

BRP A5(i)a - Consultant Appointments - January 2021.docx

BRP A5(i)b - Honorary Consultant Appointments - January 2021.docx

BRP A5(i)c GMC Survey.docx

BRP A5(iv) HCAI Scorecard App 1.pdf

BRP A6 People Plan.pptx

BRP A6 People Plan Local Delivery Action Plan.xlsx

BRP A10a FT4 Self Certification - January 2021.xlsm

BRP A10a G6 Self Certification - January 2021.xlsm



## TRUST BOARD

Date of meeting	28 January 2021						
Title	Consultant Appointments						
Report of	Andy Welch, Medical Director						
Prepared by	Colin Sakhe, HR Advisor (Medical & Dental)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines recent Consultant Appointments.						
Recommendation	The Board of Directors is asked to review the decisions of the Appointments Committee.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Ensuring the Trust is sufficiently staffed to meet the demands of the organisation.						
Reports previously considered by	Consultant Appointments are submitted for information in the month following the Appointments Panel						

## CONSULTANT APPOINTMENTS

### 1. APPOINTMENTS COMMITTEE – CONSULTANT APPOINTMENTS

- 1.1 An Appointments Committee was held on 2 December 2020 and interviewed 1 candidate for 1 Consultant in Genitourinary & HIV Medicine.

By unanimous resolution the Committee was in favour of appointing Dr Daisy Ogbonmwan.

Dr Ogbonmwan holds MBBS (University of Sheffield) 2008 and MRCP (UK) 2013. Dr Ogbonmwan is currently employed as a Specialty Trainee based at the New Croft Centre.

Dr Ogbonmwan is expected to take up the post of Consultant in Genitourinary & HIV Medicine in May 2021.

- 1.2 An Appointments Committee was held on 13 January 2021 and interviewed 1 candidate for 1 Consultant Physician post.

By unanimous resolution the Committee was in favour of appointing Dr Adelina Mcleod.

Dr Mcleod holds MBBS (University of Newcastle) 2010 and MRCP (UK) 2015. Dr Mcleod is currently employed as a Specialty Trainee by the Northumbria Healthcare NHS Foundation Trust.

Dr Mcleod is expected to take up the post of Physician in July 2021.

### 2. RECOMMENDATION

- 1.1 – 1.2 – For the Board to receive the above report.

**Report of Andy Welch**  
**Medical Director**  
18 January 2021

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# The Newcastle upon Tyne Hospitals

NHS Foundation Trust

## TRUST BOARD

Date of meeting	28 January 2021						
Title	Honorary Consultant Appointments						
Report of	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Prepared by	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines recent requests for Honorary Consultant Contracts.						
Recommendation	The Board of Directors is asked to note the award of/ extension to the Honorary Consultant Contracts.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.  Pioneers – Ensuring that we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Reports previously considered by	Honorary Consultant Appointment requests are submitted as and when requests are received.						

## HONORARY CONSULTANT APPOINTMENTS

### 1. HONORARY CONSULTANT APPOINTMENT REQUESTS

#### 1.1 Dr Jennifer Peal

Dr Peale, MBBS Newcastle 2010, MRCP 2013, PGCert Med Ed 2016, PGDip Med Ed 2017, European Exam in General Cardiology 2018 is currently employed by South Tyneside and Sunderland NHS Foundation Trust as a Consultant Cardiologist.

An Honorary Contract has been requested to allow Dr Peal to attend Freeman Hospital Cardiothoracic Department to continue exposure to and involvement in cardiac device extractions to develop/ maintain competences and skills. This has the full support of Dr Kevin Brennan, Clinical Director, Cardiothoracic Directorate.

There are no financial implications for the Trust.

#### 1.2 Dr Darren Bresnen

Dr Bresnen, MBChB Manchester 1998, RCPCH London 2003 is currently employed by South Tyneside and Sunderland NHS Foundation Trust as a Consultant Paediatrician.

An Honorary Contract has been requested to allow Dr Bresnen to attend and assist in Paediatric Oesophagogastroduodenoscopy (OGD) lists in order to acquire this skill for eventual JAG accreditation.

There are no financial implications for the Trust.

#### 1.3 Dr Stewart Bonnington

Dr Bonnington, MBChB Edinburgh 2006, DTM&H Liverpool 2008, MRCP (UK) 2011, SCE Gastroenterology Specialty Certificate RCP/BSG 2014, CCT 2019, PhD Durham 2019, is currently employed by Northumbria Healthcare NHS Foundation Trust as a Consultant Gastroenterologist.

An Honorary Contract has been requested to maintain endoscopy experience, attending endoscopy lists supervised by Dr Leeds, Dr Nayar and Dr Oppong. Dr Bonnington will also be performing Endoscopic Ultrasound procedures.

There are no financial implications for the Trust.

#### 1.4 Dr David Campbell

Dr Campbell, MBBS London 1991, MRCPCH (UK) 1994, MD London 2001, is currently employed by Sheffield Children's NHS Foundation Trust as a Consultant Paediatric Gastroenterologist.

This application has the full support of Dr Mike McKean, Clinical Director, Children's Services. An Honorary Contract has been requested to allow Dr Campbell to complete Ward Rounds, theatre work, MDT and Clinics and to see patients at various locations in the Great North Children's Hospital including the Bone Marrow Transplant Unit.

Dr McKean has indicated that Dr Campbell will carry out on-call shifts.

### **1.5 Dr John Hancock**

Dr Hancock, MBBS Westminster 1993, MRCP (UK) 1998, BSc Psychology London 1990 is currently employed by North Tees and Hartlepool NHS Foundation Trust as a Consultant Physician and Gastroenterologist.

An Honorary Contract has been requested to allow Dr Hancock to carry out hands on endoscopy training. This application has the full support of Dr Speight, Head of Service on behalf of Dr C Gibbins, Clinical Director, Internal Medicine.

There are no financial implications for the Trust.

### **1.6 Dr Rachel Reaveley**

Dr Reaveley, MBBS Newcastle, MRCP (UK) 2009, Certificate of Clinical Education 2011 is currently employed by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust as a Consultant in Rehabilitation Medicine.

An Honorary Contract has been requested and fully supported by Mr Peter Worlock, Clinical Director, Musculoskeletal Services. This will allow Dr Reaveley to provide support to the MTRU Service and RVI Rehabilitation Medicine.

There are no financial implications for the Trust.

### **1.7 Dr Helen Foster**

Dr Foster, MBBS (Hons) Newcastle 1985, MD Newcastle 1991, Diploma in child Health 1994, FRCPCH 1997, FRCP 1998, Certificate Medical Education Newcastle 2001 is currently employed by Newcastle University as a Professor of Paediatric Rheumatology.

An Honorary Contract is supported by Dr Mike McKean, Clinical Director, Children's Services.

There are no financial implications for the Trust.

### **1.8 Dr Jolene Brown**

Dr Brown, BSc (Hons) Clinical Physiology Sunderland 2007, MBBS 2012, MRCP 2016, SCE in Palliative Medicine 2018 is currently employed by St Oswald's Hospice as a Palliative Medicine Consultant.

An Honorary Contract has been requested to allow Dr Brown to provide care and interventions to patients under the care of NCCC who will attend the Hospice out patients.

There are no financial implications for the Trust.

### **1.9 Dr Mark Kellett**

Dr Kellett, MD 2004, FRCP (Lond),2004, MRCP (UK) Edinburgh 1994, is currently employed by Salford Royal NHS Foundation Trust as a Consultant Neurologist.

An Honorary Contract has been requested to allow Dr Kellett to participate in an ENT Clinic at Freeman Hospital on a quarterly basis and also to assist in clinics with Mr John Crossman, Consultant Neurosurgeon.

There are no financial implications for the Trust.

### **1.10 Dr Alexandra Beckingsale**

Dr Beckingsale, MB ChB Dundee 2003, FICM 2014, FRCA 2009 is currently employed by Northumbria Healthcare NHS Foundation Trust as a Consultant Anaesthetist.

An Honorary Contract has been requested to allow Dr Beckingsale to take part in the Regional Critical Care Transfer Service with NECTAR (Adult and Paediatric). Dr Beckingsale may be required to carry out locum sessions on an ad hoc basis

## **2. RECOMMENDATIONS**

The Board is asked to note:

- 1.1 Dr Jennifer Peale be awarded an Honorary Contract as a Consultant Cardiologist with immediate effect and to be reviewed on an annual basis.
- 1.2 Dr Darren Bresnen be awarded an Honorary Contract as a Consultant Paediatrician with immediate effect and to be reviewed on an annual basis.
- 1.3 Dr Stewart Bonnington be awarded an Honorary Contract as a Consultant Gastroenterologist with immediate effect and end on 31<sup>st</sup> August 2021.
- 1.4 Dr David Campbell be awarded an Honorary Contract as a Consultant Paediatric Gastroenterologist with immediate effect and to be reviewed on an annual basis.
- 1.5 Dr John Hancock be awarded an Honorary Contract as a Consultant Physician and Gastroenterologist from 5<sup>th</sup> October 2020 and end on 5<sup>th</sup> October 2021.
- 1.6 Dr Rachel Reaveley be awarded an Honorary Contract as a Consultant in Rehabilitation Medicine from 6<sup>th</sup> October 2020 and end on 31<sup>st</sup> March 2021.
- 1.7 Dr Helen Foster be awarded an Honorary Contract as a Consultant Paediatrician with immediate effect and end on 31<sup>st</sup> December 2021.
- 1.8 Dr Jolene Brown be awarded an Honorary Contract as a Consultant in Palliative Medicine with immediate effect and to be reviewed on an annual basis.



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- 1.9 Dr Mark Kellett be awarded an Honorary Contract as a Consultant Neurologist with immediate effect.
- 1.10 Dr Alexandra Beckingsale be awarded an Honorary Contract as a Consultant Anaesthetist with immediate effect and to be reviewed on an annual basis.

**Report of Andy Welch**

**Medical Director**

19<sup>th</sup> January 2021

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**TRUST BOARD**

Date of meeting	28 January 2021						
Title	GMC Training Survey 2020: Summary of Key Findings						
Report of	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Prepared by	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The content of this report is a summary of this years' GMC training survey in relation to The Newcastle upon Tyne Hospitals NHS Foundation Trust.						
Recommendation	The Board of Directors is asked to note the Summary of key findings.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.  Pioneers – Ensuring that we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Reports previously considered by	Annual survey.						

# **GMC Training Survey 2020: summary of key findings**

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

Ifti Haq, Director of Medical Education

Ian Forrest, Deputy Director of Postgraduate Medical Education

Peter Coyne, Quality Lead for Postgraduate Medical Education

Lynn Oxley, Business Quality and Governance

Katy Hardman, Postgraduate Education Manager

**December 2020**

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## Executive summary

This is the 13<sup>th</sup> year that doctors in postgraduate training across the UK have been surveyed to find out what they think about the quality of their training. The current report presents an analysis of the 2020 GMC national training survey in relation to the Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH).

The response rate for trainees is usually close to 100% as many specialities mandate it for ARCP. This year, the survey was not compulsory, and in unusual circumstances, and so the response rate was lower. Nationally, it was 46.7%. For trainers, the national response rate was 21.1%. Nevertheless, this still represents over 30,000 doctors.

This year, there was an increased emphasis on how doctors were affected by the pandemic. The survey is usually launched in March, but this year was postponed to July, and the doctors were asked about their experiences during the peak of the pandemic in March. New questions were added to understand the effect of the pandemic on training, wellbeing and support alongside usual questions about workload, burnout, and patient safety. Results are usually analysed by “indicators” which are made up of several questions. This year, the results have been published for each individual question, benchmarking against the UK average. This means that comparisons with previous years cannot be made.

