The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Public Trust Board of Directors' Meeting

Thursday 24 November 2022, 13:00 – 16.00

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	13.00 – 13.01
2.	Minutes of the Meeting held on 29 September 2022 and Matters Arising	Sir John	Attached	13.01 – 13.05
3.	Chairman's Report	Sir John	Attached	13.05 – 13.15
4.	Chief Executive's Report	Dame Jackie	Attached	13.15 – 13.25
Strategic items:				
5.	Digital People Story	Maurya Cushlow	Attached	13.25 – 13.35
6.	Trust Recovery Programme Update, including end of October Performance Position i) Tier 1 & Tier 2 Elective Recovery Programme	Martin Wilson and Vicky McFarlane-Reid	Attached	13.35 – 13.45
7.	Strategy Update	Vicky McFarlane-Reid	Attached	13.45 – 13.55
8.	Research Update: National Institute for Health and Care Research Clinical Research Network (NIHR CRN) *Caroline Wroe to present*	Vicky McFarlane-Reid/ Andy Welch	Presentation	13.55 – 14.05
9.	Health Inequalities Update	Martin Wilson	Attached/ Presentation	14.05 – 14.15
Business Items:				
10.	Director reports:			
	a. Medical Director; including i) Honorary Consultant Appointments ii) Consultant Appointments	Andy Welch	Verbal & BRP	14.15 – 14.25
	b. Executive Chief Nurse; including i) Nursing & Midwifery Staffing ii) Safeguarding Annual Reports iii) Ockenden Update report	Maurya Cushlow	Attached & BRP	14.25 – 14.35
	c. Director of Quality & Effectiveness; including i) Maternity CNST Report	Angela O'Brien	Attached	14.35 – 14.45

	ii) Learning from Deaths iii) Quality Account Update			*14.45 – 14.50*
	Refreshments break			
	d. Director of Infection Prevention & Control	Julie Samuel	Attached & BRP	14.50 – 15.00
	e. People Report	Dee Fawcett	Attached	15.00 – 15.10
11.	Annual Climate Emergency Update	James Dixon	Attached	15.10 – 15.20

Items to Approve:

12.	Charity Annual Report and Accounts i) Robotic Expansion Grant	Caroline Docking	Attached	15.20 – 15.30

Items to receive and any other business:

13.	Update from Committee Chairs	Committee Chairs	Attached	15.30 – 15.40
14.	Corporate Governance Update including i) Quarterly Declarations – July to September 2022 [FOR APPROVAL]	Caroline Docking	BRP	15.40 – 15.45
15.	Integrated Board Report	Martin Wilson	BRP	15.45 – 15.55
16.	Meeting Action Log	Sir John	BRP	15.55 – 15.57
17.	Any other business	All	Verbal	15.57 – 16.00

Date of next meeting: Thursday 26th January 2023

Professor Sir John Burn, Chairman

Dame Jackie Daniel, Chief Executive Officer

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

Professor Caroline Wroe, Clinical Director of CRN

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

Mr James Dixon, Associate Director of Sustainability and Environment

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 29 SEPTEMBER 2022

Present:	Professor Sir J Burn *[Chair]*	Chairman
	Dame J Daniel	Chief Executive Officer [CEO]
	Mrs M Cushlow	Executive Chief Nurse [ECN]
	Mrs J Bilcliff	Chief Finance Officer [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
	Mrs L Bromley	NED
	Professor D Burn	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 A O'Brien, Director of Quality & Effectiveness [DQE]
Mr Ian Joy, Deputy Chief Nurse [DCN]
Mrs K Jupp, Trust Secretary [TS]
Mrs J Samuel, Director of Infection Prevention and Control [DIPC]
Ms Sarah Turnbull, Senior Nurse for Palliative and End of Life Care

Observers:
Mr S Volpe, Health Reporter
Ms R Adey, Risk Manager, East Kent Hospitals University NHS Foundation Trust
Ms J Street, Director of Operations Bolton NHS FT
Ms O Perfect, Partnerships Executive, Xyla Elective Care

Secretary:	Mrs G Elsender	Corporate Governance Officer and PA to Chairman and Trust Secretary

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

22/27 <u>STANDING ITEMS:</u>

i) <u>Apologies for Absence and Declarations of Interest</u>

Apologies were received from Mr G King, Chief Information Officer (CIO), Ms M Cushlow, Executive Chief Nurse (I Joy deputising), Mr Steven Morgan NED and Mrs P Smith, Associate NED.

The Chairman referred to the declaration of interest made in previous Board meetings in relation to his role as Chairman of QuantuMDx, noting that as testing activity had now ceased within the Integrated COVID Hub North East (ICHNE) then this declaration would no longer be necessary in Board meetings going forwards, but remained on his register of interests

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

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

ii) Minutes of the Meeting held on 28 July 2022 and Matters Arising

The minutes of the meeting were agreed to be an accurate record. JJ highlighted two grammatical errors which were amended.

There were no matters arising from the previous minutes.

ii) Chairman's Report

The Chairman noted key areas of focus since the previous Board meeting drawing particular attention to the two excellent presentations delivered at the members' event on 9 August 2022:

- **The Climate Emergency is a Health Emergency:** Shine Update Presentation by Anna-Lisa Mills, Programme Manager – Sustainability.

- **Re-abling, Recycling, Researching**: Presentation by Odeth Richardson, Head of Service - Occupational Therapy, highlighting the journey of cleaning specific equipment in order to recycle equipment where possible.

The Chairman paid personal thanks to patient Lee Perkins. Lee and his friend Neil, raised funds for the Sir Bobby Robson Foundation and the Northern Centre for Cancer Care to thank the Newcastle Hospitals team raising over £48,000.

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

iii) Chief Executive's Report

The CEO presented her report drawing attention to the following:

- The relentless pressure on medical teams that has continued with unpresented levels of attendance in emergency care. Whilst already dealing with huge a backlog, staff are working hard to discharge patients. This is only possible due to everyone's extraordinary efforts.

- At this month's Trust Management Group, discussion focussed on the plans for maintaining sufficient capacity and flow during what will inevitably be a challenging winter.
- The impact of the economy was noted. Whilst the Trust does not have the ability to change national pay settlements, it was looking to further expand the already significant support provided to staff, especially the lowest paid, during what is a financially difficult time. The 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.

The CEO formally welcomed Mrs Jackie Bilcliff to her first Board meeting. Jackie recently joined the Trust as Chief Finance Officer.

The CEO also highlighted the 'Celebrating Excellence' award ceremony scheduled for 30th September 2022 which would round off 'Thank You' month.

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

22/28 STRATEGIC ITEMS

i) People Story

The DCN introduced Sarah Turnbull, Senior Nurse for Palliative and End of Life Care who shared the story and journey of Susan (not real name), 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.

The story demonstrated 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.

The CEO thanked Sarah and her team for the fantastic job and service they provide. Sarah received the thanks on behalf of her team and thanked the Board for the opportunity to tell the story.

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

Sarah Turnbull left the meeting at 13:32

ii) Trust Recovery Programme Update, including end of August Performance Position

The EDBDE presented the paper which provided an overview of 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.

Key points were noted:

- 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, 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 failing to achieve the 28-day Faster Diagnosis Standard for cancer care which had been met for four successive months until July.
- At the end of August, 35 patients had waited >104 weeks, a fall of eight from the previous month and ahead of trajectory (55). However, August saw more>52-week waiters and >78-week waiters remained the same. Referral to treatment (RTT) compliance was 70.2%

The COO thanked all staff across the organisation for their continued support in extremely challenging circumstances as well as to partners in Collaborative Newcastle.

The COO highlighted key points:

- There were currently more beds occupied by patients admitted under the emergency pathway with complex and comorbidities which impacted on the challenge to deliver the elective programme,
- Patients were received into A&E quickly and safely,
- The opening of the Day Treatment Centre should see an improvement in elective activity,
- A programme of work to target the longest waiters has been undertaken in September,
- There would be further 'Sprint' programmes including an expansion in diagnostic activity in outpatients and day cases. This may lead to running additional clinics on evenings and at weekends to offer increased choice for patients,
- There would be a continued focus to improve cancer pathways, noting the opening of a 7th endoscopy room.

The COO concluded by asking the public to help protect themselves and the NHS by getting both Flu and COVID-19 vaccinations.

The Chairman sought clarity on the distribution of the Elective Recovery Fund to which the CFO advised that this would be distributed at ICS level.

In noting the positive performance for ambulance handovers, Professor McCourt was asked how the A&E department was managing the increased demand in attendance. The COO

advised that patient flow was tightly managed by the team in A&E who worked collaboratively with colleagues in the assessment suite supported by those in primary care.

He was also pleased to report on the expansion of two areas to support the A&E service:

- Medical Investigations Unit - which cares for patients having infusions
- Plan to open a Clinical Decisions Unit to support the A&E team with those patients admitted via an emergency pathway which will support patients to be discharged the same day

Professor McCourt provided some positive feedback from her recent visit to Ward 22 (orthopaedic and trauma ward) where she was extremely impressed with the patient flow.

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

iii) Director reports:

a. Medical Director; including:

The MD presented his reports, noting the following points:

- The Patient Safety Incident Response Framework has been published and would be implemented over the next 12 months.
- There were 51 in patients with COVID-19 (37 admitted due to COVID-19 and 14 in conjunction with other illness). It was noted that COVID-19 patients were mainly those who had not received the full vaccination regime or who were particularly frail.
- Cancer performance has deteriorated and significant work was underway to maximise capacity, especially in relation to skin, upper and lower GI, urology and lung.
- There are significant workforce pressures with medical workforce planning being a national issue.
- Referring to education and training, in the recent local General Medical Council (GMC) Trainee Survey evidenced the Trust was 5th out of 10 Trusts which is better than previous performance. The 1st and 2nd Trusts were mental health organisations.

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

i) Guardian of Safe Working Report Quarterly Report

The report outlined the number and main causes of exception reports for the period 27 March to 26 June 2022 for consideration by the Board.

It was resolved: to **note** the contents of Guardian of Safe Working Report.

ii) EPRR Assurance Framework Compliance Statement and Annual Report

This report outlined the annual EPRR Core Standards self-assessment and progress with the EPRR Work Programme.

It was resolved: to **note** the progress made over the last year on the EPRR Work Programme and the successful response to incidents, delivery of training and exercises and plan updates as detailed within this paper; and to **approve** the assessment of assurance against the 2022-23 EPRR Core Standards and the Trust's overall rating as Partially Compliant, with an action plan to achieve Full Compliance.

iii) Annual Revalidation Report

The annual revalidation statement of compliance was completed and included in the report.

It was resolved: to **note** the contents of the report and **approve** the revalidation process.

iv) Consultant and Honorary Consultant Appointments

The report outlined recent Consultant Appointments.

It was resolved: to **receive** the report and **note** the decisions of the Appointments Committee.

b. Executive Chief Nurse; including

i) Update including Flu and Covid Vaccination Programme – Winter 2022

The DCN presented the paper, which included;

- **Spotlight on our digital health team**
  This newly formed team presently consists of six clinicians and has been in place for just over 13 months. Digital technology continues to progress and be a fundamental part of clinical processes and innovations.

- **Nursing and midwifery staffing**
  The nurse staffing escalation level remains at level two. The necessary actions in response to this are in place.

  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.

  Recruitment and retention remain a priority workstream. 120 nurses have been deployed in the last month as well as over 100 international nurses since June 2022.

- **Flu/Covid vaccination overview including Department of Health and Social Care (DHSC) Healthcare Flu update**

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 target for flu vaccination in 22/23 is 90% uptake for eligible staff.

- **Safeguarding Quarter 1 (Q1) 2022 – 2023**
  The Safeguarding Team continue to receive a high level of complex referrals. Changes to the Mental Capacity Act and the transition to the Deprivation of Liberty and liberty protection safeguards will have a major impact.

The CEO commented on the level of detail contained within the report, and noted the importance of a forensic overview of quality. The CEO thanked the DCN and his team for all they do.

This was echoed by Mr Chapman, highlighting the level of detail of the reports submitted to Quality Committee.

Mr Jowett wished to recognise the good work of Dental Services noting that they received the lowest number of complaints. The DCN explained that Dental Services had undertaken some great pieces of work under the 'What Matters to You' framework combined with some quality improvement initiatives. The DQE added that the leadership with the directorate was exemplary.

Ms Edusei asked if staff had raised any concerns about high bed occupancy. The DCN noted that the complexity and level of acuity in patients had increased. From an operational perspective there were mechanisms in pace to track and monitor this but also welcomed professional feedback.

Ms Baker welcomed the new format of the report which was succinct and highlighted key themes. Ms Baker referenced the Maternity Voices Partnership and questioned how other groups might be included. IJ advised that the maternity team worked with a range of communities.

Ms Baker asked about the increase in safeguarding referrals, particularly in relation to child neglect in the city. The CEO advised that she had met with stakeholders from the Newcastle City Council earlier that week and there was a commitment to refresh the Collaborative Newcastle Plan to see what could be amplified and accelerated.

Mr MacLeod asked if there were any plans to extend the vaccination programme into the wider community to encourage uptake. The COO advised that the local authority was leading the roll out where uptake had previously been low. The DCN added that vaccines had been delivered to care homes.

The Chairman asked about international nurses and how successful the Trust was in retaining their employment. The DCN was pleased to note that international recruits were the most stable sector of employees within the organisation. Only 4 employees had left the organisation from a cohort of over 300 since 2015.

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

ii) Ockenden Update report

The DCN highlighted key points:

- The report combined 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 benchmarking of the final report were presented to the Board in July 2022, progress on these actions will be detailed in the November report. This report provided 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 Broad which relates to achieving and maintaining 90% multi-disciplinary obstetric core competency training for all specialities. 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.
- 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 roll out of closed loop blood training, which has the potential to further impact on the trajectory of this action.
- Consultation in relation to continuity of carer was competed and work will continue to the agreed implementation.
- Work will continue to report and progress against all immediate and essential actions with a further update in November 2022.
- The report of the independent investigation into East Kent maternity services was expected to be published in October 2022.

The Chairman asked about recruiting and maintaining midwives. The HRD provided assurance and commented that for the first time, this has resulted in an oversubscription of midwives.

c. Director of Quality & Effectiveness - CNST Quarterly report

The DQE presented the report which set out compliance with the Clinical Negligence Scheme for trusts.

Mr Jowett questioned how any return from the scheme were invested. The DQE confirmed that returns were reinvested into maternity safety.

Recognising the unprecedented level of change in an already pressurised maternity department Mr Chapman sought assurance that there was sufficient support to manage the level of change.

The DCN was confident that the department was drawing in the correct level and type of support needed to manage the change i.e. digital, training and improvement teams. He recognised that early engagement with staff was vital.

The CEO advised that there had been national recognition that maternity transformation was ongoing. The DQE added that positive feedback had been received from the frontline staff who felt very well supported.

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

d. Director of Infection Prevention & Control

The DIPC presented the report highlighting key points:

- The high-level isolation unit 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 covid 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 voluntary asymptomatic testing of staff is no longer promoted in line with national guidelines, this change was implemented on the 26 August 2022.
- *C. difficile* Infections 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).

Ms Edusei noted the marked increase in C.Diff infections and questioned if there was a specific reason for this. The DIPC advised this could be multifaceted from prescribing of a general antibiotic to all patients on the ward or how rooms were decontaminated. IJ added there had also been a change to reporting which saw a natural spike.

The MD was keen to highlight those cases of Flu in Australia had been the worst they had seen for five years and therefore strongly encouraged vaccination.

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

e. Human Resources Director Report

The paper provided an update on progress against the local people plan and key national developments relevant to the people strategy.

The HRD highlighted key points:

- 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.
- To support staff with the cost-of-living pressures, ensure availability to attend work and provide patient care, and enhance retention, several locally agreed benefits will be maintained as part of the wider wellbeing offer.
- National Staff Survey for 2022 has recently launched.

- A new staff engagement tool called HIVE has been implemented
- The BAME 'Maximising Your Potential' leadership programme has been shortlisted for a HSJ Award 2022 in the category 'NHS Race Equality Award' and the Nursing Times Workforce Awards
- 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.
- 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
- 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.
- 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. The Trust ensured a supportive flexible approach was taken with this group of staff to enable them to manage the arrears.
- There are a number of industrial action or consultative ballots taking place and there appears to be increasing risk of industrial action being taken in then NHS before Christmas. Contingency plans are being put in place.

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

ii) Gender Pay Gap Annual Report 2021/22

This report showed the gender pay and bonus payments position for period up to 31 March 2022. It was noted that the gaps in gender pay and gender bonus payments have decreased.

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

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

i) Equality, Diversity and Inclusion, WDES and WRES Reports

The HRD noted the areas of concern continued to be the difference in staff experience between BAME staff and white staff which fell below the national benchmark. Disparity ratios look at the likelihood of career progression. Areas of concern related to clinical staff employed on agenda for change pay bands.

A worsening position in relation to behaviours was noted:

- 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

An improvement was noted for WDES:

- 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.

Key achievements to note include:

- 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.
- Launched Maximising your Potential a BAME talent development programme

The priorities looking ahead are to:

- To become a leading disability confident organisation by December 2023
- Improve disparity ratios in clinical, agenda for pay bands
- Launch a BME coaching offer

Mrs Bromley noted that the use of HIVE within the education sector had proved to be a very good communication and engagement tool.

Whilst recognising the impact of bullying and harassment for an individual, Ms Edusei felt the Board should also consider this as a safety issue noting that if a staff member is being bullied or harassed they are less likely to speak up and they are less likely to be heard.

The CEO noted the importance of having a range of actions being undertaken, and a variety of accessible routes for staff to raise issues.

It was resolved: to **note** the content of this report and to **Agree** the publication of WRES and WDES action plans and data, EDS grading assessment and PSED data and to **endorse** the actions outlined to continue to improve the staff experience.

22/29 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 the Branch Secretary of UNISON and Chair of Staff Side, was invited to the meeting to provide an overview of the Trade Union and staff side role, and in particular, her perspective regarding the Trust's approach to partnership working. It was noted that whilst here was a robust relationship there was also a good working relationship.

Charity Committee
Ms Baker advised that one of the grants approved at the Committee was for the Palliative Care Team to help embed gold standard practice in palliative care. She also referred to a winter programme grant which would enable the Citizens Advice Bureau to assist those patients in need of breathing equipment at home who did not automatically qualify for benefit. Ms Baker drew attention to the impact report and encouraged Board members to take a copy.

Quality Committee
Mr Chapman noted the ongoing support of the Executive Team members for the quality of information provided to the Committee and for the open and honest dialogue as well as the challenge by non-executive colleagues. He relayed a discussion in relation to the acuity of patients, staffing levels and the Patient Incident Response Framework.

Mr Chapman noted his leadership walkabout at the Dental Hospital where he left feeling enthused.

Finance Committee
Mr MacLeod noted a detailed discussion in relation to the financial risks contained in the Board Assurance Framework Quarterly Report. Month 5 finance report was scrutinised together with the Cost Improvement Plan and Elective Recovery Plan.

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

ii) Corporate Governance Report

The TS advised that the Annual Member's Meeting took place on 27th September 2022

A request has been made by the Assistant Chief Executive for a minor amendment to to rename the Board Assurance Framework (BAF) Report to the [Committee Name] Risk Report for the People Committee, Finance Committee and Quality Committee.

It was **resolved**: to (i) **receive** the report; and (ii) **approve** the minor amendment to the Committee Schedules of Business.

iii) Integrated Board Report

The COO presented the report which provided assurance to the Board on performance against key Indicators relating to quality, people and finance.

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

iv) Meeting action log

The action log was received, and ongoing progress noted.

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

v) Any other business

No other business was discussed.

Date and Time of Next Meeting

The next meeting of the Board of Directors is on **Thursday 24 November 2022** at **13:00-16:00** in **Board Room, Freeman Hospital/MS Teams**

There being no further business, meeting closed 15:10

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elsender, Corporate Governance Officer and PA to the Chairman and Trust Secretary						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
Summary	This report outlines a summary of the Chairman's activity and key areas of focus since the previous Board of Directors meeting, including: • Annual Members Meeting • Formal opening of the Day Treatment Centre • Council of Governor's Private Workshop • Board Development Session • Spotlight on Services – Digital Dermatology, Outpatients Transformation Programme and Ophthalmology • Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives • National engagement with Chairs of NHS Confederation • International engagement with Pittsburgh University						
Recommendation	The Trust Board is asked to note the contents of the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☐	☐	☐	☒	☐
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

CHAIRMAN'S REPORT

EXECUTIVE SUMMARY

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

- Annual Members Meeting
- Formal opening of the Day Treatment Centre
- Council of Governor's Private Workshop
- Board Development Session
- Spotlight on Services – Digital Dermatology, Outpatients Transformation Programme and Ophthalmology
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives
- National engagement with Chairs of NHS Confederation
- International engagement with Pittsburgh University

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

CHAIRMAN'S REPORT

This is my final Board report of 2022 which has been a year of many milestones including the sad loss of our longest serving Monarch to the significant political change, and a challenging year for the whole NHS.

On 27 September 2022, I chaired our in-person Annual Members Meeting, the first since the relaxing of pandemic measures, supported by the Chief Executive and members of the Executive Team. The event was well attended and included a wonderful video compilation to review our year 2020/21.

Earlier that day, I joined colleagues for the formal opening of our new Day Treatment Centre at the Freeman Hospital. The facility has been purpose-built to improve the experience of patients and maximise the number of people that can be treated. It was a pleasure to speak to many members of staff who have worked so hard to bring the service to completion.
On 20th October I Chaired a Council of Governors workshop which included four presentations on:

- **Commercial and Innovation Update:** Dr Vicky McFarlane-Reid, Director of Enterprise and Business Development spoke about the Commercial Enterprise Team. Significant progress has been made in areas such as Pharmacy Production Unit, private patients – international paediatric oncology business case, surgical training centre and the clinical skills academy.
- **Workforce Update:** Dee Fawcett, Director of HR, delivered a presentation on the Trust's People Strategy. A comprehensive update was provided in relation to the workforce demographics, and support to staff.
- **National patient Safety Strategy:** Jo Ledger, Head of Patient Safety, provided a summary of the Newcastle Hospitals Patient Safety journey and the National Serious Incident Framework.
- **Newcastle Hospitals Charity:** Jon Goodwin, Head of Grant Programmes explained that the Charity works in partnership with Newcastle Hospitals, making funds available that enhance the patient experience and environment, support staff health, wellbeing, and professional development, enable major developments and health related clinical research and innovation and develop place-based partnerships to tackle health inequalities and create healthier communities.

In terms of Board Activity, I chaired a Board Development session on 27th October 2022. The aims and objectives of the session were to:

- To discuss the latest developments in the local health system work and the impact for Newcastle Hospitals.
- To receive an update on the preparations for winter, and to discuss key challenges and risks e.g. potential strike action and rising energy costs.
- To be briefed on the latest position regarding the capital programme.
- To be briefed on the Trust Charity Strategy and recent developments.
- To receive a position update on key directorate developments

We have undertaken three "Spotlight on Services" since the last Board meeting. The first was a virtual session on 26th September where we were joined by Consultant Otolaryngologist and Clinical Director Philip Yates and colleagues who delivered a comprehensive presentation in relation to Digital Dermatology.

The second session took place on 11th October where Debbie Banks, Head of Outpatient Services together with members of her team spoke about the Outpatients Transformation Programme covering an overview of the departments involved, transformation and key achievements to date.

The most recent took place on 8th November 2022 where we were joined by James Talks, Consultant Ophthalmologist, Claire Pinder Directorate Manager and colleagues to look at the work undertaken in Ophthalmology.

At a regional level, I continue to engage with both Foundation Trust Chairs and the Integrated Care Partnership and participated in a meeting on 6th October where we were joined by Ken Bremner CEO of Sunderland & South Tyneside NHS FT to update us on the work of the Provider Collaborative. We were also joined by Sir Liam Donaldson, Chair of the NENC ICS who provided an update from an Integrated Care Board perspective including feedback from the recent first meeting of the Integrated Care Partnership.

At a meeting of the North ICP Chairs, Local Authority Leaders and Voluntary & Community Sector Representatives (VCS) held on 13th October an update on the asks and opportunities of the ICS was provided by Nicola Bailey, ICB Director followed by a presentation from James Dixon, Associate Director - Sustainability & Environment and Claire Winter, Senior Net Zero Programme Manager for Climate Change/ Clean air Zones.

At a national level I attended a virtual meeting on 10th October 2022 with the Chairs of the NHS Confederation Trusts. The session focused on children and young people and how Boards can ensure children and young people are prioritised in their organisation and the wider system.

At an international level I was delighted to join the opening plenary of the Newcastle / Pittsburgh virtual conference which welcomed delegates from across the globe and set the scene for our collaborative virtual conference – Universities: How can we take a people centred approach to engage with our places? We heard from Civic and University leaders on the approach that Newcastle and Pittsburgh have taken to work together with local communities, sharing both challenges and opportunities.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
10 November 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	This report sets out the key points and activities from the Chief Executive. They include: • The Trust's response to continued high levels of Emergency & Urgent care demand; • Preparations for winter, including for potential industrial action; • Expanded elective care treatment and diagnostic capacity; • Research; • 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
	☒	☐	☒	☒	☐	☒	☒
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:

- High levels of urgent and emergency care demand and our plans to expand capacity wherever possible over winter;
- Preparations for potential industrial action;
- The mobilisation of the new Freeman Day Treatment Centre;
- Reductions in cancer and elective care long waiters;
- National research funding awards and recent landmark studies;
- Developing the workforce and leadership we need for the future;
- 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

While the November weather may have been unseasonably mild, the start of winter pressures across the NHS has already been very evident. These come on top of the strains that have been faced throughout the year, and staff across the Trust are therefore continuing to work in challenging conditions. Since my last report, the Executive Team and I have been focused on supporting staff to deliver for patients now, while continuing to also work on our future plans to provide sustainable, high-quality care.

Preparing for winter

The level of demand presenting to the NHS continues to escalate, with 18% more patients attending our main A&E department at the RVI in October than in the same month before the pandemic, including 9% more ambulance arrivals. Higher urgent and emergency care demand at the front door also results in higher levels of occupancy for our beds, with the level of unoccupied beds available at any time to receive new patients reduced by around a third compared to before the pandemic. Increased demand and reduced vacant capacity in which to move patients through the hospital leads to greater waits and pressures on staff. I want to again pay tribute to the hard work and flexibility that all our teams are demonstrating.

To prepare for the further challenges expected through the winter, we will be adding further capacity as staffing allows - both through opening ward 12 at the Freeman as an additional winter ward, and launching our 'virtual' ward for chronic obstructive pulmonary disease (COPD) patients. Virtual wards are an innovative model of care that has been nationally tested and encouraged – they allow patients to be monitored at home rather than in hospital, with remote oversight and care from our clinicians. We are also continuing estates work to provide a new 'clinical decisions unit' that will provide additional space adjacent to A&E when it opens in the new year.

Our winter preparations also include the annual vaccination programme for our staff – this year again covering both flu and Covid. At the time of writing my report, a combined total of over 18,000 doses have been delivered, a magnificent effort and a testament to our staff and the teams involved in the programme. This winter could be the first time we see the real effects of both Covid and flu, so it remains vital that we do everything we can to support NHS resilience over the coming months. I would strongly encourage everyone offered vaccinations to accept them, in order to protect yourself, patients, colleagues and loved-ones.

The Board will be aware that there is a national pay dispute between NHS staff represented by their trade unions and the Government, and that industrial action is expected in the

coming months. So far, only the Royal College of Nursing has concluded their national industrial action ballot, with a result in favour of taking strike action. Any action they take will cover the majority of NHS Trusts in the region, including Newcastle Hospitals. Ballots by other trade unions are ongoing or scheduled.

Pay is a matter for Government and the trade unions but I want to reiterate how much we value our staff. Good pay and conditions are important for staff and their families, as well as for the NHS' overall ability to retain and recruit the workforce we need. Preparations are underway by the Trust, in coordination with other partners across the Integrated Care System (ICS), to ensure that emergency care continues to be provided as normal in the event of any industrial action and that disruption to patients is minimised.

Accelerating elective recovery

We are continuing our work to reduce waiting times for elective care and, since my last report, I am pleased that we have been able to go live with further expanded diagnostic and treatment capacity.

Our new £24m Day Treatment Centre at the Freeman opened at the end of September, providing four state of the art theatres that will allow us to treat an additional 7,000 patients a year. Already there are hundreds of patients who have benefitted from a wide range of procedures including cyst removal, breast reconstruction and pacemaker battery changes. The centre has been working through its planned incremental mobilisation period and its 200 staff are on track to be working at full capacity by the end of November. We are also coupling this investment in services with continued improvement, with a team lead by Dr John Crossman working to optimise daycase efficiency, throughput and patient experience. At a time when the significant urgent and emergency care pressures impact the availability of inpatient beds available for elective care, having a standalone facility of this quality will allow us to continue to deliver daycase procedures at full pace throughout the winter.

The last two months have also seen an expansion in our endoscopy diagnostic capacity, with a new endoscopy room at the RVI open and now providing 100 additional gastroscopes per week. Around one third of all patients receiving an endoscopy do as part of a cancer pathway and there is work going on across all tumour sites to reduce time to cancer diagnosis and treatment. Increasing diagnostic capacity on an ongoing basis, in line with the growing rates of referrals, is a critical part of ensuring that cancers are detected at the earliest possible stage which we know leads to the best patient outcomes. We continue to work with our colleagues at Gateshead Health NHS Foundation Trust as they lead development of a community diagnostic centre that will provide further capacity for patients across Tyneside.

Our Newcastle Plan Delivery Board, which I chair, oversees both our cancer and elective recovery delivery, monitoring our performance against key national targets. Overall, I am pleased to report that during October we made clear progress in reducing both the current number of patients on a cancer pathway after 62 days, and the number on a non-cancer elective pathway who will be waiting more than 78 weeks by the end of March.

In order to create as much further capacity as possible and recognise and compensate staff for their hard work, we have now extended our enhanced overtime offer until the end of March. This is also supporting the further mobilisation of weekend and evening working in outpatients, theatres and key support services - surging our capacity in November and beyond to further reduce waits for our patients. We know that every number on the waiting list is an individual waiting for care – I am determined that we will continue to use every available option to reduce the waits that people face.

Continuing our excellence in research

Last month it was announced that Newcastle's Biomedical Research Centre (BRC) was successful in securing £23.1million to continue to deliver world-class translational research into ageing and multiple long-term conditions in the North East. An additional £5.3million was also awarded to clinicians and academics at the Trust and Newcastle University to deliver a Patient Safety Research Collaborative (PSRC) specifically focused on the use of medicines and polypharmacy and minimally invasive interventions and how we can maximise safety when transferring patients between different care environments.

These significant national awards continue and further expand Newcastle's 15-year track record of delivering excellent BRC programmes. They were only granted after a robust and competitive national selection process, culminating in panel interviews that I took part in alongside colleagues from our partners.

Continued recognition of our research excellence is fantastic for the city and region, attracts and retains expert staff, and crucially allows better understanding and treatment of a range of conditions for patients in the UK and beyond. In recent months, I am pleased to report that the Trust has been involved in a range of landmark research including:

- The first UK gene therapy clinical trial for Duchenne muscular dystrophy (the EMBARK trial), in partnership with the John Walton Muscular Dystrophy Research Centre, Newcastle University and the Duchenne UK charity;
- Participation in the HARMONIE study, which aims to find out if a one-off vaccine can protect babies from RSV – a common seasonal respiratory virus which, for some, can lead to severe illness;
- Work as one of 36 centres worldwide in the FIREFLY trial which is assessing new, targeted, drug treatment of children with low grade gliomas - the most common type of brain tumour in children.

Leading for the future

The consistent theme that runs through all the conversations I have, is developing the leadership and workforce required to provide sustainable, high quality health and care services in the future.

The experience of staff is crucial – if we look after them and create the conditions necessary for them to flourish at work, then in turn we will be maximising the quality of care we provide to our patients. The national NHS staff survey is currently live, and we have been encouraging all staff to complete it so we get the most comprehensive view possible about their working life and what we can do to further improve. Improving staff retention across the NHS and providing flexible working options is a key approach that will help to reduce workforce shortages.

That was a point I made when I recently joined with health leaders from across the globe at an event, hosted by Siemens, focused on overcoming the health workforce challenges that are an international issue. I was able to share my assessment of the situation facing the NHS, as well as some learning from the work we're doing in Newcastle to develop the workforce and leadership that we need for the future. This includes the continued work we are doing with the Institute of Health Improvement (IHI) to develop and embed the leadership behaviours we want to see at work – I am pleased to report that we spent time recently working on these with a diverse range of more than 300 colleagues including healthcare assistants, directors, catering staff and clinicians.

In the coming months we expect the Government and NHS England to publish a combined workforce plan for the future, to be taken forward alongside work to strengthen NHS leadership and management in response to the recent review by General Sir Gordon Messenger. I am hopeful that we can continue to develop inclusive leadership across the NHS and look forward to sharing our expertise as part of this.

Dee Fawcett, our Director of Human Resources, has led the workforce agenda for the Trust for the last 13 years but this will be her last Board meeting before her retirement. I'd like to pass on my thanks and appreciation for the significant contribution she has made to the organisation, and to wish her well in retirement. Christine Brereton will join us as our new Chief People Officer at the start of the New Year, and I look forward to working with Christine to continue to advance our workforce and leadership development programmes.

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.

Service Visits

This month it has been a privilege to spend time with a number of our community teams.

At the Molineux Street Centre in Byker, I visited the Urgent Treatment Centre and saw first-hand how that team are offering accessible healthcare to the local community, avoiding the need for a primary care or A&E visit. I heard from a local family about how much they valued being able to quickly see a nurse practitioner who was skilled to assess and treat a child's illness. On the same visit, I also had a chance to discuss the way our community teams are working to provide an urgent two-hour response to residents in their own homes.

Sir John and I also jointly visited the Connie Lewcock Centre in Leamington along with leaders from Newcastle Council. The centre is a fabulous example of how we are working together, under the banner of Collaborative Newcastle, to provide integrated services around the needs of the residents. In this council-run centre, residents needing rehabilitation receive care from council staff working alongside therapy staff that we employ. In my role I spend a lot of time working to create and sustain partnerships. Visits like this remind me of the great care that we enable when we are not constrained by organisational boundaries.

It was also wonderful to visit the Trust's Neonatal Intensive Care Unit to celebrate them becoming the first in the region – and one of only a handful in the UK – to be awarded UNICEF Baby Friendly Initiative full accreditation. The initiative is part of a global partnership between the World Health Organisation and UNICEF and helps maternity, neonatal and health visiting services to support families with feeding and developing close and loving relationships so that all babies can get the best possible start in life. To receive accreditation, the unit not only demonstrated they were meeting best practice in care but also parents who have had their baby stay in the unit provided feedback about their positive experiences of care.

Whether we are providing care to the young or the old, whether in the community or within our hospitals, I am constantly reminded of the significant impact the work of our staff has and am hugely proud of them all.

Celebrating Excellence Awards

I was delighted to present the trust's Celebrating Excellence Awards with other Board colleagues at the end of September. This is key event in our calendar and a fantastic evening where we recognise the outstanding work of our staff, volunteers and charity supporters. Congratulations to all of our winners including head of chaplaincy Katie Watson and our

Director of Infection Prevention Control during the pandemic, Lucia Pareja-Cebrian, who were recipients of the Chair and Chief Executive Awards. The awards also marked the end of our Thank You Month where we held several events across the organisation to acknowledge and thank our teams for everything they do.

National policy and influencing

I have continued to actively participate in events facilitated by the Shelford Group, including meetings with Sir Chris Wormald, Permanent Secretary at the Department of Health and Social Care, and Chris Hopson, Chief Strategy Officer for NHS England. I chaired a discussion session with Mark Britnell at the Shelford Group's annual event which focused on how large, research-intensive, hospital organisations like ours can best use their strengths to transform and integrate care.

A key specialist strength of Newcastle Hospitals has long been our genomic medicine expertise. We are the lead partner within the North East and Yorkshire's Genomic Laboratory Hub (GLH), working with colleagues in Sheffield and Leeds. I have held several meetings in recent months with both regional colleagues and Dame Sue Hill's national team to ensure that we continue to fulfil the significant promise offered by embedding genomics in routine healthcare. I was delighted to be asked to speak at the launch of the new national NHS genomics strategy on the importance of partnership working to develop the genomics workforce, to continue to advance research in the field, and to provide genomic medicine services.

The new Prime Minister has recently reappointed Steve Barclay as Secretary of State for Health and Social Care and I look forward to engaging with him and the wider ministerial team 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.

Gloves off – Our Infection Prevention and Control (IPC) Team were winners of the Infection Prevention Society's Gold Award for Excellence 2022 in recognition of their successful 'gloves off' campaign which reduced glove usage by 29% in July – a fantastic achievement.

Senior Science Award – Trust Chairman, Professor Sir John Burn and Professor Giovanni de Gaetano of Neuromed Research Institute, Pozzilli, Italy, were both recognised with the International Aspirin Foundation's prestigious Senior Science Award 2022.
Sir John's award was for excellence and innovation in clinical science recognising his outstanding contribution to defining aspirin's role in cancer prevention, and in particular, the role of aspirin in the prevention of hereditary colorectal cancer (Lynch syndrome).

Distinguished Service - Professor Derek Manas received a distinguished service award at the British Association for the Study of the Liver – for his amazing support to liver transplant patients – and more generally the liver community – over the years.

Innovate Awards – Congratulations to our sustainability and procurement teams – and everyone else at the trust involved in working towards a net zero carbon supply chain – for winning the Net Zero Innovation of the Year category in the AHSN Network and NHS Confederation's first Innovate Awards. This is an amazing recognition of their work to engage our supply chain in climate action.

Recognition for excellence – The haematology team at the Freeman Hospital received the Myeloma UK Clinical Service Excellence Programme Award for the second time for their effort to improve patients' quality of life and truly listening to their needs.

Engaging our communities – The Change of Heart regional Covid vaccination campaign – which aimed to increase uptake amongst 16-29-year-olds – won a national NHS Communicate Award for its 'Use of insight and data for innovation in communications', against strong competition from NHS organisations across England.

It was also highly commended in the award category for 'Best behaviour change or public health campaign' and later received two CIPR North East PRide Gold Awards for best healthcare / public sector campaign and a silver award for best integrated campaign. A gold award also went to the North East and North Cumbria COVID-19 vaccination programme for best regional campaign.

Nursing Times Awards – Congratulations to all our nursing teams who made the finals of the Nursing Times Awards this week. We were shortlisted in three categories – clinical research nursing, continence promotion and care and theatre and surgical nursing.

Climate Emergency – The trust received an honourable mention in the International Hospital Federation Ashikaga-Nikken Excellence Award for Green Hospitals.

Ride for Their Lives – Staff from the Newcastle Hospitals joined colleagues from across the North East to cycle between the region's hospital sites as part of the national campaign 'Ride for their Lives' in October, raising awareness about the climate emergency and the impact air pollution can have on health.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
15th November 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	People Story						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Tracy Scott, Head of Patient Experience Amanda Marksby, Head of Communications						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☒	☒				
Summary	This month's digital people story demonstrates the development of brave and innovative leaders. The digital story evidences the strategic commitment to improve care, patient safety, optimize performance and provide the best patient experience possible.						
Recommendation	To listen and reflect on the personal experiences of the medical team and patient.						
Links to Strategic Objectives	Patients • Putting patients at the heart of everything we do • Providing care of the highest standard focusing on safety and quality. People • Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential Performance • Being outstanding now and in the future						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☐	☒	☒	☒	☐
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

The Community Response and Rehabilitation Team (CRRT) work with Newcastle City Council to help people who live in the Newcastle area or who have a Newcastle GP. The community-based team of health and social care professionals provide treatment, rehabilitation and support to help people remain independent in their own home for as long as possible.

Nurse Specialist Toledo joined the CRRT in April 2020 and although she recognised that the team had been providing a high-quality holistic assessment, she felt that more could be done to help keep patients safe at home, in particular in preventing patients falling.

Nurse Specialist Toledo observed that lying and standing blood pressure was not a standard assessment carried out by the team for patients who are at high risk of falls, however this was standard practice for patients admitted to hospital.

During the Covid-19 pandemic, it was noted that there were a high number of patient referrals due to falls and the team witnessed the consequences of deconditioning and inactivity to the elderly and frail. Remote and teleconsultations were necessary but most of the factors that increase the risk of falls like mobility, balance, home environmental hazards, functional ability, and blood pressure were impossible to fully assess over the phone.

CRRT was one of the community teams who during the pandemic was still able to visit patients at home and this was an ideal opportunity to carry out a holistic comprehensive assessment, including assessing the home environment, footwear, eyesight, mobility, balance, and taking lying and standing blood pressures to check for orthostatic hypotension.

It quickly became apparent that checking patients for orthostatic hypotension was as equally important as assessing mobility and home environment. Although this had not been a routine test previously, it was agreed that this should be included as a standard measure in helping to identify patients at risk of a fall.

Furthermore, this assessment, especially when orthostatic hypotension was identified, triggered the need for medication review, assessment of hydration status, and consideration of further investigations, if this was clinically indicated.

Initially this approach was implemented as a small (n=52) quality improvement pilot project, but early results revealed some significant findings:

- One out of three patients had orthostatic hypotension
- Two out of three patients had not displayed symptoms, but their blood pressure dropped significantly on sitting or standing

These initial outcomes made the team realise how important it was to routinely check lying and standing blood pressure, rather than this being a reactive investigation when patients experienced symptoms such as dizziness.

In addition, areas for education and training within the team were identified and delivered to help ensure recommended practice from the Royal College of Physicians was adopted.

This small yet effective change achieved good outcomes including:

- A simple and straightforward pathway was developed so it can easily be adopted by every professional within the MDT.
- CRRT achieved an 18% increase in the number of lying and standing blood pressure assessments during the pilot stage.
- CRRT identified more patients with orthostatic hypotension, making these patients aware of their health issue and what they can do to keep themselves safe and well at home.
- Improved care and support planning through linking with GPs and geriatrician in the community to ensure that treatment from medical-point-of-view is in place.

Whilst this project seems very simple it has had a positive impact for patients as the risk of falling can be identified much earlier and measures can be put in place to help the risk of falls.

The CRRT team have agreed criteria for assessment to standardise practice across the team which includes patients who are 65 years old and above with a history of fall in the last 12 months. This will make the process more inclusive as there are patients who are not symptomatic but will also benefit from education and review to ensure that they manage their condition for as long as they can and reduce their risk of falling.

Going forward the team plan to launch this approach with the wider team for full implementation which will help to routinely identify patients with orthostatic hypotension, provide appropriate input which will help reduce the risk of patients falling at home.

RECOMMENDATION

To listen to Nurse Specialist Toledo's experience of implementing the QI project, with support from the Newcastle improvement team, and reflect on the positive impact this had on patient experience.

Report of Maurya Cushlow
Executive Chief Nurse
24 November 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	Trust Performance Report						
Report of	Martin Wilson – Chief Operating Officer & Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
Prepared by	Joey Barton – Senior Performance Manager						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☐		
Summary	This paper is to provide assurance to the Board 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
	☒	☐	☐	☐	☐	☒	☐
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 NuTH submitting trajectories including reducing the number of >104WW 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 activity levels at the Trust generally declined in October compared to September. NuTH delivered day case activity equivalent to 93.5% of October 2019 volumes. Overnight elective activity was equivalent to 74.6% of October 2019 volumes, whilst Outpatient procedure activity measured at 94.1%. New appointments were at least in line with September's performance, but remain below 19/20 volumes at 97.7%. Follow Up appointment volumes remained steady (102.0%).
- The Trust did not achieve the 95% A&E 4hr standard in October, with performance of 76.7%, and saw a significant increase in ambulance handovers greater than 60 minutes (9). However, the Trust was compliant with the <2% 12 hour ED waits requirement.
- Eight out of nine cancer standards fell short of target in September 2022. This included NuTH failing to achieve the 28 Day FDS for the fourth month in a row.
- At the end of October the Trust still had 21 patients waiting >104 weeks, falling from 22 in the previous month and ahead of trajectory (48). October also saw a decline in the number of >52 week waiters and no significant change in the volume of >78 week waiters. RTT Compliance was 69.8%.

The Board of Directors is asked to receive the report.

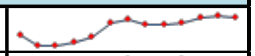
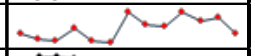
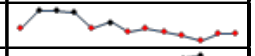
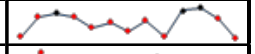
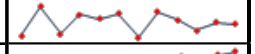
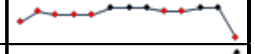
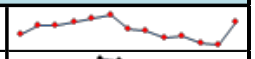
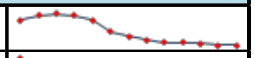
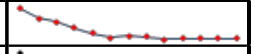
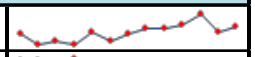
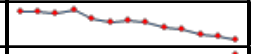
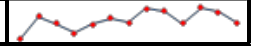
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Trust Performance Board Report

Produced: November 2022
Data: October 2022

NHSE Plan Requirements 22/23 (2/4)

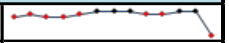
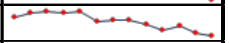
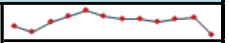
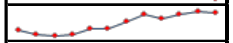
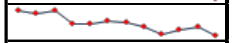
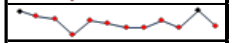
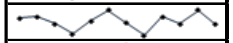
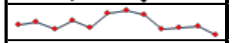
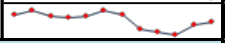
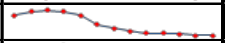
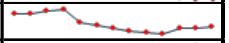
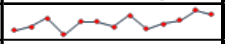
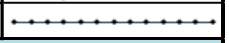
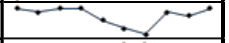
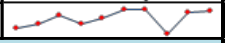
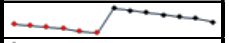
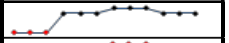
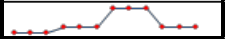
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric	Requirement	RAG Rating		Jul-22	Aug-22	Sep-22	Oct-22	Trendline
		Trajectory	Target					
Activity Delivery								
Day Case	104% of 19/20 levels combined (Reviews fixed at 85% of 19/20)	112.7%	104.0%	91.8%	93.4%	94.0%	93.5%	
Elective Overnight		102.6%	104.0%	85.4%	81.0%	82.8%	74.6%	
Outpatient New		103.7%	104.0%	97.7%	93.2%	97.8%	97.7%	
Outpatient Procedures		102.6%	104.0%	106.0%	107.4%	102.5%	94.1%	
Outpatient Reviews		103.0%	85.0%	98.7%	101.2%	100.8%	102.0%	
Diagnostics*	120% of 19/20 levels	110.7%	120.0%	110.8%	105.4%	111.6%	113.7%	
Emergency Care								
Ambulance Handovers	>=65% under 15 mins	N/A	65.0%	73.6%	71.3%	74.1%	73.3%	
	>=95% under 30 mins		95.0%	96.3%	96.6%	96.1%	95.1%	
	100% under 60 mins		100.0%	99.97%	100.00%	100.00%	99.70%	
A&E Arrival to Admission/Discharge	<2% over 12 hours		<2.0%	0.8%	0.7%	1.3%	1.9%	
Cancer Care								
>62 Day Cancer Waiters	Reduce to <=213 by e/o Mar-23	267	<=213	426	474	493	343	
28 Day Compliance	>=75%	75.0%	75.0%	69.2%	71.9%	63.3%	TBC	
Elective Care								
>104 Week Waiters	Zero by e/o Jun-22	48	0	43	35	22	21	
>78 Week Waiters	Zero by e/o Mar-23	230	0 (Mar-23)	633	631	629	632	
>52 Week Waiters	Reduction (Zero by e/o Mar-25)	2,479	0 (Mar-25)	4,443	4,659	4,733	4,442	
Outpatient Transformation								
Specialist Advice Requests	16 in every 100 New OP atts.	N/A	16.0%	9.1%	10.0%	8.3%	8.8%	
Virtual Attendances	>=25% Non-F2F	25.0%	25.0%	17.1%	16.1%	16.0%	15.0%	
PIFU Take-up	>=5% of all OP atts. by e/o Mar-23	2.5%	5.0% (Mar-23)	0.6%	0.7%	0.8%	1.2%	
Outpatient Follow-up Reduction	<=75% of 19/20	102.6%	<=75%	99.1%	99.1%	100.0%	99.7%	

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

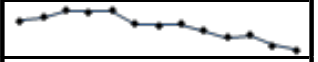
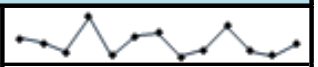
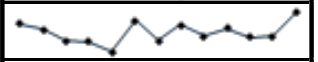
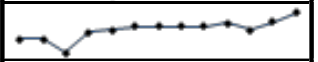
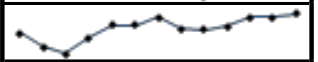
Operational Standards

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric	Standard	RAG Rating	Jul-22	Aug-22	Sep-22	Oct-22	Trendline
Emergency Care							
Ambulance Handovers	Zero >60 mins		1	0	0	9	
A&E Arrival to Admission/Discharge	95% <4 hours		79.0%	80.3%	77.8%	76.7%	
	<2% over 12 hours		0.8%	0.7%	1.3%	1.9%	
Cancer Care							
Two Week Wait (Suspected Cancer)	93%		79.0%	80.6%	56.4%	Cancer data runs one month behind	
Two Week Wait (Breast Symptomatic)	93%		66.9%	75.2%	69.7%		
28 Day FDS	75%		67.4%	71.9%	63.3%		
31 Days (First Treatment)	96%		81.9%	83.7%	78.4%		
31 Days (Subsq. Treat. - Surgery)	94%		60.2%	64.6%	60.2%		
31 Days (Subsq. Treat. - Drugs)	98%		95.6%	98.9%	95.8%		
31 Days (Subsq. Treat. - Radiotherapy)	94%		97.5%	99.5%	97.4%		
62 Days (Treatment)	85%		49.6%	51.2%	44.1%		
62 Days (Screening)	90%		34.6%	53.4%	58.8%		
Elective Care							
18 Weeks RTT	92%		70.0%	70.2%	69.2%	69.8%	
>104 Week Waiters	Zero		43	35	22	21	
>6 Weeks Diagnostic Waiters	<=1%		14.2%	16.7%	17.1%	17.7%	
Cancelled Ops. Rescheduled >28 Days	Zero		9	11	17	14	
Urgent Ops. Cancelled Twice	Zero		0	0	0	0	
IAPT							
Wait to First Appointment	75% <=6 weeks		98.2%	N/A	N/A	N/A	
	95% <=18 weeks		100.0%	N/A	N/A	N/A	
Movement to Recovery (Overall)	50%		43.4%	N/A	N/A	N/A	
Other							
Duty of Candour	Zero		0	0	0	0	
Mixed Sex Acommodation Breach	Zero		0	78	77	78	
MRSA Cases	Zero		0	0	0	0	
C-Difficile Cases	<=153 (FY cumulative)		53	66	77	97	
VTE Risk Assessment	95%		96.5%	95.1%	97.3%	96.7%	
Sepsis Screening Treat. (Emergency)	90% (of sample) <1 hour		90.0%	90.0%	90.0%	TBC	
Sepsis Screening Treat. (All)			60.0%	60.0%	60.0%	TBC	

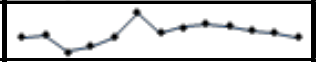
Other Metrics (1/2)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric		Jul-22	Aug-22	Sep-22	Oct-22	Trendline
Emergency Care						
Ambulance Arrivals		2,944	2,757	2,891	2,979	
Type 1 Performance (A&E 4 hour)		65.6%	66.7%	62.7%	60.6%	
Type 1 Attendances (Main ED)		12,686	11,184	11,577	12,976	
Type 2 Attendances (Eye Casualty)		1,437	1,536	1,493	1,423	
Type 3 Attendances (UTC)		6,182	5,889	5,834	6,733	
Patient Flow						
Covid Inpatients (average)		94	45	35	57	
Emergency Admissions		5,906	5,679	5,701	6,308	
G&A Bed Occupancy		86.9%	84.8%	87.3%	90.1%	
Critical Care Bed Occupancy		75.3%	70.8%	74.1%	68.8%	
Bed Days Lost (average)		60	69	72	54	
Medical Boarders		63	48	66	85	
Length Of Stay >7 Days		735	779	778	795	
Length Of Stay >21 Days		350	354	389	386	

Other Metrics (2/2)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric	Jul-22	Aug-22	Sep-22	Oct-22	Trendline
Cancer Care					
2WW Appointments	2,300	2,087	2,773	TBC	
Cancer First Treatments	507	526	547	TBC	
Planned Care					
2WW Referrals	2,742	2,744	2,558	2,488	
Urgent Referrals	5,637	5,190	5,356	5,656	
Routine Referrals	25,236	25,367	24,731	25,391	
Day Case Activity (Specific Acute (SA))	9,279	9,918	9,629	9,761	
Overnight Elective Activity (SA)	1,728	1,678	1,662	1,606	
New Outpatient Attendances (SA)	21,127	19,994	21,629	22,038	
Review Outpatient Attendances (SA)	53,603	53,940	56,968	58,861	
Outpatient Procedure Activity (SA)	17,262	17,598	16,663	15,512	
Diagnostic Tests	19,092	19,674	19,831	20,287	
Outpatient DNA Rate	8.7%	9.0%	9.2%	9.3%	
RTT Waiting List Size	97,187	99,812	100,733	101,932	

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24th November 2022						
Title	Next Steps on Elective Care for Tier 1 and Tier 2 Providers						
Report of	Dr Vicky McFarlane-Reid, Executive Director of Business, Development and Enterprise						
Prepared by	Kate Simpson, Deputy Director of Business, Development and Enterprise						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☒	☒	☐				
Summary	This document provides assurance against a number of recommendations from the NHSE letter of 25th October 2022 "Next Steps on elective care for Tier 1 and Tier 2 providers". There are also further improvements identified in the submission. The document was submitted in line with the requirements on the 11th November 2022 and signed by the CEO and Chair on behalf of the Board.						
Recommendation	The Trust Board is requested to: • Review the submission and assurance given • Ratify the submission retrospectively • Agree areas for improvement as identified in the document						
Links to Strategic Objectives	Patients, Performance						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☐	☐	☐	☒	☐
Impact detail	Please give additional detail of the impact marked above. Please document any associated risks referencing the Risk ID number. The document identifies areas of good practice in the management of patients, particularly cancer and long waiters						
Reports previously considered by	This is a one-off report in response to a specific request from NHSE and has been previously discussed at the Newcastle Plan Delivery Board						

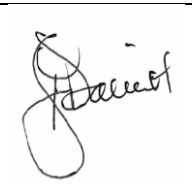
Next Steps on Elective Care for Tier 1 and Tier 2 Providers
Position as at 8th November 2022

The Chair and CEO are asked to confirm that the Board:

	Requirement	Compliance	Comments	Exceptions
a)	Has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery	✓	• Martin Wilson (COO) and Vicky McFarlane-Reid, Director of B, D and E	
b)	That the Board and its relevant committees (F&P, Safety and Quality etc) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally	✓	• Monthly performance reports detailing elective, diagnostic and cancer performance as well as delivery v plan plus context and narrative: Variety of metrics compared to Shelford and other Trusts • See **Appendix a**) Cancer Governance and **Appendix b)** RTT Governance	
c)	Has an agreed plan to deliver the required 78ww and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations	✓	• Revised trajectories agreed with NHSE and ICS via Tier 2. • Performance and delivery against trajectories monitored weekly at specialty and Trust level • Risks known and mitigated where possible • I.S. and mutual aid requested as necessary and/or available	
d)	Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermascopic quality images; and a capacity/demand analysis for MRI and biopsy requirements on the prostate pathway), and agreed	✓	• Detailed performance reviewed regularly at Tumour Group, PTL meetings, Stand up, Operational Policy Group and Delivery Board as well as at Cancer Alliance • Board performance reports include commentary on Lower GI, Skin and Prostate cancer pathway capacity issues and transformations.	• This specific detail will be summarised in January 2023 board report.

