



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 January 2022						
Title	Consultant Appointments						
Report of	Andy Welch, Medical Director						
Prepared by	Emma Reilly, 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
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Impact detail	Ensuring the Trust is sufficiently staffed to meet the demands of the organisation.						
Reports previously considered by	Consultant Appointments are submitted for information in the month following the Appointments Panel.						

CONSULTANT APPOINTMENTS

1. APPOINTMENTS COMMITTEE – CONSULTANT APPOINTMENTS

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

By unanimous resolution, the Committee was in favour of appointing Dr Preya Patel.

Dr Patel holds MBChB (Imperial College London) 2008 and MRCP (UK) 2011. Dr Patel is currently employed as a Locum Consultant Hepatologist at the Freeman Hospital.

Dr Patel is expected to take up the post of Consultant Hepatologist in March 2022.

- 1.2 An Appointments Committee was held on 3 December 2021 and interviewed 1 candidate for 1 Consultant in Paediatric Intensive Care and Paediatric Critical Care Transport post.

By unanimous resolution, the Committee was in favour of appointing Dr Rebecca Amy Johnson.

Dr Johnson holds MBBS (Newcastle University) 2008 and MRCPCH (UK) 2013. Dr Johnson is currently employed as PICU registrar at the Royal Children's Hospital, Victoria (Australia).

Dr Johnson is expected to take up the post of Consultant in Paediatric Intensive Care and Paediatric Critical Care Transport in May 2022.

- 1.3 An Appointments Committee was held on 3 December 2021 and interviewed 1 candidate for 1 Consultant in Paediatric Intensive Care post.

By unanimous resolution, the Committee was in favour of appointing Dr Elisabeth Day.

Dr Day holds MBBS (University College London) 2006 and MRCPCH (2010). Dr Day is currently employed as a Paediatric Intensive Care Fellow at the Starship Children's Hospital, Auckland (New Zealand).

Dr Day is expected to take up the post of Consultant in Paediatric Intensive Care in March 2022.

- 1.4 An Appointments Committee was held on 3 December 2021 and interviewed 1 candidate for 1 Consultant in Paediatric Intensive Care and Paediatric Anaesthesia post.

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

BRP A7a

Dr Glazebrook holds MBChB (University of Leeds) 2008 and FRCA (UK) 2015. Dr Glazebrook is currently as a Clinical Fellow in Paediatric Critical Care at the University of Toronto Hospital for Sick Children (Canada).

Dr Glazebrook is expected to take up the post of Consultant in Paediatric Intensive Care and Paediatric Anaesthesia in September 2022.

- 1.5 An Appointments Committee was held on 13 December 2021 and interviewed 2 candidates for 2 part-time NECTAR Consultant posts.

By unanimous resolution, the Committee was in favour of appointing Dr Alexandra Beckingsale and Dr Niraj Naranjan.

Dr Beckingsale holds MBChB (University of Dundee) 2003 and FRCA (UK) 2009.

Dr Beckingsale took up the post of NECTAR Consultant in January 2022.

Dr Niranjan holds MBBS (University of London) 2000 and FRCA (UK) 2006. Dr Niranjan is currently employed as a Consultant Anaesthetist at the University Hospital of North Durham.

Dr Niranjan is expected to take up the post NECTAR Consultant in March 2022.

- 1.6 An Appointments Committee was held on 15 December 2021 and interviewed 1 candidate for 1 Consultant in Acute Medicine Post.

By unanimous resolution, the Committee was in favour of appointing Dr Emilia Ida Pellas.

Dr Pellas holds MBBS (Newcastle University) 2010. Dr Pellas is currently employed as a Specialist Registrar in Acute Medicine at Northumbria Specialist Emergency Care Hospital.

Dr Pellas is expected to take up the post of Consultant in Acute Medicine in April 2022.

- 1.7 An Appointments Committee was held on 6 January 2022 and interviewed 1 candidates for 1 Consultant in Respiratory Medicine (Special Interest in Bronchiectasis) post.

By unanimous resolution, the Committee was in favour of appointing Dr Katy Louise Murphy Hester.

Dr Hester holds MBBS (Newcastle University) 2001, MRCP (UK) 2005, Master of Clinical Research (Newcastle University) 2012 and PhD (Newcastle University) 2017. Dr Hester is currently employed as a Locum Consultant Respiratory Physician at the Freeman Hospital.

BRP A7a

Dr Hester is expected to take up the post of Consultant in Respiratory Medicine (Special Interest in Bronchiectasis) in February 2022.

- 1.8 An Appointments Committee was held on 6 January 2022 and interviewed 1 candidate for 1 Consultant in Respiratory Medicine (Special Interest in Lung Cancer) post.

By unanimous resolution, the Committee was in favour of appointing Dr Elizabeth Ruth Fuller.

Dr Fuller holds MBChB (Manchester University) 1996, MRCP (UK) 1999 and Medical Doctorate (Newcastle University) 2008. Dr Fuller is currently employed as a Respiratory and General (Internal) Medical Consultant at South Tyneside District Hospital.

Dr Fuller is expected to take up the post of Consultant in Respiratory Medicine (Special Interest in Lung Cancer) in March 2022.

- 1.9 An Appointments Committee was held on 6 January 2022 and interviewed 1 candidate for 1 Consultant Nephrologist post.

By unanimous resolution, the Committee was in favour of appointing Dr Lynne Frances Sykes.

Dr Sykes holds MBChB (University of Sheffield) 2010, MRCP (UK) 2013 and PhD (University of Manchester) 2020. Dr Sykes is currently employed as a Renal and General Medical Registrar at Salford Royal Hospital.

Dr Sykes is expected to take up the post of Consultant Nephrologist in June 2022.

2. **RECOMMENDATION**

1.1 – 1.9 – For the Board to receive the above report.