### Trainees

For trainees, questions were grouped under following categories:

- Bullying and undermining and Patient safety
- Clinical supervision
- Clinical supervision – out of hours
- Communication and teamwork
- Curriculum delivery and education
- Health and wellbeing
- Speaking up and voice
- Workload

Individual questions within these themes can be seen in the [appendix](#).

NUTH ranked top of all 10 trusts in the Shelford group ([Table 1](#)). It was a positive outlier (green) for 34 out of the 38 possible questions. To receive a positive outlier is very good by definition, being in the top 5% of respondents, and significantly higher than the national mean. To receive 34/38 positive outliers is exceptional. We feel it is a marker of the understanding and support that was given to the trainees at the height of the pandemic. There was 1 negative outlier (red) which was for free rest facilities. We hope that this will improve if re-surveyed as new mess facilities at the Freeman Hospital are now operational.

In comparison to 11 other trusts in the North East, NUTH ranked 2<sup>nd</sup> ([Table 2](#)). This is a significant improvement on previous years, with the caveat that this year's survey is different. The highest ranking questions were for patient's safety concerns, adequate staffing, quality of clinical supervision, not being asked to manage beyond their competence, communication of information relating to the pandemic, been treated fairly, being listened to, and intensity of workload. Many of these questions rated highly because we redeployed doctors to areas of most need, ensured that they were well supervised, and kept them informed, both with regular emails, and within departments. None of the questions ranked lower than 7<sup>th</sup> out of 12. Questions in the lower rankings were how to report patient incidents, feeling worn out of the end of the day, catering, wellbeing, and rest facilities. Although feeling worn out and wellbeing ranked 7/12, they were still positive outliers reflecting the very high standard in the Northeast Deanery.

Results are published for programme specialty and post specialities. These are not defined, but in previous years, programme group means that foundation and core trainee results are separated from higher specialist training. For post speciality, scores from foundation and core trainees are included in the results. Overall, for programme specialities within NUTH, there were 266 positive outliers, and only 19 negative outliers ([Table 3](#)). Analysis by post speciality revealed a similar picture with 298 positive outlines, and 17 negative outliers ([Table 4](#)).

Table (i) – number of outliers for all specialities in NUTH

Programme speciality:	Post speciality:
266 green	298 green
19 red	17 red

There was actually not a single speciality with at least 1 positive outlier. The table below include specialities who have 10 or more positive outliers. It should be stressed that to receive this many “greens” is exceptional.

Table (ii) - Trainee survey: specialities with  $\geq 10$  positive outliers

Programme Specialty	Post specialty
CMT	Acute internal medicine
Foundation Programme (30 green!)	Emergency medicine
Geriatrics	Gastroenterology
IMT 1	Geriatrics
Respiratory	Respiratory Medicine
ENT	General surgery
Plastic surgery	Vascular surgery
CST	Cardiology
Urology	Paediatric Oncology
Trauma and orthopaedics	Clinical Oncology
General Practice	Haematology
Occupational medicine	Urology
	Occupational medicine

The specialities with more than 1 negative outlier are listed in table 3. Note that this table lists specialities with  $>1$  outlier, and table 2 lists specialities with  $\geq 10$  positive outliers, so it is not comparing like with like.

Table (iii) - Trainee survey: specialities with  $>1$  negative outliers

Programme Specialty	Post specialty
Combined Infection Training	Ophthalmology
Cardiology	Obstetrics and gynaecology
Obstetrics and gynaecology	Neurology
Neurosurgery	
Trauma and Orthopaedics	

### Trainers

For trainers, questions were grouped under the following categories:

- Communication and leadership
- Reporting concerns/governance and safety
- Health and wellbeing
- Training and support for training
- Workload

Again, individual questions are included in the [appendix](#).

NUTH ranked 2nd out of the 10 Shelford Trusts, and the only Trust not to have a negative outlier for any question ([Table 5](#)). It was a positive outlier for 13/23 questions, scoring particularly well for communication and leadership, and reporting concerns/governance and safety.



In comparison to 11 other trusts in the North East, NUTH ranked 7<sup>th</sup> ([Table 6](#)). This is a testament to the extremely high standards in the Northeast. In 2019, Newcastle was ranked the lowest by trainers, and so has improved its position substantially, although a direct comparison to previous years is not strictly possible. Some of the questions that have been asked in previous years, where trainers' ratings are consistently low, have not been asked this year.

Within NUTH, specialities with > 1 positive outliers are listed below: ([Table 7](#))

Table (iv) - Trainer survey: specialities with >1 positive outlier

Specialty - >1 green
AIM
GI
Resp
Cardiology
Anaesthetics
ICM
Urology
T&O
Palliative
OMFS

It is interesting that many of the specialities include the front line specialities directly involved in management of patients with COVID-19.

Specialities with 1 or more negative outliers is listed below ([Table 7](#))

Table (v) - Trainer survey: specialities with ≥1 negative outlier

Specialty - any red
Ophthalmology
General surgery
Clinical oncology
Urology
Palliative
OMFS

There is no consistent theme across the specialities, although within specialities, it may relate to tiredness, or disruption to training roles, which is understandable given the unusual circumstances.

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Table 1: GMC Training Survey 2020: Ranking of trainee responses within Trusts in the Shelford Group

Trust	Bullying			Clinical supervision			CS OOH		Communication and teamwork				Curriculum delivery and education						Health and Wellbeing						Speaking up and voice			Workload	Rank										
	Patient safety concerns	Reporting patient incidents	Adequate staffing	CS known	Coping beyond competence?	CS not competent?	Quality of CS	Coping beyond competence OOH	Quality of CS OOH	Role explained?	Feeling valued	Communication of info	Quality of induction	Teamwork	Deanery support	Completion of planned rotations	Supportive environment	Disruption to training	Treated fairly	Access to local teaching	Exhaustion	Burnt out	Tired	Worn out at end of day	Energy for leisure	Frustration	Catering	Contact for concerns		Emotional exhaustion	Personal safety	Wellbeing	Free rest facilities	Personal safety	Concerns re personal safety	Learning from concerns	Listening	Reporting concerns	Intensity
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	2	1	1	1	1	1	1	2	1	2	1	1	2	1	5	2	4	1	4	1	1	1	1	1	1	1	6	1	1	2	4	8	1	1	1	1	2	1	1
University College London Hospitals NHS Foundation Trust	1	6	2	4	3	3	2	2	1	4	3	2	3	1	6	2	1	1	2	2	3	4	5	3	3	2	1	7	5	1	1	2	2	2	1	2	1	3	2
Imperial College Healthcare NHS Trust	4	4	7	3	7	4	3	7	3	3	1	4	2	3	10	7	3	6	3	1	5	6	3	6	2	4	4	5	7	4	3	4	7	7	3	3	3	8	3
Guy's and St Thomas' NHS Foundation Trust	3	5	6	6	4	5	5	4	4	5	6	3	5	4	8	4	6	2	5	6	7	3	3	4	5	2	3	2	2	3	2	1	3	3	6	4	5	6	4
Oxford University Hospitals NHS Foundation Trust	6	2	4	2	6	2	4	6	10	7	9	7	7	6	2	1	7	3	6	3	4	2	8	7	5	9	7	7	2	6	5	6	4	4	5	6	6	5	5
Sheffield Teaching Hospitals NHS Foundation Trust	5	3	5	5	5	8	7	5	8	2	4	6	4	7	3	10	4	9	4	8	2	5	6	4	4	5	9	5	4	7	8	9	5	6	4	5	4	4	6
Manchester University NHS Foundation Trust	7	8	3	8	2	5	5	3	6	6	7	9	6	8	5	3	5	10	6	7	8	7	2	2	5	7	8	4	5	8	9	5	8	9	9	7	8	2	7
Cambridge University Hospitals NHS Foundation Trust	8	7	8	10	8	7	9	10	9	10	10	5	10	10	4	6	10	5	10	5	6	8	7	8	8	8	2	3	9	5	5	3	5	5	10	9	9	6	8
King's College Hospital NHS Foundation Trust	10	9	10	9	10	9	9	9	7	8	8	10	8	9	9	8	9	7	8	9	9	10	10	9	9	10	5	10	10	9	7	7	10	10	8	10	10	10	9
University Hospitals Birmingham NHS Foundation Trust	9	10	9	7	9	9	8	8	5	9	5	7	9	5	7	8	8	8	9	10	10	9	9	10	10	6	10	9	8	10	10	9	8	7	8	7	9	10	

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Table 2: GMC Training Survey 2020: Ranking of trainee responses within Trusts in the North East

Trust	Bullying			Clinical supervision			CS OOH		Communication and teamwork				Curriculum delivery and education						Health and Wellbeing						Speaking up and voice			Workload	Rank										
	Patient safety concerns	Reporting patient incidents	Adequate staffing	CS known	Coping beyond competence?	CS not competent?	Quality of CS	Coping beyond competence OOH	Quality of CS OOH	Role explained?	Feeling valued	Communication of info	Quality of induction	Teamwork	Deanery support	Completion of planned rotations	Supportive environment	Disruption to training	Treated fairly	Access to local teaching	Exhaustion	Burnt out	Tired	Worn out at end of day	Energy for leisure	Frustration	Catering	Contact for concerns		Emotional exhaustion	Personal safety	Wellbeing	Free rest facilities	Personal safety	Concerns re personal safety	Learning from concerns	Listening	Reporting concerns	Intensity
Tees, Esk and Wear Valleys NHS Foundation Trust	6	6	9	1	5	6	2	3	8	1	1	4	1	1	1	1	3	1	2	1	1	1	1	6	8	12	9	6	3	3	2	5	2	1	5	1	8	1	
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	1	7	1	3	1	3	1	1	2	3	3	1	3	2	4	6	5	6	1	3	4	5	5	7	2	2	7	2	4	2	7	7	2	1	3	1	4	1	2
Northumbria Healthcare NHS Foundation Trust	2	2	2	2	2	1	3	2	7	5	6	3	2	3	7	10	2	7	2	4	7	7	6	4	4	4	1	1	2	1	1	5	1	4	4	2	5	9	3
South Tees Hospitals NHS Foundation Trust	4	12	6	4	4	4	8	4	3	4	10	2	7	9	3	8	8	8	5	6	10	9	12	9	11	9	2	4	3	6	6	1	3	3	6	4	7	6	4
Gateshead Health NHS Foundation Trust	5	1	3	12	7	5	4	5	1	11	2	5	12	5	6	2	1	2	4	11	8	4	7	6	3	6	9	3	8	8	5	9	6	5	2	3	2	4	5
Northumberland, Tyne and Wear NHS Foundation Trust	10	7	8	11	3	2	5	7	4	2	11	10	4	10	5	4	10	10	9	2	3	2	4	3	5	3	4	8	10	4	8	6	9	7	9	7	9	7	6
City Hospitals Sunderland NHS Foundation Trust	7	11	9	7	5	9	10	6	5	8	7	9	6	11	2	9	9	5	7	9	6	3	8	2	7	1	8	5	1	7	4	8	4	8	9	8	10	2	7
South Tyneside and Sunderland NHS Foundation Trust	8	4	4	6	9	6	7	9	10	9	4	12	8	7	11	11	4	12	10	8	2	6	3	5	1	5	3	5	5	2	10	8	6	7	11	3	5	8	
North Tees and Hartlepool NHS Foundation Trust	3	3	5	4	8	8	6	10	6	7	9	7	5	6	9	12	11	4	6	12	11	8	10	8	10	7	6	10	7	9	9	4	7	11	5	6	6	10	9
County Durham and Darlington NHS Foundation Trust	9	9	7	10	10	11	9	8	9	5	5	6	9	4	12	5	6	11	8	10	9	11	9	11	9	11	5	12	9	10	11	3	10	9	8	9	8	2	10
North Cumbria Integrated Care NHS Foundation Trust	12	5	11	9	11	10	11	12	12	12	8	7	11	8	10	7	7	9	11	7	5	10	2	12	8	10	10	7	12	11	10	12	11	10	11	10	11	12	11
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	11		12	8	12	12	12	11	11	10	12	11	10	12	8	3	12	3	12	5	12	12	11	10	12	12	11	11	11	12	12	11	12	12	12	12	12	11	12