	Requirement	Compliance	Comments	Exceptions
	actions required to implement the changes outlined in this letter			
e)	Is pursuing the opportunities, and monitoring the impacts, presented by OP transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities	✓	• OP Transformation Board chaired by Martin Wilson • Benchmarking data routinely included in performance reports and presented at Board development days using Model Hospital • GIRFT data considered at Surgical Improvement Group and at Specialty level	• GIRFT data has not been separately reported to the Board but relevant info will be included in future thematic updates
f)	Have received a report on Super September and have improved the impact of this initiative for their organisation	✓	• The Trust has focussed on the November Sprint (an extended version of this national initiative) rather than Super September (OPs only)	
g)	Have received reports on validation, its impact and has a validation plan in line with the expectations of this letter	✓	• Validation integral to Trust WL management in accordance with Access Policy • Regular validation undertaken including technical, administrative and clinical validation of OP and IP WL • Includes opportunities for patients to change consultant, site and/or provider where this is available	• Ongoing validation progress is included in performance reports/discussions rather than reported separately to Board
h)	Have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report	✓	• Clinical prioritisation embedded within the Trust including regular review and escalation as necessary • Robust discussions at Board and F&I	• Reporting of best practice time points is in development

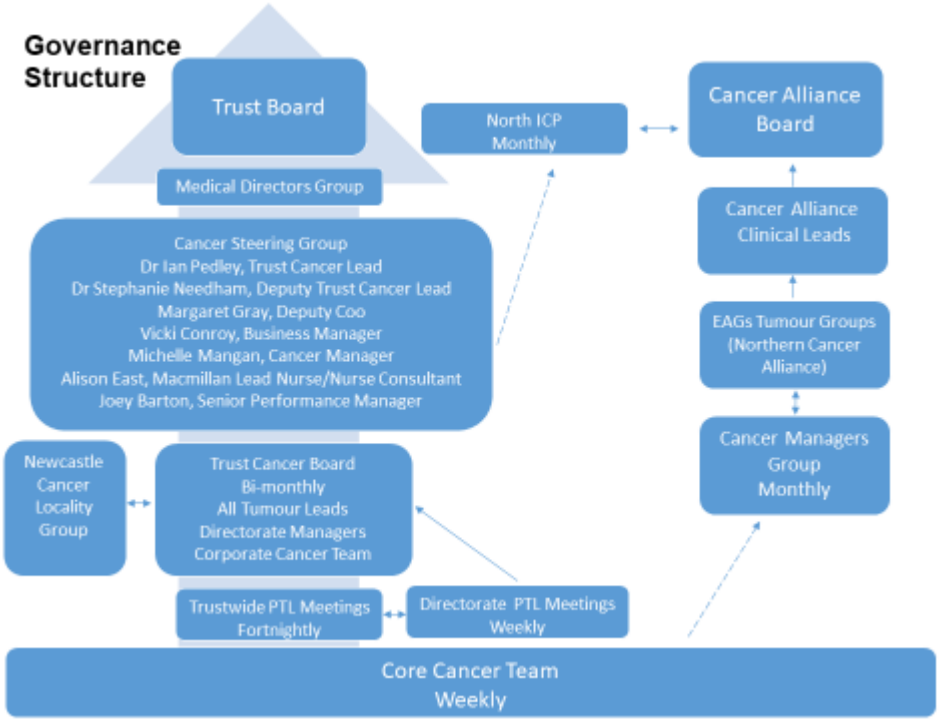
	Requirement	Compliance	Comments	Exceptions
i)	Discuss theatre productivity at every Trust Board; we suggest with the support of a non-executive director to act as sponsor	✓	• Theatre productivity is discussed as part of discussions around performance and specific action plans	• Theatre productivity is not reported separately to Board at every meeting but Model Hospital metric will be included from January onwards • There is not a non-executive sponsor
j)	Routinely review Model Health System theatre productivity data, as well as other key information such as day case rates across Trusts	✓	• Theatre data reviewed at Theatre User Group (Freeman and RVI) • Theatre data shared with all surgical specialties (plus COO and D COO) • Theatre utilisation/productivity included in work of the Surgical Improvement Programme • Day case rates are c. 85% routinely which is in line with GIRFT expectations	• Model Health System theatre productivity dashboard (included in **Appendix c**) will be included regularly in Board Reference Pack
k)	Confirm your SROs for theatre productivity	✓	Martin Wilson (chief Operating Officer) and Mr John Crossman (Associate Medical Director)	
l)	Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England	✓	• NuTH meets all optimal utilisation rates except MRI. This is due to being a regional specialist centre where the average complexity of the scans undertaken is greater relative to other Trusts	



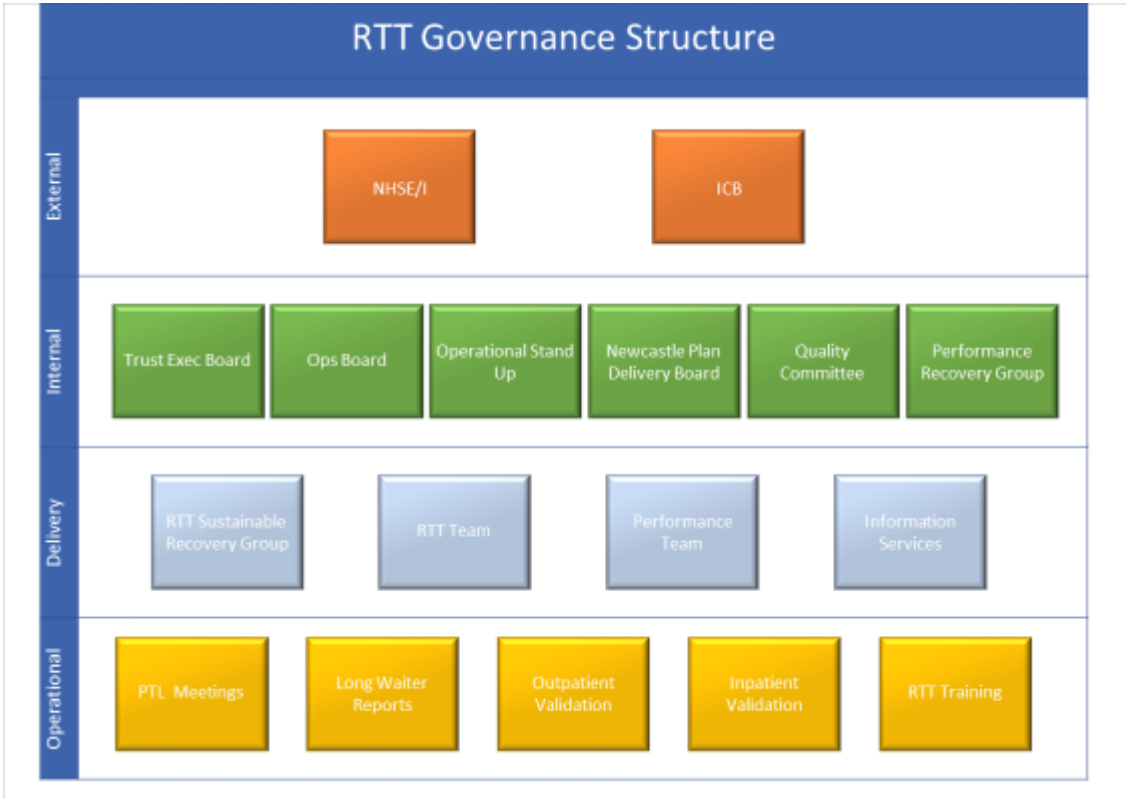
Signed by CEO **Date: 11th November 2022**

Signed by Chair **Date: 11th November 2022**

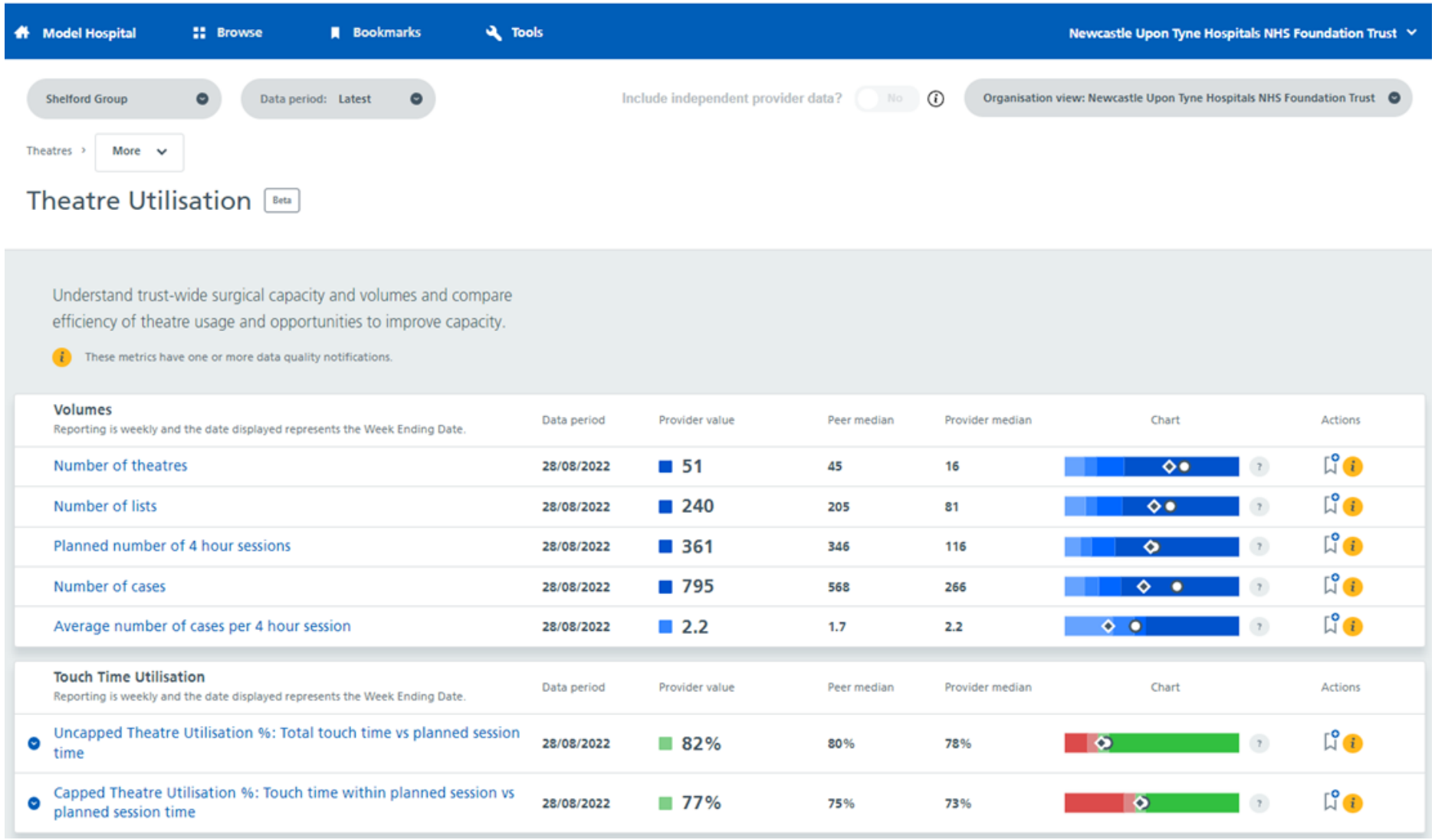
Appendix a) Cancer Governance Slide

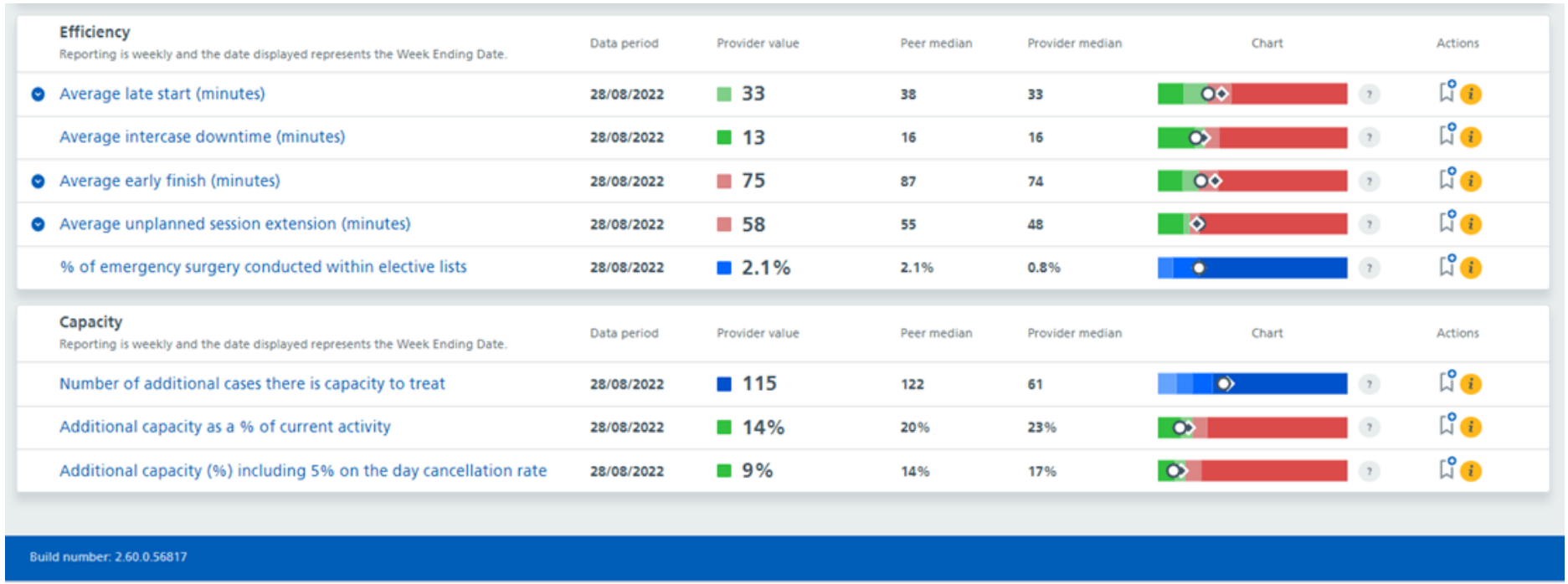


Appendix b) RTT Governance Slide



Appendix c) Theatre utilisation/productivity as per Model Hospital



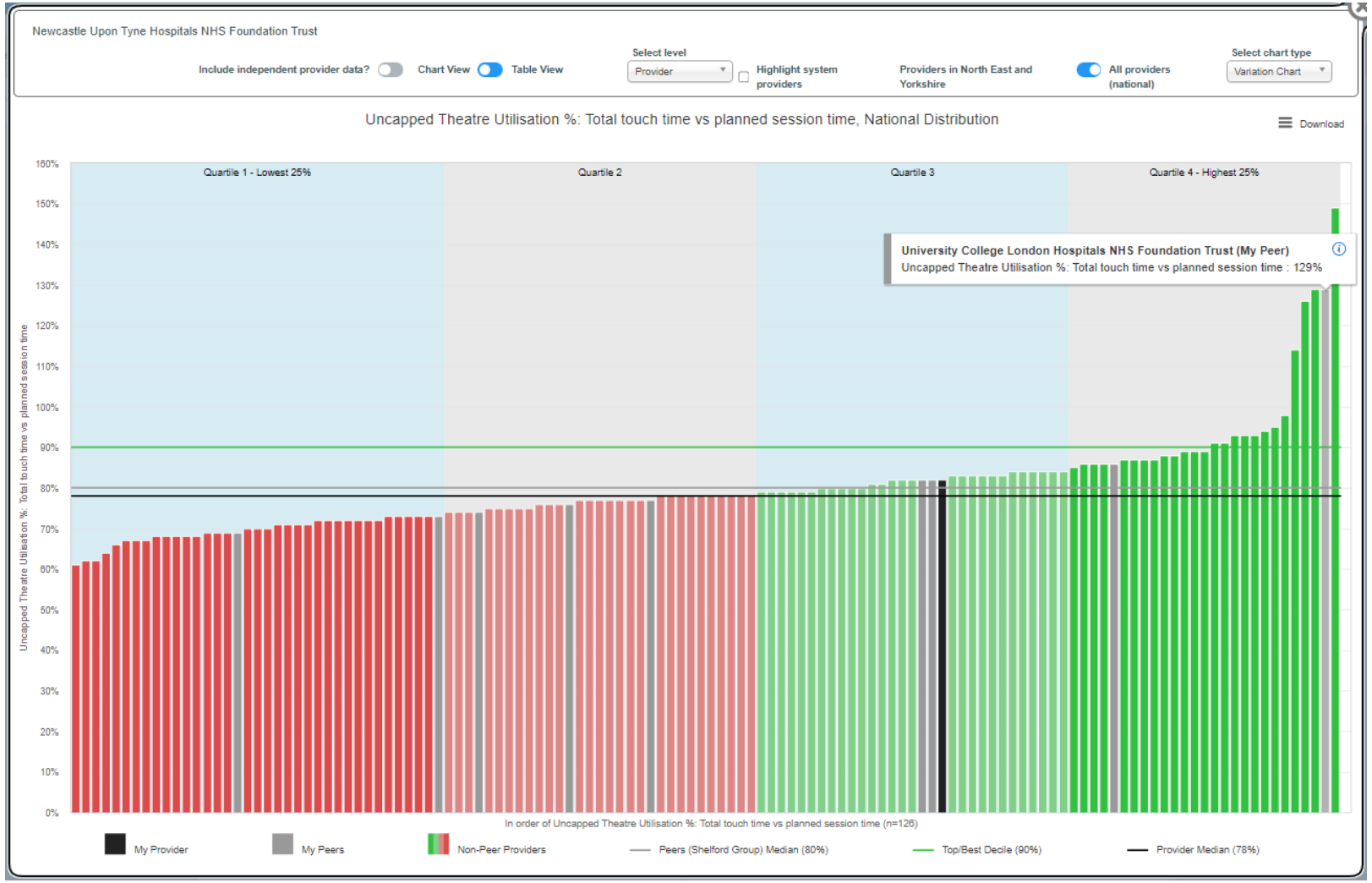


Efficiency Reporting is weekly and the date displayed represents the Week Ending Date.	Data period	Provider value	Peer median	Provider median	Chart	Actions
Average late start (minutes)	28/08/2022	33	38	33		
Average intercase downtime (minutes)	28/08/2022	13	16	16		
Average early finish (minutes)	28/08/2022	75	87	74		
Average unplanned session extension (minutes)	28/08/2022	58	55	48		
% of emergency surgery conducted within elective lists	28/08/2022	2.1%	2.1%	0.8%		

Capacity Reporting is weekly and the date displayed represents the Week Ending Date.	Data period	Provider value	Peer median	Provider median	Chart	Actions
Number of additional cases there is capacity to treat	28/08/2022	115	122	61		
Additional capacity as a % of current activity	28/08/2022	14%	20%	23%		
Additional capacity (%) including 5% on the day cancellation rate	28/08/2022	9%	14%	17%		

Build number: 2.60.0.56817

Model Hospital "Theatre Utilisation". Requirement is 85%. Best performing is 90%



To: NHS Trust and Foundation Trust chief executives and chairs

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

25 October 2022

Dear colleague,

Next steps on elective care for Tier One and Tier Two providers

On 18 October, NHS England wrote to the NHS outlining further plans to boost capacity and resilience for services over the coming challenging winter period. This letter now sets out immediate next steps for tier one and tier two of the elective recovery programme to ensure that our phase two objectives around 78 week waiters and 62 day cancer waits are met.

The NHS has delivered a massive reduction in patients waiting two years and is also now steadily reducing the number of people waiting more than 18 months and 62 days respectively. Activity levels compared to pre-pandemic are increasing but we can still do more. There is no one silver bullet, but through a combination of getting the basics right and data-led management and innovation, particularly on outpatient and diagnostic activity, we firmly believe that we can continue to make genuine progress.

We realise that there are a lot of asks on providers and that each of you will know best your local circumstances and what works well. However, through each wave of Covid over the past two years, hospitals have got better and better at protecting elective and cancer care. There are significant learnings from individual organisations across the country that can make a huge difference if adopted collectively. That is why we are now asking all colleagues to step up efforts on all of the measures outlined below. With this in mind, we ask that you complete the Board self certification, (see appendix A) to allow us to support you where you are having the greatest challenges. The fundamentals that we have, collectively, proven to work are:

Excellence in the Fundamentals of Waiting List Management

Ensuring operational management and oversight of routine elective and cancer waiting lists aligns with best practice as outlined/directed within the national programme and current Cancer Waiting Times guidance. All patients past 62 days for cancer and 78

weeks for wider elective care should be reviewed and the actions required to progress them to the next step in their pathway prioritised.

Validation

The validation and review of patients on a non-admitted waiting list is important for the appropriate use of outpatient capacity and to provide clean visible waiting lists to ensure timely and orderly access to care. There are three phases to validating waiting lists that providers are required to undertake routinely – technical, administration and clinical and, following on from guidance sent out on 16 August available here, we expect providers to meet this timeline:

a) By 23rd December 2022
   Any patient waiting over 52 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

b) By 24th February 2023
   Any patient waiting over 26 weeks on an RTT pathway (at 31 March 2023) who has not been validated* in the previous 12 weeks should be contacted

c) By 28th April 2023
   Any patient waiting over 12 weeks on an RTT pathway (at 20 April 2023) who has not been validated* in the previous 12 weeks should be contacted

Appropriate surgical and diagnostic prioritisation

We know that 85% of patients waiting longer than 62 days from their referral for urgent suspected cancer are waiting for a diagnostic test. For cancer in particular, the significant demand for additional diagnostic capacity means that Trusts need to adhere to the maximum timeframes for diagnostic tests within each tumour-specific Best Practice Timed Pathway, but should at all times have a maximum backstop timeframe of 10 days from referral to report. Trusts should undertake a comprehensive review of current turnaround times and what further prioritisation of cancer over more routine diagnostics would be required to meet this backstop requirement.

Trusts should ensure that existing community diagnostic centres (CDCs) capacity is fully utilised by ringfencing it for new, additional, backlog reducing activity, and working with their wider ICS partners to use a single PTLs across the system. Trusts should work across their systems to accelerate local approval of business cases CDCs, additional acute imaging and endoscopy capacity; and expedite delivery of those investments once approved, and should continue to explore partnerships with the independent sector to draw on or build additional diagnostic capacity.

Surgical prioritisation should continue to follow the guidance set out in the letter of 25 July, providing ringfenced elective capacity for cancer patients (particularly P3 and P4 urology and breast patients) and 78ww patients. Performance against the 31 day standard from decision to treat to treatment should be used to assess whether the first of these objectives is being met.

Cancer pathway re-design for Lower GI, Skin and Prostate

There are three pathways making up two-thirds of the patients waiting >62 days and where increases over the past year have been the largest: Lower GI, Skin and Urology. Service Development Funding was made available to your local Cancer Alliance to support implementation of these changes and additional non-recurrent revenue funding has also been made available nationally.

Lower GI: Full Implementation of FIT in the 2ww pathway

As set out in the joint guidance on FIT issued by the British Society of Gastroenterology and Association of Coloproctology of Great Britain and Ireland (ACPGBI), and reinforced in this letter, most patients with suspected colorectal cancer symptoms but a FIT of fHb <10 µg Hb/g, a normal full blood count, and no ongoing clinical concerns should not be referred on a LGI urgent cancer pathway. Where referred, teams should not automatically offer endoscopic investigation but consider alternative, non two week wait, pathways as set out in the letter.

Full implementation of teledermatology in the suspected skin cancer pathway

All Trusts should work with their ICS to implement teledermatology and digital referral platforms to optimise suspected skin cancer pathways and reduce unnecessary hospital attendances to tackle the backlog and meet increasing demand. NHS England's guidance on the implementation of teledermatology pathways is endorsed by the British Association of Dermatologists and supports a Best Practice Timed Pathway for skin cancer which has been published this week.

Implementation will require provision for dermoscopic images to be taken for Urgent Suspected Cancer Skin cancers. This could be delivered by primary care, a separately contracted service delivered by primary care, in a community image taking hub setting, or by medical illustration departments in secondary care. Capacity must be in place for daily dermatologist triage of images, as either additional activity or as part of existing job plans. Following triage, the consultant or a member of their team should communicate with the patient (via telephone, video or face-to-face consultation) and be booked directly for surgery and receive appropriate preoperative advice and counselling if required.

Full implementation of the Best Practice Timed Pathway for prostate cancer
All provider Trusts should implement the national 28-day Best Practice Timed Pathway for prostate cancer, centred on the use of multiparametric MRI (mpMRI) before biopsy. Using pre-biopsy mpMRI means patients can be triaged towards a biopsy so at least 25% can avoid it, over 90% of significant cancers can be diagnosed on imaging and fewer insignificant cancers are diagnosed. Use of local anaesthetic transperineal biopsy where clinically indicated provides increased accuracy and reduced risk of infection, without the resource intensity of procedures done under general anaesthetic.

Implementation will require all patients to be booked in for both mpMRI and biopsy at the point of triage, with triage taking place no later than 3 days from the date the referral is received. Ring-fenced mpMRI slots should be in place – weekly demand analysis from radiology requesting systems should be used to inform the level at which this is set, with frequency of mpMRI slots sufficient to support delivery of timely biopsy. Maximum use of local anaesthetic transperineal prostate biopsy should also be ensured, with general anaesthetic biopsy used only where clinically indicated or for patient preference. Pre-biopsy mpMRI and biopsy procedures should take place no later than 9 days from the date the referral is received.

Outpatient transformation
Outpatients make up around 80% of the total waiting list and it is crucial that, over the winter period, providers continue to keep a strong operational focus on providing these services. Providers are asked to continue their work to deliver a 25% reduction in outpatient follow up appointments by March 2023.

a) As part of this, trusts are asked to continue the expansion of patient initiated follow up (PIFU) to all major outpatient specialties, especially increasing the volume of PIFU activity in specialties where it is now well established.
b) Continue to deliver at least 16 specialist advice requests per 100 first outpatient appointments. Providers are asked to focus efforts on pre-referral advice models.
c) Further initiatives to support outpatient follow-up (OPFU) reduction should also include improved and standardised discharge procedures and more effective administrative processes – including focusing on reducing DNAs in outpatient settings
d) In order to enable a personalised approach for outpatients and where it is clinically appropriate to do so, outpatient appointments should continue to be delivered via video and telephone, at a rate of 25% of all outpatient appointments. Remote consultation guidance and implementation materials can be found on NHS Futures here.

Surgical and theatre productivity

It is essential that we make best use of available surgical capacity, to drive productivity improvements and protect elective activity through winter. As such we expect providers to:

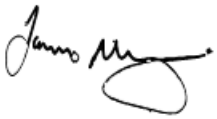
a) Review the senior responsible officer(s) (SROs) and oversight arrangements in relation to theatre productivity and strengthen these if necessary. Ideally, it should consist of a senior manager working 'shoulder-to-shoulder' with a senior clinician – to succeed we need both groups working together.
b) Drive up theatre utilisation to 85%, underpinned by the cases per list standards set out within the GIRFT high volume low complexity (HVLC) programme.
c) Make elective surgery daycase by default, delivering daycase rates across all surgery of 85%, and helping to free up valuable inpatient beds for complex work.
d) Maximise Right procedure right place, taking simple surgical procedures out of theatre into procedure rooms, eg hand surgery, cyctoscopy, hysteroscopy
e) Adopt best practice pre & peri-operative medicine pathways to reduce issues of under booking of lists, on the day cancellations, and pro-longed length of stay, as well as providing better care for patients.
f) Optimise the booking & scheduling processes, ensuring that patients are ready for surgery prior to being offered a surgery date, with an embedded data driven, clinically led approach.
g) Not performing those interventions identified as 'must not do' on EBI lists 1 and 2 and following the stated process for those List 1 and 2 interventions that should only be performed after applying the specific criteria.

Board Self-certification

As part of the above priorities, we are asking each provider to undertake a Board self certification process and have it signed off by Trust Chairs and CEOs by November 11, 2022. If you are unable to complete the self certification process then please could you discuss next steps with your Regional team. The details of this self certification can be found at Appendix A.

Thank you for all of your continued hard work in addressing what are two critical priorities for the NHS over the winter period. Please share this letter with your Board, key clinical and operational teams and relevant committees, and do email england.electiveopsanddelivery@nhs.net should you have any questions.

Yours sincerely,



Sir James Mackey
National Director of Elective Recovery
NHS England

Dame Cally Palmer
National Cancer Director
NHS England

Elective Recovery Self certification **Appendix A**

The Chair and CEO are asked to confirm that the Board:

a) Has a lead Executive Director(s) with specific responsibility for elective and cancer services performance and recovery.

b) That the Board and its relevant committees (F&P, Safety and Quality etc) receive regular reports on elective, diagnostic and cancer performance, progress against plans and performance relative to other organisations both locally and nationally.

c) Has an agreed plan to deliver the required 78ww and 62 day trajectories for elective and cancer recovery, and understands the risks to delivery, and is clear on what support is required from other organisations.

d) Has received a report on the current structure and performance of Lower GI, Skin and Prostate cancer pathways (including the proportion of colonoscopies carried out on patients who are FIT negative or without a FIT; the proportion of urgent skin referrals for whom a face to face appointment is avoided by use of dermoscopic quality images; and a capacity/demand analysis for MRI and biopsy requirements on the prostate pathway), and agreed actions required to implement the changes outlined in this letter.

e) Is pursuing the opportunities, and monitoring the impacts, presented by Outpatient transformation and how this could accelerate their improvement, alongside GIRFT and other productivity, performance and benchmarking data and opportunities.

f) Have received a report on Super September and have reviewed the impact of this initiative for their Organisation.

g) Have received reports on validation, its impact and has a validation plan in line with expectations in this letter.

h) Have challenged and received assurance from the lead Executive Director, and other Board colleagues, on the extent to which clinical prioritisation (of both surgical and diagnostic waiting lists) can help deliver their elective and cancer objectives. This should include receiving a review of turnaround times for urgent suspected cancer diagnostics and agreeing any actions required to meet the backstop maximum of 10 days from referral to report.

i) Discuss theatre productivity at every trust board; we suggest with the support of a non-executive director to act as a sponsor.

j) Routinely review Model Health System theatre productivity data, as well as other key information such as day-case rates across trusts.

k) Confirm your SROs for theatre productivity.

l) Ensure that your diagnostic services reach at least the minimum optimal utilisation standards set by NHS England.

Signed by CEO Date:

Signed by Chair Date:

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

Trust Board

Date of meeting	Thursday 24th November 2022		
Title	Strategy Update		
Report of	Vicky McFarlane-Reid, Director of Business Development and Enterprise		
Prepared by	Lisa Jordan, Assistant Director of Business Strategy and Planning		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒
Summary	The report includes an update on strategic achievements across the Trust which support the 5P's and the continued delivery of the Trust Strategy. It also includes an overview of the Directorate Strategy refresh and plans for the Trust Strategy refresh. Finally, there is some information regarding the Integrate Care Strategy from the NENC Integrated Care Partnership.		
Recommendation	To receive the report.		
Links to Strategic Objectives	Aligns to all the Strategic Objectives		

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☐	☐	☐	☐	☐	☐	☐

Impact detail	N/A
Reports previously considered by	This is a new report.

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Trust Board Strategy Update

Vicky McFarlane-Reid

Director Business, Development & Enterprise

24th November 2022

Trust Strategy – achievements

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Day Treatment Centre:

The opening of the day treatment centre aligns with several of the Trust's strategic objectives and 5Ps, including:

Patients

- *Developing our #ReducingDaysAwayFromHome approach*

People

- *Having generated wealth for the local economy through employment, health and wellbeing*

Pioneers

- *Creating environments that lead the way for delivering world class, cutting-edge treatment and care, research, education and innovation*

Trust Strategy – achievements

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Senior Leaders Programme - People

The roll-out of the Senior Leaders Programme, in collaboration with the IHI, to the top 100 leaders within the Trust demonstrates the Trust commitment to:

- *Delivering our leadership development and talent management strategy, providing high quality professional and leadership development, talent management and succession planning*

The programme is now being rolled out more widely across the organisation.

CQC State of Care 2021/22 - Performance

The CQC State of Care annual assessment of health care and adult social care highlighted the Northern Centre for Cancer Care as an area of good practice after they introduced seven-day working and enhanced ambulatory care.

This is a fantastic example of:

- *Defining what outstanding looks like nationally.*

Trust Strategy – achievements

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Regional Spinal Network – Partnerships

- *Working with other acute providers and systems to develop sustainable services through managed clinical networks, hub and spoke and/or prime provider arrangements across a range of specialties/specialised services*

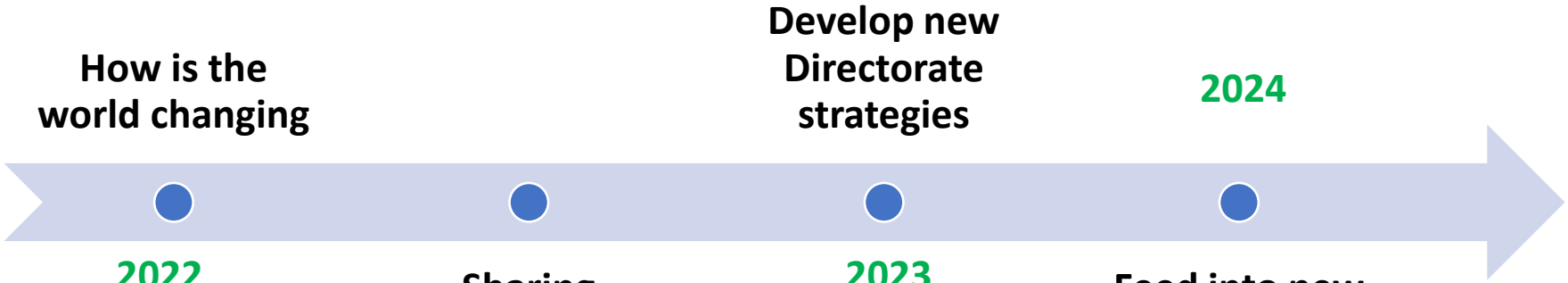
Spinal surgeons from MSK and Neurosurgery have established an internal cross directorate partnership to address the capacity issues with spinal surgery.

The NuTH Spinal surgeons from Neurosurgery and MSK, along with senior managers then began developing relationships with other Trusts within the ICB who provide spinal surgery. These relationships have led to our spinal surgeons carrying out surgery using theatre capacity and teams within other Trusts, allowing patients to receive the right care in the right place. This partnership will continue to develop for the benefit of patients.

Directorate strategy refresh

The Newcastle upon Tyne Hospitals NHS Foundation Trust

- Directorate strategies were last developed in 2018 and used to inform 2019 Trust Strategy
- Much as happened since then - COVID 19 pandemic, unprecedented recovery challenges, ICB established
- From Jan 22 – Jul 22 a series of workshops were held to provide directorates with information on the internal and external environment
- In Sept 22 the directorates were given information packs, including a market analysis of their services, and a template for completion by Mar 22
- During Nov – Dec 22 workshops are being held for directorates to share initial thoughts / draft strategies with one another



Healthcare at its best with people at our heart

New Trust Strategy - 2024

The Newcastle upon Tyne Hospitals NHS Foundation Trust

- The new Trust strategy is due in 2024
- Work will begin in early 2023 to develop it, including
    - Trust Board engagement
    - Wider Trust engagement
    - Thematic analysis of directorate strategies
    - Stakeholder engagement

- The Trust strategy will need to take into account the ICB Five Year Plan, due to be published in April 2023

and

- The ICP Integrated Care Strategy, due to be published in December 2022…..

Trust strategy refresh activities

The Newcastle upon Tyne Hospitals NHS Foundation Trust

	2022		2023												2024							
Activity	Nov	Dec	Jan-23	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-24	Feb	Mar	Apr	May	Jun	Jul	Aug
Board engagement																						
Directorate strategies published																						
Directorate strategies 'themed'																						
Wider Trust engagement																						
Stakeholder engagement																						
Writing the strategy																						
Proof reading																						
Formatting																						
Publication																						

Board engagement:
Attend Board Development workshops to update on progress

Trust engagement:
Run Trust-wide events 1/4ly

Stakeholder engagement:
Attend relevant stakeholder meetings e.g. place-based meetings, provider collaborative etc.

Integrated Care Partnership (ICP)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

- All ICPs are required to publish an Integrated Care Strategy by December 2022
- The NENC ICP have published a draft strategy for public and stakeholder feedback
- The deadline for feedback in 25th November – the Trust will be submitting a response

- ICBs and local authorities must 'have regard to' the strategy when making decisions, and commissioning or delivering services

- The strategy must use the best evidence, building from local assessments of needs (JSNAs), and enable integration and innovation.

ICP Strategy – vision, goals and enablers

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NIHR | Clinical Research Network North East and North Cumbria

Clinical Research Network Board Report Summary

Professor Caroline Wroe, Clinical Director
November 2022

Clinical Research Network scope and geographical

Hosted by Newcastle Upon Tyne Hospitals NHS Foundation Trust.

Role to coordinate and support research delivery taking place in the NHS and across the wider health and social care environment.

- 11 NHS Foundation Trusts
- 64 Primary care networks (50% GP Practices active in research in 21/22)
- 13 Local Authorities
- Social care
- Public and Voluntary sector

NIHR | Applied Research Collaboration North East and North Cumbria

NIHR | Clinical Research Network North East and North Cumbria

NEWCASTLE HEALTH INNOVATION PARTNERS
DISCOVER. DEVELOP. DELIVER

Academic Health Science Network North East and North Cumbria

ICS Integrated Care System North East & North Cumbria

NIHR | Clinical Research Network North East and North Cumbria

Performance Highlights 21/22

2021/22 Performance headlines

Recruited **56,767** participants to **790** studies

Funded **approx. 800 hours** of consultant staff time

Funded **equal to 480** full-time NMAHP, research delivery and support staff

17 UK, European and Global Firsts

COVID-19 and beyond

PANORAMIC

12,521 participants recruited to COVID-19 Urgent Public Health studies

significant contributions to UK's fastest ever recruiting primary care interventional trial: **357** participants recruited

Novavax MHRA approval (**534 participants** recruited in 2020/21)

continuing vaccine research **337** participants recruited to the Valneva vaccine study

115 delegates attend our first face-to-face annual networking event since 2019

Increased recruitment on **4 out of 5** NENC-led commercial Managed Recovery studies

Research beyond boundaries - studies and successes

Clare Leonard of Appleby Care Home in Whitley Bay became the first care home manager to secure an NIHR Greenshoots award.

£265,140.10 of funding awarded to support new research that addresses local unmet health needs

CI-led studies:

HEART - Primary Care (IIT)
498 participants recruited in 2021/22

MapMe - Public Health
563 participants recruited in 2021/22

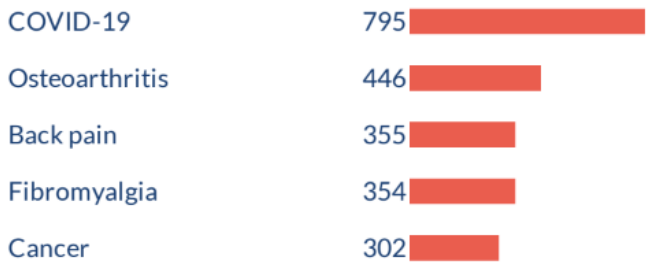
30% of regional recruitment happened outside the NHS

People and Communities

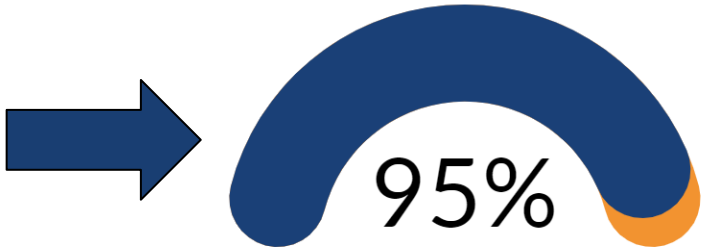
BE PART OF RESEARCH

39,133 Be Part of Research website visits

Most commonly searched conditions (CRN North East and North Cumbria area)



1,526 PRES responses collected



would take part in research again

Participant in research experience survey

NIHR | Clinical Research Network North East and North Cumbria

Our partnerships - examples

Partnered with AHSN on the MedConnect North initiative: leveraged **over £2 million** for the region since 2018

MEDCONNECT NORTH
Connecting NHS & Technology

NECS, ARC NENC and NENC Deep End: provided funding support research in deprived areas

necs

Partnership satisfaction survey

100% response rate from partners
All were satisfied with engagement with CRN
All agreed the CRN leadership team was supportive of their organisation

NEAS: provided funding for a new ambulance car to deliver research more effectively across the region

Developing the workforce

Timeline

30 July
Deadline to complete the IT survey to assess IT and equipment needs.

20 August
Deadline to clear desks and complete DSE assessment form.

23 August
Move to hot desking. New meeting room and desk names are adopted.

Move to flexible working within the Core Team

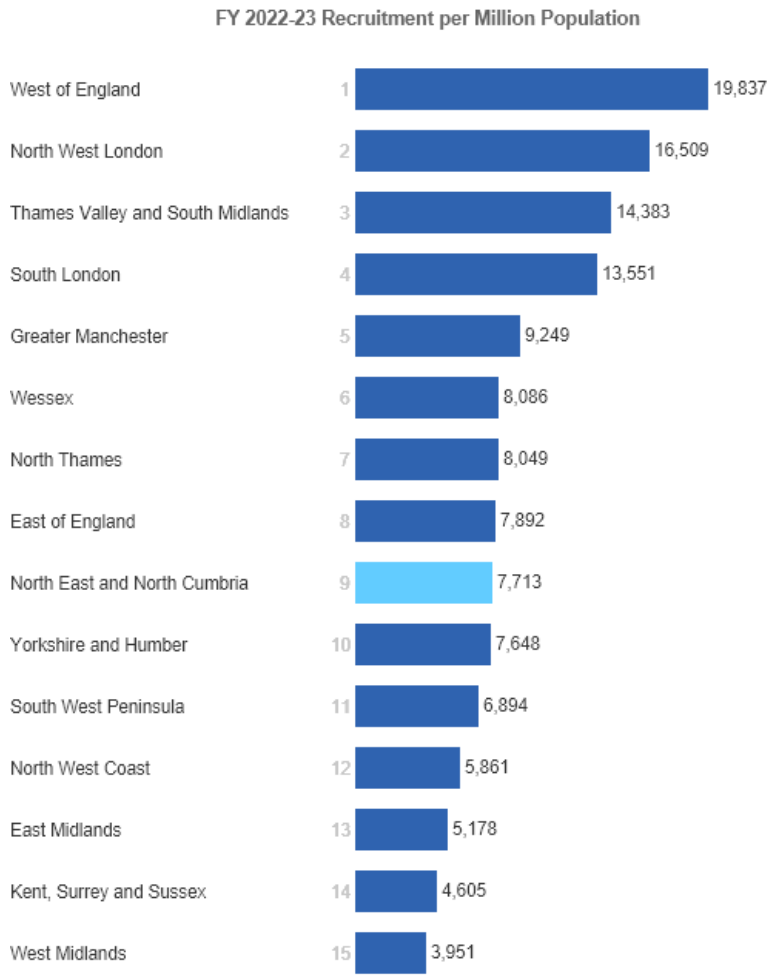
97% of staff said they achieve a good balance between work and home life (staff survey)

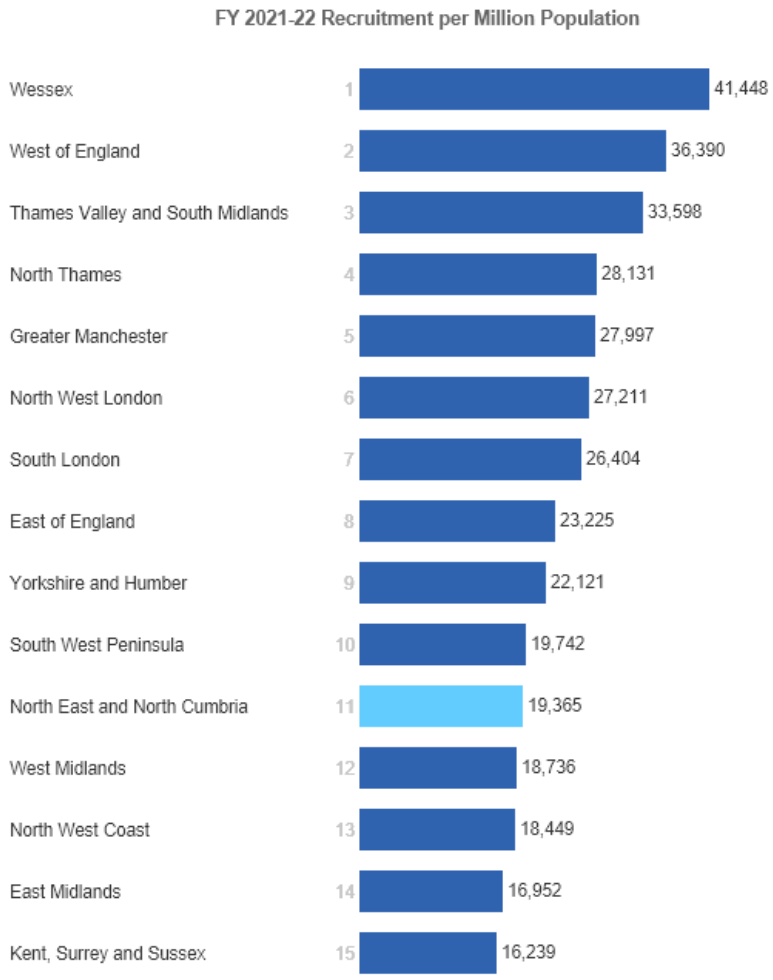
Recruited the Direct Delivery Team - a new mobile workforce to support research

L&D: Delivered live training courses to **over 500** participants

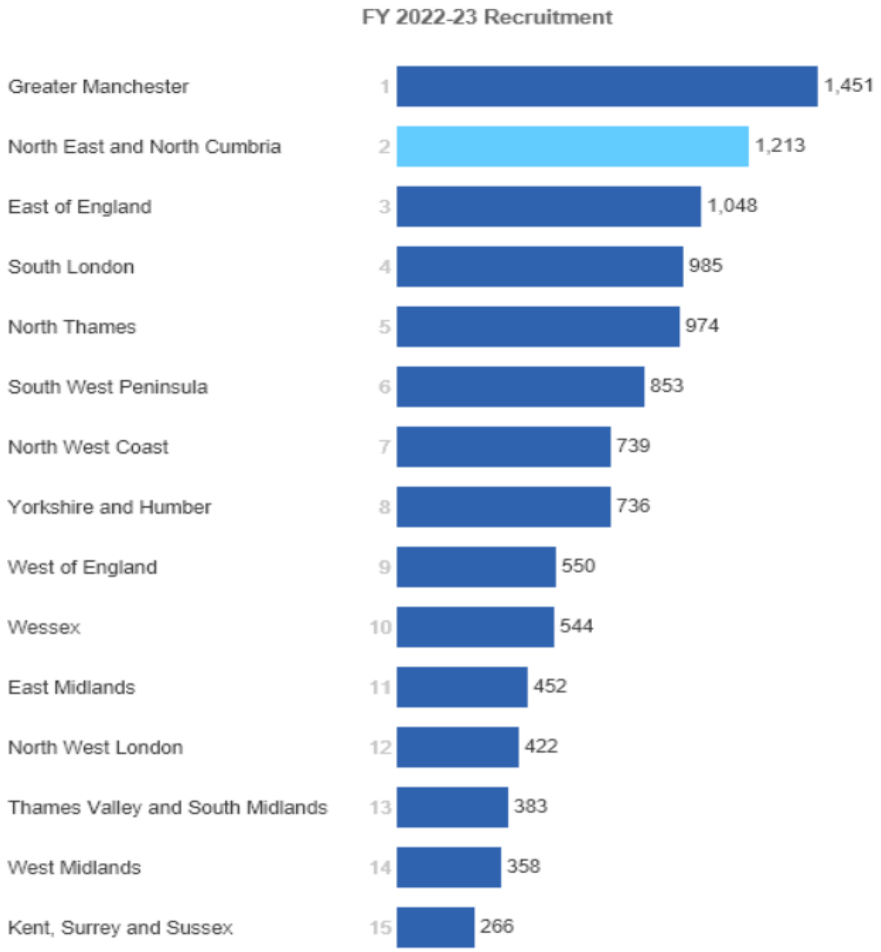
Activity 22/23

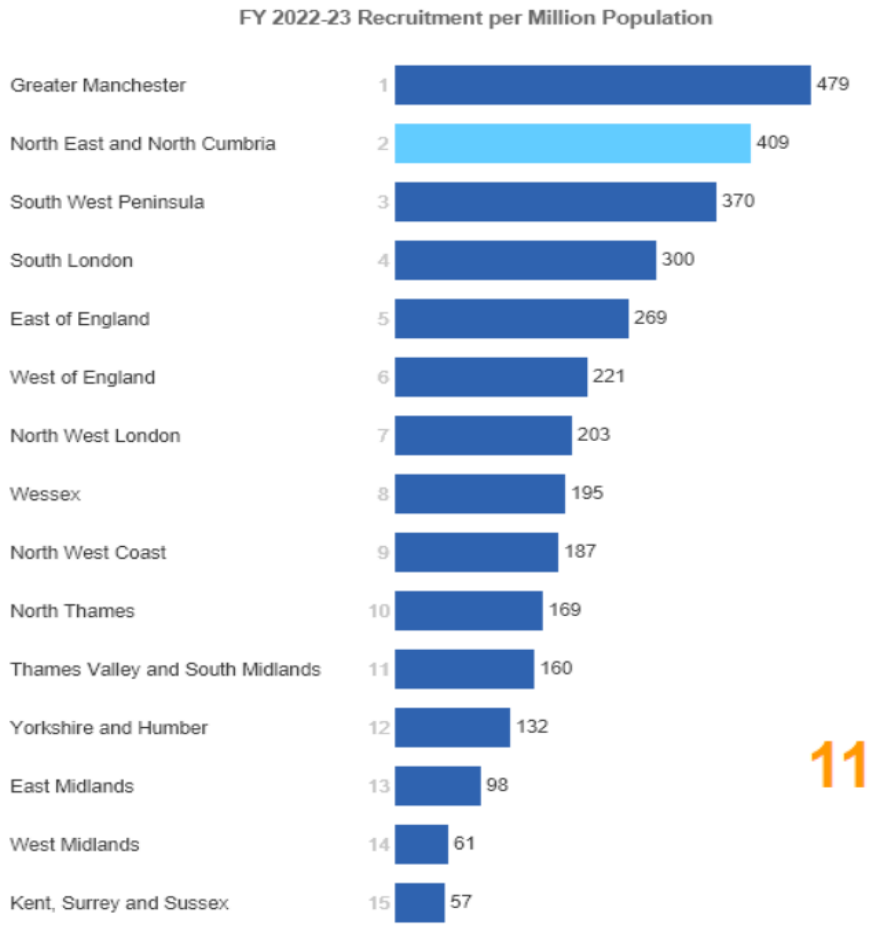
Participant recruitment per million population

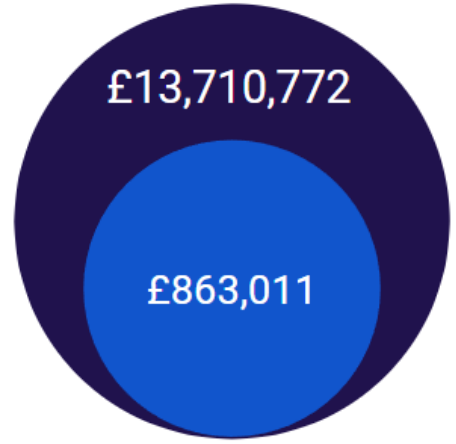




Commercial Research







115.67 WTE across the region funded by commercial activity

NIHR | Clinical Research Network North East and North Cumbria

Future changes to the network

Retendering of CRN contracts

New name: NIHR Regional Research Delivery Networks

Fewer networks-no change to geography for our region

Scope likely to be similar

<u>The NIHR RRDNs will have three key roles:</u>

1. Provide support to research sites to enable the effective and efficient initiation and delivery of funded research across the health and care system in England

2. Enable the strategic development of new and more effective research delivery capability and capacity, including bringing research to under-served regions and communities with major health and care needs

3. Work jointly with the Coordinating Centre in the strategic oversight of the NIHR RDN.

Challenges and risks

Questions

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	Health Inequalities Update						
Report of	Martin Wilson, Chief Operating Officer						
Prepared by	Dr Balsam Ahmad, Consultant in Public Health						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☒		
Summary	This paper updates the Board on work to address health inequalities since the last Board update in March 2022. It includes activity within the Trust and where the Trust leads in partnership with Collaborative Newcastle or the Integrated Care Board. The paper demonstrates that significant progress has been made, especially in relation to strengthening leadership; building capacity and use of data.						
Recommendations	Receive this progress report on the Trust's work and plans for addressing health inequalities, both internally and with wider system partners are appropriate.						
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. Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes. Performance - Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☒	☒	☒	☒	☒	☒
Impact detail	Embedding evidence-based approaches to address health inequalities in trust business has implications for improving healthcare quality, patient safety, improving efficiency and outcomes of care.						
Reports previously considered by	This the second report that has been produced for the Board. The Chief Operating Officer will provide regular reports of this format on different topics going forward. The operational issues covered in this report are actively discussed in Executive Team and other managerial meetings.						

