for improvement to reduce these gaps to be included in the Trust's Quality Account. The report addressed the requirement for the year from April 2021 to March 2022 for consideration by the Board of Directors.

It was noted that the main area for concern in relation to rota gaps was cardiothoracic surgery, ophthalmology and acute medicine. This had led to an increase in locum payments to mitigate any risk and a rewriting of work schedules.

- **Consultant Appointments** – the TS advised that one of the governors had raised a query in relation to the contents of the Consultant Appointments report. The TS agreed to record this as an action in the action log to follow up [**ACTION01**].

It was resolved: to **receive** the report of the MD and the **note** the contents of (i) Guardian of Safe Working Annual Report and (ii) Consultant Appointments Report, subject to the action noted above.

b. Executive Chief Nurse; including Freedom to Speak Up Guardian update

The ECN drew attention to the following key points:

- This month's 'Spotlight' section outlined the work of the Trust Catering Teams who provide services for both our patients and staff. The section provided an overview of the team's challenges and successes over the last 12 months which included electronic meal ordering as well as enhancing staff catering facilities in the Leazes wing. The catering team have been fundamental in keeping patients and staff nourished in a safe and clean environment every day of the year and the ECN commended them for this.
Key challenges included developing 24/7 services and managing sickness absence levels.
- Section 2 of the report provided an update on the development and implementation of the Professional Nurse Advocate (PNA) role. In March 2021, the PNA role was launched by the Chief Nursing Officer for England/NHS E/I and this section provided an overview of Trust implementation to date. There was an expectation to increase the number of PNAs in post, as well as the amount of clinical supervision.
- Section 3 focussed on staffing and highlighted areas of risk, with actions and mitigations taken to assure safer staffing in line with the agreed escalation criteria. COVID-19 related absences have increased and this is impacting on the ability to maintain safe staffing levels. Referring to the fill rate it was noted that 15% of shifts were not filled in any one month which was significant, however emphasis was placed on ensuring wards were staffed safely.
- Staff turnover for nurses was noted as a little over 10% with the Band 5 vacancy rate noted as 8.4%. This was higher than normal due to the closure of the vaccination programmes. International recruitment continued at pace.
- Recruitment to the new Day Treatment Centre has progressed successfully with all 48.64 whole time equivalent (wte) of registered workforce recruited. 28.3wte support staff have been appointed with only 1.48wte vacancy remaining. An onboarding programme has commenced and will run regularly to accommodate deployment of the new staff. Of note there is a training lead in time required which will result in a flexible multiskilled workforce.
- On the 26th of July the new Nursing, Midwifery and Allied Health Professionals (NMAHP) strategy was launched and referenced in the Board Reference Pack. The ECN commended Mr Joy who had developed this strategy as well as Lynn Watson in the Communications Team who had helped design the document.

Mr Jowett welcomed the update in relation to the recruitment to the Day Treatment Centre and sought clarity on the origin of the recruits. The ECN advised that the workforce was a combination of both internal and external staff, and the internal staff were spread across different areas within the Trust thereby not causing concern in one area.

Ms Edusei referred to staffing fill rates and questioned if this was worse than experienced pre-Covid. The ECN explained that fill rates had deteriorated and fluctuated daily due to sickness levels which stood at just over 6%.

Ms Edusei questioned if any themes had been identified with regard to those staff leaving the Trust, to which the HRD advised that the most common reason was for retirement. The process for exit interviews was also being reviewed in order to provide richer data. It was noted that 25% of leavers were moving to other NHS organisations.

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Mrs Smith questioned if the Trust was actively recruiting within the community seeking out those with lived experience who may wish to take up caring roles. The ECN confirmed there was investment in this area to support the discharge pathway. The HRD added that the apprenticeship scheme was working in collaboration with the local authority for health care support workers.

As the Trust was a tertiary centre with specialised nurses, Mr Chapman questioned if this created difficulties when deploying staff to different areas. It was noted this could be an issue on occasion, however the ECN advised that attempts would be made to redeploy nurses within their own specialties.

It was resolved: to receive the report.

i) Ockenden Update Report

The ECN presented the report with following points noted:

- Both the interim and final report had been dovetailed together and would be presented as such moving forward.
- The Ockenden Insight assurance visit took place on 17 June, focussing on the interim report with the Regional Chief Midwife together with members of the Local Maternity System (LMS). Feedback was extremely positive.
- Insight Points for consideration included:
 - Key theme was that of continuous audit to enable demonstration of sustainability.
 - Further involvement of the Maternity Voices Partnership (MVP).
 - Acknowledgement of the of national guidance to support midwifery workforce planning, however there was a request to consider the gap in relation to the Royal College of Midwife Leadership manifesto.
- Verbal feedback had been provided from the visit and a written slide pack was awaited.
- The final Ockenden report noted 92 recommendations with the service being just over 50% compliant. The areas of none or partial compliance were fully known to the Trust and assurance could be gained from the significant oversight of where the service currently sat within the governance and assurance frameworks.
- The Local Maternity System (LMS) together with both Executive and Non-Executive support and oversight of the service was positive which was witnessed at the insight visit.
- The supporting paper detailed the Trust's position from both the interim and the final report, with a specific focus on the 7 non-compliant recommendations arising from the final report.
- A review was planned for August which would inform the position of any roll out of additional teams for the Continuity of Carer model. There was a strong likelihood of delay, and an update would be provided at the next Board meeting in September.
- The Board was made aware of a risk from one of the non-compliant recommendations in relation to staffing levels whereby minimum staffing levels must include a locally calculated uplift, representative of the three previous years data, for all absences including sickness, mandatory training, annual leave and maternity leave.

It was noted that an uplift of 20% was broadly applied across the Trust with some specific local derogations in key areas. Work was required in collaboration with key stakeholders within the organisation to scope and agree on an appropriate uplift going forward. In mitigation, the maternity service has approval to continuously over-recruit 20wte midwives to supplement the requirements for training and long-term absence.

It was noted that a Deep Dive for Maternity Services had been arranged by the Quality Committee for August 2022. *[Date subsequently been moved to October due to annual leave]*.

Mr Jowett referred to the continuous audit reference in section 3.3 of the paper and questioned if this would be undertaken externally or internally. The ECN advised that she was not aware of a requirement that the audit should be undertaken externally. She added that the maternity team would complete the audit, but the Trust would be subject to external scrutiny. The ECN confirmed there was an active clinical audit programme within the maternity service however the concern was this audit would be a further requirement.

Mr MacLeod referred to the workforce changes in relation to MCoC and questioned if this had impacted attrition. The ECN noted that in line with the national picture, the Trust had seen attrition within the Midwifery workforce with a number of reasons being attributed to this and the position both Trust and system-wide was being closely monitored.

It was resolved: to i) **receive** the report; ii) **note** the current level of assurance, the identified gaps and associated risks; and iii) **recognise** that further detailed work is required to ensure full compliance regarding the final Ockenden report.

c. Director of Quality & Effectiveness

i) Quality Strategy

The DQE presented the report with following points noted:

- The current Trust Quality Strategy was launched in 2018 and had been refreshed as opposed to a full rewrite.
- The refresh work identified that the principles of the Strategy remained relevant and still apply however, in the coming year there were significant changes nationally and locally which would need to be included in a rewritten Quality Strategy.
- The Strategy had been refreshed to reflect the key quality priorities outlined in the Quality Account and an update in relation to the evolving peer review process was also included in the amended strategy to reflect the anticipated well led CQC inspection.
- The section in relation to the Trust's overall Clinical Research Strategy had also been updated as well as the success today of the Trusts NMAHP Strategy.
- It was proposed that the current Strategy be extended to 2023 with a high-level review of the content, pending a full consultation and comprehensive re-write over the course of 2022/23.

- The documents had been fully considered and approved by the Quality Committee prior to presentation to the Trust Board.

It was resolved: to **approve** the refreshed strategy pending a full consultation and comprehensive re-write over the course of 2022/23.

ii) CNST Quarterly report

The DQE presented the report and noted the following points:

- The Year 4 CNST safety actions were effective from the 8 August 2021. Amendments were made to the safety actions in October and on the 23 December 2021 the Trust was informed that there would be a 3 month pause in the reporting period due to ongoing pressure on the NHS and maternity service. The year 4 safety actions were amended during the pause period and re-published on 6 May 2022.
- The declaration of compliance would be due for submission by January 2023.
- The additions to the standards would create a greater burden to the maternity unit, collecting data and submitting to various internal and external sources.
- Implementation of Badgernet would alleviate pressures regarding manual data entry.
- One of the risks outlined by the maternity unit was the fact that the processes for reporting and submitting the data to the ICS had not yet been developed.
- Another risk noted was in relation to the training requirement for immediate resuscitation of the newborn and management of the deteriorating newborn infant. The requirement was 90% and current compliance ranged between 31 and 71%. Whilst the maternity unit was optimistic in achieving 90% compliance by January 2023, this would be dependent upon any unforeseen challenges. This was also noted for a number of audit requirements.

It was resolved: to **note** the content of report **approve** the self-assessment to date.

iii) Health & Safety Annual Report

The DQE presented the report drawing attention to the following key points:

- There had been a 12.5% increase in incidents compared to 2020/21, however activity was generally lower as a consequence of COVID-19.
- There was an increase in RIDDOR reportable incidents to the Health & Safety Executive (HSE) for 2021/22, the majority of which included absences of more than 7 days. There were no specific themes or trends that caused concern. It was noted that a more stringent approach had been implemented in relation to the monitoring and scrutiny of staff sickness which may have impacted on the number of incidents.
- One incident did invoke an enforcement letter. The associated actions plans have now been completed and approved by HSE.
- There was a continued increase in violence and aggression towards staff, with an 18% increase observed. It was noted that COVID-19 restrictions have had a significant impact on the increase particularly in aggressive behaviour. A number of initiatives had been implemented including a comprehensive training package. Data was also being captured via the DATIX system which would help to formulate more localised strategies for reduction. The Violence Reduction Group had also been

established and held its inaugural meeting. The group would assist in formulating the Violence Reduction Strategy. This would also link in with the National Violence Reduction Standards which all NHS Trust were expected to comply with.

- A number of localised initiatives were underway in relation to the management of those patients suffering with mental health including an Institute for Healthcare Improvement (IHI) IHI project on Ward 43.
- A violence and aggression task and finish group had also been established which would help provide assurance that adequate training for staff was in place and to the necessary standard. It was noted that the number of reported incidents in relation to violence and aggression may increase initially as awareness increases.

Ms Edusei highlighted the vacancy factor within the Trust and sought assurance that the Trust was considering all options to fill vacancies in a timely manner and questioned if the position was any different to other Trusts in terms of increased violence and aggression. It was noted that the Trust was actively recruiting and the increase in violence and aggression was perceived to be a societal impact.

Mr MacLeod referred to the incidents of violence and aggression and questioned if this exacerbated the issue of staff absence with staff having to take time off for recovery. Whilst this had a short-term impact, the ECN advised that the training was being introduced to equip staff with skills to manage and deescalate violent and aggressive situations.

It was resolved: to receive the report.

[Mrs P Smith left the meeting at 15:00]

v) Director of Infection Prevention & Control

The DIPC presented the report which provided bimonthly assurance to the Trust Board regarding Healthcare Acquired Infections (HCAIs).

Key points to note included:

- The learning taken from the COVID-19 pandemic was applied to dealing with recent Monkeypox cases.
- As the Trust emerges from COVID-19, the focus for IPC is to enable and maximise clinical activity and reinvigorate projects that will lead to reduction in other HCAIs. Changes in mandatory mask usage has not led to an increase in COVID-19 periods of increased incidence or outbreaks
- From an infection control perspective Clostridium difficile (C.diff) was currently the highest area of concern with the IPC team working with the clinical directorates to reduce the level of infection. The IPC team have commenced some focused educational sessions with clinical teams for correct management of patients with diarrhoea.
- For bloodstream infections work continued in trying to identify infections and manage lines promptly. The new vascular access teams will play an important role in assisting with this.

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The community team have fully engaged with the gram-negative agenda working with GPs and the nursing teams to identify key themes from catheter infections.

- In relation to environmental factors, the DIPC noted that as the estate ages, the likelihood of infections rises.

Mr Morgan observed that new Covid-19 variants were now being identified but with very different symptoms. The DIPC advised that this was the same virus but as there were different variants the virus may become more virulent but with much less strength.

Professor McCourt welcomed the addition of the Vascular Access Team.

Mr Chapman also welcomed the return to the 'Gloves Off' Campaign to improve hand hygiene to which the DIPC concurred.

It was resolved to: (i) **receive** the briefing, and **note** the content.

vi) Human Resources Director – People Report

The HRD presented the report which provided an update on progress against the local People Plan and key national developments relevant to the people strategy.

In addition to the key points highlighted in the summary, the HRD drew attention to the following:

- Staff Survey – planning was now underway for the 2022 Staff Survey. In addition, a national quarterly pulse survey had been established.
- BAME Leadership Development Programme – another cohort was ready to embark on the programme.
- Staff Networks – all of the staff networks were about to rename themselves and would be widely promoted in the Autumn. The networks would be renamed as follows:
 - The BAME Staff Network would become the Race Equalities Network;
 - The Disability Staff Network would become the ENABLED Network; and
 - LGBT Staff Network would become the Pride Network.
- Project Choice Graduation - Earlier this month, the 10th cohort of Project Choice students graduated. The expectation was that 100% would transition into employment.
- The Trust Virtual Learning Environment had been renamed the Learning Lab and was being rolled out to improve easier access to online training.
- The Government had confirmed it had accepted the recommendations from the pay review bodies. It was noted there were still some policy decisions to be made.
- There would be some changes to the pension scheme contributions effective from 1st October 2022.

Mr Morgan questioned if there was any Union action anticipated to which the HRD advised that the Chair of Staffside had informed her of the decision by Unison to ballot their members for industrial action. There was a watching brief prior to implementation and the Trust had previous experience of dealing with industrial action, noting that patient safety was paramount.

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Professor McCourt was encouraged to read in the report that a collaborative Medical Education Quality Panel had taken place.

It was resolved: to **note** the content of report.

i) Trade Union Facility Time Report 2021/22

The HRD noted this had been discussed extensively at the People Committee and was presented to the Board to note the Trade Union Facility Time reporting information for 2021/2022 and to endorse submission to the government portal and publication on the Trust website.

It was resolved: to **note** the content of report and to **endorse** submission to the government portal and publication on the Trust website.

**vii) Executive Director for Business, Development and Enterprise; including
a. Trust Strategy update**

The EDBDE presented the report and noted that the Trust was now halfway through its 5-year strategy.

The report provided assurance to the Trust Board on the programme of work which had commenced in December 2021 to refresh the Directorate Strategies, the work undertaken to date and the timelines for the next stages of the programme. A number of Directorate strategy workshops were held in January 2022, all of which were well-attended and covered additional areas such as research and innovation and addressing health inequalities.

Data packs will be produced for Directorates to assist them in rafting their strategies and to highlight any cross-cutting themes.

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

22/24 ITEMS TO APPROVE

i) Provider Collaborative Documents

The ACE explained this was the first item of governance presented to the Board since the development of the ICB. The report summarised the proposed formal work structure and governance for the North East and North Cumbria (NENC) Provider Collaborative, setting out how the 11 NHS Foundation Trusts (the Trusts) would operate in partnership, with the creation of a Provider Leadership Board (PLB), set out in the Ambition, Operating Model and Collaboration Agreement. There were separate arrangements for other collaboratives, such as those specifically for specialised mental health, learning disability and autism services.

Trust Boards were asked to note progress and confirm agreement to the proposed governance arrangements.

Agenda item A2

Mr Jowett offered his support citing Collaborative Newcastle as a positive example of collaborative working.

In response to a query from Mr Chapman, the ACE provided some clarity with regard to the role of the ICB, who would essentially take over all of the responsibilities previously undertaken by the former Clinical Commissioning Groups with the Provider Collaborative sitting under the ICB as the provider voice.

Following a query from Mrs Bromley in relation to the CQC considering collaborative working as part of their inspection framework, the ACE advised that the CQC new strategy clearly focussed on systems and organisations within systems however this had not yet developed due to the current period of transition. The ECN added that one of the Key Lines of Enquiry was focused on partnership arrangements.

It was resolved: to (i) **note** the progress made on the development of the NENC Provider Collaborative and (ii) **note** and **formally approve** the documents setting out the Collaboration Agreement, Operating Model and Our Ambition.

22/25 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

i) Update from Committee Chairs

The report was received, with the following additional points to note:

People Committee

Mr Jowett advised that assurance had been provided at the People Committee that those staff who had been made redundant as a result of the closure of the Integrated Covid North East Hub had been treated fairly and in accordance with due process.

Finance Committee

Mr Morgan advised that the previous two Finance Committees had discussed in detail the challenges with regard to meeting the targets for ERF, the Cost Improvement Programme, block funding and restrictions on capital spending. Mr Morgan was encouraged by the progress of the Day Treatment Centre; however, he did highlight concerns more generally with regard to increasing costs for developments.

Audit Committee

Mr MacLeod advised there had been two Audit Committees since the last Board meeting in May which included an Extraordinary Committee for the approval of the Annual Report and Accounts. Items worthy of note considered at the latest meeting included:

- Scrutiny of the new Board Assurance Framework (BAF) and a deep dive into new risks.
- Presentation of Internal Audit Plan for 2022/23. A request was made for the Plan to be submitted earlier in the year.
- Mazars LLP provided an update on the Trust's Auditor's Annual Report which include an unqualified audit opinion and would be presented to the Council of Governors in due course.

Charity Committee

The ACE advised that the Charity Strategy was progressing well. The Charity had concentrated on a workstream in relation to governance which provided an opportunity to look at areas for improvement. A grant only meeting had recently been held and it was noted that Mr MacLeod had joined the Committee after Mr Jowett had stood down from the Committee.

The ACE noted that the National Youth Orchestra was playing at the RVI that day as part of the Arts Programme funded by the Charity.

Quality Committee

Despite the continuing challenges and pressures, Mr Chapman noted the strong advocacy for patient safety and outcomes displayed during the Quality Committee meetings. Mr Chapman formally welcomed Julie Samuel as the DIPC. He noted the attendance of Jane Anderson, Associate Director of Midwifery and Jeanette Allan, Senior Risk Management Midwife at the last meeting who provided a comprehensive update following the Ockenden Assurance visit and provided valuable information and significant assurance to the Committee.

Mr Chapman was looking forward to the Deep Dives into Maternity and Urology scheduled for 22 August *[Date subsequently moved to October due to annual leave]*.

An update in relation to the National Patient Safety Strategy was also presented to the Committee.

Extraordinary Board June

The Chairman noted the Extraordinary Trust Board meeting held in June to sign off the Annual Report and Accounts. The Chairman gave thanks to all involved in the production of both the Annual Report and the preparation of the final Accounts for 2021/22.

Professor McCourt highlighted the Newcastle Hospitals Members Event, which was being held in the Lecture Theatre, Clinical Resource Building, Education Centre, RVI on 9 August 2022. The Chairman also highlight the Annual Members Meeting scheduled for 27 September 2022, again taking place in the Lecture Theatre, Clinical Resource Building, Education Centre, RVI.

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

ii) Corporate Governance Update; including:

i) Committee Annual Reports, Terms of Reference and Schedules of Business [FOR APPROVAL]

The TS advised that the Committee Annual Reports, Terms of Reference and Schedules of Business were included in the Board Reference Pack for Board approval. It was noted that all of the documents had been discussed in detail at the respective Committees.

It was **resolved**: to (i) **receive** the report; and (ii) **approve** Committee Annual Reports, Terms of Reference and Schedules of Business.

ii) Annual Modern Slavery Declaration [FOR APPROVAL]

The TS noted that the Annual Modern Slavery Declaration was included in the Board Reference Pack and required Board approval prior to publication. The updated declaration had been considered at the last Audit Committee meeting.

It was **resolved**: to (i) **receive** the report; and (ii) **approve** Annual Modern Slavery Declaration for publication.

iii) Quarterly Declarations [FOR APPROVAL]

The quarterly NHSI declarations were included in the Board Reference Pack and required Board approval prior to publication.

It was resolved: to (i) **receive** the report; and (ii) **approve** the NHSI quarterly declarations for publication.

iii) Integrated Board Report

The COO presented the report which provided assurance to the Board on the Trust's performance against key Indicators relating to Quality, People and Finance.

It was resolved: to **receive** the report and note the contents within.

iv) Public Consultations

The ACE presented the report which noted the Trust's patient and public involvement to date for the new build projects; notably the new Specialist Hospital Building (NSHB), and the Children's Heart Centre (CHC). It provided the background and context to the projects and to the Trust's statutory duty to involve and made recommendations which will facilitate meaningful and productive involvement of staff, stakeholders, patients, and the public.

It was resolved: to **receive** the report and **note** the contents within.

v) Meeting Action Log

The Action log was received, and ongoing progress noted.

- **Action 89**: Disaggregation of the Gender Pay Gap report to allow for further interrogation. The HRD provided the following update:
 - Information relating to the gender pay gap has been reviewed internally by staff groups. Specific details with regard to Agenda for Change (AfC) staff and Medical and Dental staff have been incorporated into the next Gender Pay Report (for the year ending March 2022) to be considered by the People Committee in August.

- A review has also taken place relating to the Local Clinical Excellence Awards (LCEA's) scheme by gender, and by gender and ethnicity (intersectionality) to better appreciate the potential dynamics of those characteristics. The data/analysis is included in the updated report.
- Gender pay data has not yet been further interrogated by other protected characteristics and the ability to do so will require some additional reporting design work.
Action Closed.
- **Action 83:** Cyber Attack at Sunderland University and recommendation of Deep Dive into this. The CIO provided the following update:
 - It had been difficult to obtain the information requested.
 - There had been a number of recent cyber-attacks across the NHS and to date Newcastle Hospitals had not been affected.
 - The Trust is linked into the cyber centre with regular updates received and actioned.
 - The Trust was almost 100% compliant in terms of cyber defences and was confident the Trust was well protected.

For assurance, the ACE added that the Trust was fully compliant with the Toolkits for data security and protection and cyber essentials.

Action Closed.

It was resolved: to receive the action log.

vi) Any other business

On behalf of the Board, the Chairman paid thanks to Mrs Angela Dragone, who was retiring from her role of Finance Director with Trust.

22/26 DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors was scheduled for **Thursday 29 September 2022.**

There being no further business, the meeting closed at 15:54.

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TRUST BOARD

Date of meeting	29 September 2022						
Title	Chairman’s Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elseder, Corporate Governance Officer and PA to the Chairman and Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The content of this report outlines a summary of the Chairman’s activity and key areas of focus since the previous Board of Directors meeting, including:</p> <ul style="list-style-type: none"> • Governor Activity including: <ul style="list-style-type: none"> ○ Members Event ○ Council of Governors • Spotlight on Services – Palliative Care Service and the Cardiology Directorate • Celebratory events within the Trust including: <ul style="list-style-type: none"> ○ ‘People at our Heart Award’ ○ Long Service Awards • Recruitment process for Chief People Officer • Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives 						
Recommendation	The Trust Board is asked to note the contents of the report.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>Pioneers – Ensuring that we are at the forefront of health innovation and research.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

CHAIRMAN'S REPORT

EXECUTIVE SUMMARY

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

- Governor Activity including:
 - Members Event
 - Council of Governors
- Spotlight on Services – Palliative Care Service and the Cardiology Directorate
- Celebratory events within the Trust including:
 - 'People at our Heart Award'
 - Long Service Awards
- Recruitment process for Chief People Officer
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives

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

CHAIRMAN'S REPORT

This report is being prepared under the shadow of the death of our Queen. I had the honour to have met her and have the unusual connection that I was born on the morning she came to the throne with the death of her father. Her unwavering lifelong service is an example to all.

On 9 August 2022, I chaired an in-person members' event, the first since the relaxing of pandemic measures, supported by the Trust Secretary and our Governor and Membership Engagement Officer, and accompanied by Pam Yanez, our Lead Governor. Pam highlighted the challenges that the Trust has faced during and since the COVID-19 pandemic in relation to waiting lists, waiting times and staffing.

We enjoyed two excellent presentations:

- **The Climate Emergency is a Health Emergency:** Shine Update Presentation by Anna-Lisa Mills, Programme Manager – Sustainability. Anna-Lisa explained why a climate emergency is a health emergency and the importance of taking action now. She also talked through the Trusts progress against each of the priority action areas included within the Trust Sustainable Healthcare in Newcastle (SHINE) Strategy, detailing areas of good progress and challenges remaining.
- **Re-abling, Recycling, Researching:** Presentation by Odeth Richardson, Head of Service - Occupational Therapy. Odeth highlighted the journey of cleaning specific equipment in order to recycle equipment where possible, how the team worked with others to research an alternative and the resultant reduction in the Trusts carbon footprint.

Our Council of Governors also met on 18 August 2022. As well as receiving our regular reports from our working group chairs of the Quality of Patient Experience (QPE) Working Group, Business and Development Working Group and the People, Engagement and Membership (PEM) Working Group we also received a presentation detailing the audit and sign off process for the Annual Accounts and Report for 2021/22. The Annual Report and Accounts (ARA) were submitted to NHS England/NHS Improvement (NHSE/I) on 21 June 2022, and I am pleased to report that confirmation was received on 9 September 2022 that they have now been laid before Parliament.

We have enjoyed two "Spotlight on Services" since the last Board meeting in July. The first was a virtual session on 12 August, which focussed on the Palliative Care Service. Myself and a number of Non-Executive Directors were joined by Dr Alexa Clark, Consultant / Clinical Director for Palliative and End of Life Care, Sarah Turnbull, Senior Nurse for Palliative and End of Life Care together with a number of members from the Palliative Care team.

We enjoyed a comprehensive presentation detailing the roles and remit of the Team. It was noted that the service works closely with local partners to promote equitable access to Palliative and End of Life Care services including GPs, Newcastle Hospices, Palliative Care Pharmacy, Northern Palliative Care Academy and Universities, local and regional strategic partners, and social care providers. The Team then shared some complex patient case

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studies which detailed the patient's background and how they were cared for in the services.

The most recent "Spotlight on Services" took place on 9 September 2022. Again, this was a virtual session where the group were joined by Dawn Youssef, Directorate Manager, Ewen Shepherd, Consultant Cardiologist, and Nicola Robinson Smith, Matron.

The Team delivered a comprehensive presentation detailing the role and remit of the cardiology department invoking detailed and extensive discussion.

I was delighted to be involved in two celebratory events with our staff. The first was presenting a 'People at our Heart Award' to Ruth Douthwaite, Staff Nurse in Reproductive Medicine. Ruth received her award in an 'individual' category for a member of staff who illustrates providing healthcare at its very best – with people at our heart. The People at our Heart Awards scheme gives the Trust the opportunity to recognise, celebrate and thank such exemplary members of staff – well done to Ruth!

The second event was to present 15 staff with their Long Service Awards, which between them had amassed over 425 years! The trust has grown immensely over the last 25-35 years and all of the long service colleagues were thanked for being a loyal and integral part of the journey.

I welcomed the opportunity to be involved in the recruitment process for our new Chief People Officer and I am pleased to confirm that Christine Brereton has been appointed. Christine brings 20 years of extensive public sector leadership experience, having served in Director level roles in the police and probation services, as well as in higher education and most recently in the NHS. Christine will join us early in the New Year following the retirement of Dee Fawcett, our current Director of HR in November. The gratitude of the Board is expressed to Dee for her dedicated service as our Director of HR and we will be talking more about her contributions to the Trust in the coming months.

At a regional level, I continue to engage with both Foundation Trust Chairs and Chairs of the Integrated Care Partnership (ICP) and participated in a meeting on 4 August 2022. Sir Liam Donaldson Chair of the Integrated Care System (ICS) joined the meeting and provided an update one month on from the statutory formation of the Integrated Care Board (ICB). An update in relation to the work and focus of the Provider Collaborative over the past few months and the issues the Provider Collaborative was addressing was also provided by Ken Bremner, Chief Executive of South Tyneside and Sunderland NHS Foundation Trust.

At a meeting of the North ICP Chairs, Local Authority Leaders, and Voluntary & Community Sector Representatives (VCS) held on 8 September discussion focussed on the Cost of Living, energy prices, poverty and Warm Zones and if there was any learning, we can share on how we are supporting our Places, our Staff and our Organisations. We also received an update on the ICB structure and priorities.

I was delighted to receive a cheque for over £48,000 at the Newcastle United Football Club (NUFC) match at St James Park on behalf of Newcastle Hospitals Charity from Lee Perkins,

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who faced a shock kidney cancer diagnosis last year which resulted in the removal of his right kidney. Lee and his friend Neil, decided to fundraise for the Sir Bobby Robson Foundation and the Northern Centre for Cancer Care (NCCC) to thank the Newcastle Hospitals team who saved his life. I would like to personally thank Lee and Neil for their amazing contribution and for making it profitable to stand on the hallowed turf, much to the excitement of friends and relatives in the crowd.

RECOMMENDATION

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

**Report of Professor Sir John Burn
Chairman
21 September 2022**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 September 2022						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer (CEO)						
Prepared by	Caroline Docking, Assistant Chief Executive Lewis Atkinson, Principal Advisor Alison Greener, Executive PA to the CEO						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • The Trust's response to continued high levels of Emergency & Urgent Care demand; • Progress in reducing elective long waiters; • Maintaining the Trust's position at the cutting-edge of care; • Our response to cost-of-living pressures; and • Headlines from other key areas, including the Chief Executive Officer's networking activities, our awards and achievements. 						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	This is a high-level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report.						

CHIEF EXECUTIVE'S REPORT

EXECUTIVE SUMMARY

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

- The death of Her Majesty, the late Queen;
- High levels of urgent and emergency care demand and our plans to maintain patient flow and assist ambulance responsiveness over winter;
- Short- and long-term actions to increase capacity and continue to reduce elective waiting times;
- Our response to cost-of-living pressures;
- Networking and communication activity; and
- Recognition and awards for staff.

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

CHIEF EXECUTIVE'S REPORT

1. OVERVIEW

Her Majesty, the late Queen

Staff and patients in the Trust shared the sadness of mourning the death of Queen Elizabeth II. The loss of our Monarch has been felt by us all and has also brought back personal memories of our own loved ones who have died. I was personally moved by the short service in the Chapel at the Freeman that was held in memory of her majesty.

I am grateful to everyone across our services who has offered support to colleagues and patients during this difficult time, and I know that many will have been comforted by sharing memories during the national period of mourning.

On the bank holiday for the funeral, many areas of the Trust - including those providing urgent, inpatient, and intensive care alongside maternity, dialysis, community, and cancer services - continued to operate as normal, with the funeral service broadcast throughout the Trust. We also maintained elective appointments and surgery for our longest waiting patients. I am grateful to everyone who worked over the bank holiday to support our patients.

I was moved to hear that we were represented at her majesty's funeral by midwife Diane Buggy MBE who received a personal invitation to this historic event following her appointment as a Member of the British Empire in the Queen's Platinum Jubilee Honours.

Rapid access to urgent and emergency care for our patients

Over the summer period our focus has remained on meeting the high demand for NHS services, both for urgent/emergency and elective care.

The relentless pressure on our medical teams has continued, with 15% more patients attending our main Accident & Emergency (A&E) department at the Royal Victoria Infirmary (RVI) in August than in the same month before the pandemic. There has been national attention on ambulance response times, with these being delayed in some parts of the country as a result of ambulances being unable to handover patients to A&E departments that have reached capacity. In Newcastle, despite being the busiest A&E department in the North East and North Cumbria, we again were the only the Trust to have no ambulance handover delays of more than an hour, and we also had relatively low numbers of handover delays of less than an hour. This means we are playing our part in supporting the North East Ambulance Service NHS Foundation Trust (NEAS) to have as fast as possible response times for patients.

This is only possible due to the extraordinary efforts of staff throughout the Trust to keep patients flowing through our hospitals, from admission through to discharge. At this month's Trust Management Group (TMG) we discussed our plans for maintaining sufficient capacity and flow during what will inevitably be a challenging winter – including opening further inpatient capacity and 'virtual wards' to remotely monitor and coordinate the care of patients who do not need to be physically in hospital.

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These approaches are in line with those being taken elsewhere in the country and are consistent with what we expect to be in NHS England's Winter Plan.

Reducing waits for elective and cancer patients

Our focus on recovery of elective waiting times also continues. As I stated in my last report, we have now eliminated waits of above two years for all but a small number of specialist spinal patients, and we are ahead of the plan we agreed with NHS England to do this.

To further help focus on reducing elective waits of over 78 weeks, and on reducing the number of patients waiting more than 62 days on cancer pathways, we are refreshing our oversight through the Newcastle Plan Delivery Board which oversees our recovery and improvement work. We need a combination of both short-term initiatives to clear backlogs, and longer-term improvement and investment to ensure that capacity and demand is sustainably balanced for the future.

Short-term measures we are taking include additional clinics and theatre sessions focused on patients who have been waiting the longest, which are delivered by existing staff who agree to take on extra shifts at enhanced pay rates. Where appropriate and subject to agreement of the patients involved, we are also using capacity from other NHS Trusts and the Independent Sector to help reduce waiting lists.

This month we will be opening some of our longer-term investments to increase elective capacity – notably the new Freeman Day Treatment Centre and a new Endoscopy room at the RVI. These real increases in capacity have only been possible because the Board has prioritised investment and because of the commitment of staff to build and mobilise the capacity as quickly as possible.

We will have a constant focus on ensuring that we consistently use all our expanded capacity to drive down elective waiting times further and meet our agreed plan to further reduce waits by next April.

Working at the cutting edge of care

In the last two months I have also spent time focusing on how we can support our services to take full advantage of the scientific and technological developments that are shaping the future of healthcare.

Newcastle has a proud history in the development and practice of genetic medicine, and the revolution in precision and personalised medicine that has resulted was clearly visible when I visited our genomics services at the Centre for Life in August. We are now routinely using genetic diagnostic approaches for many of our patients, and since 2018 we've worked in partnership with colleagues in Leeds and Sheffield Trusts to deliver the Genomics Laboratory Hub for the North East and Yorkshire. By working together, we have built collective capacity in this rapidly developing discipline for the benefit of patients across the region. We are now investing together to improve the IT systems that underpin this partnership, as well as in cutting-edge technology to provide faster genome sequencing and to develop new diagnostic techniques. I look forward to continuing to work with the team and the national NHS Genomic Medicine Service as we continue to develop this world class service.

This month I have also spent time with some of our teams performing robotic surgery at the Freeman Hospital. We were one of the first Trusts in the country to introduce robotic assisted surgery (RAS) in 2012, which was initially focused on Urology but has since expanded into colorectal, upper gastrointestinal, hepato-biliary, ear nose and throat (ENT), gynaecology and thoracic surgery – one of the most comprehensive programmes in the country. Robotic assisted surgery allows doctors to perform complex procedures with more precision, flexibility and control than is possible with conventional techniques – resulting in significant benefits to patients such as reduced complications, blood loss, readmissions and length of stay. The future of surgery will see robotic assisted procedures becoming more and more the norm, which means we need to plan to keep updating and expanding our robotic capability. The current level of capital available to the NHS is an obstacle in making such investments, and we must actively pursue a clear strategy to overcome this.

Cost of living pressures and support

Everyone is feeling the impact of high inflation and the Trust's response to this for our staff has been a focus of discussion in the Executive Team in recent months. This is crucial not just for the wellbeing of existing staff, but also to maintain our ability to recruit and retain the staff we need to deliver high quality care for our patients.

Pay for nearly all NHS staff is determined by nationally set rates, and this year's pay settlement was announced by the Government in late July. Non-medical staff will get a pay rise of at least £1,400, with the lowest earners getting up to 9.3%, while many doctors will receive a 4.5% rise, except for junior doctors who had previously agreed a multi-year pay deal before the current spike in inflation. Trades Unions representing staff have reacted negatively to the pay settlement, and many have announced their intention to carry out industrial action ballots which we expect in the coming months.

While the Trust does not have the ability to change national pay settlements, we have been looking at further expanding the already significant support that we provide staff, especially the lowest paid, during what is a financially difficult time. The Trust's existing offer to employees already includes comprehensive wellbeing support, access to a credit union, benefits advice, early access to pay before month-end and support for flexible, hybrid and agile working.

I am pleased to confirm that in addition we will continue to subsidise public transport passes for staff by 30% until at least September 2023 – supporting both staff and our sustainability goals. While car parking charges are necessarily being reintroduced after temporary suspension during the pandemic, in the future charges will be set on a sliding scale according to salary to make them more affordable for the lowest paid staff. We are also working to develop a Trust wide carpool scheme to give further options for staff who need access to a car for work but who prefer to not run one themselves.

In my last Board report, I highlighted the shocking level of child poverty that exists in our City and region, and the impact this has on life chances and health outcomes. Supporting our lowest paid staff is the most direct contribution we can make to reducing this. Following the national pay award, the lowest paid staff across the NHS will now receive a minimum hourly rate of £10.37. This is, for the first time, a wage higher than the current Real Living Wage (£9.90/hour) that indicates the level of pay that allows the minimum socially accepted

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standard of living to be afforded. However, in conditions of high inflation, we know the Real Living Wage will be recalculated and that many private employers, for example supermarkets, have significantly increased their starting hourly rates recently so they pay more than the NHS. We will therefore keep the Trust's response to the cost-of-living situation under close review in the months ahead, alongside feedback about our ability to recruit and retain staff.