Report of Andy Welch

Medical Director

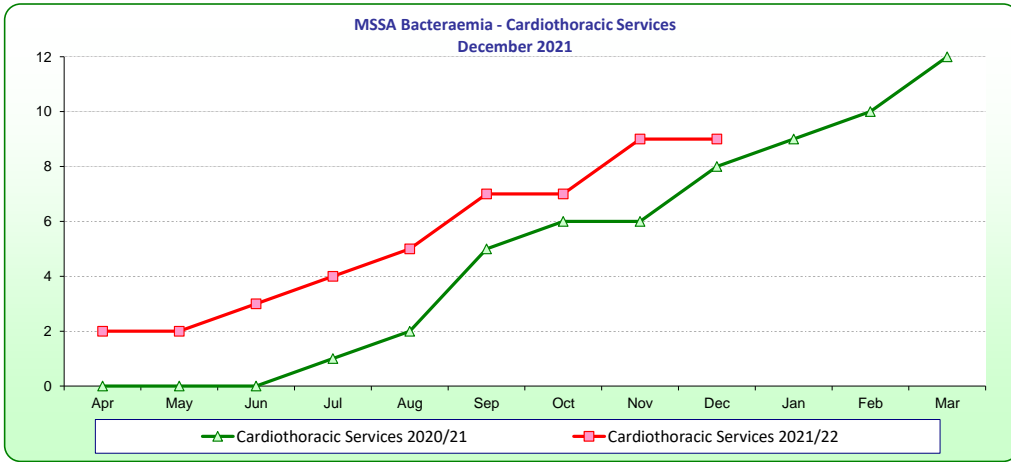
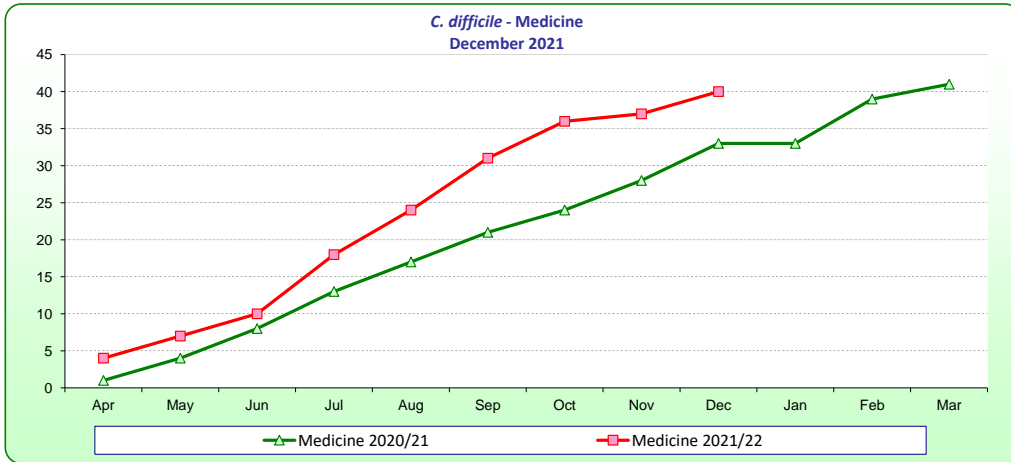
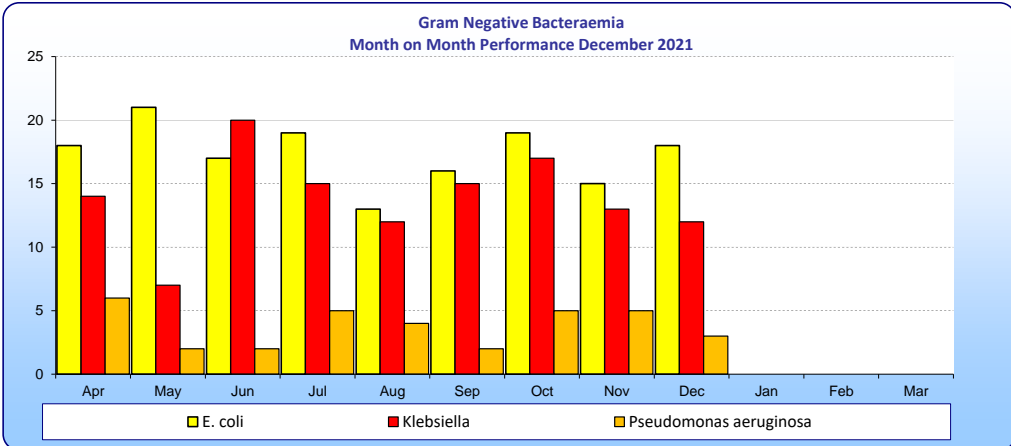
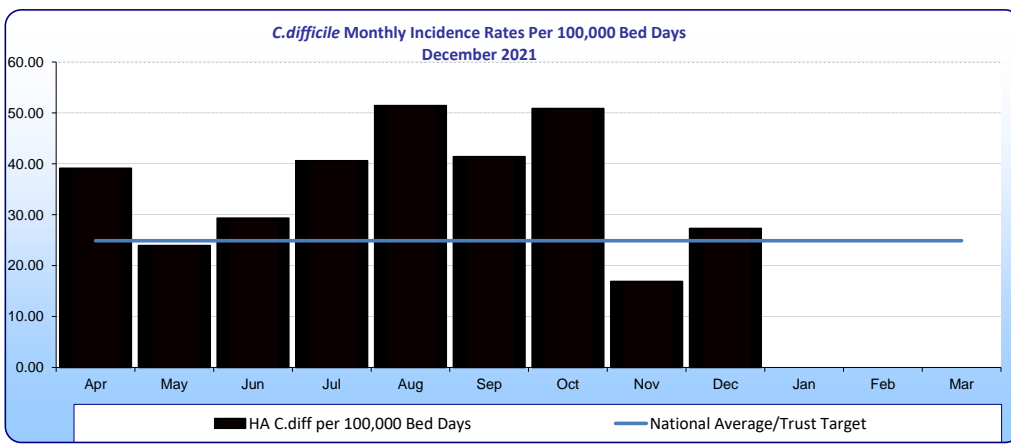
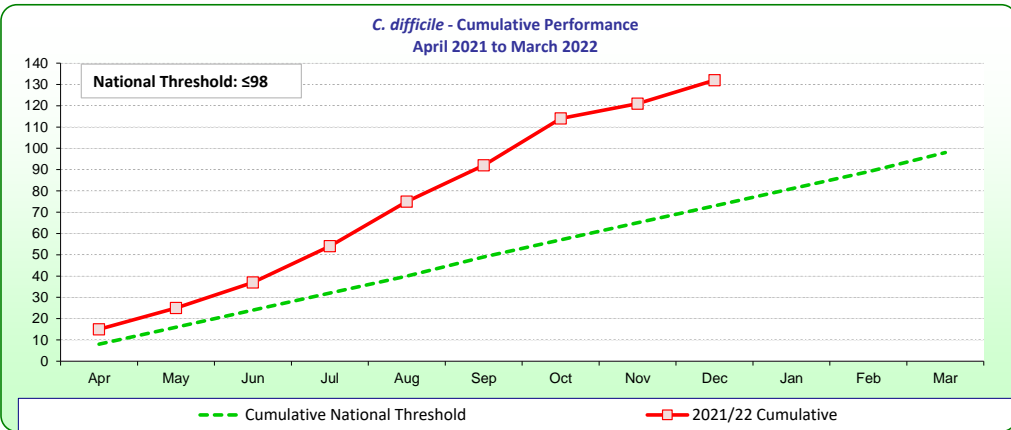
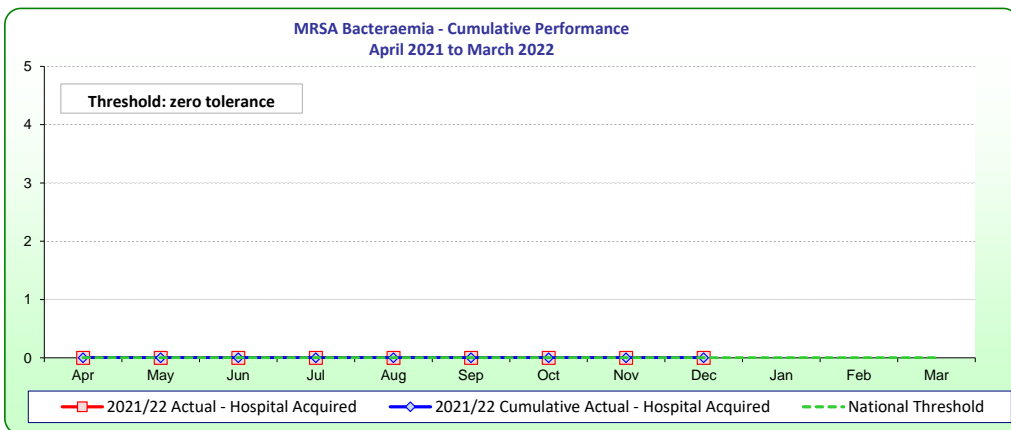
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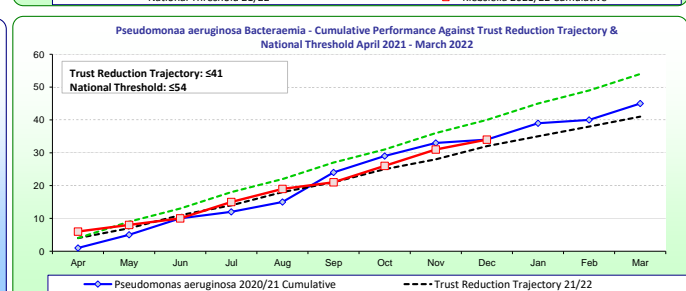
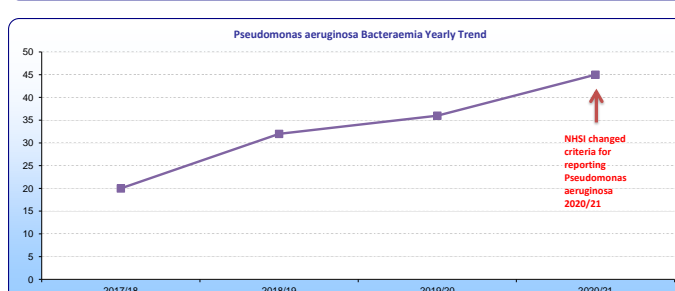
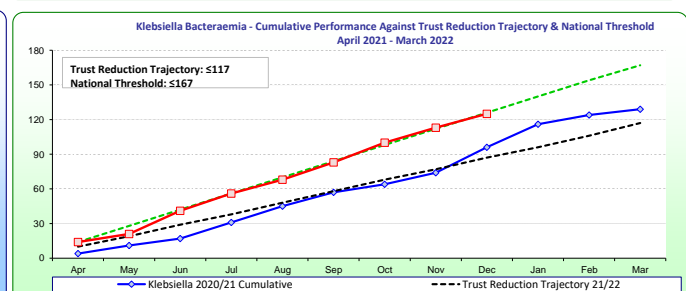
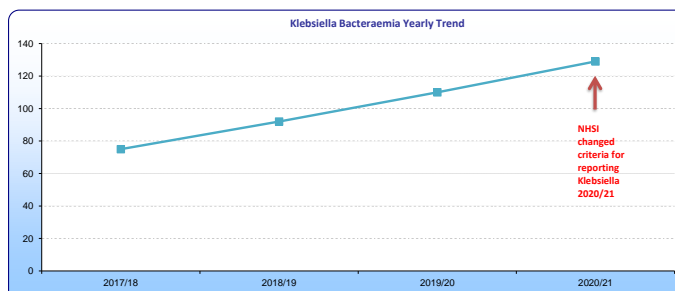
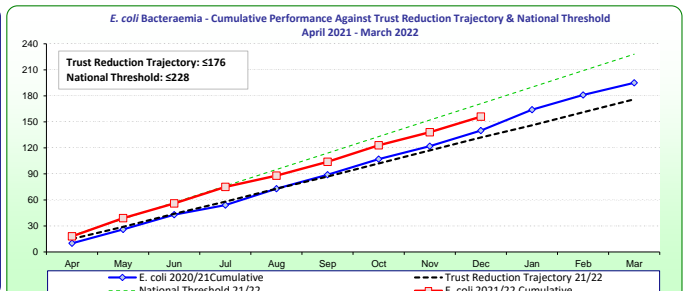
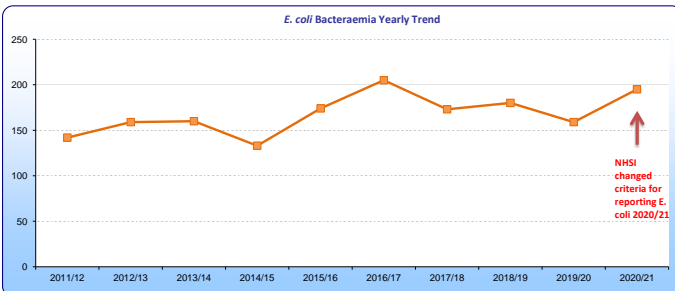
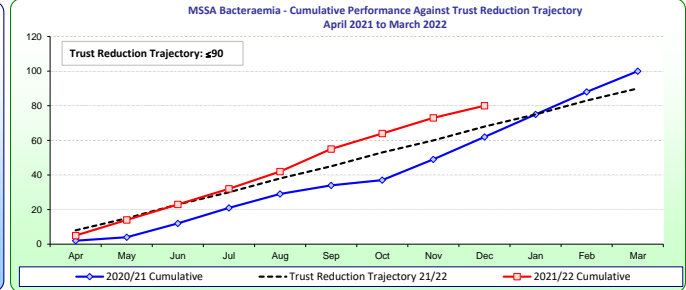
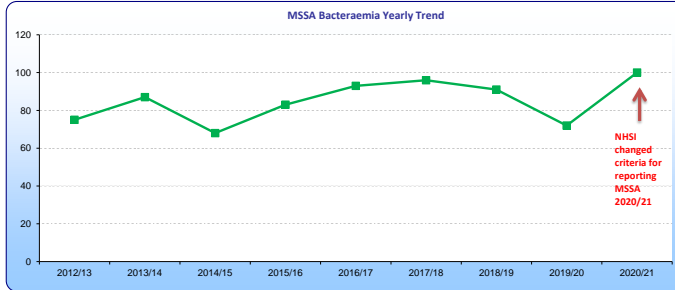
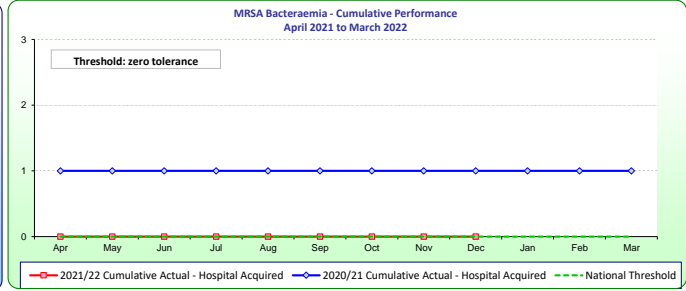
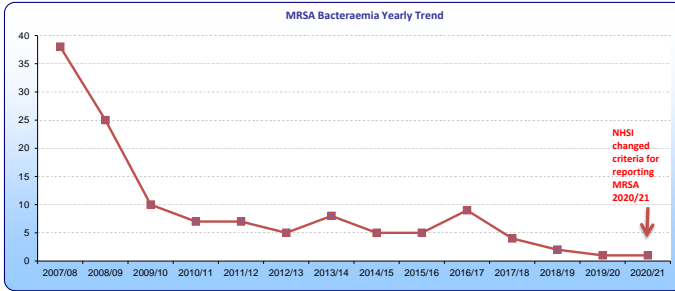
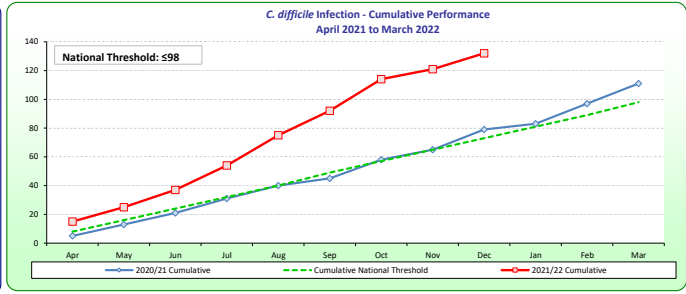
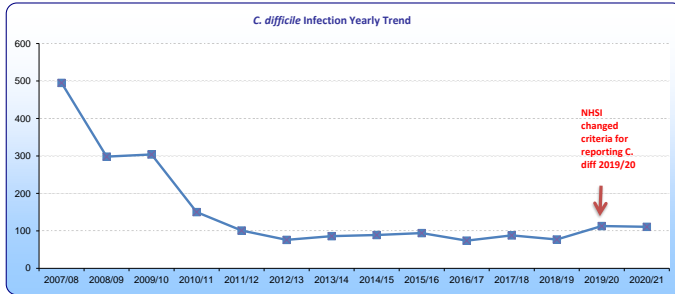
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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Healthcare-Associated Infections Report
December 2021