### Table 3: GMC Training Survey 2020: outliers for trainee responses by programme speciality in NUTH

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Directorate	Programme speciality	Bullying		Clinical supervision		CS OOH		Communication and teamwork				Curriculum delivery and education						Health and Wellbeing						Speaking up and voice			Workload	Above	Below													
		Patient safety concerns	Reporting patient incidents	Adequate staffing	CS known	Coping beyond competence?	CS not competent?	Quality of CS	Coping beyond competence OOH	Quality of CS OOH	Role explained?	Feeling valued	Communication of info	Quality of induction	Teamwork	Deanery support	Completion of planned rotations	Supportive environment	Disruption to training	Treated fairly	Access to local teaching	Exhaustion	Burnt out	Tired	Worn out at end of day	Energy for leisure				Frustration	Catering	Contact for concerns	Emotional exhaustion	Personal safety	Wellbeing	Free rest facilities	Personal safety	Concerns re personal safety	Learning from concerns	Listening	Reporting concerns	Intensity
Medicine	Acute Care Common Stem	87	83	88	100	92	88	93	91	86	93	77	82	80	85	67	77	92	28	78	37	58	60	73	45	63	65	73	75	48	73	71	71	83	87	82	73	75	55	7	0	
	Core Medical Training	88	78	83	100	92	97	94	92	75	89	86	81	86	92	72	22	92	19	81	42	53	47	67	36	64	64	83	67	39	75	75	50	75	77	78	72	75	58	16	0	
	Combined Infection Training		83	75	92	100	67	92	100	83	83	75	58	67	67		83	75	25	75	42	58	58	67	50	67	58		75	50	75	75	0		66	75		67	50	2	2	
	Emergency medicine	81	80	75	100	56	94	85	94	88	80	94	75	92	88	75	90	90	35	85	35	69	75	81	38	69	75	31		44	50	50	33	83	100	75	75	60	45	5	0	
	Foundation Programme	82	80	78	93	79	90	86	79	77	74	82	77	71	84	57	23	87	29	79	27	50	60	69	36	67	60	66	80	47	76	74	59	75	83	76	73	72	47	30	1	
	Geriatric medicine	94	85	100	90	94	100	95	88	75	100	90	88	94	90	80	60	90	15	90	45	65	75	55	35	80	65	88	80	35	85	80	50	83	93	85	90	85	75	18	1	
	Internal Medicine Training Stage One	89	75	75	94	88	88	85	83	65	71	81	83	69	85	77	25	83	15	69	31	56	63	73	46	67	56	85	75	46	85	80	68	82	94	71	75	71	54	11	0	
Respiratory medicine	83	68	89	100	89	100	96	93	79	93	96	89	82	96	79	57	93	29	89	68	64	61	79	46	71	75	79	80	39	71	75	71	96	90	79	86	79	61	15	0		
EPOD	Otolaryngology	83	75	94	100	100	100	100	100	88	88	88	100	88	88	75	88	13	81	81	81	88	100	63	88	88	75	81	75	63	63			83	88	75	88	63	16	0		
	Plastic surgery		80	95	100	100	100	95	75	100	85	75	94	75	75	90	85	40	85	85	70	75	85	40	60	75	50	90	60	85	80	33	75	73	80	75	80	60	12	0		
	Ophthalmology	63	45	75	100	90	100	85	90	81	80	80	85	50	85	80	70	65	10	70	75	75	65	75	55	65	80	65	69	70	60	63	100	70	73	65	65	65	50	7	1	
	Dermatology	92	81	88	100	75	100	94	100	92	88	88	81	100	88	69	75	94	19	81	50	63	75	63	31	69	69	83	83	69	75	81			100	81	88	75	44	7	0	
Surgical services	General Surgery	75	82	71	100	96	100	89	100	89	71	71	79	75	71	75	86	79	11	75	57	71	75	71	50	67	83	64	81	63	61	68	64	68	76	79	68	71	64	7	0	
	Core Surgical Training	78	70	70	98	90	100	88	85	80	85	80	75	83	83	48	40	88	15	70	50	47	50	67	39	50	53	70	79	53	72	72	40	60	77	65	64	65	45	10	0	
Cardiothoracic services	Cardiology		69	63	88	88	100	63	100	69	75	75	56	63	100	50	0	63	6	88	75	94	63	75	44	75	67	63	56	56	25	50	67	38	50	56	69	7	4			
Women's services	Obstetrics and gynaecology	75	79	77	98	96	94	93	91	92	73	47.9	85	81	65	83	52	21	60	60	56	48	65	35	58	71	33	77	31	69	71	58	75	75	71	75	69	38	5	3		
Children's services	Paediatrics	83	79	83	99	96	99	89	97	77	79	77	70	73	80	65	93	83	29	77	58	60	68	77	39	69	70	62	72	49	74	72	50	82	83	74	69	76	56	8	0	
Cancer services and haematology	Medical oncology	88	69	88	100	81	100	94	83	83	88	94	88		100	50	88	88	38	88	38	63	69	69	31	81	81	94	83	38	81	88	0	75	83	88	88	88	50	5	1	
	Haematology	92	81	94	100	100	100	88	100	94	75	88	88	69	88	88	63	88	56	88	50	58	50	92	42	75	67	88	81	33	81	75		83	92	88	81	81	56	8	0	
Perioperative and critical care	Anaesthetics	78	80	84	100	92	95	90	94	83	82	73	77	80	80	56	71	80	31	68	51	59	56	69	42	66	65	61	82	47	76	76	87	76	81	74	68	73	52	6	0	
	Intensive care medicine	89	78	89	100	94	92	94	94	86	89	75	81	83	83	72	78	78	47	78	58	58	56	75	36	67	72	67	78	36	78	81	89	78	81	75	69	78	50	2	0	
Neurosciences	Neurosurgery	75	65	75	100	85	90	85	85	70	70	75	50	58	60	65	80	70	20	70	45	35	42	55	25	65	45	45	50	15	40	55	75	50	53	50	50	55	50	1	2	
	Renal medicine	85	92	92	83	100	100	83	100	83	100	75	75	75	92	42	67	92	25	75	33	33	42	58	25	50	25	83		25	75	67		83	100	83	67	83	58	5	0	
Urology and renal services	Urology	80	90	80	100	80	100	85	80	85	90	80	85	80	85	75	100	85	35	75	60	65	65	75	45	70	65	80	75	50	75	75	60		87	70	70	75	40	10	0	
	Trauma and orthopaedic surgery	85	67	100	100	92	100	100	92	83	100	100	92	67	92	75	83	92	17	92	58	33	42	33	17	50	33	25		50			50		100	83	83	83	50	10	3	
Radiology	Clinical radiology	79	72	79	95	93	98	90	93	85	82	72	71	73	83	78	97	84	33	76	42	68	69	78	53	63	78	78	69	64	72	69	50	73	89	76	72	74	57	4	0	
Laboratory medicine	Histopathology	88	75	85	94	95	100	85	94	50	85	72	83	81	83	68	75	80	15	78	78	83	83	92	58	72	78	72	78	78	78	72	63	86	86	73	73	55	5	0		
Community	General Practice	89	83	86	96	94	99	90	91	80	93	81	85	74	89	71	88	88	38	81	51	58	67	74	45	75	68	47	81	46	79	76	37	68	87	83	79	81	53	13	1	
Occupational medicine	Occupational medicine		75	100	100	100	100			100	100	100	92	100	67	100	100	33	100	42									100		100	100			100	83	83	83	33	14	0	
		Above	6	3	13	17	15	19	10	12	5	10	7	12	8	7	13	5	5	0	7	8	3	4	7	1	7	4	5	4	2	5	3	1	7	9	3	6	5	8	266	19
		Below	0	1	0	0	0	1	0	0	0	0	1	0	0	0	1	1	1	0	1	0	0	3	1	0	0	2	0	2	0	0	3	0	0	1	0	0	0	266	19	

Table 4: GMC Training Survey 2020: outliers for trainee responses by post speciality in NUTH



Table 5: GMC Training Survey 2020: Ranking of trainer responses within Trusts in the Shelford Group

Trust	Communication and Leadership						Health and Wellbeing						Reporting concerns and safety				Training		Workload	Rank				
	Valued by Trust	Communication of information	Culture of teamwork	Supportive environment	Treated fairly	Listening to trainers	Exhaustion	Burnt out	Tired	Worn out at end of day	Energy in leisure time	Frustration	Emotional exhaustion	Support for health and safety	Support for wellbeing	Personal safety	Concerns raised	Appropriate staffing	Reporting concerns		Support from Deanery	Disruption in training role	Support from Trust	Intensity of work
Guy's and St Thomas' NHS Foundation Trust	1	1	1	1	1	1	3	6	3	10	7	2	10	1	1	1	1	1	1	5	2	1	10	1
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	2	2	2	2	2	2	2	2	2	6	1	1	4	3	2	2	2	2	2	3	1	2	1	2
University College London Hospitals NHS Foundation Trust	3	4	3	5	3	3	10	9	10	3	8	3	9	2	3	4	3	3	6	7	5	5	8	3
Cambridge University Hospitals NHS Foundation Trust	6	6	7	4	5	7	1	1	1	1	6	3	1	4	5	3	5	7	4	6	7	10	3	4
Imperial College Healthcare NHS Trust	5	5	4	6	6	4	6	3	7	2	3	8	6	5	4	5	6	6	3	10	8	7	7	5
Sheffield Teaching Hospitals NHS Foundation Trust	7	3	6	3	4	5	5	3	3	4	2	10	5	6	6	7	4	4	5	8	10	9	2	6
Manchester University NHS Foundation Trust	4	7	5	7	7	6	4	5	5	5	4	9	7	7	10	5	7	5	7	4	6	6	6	7
Oxford University Hospitals NHS Trust	9	9	9	8	8	9	8	7	8	8	9	5	2	8	6	8	8	8	8	1	3	3	4	8
University Hospitals Birmingham NHS Foundation Trust	9	9	9	8	8	9	8		8	8	9	5	2	8	6	8	8	8	8	1	3	3	4	8
King's College Hospital NHS Foundation Trust	8	8	8	10	10	8	7	10	5	6	4	7	8	10	9	10	10	10	10	8	9	8	9	10



Table 6: GMC Training Survey 2020: Ranking of trainer responses within Trusts in the North East