Executive Leadership changes

I would like to take this opportunity to formally welcome Jackie Bilcliff, our new Chief Finance Officer, to her first Board meeting.

This month we have also completed recruitment of our new Chief People Officer, to replace Dee Fawcett who is retiring at the end of November. I am delighted we have appointed Christine Brereton to this post who is joining us from the Northern Lincolnshire and Goole NHS Foundation Trust where she is currently Director of People and Organisational Development. Christine brings 20 years of extensive public sector leadership experience, having served in Director level roles in the police and probation services, as well as in higher education and most recently in the NHS. We look forward to her joining us in the New Year.

2. NETWORKING ACTIVITIES

In the last two months, I have continued a programme of meeting colleagues within and outside the organisation to maximise our collective understanding, reach and influence.

Partnerships and improvement

Since the formal establishment of the North East and North Cumbria Integrated Care Board (ICB) on 1 July, a new pattern of system wide meetings and work is being established. I regularly participate in system meetings with Samantha Allen, CEO of the ICB, and other Trust CEOs. Discussions have included reviewing the North East & North Cumbria's approach to maintaining resilient services over the winter period and developing the areas on which NHS Trusts will collaborate between themselves to improve services and deliver efficiencies.

I was also delighted to take part as a panellist at the launch event for the North East & Cumbria's learning and improvement network, which brought together over 200 staff involved in improvement from NHS organisations, local authorities and the voluntary and community sector. We share a collective commitment to building the conditions so the North East and North Cumbria health and care system becomes 'the best at getting better', by building a culture of shared learning and improvement that transcends organisational limits.

This complements our significant work on improvement as a Trust which we continue to accelerate through our partnership with the Institute for Healthcare Improvement (IHI). Last week we held our '*Leadership Matters*' event which brought together 300 leaders from all levels across the organisation. We focussed on our Newcastle Behaviours which have been developed this year, as well as the impact that our 'What Matters To You' programme is beginning to have on staff experience. This work has been extensively supported by

Agenda item A4

Newcastle Hospitals Charity and is a great example of how charity investment can support better experiences and outcomes for both staff and patients.

As well as working as a system and as a Trust, we continue to work closely with partners in Newcastle. I have regular meetings with Pam Smith, CEO of Newcastle Council and we continue to work through Collaborative Newcastle on jointly delivering integrated services and improving population health. We are working with the newly appointed ICB Director of Place for Newcastle, Joe Corrigan, to develop the future arrangements through which the ICB will delegate funding and decision-making to a place-based level, and I expect to provide an update on this in future reports to the Board.

Policy influencing

In the period since the last Board meeting, the pace of national policy decision making was naturally reduced as a result of the process of identifying the new Prime Minister, and then by the national period of mourning.

However there has been opportunity, through the forums of the Shelford Group and NHS Confederation, to engage with Executives from NHS England including Amanda Pritchard (CEO) and Tim Ferris (Director of Transformation) and to discuss with them the role that leading NHS Trusts can play in transforming services and anchoring system working.

With the appointment of Therese Coffey as Secretary of State for Health and Deputy Prime Minister, I welcome the new government's focus on timely access for patients and I look forward to engaging with them in the coming months.

3. RECOGNITION AND ACHIEVEMENTS

Our staff continue to provide the very best services for our patients, with many innovations and examples of excellence recognised at regional and national level.

People at our Heart Awards – Earlier this month, we were delighted to host our first People at our Heart Awards ceremony since before the pandemic as part of our Thank You month for staff throughout September.

These awards are an opportunity to shine a light on an individual, team or volunteer that does an incredible job and goes above and beyond the call of duty and you can find our winners at <https://www.flourishatnewcastlehospitals.co.uk/news/people-at-our-heart-award-winners-announced/>.

Our annual 'Celebrating Excellence' award ceremony will once again take place in person on 30 September, and I look forward to sharing more about that night in my next report.

One-year anniversary – In August we marked the one-year anniversary of the official opening of the Northern Centre for Cancer Care, North Cumbria. Over the past year our team have delivered almost 9,000 radiotherapy treatments and over 10,000 chemotherapy treatments, as well as supporting patients at outpatient appointments.

Agenda item A4

I know that the development of this centre has had a huge impact on those patients in North Cumbria who are now able to access state-of-the-art cancer treatments much closer to home and I'd like to thank all of our staff in Cumbria and Whitehaven who continue work hard to provide excellent care to our patients.

NHS Communicate Awards – The trust, in partnership with North East and North Cumbria ICS, is shortlisted in the NHS Communicate Awards for their valuable work as part of the North East and North Cumbria vaccination programme.

Our Change of Heart Covid vaccination campaign is also shortlisted in two categories – use of data / insight and behavioural change / public health – my congratulations to all involved.

Lifetime Achievement – Professor Paul Corris received a lifetime achievement award from the European Respiratory Society in recognition of a lifetime of excellence in the field of thoracic surgery and transplantation.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel

Chief Executive

21 September 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 September 2022						
Title	People Story						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Tracy Scott, Head of Patient Experience Peter Towns, Associate Director of Nursing						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>This month's people story shares the journey of Susan, a Patient at the end of her life faced with a difficult decision, and how the Critical Care Staff and our Palliative Care-Service supported her during this difficult time.</p> <p>The story demonstrates the impact of patient centred care, patient led decision making and how effective joint working can support patients in achieving their preferred place of dying.</p>						
Recommendation	To listen and reflect on the personal experiences of the medical team and patient.						
Links to Strategic Objectives	<p>Patients</p> <ul style="list-style-type: none"> Putting patients at the heart of everything we do Providing care of the highest standard focusing on safety and quality. <p>People</p> <ul style="list-style-type: none"> Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential <p>Performance</p> <ul style="list-style-type: none"> Being outstanding now and in the future 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Involving and engaging with staff, patients and relatives will help ensure we deliver the best possible health outcomes for our patients.						
Reports previously considered by	This patient/staff story is a recurrent bi-monthly report.						

DIGITAL PEOPLE STORY

EXECUTIVE SUMMARY

Our Palliative service regular works in conjunction with our critical care team to ensure that the very highest standards of personalised end of life care is provided to our patients. Often this care is in collaboration with other clinical teams across both acute and community settings. This story relates to the care of Susan, a patient nearing the end of her life and the steps our clinical teams went to ensure her final wishes were met.

Susan (name changed to protect patient identity) was a mother to two children aged 19 and 15 years. Susan had cancer with metastatic disease in her chest which was causing her left lung to collapse. She was admitted to Ward 37 (Critical Care) due to respiratory distress.

Susan had made plans to marry her partner however due to her acute presentation this seemed unlikely to be possible outside of the hospital setting. Susan spoke with critical care nursing staff and told them of her hopes to have been married. The team acted upon her wishes and began to explore how they could support Susan in this aim, arranging an external registrar to attend the unit and conduct the marriage.

The team went about putting plans in place to ensure Susan's environment was fitting for her wedding, clearing all unnecessary equipment from Susan's cubicle, and decorating the area with balloons and fairy lights. The team supported Susan to prepare for the ceremony including having her hair washed and styled, and the team arranged champagne flutes and prosecco for Susan's family members. Susan wore a white dress and in the presence of her parents and children, Susan and her partner were made man and wife.

Shortly after the wedding Susan was reviewed by the surgical team and offered an option of a surgical procedure in attempt to alleviate her breathlessness and give her extra time, however this came with significant clinical risk.

Susan was faced with the difficult decision to go-a-head with the surgical option available in the hope to prolong her life by several weeks and give her precious time with her family or continue with comfort measures - the focus of which was symptom control and management and psychological care and support. This gave her time to spend with family, making memories and being aware of the love and support all around her.

The palliative care team were instrumental in supporting Susan with these difficult decisions, providing her with space and time to explore her options including the option for her preferred place of care at this stage of her life.

Susan declined surgery and instead opted to be transferred to the hospice for end-of-life care. Despite this very difficult decision, Susan seemed much brighter; she was in control of her care and treatment and had made a decision that she felt was right for her.

That empowerment mattered to her a lot. Susan worried about how the family would feel about her decision and asked for support from the palliative care nurses and nursing staff to explain her wishes to them.

The palliative care nurses were instrumental in facilitating the transfer to a local hospice. They gave Susan information about the hospice, what to expect, the support that would be available and provided the information for Susan to make an informed choice.

The rapid discharge policy provided a structured approach to the transfer, ensuring that all Susan's needs were met. The multi-professional working between palliative care and critical care enabled a smooth transfer and good communications between the hospital and community.

Susan was transferred to the Marie Curie Hospice where she died in the presence of her family a few days later.

Susan's care is a very good example of collaborative working between palliative care and critical care which supported patient-centred care. Susan was empowered to make the decisions about her care and treatment which was so important to her. The hospital – community communication was facilitated by the palliative care team and their involvement made this a very positive experience with the best possible outcome for the patient and her family.

RECOMMENDATION

The Board of Directors is asked to (i) listen to Susan's story and reflect on how her needs were met and her end-of-life wishes were supported and (ii) recognise the Critical Care and Palliative Care Teams contribution to providing outstanding patient care.

Report of Maurya Cushlow
Executive Chief Nurse
29 September 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 September 2022						
Title	Trust Performance Report						
Report of	Martin Wilson – Chief Operating Officer & Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
Prepared by	Elliot Tame – Senior Performance Manager						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Board on the Trust's elective recovery progress as well as performance against NHS England (NHSE) priorities for 2022/23 and key operational indicators.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against NHSE plan priorities for 2022/23. Details compliance against national access standards which are written into the NHS standard contract.						
Reports previously considered by	Regular report.						

TRUST PERFORMANCE REPORT

EXECUTIVE SUMMARY

This report provides an overview of the Trust's continuing recovery of elective activity as well as performance against both contracted national access standards and the priorities for the year outlined by NHS England (NHSE) as part of the 2022/23 planning round.

- NHS England operational planning guidance for 2022/23 is target focused, with Newcastle Hospitals submitting trajectories including reducing the number of >104 week waits (WW) to 30 by the end of March 2023, the return of cancer patients waiting >62 days to February 2020 levels and promising substantial progress on the transformation of outpatients throughout 2022/23.
- Provisional data suggests Newcastle Hospitals delivered day case activity equivalent to 93.4% of August 2019 volumes. Overnight elective activity was equivalent to 80.8% of July 2019 volumes, 4.5% below July's position. Outpatient procedure activity exceeded August 2019 levels (105.2%), whilst conversely new appointments fell slightly (91.7%). Follow Up appointment volumes remained steady (101.7%).
- The Trust did not achieve the 95% Accident & Emergency (A&E) 4-hour standard in August, with performance of 80.30%. However, the Trust was compliant with the <2% 12-hour Emergency Department (ED) waits requirement and recorded no ambulance handovers greater than 60 minutes for the first time since May.
- Eight of nine cancer standards fell short of target in July 2022. This included Newcastle Hospitals failing to achieve the 28-day Faster Diagnosis Standard (FDS) for cancer care which had been met for four successive months until July.
- At the end of August, the Trust still had 35 patients waiting >104 weeks, a fall of eight from the previous month and ahead of trajectory (55). However, August saw growth in the numbers of >52-week waiters and a stagnant picture in the volume of >78-week waiters. Referral to Treatment (RTT) compliance was 70.2%.

The Board of Directors is asked to receive the report.

Trust Performance Board Report

Produced: September 2022

Data: August 2022



 Healthcare at its best
with people at our heart

NHSE Plan Requirements 22/23 (2/4)

Metric	Requirement	RAG Rating		May-22	Jun-22	Jul-22	Aug-22	Trendline
		Trajectory	Target					
Activity Delivery								
Day Case	104% of 19/20 levels combined (Reviews fixed at 85% of 19/20)	111.7%	104.0%	91.6%	91.8%	91.8%	93.4%	
Elective Overnight		102.2%	104.0%	78.3%	78.1%	85.3%	80.8%	
Outpatient New		102.9%	104.0%	101.9%	100.2%	97.7%	91.7%	
Outpatient Procedures		102.7%	104.0%	102.1%	94.9%	106.1%	105.2%	
Outpatient Reviews		101.4%	85.0%	105.0%	102.4%	98.9%	101.7%	
Diagnostics*	120% of 19/20 levels	111.0%	120.0%	103.0%	105.8%	110.8%	105.4%	
Emergency Care								
Ambulance Handovers	>=65% under 15 mins	N/A	65.0%	71.0%	70.0%	73.6%	71.3%	
	>=95% under 30 mins		95.0%	97.1%	96.8%	96.3%	96.6%	
	100% under 60 mins		100.0%	100.00%	99.96%	99.97%	100.00%	
A&E Arrival to Admission/Discharge	<2% over 12 hours		<2.0%	0.2%	0.5%	0.8%	0.7%	
Cancer Care								
>62 Day Cancer Waiters	Reduce to <=213 by e/o Mar-23	267	<=213	396	439	426	474	
28 Day Compliance	>=75%	75.0%	75.0%	77.6%	68.3%	67.4%	TBC	
Elective Care								
>104 Week Waiters	Zero by e/o Jun-22	55	0	56	41	43	35	
>78 Week Waiters	Zero by e/o Mar-23	300	0 (Mar-23)	678	595	633	631	
>52 Week Waiters	Reduction (Zero by e/o Mar-25)	2,779	0 (Mar-25)	3,760	4,122	4,443	4,659	
Outpatient Transformation								
Specialist Advice Requests	16 in every 100 New OP atts.	N/A	16.0%	8.7%	8.7%	9.1%	10.2%	
Virtual Attendances	>=25% Non-Face-to-Face (F2F)	25.0%	25.0%	18.4%	17.5%	17.0%	16.0%	
Patient Initiated Follow-Up (PIFU) Take-up	>=5% of all OP atts. by e/o Mar-23	1.5%	5.0% (Mar-23)	0.4%	0.4%	0.6%	0.7%	
Outpatient (OP) Follow-up Reduction	<=75% of 19/20	101.4%	<=75%	105.2%	102.5%	101.1%	101.3%	

* Applicable to CT, MRI, Non-obs Ultrasound, Gastroscopy, Colonoscopy, Flexi-sigmoidoscopy and ECHO.

Operational Standards

Metric	Standard	RAG Rating	May-22	Jun-22	Jul-22	Aug-22	Trendline
Emergency Care							
Ambulance Handovers	Zero >60 mins	Green	0	1	1	0	
A&E Arrival to Admission/Discharge	95% <4 hours	Red	82.5%	81.2%	79.0%	80.3%	
	<2% over 12 hours	Green	0.2%	0.5%	0.8%	0.7%	
Cancer Care							
Two Week Wait (Suspected Cancer)	93%	Red	79.5%	75.6%	79.0%	Cancer data runs one month behind	
Two Week Wait (Breast Symptomatic)	93%	Red	68.9%	57.3%	66.9%		
28 Day Faster Diagnosis Standard (FDS)	75%	Red	77.6%	68.3%	67.4%		
31 Days (First Treatment)	96%	Red	83.8%	79.7%	81.9%		
31 Days (Subsq. Treat. - Surgery)	94%	Red	60.2%	63.6%	60.2%		
31 Days (Subsq. Treat. - Drugs)	98%	Red	95.5%	97.0%	95.6%		
31 Days (Subsq. Treat. - Radiotherapy)	94%	Green	95.9%	98.5%	97.5%		
62 Days (Treatment)	85%	Red	58.8%	49.1%	49.6%		
62 Days (Screening)	90%	Red	46.3%	40.6%	34.6%		
Elective Care							
18 Weeks Referral to Treatment (RTT)	92%	Red	71.6%	70.4%	70.0%	70.2%	
>104 Week Waiters	Zero	Red	56	41	43	35	
>6 Weeks Diagnostic Waiters	<=1%	Red	15.9%	15.2%	14.2%	16.7%	
Cancelled Ops. Rescheduled >28 Days	Zero	Red	14	6	9	11	
Urgent Ops. Cancelled Twice	Zero	Green	0	0	0	0	
IAPT							
Wait to First Appointment	75% <=6 weeks	Grey	98.0%	97.8%	98.2%	N/A	
	95% <=18 weeks		99.8%	99.6%	100.0%	N/A	
Movement to Recovery (Overall)	50%	Grey	33.5%	42.9%	43.4%	N/A	
Other							
Duty of Candour	Zero	Green	0	0	0	0	
Mixed Sex Accommodation Breach	Zero	Red	0	0	0	78	
MRSA Cases	Zero	Green	1	0	0	0	
C-Difficile Cases	<=153 (Full Year cumulative)	Red	29	42	53	66	
VTE Risk Assessment	95%	Green	95.0%	96.1%	96.5%	TBC	
Sepsis Screening Treat. (Emergency)	90% (of sample) <1 hour	Green	93.0%	93.0%	TBC	TBC	
Sepsis Screening Treat. (All)		Red	63.0%	63.0%	TBC	TBC	

Other Metrics

Metric	May-22	Jun-22	Jul-22	Aug-22	Trendline
Emergency Care					
Ambulance Arrivals	2,852	2,829	2,944	2,757	
Type 1 Performance (A&E 4 hour)	71.1%	68.7%	65.6%	66.7%	
Type 1 Attendances (Main Emergency Department)	13,130	12,386	12,686	11,184	
Type 2 Attendances (Eye Casualty)	1,563	1,440	1,437	1,536	
Type 3 Attendances (Urgent Treatment Centre)	6,624	6,087	6,182	5,889	
Patient Flow					
Covid Inpatients (average)	33	47	94	45	
Emergency Admissions	5,973	5,703	5,906	5,679	
G&A Bed Occupancy	86.0%	85.8%	86.9%	84.8%	
Critical Care Bed Occupancy	79.0%	76.1%	75.3%	70.8%	
Bed Days Lost (average)	64	78	60	69	
Medical Boarders	47	40	63	48	
Length Of Stay >7 Days	728	719	735	779	
Length Of Stay >21 Days	320	349	350	354	

Other Metrics

Metric	May-22	Jun-22	Jul-22	Aug-22	Trendline
Cancer Care					
2 Week Wait (WW) Appointments	2,187	2,181	2,289	2,125	
Cancer First Treatments	441	503	507	TBC	
Planned Care					
2WW Referrals	2,926	2,623	2,742	2,744	
Urgent Referrals	6,154	5,220	5,637	5,190	
Routine Referrals	27,327	25,309	25,236	25,367	
Day Case Activity (Specific Acute (SA))	9,762	9,230	9,281	9,919	
Overnight Elective Activity (SA)	1,714	1,751	1,726	1,675	
New Outpatient Attendances (SA)	23,008	21,401	21,134	19,662	
Review Outpatient Attendances (SA)	60,867	56,710	53,692	54,176	
Outpatient Procedure Activity (SA)	17,334	16,234	17,270	17,235	
Diagnostic Tests	19,657	18,844	19,092	19,344	
Outpatient Did Not Attend (DNA) Rate	8.1%	8.5%	8.7%	9.0%	
RTT Waiting List Size	96,526	95,901	97,187	99,812	

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 September 2022						
Title	Medical Director's Report						
Report of	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Prepared by	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The report highlights issues the Medical Director wishes the Board to be made aware of.						
Recommendation	The Board of Directors is asked to note the contents of the report and approve the EPRR Assurance Framework Compliance Statement and Annual Report.						
Links to Strategic Objectives	Putting patients at the heart of everything we do and providing care of the highest standard focusing on safety and quality.						
Impact (Please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	This is a regular report to Board. Previous similar reports have been submitted.						

MEDICAL DIRECTOR'S REPORT

EXECUTIVE SUMMARY

The following items are described in more detail within this report:

- Quality & Patient Safety Update
- COVID
- Cancer Update
- Education and Training Update
- Research Update
- Workforce

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

- i) Quarterly Guardian of Safe Working Report
- ii) Emergency Preparedness, Resilience and Response (EPRR) Assurance Framework Compliance Statement and Annual Report
- iii) A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report and Statement of Compliance
- iv) Consultant Appointments

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

MEDICAL DIRECTOR'S REPORT

1. QUALITY AND PATIENT SAFETY

- The Patient Safety Incident Response Framework (PSIRF) has been published and has to be implemented within the next 12 months. A sub-group in the Clinical Governance and Risk Department (CGARD) has been set up to progress this. It is acknowledged that substantial trust-wide communications will be required, and a patient safety plan will need to be designed.
- There is a national shortage relating to international suppliers of the thrombolytic drug alteplase, which causes concern. Ian Campbell, Assistant Director of Pharmacy, is managing the situation and trying to obtain international stock. Use of this drug is now limited to stroke, pulmonary emboli, and selected thrombolysis patients.

2. COVID

- Routine COVID testing has been largely discontinued except for high risk areas.
- There is no longer a requirement for asymptomatic staff to undergo lateral flow testing.
- Wearing of masks and social distancing has been discontinued except in specified clinical areas.
- Vaccines are now available for staff – uptake is being actively encouraged.
- Currently 38 COVID patients (18 admitted for COVID, remainder incidental) with no patients in the Trust Intensive Care Unit (ICU).

3. CANCER UPDATE

- 62-day performance has deteriorated to 48%. Surgical specialties are a particular problem. Newcastle Hospitals falls in the lower mid area compared to Shelford.
- Meetings with cancer teams have taken place with appropriate actions in progress. Emphasis has been placed upon Skins, Upper and Lower GI, Urology and Lung.
- Delayed referrals from other Trusts are an issue in Upper GI, Lower GI, and Urology.
- An additional mobile scanner is available from the end of September to address computerised tomography (CT) colonography.
- Tele-dermatology increasingly used for skin referrals.
- Opening of Ward 25a, Freeman Hospital, for lung patients and appointment of further thoracic surgeon.
- There needs to be emphasis on reducing the 14-day first appointment, reprioritising investigations (including endoscopy and radiology), flexibility of operating lists with prioritisation between specialties if necessary, and transfer of patients to other Trusts where appropriate. Both Newcastle Hospitals and the Cancer Alliance are addressing these possibilities.
- Further robotic development remains a Trust priority.

4. EDUCATION AND TRAINING

- The recent local General Medical Council (GMC) Trainee Survey evidenced no bullying or undermining. There were three comments referenced relating to Gynaecology (consultant cover issue relating to Centre for Life), Renal (workforce), and Vascular (solitary issue).
- Local Trainee Survey revealed outliers in the supportive environment section. These were Ophthalmology (improvement on last year), Paediatric Cardiology (rota issues), Renal Medicine and Paediatric Intensive Care Unit (PICU).
- The National Trainee Survey indicated that burnout figures were rising particularly in Emergency Medicine, Surgery and Obstetrics and Gynaecology.

Comparison with Regional Hospitals (Trainee Survey):

- Regionally the Trust was 5th out of 10 Trusts which is better than previous performance. The 1st and 2nd Trusts were Mental Health Trusts.
- Respiratory and Haematology have excellent feedback.

Trainer Survey (40% turnout):

- In the GMC Trainers Survey Newcastle Hospitals was bottom of the list of local hospitals and towards the bottom of the Shelford Group. Of particular note were the poor returns for “time and training resource”.
- The red areas for the trainers’ survey were Ophthalmology and General Surgery.
- The poor outcomes appear to be related to rota pressures where some slack is clearly needed and resource availability. It was agreed that rotas need to be shored up with advance care practitioners.

5. RESEARCH

General:

- The Directorate has had four nominations for the Celebrating Excellence awards.

Performance:

- In June and July 2022, research study participant recruitment remains slightly below (7%) numbers recruited to Trust studies in the comparable timeframe last year. This is in line with current national trends.
- Cancer recruitment is now picking up after a prolonged post-pandemic slump.
- Anand Dixit’s stroke trial received excellent press coverage. First patient in Europe to be recruited to a trial using stem cells to treat stroke, an advanced therapy. Exemplifies Newcastle’s Pioneering research. <https://www.itv.com/news/tyne-tees/2022-08-15/newcastle-trial-can-stem-cells-aid-stroke-patients-recovery>.

Research governance:

- We are still awaiting a date for a Medicines and Healthcare products Regulatory Agency (MHRA) inspection of us as a sponsor which we have been notified to expect before the end of September 2022.

Agenda item A7(a)

- The main risk, as previously stated, is the lack of Paperlite implementation in research. This has been mitigated as much as possible with the Information Management & Technology (IM&T) department supporting several specific issues.

Research and Development Forum:

- The 2023 NHS Research and Development Forum will be held in Newcastle/Gateshead (SAGE) from 21-23 May 2023. It will be held in association with the Health Research Authority.

Professor Ruth Endacott visit:

- Professor Ruth Endacott, National Institute for Health and Care Research (NIHR) Director of Nursing and Midwifery, visited research delivery teams on 8 September 2022. We were pleased and proud to showcase what our teams are doing to support research delivery in the Trust.

6. WORKFORCE

- A review is currently taking place to identify vulnerable consultant and middle grade rotas. The existing and potential gaps will be assessed against locum spend to enhance business cases for new substantive posts.
- The current issues relate to suboptimal national workforce planning over many years and the greater move by clinicians towards improved work-life balance at the expense of discretionary goodwill.
- It is likely that a proportion of the rota gaps will be filled by specialist nurses, advanced care practitioners, and Associated Health Practitioners (AHP's), particularly in specialities with limited medical workforce.

7. BOARD REFERENCE PACK DOCUMENTS

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

- i) Quarterly Guardian of Safe Working Report
- ii) EPRR Assurance Framework Compliance Statement and Annual Report [**FOR APPROVAL**]
- iii) A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report and Statement of Compliance
- iv) Consultant Appointments

8. RECOMMENDATION

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

A R Welch FRCS

Medical Director

21 September 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 September 2022						
Title	Executive Chief Nurse (ECN) Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Ian Joy, Deputy Chief Nurse Diane Cree, Personal Assistant						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>This paper has been prepared to inform the Board of Directors of key issues, challenges, and information regarding the Executive Chief Nurse areas of responsibility. The content of this report outlines:</p> <ul style="list-style-type: none"> • Spotlight on our Digital Health Team; • Nursing and Midwifery Staffing; • Flu/Covid Vaccination Overview including Department of Health and Social Care (DHSC) Healthcare Flu update; • Patient Experience Quarter 1 (Q1) 2022 – 2023; • Safeguarding Quarter 1 (Q1) 2022 – 2023; and • Learning Disability Quarter 1 (Q1) 2022 – 2023. 						
Recommendation	The Board of Directors is asked to note and discuss the content of this report.						
Links to Strategic Objectives	<ul style="list-style-type: none"> • Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes. • Being outstanding, now and in the future. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients first and providing care of highest standard.						
Reports previously considered by	The ECN Update is a regular comprehensive report bringing together a range of issues to the Trust Board.						

EXECUTIVE CHIEF NURSE REPORT

EXECUTIVE SUMMARY

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

The detailed ECN report has been included within the Board Reference Pack (BRP).

Section 1: Digital Health Team Spotlight

This month's 'Spotlight' section outlines the work of our Digital Health Team (DHT). The DHT are a team of Nursing, Midwifery and Allied Health Professionals who combine their expert professional and digital skills to support the implementation of digital solutions in practice. The DHT work as part of wider team including the Chief Medical Informatics Officer (CMIO) and other members of the Information Management and Technology (IM&T) Directorate. This newly formed team presently consists of six clinicians and has been in place for just over 13 months. As digital technology continues to progress and be a fundamental part of clinical processes and innovations, it is important to ensure implementation is clinically led and clinically driven. This helps ensure digital technology enhances professional practice synergistically and leads to sustainable improvements in patient care and experience

The report contains several examples of the workstreams the DHT are involved in contributing alongside the CMIO and IM&T colleagues to successful implementation. This includes projects such as:

- Revision of patient rounding documentation;
- High level support and visibility to support the implementation of closed loop medication practice in 17 wards, 2 intensive care units and one post-operative recovery area;
- Supporting the creation and implementation of clinical documentation for the new Day Treatment Centre; and
- Initial phase planning for review and optimisation of nursing assessment and discharge documentation.

The DHT is relatively unique and is being held up as an exemplar team locally, regionally, and nationally. Since its inception the team has been advising other organisations as they develop their digital maturity and the team have presented their work extensively. This is testament to their skills, expertise and leadership.

Section 2: Nursing and Midwifery Staffing Update

Section two highlights' areas of risk and details actions and mitigation to assure safer staffing in line with the agreed escalation criteria.

Agenda item A7(b)(i)

The nurse staffing escalation level remains at level two due to appropriate criteria being met. The necessary actions in response to this are in place and continue to be overseen by the Executive Chief Nurse.

The monitoring of safer staffing metrics against clinical outcomes/nurse sensitive indicators as stipulated in national guidance continues via the Nurse Staffing and Clinical Outcomes Operational Group.

The following key points from this group are noted below:

- A number of wards have required support at medium or high level since April. In July two wards were noted to require a high level of support given concerns regarding nurse staffing and the potential impact on clinical outcomes for patients. Action plans were agreed for these areas in collaboration with the ward staff and additional clinical support, education and resources provided, overseen by the Executive Chief Nurse Team and Directorate Teams. Weekly audits are in place to monitor the impact of the interventions and significant improvements have been reported in both areas.
- Where beds have been closed due to staffing concerns, twice-weekly review with the Executive Chief Nurse Team remains in place and will continue until all commissioned bed capacity is safely opened.
- Red flags generated within the SafeCare module by the nursing staff in conjunction with professional judgement have provided valuable triangulation of data alongside DATIX reports. These alerts are responded to promptly by members of the Senior Nursing Team directly with the ward staff and the Matrons. All DATIX reports reviewed were graded no harm or low/minor. In the last quarter the number of DATIX and Red Flags submitted were:
 - July 20
 - August 17

Recruitment and Retention remain a priority workstream and the report provides an update on the current pipeline of Registered Nurses and Healthcare Support Workers. International Recruitment remains an important focus with the aspiration of deploying up to 300 nurses in this financial year, supported by funding from NHS England. The following key points are contained within the report:

- The combined turnover for Registered and Non-Registered staff is 10.65%;
- Registered Nurse turnover is 11.4% compared to 13.1% nationally;
- The Band 5 vacancy rate is 10.9% based on current staff in post. There is a pipeline of 294 (headcount) nurses across adult, paediatrics and operating department practitioners; and
- There are currently 72.55 whole time equivalent (wte) Healthcare Support Workers in the recruitment pipeline with 34.2wte posts unfilled. This equates to a 3% vacancy rate.

Section 3: Flu/Covid Vaccination Overview including DHSC Healthcare Flu update

The Joint Committee on Vaccination and Immunisation (JCVI) advises that any potential Covid-19 booster programme should begin in September 2022, to maximise protection in those who are most vulnerable to serious Covid-19 infection ahead of the winter months.

In the 2021/2022 program the uptake for the flu vaccine was 70% and the Covid Vaccine uptake was 98% first dose, 96% second dose with 90% uptake booster vaccination. The aim is to meet and surpass the targets previously achieved with particular focus on flu uptake where there is an aspiration to achieve 90% (circa 11,000 staff) uptake for eligible staff.

The Trust has re-established the Vaccination Steering Group to lead on the delivery of this work and oversee the delivery of both programmes and has been in place since April. The anticipated delivery date of the flu vaccine is end of September 2022; therefore, the plan is to commence vaccinations via the peer vaccinator model from the 3 October 2022, similar to previous years.

Both vaccines will be monitored daily and reported weekly to Directorates via Trust meetings with high level data broken down to Directorate level and regular reporting to the Executive Team and Trust Board. There is a requirement to report flu vaccination numbers weekly to Public Health England (PHE) and monthly to NHS England/ Improvement via the Immform database as was the case for previous years. It is assumed that Covid reporting requirements will remain as was during the initial programme with a monthly upload to Immform.

The Department of Health and Social Care (DHSC), together with PHE outlined their expectation to Trusts regarding Flu uptake. This includes completion of a 'self-assessment checklist' published in Board papers at the start of the flu season. This completed checklist is in the BRP.

Section 4: Patient Experience Quarter One (Q1) Update

The Trust has opened 117 formal complaints in Q1, which is a decrease of 13% from the previous quarter.

Up to the end of March 2022, the highest percentage of complaints are within the Internal Medicine Directorate with seven complaints per 10,000 patient contacts (0.07%). The lowest number of complaints is within Dental Services who are still to receive a complaint this year.

From the 166 closed complaints in Q1, 20 complaints were upheld, 33 complaints were partially upheld and 113 were not upheld.

The report contains an overview of patient experience and engagement work with an overview of work undertaken by the Advising on the Patient Experience Group (APEX) and

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the Maternity Voice Partnership. This work of these groups remains fundamental in ensuring developments in services are patient led.

Section 5: Safeguarding Quarter One Update

This summary provides a Q1 update of safeguarding activity throughout the Trust and includes references to developments in practice as well as an overview of national practice developments and the Trust's compliance with these recommendations.

Safeguarding activity for Q1 evidences the following key high-level points:

- In adult safeguarding, activity is marginally reduced compared to Q1 2021/22 but remains above pre-pandemic levels.
- In children's safeguarding, the Trust has continued to see an increase in overall activity with more than double that of 2019/20 although a decrease (9%) in comparison to the same period last year. The highest categories of referrals are from neglect, followed by self-harm/overdose, domestic abuse and physical harm. We continue to see younger children coming through our emergency department (ED) with intentional overdose/self-harm, which has been seen across the region and nationally.
- In maternity safeguarding activity remains relatively stable. The predominant categories continue to be previous / current involvement of children's social care, domestic abuse, and mental health related issues although individual cases often report more than one category.

Section 6: Learning Disability Quarter One Update

The team continues to develop practice to improve care for people with Learning Disabilities, building on the existing infrastructure and the dedicated expertise of the Learning Disability Liaison Team.

In the last quarter the team received 623 referrals (adults, children, and transition referrals combined). This is broadly comparable to the same period last year though significantly greater than pre-pandemic levels. Whilst activity remains relatively static, the team continues to experience complex facilitation to ensure the experience for individuals and families is a positive and safe journey through Trust services.

Through a Trust wide Task and Finish Group, the Learning Disability week in June 2022 took the opportunity to utilise several events to relaunch the Learning Disability team, learn from practice and hear from families and patients on their experiences of care. There was significant support from the Trust Communication team to support messages through social media, asking for Trust staff to make a "pledge". This was an extremely positive event across the Trust and supported raising the profile of the team and the work required to continue to ensure all of patients receive the highest possible standard of care.

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RECOMMENDATION

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

Report of Maurya Cushlow
Executive Chief Nurse
29 September 2022

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TRUST BOARD

Date of meeting	29 September 2022		
Title	Ockenden Update Report		
Report of	Maurya Cushlow, Executive Chief Nurse		
Prepared by	Jane Anderson, Associate Director of Midwifery		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Summary	<p>The Ockenden Report published on 30 March 2022, is the final report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an ‘independent review of the quality of investigations and implementation of their recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust’. The final report can be found at: https://www.gov.uk/government/publications/final-report-ofthe-ockenden-review.</p> <p>The interim report published on 10 December 2020 outlined a number of Immediate and Essential Actions for providers of maternity services, and the Trust’s progress against these have been systematically monitored and reported to members of the Trust Board since that time.</p> <p>The purpose of this report is to provide members of the Trust Board with an overview and significance of the findings of the final Ockenden report published in March 2022, actions for the Trust following internal benchmarking, together with an update on progress against both the interim and final report. A workforce update is also provided aligned to the ongoing work towards the Maternity Transformation Programme and Midwifery Continuity of Carer (MCoC).</p> <p>Associated risks are identified and discussed, together with an updated high level Action Plan combining outstanding actions from the interim report together with those arising within the final report.</p>		

Recommendation	<p>The Trust Board is asked to</p> <ul style="list-style-type: none"> i) Receive and discuss the report; ii) Note the current level of assurance and the identified gaps in assurance as benchmarked against the interim and final recommendations; iii) Recognise the significance of this final report for the Maternity Service and that further detailed work is required to ensure full compliance; and iv) Note the associated risks involved. 						
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standards focussing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the main body of the report.						
Reports previously considered by	Previous report presented to members of the Trust Board on 28 July 2022.						

OCKENDEN REPORT UPDATE

EXECUTIVE SUMMARY

The Report of Donna Ockenden published on 30 March 2022, is the second and final report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an 'independent review of the quality of investigations and implementation of their recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust'.

The interim report published on 10 December 2020, outlined a number of Immediate and Essential Actions (IEA) for providers of maternity services, and the Trust has continued to progress, monitor, and systematically report these to members of the Trust Board since that time. There are 5 partially compliant Immediate and Essential Actions (IEAs) which remain outstanding for the Trust.

As previously reported the final publication provided an additional 15 IEAs comprising 92 recommendations highlighting an urgency for essential change and improvement to maternity and neonatal services. Specific focus on listening to families is a key driver of both the interim and final reports, with Trusts expected to investigate, learn, and embed improvements to ensure the safety of women, babies, and families in their care.

Workforce planning was also a key feature of the final publication and an overview of the Trust's current position in relation to the Maternity Transformation Programme and Midwifery Continuity of Carer (MCoC), is provided within this report.

This report combines the interim and final Ockenden reports, taking a phased approach to reporting in view of the large number of recommendations. The 7 non-compliant recommendations arising from the Trust's benchmarking of the final report were presented to the Trust Board in July 2022, progress on these actions will be detailed in the November report. This report provides detail for the first 8 of 32 partially compliant recommendations from the final report, along with relevant updates for previously reported recommendations as indicated within the High-level Action Plan.