IPC indicators (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA Bacteraemia - non-Trust	-	-	-	-	-	1	0	0	0				1
MRSA Bacteraemia - Trust-assigned (objective 0)	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●				0 ●
MRSA HA acquisitions	2	0	1	2	5	2	2	2	0				16

MSSA Bacteraemia - post-48 Hours Admission (local objective ≤90)	5 ●	9 ●	9 ●	9 ●	10 ●	13 ●	9 ●	9 ●	7 ●				80 ●
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<i>E. coli</i> Bacteraemia - post-48 Hours Admission (local objective ≤176)	18	21	17	19	13	16	19	15	18				156 ●
Klebsiella Bacteraemia - post-48 Hours Admission (local objective ≤117)	14	7	20	15	12	15	17	13	12				125 ●
Pseudomonas aeruginosa Bacteraemia - post-48 Hours Admission (local objective ≤41)	6	2	2	5	4	2	5	5	3				34 ●

<i>C.diff</i> - Hospital Acquired (national threshold ≤98)	15 ●	10 ●	12 ●	17 ●	21 ●	17 ●	22 ●	7 ●	11 ●				132 ●
<i>C.diff</i> related death certificates	2	0	1	0	1	1	1	1	1				8
Part 1	2	0	1	0	1	0	1	0	1				6
Part 2	0	0	0	0	0	1	1	1	0				3

Periods of Increased Incidence (PIIs)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA HA acquisitions	-	-	-	-	1	0	0	0	0				1
Patients affected	-	-	-	-	2	0	0	0	0				2
<i>C.diff</i> - Hospital Acquired	3	2	5	1	3	5	4	2	2				27
Patients affected	6	4	8	2	7	10	9	2	3				51

Healthcare Associated COVID-19 cases (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Hospital onset Probable HC associated (8-14 days post admission)	-	-	4	6	7	4	13	5	11				50
Hospital onset Definite HC associated (≥15 days post admission)	-	-	-	7	2	10	20	19	17				75

Outbreaks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Norovirus Outbreaks	-	-	1	0	0	1	3	0	0				5
Patients affected (total)	-	-	18	0	0	11	28	0	0				57
Staff affected (total)	-	-	12	0	0	1	15	0	0				28
Bed days losts (total)	-	-	5	0	0	99	127	0	0				231
Other Outbreaks	-	-	-	1	0	0	1	0	0				2
Patients affected (total)	-	-	-	5	0	0	7	0	0				12
Staff affected (total)	-	-	-	11	0	0	0	0	0				11
Bed days losts (total)	-	-	-	4	0	0	10	0	0				14
COVID Outbreaks	-	-	2	3	3	1	6	2	6				23
Patients affected (total)	-	-	8	9	3	11	55	7	37				130
Staff affected (total)	-	-	1	0	4	3	9	3	6				26
Bed days losts (total)	-	-	45	29	-	-	267	-	-				341

<i>C.diff</i> Transit and Testing Times Target <18hrs	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Trust Specimen Transit Time	09:56	10:16	11:03	10:56	13:14	11:54	11:53	12:02	13:02				11:35
Laboratory Turnaround Time	02:28	03:15	03:38	03:25	04:39	03:10	03:36	03:22	03:14				03:25
Total to Result Availability	12:24 ●	13:31 ●	14:41 ●	14:21 ●	17:53 ●	15:04 ●	15:29 ●	15:24 ●	16:16 ●				15:00 ●

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

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

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



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 January 2022						
Title	Corporate Governance Update						
Report of	Dame Jackie Daniel, Chief Executive						
Prepared by	Fay Darville, Deputy Trust Secretary, and Lauren Brotherton, Governor and Membership Engagement Officer						
Status of Report	Public	Private	Internal				
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Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The report includes an update on the following areas:</p> <ul style="list-style-type: none"> • Council of Governors; • Committee management; and • Annual Report and Accounts 2021/22. 						
Recommendation	<p>The Board of Directors are asked to</p> <ol style="list-style-type: none"> Receive the update; Ratify the Quality Committee Schedule of Business; and Approve the Quarterly Declarations for publication. 						
Links to Strategic Objectives	Performance – Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
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Impact detail	Impacts on those highlighted at a strategic and reputational level.						
Reports previously considered by	Standing agenda item.						

CORPORATE GOVERNANCE UPDATE

EXECUTIVE SUMMARY

This report provides an update on a number of corporate governance areas, including:

- The Council of Governors, including an update on the recent meeting held in December 2021 and the work undertaken by the Governor and Membership Engagement Officer to date;
- Committee management, including plans to source suitable meeting venues should this be required going forward, a review of committee attendance, and the requirement to ratify the updated Quality Committee Schedule of Business; and
- The Annual Report and Accounts 2021/22, including submission dates and content changes.
- The quarterly NHS Improvement declarations are included in the Board Reference Pack and require Board approval for publication.

The Board of Directors are asked to

- i) Receive the update;
- ii) Ratify the Quality Committee Schedule of Business; and
- iii) Approve the Quarterly Declarations for publication.

CORPORATE GOVERNANCE UPDATE

1. COUNCIL OF GOVERNORS

1.1 Recent Meeting

Board members will recall that meetings of the Council of Governors had taken place virtually since the onset of the pandemic. Following the private workshop in August 2021, a hybrid meeting (virtual and in-person) was undertaken for the formal October 2021 meeting of the Council.

The formal meeting in December 2021 was held in-person at St James' Park and included an update from Martin Wilson, Chief Operating Officer, and Vicky McFarlane-Reid, Executive Director of Enterprise and Business Development, on Operations and the plan for the second half of the financial year. The Governors also received an update on developments related to the Newcastle Hospitals Charity from Teri Bayliss, Charity Director, and Jon Goodwin, Head of Grant Programmes.

The next formal meeting of the Council will take place virtually on Thursday 17 February 2022.

1.2 Governor Developments

The Corporate Governance Team welcomed Lauren Brotherton in early December as Governor and Membership Engagement Officer and since then, the following progress has been made:

- A review and refresh of the Membership Strategy is underway, in collaboration with the People, Engagement, and Membership Working Group. This also includes a full redesign of the membership posters and forms;
- A data cleanse of the Trust's membership database, hosted by Civica, is taking place;
- A review is taking place of the Governor and Membership pages on the Trust website, as well as the intranet. This has included an update of the Governor biographies and photographs on the Trust's website;
- Discussions are underway to host a virtual Members Event in March 2022 to highlight topics of interest which have arisen during the pandemic within the Trust; and
- A review of the Working Group Terms of Reference is underway in collaboration with the Working Groups.

Further Governor mandatory training took place in mid January 2022. The Corporate Governance Team is currently looking at updating the content to ensure it remains relevant to the Governor role, however positive feedback has been received from the sessions.

Governors continue to be regularly updated on Trust developments via virtual informal meetings, fortnightly emails, and 1:1 meetings with the Lead Governor.

Agenda item A13

2. COMMITTEE MANAGEMENT

2.1 Meetings

The Corporate Governance Team is exploring suitable venues for future meetings of the Board of Directors, Board Committees, and Council of Governors given the likely changes to Government restrictions and social distancing requirements. Updates on the locations of specific meetings will be provided in due course.

2.2 Meeting attendance

A review of attendance at meetings of the Board Committees is underway, in preparation for the annual reports of the committees. This includes a review of access to papers on Admin Control.

2.3 Quality Committee Schedule of Business

During their January 2022 meeting, the Quality Committee approved a number of changes to its Schedule of Business. The updated schedule is appended to this report for Board ratification.

3. ANNUAL REPORT AND ACCOUNTS 2021/22

Preparations have commenced for the collation of information for the Annual Report and Accounts 2021/22. An initial meeting has been held with representatives from a number of teams across the organisation.

Whilst the publication of the Annual Reporting Manual (ARM) is awaited and the dates for parliamentary laying are currently unknown, a number of key dates have been announced:

- Draft submission of the annual accounts: 26 April 2022; and
- Final/audited submission of the annual report and accounts: 22 June 2022.

As such, extraordinary meetings of the Finance Committee, Audit Committee, and Board of Directors meeting to approve the report and accounts in mid June.

A number of key changes to the requirements of the annual report and accounts have also been communicated:

- **IFRS16 Leases** – this new accounting standard will be adopted by the NHS with effect from 1 April 2022 and as such, additional disclosure requirement of the impact will be included in the 2021/22 Annual Accounts.
- **Streamlining annual reports no long available** – HM Treasury has confirmed that the reduced reporting introduced for 2019/20 and 2020/21 is not available for 2021/22. This means aspects such as the performance analysis are reinstated. Further information is to be issued in the ARM when published.
- **Quality accounts, quality reports and assurance for providers** – the ARM is expected to confirm that quality reports are no longer part of the annual report. Instead, the performance of the organisation in both the overview and performance analysis

Agenda item A13

should cover all aspects of performance and not only financial. The quality report is no longer subject to external audit assurances.

- **The fair pay disclosure (ratio of highest paid director to average salary)** – the disclosure is expanded to add a new requirement for entities to disclose the percentage change in remuneration for the highest paid director and the percentage change in remuneration for employees of the entity as a whole. It also adds disclosing the ratio between the remuneration of the highest paid director to employees' remuneration on the 25th and 75th percentile.

A further update will be provided in the next report.

4. QUARTERLY NHS IMPROVEMENT DECLARATIONS

The quarterly self-certifications provide assurance that NHS providers are compliant with the conditions of their NHS provider licence. Compliance is reviewed quarterly to ensure that the Trust can continue to demonstrate effective systems are in place and adherence to the conditions of the NHS provider licence, NHS legislation and the NHS Constitution.

A review of compliance was undertaken in November 2021 and compliance with the conditions of the NHS provider licence, NHS legislation and the NHS Constitution has been confirmed. The self-certification documents can be found in the Board Reference Pack and Trust Board approval is requested for publication.