Trust	Communication and Leadership						Health and Wellbeing						Reporting concerns and safety				Training		Workload	Mean				
	Valued by Trust	Communication of information	Culture of teamwork	Supportive environment	Treated fairly	Listening to trainers	Exhaustion	Burnt out	Tired	Worn out at end of day	Energy in leisure time	Frustration	Emotional exhaustion	Support for health and safety	Support for wellbeing	Personal safety	Concerns raised	Appropriate staffing	Reporting concerns		Support from Deanery	Disruption in training role	Support from Trust	Intensity of work
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	1	1	1	1	1	1	1	2	1	5	2	5	11	1	1	1	1	2	1	3	2	2	11	1
Northumberland, Tyne and Wear NHS Foundation Trust	2	2	4	3	3	2	4	1	2	2	1	2	3	2	2	2	3	12	3	1	4	2	12	2
Northumbria Healthcare NHS Foundation Trust	3	5	3	2	2	4	8	7	6	4	3	6	4	4	4	3	2	1	2	8	6	2	6	3
North Tees and Hartlepool NHS Foundation Trust	7	6	5	8	8	5	5	3	4	1	10	1	1	9	7	9	8	7	10	2	1	2	2	4
Tees, Esk and Wear Valleys NHS Foundation Trust	8	3	8	7	9	3	3	5	3	10	9	3	10	4	5	4	4	11	6	4	3	2	9	5
County Durham and Darlington NHS Foundation Trust	4	9	7	5	5	7	2	4	5	6	7	9	2	7	9	7	7	3	8	5	8	2	3	6
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	5	4	6	4	4	6	10	10	11	12	8	8	8	6	6	5	5	5	4	9	5	2	5	7
South Tees Hospitals NHS Foundation Trust	9	7	10	6	6	8	7	8	10	7	5	11	5	3	3	6	6	5	5	7	9	2	8	8
Gateshead Health NHS Foundation Trust	6	8	9	11	10	9	6	9	8	9	5	10	9	8	10	8	9	9	7	11	7	2	10	9
South Tyneside and Sunderland NHS Foundation Trust	10	10	11	9	7	10	8	6	9	8	12	4	6	10	8	10	10	8	11	10	10	2	7	10
City Hospitals Sunderland NHS Foundation Trust	11	11	12	10	11	11	11	11	7	11	11	7	7	11	11	11	11	4	9	6	11	2	4	11
North Cumbria Integrated Care NHS Foundation Trust	12	12	2	12	12	12	12	12	12	3	4	12	12	12	12	12	12	10	12	12	12	2	1	12

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## Table 7: GMC Training Survey 2020: trainer outliers by post in NUTH

Directorate	Speciality	Communication and Leadership					Health and Wellbeing							Reporting concerns and safety				Training		Workload	Above	Below				
		Valued by Trust	Communication of information	Culture of teamwork	Supportive environment	Treated fairly	Listening to trainers	Exhaustion	Burnt out	Tired	Worn out at end of day	Energy in leisure time	Frustration	Emotional exhaustion	Support for health and safety	Support for wellbeing	Personal safety	Concerns raised	Appropriate staffing	Reporting concerns			Support from Deanery	Disruption in training role	Support from Trust	Intensity of work
Medicine	Acute Internal Medicine	83	83	100	92	92	83	75	83	100	100	75	75	92	58	92	83	50	83	83	58	42	58	67	15	0
	Gastroenterology	83	92	92	92	83	92	83	75	100	83	75	67	92	50	58	75	58	83	83	33	50	75	50	7	0
	Geriatric medicine	63	88	63	63	75	44	75	56	69	63	63	50	63	44	81	56	38	81	69	50	31	56	25	1	0
	Respiratory medicine	94	88	81	94	94	75	75	75	100	81	75	75	75	42	67	67	42	94	88	69	56	69	56	9	0
EPOD	Ophthalmology	44	63	44	69	50	42	56	38	56	63	63	50	63	25	63	44	50	50	31	38	13	31	31	0	2
Surgical services	General surgery	36	46	50	57	54	43	35	43	71	46	43	32	50	25	43	32	25	50	39	38	8	36	39	0	5
Cardiothoracic services	Cardiology	58	83	83	92	75	50	75	75	100	83	75	67	67	42	67	50	50	75	67	17	17	67	33	4	0
Children's services	Paediatrics	75	88	81	81	79	79	83	69	83	77	58	60	77	40	54	56	40	77	75	48	31	65	52	1	0
	Paediatric surgery	67	75	67	75	67	67		75	75	75	83	75	92	42	75	67	50	58	67	58	25	75	58	1	0
Cancer services and haematology	Clinical oncology	69	88	75	81	63	63	50	50	50	63	25	19	31	6	38	44	13	56	56	31	44	44	38	0	1
	Medical oncology	79	88	92	83	83	79	75	75	79	75	46	25	54	25	50	46	29	88	63	33	21	54	33	1	0
Perioperative and critical care	Anaesthetics	76	75	79	79	77	66	70	75	86	74	66	78	79	46	75	64	53	70	79	37	43	67	57	11	0
	Intensive care medicine	79	79	82	93	89	79	82	86	93	86	86	79	82	50	71	71	46	82	82	29	32	61	43	13	0
Urology and renal services	Urology		75	67	67	67		67	58	83	67	100	75	92	58	67	67	58	58	58	0	0	42	58	2	2
Radiology	Clinical radiology	65	78	78	75	65	64	70	70	88	75	69	58	67	39	69	61	56	68	65	55	20	58	53	1	0
Laboratory medicine	Histopathology	80	75	80	80	75	75	70	80	75	75	60	50	60	30	45	75	45	80	75	60	20	70	60	0	0
Musculoskeletal services	Trauma and orthopaedic surgery	50	67	75	83	75	67		50	83	67	58	50	58	33	58	42	33	58	42	25	17	42	42	2	0
End of Life	Palliative medicine	85	85	90	90	85	70	80	70	85	75	63	69	69	25	69	44	6	90	95	60	35	55	30	2	1
Dental services	Oral and maxillo-facial surgery	67	75	75	75	75	75	83	75	75	75	50	33	50	33	67	25	33	67	75	33	25	50	50	5	1

Above	4	3	2	3	6	3	3	4	7	3	4	2	2	1	2	2	3	7	6	1	1	2	4	75
Below	0	0	0	0	0	0	1	1	0	1	1	1	1	2	0	0	1	0	0	1	1	0	1	12

## Appendix

### Trainee Questions

#### **Bullying and undermining and Patient safety**

- Concerns relating to patient safety were taken seriously by my organisation.
- I was made aware of how to report patient safety incidents and near misses.
- There were enough staff to ensure that patients were always treated by someone with an appropriate level of clinical experience.

#### **Clinical supervision**

- Did you always know who was providing your clinical supervision when you were working?
- How often (if ever) did you feel forced to cope with clinical problems beyond your competence or experience?
- How often (if ever) were you supervised by someone who you felt wasn't competent to do so?
- Please rate the quality of clinical supervision you received overall.

#### **Clinical supervision - Out of Hours**

- How often (if ever) did you feel forced to cope with clinical problems beyond your competence or experience OUT OF HOURS?
- Please rate the quality of clinical supervision, OUT OF HOURS.

#### **Communication and teamwork**

- Did someone explain your role and responsibilities in the unit / department / practice when you started the role you were working in for this period?
- I felt I was a valued member of the team I worked in.
- Information relating to the pandemic (written and/or verbal) was communicated effectively to me by senior colleagues
- Please rate the quality of the induction you received at the start of the role you were working in?
- The department/unit/practice I worked in encouraged a culture of teamwork between all healthcare professionals.

#### **Curriculum delivery and education**

- I received clear guidance from my deanery/HEE local office on the support available if the Covid-19 pandemic affected my training
- I've been able to complete my planned rotations for this training year (2019-2020)
- My department/unit/practice provided a supportive environment for everyone regardless of background, beliefs or identity.
- My training has been disrupted by the Covid-19 pandemic
- Staff, including doctors in training, were always treated fairly.

- Were you able to access local teaching opportunities during the stated time period? (beginning of March - end of May)

### **Health and Wellbeing**

- Are you exhausted in the morning at the thought of another day at work?
- Do you feel burnt out because of your work?
- Do you feel that every working hour is tiring for you?
- Do you feel worn out at the end of the working day?
- Do you have enough energy for family and friends during leisure time?
- Does your work frustrate you?
- Is your work emotionally exhausting?
- Please rate the support you received from your organisation in relation to your personal safety
- Please rate the support you received from your organisation in relation to your wellbeing

### **Speaking up and voice**

- Concerns relating to my personal safety, or that of colleagues, were taken seriously by my employer.
- Did you have any concerns about your personal safety, or that of your colleagues, during the Covid-19 pandemic?
- There was a culture of learning lessons from concerns raised.
- There was a culture of listening to doctors in training with regard to working practices (including discussions related to the Covid-19 pandemic)
- There was a culture of proactively reporting concerns.

### **Workload**

- Overall, how would you rate the intensity of your work?

## Trainer Questions

### Communication and leadership

- I felt valued by my trust/board (or equivalent).
- Information relating to the pandemic (written and/or verbal) was communicated effectively to me by senior leaders in my trust/board (or equivalent)
- My trust/board (or equivalent) encouraged a culture of teamwork between all healthcare professionals
- My trust/board (or equivalent) provided a supportive environment for everyone regardless of background, beliefs or identity
- Staff were always treated fairly in my trust/board
- There was a culture of senior leaders in my trust/board listening to trainers with regard to working practices (including discussions related to the COVID-19 pandemic)

### Health and Wellbeing

- Are you exhausted in the morning at the thought of another day at work?
- Do you feel burnt out because of your work?
- Do you feel that every working hour is tiring for you?
- Do you feel worn out at the end of the working day?
- Do you have enough energy for family and friends during leisure time?
- Does your work frustrate you?
- Is your work emotionally exhausting?
- Please rate the support you received from your organisation in relation to your personal health and safety
- Please rate the support you received from your organisation in relation to your wellbeing

### Reporting concerns/governance and safety

- Concerns relating to my personal safety, or that of colleagues, were taken seriously by my trust/board (or equivalent).
- I'm confident that my trust/board (or equivalent) acted effectively if concerns were raised
- In my trust/board (or equivalent) there were enough staff to ensure that patients were always treated by someone with an appropriate level of clinical
- Within my trust/board (or equivalent) where I worked there was a culture of proactively reporting concerns

### Training and support for training

- I received clear guidance from my deanery/HEE local office on the support available to me if the COVID-19 pandemic affected my role as a trainer.
- My role as a trainer was disrupted by the COVID-19 pandemic (please take this to mean a negative disruption).

- Please rate the support you received from your trust/board (or equivalent) in your role as a trainer.

**Workload**

- Overall, how would you rate the intensity of your work?