Of note is an identified risk which has previously been highlighted to the Trust Board which relates to achieving and maintaining 90% multi-disciplinary obstetric core competency training for all specialities, which is a requirement of both Ockenden and the Clinical Negligence Scheme for Trusts (CNST). Whilst awaiting newly appointed staff to commence, workforce pressures have been identified throughout September and into the early part of October which have resulted in all training being suspended. This impacts on trajectory against plan.

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Also of note, are the competing demands within the service with regard to the implementation of a number of digital platforms, BadgerNet and Closed Loop Milk, together with the Trust-wide roll out of Closed Loop Blood training, which has the potential to further impact on the trajectory of this action. This identified risk is discussed in more detail in section 7 of this report; a review has been made in relation to trajectory against plan which indicates that providing the mitigations which have been put in place are sustainable, the target of 90% by December 2022 is still achievable. Close monitoring will continue, with further escalation being made to the Executive Directors by exception if required.

Work will continue to report and progress against all Immediate and Essential Actions with a further update to the Trust Board in November 2022.

RECOMMENDATIONS

The Trust Board is asked to:

- i) Receive and discuss the report;
- ii) Note the current level of assurance and identified gaps in assurance as benchmarked against the interim recommendations;
- iii) Recognise the significance of this final report for the Maternity Service and that further detailed work is required to ensure full compliance; and
- iv) Note the associated risks involved.

OCKENDEN REPORT UPDATE

1. INTRODUCTION

This report provides background information and an overview of the final Ockenden Report; Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust, published 30 March 2022.

A benchmarking exercise has been undertaken by the Trust; this report provides members of the Trust Board with an update on the Trust's position in relation to both the interim Ockenden Report, published in December 2020, and the final publication in March 2022.

As previously discussed, due to the large number of recommendations arising from the final publication, a phased approach is taken in reporting to the Trust Board.

2. BACKGROUND

As discussed in a previous report, the final Ockenden Report published on 30 March 2022, is the report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an independent review of the quality of investigations, and implementation of the recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust.

The report acts as an immediate call to action for all commissioners and providers of maternity and neonatal services, ensuring lessons are rapidly learned and service improvements for women, babies, and their families are driven forward as quickly as possible. Four key pillars are identified as follows:

1. Safe Staffing
2. A well-trained workforce
3. Learning from incidents
4. Listening to families

3. NEWCASTLE HOSPITALS MATERNITY SERVICES ASSESSMENT AND ASSURANCE

The Trust Board will recall that the requirements in terms of the minimum evidence required to support compliance against the interim Ockenden recommendations evolved considerably throughout 2021, resulting in a total of 49 standards to be addressed by providers of maternity services. These can be found in the Trust Board Reference Pack (BRP) as Appendix 1. The second report further advises on an additional 15 Immediate and Essential Actions (IEAs) of which there are 92 recommendations. For reporting purposes,

the outstanding actions from the interim report have been combined with those of the final report details of which can be found in the Trust BRP as Appendix 2.

A detailed breakdown of provider returns, and Trust compliance aligned to the initial Immediate and Essential Actions was reported to NHS England and Improvement (NHSEI) and the Public Board in May 2022. As previously reported, subsequent to the submission of evidence, a Regional and System Insight Visit was undertaken on 17 June 2022, the purpose of which was to provide assurance against the 7 Immediate and Essential Actions from the first Ockenden report. The Trust received a written feedback report on 26 August and is currently in the process of benchmarking this against the updated self-assessment.

3.1 Interim Report Update

There is nothing further to report other than by exception are the challenges experienced by the Directorate associated with Immediate and Essential Action 3 (IEA 3), specifically in relation to compliance on multi-disciplinary core competency training. This is discussed in detail in point 4 of this report and an associated identified risk is reported in point 7.

3.2 Final Ockenden Report Update

Detailed work has been undertaken within the Directorate benchmarking the Maternity Service against the 92 recommendations arising from the final publication. The report has been shared widely across the service and opportunity has been taken to present and disseminate the key messages amongst the multi-professional workforce.

As previously reported to the Trust Board, the Trust is required to ensure that there are appropriate mechanisms in place for workforce planning across all professional groups with specific focus on the midwifery leadership and non-executive support, together with Trust Board oversight. This remains a key area of focus within the final Ockenden report, with specific reference to Midwifery Continuity of Carer (MCoC). A further update of the Midwifery workforce in line with Midwifery Continuity of Carer (MCoC) is provided and discussed within this report.

This report details the Trust's position from both the interim and the final report. Taking a phased approach to reporting, this report provides an update moving on from the 7 non-compliant actions to the first 8 of 32 partially compliant recommendations arising from the final report. Future reports will continue the phased approach to reporting on the partially compliant actions for the Trust.

4. HIGH LEVEL ACTION PLAN

Table 1 provides an amalgamated action plan comprising the residual actions from the interim report, the non-compliant actions as benchmarked against the final report, in addition to the first group of partially compliant actions from the final report. Work on the previously reported 7 non-compliant recommendations continues as described in Table 1

and further progress will be updated to the Trust Board in November 2022. Due to the number of partially compliant actions to report to the Trust Board, a phased approach has been agreed.

As previously reported to the Trust Board, referred to in Section 3.1, there is one outstanding partially compliant action from the interim report which continues to present ongoing challenges for the Directorate, as follows:

IEA 3 All Trusts are required to ensure 90% of all specialities take part in multi-disciplinary training.

There are ongoing challenges in achieving and maintaining 90% attendance of all specialities which is a requirement of both Ockenden and CNST. Whilst awaiting newly appointed staff to commence, workforce pressures have been identified throughout September and into the early part of October which have resulted in all clinical skills training being suspended for this period. This impacts on trajectory against plan.

Also of note, there are, and will be significant training requirements with regard to the implementation of a number of digital platforms, BadgerNet and Closed Loop Milk, together with the Trust-wide roll out of Closed Loop Blood training. It is noted that this may have the potential to further impact on the trajectory of this action. This identified risk is discussed in more detail in section 7, a review has been made in relation to trajectory against plan which indicates that providing the mitigations in place are sustainable, the target of 90% by December 2022 is still achievable. Close monitoring will continue, with further escalation being made to the Executive Directors by exception if required.

The first group of partially compliant actions as benchmarked by the Trust against the final report are as follows:

IEA 1 (1.9) All Trusts must develop a core team of senior midwives who are trained in the provision of high dependency maternity care. The core team should be large enough to ensure there is at least one High Dependency Unit (HDU) trained midwife on each shift, 24/7.

The trust currently has a core team headcount of twenty-eight Band 7 and Band 6 labour ward midwives, inclusive of practice support. Currently 75% of these staff have completed local training in high dependency maternity care which combines theory with a practical placement. Training has been impacted by COVID, however, there is a plan in place for the remaining core staff to achieve this by May 2023. Once 100% training is achieved, compliance for HDU cover of at least 1 midwife per shift 24/7 will be possible.

The core team will be enhanced by 11 midwives under the maternity transformation model and these staff will attend the local training for HDU care throughout 2023, this will ensure greater levels of provision in relation to this action.

IEA 1 (1.10) All Trusts must develop a strategy to support a succession-planning programme for the maternity workforce to develop potential future leaders and senior managers. This must include a gap analysis of all leadership and management roles to include those held by specialist midwives and obstetric consultants. This must include supportive organisational processes and relevant practical work experience.

The Directorate have already commenced work developing a maternity specific workforce strategy. This requirement will be incorporated into the strategy and updates on progress will be made in future reports.

IEA 2 (2.7) All Trusts must ensure there are visible, supernumerary clinical skills facilitators to support midwives in clinical practice across all settings.

The Trust currently has a team of four clinical skills facilitators known as practice support midwives who are available on the labour ward. There is also a practice support midwife for obstetric sonography. Further work will be incorporated as part of the overarching workforce strategy to develop additional roles across the service where there is a need identified.

IEA 4 (4.2) All maternity service senior leadership teams must use appreciative inquiry to complete the National Maternity Self-Assessment Tool if not previously done. A comprehensive report of their self-assessment including governance structures and any remedial plans must be shared with their trust board.

This work has commenced; it is envisaged that benchmarking will be completed by Quarter 3 (Q3) with further updates in future reports.

IEA 4 (4.4) All clinicians with responsibility for maternity governance must be given sufficient time in their job plans to be able to engage effectively with their management responsibilities.

This has been an area of recent focus for the Directorate; further scoping work is underway to understand with further clarity the current position. Updates to be provided in future reports.

IEA 4 (4.5) All Trusts must ensure that those individuals leading maternity governance teams are trained in human factors, causal analysis, and family engagement.

Expansion of the governance team has been made throughout the past eighteen months and further training is planned for all members of this team to ensure their development remains appropriate for the important work that they undertake. Members of the senior leadership team who have not had an opportunity to avail themselves of this type of training will take opportunity to access suitable programs.

IEA 5 (5.2) Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.

This work is ongoing as part of the local training needs analysis. Currently lessons from clinical incidents are highlighted to the professional leads for training as evidenced in Serious Incident (SI) action plans. Further work is required to embed and monitor through an audit framework which will inform the evolving training plan.

IEA 5 (5.3) Actions arising from a serious incident investigation which involve a change in practice must be audited to ensure a change in practice has occurred.

An audit process for evidencing the embedding of changes to practice resulting from serious incident/complaint investigation is currently under development and a first audit planned for January 2022; updates to be provided in future reports.

Table 1

The Newcastle Upon Tyne Hospitals NHS Foundation Trust Maternity Services Assessment and Assurance Tool High Level Action Plan to support the requirements arising from the Ockenden Review; Updated September 2022 to include both the interim and the final Ockenden Report recommendations.			
Immediate and Essential Action (IEA) Interim Report (Total)	Updated action which is required to meet recommendation	Lead/s	Completion Date
IEA 3 Staff training and working together	<p>Required to ensure 90% of all specialities take part in multi-disciplinary training. This has been challenging for the reasons reported in the Trust Board reports; a mechanism is in place for regular monitoring and reporting and cross referenced to the requirements for CNST.</p> <p>Close monitoring of the set trajectory is maintained with an anticipated compliance of >90% by December 2022.</p>	<p>Clinical Director (Training Lead) Lead Midwife for Quality and Clinical Effectiveness Practice Development Midwife</p>	December 2022
IEA 4, 5 & 7 Named Consultant and Risk assessment throughout pregnancy	<p>Continue to embed named consultant and continuous risk assessment through training, audit, and plan-do-study-act (PDSA). A task and finish group are established.</p> <p>Further enhance the current paper-based system as an interim whilst awaiting implementation of electronic patient record (EPR) with full audit schedule.</p> <p>Continue the work to progress the project plan and implementation of BadgerNet as the agreed electronic paper record.</p>	<p>Head of Obstetrics Midwifery Matrons Lead Midwife for Quality and Clinical Effectiveness</p> <p>Clinical Director Associate Director of Midwifery Digital Health Midwife</p>	<p>A repeat audit undertaken in August 2022 shows a 71% compliance for named consultant. Completion of paper-based risk assessment remains low at 33%. Paper based risk assessment will not be required following implementation of BadgerNet.</p> <p>EPR 3 months to implementation.</p>

Immediate and Essential Action (IEA) <u>Final Report</u> Non-compliant elements	Action which is required to meet recommendation	Lead/s	Completion Date
IEA 1 Workforce Planning and Sustainability	<p>1.3 Minimum staffing levels must include a locally calculated uplift, representative of the three previous years' data, for all absences including sickness, mandatory training, annual leave, and maternity leave.</p> <p>Collaborative work with Executive Directors, Finance and Human Resources (HR) to work towards establishing a reflective uplift appropriate for Newcastle.</p>	<p>Directorate Manager Associate Director of Midwifery</p>	<p>December 2022</p>
IEA 1 Workforce Planning and Sustainability: Training	<p>1.7 All Trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision making, learning through training in human factors, situational awareness, and psychological safety, to tackle behaviours in the workforce.</p> <p>Incorporate this training into the training passport for all Midwives coordinating the Delivery Suite. Further discussion with senior midwifery leaders across the region with a view to developing a bespoke accredited package which meets with the national standard.</p>	<p>Associate Director of Midwifery Matron for Intrapartum Care</p>	<p>To be confirmed (TBC) following further review and scoping exercise</p>
IEA 3 Escalation and Accountability	<p>3.1 All Trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between professionals.</p> <p>Clinical leads to work collaboratively in creating a policy to meet with this recommendation.</p>	<p>Clinical Director Head of Obstetrics Associate Director of Midwifery</p>	<p>December 2022</p>

<p>IEA 5 Clinical Governance – Incident investigation and complaints</p>	<p>5.4 Change in practice arising from an SI investigation must be seen within 6 months after the incident occurred. (Audit to commence)</p> <p>Audit schedule to be developed to enable evaluation of the Trust’s position with regard to this recommendation. PDSA methodology to be applied in meeting with objective.</p>	<p>Clinical Director Associate Director of Midwifery Lead Midwife for Quality and Clinical Effectiveness</p>	<p>September 2022</p>
<p>IEA 5 Clinical Governance – Incident investigation and complaints</p>	<p>5.6 All maternity services must involve service users (ideally via their Maternity Voices Partnership (MVP)) in developing complaints response processes that are caring and transparent.</p> <p>Task and finish group to be developed with key stakeholders enable progression on this recommendation.</p>	<p>Directorate Manager Associate Director of Midwifery Head of Patient Experience Chair of MVP</p>	<p>October 2022</p>
<p>IEA 5 Clinical Governance – Incident investigation and complaints</p>	<p>5.7 Complaint’s themes and trends must be monitored by the maternity governance team.</p> <p>This work has already commenced; themes and trends to be monitored and reported through local governance assurance framework.</p>	<p>Directorate Manager Head of Obstetrics Lead Midwife for Quality and Clinical Effectiveness Patient Experience Coordinator</p>	<p>September 2022</p>
<p>IEA 10 Labour and Birth</p>	<p>10.2 Midwifery-led units must complete yearly operational risk assessments.</p> <p>Operational risk assessment to be developed and implemented with actions arising reported through local governance assurance framework.</p>	<p>Obstetric Lead for Intrapartum Care Matron for Intrapartum Care Lead Midwife for NBC</p>	<p>September 2022</p>

Immediate and Essential Action (IEA) Final Report Partial-compliant part 1.	Action which is required to meet recommendation	Lead/s	Completion Date
IEA 1 Workforce Planning and Sustainability	1.9 All Trusts must develop a core team of senior midwives who are trained in the provision of high dependency maternity care. The core team should be large enough to ensure there is at least one HDU trained midwife on each shift, 24/7.	Associate Director of Midwifery Matron for Intrapartum Care Delivery Suite Coordinators Practice Development midwife	May 2023
IEA 1 Workforce Planning and Sustainability	1.10 All Trusts must develop a strategy to support a succession-planning programme for the maternity workforce to develop potential future leaders and senior managers. This must include a gap analysis of all leadership and management roles to include those held by specialist midwives and obstetric consultants. This must include supportive organisational processes and relevant practical work experience.	Clinical Director Associate Director of Midwifery	February 2023
IEA 2 Safe staffing	2.7 All Trusts must ensure there are visible, supernumerary clinical skills facilitators to support midwives in clinical practice across all settings. Currently only available for Delivery Suite.	Associate Director of Midwifery Midwifery Matrons Practice Development midwife	TBC following scoping exercise
IEA 4 Clinical Governance: Leadership	4.2 All maternity service senior leadership teams must use appreciative inquiry to complete the National Maternity Self-Assessment Tool if not previously done. A comprehensive report of their self-assessment including governance structures and any remedial plans must be shared with their Trust Board.	Clinical Director Associate Director of Midwifery	January 2023

IEA 4 Clinical Governance: Leadership	4.4 All clinicians with responsibility for maternity governance must be given sufficient time in their job plans to be able to engage effectively with their management responsibilities.	Clinical Director Associate Director of Midwifery	TBC following scoping exercise
IEA 4 Clinical Governance: Leadership	4.5 All Trusts must ensure that those individuals leading maternity governance teams are trained in human factors, causal analysis, and family engagement.	Clinical Director Associate Director of Midwifery Quality & Clinical Effectiveness Midwife Head of Obstetrics	May 2023
IEA 5 Clinical Governance: Incident investigation and complaints	5.2 Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.	Clinical Director Associate Director of Midwifery Quality & Clinical Effectiveness Midwife Head of Obstetrics	May 2023
IEA 5 Clinical Governance: Incident investigation and complaints	5.3 Actions arising from a serious incident investigation which involve a change in practice must be audited to ensure a change in practice has occurred.	Clinical Director Associate Director of Midwifery Quality & Clinical Effectiveness Midwife Head of Obstetrics	January 2023

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5. DIGITAL HEALTH RECORDS

5.1 Implementation of BadgerNet

A go-live date is planned for 21 November 2022. There are a number of competing demands which are currently being worked through to ensure that this launch date is achieved. The training of staff is a significant undertaking both with regard to the number of staff the service can release for training at any one time, together with the available capacity of digital trainers within the Trust. The launch of other digital developments is also planned simultaneously, both Closed Loop Milk and Closed Loop Blood. The Directorate continues to work closely with the digital project team to ensure that plans remain on track. Issues which may arise which place a risk to the intended launch date will be reported by exception to the Executive Directors.

6. MATERNITY WORKFORCE PLANNING AND INVESTMENT

6.1 Midwifery Workforce

Workforce is a core feature of the final Ockenden report and members of the Trust Board will recall that the final publication advises that organisations must now take into account an immediate and essential action in ensuring safe midwifery staffing plans are in place, and Trusts must make one of 3 decisions with regard to MCoC:

1. Trusts that can demonstrate that staffing meets safe minimum requirements can continue existing MCoC provision and continue to rollout.
2. Trusts that cannot meet safe minimum staffing requirements for further rollout of MCoC but can meet safe minimum staffing for existing MCoC provision, should cease further rollout.
3. Trusts that cannot meet safe minimum staffing requirements for further rollout of MCoC and for existing MCoC provision, should immediately suspend MCoC provision and transfer women to alternative pathways.

The Trust has been consulting with staff through a formal organisational change process, commencing in February 2022 and completed in August 2022. A further review has subsequently been undertaken considering a number of factors, including the feedback received from staff. To enable plans to progress, it is important to ensure optimum staffing from the outset and the anticipated further staffing review has been undertaken.

In line with the national picture, the Trust has recently seen attrition within the Midwifery workforce; there are a number of reasons attributed to this and the position has been closely monitored by the Directorate.

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A total of 32 whole time equivalent (wte) midwives have left the organisation within the past 12 months, a turnover of 10.5% benchmarked against a reported national rate of 12.4% (NHSEI). 19wte equating to 7.61% of the funded establishment since May 2022. A proportion of those leaving have cited MCoC as a reason for their decision to seek alternative employment, together with work related psychological stress aligned to the impact of COVID and low morale within the workforce. Of note is that the majority of staff are of retirement age. Of the combined leavers across 12 months, 88.1% are aged 56 and above, with 10.9% being within the 31-35 age group.

It is likely that staffing within the maternity service, will continue to be a challenge. Whilst it is difficult to predict with accuracy what the position will be throughout 2023, the number of available midwives currently undergoing programmes of training will be insufficient to meet the demand both across the region and nationally. This coupled with a potential higher turnover, sickness absence, and poor staff morale makes the delivery of this ambition increasingly challenging. Further work is on-going and under continuous review and the Trust Board will be updated in future reports.

7. RISKS

As discussed in point 4 above, due to a number of competing demands, a risk is identified in relation to achieving 90% of multi-disciplinary core competency training within the service. In mitigation, a modification has been made to the delivery of BadgerNet and Closed Loop Milk training, which will reduce the burden on staff in relation to digital training in readiness for implementation. In addition, close monitoring of staffing resource is a continuous process and escalation plans have been made to ensure the continued provision of safe services, whilst simultaneously working towards achieving the agreed implementation dates. Any further identified risk in relation to training and/or digital implementation will be reported to the Executive Directors by exception.

All identified risks arising from the Trust's benchmarking of the final Ockenden report will be reported through future reports to members of the Trust Board.

8. CONCLUSION

The Trust has made good progress against the Immediate and Essential Actions arising from the interim Ockenden report published in December 2020, and this has been reported systematically to the Executive Directors, the Trust Quality Committee, and members of the Trust Board since that time.

The outstanding actions of note relate specifically to risk assessment, personalised care planning, and the support which is required from a maternity specific electronic patient record. An identified risk in relation to multi-disciplinary core competency training is discussed within this report and discussion made on the actions taken in mitigation of this

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risk. Formal feedback arising from the regional/system Insight Visit has been received and the Directorate is currently benchmarking against the findings.

Those areas which are partially compliant and outstanding from the interim report are also key areas discussed in the final Ockenden report and are amalgamated into a revised high-level action plan. This report continues a phased reporting approach providing detail and required actions on a further eight of the 32 partially compliant recommendations for the Trust.

9. RECOMMENDATIONS

The Trust Board is asked to:

- i) Receive and discuss the report;
- ii) Note the current level of assurance and the identified gaps in assurance as benchmarked against the interim and final recommendations;
- iii) Recognise the significance of this final report for the Maternity Service and that further detailed work is required to ensure full compliance; and
- iv) Note the associated risks involved.

Report of Maurya Cushlow

Executive Chief Nurse

29 September 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 September 2022						
Title	Maternity Incentive Scheme (MIS) Year 4 (CNST)						
Report of	Angela O’Brien, Director of Quality and Effectiveness						
Prepared by	Rhona Collis, Quality and Clinical Effectiveness Midwife/ Jane Anderson, Associate Director of Midwifery						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 4 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 Maternity Safety Actions.</p> <p>A detailed report was submitted to the Trust Board in July 2022. The content of this report will focus on the specific elements of the 3 safety actions whereby compliance is not yet met but the Trust continues to work towards full compliance.</p> <p>The submission date is the 5 January 2023. A full report on all the safety actions will be provided for the November 2022 Quality Committee and Trust Board.</p>						
Recommendation	The Trust Board are asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined are being met.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality. Enhancing our reputation as one of the country’s top, first class teaching hospitals, promoting a culture of excellence in all that we do.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to comply with the ten safety action standards could impact negatively on maternity safety, result in financial loss to the Trust from the incentive scheme and from potential claims.						
Reports previously considered by	This is the seventh report for Year 4 of this Maternity Incentive Scheme. A previous full report was presented to Trust Board on the 28 July 2022.						

MATERNITY INCENTIVE SCHEME (MIS) YEAR 4 (CNST): MATERNITY SAFETY ACTION COMPLIANCE

EXECUTIVE SUMMARY

The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 4 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 Maternity Safety Actions.

The Year 4 CNST safety actions were effective from the 8 August 2021. Amendments were made to the safety actions in October 2021 and on the 23 December 2021 the Trust was informed that there would be a 3 month pause in the reporting period due to ongoing pressure on the NHS and maternity services. Trusts were advised to continue to apply the principles of the 10 safety actions in view of the overall aim which was to support the delivery of safer maternity care. Providers of Maternity Services were encouraged to continue reporting to MBRACCE-UK and eligible cases to the Healthcare Safety Investigation Branch (HSIB). Every reasonable effort should be made to make the Maternity Services Data Set (MSDS) submissions to NHS Digital.

The year 4 safety actions were revised during the pause period and the revisions published on 6 May 2022. A full report with an update on all 10 safety actions was presented to the Quality Committee in July 2022 and subsequently thereafter to the Trust Board. This report provides an update on the specific elements of the 3 maternity Safety Actions (2, 6 and 8) where the Trust has not yet achieved full compliance but continues to work towards achieving full compliance by the submission date of 5 January 2023. The full version of this report containing progress against all 10 safety actions is available in the Board Reference Pack (BRP).

The Trust Board is asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined in the ten maternity safety actions are being met by the submission date.

MATERNITY INCENTIVE SCHEME YEAR 4 (CNST): MATERNITY SAFETY ACTION COMPLIANCE

1. BACKGROUND TO CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST) MATERNITY INCENTIVE SCHEME – YEAR 4

Maternity safety is an important issue for Trusts nationally as obstetric claims represent the scheme's biggest area of spend (£2,389.89 million in 2019/20). Of the clinical negligence claims notified to NHS Resolution in 2019/20, obstetric claims represented 9% of the volume and 50% of the value.

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

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

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

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

The Trust Board declared full compliance with all 10 maternity safety actions for Year 1, Year 2 and Year 3 of this scheme. Confirmation of the Trust's achievement in fully complying with all 10 standards was confirmed by NHS resolution and the Trust was rewarded, for Year 1, Year 2 and Year 3, with £961,689, £781,550 and £877k respectively in recognition of this achievement.

This paper provides an update on the current position, reporting by exception those elements which have not as yet been achieved, namely Safety Actions 2, 6 and 8. The shortfalls relate to ongoing data capture and export to the National Maternity Services Data Set; administration of ante-natal steroids to women in pre-term labour and meeting mandated training requirements. The Trust Board will receive a further report for consideration in November 2022 as required by the scheme.

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

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

2.1 Standard 2

Trust Boards to assure themselves that at least 9 out of 11 Clinical Quality Improvement Metrics (CQIMs) have passed the associated data quality criteria in the “CNST Maternity Incentive Scheme Year 4 Specific Data Quality Criteria” on the for data submissions relating to activity in July 2022. The data for July 2022 will be published during October 2022.

In June, the Trust achieved 9 out of 11 CQIMs. The Trust has previously achieved 10 out of 11 CQIMs (May 2022 data). The 1 ongoing outstanding CQIM relates to a documented first feed of the baby; the Trust currently achieves a compliance rate of 67% (electronic data entry) regarding the documented first feed taken by the baby. To comply with this CQIM, compliance should be above 70%. The reduced level compliance is in relation to the timing of the data entry. If the data is not entered whilst the baby is on delivery suite there is no other opportunity to enter this data at a later date. This will be resolved with the introduction of Electronic Paper Record, providing greater quality assurance. In the interim, the Trust will additionally add data manually for the month of July to ensure this CQIMs target is met.

In June, the additional CQIM that failed compliance appears to be due to a problem with extraction of data from the fields that contain the information, rather than failure to enter the required data. The data is evident in the maternity information system. This problem is being addressed by the Trust Information Analyst and will be corrected prior to submission of the July data.

The requirement is to ensure ‘at least 9 out of 11’ pass the criteria. The Trust is therefore compliant with this data for June 2022 and is confident that the July data will be of sufficient quality to demonstrate compliance.

3. SAFETY ACTION 6: CAN YOU EVIDENCE COMPLIANCE WITH ALL FIVE ELEMENTS OF THE SAVING BABIES’ LIVES CARE BUNDLE VERSION TWO?

1. *Trust Board level consideration of how its organisation is complying with the Saving Babies' Lives care bundle version two (SBLCBv2), published in April 2019.*

Note: Full implementation of the SBLCBv2 is included in the 2020/21 standard contract.

2. *Each element of the SBLCBv2 should have been implemented. Trusts can implement an alternative intervention to deliver an element of the care bundle if it has been*

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agreed with their commissioner (CCG). It is important that specific variations from the pathways described within SBLCBv2 are also agreed as acceptable clinical practice by their Clinical Network.

- 3. The quarterly care bundle survey should be completed until the provider Trust has fully implemented the SBLCBv2 including the data submission requirements.*

The survey will be distributed by the Clinical Networks and should be completed and returned to the Clinical Network or directly to England.maternitytransformation@nhs.net from May 2022 onwards. Evidence of the completed quarterly care bundle surveys should be submitted to the Trust board.

3.1 Element 4

There should be Trust board sign off that staff training on using their local CTG machines, as well as fetal monitoring in labour are conducted annually. The fetal monitoring sessions should be consistent with the Ockenden Report recommendations, and include: intermittent auscultation, electronic fetal monitoring with system level issues e.g. human factors, escalation and situational awareness.

The Trust board should specifically confirm that within their organisation:

- 90% of eligible staff (see Safety Action 8) have attended local multi-professional fetal monitoring training annually as above.*

Compliance with training is presented in more detail in Safety Action 8.

3.2 Element 5

This element requires the following monitoring evidencing at least 80%.

An audit was undertaken between 1 January to March 2022 and showed the following compliance.

- A. Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth.*

Compliance is currently 43% for the above period. One of the reasons for reduced figures is the difficulty in ensuring both doses of steroids are administered before delivery, particularly when delivery occurs rapidly or unexpectedly. Some women attend in advanced labour and only one dose can be administered before the birth of the baby. Another issue is that some women are transferred to the Trust as an in-utero transfer from another Trust and delivery occurs in between both doses or they may not have received the first dose from the transferring Trust. This is being monitored and work continues as part of the Clinical Network Pre-term Group. Across the North East and North Cumbria (NENC) region compliance was 41%.

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The Saving Babies Lives care bundle discusses giving antenatal steroids optimally 48hrs before a planned pre-term birth, for example induction for growth restriction, but the above data includes spontaneous onset of labour which is unpredictable.

B. Percentage of singleton live births occurring more than seven days after completion of their first course of antenatal corticosteroids.

Compliance is at 32%. The Saving Babies Lives (SBL) care bundle states 'a steroid to birth interval of greater than seven days should be avoided'. The 80% stated by the Maternity Incentive Scheme (MIS) does not reflect what SBL is trying to achieve - as the lower the figure, the better provision of service. The Trust has queried this discrepancy with MIS and awaits their response.

The Trust is partially compliant with element 5.

The Trust is not currently able to achieve compliance above 80% for standards A and B however, the Trust can declare compliance with requirements of the scheme with an action plan being in place to address how the Trust will achieve at least 80% compliance for this standard. An action plan has been developed to address non-compliance and this has been agreed as part of a regional group reviewing pre-term births. Diagnostic testing has been introduced to give a more accurate assessment of the likelihood of a woman going into pre-term labour, supporting the earlier administration of steroids. The Trust has also recently appointed a Specialist midwife for Pre-term birth who commenced in post in August 2022. This role will assist in the provision of care for the women at risk of or experiencing pre-term birth and will be jointly responsible for monitoring compliance and working towards navigating the issues outlined in the action plan.

Pre-term birth data was presented to the Maternity Board Level Safety Champions Group in February 2022 and an up-to-date report will be presented at the October 2022 meeting.

4. SAFETY ACTION 8: CAN YOU EVIDENCE THAT A LOCAL TRAINING PLAN IS IN PLACE TO ENSURE ALL SIX CORE MODULES OF THE CORE COMPETENCY FRAMEWORK WILL BE INCLUDED IN YOUR UNIT TRAINING PROGRAMME OVER THE NEXT 3 YEARS, STARTING FROM THE LAUNCH OF MIS YEAR 4?

IN ADDITION, CAN YOU EVIDENCE THAT AT LEAST 90% OF EACH RELEVANT MATERNITY GROUP HAS ATTENDED AN 'IN HOUSE', ONE DAY MULTI PROFESSIONAL TRAINING DAY WHICH INCLUDES A SELECTION OF MATERNITY EMERGENCIES, ANTENATAL AND INTRAPARTUM FETAL SURVEILLANCE AND NEWBORN LIFE SUPPORT, STARTING FROM THE LAUNCH OF MIS YEAR 4?

4.1 Standard B

90% of each relevant maternity unit staff group have attended an 'in-house' one day multi-professional training day, to include maternity emergencies starting from the launch of MIS year four.

4.2 Standard C

90% of each relevant maternity unit staff group have attended an 'in-house' one day multi-professional training day, to include antenatal and intrapartum fetal monitoring and surveillance, starting from the launch of MIS year four.

4.3 Standard D

Can you evidence that 90% of the team required to be involved in immediate resuscitation of the newborn and management of the deteriorating newborn infant have attended your annual in-house neonatal life support training or Newborn Life Support (NLS) course starting from the launch of MIS year four.

Achieving 90% compliance this year again remains a challenge due to staff absence as a result of the COVID-19 pandemic and other types of absence. The Trust was on target in line with trajectory until January 2022, at which point, due to significant shortage of staff in relation to the Omicron variant, it was necessary to postpone all training to ensure continuous safety within the Service. In mitigation, additional training sessions were subsequently re-scheduled in addition to the planned sessions. Training has been further suspended due to staffing challenges for six weeks between 31 August until 9 October 2022. This has had an impact on the trajectory; however, staff have been re-scheduled onto the remaining sessions and full compliance can be achieved providing there are no further unanticipated delays.

Of note, an additional challenge relates to the competing demands currently in place within the service with regard to the implementation of a number of digital platforms, BadgerNet and Closed Loop Milk, together with the Trust roll out of Closed Loop Blood training, which has a potential to further impact on the trajectory of this action. Close monitoring continues, with further escalation being made to the Executive Directors by exception if required.

Training compliance up to the 2 September 2022:

Staff Group	Number of staff in post	Percentage trained as of the 08.07.22	Target by the end of December 2022
Midwives/sonographer/ Midwifery Managers/ Bank Midwives	309	79%	90%
Maternity Support Worker/ Nursery Nurses/ HCA's	98	80%	90%
Theatre staff (includes Delivery Suite)	11	80%	90%
Obstetric Consultants	14	71%	90%
Anaesthetic Consultants	16	31%	90%
Trainees	38	100%	90%
Total	486	79%	90%

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A further 14 training days for all staff are scheduled up until mid-December. The anaesthetic Consultants have all been allocated a day to attend and are aware that their attendance at these sessions is essential. Providing all staff are able to attend their allocated session full compliance will be achieved by mid-December.

5. RECOMMENDATIONS

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

Report of Angela O'Brien
Director of Quality & Effectiveness
20 September 2022

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TRUST BOARD

Date of meeting	29 September 2022						
Title	Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Dr Julie Samuel, Director of Infection Prevention & Control (DIPC), Consultant Microbiologist Mr Ian Joy, Deputy Chief Nurse Mrs Angela Cobb, Infection Prevention & Control (IPC) Lead						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the regular Integrated Board Report and summarises the current position within the Trust to the end of August 2022. Trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report and Scorecard August 2022), enclosed in the Public Board Reference Pack, which details the performance against targets where applicable.						
Recommendation	The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.						
Links to Strategic Objectives	Achieving local excellence and global reach through compassionate and innovative healthcare, education and research. Patients - Putting patients at the heart of everything we do and providing care of the highest standards focussing on safety and quality. Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes. Performance - Being outstanding, now and in the future						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to effectively control infections may lead to patient harm, litigation against the Trust and loss of reputation. There are no specific equality and diversity implications from this paper.						
Reports previously considered by	This is a bimonthly update to the Board on Healthcare Associated Infections (HCAI).						

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

EXECUTIVE SUMMARY

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

Key points to note:

- The high-level isolation unit (HLIU) has been activated twice during this period for two separate suspected HCID. On both incidences the results were negative and therefore the unit was stepped down.
- National guidance at the end of August 2022 recommended pausing the majority of asymptomatic staff and patient testing in periods of low incidence. Trust guidance has been amended and day 5 testing within high-risk areas has ceased and staff COVID-19 guidance has been amended to reflect this change.
- Lateral Flow Test (LFT) voluntary asymptomatic testing of staff is no longer promoted across the Trust in line with national guidelines, this change was implemented on the 26 August 2022.
- *C. difficile* Infections (CDI) and Klebsiella are under national threshold at the end of August 2022.
- All other mandatory reporting organisms are above the internal 10% reduction strategy and national thresholds (note: there is no national threshold for MSSA).

RECOMMENDATIONS

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

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

1. KEY POINTS FOR JULY/AUGUST 2022

1.1 High Consequence Infectious Disease (HCID)

The high-level isolation unit (HLIU) has been activated twice during this period for two separate suspected HCID. On both incidences the results were negative and therefore the unit was stepped down. To ensure the unit remains fully prepared to respond to activation, Personal Protective Equipment (PPE) preparedness continues with the implementation of cascade trainers within the clinical areas to maximise resilience.

1.2 Coronavirus (COVID-19)

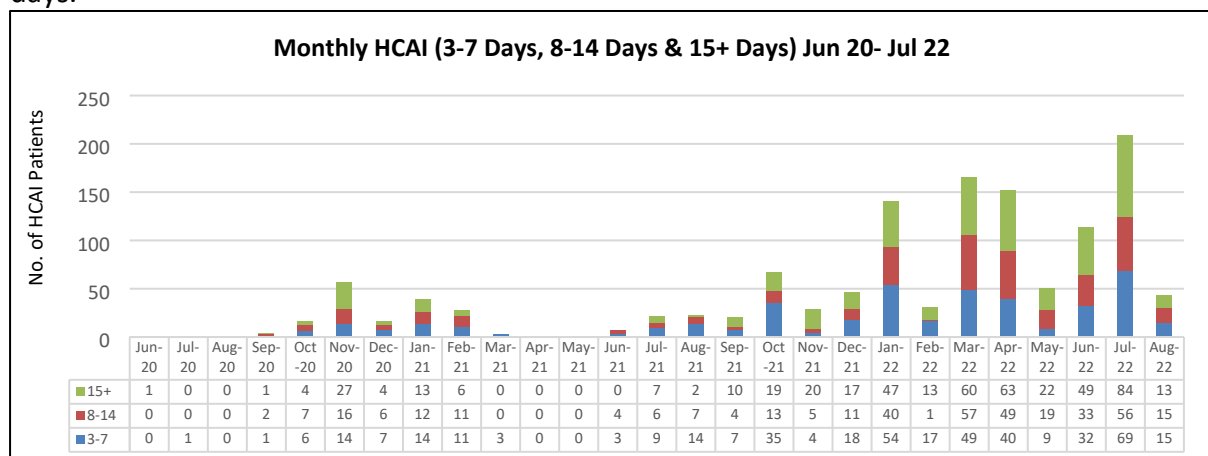
National guidance at the end of August 2022 recommended pausing the majority of asymptomatic staff and patient testing in periods of low incidence. Trust guidance has been amended and day 5 testing within high-risk areas has ceased and staff COVID-19 guidance has been amended to reflect this change.