5. RECOMMENDATIONS

The Board of Directors are asked to

- Receive the report;
- Ratify the content of the Quality Committee Schedule of Business; and
- Approve the Quarterly Declarations for publication.

Fay Darville
Deputy Trust Secretary

Lauren Brotherton
Governor and Membership Engagement Officer
21 January 2022

Appendix One

QUALITY COMMITTEE SCHEDULE OF BUSINESS

Reports	May 2021	July 2021	September 2021	November 2021	January 2022	March 2022
Business Items						
Minutes of the last meeting	X	X	X	X	X	X
Action Log	X	X	X	X	X	X
Minutes of Sub Groups	X	X	X	X	X	X
Quality and Patient Safety						
Management Group Chair Reports – to focus on two areas per meeting	X	X	X	X	X	X
• Patient Safety Group	AR		X		X	
• Patient Experience & Engagement	AR		X		X	
• Clinical Outcomes & Effectiveness Group	AR	X		X		X
• Compliance & Assurance Group	AR	X		X		X
Committee Deep Dives		X (Lfd/Mort)		X (Newc Imp/HCAIs)		X
Safeguarding	Q4/AR		Q1	Q2		Q3
Mortality/Learning from Deaths	Q4/AR	Q1		Q2		Q3
Learning Disability	Q4/AR		Q1	Q2		Q3
End of Life and Palliative Care	BAR			BAR		
Ockenden Report Update, to include Maternity CNST Quarterly Report when available			X	X	X	X
Place Assessment Update Report						AR
Performance						
Integrated Quality & Performance Report	X	X	X	X	X	X

Reports	May 2021	July 2021	September 2021	November 2021	January 2022	March 2022
Assurance Reports						
Leadership Walkabouts/Spotlight on Services Update	X	AR	X	X	X	X
Health & Safety Annual Report		AR				
CQC Action Plan Update		X			X	
BAF Assurance Report	Q4/AR		Q1		Q2	Q3
Legal Update	X		X	X	X	
Clinical Research			X			X
Quality Account	X			X		
Newcastle Improvement – TBC*	BAR			BAR		
Annual Report of Committee, including review of Schedule of Business and Terms of Reference		X				
Strategy						
Quality Strategy – AD HOC						
Clinical Strategy – AD HOC						
Nursing, Midwifery, and Allied Health Professional Strategy – AD HOC						

(AR – Annual Report)

(BAR – Bi-Annual Report)

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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 Business, Development and Enterprise, Finance Director and Executive Chief Nurse - Annual Quality Account produced - Patient/staff stories presented at Board meetings as a regular agenda item - Board line of sight as part of Leadership Spotlight on Services - Positive external stakeholder feedback (re Quality Account) - Routine Integrated 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 midwifery 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

Signature

Name Dame Jackie Daniel

Name Professor Sir John Burn

Capacity Chief Executive Officer

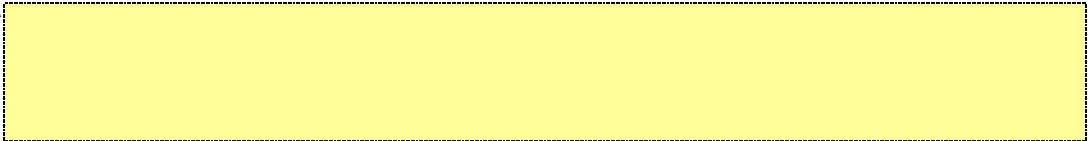
Capacity Chairman

Date 27.01.2022

Date 27.01.2022

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. Transformation/Quality Improvement, performance and financial management arrangements are in place to support the delivery of the Trust plans, overseen through the Trust governance structure. Specific reports on the Trust Activity and Financial Plans are presented routinely to the Finance Committee, with updates to the Trust Board. The Newcastle Improvement, Performance and Finance Teams continue to work on the Trust's long-term recovery programme. The annual going concern assessment was presented to the Audit Committee in April 2021 and considered by the Trust Board members in April 2021. This is updated annually.

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: 27.01.2022

Signature 
 Name: Professor Sir John Burn
 Capacity: Chairman
 Date: 27.01.2022

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



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 January 2022						
Title	Integrated Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Joey Barton – Senior Performance Manager						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Board on the Trust's performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets.						
Reports previously considered by	Regular report.						

INTEGRATED REPORT – 27 JANUARY 2022

EXECUTIVE SUMMARY

This report provides an integrated overview of the Trust's position across the domains of Quality, Performance, People and Finance. In summary:

- The Trust had 0 cases of MRSA bacteremia attributed in December 2021. Therefore no cases have been recorded since April 2020.
- There were 32 Serious Incidents (SIs) reported in December 2021. The increase in the numbers of SIs since July 2021 can be attributed to a return to pre-pandemic bed occupancy alongside the higher acuity of patients in the Trust. In December the Trust reported its first Never Event since June 2021.
- The Trust did not achieve the 95% Accident and Emergency (A&E) 4hr standard in December, with performance of 85.3%. Type 1 attendances remain above pre-COVID levels.
- The Trust Patient Tracking List (PTL) size was 93,350 in December with 4,277 patients waiting over 52 weeks. Referral to Treatment (RTT) Compliance was 69.3%.
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in November, having achieved 2 of the 8 standards in the previous month.

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Integrated Board Report

Quality, Performance, People and Finance

January 2022

Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of **Quality, Performance, People and Finance** in order that the Board can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider.

Current Operating Environment

The Trust is now operating within an environment which contains a steady volume of COVID inpatients, with late December actually seeing a sharp rise in the COVID inpatients volume. This is adding significant and increased pressure to the Trust's currently reduced bed base, with high numbers of bed closed during the past 3 months due to reduced staffing levels, COVID outbreaks and Infection Prevention and Control (IPC) requirements. Staff absences from COVID, self-isolation and stress / anxiety continue to impact on the ability to recover Trust performance.

The Newcastle Plan

- In light of the COVID-19 pandemic and the commitment to address extended waits the Trust has developed The Newcastle Plan, and an overarching Delivery Board chaired by the Chief Executive.

Report Highlights

1. The Trust **had 0 cases of MRSA bacteremia attributed in December 2021**. Therefore no cases have been recorded since April 2020.
2. There were **32 Serious Incidents (SIs) reported in December 2021**. The increase in the numbers of SIs since July 2021 can be attributed to a return to pre-pandemic bed occupancy alongside the higher acuity of patients in the Trust. In December the Trust reported its first Never Event since June 2021.
3. The Trust did not achieve **the 95% A&E 4hr standard in December, with performance of 85.3%**. Type 1 attendances remain above pre-COVID levels.
4. The **Trust PTL size was 93,350 in December with 4,277 patients waiting over 52 weeks. RTT Compliance was 69.3%**.
5. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in November**, having achieved 2 of the 8 standards in the previous month.

Contents: January 2022

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Serious Incidents Lessons Learned
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity
- 3Rs Programme / Recovery Plus
- Monthly Performance Dashboard
- A&E Access and Performance
- Bed Occupancy and Stranded Patients
- Diagnostic Waits
- 18 Weeks Referral to Treatment
- Cancer Performance
- Other Performance Standards

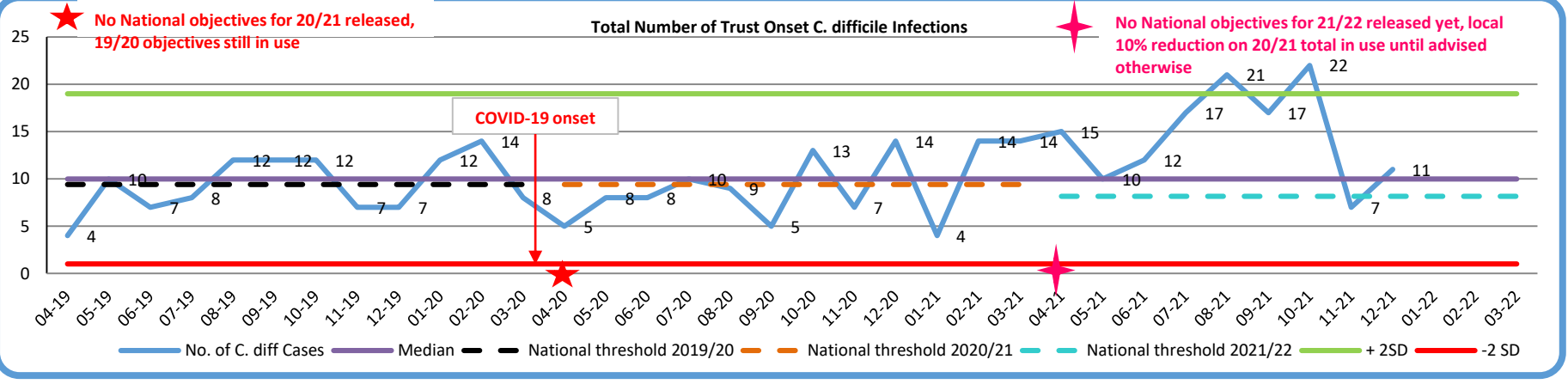
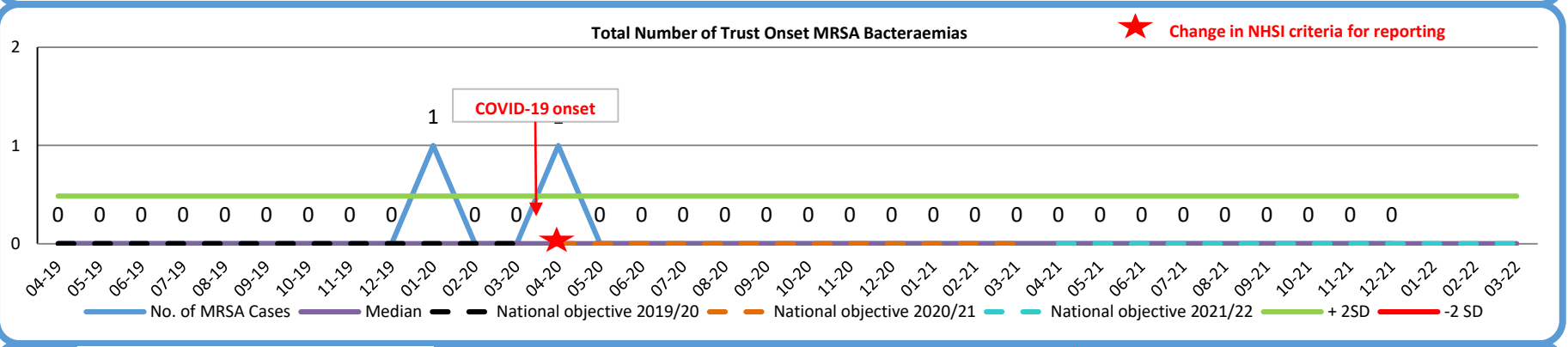
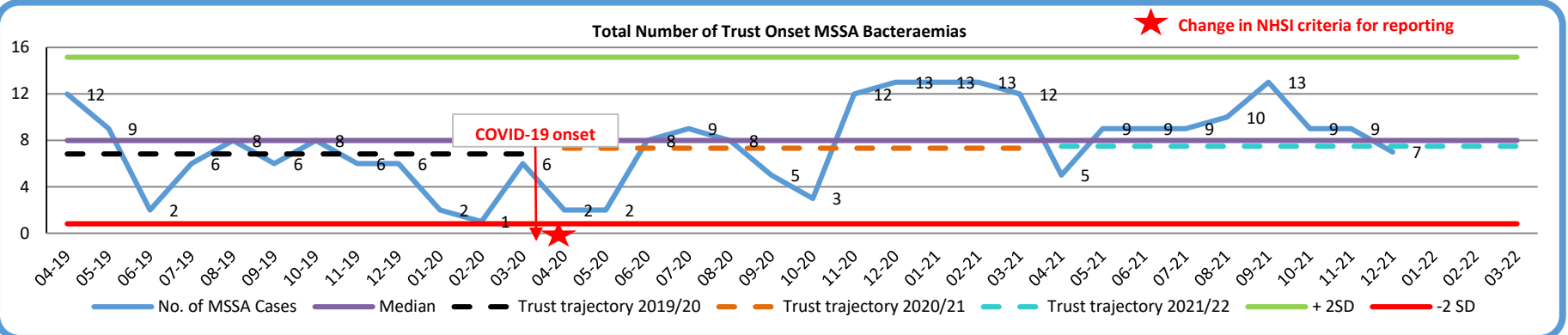
People