Health Inequalities: An Update

EXECUTIVE SUMMARY

This paper presents progress to address health inequalities in relation to:

- Strengthening leadership;
- Building capability in health inequalities and population health management;
- Ensuring datasets are complete and timely to undertake health inequality analysis; and
- Accelerating prevention programmes that reduce health inequalities.

Recommendation:

The Board is asked to receive this progress report on the Trust's work and support plans for addressing health inequalities of access, service use, outcomes and experience, both internally and with wider system partners.

HEALTH INEQUALITIES UPDATE

1. BACKGROUND

Health inequalities are systematic, unfair and avoidable differences in health across the population and between different groups within society. In Newcastle 37% of the population live in the 20% most deprived areas (quintile) nationally. Moreover, health indicators for Newcastle and other localities in the North East region are worse than the England average (Appendix 1).

2. STRENGTHENING THE TRUST'S LEADERSHIP TO ADDRESS HEALTH INEQUALITIES

A strong leadership team is now in place to drive forward a movement and a culture change to embed addressing health inequalities in the Trust's everyday business.

- A core Health Inequalities Group has been convened that meets regularly and oversees a programme of work relevant to health inequalities in the Trust, including engagement and educational activities. The group includes co-clinical directors on Health Inequalities and clinical leads, an Associate Director of Nursing and the Consultant in Public Health.
- NHSE has appointed the Associate Director of Nursing for children and young people as the regional children and young peoples inclusion health clinical lead on a secondment to lead a programme of work key to addressing health inequalities. This includes working with Learning Disability North East on a 'was not brought' strategy which aims to support children who are not brought to hospital appointments.

3. EMBEDDING HEALTH INEQUALITIES IN BUSINESS PLANNING AND STRATEGY

The Trust has made huge strides in taking an evidence-based approach to understanding and addressing health inequalities in the populations it serves.

- The business strategy and planning team are supporting directorates to develop evidence-based strategies that incorporate population health indicators and health inequalities. The intention is that the directorate strategies will feed into the next Trust strategy and the overarching healthcare inequality plan.
- An assessment tool has been recently developed for assessing proposed investment proposals, service development plans and policies to consider their impact on health inequalities and support actions to help reduce health inequalities.
- Relevant themes from directorate strategy meetings will be fed into the core health inequalities team and group with the aim to develop the overarching trust health inequalities plan.

4. BUILDING CAPACITY AND CAPABILITY TO ADDRESS HEALTH INEQUALITIES

Members of the health inequalities core group have actively engaged in organising and delivering educational and training days focused on health and social inequalities as well as strengthening workforce capability in population health management approaches.

- The Health Inequality Group continues to meet monthly with content delivered by Trust and external colleagues.
- A training day on health and social inequalities for 100 partners across Collaborative Newcastle was held in May 2022. Organised by the consultant in public health, the focus was on the anchor organisation role and poverty proofing care pathways. The feedback from the day was highly positive.
- More recently, the Health Inequalities Clinical Directors led a Collaborative Day on the 2nd of November which was funded by Newcastle Hospitals Charity. 125 delegates from across the Trust and ICS attended. Keynote presentations were delivered by Professors Clare Bambra and Edward Konunga as well as Jon Goodman, the Head of Grants at Newcastle Hospitals Charity and colleagues from the Making Every Contact Count programme.
- A successful application has been made to Health Education England to appoint a second Population Health Management Fellow.

5. EMBEDDING PREVENTION PROGRAMMES TO REDUCE HEALTH INEQUALITIES

Significant progress has been made in enhancing prevention programmes. These are key to addressing health inequalities and implementing the NHS Long Term Plan.

- ***The Tobacco Dependency Treatment Service***: In addition to the harm caused by tobacco, smoking remains the single largest driver of health inequalities in our population. Treating tobacco addiction is the most cost-effective lifesaving intervention provided by the NHS. The last few months have seen huge progress in delivery of the Tobacco Dependency Treatment Service in partnership with HealthWorks. The service supports smokers aged 16yrs+ who are admitted as acute inpatients and pregnant smokers booked/admitted in maternity. Data collection in e-record went live in November 2022 and training is being delivered to frontline staff.

- ***The Alcohol Care Team (ACT):*** Alcohol contributes to higher mortality risks in more socioeconomically disadvantaged groups. These groups experience disproportionately greater alcohol-related harm. The ACT team has expanded and over 2000 contacts have been made with patients in the last 9 months. There are now 60 link nurses that offer education sessions and 1200 staff across the trust have now trained in Alcohol Identification and Brief Advice (IBA). The ACT contributes to embedding poverty proofing in its care pathways by offering food bank vouchers to relevant patients on discharge and potentially 'comfort packs' for those who are homeless.

6. IMPACTING THROUGH COLLABORATIONS AND PARTNERSHIPS

The Trust leads flagship projects on behalf of Collaborative Newcastle and the ICB:

Duplication to Personalisation: Funded through ICHNE and the Newcastle Hospital Charity this project aims to reduce health inequalities and improve efficiencies by reducing duplication of care services across Collaborative Newcastle. It is unique in that it brings together data science/population health management with individualised patient centred and economic evaluation approaches.

A prototype dashboard for the project has now been built to test functionality and enable the exploration of patient cohorts over a two year period across different service areas in the respective organisations; together with data on referral and discharge and future appointment. The dashboard also allows exploration of the demographic data (age, sex, ethnicity and IMD) in addition to understanding patient population usage at ward level across the city. Through the data, the project team is exploring hypotheses regarding a number of cohorts together with developing personalised and bespoke service delivery models to address unmet needs.

The D2P team has supported other work streams including the health economic impact of waiting times reduction following implementation of the newly built westgate cataract centre as well as looking at echocardiography services and the patient attendances in Radiology.

The North ICB Waiting Well Programme was scaled up from an innovative project at Newcastle Hospitals aimed at pre-operative optimisation of patients with uncontrolled diabetes. It links hospital waiting lists and primary care GP records to identify patients on the elective surgery waiting lists and offer them a personalised intervention plan. Dr James Prentis leads and chairs the North ICP Waiting Well Oversight Group. The aim is for the ICP acute trusts to target the complex issues known to impact on postponements from pre-assessments, on the day cancellations, complications, and failed day case rates. The project received the innovation award at the Celebrating Excellence event in September.

7. MONITORING USING DASHBOARDS

Identifying, understanding and monitoring health inequalities has been a particular area of focus over the past 6-months. A range of dashboards have been built and these provide data to inform planning, monitoring health inequalities as well as quality improvement work. This includes the inpatient waiting list dashboard. This can be interrogated by directorate, speciality and health inequalities measures such as age, gender, learning disability, ethnicity, deprivation quintiles as well as waiting time, clinical priority and elective admission type. This data is helping services and directorates to understand and address inequalities in their service areas and monitor changes over time, including the impact of COVID-19.

The community dashboard on System One allows exploration of the data by demographic factors such as age, gender, deprivation and ethnicity. There is ongoing work to ensure datasets are complete. Information Services are working with NECS to check Newcastle Hospitals data from two main clinical record systems to verify learning disability flags. By bringing register data together, an accurate and consistent register allows this vulnerable cohort of patients to be identified and supports equity of access to services.

Currently there is a proposal to embed health inequalities in Board level performance reporting in relation to a number of datasets including the cancer 62 day kaiting lists.

8. RECOMMENDATION

The Board is asked to receive this progress report and support plans for addressing health inequalities of access, service use, outcomes and experience, both internally and with wider system partners.

Report of Martin Wilson
Chief Operating Officer and Executive Lead on Health Inequalities
24 November 2022

Appendix 1

Public Health England - Fingertips

Indicator	England	North East	Gateshead		Newcastle upon Tyne		North Tyneside		Northumberland	
			Count	Value	Count	Value	Count	Value	Count	Value
Life Expectancy at birth (Male)	79.4	77.6		77.4		77.3		78.3		79.3
Life Expectancy at birth (Female)	83.1	81.5		81.6		81.6		82.2		82.9
Inequality in life expectancy at birth (Male)	9.7	12.5		10.8		12.0		11.4		11.7
Inequality in life expectancy at birth (Female)	7.9	10.0		8.8		8.7		9.9		10.1
Deprivation score (IMD 2015)	21.8			25.9		28.3		21.3		20.5
Under 75 mortality from all cardiovascular diseases	70.4	82.1	472	86.0	551	87.9	461	77.7	750	69.9
Under 75 mortality from Cancer	129.2	149.0	862	157.2	992	157.9	876	147.3	1,351	125.0
Cancer diagnosed at early stage	52.2%	52.4%	480	52.2%	578	54.1%	490	52.0%	897	54.8%
Suicide rate	10.4	12.4	47	9.0	88	11.8	60	10.9	93	11.7
Emergency Hospital admissions for intentional self-harm	181.2	273.9	625	315.1	720	215.1	925	471.7	1,155	412.9
Violent crime - hospital admissions	41.9	60.0	305	50.4	595	60.7	420	71.8	540	65.8
Hip fractures in people aged 65 and over	529	596	270	663	270	578.0	250	596.0	435	553.0
Excess Winter deaths index	17.4%	14.1%	160	23.6%	70	9.1%	60	9.1%	230	20.9%
Estimated diabetes diagnosis rate	78.0%	82.5%		80.1%		82.6%		84.5%		82.9%
Estimated dementia diagnosis rate (65 and over)	61.6%	66.2%	1,810	69.9%	1,964	69.5%	1,766	64.9%	3,016	60.7%
Admissions for alcohol-related conditions	664	908	2,101	1,045	2,379	914	2,210	1,067	3,171	955
Admissions for alcohol-specific conditions (Under 18)	29.3	52.0	60	50.8	55	31.4	105	83.8	110	62.2
Smoking prevalence in adults in routine and manual occupancies	24.5%	24.3%		29.8%		21.6%		22.2%		19.6%
Percentage of adults (18+) classified as overweight or obese	63.5%	69.7%		73.3%		66.6%		65.9%		65.9%
Children (11years old): Prevalence of obesity (including severe)	21.0%	23.2%	505	24.9%	720	24.8%	475	21.3%	495	19.6%
Breastfeeding initiation	74.5%	59.0%	1,654	75.6%	2,236	69.4%	1,428	65.4%	1,806	65.6%
Smoking staus at time of delivery	9.6%	13.3%	218	11.6%	339	11.7%	200	9.9%	251	10.3%
Infant mortality rate	3.9	3.2	24	4.1	36	3.9	17	2.7	27	3.6
Children in low income families (Under 16)	17.0%	22.6%	7,195	20.9%	11,835	24.7%	6,110	17.1%	8,705	17.2%
Percentage of people in employment	75.1%	71.2%	95,600	74.7%	144,600	72.2%	94,000	74.8%	127,600	70.4%
Statutory homelessness	0.8	0.6	88	1.0	289	2.3	84	0.9	34	0.2

Key

Value worse than England value
Value similar to England Value
Value better than England value
In the 2nd worst quintile for England
In the worst quintile for England
In the middle quintile

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	This paper has been prepared to inform the Board of Directors of key issues, challenges, and information regarding the Executive Chief Nurse areas of responsibility. The content of this report outlines: • Spotlight on our International Recruitment • Patient Experience Quarter 2 (Q2) 2022 - 2023 • Safeguarding Quarter 2 (Q2) 2022 – 2023 including Newcastle Safeguarding Adults Board Annual Report and • Learning Disability Quarter 2 (Q2) 2022 – 2023						
Recommendation	The Board of Directors is asked to note and discuss the content of this report.						
Links to Strategic Objectives	• Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes. • Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☒	☒	☐	☒	☐	☐
Impact detail	Putting patients first and providing care of highest standard.						
Reports previously considered by	The ECN Update is a regular comprehensive report bringing together a range of issues to the Trust Board.						

EXECUTIVE CHIEF NURSE REPORT

EXECUTIVE SUMMARY

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

Section 1: International Recruitment

This month's 'Spotlight' section outlines the work of our International Recruitment (IR) Team. Due to the nursing workforce challenges locally, regionally, and nationally, International Recruitment has, and continues to be an important part of our recruitment strategy to ensure we have enough nurses to provide the highest possible standard of care. We cannot underestimate the courage of our international recruits to leave their homes and families to come and live and work in Newcastle. It is therefore of paramount importance that we ensure they have the best possible experience both inside and outside of work. Our International Recruitment Team, working closely with colleagues in HR recruitment, Finance and colleagues from across the Trust are key in delivering the best experience for our recruits. This spotlight focuses on the work of this team.

Since 2015 the Trust has deployed 308 internationally recruited nurses and two midwives. Of the 310, 127 are nurses and midwives that have been deployed since June 2022 as part of our ambition to deploy 305 nurses and midwives over 2022 and into early 2023.

This report contains many examples of how the team support a positive pastoral experience for our IR recruits - from pre-deployment to full integration into the clinical teams. This includes examples such as:

- Ensure bedding, cutlery, domestic essentials, and fresh provisions have already been purchased and provided in preparation for their arrival.
- The recruits are provided with UK sim cards for phones and offered appointments to set up UK bank accounts
- The team also support a bespoke induction with support from chaplaincy team, our Staff Networks, previous recruits, local police, and other members of the community to support them personally as well as professionally.
- A high quality OSCE preparation programme designed and delivered by the team
- When the nurse or midwife is ready to take their OSCE Test of competence (ToC) they team liaise with test centres, and they accompany all registrants to their test at a number of national OSCE test centres.
- The pastoral offer extends beyond the OSCE ToC and the team regularly provide advice and guidance to wards and departments in relation to the support of nurses in practice

Over the previous months the IR team have had several challenges and successes, and these are outlined within the report. Of note, the team have successfully submitted robust evidence for a nationally acclaimed pastoral award whilst Audrey Tapang, the Senior Nurse

for International Recruitment has successfully been shortlisted for International Nurse of the Year in the Nursing Times Workforce Awards later in November 2022. This is testament to the teams' hard work and dedication.

Section 2: Patient Experience Quarter Two (Q2) Update

The Trust has opened 147 formal complaints in Q2, which is an increase of 26% from the previous quarter. The Trust has received on average 44 formal complaints per month, which is a 4% decrease from the previous year where the average was 46 complaints per month.

Up to the end of September 2022, the highest number of complaints are with the Medicine Directorate with 42 complaints. The lowest number are with the Dental directorate with two complaints.

Of the 147 complaints that opened in this quarter, 28% had a primary concern with regards to communication. This further breaks down into sub-subjects; communication failure with patient is the most common issue (n19), communication with relatives or carers (n8) and access to interpreting services (n3).

The report contains an overview of the CQC National Adult Inpatient Survey 2021. Historically, the Trust performs very well in this survey and this year's results continue to reflect this. Analysis of the benchmarked data confirms the Trust has performed much better, better than most and somewhat better than most Trusts in 12 questions. The Trust did not perform much worse, worse or somewhat worse than most trusts in any questions. The CQC also compare results from the previous year, which demonstrated that the Trust had five areas where scores have slightly declined. The report includes further detail on these areas and actions to address areas for improvement.

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

Finally, the report contains an overview of the Equality Delivery System which is a mandatory improvement tool from NHS England to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for individuals and groups protected by the Equality Act 2010 and to support meeting the Public Sector Equality Duty (PSED).

It is noted that standard 1A has been downgraded to 'developing' based on our internal review. This is due to concerns raised by patients regarding interpreter availability and ensuring access to information in different formats. There is active work on-going to address both issues which is overseen by the Patient Experience and Engagement Group. Further detail of key actions is included in the report and a copy of the full annual report and published equality and diversity access data can be found separately as (appendix i) in the board reference pack.

Section 3: Safeguarding Quarter Two (Q2) Update

This summary provides a Q2 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 Q2 evidences the following key high-level points

- In adult safeguarding it is noted that whilst activity fluctuates, the current trend matches the pattern over the last two years. There was a notable reduction in activity in September which was unexpected. This has been reviewed by the team and the reasons for this are multi-factorial including some issues due to data accuracy which have been reviewed and rectified and is not a reflection of reduced activity.
- In Children's safeguarding, it is noted that the Trust has continued to see an increase in overall activity with almost triple that of 2019/20 (pre-pandemic). The Trust has also seen an increase of 19.6 % in referrals over Q1 and Q2 compared to comparable period over the last three years. The highest categories of referrals being for Neglect, followed by self-harm/overdose, Parental self-harm/overdose, domestic abuse and physical harm. The Trust continues to see younger children coming through our emergency department (ED) with intentional overdose/self-harm, which has been seen across the region and nationally. There is also an increase in gang related crime/incidents of knife crime (including carrying but not using knives).
- In Maternity safeguarding, activity over the first two quarters has shown an average 40% increase compared to the same time last year with 75 CfC (cause for concerns) received in September 2022, the highest number for this period. 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

A workforce review of the Safeguarding, Learning Disability Liaison Team and Mental Capacity Act function was commissioned late in 2021 and the report has subsequently been reviewed and shared with the team. A number of actions have been identified which included the need to increase the infrastructure across the teams. A business case has been agreed and recruitment to the new posts is in progress.

The report also includes an overview of work relating the application of the Mental Capacity Act in practice which remains of high importance across the Trust.

Section 4: 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 have received 683 referrals which is an increase of 60 from Q1 and is a slight increase compared to the same period last year. Whilst activity has only marginally increased, the team continues to employ complex facilitation to ensure the experience for individuals and families is a positive and safe journey through Trust services.

At present the Learning Disability Liaison Team have 22 very complex cases, requiring coordination between multiple services.

The Learning Disability liaison service are working alongside clinicians to improve practice and focus on the importance of understanding urgency and time frames to ensure effective and efficient care co-ordination. There is ongoing work to ensure more efficient pathways for patients referred into the organisation for imaging without an admitting clinician. This piece of work covers child and adult pathways and is near completion following wider circulation and feedback.

RECOMMENDATION

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

Report of Maurya Cushlow
Executive Chief Nurse
24 November 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	Nursing and Midwifery Staffing						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Ian Joy, Deputy Chief Nurse Lisa Guthrie, Associate Director of Nursing						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☒	☐				
Summary	This report comprises of the Nursing and Midwifery Staffing (2022/23) six-month review and the quarterly safe staffing assurance report. It fulfils the recommendations of the NHS Improvement 'Developing Workforce Safeguards' guidance (October 2018) and adheres to the recommendations set out by the National Quality Board (NQB 2016): How to ensure the right people, with the right skills, are in the right place at the right time. It updates the Board in relation to the following: • Actions agreed in the 2021/22 Nursing and Midwifery Staffing Annual Review • Setting evidenced based staffing establishments • Maternity Safe Staffing update • In-patient Skill Mix • Vacancy and turnover data for Nursing and Midwifery • Red flags and Datix • Planned and actual staffing fill rates • Care Hours Per Patient Day (CHPPD) figures • Three monthly staffing assurance review						
Recommendations	The Board of Directors is asked to: • Receive and review the six-month review from April 2022- October 2022. • Review and note the progress with the actions from 2021/22 annual review. • Comment on the content of this approach which has been prepared in line with national guidance. • Acknowledge and comment on actions outlined within the document. • Receive and review the quarterly staffing and outcomes review from August, September, October 2022.						
Links to Strategic Objectives	• To put patients at the heart of everything we do and providing care of the highest standard focussing on quality and safety. • Supported by Flourish, our cornerstone programme, we will ensue that each member of staff is able to liberate their potential performance. • Being outstanding, now and in the future.						
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability

(please mark as appropriate)	☒	☐	☒	☒	☐	☒	☒
Impact detail	• Failure to assure safer staffing levels may lead to patient harm, litigation against the Trust and loss of reputation. • Assurance of Safer Staffing based on Nurse and Midwifery Staffing Review process highlights the need to ensure alignment between base line establishment requirements and financial budget setting to meet safety and quality standards and comply with national guidance.						
Reports previously considered by	The Board has previously received the annual Nursing and Midwifery Staffing Review report, the six-month review report and quarterly safer staffing assurance reports.						

NURSING AND MIDWIFERY STAFFING SIX MONTH REVIEW

EXECUTIVE SUMMARY

This report combines the Nursing and Midwifery staffing six-month review report with the quarterly safe staffing assurance report. The purpose is to provide assurance that the Trust remains compliant with national guidance in relation to safer staffing

The on-going impacts of the Covid-19 pandemic combined with the current challenges faced across the NHS continues to influence some of the detailed actions and outcomes contained within the report. There is robust professional leadership in place, supported by safer staffing governance frameworks and clear escalation guidance and accompanying actions. It is clear however that the staffing situation remains extremely challenging due to high bed occupancy, increased patient acuity and dependency, balancing emergency and elective capacity and the need to continue to deliver the highest possible standard of care. As such safe staffing escalation in line with our governance processes has remained in place since the last report.

Section 2 of the report highlights progress on agreed actions as outlined in the annual review presented to the Trust Board in May 2022. All actions have been addressed where possible and an update on progress is provided within the report. There is nothing outstanding to escalate from that time period.

Section 3 highlights the outcome of the recent acuity and dependency data capture undertaken across in-patient areas in September 2022. The Trust uses the Safer Nursing Care Tool (SNCT) and the Safer Nursing Care Tool Children and Young People (SNCT C&YP) as the evidence-based establishment-staffing tool. The normal Trust process (aligned to national guidelines) is to triangulate these results with professional judgment and clinical outcomes with Ward Sisters, Charge Nurses and Matrons as part of the nurse staffing review process. These meetings are planned throughout November and December and then the Senior Nursing Team will meet with the Directorate Management Team early in 2023 to understand and areas of risk and agree where investment may be required through the business case process.

Whilst this is in progress, it is important to highlight key themes from a review of the September data capture.

Key points to note:

- Across a significant number of in-patient medical, general surgical and orthopaedic wards, SNCT data has highlighted a consistent increase in the acuity and dependency of patients and that the funded establishment is not sufficient. In most areas this is between 2 to 5wte equating to around one person per shift
- Three wards in Paediatrics are demonstrating a deficit in funded establishment. Due to recent bed closure and temporary service reconfigurations this requires further analysis which is being undertaken by the staffing team

Further analysis and actions will be presented to the Trust Board in May 2023 once the above process has been completed. A review of other key services utilising newly released tools (Emergency Department and Community District Nursing) is in progress.

Section 3.4 includes an update regarding the Midwifery workforce position which continues to be challenging (in line with the national picture). The Trust has seen increasing attrition within the Midwifery workforce throughout 2022. A total of 36 midwives left the organisation within the 12-month period to October 2022, equating to 27.35wte, increasing the 12-month rolling turnover rate to 12.4%, which is broadly in line with the nationally reported rate (NHSEI). 47% of leavers are of retirement age.

New starters expected to join the organisation between November and January will provide an over-recruited position of 6.75wte, 3wte above that recommended by the Birthrate Plus review. The Trust has approved a permanent over-recruitment of 20wte to allow for increased levels of maternity leave and to ensure a consistent, sustainable position within the large Midwifery workforce.

Sickness absence rates have increased throughout the course of 2022 with a combined sickness absence rate currently of 8% benchmarked against a Shelford peer rate of 6.5%. A significant number of absences are attributed to psychological and anxiety related disorders following what has been an extremely challenging 2 years for staff. This is closely monitored by the Directorate and work is in progress to ensure that the retention of staff is improved, with particular focus on measures to increase the support offered with regard to the health and wellbeing. A Specialist Midwife has been appointed to lead on this work.

A requirement of the Maternity Incentive Scheme (MIS), Year 4, Safety Action 5, is to report to the Trust Board on:

- The provision of 1:1 care for all women in labour; and
- Compliance with achieving 100% supernumerary status of the Labour Ward Co-ordinator.

From 1 May 2022 to 31 October 2022, there have been eleven occasions recorded where the midwife has been unable to provide continuous one-to-one care and support to a woman in established labour; and two occasions where the delivery suite coordinator has not remained supernumerary and has resulted in the coordinator being the named midwife for a woman.

On the occasions described above, this was escalated to the senior team and managed through internal redeployment within the service. Where red flags and shortfalls against plan were noted, a review of the acuity and activity has been undertaken. Together with professional judgement, the most appropriate utilisation of the available workforce resource has been made, thereby preserving, and maintaining safety.

The review of Birth rate plus data has demonstrated that in the months of September and October, the staffing numbers have not met the acuity of patients on more frequent

occasions than the months prior; a total of 74 episodes in September and 93 in October compared to 40 episodes in March and 55 episodes in April. This has led to more prolonged periods of internal escalation to safely manage the service, including on some occasions, the diversion of low-risk women in labour who would have attended the Birthing Centre, to be cared for on the main Delivery Suite. It should be noted that September and October are consistently high activity months for providers of maternity services.

Section 5 of the report provides an overview of Nurse Staffing Metrics (Recruitment, Retention, Red Flags and Datix, Staffing Fill Rates, Care Hours Per Patient Day) between April 2022 and October 2022. The following key points are noted:

- The Trust has completed the NHSE Nursing and Midwifery Retention Self-assessment in September and this has been shared with the Integrated Care Board (ICB) lead. This will facilitate development of high impact actions and inform future work plans.
- The Band 5 RN vacancy rate sits at 5.8%, compared to 6.05% for this period last year. This figure is based on the financial ledger and relates to current substantive staff in post and does not include those staff currently in the recruitment process.
- The total registered nursing turnover rate is 10.88%. which compares favourably with the national median of 13.6%. Whilst a favourable position, this does impact on the departments being able to staff to their full required demand
- Since December 2021, 146 international recruits have been deployed from the Philippines and India. A further 129 candidates have been appointed and are in recruitment pipeline, with further interviews booked. This deployment has been prolonged due to the nationally recognised challenge in gaining suitable rental accommodation.
- Datix submission related to staffing incidents remain on average 25 per month. The majority relating to unfilled shifts, staff sickness and high acuity and dependency of patients.
- Red flags in the SafeCare application continue to be utilised effectively in conjunction with professional judgement. Red Flags are reviewed daily and acted upon/mitigated where possible in real time.
- There has been an increase in the staffing fill rates from April (89%) to September (95%). The reason for this is a reduction in absence and the increased requirement for enhanced care leading to increased Healthcare Assistant (HCA) deployment.
- Fill rates for RN's remain a concern and have decreased on days to an average fill rate of 86% and on night shift to and average fill rate of 89%. This gap however cannot be fully mitigated and impacts on both staff and patient experience
- The Trust average CHPPD for August 2022 is 8.2 which is higher than the peer average of 7.2 and the national average 8.0. These averages are marginally lower than our last report for the Trust and nationally.
- The staffing team continue to monitor CHPPD in SafeCare to enable the mitigation of risks form staffing shortfalls.

This section also contains the quarterly update from the Nurse Staffing and Clinical Outcomes group. The Trust remains in level 2 safe staffing escalation, as has been the case for over a year.

A number of wards have required support at medium or high level since the last report to Board and the detail has been highlighted via the Quality Committee. Action plans are in place 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.

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.

CONCLUSION AND ACTIONS

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

- Complete the nurse staffing review meetings across the Trust and sign off 2023/24 staffing requirements in quarter 4
- Complete the review of the Emergency Department in November using the new acuity and dependency tool and provide data analysis in the May 2023 report.
- Complete staff training in the new Community Nursing Services Safer Staffing Tool and undertake the first data capture
- Continue to provide scrutiny and oversight regarding the re-deployment of staff to respond to continued service pressures based on the level of staffing escalation

RECOMMENDATIONS

The Board of Directors are asked to:

i) Receive and review the mid-year six monthly staffing review update
ii) Review and note the progress with the actions from annual review.
iii) Comment on the content of this approach which has been prepared in line with national guidance.
iv) Acknowledge and comment on actions outlined within the document.
v) Receive and review the quarterly staffing and outcomes review from August, September and October 2022.

Report of Maurya Cushlow
Executive Chief Nurse
24 November 2022

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	24th November 2022		
Title	Ockenden Update Report		
Report of	Maurya Cushlow, Executive Chief Nurse		
Prepared by	Jane Anderson, Associate Director of Midwifery Jeanette Allan, Senior Risk Management Midwife		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☒	☐
Summary	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 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. The purpose of this paper 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 have been updated to reflect the external feedback from the Regional Maternity Insight Visit. A summary of the feedback from the Regional Insight Visit is provided, together with an update on progress against both the interim and final report. Publication of the East Kent Maternity Report (Reading the signals - Maternity and neonatal services in East Kent – the Report of the Independent Investigation, 2022) is also acknowledged and key actions presented for future consideration. The East Kent Report can be found at: https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report 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.		

<table>
<tr><td>Recommendation</td><td colspan="7">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.</td></tr>
<tr><td>Links to Strategic Objectives</td><td colspan="7">Putting patients at the heart of everything we do. Providing care of the highest standards focussing on safety and quality.</td></tr>
<tr><td rowspan="2">Impact
(please mark as appropriate)</td><td>Quality</td><td>Legal</td><td>Finance</td><td>Human Resources</td><td>Equality & Diversity</td><td>Reputation</td><td>Sustainability</td></tr>
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<tr><td>Impact detail</td><td colspan="7">Detailed within the main body of the report.</td></tr>
<tr><td>Reports previously considered by</td><td colspan="7">Previous report presented to members of the Trust Board on 29 September 2022.</td></tr>
</table>

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 (IEAs) 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.

Section 3.1 highlights the written feedback received from the visiting Insight Team in August 2022. The feedback was largely aligned with the Trust's self-assessment for meeting or partially meeting the immediate and essential actions from the interim report (2020). Positive feedback described evidence of good working relationships, transparency within the leadership team, together with the good ward to board pathways, with evidence of a positive learning culture.

Further work is required to ensure that the Trust can evidence through audit, quality improvement and intervention, providing explicit assurance that learning, actions, and improvements have been made.

Section 4 reports on the High Level Action Plan, combining 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 and Table 1 (BRP) illustrates the Trust's progress on these actions.

The first group of 8 from a total of 32 partially compliant recommendations from the final report were reported to the Trust Board in September 2022. This paper provides detail for the second group (numbering 10) of partially compliant recommendations taken from the 32 of the final report, along with relevant updates for previously reported recommendations as indicated within the High-level Action Plan (Table 1, BRP).

Of note is an identified risk which has previously been highlighted to the Trust Broad which relates to achieving and maintaining 90% multi-disciplinary obstetric core competency training for all specialities, which is a requirement of both Ockenden and CNST. Workforce pressures throughout September and October resulted in all training being suspended until November 7th which has impacted on trajectory against plan. In addition, the compliance metrics for CNST have been restricted to a 12 month consecutive period, reducing the amount of time that providers have been afforded to enable the target to be met.

Close monitoring will continue, with further escalation being made to the Executive Directors by exception if required and whereby it is envisaged that the Trust will be unable to meet with a 90% target.

The Trust continues to work with the competing demands currently 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, with a potential to further impact on the trajectory of this action. This identified risk is discussed in more detail in section 7 of this paper.

Additional work has been identified in relation to the provision of complex antenatal care, specifically, diabetes, and the requirement for providers to follow NICE guidance. The Trust is compliant in this regard, with the exception of the provision of a dietician; work has commenced to secure the resource required within the diabetes clinic.

It is mandatory that all women who choose birth outside a hospital setting are provided accurate and up to date written information about the transfer times to the consultant obstetric unit. The Trust currently provide this information in discussion with women but do not have a formal process for providing this detail in writing. Work is currently underway to produce an information leaflet based on data collated from transfers over the past 12 months. The implementation of BadgerNet will provide enhanced information for women across the pregnancy, birth and postnatal continuum.

Section 5 of this report provides an update on the implementation of BadgerNet. A 'go-live' implementation date is planned for 5th December 2022. There are a number of competing demands which are currently being worked through to ensure that this launch date is achieved, including the testing of key technical elements of the platform. Training is currently progressing well and, on a trajectory to meet with the 90% target of the workforce having received their training by the 'go-live' date.

The launch of other digital platforms 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.

Section 6 reports on the Trust's position in relation to the midwifery workforce and the implementation of Continuity of Carer. Midwifery staffing is discussed in more detail within the Nursing and Midwifery Staffing Paper which is presented to Trust Board.

Section 7.1 of this report discusses the CQC Survey (2021), reported through Picker in 2022, which outlined a number of areas for the Trust associated with the provision of emotional and maternal mental health, which could be improved upon. A task and finish group, in partnership with the MVP, has been working closely on the findings, creating actions to support improvements in these areas. This paper outlines the work which is in progress to meet with those areas identified as requiring improvement.

Section 7.2 of this report references the independent investigation lead by Dr Bill Kirkup, CBE, 'Reading the signals: maternity and neonatal services in East Kent' report of a public inquiry published 19 October 2022. The report is different in that it has not sought to make detailed recommendations to practice or management, in contrast to Ockenden, instead the report highlights 4 key areas for action:

1. **Monitoring safe performance – finding signals among noise: -**
    - The report is critical of the usefulness of the information currently collected and reported by maternity services and highlights issues using league tables.
    - The report proposes that measuring key outcomes improves scope to improve effectiveness and patient safety. It therefore recommends:

Recommendation 1:
The prompt establishment of a Task Force with appropriate membership to drive the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use.

2. **Standards of clinical behaviour – technical care is not enough: -**
    - The report highlighted patterns of unprofessional behaviour amongst staff and toward families, describing care lacking kindness, compassion, and empathy.
    - The report also stresses the importance of listening to patients and families.

Recommendation 2:
Those responsible for undergraduate, postgraduate, and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practice and sustained through lifelong learning.

Relevant bodies, including Royal Colleges, professional regulators and employers, be commissioned to report on how the oversight and direction of clinicians can be improved, with nationally agreed standards of professional behaviour and appropriate sanctions for non-compliance.

3. **Flawed teamworking – pulling in different directions**
   a. The report found dysfunctional teamworking within and across professional groups resulting in lack of trust, conflict, lack of sharing information and tendency toward blame.
   b. The report also highlighted the lack of common purpose and diverging objectives between midwives and obstetricians, and also poor morale amongst obstetric trainees.

Recommendation 3:
Relevant bodies, including the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health, be charged with reporting on how team working in maternity and neonatal care can be improved, with particular reference to establishing common purpose, objectives, and training from the outset.

Relevant bodies, including Health Education England, Royal Colleges and employers, be commissioned to report on the employment and training of junior doctors to improve support, team working and development.

4. **Organisational behaviour – looking good while doing badly**
   - The report is critical of East Kent's denial, deflection, and concealment in prioritising the management of its reputation whilst denying opportunity to learn and improve when things went wrong.
   - This behaviour also led to parents and families experiencing further trauma and harm by denying them knowledge and truth about what went wrong.

Recommendation 4:
The Government reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information from families and other bodies.

Trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their boards.

NHSE reconsider its approach to poorly performing trusts, with particular reference to leadership.

The Directorate is further considering the findings arising from the East Kent Report, the work which is required at provider level, system-wide, and nationally, and the impact of this for the Trust. Further updates will be provided in future papers.

Work will continue to report and progress against all Immediate and Essential Actions in relation to the Ockenden Report and a further detailed review of the East Kent Inquiry and provide an update to the Trust Board in January 2023.

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.

Report of Maurya Cushlow
Executive Chief Nurse
24 November 2022

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	15 November 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		
	☐		☐		☒		
Purpose of Report	For Decision		For Assurance		For Information		
	☒		☒		☐		
Summary	The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 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. A detailed report was submitted in July 2022 and an update report provided in September 2022. Further amendments were made to the safety actions in October 2022 and the content of this report will focus on the changes and a full progress report on all 10 safety actions. The submission date has changed from the 5 January 2023 to the 2 February 2023.						
Recommendation	The Trust Board are asked to note the contents of this report and approve the self-assessment to date to enable us 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.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☒	☐	☐	☒	☐
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 eighth report for Year 4 of this Maternity Incentive Scheme.						

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.

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. Further amendments were published in October 2022. This report focuses on the fourth version published. Of specific note are the changes associated with the requirements for training, revised from an annual requirement to a consecutive 12-month period; this presents a significant challenge to the Trust in achieving the required compliance. Currently the Trust is unable to meet the training requirements for Safety Actions 6 and 8 because of capacity to deliver training in accordance with the revised standards. The Trust has also had one late submission of the PMRT surveillance form (safety action 1) when compliance for this should be 100%.

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 of all the standards outlined in each of the 10 safety actions.

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

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

2.1 Standard A

i. All perinatal deaths eligible to be notified to MBRRACE -UK from 6th May 2022 onwards must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within one month of the death. Deaths where the surveillance form needs to be assigned to another Trust for additional information are excluded from the latter.

The Trust maintains a database to record all eligible perinatal deaths and there is a system in place to ensure MBRRACE-UK are notified within the above time scales. (*see table below)

ii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 6th May 2022 will have been started within two months of each death. This includes deaths after home births where care was provided by your Trust.

The Trust is compliant with this standard. All deaths of babies within the Trust, which require review, are reviewed within two months of each death using the PMRT and this process pre-dates the deadline date outlined in Standard A (06/05/2022). This process is well established and includes deaths after home births where care was provided by the Trust. There are no concerns regarding ongoing compliance with this standard and all cases either have a review in progress, or a completed review within the stipulated timeframe.

2.2 Standard B

At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from 6th May 2022 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool within four months of each death and the report published within six months of each death.

The Trust is confident in exceeding the 50% target outlined in this standard for Year 4. The PMRT will only provide a completed (published) report after multidisciplinary case reviews have been fully completed and inputted into the system.

2.3 Standard C

For at least 95% of all deaths of babies who died in your Trust from 6th May 2022, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any questions and/or concerns they have about their care and that

of their baby have been sought. This includes any home births where care was provided by your Trust staff and the baby died either at home or in your Trust. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion.

Trusts should ensure that contact with the families continues during any delay and make an early assessment of whether any questions they have can be addressed before a full review has been completed; this is especially important if there are any factors which may have a bearing on a future pregnancy. In the absence of a bereavement lead ensure that someone takes responsibility for maintaining contact and for taking actions as required.

The Trust continues to be compliant with this standard. It is a routine part of the discussion with families after the death of a baby that they are informed that a review will take place and their perspectives, and any questions or concerns are sought as part of the bereavement pathway. The PMRT can be externally accessed by NHS Resolution in verification of those standards which align.

Compliance from 6 May 22 to 28 October 22

Standard	Required %	Stillbirths/ late fetal loss	Neonatal deaths
Standard A Notified within 7 working days	100%	100%	100%
Surveillance completed within 1 month	100%	100%	100%*
PMRT started within 2 months	95%	100%	100%
Standard B PMRT draft report generated within 4 months	50%	100%	100%
PMRT report published within 6 months	50%	100%	100%
Standard C Parental involvement	95%	100%	100%

*There was one surveillance form that was not submitted within 1 month. It was fully completed within the timescale but in error, the form was not submitted to MBRRACE. When the omission was identified (3 weeks after the submission date) MBRRACE were contacted for advice. An audit trail can demonstrate the form was completed within the timescale but not submitted. The Trust was informed to disclose this when completing the final declaration in February 2022.

2.4 Standard D

Quarterly reports will have been submitted to the Trust Board from 6th May 2022 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety and Board level safety champions.

The Trust has produced a quarterly PMRT report for the Quality Committee since 25/04/2019. For this Board of Directors report a local report has been produced, cross referenced with that generated from MBRRACE. This is a new style report which is more informative and qualitative. The PMRT report is for Quarter 1 April to June 2022 and was presented to the Maternity Board Level Safety Champions Group on 12 October 2022.

There were 24 perinatal deaths reported; 7 of these were terminations for abnormality and therefore do not require a PMRT review. The attached report includes: 10 stillbirths and 11 neonatal deaths.

The Trust is confident in being fully compliant with this safety action and can provide evidence to support this standard.

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

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

3.1 Standard 1

By 31st October 2022, Trusts have an up to date digital strategy for their maternity services which aligns with the wider Trust Digital Strategy and reflects the 7 success measures within the What Good Looks Like Framework. The strategy must be shared with Local Maternity Systems and be signed off by the Integrated Care Board. As part of this, dedicated Digital Leadership should be in place in the Trust and have engaged with the NHSEI Digital Child Health and Maternity Programme.

The Trust Maternity Digital Strategy was signed off by the Chief Information Officer and submitted to the LMNS on the 5 September 2022. The Trust has received confirmation that the LMNS has signed this off on behalf of the Integrated Care Board.

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" data file in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2022. The data for July 2022 will be published during October 2022.

The Trust has successfully achieved compliance for this standard. The Trust has received confirmation, via the NHS Digital CNST Scorecard, of compliance with all 11 CQIM's for the month of July 2022.

3.3 Standard 3

July 2022 data contained height and weight data, or a calculated Body Mass Index (BMI), recorded by 15+0 weeks gestation for 90% of women reaching 15+0 weeks gestation in the month.

The Trust has successfully achieved compliance for this standard. Compliance for July was 97.1%.

3.4 Standard 4

July 2022 data contained Complex Social Factor Indicator (at antenatal booking) data for 95% of women booked in the month.

The Trust has successfully achieved compliance for this standard. Compliance for July was 100%.

3.5 Standard 5

July 2022 data contained antenatal personalised care plan fields completed for 95% of women booked in the month. (MSD101/2)

The Trust has successfully achieved compliance for this standard. Compliance for July was 98%.

3.6 Standard 6

July 2022 data contained valid ethnic category (Mother) for at least 90% of women booked in the month. Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)

The Trust has successfully achieved compliance for this standard. Compliance for July was 90.2%. Although this is just above the required compliance the Trust has confirmation from NHS Digital that this has passed the criteria for July 2022 data submission. Compliance for August was recorded as 91.8%.

3.7 Standard 7

Trust Boards to confirm to NHS Resolution that they have passed the associated data quality criteria in the "CNST Maternity Incentive Scheme Year 4 Specific Data Quality Criteria" data file in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2022 for the following metrics:

Midwifery Continuity of carer (MCoC)

i. Over 5% of women who have an Antenatal Care Plan recorded by 29 weeks and also have the CoC pathway indicator completed.

The Trust is 100% compliant with this.

ii. Over 5% of women recorded as being placed on a CoC pathway where both Care Professional ID and Team ID have also been provided.

Only 5.3% of the women booked to deliver at the Trust are placed on a Continuity of Care pathway. 100% of these women have both a Care Professional ID and Team ID.
Criteria i and ii are the data quality metrics used to determine whether women have been placed on a midwifery continuity of carer pathway by the 28 weeks antenatal appointment, as measured at 29 weeks gestation.

The Trust is compliant with both.

iii. At least 70% of MSD202 Care Activity (Pregnancy) and MSD302 Care Activity (Labour and Delivery) records submitted in the reporting period have a valid Care Professional Local Identifier recorded. Providers submitting zero Care Activity records will fail this criterion.

The Trust has successfully achieved compliance for this standard. Compliance for July was 100% (MSD202) and 100% (MSD302).

If the data quality for criteria 7 are not met, trusts can still pass safety action 2 by evidencing sustained engagement with NHS Digital which at a minimum, includes monthly use of the Data Quality Submission Summary Tool supplied by NHS Digital (see technical guidance for further information).

The Trust has completed the Data Quality Submission Summary Tool from June 2022 onwards and must do this for at least 3 consecutive months in order to pass this criterion.

The Trust received compliance of standards 3-7 (above), via the NHS Digital CNST Scorecard, published in October 2022.

4. SAFETY ACTION 3: CAN THE TRUST DEMONSTRATE THAT IT HAS TRANSITIONAL CARE SERVICES IN PLACE TO MINIMISE SEPARATION OF MOTHERS AND THEIR BABIES AND

TO SUPPORT THE RECOMMENDATIONS MADE IN THE AVIODING TERM ADMISSIONS INTO NEONATAL UNITS PROGRAMME?

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

4.1 Standard A

Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.

The Trust is compliant with this standard as outlined in previous Board reports for Year 2 and Year 3 of the scheme and this pre-dates the deadline of 16 June 2022 for Year 4.

Pathways of care are outlined in the Care of the Vulnerable Neonatal Guideline and are based on the principles of the British Association of Perinatal Medicine (BAPM). This pathway is business as usual and was jointly approved by maternity and neonatal teams, with a focus on minimising separation of mothers and babies and includes the Newborn Early Warning Trigger and Track (NEWTT) assessment from birth on Delivery Suite, Transitional and Postnatal care.

4.2 Standard B

The pathway of care into transitional care has been fully implemented and is audited quarterly. Audit findings are shared with the neonatal safety champion, Local Maternity and Neonatal System (LMNS), commissioner and Integrated Care System (ICS) quality surveillance meeting each quarter.

The Trust is compliant with this standard and monthly ongoing audit of compliance with the agreed pathway into transitional care has continued from Year 3 as outlined in the incentive scheme.

A process is in place to share subsequent audit findings with the Neonatal Safety Champion on a monthly basis. Mechanisms are in the process of being agreed regionally for sharing audit findings quarterly with the Local Maternity and Neonatal System (LMNS), commissioner and Integrated Care System (ICS) quality surveillance meeting, to enable compliance with this requirement of the scheme for Year 4. In the interim the data collected is shared with the Network lead and Specialist Commissioner via e-mail.

4.3 Standard C

*A data recording process (electronic and/or paper based) for capturing **all** term babies transferred to the neonatal unit, regardless of the length of stay, is in place.*

This is a new requirement in the revised standards published in May 2022. There has been a database in place since the introduction of the 'Avoiding Term Admissions into the Neonatal Unit' (ATAIN) meetings in 2018. The database has been amended to include babies admitted

to the unit regardless of length of stay. Previously only babies admitted for longer than 4 hours were included in the database. The Trust is compliant with this standard.

4.4 Standard D

A data recording process for capturing existing transitional care activity, (regardless of place - which could be a Transitional Care (TC), postnatal ward, virtual outreach pathway etc.) has been embedded. If not already in place, a secondary data recording process is set up to inform future capacity management for late preterm babies who could be cared for in a TC setting. The data should capture babies between 34+0-36+6 weeks gestation at birth, who neither had surgery nor were transferred during any admission, to monitor the number of special care or normal care days where supplemental oxygen was not delivered

Data is available on transitional care activity (regardless of place - which could be transitional care, postnatal ward, virtual outreach pathway etc.) and this data recording process pre-dates the deadline of 16 June 2022 outlined in Year 4 of the incentive scheme.

The Trust has a secondary recording process available for babies born between 34+0 - 36+6 weeks gestation at birth, who did not have surgery nor were transferred during any admission, to monitor the number of special care or normal care days where supplemental oxygen was not delivered. This is already in place and pre-dates the deadline of 16 June 2022 outlined in the scheme.

4.5 Standard E

Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data set (NCCMDS) version 2 are available to be shared on request with the operational delivery network (ODN), Local Maternity and Neonatal System (LMNS) and commissioners, to inform capacity planning as part of the family integrated care component of the Neonatal Critical Care Transformation Review and to inform future development of transitional care to minimise separation of mothers and babies.

The Trust is compliant with this standard, coding is in place and commissioner returns are available to be shared more widely, on request, with the operational delivery network, Local Maternity and Neonatal System, Operational Delivery Network or commissioners as outlined in Year 4 of the scheme.