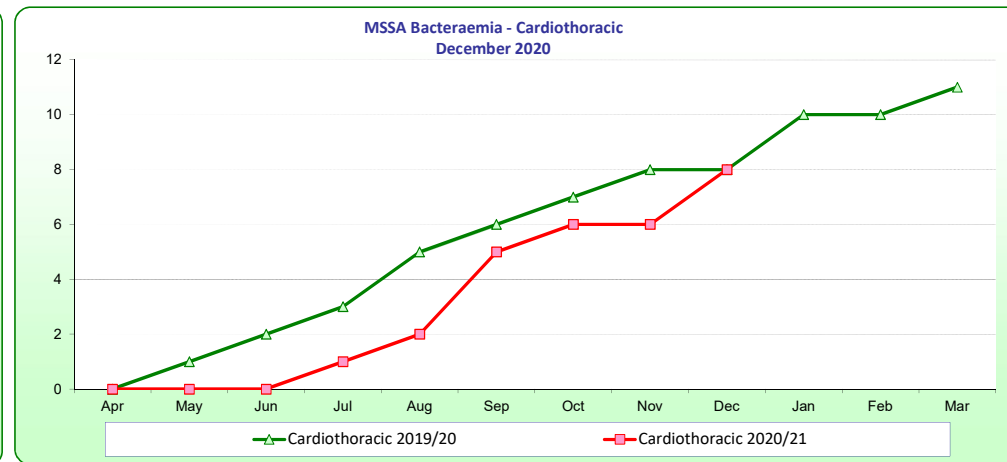
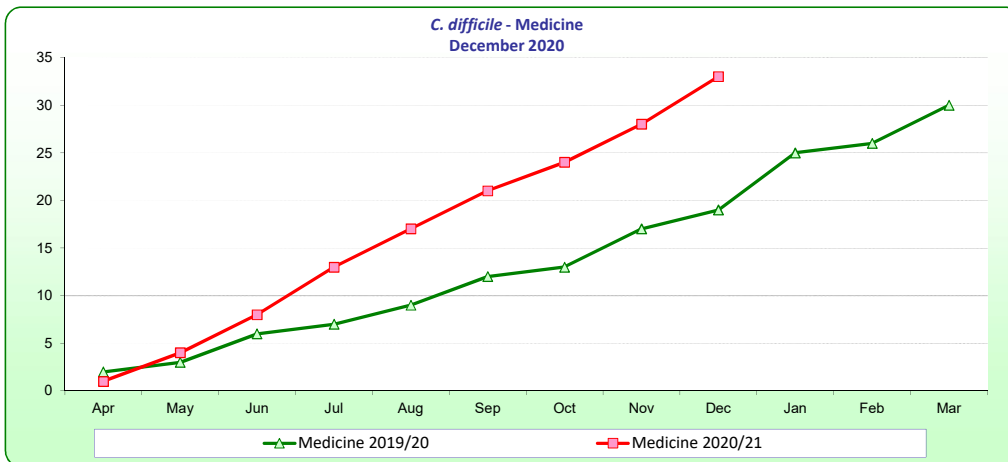
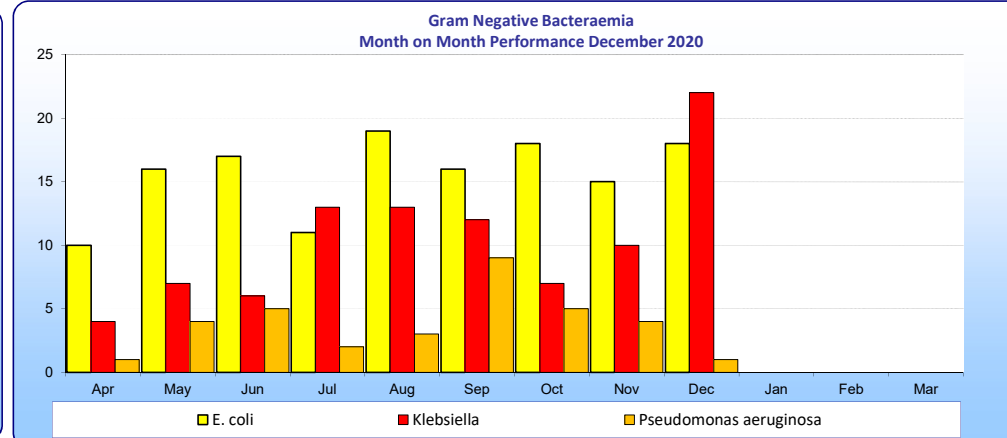
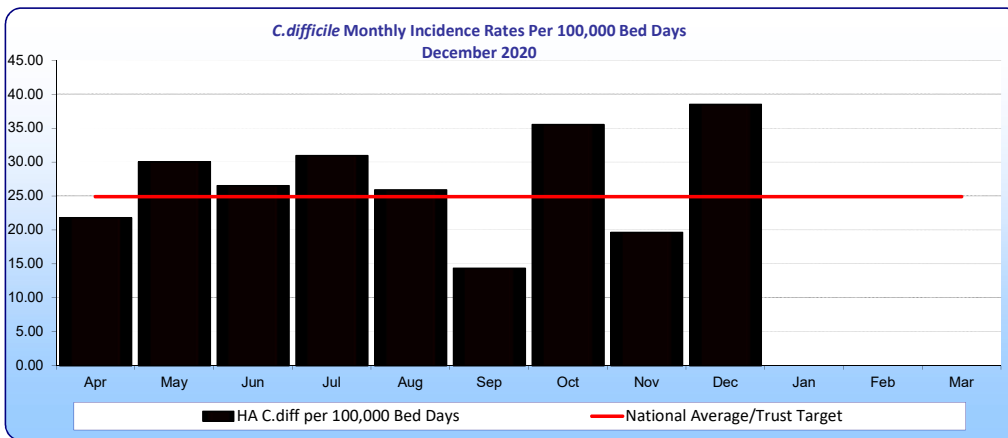
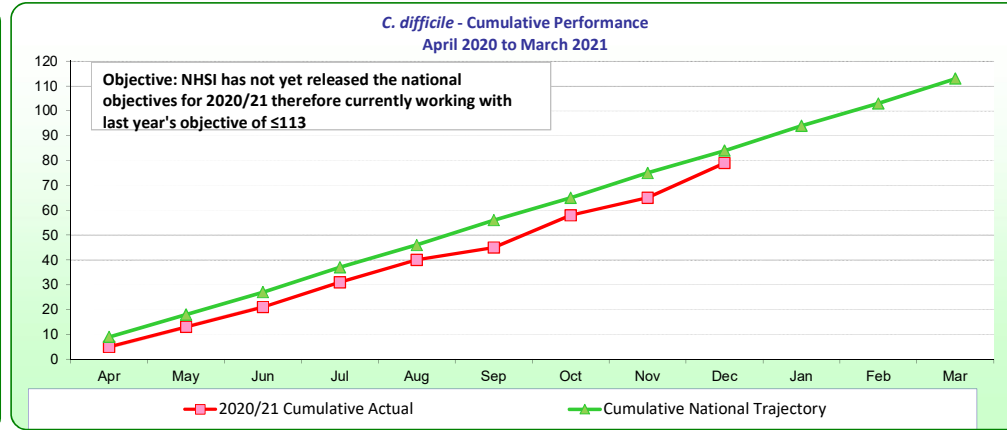
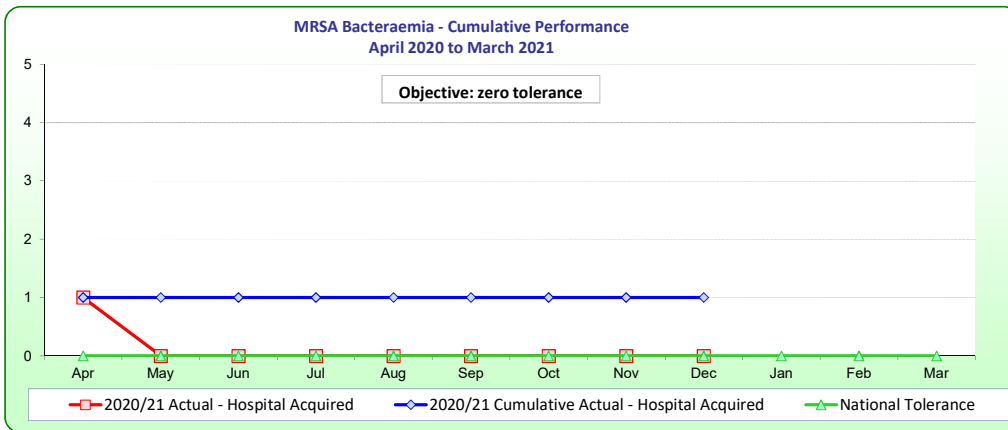
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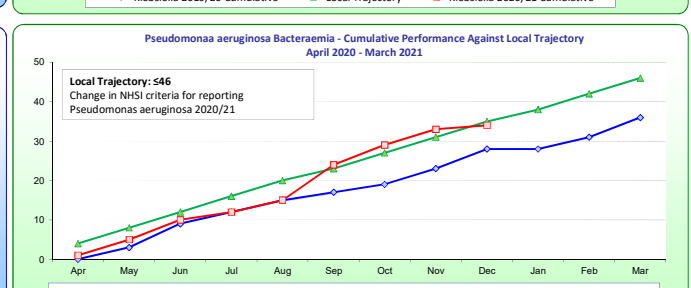
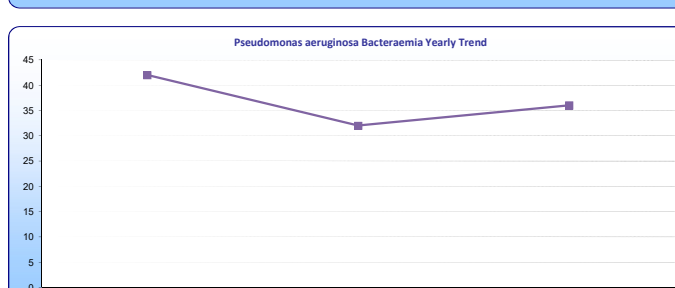
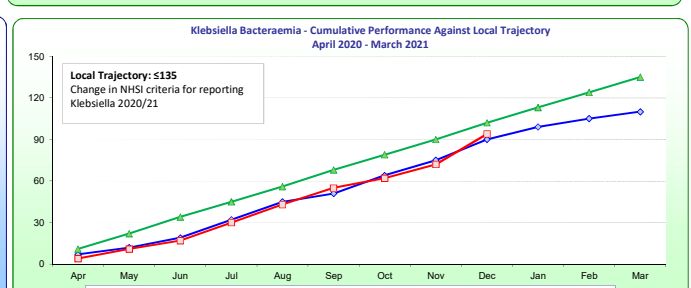
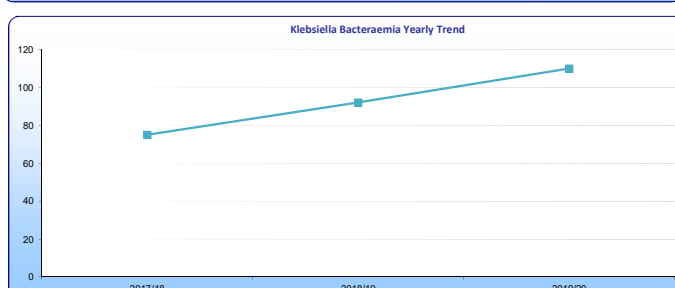
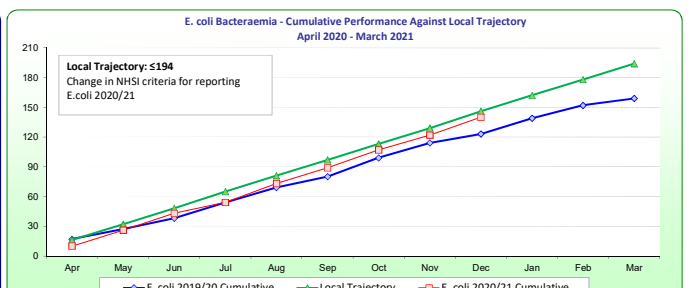
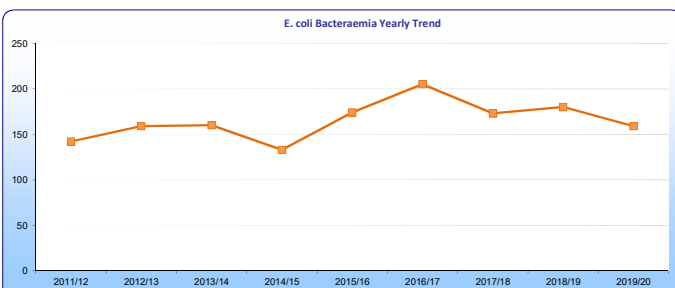
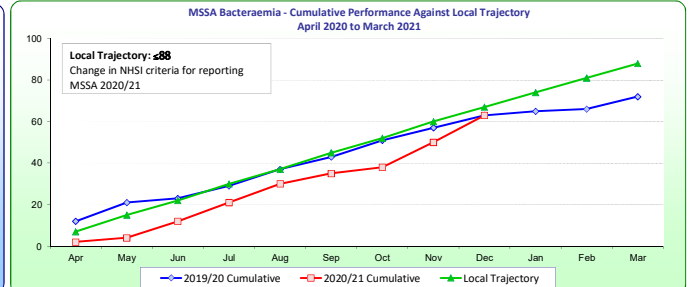
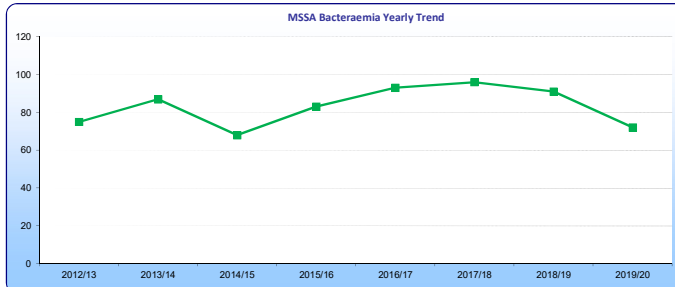
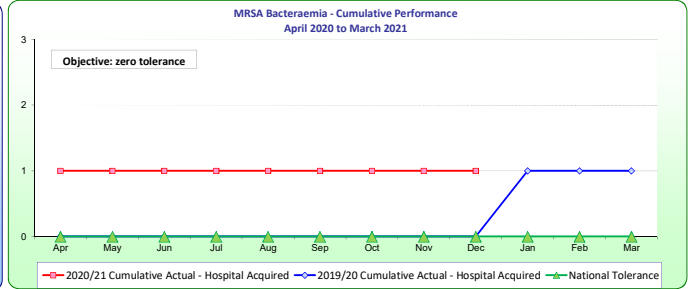
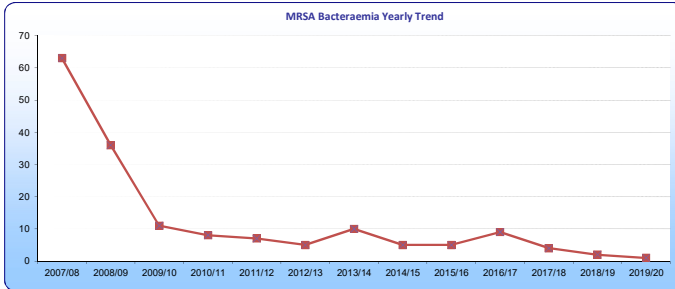
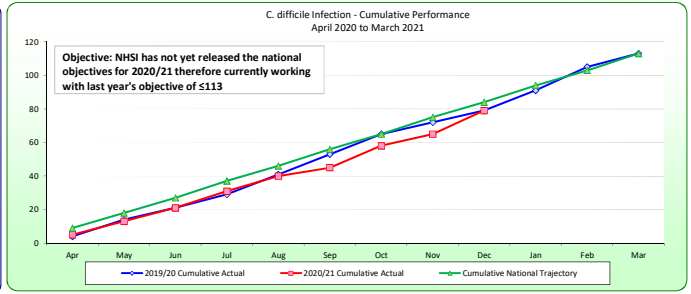
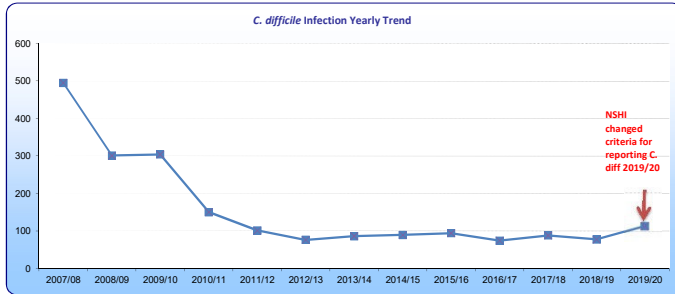