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

Finance

- Overall Financial Position

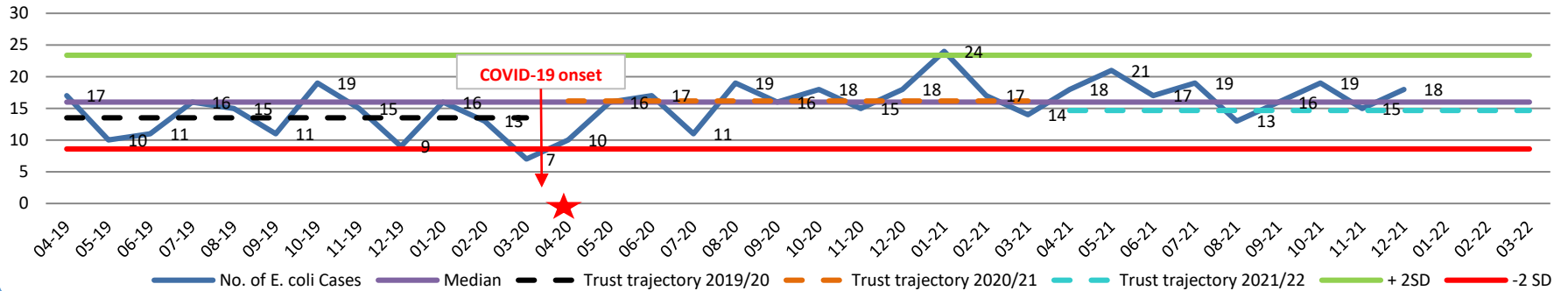
Quality and Performance: Healthcare Associated Infections



Quality and Performance: Healthcare Associated Infections

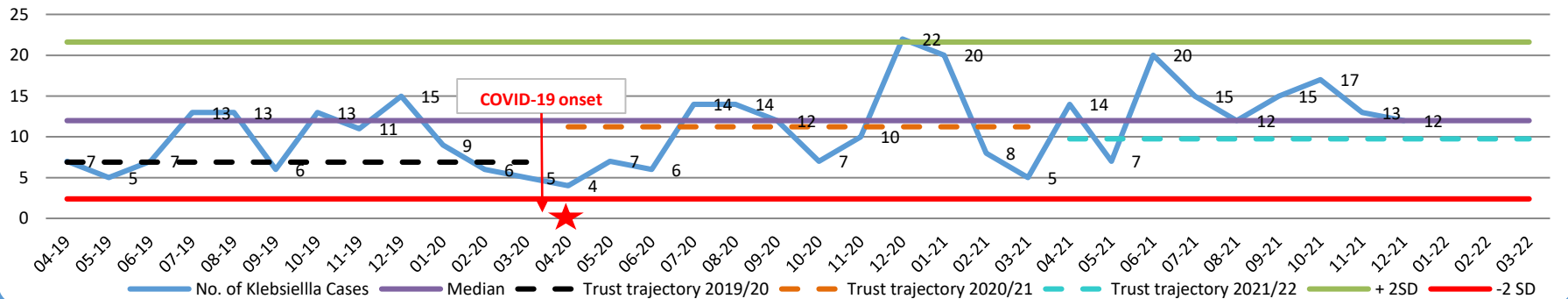
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



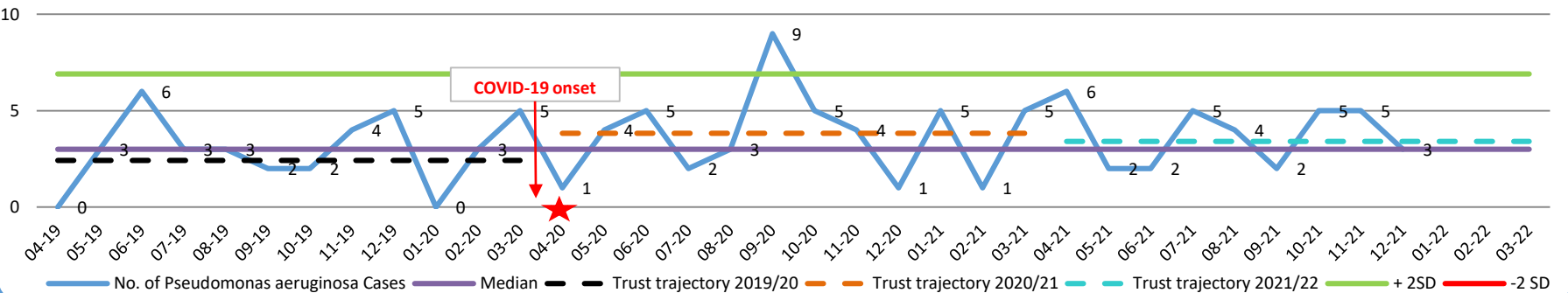
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

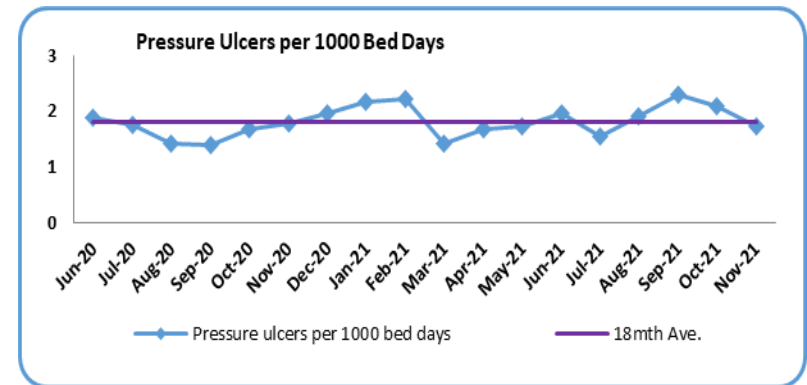
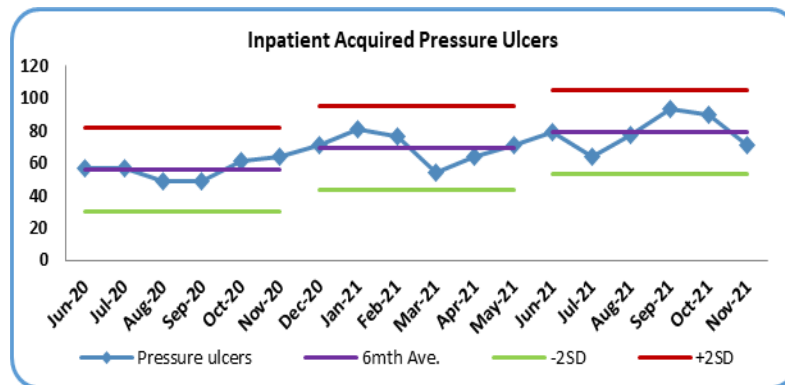
★ Change in NHSI criteria for reporting



Quality and Performance: Harm Free Care 1/2

The graphs below illustrate that in the last 18 months incidence of pressure ulcers (PU) have been on an upward trajectory, with the exception of the period between March to July 2021. This is consistent with previous years, whereby incidents of Trust acquired pressure damage reduce over the Summer months, however rates remained higher than pre-pandemic levels. From August through to October 2021 a steep increase is evident, this directly correlates with surges in COVID activity. This is also apparent in October 2020 through to February 2021, whereby waves two and three occurred. The Trust safe care data illustrates the acuity of patients is significantly higher than pre-pandemic levels. In addition there has been an increase in patients presenting to the Trust with significant existing damage, or at risk of skin deterioration. This is consistent in both other Trusts in the Shelford Group and indeed the National picture.

These increases are not concentrated in one particular area, but rather spread across the Trust. However, there have been some successes in the last year in some areas, particularly in those areas of high input from the Tissue Viability and podiatry team to provide education and support, increasing awareness of risk.