1.2.1 Managing HCAI COVID-19 cases

COVID-19 infections continue to be reported daily within the national classification of:

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

The graph below demonstrates the COVID-19 activity and category of detection. This takes into account the incubation period, which for most people is 5-7 days but can be up to 14 days.



June and July 2022 saw an increase in the number of community onset cases with 138 cases admitted to the Trust in July 2022, which reflected an increase in community prevalence. As a result, there was an increase in all hospital onset reported categories as shown above, whilst August 2022 saw a reduction in all COVID-19 categories. The number of reported COVID-19 outbreaks correlated with the prevalence. There were 11 outbreaks declared in July 2022 with 3 in August 2022.

1.2.2 Test & Trace (T&T)

Lateral Flow Test (LFT), voluntary asymptomatic testing of staff is no longer promoted across the Trust in line with national guidelines, this change was implemented on the 26 August 2022. Prior to the change in practice, the total number of reported LFT tests up to 31 August 2022 was 156,616 tests with 2,808 positive cases, and a positivity rate of 1.8%.

Staff PCR testing will no longer be available from September 2022 and changes in national guidance no longer advocates asymptomatic LFT for staff.

The T&T Team continued to support staff and managers throughout July and August 2022 and where activity was low, the staff have been supporting various Trust wide audits and improvement programmes. The T&T Team will no longer be in place from the end of September 2022, and we would like the Board of Directors to acknowledge and thank them for their invaluable support and advice throughout the pandemic which helped to maintain staff and patient safety. This service was developed from staff who were unable to work clinically during the pandemic which was a successful approach. The team are in the process of being supported back into clinical practice.

1.3 Clostridioides difficile Infections (CDI)

At the end of August 2022, a total of 66 cases were attributed to the Trust (49 cases are Hospital Onset Healthcare Associated (HOHA); 17 cases are Community Onset Healthcare Associated (COHA)). We are currently over our internal trajectory by 2 cases (≤ 64) but under the national threshold (≤ 69) by 3 cases.

Infection Prevention and Control (IPC) have focused on CDI reduction strategies and have revised the post infection review (PIR) tool with the aim of reviewing causative factors, with increased emphasis on antimicrobial prescribing patterns. Twice weekly CDI Infection Prevention and Control (IPC) Team reviews are now undertaken for all CDI cases within the Trust and the IPC Nurses are working with clinical teams to promote the correct management of diarrhoea with the use of the HAPPINESS acronym. (Hand hygiene, Antibiotic review, Proton-pump inhibitor (PPI), PPE, Isolation, Nursing -in-charge, Environment, Stool chart, Sample). This project is still ongoing however initial feedback from the clinical teams are positive. Additionally, the digital team have also updated how stools are recorded on the electronic patient records with the inclusion as part of patient rounding with a prompt for stool sample submission if diarrhoea type is recorded. This has supported an improvement in documentation.

1.4 MRSA / MSSA Bacteraemias

The Trust had no further MRSA bacteraemia cases and therefore the cumulative total for 2022/23 remains at 1 case.

By the end of August 2022, a total of 43 MSSA bacteraemia cases were attributed to the Trust (32 HOHA cases; 11 COHA cases), which places the Trust over local trajectory by 1 case (≤ 42 cases).

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

The table below outlines the figures at the end of August 2022:

	<i>E. coli</i>	<i>Klebsiella</i>	<i>Pseudomonas aeruginosa</i>
Cumulative number of cases to end of August 2022	101 cases	62 cases	22 cases
National Threshold for August 2022	≤ 84 Over by 17	≤ 66 Under by 4	≤ 17 Over by 5
Local 10% reduction Trajectory for August 2022	≤ 78 Over by 23	≤ 55 Over by 7	≤ 16 Over by 6

The Gram-Negative Bacteraemia Blood Stream Infections (GNBSI) Steering Group continue to monitor and review ongoing Quality Improvement (QI) projects.

Key points to note for the reduction of HCAI:

- IPC initiatives continue to be rolled out. There has been a 54% increase in compliance with Octenisan use and correct application within cardiothoracic directorate following completion of the project in this area. This will now be expanded to surgery, orthopaedics and paediatrics and progress monitored.
- Data to mid-July 2022 from the “Gloves off” campaign has demonstrated a 29% reduction in glove use. This promotes correct PPE use, supports the hand hygiene initiative and sustainability project.
- Urinary Tract Infection (UTI) / Catheter-Associated Urinary Tract Infection (CAUTI) initiatives are being led by the Continence Care Nurse Consultant and Specialist Nurse with the promotion of staff education and improvement in documentation for early removal of urinary catheters.
- There have been improvements in electronic stool documentation and the digital team are continuing to review the necessary changes to implement IPC care pathways.

1.6 Sepsis

Work continues to develop and deliver new strategies to review and refresh the approach to

carings for deteriorating patients, including sepsis; working in collaboration with initiatives to reduce patient harm. Currently, sepsis recognition and screening is collected digitally, through e.Observations (eObs) and the Deterioration ALERT, which is a bespoke tool within the electronic patient record (EPR) to guide clinicians in responding to and managing patients with potential sepsis. It has been identified through review of the data, that utilisation of the deterioration alert tool needs to be improved in practice as compliance remains lower than expected despite evidence showing that using the tool subsequently improves the management of patients with potential sepsis. Focused work remains on-going with medical and nursing teams to improve compliance.

Additional training around sepsis has been progressed and the Deterioration and Sepsis mandatory training is now live. Trust wide bespoke education sessions for directorates continues to be promoted through the ALERT Quality Improvements Projects. Monthly Data at directorate / ward level is produced to identify gaps in the identification and management of sepsis and deteriorating patients. The ambition is to strengthen education and training and provide feedback to teams as close as possible to real time, whilst achieving significant improvements in the response to alert rates.

1.7 Antimicrobial Stewardship (AMS)

In line with the new Standard Contract AMS teams are reviewing antimicrobial guidance to check appropriateness, prudent prescribing and in turn reduce emergence of resistance. This is a large piece of work which will continue into 2023. According to NHS Futures, the Trust is currently on target for achieving a 4.5% reduction of Watch and Reserve antibiotics and our current total antibiotic use up to and including August 2022 is 6% less compared to the baseline of 2018.

Peer review audits in the form of the electronic Synbiotix antibiotic Take 5 audit is on-going and processes are underway for the results to be reported through governance meetings by the auditors and the Antimicrobial Leads. This will promote sharing findings and any lessons learnt from the prescribing patterns audited and the development of formal plans where areas of improvements are identified. Compliance of the audit is included in directorate Serious Infection Review Meetings (SIRM).

The CQUIN target for appropriate prescribing and management with the Urinary Tract Infection (UTI) /Catheter Associated Urinary Tract Infection (CAUTI) is being progressed. Quarter 1 data is being checked for submission; parameters include no diagnostic dip tests to be used as part of the diagnosis; symptoms of a suspected UTI/CAUTI require documentation, a urine sample should be sent to laboratory for analysis if a UTI/CAUTI is suspected; the correct antibiotic given as per Trust guidelines (which have been reviewed against the NICE guidelines). The work involved in this CQUIN is vast and involves teams within the nursing/assistant nursing as well as clinicians, infection specialists and urinary specialists. As we are such a large Trust we are concentrating our data collection in Medicine to fulfil the CQUIN obligations but have the same guidelines throughout the Trust.

Additional funding has been received to recruit two new pharmacists to support this work. Recruitment is in process and once appointed, will positively impact the stewardship team increasing service development opportunities and surveillance.

1.8 Water Safety

High levels of Legionella results were reported from Theatre 2A in the Royal Victoria Infirmary (RVI) Leazes Wing. Infection Control Doctor (ICD) authorised the closure of the Theatre to minimise risk and enable unobstructed remedial works. Localised dead legs were removed, and all valves opened to maximise water flowrate during twice daily flushing. Repeat samples are scheduled for 8 September 2022 to assess change in water quality. Further remedial works of removing dead legs are in the planning stage but it is noted that there is no risk to patient safety whilst this work is progressing.

A new risk has been identified and added to the risk register (4234) relating to hand wash sinks in the clinical areas from incorrect disposal of fluids, including used patient wash water. The IPC team are including water safety in educational sessions and some focused work has begun in some key areas where issues have been identified.

Following discussion at the Strategic Water Safety Group the current version of the Water Safety Plan is to be reviewed and will be uploaded to the Policies and Guidelines section of the Intranet once ratified.

1.9 Ventilation

The rolling programme of refurbishment and ventilation upgrades continues as planned.

Planned fire remediation works are currently ongoing at the Northern Centre for Cancer Care (NCCC) with an intended completion date in September 2022.

1.10 Decontamination

Replacement endoscopy washers are being procured for the Freeman Hospital (FH) with completion due March 2023.

2. RECOMMENDATIONS

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

**Report of Maurya Cushlow
Executive Chief Nurse**

**Dr Julie Samuel
Director of Infection Prevention & Control (DIPC)**

29 September 2022

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TRUST BOARD

Date of meeting	29 September 2022						
Title	People Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The purpose of the report is to provide an update on developments across our People agenda and highlight any particular issues.</p> <p>Reporting is aligned to our local People Plan themes and actions.</p>						
Recommendation	Note the contents of this report.						
Links to Strategic Objectives	People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Impacts on all areas from a People perspective.						
Reports previously considered by	Routine update to the Board.						

PEOPLE REPORT

EXECUTIVE SUMMARY

This paper provides an update on progress against our local People Plan and key national developments relevant to the people strategy.

Key points:

- Sickness absence has not yet returned to pre covid levels.
- A focus remains on enhancing the staff experience through our 'What Matters To You' staff engagement programme, including the launch of the 2022 NHS Staff Survey.
- Leadership development activity continues:
 - 'Our Newcastle Way' Trust behaviour framework has been finalised and was launched at the Leadership Matters Event on 22 September.
 - The 'Maximising Your Potential' programme for our BAME staff has received national recognition through being shortlisted for the HSJ 2022 Awards, and the Nursing Times Workforce Summit and Awards.
 - The Strategic Leadership Programme has evaluated positively (86% quality of programme, 88% recommend to colleague) and the Executive Team have agreed to support a further 2 cohorts across the rest of 2022 and are investigating the possibility of a further 5 cohorts in 2023.
 - Over 300 colleagues accepted the invitation to the Leadership Matters – listening and learning to accelerate our progress event at the Gateshead Hilton on 22 September.
- The Gender Pay Gap report for 2021/22 has been completed. Subject to Board approval it will be published next month.
- A general Equality, Diversity and Inclusion (EDI) update, incorporating the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) together with relevant action plans has been produced. In addition, the Equality Delivery System 2 Assessment, and Stonewall Assessment have been concluded. These reports were shared at the People Committee in August. Subject to Board approval, they will be published in October.
- Medical staffing remains challenging. There is an opportunity to think creatively about how to work differently and less traditionally to fill clinical rota gaps and utilise advanced skills.
- The NHS 2022/23 pay award has been implemented in September for those staff subject to Agenda for Change and Doctors and Dentists Pay Review Body recommendations.
- To support staff with the Cost-of-Living pressures, ensure availability to attend work and provide patient care, and enhance retention, the Trust has confirmed it will maintain several locally agreed benefits as part of the wider wellbeing offer. This approach is intended to enable the Trust to achieve its performance targets.
- There remains a significant risk of industrial action by health service and public sector unions in the Winter period. Partnership discussions will take place to agree appropriate protocols are in place.

Dee Fawcett
Director of HR
19 September 2022

PEOPLE REPORT

1. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

<p>Wellbeing – health:</p>	<ul style="list-style-type: none"> • Vaccination of staff is a priority for the NHS and the responsibility of employers. The Trust continues to positively encourage staff to book their booster Covid 19 and flu vaccination having released a range of available dates. • Sickness absence rates have not yet returned to pre-covid levels. Detail is included in the integrated performance report. • Health Needs Assessment results collated and shared with key stakeholders to confirm priority actions. • Better Health at Work - Maintaining Excellence. Annual report due for completion to evidence Trust’s health and wellbeing activity and maintain ‘Excellence’ standard. • Health checks in place for staff in conjunction with ‘Healthworks’: 30-minute health check for staff aged 40+ and mini health MOTs for staff over age 18.
<p>Belonging feeling valued and recognised</p>	<p><u>NHS Staff Survey</u> The 2022 NHS Staff Survey will open on 28 September and close on 25 November 2022. Key developments are the inclusion of Bank workers who will take part for the first time, ensuring all colleagues have a voice.</p> <p>An engagement and delivery plan is in place, and branding remains aligned to ‘What Matters to You’, supporting the NHS People Promise. There are no changes to the questions for the 2022 Staff Survey. The target response rate remains at 50% of the workforce.</p> <p><u>Volunteers</u></p> <ul style="list-style-type: none"> • A digitalisation improvement project is underway to move recruitment and co-ordination of volunteers onto People Systems (including, ESR, TRAC and Allocate). • Following receipt of new project requests to support the winter pressures, a volunteer programme is in development, with an estimated recruitment drive of approximately 300 volunteers. • A partnership programme with St John’s Ambulance is being finalised to support local communities from ‘hard to reach backgrounds’ in gaining experience and training to support widening participation and careers access. This is a key project in our Volunteers to Careers programme as part of our People Plan.
<p>Flourish/What Matters to You</p>	<p><u>Implementation of HIVE</u> HIVE the new web-based staff engagement tool commenced ‘go live’ from 21 September. Its initial focus is on Hifives, supporting the Trust ‘Thank you’ month. Hifives are informal staff recognition thank you messages that align to the Trust values.</p>

	<p><u>Focus on Flexible Working</u></p> <p>July was Flexible Working Month, and several open sessions for managers were held throughout the summer to ensure managers were aware of the priorities for 2022 which had been informed by the NHS Staff Survey results. The purpose was to raise awareness of the Flexible Working principles and encourage managers to communicate effectively with staff, enabling them and their teams to think creatively about adopting different ways of working, and resolve any issues jointly and fairly, without affecting service delivery.</p> <p>The Flexible Working intranet page has been updated to offer advice and information to both employees and managers in how to prepare for a Flexible Working conversation. The 'Working Flexibly' policy has been reviewed in partnership with Staff Side and relaunched this month; the Home Working Policy is also under review.</p>
<p>Inclusive and diverse workforce</p>	<p><u>Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)</u></p> <p>WRES and WDES action plans have been reviewed and shared at the People Committee. The action plans are due to be published and submitted by October 2022 subject to Board approval. (Detailed reports separately attached).</p> <p>As part of the work of the WRES Improvement Team through an improvement intervention, there will be a focus on understanding the difference in experience between BAME and other staff, particularly the impact of behaviours. This will be piloted in three departments.</p> <p><u>Gender Pay Gap:</u> Data up to March 2022 was shared at the People Committee with the aim of publishing during the week commencing 3 October 2022 subject to Board approval.</p> <p><u>'Maximising Your Potential' – BME leadership Programme.</u></p> <p>Two cohorts will complete by October 2022. A local Programme is in place to be piloted in October 2022 for staff who identify as BME and Disabled.</p> <p>The 'Maximising Your Potential' programme has received national recognition:</p> <ul style="list-style-type: none"> • Shortlisted for HSJ Award 2022 in the category 'NHS Race Equality Award'. • Shortlisted in the Nursing Times Workforce Summit and Awards in the categories of 'Best Employer for Diversity and Inclusion' and 'Best Workplace for Learning and Development'.

2. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING

<p>Leadership & Organisation Development; What Matters</p>	<p><u>Strategic Leaders Programme (SLP)</u></p> <p>This programme has concluded following 6 cohorts; a further two programmes are in the planning stage for later in 2022. Evaluation has been extremely positive with several emerging themes currently being articulated in an evaluation report. This will be available in early Autumn and shared with the Executive Team.</p>
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<p>To You (WMTY)</p>	<p>The programme culminated in a learning and sharing event “Leadership Matters – listening, learning to accelerate our progress” this month, hosted jointly by the Institute for Healthcare Improvement (IHI) and Newcastle Hospitals. This event brought together over 100 SLP participants along with colleagues from their teams as well as WMTY and IHI Improvement teams to share their learning from the programmes. Participants were joined by key national leaders such as Helen Bevan and Suzie Bailey.</p> <p><u>Leadership Behaviours</u> ‘Our Newcastle Way’ behaviour framework has been finalised after extensive engagement. It has been shaped around the key themes from the WMTY conversations and focus groups - Autonomy and Control, Participative Management, Physical and Psychological Safety. It was launched at the Leadership Matters Event on 22 September.</p> <p><u>What Matters To You (WMTY)</u> The scaling up of WMTY conversations is underway with the recruitment of Wave 3 teams. Two offers are available: (1) <i>self-directed</i> for teams that learn how to facilitate WMTY conversations prior to following their own path;(2) <i>supported</i> which provides 3 training sessions and additional support through the development of relationship skills and improvement. Collectively these teams represent between 1,500 and 2,000 staff.</p> <p>Wave 4 will launch in early October. Actions in progress include the development of additional trainers for Group Facilitation Skills dates scheduled up to March 2023, and the completion of training of 50 Newcastle Improvement Coaches.</p> <p><u>Learning to Lead Together – Newcastle System Stewardship</u> The next session on this programme will be presented by Chief Executives from each of the partner organisations, and Newcastle Hospital’s Chief Operating Officer.</p> <p>The next launch of cohorts has been brought forward to October 2022. It will support the recent transition of place-based leaders from the Clinical Commissioning Group (CCG) to the Integrated Care System (ICS) and widen the participation from the local authority.</p> <p>The programme has also come to ‘national’ notice. The Department of Health and Social Care (DHSC) is developing its own national leadership programme and is very interested in the collaborative approach adopted here. Our programme is notable for its active participation and collaboration rather than a ‘traditional’ classroom approach to learning.</p>
<p>Virtual Learning Environment (VLE)</p>	<p>The Statutory Mandatory training offer has been built and is now being tested in the VLE. Course histories and future courses have been built into the system and are being checked. Training is underway for key users and the early, Trust-wide communications are underway.</p>

	<p>Delays around completing the work to secure the systems sign on means that the launch is now scheduled to take place in October. Whilst it had been hoped to enable 'single sign on', this has not been possible in phase one but it is hoped this will be resolved in the second phase of implementation.</p>
<p>Improvement Projects</p>	<p><u>Study Leave</u> Changes to the provision of Study Leave subsistence and travel allowances, bonding arrangements and qualification periods were agreed at the Learning and Education Group (LEG) at the beginning of September. These should improve accessibility and the experience of staff. The draft policy document has been revised accordingly and following governance oversight, will be ratified and published.</p> <p><u>Corporate Induction</u> A proposed new onboarding model, supported by a revised digital welcome pack and the delivery of essential mandatory and role specific training was approved at the LEG. This will consist of a local induction day, a day of content aligned around the Trust's vision and values and a clinical training day. Work is continuing to engage stakeholder in the development of the content.</p> <p><u>Resuscitation Training</u> Current compliance from Power BI report shows adult basic life support at 85% and paediatric basic life support at 79% for the Trust. The resuscitation team are currently reviewing resuscitation training and compliance requirements set out in the UK Core Skills Training Framework and are working closely with their improvement coach as part of the IHI coaching and teams' programmes. The first phase of the improvement project is concentrating on Level 3 Intermediate Life Support (ILS) as this will have the greatest impact on patient safety.</p>
<p>Statutory and Mandatory Training</p>	<p>Overall, Trust compliance for statutory and mandatory training at the end of August was 88%, 7% below the target of 95%. This compares to an 87% compliance rate achieved in August 2021. Compliance for the Medical and Dental staff group is 71.4%. Lack of compliance with Statutory and Mandatory training continues to be included on the organisational risk register.</p> <p>Appraisal compliance is at 75% and not compliant with the Trust target of 95%.</p> <p>A reporting mechanism for role specific Statutory and Mandatory Training is now in place within PowerBI. This includes all courses which have a competence assigned to any staff group in ESR. Engagement with departmental and directorate leads is continuing with an emphasis on promoting the role of PowerBI as an information system, and the offer includes training from the Learning and Development team to accommodate operational constraints. The main barrier identified during this engagement is an inability to release staff to undertake training due to operational pressures.</p> <p>An updated Statutory and Mandatory Policy is awaiting ratification. Subject Matter Experts are engaged with a review of the existing Training Needs Analysis to ensure its accuracy before it is uploaded to the VLE.</p>

<p>Trauma Risk Management (TRiM) Training</p>	<p>A pilot programme for 13 Trauma Risk Management practitioners took place in July. Representatives from Porter and Security, Chaplaincy, Occupational Health, Patient Services and Children's took part in training to support colleagues who have experienced potentially traumatic events or environments. A TRiM manager's course also took place in September.</p> <p>Both courses have evaluated exceptionally well. A paper reviewing the benefits of the programme and giving recommendations for next steps will be presented to LEG.</p>
<p>Medical Education</p>	<p>The final report following the Annual Deans' Quality Meeting was received by the Trust in August. It states:</p> <p><i>'HEE NE thanks The Newcastle upon Tyne NHS Foundation Trust for its hard work and engagement in ensuring that the Northeast and North Cumbria collectively continues to deliver the highest rated training in the UK. This commitment to work together has been maintained through the most challenging years in NHS history and is a credit to all concerned from the clinical 'shop floor' to those giving oversight and support to education and training from Board level'.</i></p> <p>A meeting has taken place with Health Education England North East (HEENE) to follow up on operationalising the Education contract. One specific agenda item related to the postgraduate training of doctors and how we can more proactively respond to workforce challenges and secure necessary training funding.</p>
<p>Funding for Professional Development, Education and Training</p>	<p>Several funding streams are available to support workforce development across the organisation regardless of workforce group, banding or role. Advice and guidance is available and the service is keen to support individuals and teams access the appropriate opportunities. Please contact nuth.studyleavequeries@nhs.net in the first instance.</p>
<p>Quality of Education</p>	<p>The Education team are working with Nursing, Midwifery and Allied Health Professions (NMAHP) colleagues to support workstreams identified in the newly published NMAHP Strategy. The quality assurance work detailed above will contribute to this strategy and support the trust ambition to deliver excellence in education.</p> <p><u>HEE Quality Standard for Work Experience:</u></p> <p>This framework has been created to help healthcare organisations quality assure their work experience placements by enabling a level of standardisation, while still allowing an appropriate amount of flexibility to acknowledge that placements are offered in a variety of ways. By demonstrating how work experience placements are planned, delivered and evaluated, healthcare organisations can achieve a bronze, silver or gold quality standard from HEE. The standard is free of charge and will last for two years.</p>

	The apprenticeship team will begin by evaluating the Trust’s current provision against the standard to establish which level to apply for and when it would be appropriate to apply.
Education Space and Facilities	Completion of the refurbishment of the Freeman Hospital Education Centre will now be delayed until February 2023. It is hoped this will not impact on the completion of Eldon Court Education Centre which remains on plan to open early in the New Year.

3. PEOPLE WORKING DIFFERENTLY

‘Closing the gap’	<p>As previously noted, the 2016 junior doctor contract (and subsequent 2018 refresh), along with ongoing changes to various training programme curricula in several specialties, is having a direct impact on junior medical staffing availability and capacity. This has been due to changes imposed on rota templates linked to revised hours and rest requirements (exacerbated recently by the introduction of prospective cover for study leave being built into rotas for August 2022), as well as the introduction of timetabled self-development time for Foundation, Core and Internal Medicine trainees over the last couple of years.</p> <p>Working closely with members of the Medical Director’s team, medical education and staffing are proactively liaising with Clinical Directors to gather data to inform our understanding of both junior doctor and consultant gaps in service, and to identify and consider solutions to any barriers including a creative approach to how those gaps may be filled e.g. by potentially utilising advanced skilled, non-medical practitioners.</p>
Recruitment - general	<p>The demand on general recruitment services remains challenging due to a year-on-year increase in activity. There have been 4,564 conditional offers made between September 2021 and August 2022. There are currently 690 candidates going through the recruitment process at conditional offer stage. In addition, there are 511 candidates with start dates and 135 pre-registration staff nurses with future start dates. To provide context, on average in 2022 there has been over 100 adverts ‘live’ each day.</p> <p>Key programmes underway include:</p> <ul style="list-style-type: none"> • <u>International recruitment:</u> In 2022, 87 staff nurses from India and Philippines have been deployed and plans for a further 220 Staff Nurses and ODP’s is underway before the year end. • <u>IT Digital Hero’s Campaign:</u> bespoke microsite development to encourage recruitment. • <u>ABC Administrator Programme:</u> working with Department of Work and Pensions and a training provider on a bespoke customer service programme tailored at working in the Appointments Booking Centre (ABC) Team. This enables candidates who are not in employment, access to a course where they receive a qualification and guaranteed interview for ABC Administrator

	<p>post. The first programme ran in September 2022, there were 19 candidates on the programme and 6 have been offered posts in the ABC. The programme and pilot are being reviewed before rolling out across the Trust.</p> <ul style="list-style-type: none"> • Healthcare Support Worker Recruitment: Positive collaboration is ongoing with the Nursing Team to reduce the vacancy rate for Healthcare Support Workers. • Day Treatment Centre: 78% of the staffing structure is in place for the Day Treatment Centre. • Vaccination Programme: over 800 candidates went through the recruitment process.
<p>Recruitment - medical</p>	<p>The August and September changeover for junior doctors ran very smoothly. Over the two-month period, 680 LET trainees rotated into the Trust and there were 122 new starters, a mix of Locally Employed Trust Doctors and Consultants. We also saw a significant increase in doctors registering with the Trust Medical bank over that period (c60).</p> <p>Recruitment to Consultant posts for the Day Treatment Centre continues with plans for future recruitment of both potential candidates nearing the end of their training, and cover from existing Consultants in the interim.</p>
<p>Technology enhancements</p>	<p>Robotic Process Automation</p> <p>In total over 8 regular bots, 45 ad hoc bots, 1 externally commissioned bot have been created. The development pipeline includes a patient discharge bot which will automate 10,000 discharges per month. There is a growing demand to grow automation across the Trust but limited by capacity.</p>

4. NHS TERMS AND CONDITIONS OF EMPLOYMENT INCLUDING PENSIONS

The 2022/23 NHS pay award was implemented in September for those staff who are subject to Agenda for Change and Doctors and Dentists Terms and Conditions.

As a result of the impact of NHS Pension Scheme contribution changes which will be implemented from 1st October 2022, it was identified that a small cohort of staff were disadvantaged compared to their August pay. The Trust ensured a supportive flexible approach was taken with this group of staff to enable them to manage the arrears.

Further NHS Pensions Tax information webinars have been locally arranged to start in October to raises awareness of individual responsibility regarding Annual Allowance and Lifetime Allowance tax implications. These have been well received in recent years and there is very strong take up of the next schedule of events.

5. COST OF LIVING IMPACT

We continue to work in partnership with staff side to explore how to ensure highest quality of patient care along with supporting staff and ensuring availability to attend work. As previously advised, the Trust is committed to creating ‘good work’ providing a wide-ranging

wellbeing offer to support retention, including help with financial wellbeing, and continue to explore additional options.

The Trust is very aware of the demand to accelerate elective recovery, deliver increased activity, and the challenging cost improvement programme as we approach the winter period. The intent is to support staff through the employment offer, which will enable the organisation to deliver its performance targets.

It has been agreed to retain the additional public transport pass subsidy which not only predominantly benefits our lower paid staff but is consistent with our Sustainability Strategy to discourage car use; the Trust will also reintroduce staff car parking charges from 1 October 2022 with a revised sliding scale of charges.

6. INDUSTRIAL ACTION

There is an increasing risk of industrial action in the NHS in coming months, and we will work in partnership with staff side to ensure any disruption does not put patient safety at risk. We will refresh both our policy statement relating to periods of industrial action and protocol to facilitate open communication and clarity on arrangements in the event of action.

To date, only the Royal College of Nursing (RCN) has progressed to undertake a statutory ballot which was due to open on 15 September but paused due to the mourning period for the Queen. Some of the other unions are taking consultative ballots. We are monitoring the situation closely.

7. RECOMMENDATIONS

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

Report of Dee Fawcett

Director of HR

19 September 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 September 2022						
Title	Equality, Diversity and Inclusion (EDI) Annual Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Karen Pearce, Head of Equality, Diversity and Inclusion (People)						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>The purpose of the report is to:</p> <ul style="list-style-type: none"> • Provide an update on equality, diversity and inclusion in relation to the key theme's, progress with actions in the last 12 months and priorities going forward. • Provide assurance of compliance in terms of: <ul style="list-style-type: none"> ○ WRES and WDES action plans; ○ Equality Delivery System (EDS) grading assessment; and ○ Public Sector Equality Duty (PSED) reporting requirements. • Requests agreement of the publication of: <ul style="list-style-type: none"> ○ WRES and WDES action plans (pages 38/39 and 40/41) ○ WRES data (supporting documentation appendix 1) ○ WDES data (supporting documentation appendix 2) ○ EDS grading assessment (page 42/44) ○ PSED data (page 3 and appendix 3) 						
Recommendations	<p>Trust Board are asked to:</p> <ul style="list-style-type: none"> • Note the contents of this report; and • Agree the publication of WRES and WDES action plans, EDS grading assessment and PSED data. 						
Links to Strategic Objectives	People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Differences in staff experience could potentially breach legislation and lead to legal challenge resulting in significant financial and reputational consequences.						
Reports previously considered by	Regular report.						

EQUALITY AND DIVERSITY UPDATE

EXECUTIVE SUMMARY

#FlourishAtNewcastleHospitals' continues to be our cornerstone programme which aims to enable every member of staff to liberate their full potential at work. An important part of this approach is supporting every member of staff to be their authentic self. We recognise that everyone is different. We also appreciate that 'inclusion' means staff feel respected, heard and valued.

This report identifies the key EDI work streams undertaken in the last 12 months and seeks to provide assurance of progress against targets and identify areas requiring improvement with supporting action plans.

The key challenges for the Trust remain:

- Building a representative workforce;
- Creating representative leadership teams;
- Delivering equal experience in relation to behaviours at work; and
- Delivering equal experience in relation to equity of career progression.

Areas for concern:

- The gap between BME staff experience and white experience continues to widen and continued to fall below national benchmarks.
- The Disparity Ratio's (BME) requires improvement particularly in clinical Agenda for Change (AfC) roles.
- The Committee is asked to note that these present a risk to the Trust in respect of its aspiration to be an 'employer of choice' providing equality of opportunity for all.

KEY THEMES

Workforce Race Equality Standard (WRES):

Based upon the WRES Local Report as at March 2021 (received June 2022) the Trust was:

Higher Performance

- Better than 90% of Trusts in relation to the likelihood of BAME staff being appointed.
- Better than 70% of Trusts in relation to metric 4 access to non-mandatory training (85%) and metric 5 staff experiencing bullying, harassment and abuse (BH&A) from patients (79%).

Lower Performance

- Better than 19% of Trusts in relation to metric 6 bullying, harassment and abuse from staff.
- Better than 37% of Trusts in relation to metric 8 in relation to experiencing discrimination.
- Better than 41% of Trusts in relation to equality of opportunity.

Agenda item A7(e)(i)

- Better than 25% of Trusts in relation to metric 3 however BAME staff are significantly less likely to be subject to disciplinary action than white staff. As at March 2022 the Trust will report an equal likelihood.
- Disparity ratios look at the likelihood of career progression. Areas of concern relate to clinical staff employed on agenda for change pay bands. The Trust reports better than 11% of Trusts in relation to the lower to middle bands (bands 1-5 to 6-7) and better than 43% of Trusts in lower to upper bands (bands 1-5 to 8a+).

Based upon the most recent WRES data (to be reported by 31 August 2022) our figures show:

- An improvement in metric 3 in which the Trust will report an equal likelihood of staff entering formal disciplinary procedures.
- An improvement in Board representation, reporting the best position since WRES began in 2014.
- A worsening position in relation to behaviours:
 - Metric 6, nationally there has been a reduction in both white and BME staff experiencing bullying, harassment and abuse (from staff) in the last 12 months whilst Trust percentages for both white and BME staff have increased, white staff remain below the benchmarking data. From 2019 BME staff have reported a worse experience than benchmarking data and the gap continues to grow year on year.
 - Metric 7, fewer BAME staff feel the Trust acts fairly in terms of career progression. In 2021 BAME staff report a worse experience than the benchmarking data. White staff continue to report a better experience than the benchmarking data. To note the national staff survey saw an 0.4% increase in BAME outcomes.
 - Metric 8 BAME staff report a worse experience than white staff in relation to their experience of discrimination at work. The gap between white and BAME staff continues to grow. From 2019 onwards BAME staff report a worse experience than benchmarking data whilst white staff report a better experience than the benchmarking data.

Workforce Disability Equality Standard (WDES):

WDES has been reported from 2018/2019. Based upon the most recent WDES data (to be reported by 31 August 2022) our figures show:

- Metric 2 - likelihood of being appointed from shortlisting has seen a gradual upward negative trend.
- Metric 3 likelihood of entering formal capability processes has seen a significant improvement in the last 12 months. Disabled staff were 4 times more likely to enter formal capability procedures and in the current reporting period no disabled staff have been subject to formal capability processes, reporting a 0 return.
- Metric 6 relating to the percentage of staff who have felt pressure for their manager to come to work has improved for disabled staff by 2.1% but remains higher than non-disabled staff.

Agenda item A7(e)(i)

- Metric 4a – a higher percentage of Disabled staff experience BH&A from managers. Trust remains below national benchmark data for Disabled and Non-disabled staff, but percentage increased slightly.
- Metric 4a - Disabled staff experiencing BH&A (colleagues) increased by 2.4%.
- Metric 7, a lower percentage of disabled staff feel satisfied with the extent to which the Trust values their work, the position for disabled staff has worsened by 6.9%, but less than non-disabled staff which worsened by 10.1%.
- Metric 8, the percentage of disabled staff who feel adequate adjustments have been made has decreased by 9.8%.

Equality Delivery System Grading (Goals 3 and 4):

- A 'representative workforce': the Trust's overall assessment last year was downgraded from 'achieving' to 'developing' and remains at that level due to the unequal experiences of staff around bullying, harassment and abuse, and the position of BME staff in relation to national benchmarks.
- 'Inclusive leadership' at all Levels – grade is unchanged at 'achieving'.

Stonewall Work Place Equality Index and Membership (PSED):

- The Trust has been a member of Stonewall's Diversity Champions Programme since 2013 and has submitted to the Workplace Equality Index (WEI) each year.
- In 2020 the Trust was placed 40th in the Workplace Equality Index and ranked 3rd in the Healthcare Sector.
- In 2022 the ranking dropped to 115th in the Workplace Equality Index and ranked 11th in the Healthcare Sector.
- Trust ranking fell by 75 places despite significant LGBT+ inclusion work having taken place.
- The LGBTQ+ staff network recently concluded that Stonewall has lost its relevance and that regardless of membership they are confident the Trust would continue to support and improve the experience of LGBTQ+ staff. They have also expressed frustration with the judging, ranking and feedback from the WEI process. As a consequence, the Trust, following approval of the Executive Team, has withdrawn from Stonewall and other options will be explored that incorporate a range of equality streams.

Key achievements 2011/2022

- Implementation of the people equality dashboard into the performance management framework launched January 2021.
- Diverse recruitment panels in place at band 6 from July 2021.
- Delivery of a virtual BAME/disability recruitment event October 2021.
- Launched Maximising your Potential a BAME Talent Development Programme (bands 5 and above).
- Internal Disability Talent Development Programme and BAME Maximising Your Potential Programme developed and to be rolled out September 2022.
- WRES Metric 3 improved to an equal likelihood of entering formal disciplinary processes.
- WDES Metric 3 likelihood of entering formal capability processes has seen a significant improvement in the last 12 months.
- WDES Metric 6 (staff feeling pressure to attend work) has improved.

Agenda item A7(e)(i)

- Neurodiversity Managers Guide produced in partnership with the Disability Staff Network.
- WRES Improvement Team formed to use Quality Improvement Methodology to improve WRES outcomes.

Priorities 2022/2023

- To become a disability Confident Leader by December 2023.
- Improved disparity ratios in clinical, agenda for pay bands.
- Improvements linked to the equality dashboard and identification of departmental trends.
- EDS 2023 implemented by February 2023.
- Implementation of Bank WRES when launched, expected late 2022.
- WRES improvement team pilot quality improvement methodology to improve BME staff experience in pilot areas.
- Launch local leadership development offer (disability and ethnicity).
- Launch BME Coaching offer.

RECOMMENDATIONS

Trust Board are asked to:

- Note the content of this report and the provision of assurance that appropriate action is being taken in respect of equality, diversity and inclusion.
- Agree the publication of:
 - WRES and WDES action plans and data;
 - EDS grading assessment; and
 - PSED data.
- Endorse the actions outlined to continue to improve the staff experience.