**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

**Healthcare-Associated Infections Report**  
**December 2020**





IPC indicators (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA Bacteraemia - non-Trust	-	-	-	-	-	-	-	-	-				0
MRSA Bacteraemia - Trust-assigned (objective 0)	1 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●				1 ●
MRSA HA acquisitions	1	1	4	1	1	5	1	2	2				18

MSSA Bacteraemia - post-48 Hours Admission (local objective ≤65)	2 ●	2 ●	8 ●	9 ●	9 ●	5 ●	3 ●	12 ●	13 ●				63 ●
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<i>E. coli</i> Bacteraemia - post-48 Hours Admission (local objective ≤144)	10	16	17	11	19	16	18	15	18				140 ●
Klebsiella Bacteraemia - post-48 Hours Admission (local objective ≤99)	4	7	6	13	13	12	7	10	22				94 ●
Pseudomonas aeruginosa Bacteraemia - post-48 Hours Admission (local objective ≤33)	1	4	5	2	3	9	5	4	1				34 ●

<i>C.diff</i> - Hospital Acquired (objective ≤113)	5 ●	8 ●	8 ●	10 ●	9 ●	5 ●	13 ●	7 ●	14 ●				79 ●
<i>C.diff</i> related death certificates	-	-	-	2	1	0	0	0	0				3
Part 1	-	-	-	-	1	0	0	0	0				1
Part 2	-	-	-	2	0	0	0	0	0				2

Periods of Increased Incidence (PIIs)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA HA acquisitions	-	-	-	-	-	-	-	-	-				0
Patients affected	-	-	-	-	-	-	-	-	-				0
<i>C.diff</i> - Hospital Acquired	-	-	-	1	0	1	2	0	2				6
Patients affected	-	-	-	2	0	2	4	0	5				13

Healthcare Associated COVID-19 cases (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Hospital onset Probable HC associated (8-14 days post admission)	5	1	1	0	0	2	12	16	6				43
Hospital onset Definite HC associated (≥15 days post admission)	12	2	1	0	0	2	8	23	4				52

Outbreaks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
<b>Norovirus Outbreaks</b>	-	-	-	-	-	-	-	-	-				0
Patients affected (total)	-	-	-	-	-	-	-	-	-				0
Staff affected (total)	-	-	-	-	-	-	-	-	-				0
Bed days losts (total)	-	-	-	-	-	-	-	-	-				0
<b>Other Outbreaks</b>	-	-	-	-	2	2	0	0	1				5
Patients affected (total)	-	-	-	-	7	17	0	0	12				36
Staff affected (total)	-	-	-	-	16	0	0	0	1				17
Bed days losts (total)	-	-	-	-	59	23	0	0	31				113
<b>COVID Outbreaks</b>	-	-	-	-	-	3	8	10	4				25
Patients affected (total)	-	-	-	-	-	2	28	37	4				71
Staff affected (total)	-	-	-	-	-	11	69	76	49				205
Bed days losts (total)	-	-	-	-	-	119	521	376	24				1,040

<i>C.diff</i> Transit and Testing Times Target <18hrs	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Trust Specimen Transit Time	10:30	11:13	12:01	12:23	10:32	13:34	10:50	11:23	11:59				11:36
Laboratory Turnaround Time	02:27	02:08	03:18	03:25	03:00	03:18	03:00	02:42	03:26				02:58
Total to Result Availability	12:57 ●	13:21 ●	15:19 ●	15:48 ●	13:32 ●	16:52 ●	13:50 ●	14:05 ●	15:25 ●				14:34 ●

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

Infection Control Mandatory Training (%)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Infection Control	85% ●	85% ●	85% ●	86% ●	86% ●	87% ●	87% ●	88% ●	88% ●				86% ●

Aseptic Non Touch Technique Training (%)	April	May	June	July	Aug	Sept	Oct	Nov	Nov	Jan	Feb	Mar	Average
ANTT (M&D staff only)	61% ●	61% ●	61% ●	36% ●	60% ●	59% ●	58% ●	58% ●	58% ●				60% ●

COVID-19 Outbreaks - 01/09/2020 to 30/11/2020

AREA	DATE OUTBREAK DECLARED	EXPECTED DATE OF OUTBREAK CLOSURE	PATIENTS		STAFF		NUMBER OF BED DAYS LOST TO DATE (ROLLING)
			NUMBER OF POSITIVE	NUMBER OF CONTACTS	NUMBER OF POSITIVE	NUMBER OF CONTACTS	
RVI Plastics Admin Team	14/09/2020	12/10/2020	0	0	3	1	0
RVI Car Parking Team	14/09/2020	12/10/2020	0	0	2	2	0
FH18	19/09/2020	02/11/2020	2	3	6	4	119
FH15	07/10/2020	04/11/2020	2	3	0	0	11
RVI Ophthal Waiting List Office	07/10/2020	17/11/2020	0	0	13	8	0
RVI Porters	09/10/2020	06/11/2020	0	0	5	11	0
RV15	16/10/2020	12/11/2020	4	0	3	0	164
RV22	22/10/2020; reopened 03/12/2020	27/11/2020; reopened 14/01/2021	6	0	24	3	236
RVI Theatres	26/10/2020	24/11/2020	0	0	5	16	0
FH L6 Medical Secretaries	29/10/2020	26/11/2020	0	0	9	2	0
FH09	31/10/2020	15/12/2020	16	10	10	4	110
RV31	02/11/2020	13/01/2021 - to be confirmed	Covid ward no connected cases	0	12	5	0
FH13	01/11/2020	29/12/2020	10	3	20	0	185
RV23	04/11/2020	23/01/2021	7	5	17	4	44
RV16	04/11/2020	15/12/2020	4	1	4	0	
FH15	20/11/2020	18/12/2020	7	6	4	0	105
NCCC34	13/11/2020	10/12/2020	0	0	5	3	0
Melville Day Unit Hub (FH)	18/11/2020	22/12/2020	0	0	9	1	N/A
FH29	23/11/2020	21/12/2020	2	1	0	12	
RV30	25/11/2020	30/12/2020	7	1	3	2	42
IT	27/11/2020	25/12/2020	0	0	2	7	
RV34	12/12/2020	07/01/2021	2	6	0	0	10
FH30	18/12/2020	16/01/2021 - to be confirmed	2	3	11	under review	14
RVI Dermatology Secretaries	23/12/2020	19/01/2021 - to be confirmed	0	0	21	0	N/A
FH Porters	26/12/2020	24/01/2021	0		17		N/A

# OUR PEOPLE PLAN

2020 – 2022

FINAL: December 2020



Healthcare at its best  
with people at our heart



## Our People Strategy:

To be the recognised employer and educator of choice in the North East

To enable all staff to liberate their potential

## SHAPING NEWCASTLE AS THE BEST PLACE TO WORK

#Flourish at Newcastle Hospitals is our OD framework underpinning our goal to:

- Liberate the potential of all our staff, supporting and enabling each person to shape the environment and culture of the organisation to enhance the staff experience, and create a healthy workplace.

- Look after our people including:



**Well workforce:** their physical, mental, psychological health and financial wellbeing – supporting them to prevent ill health, and work flexibly to give their best.