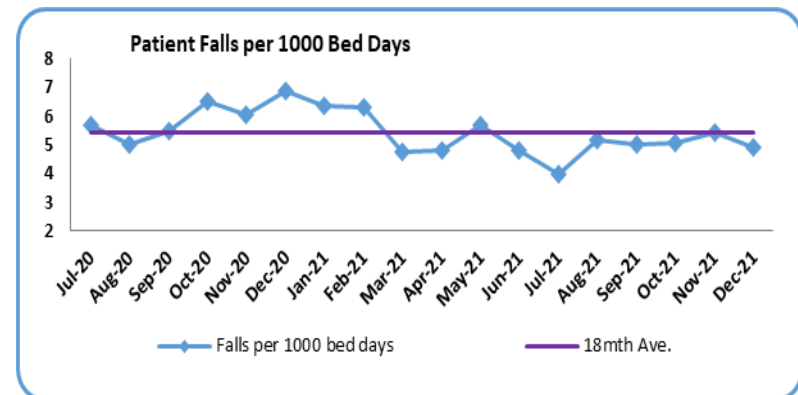
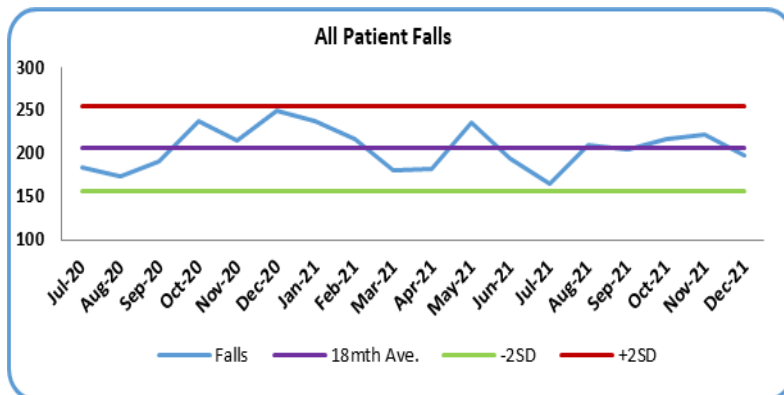


Quality and Performance: Harm Free Care 2/2

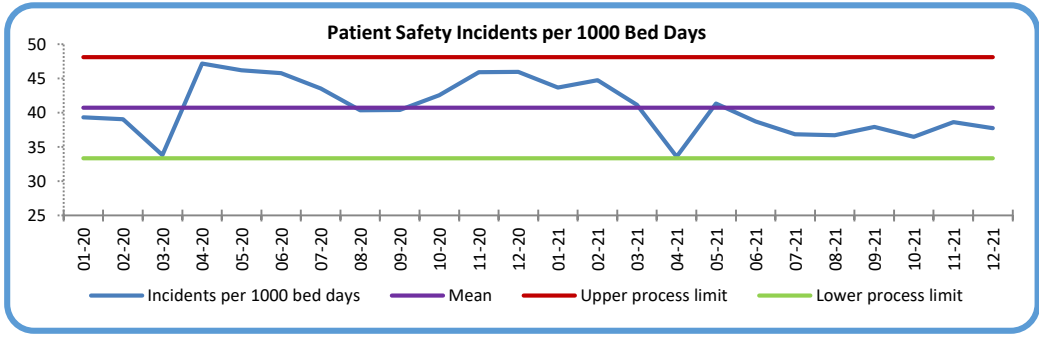
Until October 2020 a significant reduction in inpatient falls was evident, however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1,000 bed days. In December through to February a significant increase is evident, as seen in incidents of PU, this is consistent with surges in covid activity and reflected in the Trust safe care data.

This year the Trust has experienced significant pressures, particularly in relation to bed occupancy levels, which have remained high throughout. Significant increases in the cohort of Medical patients, particularly those over 65 are evident and have led to the requirement to convert many Surgical Wards to Medicine. Evidence produced by the National Falls Audit (2021) illustrates rates of deconditioning in our elderly population as a result of periods of lockdowns and Covid 19 infection, has led to significant increases in both levels of patients at risk and incidents of falls. Incidents within the Trust reflect this, whereby a high proportion of falls occur in our patients who are over 65.

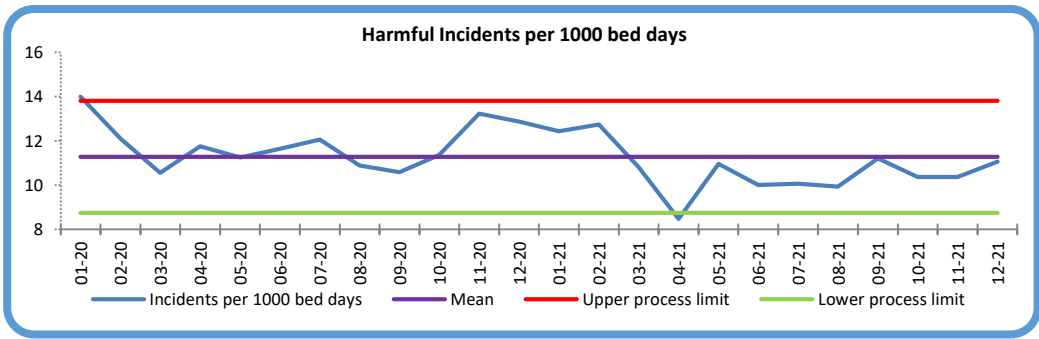
The Falls Coordinator has commenced work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust continue to report less incidents resulting in serious injury.



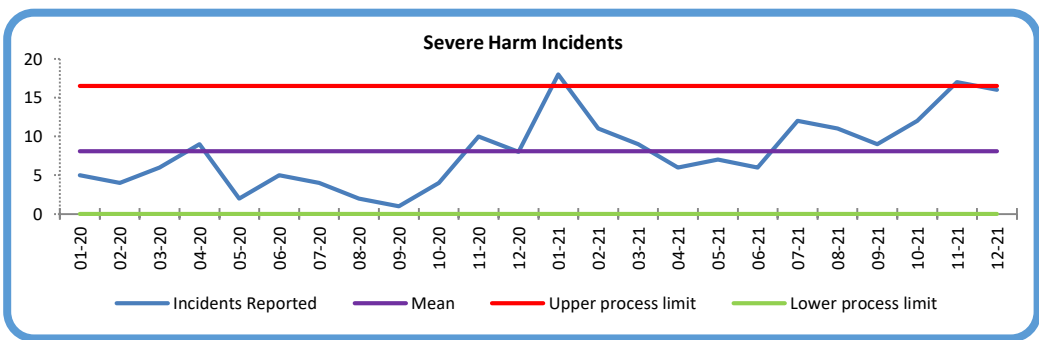
Quality and Performance: Incident Reporting



All patient incidents: There has been a slight decrease in the rate of patient incidents reported between June - December, demonstrating a continued shift below the mean. This however remains within the expected common cause variation.



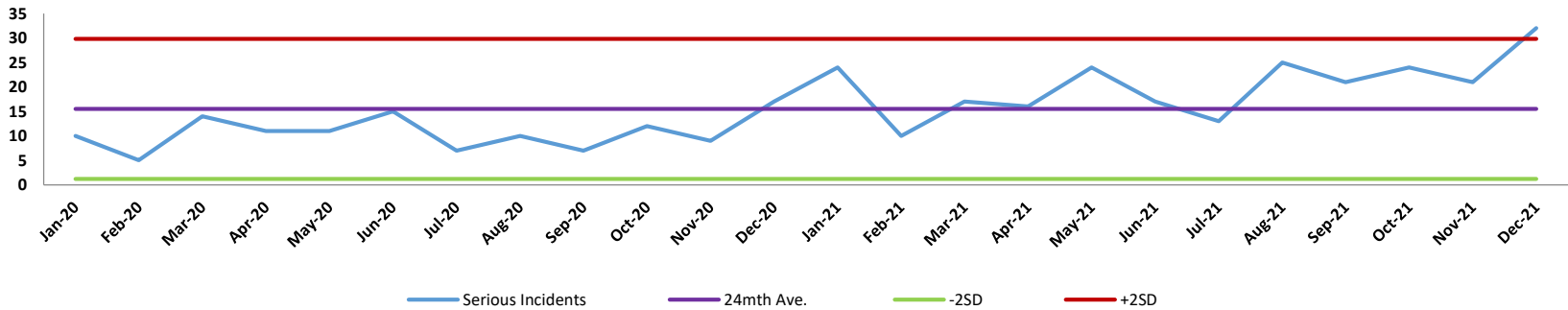
Harmful incidents: There has been a slight increase, back towards the mean, in the number of *harmful patient safety incidents per 1000 bed days. This remains within the common cause variation expected.
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted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



Severe harm incidents: There were 16 patient safety incidents reported, that were graded as severe harm in December 2021. Within these incidents, 7 are attributable to NHSEI Covid-19 reporting requirements; this includes all patient deaths confirmed as definite or probable hospital-onset Covid-19. Whilst this remains towards the upper process limit for this month, the data is subject to change in future reports as severity grading may be modified following investigation.

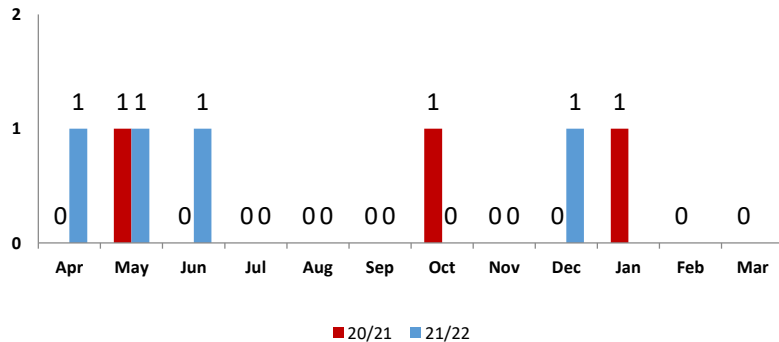
Quality and Performance: Serious Incidents & Never Events

Number of Serious Incidents Reported

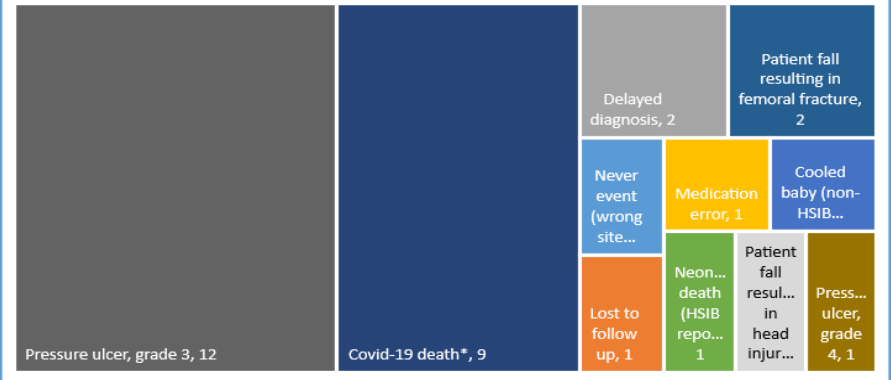


There were 32 Serious Incidents (SIs) reported in December 2021. The increase in the numbers of SIs since July 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust. This figure includes 9 Covid-19 deaths due to definite or probable hospital onset Covid 19*. The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death and requires the Trust to be open and transparent with patients and their families. The DoC process has been initiated in all cases reported in December 2021.

Total Number of Never Events Reported



Serious Incidents by Category



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

** Incidents involving babies are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. This agreement is that all cases reported to the Royal College of Obstetrics & Gynaecology (RCOG) as fulfilling the criteria for the 'Each Baby Counts' national quality-improvement initiative should (by default) be notified as Serious Incidents. Since April 2019 all 'Each Baby Counts' reportable cases are now externally investigated by the Healthcare Safety Investigation Branch (HSIB) as part of their national programme.

Quality and Performance: Serious Incident Lessons Learned 1/2

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

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

Self-Harm

Support given to staff when caring for patients at risk of self-harm, including promotion of the Trust 'Enhanced Observation' policy, in addition to provision of Mental Health and suicide awareness sessions.

Strengthened processes to support communication between Acute and Mental Health Trust clinicians at all levels.

Never Event – Ophthalmology

Robust safety processes in theatre implemented, supporting a human factors design.

Speciality safety theatre checklist reviewed and updated.