Report of Karen Pearce
Head of Equality, Diversity and Inclusion (People)

29 September 2022

Equality, Diversity and Inclusion Annual Report

August 2022



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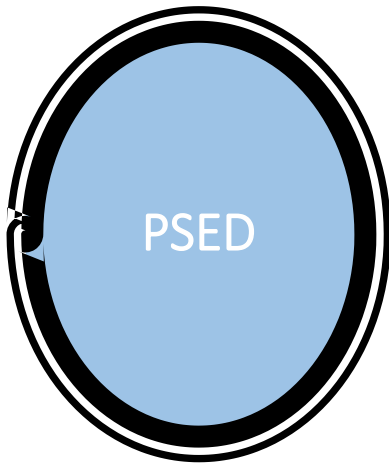
Public Sector Equality Duty



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People Objective: To be the recognised employer and educator in the North East to enable all staff to liberate their potential

Goal: Employer of Choice

Strategy: Build an inclusive and diverse workforce

People Objectives 2020-2024

Objective	Action	Measure	Aim
Workforce Race Equality Standard	Use the NHS WRES to understand the differences in staff experience between White and BME employees and inform improvement plans	Equal staff Experience	March 2024
Workforce Disability Equality Standard	Use the NHS WDES to understand the differences in staff experience between White and BME employees and inform improvement plans	Equal staff Experience	March 2024
Disability Confident	Become accredited as a Disability Leader	Disability Leader Status	December 2023
Gender Pay Gap Reporting	Development of an equality dashboard with key performance indicators, Equal experience, Clinical Excellence Awards	KPI's in place CEA Data	Complete Monitoring of performance indicators on-going



Workforce Race Equality Standard

March 2021/22



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Workforce Race Equality Standard 2022

Staff Profile

98.28% of staff have disclosed their ethnicity



11.98% NuTH Black, Asian and Minority Ethnic (BME)



14.70% Local Population (Census 2011)

NuTH Black, Asian and Minority Ethnic (BME)



86.3% NuTH White



85.60% Local Population (Census 2011) White



Recruitment

White staff are 1.47 times more likely to be appointed from shortlisting compared to BME staff



Formal Disciplinary

Equal likelihood of BME staff entering the formal disciplinary process compared to White staff



Training

White staff are 1.24 times more likely to access non-mandatory training compared to BME staff

Board Member Profile

Board representation is not yet representative of the ethnic makeup in our workforce at -4

Staff Survey Data 2021

Question (percentage of staff):	White	BME	Trend compared to 2020 (BME)
Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	26.8%	29.5%	↑
Staff experiencing harassment, bullying or abuse from staff in the last 12 months	22.7%	32.8%	↑
Staff believe that the Trust acts fairly with regard to career progression / promotion, regardless of ethnic background, gender religion, sexual orientation, disability or age?	62.3%	43.5%	↓
Staff experiencing discrimination at work from a manager / team leader or other colleagues in the last 12 months	6.5%	20.6%	↑
Staff Engagement Score	6.9	7.1	↓

WRES Submission 2022

Executive Summary

ESR Metrics	Metric 2 appointment 1.47 times more likely to be appointed if white worst position since 2014
	Metric 3 disciplinary process – improved to an equal likelihood of entering formal disciplinary processes
	Metric 4 access to non mandatory training 1.24 times more likely to access training if white worst position since 2014
Metric 5 BH&A Patients/Public	Worsening experience for BAME staff
	2019 onwards BAME staff report a worse experience than benchmarking data
Metric 6 BH&A Staff	Upward trend particularly from 2018 onwards
	Except for 2015 BAME staff report a worse experience than white staff
	2019 onwards BAME staff report a worse experience than benchmarking data and the gap has grown year on year
Metric 7 equality of career opportunity	Fewer BAME staff feel the Trust acts fairly
	Downward trend
	Trust reports better than Trust benchmark data
	Trust report worse than national staff survey in relation to BAME staff
Metric 8 Discrimination Managers , team leaders and colleagues	Upward trend particularly from 2016 onwards
	BAME staff report a worse experience than white staff
	The gap between white and BAME is growing
	BAME staff report a worse experience than benchmarking data
Metric 9 Board Representation	Best position since 2014



WRES Local
Report -
Metrics

March 2021



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Indicator 2 (appointments)	better than 92% of Trusts
Indicator 3 (disciplinary)	better than 25% of Trusts
Indicator 4 (non mandatory training)	better than 85% of Trusts
Indicator 5 (BH&A Patients)	better than 79% of Trusts
Indicator 6 (BH&A staff)	better than 19% of Trusts
Indicator 7 (equality of opportunity)	better than 41% of Trusts
Indicator 8 (BH&A discrimination)	better than 37% of Trusts
Indicator 9 (Board Membership)	better than 51% of Trusts.
Indicator 9 (Voting Board Membership)	better than 55% of Trusts
Indicator 9 (executive Board Membership)	better than 64% of Trusts



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WRES Local
Report-
Disparity
Ratio's

March 2021

Race disparity ratios for non-clinical staff on AfC pay bands

- Lower to middle: 1.31 **better than 64%** of Trusts
- Middle to upper: 1.47 **better than 65%** of Trusts
- Lower to upper: 1.92 **better than 41%** of Trusts

Race disparity ratios for clinical staff on AfC pay bands

- Lower to middle: 2.80 **better than 11%** of Trusts
- Middle to upper: 1.17 **better than 84%** of Trusts
- Lower to upper: 3.27 **better than 43%** of Trusts

A separate WRES collection for NHS held bank workers will be introduced late 2022
This data collection will be known as Bank WRES (BWRES) and will focus on bank workers

MWRES (medical) is also due to be launched



- Nearly one in five (17%) ethnic minority staff in the NHS personally experienced discrimination from a manager or colleague in the past 12 months. This is a small increase from last year and the highest level since recording of this metric began in 2017.
- Ethnicity remains by far the most common reason for staff to experience discrimination at 47.5% (slightly down from 48.2% in 2020).
- There has been an increase in the proportion of staff BH&A from patients, their relatives or members of the public. This continues to be higher for ethnic minority staff (29.2%, up from 28.9% in 2020), than white staff (27%, up from 25.9% in 2020).
- There has been a small decrease in the proportion of both ethnic minority staff (27.6%, down from 28.8% in 2020) and white staff (22.5%, down from 23.2% in 2020) experiencing bullying, harassment and abuse from a colleague or manager.
- There continue to be unequal opportunities between white staff and ethnic minority staff when it comes to promotions and career progression in the NHS. Only 44.4% of ethnic minority staff feel their organisations act fairly in this regard (44% in 2020), compared to 58.7% of white staff.
- It is important to note that while the finding is stable from last year for ethnic minority staff, it is 3% down on the initial figure in 2017, while it is the lowest recording for white staff in the five-year period.



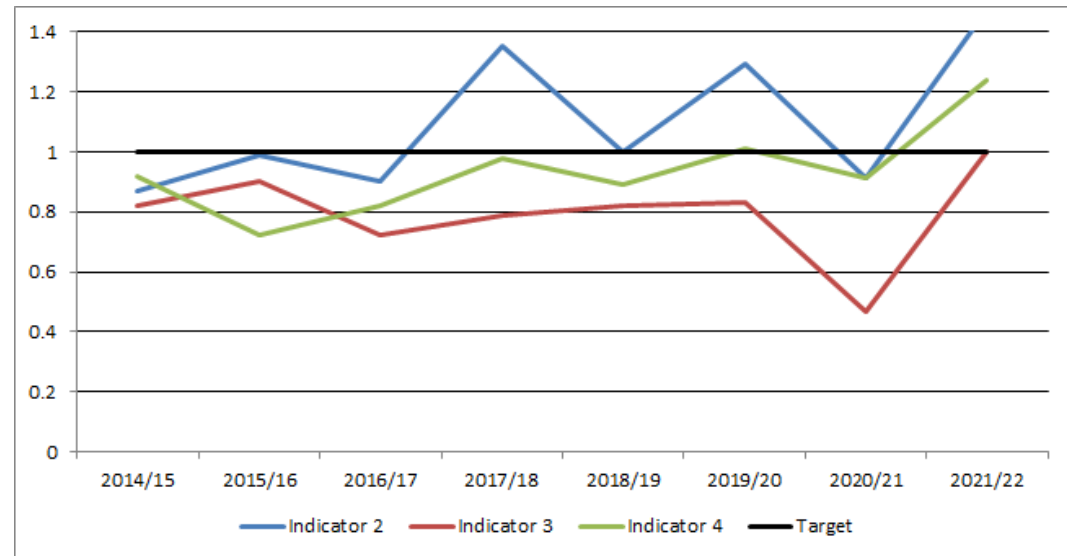
Metric 2 Relative likelihood White applicants being appointed

Metric 3 Relative likelihood of BME staff entering the formal disciplinary process

Metric 4 Relative likelihood of white staff accessing non-mandatory training and CPD

Electronic Staff Record Metrics

- Metric 2 - 1.47 times more likely to be appointed if white (*rounded to align with model hospital submission*)
 - worst position since 2014
- Metric 3 – equal likelihood to entre formal disciplinary processes
 - 73 formal disciplinary cases in total (over the 12 months) 63 white, 8 BME and 2 Unknown
- Metric 4 1.24 times more likely to access training if white (*rounded to align with model hospital submission*)
 - worst position since 2014



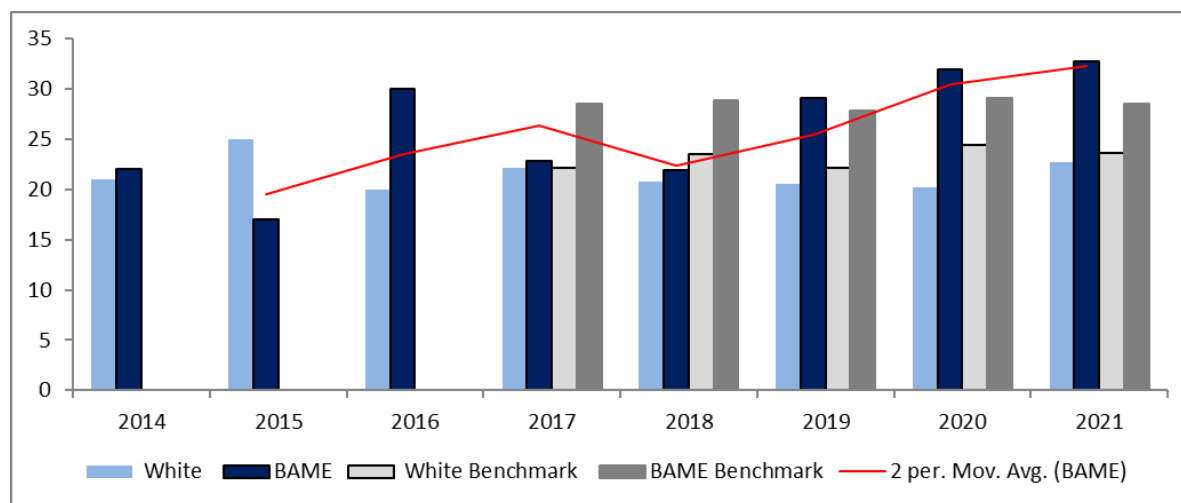
Disciplinary data includes / does not include sickness data



Metric 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

- Upwards trend since 2014
- 2019 onwards BAME staff report a worse experience than white staff
- 2019 onwards BAME staff report a worse experience than benchmarking data
- 2021 (staff survey data reported 2022)– Trust data is worse than BAME benchmarking data



* Year depicts staff survey data collection not year reported



Metric 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

- Trust position in 2020 was better than the National and Regional picture
- Newcastle is one of 72.3% of trusts, where a higher proportion of BME staff compared to white staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months

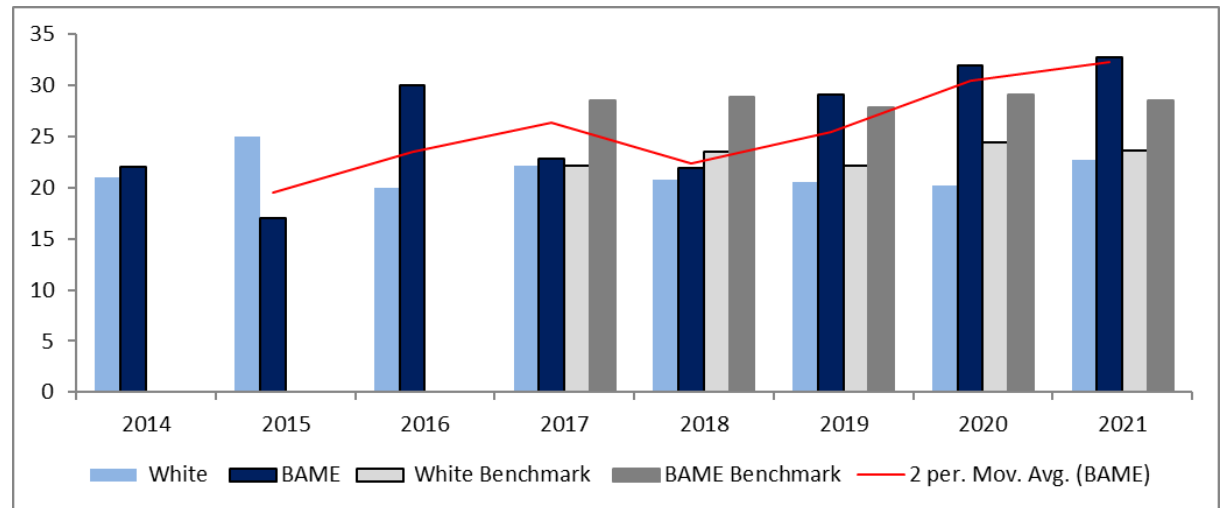
	NE&Y WRES 2020	Newcastle Hospitals (2020 in brackets)	
BAME	27.0%	(23.7%) 29.5%	Red
White	24.6%	(21.4%) 26.8%	Red
	National Staff Survey 2021	Newcastle Hospitals	
BAME	29.2%	(23.7%) 29.5%	Red
White	27.0%	(21.4%) 26.8%	Green



Metric 6

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

- Generally an upward trend particularly from 2018 onwards
- With the exception of 2015 BAME staff report a worse experience than white staff
- 2019 onwards BAME staff report a worse experience than benchmarking data and the gap continues to grow year on year
- Of note white staff report a better experience than the benchmarking data but
- 2021 (staff survey data reported 2022)– Trust data worse than BAME benchmarking data



Metric 6

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

- Trust position in 2020 was better than the National and Regional picture in relation to white staff but a worse position in relation to BAME staff
- Nationally and Regionally the percentage of staff experiencing harassment, bullying or abuse from other staff in the last 12 months was higher for BME staff (28.8%) than for white staff (23.2%) in 2020. This pattern has been evident since 2015.
- At regional level the proportion of staff experiencing harassment, bullying or abuse from other staff in the last 12 months remained steady in all regions except the North East and Yorkshire which saw an increase for BAME staff

	NE&Y WRES 2020	Newcastle Hospitals (2020 in brackets)	
BAME	29.0%	(31.9%) 32.8%	
White	21.4%	(20.2%) 22.7%	
	National Staff Survey 2021	Newcastle Hospitals	
BAME	27.6%	(31.9%) 32.8%	
White	22.5%	(20.2%) 22.7%	

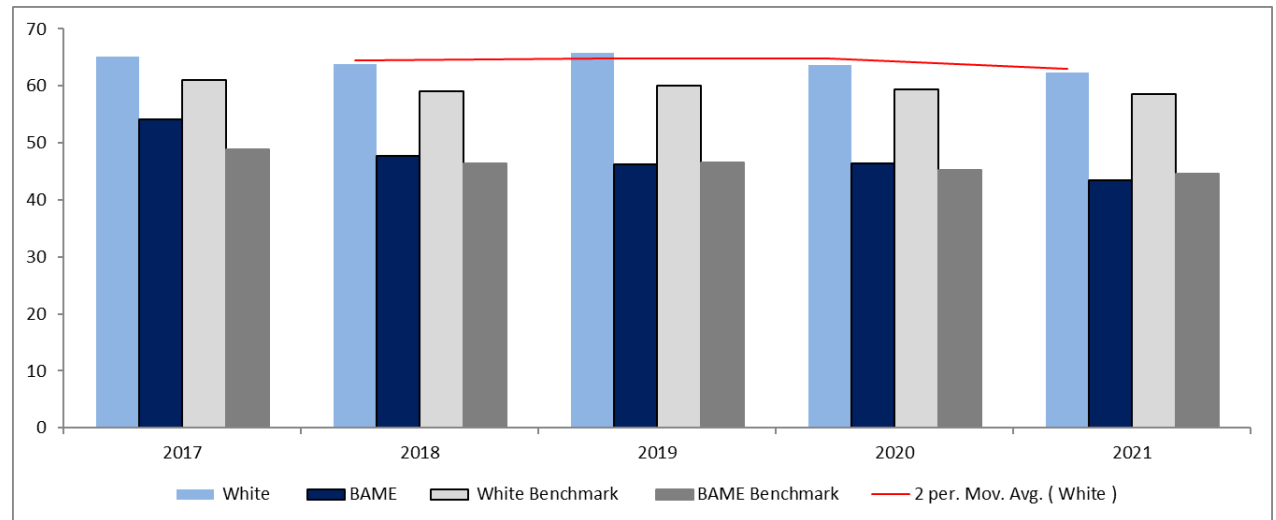
Nationally the percentages for BAME and White staff have reduced. Trust percentages have increased



Metric 7

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

- Data only available from 2017 metric composition changed in 2021 survey and retrospectively applied
- Generally a downward trend particularly from 2018 onwards
- Fewer BAME staff feel the Trust acts fairly in terms of career progression
- In 2021 onwards BAME staff report a worse experience than benchmarking data
- White staff continue to report a better experience than the benchmarking data



* Year depicts staff survey data collection not year reported



Metric 7

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

- Trust position is worse when compared to the 2021 National staff survey data worse
- Nationally there has been a slight positive increase but at Newcastle Hospitals the percentage continues to decrease
- Weighting in the staff survey changed so no comparable regional WRES data but WRES 2021 data indicates all regions saw a decrease in the proportion of BME staff who believed that their trust provided equal opportunities for career progression or promotion,

	NE&Y WRES 2020	Newcastle Hospitals (2020 in brackets)	
BAME	Weighting changed	(46.4) 43.5%	
White	Weighting changed	(63.7%) 62.3%	
	National Staff Survey 2021	Newcastle Hospitals	
BAME	44.4%	(46.4) 43.5%	
White	58.7%	(63.7%) 62.3%	

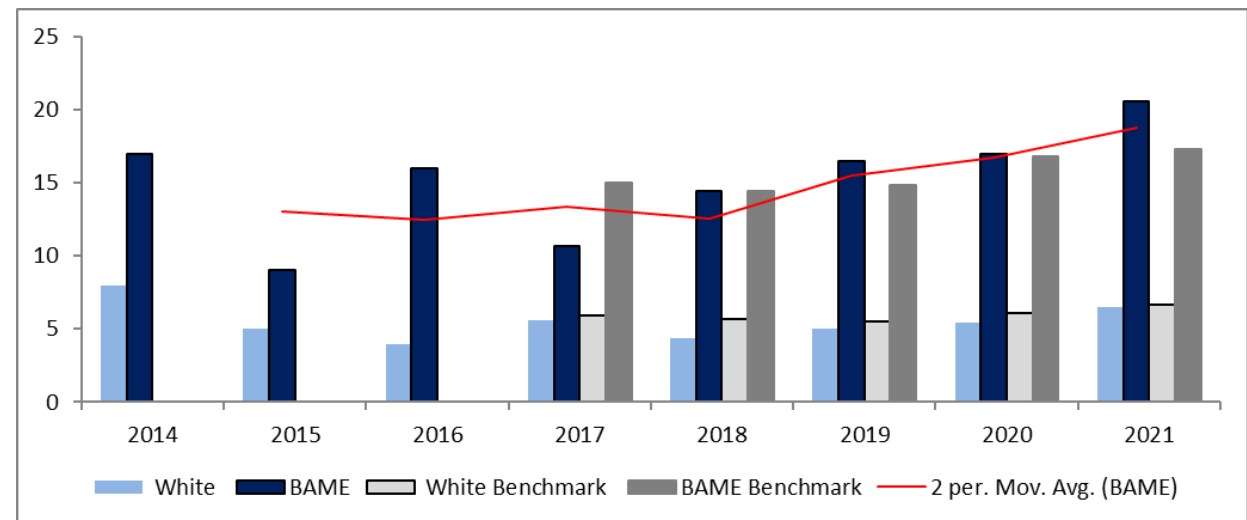
National staff survey saw an 0.4% increase in BAME outcomes.



Metric 8

Experience discrimination at work from a manager / team leader or other colleagues in the last 12 months

- Generally an upward trend particularly from 2016 onwards
- With the exception of 2015 and 2017 BAME staff report a worse experience than white staff
- The gap between white and BAME staff experience continues to grow
- 2019 onwards BAME staff report a worse experience than benchmarking data
- White staff report a better experience than the benchmarking data



Metric 8

Experience discrimination at work from a manager / team leader or other colleagues in the last 12 months

- Trust position in 2020 in relation to BAME staff was worse than the National and Regional picture
- With regards to white staff regionally the Trust position was aligned and better than the national position
- Trust is one of 98.6% of trusts (WRES Data 2020), with a higher proportion of BME staff compared to white staff experienced discrimination at work from a manager, team leader or other colleagues in the last 12 months
- In all the regions the percentage of BME staff that personally experienced discrimination at work from a manager, team leader or other colleagues increased.

National staff survey 2021 trend is upwards trend

	NE&Y WRES 2020	Newcastle Hospitals (2020 in brackets)	
BAME	16.1%	(17.0%) 20.6%	
White	5.4%	(5.4%) 6.5%	
	National Staff Survey 2021	Newcastle Hospitals	
BAME	17.0%	(17.0%) 20.6%	
White	6.8%	(5.4%) 6.5%	



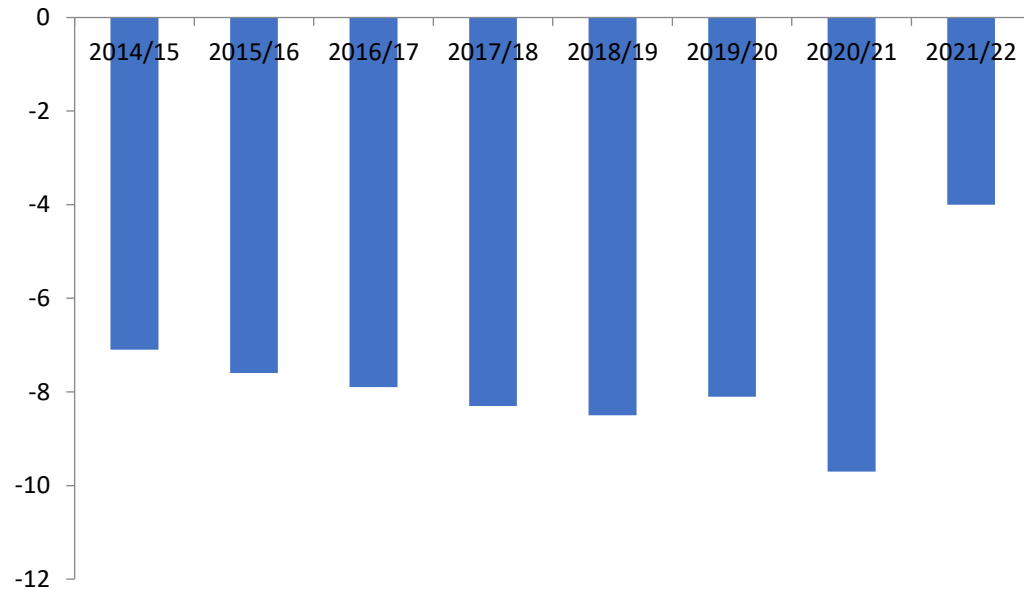
Metric 9

Percentage difference between the organisations' board voting membership and its overall workforce

Indicator nine looks at the difference between BME representation in the trust and BME representation on the board.

The idea is to be as close to zero as possible i.e. board representation is representative of the ethnic makeup in the workforce. Trust position significantly improved

2014/15	-7.1
2015/16	-7.6
2016/17	-7.9
2017/18	-8.3
2018/19	-8.5
2019/20	-8.1
2020/21	-9.7
2021/22	-4



Workforce Disability Equality Standard

March 2021/22



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Workforce Disability Equality Standard 2022

Staff Profile

81.45% of staff have disclosed their disability status



3.89% Disabled



77.56% Non-Disabled

Recruitment

Disabled staff are 1.34 times less likely to be appointed from shortlisting compared to non-disabled staff



Formal Capability

Disabled staff are less likely to enter formal capability processes compared to non-disabled staff, no disabled staff entered formal capability processes during the reporting period

Board Member Profile

Board representation is not yet representative of the disability makeup in our workforce at -4

Staff Survey Data 2021

Question (percentage of staff):	Non-Disabled	Disabled	Trend compared to 2020 (Disabled)
Staff experiencing harassment, bullying or abuse from managers	8.7%	14.8%	↑
Staff experiencing harassment, bullying or abuse from colleagues	16.8%	26.4%	↑
Staff experiencing harassment, bullying or abuse from service users, their family or the public	25.3%	31.8%	↑
Staff who the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	44.1%	45.5%	↓
Staff believe that the Trust provides equal opportunities for career progression or promotion	62.4%	55.8%	↓
Staff saying they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	23.6%	31.2%	↓
Staff saying that they are satisfied with the extent to which their organisation values their work	42.2%	32.4%	↓
Staff saying that their employer has made adequate adjustments to enable them to carry out their work		72.5%	↓
Staff Engagement Score	7	6.5	↓

WDES Submission 2022

Executive Summary

Metric 4a BH&A Patients/Public

Gradual upward trend

Trust remains below the benchmark data for disabled staff

Metric 4a BH&A from Managers

Disabled staff worsening of staff experience from 2020

A higher percentage of Disabled staff experience BH&A from managers

Trust remains below national benchmark data for Disabled and Non-disabled staff

Metric 4a BH&A from Colleagues

Disabled staff experience worsened by 2.4%

Disabled staff experience remains lower than the Trusts benchmark by 0.2%

Benchmark data shows a downward trend this year. Trust remains upwards

Metric 4b Reporting BH&A

A higher percentage of disabled staff report BH&A than non-disabled

Disabled staff willingness to report decreased by 1.5% remains lower than the Trust benchmark by 1.5%



WDES Submission 2022

Executive Summary

There has also been a change to how the results are reported for Q15.

This change impacts WDES indicator 5

These changes have been applied retrospectively,

Metric 5 equal opportunities for progression

Fewer disabled staff than non-disabled staff believe the Trust provides equal opportunities

Reduction since 2020 for both Disabled/non-disabled staff believing the Trust provides equal opportunities

Both groups report more positively than Trust benchmark data

Metric 6 Pressure to attend work

Higher percentage of disabled staff feel pressure from their manager to go to work

The percentage of disabled staff reduced by 2.1% remains lower than the national Trust benchmark by 1%

Metric 7 extent felt valued

A lower percentage of disabled staff feel satisfied

Worsening trend for both Disabled and Non Disabled staff

Disabled staff decreased by 6.9% remains lower than the national benchmark by 0.2%

Non Disabled decreased by 10.1% and is 1.1% lower than the benchmark data

Metric 8 Adequate Adjustments made

The percentage of disabled staff who feel adequate adjustments have been made has decreased by 9.8%

Percentages remains higher than the national benchmark by 1.6%

Metric 9 Staff engagement

Disabled staff have a lower staff engagement score

The staff engagement score for disabled staff decreased by 0.3% but remains higher than the Trust benchmark by 0.1%



NHS Staff Survey

Disabled Staff

NHS Providers Data

- 33% of disabled staff have personally experienced harassment, bullying or abuse from patients and the public in the past 12 months, an increase from last year (31.6% in 2020).
- 25.3% of disabled staff have experienced this treatment from a manager (25.7% in 2020).
- The figure is lower for disabled staff experiencing bullying, harassment or abuse from colleagues (17.2%) and has been declining since 2018 (19.6%).
- However, disabled staff are nearly twice as likely to have experience of this treatment than staff without a long-lasting health condition or illness (9.8%, down from 10.7% in 2020).
- Only around half of staff living with one or more lasting health conditions experience fair opportunities for career progression and promotion (51%), with this number failing to meaningfully improve since 2018 (50.8%).
- There has been a decrease in the proportion of disabled staff feeling pressured by their manager to come into work (30.2%, down from 31.3% in 2020), but there has also been a decrease in the proportion who feel their employer has made reasonable adjustments to enable them to carry out their work (71.9%, down from 76% in 2020).
- Only 34.7% of disabled staff feel their work is valued within their organisation (down from 39.2% last year). While discrimination experienced on the basis of disability is relatively low (9%), it has increased to its highest level since recording of this metric began in 2018.



Metric 2

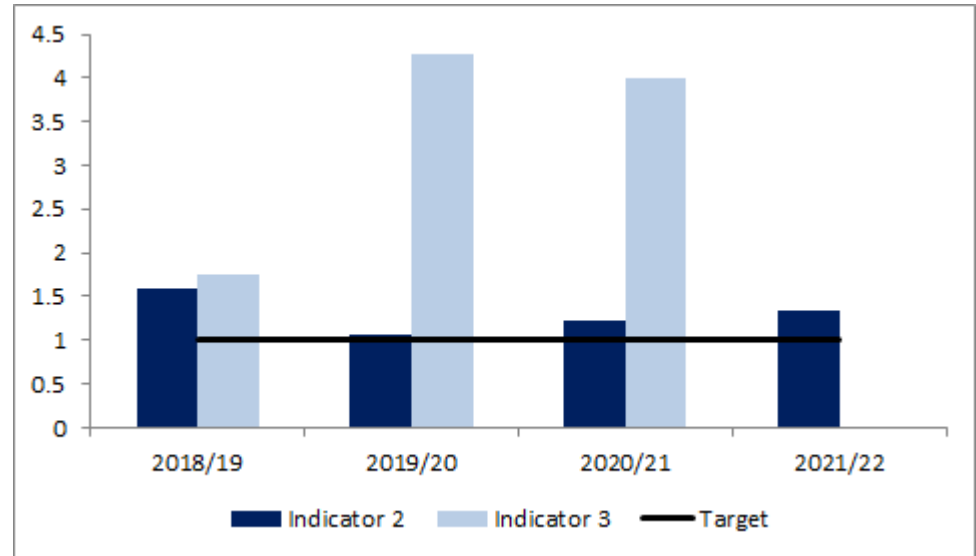
Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting

Metric 3

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process

Year	Metric 2	Metric 3
2018/19	1.6	1.76
2019/20	1.06	4.28
2020/21	1.22	4
2021/22	1.34	0

- Metric 2 - likelihood of being appointed from shortlisting has seen a gradual upward negative trend
- Metric 3 likelihood of entering formal capability processes has seen a significant improvement in the last 12 months



WDES National / regional data for 2020 not yet available (2021)



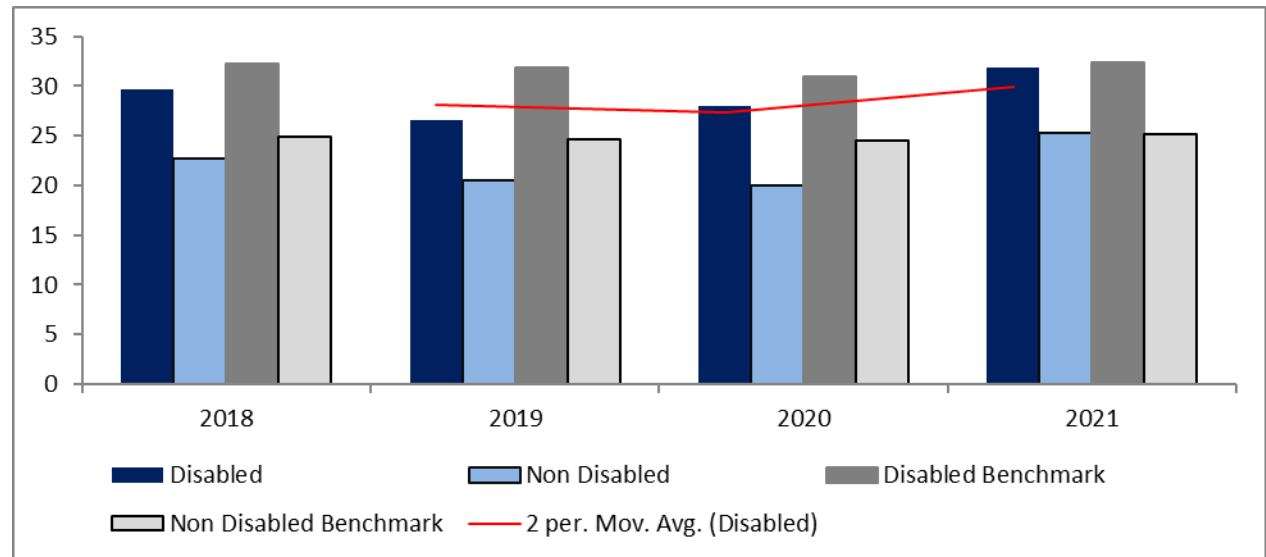
Metric 4a

Percentage of staff experiencing harassment, bullying or abuse from service users their family of the public

	National Staff Survey 2021	Newcastle Hospitals (2020 in brackets)	
Disabled	33.0	(28%) 31.8%	
Non Disabled	25.8	(20%) 25.3%	

- Gradual upward trend
- Trust remains below the benchmark data for disabled staff

WDES National / regional data for 2020 not yet available (2021)

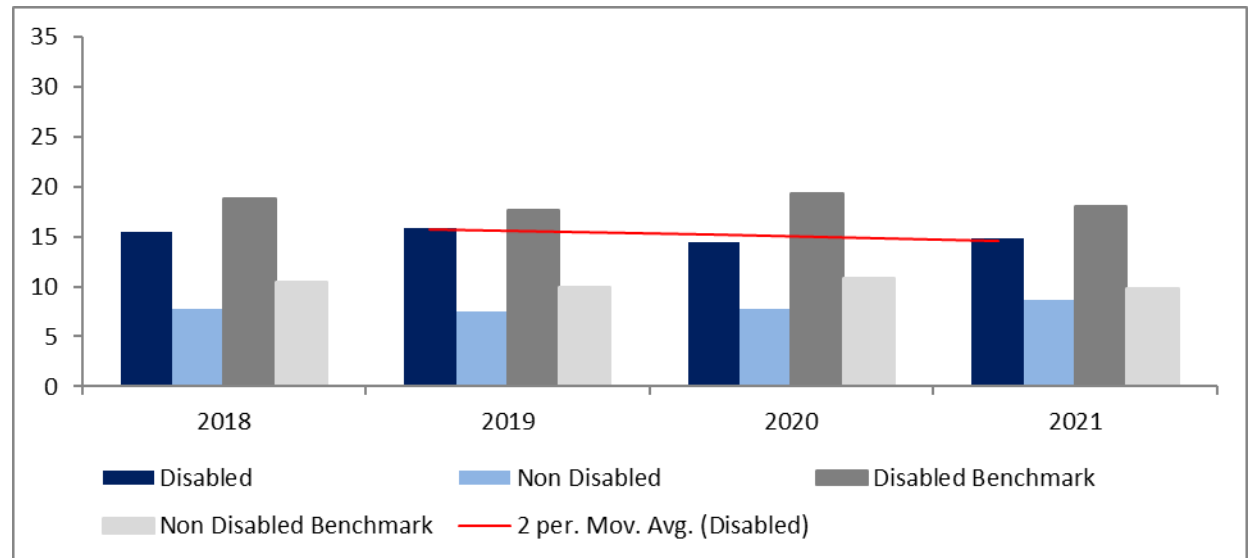


Metric 4a

Percentage of staff experiencing harassment, bullying or abuse from managers

	National Staff Survey 2021	Newcastle Hospitals (2020 in brackets)	
Disabled	17.2%	(14.4%) 14.8%	
Non Disabled	9.8%	(7.7%) 8.7%	

- Disabled staff worsening of staff experience from 2020
- A higher percentage of Disabled staff experience BH&A from managers
- Trust remains below national benchmark data for Disabled and Non-disabled staff but percentage increased slightly



WDES National / regional data for 2020 not yet available (2021)