4.6 Standard F

Reviews of babies admitted to the neonatal unit continue on a quarterly basis and findings are shared quarterly with the Board Level Safety Champion. Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet. In addition, reviews should report on the number of transfers to the neonatal unit that would have met current TC admissions criteria but were transferred or admitted to the neonatal unit due to capacity or staffing issues. The review should also record the number of babies that were transferred or admitted or remained on Neonatal Units because of their need

for nasogastric tube feeding, but could have been cared for on a TC if nasogastric feeding was supported there. Findings of the review have been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting on a quarterly basis.

The review of term admissions to the neonatal unit have continued on a quarterly basis. The findings of these reviews were shared with the Maternity Board Level Safety Champions Group on the 13 October 2021, 10 February 2022, 13 April 2022, 10 August 2022 and 12 October 2022 meeting. A further report will be shared at the December 2022 meeting. The quarterly report is also shared at the bi-monthly Obstetric Governance Group meeting and circulated for staff to read via an infographics poster.

The ATAIN reports have been shared with the LMNS and ICS since July 2022 following agreement of a process for receipt of these.

4.7 Standard G

An action plan to address local findings from the audit of the pathway (point b) and Avoiding Term Admissions Into Neonatal units (ATAIN) reviews (point f) has been agreed with the maternity and neonatal safety champions and Board level champion.

An action plan to address local findings was signed off by the Board at the November 2021 Board meeting. An updated action plan was presented to and agreed by the Maternity Board Level Safety Champions Group on the 12 October 2022. A further report will be presented on the 14 December 2022.

4.8 Standard H

Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting.

This is a new requirement as part of Year 4 of the scheme to share progress with action plans with the LMNS and ICS quality surveillance meeting quarterly and a mechanism has recently been agreed regionally in order to be compliant with this standard, as outlined above.

The Trust is confident of being fully compliant with this safety action.

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

5.1 Standard A

Obstetric Medical Workforce

The obstetric consultant team and maternity senior management team should acknowledge and commit to incorporating the principles outlined in the RCOG workforce document: 'Roles

and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service.

A paper was presented to the Maternity Board Level Safety Champions Group in December 2021 regarding a Medical Workforce Strategy. An update was also provided on the 12 October 2022.

Units should monitor their compliance of consultant attendance for the clinical situations listed in this document when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance. Trusts' positions with the requirement should be shared with the Trust board, the board-level safety champions as well as LMNS.

Monthly audits of consultant attendance commenced in January 2022 as required. The results of these audits are shared at the Obstetric Governance group meeting bi-monthly. An initial report and action plan was presented to the Maternity Board Level Safety Champions Group on 13 April 2022. A report covering the periods between January and August 2022 was also presented on the 12 October 2022. The report was shared with the LMNS at the end of October 2022.

The Trust is confident that attendance has been exemplary and in the absence of a Consultant, a senior trainee, who has been signed off as competent (which is acceptable) has been present. Overall, there are no concerns with Consultant attendance for the clinical situations listed in the RCOG document.

5.2 Standard B

Anaesthetic medical workforce

A duty anaesthetist is immediately available for the obstetric unit 24hours a day and should have clear lines of communication to the supervising consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients.

The Trust is confident in compliance with this standard as in previous years. Any gaps in the Trainee rota are covered by the Consultant. An audit of the rota was completed in April 2022 which reviewed the rota's for March and April. The results of this were presented on the 13 April 2022 at the Maternity Board Level Safety Champions meeting. An additional audit will be presented at the December 2022 meeting which will cover a six month period, as required by the amended May 2022 safety actions.

5.3 Standard C

Neonatal medical workforce

The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing.

If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies.

If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies.

The Neonatal unit did not meet the BAPM standards for year 3 of the scheme. The position has however progressed for year 4. The Trust supported a business case to increase the number of tier 2 neonatal trainee doctors to allow for 2 tier 2 doctors in the 'out of hours' period. Despite a rigorous recruitment drive, the Trust had been unable to fill these posts due to their specialised nature. In the interim, tier 1 neonatal trainee doctors were recruited, allowing for two tier 1 and one tier 2 out of hours, with a plan that they will progress to tier 2 level within a defined timeframe. This has now led the service to a position where the 'out of hours' period has three members of medical staff on duty made of a mix of tier 1 and tier 2 with a proportion of these shifts having 2 tier 2 clinicians. The aim is to continue to increase the proportion of shifts as staff gain the appropriate experience.

An update regarding neonatal medical workforce was included in the Medical Workforce paper presented to the Maternity Board Level Safety Champions Group in October 2022.

5.4 Standard D

Neonatal nursing workforce

The neonatal unit meets the service specification for neonatal nursing standards.
If the requirements had not been met in both year 3 and year 4 of MIS, Trust Board should evidence progress against the action plan developed in year 3 of MIS as well include new relevant actions to address deficiencies.

If the requirements had been met in year 3 without the need of developing an action plan to address deficiencies, however they are not met in year 4, Trust Board should develop an action plan in year 4 of MIS to address deficiencies and share this with the Royal College of Nursing, LMS and Neonatal Operational Delivery Network (ODN) Lead.

A Staffing Report was presented to the Trust Board in November 2021 which included a position statement regarding the Neonatal Nursing Workforce. A staffing review using the Dinning Tool was undertaken in October 2020 which showed the establishment to be appropriate; a further review took place in May 2022. The outcome of this exercise is under review, with a plan to ensure actions are taken whereby deficiencies are identified. This action

plan will be developed and presented in a subsequent Staffing Paper to the Trust Board before the 2 February 2023 submission date.

The Trust is confident of being fully compliant with this safety action.

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

6.1 Standard A

A systematic, evidence-based process to calculate midwifery staffing establishment is completed.

Birthrate Plus (an external workforce review) was completed in October 2020. The review identified a shortfall in the Midwifery establishment which aligned to the Trust's bid for Ockenden funding in 2021, and which has been reported and regularly updated through the Trust Board Ockenden paper. Midwifery staffing is also presented regularly on a six-monthly basis to the Trust Board in the Nursing and Midwifery Staffing paper.

The Midwifery workforce is continuously monitored and reviewed, with immediate appropriate actions taken to support identified issues which arise. The Trust is currently in the process of reconfiguring the workforce to meet with plans aligned to Maternity Transformation, particularly in relation to strengthening the skill mix. More detail is presented to the Quality Committee and Trust Board in Ockenden and the Nursing and Midwifery staffing reports.

6.2 Standard B

Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.

The number of Midwives contracted to work within the organisation meets with the recommendations made by the Birthrate Plus review. This is subject to regular review and monitoring.

6.3 Standard C

The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.

6.4 Standard D

All women in active labour receive one-to-one midwifery care

The Trust is compliant with Standards B and C as in previous years.

As reported in July 2022 to the Board of Directors there have been occasions whereby the midwife had been unable to provide continuous one-to-one care and support to a woman in established labour. Between 1st November 2021 and 31st October 2022 there were 11 occasions whereby this was red flagged and 2 occasions where the delivery suite coordinator had not remained supernumerary and has resulted in the coordinator being the named midwife for a woman.

This data is collected daily by completion of the Birthrate Plus Intrapartum acuity tool which is completed every 4hrs by the delivery suite co-ordinator.

The standard states that a Trust can report compliance with this standard if this is a one-off event and the co-ordinator is not required to provide 1:1 care for a woman in established labour during this time. The Trust acknowledges that there has only been 2 occasions in an 12month period whereby the co-ordinator has not been supernumerary and appropriate action has been taken in mitigation.

The Birthrate Plus Intrapartum acuity tool recorded that on 11 occasions over a 12 month period midwives were unable to provide continuous 1:1 care in active labour. From October 2021 to March 2022 there were no occasions but since April 2022 there have been 11. In accordance with this standard an action plan detailing how the maternity services intends to achieve 100% compliance with 1:1 care in active labour has been written and requires Trust Board sign off.

6.5 Standard E

Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year four reporting period.

Regular reporting on a six monthly basis is made to the Trust Board in relation to Midwifery staffing. A Nursing and Midwifery Staffing Report was submitted to the Trust Board in November 2021 and in May 2022. The contents of this paper are cross referenced as appropriate within the Ockenden paper to both the Quality Committee and the Trust Board. A further paper will be presented in November 2022.

The Trust continues to be fully compliant with this safety action.

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 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.

The quarterly care bundle for October 2022 has been submitted to the Clinical Network and is also provided as part of this report.

7.1 Element 1

This element requires the following monitoring evidencing an average of 80% compliance over a consecutive four month period:

A. Percentage of women where Carbon Monoxide (CO) measurement at booking is recorded.

B. Percentage of women where CO measurement at 36 weeks is recorded.

The Trust is compliant with point A. Compliance for July was 95%. This data was obtained via the current Maternity Information System.

The Trust is compliant with point B. Between September 2021 - December 2021 the compliance rate was 82%.

An action plan is required if compliance is above 80% but below 95%. An action plan was produced and shared with the Obstetric Governance Group. An audit undertaken in September 2022 demonstrated an increase in compliance to above 85%, showing a slight improvement. It was acknowledged that greater compliance will be achieved with the introduction of Badgernet which is due to be implemented in December 2022.

In addition, the Trust board should specifically confirm that within their organisation they:

1) *Pass the data quality rating on the National Maternity Dashboard for the 'women who currently smoke at booking appointment' Clinical Quality Improvement Metric.*

The Trust has passed this CQIM for every month of 2022 so far. The Dashboard currently goes up to August 2022.

2) Have a referral pathway to smoking cessation services (in house or external).

The Trust referral pathway is currently an inhouse referral to the outpatient smoking cessation services managed by Care Grow Live (CGL). The Public Health Midwife is notified of these referrals.

3) Audit of 20 consecutive cases of women with a CO measurement ≥4ppm at booking, to determine the proportion of women who were referred to a smoking cessation service.

An audit of all 31 cases of women who had a CO measurement ≥4ppm at booking in April 2022 was undertaken. Cross referencing with the CGL audit revealed the 46.8% of women had been referred (n=15).

4) Have generated and reviewed the following outcome indicators within the Trust for four consecutive months within the MIS year 4 reporting period:

The data for bookings in the four-month period September 2021 – December 2021 have been generated and reviewed.

- *Percentage of women with a CO measurement ≥4ppm at booking.*
  At booking there was a range of 13.8%-17.6%.

- *Percentage of women with a CO measurement ≥4ppm at 36 weeks.*
  At 36 weeks these rates had reduced to a range of 5.5%-8.5%.

- *Percentage of women who have a CO level ≥4ppm at booking who subsequently have a CO level <4ppm at the 36 week appointment.*
  The range for this group of women was 18%-31%.

All this data has been shared with the community and hospital midwives and will continue to be monitored by the Public Health Midwife.

7.2 <u>Element 2</u>

This element requires the following monitoring evidencing at least 80%. An action plan is required if compliance is less than 95%.

1. Percentage of pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded using a risk assessment pathway at booking and at the 20 week scan

The Trust is compliant with this element. Data for May showed 100% compliance for risk assessment at booking. A separate audit was undertaken in June to review the 20 week scan assessment – this showed 97.5% compliance.

In addition the Trust board should specifically confirm that within their organisation:

2. Women with a BMI>35 kg/m^2 are offered ultrasound assessment of growth from 32 weeks' gestation onwards

The Trust is compliant with this requirement. Women with a BMI >40 have always been offered growth scans from 32 weeks. Due to capacity issues there was a delay in introducing growth scans from 32 weeks for women with a BMI between 35 and 40, as an alternative they were offered growth scans at 36 and 38-39 weeks. The Trust is now able to offer growth scans from 32 weeks for all women with a BMI >35.

3. In pregnancies identified as high risk at booking uterine artery Doppler flow velocimetry is performed by 24 completed weeks gestation

The Trust is compliant with this requirement. An audit in June 2022 demonstrated 100% compliance.

4. There is a quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation.

The Trust has a monthly review meeting to audit babies born <3rd centile.

5. They have generated and reviewed the percentage of perinatal mortality cases for 2021 where the identification and management of FGR was a relevant issue (using the PMRT).

Using the Perinatal Mortality Review Tool (PMRT) the above data has been generated and reviewed. In 2021, 4.3% of cases were identified where the identification and/or management of FGR was relevant in relation to the outcome for the baby.

6. Their risk assessment and management of growth disorders in multiple pregnancy complies with NICE guidance or a variant has been agreed with local commissioners (CCGs) following advice from the Clinical Network.

The Trust's multiple pregnancy guidance closely follows NICE guidance, with wording in the Trust guideline taken directly from the NICE guideline.

7. They undertake a quarterly review of a minimum of 10 cases of babies that were born <3rd centile >37+6 weeks' gestation. The review should seek to identify themes that can contribute to FGR not being detected (e.g. components of element 2 pathway and/or scanning related issues). The Trust board should be provided with evidence of quality improvement initiatives to address any identified problems. Trusts can omit the above

mentioned quarterly review of a minimum of 10 cases of babies that were born <3rd centile >37+6 weeks' gestation for quarter 3 of this financial year (2021/22) if staffing is critical and this directly frees up staff for the provision of clinical care.

A monthly review is undertaken and a quarterly report written which identifies any themes identified and actions taken. Individual feedback is given if appropriate and general lessons learnt are shared via e-mail with the staff. An annual audit of the outcomes was presented at the Directorate audit meeting in January 2022. A detailed report will be provided to the Trust board in January 2023. To date the number of missed fetal growth restricted babies is minimal and there has not been the need to implement any quality improvement initiatives to address recurring themes.

7.3 Element 3

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

A. Percentage of women booked for antenatal care who had received reduced fetal movements leaflet/information by 28+0 weeks of pregnancy.
B. Percentage of women who attend with Reduced Fetal Movements who have a computerised CTG.

The Trust is compliant with both these elements. There are three opportunities for women to receive this leaflet – 1) at the booking appointment 2) the NUTH pregnancy information booklet and 3) the 20 week anomaly scan. For compliance of this standard presence of the information leaflet shared at the 20 week scan has been audited.

An audit was undertaken in May 2022 showed 100% compliance with both A and B.

7.4 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. Currently the Trust is unable to meet the training requirements over a 12 month period.

7.5 Element 5

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

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

An audit undertaken between July and September 2022 demonstrated 46% compliance. Across the Region in August it was just under 30%. One of the reasons for low figures is the difficulty in ensuring both doses of steroids are administered before delivery, when delivery occurs rapidly or unexpectantly. Some pre-term women attend in advanced labour and only one dose could be administered in time. 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.

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.

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

An audit undertaken between July and September 2022 demonstrated 7.6% compliance. 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 MIS does not reflect what SBL is trying to achieve - as the lower the figure, the better provision of service. The amended MIS published in October 2022 confirmed the figure should be as low as possible.

C. Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth.

An audit undertaken between July and September 2022 demonstrated 93% compliance. This data has been obtained from the Trust local database which is monitored by the lead Consultant for Pre-Term birth.

D. Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance).

Compliance is at 100% because the Trust is co-located with a level 3 neonatal unit.

The Trust is not currently able to achieve compliance above 80% for standard A, however the Trust can declare compliance with element 5 as the requirements of the scheme is that an action plan is 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 Pre-term birth specialist

midwife and lead Consultant will be jointly responsible for monitoring compliance and delivering 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 presented at the October 2022 meeting.

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

8.1 Evidence should include:

- *Terms of Reference for your MVP. They reflect the core principles for Terms of Reference for a MVP as outlined in annex B of Implementing Better Births: A resource pack for Local Maternity Systems*
- *Minutes of MVP meetings demonstrating how service users are listened to and how regular feedback is obtained, that actions are in place to demonstrate that listening has taken place and evidence of service developments resulting from coproduction between service users and staff.*
- *Written confirmation from the service user chair that they are being remunerated as agreed and that this remuneration reflects the time commitment and requirements of the role given the agreed work programme. Remuneration should take place in line with agreed Trust processes.*
- *The MVP's work programme, minutes of the MVP meeting which agreed it and minutes of the LMNS board that ratified it*
- *Written confirmation from the service user chair that they and other service user members of the MVP committee are able to claim out of pocket expenses, including travel, parking and childcare costs in a timely way.*
- *Evidence that the MVP is prioritising hearing the voices of women from Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation, given the findings in the MBRRACE-UK reports about maternal death and morbidity and perinatal mortality.*
- *Evidence that the MVP Chair is invited to attend maternity governance meetings and that actions from maternity governance meetings, including complaints' response processes, trends and themes, are shared with the MVP.*

The Trust has a firmly embedded Maternity Voices Partnership (MVP). There are two co-chairpersons who work collaboratively in partnership with the Associate Director of Midwifery and key link Midwives within the service. The MVP continues the work in developing the work programme for 2022/23, ensuring key work streams are undertaken in a collaborative way and in partnership with service users.

The chairperson attends the bi-monthly Obstetric Governance group meeting. Further work is in progress regarding triangulation of incidents, complaint and claims and once this has been agreed within the Directorate the process for sharing complaint responses, including trends and themes will be shared with the MVP. In the interim complaint numbers and themes are discussed at the Governance meeting which the MVP co-chair is invited to attend.

The Trust is confident of remaining fully compliant with this safety action.

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?

9.1 Standard A

A local training plan is in place to ensure that all six core modules of the Core Competency Framework, will be included in your unit training programme over the next 3 years

The Training Needs Analysis has been amended to include the six core modules of the Core Competency Framework and a plan is in place for implementation over the next

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 in year 4 remains a challenge due to continuing workforce pressures. 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 was further suspended due to ongoing staffing challenges for six weeks between 31 August until 9 October 2022, whilst awaiting newly appointed staff to commence in role. Training sessions recommenced on 7 November 2022. The pressures experienced have had an impact on the trajectory however, staff were re-scheduled onto the remaining sessions and full compliance could have been achieved providing there were no further cancellation of sessions.

When the safety actions were amended in October 2022 the relevant time period was changed from '90% in 18months in order to declare compliance acknowledging Covid-19 pressure' to 'any 12 consecutive months within the year 4 period, August 2021 until 5th December 2022'. This amendment has led to a loss of 4 months of training attendance and achieving compliance before the 5th December will now be very challenging. There is a high probability that the 90% compliance in all staff groups will not be achieved in view of this significant change.

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 accordingly.

The 12 month consecutive period between 6th December 2021 and 5th December 2022 will be used as the time frame for reporting compliance.

The table below shows training compliance up to 2nd September:

Staff Group	Number of eligible staff in post	Percentage trained as of the 02.09.22	Target by the 5th December 2022
Midwives/sonographer/ Midwifery Managers/ Bank Midwives	289	65%	90%
Maternity Support Worker/ Nursery Nurses/ HCA's	89	75%	90%
Theatre staff (includes Delivery Suite)	7	57%	90%
Obstetric Consultants	13	69%	90%
Anaesthetic Consultants	13	15%	90%
Trainees	37	51%	90%
Total	**448**	**64%**	**90%**

In order to achieve 90% compliance in all staff groups a further 114 staff need to complete the training by the 5th December. 51 members of staff have been allocated a date however an additional 63 still require to be trained and currently the Trust is considering how this can be achieved in this short time frame. This poses a significant challenge for the Trust and will require Executive level decision making with regard to the competing elements in relation to compliance with this standard. These compliance rates were discussed at the Clinical Risk Group on the 4 November 2022 and it was agreed that the lack of training compliance should be added to the Directorate Risk Register.

9. SAFETY ACTION 9: CAN YOU DEMONSTRATE THAT THERE ARE ROBUST PROCESSES IN PLACE TO PROVIDE ASSURANCE TO THE BOARD ON MATERNITY AND NEONATAL SAFETY AND QUALITY ISSUES?

10.1 Standard A

The pathway developed in year 3, that describes how safety intelligence is shared from floor to Board, through local maternity and neonatal systems (LMNS), and the Regional Chief Midwife has been reviewed in line with the implementing-a-revised-perinatal-quality-surveillance-model.pdf (england.nhs.uk) The revised pathway should formalise how Trust-level intelligence will be shared with new LMNS/ICS and regional quality groups to ensure early action and support is provided for areas of concern or need.

The pathway has been revised in light of the additional requirements and was presented at the Maternity Board Level Safety Champions Group in April 2022. The pathway is also displayed on the Safety Champions noticeboard outside the entrance to delivery suite.

10.2 Standard B

a) Board level safety champions present a locally agreed dashboard to the Board quarterly, including; the number of incidents reported as serious harm, themes identified and actions

being taken to address any issues; staff feedback from frontline champions and walk-abouts; minimum staffing in maternity services and training compliance are taking place at Board level no later than 16 June 2022. NB, The training update should include any modifications made as a result of the pandemic / current challenges and a rough timeline of how training will be rescheduled later this year if required. This additional level of training detail will be expected by 16 June 2022.

A monthly Trust maternity data dashboard is submitted as part of the Integrated Board Report (IBR) data submission and this pre-dates the deadline date of 16 June 2022 outlined in the scheme. Themes identified and actions taken are outlined and presented quarterly.

Minimal staffing in maternity services is presented by the Executive Chief Nurse, also a Board-level Safety Champion, through the Nursing and Midwifery Staffing paper.

Training compliance is presented in detail in the Ockenden Board report which is submitted bi-monthly. A paper was presented in September 2022 and a further paper will be presented to the Quality Committee and Trust Board in November 2022.

Monthly walkabouts continue to be undertaken by a member of the Board, with the Non-Executive Director (Maternity). Key themes arising from the discussions with staff are verbally reported back to the Associate Director of Midwifery to ensure that issues arising can be managed appropriately in a timely manner. Feedback from these walkabouts is shared with staff via the Improving Safety Together newsletter produced twice a year.

The Trust's Claims Scorecard, alongside incident and complaint data was presented to the Maternity Board Level Safety Champions Group in February 2022. A second report was due to be presented at the October 2022 meeting but has been postponed until December 2022. The Maternity Board Level Safety Champions were briefed about a new 'Triangulation of Incidents, Complaints and Claims' process that the Directorate are developing which would result in a more detailed local dashboard, as outlined for the scheme.

10.3 Standard C

This was amended in the October 2022 revision of the Maternity Incentive Scheme.

Trust Boards have reviewed current staffing in the context of the letters to systems on 1 April 2022 and 21 September 2022 regarding the roll out of Midwifery Continuity of Carer as the default model of care. A decision has been made by the Board as to whether staffing meets safe minimum requirements to continue rollout of current or planned MCoC teams, or whether rollout should be suspended.

Following a formal organisational change process which occurred between January 2022-August 2022, the Trust undertook a further staffing review to inform the position with regard to the implementation of a model associated with Continuity of Carer. The findings of this review, together with the feedback from staff, steered a change in direction and a revised proposal which reduced the number of Teams to be rolled out. This change was presented

to the Trust Board in September 2022, and is in line with the recommendations made in the letter from NHSEI in September 2022.

The Trust will focus on ensuring that workforce metrics are optimised and sustainable before any further rollout associated with Continuity of Carer and, therefore, plans are currently paused with a further review to be made in Quarter 1 2023.

10.4 Standard D

Board level and maternity safety champions are actively supporting capacity and capability building for staff to be involved in the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP)

The Trust participate and engage with the relevant MatNeo Patient Safety Network events and have had representation at 5 events (16th September, 13th December 2021, 24th March , 16th June and 21 September 2022), as outlined in the scheme.

Evidence that insights from culture surveys undertaken have been used to inform local quality improvement plans by 5 December 2022

The Score survey (organisational culture) was undertaken in April 2019. The results were shared with staff and feedback sessions delivered by two external health professionals in January 2020. Themes identified were similar to those identified during the Trust Staff Survey undertaken at the same time and these were incorporated into the Directorate Quality Improvement plans for 2020/21. Ongoing work is in progress in light of the final Ockenden report which asks providers of maternity services to ensure high levels of staff engagement, ensuring a culture which is transparent, open, and honest, in which staff feel psychologically safe to speak up. This work will be combined with further engagement work arising from the 2022 staff survey, and will form an integral part of the Directorate Strategy for 2022/23.
The Trust is confident of being fully compliant with this safety action.

11. SAFETY ACTION 10. HAVE YOU REPORTED 100% OF QUALIFYING CASES TO HEALTHCARE SAFETY INVESTIGATION BRANCH (HSIB) AND TO NHS RESOLUTIONS EARLY NOTIFICATION (EN) SCHEME FROM 1 APRIL TO 5 DECEMBER 2022?

A) Reporting of all qualifying cases to HSIB from 1 April 2021 to 5 December 2022

B) Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 1 April 2022 until 5 December 2022

C) For all qualifying cases which have occurred during the period 1 April 2021 to 5 December 2022, the Trust Board are assured that:

1. the family have received information on the role of HSIB and the EN scheme;

2. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.

The Trust is fully compliant with this safety action. For A and C – all qualifying cases have been reported to HSIB from 1 April 2021 and families involved in cases which qualify for a HSIB/ EN investigation meet with one of the Risk and Governance Midwives in the first 24-48hrs days after birth. The process is fully explained to the parents and literature is provided to support the conversation. Thereafter, following discharge, a confirmation letter is sent to the family; this includes a written apology on behalf of the Trust in line with Duty of Candour Regulations.

Since 1 April 2022 there have been no qualifying EN cases (point B).

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
15 November 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	Learning from Deaths (April 2022 – June 2022)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Pauline McKinney, Integrated Governance Manager – Quality, Victoria Smith, Patient Safety Manager						
Status of Report	Public		Private		Internal		
	☒		☐		☒		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☐		
Summary	This paper aims to provide assurance to the Board of Directors that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018). This paper also summarises the processes that are in place to provide assurance to the Board of Directors that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.						
Recommendation	The Board of Directors is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanisms for sharing learning across the Trust.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality • Put patients and carers first and plan services around them • Maintaining our 'Outstanding' CQC rating						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☐	☐	☒	☒	☐
Impact detail	Provision of assurance that patient outcomes are reviewed, and lessons learned to include deaths of people with learning disabilities.						
Reports previously considered by	This is a recurrent report.						

LEARNING FROM DEATHS

EXECUTIVE SUMMARY

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

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

The Board of Directors is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanisms for sharing learning across the Trust.

LEARNING FROM DEATHS

1. BACKGROUND

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

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

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

The guidance released in July 2018 by the Department of Health and Social Care published the government's response to consultation on the "Introduction of Medical Examiners and Reforms to Death Certification in England and Wales". This guidance outlines the intention that the Medical Examiner system will be enshrined in statute and Medical Examiners will be based in all acute Trusts by 2021 with a view to start scrutinising community deaths by 2022.

2. MORTALITY REVIEW DATABASE – DATA SUMMARY

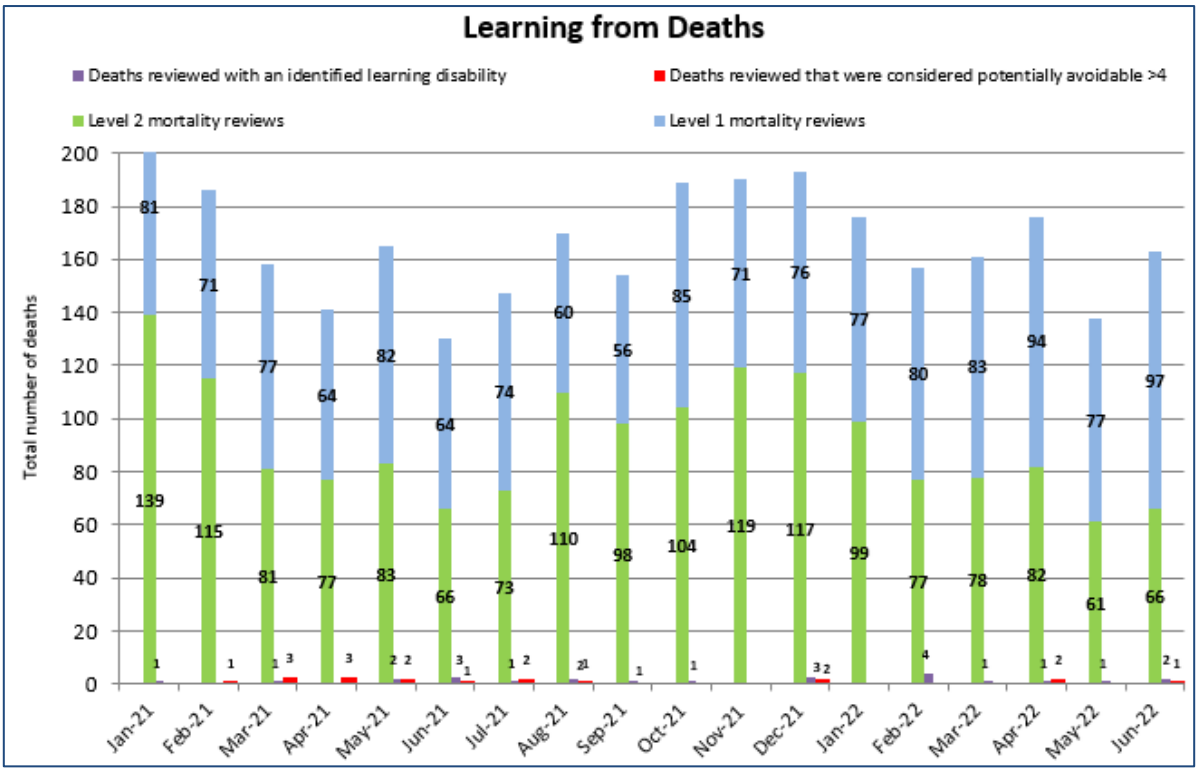
Current Morbidity and Mortality (M&M) meetings provide a robust forum for multidisciplinary discussion of each patient death. The mortality review database was launched in June 2017 and has improved the ease at which lessons identified within M&M meetings can be shared between Directorates. The database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

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

Level 2: In addition to the level 1 actions, the reviewer also considers documents and health records associated with the death and records findings into the Trust-wide mortality review database, in-line with Trust Mortality Policy.

2.1 Inpatient Deaths

In the past 12 months (July 21 – June 22) 2014 patients died within Newcastle Hospitals with a total of 1084 patients having received a level 2 mortality review. It is likely that these mortality review figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months. These figures will continue to be monitored and modified accordingly. The graph below shows total number of deaths each month from January 21 as well as level 2 mortality reviews.

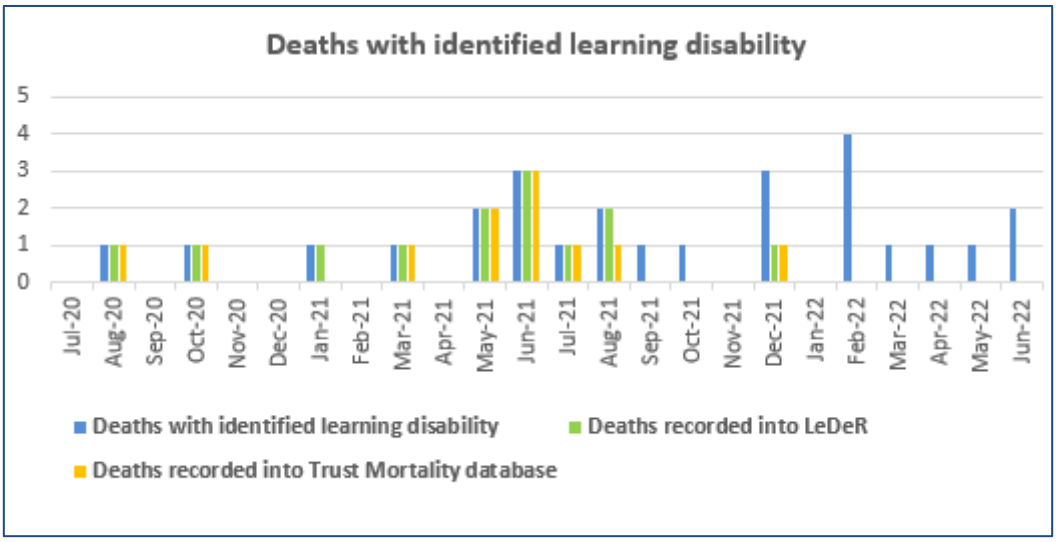


2.2 Patients identified with a Learning Disability

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

Over the preceding 12 months (July 2021 – June 2022), 17 patients who died within Newcastle Hospitals were identified as having a learning disability. Within the Trust, whenever a patient with a learning disability dies, their death is reviewed by the clinical team and is supported by the Learning Disability Team. There is a further in-depth case review at the Learning Disability Mortality Review Panel and the case review is also entered onto the Trust Mortality Review Database, as well as into the LeDeR National Database. An update is provided from the Learning Disability Specialist Nurse at each quarterly Mortality Surveillance Group meeting and lessons are shared using various methods, which includes presenting at the Clinical Risk Group and via Patient Safety Bulletins.

The graph below shows the data for the past 24 months (July 2020 – June 2022) and includes those patients who have been recorded into the national LeDeR database and Trust mortality database. However, due to the complexity of some cases and staffing constraints within the learning disability team, there has been a delay in some cases being reviewed and uploaded into LeDeR. The learning disability team are currently addressing this issue and an administrator has recently been appointed to support the upload of reviews. However, clinical constraints to support undertaking of reviews are currently ongoing.



2.3 Outcome of Case Reviews – Hogan Score

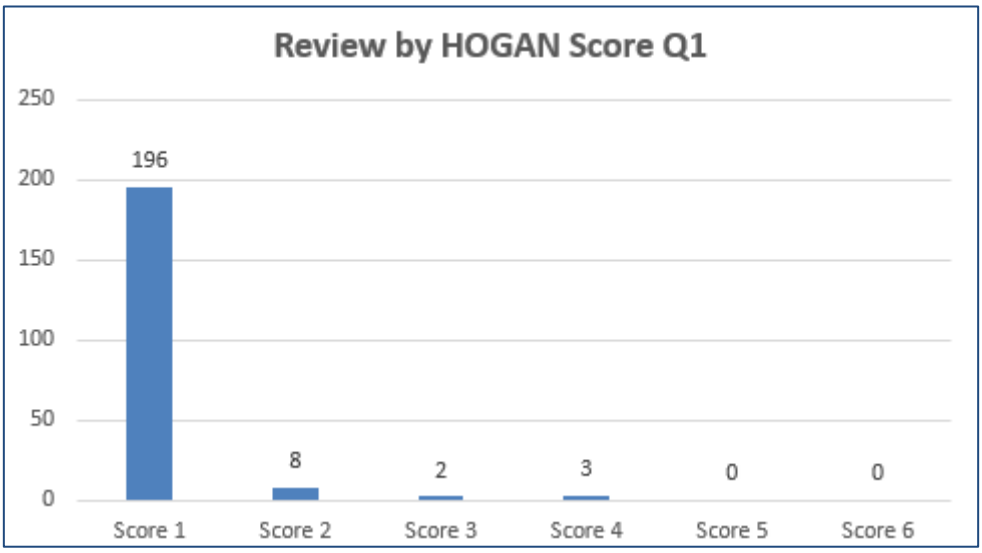
Throughout Q1 (April 22 – June 22), 209 patients have received a full case note review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trust-wide mortality review database. This number will continue to rise as more M&M meetings go ahead over the forthcoming months.

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

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

A score of ≥4 suggests 'strong evidence of preventability'. Trust processes mandate that an investigation is initiated to determine if serious harm has occurred and a subsequent incident (SI) is to be reported, as well as being presented on an individual basis at quarterly

mortality surveillance group. The outcomes of the cases reviewed in Q1 are summarised in the graph below:



The graph shows three patients were recorded as HOGAN 4. All three patients were discussed at SI triage panel. Two patients are currently undergoing a serious incident investigation. It was agreed by the panel and Executive Team that the remaining patient did not require a serious incident investigation as the treatment delay identified was not deemed to have contributed to their death.

3. KEY LEARNING POINTS

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

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

The learning points identified following M&M reviews in Q1 are detailed below, together with how learning has been shared and what action has been taken. Clinicians from each Directorate are also encouraged to share learning from local mortality reviews with any other Directorates throughout the Trust.

Learning points identified from case reviews undertaken in Q1

Directorate	Speciality	Summary	Learning Point
Internal Medicine	Respiratory	A patient receiving end of life care was inadvertently given a higher than prescribed dose of opioids on two occasions. The higher dose did not contribute to the cause of death.	Education update has been provided to all nursing staff who administer Opioids. Learning discussed at the appropriate forums i.e. Governance and M&M meetings.
Cardiothoracic	Cardiac Surgery	Following chest drain insertion a patient experienced some bleeding from the pleural space. This was identified as a recognised complication of a necessary procedure, which was also highlighted by the Coroner.	Learning discussed in M&M meeting. The importance of discussing the risks of any invasive procedure and assessing bleeding risk was highlighted. Treatment was given with the intention of improving patient and increasing chances of recovery.
Cardiothoracic	Cardiac Surgery	A patient's discharge letter stated that the cause of death was to be discussed with coroner and medical examiner. There was no evidence documented within patient's electronic medical record that these discussions went ahead.	Local Induction to include the importance of clearly documenting any correspondence with the Coroner and/ or medical examiner.

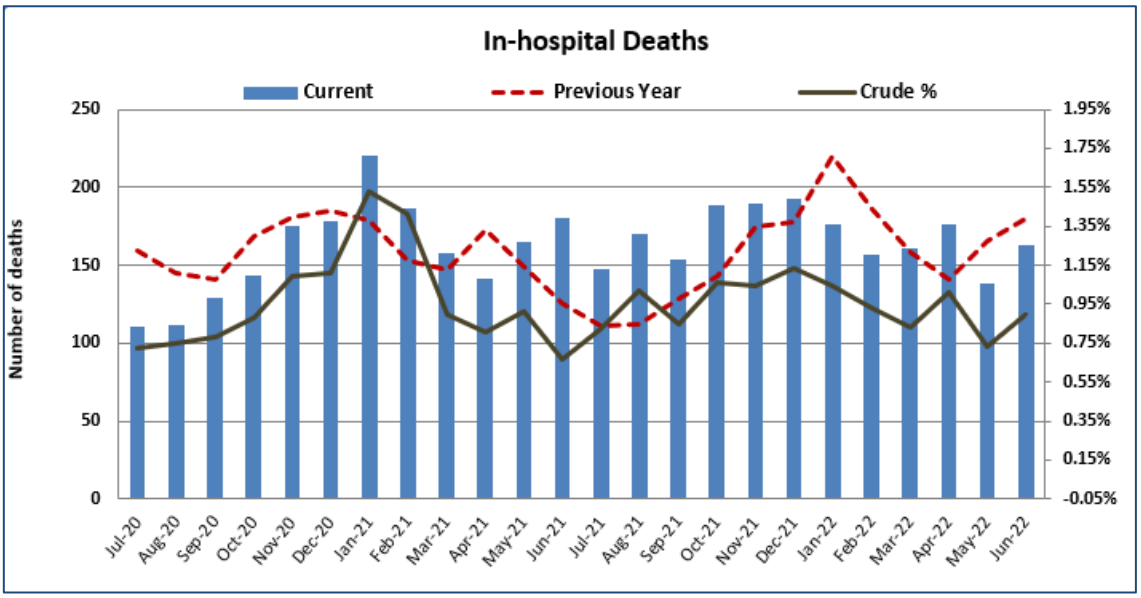
4. CRUDE MORTALITY

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

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

The graph below shows the crude mortality rates since July 2020. The crude mortality shows a significant increase in January 2021. Although historically deaths during this time period do rise in comparison to warmer months, the Trust also recorded an increase in Covid-19 deaths within this time period due to the second wave of the pandemic.

More recently, the crude rate has reduced to less than 1%, which is in line with the expected rate for this Trust.



5. SHMI AND HSMR MORTALITY RATES

Standardised Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) mortality rates are published quarterly by NHS Digital, however due to the time delay between data being uploaded by each individual Trust and primary care, the data is published approximately six months retrospectively.

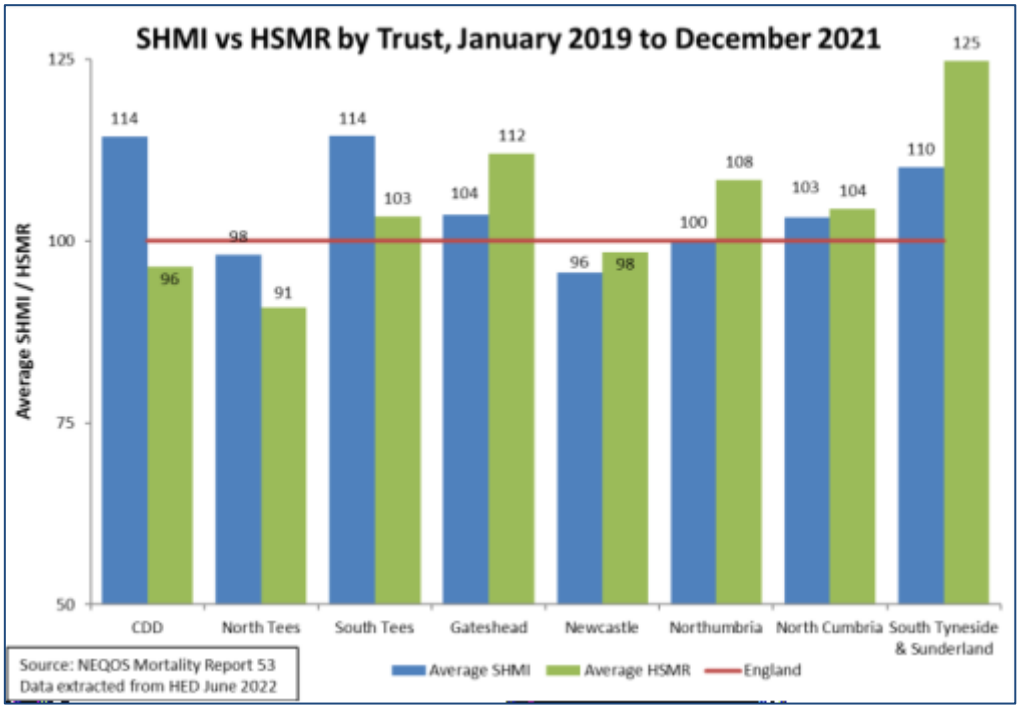
SHMI and HSMR data is scrutinised on publication to determine any areas that may raise concern. All groups within the data are individually monitored and all findings are presented to the Trust Mortality Surveillance Group on a quarterly basis. Any group that flags as a concern is raised with the relevant Directorate to ensure an in-depth analysis is undertaken and findings recorded into the mortality review database. All learning from this analysis is shared with Directorates and presented to the Mortality Surveillance Group. The latest SHMI publication for April 21 – March 22 shows the Trust to be at 92, which is below the national average and within "expected levels".

All mortality data including SHMI, HSMR and Variable Life Adjustment Displays (VLADS) are closely monitored.

6. NEQOS

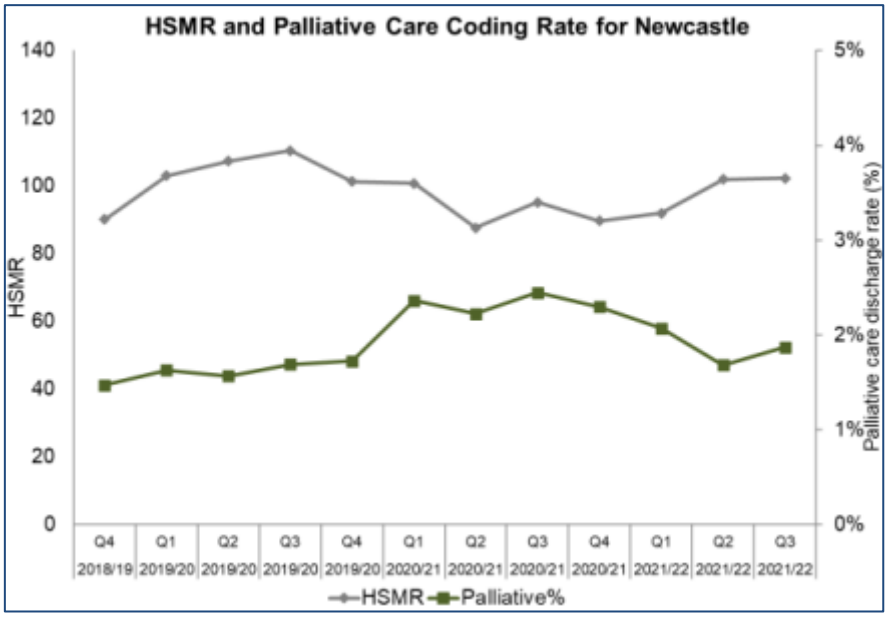
The North East Quality Observatory Service (NEQOS) present analysis showing the SHMI and HSMR mortality indices including a high level for Trusts identifying variation from the norm (outliers); showing trends through time; and using more granular analysis in order to describe contributing factors.

Overall, the graph below shows the Trust to be consistently below the national average for both SHMI and HSMR. The Trust SHMI average over a three-year period is 96 and the HSMR 98; both are below the national average.

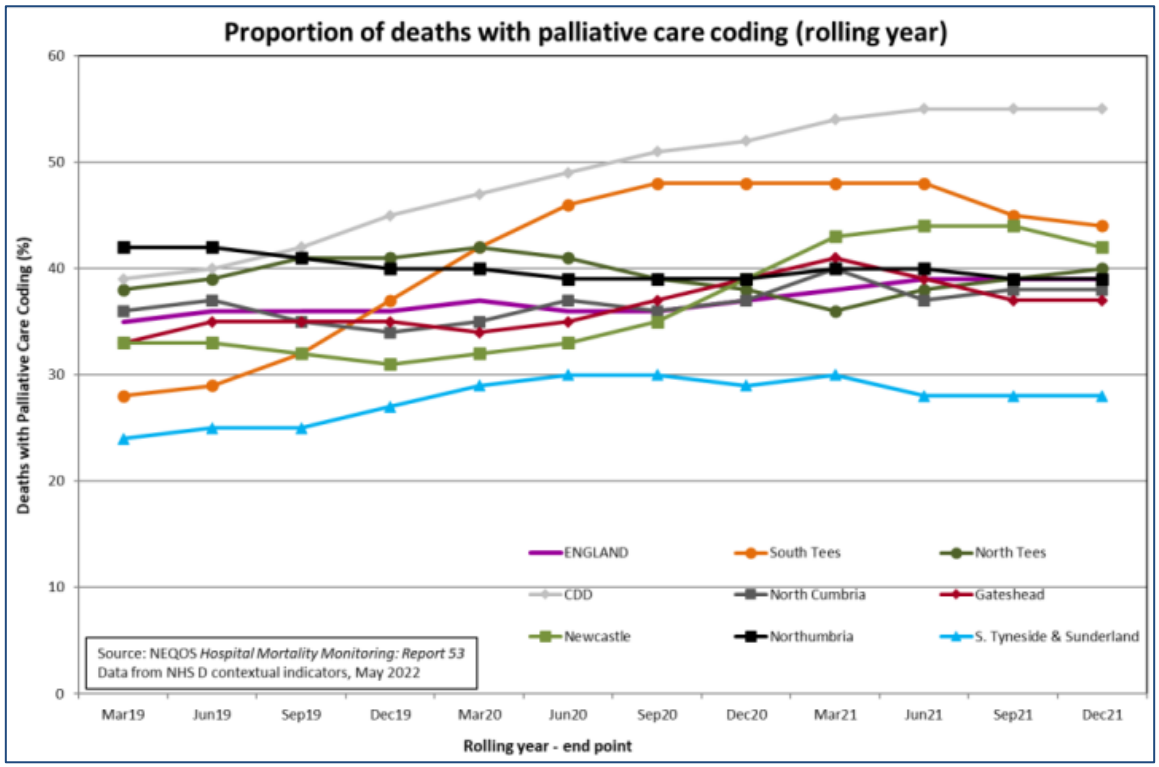


7. PALLIATIVE CARE CODING

The graph below shows that palliative care coding rate on discharge (including in-patient deaths) is historically reported below 2% within Newcastle upon Tyne Hospitals, which is one of the lowest in the region. The rise in palliative care coding throughout 2020/21 can be explained by the rise in deaths during the pandemic.



The graph below shows the percentage of deaths with a palliative care coding for regional Trusts, which includes those who have died within 30 days of discharge.



8. OUTCOME OF INVESTIGATIONS LINKED TO SERIOUS INCIDENTS

All unexpected patient deaths, or deaths with possible modifiable factors, are routinely escalated for review as potential serious incidents (SI) via the Trust incident reporting system (Datix). Deaths of this nature are subject to a detailed review, facilitated by a Clinical Director and often involve members of the clinical team directly involved in the patients care. For deaths identified and reported externally as an SI, a comprehensive investigation is undertaken, which includes an analysis of the care provided to identify any learning and determines whether any modifiable factors contributed to the patient's death. Key learning points are identified, and action plans generated. A summary of investigation outcomes linked to SIs in Q1 are shown below:

- During April 2022 – June 2022 (Q1) there were 67 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 67, there were 12 patient deaths, which identified potential modifiable factors which contributed to the death.

The incidents that have resulted or contributed to a patient's death, that have been completed since the previous report submitted on 31st March 2022, are as follows:

2021/23878 – Inpatient Fall
- Strengthened processes in place, including the development of a falls prevention tool, falls safety bundle and refreshed guidance to support staff to minimise the risk of patient falls. - Development of digital solution to incorporate falls risk assessment into the patient admission document. - Exploration and procurement of specialised patient beds to improve patient safety.

2022/8754 – Unexpected Death
- Enhanced training and resources, including development of a super-user role to strengthen monitoring and support provided to staff. - Implementation of a fatigue management group expedited to explore interaction between digital systems and the user.

2022/14732 – Health Care Acquired Infection
- Procurement of a digital solution to better support staff when caring for patients at risk of complications. - Enhanced governance processes, including monthly assurance audit and an enhanced education programme for staff.

2022/7715 – Surgical Incident
- Agreement of sub-specialty expert clinical rota for service provision, in line with national recommendations.

2022/12600 – Deteriorating Patient
- Mandated education for all clinical staff now in place with additional local training programmes developed. - Use of digital decision-making aids to support staff to identify risk of patient deterioration and the need for early escalation. - Enhanced governance processes, including implementation of a Trust-wide audit programme and compliance dashboards.

2022/4661 – Treatment Delay
- Enhanced governance processes, including implementation of a Trust-wide audit programme. - Development of a robust training resource pack for staff new to the clinical areas.

2022/4416 – Treatment Delay
- Improved handover processes implemented to support better MDT communication.

9. MEDICAL EXAMINER

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

The Medical Examiners roles went live in January 2021 as part of an initial test period, scrutinising patients' medical notes and discussing the care pathway with the ward clinician for all patients who died within two specified wards at the Freeman Hospital (FH). As the test period was considered a success, the project moved to the next stage in March 2021,

which involved scrutinising all deaths at FH and finally including all deaths at Royal Victoria Infirmary (RVI) in August 2021. The Medical Examiners do not currently scrutinise paediatric, maternal deaths or deaths where the patient had a learning disability diagnosis, as these patients receive a full and in-depth case review, in line with national review processes.

The Medical Examiner process plans to incorporate all community deaths by April 2023 and are currently trialling this in two local hospices. System development of the current mortality database, regarding inclusion of community deaths is ongoing. The development team are unable to give a definitive time period when this work can be completed due to internal staffing constraints.

10. RECOMMENDATIONS

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

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

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	15th November 2022						
Title	Quality Account six month review						
Report of	Angela O'Brien - Director of Quality & Effectiveness						
Prepared by	Anne Marie Troy-Smith – Quality Development Manager						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☒		☒		☒		
Summary	The Board of Directors has previously approved the 2022/2023 Quality Account Priorities and the paper provides assurance to the Board that improvements are being made and, where necessary, appropriate measures are in place to address any deviation from the anticipated mid-year position. This paper outlines a six month review of progress and includes results where available. NHS Foundation Trusts were not required to commission assurance on their quality report for 2021/2022. From 2021/2022 onwards, this assurance exercise was deemed optional for all providers. At the Audit Committee meeting in January 2021, external auditors highlighted that the Governors, Audit Committee and Board needed to decide whether the Trust wanted to commission an external assurance exercise from 2021/2022 onwards, the decision was not to commission. The Quality Account will need to be published by June 30th 2023.						
Recommendation	The Board of Directors is asked to note progress against the 2022/2023 quality priorities and note the recommendations for Quality Account priorities in 2023/2024.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard, focusing on safety and quality. Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle and beyond. Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☐	☐	☐	☒	☐
Impact detail	There is a risk of not achieving targets set in Quality Account which would impact on quality of care and reputation.						
Reports previously considered by	Report sent annually to Quality Committee and Trust Board.						