Procedural Error

Amendment of procedure consent form to support clinicians to view pertinent information at the earliest opportunity.

Updated referral pathway including a dedicated email to receive referrals, enabling timely screening and action by the clinical team.

Strengthened safety-checking process at the booking and procedure stage.

Medication Errors (two cases)

The development of a medication acuity tool to support clinical pharmacy review

Learning from case review shared to promote clinical guidelines and Trust policy concerning medicines management.

Consider e-Record functionality to support safe prescribing of high-risk medications.

Quality and Performance: Serious Incident Lessons Learned 2/2

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

Unexpected Complication

A comprehensive review of the medical device undertaken, including risk assessment and updated best practice guidance.

Reporting Error

Strengthened governance processes including implementation of a robust audit schedule and change control surveillance.

Strengthened communication at all levels including development of a communication strategy and team briefing templates.

Hospital Acquired Infection

Enhanced infection prevention control measures implemented including a risk assessment process for visitors, refreshed guidance posters and enhanced screening surveillance.

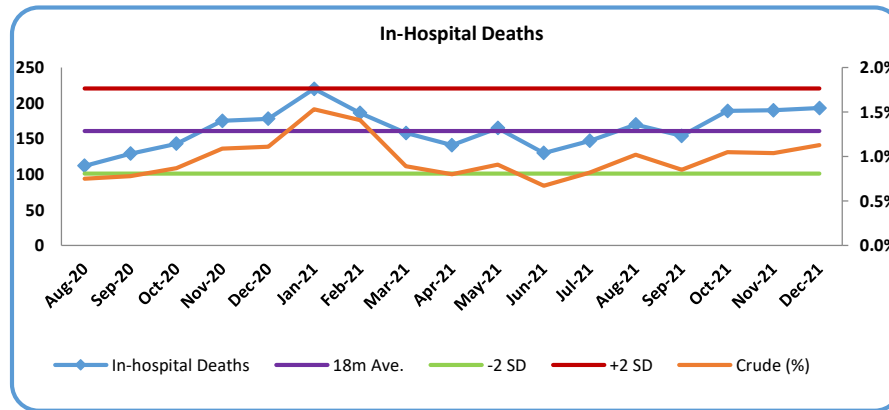
Lost to follow up

Trust improvement work commenced, with enhanced governance, to include establishing a robust and reliable electronic system to ensure patients receive appropriate follow-up.

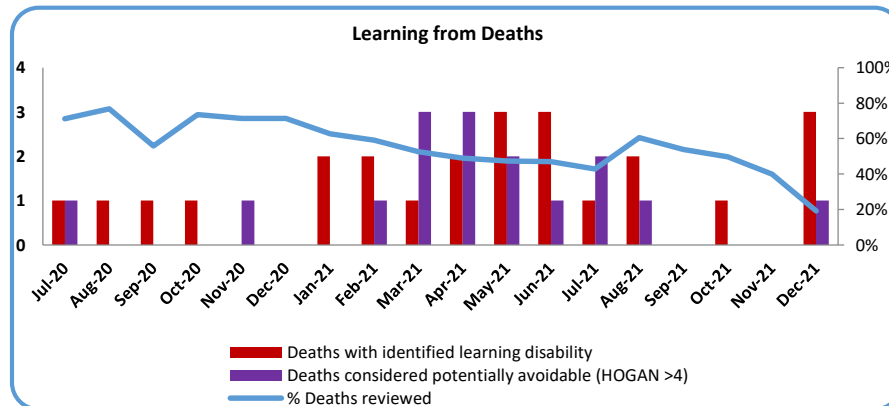
Standardised verbal and written information provided to patients to ensure awareness of the need to self-refer if condition deteriorates.

Quality and Performance: Mortality Indicators 1/2

In-hospital Deaths: In total there were 193 deaths reported in December 2021, which is higher than the amount reported 12 months previously (n=178). Regionally more deaths are being recorded within acute settings in the past few months with primary care deaths lowering. Crude death rate is 1.13%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.

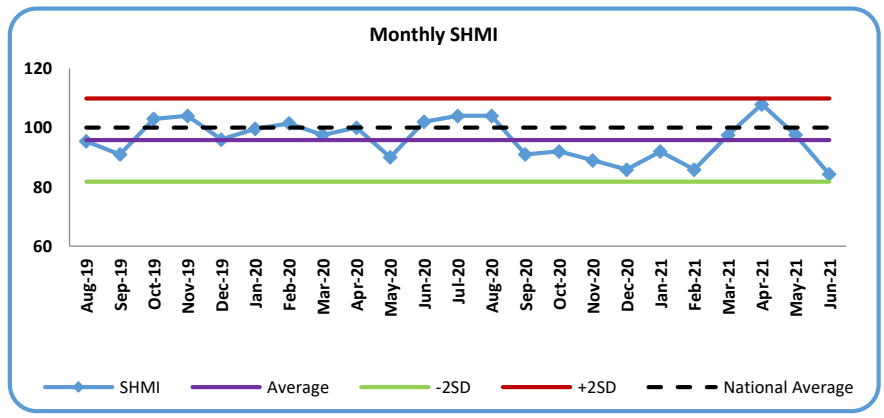
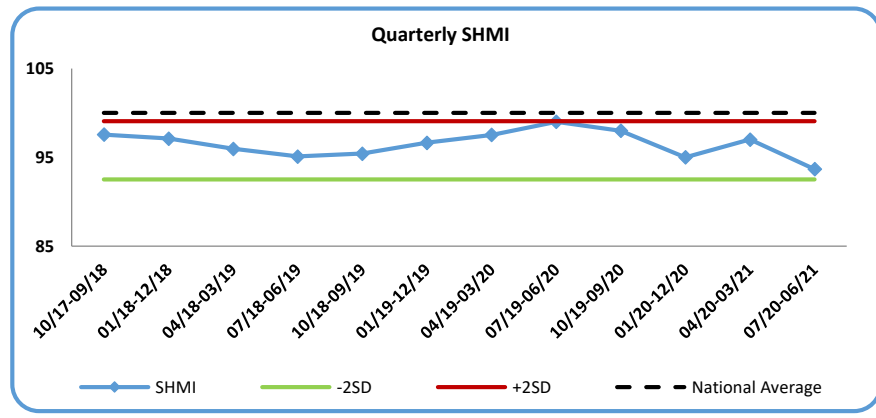


Learning from Deaths: Out of the 193 deaths reported in December 2021, 37 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months and this will continue to be monitored and modified accordingly.

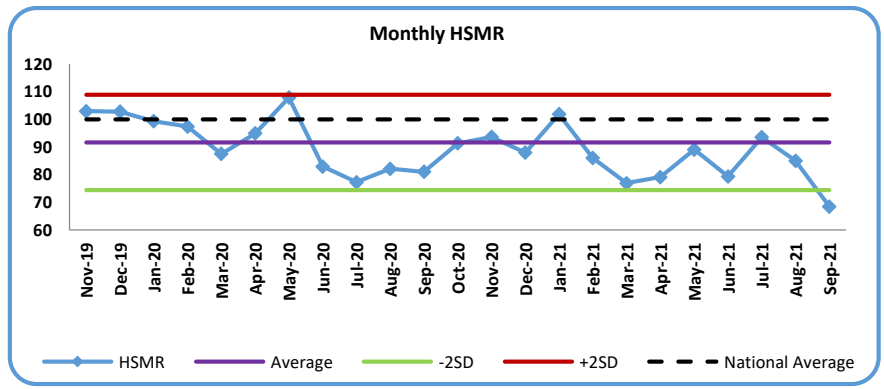
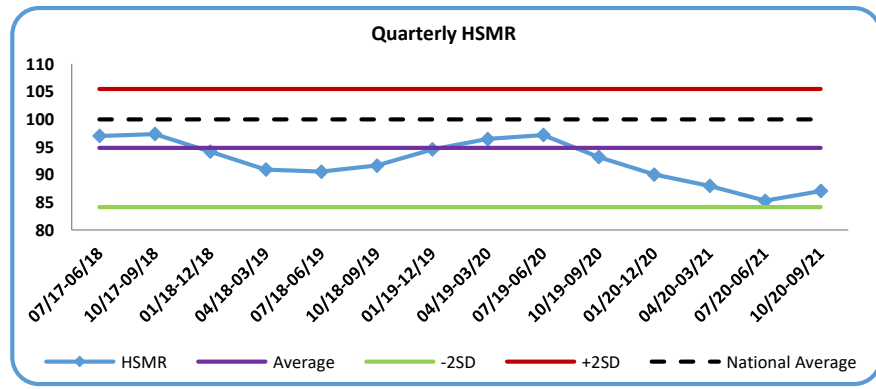


Quality and Performance: Mortality Indicators 2/2

SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 94 from months July 2020 – June 2021, this is below the national average and is within the "as expected" category. Monthly SHMI shows the Trust to be within expected limits. Covid data continues to be excluded from SHMI data published from NHS Digital.



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



Quality and Performance: FFT and Complaints

Inpatients and daycases

99% (94%)
0% (3%)



Outpatients

96% (93%)
1% (3%)



Maternity

100% (95%)
0% (3%)



Community Health

98% (93%)
0% (3%)



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

84% (77%)
12% (16%)

Friends and Family Test

The Trust has now submitted FFT data for ten months to NHS England. The published data shows that there were 1,909 responses to the Friends and Family test from the Trust in November 2021 (published 13th January 2022) compared to 2,120 in the previous month. The following infographic shows the proportion of responses that reflect a positive or negative experience from the feedback provided by our patients. The national average results are shown in brackets.

All data is available at: www.england.nhs.uk/fft/friends-and-family-test-data/

*numbers too small to publish

Trust Complaints 2021-22

The Trust received a total of 420 (385 with identified patient activity) formal complaints up to the end of December 21, an increase of 45 on last month's opened complaints.

The Trust has received an average of 47 new formal complaints per month, which is 8 complaints per month higher than the 39 per month average for the last full financial year 2020-21.

Taking into consideration the number of patients seen and areas with patient contact, the highest percentages of patients complaining to date are within Surgery with 0.06% (6 per 10,000 contacts) The lowest complaint percentages are within Dental and ePOD with 0.01%.

Directorates	2021-22				20-21 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	30	83,340.00	0.036%	1:2778	1:3733
Children's Services	22	62,028.00	0.035%	1:2819	1:2523
Community	12	49,917.00	0.024%	1:4160	1:3134
Dental Services	7	81,305.00	0.009%	1:11615	1:5411
Medicine	47	128,983.00	0.036%	1:2744	1:4129
Medicine (ED)	36	172,209.00	0.021%	1:4784	1:3416
ePOD	40	281,821.00	0.014%	1:7046	1:7606
Musculoskeletal Services	25	92,654.00	0.027%	1:3706	1:2610
Cancer Services / Clinical Haematology	23	143,833.00	0.016%	1:6254	1:6118
Neurosciences	29	80,289.00	0.036%	1:2769	1:3299
Patient Services	21	35,287.00	0.060%	1:1680	1:2003
Peri-operative and Critical Care	8	32,073.00	0.025%	1:4009	1:51990
Surgical Services	33	57,741.00	0.057%	1:1750	1:1313
Urology and Renal Services	19	55,920.00	0.034%	1:2943	1:4013
Women's Services	33	111,750.00	0.030%	1:3386	1:2742
Trust (with activity)	385	1,469,150.00	0.026%	1:3816	1:3583

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 59% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 22% of all subjects raised within complaints, with the remaining 19% covering a wide range of issues.