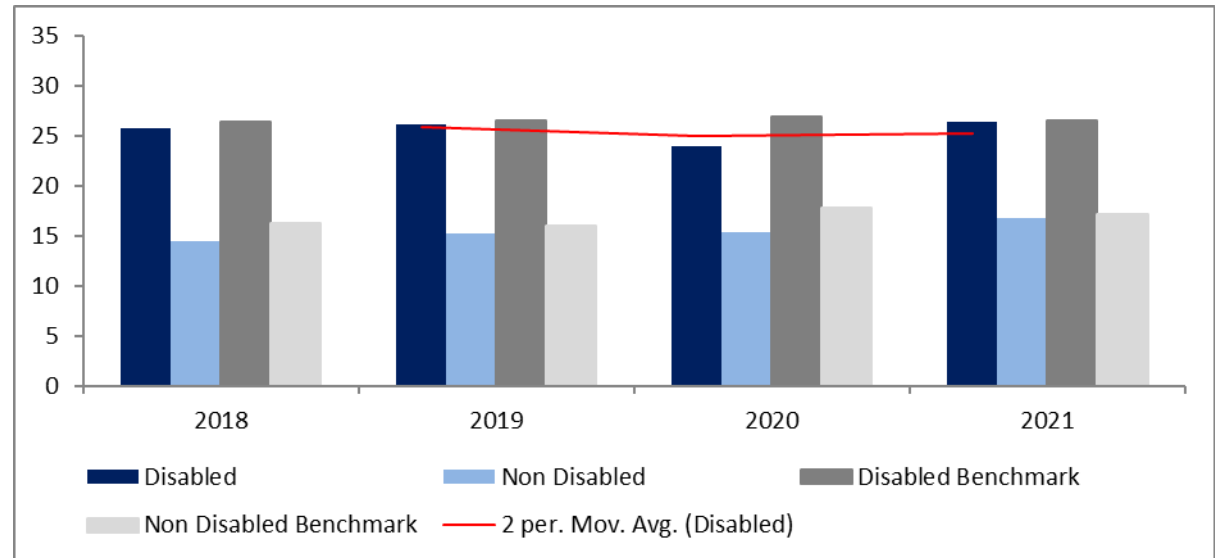
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Metric 4a

Percentage of staff experiencing harassment, bullying or abuse from colleagues

	National Staff Survey 2021	Newcastle Hospitals (2020 in brackets)	
Disabled	17.2%	(24%) 26.4%	
Non Disabled	9.8%	(15.4%)16.8%	

- Disabled staff experiencing BH&A (colleagues) increased by 2.4%
- Disabled staff experience remains lower than the Trusts benchmark by 0.2%
- Benchmark data shows a downward trend this year. Trust upwards

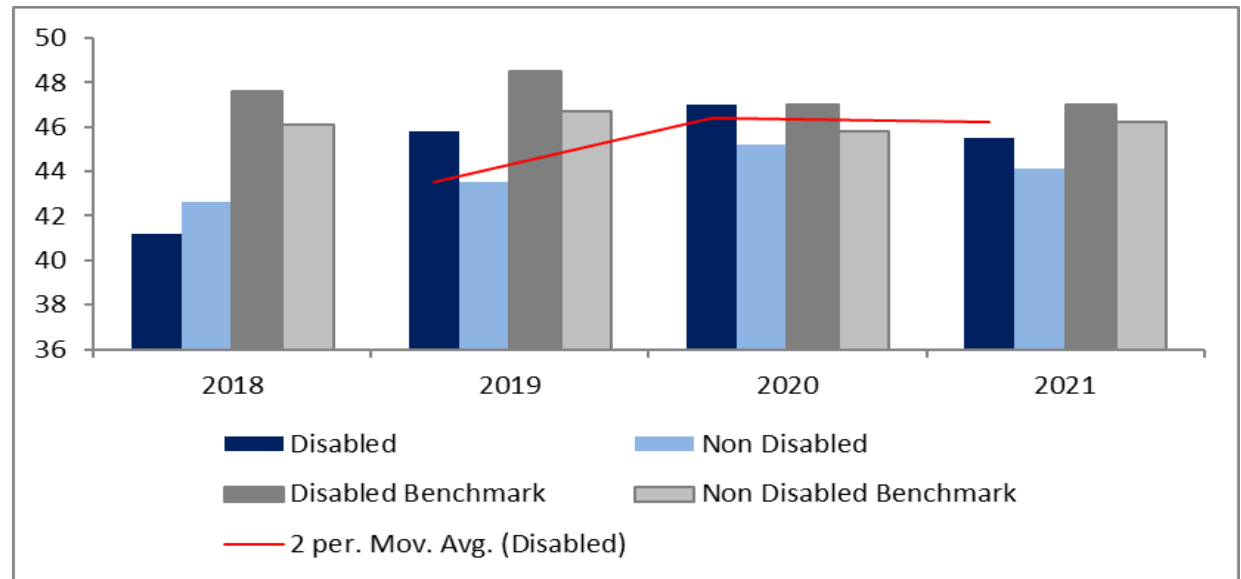


Metric 4b

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported

	National Staff Survey 2021	Newcastle Hospitals (2020 in brackets)	
Disabled	49.7%	(47%) 45.5%	
Non Disabled	48.3%	(45.2%) 44.1%	

- A higher percentage of disabled staff would report BH&A
- A lower percentage of non-disabled staff would report BH&A
- Disabled staff willingness to report decreased by decreased by 1.5% remains lower than the Trust benchmark by 1.5%

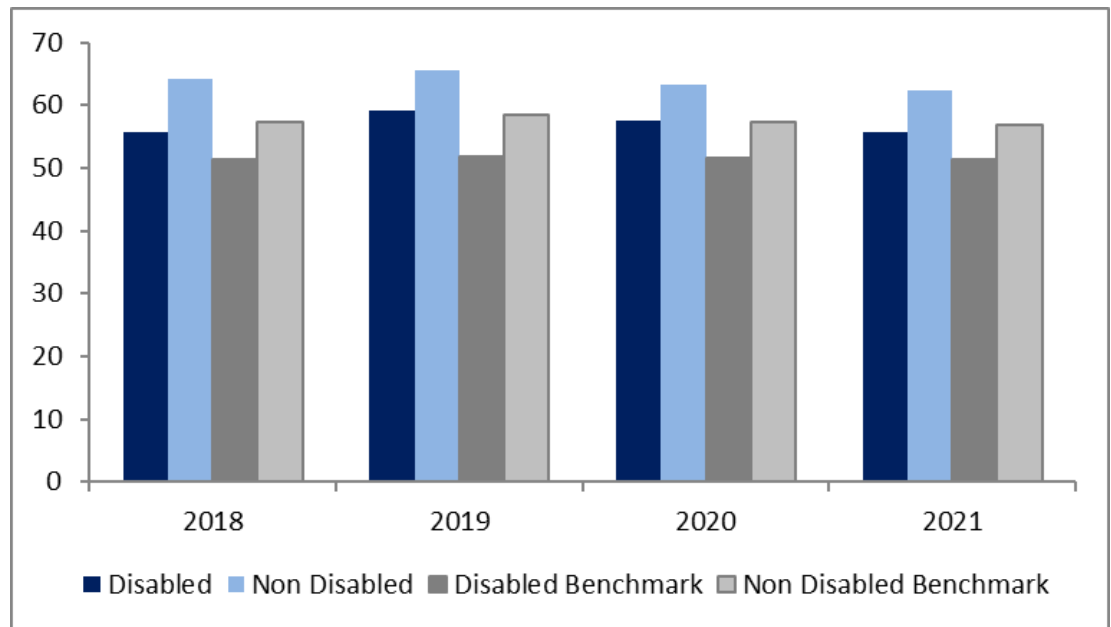


Metric 5

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

	National Staff Survey 2021	Newcastle Hospitals (2020 in brackets)	
Disabled	51.0%	(57.5%) 55.8%	
Non Disabled	57.0%	(63.3%) 62.4%	

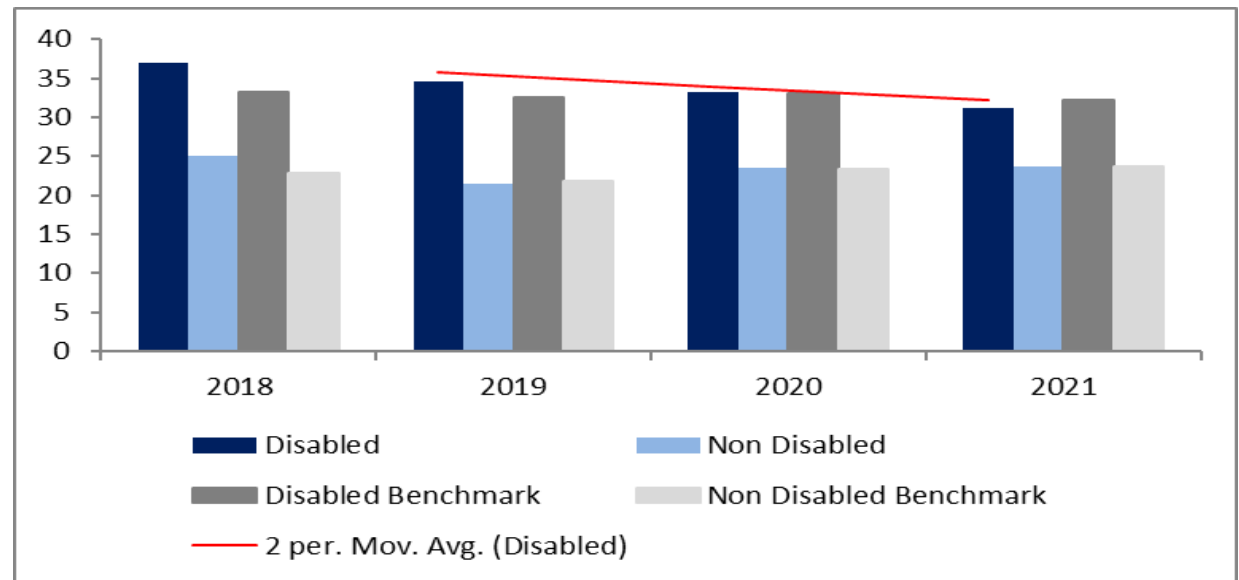
- Fewer disabled staff than non disabled staff believe the Trust provides equal opportunities
- Fewer Disabled/non-disabled staff believe the Trust provides equal opportunities than in 2020
- Both groups report higher levels an the Trust benchmark data



Metric 6

Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

	National Staff Survey 2021	Newcastle Hospitals (2020 in brackets)	
Disabled	30.2%	(33.3%) 31.2%	
Non Disabled	22.2%	(23.5%) 23.6%	



- Higher percentage of disabled staff feel pressure from their manager to go to work
- The percentage of disabled staff reduced by 2.1%

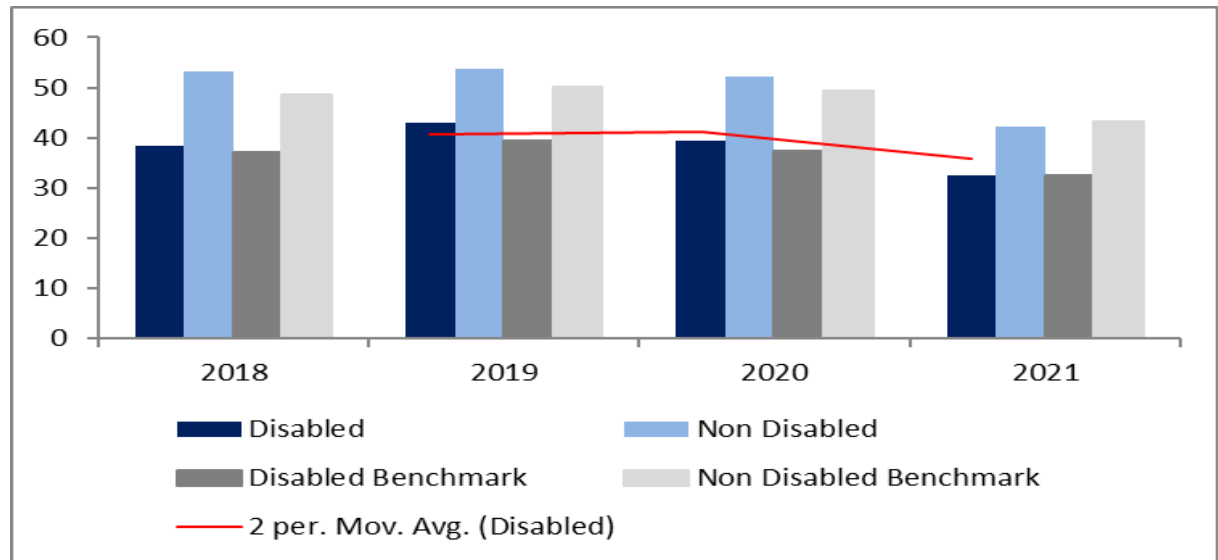


Metric 7

Percentage of staff saying that they are satisfied with the extent to which their organisation values their work

	National Staff Survey 2021	Newcastle Hospitals (2020 in brackets)	
Disabled	34.7%	(39.3%) 32.4%	
Non Disabled	44.6%	(52.3%) 42.2%	

- A lower percentage of disabled staff feel satisfied
- Worsening trend for both Disabled and Non Disabled staff
- Disabled staff decreased by 6.9% remains lower than the national benchmark by 0.2%
- Non Disabled decreased by 10.1% and is 1.1% lower than the benchmark data

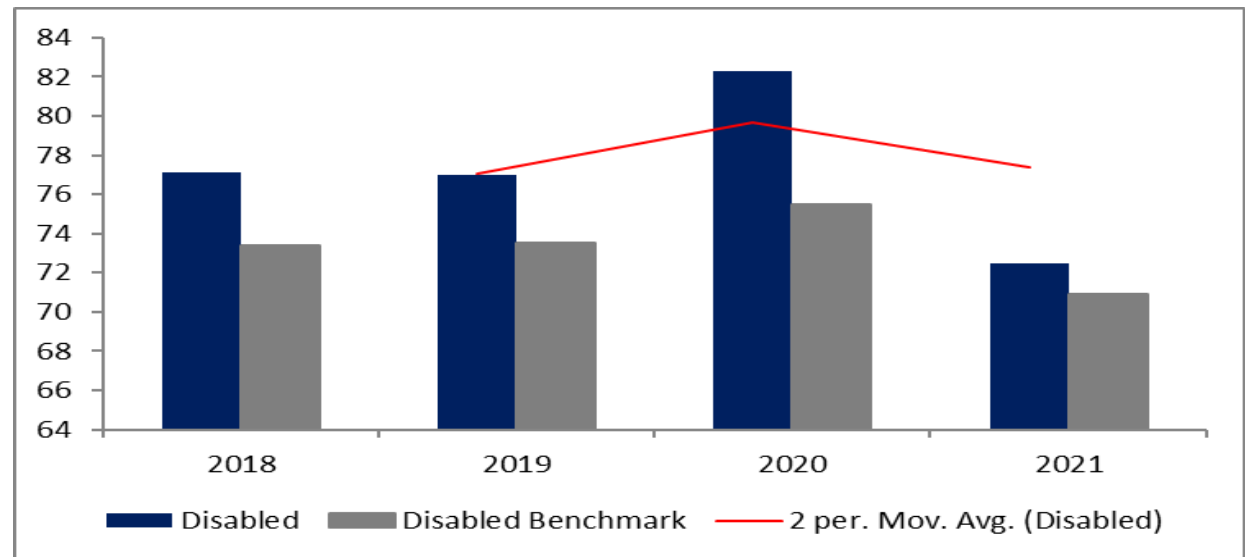


Metric 8

Percentage of staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

	National Staff Survey 2021	Newcastle Hospitals (2020 in brackets)	
Disabled	71.9%	(82.3%) 72.5%	

- The percentage of disabled staff who feel adequate adjustments have been made has decreased by 9.8%
- Percentages remains higher than the national benchmark by 1.6%

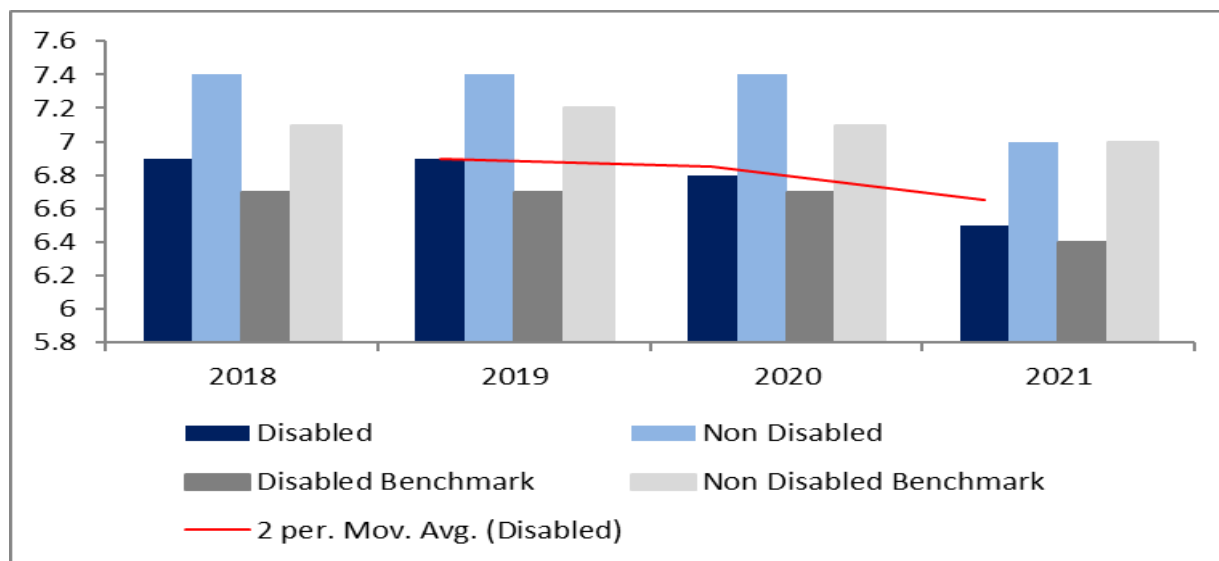


Metric 9a

The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation

	National Staff Survey 2021	Newcastle Hospitals (2020 in brackets)	
Disabled	6.45%	(6.8%) 6.5%	
Non Disabled	6.97%	(7.4%) 7%	

- Disabled staff have a lower staff engagement score
- The staff engagement score for disabled staff decreased by 0.3% but remains higher than the Trust benchmark by 0.1%
- The staff engagement score for Non Disabled staff decreased by 0.4% and is 1 equal to the Trust benchmark data

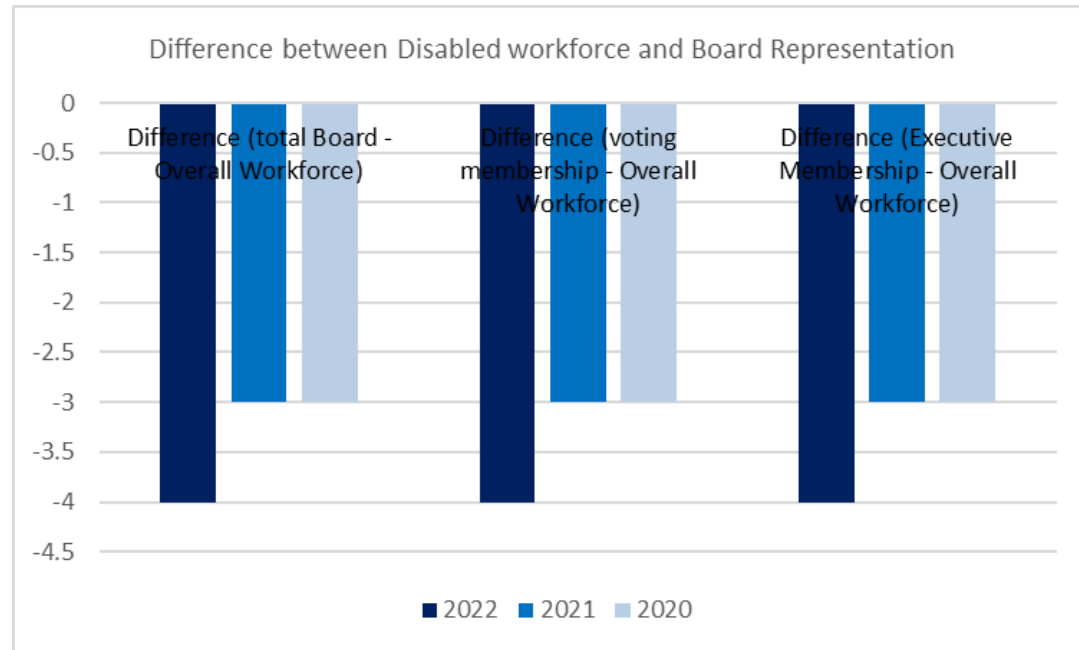


Metric 10

Indicator 10 looks at the difference between Disabled representation in the trust and Disabled representation on the board, by voting membership and Executive membership

The idea is to be as close to zero as possible i.e. board representation is representative of the disabled makeup in the workforce.

	Difference (total Board - Overall Workforce)	Difference (voting membership - Overall Workforce)	Difference (Executive Membership - Overall Workforce)
2022	-4	-4	-4
2021	-3	-3	-3
2020	-3	-3	-3



Progress against WRES and WDES Action Plans



Flourish
at **Newcastle Hospitals**



Healthcare at its best
with people at our heart

Progress against Equality Action Plans 2020-2023

Positives

- Positive action virtual recruitment event delivered (WRES & WDES)
- Equality Dashboard launched as part of the Trusts Performance Review Framework (WRES & WDES)
- Diverse panel members at band 6 introduced July 2021 (WRES)
- Micro aggression offered to all directorates and delivered in most via Enact Solutions (WRES and WDES)
- WDES Metric 6 (staff feeling pressure to attend work) improved

Challenges

- Reduced compliance with diverse panels at band 6, staffing pressures, COVID, lack of engagement from volunteers (WRES)
- BAME Representation remains below 15% target but is gradually increasing (WRES)
- No improvement in Metrics 7 (careers opportunities) Metric 6 (bullying from staff) and Metric 8 (staff experiencing discrimination) (WRES)
- Implementation of Robotic Automation delayed (WDES)
- Negative downward trend in Downward trend 4b (reporting BH&A), 4aiii (BH&S colleagues) and 7 (satisfaction with Trust valuing their work)



Blue text indicates changes since last year

PROPOSED WRES ACTION PLAN 2020-23				
Objectives	Goals	Strategies	Aims	Measures
A workforce representative of the local population	<ul style="list-style-type: none"> Deliver WRES aspirational targets for band 8 and above, including Board All our staff are enabled to support EDI EDI is a strategic priority for all our leaders/managers Increase inclusion to ensure our BAME workforce reflects the diversity of the local population Roll-out use of diverse interview panels 	Develop an EDI strategy for an open and inclusive workforce	Deliver a Trust BAME recruitment event 2022/23	BAME recruitment event to take place October 2023
		Engage local communities	Increased engagement	A workforce that is 15% BAME by end-March 2022/23
		Include BAME in EDI performance management framework to monitor progress	Monitor BAME in EDI performance management framework monitor progress	Improvements across all Directorates (representative leadership and disparity ratio's)
		Implement widening access campaign, including overhaul of recruitment and promotion practices	Increased % BAME staff believing Trust provides equal opportunities for career progression / promotion	WRES Indicator 7 Improved in 2022 and sustained in 2023
		Implement interventions to enable BAME staff to develop skills and competencies for career progression	BAME representative on all appointment panels for band 6 and above	Improvements in the likelihood of being appointed (directorate and staff groups)

Blue text indicates changes since last year

PROPOSED WRES ACTION PLAN 2020-23				
Objectives	Goals	Strategies	Measures	Progress
A workforce representative of the local population	<ul style="list-style-type: none"> Deliver WRES aspirational targets for band 8 and above, including Board All our staff are enabled to support EDI EDI is a strategic priority for all our leaders/managers Increase inclusion to ensure our BAME workforce reflects the diversity of the local population Roll-out use of diverse interview panels 	Refresh training and awareness on unconscious bias and micro aggressions	Training and awareness on micro aggressions, development of cascade training	WRES Indicator 6 improved in 2022 and sustained in 2023
		Ensure all staff feel welcome and valued, have support when they need it and have opportunities to develop	Reduction in % of BAME staff experiencing discrimination from Manager/colleagues	WRES Indicator 8 improved in 2022 and sustained in 2023
		Implement development programme for BAME staff (bands 2-5 band 5 and above)	Increased % BAME staff believing Trust provides equal opportunities for career progression / promotion	WRES Indicator 7 Improved in 2022 and sustained in 2023
		Evaluate BAME mentorship programme to identify and address issues	Use the findings to cascade learning across the wider Trust	Increased number of BAME staff in senior and leadership positions 2028
		Improve Trust disparity ratio, with targeted approach in N&M staff	Monitor BAME in EDI performance management framework monitor progress	Improved disparity ratio Trust wide and specifically N&M 2022/23

PROPOSED WDES ACTION PLAN 2020-23

Objectives	Goals	Strategies	Aims	Measures
A workforce representative of the local population	<ul style="list-style-type: none"> All our staff are enabled to support EDI EDI is a strategic priority for all our leaders/managers Increase inclusion to ensure our workforce reflects the level of people in the general population that are disabled and working Eliminate nulls in our ESR data for disability status 	Develop an EDI strategy for an open and inclusive workforce	EDI Strategy in place 2022	Strategy in place and Launched
		Engage local communities	Monitor Disability in EDI performance management framework monitor progress	Improvements in all Directorates by 2023 (specifically representative workforce and disparity ratios)
		Implement widening access campaign, including overhaul of recruitment and promotion practices	Indicator 6 improved in 2020 and sustained in 2021	Indicator 6 improved in 2022 and sustained in 2023
		Use PRA to improve quality of data in ESR	Robotic Automation in place and in use	Zero nulls in ESR for disability status by December 2023
		To be recognised as a Disability Confident Leader	Action Plan in place by 2022	Achievement of Disability Confident Leaders by 2023

PROPOSED WDES ACTION PLAN 2020-23

Objectives	Goals	Strategies	Measures	Progress
A workplace where all staff can flourish and liberate their potential	<ul style="list-style-type: none"> Eliminate disabled staff feeling pressure to attend work when not feeling well enough Increase number of disabled staff feeling valued Eliminate disabled staff complaints of bullying and harassment by other staff Disabled staff feel safe and enabled to report harassment, bullying or abuse at work 	Ensure disabled staff feel safe to raise concerns at work and they are enabled to seek support	Reduction in the number of disabled staff experiencing BH&A from managers	WDES Indicator 4b improved (2022) and sustained (2023)
		Ensure all staff feel welcome and valued, have support when they need it and have opportunities to develop	Reduction in Disabled staff compared to staff saying that they have felt pressure to come to work,	WDES Indicator 6 improved (2022) and sustained (2023)
		Include disability in EDI performance management framework to monitor progress	Monitor Disability in EDI performance management framework monitor progress	Improvements in all Directorates 2023 (representative workforce and disparity ratios)
		Refresh training and awareness on unconscious bias and micro aggressions	Training and awareness on micro aggressions in place and development of cascade training	WDES indicators 4b, 4aiii and 7 improved (2022) and sustained (2023)

Equality Delivery System

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011 and made mandatory in the NHS Standard Contract and is explicitly cited within the CCG Assurance Framework.

These outcomes relate to issues that matter to people who use, and work in, the NHS. Among other things they support the themes of, and deliver on, the NHS Outcomes Framework, the NHS Constitution, and the Care Quality Commission's key inspection questions set out in "Raising standards, putting people first."

EDS 2022 to be published February 2022 has been designed to develop inclusive services in line with the NHS plan and know also supports WRES and WDES outcomes by encouraging a link between those outcomes and staff health and well being. The EDS now supports organisations to look at the physical impact of discrimination, stress and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.



Goal 3 Empowered, Engaged and Included Staff Outcome Measure	21/22	20/21	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	11/12
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce	Yellow	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
3.3 Training and Development opportunities are taken up and positively evaluated by staff	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Yellow
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Yellow	Yellow	Yellow	Yellow	Yellow	Green	Green	Yellow	Yellow	Green	Yellow
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Green	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Yellow
3.6 Staff report positive experiences of their membership of the workforce	Green	Green	Green	Green	Green	Green	Green	Green	Green	White	White

Goal 4 – Inclusive Leadership at all Levels	21/ 22	20/ 21	19/ 20	18/ 19	17/ 18	16/ 17	15/ 16	14/ 15	13/ 14	12/ 13	11/ 12
Outcome Measure											
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Green	Green	Green	Green	Green	Green	Green	Green	Green	Amber	Amber
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber
4.3 Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Green	Green	Green	Green	Green	Green	Green	Green	Green	Grey	Grey

Excelling – **Purple**

Achieving – **Green**

Developing – **Amber**

Undeveloped – **Red**

Goal 3 – Overall Grade **Developing**

Goal 4 – Overall Grade **Achieving**

Stonewall Work Place Equality Index

A benchmarking tool for employers to measure their progress on lesbian, gay, bi and trans inclusion in the workplace. UK Workplace Equality Index Assess your organisation's achievements and progress on LGBT equality.

The 100 best-performing organisations are celebrated publicly. From 2022, celebrate pay bands the work of a wider range of employers through their Gold, Silver and Bronze awards.

In 2020 Newcastle Hospitals was ranked 40th. In 2022 we fell by 75 places to 115th despite significant LGBT+ inclusion work having taken place.

The most recent submission was to a 'new index' with no direct comparison to the 2020 index although themes remained similar with additional focus on intersectionality and bi and nonbinary inclusion.

Area	Score	Area	Score
Questions specific to marginalised or underrepresented LGBTQ+ identities	16.5	Questions specific to bi inclusion and anti-biphobia	2
Questions specific to trans inclusion and anti-transphobia	12.5	Questions specific to non-binary inclusion and this strand of anti-transphobia	2.5



SECTION	MARKS CLAIMED	MARKS AWARDED	AVERAGE HEALTH & SOCIAL CARE	AVERAGE GOLD	AVE TOP 100	DIFF TOP 100
POLICIES AND BENEFITS	17	14.5	6.5	11.5	12	+3
THE EMPLOYEE LIFE CYCLE	19.5	5.5	6	12	12.5	-7
LGBTQ+ EMPLOYEE NETWORK GROUP	22	17.5	11.5	19	20	-2.5
EMPOWERING INDIVIDUALS	18.5	8.5	7	12.5	13	-4.5
LEADERSHIP	15	6	5	9	10	-4
MONITORING	9.5	5	3	5	5.5	-0.5
SUPPLY CHAINS	13	8	2	7	7.5	+0.5
EXTERNAL ENGAGEMENT	34	9	7.5	16.5	18.5	-9.5
FEED BACK QUESTIONNAIRE		8	7	13	13.5	-5.5

- 2020 the Trust placed **40th** in the Workplace Equality Index and ranked **3rd** in the Healthcare Sector
- 2022 the ranking dropped to **115th** in the Workplace Equality Index and ranked **11th** in the Healthcare Sector

The Trust and the LGBTQ+ staff network have agreed to discontinuing its membership of Stonewall.

Instead other options will be explored that incorporate all protected characteristics and enabled benchmarking

Key Achievements 2021/2022

Implementation of the people equality dashboard into the performance management framework launched January 2021

Delivery of a virtual BAME/disability recruitment event October 2021

Launched Maximising your Potential a BAME Talent Development Programme (bands 5 and above)

Internal Disability Talent Development Programme and BAME Maximising Your Potential Programme developed and to be rolled out September 2022

Key Achievements 2021/2022

Enact Solutions delivering workshops on incivilities across all directorates

Stonewall Workplace Index – Gold Employer

Expectation this year that 100% of Project Choice Students will transition into employment. 9 years = 71% transition rate

WDES Metric I 3 likelihood of entering formal capability processes has seen a significant improvement in the last 12 months

Key Achievements 2021/2022

WRES Improvement Team formed to use Quality Improvement Methodology to improve WRES outcomes

Neurodiversity Managers Guide produced in partnership with the Disability Staff Network

WDES Metric 6 (staff feeling pressure to attend work) improved

WRES Metric Indicator 3 improved to an equal likelihood of entering formal disciplinary processes

Appendix 1

Workforce Race Equality Standard (WRES) 2022

1. Name of organisation

The Newcastle upon Tyne Hospitals NHS Foundation Trust

2. Date of report

Month: August

Year: 2022

3. Name and title of Board lead for the Workforce Race Equality Standard

Dee Fawcett, HR Director

4. Name and contact details of lead manager compiling this report

Karen Pearce – Head of Equality, Diversity and Inclusion (People)

5. Names of commissioners this report has been sent to

Co-coordinating commissioner - NHS England (Sanjay Shah) Newcastle Gateshead CCG (Colin Smith).

6. Name and contact details of coordinating commissioner this report has been sent to

North Tyneside CCG, Northumberland CCG, South Tees CCG, South Tyneside CCG, North Durham CCG, Durham, Dales, Easington & Sedgefield CCG, Hartlepool & Stockton CCG, Darlington CCG (Deborah O'Brien), Sunderland CCG (Claire Miller), Cumbria CCG (Felicity Robson)

7. Unique URL link on which this Report and associated Action Plan will be found

<https://www.newcastle-hospitals.nhs.uk/about/trust/equality-diversity-and-inclusion/workforce-race-equality-standard/>

8. This report has been signed off by on behalf of the board on

Date: September 2022

Name: Dee Fawcett, HR Director

Background narrative

9. Any issues of completeness of data

A comparatively small number of unknown/null data relating to ethnicity of current staff remain.

10. Any matters relating to reliability of comparisons with previous years

None.

11. Total number of staff employed within this organisation at the date of the report (March 2022)

12. Proportion of BME staff employed within this organisation at the date of the report?

11.98% (FTE).

13. The proportion of total staff who have self-reported their ethnicity?

98.28%.

14. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?

Fully implemented Employee Self Service.

Full roll out of the ESR employee portal complete.

Newcastle Hospitals remain the highest user of the Employee Self-Serve for eLearning completions regionally and always in the Top 3 nationally this has increased accessibility for staff to be able to input their personal information including ethnicity status.

Bespoke rolling adverts added within the portal to further encourage staff to update their personal information.

15. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?

Plans to use robotic automation to increase staff reporting of ethnicity.

Workforce data

16. What period does the organisation's workforce data refer to?

April 2021 - March 2022.

Workforce Race Equality Indicators

17. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff

Data for reporting year: March 2022 Data (headcount)

Pay band	Non-Clinical staff in each band/grade		Clinical staff in each band/grade	
	% White (of total Workforce)	% BME (of total Workforce)	% White (of total Workforce)	% BME (of total Workforce)
Under Band 1	0.00	0.00	0.00	0.00
Band 1	0.03	0.00	0.02	0.00
Band 2	6.61	2.21	15.69	1.33

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Band 3	4.71	1.12	5.66	0.46
Band 4	3.94	0.84	4.67	0.50
Band 5	9.92	0.53	21.65	5.69
Band 6	5.07	0.25	16.52	1.23
Band 7	5.10	0.28	11.22	0.46
Band 8A	2.19	0.11	2.73	0.15
Band 8B	1.57	0.00	0.91	0.02
Band 8C	1.26	0.00	0.39	0.00
Band 8D	0.39	0.03	0.08	0.00
Band 9	0.00	0.00	0.01	0.00
VSM	0.31	0.00	0.02	0.00
Medical Consultants			5.50	1.61
<i>of which managers</i>			0.22	0.03
Non-consultant Career Grades			1.58	1.07
Trainee grades			0.14	0.07
Other			0.00	0.00

Data for reporting year: March 2021 Data (Headcount)

Pay band	Non-Clinical staff in each band/grade		Clinical staff in each band/grade	
	% White (of total Workforce)	% BME (of total Workforce)	% White (of total Workforce)	% BME (of total Workforce)
Under Band 1	0.78	0.06	0.16	0.02
Band 1	0.22	0.00	0.00	0.00
Band 2	32.32	2.36	16.20	1.44

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Band 3	21.78	0.83	5.41	0.36
Band 4	16.22	0.39	5.86	0.51
Band 5	9.46	0.45	22.71	4.80
Band 6	4.67	0.19	16.07	0.92
Band 7	4.67	0.17	10.48	0.42
Band 8A	1.92	0.14	2.49	0.15
Band 8B	1.50	0.00	0.78	0.02
Band 8C	1.06	0.00	0.37	0.00
Band 8D	0.28	0.00	0.07	0.00
Band 9	0.00	0.00	0.01	0.00
VSM	0.53	0.00	0.02	0.00
Medical Consultants			5.31	1.57
<i>of which managers</i>			0.23	0.02
Non-consultant Career Grades			1.77	0.96
Trainee grades			0.65	0.21
Other			0.00	0.00

- 98.28% of staff have recorded their ethnicity.
- The figures referenced in the above tables do not include the small percentage of staff who have not shared their ethnicity, they have been excluded for the purposes of the data capture.

18. Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year: 1.47

Data for previous year: 0.91

- Diverse Panels in place for all band 8c and above posts including Executive/Non-Executive Director and Medical and Dental Posts and band 6 posts.
- Equality dashboard has been launched as part of the performance management framework for each directorate. Dashboard shows local Directorate data referencing likelihood of appointments to enable local ownership.

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19. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Data for reporting year: 1

Data for previous year: 0.47

- Trust data identifies BME members of staff are of equally likely to enter formal disciplinary processes.
- 1 is within non adverse range (0.8 and 1.25) of 'Fair Experience for All' requirements for NHS organisations.
- Employee Relations data forms part of the equality dashboard launched January 2022.

20. Relative likelihood of staff accessing non-mandatory training and CPD

Data for reporting year: 1.24

Data for previous year: 0.91

- Trust data identifies BME members of staff are less likely to access non-mandatory training and CPD.

Workforce Race Equality Indicators

21. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Data for reporting year:

White 26.8%

BME 29.5%

Data for previous reporting year:

White 21.4%

BME 23.7%

- BME Staff Network continues to grow and engage in raising awareness.
- WRES subgroup continues to meet monthly.
- WRES Improvement Team in place.

22. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Data for reporting year:

White 22.7%

BME 32.8%

Data for previous year:

White 20.2%

23. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion

Data for reporting year:

White 62.3%

BME 43.5%

Data for previous year:

White 63.7%

BME 46.4%

24. Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Data for reporting year:

White 6.5%

BME 20.6%

Data for previous year:

White 5.4%

BME 17%

Board representation indicator

25. Percentage difference between the organisations' Board voting membership and its overall workforce

Data for reporting year:

White 5.7

BME 4

Data for previous year:

White 11.4

BME -9.7

26. Are there any other factors or data which should be taken into consideration in assessing progress?

Agenda item A7(e)(i)

None.

- 27. Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.**

<https://www.newcastle-hospitals.nhs.uk/about/trust/equality-diversity-and-inclusion/workforce-race-equality-standard/>

Appendix 2

Workforce Disability Equality Standard (WDES) 2022

Question 1

Name and contact details of the lead(s) compiling this report (name & email)

- Karen Pearce – Karen.pearce19@nhs.net

Question 2

Name and contact details of the Board lead for the Workforce Disability Equality Standard (name, job title and email)

- Dee Fawcett, HR Director

Question 3

Name of commissioner, name of commissioning body and email address that the WDES Annual report (containing the WDES metrics report and action plan) will be sent to. (Commissions, commissioning body and email)

- Co-ordinating commissioner - NHS England (Sanjay Shah) Newcastle Gateshead CCG (Colin Smith)
- North Tyneside CCG, Northumberland CCG, South Tees CCG, South Tyneside CCG, North Durham CCG, Durham, Dales, Easington & Sedgefield CCG, Hartlepool & Stockton CCG, Darlington CCG (Deborah O'Brien), Sunderland CCG (Claire Miller), Cumbria CCG (Felicity Robson)

Question 4

Unique URL link or existing web page on which the WDES Annual report will be published.

- <https://www.newcastle-hospitals.nhs.uk/about/trust/equality-diversity-and-inclusion/workforce-disability-standard/>

Date of Board meeting at which organisation's WDES Annual report will be ratified. If the date is not known, please provide an approximate date or explain why a date cannot be provided

- Trust Board - September 2022

For the following questions text marked in bold indicates the Trusts has or undertakes the activity

Question 5

Agenda item A7(e)(i)

Does your organisation participate in any programmes or initiatives that are focused on disability equality and inclusion?

Yes (highlighted)

- Project SEARCH
- **Disability Confident Scheme**
- NHS Learning Disability Employment Programme (LDEP) pledge
- **NHS Employers Equality and Inclusion Partners Programme**
- **Disability Equality Staff Network Group**
- **Equality and Diversity Conferences**
- **Other – please specify**

Project Choice is a work experience /internship development programme for young people with learning disabilities/difficulties or autism. The project is designed to support young people to enhance their strengths in the labour market, and with support, develop key employability skills. In addition to providing work experience placements within the Trust, the project links with other organisations within Newcastle upon Tyne who provide additional work experience placements.

Question 7

Do your staff have access to the ESR self-service portal?

- Yes

Question 8

If yes, please share any examples of interventions that have increased declaration rates at your organisation.

- **Promotion of ESR self-service to encourage staff to update details**
- Internal communications (e.g. staff email, intranet page)
- Poster campaign
- Survey of staff to understand views
- Consultation exercise / workshops
- Internal events
- Other - please specify
- Looking to utilise robotic automation to capture equality monitoring data

Question 9

What level of Disability Confident accreditation does your organisation currently hold?

- None
- Level 1 - Committed

Agenda item A7(e)(i)

- **Level 2 - Employer**
- Level 3 – Leader

Question 10

Does your organisation use the Guaranteed Interview Scheme?

- Yes

Please add any examples of interventions that have impacted positively on the recruitment of Disabled staff.

- Review of the implementation of the Guaranteed Interview Scheme
- Disabled people on interview panels
- Disabled people advising review of recruitment processes
- **Review of recruitment policy and procedures**
- **External communications**
- Other - Please specify

Integrated COVID Hub North East recruitment included:

- An inclusive recruitment campaign, using materials developed through engagement with community groups/third sector partners.
- Specialist support to help vulnerable people into employment.
- Championing equality and promoting voluntary and community sectors, including our internal internship for those with learning disabilities.
- Engaging with the Kickstart scheme, to assist young people at risk of long-term unemployment.
- Working with Prince's Trust to develop an employability training programme, for young people aged 16-30 years.
- Establishment of an employability programme with key stakeholders – 2-week training programme, aimed at diverse communities and unemployed. Prince's Trust programme -young people aged 16-30 years - entry level roles.
- Changing Lives - Providing specialist support to help vulnerable people into employment.
- Links with Connected Voice, an organisation that has been supporting the voluntary sector and communities in Tyneside since 1929, campaigning for health equality and positive change throughout the community. Through their Haref programme, we extended our reach into Black, Asian and Minority Ethnic communities and organisations to provide information about employment opportunities.
- Established relationships and key contacts in local community organisations across the region we key in promoting opportunities through the voluntary and community sectors.
- Project Choice – providing information for people with learning disabilities.
- Kickstart scheme –to promote interview opportunities and six-month work placements for 16–24-year-olds.

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- Virtual engagement sessions held reaching over 800 people in one week.
- All information materials and communications emphasised our ambition to recruit a diverse workforce.

Diverse recruitment panels

Question 11

Has your organisation compared any of the following other datasets you hold to the WDES Metric 4 (Harassment, Bullying or Abuse)?

- **Grievance**
- **Disciplinary**
- **Exit**
- Data held by Staffside representatives
- **Data held by Freedom to speak up guardians**
- Data held by Health and Wellbeing leads
- **Other**

Other includes Datix, Chaplaincy and Contact Officers, Speak in Confidence.

Question 12

Please add any actions taken since your 2020/21 WDES Action Plan was published to reduce harassment, bullying or abuse in relation to Disabled staff.

- Dignity at Work Campaign
- **Disability Awareness campaigns**
- Harassment and Bullying policy revision
- Consultation event
- Champions/ ambassadors/advisors
- Peer support scheme
- **Training events**
- None applicable
- Not at present but planned in the next 12 months
- Other

Question 13

Does your organisation provide any targeted career development opportunities for Disabled staff?

- **Yes**
- No
- Not at present but planned in the next 12 months

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Question 14

Does your 2020/21 WDES Action Plan set out any targeted actions to reduce presenteeism i.e. feeling pressured to come to work when not feeling well?

- Yes
- **No**
- Not at present but planned in the next 12 months

Question 15

Does your 2020/21 WDES Action Plan set out any targeted actions to increase the workplace satisfaction of Disabled staff?

- **Yes**
- No
- Not at present but planned in the next 12 months

Question 16

Does your organisation have a reasonable adjustments policy?

- Yes
- **No**
- Not at present but planned in the next 12 months

Question 17

Are costs for reasonable adjustments met through centralised or local budgets?

- Centralised budgets
- **Local budgets**
- Both

Question 18

Have you undertaken any actions in the last 12 months to improve the reasonable adjustments process?

- Yes
- **No**
- Not at present but planned in the next 12 months

Question 19

Please list any actions contained in your 2020/21 WDES Action Plan that have not been completed.

- 20% of the workforce have disclosed a disability by March 2022.

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- Zero Nulls in ESR for disability status by December 2021.

Question 20

Are there plans for your Trust to merge with another trust in the next 12 months?

- Yes
- **No**

Question 21

Has the Board reviewed the 2020/21 WDES Action Plan in the last 6 months?

- **Yes**
- No

Question 22

Do you have any further comments?

- WDES Subgroup in place that meets monthly to review progress against the WDES action plans.

Equality Delivery System2 Grades

2021-22

Equality Delivery System2 Grading by Protected Characteristic

Goal 3 – A representative and supported workforce

Outcome Measure	21-22	20-21	19-20	18-19	17-18	16-17	15-16	14-15	13-14	12-13	11-12
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce	Amber	Amber	Amber	Green	Green	Green	Green	Green	Green	Amber	Amber
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
3.3 Training and Development opportunities are taken up and positively evaluated by staff	Amber	Amber	Green	Green	Green	Green	Green	Green	Amber	White	White
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Amber	Amber	Amber	Amber	Amber	Green	Green	Amber	Amber	Green	Amber
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Green	Green	Amber	Green	Green	Green	Green	Green	Green	Green	Amber
3.6 Staff report positive experiences of their membership of the workforce	Green	Green	Green	Green	Green	Green	Green	Green	Green	White	White

Excelling – Purple
 Achieving - Green
 Developing – Amber
 Undeveloped – Red

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Overall grade – Developing

Goal 4 – Inclusive Leadership at all Levels

Outcome Measure	2021-22											
	21-22	20-21	19-20	18-19	17-18	16-17	15-16	14-15	13-14	12-13	11-12	
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Amber	Amber
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	White	White
4.3 Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Amber	Amber

Potential grades

- 1. Excelling – Purple
- 2. Achieving - Green
- 3. Developing – Amber
- 4. Undeveloped - Red

Overall grade – Achieving

Equality Delivery System (2) Grading by Protected Characteristic

Goal 3 - Empowered, Engaged and Well Supported Staff

Outcome	2021/2022	20/21	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce	Race										Overall Grade
	Age										
	Trans										
	Sex										
	Disability										
	Religion										
	Sexual Orientation										
	Marriages/Civil Partnership										
	Pregnancy/Maternity										

Outcome	2021/2022	20/21	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
3.2 - The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Race										Overall Grade
	Age										
	Trans										
	Sex										
	Disability										
	Religion										
	Sexual Orientation										
	Marriages/Civil Partnership										
	Pregnancy/										

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Outcome	2021/2022	20/21	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
	Maternity										

Outcome	2021/2022	20/21	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
3.3 - Training and Development opportunities are taken up and positively evaluated by staff	Race									n/a	
	Age										
	Trans										
	Sex										
	Disability										
	Religion										
	Sexual Orientation										
	Marriages/Civil Partnership										
	Pregnancy/Maternity										

Outcome	2021/2022	20/21	19/20	18/19	17/18	15/16	15/16	14/15	13/14	12/13	Overall Grade
3.4 - When at work, staff are free from abuse, harassment, bullying and violence from any source	Race										
	Age										
	Transgender										
	Sex										
	Disability										
	Religion										
	Sexual Orientation										
	Marriages/Civil Partnership										
	Pregnancy/Maternity										

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Outcome	2021/2022	20/21	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Race										
	Age										
	Transgender										
	Sex										
	Disability										
	Religion										
	Sexual Orientation										
	Marriages/Civil Partnership										
	Pregnancy/Maternity										

Outcome	2021/2022	20/21	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
3.6 Staff report positive experiences of their membership of the workforce	Race									n/a	
	Age										
	Transgender										
	Sex										
	Disability										
	Religion										
	Sexual Orientation*										
	Marriages/Civil Partnership										
	Pregnancy/Maternity										

Equality Delivery System2 Grades
 Trust Board – 29 September 2022

Goal 4 – Inclusive Leadership at all Levels

Outcome	2021/2022	2020/2021	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Race										
	Age										
	Transgender										
	Sex										
	Disability										
	Religion										
	Sexual Orientation										
	Marriages/Civil Partnership										
Pregnancy/Maternity											

Outcome	2021/2022	2020/2021	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
4.2 Papers that come before the Board and other major Committees identify equality-related	Race										
	Age										
	Transgender										
	Sex										
	Disability										

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Outcome	2021/2022	2020/2021	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
impacts including risks, and say how these risks are to be managed	Religion										
	Sexual Orientation										
	Marriages/Civil Partnership										
	Pregnancy/Maternity										

- Equality Analysis requirements remain outstanding in some areas. Patient Services leading

Outcome	2021/2022	2020/2021	19/20	18/19	17/18	16/17	15/16	14/15	13/14	12/13	Overall Grade
4.3 Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Race										
	Age										
	Transgender										
	Sex										
	Disability										
	Religion										
	Sexual Orientation										
	Marriages/Civil Partnership										
Pregnancy/Maternity											

Agenda Item A7(e)(i) - Appendix 3

Protected Characteristic		% Census Data	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Students	% Total Workforce
Gender	Female	52.00%	2.94%	16.37%	11.74%	5.96%	4.81%	2.75%	3.36%	29.33%	0.21%	77.37%
	Male	48.00%	0.74%	4.59%	3.63%	1.36%	3.60%	1.77%	4.49%	2.40%	0.04%	22.63%
	Not Recorded	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total	100.00%	3.67%	20.96%	15.38%	7.22%	8.41%	4.52%	7.85%	31.74%	0.25%	100.00%
Disability	No	not available	2.93%	16.52%	11.38%	5.98%	5.47%	3.31%	6.01%	25.73%	0.24%	77.56%
	Yes	not available	0.14%	1.07%	0.79%	0.33%	0.27%	0.11%	0.09%	1.10%	0.01%	3.89%
	Not Recorded	not available	0.61%	3.37%	3.21%	0.91%	2.67%	1.10%	1.76%	4.91%	0.01%	18.55%
	Total	not available	3.67%	20.96%	15.38%	7.22%	8.41%	4.52%	7.85%	31.74%	0.25%	100.00%
Ethnic Origin	BME	14.70%	0.29%	2.01%	0.73%	0.44%	0.54%	0.37%	2.12%	4.60%	0.07%	11.18%
	White	85.60%	3.33%	18.67%	14.40%	6.69%	7.71%	3.96%	5.54%	26.70%	0.17%	87.17%
	Not Recorded	0.00%	0.06%	0.28%	0.24%	0.09%	0.15%	0.20%	0.19%	0.43%	0.01%	1.65%
	Total	100.00%	3.67%	20.96%	15.38%	7.22%	8.41%	4.52%	7.85%	31.74%	0.25%	100.00%
Religious Belief	Christianity	56.40%	1.57%	9.16%	6.83%	3.40%	3.34%	1.56%	2.61%	17.70%	0.16%	46.34%
	Islam	6.30%	0.12%	0.48%	0.21%	0.08%	0.02%	0.07%	0.72%	0.27%	0.01%	1.98%
	No Religious Belief	28.40%	0.79%	4.16%	2.81%	1.81%	0.85%	1.25%	1.46%	5.39%	0.04%	18.56%
	Other	2.60%	0.38%	2.66%	1.60%	0.63%	1.01%	0.25%	0.79%	2.65%	0.04%	10.02%
	Not Recorded	6.30%	0.81%	4.49%	3.93%	1.30%	3.18%	1.38%	2.27%	5.73%	0.01%	23.10%
Total	100.00%	3.67%	20.96%	15.38%	7.22%	8.41%	4.52%	7.85%	31.74%	0.25%	100.00%	
Age	16-29	29.05%	0.66%	5.48%	2.04%	1.73%	0.79%	0.79%	0.54%	6.50%	0.06%	18.60%
	30-59	36.05%	2.85%	12.94%	11.31%	5.23%	5.57%	3.48%	6.72%	23.14%	0.19%	71.43%
	60+	8.68%	0.17%	2.50%	2.01%	0.26%	2.05%	0.25%	0.58%	2.07%	0.00%	9.88%
	Not Recorded	0.00%	0.00%	0.04%	0.02%	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.09%
	Total	73.78%	3.67%	20.96%	15.38%	7.22%	8.41%	4.52%	7.85%	31.74%	0.25%	100.00%
Sexual Orientation	Heterosexual	not available	2.98%	16.50%	11.90%	6.02%	5.57%	3.24%	5.64%	26.06%	0.24%	78.13%
	LGB	not available	0.15%	1.02%	0.50%	0.33%	0.07%	0.17%	0.17%	1.03%	0.01%	3.46%
	Not Recorded	not available	0.54%	3.44%	2.98%	0.87%	2.76%	1.11%	2.04%	4.64%	0.01%	18.40%
	Total	not available	3.67%	20.96%	15.38%	7.22%	8.41%	4.52%	7.85%	31.74%	0.25%	100.00%

Recruitment (Medical) Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% of all Applicants	% of all Shortlisted	% of all Appointed
Gender	Female	52.00%	77.37%	64.82%	61.87%	62.24%
	Male	48.00%	22.63%	33.27%	37.15%	18.77%
	Not Recorded	0.00%	0.00%	1.91%	0.98%	18.99%
	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%
<hr/>						
Disability	No	not available	77.56%	91.25%	93.66%	71.99%
	Yes	not available	3.89%	5.20%	4.71%	4.40%
	Not Recorded	not available	18.55%	3.55%	1.63%	23.61%
	Grand Total		100.00%	100.00%	100.00%	100.00%
<hr/>						
Ethnic Origin	BME	14.70%	11.18%	36.42%	45.15%	17.38%
	White	85.60%	87.17%	59.93%	52.96%	59.24%
	Not Recorded	0.00%	1.65%	3.65%	1.89%	23.39%
	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%
<hr/>						
Religious Belief	Christianity	56.40%	46.34%	62.07%	63.34%	46.45%
	Islam	6.30%	1.98%	14.26%	15.12%	7.20%
	No Religious Belief	28.40%	18.56%	0.00%	0.00%	0.00%
	Other	2.60%	10.02%	20.63%	21.01%	15.42%
	Not Recorded	6.30%	23.10%	3.04%	0.53%	30.93%
	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%
<hr/>						
Age	16-29	29.05%	18.60%	40.61%	43.04%	31.23%
	30-59	36.05%	71.43%	55.70%	54.87%	45.97%
	60+	8.68%	9.88%	2.29%	1.61%	3.96%
	Not Recorded	0.00%	0.09%	1.40%	0.48%	18.84%
	Grand Total	73.78%	100.00%	100.00%	100.00%	100.00%
<hr/>						
Sexual Orientation	Heterosexual	not available	78.13%	91.94%	93.88%	72.60%
	LGB	not available	3.46%	5.76%	5.71%	4.50%
	Not Recorded	not available	18.40%	2.31%	0.42%	22.90%
	Grand Total	not available	100.00%	100.00%	100.00%	100.00%
<hr/>						
Transgender	No	not available	not available	0.00%	0.00%	0.00%
	Yes	not available	not available	0.00%	0.00%	0.00%
	Not Recorded	not available	not available	100.00%	100.00%	100.00%
	Grand Total	not available	not available	100.00%	100.00%	100.00%

Appraisal Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% of all Appraisals Completed for Eligible Staff
Gender	Female	52.00%	77.37%	71.93%
	Male	48.00%	22.63%	71.90%
	Not Recorded	0.00%	0.00%	0
	Total	100.00%	100.00%	71.92%
Disability	No	not available	77.56%	71.70%
	Yes	not available	3.89%	69.79%
	Not Recorded	not available	18.55%	73.19%
	Total	not available	100.00%	71.92%
Ethnic Origin	BME	14.70%	11.18%	74.52%
	White	85.60%	87.17%	71.53%
	Not Recorded	0.00%	1.65%	78.95%
	Total	100.00%	100.00%	71.92%
Religious Belief	Christianity	56.40%	46.34%	71.71%
	Islam	6.30%	1.98%	69.54%
	No Religious Belief	28.40%	18.56%	70.87%
	Other	2.60%	10.02%	71.01%
	Not Recorded	6.30%	23.10%	73.62%
	Total	100.00%	100.00%	71.92%
Age	16-29	29.05%	18.60%	71.30%
	30-59	36.05%	71.43%	72.06%
	60+	8.68%	9.88%	71.84%
	Not Recorded	0.00%	0.09%	0
	Total	73.78%	100.00%	71.92%
Sexual Orientation	Heterosexual	not available	78.13%	71.44%
	LGB	not available	3.46%	71.62%
	Not Recorded	not available	18.40%	73.86%
	Total	not available	100.00%	71.92%

Harassment & Grievance Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% of staff in post reporting Harassment	% of staff in post registering a Grievance
Gender	Female	52.00%	77.37%	0.08%	0.15%
	Male	48.00%	22.63%	0.05%	0.11%
	Not Recorded	0.00%	0.00%	0.00%	0.00%
	Total	100.00%	100.00%	0.09%	0.17%
Disability	No	not available	77.56%	0.08%	0.12%
	Yes	not available	3.89%	0.00%	0.32%
	Not Recorded	not available	18.55%	0.07%	0.20%
	Total	not available	100.00%	0.09%	0.17%
Ethnic Origin	BME	14.70%	11.18%	0.11%	0.11%
	White	85.60%	87.17%	0.07%	0.14%
	Not Recorded	0.00%	1.65%	0.00%	0.38%
	Total	100.00%	100.00%	0.09%	0.17%
Religious Belief	Christianity	56.40%	46.34%	0.08%	0.13%
	Islam	6.30%	1.98%	0.00%	0.00%
	No Religious Belief	28.40%	18.56%	0.00%	0.13%
	Other	2.60%	10.02%	0.25%	0.06%
	Not Recorded	6.30%	23.10%	0.05%	0.21%
Total	100.00%	100.00%	0.09%	0.17%	
Age	16-29	29.05%	18.60%	0.07%	0.07%
	30-59	36.05%	71.43%	0.08%	0.16%
	60+	8.68%	9.88%	0.06%	0.19%
	Not Recorded	0.00%	0.09%	0.00%	0.00%
	Total	73.78%	100.00%	0.09%	0.17%
Sexual Orientation	Heterosexual	not available	78.13%	0.09%	0.14%
	LGB	not available	3.46%	0.00%	0.18%
	Not Recorded	not available	18.40%	0.03%	0.13%
	Total	not available	100.00%	0.09%	0.17%

Flexible Working Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% of all Requests Accepted by PC	% of all Requests Rejected by PC	Total % of all Applications by PC
Gender	Female	52.00%	77.37%	6.76%	0.05%	6.81%
	Male	48.00%	22.63%	3.01%	0.08%	3.09%
	Not Recorded	0.00%	0.00%	0.00%	0.00%	0.00%
	Total	100.00%	100.00%	5.91%	0.06%	5.97%
Disability	No	not available	77.56%	6.29%	0.06%	6.35%
	Yes	not available	3.89%	5.09%	0.16%	5.25%
	Not Recorded	not available	18.55%	4.51%	0.03%	4.54%
	Total	not available	100.00%	5.91%	0.06%	5.97%
Ethnic Origin	BME	14.70%	11.18%	3.27%	0.06%	3.32%
	White	85.60%	87.17%	6.32%	0.06%	6.37%
	Not Recorded	0.00%	1.65%	2.64%	0.00%	2.64%
	Total	100.00%	100.00%	5.91%	0.06%	5.97%
Religious Belief	Christianity	56.40%	46.34%	6.32%	0.07%	6.39%
	Islam	6.30%	1.98%	1.88%	0.00%	1.88%
	No Religious Belief	28.40%	18.56%	6.07%	0.03%	6.11%
	Other	2.60%	10.02%	6.80%	0.12%	6.92%
	Total	100.00%	100.00%	5.91%	0.06%	5.97%
Age	16-29	29.05%	18.60%	4.99%	0.03%	5.03%
	30-59	36.05%	71.43%	6.16%	0.07%	6.22%
	60+	8.68%	9.88%	5.89%	0.00%	5.89%
	Not Recorded	0.00%	0.09%	0.00%	0.00%	0.00%
	Total	73.78%	100.00%	5.91%	0.06%	5.96%
Sexual Orientation	Heterosexual	not available	78.13%	6.18%	0.06%	6.24%
	LGB	not available	3.46%	5.90%	0.18%	6.08%
	Not Recorded	not available	18.40%	4.78%	0.03%	4.81%
	Total	not available	100.00%	5.91%	0.06%	5.97%

Disciplinary & Capability Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% of all Disciplinary Cases by staff in post	% of all Capability Cases (No Underlying Health Reason)	% of all Capability Cases (Underlying Health Reason)
Gender	Female	52.00%	77.37%	0.21%	0.02%	0.25%
	Male	48.00%	22.63%	0.74%	0.25%	0.16%
	Not Recorded	0.00%	0.00%	0.00%	0.00%	0.00%
	Total	100.00%	100.00%	0.33%	0.07%	0.23%
Disability	No	not available	77.56%	0.27%	0.06%	0.19%
	Yes	not available	3.89%	0.48%	0.00%	0.64%
	Not Recorded	not available	18.55%	0.53%	0.13%	0.03%
	Total	not available	100.00%	0.33%	0.07%	0.23%
Ethnic Origin	BME	14.70%	11.18%	0.17%	0.00%	0.00%
	White	85.60%	87.17%	0.35%	0.08%	0.26%
	Not Recorded	0.00%	1.65%	0.38%	0.00%	0.00%
	Total	100.00%	100.00%	0.33%	0.07%	0.23%
Religious Belief	Christianity	56.40%	46.34%	0.31%	0.08%	0.01%
	Islam	6.30%	1.98%	0.00%	0.00%	0.00%
	No Religious Belief	28.40%	18.56%	0.33%	0.00%	0.03%
	Other	2.60%	10.02%	0.25%	0.00%	0.12%
	Total	100.00%	100.00%	0.33%	0.07%	0.23%
Age	16-29	29.05%	18.60%	0.47%	0.00%	0.07%
	30-59	36.05%	71.43%	0.29%	0.10%	0.15%
	60+	8.68%	9.88%	0.31%	0.00%	1.13%
	Not Recorded	0.00%	0.09%	0.00%	0.00%	0.00%
	Total	73.78%	100.00%	0.33%	0.07%	0.23%
Sexual Orientation	Heterosexual	not available	78.13%	0.29%	0.06%	0.20%
	LGB	not available	3.46%	0.18%	0.00%	0.00%
	Not Recorded	not available	18.40%	0.54%	0.13%	0.00%
	Total	not available	100.00%	0.33%	0.07%	0.23%

Leaver Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% of all Resignations	% of all Fixed Term Contracts	% of all Retirements	% of all Flexi Retirements	% of all Other	% Total Leavers
Gender	Female	52.00%	77.37%	5.63%	1.87%	1.29%	0.76%	0.23%	9.79%
	Male	48.00%	22.63%	6.29%	2.68%	1.34%	0.55%	0.47%	11.33%
	Not Recorded	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total	100.00%	100.00%	5.78%	2.06%	1.30%	0.71%	0.28%	10.14%
Disability	No	not available	77.56%	6.62%	2.40%	0.73%	0.39%	0.22%	10.36%
	Yes	not available	3.89%	6.20%	2.38%	0.48%	0.79%	0.95%	10.81%
	Not Recorded	not available	18.55%	2.20%	0.53%	3.84%	2.04%	0.43%	9.05%
	Total	not available	100.00%	5.78%	2.06%	1.30%	0.71%	0.28%	10.14%
Ethnic Origin	BME	14.70%	11.18%	5.98%	3.05%	0.33%	0.17%	0.17%	9.70%
	White	85.60%	87.17%	5.72%	1.91%	1.39%	0.78%	0.28%	10.08%
	Not Recorded	0.00%	1.65%	7.55%	3.02%	3.40%	0.75%	1.13%	15.85%
	Total	100.00%	100.00%	5.78%	2.06%	1.30%	0.71%	0.28%	10.14%
Religious Belief	Christianity	56.40%	46.34%	5.77%	1.76%	1.18%	0.68%	0.20%	9.60%
	Islam	6.30%	1.98%	7.19%	7.19%	0.31%	0.00%	0.31%	15.00%
	No Religious Belief	28.40%	18.56%	7.01%	3.74%	0.23%	0.23%	0.30%	11.51%
	Other	2.60%	10.02%	7.54%	1.73%	0.56%	0.31%	0.37%	10.51%
	Not Recorded	6.30%	23.10%	3.94%	0.99%	2.82%	1.39%	0.40%	9.54%
	Total	100.00%	100.00%	5.78%	2.06%	1.30%	0.71%	0.28%	10.14%
Age	16-29	29.05%	18.60%	12.02%	6.09%	0.00%	0.00%	0.17%	18.28%
	30-59	36.05%	71.43%	4.55%	1.16%	0.58%	0.62%	0.23%	7.15%
	60+	8.68%	9.88%	3.01%	0.94%	8.96%	2.69%	0.88%	16.48%
	Not Recorded	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total	73.78%	100.00%	5.78%	2.06%	1.30%	0.71%	0.28%	10.14%
Sexual Orientation	Heterosexual	not available	78.13%	6.34%	2.35%	0.78%	0.52%	0.25%	10.26%
	LGB	not available	3.46%	9.12%	2.86%	0.18%	0.18%	0.18%	12.52%
	Not Recorded	not available	18.40%	2.79%	0.64%	3.70%	1.62%	0.44%	9.19%
	Total	not available	100.00%	5.78%	2.06%	1.30%	0.71%	0.28%	10.14%

Full & Part Time Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% of part time staff
Gender	Female	52.00%	77.37%	44.13%
	Male	48.00%	22.63%	16.36%
	Not Recorded	0.00%	0.00%	0.00%
	Total	100.00%	100.00%	37.84%
Disability	No	not available	77.56%	34.80%
	Yes	not available	3.89%	32.59%
	Not Recorded	not available	18.55%	51.64%
	Total	not available	100.00%	37.84%
Ethnic Origin	BME	14.70%	11.18%	20.89%
	White	85.60%	87.17%	40.02%
	Not Recorded	0.00%	1.65%	37.74%
	Total	100.00%	100.00%	37.85%
Religious Belief	Christianity	56.40%	46.34%	38.23%
	Islam	6.30%	1.98%	24.69%
	No Religious Belief	28.40%	18.56%	27.43%
	Other	2.60%	10.02%	38.13%
	Not Recorded	6.30%	23.10%	46.41%
	Total	100.00%	100.00%	37.85%
Age	16-29	29.05%	18.60%	17.14%
	30-59	36.05%	71.43%	39.33%
	60+	8.68%	9.88%	65.79%
	Not Recorded	0.00%	0.09%	0.00%
	Total	73.78%	100.00%	37.85%
Sexual Orientation	Heterosexual	not available	78.13%	36.02%
	LGB	not available	3.46%	21.82%
	Not Recorded	not available	18.40%	48.57%
	Total	not available	100.00%	37.84%

Maternity, Paternity & Adoption Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% taking Adoption Leave	% taking Maternity Leave	% taking Paternity Leave (Adoption)	% taking Paternity Leave (Birth)	% taking Shared Parental Leave (Birth)
Gender	Female	52.00%	77.37%	83.33%	100.00%	100.00%	6.06%	33.33%
	Male	48.00%	22.63%	16.67%	0.00%	0.00%	93.94%	66.67%
	Not Recorded	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Disability	No	not available	77.56%	83.33%	94.64%	100.00%	90.91%	100.00%
	Yes	not available	3.89%	8.33%	3.79%	0.00%	3.03%	0.00%
	Not Recorded	not available	18.55%	8.33%	1.58%	0.00%	6.06%	0.00%
	Grand Total	not available	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Ethnic Origin	BME	14.70%	11.18%	0.00%	8.83%	0.00%	21.21%	0.00%
	White	85.60%	87.17%	100.00%	90.64%	100.00%	77.27%	100.00%
	Not Recorded	0.00%	1.65%	0.00%	0.53%	0.00%	1.52%	0.00%
	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Religious Belief	Christianity	56.40%	46.34%	66.67%	50.37%	100.00%	42.42%	0.00%
	Islam	6.30%	1.98%	0.00%	2.42%	0.00%	10.61%	0.00%
	No Religious Belief	28.40%	18.56%	33.33%	24.08%	0.00%	21.21%	50.00%
	Other	2.60%	10.02%	0.00%	13.25%	0.00%	9.09%	33.33%
	Not Recorded	6.30%	23.10%	0.00%	9.88%	0.00%	16.67%	16.67%
	Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Age	16-29	29.05%	18.60%	8.33%	24.82%	0.00%	12.12%	0.00%
	30-59	36.05%	71.43%	91.67%	75.18%	100.00%	87.88%	100.00%
	60+	8.68%	9.88%	0.00%	0.00%	0.00%	0.00%	0.00%
	Not Recorded	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%
	Grand Total	73.78%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Sexual Orientation	Heterosexual	not available	78.13%	75.00%	96.95%	0.00%	84.85%	83.33%
	LGB	not available	3.46%	25.00%	0.84%	100.00%	4.55%	16.67%
	Not Recorded	not available	18.40%	0.00%	2.21%	0.00%	10.61%	0.00%
	Grand Total	not available	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Personal Development Training Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% Received Training
Gender	Female	52.00%	77.37%	78.06%
	Male	48.00%	22.63%	21.94%
	Not Recorded	0.00%	0.00%	0.00%
	Grand Total	100.00%	100.00%	100.00%
Disability	No	not available	77.56%	86.79%
	Yes	not available	3.89%	4.70%
	Not Recorded	not available	18.55%	8.51%
	Grand Total	not available	100.00%	100.00%
Ethnic Origin	BME	14.70%	11.18%	9.15%
	White	85.60%	87.17%	89.17%
	Not Recorded	0.00%	1.65%	1.68%
	Grand Total	100.00%	100.00%	100.00%
Religious Belief	Christianity	56.40%	46.34%	47.24%
	Islam	6.30%	1.98%	1.74%
	No Religious Belief	28.40%	18.56%	25.94%
	Other	2.60%	10.02%	9.92%
	Not Recorded	6.30%	23.10%	15.17%
	Grand Total	100.00%	100.00%	100.00%
Age	16-29	29.05%	18.60%	17.56%
	30-59	36.05%	71.43%	78.56%
	60+	8.68%	9.88%	3.88%
	Not Recorded	0.00%	0.09%	0.00%
	Grand Total	73.78%	100.00%	100.00%
Sexual Orientation	Heterosexual	not available	78.13%	86.15%
	LGB	not available	3.46%	5.22%
	Not Recorded	not available	18.40%	8.64%
	Grand Total	not available	100.00%	100.00%

Recruitment & Selection Training Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% Received Training
Gender	Female	52.00%	77.37%	79.41%
	Male	48.00%	22.63%	20.34%
	Not Recorded	0.00%	0.00%	0.00%
	Grand Total	100.00%	100.00%	99.75%
Disability	No	not available	77.56%	87.75%
	Yes	not available	3.89%	3.43%
	Not Recorded	not available	18.55%	8.58%
	Grand Total	not available	100.00%	99.75%
Ethnic Origin	BME	14.70%	11.18%	10.29%
	White	85.60%	87.17%	88.97%
	Not Recorded	0.00%	1.65%	0.49%
	Grand Total	100.00%	100.00%	99.75%
Religious Belief	Christianity	56.40%	46.34%	48.28%
	Islam	6.30%	1.98%	1.72%
	No Religious Belief	28.40%	18.56%	25.49%
	Other	2.60%	10.02%	11.76%
	Not Recorded	6.30%	23.10%	12.50%
	Grand Total	100.00%	100.00%	99.75%
Age	16-29	29.05%	18.60%	12.25%
	30-59	36.05%	71.43%	85.78%
	60+	8.68%	9.88%	1.72%
	Not Recorded	0.00%	0.09%	0.00%
	Grand Total	73.78%	100.00%	99.75%
Sexual Orientation	Heterosexual	not available	78.13%	89.71%
	LGB	not available	3.46%	3.43%
	Not Recorded	not available	18.40%	6.62%
	Grand Total	not available	100.00%	99.75%

Probation Dismissal Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	% dismissed within 9 months
Gender	Female	52.00%	77.37%	0.00%
	Male	48.00%	22.63%	0.00%
	Not Recorded	0.00%	0.00%	0.00%
	Total	100.00%	100.00%	0.00%
Disability	No	not available	77.56%	0.00%
	Yes	not available	3.89%	0.00%
	Not Recorded	not available	18.55%	0.00%
	Total	not available	100.00%	0.00%
Ethnic Origin	BME	14.70%	11.18%	0.00%
	White	85.60%	87.17%	0.00%
	Not Recorded	0.00%	1.65%	0.00%
	Total	100.00%	100.00%	0.00%
Religious Belief	Christianity	56.40%	46.34%	0.00%
	Islam	6.30%	1.98%	0.00%
	No Religious Belief	28.40%	18.56%	0.00%
	Other	2.60%	10.02%	0.00%
	Not Recorded	6.30%	23.10%	0.00%
	Total	100.00%	100.00%	0.00%
Age	16-29	29.05%	18.60%	0.00%
	30-59	36.05%	71.43%	0.00%
	60+	8.68%	9.88%	0.00%
	Not Recorded	0.00%	0.09%	0.00%
	Total	73.78%	100.00%	0.00%
Sexual Orientation	Heterosexual	not available	78.13%	0.00%
	LGB	not available	3.46%	0.00%
	Not Recorded	not available	18.40%	0.00%
	Total	not available	100.00%	0.00%