QUALITY ACCOUNT SIX MONTH REVIEW

EXECUTIVE SUMMARY

This report is an overview of the 2022/2023 Quality Account priorities approved by the Quality Committee, who are now asked to review the progress to date.

Priority 1 - Reducing Healthcare Associated Infections: COVID-19 Trust guidance has been updated in response to national changes. Future work includes the "Gloves off" campaign, blood stream infection and C.difficile infection reduction initiatives to improve compliance.

Priority 2 – Management of Abnormal Results: Specific targets for improvement have been identified as a result of the work completed to date. Future work includes closed loop investigations, future Orders functionality and clinical decision support.

Priority 3 – Enhancing capability in Quality Improvement (QI): Ongoing development of QI is an essential part of the dosing-formula to support the aim of having people deliver improvement for themselves as opposed to having a central team delivering for them. Continuing this work would empower people to feel they are can make improvements in their area of work.

Priority 4a Introduction of a formal triage process on the Maternity Assessment Unit: Successfully opened and staffed new Maternity Day Care facilities. Future work includes increased clinical staff hours on MAU, the recruitment of a Matron for MAU, and implementation of BUSOTS (Birmingham Triage System).

Priority 4b – Modified Early Obstetrics Warning Score: A digital maternity chart has been developed and tested; this has been recoded into the computer language called .NET. We are currently awaiting accurate testing of the digital maternity chart and code before it can be released.

Priority 5 – Trust-wide Day Surgery Initiative: Created dedicated self-contained day surgery unit and established dedicated teams to deliver the care. Future work includes the opportunity to further reduce bed days by prioritising and accelerating pathways of care.

Priority 6 – Mental Health in Young People: Success is demonstrated through collaboration with Cumbria Northumbria and Tyne and Wear colleagues, completion of the 'We Can Talk' project, and introduction of 'Safety Pods' training. Future work includes workforce training, policy ratification for detention of under 18's and recruitment of mental health trained staff.

Priority 7 – Ensure reasonable adjustments are made for patients with suspected, or known, Learning Disabilities: Introduction of 'Ward Walkers' proved successful, continued learning from Learning Disabilities Mortality Review, and contributed to regional initiative 'Was Not Brought'. Future work includes raising awareness of Diamond Standards, an increased focus on autism ensuring processes flag patients with autism on EPR, and introduction of new adult passports.

We propose that all of these priorities remain Quality Account priorities in 2023/2024.

QUALITY ACCOUNT SIX MONTH REVIEW

1. INTRODUCTION / BACKGROUND

Every year, the Trust is required to publish a Quality Account which is an annual report written for the public about the quality of the healthcare services it provides. It contains both a retrospective and prospective account of the Trust's quality priorities, explaining outcomes and, crucially, looking forward to define the quality priorities for the next year. The Board of Directors approved the Quality Account priorities for 2022/2023 and are now asked to review the progress to date.

2. PROGRESS TO DATE

Patient Safety

Priority 1 - Reducing Healthcare Associated Infections (HCAIs) – focusing on COVID-19, Methicillin-Sensitive Staphylococcus Aureus (MSSA)/Gram negative Blood Stream Infections (GNBSI)/ C. difficile infections (CDI)

Why we chose this?
Preventing healthcare acquired COVID-19 infections remains a priority whilst we adapt to living with COVID-19.

MSSA bacteraemias can cause significant harm. At Newcastle Hospitals (NUTH), these are most associated with lines and indwelling devices; achieving excellent standards of care and improving practice is essential to reduce these line infections in line with harm free care.

GNBSI constitute the most common cause of sepsis nationwide. Proportionally, at NUTH, the main source of infection is urinary tract infections, mostly catheter associated, and also line infections. An integrated approach engaging with the multidisciplinary team across the whole patient journey, focusing on antibiotic stewardship, early identification of risks and timely intervention formulate the basis for our strategy to reduce these infections. The *GNBSI* Steering Group created in 2021/2022 continue to review reduction strategies.

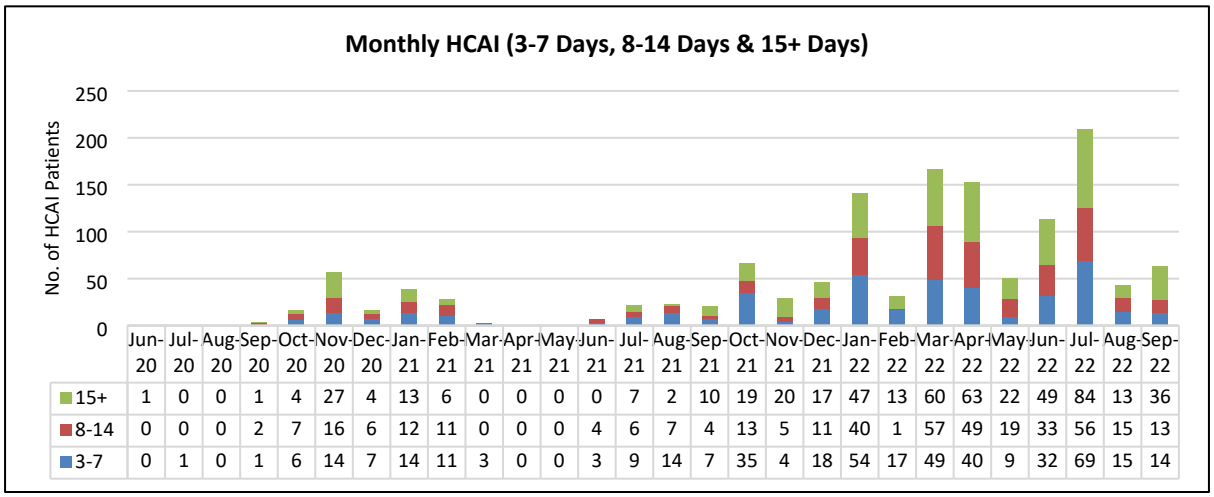
C. difficile infection is a potentially severe or life-threatening infection which remains a national and local priority to continue to reduce our rates of infection in line with the national objectives.

What we aimed to achieve?

- Prevent COVID-19 transmission and HCAI in patients and staff.
- Internal 10% year-on-year reduction of MSSA bacteraemias.
- Reduce *GNBSI* in line with national trajectories and with an internal aim of a 10% year on year reduction.
- Reduction in *C. difficile* infections in line with national trajectory.

What have we achieved so far?

HCAI COVID-19 Cases



	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
15+	1	0	0	1	4	27	4	13	6	0	0	0	0	7	2	10	19	20	17	47	13	60	63	22	49	84	13	36
8-14	0	0	0	2	7	16	6	12	11	0	0	0	4	6	7	4	13	5	11	40	1	57	49	19	33	56	15	13
3-7	0	1	0	1	6	14	7	14	11	3	0	0	3	9	14	7	35	4	18	54	17	49	40	9	32	69	15	14

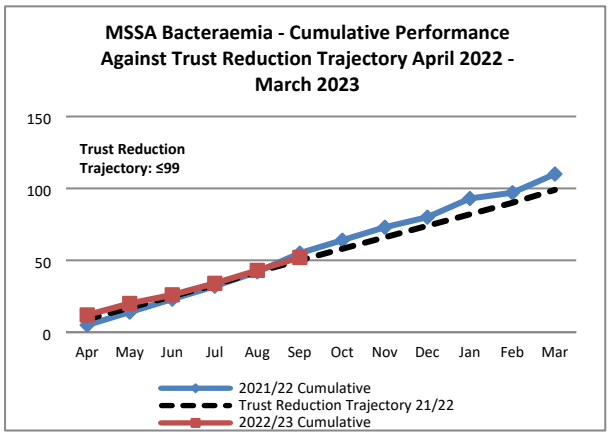
National guidance was issued on 19 May 2020 to define HCAI infections in the context of COVID-19. These are:

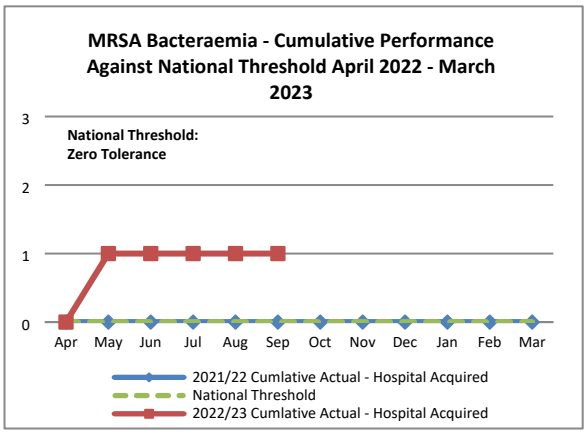
- Community-onset - first positive Specimen date ≤2 days after admission to trust.
- Hospital-onset indeterminate healthcare-associated (HO.iHA) – first positive specimen date 3–7 days after admission to trust.
- Hospital-onset probable healthcare-associated (HO.pHA) – first positive specimen date 8–14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

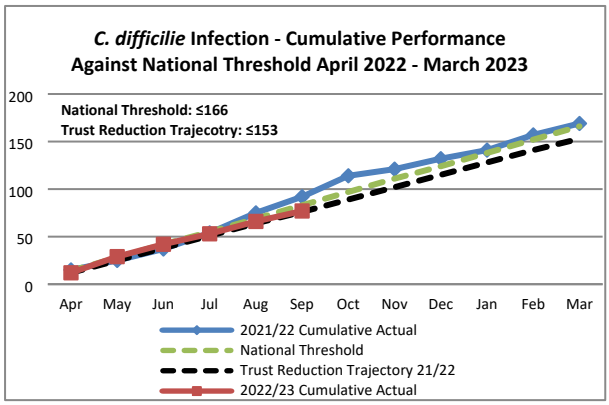
Respiratory risk assessment of patients remains key to minimising the risk of transmission and correct patient management. National guidance has changed throughout the previous six months with a move away from asymptomatic testing and no longer isolating identified COVID-19 contacts. The Infection Prevention and Control (IPC) Nurses review all hospital onset COVID-19 infections. If a connection is found between two cases, which includes a HO.pHA or HO.dHA case an outbreak is declared. In the previous six months, 36 incidences have been identified as a connection between patients and therefore reported as an outbreak.

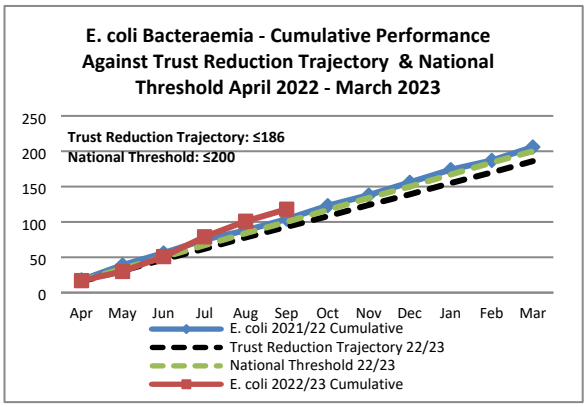
The staff test and trace (T&T) team have worked closely with the staff testing POD to support COVID-19 testing of symptomatic staff members in addition to supporting asymptomatic staff testing because of identified COVID-19 contact or outbreak management. As we move to living with COVID-19 and incorporating it into business as usual, national guidance ceased asymptomatic testing and promoted staff self-testing via Lateral Flow Testing (LFT). As a result, the T&T team and staff testing POD stopped at the end of September 2022.

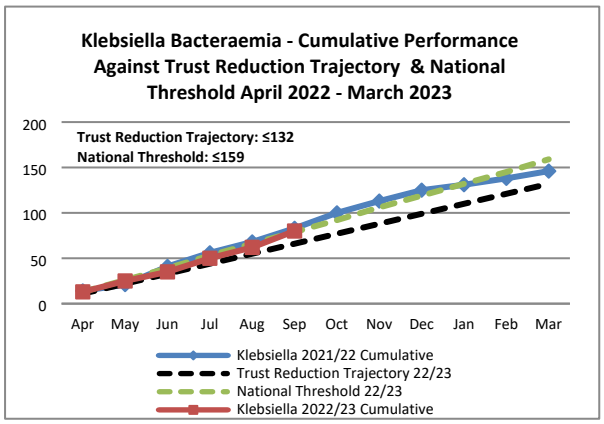
HCAI data

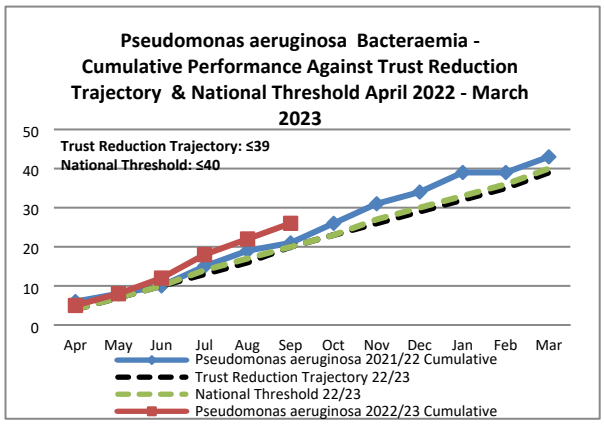












NuTH are currently exceeding the 10% reduction aim in all HCAI, however, we are six cases below the national threshold for CDI. The IPCT have focused on some reduction initiatives lead by the IPCNs including:

- The "Gloves off" campaign is focussed on correct PPE usage and effective hand hygiene. This aims to reduce the risk of cross-infection and minimise HCAI.
- *BSI* reduction initiatives to improve compliance with:
  - Skin decolonisation (Octenisan).
  - IV/Urinary Catheter device management.
  - NCCC line care initiative.
  - *GNBSI* reduction in Liver Medicine.
  - UTI/CAUTI initiatives ongoing and successful.
- *CDI* reduction initiatives:
  - HPV cleaning.

- Early recognition of diarrhoea for effective management.
- Antimicrobial stewardship.
- Audit process with Synbiotix.
- All mandatory reported HCAI are reviewed by the IPCT.
- Clinical MDT review is undertaken for all hospital onset CDI.

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 in 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 suspected; antibiotic treatment 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 nursing as well and clinicians, infection specialists and urinary specialists. As 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.

Sepsis

Work continues to develop and deliver new strategies to review and refresh the approach to caring for deteriorating patients, including sepsis; working in collaboration with initiatives to reduce patient harm. Currently, sepsis recognition and screening is collected digitally, through eObservations (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 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

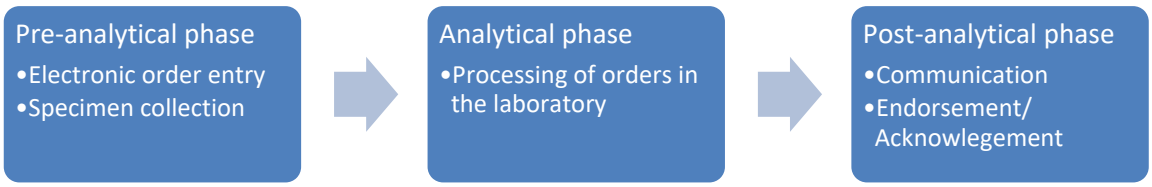
continues to be promoted though the ALERT Quality Improvements Projects. Monthly Data at directorate/ward level is produced to identify gaps in the identification and management of sepsis and deteriorating patients. The ambition is to strengthen education and training and provide feedback to teams as close as possible to real time, whilst achieving significant improvements in the response to alert rates.

We propose that this remains a priority in 2023/2024.

Priority 2 – Management of Abnormal Results

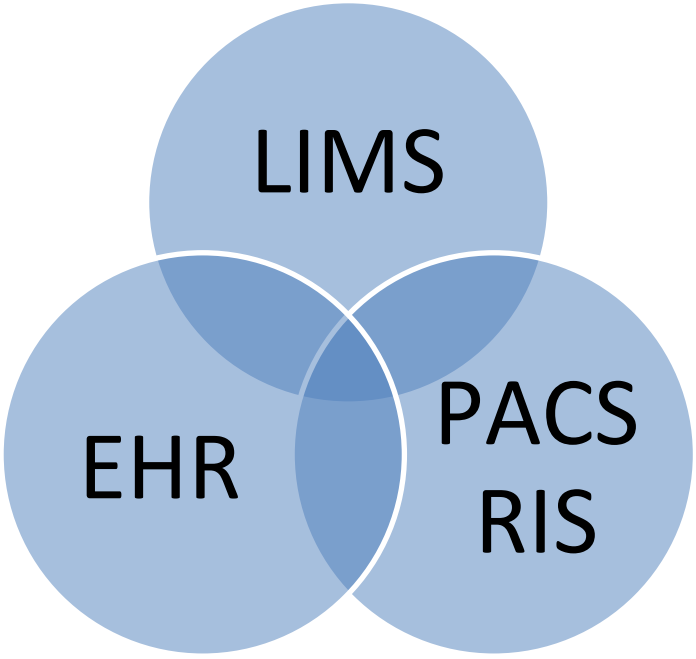
Why we chose this?
The management of clinical investigations is a major patient safety issue in all healthcare systems. Nationally we are seeing mounting evidence of significant patient harm caused by problems affecting every phase of the investigative process.

What we aimed to achieve?



We aim to be a world leader by improving patient safety through ensuring that appropriate clinical investigations result in timely clinical care decisions, follow-up investigations and treatment.

Improving the management of abnormal results will require successful completion of the Closed Loop Investigations and Future Orders projects. The IT systems involved in the Closed Loop Investigations - and Future Orders projects will include the Laboratory Information Management System (LIMS), the Radiology Picture Archiving and Communication System (PACS), the Radiology Information System (RIS), the Electronic Health Record (EHR, Cerner Millennium), and any middleware that supports communication between these systems.

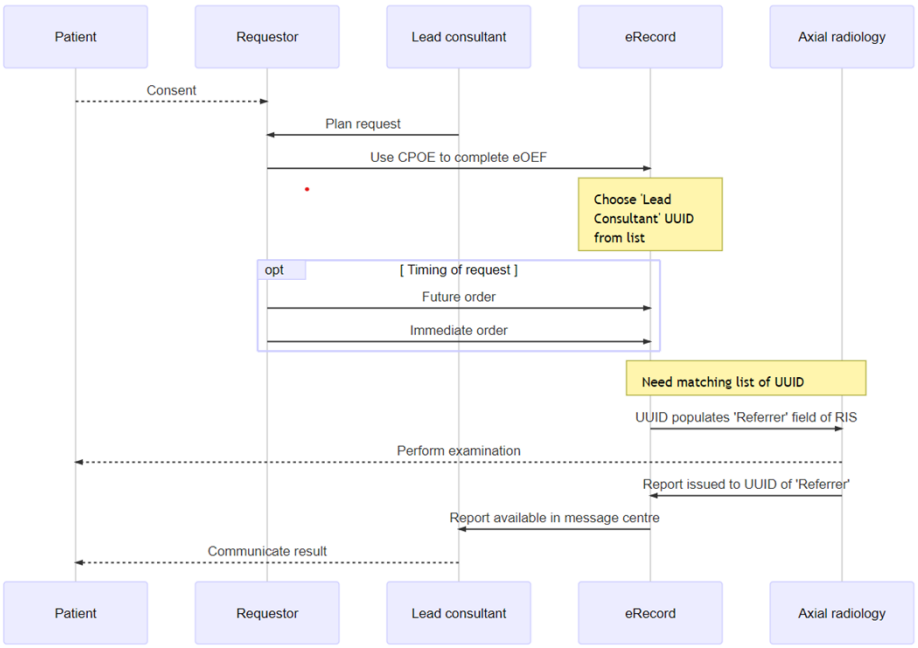


Initially, we are focussing on Radiology where failure to act can lead to avoidable Serious Incidents (SIs), especially in the outpatient setting.

What have we achieved so far?
A multidisciplinary team, involving colleagues in IT, clinical informatics, laboratory medicine, radiology, and HR has been organised to design a better system to track and display all investigations from request, to appointment, to test completion, to result reporting, acknowledgement, and endorsement.

Significant work has been completed as part of the Closed Loop Investigations project, to optimise electronic ordering by ensuring that electronic requests are associated with the 'correct' lead consultant at the point of order entry. To this end:

- A list of 'lead consultants' has been defined and agreed through a collaborative effort between colleagues in IT, clinical informatics, laboratory medicine, radiology, and HR. Lead consultants are clinicians with patient responsibility, who should routinely be in receipt of electronic results for investigations (n=996 lead consultants in eRecord).
- A robust audit of electronic radiology orders was completed, using data for the month of January 2022. The audit highlighted discrepancies in the correct allocation of radiology results to the lead consultant.
- A further audit, completed in June 2022, showed other technical faults between e-record and the radiology management system.
- In October 2022 it will be mandatory, at the point of order entry for certain radiology investigations, to select the lead consultant who should receive an electronic copy of the result.
- As a result of this change, results relating to electronically requested radiology orders will now be sent back to the selected lead consultants' message centre inbox in eRecord, using the UUID as the unique identifier to facilitate communications between EHR and RIS, as outlined in the following sequence diagram:



How are we measuring success?
Specific targets for improvement have been identified as a result of the work completed to date.

Closed loop investigations functionality is required so that investigation results, issued electronically, are appropriately endorsed, and acknowledged in the electronic health record (EHR). Results relating to electronic orders must go back to the lead consultant specified at the point of order entry, to be electronically endorsed and acknowledged in the eRecord message centre. Where the 'lead consultant' is not available, the electronic result must go back to a defined 'alternative inbox' for electronic endorsement and acknowledgement by other members of each lead consultant's team. Further audit is required to provide evidence that the changes made to electronic order entry forms (eOEFS) for radiology investigations have led to an improvement in the proportion of results are appropriately endorsed and acknowledged in the eRecord message centre, by the correct lead consultant or a member of their team.

Future Orders functionality is required to dynamically link electronic orders to future digital appointments/encounters, thereby ensuring that all investigations get performed in the right place, at the right time, by- and for- the right person.

Clinical Decision Support functionality is required to ensure that appropriate action is taken in response to critical results. We need to leverage new technologies, like 3M Follow-up Finder, which uses natural language processing (NLP) to facilitate natural language understanding (NLU) of free-text advisory comments included with radiology and laboratory reports, to ensure that appropriate action is taken in the interests of patient safety.

The management of clinical investigations is a major patient safety issue in all healthcare systems. Significant challenges currently affect the ordering and resulting process.

Improving the management of abnormal results needs to remain a priority in 2023/2024.

Clinical Effectiveness

Priority 3 – Enhancing capability in Quality Improvement (QI)

Why we chose this?
Recovery of activity post COVID-19 continues to demonstrate the need for changes to made quickly to improve healthcare for patients and to recover from the impact of COVID-19.

Creating a culture of continuous improvement and learning across the Trust is important to deliver sustained improvement in the quality and experience of care. Change can be fast and efficient when supported by an improvement culture, a scientific approach and training. Therefore, investing time for training on a scientific approach for improvement, to increase staff improvement capability, is an important Trust priority

Throughout 2022, we have established an infrastructure to build capability and capacity for improvement at scale with Newcastle Improvement. Our two-year partnership, with the Institute for Healthcare Improvement (IHI), has enabled us to accelerate this improvement work. This is critical in maintaining our outstanding performance and the patient-focused high quality of care we deliver.

What we aimed to achieve?
We aimed to deliver improvement training programmes tailored to local teams working on Trust improvement priorities. The Improvement teams would then be supported by improvement coaches and leadership for improvement, to provide an organisational approach to enhance QI capability.

- Train 15-20 improvement teams, each focused on a piece of improvement work and coach them through the work.
- Train 30 improvement coaches to build capability and support teams with their improvement work.
- Develop a return-on-investment evaluation framework and assess the programme against this.
- Adapt the IHI training programme, following feedback from the training and evaluation, integrating sustainability tools linking the Sustaining Healthcare in Newcastle (SHINE) programme into improvement. Move towards being independent in ongoing delivery of training.
- Newcastle Improvement team members to shadow the IHI delivery in year two, to deliver the program after the IHI support period has finished.
- Development of bite size, enhanced induction and e-learning packages.

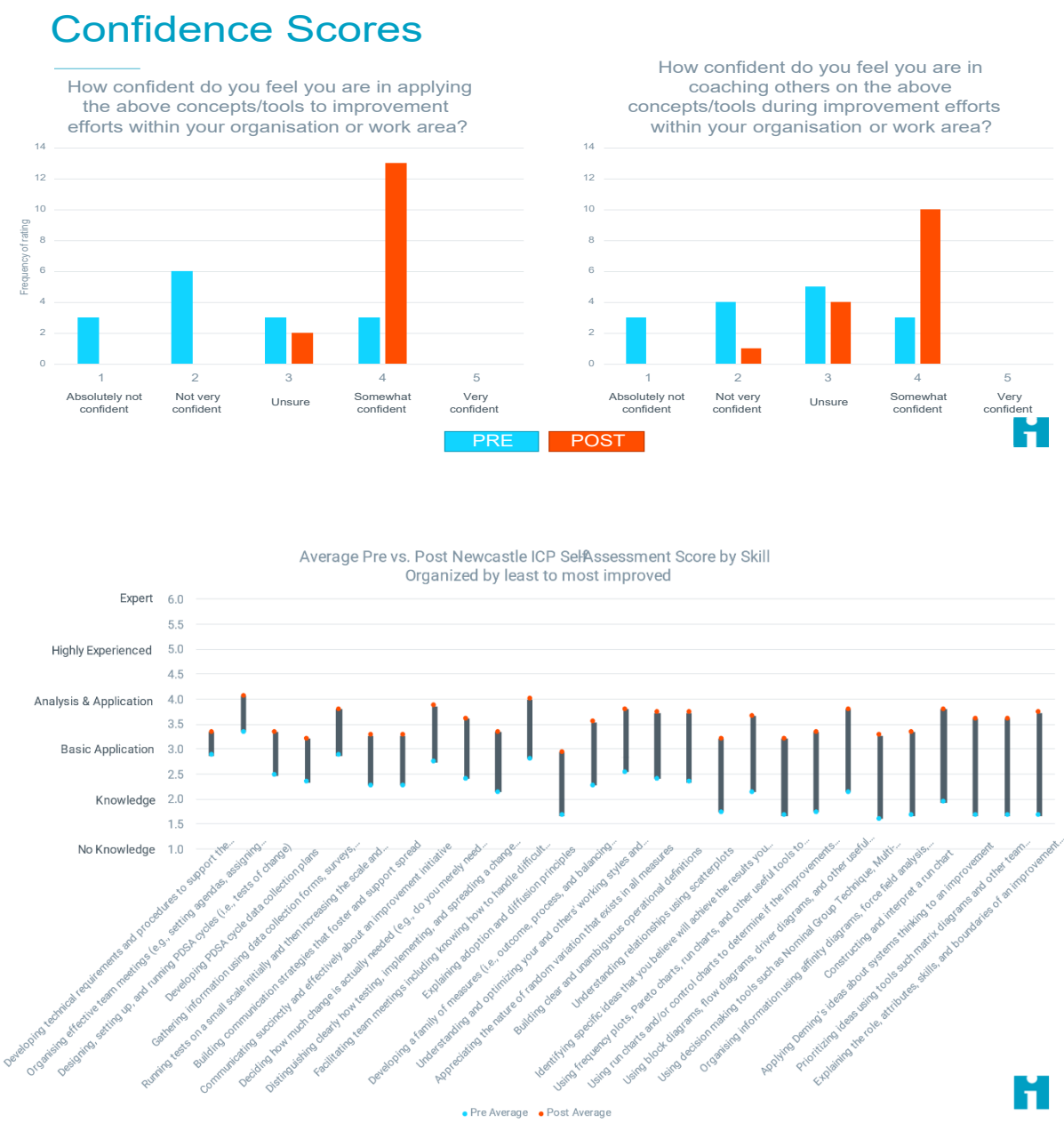
What have we achieved so far?
- Newcastle Improvement recruited 10 improvement teams, each focused on a piece of improvement work and linked coaches to coach them through the work, supported by Newcastle Improvement and IHI faculty. As at October 2022, the recruited teams are about to complete workshop two of three.
- Recruited 25 improvement coaches to build capability and support teams with their improvement work.
- Developed a return-on-investment evaluation framework and assess the programme against this.

- Adapted the IHI training programme and developed training materials with alignment to “What Matters to You?” and “The Newcastle Way”.
- Moved towards being independent in ongoing delivery of training.
- Newcastle Improvement team members shadowed the IHI delivery in year two of Improvement Coach Programme and co-delivered Improvement Programme for Teams.
- Development of bitesize, enhanced induction and e-learning packages.

How are we measuring success?

Success was measured via a range of output and process measures including:

- Number of coaches trained via IHI Improvement Coach Programme – 18 coaches.
- Number of teams participating in the co-delivered (Newcastle Improvement and IHI) Improvement Programme for Teams – 10 teams made up of 57 individuals.
- Number of people having completed “An introduction to Quality Improvement” e-learning package – 144.
- Number of people having attended “Introduction to Quality Improvement” session as part of enhanced induction – 132.
- Attendees at bitesize training – 459.
- Number of people registered for learning and sharing events – 459.
- Qualitative survey of IHI programmes:



We propose that this continues as a priority in 2023/2024 due ongoing development of QI capability and capacity being an essential part of the dosing-formula to support the aim of having people deliver improvement for themselves as opposed to having a central team delivering for them. This will also assist in moving the dial on whether people feel they are able to make improvements in their area of work.

Priority 4a Introduction of a formal triage process on the Maternity Assessment Unit (MAU), in order to improve the recognition of the deteriorating pregnant or recently pregnant woman.

Why we chose this?

The need for early recognition and management of deterioration of pregnant women has been highlighted by Mothers and Babies, Reducing Risk by Audit and Confidential Enquiry (MBRRACE) and The Ockenden Report. To reduce the likelihood of avoidable harm to

mothers and babies we need to improve early detection and rapid escalation of women at risk of deterioration on the Maternity Assessment Unit.

What we aimed to achieve?

Within five minutes of arrival at the Maternity Assessment Unit (MAU) at the RVI, 95% of pregnant or recently pregnant women (within six weeks of birth), who don't receive immediate treatment, will have formal triage by a designated member of staff trained in triage.

What have we achieved so far?

In July 2021, there was a successful bid for the, 'Formal Introduction of Triage on Maternity Assessment Unit (MAU) to improve safety with prompt recognition and management of the deteriorating pregnant or recently pregnant woman' .

Significant improvements have been made to MAU:

- Triage documentation used on MAU that was developed with staff feedback as part of PDSA cycles.
- Opening of a new 'Maternity Day- care Unit' with improved facilities at the end of ward 41.
- Consultant Obstetrician presence (80% of the time) on MAU 1-5pm. Plan to expand Consultants presence on MAU in view of the success of the pilot and to Increase staffing of day-care ward 41 to provide 2 midwives from 8am – 8pm with additional admin and HCA support identified as required.
- A reduction in waiting times achieved through CAT (competency assessment tools) for midwives to undertake speculum examination in women < 37 weeks implemented.
- Staff were previously concerned about how the process could be implemented but recent staff survey shows now they are enthusiastic about the benefits this change could bring.
- An automated telephone on MAU is planned and will reduce the number of phone calls, so that MAU staff can focus on patients. This is due to start imminently.
- Planning to use BUSOTS (Birmingham Triage system) which is embedded in BadgerNet.
- Matron specifically for MAU (staffing review) approved - to be appointed.
- Considering bid (to AHSN NENC: up to £30,000 available for projects aligned to MatNeoSIP) for an additional Triage implementation midwife for 6 months.

How are we measuring success?

Regular – monthly initially, audit of percentage of women having formal triage by a designated member of staff trained in triage, within five minutes of arrival at the Maternity Assessment Unit at the Royal Victoria Infirmary (RVI).

We propose that this remains a priority in 2023/2024.

Priority 4b – Modified Early Obstetrics Warning Score (MEOWS)

Why we chose this?

There have been several maternal deaths regionally over the past couple of years, where the lack of a MEOWS systems for pregnant women in hospital wards out with a maternity unit played a significant part. At present, pregnant/recently pregnant women outside the

maternity unit are monitored using the National Early Warning System which is not specific to Obstretrics. This is based on non-pregnant physiological parameters.

The need for early recognition and management of deterioration of pregnant women has been highlighted by:

- Mothers and Babies, Reducing Risk by Audit and Confidential Enquiry (MBRRACE).
- The Ockenden Report.
- The Maternity and Neonatal Safety Improvement Programme (MatNeoSIP).
- Royal College of Physicians (RCP) guidance, which states all medical. pregnant/recently pregnant women should be monitored using a MEOWS system.

What we aimed to achieve?

Implementation of an electronic MEOWS system outside the Women's Services Directorate would improve the quality and safety of patient care for those women, and provide Obstetric Services with a daily list of pregnant/recently pregnant women regardless of their location throughout the Trust and therefore improve collaborative care.

- Create an IT solution for identification of a pregnant/recently pregnant woman outside Women's Services.
- IT development of an electronic MEOWs system to replace NEWS for this group of women.

What have we achieved so far?

- A digital solution has been added to admission (all Newcastle Hospitals) documentation that identifies if a patient is pregnant or has been pregnant within 42 day (6 weeks). This will enable staff to identify all patients that are outside maternity areas, allowing them to select the correct Maternity Early Warning Score Chart as appropriate.
- A digital maternity chart has been developed and tested. This has been recoded into the computer language called .NET. Implementation has been delayed. We are currently awaiting accurate testing of the digital maternity chart and code before it can be released. This will require support from the digital team to progress.
- Once tested this would need to be realised in all inpatient areas using eObs in both Adult and Paediatric areas within the Trust with adequate communication.
- Further consideration needs to be given to how the placement of MEWS can be automated as this is currently a manual process.

How are we measuring success?

The NUTH Maternity and Neonatal Patient Safety Collaborative Team will audit whether the MEOWS chart has been used appropriately to enable the early recognition of the deteriorating pregnant/recently pregnant woman outside Women's Services, once the IT solution has been implemented.

We propose that this remains a priority in 2023/2024.

Priority 5 – Trust-wide Day Surgery Initiative

Why we chose this?

Day surgery is a widely established practice with rates increasing around the world and has greatly evolved since the early days of the introduction of this technique, which saw minor

procedures carried out on fit patients. Now due to advances in anaesthesia and surgical techniques, day surgery is the standard pathway of care for many complex patients and procedures previously treated through inpatient pathways.

The BADS (British Association of Day Surgery) data shows there is further opportunity to increase and broaden day case surgery across the Trust to improve patient and staff experience and support the recovery of elective care whilst reducing patient days away from home.

This will also reduce elective surgical dependence on in-patient bed availability, allowing a greater proportion of elective surgery to continue despite traditional winter surge in admissions.

What we aimed to achieve?
Initiate a Trust-wide Day Surgery Improvement Programme.

The Day Surgery project has two global aims:

1. Redesign the current day case model (across the Trust) and develop a Universal Day Surgery Pathway (multi-specialty) to increase day surgery volumes by a % increase to be agreed at Directorate level and extrapolated to provide an overall Trust target, identifying key components that can be applied to existing inpatient activity to convert to a day case approach (day case expansion).
2. Create dedicated self-contained day surgery units (geographically discrete from inpatient activity) and establish dedicated day surgery teams who deliver (almost) the entire pathway and are fully committed to driving service improvement.

Given the size and complexity of the project, three priorities (key enablers) have been selected for the Quality Account:

a) Surgical Assessment – develop a universal waiting list process to ensure a consistent approach across all specialties to progress the patient to surgery.
b) Pre-op Assessment – develop a universal request for day case patients to ensure patients get pre-assessed early in the pathway, making sure any current health conditions are managed and the patients are at their fittest for surgery.
c) Implement the 6-4-2 method of theatre list planning in the Day Treatment Centre and 2 specialties on the main sites to ensure we optimise our theatre capacity and reduce the waiting list backlog.

What have we achieved so far?

a) Surgical Assessment

- Agreed best practice model & key components of universal waiting list process utilising the Getting it Right First Time (GIRFT) & Centre for Peri-Operative Care (CPOC) Day Case Delivery Pack; combined form for adding to waiting list & PAC request (one referral route in), a PDSA cycle commenced 3rd October 2022 for 4 weeks in General Surgery, Urology & Foot & Ankle.

- New streamlined booking & scheduling process agreed & implemented for Day Treatment Centre (DTC).
- The final PDSA cycle (September 2022) of Saturday Day Case Transformation Lists has been completed. This has tested out new initiatives & continuing to adapt existing cycles i.e., patient being pre-assessed before TCI, discrete cohorts of Laparoscopic Cholecystectomy patients to identify critical success factors and pre-assessment RAG rating for DTC appropriate patients.
- Weekly DTC Booking & Scheduling Meeting with Directorates focussing on 6-4-2 approach and actions.

b) Pre-op Assessment

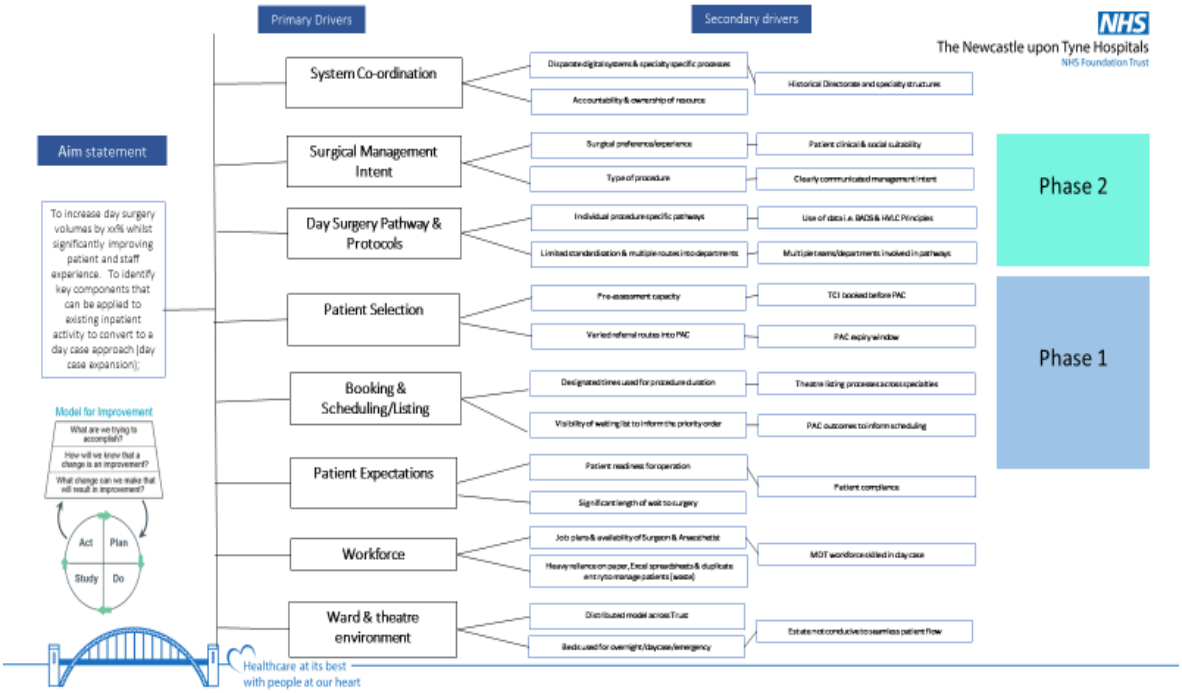
- Implemented new PAC delivery model to create additional capacity; low risk pathway for HCAs (80 new slots per month), telephone PAC clinic (50% increase in capacity), direct access surgical clinic for patients who require booking following attendance at Surgical Assessment Unit (SAU).
- Developed and implemented new day case clinical criteria (May 2022) to assess suitability for day case in main sites or DTC – all patients are assigned RAG rating denoting surgical, medical, and social suitability.
- Implemented new PAC outcome report for schedulers June 2022 encompassing RAG rating as above, significantly improving communication to schedulers and informing smart listing of patients.

c) 6-4-2 Model – which is a way of managing theatre resources in a more robust way, optimising theatre resources, e.g. staff agree leave six weeks in advance, surgical lists four weeks before and double-check plans two weeks ahead.

- Completed initial gap analysis of current theatre planning model in Directorates; Urology, Surgery & MSK.
- Trust agreement to pilot Care Co-ordination System (CCS) in Urology, which will significantly support implementation of 6-4-2 theatre model (data migrated into system 1st October 2022, now testing mapping & data quality before moving into live environment at the end of October 2022).

The driver diagram below shows the key 'influencers' to achieving the aim. The work so far has focussed on the patient selection and booking and scheduling processes to ensure a universal approach across the organisation.

Driver Diagram



How are we measuring success?

We have agreed an initial set of outcomes, process & balancing measures to monitor improvement as per below:

Outcome measure(s)

Measure Name Be sure to indicate if it is a count, percent, rate, days between, etc.	***Operational Definition*** Define the measure in specific terms. Provide the numerator and the denominator if a percentage or rate. Be as clear and unambiguous as possible	***Data Collection Plan*** How will the data be collected? Who will do it? Frequency? Duration? What is to be excluded?	Do you have data for this measure? (Y/N)
% day case surgery	Day Cases (Intended Management of DC)/Total Elective & Day Case Activity	Routinely reported & externally submitted	Y
On the day cancellations	Total volume of on the day cancellations (all planned or elective admissions where an OPCS-4 operation code procedure was to be carried out)	Trust cancelled operations database	Y
Length of stay for specific BADS procedures	British Association of Day Surgery list of procedures suitable for day case (day case target for each procedure)	Routinely collected & externally submitted	Y

Process measures

Universal booking & scheduling process across specialties in DTC	As per 6-4-2 model, all specialties in DTC following the same SOP for scheduling patients in DTC – eradicate Excel spreadsheets	Monitoring to be agreed on back of SOP	Partial
Admin time spent on scheduling a patient	Time spent (focusing on rework and duplication) from patient being added to waiting list to listing on theatre session	To be agreed	N

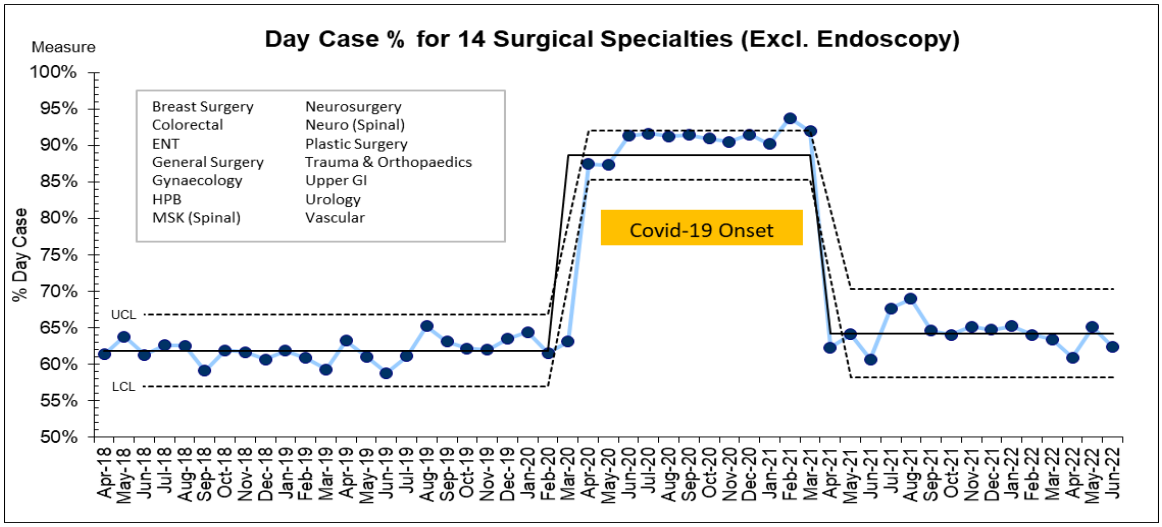
Balancing measure(s)

Emergency readmissions within 28 days	Patients readmitted as emergency within 28 days following day case discharge	Routinely reported	Y
Day case overstays	Patients intended as day case who stay >0 days	Routinely reported	Y

Chart 1 shows the percentage of day case surgery across 14 surgical specialties (who traditionally use theatres). As expected, the % increased during COVID-19 as the denominator (total elective cases) was significantly reduced. The data up to June 2022

shows a small uplift in % day cases when compared to 2019-2020 (baseline period). We expect the day case volumes to on the back of the day case improvement programme.

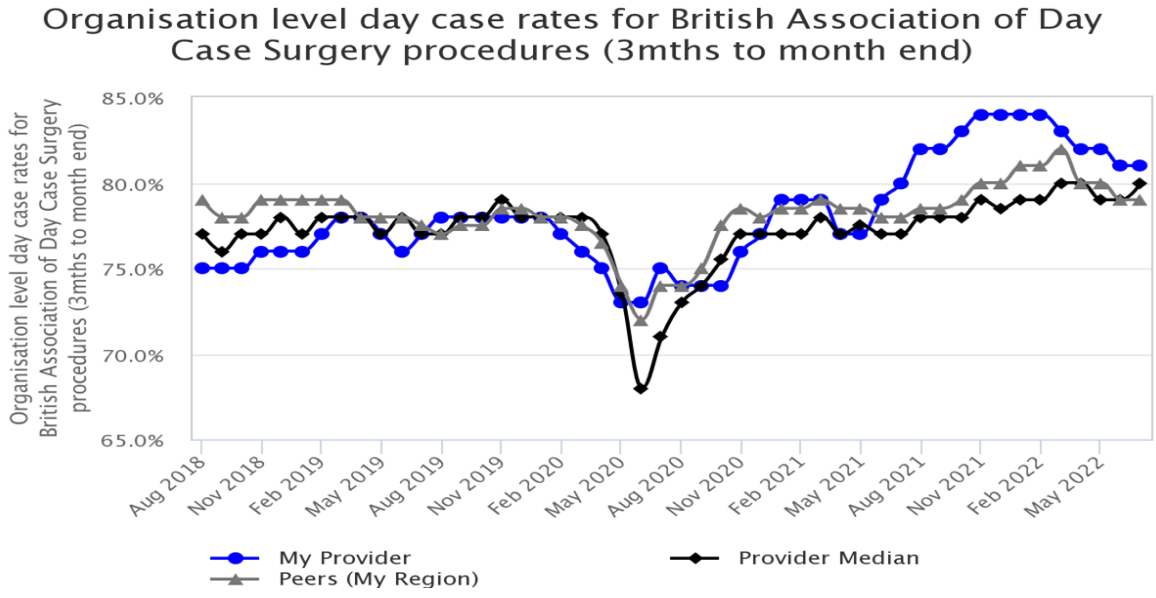
Chart 1



We also use the British Association of Day Surgery (BADS) Directory of Procedures (which provides recommended day case rates for over 200 surgical procedures) to identify our biggest opportunities to convert to day case. The rates quoted are arrived at by a combination of reported practice from leaders in their field, actual rates from Hospital Episode Statistics figures and expert opinion and most are achieved by one or more hospitals, although some are aspirational.

The chart below shows we are performing better than peers and our local providers (to July 2022). We still have a significant opportunity to reduce bed days and we are working with our clinical leads to prioritise opportunities and accelerate progress in the coming months.

Chart 2



We propose that this remains a priority in 2023/2024.

Patient Experience

Priority 6 – Mental Health in Young People

Why we chose this?

In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The impact is greater for those with pre-existing Mental Health needs, young women, and those at greater risk of social deprivation.

Nationally and regionally, there has been a surge in demand for specialist Tier 4 mental health inpatient beds for children and young people (CYP). We are currently seeing an increase in demand of up to 1/3 compared to pre COVID-19 times. The greatest pressure being seen is in the increase in the number of CYP presenting with either an eating disorder or disordered eating (associated with mental health co-morbidities).

The NHS Long Term Plan builds on the progress and learning from previous programmes and strategies going back to 2004 e.g. the National Service Framework, Every Child Matters, Choice and Partnership Approach, Targeted Mental Health in Schools, Children and Young People's Improving Access to Psychological Therapies Change programme, Future in Mind, Five Year Forward View for Mental Health and Transforming CYPMH – Green Paper The NCEPOD Mental Healthcare in Young People and Young Adults report published recommendations in 2019.

A National Transformation Programme of work has been established in recent months which is aligned to delivery of the CYP elements of the Long-Term Plan (LTP).

What we aimed to achieve?

- A dedicated and efficient pathway for assessment and treatment plan working in close conjunction with Cumbria, Northumbria, and Tyne & Wear (CNTW) colleagues.
- Trained and skilled workforce.
- Appropriate environment for patients to be cared for.
- Efficient access to identify 'Advocates' for patients detained under the Mental Health Act.
- Learning from patient and parental experience.

What have we achieved so far?

- MDT Mental Health Strategy Group established and meet monthly and are joined by CNTW bi-monthly.
- Completion of the We Can Talk Project but with continued promotion.
- Two successful QI projects to improve the experience for young people presenting acutely.
- Ongoing review of environment in Paediatric Emergency to create a 'Safe space'.
- Continued effective collaborative work with colleagues at CNTW.
- Parent information leaflets now in use.
- Evidence of involving patient and parent to learn from experience.
- Policy for Detaining Patients under the Mental Health Act now includes those under 18 years old, this needs ratification.
- Collaborative work with CNTW and Business case to seek investment for more efficient services for CYP nearly complete.

- Training delivered to CNTW staff by GNCH staff and CNTW delivering training to GNCH staff.

How are we measuring success?

- Review of staff training, staff feedback.
- More efficient communications between GNCH and CNTW.
- More efficient pathways when patients present acutely.
- More efficient transfer to mental health services for inpatient management.
- Review of impact of training.
- 'Patient and parental input in design of Safe' area in Paediatric Emergency Department.
- Policy for patients detained under the Mental Health Act now includes under 18 years old.
- Policy for Reducing need for Restrictive Interventions for CYP.
- Improved risk assessment and prevention of restrictive interventions.

We propose that this continues as a priority in 2023/2024.

Priority 7 – Ensure reasonable adjustments are made for patients with suspected, or known, Learning Disabilities

Why we chose this?

People (children, young people, and adults) with a Learning Disability are four times more likely to die of something which could have been prevented than the general population. Activity for the Learning Disability Nursing Liaison demonstrates an ongoing increase in activity within both adults and children. Many of the referrals are complex and require an MDT approach with the support and expertise of Safeguarding and MCA Lead to ensure reasonable adjustments are put into place. As a Trust, we are committed to ensuring patients with a learning disability have access to services that will help improve their health and wellbeing and provide a positive and safe patient experience.

What we aimed to achieve?

- Assurance that patients and their families have appropriate reasonable adjustments put into place as required. That they are listened to, feel listened to and have a positive experience whilst in our care and appropriate follow up.
- Assurance that patients are flagged appropriately and that these flags generate the appropriate response to care, treatment and communications.
- Ensure a visible and responsive Learning Disability Liaison Team.
- Highlight and raise the awareness with regard to the need to identify reasonable adjustments and how to put them in place.

What have we achieved so far?

- Greater visibility of the team, with the introduction of 'ward walkers'.
- Working closely with patients and their families to understand and learn from their experience and use that to improve the service we provide.

- Sharing from experience across the organisation with bi-monthly forums.
- Successful Learning Disability week in June, showcasing the team, educational sessions, staff and department 'Pledges', information packs for all wards and teams.
- Consistent support for Learning Disabilities Mortality Review (LeDeR) medical reviews and monthly review meetings.
- Improved pathways nearing completion for adult patients requiring MRI/CT under sedation/GA.
- Continue to ensure Learning Disability flags are visible for adults and children with a learning disability.
- Audit documentation to provide evidence of best practice in relation to use of pathways of care, provision of reasonable adjustments to meet individual needs, appropriate use of hospital passports and application of the Mental Capacity Act including Deprivation of Liberty Safeguards.
- Organisation registered for Improvement Standards 2022/2023.
- Review of role of 'Champion' commenced with a view to incorporating Autism.
- Trust committed to 'Weigh to Go' and seek accreditation.
- Diamond Standards awareness raised across the organisation.
- Input into regional initiatives – 'Was Not Brought' / Autism Strategy.