Building an **inclusive and diverse workforce** representative of the community we serve, addressing discrimination, bullying, harassment and abusive behaviours against staff

Through **improvement and innovation** act as the catalyst for sustainable change, aligning our behaviour and practices with our values and strategic objectives, and translating aspiration into tangible actions



**Create a culture of belonging, feeling valued and recognised;** meaningful engagement, communication and empowerment for staff, learners and volunteers to use their collective voice to develop ideas and harness them into action. Utilising feedback, including outputs from the NHS Staff Survey, to gain insight and deliver improvements.



We will adopt a **coordinated and coherent approach to improvement methodology** across the organisation through the creation of an Improvement Academy.



We will enable staff to **contribute to the Climate Emergency** challenge at a personal, organisational and community level.





## DELIVERING EXCELLENCE IN EDUCATION AND LEARNING:

### **Liberating potential and equality of opportunity for all**

- We aim to be the **preferred place to train** for a range of jobs and careers, providing a **high quality learning experience** and acknowledged as a centre for multi disciplinary and multi professional education and learning.
- We will enable **lifelong learning, education and training**, and promote opportunities for career development and progression. This will be achieved through:
  - facilitating **multi route professional training, development and registration**
  - **quality clinical placement experiences** for pre-registration and undergraduate students
  - **sustainable post-graduate education and training**, with supportive preceptorship and mentoring provision to facilitate effective transition from pre-registration to registered professionals.
  - access to **continuing professional development**
- Our **professional and leadership development offer** will build capacity and capability to lead at all levels aligned to **our values and behavioural expectations**, better reflect the diversity of the community we serve and create an open, supportive, respectful and compassionate **‘good leadership’** culture.
  - deliver a **‘talent pipeline’** for the Trust and local systems and facilitate **succession planning** for ‘mission critical’ posts including senior clinical, medical and corporate leadership.
- We will **increase use of technology enhanced and blended learning** to enhance capability and competence, and provide a range of virtual learning options to accommodate flexible and agile workforce needs.
- **Apprenticeships** will be used to increase supply, expand the workforce, and enhance skill mix from entry level to senior leadership, clinical and scientific roles.
- **Innovation and research in education** will be embraced to increase research development and career opportunities reflective of a ‘research active’ organisation.

## PEOPLE WORKING DIFFERENTLY

- Retain the focus on **'growing our own'** workforce, reducing reliance on agency and locum workers and increasing the volume and quality of supply.
- Overhaul and refresh our **recruitment and retention** strategies to retain staff, reduce the need for international recruitment, and mitigate the impact of new immigration legislation post Brexit.
- **Harness the use of technology** to enhance transformation, improve the staff experience and patient outcomes, and expand digital working and learning to release 'time to care'.
- Refresh our 'Workforce Information Systems' strategy to develop and **improve use of real time workforce data** to inform decision making about staff deployment and workforce design and monitor progress. This will include using the data to align workforce planning with demands/capacity, gaps and future solutions & **support flexible working**
- Expand our workforce, enabling the creation of **new workforce, enhanced and advanced clinical and consultation professional roles** and deploy them appropriately.
- Utilise **staff passports** to facilitate the **safe transfer of staff** across health(including acute and primary care) and social care.
- Increase our **Volunteer Workforce** capacity, expanding the range of activities and roles enabling volunteers to enhance patient care.
- Further build workforce agility through retaining and **enhancing the range of flexible working practices** and arrangements including safe working from home
- Utilise and value our **older workforce** supporting them to work longer and are informed about pensions flexibilities

## PARTNER AND 'ANCHOR' INSTITUTION



**Working collaboratively across systems to positively impact on the social determinants of health inequalities**


- As an anchor organisation, and as a large employer, influence change through connecting with the population we serve, invest in creating social value, and working in partnership across the system to **improve the health and economic wellbeing of the local population.**
- Through increased collaboration and integrated working across systems, we will seek to **facilitate employment and training opportunities** for local communities, promoting careers in health. This will consist of:
  - Targeting people in the most deprived areas and widening access to good quality work with job security
  - An employment package which includes the opportunity for personal and professional progression
  - Provision of structured education and training to increase skills and achieve competence for career progression.
  - Effective use of apprenticeships from entry level to masters and best value for any levy transfer to benefit the local population.
  - Partnership working with schools, colleges and other organisations to provide pre employment advice, training and guidance to secure employment in health and care.
- Contribute as a partner in the **Newcastle Collaborative** and **Newcastle Health Innovation (AHSN)** to support improvements to the health, wealth and wellbeing of the population.
- Collaborate with colleagues across the system, and where appropriate, work collectively to deliver sustainable system-wide people initiatives.



## OUR NHS PEOPLE PROMISE





	Trust Plan	NHS People Plan	Theme	Action	Metric	Timescale if noted	Status
1		Looking after our people	Well Workforce	Complete <b>Risk Assessments</b> for 'at risk' staff	100% compliance; incorporation into corporate and local induction processes.	Ongoing	Green
2			Well Workforce	Produce & implement coherent staff <b>Health and Wellbeing Strategy</b> to outline local 'offer' of support and resources to maintain and enhance mental, emotional and psychological wellbeing. <b>Include physical activity options in the workplace</b>	Delivery of strategy; increased rest spaces for clinical staff;	Strategy by end 2020.	Green
3			Well Workforce	1st line manager education to raise awareness of mental health.	Delivery of training programmes.	2021	Red
4			Well Workforce	Appoint Board level ' <b>Wellbeing Guardian</b> '	Identified individual in place	By Q1 2021.	Yellow
5			Well Workforce	Design and implement process for annual <b>Health and Wellbeing conversation, including ED and I for all staff</b> , with agreed action plan.	% of staff with recorded conversation; process included for new starters in Induction.	Start by end 2020	Yellow
6			Well Workforce	Delivery of <b>seasonal flu vaccination programme</b> across organisation and improve data capture and efficiency through use of RPA and e-forms.	Volume of take up of vaccine.	By end 2020.	Green
7			Well Workforce	Expand access to <b>psychological support</b> offer; Utilise critical, enhanced and respiratory care staff funding for pastoral support.	% reduction in sickness absence attributable to psychological reasons	Ongoing	Yellow
8			Well Workforce	Review <b>support during long term sickness absence</b>	% reduction in sickness absence prioritising mental health SS10	Ongoing	Yellow
9			Well Workforce	Introduce ' <b>Working Carers Passport</b> ' scheme		2021	Red
10			Well Workforce	Implement ' <b>#Flourish at the Frontline</b> ' programme	Awareness across w/force of programme	2021	Yellow
11			Well Workforce	Reduce incidences of <b>bullying, harassment and violence</b> against staff	2020 Staff Survey Q response	2021	Yellow
12			Well Workforce	Review and <b>refresh core and leadership behaviours and standards framework.</b>	New framework introduced	By 2021	Yellow
13			Well Workforce	Delivery of ' <b>Pension Information Workshops</b> ' to support individual decision-making and financial wellbeing		Oct-20	Green
14			Well Workforce	Ensure <b>incorporation of Flourish</b> into induction and all EWD programmes		2021	Yellow
15			Well Workforce	Empower staff to <b>deliver Sustainable Healthcare in Newcastle (#SHINE)</b> , embedding Climate Emergency action and Shine into our workforce processes and procedures.	Utilisation of Shine Rewards programme; low and zero emission vehicles bought through car lease scheme.	Strategy Launch Oct 20	Yellow

	Trust Plan	NHS People plan	Theme	Action	Metric	Timescale if noted	Status
16		<b>Belonging in the NHS</b>	Diversity and Inclusion	Develop an <b>equality, diversity and inclusion strategy</b> for an open and inclusive workforce as an integral part of People Strategy to reduce inequalities across the organisation.	Increase BAME diversity of workforce from 9% to 15% by 2022	2021	Yellow
17			Diversity and Inclusion	Deliver <b>WRES and WDES Action plans</b> ; implement recommendations from <b>Surash/Pearce</b> report on ethnic pay gap.	Ensure maintenance or improvement against target range relating to formal disciplinary processes; implementation of report	Ongoing	Yellow
18			Diversity and Inclusion	Ensure governance incorporates <b>engagement and involvement of staff networks to contribute to inform decision-making</b> and support delivery of the People Strategy.	Active engagement and consultation on developments.	Ongoing	Yellow
19			Diversity and Inclusion	Implement <b>BAME Mentoring Scheme</b>	No. of participants; evaluation of impact.	2020/21	Green
20			Diversity and Inclusion	Include <b>BAME in EDI performance management framework</b> to monitor progress	Implement BAME metrics and dashboard	by April 2021	Yellow
21			Diversity and Inclusion	Implement local <b>development programmes for BAME staff</b> (band 5 and above/'Stepping up' and B2 - 5)	Increased number of BAME staff in senior and leadership positions	Ongoing	Yellow
22			Diversity and Inclusion	<b>Increase BAME staff in leadership</b> roles	Progress v 'Model Employer' goals: % of BAME staff in leadership roles	Ongoing	Yellow
23			Diversity and Inclusion	Maintain <b>Stonewall Workplace Equality Index Top 100</b> ranking	Retain or improve position within top 100	Ongoing	Yellow
24			Diversity and Inclusion	Appoint a <b>BAME FTSU Guardian</b>	Named point of contact.	2021	Red
25			Diversity and Inclusion	Implement <b>widening access campaign, including overhaul of recruitment</b> and promotion practices	20% of workforce have disclosed a disability by March 2022. Host network recruitment event 2021.	By 2022	Red
26			Diversity and Inclusion	Ensure <b>disabled staff feel safe to raise concerns at work</b> and they are enabled to seek support	WDES Indicator 4b improved (2020) and sustained (2021)	Ongoing	Red
27			Diversity and Inclusion	Eliminate <b>disabled staff feeling pressure to attend work when not feeling well</b> enough	WDES Indicator 6 improved (2020) and sustained (2021)	Ongoing	Red
28			Diversity and Inclusion/Valued	Implement <b>refreshed LCEA scheme, including a more diverse Awards Committee panel.</b>	% increase in diversity of award beneficiaries	Launch by December 2020	Green

	Trust Plan	NHS People plan	Theme	Action	Metric	Timescale if noted	Status
29			Flexibility	<b>Retention of agile, flexible and home working arrangements</b> & ensure inclusion at induction. Implement any relevant changes to t's & C's of employment.	% increase of staff working flexibly/from home; recorded via 'working from home' location data from e-rostering.	Ongoing	
30			Flexibility	<b>Improve staff survey response of staff who are satisfied with flexible working opportunities.</b>	Staff Survey Q response.	By January 2021	
31			Flexibility	<b>Board focus &amp; support</b> for flexible working; Being open to all clinical and non clinical substantive roles being flexible - default all jobs. Revise recruitment template.	% of roles advertised as flexible; Achieve strategic ambition to be the 'most flexible employer' in our NHS peer group by 2022.	By 2022	
32		<b>Belonging in the NHS</b>	Staff collective voice/staff experience.	Increase proportion of <b>staff able to speak up safely</b>	Staff Survey Q response	2021	
33			Staff collective voice	Use of 'pulse survey' to monitor progress.	Work in Confidence' data	Ongoing	
34			Staff collective voice	% staff agreeing that the Trust <b>acts fairly regarding career progression and promotion</b>	Staff Survey Q response	Ongoing	
35			Staff collective voice	Local delivery of <b>'NHS People Promise'</b>	Improved staff survey and other 'pulse' survey results.	Spring 2021	
36	<b>Excellence in education and training</b>	<b>Growing for the future</b>	Clinical education and training	Implement <b>'Clinical Skills Training Academy'</b> to facilitate efficient and effective use of <b>CPD investment</b>	Academy in place and awareness raised across organisation.	By 20/21	
37			Clinical education and training	Support <b>expansion of clinical placement capacity</b>	% increase in placements	End March 21	
38			Clinical education and training	<b>Protected time</b> for educational supervisors and educators	Agreed policy implemented.	2021	
39			Clinical education and training	Develop a <b>career pathway</b> for Healthcare Support Workers	Designed, promoted and implemented.	2021	
40			Clinical education and training	Delivery of <b>clinical apprenticeships</b> aligned to HEE capacity expansion, including RN degree apprenticeship.	No of apprentices	Ongoing	
41		Education and training for all	Apprenticeships	Maximise <b>use of apprenticeship levy</b> and achieve public sector targets. Refresh <b>'Apprenticeship Strategy'</b>	Achievement of Public Sector Target; Obtain 'Good' Ofsted Status. Production of revised strategy.	Ongoing/2021	
42				Achieve <b>statutory training and appraisal</b> compliance	95% statutory training and appraisal	Ongoing	