Pay Grade Figures by Protected Characteristic - April 2021 to March 2022

Protected Characteristic		% Census Data	% Staff in Post	1	2	3	4	5	6	7	8a	8b	8c	8d	9	Ad-Hoc	VSM	Consultant	Foundation	Non-Consultant	Trust Grade
Gender	Female	52.00%	77.37%	0.02%	15.44%	7.81%	6.58%	20.40%	12.32%	8.22%	2.01%	0.68%	0.35%	0.08%	0.01%	0.06%	0.04%	2.23%	0.11%	0.41%	0.51%
	Male	48.00%	22.63%	0.02%	5.24%	1.98%	1.59%	3.31%	2.57%	1.93%	0.69%	0.39%	0.22%	0.06%	0.00%	0.11%	0.05%	3.34%	0.04%	0.28%	0.76%
	Not Recorded	0.00%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	100.00%	100.00%	0.04%	20.68%	9.79%	8.17%	23.70%	14.89%	10.15%	2.69%	1.05%	0.57%	0.14%	0.01%	0.17%	0.09%	5.57%	0.15%	0.70%	1.27%
Disability	No	not available	77.56%	0.00%	15.70%	6.87%	5.83%	19.07%	12.22%	8.01%	2.23%	0.87%	0.45%	0.10%	0.00%	0.15%	0.07%	4.00%	0.12%	0.52%	1.20%
	Yes	not available	3.89%	0.02%	1.10%	0.41%	0.30%	1.10%	0.52%	0.27%	0.06%	0.02%	0.01%	0.00%	0.00%	0.00%	0.00%	0.04%	0.01%	0.00%	0.03%
	Not Recorded	not available	18.55%	0.02%	3.88%	2.51%	2.04%	3.54%	2.14%	1.88%	0.40%	0.15%	0.11%	0.04%	0.01%	0.02%	0.02%	1.52%	0.02%	0.18%	0.04%
	Total	not available	100.00%	0.04%	20.68%	9.79%	8.17%	23.71%	14.89%	10.15%	2.69%	1.05%	0.57%	0.14%	0.01%	0.17%	0.09%	5.57%	0.15%	0.70%	1.27%
Ethnic Origin	BME	14.70%	11.18%	0.00%	1.80%	0.60%	0.56%	4.52%	1.00%	0.41%	0.14%	0.01%	0.00%	0.01%	0.01%	0.01%	0.00%	1.24%	0.05%	0.21%	0.59%
	White	85.60%	87.17%	0.04%	18.60%	9.00%	7.48%	18.86%	13.61%	9.57%	2.51%	1.02%	0.56%	0.12%	0.01%	0.15%	0.09%	4.21%	0.07%	0.48%	0.64%
	Not Recorded	0.00%	1.65%	0.00%	0.28%	0.19%	0.13%	0.32%	0.28%	0.16%	0.04%	0.02%	0.01%	0.01%	0.00%	0.01%	0.01%	0.12%	0.02%	0.01%	0.03%
	Total	100.00%	100.00%	0.04%	20.68%	9.79%	8.17%	23.71%	14.89%	10.15%	2.69%	1.05%	0.57%	0.14%	0.01%	0.17%	0.09%	5.57%	0.15%	0.70%	1.26%
Religious Belief	Christianity	56.40%	46.34%	0.02%	9.01%	4.37%	3.38%	12.00%	7.36%	5.36%	1.28%	0.50%	0.30%	0.03%	0.01%	0.04%	0.06%	1.88%	0.06%	0.28%	0.34%
	Islam	6.30%	1.98%	0.00%	0.35%	0.12%	0.15%	0.38%	0.14%	0.11%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.32%	0.02%	0.06%	0.30%
	No Religious Belief	28.40%	18.56%	0.00%	3.33%	1.42%	1.42%	4.82%	3.20%	1.94%	0.61%	0.19%	0.09%	0.04%	0.00%	0.04%	0.02%	0.97%	0.03%	0.09%	0.32%
	Other	2.60%	10.02%	0.01%	2.72%	1.04%	0.97%	2.13%	1.26%	0.72%	0.25%	0.10%	0.02%	0.01%	0.00%	0.02%	0.00%	0.51%	0.01%	0.07%	0.19%
	Not Recorded	6.30%	23.10%	0.01%	5.27%	2.84%	2.25%	4.38%	2.94%	2.03%	0.54%	0.27%	0.15%	0.06%	0.00%	0.07%	0.02%	1.89%	0.03%	0.19%	0.12%
	Total	100.00%	100.00%	0.04%	20.68%	9.79%	8.17%	23.71%	14.89%	10.15%	2.69%	1.05%	0.57%	0.14%	0.01%	0.17%	0.09%	5.57%	0.15%	0.70%	1.27%
Age	18-29	29.05%	18.60%	0.02%	4.44%	1.38%	1.54%	7.51%	2.31%	0.71%	0.07%	0.02%	0.01%	0.00%	0.00%	0.06%	0.00%	0.00%	0.14%	0.04%	0.37%
	30-59	36.05%	71.43%	0.02%	12.61%	6.76%	5.95%	14.60%	11.70%	8.76%	2.55%	1.00%	0.53%	0.12%	0.01%	0.10%	0.09%	5.08%	0.01%	0.59%	0.90%
	60+	8.68%	9.88%	0.01%	3.61%	1.65%	0.69%	1.59%	0.88%	0.69%	0.07%	0.03%	0.04%	0.02%	0.00%	0.01%	0.01%	0.49%	0.00%	0.07%	0.00%
	Not Recorded	0.00%	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total	73.78%	100.00%	0.04%	20.66%	9.79%	8.17%	23.70%	14.89%	10.16%	2.70%	1.05%	0.57%	0.14%	0.01%	0.17%	0.09%	5.57%	0.15%	0.70%	1.27%
Sexual Orientation	Heterosexual	not available	78.13%	0.02%	15.82%	7.28%	5.95%	19.13%	12.40%	8.15%	2.25%	0.82%	0.42%	0.09%	0.01%	0.11%	0.06%	3.74%	0.12%	0.50%	1.15%
	LGB	not available	3.46%	0.01%	0.75%	0.25%	0.27%	0.97%	0.51%	0.37%	0.10%	0.03%	0.01%	0.00%	0.00%	0.00%	0.01%	0.11%	0.01%	0.02%	0.04%
	Not Recorded	not available	18.40%	0.01%	4.11%	2.26%	1.96%	3.60%	1.98%	1.63%	0.34%	0.20%	0.14%	0.04%	0.00%	0.07%	0.02%	1.72%	0.02%	0.19%	0.07%
	Total	not available	100.00%	0.04%	20.68%	9.79%	8.17%	23.71%	14.89%	10.15%	2.69%	1.05%	0.57%	0.14%	0.01%	0.17%	0.09%	5.57%	0.15%	0.70%	1.27%

Ad hoc = Student placements & other non VSM Ad Hoc Payscale e.g. Apprentice

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	29 September 2022						
Title	Gender Pay Gap Report 2022/23						
Report of	Dee Fawcett, Director of HR						
Prepared by	Karen Pearce, Head of EDI (People)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Summary	<p>This report shows the Trust’s gender pay and bonus payments position for period up to 31 March 2022.</p> <p>The gaps in gender pay and gender bonus payments have decreased.</p> <p>Proportionally, significantly more male staff continue to be in receipt of bonus compared to females. The difference in the mean and median bonus payments is strongly influenced by the pay and gender make-up of the medical and dental staff group but work recently undertaken to improve female representation in Clinical Excellence Awards (CEA’s) has shown encouraging results.</p>						
Recommendation	The Board is asked to note the content of this report and endorse publication on the Trust and government website.						
Links to Strategic Objectives	PEOPLE: Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Outlined in the report.						
Reports previously considered by	It is a requirement of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 for the Trust to produce and publish this report annually.						

GENDER PAY REPORT 2022/23

EXECUTIVE SUMMARY

Gender pay reporting is about showing the difference in average pay and bonus payments between male and female staff. This report shows the Trust's position in the pay period up to 31 March 2022. The report has been produced prior to the reporting deadline to ensure the Trust can be responsive to the challenges.

- The mean gender pay gap has decreased by 2.53 %. The median gender pay gap has decreased by 2.35%.
- The mean bonus gap has increased by 10.74% and the median bonus pay gap has decreased by 75.9% to zero. The median bonus gaps has been untypically affected following the provision of the local covid 'thank you' bonus received by all staff (excluding the Board) in December 2021. If the 'thank you' bonus is excluded the mean would be 77.24% and the median 90.78%

Mean values are more sensitive than median values to outliers (i.e., abnormally high, or low values).

Where staff are in receipt of a bonus payment on the relevant date these payments are also factored into the calculation of hourly rates of pay. Clinical Excellence Award (CEA) payments impact the gender pay gap and the gender bonus gap.

Clinical Excellence Awards

A revised Local Clinical Excellence Awards Scheme (LCEAs) Scheme was implemented covering the period 2018-2020. It underpins the Trust's ambition to be 'outstanding' and to take positive action to ensure the opportunities for recognition and reward are open to all.

In the light of the COVID pandemic, national guidance confirmed that an agreement had been reached between NHS Employers, the British Medical Association (BMA), the Hospital Doctors' Union (HCSA), NHSE England/Improvement (NHSE/I) and the Department of Health and Social Care (DHSC) to halt the 2020 LCEA round and the existing funding, including any money from award rounds not yet run or completed, to be distributed equally among eligible consultants as a one-off, non-consolidated, non-pensionable payment.

NHS Employers indicated that trusts could vary this approach and run a standard awards round if they agreed it with their Local Negotiating Committee (LNC). This Committee supported the Trust's preferred option of rolling up into one the two outstanding award rounds (2018 and 2019) and the current award round (2020). This was launched in December 2020:

- 676 consultants were eligible to apply, and 264 applications were received (39.05%). This compares to 34.65% of eligible consultants applying in the previous round.

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- In this round 38.64% of applicants were female (36.04% of eligible staff were female) against the previous round where 32.81% of applicants were female (28.64% of eligible staff were female).
- For information, CEAs, or distinction awards cease to be payable when staff retire and return to work and are not reinstated after retirement.
- National awards are awarded for 5 years before they are subject to reassessment and a demonstration of ongoing activity is required to maintain the awards.
- Outcomes from 2018 onwards (awarded 2022) have shown a positive position regarding gender and ethnicity.
- Of note, it is a requirement that the next LCEA round must equally distribute the funding available to all eligible Consultants.

Gender Pay Gap

- The mean hourly pay gap has reduced by 2.53%.
- The median hourly pay rate gap has reduced by 2.35%.
- 21.94% (1,735) of all staff in the lower and lower middle quartiles are male. This is an increase from 21.43% last year.
- 32% of staff in the upper quartile are male and increase of 1% from last year, with 34.69% (1879) of the male workforce residing in the upper quartile a slight increase from last year where 34.41% (1925) were within the upper quartile.
- Quartiles - the highest variance remains in the upper middle quartile where 16% of staff are male and 84% are female; the lowest remains the upper quartile where 32% of staff are male and 68% are female.

Gender Bonus Gap

- In December 2021, all staff (excluding the Board) received a covid 'thank you' bonus which must be included within the figures as at March 2022. This was a one-off bonus that distorts our reporting as at March 2022.
- Work undertaken to refresh the employer-based awards committee (EBAC) to better represent the diversity of the consultant body has achieved a positive result.
- For the period between 2018 – 2020 female staff had an equal likelihood of receiving an award and an equality likelihood if not more likely of applying for a LCEA.
- 71% (181) of males are in receipt of CEA's compared to only 29% of females.
- Males are significantly more represented in the higher CEA award categories attracting higher award values.
- The difference in the mean and median bonus payments remains strongly influenced by the pay and gender make-up of the medical and dental staff group.

An action plan to address the pay and bonus gap is in place. The Trust's Gender Pay Gap data must be published by 30 March 2023.

GENDER PAY GAP REPORT 2022/23

1. INTRODUCTION

The Trust has been required to report and publish specific details about its gender pay since 2017.

The report must show:

- Mean and median gender pay gaps;
- Mean and median gender bonus gaps;
- Proportion of males and females who received bonus; and
- Proportion of males and females in each pay quartile.

The gender pay gap measures the difference between the pay rates of all male and female staff across the Trust irrespective of their role and seniority. It should not be confused with equal pay where males and females performing similar roles or work of equal value must be paid equally. Under the Equality Act 2010 it is unlawful to pay people unequally because they are male or female.

The Trust is committed to ensuring our workforce is representative of the community it serves. We aim to attract and retain talented staff from a wide range of backgrounds and with diverse skills and experience to operate in a workplace which is underpinned by #FlourishAtNewcastleHospitals – our cornerstone programme to enable all staff to liberate their potential. We regularly publish information on the wider diversity of our workforce, including the Trust's Annual Report and Accounts, Public Sector Equality Duty report, Workforce Race Equality Standard report, and Workforce Disability Equality Standard report.

2. OUR COMMITMENT TO EQUALITY, DIVERSITY, AND INCLUSION

Our aim is to be the recognised employer and educator of choice in the Northeast and to enable all staff to liberate their potential. Our organisation supports people from different backgrounds, with different perspectives and different ways of working to succeed and help us provide the best possible service to our patients.

We are committed to advancing equality, recognising diversity, and promoting social inclusion. We recognise our responsibility to provide equal opportunities, eliminate discrimination and foster good relations in our activities as an employer, service provider and partner. The measures we will take are set out in our local People Plan.

Salaries within the Trust for staff employed on Agenda for Change are determined through the NHS Job Evaluation Handbook and the NHS Terms and Conditions of Service Handbook (Agenda for Change). Salaries for Medical and Dental Staff are in accordance with NHS terms and conditions of service for this staff group.

Staff undertaking the same job are paid the same irrespective of gender.

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In 2020 the Appointments and Remuneration Committee took positive action to ensure the opportunities for recognition and reward were open to all in relation to Local Clinical Excellence Awards (LCEA's), this was retrospectively applied to 2018 and we have seen positive results in relation to both gender and ethnicity.

Newcastle Hospitals is an equal pay employer.

3. DECLARATION

I confirm this report is accurate to the best of my knowledge and belief. It reflects a snapshot of our organisation on 31 March 2022. We have a number of actions in place which are intended to address our gender pay gap. We will publish our data by 30 March 2023.

Signed:

Name: Dame Jackie Daniel

Designation: Chief Executive

Date: September 2022

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4. OUR GENDER PAY GAP DATA

4.1 Gender profile

Profile	Male 2022	Female 2022	Male 2021	Female 2021	Male 2020	Female 2020
All staff	22.59%	77.41%	22%	78%	22%	78%
All staff except M&D	17.96%	73.72%	17%	74%	17%	74%
M&D only	4.63%	3.69%	5.2%	3.9%	5.2%	3.9%

The Trust has a predominantly female workforce.

4.2 Gender pay

Profile	Male 2022	Female 2022	Pay Gap 2022	Male 2021	Female 2021	Pay Gap 2021	Male 2020	Female 2020	Pay Gap 2020
Mean hourly pay rate (all staff)	£22.29	£17.30	22.38%	£21.49	£16.13	24.91%	£20.92	£15.64	25.2%
Median hourly pay rate (all staff)	£16.39	£15.12	1.65%	£15.56	£14.93	4.0%	£15.14	£14.34	5.3%

Male staff are paid more than females although;

- The mean hourly pay gap has reduced by 2.53%; and
- The median hourly pay rate gap has reduced by 2.35%.

The Trust's overall mean gender pay gap is strongly influenced by the pay and gender make-up of the medical and dental staff group. This group is predominantly male and their higher pay relative to other staff increases the level of male average pay compared to females.

Medical and Dental Gender Pay Gap

Profile	Male 2021	Female 2021	Pay Gap 2021	Male 2022	Female 2022	Pay Gap 2022
Mean hourly pay rate	45.0138	39.0771	13%	47.7262	43.0597	10%
Median hourly pay rate	45.3763	42.6258	6%	46.9881	45.6137	3%

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Agenda for Change Gender Pay Gap

Profile	Male 2021	Female 2021	Pay Gap 2021	Male 2022	Female 2022	Pay Gap 2022
Mean hourly pay rate	12.4870	15.4643	24%	15.6820	16.0467	-2%
Median hourly pay rate	12.1139	15.1160	25%	13.9549	15.7519	-13%

4.3 Gender bonus pay

The Trust has four payments classed as bonus for the purposes of gender pay reporting:

- a) Clinical Excellence Awards (CEAs) for medical and dental staff;
- b) Excellence awards for senior staff employed on a Trust senior staff contract;
- c) Discretionary performance-related pay bonus for executive directors/very senior managers (VSM); an
- d) Performance bonus for staff in the pharmacy production unit (PPU).

In December 2021, all staff (excluding the Board) received a covid 'thank you' bonus which is included in the figures as at March 2022. This was a one-off bonus that distorts our reporting.

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Profile	Male 2022	Female 2022	Bonus pay gap 2022	Male 2022 No thank you bonus	Female 2022 No thank you bonus	Bonus pay gap 2022 No thank you bonus	Male 2021	Female 2021	Bonus pay gap 2021
Mean bonus pay	£1,007.88	£205.24	79.64%	£11,809.25	£2,687.77	77.24%	£15,075	£4,721	68.9%
Median bonus pay	£147.05	£147.05	0%	£6,032.04	£556.00	90.78%	£8,225	£1,985	75.9%
Proportion of staff in receipt of bonus	92.41%	94.06%		6.8%	2.1%		6.85%	1.13%	

The mean bonus gap has increased, and median gender bonus gap has decreased compared to last year. Notwithstanding the ‘thank-you’ bonus proportionally, significantly more male staff are in receipt of bonus compared to females.

Agenda for Change Bonus Pay Gap

Profile	Male 2021	Female 2021	Bonus Pay Gap 2021	Male 2022	Female 2022	Bonus Pay Gap 2022
Mean hourly bonus pay rate	926.49	877.44	5.29%	159.67	149.88	6.13%
Median hourly pay rate	1,000.00	1,000.00	0.00%	147.05	147.05	0.00%
Proportion of staff in receipt of bonus	1.02%	0.32%		103.77%	106.14%	

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Medical and Dental Bonus Pay Gap

Profile	Male 2021	Female 2021	Bonus Pay Gap 2021	Male 2022	Female 2022	Bonus Pay Gap 2022
Mean hourly bonus pay rate	£18,542	£8,797	52.56%	4,547.75	1,360.28	70.09%
Median hourly bonus pay rate	12,063.96	5,692.71	52.81%	147.05	147.05	0.00%
Proportion of staff in receipt of bonus	24.38%	12.97%		138.10%	104.84%	

The mean bonus payments remain strongly influenced by the pay and gender make-up of the medical and dental staff group. This group is predominantly male and their higher bonus payments relative to other staff significantly increases the level of male average bonus pay compared to females. Work has been undertaken to improve this position including:

- Actively encouraging female and BME consultant staff to put themselves forward to be members of the employer-based awards committee (EBAC) as these groups had long been under-represented.
- A refreshed EBAC to better represent the diversity of the consultant body.
- Publication of a list of higher award holders to assist potential applicants with application process.
- Sessions conducted by 10 higher award holders to offer advice and guidance - published list available to be approached by potential LCEA applicants for advice and guidance.
- Verification of applications within the directorate required prior to submission.
- A clear instruction that applicants who are less than full time consideration was to be given to their reduced hours and decisions proportionate to this.
- Removal of all personal data was removed prior to scoring.
- All scores and rankings provided to the EBAC remained anonymised.

This year's allocation of CEAs (2018-2020) is included within the calculations:

- 264 applications were received.
- There was an increase in the number of applications from eligible female consultants up from 25.4% in the last round, to 34.01% in this round.
- Applications from eligible male consultants remained broadly similar across the rounds with 36.44% and 36.51% respectively.
- For 2018;
 - 94.25% of male applicants and 92.13% of female applicants were successful.
 - 90.57% of BME applicants and 93.79% of white applicants were successful.

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- For 2019
 - 94.57% of male applicants and 92.91% of female applicants were successful.
 - 90.91% of BME applicants and 94.38% of white applicants were successful.
- For 2020
 - 94.79% of male applicants and 91.72% of female applicants were successful.
 - 90.16% of BME applicants and 93.75% of white applicants were successful.

The number of CEA applications and awards in respect of female consultants has proportionally increased as outlined see table below:

Round	Relative Likelihood of Application	Likelihood of Award
2016	Males 1.3 times greater likelihood	Males 1.3 times greater likelihood
2017	Males 1.2 times greater likelihood	Males 1.2 times greater likelihood
2018	Equal likelihood	Equal likelihood
2019	Males 0.9 less likely	Equal likelihood
2020	Males 0.9 less likely	Equal likelihood

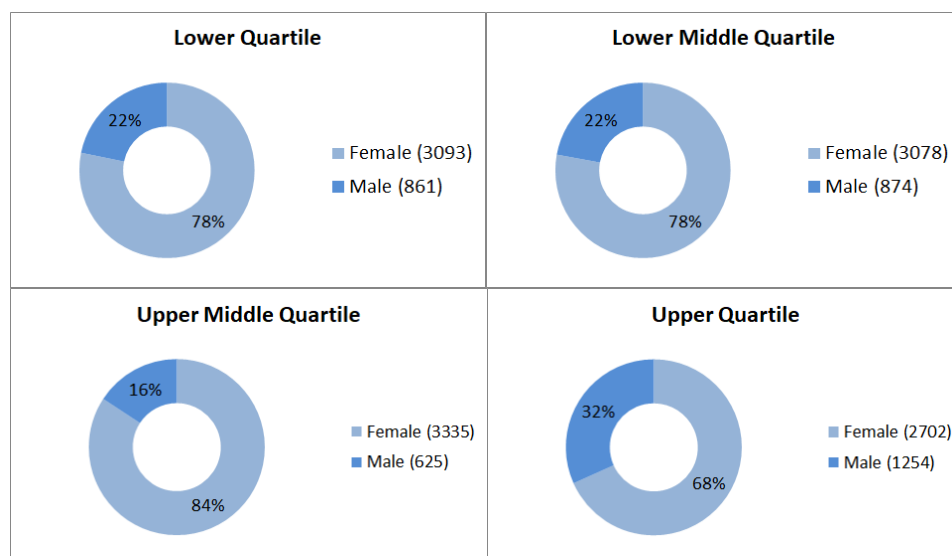
In terms of intersectionality, we have also seen positive results as outlined below:

Round	Relative Likelihood of Application	Likelihood of Award
2016	–BME Males 1 equal likelihood –BME females 1.1 times more likely	–BME Males 0.6 times less likely –BME females 0.6 times less likely
2017	–BME Males 1.2 times more likely –BME Females 1.1 time more likely	–BME Males 0.7 times less likely –BME Females 1.1 time more likely
2018	–BME Males 1.4 times more likely –BME Females 1.1 times more likely	–BME Males 1.0 equal likelihood –BME Females 1.0 equal likelihood
2019	–BME Males 1.3 times more likely –BME Females 1.0 equal likelihood	–BME Males 1.0 equal likelihood –BME Females 1.0 equal likelihood
2020	–BME Males 1.3 times more likely –BME Females 1.0 equal likelihood	–BME Males 1.0 equal likelihood –BME Females 1.0 equal likelihood

Bonus Type 2022	Female	Male	Female	Male
Cash Bonus	77%	23%	12985	3771
Clinical Ex Award PAY NHS	28	72%	71	183
Discretionary Points PAY NHS	75%	25%	3	1
Clinical Ex Award PAY NHS (including discretionary points)	29%	71%	74	184
Performance Pay Payment	100%	0%	1	0
Long Service Awards 25 years	80%	20%	107	26
Long Service Awards 35 years	72%	28%	31	12
Cash Bonus NP PAY NHS 2021	Female	Male	Female	Male
Pharmacy Production Unit	52%	48%	43	40
Excellence Award	60%	40%	35	23
Discretionary Performance Bonus (Exec/VSM)	25%	75%	1	3

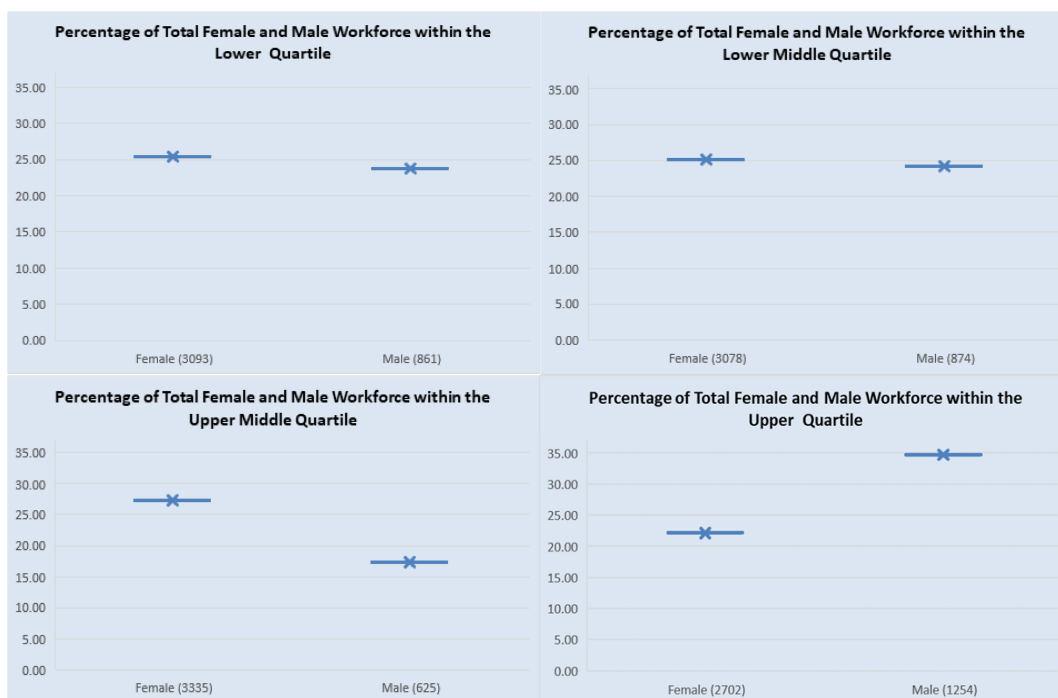
4.4 Pay distribution by quartiles

The data below is achieved by dividing the workforce into four equal parts (quartiles). All staff are ranked from the lowest hourly rate of pay to the highest. The rank order is then divided into four sections with an equal number of staff in each. With a female workforce of 77.15% ideally females should make up 77% per cent of each quartile. Females are under-represented in the upper quartile (68%) and over-represented in the lower, lower middle and upper middle quartiles. This is compounded by the fact that our medical workforce predominantly resides in the upper quartile and there are a higher percentage of males represented in the medical and dental workforce.



The highest variance remains in the upper middle quartile where 16% of staff are male and 84% are female; the lowest remains the upper quartile where 32% of staff are male and 68% are female.

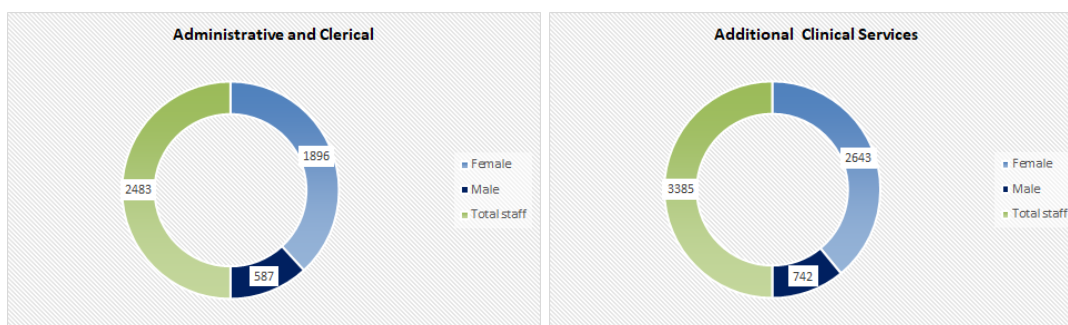
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- 78.05% (6,171) of all staff in the lower and lower middle quartiles are female. This is a positive decrease from 78.6% last year.
- 76.26 (6,037) of all staff in the upper middle and upper pay quartiles are female. This is a positive increase from 75.9% last year.
- 21.94% (1,735) of all staff in the lower and lower middle quartiles are male. This is a negative increase from 21.43% last year.
- 23.73% (1,879) of all staff in the upper middle and upper pay quartiles are male. This is a positive decrease from 24.07% last year.

A key reason for the Trust’s gender pay gap in favour of males is that proportionally more males hold senior positions. 34.70% of the male workforce are in the upper quartile compared to 22.13% of females.

4.5 Gender profile by staff group



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The majority of females are nursing, and midwifery (4,737) followed by additional clinical services (2,643) then admin and clerical (1,896). The majority of males are in additional clinical services (742) followed by medical and dental (725) then admin and clerical (587) and estates and ancillary (582). Management staff are generally included in the admin and clerical staff group.

4.6 Gender profile by pay band/scale as at March 2022

PayScale	Female (Within pay scale)	Male (Within pay scale)
Band 1	53%	47%
Band 2	57%	43%
Band 3	75%	20%
Band 4	80%	19%
Band 5	81%	14%
Band 6	86%	17%
Band 7	83%	19%
Band 8a	81%	26%

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Band 8b	74%	37%
Band 8c	63%	40%
Band 8d	60%	38%
Band 9	63%	0
M&D Consultant	40%	60%
M&D SAS	57%	43%
M&D Trainee	44%	56%

5. ACTIVITIES THAT SUPPORT CLOSING THE GENDER PAY GAP

We undertake a range of activity to ensure our systems and processes and systems attract, retain and support people from all backgrounds. This helps contribute to closing the gender pay gap:

5.1 People Dashboard

- Key to achieving the Trust’s ambition of a representative and inclusive workforce at all levels is to have clear sight of accurate and meaningful data to help monitor progress and inform decisions about priorities.
- A bespoke resource designed entirely in-house to provide top-level analysis of key performance indicators for equality, diversity and inclusion implemented in January 2022.
- Gender is one of five protected characteristics incorporated and areas covered include, representative workforce and leadership, the likelihood of being appointed, career progression and flexible working with an aim of tracking local progress and sharing best practice.
- The dashboard covers disparity ratios by gender which identifies the likelihood of career progression.

5.2 Flexible Working

- Refreshed policy: introduced right to request flexible working from day one of employment; removed limit on number of requests; includes agile working.
- Key principles established to be used at local operational level to enable staff and managers to implement flexible and agile working options.
- A working Flexibly Guide has been created for the intranet and a working flexibly triangle Participated in NHS Flex in the last 12 months.
- Flexible working sessions in August for managers to support new ways of working and be a safe space to ask questions about how to make flexible working happen for the whole team.
- Plans in place to identify how to measure what ‘excellence’ looks like (to ensure we are able to identify what’s changed/improved over time) and refresh general HR advice to support line managers.
- Strategic aim to be most flexible employer in NHS peer group by 2022.

5.3 Recruiting, retaining, and developing a diverse workforce

- Review adverts and job descriptions for 'diversity barriers'.
- Promotion of male employment in female orientated roles i.e., nursing.
- Actions to improve mixed gender selection panels and positive action on panels for posts at band 6 and above to ensure they are ethnically diverse.
- Placement provider for NHS graduate management programme trainees.
- Enabled homeworking for staff who can work from home.
- Promotion of family friendly policies/special leave and carers provisions.
- Implementation of health and carer passports to ease transfer of role across the organisation and the health and care system.
- Building our Trust-wide coaching offer and exploring mentoring options.
- Delivered specific campaigns to recruit for diversity, such as the integrated covid hub northeast (ICHNE).
- Continuing to partner with key external stakeholders to increase diversity (careers service, kickstart, NUFC foundations, refugee organisations) and continuation of the employability programme.

5.4 Progression and career paths

- Delivery of systems-wide leadership development programmes ensuring diversity of participants.
- Undertake an annual talent round to track progression into and within the Trust. This includes a review of diversity.
- Deliver internal talent development programmes across a range of grades and for staff from diverse ethnic backgrounds and staff with a disability.
- Offer a range of apprenticeship programmes from entry to degree level of learning and development.
- Actively review the diversity of leadership development programmes (applications and participants).
- Continue to work with our staff networks on the design and implementation of specific initiatives.

5.5 Performance Management

- Implemented an appraisal policy which includes assessment of performance, behaviours and Equality and Inclusion production of a personal development plan and career conversations.
- Embedded a single system and process of performance appraisal, review and moderation for senior staff employed on a Trust senior staff contract.

6. NEXT STEPS

We have made progression in a number of areas but recognise there is still more to do. We will endeavour to develop a range of activities over the next 12 months to advance gender pay, these include:

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- Providing Directorate level information on; the gender diversity of our workforce, leadership representation, career progressions (disparity ratio's) and flexible working requests/data.
- Exploring how we can better support and promote our vacancies in senior positions to women and organisations that support women.
- Explore the likelihood of being appointed to pay bands featured in the quartiles to understand the barriers in more detail.
- Exploring how we can better support female talent. For example, encourage the next generation of female leaders by establishing an internal task and finish group/staff network to explore how we can better support women into middle and senior management roles.
- Consider a gender staff network.
- Effective communication plan to share flexible working key principles to enable staff and managers engage, consider, and implement flexible and agile working options.
- Identity support for line managers to listen to and enable constructive response to requests.
- Continue the roll out leadership development programmes throughout the Trust to staff in band 6 and below.
- Working with other NHS and partners to learn from best practice and explore opportunities to develop joint activities.
- Review our policy and process to ensure there is no gender bias in the starting salaries and remuneration packages of new employees, including very senior staff, and regularly monitor.
- We are cognisant of the recommendations of the report 'Mind the gap: the independent review into gender pay gaps in medicine' published in December 2020 and the government's announcement that it will establish an implementation panel to help address the structural barriers outlined.

7. CONCLUSION

The gap in our mean and median pay and particularly bonus pay shows there is more work to be done. Whilst we do not consider that we have an equal pay issue, we will continue to take steps to reduce our pay gap and explore best practice.

Karen Pearce
Head of EDI – People

Dee Fawcett
Director of HR

September 2022

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TRUST BOARD

Date of meeting	29 September 2022						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Kelly Jupp, Trust Secretary Lauren Thompson, Governor and Membership Engagement Officer						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Trust’s Board on 28 July 2022:</p> <ul style="list-style-type: none"> • People Committee – 16 August 2022; • Charity Committee – 2 September 2022; • Quality Committee – 20 September 2022; and • Finance Committee – 28 September 2022. 						
Recommendation	The Board of Directors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Regular report.						

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

This report provides an update to the Board on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Board of Directors in July 2022.

UPDATE FROM COMMITTEE CHAIRS

1. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 16 August 2022. During the meeting, the main areas of discussion included:

- A verbal update was received from Staff Side on Trade Union Activity/Partnership Working.
- A detailed update on Equality, Diversity and Inclusion including the Annual Report, Gender Pay Gap Report 2021/22, WRES and WDES reports, and an EDI dashboard demonstration was received.
- The Committee received the Guardian of Safe Working Report.
- A detailed update was received in relation to Education and Workforce Development with a focus on Training which included a Virtual Learning Environment – ‘Learning Lab Demonstration’.
- NHS Staff Survey preparations and an update was received.
- The People dashboard was received and discussed.
- The Assistant Chief Executive provided a verbal update on the Trust Communication Strategy.
- A detailed update was received and discussed on Employment Relations.

The next formal meeting of the Committee will take place on 18 October 2022.

2. CHARITY COMMITTEE

A formal meeting of the Charity Committee took place on 2 September 2022. During the meeting, the main areas of discussion included:

- The Charity Director provided an update including the Charity Conflict of Interest process.
- A discussion took place in relation to the Grant Making Policy.
- A summary of Grants agreed since the last Committee meeting was provided.
- The Committee approved applications which totalled £206,946 and included the following:
 - Winter Programme - Home Ventilation Team;
 - Palliative and End of Life Care Clinical Educator/Facilitator;
 - Inherited Cardiac Conditions Project; and
 - Physicians Associate Preceptorships in partnership with Health Education England.
- A number of finance reports were received, including a summary of investment and the draft Charity Annual Accounts.

The next formal meeting of the Committee will take place on 4 November 2022.

3. QUALITY COMMITTEE

A formal meeting of the Quality Committee took place on 20 September 2022. During the meeting, the main areas of discussion included:

- An update on the Ockenden Report and Maternity Transformation was provided.
- The Director of Quality and Effectiveness provided an update on the Patient Safety Incident Response Framework.
- New and emerging risks were discussed and noted.
- An update was provided in relation to Research.
- The Integrated Quality and Performance Board Reports were received and discussed.
- A Royal College reviews update was received.
- The Committee considered a number of reports including:
 - Safeguarding;
 - Learning Disability;
 - Mortality/Learning from Deaths; and
 - Clinical Negligence Scheme for Trusts (CNST).
- The following management group Quartey reports were received and discussed:
 - Patient Safety Group;
 - Patient Experience & Engagement Group; and
 - Compliance & Assurance Group.
- A detailed Legal update was provided.
- An update was provided on the spotlight on services.

The next formal meeting of the Committee will take place on 15 November 2022.

4. FINANCE COMMITTEE

A formal meeting of the Finance Committee took place on 28 September 2022. During the meeting, the main areas of discussion included:

- The Board Assurance Framework Quarterly Report was received.
- New and emerging risks were discussed and noted.
- An update on the financial position was provided including the following:
 - Cost Improvement Programme Delivery (CIP);
 - Day Treatment Centre; and
 - Activity recovery including month 5 activity update report.
- The month 5 finance report was received and discussed.
- The Director of Estates provided a capital update including a strategy deep dive.
- Tenders and Business Cases were presented for approval.
- The Director of Business, Development and Enterprise provided a Commercial update including reflections and next steps.

The next formal meeting of the Committee will take place on 23 November 2022.

5. RECOMMENDATIONS

Agenda item A8

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

Report of Kelly Jupp, Trust Secretary
Lauren Thompson, Governor and Membership Engagement Officer
21 September 2022

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