How are we measuring success?

- Diamond Standards embedded across the organisation.
- Number of referrals.
- Increased staff training.
- Passports for CYP and adults updated and relaunched.
- Continued audit with regard to 'flags'.
- Share learning and showcase examples of good practice.
- Maintain timely LeDeR Programme reviews.
- Hopeful accreditation for 'Weigh to Go'.
- Increased visibility of Learning Disability Liaison Team.

We propose that this continues as a priority in 2023/2024.

3. SUMMARY

To date the Trust has made significant progress with its quality priorities.

4. RECOMMENDATION(S)

The Board of Directors is asked to note progress of the 2022/2023 quality priorities and note the recommendations for Quality Account priorities in 2023/2024.

Mrs. Angela O'Brien
Director of Quality and Effectiveness
28th October 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☐		
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the regular Integrated Board Report and summarises the current position within the Trust to the end of October 2022. Trend data (including number of COVID-19 Outbreaks within the Trust) can be found in Appendix 1 (HCAI Report and Scorecard October 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
	☒	☒	☐	☐	☐	☐	☐
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:

- *C. difficile* Infections (CDI) are on par and Klebsiella is under national threshold at the end of October 2022.
- All other mandatory reporting organisms are above the internal 10% reduction strategy and national thresholds (note: there is no national threshold for MSSA).
- Preparedness continues within the High Level Isolation Unit (HLIU) for the delivery of cascade training for Personal Protective Equipment (PPE), a supply issue continues to impede the progression to the training of Treatment PPE. To mitigate this risk, training has continued with the previous PPE know as high-level.
- COVID-19 Hospital-Onset Definite Healthcare-Associated (HO.dHA - day 15+) cases have increased in September and October 2022.
- Quarter 2 recorded a significant deterioration in Spinal Surgical Spine Infections (SSI).

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 SEPTEMBER/OCTOBER 2022

1.1 Clostridioides difficile Infections (CDI)

At the end of October 2022, a total of 97 cases were attributed to the Trust (77 case are Hospital Onset Healthcare Associated (HOHA); 20 cases are Community Onset Healthcare Associated (COHA)). We are currently over our internal trajectory by 8 cases (≤64) but on par with the national threshold (≤97). The business case has been approved for four new Hydrogen Peroxide Vapour (HPV) machines and the purchase of these is underway by the facilities team.

1.2 MRSA / MSSA Bacteraemia

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

By the end of October 2022, a total of 64 MSSA bacteraemia cases were attributed to the Trust (48 HOHA cases; 16 COHA cases), which places the Trust over local trajectory by 6 case (≤58 cases).

1.3 Gram Negative Bacteraemia (*E. coli,* Klebsiella, Pseudomonas aeruginosa)

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

	E. coli	**Klebsiella**	**Pseudomonas aeruginosa**
Cumulative No. cases to end of October 2022	136 cases	89 cases	31 cases
National Threshold for October 2022	≤117 Over by 19	≤92 Under by 3	≤23 Over by 8
Local 10% reduction Trajectory for October 2022	≤108 Over by 28	≤77 Over by 12	≤23 Over by 8

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

Key points to note for the reduction of HCAI supported by the IPC initiatives:

- Octenisan wash initiative has now progressed to cardiothoracic paediatrics, surgery, orthopaedics and general paediatrics.
- Glove use reduction supporting hand hygiene initiatives are ongoing and significant reduction of glove use has been maintained. IPCT were awarded the Infection Prevention Society (IPS) national gold award for this initiative.
- Diarrhoea management and CDI initiatives; A review of the PIR process is completed pending IT development. Post Infection Review (PIR) meetings have demonstrated an improvement in documentation and care, this has been supported by ongoing education.

- Improved IV care initiative; electronic patient record now has a 7 day removal prompt to support line removal and prevent related bacteraemia. Review and implementation of standardisation of IV equipment is complete.
- Urinary Tract Infection (UTI) / Catheter-Associated Urinary Tract Infection (CAUTI) initiatives; this has now rolled out to support MSU and cancer with the concept of "ward walking rounds" to promote best practice. Additional work is underway with the integrated discharge team and specialist care home support teams to improve bladder and bowel care.

1.4 High Consequence Infectious Disease (HCID)

As a designated HCID unit it is important to ensure a constant state of preparedness in the event of the unit being activated. This is overseen by the relevant operational and strategic oversight groups. Preparedness continues with the delivery of cascade training for Personal Protective Equipment (PPE) to ensure staff are regularly and appropriately trained. Workforce challenges and supply issues have made this difficult but this work continues with additional sessions delivered on a regular basis. To mitigate the supply risk, training has continued with the previous PPE known as high-level.

1.5 Coronavirus (COVID-19)

There have been no national changes to guidance since the last update to Trust Board.

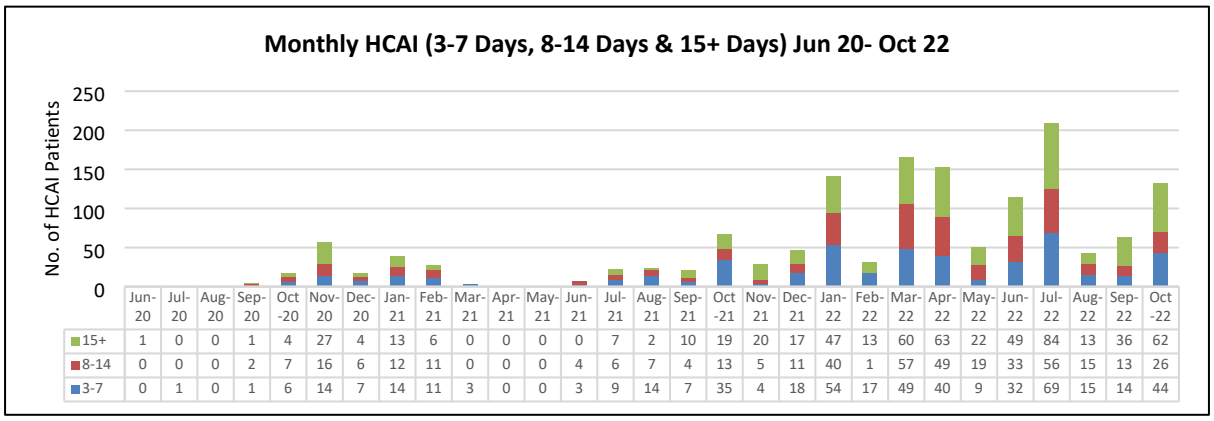
Regionally, in October 2022, NHS England (NHSE) circulated some considerations for additional COVID interventions. A number were actions already implemented such as patient placement based upon clinical need and on the wider organisational patient safety issues relating to bed availability and patient flow. Other considerations such as re-instigating a green pathway for older people awaiting discharge and to increase asymptomatic Procalcitonin (PCT) testing have not been implemented as it is against national guidance and would impact adversely on patient flow.

1.5.1 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.



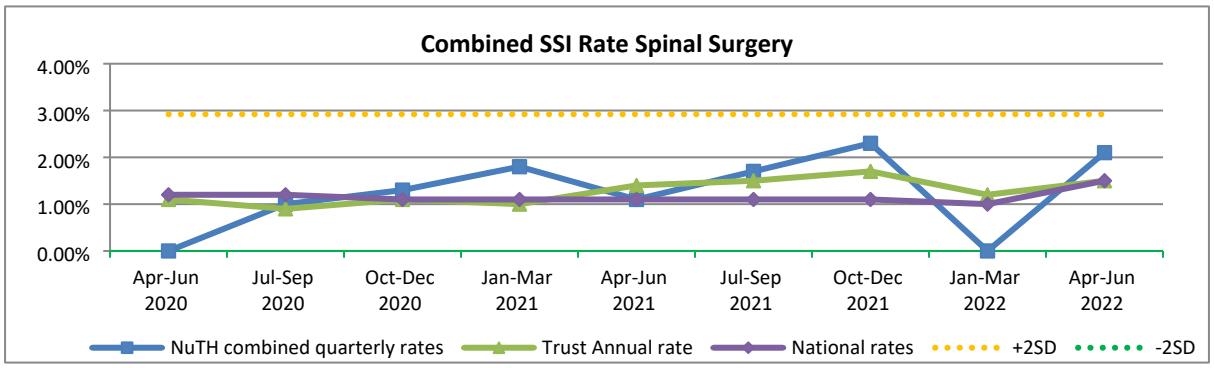
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
15+	1	0	0	1	4	27	4	13	6	0	0	0	0	7	2	10	19	20	17	47	13	60	63	22	49	84	13	36	62
8-14	0	0	0	2	7	16	6	12	11	0	0	0	4	6	7	4	13	5	11	40	1	57	49	19	33	56	15	13	26
3-7	0	1	0	1	6	14	7	14	11	3	0	0	3	9	14	7	35	4	18	54	17	49	40	9	32	69	15	14	44

Although there was a slight decrease in community onset numbers during September 2022, there was an increase in HO.dHA (day 15+) cases which correlated with the increase in declared outbreaks in comparison to August. In October 2022, the community onset and HO.iHA (day 3-7) cases increased, as a consequence the Trust had an increase in both HO.pHA (day 8-14) and HO.dHA cases and an increase in reported COVID outbreaks.

1.6 Surgical Site Infection (SSI)

1.6.1 Spine SSIs

Quarter 2 (April-June 2022) saw 7 SSIs (2.1%) recorded at the RVI. This is significant deterioration after registering 0 SSIs in Quarter 1, although it is in keeping with Quarter 4 2021 SSI rate which had resulted in an outlier notification from UKHSA. The Trust SSI rate for the last 4 Quarters of 1.5% is significantly higher than the National 5-year average of 1.0%. RCAs performed this quarter identified that not all dressings had been performed in a treatment room as custom and practice and some of this is happening at the bed side. This has now been rectified and ward staff are aware that all dressings must be performed in treatment room to ensure appropriate ventilation and minimise risk. No other environmental or operational factors have been identified as part of the RCA process.

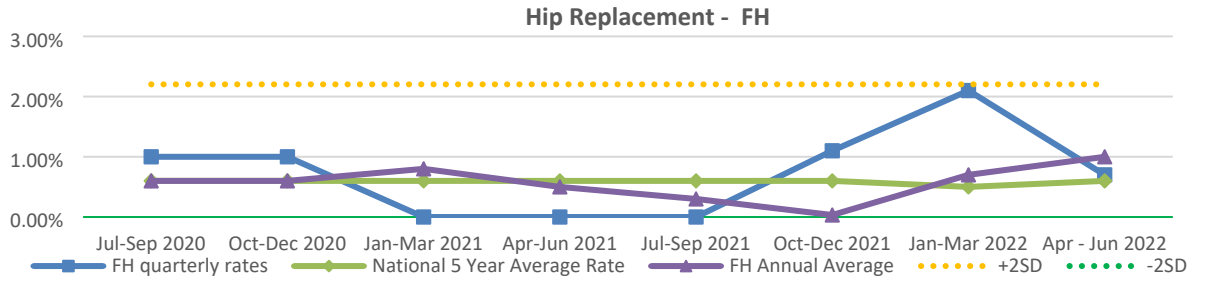


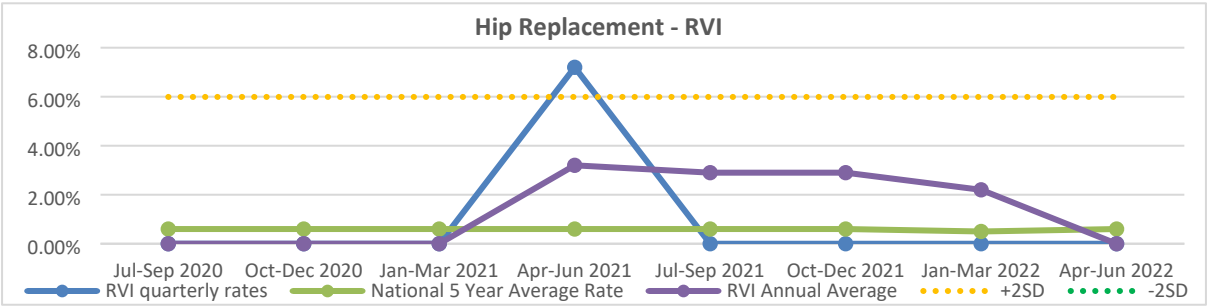
1.6.2 Joint (Hip / Knee) SSIs

a) Hip Replacement

There was 1 reported hip SSI in Freeman Hospital (FH) for Quarter 2 (April-June 2022), resulting in a quarterly rate of 0.7% and an overall SSI rate for the last 4 reported Quarters

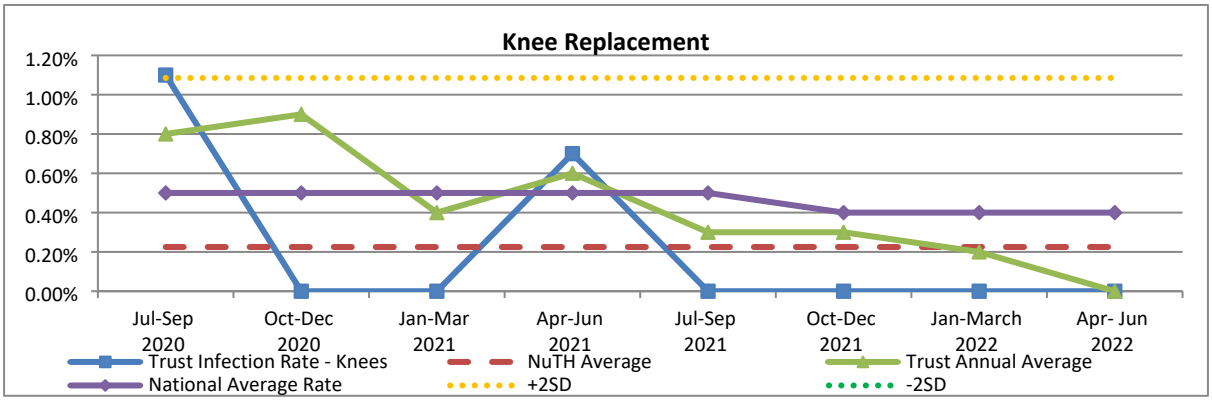
of 1.0%. This is above the National 5-year average SSI rate of 0.6%. The RCA identified the need to ensure a robust process for capturing SSIs when patients attend outpatient clinics with wound concerns. There have been no reported SSIs for the Royal Victoria Infirmary (RVI) site for the fourth reported Quarter therefore the Trust SSI rate for the last 4 Quarters have now reduced to 0%.





b) Knee Replacement

Quarter 2 (April-June 2022) once again saw no SSIs recorded. The Trust SSI rate for the last 4 Quarters have now reduced to 0% and continues to be supported through ongoing engagement, education and support from the whole Multi-Disciplinary Team (MDT).



1.7 Sepsis

Despite the continued challenges with high bed occupancy, high patient acuity and workforce shortfalls there has been continued improvement in sepsis recognition and management since March 2021.

There continues to be challenges with compliance with the Trust process in the identification, screening, and treatment of sepsis, especially within inpatients. The Trust has

an electronic process for identification, screening and treatment of patients with potential sepsis and audit data has demonstrated that when this is used correctly, compliance with sepsis identification, screening and treatment is 100%. When this process is not used it is difficult to identify through audit of patient notes if all interventions have been undertaken in a timely manner which impacts on overall compliance. At present, total compliance sits at 63%. Work has recently been undertaken to change the electronic process based on feedback from front line staff and this was re-launched in early November. Compliance will be closely monitored.

Despite the current challenges, the Emergency Department compliance remains over 90% in this quarter which is testament to the leadership and involvement of all staff.

A full appraisal of the provision and uptake of training for deteriorating patients and sepsis assessment has been performed. Training in the identification of the deteriorating patient and sepsis for all medical and nursing staff is now delivered as part of mandatory hospital training through ESR for those employed by the Trust. Those staff working in the Trust, but not employed by the trust such as Junior Doctors receive training through the Trust's induction programme.

Trust wide bespoke education sessions for directorates continues and a review of a new strategy for education is currently being developed.

1.8 Antimicrobial Stewardship (AMS)

As part of the Standard Contract for 2022-2024, the AMS teams are reviewing antimicrobial guidance to check appropriateness, prudent prescribing and in turn reduce emergence of resistance. The Trust is currently on target, as per NHS Futures, for achieving a 4.5% reduction of Watch and Reserve antibiotics and our current total antibiotic use up to and including September 2022 is 13% less compared to the baseline of 2018.

The 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, with engagement at 24 wards (33%) for Quarter 1. Engagement in undertaking the audits could be improved and key messages and audit results are communicated via the Antimicrobial (AM) leads. Quarter 2 audits have highlighted areas that need additional support and also areas that are performing well.

The CQUIN target for appropriate prescribing and management with the Urinary Tract Infection (UTI) /Catheter Associated Urinary Tract Infection (CAUTI) across the Trust, is being monitored within Medicine only, as per agreement with the commissioners. Quarter 1 data is promising with a summary of results as below:

OVERALL 50% compliance (i.e. achieving all parameters)

- Document diagnosis of UTI based on clinical signs and symptoms
    - UTI: 81% compliance; CAUTI: 63% compliance
- DO NOT use urine dipstick to diagnose UTI
    - UTI: 94% compliance; CAUTI: 75% compliance

- Empirical antibiotic regimen prescribed following NICE/local guidelines
    - UTI: 74% compliance; CAUTI: 63% compliance
- Ensure urine sample sent to microbiology
    - UTI: 87% compliance; CAUTI: 88% compliance
- For diagnosis of CAUTI, documented review of urinary catheter use is made in clinical record
    - 63% compliance

The results are being fed back to the directorate of Medicine, with positive engagement from all of the staff involved. The same message is being relayed across the Trust with posters and education continuously in place.

Two new antimicrobial pharmacists are due to start in their roles by January 2023 to further support stewardship, surveillance, education, and support to all clinical staff around AMS. It is recognised that training will be required for these roles so there is a comprehensive induction package being developed with a holistic training programme planned across the Infectious Disease, Microbiology, Virology and specialist directorates, where we have identified requires extra support from an antimicrobial perspective.

1.9 Winter Vaccination Programme

The COVID-19 booster programme was launched on 21 September 2022 and as of 17 November 2022, 8902 Covid-19 boosters have been administered in the Trust (this includes vaccination of students/volunteers/Trust hosted staff). Clinics are currently being held daily on both the Freeman and RVI sites. The vaccination team are also visiting clinical areas to deliver the vaccine as conveniently as possible and supporting specific areas where there is low uptake. The uptake is lower than expected and this is a picture mirrored regionally and nationally, where the Trust has a higher uptake when benchmarked regionally and nationally.

The seasonal 'flu vaccination program has been a mixed model of peer vaccinators in wards and departments, bookable clinics on all sites as well as bespoke clinics for departments without peer vaccinators or located in the wider community. The programme commenced on 3 October 2022 and as of the 17 November 9728 vaccinations had been administered in the Trust.

Many staff will have received their vaccinations elsewhere and as such, work is underway to collate this data and ensure this is reflected in compliance figures.

1.10 Water Safety

Following remedial works, the Legionella counts in the Royal Victoria Infirmary (RVI) Theatre 2A have reduced significantly. Further flushing is being instructed, whilst a building wide review of the domestic water system is completed. Trust wide legionella risk assessments are ongoing as per water safety plan.

1.11 Ventilation

The maintenance and replacement of Air Handling Units (AHU) are being undertaken based on risk assessment for individual areas.

1.12 Decontamination

No exceptions to report.

2. RECOMMENDATIONS

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

Report of Maurya Cushlow
Executive Chief Nurse

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

24 November 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	People Report						
Report of	Dee Fawcett, Director of HR						
Prepared by	Dee Fawcett, Director of HR						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
Summary	The purpose of the report is to provide an update on developments across our People agenda and highlight any issues. The Trust continues to deliver its People Strategy, pragmatically implementing high impact actions to address some of the workforce challenges including supply gaps, international recruitment, improving retention, developing leadership capability and capacity, cultural change, enabling education and training and increasing productivity. Reporting is aligned to our local People Plan themes and actions.						
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
	☒	☒	☒	☒	☒	☒	☒
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:

- The Trust continues to deliver its People Strategy pragmatically implementing high impact actions to address some of the workforce challenges including supply gaps, international recruitment, improving retention, developing leadership capability and capacity, cultural change, enabling education and training and increasing productivity.
- The focus on staff wellbeing remains. Whilst improving, sickness absence has not yet returned to pre covid levels and will be a focus for improvement actions.
- The 2022 NHS Staff Survey closes at the end of November. At the time of writing, the response rate was 39% and over 5,900 staff had responded.
- The Trust has been shortlisted for several awards recognising its leadership development programmes – in particular, the 'Maximising Your Potential' and the Collaborative Newcastle 'Learning to Lead Together – Newcastle System Stewardship'.
- Ongoing expansion and utilisation of technology remains key to improving productivity. Progress is being made utilising Robotic Process Automation (RPA) in recruitment and onboarding, HIVE to support enhanced staff engagement and dialogue, and further automation of data input to ESR. These solutions are expected to positively impact on staff experience.
- International recruitment remains a key source of workforce supply for nursing and other professions. International staff have recently joined the Trust from Europe and beyond.
- The volume of recruitment remains high and is summarised in the paper.
- The Royal College of Nursing (RCN) is the first health union which has undertaken a statutory ballot this year, to achieve the mandate for industrial action from its members. Other union ballots close between end November and December. Partnership discussions continue to ensure appropriate protocols are in place to maintain the safe delivery of care for patients.
- It is understood the NHS Long Term Workforce Plan will be published at the end of November.

Dee Fawcett
Director of HR
15 November 2022

1. SHAPING NEWCASTLE AS THE BEST PLACE TO WORK (Staff Experience)

Wellbeing:	• Vaccination rates for staff continue to progress positively. • As previously advised, sickness absence rates have not yet returned to pre-covid levels although they are reducing. We know this is a significant improvement opportunity. Plans are being developed regarding how to implement a refreshed approach to enhancing attendance at work • Following publication of our refreshed health and wellbeing policy in August, managers are receiving support and coaching in relation their attendance management responsibilities. • Health checks for staff on-going via Healthworks – 268 staff across 18 directorates/departments have engaged since June. • Better Health at Work – Maintaining Excellence. Trust portfolio to maintain status submitted for evaluation – outcome expected January 2023. • The introduction of health & wellbeing conversations (NHS People Plan) will be piloted in Children's Services.
Belonging, feeling valued and recognised:	**NHS Staff Survey** The 2022 NHS Staff Survey closes on 25th November 2022. At time of writing, the Trust is on trajectory to achieve the Trusts 50% response rate however the final 2 weeks have historically shown a dip in weekly responses. To date 5900 staff have completed the survey. To further promote and encourage completion, the final phase of the communication and engagement plan continues including Weekly InBrief, Directorate updates at Stand Up, and face to face stalls with laptops across the Trust.
Flourish/What Matters to You	**Implementation of HIVE Technology** HIVE: Phase 1 delivered in September 2022 with staff recognition element (Hi-Fives). Phase 2 is the implementation of surveys, both Trust-wide and targeted in specific areas, and pilots will take place throughout December and January including WMTY pulse surveys and the NHS Quarterly People Pulse survey in January. Plan to be 'live' with HIVE survey module in February 2023. **Focus on Flexible Working** The 'Working Flexibly' policy has been refreshed in partnership with Staff Side and published.
Inclusive and diverse workforce	• The 'Maximising Your Potential' leadership development programme was shortlisted for HSJ Award 2022 to be held on 17 November in the category 'NHS Race Equality Award'. It has also been shortlisted in the Nursing Times Workforce Summit and Awards to be held on 22 November in the categories of 'Best Employer for Diversity and Inclusion' and 'Best Workplace for Learning and Development'. • Disability Confident Employer status maintained this year, working towards Disability Confident Leader in 2023. • 'Unleashing Your Potential (leadership development programme – people with disability) has been shortlisted in the Recruitment Industry Disability Initiative (RIDI) Awards to be announced on 7 December in the category 'Making a difference – public sector'. • Our local programme for Disability History Month16/11/-16/12/22 has been finalised.

	• The Cultural Ambassadors programme will commence February 2023 for 11 staff. • BME staff coaching offer scheduled to commence in new year.

2. DELIVERING EXCELLENCE IN EDUCATION AND LEARNING

Leadership & Organisation Development; What Matters To You (WMTY)	**Strategic Leaders Programme (SLP)** A further two cohorts are taking place this month. We continue working with IHI to increase collaborative delivery opportunities within the programme. A further 5 cohorts are in planning anticipated to run throughout March to October 2023. **Leadership Behaviours – 'Our Newcastle Way' Framework** A stakeholder group has been tasked at the wider roll out, embedding and evolving of the framework across the organisation. In addition, a 360-degree feedback tool is planned for development to support individuals in utilising the framework to refine their practice in line with 'Our Newcastle Way'. **What Matters To You (WMTY)** Training for Wave 5 teams has been delivered in collaboration with Newcastle Improvement colleagues. Several teams are undertaking 'self-directed' WMTY conversations and, with support from the Communications Team, an accessible and comprehensive resource suite, with various levels of scaffolding available, is being developed for teams wishing to roll out WMTY. Additional work is ongoing associated with extending measurement and recording of learning from existing WMTY streams. This is likely to link with the HIVE engagement pilot to assist teams in identifying the most effective way to gather information and engage staff with minimal burden. **Learning to Lead Together – Newcastle System Stewardship** The *Learning to Lead Together – Newcastle System Stewardship* activities are designed and delivered to reflect the growth of Collaborative Newcastle (CN) and the development of the new Integrated Care Board (ICB) and Integrated Care System (ICS) structure. This programme is a finalist in the 'National Learning Awards 2023' for People Development Programme of the Year (Public Sector). A video is being prepared to go to the final judging panel in November. Further cohorts continue with their programme throughout this year, and due to a need to accelerate the scope and pace of this ambitious city-wide collaborative initiative, the next programme is planned to start in February 2023. New 'Programme Steering Group' members have been recruited from the Collaborative Newcastle Directors Group and Place Based Leaders working within the new ICS.
Virtual Learning Environment (VLE) 'The Learning Lab':	Training for users of the system is being rolled out, initially to Education and Workforce Development colleagues along with Clinical Educators and Allied Health Professionals. Issues relating to securing and resolving the systems sign-on have been escalated with IT colleagues and various options explored. The system has a greater range of functionality than currently available, and it's anticipated the VLE will help improve the Trust mandatory training compliance.

	The formal launch is scheduled for 29th November 2022.
Statutory and Mandatory Training; Appraisal	Trust compliance for statutory and mandatory training at the end of October was 88.1%; compliance continues to be included on the organisational risk register. It is discussed monthly at the Operational Performance Group, Stand Up meetings and with staff side at the Employment Partnership Forum. Appraisal compliance is not yet compliant with the Trust target of 95%. The BI appraisal data dashboard was introduced earlier this year to support instant access, provide a visual status update of compliance and to enable and empower managers with their appraisal planning. An updated Mandatory Training Policy, discussed in partnership with staff side will be published before the end of November.
Apprenticeships (People Working Differently)	The increasing participation in apprenticeships is very encouraging and facilitates a strong foundation enabling the Trust to increase skill mix and new role opportunities. Apprenticeship starts have remained high in the first half of the year, with a total of 130 by the end of September. 38 staff started degree level apprenticeships in September. A cohort of 20 Nursing Associate apprentices started with Teesside University in September 2022. Two people have progressed within 2 years of completing the Trust's Level 2 apprenticeship, demonstrating the career opportunities offered by the apprenticeship programme. The first cohorts of 29 Maths and 16 English Functional Skills learners have started on programme. A further 60 staff have expressed an interest. The first Functional Skills exams took place on 14 September, we await the results. .
Medical Education	The annual quality review cycle has begun with the deadline for the Quality Improvement Plan (QIP) and Self-Assessment Report (SAR) for January 2023. We will use this opportunity to highlight good practice areas as well as updating HEENE on any areas of concern such as the General Medical Council (GMC) trainer survey results noting time for training in most specialities; it will be a point of discussion. The 2022/2023 medical student undergraduate academic year is now well under way. Year 4 remains challenging with a requirement for medical (73) and surgical clinical placements (73). In addition, the new requirement for each year 4 and year 5 student to have a nominated academic mentor has been a further challenge. Newcastle Hospitals successfully hosted 22 Student Selected Component (SSC) placements from May – July 2022 and is seeking evaluation data to validate quality. Separately, liaison is ongoing with Sunderland University regarding recruitment for 2023/4 academic year with plans to explore widening the specialty field and increasing placement numbers. The ability to safely host clinical placements and provide good quality supervision is key to maintaining high quality education and training for future medical staff.
Professional Development, Education and Training	Recent NMAHP pop-up events have been held in the Emergency Department, Ophthalmology, NCCC, Cataract Centre, Urology and Neurosciences, with further events arranged. A continued rise in applications is anticipated with messaging at events, supported by circulation of a newsletter. The next edition

	will share more reflections and highlight the launch of the microsite, directing staff to new courses and links to resources. Non-NMAHP registered staff attending have also been advised on learning opportunities and funding to support their career development, and these events have provided excellent opportunities to discuss other ways to utilise CPD funding such as team-based training and purchase of educational resources.
Preceptorship	The Preceptorship offer within the Trust is currently under review to ensure the programme meets national and Trust requirements as well as providing care and support for the new registrant.
Education Space and Facilities	Work continues with Freeman Hospital Education Centre on track for completion in February 2023 and Eldon Court in March 2023. IT have been key stakeholders in the project with procurement of IT and AV systems now progressing well. Discussions with other key partners are informing activity plans for 2023.

3. PEOPLE WORKING DIFFERENTLY

Clinical Directorate Restructure	Following Board endorsement of the proposal to implement change, a project board has been established to oversee and implement the agreed service changes. This will ensure ongoing communications and engagement with staff, and due process relating to appointments to new roles.
Improvement Projects	**Corporate Induction** Work has commenced with the redesign and update of the Trust corporate induction programme working to a three-month timescale. Subgroups focusing upon cultural components, statutory and mandatory training, orientation, and people processes have been established, overseen by a steering group. Work to continuously improve the current Trust corporate induction is also running concurrently with the wider redesign project. The service has been working to responsively to ensure capacity and meet demand in view of high levels of recruitment and has resulted to the restructure of the number of sessions delivered per day. **Recruitment** • As part of the HR function Robotic Process Automation (RPA) Programme, a pilot of a digital assistant bot (AARI) working in partnership with 'human' colleagues will take place within general recruitment is in development. • An onboarding pathway programme will also commence in January 2023 to fully automate all processes that are viable as part of the RPA programme. **Staff Exit Questionnaires** • Staff Exit Questionnaires are changing to align to the NHS People Promise exit questionnaire and will be fully automated within ESR. This will generate instant questionnaires once a leaver is triggered within ESR. Communications will be shared to support understanding staff experience and required interventions. • Phase 2 of this improvement, planned for March 2023, will be 'real time' exit questionnaire analytics in a data dashboard accessible via the staff reporting hub. This will provide instant feedback on leaving reasons at directorate and Trust-wide level. In the future, this will feed into the Model

	Hospital system following the national drive to increase staff experience data overview. **People Data Analytics** As part of the People Data improvement programme, the next to 'go live' is the Staff Absence Dashboard. This will ensure increased access, instant visualisation of analytics and significant improvement on reporting timelines. Both Allocate and ESR data will interface with the dashboard providing daily data uploads, and a robust data set with significant improvement in reporting timescales reducing from a 4 to 6-week data gap (due to allocate uploading data into ESR) to an approximate 12-hour gap.
Recruitment - general	The significant increase in the recruitment activity continues throughout 2022, with over 557 candidates currently going through the recruitment process of which 114 (20%) are Staff Nurses *excluding* international recruitment. Other large cohorts of recruitment are 74 Healthcare Assistants and 45 Domestic Assistants. There are 230 candidates with future start dates. **Focus on Young People** Under the Newcastle city 'Evry' banner, the Trust participated in a multi organisational 'matchmaking event' this month in response to feedback particularly from young people leaving care or are Not in Education, Employment or Training (NEET). This 'speed dating' approach aimed at 18 – 25-year-olds, it was to raise awareness of traineeships, temporary, part- and full-time vacancies and to support and enable young people to apply for positions with a range of employers. **International (non-medical) recruitment** The most recent deployment took place on 16 November 2022 for 21 nurses; a further 128 are in the supply pipeline awaiting deployment. Funding has been received for 5 Radiographer and 5 Podiatrist vacancies from overseas. The countries targeted are Spain and Portugal. The radiographer posts have been appointed into plus 1 Podiatrist. Further interviews are planned for this month. **Healthcare Support Worker (HCSW) Recruitment:** There are currently over 70 WTE candidates going through the recruitment process. Over 50% have start dates booked. A bespoke HealthCare Assistant recruitment campaign to support Winter pressures has been initiated, and interviews planned for end November. **Day Treatment Centre (DTC):** At end of October 2022 over 87 % of the DTC staffing structure was appointed into. The remaining posts are now being actively recruited into. **Clinical Administrator (Medical Secretary) Vacancies** Medical Secretary posts have been subject to a review and the position refreshed as a Clinical Administrator post. A Trust wide recruitment campaign to promote the new role was launched, with interviews at the end of November. Following this, other Trust wide administration vacancies will be reviewed, and centralised recruitment campaigns will be re-introduced to support the ability to generate a supply pipeline. **Overhauling Recruitment Process** The Trust is participating in the national NHS England 'Overhauling recruitment' process sharing best practice and shaping changes to recruitment processes.

	Restricted Advertising Process (RAP) The RAP was reintroduced on 1 November 2022 to support colleagues in the vaccination programme whose contracts are coming to end on 31 December 2022 in finding alternative employment in the Trust.
Recruitment - medical	Over the last two months there were 71 new starters, a mix of Locally Employed Trust Doctors and Senior Doctors (Consultants, Specialty Doctors). There are currently a 100+ doctors undergoing NHS pre-employment checks. Due to Brexit, there has been an increase in doctors requiring visas. February 2023 changeover plans are ongoing, and we have begun planning for August 2023 changeover.
Retirement and retention	The Council of Governors was recently provided with an update on the current age demographic of the workforce, and our approach to retirement planning, retention, talent management and succession planning.
Cost of Living	As previously advised the Trust continues to explore how best to support staff during this time. To incentivise staff to support elective recovery and through the winter pressures, local enhancements to additional hours payments have been agreed and will be maintained until end March 2023.

4. PENSION WEBINARS

Further NHS Pensions Tax information webinars have been locally arranged to raise awareness of individual responsibility regarding Annual Allowance and Lifetime Allowance tax implications. This year there has been excellent take up, evaluating well and appreciated by those staff attending.

5. INDUSTRIAL ACTION

A number of unions have now opened up statutory ballots of their members. The first to close was the RCN; UNISON will close on 25th September. The RCN confirmed it has achieved the mandate to call their members at Newcastle Hospitals out on strike and we await confirmation of the date of action. Contingency planning is well underway; nationally there is a requirement for a daily SITREP. Strong engagement with staff side is being maintained.

6. RECOMMENDATION

The Board is asked to note the contents of this report

Report of Dee Fawcett
Director of HR
15 November 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24th November 2022						
Title	Shine (Sustainable Healthcare in Newcastle) Update						
Report of	Vicky McFarlane Reid, Executive Director for Business, Development and Enterprise (Executive Lead for Sustainability)						
Prepared by	James Dixon, Associate Director - Sustainability						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	Climate breakdown is the greatest threat to health in the 21st century. Newcastle Hospitals declared a 'Climate Emergency' in June 2019 to highlight this threat and stimulate urgent action. The Trust adopted a leadership position in becoming the first healthcare organisation in the world to do so, joining our Newcastle civic partners in collaborative action. This paper updates the Trust Board of Directors on work to deliver on the commitments contained in the Board approved Climate Emergency Strategy 2020-2025 (bit.ly/CEStrategy_NUTH) including a summary of the most recent annual Shine Report 2021-22.						
Recommendation	Trust Board is recommended to receive this update report for information.						
Links to Strategic Objectives	**Pioneering** – first healthcare organisation in the world to declare a Climate Emergency, ambitious aim for net zero by 2030 for our footprint and 2040 for our footprint plus **Performance** – continuing as leaders in healthcare environmental sustainability **People** – sustainable healthcare is a priority for our staff (99% rate it as important in our most recent survey)						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☐	☐	☒	☒	☐	☒	☒
Impact detail	**Financial** – reducing carbon, by reducing energy and fuel use, saves on the bottom line however there is a significant need for spend-to-save investment to achieve our ambitious carbon reduction targets **Human Resources** – workforce inspired and empowered to deliver sustainable healthcare **Reputation** – positive partnership with other civic/regional/national leaders and recognition as pioneers of environmentally sustainable healthcare **Sustainability** – cement leadership position and deliver on lower carbon healthcare services **Board Assurance Framework Risk ID** - SO5.6: Climate Emergency (Rated 20)						
Reports previously considered by	Annual performance report to Trust Board (interim performance report presented to Trust Board in February 2022).						

SHINE (SUSTAINABLE HEALTHCARE IN NEWCASTLE) UPDATE

EXECUTIVE SUMMARY

In 2019 Newcastle Hospitals became the first healthcare organisation in the world to publicly declare a climate emergency, committing to fast-tracking decarbonisation of our services a decade ahead of government targets. In January 2020, in recognition of our commitment to this work, Dame Jackie Daniel was invited by Sir Simon Stevens to sit on the NHS Net Zero Expert Panel (the group of leading experts tasked with identifying how soon the NHS can get to net zero carbon, and how). This culminated in publication of the 'Delivering a Net Zero NHS' report in October 2020, making the NHS the first healthcare system in the world to commit to net zero carbon. Our own Climate Emergency Strategy was subsequently published on 22nd October 2020 (bit.ly/CEStrategy_NUTH) clearly setting out our vision, long-term goals and action plan for the next five years.

Each year, the Trust publishes an annual Shine Report, to publicly disclose our performance in relation to these strategic commitments. The most recent 2021/22 report has been named a "Red Flag Report" as it highlights that, despite many advances in embedding sustainable health activity throughout the Trust, Newcastle Hospitals has not yet reduced its carbon footprint sufficiently.

The Shine Report provides the opportunity to reflect on areas of good practice and innovation over the last year to tackle our contribution to climate breakdown. However, as the heatwaves across the UK has shown us all first hand – climate change is happening at a rapid rate and millions of people are now experiencing its effects. The report acknowledges that urgent action is needed to ensure Newcastle Hospitals does not exceed its own carbon budget. It also calls for action beyond the Trust and reviews the need for more support to address systemic barriers to change, without which it will be impossible for Newcastle, and the wider NHS, to reach Net Zero Carbon.

This committee report presents an overview of current performance as well as specific 'Red Flag' issues of concern, across all Shine priority areas, for the financial year 2021/22.

Trust Board is recommended to receive this update report for information.

Report of
James Dixon
Associate Director - Sustainability

24th November 2022

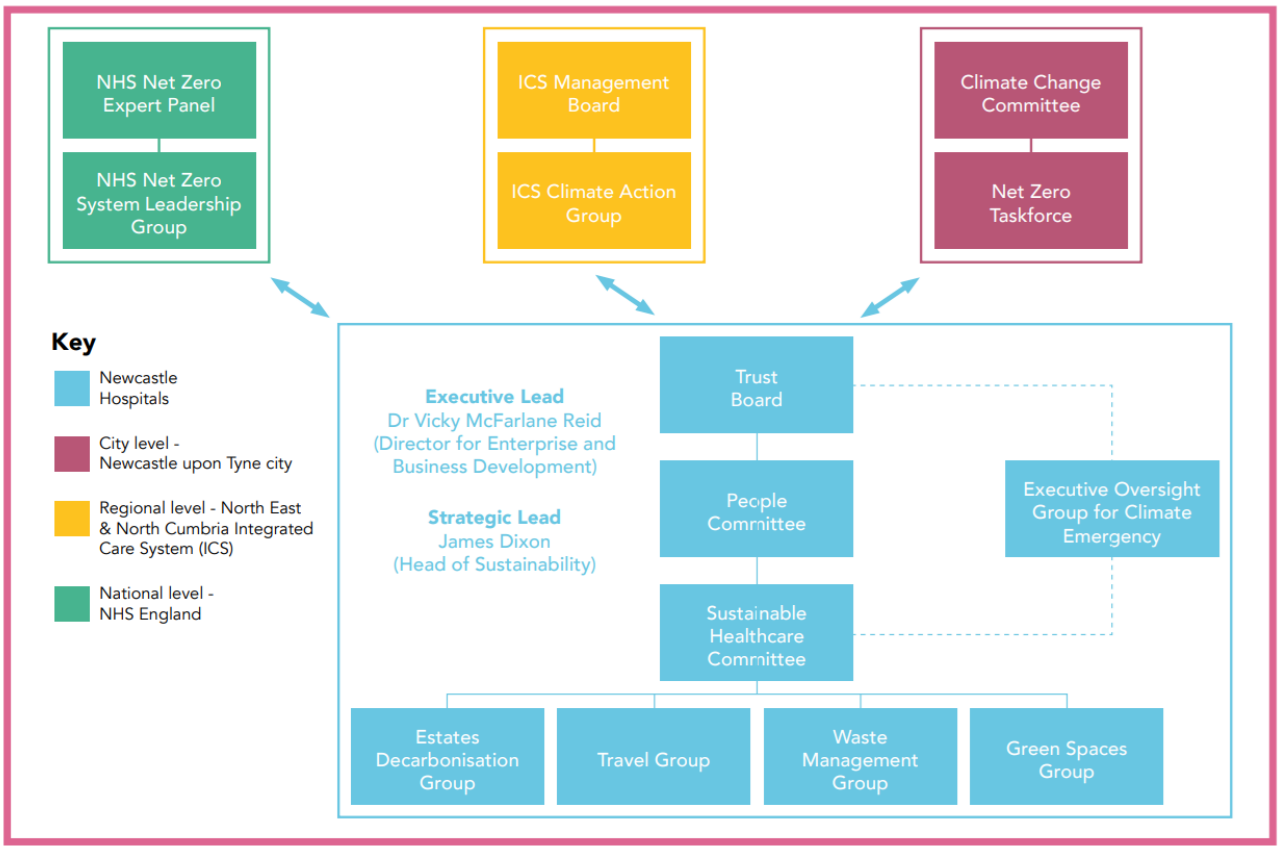
SHINE (SUSTAINABLE HEALTHCARE IN NEWCASTLE) UPDATE

1. BACKGROUND

In 2019 Newcastle Hospitals became the first healthcare organisation in the world to publicly declare a climate emergency, committing to fast-tracking decarbonisation of our services a decade ahead of government targets. In January 2020, Dame Jackie Daniel was invited by Sir Simon Stevens to sit on the NHS Net Zero Expert Panel (the group of leading experts tasked with identifying how soon the NHS can get to net zero carbon, and how). This culminated in publication of the 'Delivering a Net Zero NHS' report in October 2020, making the NHS the first healthcare system in the world to commit to net zero carbon. Our own Climate Emergency Strategy was subsequently published on 22nd October 2020 (bit.ly/CEStrategy_NUTH) clearly setting out our vision, long-term goals and action plan for the next five years.

2. GOVERNANCE AND REPORTING

Arrangements for sustainability governance and reporting are outlined in the Climate Emergency Strategy (reproduced in the diagram below). The Sustainable Healthcare Committee meets quarterly to monitor progress towards commitments in the strategy, with subsequent updates to People Committee quarterly and Trust Board six-monthly. A comprehensive performance report, known as the Shine Report, is published annually and is signposted to from the Trust Annual Report. The Trust internet site includes a Climate Emergency page with links to these resources: https://www.newcastle-hospitals.nhs.uk/about/ambitions/climate-emergency/.



2.1 Sustainable Healthcare Committee (SHC)

SHC meets quarterly and is chaired by Dr Vicky McFarlane Reid, Director for Enterprise & Business Development and Executive Lead for Sustainability. The committee aim is to drive forward action on climate emergency projects to achieve the Trust's Climate Emergency Strategy aims and to provide a forum for the discussion, review and over-arching management of sustainability across the Trust, on behalf of Trust Board. Summary updates from each sub-group are presented to SHC and incorporated into performance reports.

2.2 Executive Oversight Group (EOG) for Climate Emergency

EOG meets monthly and is also chaired by Dr Vicky McFarlane Reid. It aims to provide Executive oversight on the strategic direction and actions to deliver on the Trust's climate emergency priorities, to facilitate swift decision making to empower the priority area delivery teams into taking actions. Projects that have directly benefited from this swift governance include: the ban on diesel for all fleet, hire and lease vehicles; the Shine Rewards app; Clinical Sustainability Fellows and government funding for heat decarbonisation plans.

3. PERFORMANCE – SHINE REPORT 2021-22

The following sections include excerpts from our annual Shine Report 2021-22. A summary of performance towards the targets in our Climate Emergency Strategy is included for each Shine theme, though the full Shine Report does go into more detail and includes commentary on achievements and case studies. For the first time we have included specific '*Red Flags*' for each section, in keeping with tone of this year's reporting, and they have been included in this update.

3.1 Chief Executive's Foreword

"Three years ago, Newcastle Hospitals made the bold step of becoming the first healthcare organisation in the world to declare a climate emergency, publicly acknowledging the link between the health of our planet and the health of our people and committing to take action to fast track a reduction in our carbon emissions. Since then, many other healthcare organisations have also taken that step, the NHS has created its 'Delivering a Net Zero NHS' strategy and established Greener NHS with the remit to take us as a healthcare system to Net Zero Carbon by 2045.

There have been a number of excellent advances in sustainable healthcare this year, with the world's first zero emissions ambulances unveiled at COP26, and at our very own Newcastle Birthing Centre at the Royal Victoria Infirmary the first baby in the UK was born using climate friendly gas and air for example. In parallel to these efforts, the Intergovernmental Panel for Climate Change (IPCC), the world's leading body of climate scientists, released its latest report1 stressing that it is Now or Never to transition to a low carbon way of working to 'keep the goal of 1.5 alive' and avoid setting off a catastrophic chain of events leading to run away climate change.

Here at Newcastle Hospitals, despite many advances we have continued to see our carbon footprint increase, which is why we are calling this issue of our Annual Sustainability Report our ***'Red Flag'*** *issue. The climate emergency presents a huge threat to human health with the predicted impacts likely to dramatically increase the strain on already overburdened healthcare systems. I feel a professional and moral duty to sound the alarm about the seriousness of the climate emergency and*

drive urgent action within Newcastle Hospitals. As a group of trusted professionals, I believe that we have an obligation to raise awareness of the risk, much as we did when scientists first raised concern about the links between smoking tobacco and risks to health.

The climate emergency is severe and acute, but not yet chronic. We still have time to take action – but only just. Our staff across the organisation are doing amazing work in their own spheres of influence, and we must encourage and empower them to do even more, but we also need to speak up for action beyond our organisation. We must adopt a leadership position and drive the scale of change that is required across the NHS system and our wider economy. After all, with the multiple challenges faced by the NHS, if we can rise to the challenge, surely everyone can.

As a result of the findings in this year's report we are doing two new things. Firstly, we have taken notice of the red flags and have given a new mandate to our Executive Oversight Group for Climate Emergency to address these concerns with renewed urgency, seeking additional action to get back within our carbon budget. Secondly, we are calling for more support to address the systemic barriers to change identified throughout this report, without which it will be impossible to reach our goals of Zero Carbon, Zero Waste and Clean Air.

As a COP26 Ambassador I attended the event in November and was encouraged that the healthcare sector had a prominent role. I remain optimistic that although the challenge is great it is achievable, and with our history of excellence and innovation within the NHS, we can be a significant part of the solution to this global crisis if we all
act together and act now."

Dame Jackie Daniel, Chief Executive

3.2 Carbon Footprint

This year we have seen a 5% increase in our Newcastle Hospitals Carbon Footprint compared to last year, and no change compared to the baseline year. We have overshot our target by a cumulative amount of 21,500 tCO_2e since 2019, which will need to be compensated for in future years.

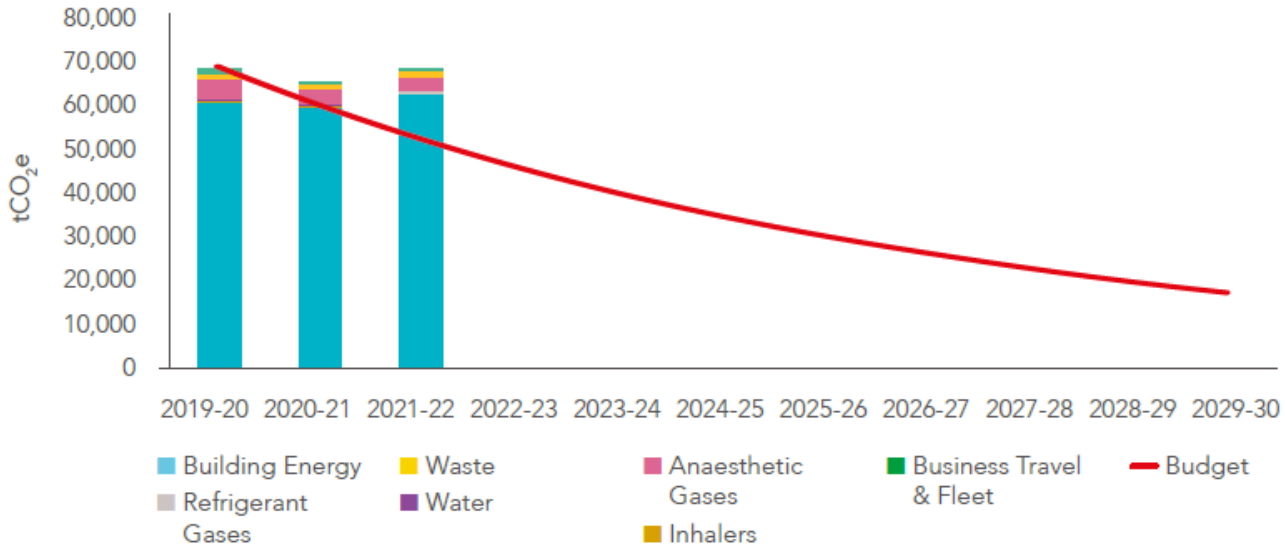


Fig 1: Newcastle Hospitals Carbon Footprint

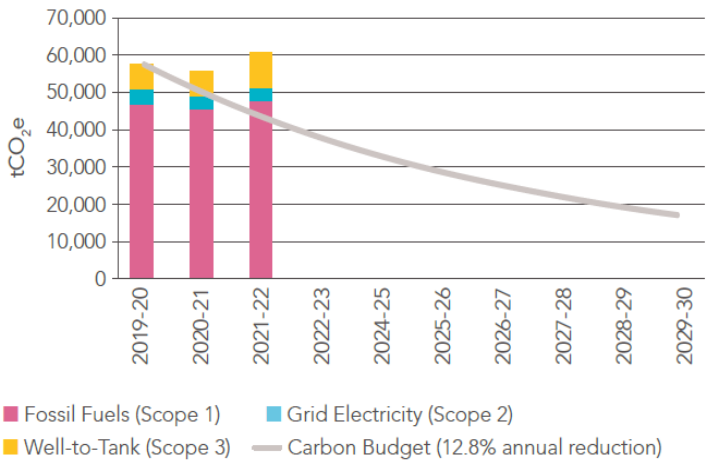
Category	Sub-category	Total tCO_2e			% change from baseline
		2019-20	2020-21	2021-22	
Newcastle Hospitals carbon footprint	**Scope 1**				
	Building energy – fossil fuels	54,858	53,901	55,626	1
	Refrigerant gases	477	246	246	-48
	Anaesthetic gases	4,336	3,345	3,360	-23
	Trust fleet	112	42	25	-78
	Scope 2				
	Building energy - purchased electricity[4]	4,933	4,924	6,394	30
	Scope 3				
	Water	441	454	229	-48
	Waste	105	99	113	8
	Inhalers	1,399	903	1,331	-5
	Business Travel	1,278	724	657	-49
Newcastle Hospitals Carbon Footprint Total		**67,939**	**64,638**	**67,980**	**0**
Medicines, medical equipment and other supply chain*	*Medicines and chemicals*	*87,971*	*94,239*	*159,908*	*82*
	Other supply chain	*55,793*	*78,293*	*65,696*	*18*
	Medical equipment	*57,615*	*52,123*	*76,165*	*32*
	Procurement total	***201,379***	***224,655***	***301,770***	***50***
Personal travel	Staff commute	14,863	13,089	10,338	-30
	Patient and visitor travel	24,127	16,520	22,264	-8
Newcastle Hospitals Carbon Footprint Plus Total		**308,308**	**318,902**	**402,352**	**31**
Patient numbers		1,788,469	1,432,307	1,837,107	
Carbon intensity (tCO_2e per patient contact)		**0.172**	**0.223**	**0.219**	27

Table 1: Breakdown of Total Newcastle Hospitals Carbon Footprint in our baseline year 2019/20 and this year 2021/22[5]

Carbon Emissions Red Flag

• We are now two years into our five-year climate emergency strategy and the key performance indicators are going in the wrong direction.