	Trust Plan	NHS People plan	Theme	Action	Metric	Timescale if noted	Status
43			Expand e-learning & virtual learning.	Identify and <b>implement improvements to access and utilisation of e-learning</b> - particularly stat. & mand training, to build capacity and expand workforce role innovations to increase service resilience.	No and impact of improvements.	Ongoing	
44			Improvement	Scope and procure <b>education VLE</b> to facilitate expansion of e-learning and blended learning options, continuing implementation of <b>Technology Enhanced Learning</b> strategy.	Implementation of VLE.	By 2021	
43		Professional & leadership development	Leadership Development	Deliver further ' <b>Joint Systems Leadership</b> ' programmes	No of programmes	2021	
44			Leadership Development	Expand <b>local GMTS</b> scheme	Additional trainees	2021 +3	
44		<b>Growing for the future</b>	Leadership Development	<b>Talent Management to create robust pipeline</b> for 'ready to fill' leadership positions.		By end 2021	
45			Leadership Development	Support uptake of <b>digital central leadership</b> programmes	No of participants.	Ongoing	
46			Leadership Development	Deliver <b>e-learning modules for New and Emerging Leadership</b> Programme		2021	
47		Innovation & improvement	Improvement	Develop and implement <b>education and training 'branding'</b> to support promotion of learning and education with Flourish framework.	Agreed brand and engagement plans.	By 2021	
48			Improvement	Support implementation of <b>Improvement Academy</b> , including incorporation into induction and all EWD programmes.	Academy launched.	By 2021	
49	<b>People Working Differently</b>	Growing for the future	Growing our own	Continue to <b>reduce agency staff utilisation and expenditure</b> , including minimising reliance on agency staff.	Retain exemplar position regarding cost & fill rates	Ongoing	
50		Growing for the future	Growing our own	Ensure <b>sustainable B5 nursing vacancy rate</b>		Ongoing	
51			Growing our own	<b>Overhaul recruitment and promotion strategies</b> and mitigate risk post Brexit for international recruits. Prioritise recruitment to <b>mitigate impact of age demographic</b> and to <b>support growth</b> to meet demand.	No of international recruits; impact on vacancies; acceleration of recruitment processes. NB <i>Covid &amp; Winter limiting capacity</i> .	2021	
52		Growing for the future	Growing our own	Proactive <b>widening access</b> to enable <b>social mobility and local NHS careers events</b>	No of events: no of 'conversion' from enquiry to employment?	Ongoing	
53		Growing for the future		Increase <b>volunteer workforce</b>	No of additional volunteers and roles	Ongoing	



	Trust Plan	People plan	Theme	Action	Metric	Timescale if noted	Status
54		Growing for the future	Retention	Produce ' <b>Don't retire, rewire</b> ' retention strategy for older workforce	Define older workers: No of retire and returning staff ; no of staff Age 55+;	2021/Ongoing	
55			Retention	Implement ' <b>mid career</b> ' conversations for age 50+; signpost to pension information.	No completed	2021	
56			Retention	Implement ' <b>back to the floor</b> ' programme for staff who wish to return to clinical practice.	No of programmes delivered.	Ongoing	
57			Workforce Planning	Refine directorate <b>workforce plans to address demand gaps and solutions, &amp;</b> respond to changing care pathways/settings and delivery.		Early 2021	
58			Workforce Planning	Scope potential to increase new roles - in particular, <b>Assistant Practitioner roles</b> (other than nursing) - including midwifery, diagnostic AHP's and healthcare scientists. Also includes <b>Medical Support Workers</b> .	Implementation and number of new Clinical Support Worker roles.	2021	
59			Systems/Technology	Refresh ' <b>Workforce Information Systems Strategy</b> '. Retain redeployment database to support responsive workplace change data.	Expand workforce data dashboard to include workforce key indicators aligned to People Plan.	2021	
60			Job Planning	Implement <b>effective e-job planning and e-roster platforms and reporting arrangements</b> ; ensure consistent inclusion of research as key activity.	Achieve level 1 NHSI Meaningful Use Standards.	Mar-21	
61			Systems/technology	<b>Accelerate use of RPA</b> to improve data capture and quality; Deliver requirements as <b>NHSX National RPA Centre of Excellence</b> .	Reduction in manual interventions on transactional activity.	Ongoing	
62			ACP	<b>Increase ACP's</b> , non medical, including clinical pharmacists prescribers, Physician Associates	No of new or extended roles in the workforce	Ongoing	

	Trust Plan	People plan	Theme	Action	Metric	Timescale if noted	Status
63	<b>Partner &amp; Anchor Organisation</b>	<b>New Ways of Working</b>	Apprenticeships	Implement ' <b>Princes Trust</b> ' Get into Health programme and <b>access 'KickStart'</b> to support new people into health and care work.		By end 2020.	Green
64			Alignment and collaboration across systems	Launch ' <b>joint' Health and Care Support Worker apprenticeship programme</b> ; ensure recruitment facilitates widening access to all parts of the community.	Staff in post.	By January 2021	Yellow
65				Establish <b>Collaborative Newcastle</b> JDG Workforce Group to accelerate joint locality working		Spring 2021	Yellow
66			Deployment	<b>Workforce Sharing</b> across ICP/ISC NENC to support Trust and system resilience. Expand collaboration to support 'seamless' transfer of multi professional clinicians.	No of staff deployed across city/region; utilisation of passporting/credentialing; no of formal MOU's.	Ongoing	Yellow
67			Workforce Planning	Increase use of <b>digital staff passporting</b> to meet service levels	No of staff passports issued	Ongoing	Red
68			Collaboration	Co-location of ' <b>multi-system' teams</b> to facilitate inter and multi disciplinary working		Ongoing	Yellow
69			Systems	Expansion of <b>clinical academic workforce</b>	No of staff	Ongoing	Red
70			Systems	Expansion of ' <b>joint' clinical appointments</b> with local HEI's	No of appointments	Ongoing	Yellow
71			Reducing health inequalities	Increase <b>proportion of diversity of local workforce employed in health and social care</b> to be more representative of the community we serve	Workforce data	Ongoing	Yellow
72			Systems	Working across systems to create <b>transformative working environments</b> with appropriate people supply to meet patient demand (e.g. Nightingale, Lighthouse); deliver 'phase 3' expectations.		Ongoing	Green
73			<b>COVID 19</b>	Delivery of COVID projects - ICHNE, Vaccine Hub, Local Test and Trace, Restart and Recovery			Yellow

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

Corporate Governance Statement	Response	Risks and Mitigating actions
1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.		Confirmed. No material risks identified. Assurances include Annual Report (declaration of compliance with Code of Governance and Annual Governance Statement, both are subject to independent review and scrutiny by External Audit as part of the year end external audit). CQC Inspection of 'Well Led' Domain assessed as 'Outstanding'.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time		Confirmed. No material risks identified. Key documents are highlighted/circulated to the Board through the Chief Executive Update report, items to note and agenda items.
3 The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.		No material risks identified. The CQC reviewed the effectiveness of the Board and confirmed Committee structure as part of the 'Well Led' review, assessed as 'Outstanding'. There are a wide range of controls in place, including an approved Scheme of Delegation, Standing Financial Instructions, Board approved committee structure and terms of reference in place, a Board member appraisal process is in place, agreed Executive portfolios and clear organisational structure/reporting lines.
4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		Confirmed. No material risks identified. There are a range of systems and/or processes in place which evidence the Trust's on-going compliance with this requirement, including: Trust Board meetings. Routine Integrated Board Reports (covering Quality, Performance, People & Finance). Regular meetings of the Trust Executive Team, Executive Risk Group, Finance, Quality, Audit and People Committees. Board approved terms of references and schedules of business. Board approved Annual Plan. Regular detailed Board finance report. Board Assurance Framework and Risk Registers. External and Internal audit annual opinion and Internal Audit annual plan approved by the Audit Committee.
5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.		Confirmed. No material risks identified. There are a range of systems and/or processes in place which evidence the Trust's on-going compliance with this requirement, including: - Trust Board composition includes Chief Executive Officer, Chief Operating Officer, Medical Director, Director for Enterprise and Business Development, Finance Director and Executive Chief Nurse. - Board approved Quality Account - Patient stories to every Board meeting - Board line of sight as part of Spotlight on Services (formerly known as Leadership Walkabouts for NEDs) - Positive external stakeholder feedback (re Quality Account) - Routine Integrated Quality and Performance Report to Trust Board (including SIRI reporting) - Quality Committee meetings to seek assurance over quality of care including scrutiny of SIRIs and Never Events - Clinical Audit Plan - Mortality Surveillance Group
6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.		There are a range of controls in place to mitigate staffing risks, including: Directorate Ward staffing reviews and a single centralised bank for nursing and midwife posts.

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature



Name Dame Jackie Daniel

Signature



Name Sir John Burn

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A

Certification on training of governors (FTs only)


The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

- 1 The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed


Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature 

Name Dame Jackie Daniel

Capacity Chief Executive Officer

Date 21.01.2021

Signature 

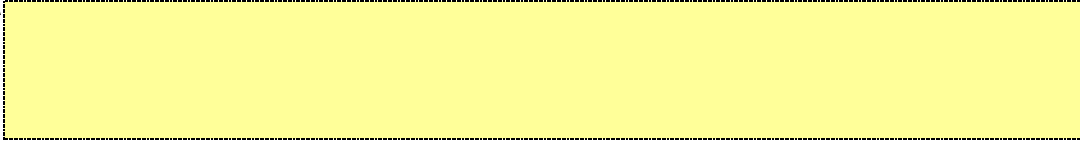
Name Professor Sir John Burn

Capacity Chairman

Date 21.01.2021

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A



**Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence**

*The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.*

**1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)**

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. Confirmed OK

**3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)**

**EITHER:**

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. Confirmed

**OR**

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

**OR**

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

**Statement of main factors taken into account in making the above declaration**

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Trust has taken all necessary precautions as were necessary to comply with the conditions.  
 The Trust has continually achieved its Control Total.  
 Transformation, performance and finance management arrangements are in place to support the delivery of the Trust Annual Plan, overseen by the Trust Finance Committee.  
 The Trust has launched Newcastle Improvement, a quality improvement initiative.  
 The annual going concern assessment was presented to the Trust Board in April 2019 and an update presented in March 2020 as part of the Finance Director report.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature 

Signature 

Name Dame Jackie Daniel

Name Professor Sir John Burn

Capacity Chief Executive Officer

Capacity Chairman

Date 21.01.2021

Date 21.01.2021

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.