3.3 Energy & Water



Carbon emissions from building energy use increased by 4,660 tonnes in 2021/22 (2,567 tCO_2e above our baseline year).

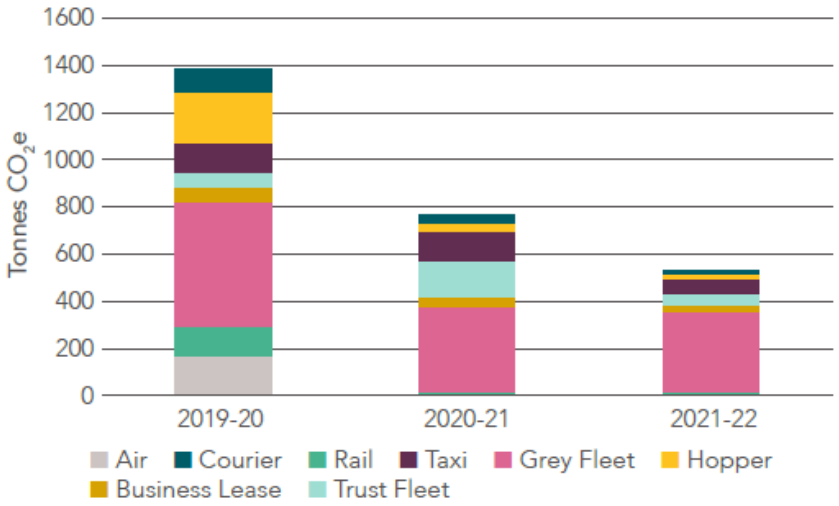
Demand for electricity increased at RVI (5%), Freeman (3%) and Regent Point (20%) and our ICHNE Lab at Baltic was also fully operational.

Water use has remained constant, but the carbon intensity of water supply and treatment has led to a 50% drop in emissions.

Energy & Water Red Flags

- *To establish a credible pathway to net zero carbon, rapid reductions beyond the carbon budget need to be made as soon as possible.*
- *We do not have a defined or resourced plan in place that reflects the transformational change required.*
- *The current financial landscape doesn't allow the NHS to reach Net Zero. The PSDS is a competitive programme and the whole public sector needs to reach Net Zero.*
- *The NHS Capital Departmental Expenditure Limit (CDEL) means it is not possible to make the investment required as an organisation.*

3.4 Journeys and Clean Air



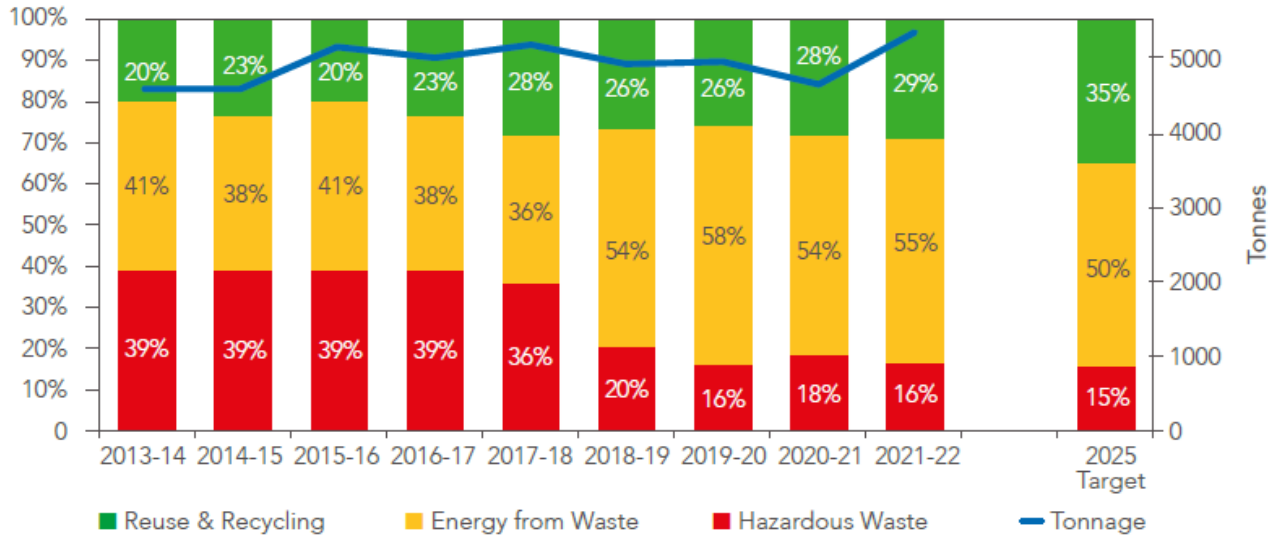
Carbon emissions from business travel and fleet have reduced again this year, with pandemic-related reductions in air and rail travel continuing.

Since our baseline year of 2019-20 our business travel emissions have reduced by 49% and our fleet emissions have reduced by 78%.

Journeys and Clean Air Red Flags

- *Early results from the Air Quality Monitoring station show that air quality at the RVI breached both UK and WHO guidelines. People visiting our hospital have no choice but to breathe poor quality air.*
- *Last year approximately 350,000 appointments were virtual, and a courier hub was established for home patient pharmacy deliveries – both actions that reduced travel related emissions by reducing patient travel and incorporating low carbon travel. Despite our best intentions to lock this saving into the delivery of care for the future, we have seen a significant slide back towards 'business as usual'.*
- *There are barriers to the uptake of electric vehicles to the majority of people including the initial cost, the range, and the lack of adequate charging infrastructure across the UK.*
- *There is limited availability of power on site meaning we don't have the capacity to add a significant number of EV chargers, despite increasing demand.*
- *A Government mandate to provide free parking for NHS staff led to a modal shift back to cars.*

3.5 Waste



5,325 tonnes of waste was handled and disposed of in 2021-22, the highest volume we have recorded. This includes new service developments in response to the pandemic (Baltic ICHNE Labs, vaccine centres and cataract theatres) – ICHNE alone accounted for 10% of the Trust-wide volume last year.

Waste segregation performance has continued to improve, with over 50% of non-clinical waste now recycled and less than 3% of waste sent for high temperature incineration – making good progress towards our 2025 targets.

Waste Red Flags

- *In order to achieve the goal of Zero Waste whereby we "manage resources within the Circular Economy" the healthcare waste industry must adopt a more creative and challenging mindset, developing and establishing innovative solutions for 'difficult' healthcare waste streams that avoid the risks of landfill or high temperature incineration.*
- *The entire NHS supply chain must be challenged in regard to purchasing items made using fewer materials and packaging in order that single-use items become less commonly used and where plastics in particular are easily identified by polymer type and avenues for recycling readily available.*
- *The NHS must adopt a Circular Economy approach that quickly moves away from the purchase-use-dispose attitude towards reusability and all that entails: reuse; refurbishment; repair; recovery; repurpose; revitalise; refresh before recycling is even a consideration!*

3.6 Procurement

ACTIONS AND ACHIEVEMENTS FROM THIS YEAR

- We have created a Sustainable Procurement working group to progress action on the measurement and reduction of the carbon footprint from our supply chain. The group meets monthly, and members have completed sustainability training to increase carbon literacy and sustainable procurement awareness in procurement team.
- As Government and Central NHS E&I drivers mandate the assessment of Social Value in the procurement process, we are working to build this into procurement processes.

- Newcastle Hospitals were the first Acute Trust in county to achieve CIPS Ethical Procurement Mark
- We have developed a Sustainability Partnership award winning five-step process to proactively engage and support all suppliers, from the smallest to largest (see case study).

- We have maintained our Meat Free Mondays and have engaged with our dieticians and catering team to begin the process of implementing the Silver Food for Life standard.

Procurement Red Flags

- *The existing method for calculating the 'carbon footprint plus' which includes our supply chain does not allow us to achieve net zero.*
- *Zero waste thinking is not integral to the supply of products, for example minimum order sizes and unnecessary packaging. Excess products are often disposed of by departments due to expiry dates when only a small number of an item is required.*

3.7 Models of Care

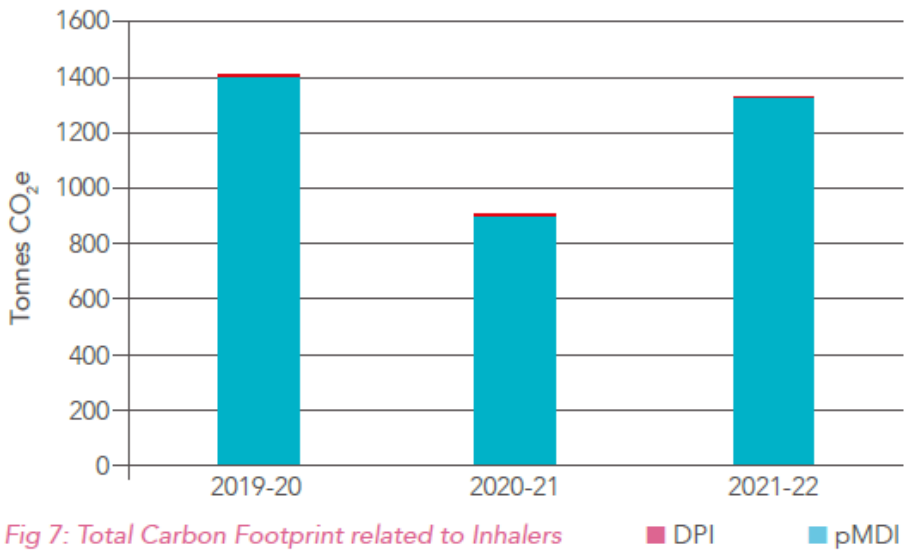
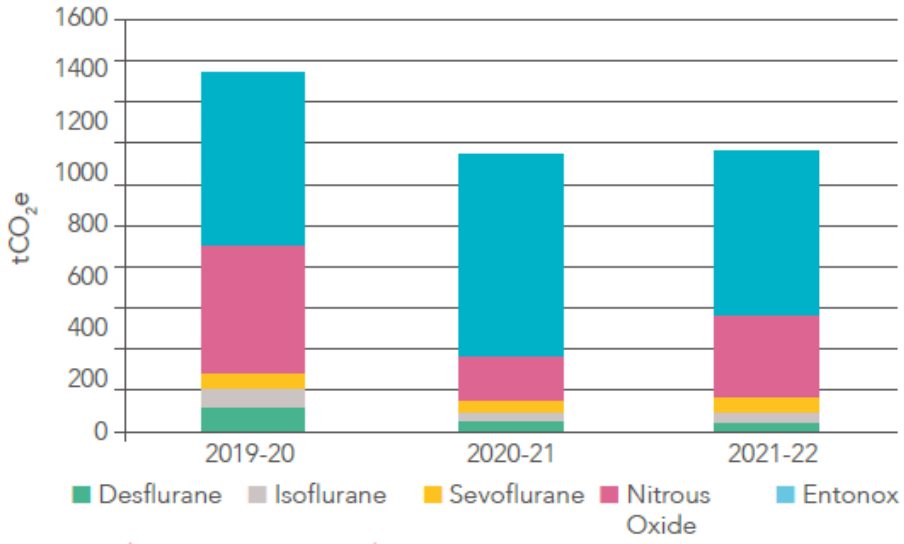


Fig 7: Total Carbon Footprint related to Inhalers

Carbon emissions from our inhaler prescribing have increased by 32% this year, to just 5% below our baseline emissions. This has coincided with our elective recovery post-pandemic.

Propellant Metered Dose Inhalers (pMDI) still represent the vast majority of carbon emissions from our inhaler prescribing.



Anaesthetic gas carbon emissions have remained at similar levels this year, though these figures do not include data from the trial of volatile gas capture technology (FH theatres) and the nitrous cracking technology (RVI Midwifery). Once independent efficacy tests have taken place it is hoped that these savings will be shown in future years.

Models of Care Red Flags

- *Sustainability is not embedded throughout clinical decision making. It is hard to see this happening without dedicated clinical resource due to many other priorities.*
- *Systemic barriers and conflicting requirements make it difficult to improve sustainability.*
- *COVID-19 recovery focusses on increasing the amount of clinical activity. It is essential that we de-couple clinical activity from carbon emissions.*

3.8 Buildings and Land

Buildings and Land Red Flags

- *COVID-19 recovery pressures led to rapid decision making not aligned with our strategic net zero commitments. The Day Treatment Centre under construction at the Freeman Hospital is being connected to existing fossil fuel networks for power.*
- *There has also been an associated loss of biodiversity. The annual biodiversity metric reported a 5% loss in biodiversity at the Freeman Hospital. This reflects a loss in grassland and a small number of trees.*

3.9 People

AIM

Inspire, inform and empower our people to deliver sustainable healthcare:

- Embed Shine and climate emergency action into the culture of our organisation, demonstrated in staff behaviours.
- Upskill our workforce and ensure capacity to address the climate emergency.
- Empower our people to make the most sustainable choice.
- Extend our reach to influence action amongst our wider stakeholders, including patients.

PERFORMANCE

- 23 Green Champions Plus
- 328 Green Champions
- 7 new Sustainability Ambassadors
- Over 1,000 staff signed up to Shine Rewards, undertaking over 50,000 actions
- 6 Climate Emergency Action Fund projects approved
- 1,275 @sustainableNUTH Twitter followers
- 99% of staff think sustainability is important

Our aim is to empower our people to make the most sustainable choice.

ACTIONS AND ACHIEVEMENTS FROM THIS YEAR

- Developed Climate Emergency for Managers training to add to the programme developed last year and delivered to 17 managers across 12 departments.
- Supported Directorates to embed sustainability into their culture by creating 'What Good Looks Like – Model for Sustainability in Directorates' which incorporates a 10 step framework, and started working with 8 directorates (see case study)
- Established Green Champions Plus – a network of trained Green Champions empowered to take action in their areas of work
- Increased the number of Sustainability Ambassadors to 16 across 12 departments.
- Further embedding sustainability into HR processes through the HR working group
- Delivered climate education to our Board of Directors and Trust Management Group

PLANS FOR THE NEXT YEAR

- Promote the 10-step framework to department and directorate managers and support teams with to identify, implement and measure sustainability projects
- Embed the framework into Departmental Strategy reviews and QPR reports
- Improve accessibility to progress, plans, case studies, etc though development of Shine web page
- Ensure communications about the journey to Net Zero Carbon Estate improve so that staff and stakeholders are informed about our plans and progress
- Increase the number of Green Champions Plus and ensure a good number of departments have at least one.
- Train additional Sustainability Ambassadors and ensure they are spread throughout departments.
- Embed sustainability into appraisals and Personal Leadership Behaviours

People Red Flags

- *Unless dedicated resource or time is provided to already stretched and overburdened staff, sustainability will continue to be seen as an add-on to the existing work and priorities.*
- *Without visible and large-scale improvements to our carbon footprint, staff may become cynical about the level of impact they can have on our goals.*
- *Regular Trust-wide communications on plans and progress are essential to ensure buy-in to the transformational change needed.*

4. RECOMMENDATIONS

Trust Board is recommended to receive this annual update report for information.

Report of
James Dixon
Associate Director - Sustainability

24th November 2022

APPENDIX 1: Full copy of Newcastle Hospitals' Shine Report 2021-22
available online here: https://bit.ly/Shine-2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	Charity Annual Report & Accounts 2021/22						
Report of	Teri Bayliss, Charity Director						
Prepared by	Natalie Yeowart, Head of Corporate Risk & Assurance Chris Ham, Head of Operations and Planning						
Status of Report	Public		Private		Internal		
	☐		☐		☒		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	The purpose of this report is to provide assurance to the Trust Board that the Charity Committee has met its key responsibilities for 2021-22, in line with its Terms of Reference and requirements of the Charity Commission.						
Recommendation	The Board are asked to receive this report outlining 2021-22 work undertaken and note the key areas to revisit during 2022-23.						
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☐	☒	☒	☐	☐	☐	☐
Impact detail	Detailed within the content of the report.						
Reports previously considered by	Annual report of the Committee.						

CHARITY ANNUAL REPORT AND ACCOUNTS 2021/22

EXECUTIVE SUMMARY

The purpose of this report is to provide assurance to the Trust Board that the Charitable Funds Committee has met its key responsibilities for 2021-22, in line with its terms of reference and the requirements of the Charity Commission and Audit Committee Handbook.

The report outlines overall achievements throughout the year as well as action points for continuing development during the coming year.

Newcastle Hospitals Charity

The Newcastle Hospitals Charity
Annual Report and Accounts 2021-2022

Content Page

A Message from the Chair of the Charity Committee and Charity Director

It is always with a great amount of pride that we reflect on a year in the life of Newcastle Hospitals Charity (NHC) and 2021/22 is no exception. Whilst continuing to support Newcastle Hospitals as they continued to rise to the challenge of the pandemic, we have also been working closely with the Hospitals as they look to the future and it has been our privilege to have been able to commit £10million of funding for projects that are helping Newcastle Hospitals to go further for patients, for staff and for the people of the region.

It is difficult to summarise the courage, dedication and compassion that has been shown by everyone within Newcastle Hospitals both during the pandemic and as we emerge from it. Throughout the pandemic we worked very closely with Newcastle Hospitals colleagues to ensure that NHC supported their efforts in many new and different ways, providing funding for initiatives such as additional psychological support for staff; tailored sessions to support recovery and resilience and enhancements to dedicated rest areas.

We have also grown our small and dedicated Charity team over the last year, and they have embraced the multiple challenges of working remotely; fundraising virtually; developing and rolling out new, more efficient systems and processes; and ensuring that they uphold our promise to look after each of our supporters in the best way possible.

As the largest NHS Charity in the North East and North Cumbria, the charity team successfully led a funding bid to NHS Charities Together to secure £1.5million of funding for projects that are helping to tackle health inequalities, improve people's mental health and wellbeing, and offer specialist support to people disproportionally affected by the direct and indirect impacts of Covid-19, across the North East and North Cumbria.

With further funding secured from NHS Charities Together, we were able to launch a new 'Arts Programme' for Newcastle Hospitals in 2021/22, led by a dedicated Arts Programme Manager, to deliver a programme of creative and cultural activities focused on supporting the health and wellbeing of patients and staff. Activity has included our first 'artists in residence' within Newcastle Urology Stone Centre at Freeman Hospital, improving the staff and patient environment with large, site-specific, wall murals. A partnership with an Open University research programme gave staff opportunity to take part in an online creative writing course, to encourage the use of writing as a method for coping with trauma.

Looking forward, NHC continues to work in partnership with Newcastle Hospitals to complement their world-class healthcare services, building on what has already been achieved by funding such initiatives as the Newcastle Hospitals Improvement Programme and the Nursing and Allied Health Research Academy. We know that we face uncertain economic times, in our region and for the NHS and for fundraising. As such we remain even more committed to securing meaningful funding for strategic priorities and initiatives, ranging across partnership work to tackle health inequalities; funding for patient facing cutting-edge medical research; support for major capital projects and improvement programmes that enhance and improve the patient experience and environment.

We are incredibly grateful to every single supporter of Newcastle Hospitals Charity and we are committed to delivering our future strategy to help our hospitals go further in improving the health and wellbeing of the patients, people and wider communities of Newcastle Hospitals.

With all the very best

Jill Baker
Charity Committee Chair

Teri Baylis
Charity Director

Who We Are

The overall objective of the Newcastle upon Tyne Hospitals NHS Charity ("the Charity") is outlined in the Charity's governing document and as such, funds are used "for any charitable purpose or purposes relating to the National Health Service or to general or specific purposes of The Newcastle upon Tyne Hospitals NHS Foundation Trust".

The Charity have a set of aims, which benefit the public through the Charity's support for the Newcastle upon Tyne Hospitals NHS Foundation Trust ("the Trust"). These aims ensure that the Trustee complies with the duty to have due regard to public benefit guidance published by the Charity Commission and set out in section 4 of the Charities Act 2006.

In 2021/22, the Charity's main aim has been to provide funding for a range of initiatives that continually enhance the excellent patient care and experience across Newcastle Hospitals and beyond. This includes providing additional equipment, supporting staff training and development and funding new and innovative research projects. To achieve this aim the Charity continues to support:

- Equipment for use in patient care and treatment;
- Projects and initiatives aimed at making the patient stay in hospital as comfortable as possible;
- Staff training and development which ultimately translates into better care and treatment for patients; and
- Medical research that aims to increase the knowledge and understanding of a range of illnesses/diseases and ultimately to provide cures or better treatment for patients.

Newcastle Hospital Charity Review of the Year 2021/22

Newcastle Hospitals Charity are privileged to have been able to support the NHS, patients, staff, and wider communities throughout 2021/22. This could not have been done without the brilliant support from all of the donors, fundraisers, partners and supporters of the Charity.

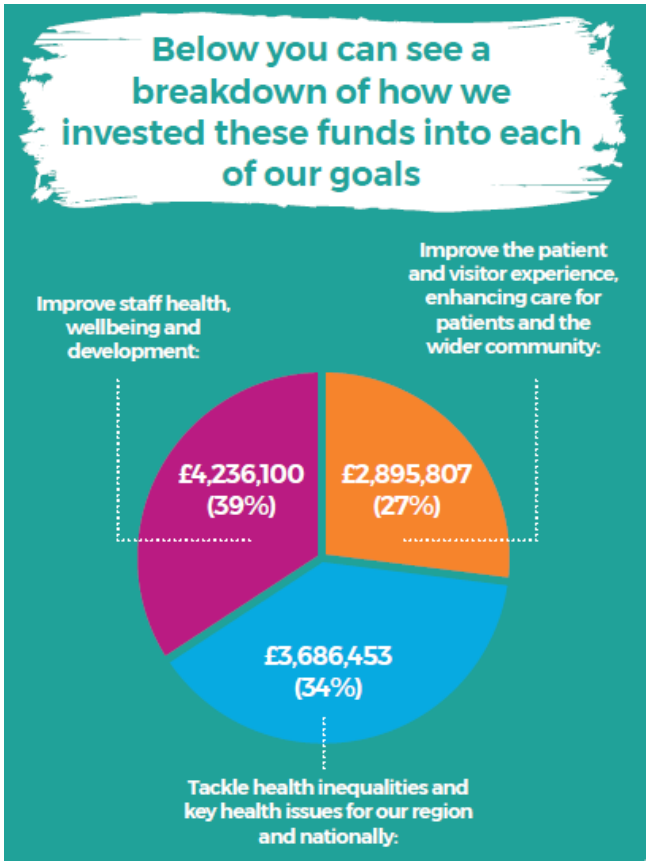
Partnership working has and continues to be an important part of the Charity strategy and, while a large proportion of grants have been awarded within Newcastle Hospitals, the Charity is proud to have been able to support external organisations with more than £2.5m in funding. Just some partner organisations from the charitable sector the Charity has collaborated with in the last year include the Newcastle United Foundation, MediCinema, Healthworks, Newcastle Carers, Citizens Advice Gateshead, and the Centre for Sustainable Healthcare.

The strategic priority to establish an arts engagement programme for staff, patients and the local community has progressed well. Commencing in June 2021, the Charity began delivering a 12-month pilot Arts Programme across the Trust, with the role of Arts Programme Manager embedded into the Charity structure. Engagement with the programme has been very positive and it is evident that there are numerous opportunities

for the programme to improve patient and visitor experience, enhancing care for patients and the wider community, and offering staff creative opportunities to support their health and wellbeing.

Over the course of the year the Charity have been delighted to award more than 250 grants, totalling more than £10 million in value. Each grant has been directly linked to the Charity strategic goals which are set out below;

- Improving the patient and visitor experience, enhancing care for patients and the wider community.
- Improving staff health, wellbeing, and development.
- Tackling health inequalities and key health issues for our region and nationally.



In 2021/22 the Charity has been able to provide support ranging from £20 to more than £3m, some of which are detailed below:

£3,192,246 for a Research Development Institute for Nursing, Midwifery and Allied Health Professionals (NMAHP) staff from across the Trust.	£71,320 for a community support service for people suffering with Long Covid.
£1,567,845 for eight community partnership projects that tackled health	£59,357 for Helping Hands, a social welfare service for Trust staff.

inequality across the North East and North Cumbria.	
£409,441 for a number of clinical research projects that help keep Newcastle at the forefront of health innovation and research.	£19,717 for occupational therapy support to patients at the Sir Bobby Robson Cancer Trials Unit.
£342,000 for a range of measures that supported hospital staff with the worst effects of the pandemic.	£12,000 for the establishment of a Hardship Fund for patients and families at the Great North Children's Hospital.
£138,756 for a pilot project encouraging people to stay physically active while they're in hospital – and once they're at home.	£5,000 for the provision of fresh fruit to staff at the Northern Centre for Cancer Care.
£74,345 for an innovative machine that prolongs the life of donated organs.	£3,000 for a LEGO model of a radiotherapy machine, to help young cancer patients know what to expect.

Below are some of examples of how Charity funds have been used to support and make a difference for the NHS, patients, staff, and wider communities throughout 2021/22.

Prolonging the life of donated organs, increasing the number of successful transplantations

The Challenge:

Sadly, in 2019/20, 300 patients died in England whilst awaiting a liver, kidney, or pancreas transplant. In the same period, 900 donated organs were rendered unusable because blood flow to the organs ceased long before the organs were removed from the donors.

The Solution:

The Charity supported Newcastle Hospitals with grant funding of £74,345 to purchase one of the UK's first Abdominal Normothermic Regional Perfusion (ANRP) machines, an innovative piece of equipment that restores circulation to abdominal organs, helping to keep them viable between donor and recipient. This helps increase successful organ transplantation and reduces complications after surgery. Donated organs are a life-changing gift from the donor, as well as a great generosity from the donor's family. This machine means that even more donors' final wishes can be honoured.

The Impact:

It is anticipated that having this ANRP machine will enable Newcastle Hospitals to undertake an additional 25 liver transplants, four pancreas transplants, and 12 kidney transplants each year and will transform and save lives. Having this technology in place will also keep Newcastle at the forefront of healthcare innovation and it is hoped that other Trusts will learn from the Trust's experience with the machine, spreading the benefits of this grant across the country and beyond.

Consultant Transplant Surgeon Aimen Amer, who applied for the grant funding, said: *"It was exhilarating to hear the news that Newcastle Hospitals Charity had agreed to fund the purchase of an ANRP machine. This will significantly transform the transplant service that we provide, and I look forward to a strong partnership with Newcastle Hospitals Charity to achieve that."*

Above: Consultant Transplant Surgeon Aimen Amer

LEGO to reduce anxiety in paediatric radiotherapy

The Challenge:

When a child needs radiotherapy treatment for cancer, it can be a scary prospect. They need to be calm and lie still for the best results, which can be difficult if they are anxious or upset. The radiotherapy team wanted to minimise the distress these young patients were feeling at such a difficult time and make hospital feel like a less intimidating place.

The Solution:

The Charity made a grant of £3,000 to the Paediatric Radiotherapy Team for a LEGO model of a LINAC scanner radiotherapy machine, via the Great North Children's Hospital Foundation Fund. The Radiotherapy Team worked with local LEGO architects '*Brick This'* to create a LEGO model of a radiotherapy LINAC scanner that children can play with before they start their treatment, to get a sense of what to expect.

The model is interactive and realistic, with a bed that moves up and down and is large enough to accommodate a Barbie-sized doll to play the part of the patient.

The Impact:

Bethany Cockburn, a Paediatric Radiotherapy Nurse Specialist who applied for the grant, commented: *"Radiotherapy can be scary, especially for children, and especially when you see the machine for the first time. This fab model is going to be so helpful in helping us explain to young children how their treatment is going to work, and it also looks cool – like something from Star Wars! Steve from "Brick This" has been a joy to work with and the process of applying for a small grant from Newcastle Hospitals Charity was straightforward, too."*

It is expected that 12 children a month are currently benefiting from educational play with this model.

Above: Beth Cockburn and 'Brick This' Steve Mayes with the LEGO LINAC Scanner

Pioneering a Research Development Institute for Nurses, Midwives and Allied Health Professionals

The Challenge:

Nurses, Midwives and Allied Health Professionals (NMAHPs) make up a huge proportion of Newcastle Hospitals' workforce but only had limited flexible opportunities to undertake valuable research alongside their clinical practice. Obstacles identified included a high level of competition for national research funding and fellowships, as well as NMAHPs being unable to find time away from clinical practice to dedicate to research.

The Solution:

The Charity supported NMAHPs by giving them our largest ever grant of more than £3 million, to help create Newcastle's new NMAHP Researcher Development Institute. This will support hundreds of staff, enabling them to turn their research ideas into reality. It will fund a range of academic opportunities for NMAHPS as well as addressing some of the challenges associated with research within busy clinical roles, such as back-filling staff posts when needed.

The Impact:

The Institute will support at least 50 NMAHPs over five years, enabling their professional aspirations and creating additional, world-leading research in Newcastle. This project will bring about a lasting change and supports one of our main strategic aims; to fund major developments and health-related clinical research and innovation.

Maurya Cushlow, Executive Chief Nurse at Newcastle Hospitals said:
"This incredibly generous grant will help us drive forward our innovative vision to introduce a unique Research Institute, harnessing the potential of our growing research community. Access to targeted support, relevant expertise and dedicated funding, means our NMAHPs can benefit from a truly unique springboard."

Above: NMAHPS like Clair can benefit from this additional research support

Offering a helping hand with a social welfare service for staff

The Challenge:

The COVID-19 pandemic has been an extremely challenging time for the Trust's 18,000+ staff, with increased workloads and uncertainty affecting almost everyone and combined with a steady cost-of-living increase. When the hospital Chaplaincy team made us aware of an increase in staff expressing concerns about financial worries, we were in an ideal position to help.

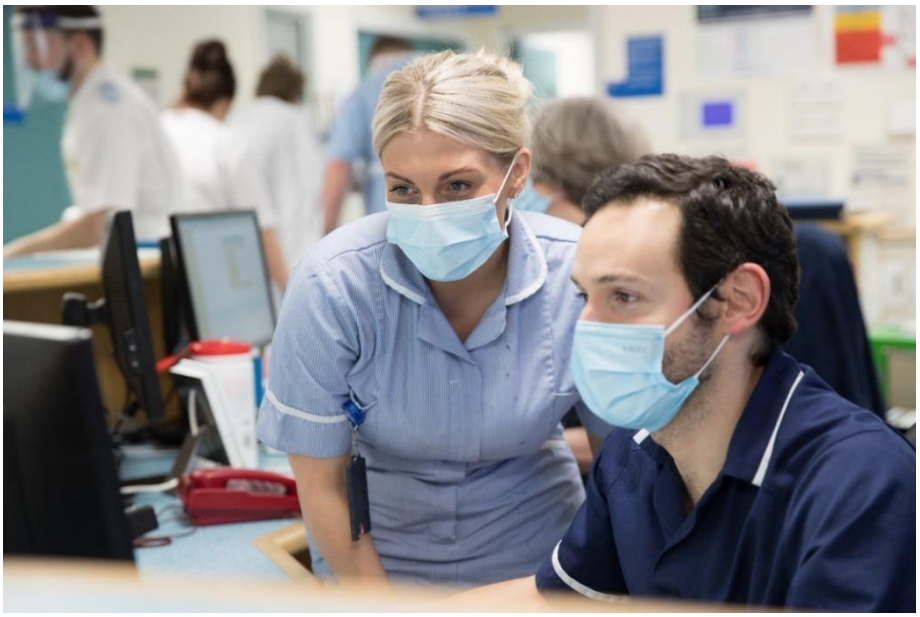
The Solution:

The Charity partnered with Citizens Advice Gateshead, supplying grant funding of £59,357 for a pilot project to support Trust staff with direct access to free, impartial, and confidential social welfare advice and information via this well-regarded local charity.

The Impact:

This funding means that three experienced Social Welfare Advisers are now on hand to support staff with initial advice and referrals to other services. Around 10 members of staff are using the service each month, receiving bespoke advice on a range of issues including financial management, access to financial aid, debt management, and benefits. This project supports one of our main goals in supporting the wellbeing of NHS staff at Newcastle Hospitals.

Jon Goodwin, Head of Grant Programmes said: *"Working in partnership with the local voluntary sector is a major part of our strategy, and we were delighted when Citizens Advice said they could help us with this vital support to Trust staff."*



Above: All Newcastle Hospitals staff are eligible to access financial management advice. Pictured: (L-R) Emma McIlhatton, Staff Nurse and Filipe Landeiro Sardinha, Sister/Charge Nurse

Embedding physical activity within the health system: Active Hospitals pilot

The Challenge:

In 2021, a review of physical activity levels of 203 patients admitted to Ward 16 at the Freeman Hospital found that 80% of them were physically inactive in the lead-up to their admission. In response to this link between physical inactivity and hospitalisation, the Trust's Therapy Services department submitted a proposal that would help them address this important issue and, in doing so, reduce the risk of patient readmission to hospital.

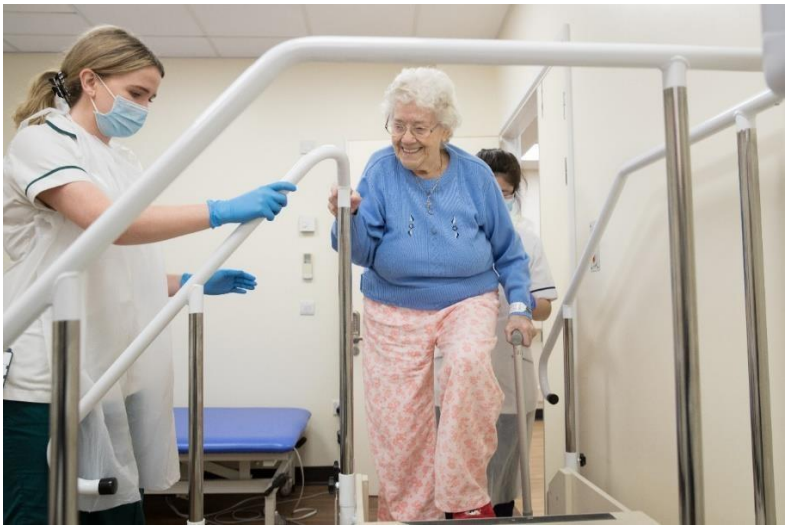
The Solution:

The Trust made a grant of £138,756 for the *Active Hospitals* project, which offers physical activity programmes on hospital wards and supports patients to move more while they are in hospital through targeted activities including bedside exercises, walking programmes and group exercise sessions.

On leaving hospital, patients will be provided with a personalised activity plan to keep them active either at home or in the community, with referrals being made to a wide range of local partner organisations who can also help.

The Impact:

It is anticipated that 60 patients per month will benefit from the scheme and will hopefully consider leading a more active lifestyle.
Ewan Dick, Director of Allied Health Professionals & Therapy Services at Newcastle Hospitals said: *"I was really pleased when the Charity supported this proposal, as promoting physical activity and the associated health benefits of this is a key objective of our Therapy Services strategy. Thanks to this funding, the Trust and our partners can begin to tackle community health inequalities and helps us build collaborative new models of care and partnerships with community colleagues."*



Above: Physical activity will be embedded into the hospital experience for patients like Jean

Financial aid for struggling families at the Great North Children's Hospital

The Challenge:

Families whose children are undergoing care at the Great North Children's Hospital can face unexpected and increased expenses, which – against a tough economic backdrop – can often push them into hardship.

The Solution:

The Charity established a pilot Hardship Fund for families at the Great North Children's Hospital, with a £12,000 donation from Amazon Gateshead. Through this, whether their stay in hospital is brief and unexpected or longer-term, families can benefit from funds for urgent essentials, like pyjamas or toiletries, or for larger things that are preventing them from being with their child, such as travel passes or funds for minor car repairs.

The Impact:

It is expected that the £12,000 funding will last for around two years and will support around 30 families in need during one of the most stressful periods of their lives. Katie Watson, Head of Chaplaincy at Newcastle Hospitals, said:

"Support from the Hardship Fund is offered in a 'light touch', non-overwhelming, unbureaucratic way, in recognition of the fact that the families in question are going through perhaps the most frightening time of their lives."

Above: Families in need can now benefit from the pilot hardship scheme. Pictured: Nurse Specialist, Cheryl Reardon and a family in the Asthma Clinic

Covid 19 – Our Response

The Charity continues to be humbled and grateful for all of the continued support received throughout the pandemic and to date from supporters and partners.

The reduction of COVID restrictions meant that the Charity could resume some larger-scale fundraising events including the return of the Great North Run which saw a one-off change in route through Newcastle and Gateshead, with 300 runners taking part in this much-loved event supporting Newcastle Hospitals Charity and raising more than £100,000.

The Charity has continued to be overwhelmed with all the amazing support for Newcastle Hospitals dedicated staff with many generous gifts being donated to benefit staff, including: a huge donation of Quality Street tins from John Lewis Newcastle; coffee and merchandise from Starbucks Jesmond and Kingston Park, and a magnificent a custom-made stag cake

provided by a local baker. These much-valued gifts provided some brightness for hospital staff as they worked tirelessly in challenging circumstances.

Above: Graeme from Sticky Sponge kindly donated a custom-made stag cake to RVI staff

Charity Supporters

The Charity are very grateful to the continued and generous support of its many supporters throughout 2021/22. Below are some examples of the amazing commitment that supporters of the Charity have shown throughout 2021/22.

Individual Supporters

As well as the thoughtful and committed community fundraisers who support its work, individual donors play a huge role in supporting the Charity to make a difference.

Almost every supporter of the Charity has a deeply personal story or motivation, almost always linked to the outstanding care and treatment provided by Newcastle Hospitals. Mr Chris Bond, who donated £20,913 in support of the work of the Oesophageal Cancer Unit, wanted to thank Newcastle Hospitals for the compassionate care shown for his wife Tina during her treatment commented that:

"During Tina's treatment I think the one thing we were most grateful for was the amount of time Alex Phillips, Maria Bliss and Alex Bradshaw (Consultant Clinical Oncologist, Northern Centre for Cancer Care) were able to spend with us explaining the situation and discussing the pros and cons of the various options. Their time is precious, and they must have so many patients to look after but time never seemed to be an issue. I hope they are able to provide that for all patients."

The Charity is particularly grateful for the following significant donations:

- Mr Robert Harmer donated £50,000 in support of the work of the Sir Bobby Robson Foundation
- Mrs Dhirani donated £15,000 to the Parkinson Disease Fund and £15,000 to Dementia Research
- Mr and Mrs Gordon and Angela Heslop donated £18,000 in support of critical care at the RVI

Community Fundraising

Around 20% of support for the Charity came from community events and fundraising activity in 2021/22. Just some highlights include:

- The Byers family organised a charity night in honour of their Dad, Terence, after he suffered a heart attack and needed surgery. They raised a fantastic £1,632 for the Cardiothoracic Centre at the Freeman Hospital.

- Knop Law Primary School raised £625 for our Great North Children's Hospital Foundation by holding a non-uniform day before finishing for the Christmas break.

They fundraised in support of pupil, Gracie Atkinson, who needed care and rehabilitation at the hospital following a traffic accident.

Above: Gracie (right) and friends hand in their funds at the RVI

- A team of long-term Sir Bobby Robson Foundation supporters held their annual Kevin Outhwaite Golf Day 2021, raising £4,000. Lady Elsie Robson attended the event to thank the supporters.

- The family of baby Tyne, who is currently being treated at the Great North Children's Hospital for leukaemia, raised £2,051 for the Great North Children's Hospital Foundation. They raised this amazing amount at a band and raffle night, with generous match-funding from Barclays, organised by Marie Middleton, along with Tyne's parents, Chloe and Brad.

Above: Baby Tyne, and family (plus a Play Specialist) hand over their funds raised.

- Michelle Barron organised a charity football match in memory of her Dad, 'Square' who sadly passed away last year. He had received treatment at the Freeman and Michelle wanted to give something back and raised a magnificent £2,170 to benefit our NECTAR fund.

Above: The 'All Stars' team that fundraised in memory of Michelle's Dad, 'Square'

Partnership Funding

Partnership funding and working is incredibly important to the Charity and a huge range of partnership supporters worked with the Charity in 2021/22.

A very special mention must be made of the Newcastle Building Society who passed a multi-million-pound landmark in its support for the Sir Bobby Robson Foundation within the

Charity, after renewing its funding of a specialist nursing post at the Freeman Hospital. By renewing support for the post for a third consecutive year, the Society's cumulative contribution to the Charity has now passed a landmark £3million.

Above: Oncology Research Nurse, Lesley Hill, and Andrew Haigh, Chief Executive at Newcastle Building Society

- The team at EC Business Solutions in Hebburn raised an amazing £7,439 for our Great North Children's Hospital Foundation. They were inspired by their colleague Hannah and her son, Jordan-Lee, who is being cared for at the hospital after being diagnosed with acute lymphoblastic leukaemia. The team held several fundraising events including an auction, bake sale, chilli-eating contest, and sponsored body waxing.

- Players from Newcastle United continued to generously support us and donated £7,326 to our Great North Children's Hospital Foundation, to provide materials to support children with sensory processing issues.

- Despite facing significant professional challenges, HMS Northumberland continue to support our fund, the Sir Bobby Robson Foundation as their official charity. The Ship's Company has now raised £1,700 through various challenges on board and movie nights.

As the largest NHS charity in the region, the Charity successfully led a funding bid to the NHS Charities Together Community Partnerships grant programme on behalf of the North East and North Cumbria (NENC) Integrated Care System (ICS).

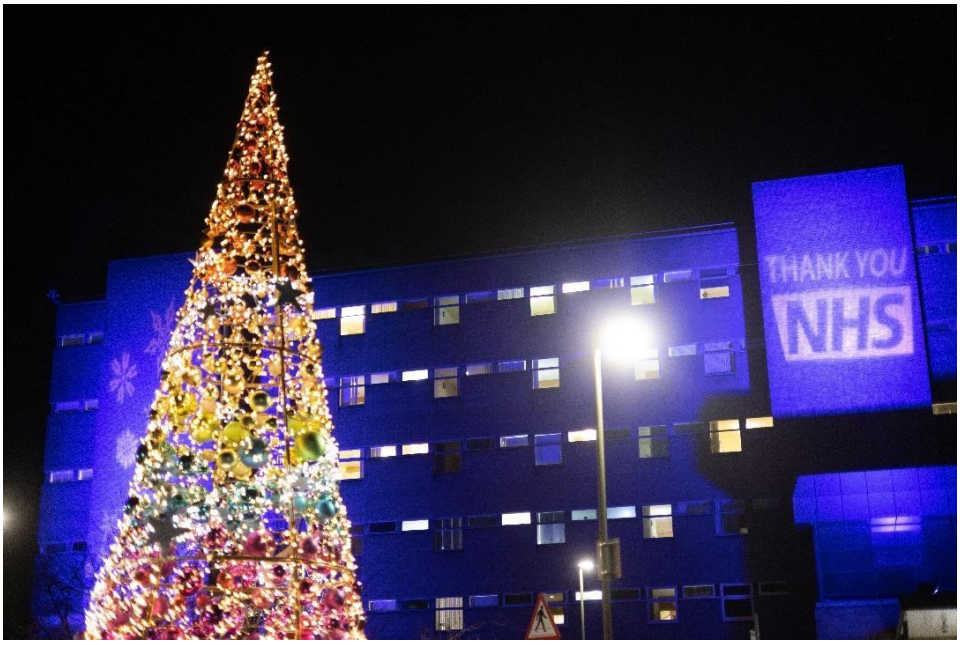
A total of £1,567,845 was secured for eight two-year community partnership projects that are being delivered by a range of partners from within the NHS and from the charity sector.

The Charity is leading the delivery of the grant programme, working in partnership with County Durham Community Foundation and Cumbria Community Foundation to do so. The projects that received funding are helping to tackle health inequalities, improve people's mental health and wellbeing, and offer specialist support to people disproportionally affected by the direct and indirect impacts of COVID-19, across the North East and North Cumbria.

For the second year in a row, the Charity received great support over the festive period from partners who helped to fund a series of projections, illuminations and joyful decorations that brought some much-needed light and cheer into the lives of staff, patients, and visitors at Newcastle Hospitals. The Charity are especially grateful to Medical Architecture, CAD 21, Geoffrey Robinson Limited, Robertson CE Limited, and Tolent Construction Ltd who all contributed to our wonderful outdoor illuminations.

In addition to this, 22 local companies participated in a festive fundraising appeal designed to bring some additional seasonal cheer to hospital staff and patients, raising a total of £14,750 to provide decorations on the wards and around the hospitals and to fund seasonal gifts and activities for the patients staying in the hospital over the festive period.

The festive lights were officially switched on at carol services organised at the RVI and Freeman Hospitals with young patients from the Great North Children's Hospital and ex-Newcastle United player Shola Ameobi carrying out the official switch on.



Above: The charity-supported Illuminations at the Freeman Hospital

Legacies

Gifts made through legacies and wills enable the Charity to make a significant difference to patients, staff, and the wider community. In 2021/22, income in the form of legacies was once again significant, with gifts totalling £1,821,208 supporting a wide range of areas across the Hospitals.

Most notably:

- Ms Rosemary Drewery Picker left £100,000 to Newcastle Hospital Charity's area of most urgent need
- Mr Keith Edward Hall left £409,817 in support of the work of the Sir Bobby Robson Institute
- Ms Betty Cooper left £147,250 in support of cardiac research
- Mrs Pauline Allcock left £100,000 in support of the Freeman Hospital's area of most urgent need

Above: Generous legacies help to support a range of projects across Newcastle Hospitals, such as clinical trials at the Sir Bobby Robson Cancer Trials Research Centre where staff like Sam Steel are hard at work

Structure and Governance

Good governance is fundamental to Newcastle Hospitals Charity's continued success and enables the charity to manage risks appropriately and deliver charitable activities in compliance with all relevant legislation.

Legal Structure

Newcastle Hospitals Charity is a registered charity with the Charity Commission for England and Wales. The Charity was registered in 1996 (no 1057213).

Charitable Objects

The Charity was formed by a Declaration of Trust on 16th July 1996 as The Freeman Group of Hospitals NHS Charity which was amended by a Supplemental Deed dated 17th March 1999 to the Newcastle upon Tyne Hospitals NHS Charity, Registration Number 1057213.

A Supplemental Deed dated 1st February 2016, which applies to the Charity today, refined the Charity's objects. The Charity is constituted with a sole Corporate Trustee, which is the Newcastle upon Tyne Hospitals NHS Foundation Trust.

With effect from 1st April 2016, the Corporate Trustee was appointed as Trustee of charitable funds formerly held on behalf of the NHS Trust by Newcastle Healthcare Charity (Reg. 502473) under a Scheme formally approved by the Charity Commission for England & Wales on 21st March 2016. The funds were subsequently merged under the umbrella of the Trust's appointed charitable body, Newcastle upon Tyne Hospitals NHS Charity (Reg. 1057213) and have subsequently formed part of the Charity's financial accounts from 2016/17 onwards.

The objects of Newcastle Hospitals Charity are restricted specifically to:

- Any charitable purpose or purposes relating to the National Health Service or to general or specific purposes of the Newcastle upon Tyne Hospitals NHS Foundation Trust.

Corporate Trustee

The Newcastle upon Tyne Hospitals NHS Foundation Trust Board of Directors are the sole Corporate Trustee of Newcastle Hospitals Charity. The Board of Directors comprises of 16 voting members and 5 non-voting members.

The Charity's funds are managed by the Board of Directors of The Newcastle upon Tyne Hospitals NHS Foundation Trust through a committee of the Trust Board, the Charity Committee.

All staff associated with the Charity are employees of the Trust and the policies and procedures set by the Trust are applied to the management of the Charity.

Statement of Trustee's Responsibilities

The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations. Company law requires the Trustees to prepare financial statements for each financial year.

Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice). Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company.

In preparing this Annual Report and Accounts, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgments and estimates that are reasonable and prudent;
- State whether FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" has been followed;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Charity Committee

The Charity Committee is a statutory Committee established by the Board of Directors to manage, on behalf of the Board, all charitable funds under the control of the Trust, considering the requirements of the Department of Health and Social Care and the Charity Commission for England and Wales.

The Committee's membership comprises:

- Three Non-Executive Directors of the Trust Board (appointed to the Trust Board by the Trust Council of Governors) one of who is appointed as Chair by the Trust Board;
- The Assistant Chief Executive;
- The Medical Director; and
- The Finance Director.

All members of the Committee receive training and development support before joining the committee and on a continuing basis, to ensure their effectiveness as members, supported by the process of annual appraisal, as agreed by the Board of Directors.

The Charity Committee has an annually reviewed Terms of Reference and meet a minimum of four times per year. Agendas are set for each meeting to enable the Trust Board in its capacity as Corporate Trustee of the charity to be assured that robust processes are in place to enable statutory duties to be discharged, to enable the Trust's strategic objectives to be met and to address and mitigate risk.

The quorum necessary for the transaction of business will be three members, including at least one Executive and one Non-Executive Director.

Newcastle Hospitals Charity Team

A dedicated team within the Trust provides administrative, financial and fundraising support for the Charity. The Charity does not directly employ staff, the Charity team contacts are with the Newcastle upon Tyne Hospitals NHS Foundation Trust and the Charity is recharged for costs incurred in relation to both staffing and non-pay related expenditure incurred directly in relation to Charity activities.

Charity Funds

Following a re-classification of funds agreed by the Charity Commission (January 2018) the Charity now comprises of over three hundred individual unrestricted funds which have been designated for hospital/ward/specialty areas in accordance with donor preference.

Code of Fundraising Practice

Newcastle Hospitals Charity fully adhere to the code of fundraising practice, which sets the standards that apply to fundraising carried out by all charitable institutions and third party fundraisers in the UK.

The generosity of our supporters enables us to enhance and improve the experience of our patients and their families, as well as our amazing staff, across all of our hospital sites.

It's our ambition to make the biggest difference, so we promise to make sure we look after our supporters in the best way possible.

We are honest and open

- We value your generosity and will let you know where your donations will make the biggest difference
- We will be clear about what we are fundraising for
- We will be clear about how much of your donation goes straight to frontline services and how much is spent on the administration of the charity
- We will respect your privacy and will never sell your details to a third party
- Privacy Policy

We are committed to high standards

- We will do all we can to ensure that fundraisers and volunteers abide by the Fundraising Regulator's Fundraising Promise
- We will comply with the law, the Charity Commission and the Fundraising Regulator, including guidance around data protection and health and safety
- Your opinions matter to us, and if you are unhappy with anything we have done please contact us via the methods below to make a complaint

We are respectful

- We promise to communicate in a way that suits you, and will be respectful if you wish to change this decision
- We will treat every donation respectfully, and if you do not wish to continue your relationship with us, we will respect your decision
- We are a member of the Fundraising Regulator and are proud to have committed to their Fundraising Promise, delivering the highest standards possible across the charity. We promise that our fundraising is always legal, open, honest and respectful

Donor Care

We will always aim to:

- respond to all enquiries within two working days
- thank each donation within one working week of receipt
- ensure all supporters' details are recorded accurately and efficiently on the database
- make sure we record supporters' contact preferences

Policy

Newcastle Hospitals Charity policies and associated procedures are designed to provide guidance that ensures consistent, ethical and professional standards are maintained in relation to charitable donations and fundraising, and that we are compliant with charity law and the regulations and standards set out by the Charity Commission, the Fundraising Regulator and the Healthcare Financial Management Association.

The Corporate Trustee considers the Charity has the necessary practices currently in place to assess Governance, Operational, Financial, External and Compliance risks. This is described in the Risk Management and Internal Control section of this report. In addition, a Risk Register is monitored and maintained which identifies risk areas, the potential impact of these risks and the steps taken to mitigate the risks to the Charity.

All working practices and procedures conform to the Charity Commission's guidelines and are subject to scrutiny by Internal and External Audit.

The Charity follows Newcastle upon Tyne Hospitals NHS Foundation Trust's stance and efforts to prevent modern slavery and human trafficking in its supply chain.

The Trust has reviewed and met its requirements in line with Section 54 of the Modern Slavery Act 2015.

Privacy Statement

Newcastle Hospitals Charity are committed to protecting and respecting personal information and always ensure transparency about how data will be used. Newcastle Hospitals Charity is fully compliant with the European General Data Protection Regulation and the UK Data Protection Act 2018.

Newcastle Hospitals Charity has a Privacy Statement, which sets out how we collect and use personal information and why it is important in enabling us to fulfil our charitable objectives. Newcastle Hospitals Charity Privacy Statement is available to read in full on the charity website.

Risk Management and Internal Control

Principal Risks

The table below details the top three risks identified in 2020-21 and continue to be risks to the achievement of strategic objectives pertinent to 2021-22.

The Newcastle Hospitals Charity has adopted The Newcastle upon Tyne NHS Foundation Trust (the Trust) Risk Management Policy and Procedures.

The Risk Management Policy sets out the structures and processes for the identification, evaluation, and control of risk, as well as the system of internal control.

The key elements of the Risk Management Policy are:

- a clear framework for the accountability and delegated responsibility for the management of risk;
- an integrated document that sets out the overall purpose and processes, as well as an associated annual plan;
- a clearly defined Committee structure that supports robust and timely decision making around key charity risks;

- robust systems for the identification, analysis, prioritisation and actions in relation to risks affecting all areas of activity;
- risk management processes that are integrated and embedded into the day-to-day activities of the Charity;
- a tailored training programme to address key risk areas; and
- Comprehensive communication processes for risk management policies and procedures, and the dissemination of learning from lessons learned.

A Charity risk register has been maintained throughout 2021/2022, which records when a risk has been identified, its' owners, likelihood of occurrence, potential impact, and mitigating action.

The Charity continues to review risks on a quarterly basis. A risk report is presented to the Charity Committee on a quarterly basis to provide assurance that charity risks continue to be managed effectively. The Charity Committee is chaired by a Non-Executive Director and has Trust Board of Directors membership.

Principal Risks

The table below details the top three risks identified in 2021-22, these risks continue to be risks to the achievement of strategic objectives pertinent to 2022-23.

Principal Risks	Key Controls
There is a risk that the current surfeit within the Charity Accounts could hinder the ability to seek funding from external sources	• Charity Strategy. • Strategic priorities. • Priority actions. • Enhanced focus on grant making. • Proactive approach to use of funds to support and help our hospital to go further. • Defined reserves. • Process undertaken and a recommendation will be made to Trust Board.
If the pandemic continues there could be challenges in fundraising following the change in the Charity Model from reactive to proactive which could then impact on future income	• Active monitoring and management of charity accounts. • Actively seek Covid-19 safe alternative fundraising activities and campaigns. • Actively seek and strengthen corporate partnerships. • Actively fundraising from Trusts and Foundations.

	• Alternate forms of fundraising taken place i.e. virtual events. • The fundraising team are actively developing and strengthening a programme of corporate partnerships. • The Launch of Pennies from Heaven (staff giving campaign) commenced in February and has been successful to date. • Actively attending engagement events. • Hosting a weekly 'Meet the Charity Team' to promote events and campaigns.
Key Governance principles are not robust enough and may not satisfy the requirement of regulatory good governance	• Independent review of Charity Governance. • Review of current governance model. • Charity Governance working group; • Recruitment of key personnel to fulfil charity responsibilities. • Development of Charity Policies/procedures. • Development and implementation of the Charity Strategy. • Further recruitment of the Charity Team both completed and ongoing. • Governance work undertaken with fund advisory sub-committees and revisions to their terms of reference. • Charity Committee.
If we are unable to achieve Aim Five of the Charity Strategy 'Efficient and effective charity governance and operations' there is significant risk that we will be unable to scale up our fundraising and our grant making and therefore we will not achieve the Charity Strategy in its entirety.	• Legal advice obtained re Governance. • Process Mapping session undertaken to demonstrate the current process and highlight the changes needed. • Charity Governance Working Group. • Monitoring and setting KPI Meetings.

	• Annual competition of Charity Commission Connected Charities Guide. • Options Appraisal re Charity Financial Management in progress. • Risk added to the Board Assurance Framework.

The Newcastle Hospitals Charity has adopted a risk appetite statement which shows the amount of risk the Charity are willing to accept in seeking to achieve its Strategic Objectives. The Charity risk appetite will be reviewed on an annual basis to ensure it consistently reflects the Charity's current risk position. The Newcastle Hospitals risk appetite statement is shown below.

Key Risk Category	Risk Appetite Level	Risk Tolerance Score	Risk Appetite Statement
Fundraising	Moderate	12-16	We have MODERATE appetite for risk taking in relation to Charity Fundraising. We will take measured and considered risk to optimise fundraising success to allow us to fund initiatives that tackle health inequalities and key health issues for the region and beyond as well as improve patient experience and staff wellbeing, enhancing care for patients, and the wider community. We will not take any fundraising risk that may affect the reputation of the Charity or result in a negative return.
Compliance/ Regulatory	Very Low	6-10	We have a VERY LOW risk appetite for risks in relation to regulatory compliance. We will not take any risk which will impact on our ability to meet the fundraising regulators code of conduct.
Finance/VfM	HIGH	12-16	We have a HIGH appetite to apply up to 75% of our reserve in the pursuit of achieving our mission to be an enabler to improving the health and wellbeing of the patients, people and wider communities of Newcastle Hospitals, providing support for compassionate and innovative healthcare; education, research; locally and nationally. “Helping our hospitals go further” The Charity Commission states that reserves should not fall below 12 months’ worth of operating and grant making costs. For the Newcastle Hospitals Charity this equates to approximately £6m for the year 2021/2022.

A Look Forward to the Future

Newcastle Hospitals Charity is an enabler to improving the health and wellbeing of the patients, people and wider communities of Newcastle Hospitals and aims to provide support for compassionate and innovative healthcare, education and research; locally and nationally.

Newcastle Hospitals Charity have developed a Charity Strategy for 2021-2026 which puts people at the heart of all Charity activities and is united with the ambition of the Trust to make a real difference to the health and care of the people across the Trust and beyond. Our ambition is to strengthen our role as a key partner for the Trust and to increase the impact that we can make on improving the health of our region and beyond.

Working in close partnership with the Trust, the goals of Newcastle Hospitals Charity are to:

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

Strategic Priorities

In meeting this ambitious new strategy, the Charity will focus on delivering the following strategic priorities:

Financial review of 2021/22

This section provides a financial summary of the Newcastle Hospitals Charity for 2021-2022. A full copy of the audited accounts are included in this report.

During 2021-2022 the value of the Newcastle Hospitals Charity decreased from £39.4 million to £36.7 million.

	£'000
Fund Value at 1/4/2021	39,351
Income	5,200
Expenditure	(11,544)
Unrealised Gains on Investments	3,684
Fund Value	**36,691**

Expenditure exceed income during the year, and the value of the fund decreased, but was offset against the value of the investments which increased by £3.7 million during the year. This continues to be an exceptional outcome and although it reflects a reducing gain on last year's £6.6 million the stock exchange and economy continues to struggle with the COVID pandemic, and the war in Ukraine. Movement in the value of investments is of course volatile and may well continue to decrease during these difficult times.

Income and Expenditure

Income from all sources was £5.2 million summarised as follows –

	£'000
Donations	971
Legacies	1,821
Grants received	1,015
Income from fundraising events	246
Sale of goods (Charlie Bear)	90
Dividends and interest	1,057
Total income	**5,200**

Income in 2021-2022 was higher than in 2020/21 (£4.4 million), as there has been an increase in donations, grants received, and the sale of goods in the period, together with a decrease in the income from events. The income in 2021/22 includes income of £1 million from NHS Charities Together.

Legacy income of £1.8m was received (68 bequests) and continues to reflect the esteem and high regard for the levels of care and services provided by the Newcastle Hospitals.

Expenditure was £11.5 million, summarised into broad categories as follows –

	£'000
Activities to generate income	431
Purchase of new equipment	1,001
Patient education and welfare	4,932
Medical Research	350
Staff education and welfare	4,830
Total expenditure	**11,544**

Expenditure in 2021/22 was significantly higher than in 2020/21 (£5.1 million), as there has been an increase in the purchasing of new equipment, and in both patient and staff education and welfare due to a higher value, and volume of grant approvals in this period.

Fund Organisation

The Newcastle Hospitals Charity comprises 371 individual funds, 3 of which are restricted in purpose and 1 of which is designated for general purposes. The remaining 367 unrestricted funds are linked to individual wards or clinical services, research into clinical areas, and specific schemes/projects in accordance with the wishes of donors and charity objectives.

This includes the following 3 Restricted Funds:

- The Sir Bobby Robson Foundation which is held to *'provide assistance to any charitable or public body active in the North East of England which participates in the treatment of/or research into cancer or which provides care in the community for cancer sufferers and/or their dependants/carers'*

- Charlie Bear for Cancer Care which is held for the *'investigation, prevention, treatment, cure and defeat of cancer in all its forms and the advancement of scientific and medical education and research in topics related to cancer, provided that the useful result of such research is published'*

- The Fleming and Watson Children's Fund which is held for the *'care, treatment and relief by way of research or otherwise of sick children attending any of the hospitals or other facilities managed by or otherwise in any way connected with the Newcastle upon Tyne Hospitals NHS Foundation Trust, or any successor to that body'*

Use of the restricted funds by the Charity Committee is based on the recommendations of Committees connected to those funds. Use of the unrestricted funds is based on applications from members of Trust staff. The application process uses 'SmartApprove' which ensures all application requests are assessed. Applicants must be able to demonstrate why it is appropriate to use charity funds in terms of additional benefit or enhancement to the service. This provides an assurance that expenditure from charity is appropriate and can demonstrate benefit to the service. The Committee approves all expenditure over £25,000 with a scheme of delegation to transfer authority to individual Committee Members or other members of staff as appropriate.

The Newcastle Hospitals Charity has a policy of turning-over the balance of any fund in 5 years, staff are encouraged to use at least 20% of the available funds per annum. The Charity can apply to the Charity Commission to re-organise funds that are no longer relevant or cannot be usefully used.

During 2020/21 the Charity considered 301 applications for funding from staff and external partners. That includes a very wide range of proposals some of which will span several years, and funding has been reserved.

Investment Policy

The Newcastle Hospitals Charity invests any funds not required immediately for expenditure through portfolios managed by two investment Managers CCLA and BNY Mellon Newton Investment Management thus providing a mechanism for comparing performance and reducing the levels of risk. The CCLA element is held in their Ethical Investment Fund whilst Newton's is held in their Growth & Income Fund for Charities.

The Portfolios are chosen by the Investment Managers and comprise of equities, property, and cash. The equities comprise shareholdings in public companies with stock market quotations; however, both portfolios refrain from the direct investment in companies that derive a substantial amount of their profit from investment in tobacco.

CCLA

The investment objective of the Ethical Investment Fund for the fund is to provide an average return over a business cycle of inflation plus 5%, whilst maintaining income in real terms. The Responsible Investment Policy of CCLA has three strands:

- Engagement on issues of corporate social responsibility with a view to optimising long-term economic returns.

- Engagement on corporate governance including proxy voting on issues to protect and enhance shareholder value.

- Setting appropriate constraints on investment and exposure to activities considered unacceptable by an independent Board.

Newton Investment Management Ltd

The objective of the Growth & Income Fund for Charities fund is to generate capital and income growth over a period of 5-7 years by investing at least 70% of the Sub-Fund's assets in a global portfolio of equities (company shares) and fixed income securities.

Newton's established Charities team actively manages the fund. There are no investments in derivatives, no underwriting and distributions are made on a quarterly basis.

The Charity's investment objectives are to take a medium-term view and generate income and growth from low-risk investments. The Investment Managers report to the Charitable Funds Committee Quarterly on performance, provide a market review and projection, and make appropriate investment recommendations.

During 2021/22, the Newcastle Hospitals Charity received £1,057k in dividends and interest from investments. That sum has been calculated and allocated as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet.

Charitable Fund Management Costs

During 2021/22 the Trust employed Eighteen whole time equivalent staff whose sole purpose was to generate and manage the charitable funds. The cost of those staff (and associated office costs) was £673k or 1.83% of the aggregate value of the funds.

The Charitable Fund management cost includes £12k for external audit fees.

The Charitable Fund Management Costs are allocated between funds as follows – a fixed 1% (of income) against the Sir Bobby Robson Fund, then as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet for the other three restricted funds, and the balance against the general purposes fund.

Principal Professional Advisors

Investment Management	CCLA Investment Management Ltd, Senator House, 85 Queen Victoria Street, London, EC4V 4ET
	Newton Investment Management, 160 Queen Victoria Street, London, EC4V 4LA
Bankers	HSBC PLC, 110 Grey Street, Newcastle upon Tyne, NE1 6JG
	Yorkshire Bank, Quayside House, 110, Quayside, Newcastle upon Tyne, NE1 3DX
	Barclays Bank PLC 71 Grey Street, Newcastle upon Tyne NE99 1JA
External Auditors	Mazars LLP, Bank Chambers,26 Mosley Street, Newcastle, NE1 1DF
Internal Audit	AuditOne, Northumbria House, Unit 7/8 Silver Fox Way, Cobalt Business Park, Newcastle upon Tyne, NE27 0QJ

Counter Fraud Services	Corporate Finance, Regent Point, Regent Farm Road, Gosforth, Newcastle upon Tyne NE3 3HD
Solicitors	Withers LLP 16 Old Bailey, London EC4M 7EG

Registered Charity Name and Number

Newcastle upon Tyne Hospitals NHS Charity (1057213)

Registered Address	Charity Office Charitable Funds Office Peacock Hall Royal Victoria Infirmary Newcastle upon Tyne NE1 4LP
Telephone:	0191 2231434
Website:	https://charity.newcastle-hospitals.nhs.uk/

Jill Baker (Non-Executive Director)
Date: 4 November 2022

NEWCASTLE UPON TYNE HOSPITALS NHS CHARITY (Reg. 1057213)

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2022

	NOTE	2022 Unrestricted £000	2022 Restricted £000	2022 **Total £000**	2021 Total £000
INCOME from:					
Donations & Legacies	**4-5**	1,764	1,274	**3,038**	2,173
Other Trading Activities		43	47	**90**	470
Investments	**14 (d)**	708	349	**1,057**	961
Grants Received	**6**	0	1,015	**1,015**	776
Total Income		**2,515**	**2,685**	**5,200**	**4,380**
EXPENDITURE on:					
Generating Income	9	322	109	**431**	370
Charitable Activities:	**10**				
Purchase of new Equipment		998	3	**1,001**	404
Patient Education and Welfare		4,587	345	**4,932**	3,376
Medical Research		339	11	**350**	323
Staff Education and Welfare		3,788	1,042	**4,830**	669
Total Expenditure		**10,034**	**1,510**	**11,544**	**5,142**
Net Income/(Expenditure)		**(7,519)**	**1,175**	**(6,344)**	**(762)**
Net Gain on Revaluation of Property	**13**	0	0	**0**	0
Net Gains/(Losses) on Investments	**14 (a)**	2,468	1,216	**3,684**	6,556
Net Movement in Funds		**(5,051)**	**2,391**	**(2,660)**	**5,794**
Reconciliation of Funds					
Total Funds brought forward	**3(a)&3(c)**	28,991	10,360	**39,351**	33,557
Total Funds carried forward	**3(a)&3(c)**	**23,940**	**12,751**	**36,691**	**39,351**

All of the amounts relate to continuing activities.

The charity has no recognised gains and losses other than those included in the results above, and therefore no separate statement of recognised gains and losses has been presented.

NEWCASTLE UPON TYNE HOSPITALS NHS CHARITY (Reg. 1057213)

BALANCE SHEET AS AT 31 MARCH 2022

	NOTE	2022 Unrestricted £000	2022 Restricted £000	**2022 Total £000**	2021 Total £000
Fixed Assets					
Property	**13**	0	0	**0**	0
Investments	**14**	29,943	12,124	**42,067**	38,383
Total Fixed Assets		**29,943**	**12,124**	**42,067**	**38,383**
Current Assets					
Stocks and work in progress		38	5	**43**	36
Debtors	**15**	213	87	**300**	299
Cash and Cash Equivalents	**16**	5,695	4,375	**10,070**	9,598
Total Current Assets		**5,946**	**4,467**	**10,413**	**9,933**
Creditors: Amounts falling due within one year	**17**	(7,345)	(2,927)	**(10,272)**	(6,404)
Net Current Assets/(Liabilities)		**(1,399)**	**1,540**	**141**	**3,529**
Total assets less current liabilities		**28,544**	**13,664**	**42,208**	**41,912**
Creditors: Amounts falling due after more than one year	**17**	(4,604)	(913)	**(5,517)**	(2,561)
Net Assets		**23,940**	**12,751**	**36,691**	**39,351**
Total Charity Funds	**3(b) & 3(d)**	**23,940**	**12,751**	**36,691**	**39,351**

The notes on Pages 40 to 50 are an integral part of these financial statements

The financial statements on pages 37 to 50 were approved by the Trustees on 4 November 2022 and signed on its behalf by

… Jill Baker

Jill Baker (Non-Executive Director)

NEWCASTLE UPON TYNE HOSPITALS NHS CHARITY (Reg. 1057213)

STATEMENT OF CASH FLOW FOR YEAR ENDED 31 MARCH 2022

	2022 Unrestricted £000	2022 Restricted £000	**2022 Total £000**	2021 Total £000
Net operating income / (expenditure)	(5,051)	2,390	**(2,661)**	5,794
Adjustment for non-cash transactions - depreciation, amortisation and net impairments	0	0	**0**	0
(Increase)/decrease in debtors	26	(27)	**(1)**	121
Increase/(decrease) in creditors	6,742	83	**6,825**	2,051
Dividends, interest and rents from investments	(708)	(349)	**(1,057)**	(961)
(Gains)/losses on investments	(2,468)	(1,216)	**(3,684)**	(6,556)
Other operating cash flows	(14)	7	**(7)**	(11)
Net cash generating from / (used in) operations	**(1,473)**	**888**	**(585)**	**438**
Cash flows from investing activities:				
Dividends, interest and rents from investments	708	349	**1,057**	961
Net cash generating from / (used in) investing activities	**708**	**349**	**1,057**	**961**
Net cash generating from / (used in) financing activities	**0**	**0**	**0**	**0**
Change in cash and cash equivalents in the reporting period	**(765)**	**1,237**	**472**	**1,399**
Cash and cash equivalents at the beginning of the reporting period	6,460	3,138	9,598	8,200
Cash and cash equivalents at the end of the reporting period	**5,695**	**4,375**	**10,070**	**9,598**

The Trustee (Newcastle upon Tyne Hospitals NHS Foundation Trust) is the ultimate parent and controlling party

GENERAL INFORMATION

The Newcastle upon Tyne Hospitals NHS Charity is registered as a Charity under the Charities Act 2011. The address of its registered office is: Charitable Funds Office, Peacock Hall, Royal Victoria Infirmary, Newcastle upon Tyne, NE3 4LP.

1

(a) Basis of preparation

These financial statements have been prepared under the historical cost convention as modified by the inclusion of investments at market value, in accordance with the 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)' effective from 1st January 2015.

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

FRS 102 allows a qualifying entity certain disclosure exemptions, subject to certain conditions, which have been complied with, including notification of, and no objection from, the Charity Trustee.

The charity constitutes a public benefit entity as defined by FRS 102.

The Trustee considers that there are no material uncertainties about the Charity's ability to continue as a going concern.

The uncertain economic outlook and the variability in income from donations and legacies year-to-year, represents a significant area of financial uncertainty for the Charity. These represented 58% of income in 2021/22 (50% in 2020/21). The Charity mitigates this risk through maintaining diversity in its income streams and upholding expenditure authorisation controls to prevent over-commitment of Funds, therefore this is not anticipated to represent a risk to going concern.

The Charity's functional and presentation currency is the pound sterling.

A significant area of uncertainty that affects the carrying value of assets held by the Charity is the performance of investment markets. The Charity holds fixed asset investments which were valued at £42,067k at 31 March 2022, which represented an increase in value of £3,684k from £38,383k at 31 March 2021. Income from investments in 2021/22 was £1,056k and is an increase of £95k compared to £961k in 2020/21. The Charity utilises Investment advisors and regularly reviews their performance in line with the Charity Investment Policy.

The Accounts include investments valued at market value at 31st March. That valuation was undertaken by the Charity's Investment Advisors.

The Newcastle upon Tyne Hospitals NHS Charity is a registered charity, and as such is entitled to certain tax exemptions on income and profits for investments, and surpluses on trading activities carried out in furtherance of the charity's primary objectives, if these profits and surpluses are applied solely for charitable purposes.

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the financial statements as a restricted fund. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustee has chosen to earmark for set purposes are designated funds. The major funds held within these categories are disclosed in note 18.

(c) Income

All income is included in full in the Statement of Financial Activities as soon as the following three factors can be met:

i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
ii) probable - when it is more likely than not that the income will be received;
iii) measurement - when the monetary value of the income can be measured with sufficient reliability and the costs incurred for the transaction can be measured reliably.

(d) Income-legacies

Legacies are accounted for as income once the receipt of the legacy becomes probable or are within the control of the Charity. This will be once confirmation has been received from the representatives of the estate that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

(e) Expenditure

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the Funds held on Trust's charitable objectives wholly or mainly for the service provided by the Newcastle upon Tyne Hospitals NHS Foundation Trust (patient welfare, staff welfare, equipment and research). They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant.

(f) Allocation of overhead and support costs

Support costs and overhead charges from The Newcastle upon Tyne Hospitals NHS Foundation Trust are allocated as direct costs or apportioned on an appropriate basis. The cost attributable to Charitable Activities are calculated as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet.

(g) Expenditure on Generating Income

These are costs associated with generating income for funds held on Trust and include the Charity's Director, Fundraising Manager and Communication/Development Officer and costs relating specifically to the Charlie Bear & Sir Bobby Robson Foundation. There are no direct investment management costs levied by CCLA Investment Management and Newton's Investment Management for administering the units, as management charges are absorbed by the overall fund, of which the charity holds a share.

(h) Governance costs

Governance costs are those costs incurred in the governance of the charity, including statutory audit. These are now split between expenditure on raising funds and support costs. There is no effect on the total expenditure for 2021/22 or 2020/21. (See Note 9)

(i) Fixed Asset Property

The charity does not own any fixed assets.

(j) Fixed Asset Investment

Investments are a form of basic financial instrument. They are recognised initially at their transaction value and subsequently at their fair value (market value) as at the Balance Sheet date.

(k) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sale proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet. Market value is reflected in the Balance Sheet as quoted by the investment manager.

(l) Pooling Scheme

There is no official pooling scheme operated for investments.

(m) Stocks

Stocks are valued at the lower of cost and net realisable value.

(n) Cash and cash equivalents

Cash and cash equivalents includes cash in hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less and bank overdrafts.

Previously investments held in a 90-day access savings account and money-master held accounts had been shown on the face of the balance sheet. As they are very liquid funds they are classified as cash equivalents and are shown as part of cash & cash equivalents on the balance sheet. There is no impact on the total funds of the charity and an analysis of cash and cash equivalents is provided in Note 16.

(o) Debtors

Debtors are amounts owed to the Charity. They are measured on the basis of their recoverable amount.

(p) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt. Amounts which are owed in more than one year are shown as long-term creditors.

2 Related Party Transactions

The Trust Board of The Newcastle upon Tyne Hospitals NHS Foundation Trust acts as Corporate Trustee for The Newcastle upon Tyne Hospitals Charity. The principal purpose of Newcastle upon Tyne Hospitals NHS Foundation Trust is the provision of NHS healthcare. The charitable trust has made revenue and capital payments to The Newcastle upon Tyne Hospitals NHS Foundation Trust. During the year none of the members of the Corporate Trustee Board, key management staff or parties related to them has undertaken any material transactions with the Newcastle upon Tyne Hospitals Charity.

During the financial year payments of £4,401k (2020/21: £3,101k) were made to the Newcastle upon Tyne Hospitals NHS Foundation Trust in respect of grants and other charges made to the Trust. A further sum of £1100k was due for payment at 31st March 2022 (This was £290k in 2020/21).

These charges made by Newcastle upon Tyne Hospitals NHS Foundation Trust (£568k) for administrative support and overheads, include the provision of staff and office accommodation and are included in the figure above, which enables the charity to fulfil its statutory duties and provide support for the day-to-day running of the charity (£283k 2020/21).

The Newcastle upon Tyne Hospitals NHS Foundation Trust is the ultimate parent entity as Corporate Trustee. The Corporate Trustee maintains control of the Charity via a Committee - the Charitable Funds Committee - which comprises executive and non-executive Directors of the Trust.

The consolidated accounts of Newcastle upon Tyne Hospitals NHS Foundation Trust are available from: Charitable Funds (Finance) Office, Regent Point, Regent Farm Road, Newcastle upon Tyne, NE3 3HD.

There were no expenses or remuneration paid to the Trustees during the year (2020-21 Nil).

There were no transactions with Trustees or connected persons for the year to 31st March 2022 (2020-21 Nil).

No indemnity insurance was provided to the Trustees in the year to 31st March 2022 (2020-21 Nil).

There were no loans or guarantees secured against assets of the Charity in the year to 31st March 2022 (2020-21 Nil).

NEWCASTLE UPON TYNE HOSPITALS NHS CHARITY (reg. 1057213)
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31st MARCH 2022

3(a) **UNRESTRICTED FUNDS-Statement of Financial Activity for the Year ended 31st March 2022**

	2022 £000	2021 £000
INCOME		
Donations & Legacies	1,764	1,712
Other Trading Activities	43	218
Investments	708	725
Grants Received	0	191
Total Income	**2,515**	2,846
EXPENDITURE		
Generating Income	322	257
Charitable Activities:		
Purchase of new Equipment	998	404
Patient Education and Welfare	4,587	2,739
Medical Research	339	914
Staff Education and Welfare	3,788	119
Total Expenditure	**10,034**	4,433
Net (Expenditure)/Income	**(7,519)**	(1,587)
Net Gain on Revaluation of Property	0	0
Net Gains (Losses) on Investments	2,468	4,950
Net Movement in Funds	**(5,051)**	3,363
Fund Balances Brought Forward	**28,991**	25,627
Total Funds Carried Forward	**23,940**	28,990

3(b) **UNRESTRICTED FUNDS-Balance Sheet as at 31st March 2022**

	2022 £000	2021 £000
Fixed Assets		
Tangible Assets	0	0
Investments	29,943	27,474
Total Fixed Assets	**29,943**	27,474
Current Assets		
Stocks and work in progress	38	25
Debtors	213	239
Cash and Cash Equivalents	5,695	6,460
Total Current Assets	**5,946**	6,724
Creditors: Amounts falling due within one year	(7,345)	(4,048)
Net Current Assets/(Liabilities)	**(1,399)**	2,676
Total assets less current liabilities	**28,544**	30,150
Creditors: Amounts falling due after more than one year	(4,604)	(1,160)
Net Assets	**23,940**	28,990
Total Charity Funds	**23,940**	28,990

3(c) **RESTRICTED FUNDS-Statement of Financial Activity for the Year ended 31st March 2022**

	2022 £000	2021 £000
INCOME		
Donations & Legacies	1,274	461
Other Trading Activities	47	252
Investments	349	236
Grants Received	1,015	585
Total Income	**2,685**	1,534
EXPENDITURE		
Generating Income	109	113
Charitable Activities:		
Purchase of new Equipment	3	0
Patient Education and Welfare	345	637
Medical Research	11	(591)
Staff Education and Welfare	1,042	550
Total Expenditure	**1,510**	709
Net Income (Expenditure)	**1,175**	825
Net Gains (Losses) on Investments	1,216	1,606
Net Movement in Funds	**2,391**	2,431
Fund Balances Brought Forward	10,360	7,930
Total Funds Carried Forward	**12,751**	10,361

3(d) **RESTRICTED FUNDS-Balance Sheet as at 31st March 2022**

	2022 £000	2021 £000
Fixed Assets		
Investments	12,124	10,909
Total Fixed Assets	**12,124**	10,909
Current Assets		
Stocks and work in progress	5	11
Debtors	87	60
Cash and Cash Equivalents	4,375	3,138
Short term Investments and Deposits		
Total Current Assets	**4,467**	3,209
Creditors: Amounts falling due within one year	(2,927)	(2,356)
Net Current (Liabilities)/Assets	**1,540**	853
Total assets less current liabilities	**13,664**	11,762
Creditors: Amounts falling due after more than one year	(913)	(1,401)
Net Assets	**12,751**	10,361
Total Charity Funds	**12,751**	10,361

4 Donations

	2022 £000	2021 £000
General Purposes	810	310
Charlie Bear	33	20
Sir Bobby Robson Foundation	375	16
Total	**1,218**	346

Donations from individuals are gifts from members of the public, relatives of patients and staff.

5 Legacies

	2022 £000	2021 £000
General Purposes	954	1,402
Charlie Bear	14	23
Sir Bobby Robson Foundation	853	402
Total	**1,821**	1,827

Legacies are gifts included in Wills, which are for the benefit of services within our local hospitals.

6 Grants received

In this Financial year a grant totalling £1,015k was received. The Charity received £1,015k from NHS Charities Together to help with COVID recovery and wellbeing of the staff at the Trust.

7 Donated Facilities and Services, including Volunteers

The Charity recognises the contribution of volunteers who supplement the Retail Manager in the Freeman NHC Shop, the Charlie Bear Shop, and the GNCH Pop up stand. It also notes the contribution at charitable events, such as Great North Run, NHS Big Tea Party, and the Christmas Lights switch on. However the lack of a reliable method of measuring, and the volume of volunteers used, has meant that this contribution is not financially recognised in the accounts.

8 Movements in funding commitments

	2022 Current Liabilities £000	2022 Non-Current Liabilities £000	**2022 Total £000**	2021 Total £000
Opening balance at 1st April	6,404	2,561	**8,965**	6,626
Additional commitments made during the year	5,539	4,146	**9,685**	5,348
Amounts paid during the year	(1,671)	(1,190)	**(2,861)**	(3,009)
Closing balance at 31st March	**10,272**	**5,517**	**15,789**	8,965

9 Allocation of Overhead and Support Costs

Support and overhead costs have been analysed to identify :

Costs of Generating Income:	Apportioned across all funds as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet throughout 2020-21 activities
Costs in Support of Charitable Activities:	Apportioned across all funds as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet in support of charitable activities

Bought-in services from NHS includes Internal Audit and a recharge from The Newcastle upon Tyne Hospitals NHS Foundation Trust for finance support and overheads.

The Auditor's remuneration of £12k (2021:£12k) related solely to the year-end audit with no additional work being undertaken. There were other governance costs of £690 (2021:£4k) relating to Governance Support workshops.

There are no staff employed directly by the charity, the Charity purchases services from Newcastle-upon-Tyne NHS Foundation Trust. In the following table the bought-in NHS salaries includes employer's national insurance and pension contributions.

	2022	2022	**2022**	2021
	Costs of Generating Income £000	Costs in Support of Charitable Activities £000	**Total £000**	Total £000
Auditors' Remuneration - Audit Fees	0	12	**12**	12
Other Fees & Services	66	36	**102**	46
Bought-in services from NHS-Salaries	272	347	**619**	433
Bought-in services from NHS-Accommodation/Office/IT	0	54	**54**	55
Goods for Resale	32	0	**32**	15
Promotion/Publicity/Events	56	0	**56**	82
Bank Charges	0	4	**4**	1
Miscellaneous	5	0	**5**	10
Total	**431**	**453**	**884**	654

10 Charitable Activities

	2022	2022	**2022**	2021
	Grant Funded Activities £000	Support Costs £000	**Total £000**	Total £000
Purchase of new Equipment	961	41	**1,002**	404
Patient Education and Welfare	4,732	201	**4,932**	3,376
Medical Research	335	15	**350**	323
Staff Education and Welfare	4,633	197	**4,830**	669
Total Grants Payable	**10,660**	**453**	**11,113**	4,772

Grants are made in support of services provided by the Newcastle upon Tyne Hospital NHS Foundation Trust, with the exception of twelve awards to:
(i) 375k - Newcastle City Council, for Child Bereavement Support Workers
(ii) 205k - Children's Cancer North, for Childhood Cancer Research
(iii) 205k - Daft as a Brush, for Cancer patient transport 2021/22
(iv) 129k - MediCinema, for RVI MediCinema social Cinema Screenings
(v) 80k - Newcastle City Council, for Child Bereavement Officer
(vi) 75k - Newcastle United Foundation, for Great North Children’s Hospital Project Co-ordinator
(vii) 71k - Healthworks, for Long Covid service
(viii) 45k - Newcastle Carers, for Carers and Young Carers
(ix) 30k - North East Wellbeing, for Zone West Impact Management
(x) 29k - Centre for Sustainable Healthcare, for Green Gym Coordinator
(xi) 14k - Teapot Trust, for Art Therapy
(xii) 10k - Newcastle City Council, for Child Bereavement Support Worker

11 Analysis of Grants

All grants are made directly to The Newcastle upon Tyne Hospitals NHS Foundation Trust via a scheme of delegation operated by the Corporate Trustee.
All grant funded activity by fund advisors in accordance with standing orders and financial instructions.

12 Analysis of Staff Costs/Pension Contributions

There are no staff employed directly by the charity, the Charity purchases services from Newcastle-upon-Tyne NHS

Foundation Trust. Within the staff employed to provide a service to the Charity, the Trust employs one member of staff with a salary over £60k (cost in 2021/22 was in the band £110K to £120k including on costs).

13 Fixed Asset Property

The Charity does not hold any Freehold Land & Buildings.

14 Fixed Asset Investments

a) Movement in Fixed Asset Investments

	2022	2021
	Total	Total
	£000	£000
Market Value at 1 April 2021	38,383	31,827
Add Acquisitions at Cost	0	0
Net gain/(loss) on Revaluation	3,684	6,556
Market Value at 31 March 2022	**42,067**	38,383
Historic Cost at 31 March 2022	**20,807**	20,807

b) Fixed Asset Investments

2022	2022	2022	**2022**	2021
Units/Shares Held	Held in UK	Held Outside UK	**Total**	Total
	£000	£000	**£000**	£000
Investments in a Common Investment Fund	6,922,990	20,550	0	**20,550**	18,886
Investments Listed on Stock Exchange	12,580,258	21,517	0	**21,517**	19,497
Total	**19,503,247**	**42,067**	**0**	**42,067**	**38,383**

c) Cash and Cash equivalents

A sum of £10,070k (2020/21: £9,568k) is held between a HSBC Moneymaster Deposit Account, Yorkshire Bank Deposit Account, Barclays Current Account and a Barclays Business Savings Account.

d) Analysis of Gross Income from Investments

2022	2022	**2022**	2021
Held in UK	Held Outside UK	**Total**	Total
£000	£000	**£000**	£000
Investments in a Common Investment Fund	586	0	**586**	576
Other Investments (HSBC & Yorkshire Bank Interest)	4	0	**4**	11
Investments Listed on Stock Exchange	467	0	**467**	368
Interest from Treasury Deposit /Business Premium Account	0	0	**0**	6
Total Income from Investments	**1,057**	**0**	**1,057**	961

Dividend income totalled £1,053k in 2021/22 (£944k in 2020/21)

15 Debtors

	2022 £000	2021 £000
Amounts falling due within one year :		
Prepayments and Accrued Income	300	299
Total	**300**	299

16 Analysis of cash and cash equivalents

	2022 £000	2021 £000
Cash at Bank and in Hand	1,012	804
Notice Deposits (less than 3 months)	9,058	8,794
	10,070	9,598

Cash deposits are split between an HSBC Moneymaster, a Yorkshire Bank (95 day Notice Account) and a Barclays Business Savings Account to primarily reflect the Trustees decision to hold liquid funds to meet grant expenditure incurred initially by the Newcastle upon Tyne Hospitals NHS Foundation Trust.

17 Creditors

	2022 £000	2021 £000
Amounts falling due within one year :		
Trade Creditors *	1,100	297
Accruals and deferred income #	9,172	6,107
Total	**10,272**	6,404

	2022 £000	2021 £000
Amounts falling due after more than one year:		
Accruals and deferred income #	5,517	2,561
Total	**5,517**	2,561

* Trade Creditors represents the amount owed to a related party - The Newcastle upon Tyne Hospitals NHS Foundation Trust, for costs incurred on behalf of the charity in the furtherance of the Charity's objects.

Accruals of £15,790k (2020/21 £8,315k) have been included in the above figures which the Trustees considers to be a legal or constructive obligation because of ongoing or future schemes agreed with the Trust (see Annual Report for details).

18 Analysis of Charitable Funds

RESTRICTED FUNDS	Balance 1st April 2021 £000	Income £000	Expenditure £000	Transfers £000	Gains and Losses £000	Balance 31st March 2022 £000
Sir Bobby Robson Foundation	8,679	1,538	(226)	0	1,085	11,076
Charlie Bear	795	123	(236)	0	100	782
Children's Services (Fleming/Watson Fund)	894	9	(22)	0	31	912
NHS Charities Together	(8)	1,015	(1,026)	0	0	(19)
Total	**10,360**	**2,685**	**(1,510)**	**0**	**1,216**	12,751

UNRESTRICTED FUNDS	Balance 1st April 2021 £000	Income £000	Expenditure £000	Transfers £000	Gains and Losses £000	Balance 31st March 2022 £000
General Purposes	28,991	2,515	(10,034)	0	2,468	23,940
Total	**28,991**	**2,515**	**(10,034)**	**0**	**2,468**	23,940

TOTAL FUNDS	Balance 1st April 2021 £000	Income £000	Expenditure £000	Transfers £000	Gains and Losses £000	Balance 31st March 2022 £000
	39,351	**5,200**	**(11,544)**	**0**	**3,684**	36,691

Notes:

A - No endowment funds are held.
B - Funds are shown at Market Value as at 31st March 2022.
C - The purpose of the restricted funds is explained on page 33 of the Annual Report.

19 Events After The Reporting Period

There were no significant events after the reporting period.

Independent auditor's report to the Corporate Trustee of Newcastle upon Tyne Hospitals NHS Charity

Opinion

We have audited the financial statements of Newcastle upon Tyne Hospitals NHS Charity (the 'charity') for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flow and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Charity Annual Report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Charity Annual Report.

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the Charity Annual Report; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the statement of trustee's responsibilities set out on page 23, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the charity and its sector, we considered that non-compliance with the following laws and regulations might have a material effect on the financial statements: employment regulation, health and safety regulation, anti-money laundering regulation, non-compliance with implementation of government support schemes relating to COVID-19.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- Inquiring of management and, where appropriate, those charged with governance, as to whether the charity is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- Inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- Communicating identified laws and regulations to the engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- Considering the risk of acts by the charity which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as tax legislation, pension legislation, the Companies Act 2006, the Charities Act 2011 and the Charities Statement of Recommended Practice.

In addition, we evaluated the trustees' and management's incentives and opportunities for fraudulent manipulation of the financial statements, including the risk of management override of controls, and determined that the principal risks related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, income recognition (which we pinpointed to the cut-off assertion), and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- Making enquiries of the trustees and management on whether they had knowledge of any actual, suspected or alleged fraud;
- Gaining an understanding of the internal controls established to mitigate risks related to fraud;
- Discussing amongst the engagement team the risks of fraud; and
- Addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of the audit report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Signed:

Nicola Wakefield, for and on behalf of Mazars LLP

Chartered Accountants and Statutory Auditor

The Corner
Bank Chambers
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

Date:

Mazars LLP is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	Charitable Funding for Robotic Programme Expansion						
Report of	Teri Bayliss, Charity Director						
Prepared by	Jon Goodwin, Head of Grant Programmes						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☒		☐		☐		
Summary	The Charity Committee has considered a grant of £1,857,526 for the purchase of additional surgical robotics system (a Da Vinci Xi system) to expand the Trust's Robotic Assisted Surgery (RAS) programme. The Charity Committee is supportive of this grant, subject to full Board approval. Board approval for the grant is now sought, with funds to be drawn from existing charitable fund balances (a contribution of circa £1m) and £875,000 from a major new gift to the Charity, specifically for the purpose of purchasing a surgical robot.						
Recommendation	It is recommended that the Board approves the grant.						
Links to Strategic Objectives	We lead the way in delivering world class, cutting-edge diagnostics, treatment and care, research, education, innovation, and management. We maximise the benefits from the use of technology.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☒	☐	☐	☒	☐
Impact detail	Outlined within the report.						
Reports previously considered by	This report has not previously been to the Board; an earlier version was considered by the Charity Committee on 21 October 2022.						

CHARITABLE FUNDING FOR ROBOTIC PROGRAMME EXPANSION

EXECUTIVE SUMMARY

The Surgical Services directorate has applied to Newcastle Hospitals Charity seeking £1,857,526 with which to purchase an additional surgical robotics system (a Da Vinci Xi system for the Freeman Hospital) to expand the Trust's Robotic Assisted Surgery (RAS) programme. A donation of £875,000 has been made to the charity for the specific purpose of purchasing an additional robot.

The application was considered at the Charity Committee meeting on 21 October 2022. The Charity Committee is supportive of the grant, subject to full Board approval, which is now sought.

The Charity Committee noted that a Charity grant would allow the expansion of the robotic programme alongside the Trust's current capital programme limit and that this is an additional – rather than a replacement – system, charitable funding is appropriate.

It is recommended that the grant is approved.

CHARITABLE FUNDING FOR ROBOTIC PROGRAMME EXPANSION

1. INTRODUCTION

The Surgical Services directorate has applied to Newcastle Hospitals Charity seeking £1,857,526 with which to purchase an additional surgical robotics system to expand the Trust's Robotic Assisted Surgery (RAS) programme.

The application was considered at the Charity Committee meeting on 21 October 2022, subject to full Board approval, as is customary for grants worth more than £1,000,000.

2. THE APPLICATION

The full application (submitted by Chris Wright, Surgical Services Directorate Manager) is available in the Board reference pack (alongside a broader business case document).

Key points from the application are as follows:

- The request is for a grant of £1,857,526.00 with which to purchase an additional surgical robotics system (a Da Vinci Xi system) to expand the Trust's Robotic Assisted Surgery (RAS) programme, to ensure we are at the forefront of surgical advancement and offering the most up-to-date state of the art treatment for the patients of the North East.

- A donation of £875,000 has been made to the Charity for the specific purposes of purchasing an additional robot.

- The expansion of the programme is key to the overarching strategy of improving patient outcomes, embedding research, and developing pioneering and ground-breaking medical techniques within Newcastle.

- In addition, having access to state-of-the-art robotic equipment will ensure we attract the brightest talents from across the UK and ensure Newcastle remains the employer of choice for the North East.

- Robotic Surgery was introduced into the Trust in 2012/13 and was initially focussed in Urology at the Freeman Hospital. This expanded into colorectal, hepato-pancreato-biliary, ear, nose, and throat, gynaecology, and thoracic surgery.

- With the acquisition of a Da Vinci Xi system at the RVI in 2019, further rollout of gynaecology and colorectal surgery followed along with upper gastro-intestinal surgery.

- Access to the current robotics programme is now at a critical point and in order to not stifle innovation and ensure we offer the most up-to-date

treatment for our patients we need to expand our current robotics programme.

- New generation robots have significantly more capability that the older version and so if this bid was successful, we would be able to further expand into cutting edge of research and medical advancement in the surgical field.

The new robot would be used in the Freeman theatres environment, used five days per week and supported by the current robotics practitioners.

It is envisaged that patients will benefit from:

- state-of-the-art equipment which delivers a less intrusive surgical procedure.
- less post-operative pain.
- quicker recovery.
- improved health and clinical outcomes.
- lower risk of revisionary surgery.

The trust has an imposed capital departmental expenditure limit by the Integrated Care System. In effect this is a set capital limit that the Trust can spend each year. This means after upgrading of estates programme and replacement of old equipment, expansion of novel technology is challenging. The Trust has looked at multiple revenue options related to expansion, but these have not been successful. A Charity grant would allow the expansion of the robotic programme alongside the Trust's current capital programme limit.

The full quoted cost of the system is £2,229,032 including VAT.

The Charity benefits from VAT exemption on medical / scientific equipment for use in medical research, training, diagnosis, or treatment, when purchased entirely from charitable funds, bringing the revised cost to **£1,857,526**.

3. SUITABILITY FOR CHARITY FUNDING

The Charity's Head of Grant Programmes assessed the application for the Charity Committee as follows:

> *"Newcastle Hospitals has shown leadership in Robotic Assisted Surgery for a number of years and currently has one of the most comprehensive programmes in the UK, being the only hospitals trust to provide robotic surgery in eight specialities.*
>
> *This application, which has high-level buy-in from the Trust, is an opportunity to use charitable funding to further develop cutting-edge robotic surgery to deliver better outcomes for patients and help keep Newcastle at the forefront of health-related innovation.*

Other major trusts have used charitable funding to expand their robotic surgery programmes, and the charitable route is clearly attractive in terms of the significant national limitations on the amount the Trust can spend on capital projects."

The Charity Committee concurred with this assessment, agreed that a grant would align with the Charity's strategic aim to "Fund major developments and health related clinical research and innovation", and was satisfied that the application was for an additional (not replacement) robot to further enhance the service, and therefore suitable for charitable funding.

The application was approved subject to a) full board approval and (b) identification of which charitable funds a grant will come from.

4. SOURCE OF FUNDS

The Charity has received notification of a major £1m donation from a philanthropic couple based in the region.

They were introduced to the Robot Assisted Surgery team in November 2022 and it has been confirmed that they are allocating £875,000 of their donation to the proposed grant.

In terms of the remaining amount (circa c£1m), there is around £700,000 currently available in the Charity's general purposes funds, while the Charity's designated cancer, cardiothoracic and surgery funds have a combined balance of around £4.4m.

The Charity will therefore be able to commit the full grant amount without recourse to additional fundraising; it is anticipated that we will make the grant as soon as the philanthropic donation has been received.

5. RECOMMENDATION

The Board is asked to approve a Newcastle Hospitals Charity grant of £1,857,526.

Report of Teri Bayliss
Charity Director
3 November 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	24 November 2022						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Lauren Thompson, Deputy Trust Secretary / Corporate Governance Manager						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
Summary	The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Trust's Board on 29 September 2022: • People Committee – 18 October 2022; • Charity Committee – 21 October 2022 and 4 November 2022; • Quality Committee – 15 November 2022; • Audit Committee – 25 October 2022; and • Finance Committee – 26 October 2022 (Extraordinary) and 23 November 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 strategic objectives						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☒	☒	☒	☒	☒	☐
Impact detail							
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 September 2022.

UPDATE FROM COMMITTEE CHAIRS

1. PEOPLE COMMITTEE

A meeting of the People Committee took place on 18 October 2022. During the meeting, the main areas of discussion included:

- The GMC Training Survey update was received.
- A verbal update was provided from the Medical Director on Medical and Dental staffing.
- A comprehensive sustainability update was provided.
- The draft Communications Strategy was presented by the Assistant Chief Executive.
- A detailed update was received in relation to the People Risk report.
- The Director of HR provided an update on the People Strategy Workplan and People Dashboard.
- The Guardian of Safe Working report was received.
- The Committee endorsed the Freedom to Speak Up Strategy.

The next formal meeting of the Committee will take place on 20 December 2022.

2. CHARITY COMMITTEE

A meeting of the Charity Committee took place on 21 October 2022. The meeting was convened primarily to discuss a number of grant applications in advance of the next formal meeting in November.

During the meeting, the Committee approved applications which totalled £583,109 as follows:

- Children's services: Clinical Sustainability Fellowships: Paediatrics and Oncology Pilot;
- Women's services: point of care ultrasound in acute obstetrics;
- Women's services: emergency gynaecology ultrasound machine;
- Cancer services NCCC complementary therapies;
- Perioperative and critical care- refurbishment of relative rooms, ward 37, ICCU; and
- Therapy services: longitudinal outcomes and patient experience of rehabilitation following major trauma: A mixed-methods study.

A meeting of the Charity Committee took place on 4 November 2022. During the meeting, the main areas of discussion included:

- An operational update was provided.
- The Arts Manager presented 'Building a sustainable arts programme' to the committee.
- The Charity Director presented the Annual Report and Accounts.
- A summary of grants agreed since the last Committee meeting was provided.

- A number of finance reports were received, including a summary of investment.
- The Committee approved applications which totalled £95,003 and included the following:
    - Cardiothoracic Services: treatment chairs for ward 27;
    - Children's Services: Myro Device for Paediatric Neuro Rehabilitation for ward 1A;
    - Musculoskeletal services: The Rheumatoid Arthritis and Muscle (RAMUS); and Laboratory Study.

The next meeting of the Committee will take place on 16 February 2023.

3. QUALITY COMMITTEE

A meeting of the Quality Committee took place on 15 November 2022. During the meeting, the main areas of discussion included:

- The Deputy Chief Nurse provided an update on Newcastle Improvement.
- A verbal update was received in relation to the patient safety incident response framework.
- The Quality Committee Risk Report was received and discussed.
- The Director of Quality and Effectiveness presented the Quality Account.
- The Integrated Quality and Performance reports were received and discussed.
- A Royal College reviews update was provided.
- The Deputy Chief Nurse provided an update on the following areas:
    - Ockenden report;
    - Safeguarding quarter 2 report;
    - Learning Disability quarter 2 report; and
    - End of life palliative care bi-annual report.
- The Committee considered a number of reports:
    - Clinical Outcomes and Effectiveness Group;
    - Compliance & Assurance Group Annual report;
    - Patient Experience and Engagement Group; and
    - Verbal update on Patient Safety Group Chairs report.
- An update was provided on the leadership walkabouts / spotlight on services.

The next meeting of the Committee will take place on 17 January 2023.

4. AUDIT COMMITTEE

A meeting of the Audit Committee took place on 25 October 2022. During the meeting, the main areas of discussion included:

- Committee Chairs provided updates relating to risk and assurance in relations to their specific areas of focus.
- The Head of Corporate Risk and Assurance presented the Board Assurance Framework and Risk Report.

- The Chief Finance Officer presented the Charity Annual Accounts for 2021/22.
- An update was received from Internal Audit on their progress.
- Counter Fraud provided an update report including the fraud response log.
- Mazars LLP provided an update on the Trust's Charity Annual Accounts and management letter / ISA260 report.
- The Committee received a number of reports including:
    - A review of schedule of approval of single tender action and breaches and waivers exception report;
    - Review of debtors and creditors balances;
    - Review of schedule of losses and compensation;
    - SIRO Report; and
    - HFMA checklist.

The next meeting of the Committee will take place on 24 January 2023.

5. FINANCE COMMITTEE

An extraordinary meeting of the Finance Committee took place on 26 October 2022. During the meeting, the main areas of discussion included:

- The Finance Report for month 6 was received.
- An update on the Cost Improvement Programme (CIP) delivery was provided; and
- A detailed discussion took place in relation to the Capital Programme.

A meeting of the Finance Committee took place on 23 November 2022. During the meeting, the main areas of discussion included:

- The Finance Report for month 7 was received.
- An update on the financial position was provided including the following:
    - Cost Improvement Programme (CIP) Delivery; and
    - Elective Recovery Funding (ERF) and activity update including month 5 activity.
- The Director of Estates provided a capital update including the status of programme and project delivery.
- Tenders and Business Cases were presented for approval.
- The Committee received a number of reports including:
    - Digital Strategy update including Digital Investment Proposal Deliverable; and
    - Community Diagnostic Centre (CDC).

The next meeting of the Committee will take place on 25 January 2023.

6. RECOMMENDATIONS

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

Report of Lauren Thompson
Corporate Governance Manager / Deputy Trust Secretary
14 November 2022

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