Quality and Performance: Health and Safety

Overview

There are currently 1,185 health and safety incidents recorded on the Datix system from the 1st January 2021 to 31st December 2021 this represents an overall rate per 1,000 staff of 70.1. The Directorate with the highest number of incidents is Patient Services reporting 160 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (360) NHS COVID Vaccination Programme (168), Women's Service (99) and Peri-operative & Critical Care (97.3).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 945 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st January 2021 to 31st December 2021 - this represents an overall rate per 1,000 staff of 55 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (296.7), Musculoskeletal Services (159.2), Community (111.7), Radiology (84) and NHS COVID Vaccination Programme (64).

Sharps Incidents

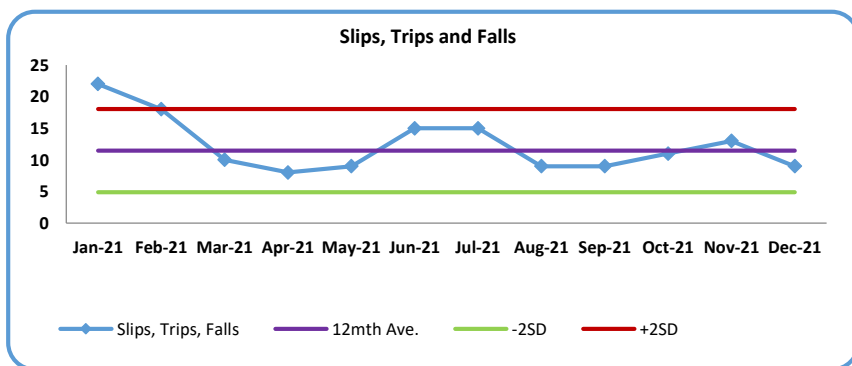
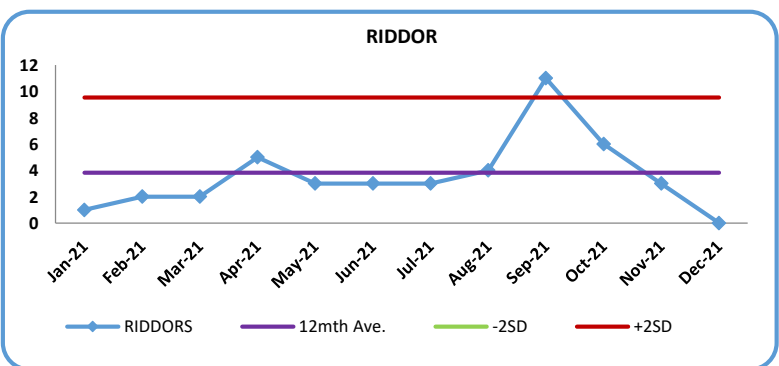
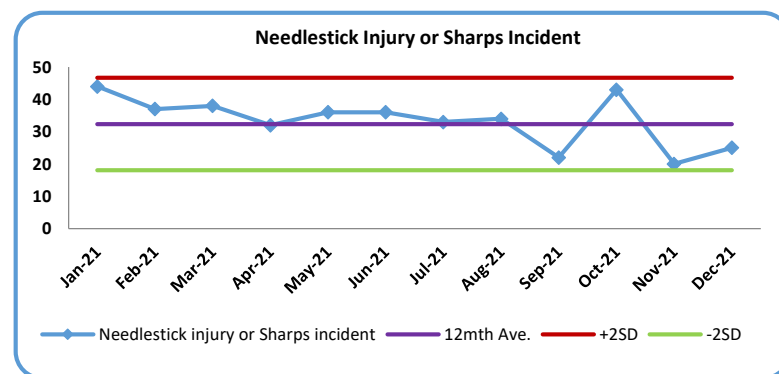
The average number of all sharps injuries per month is 33 between 1st January 2021 to 31st December 2021 based on Datix reporting, with 22% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 23 per month.

Slips, Trips and Falls

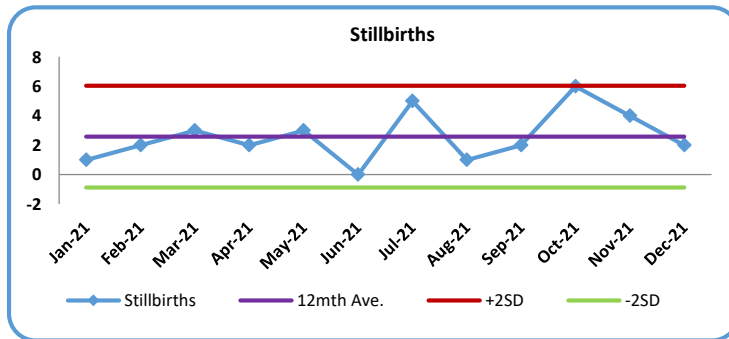
Slips on wet surface, fall on level ground and tripped over an object collectively account for 42% of falls between 1st January 2021 to 31st December 2021. Fall from height; fall up or down stairway and falls from a chair account for 10.8% of the incidents recorded.

RIDDOR

There have been 45 RIDDOR incidents reported between 1st January 2021 to 31st December 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (10), Moving and Handling (10), Aggression & Violence (8). These account for 62% of reportable accidents over the period.



Quality and Performance: Maternity (1/3)

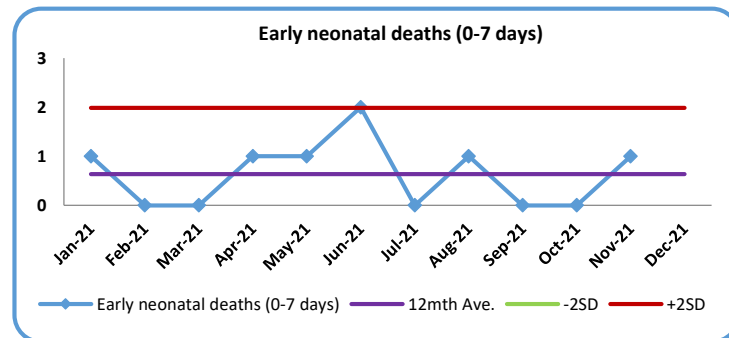


Perinatal deaths

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

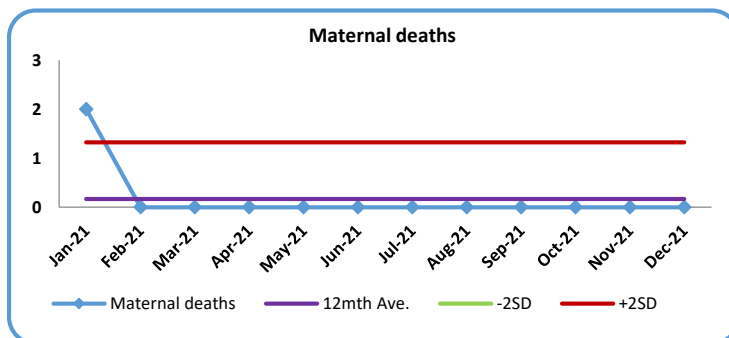
Stillbirths

As we are a tertiary referral Fetal Medicine Unit often complex cases are referred to us from other units within the region and the women opt to deliver here rather than return to their local unit. All cases undergo an initial local review and then a more detailed review including external input, once we have the investigation results.



Early Neonatal Deaths

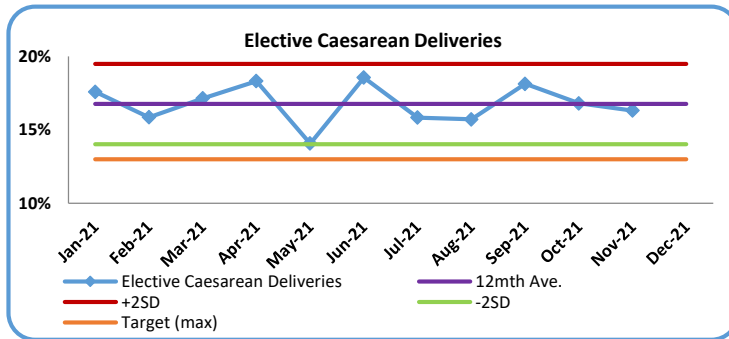
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner. A post mortem examination may be requested to try and identify the cause of death.



Maternal Deaths

Maternal deaths are reported to MBRRACE-UK and a national report is provided annually. Maternal deaths can be categorised as Direct or Indirect. It is rare to have a direct Maternal death in Newcastle and we do believe that having access to specialist services across a range of departments at any time of the day or night has helped us avoid such deaths.

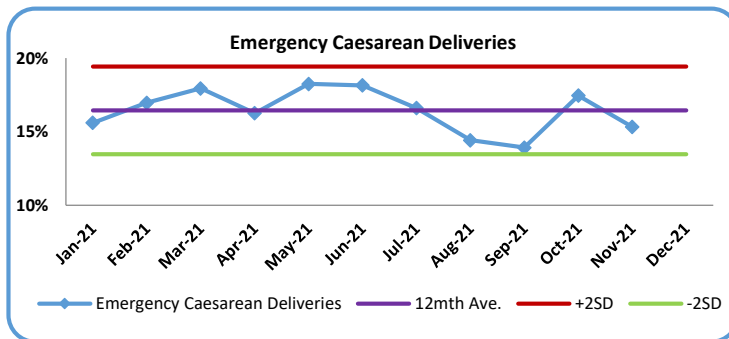
Quality and Performance: Maternity (2/3)



Elective Caesarean section

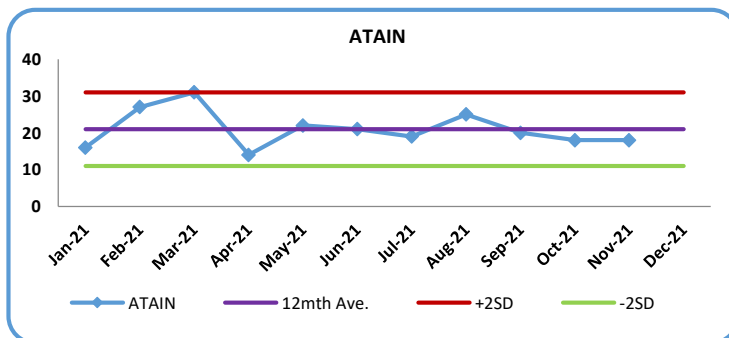
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK.

The service also has at its heart a shared decision making philosophy and offers informed non-directive counselling for women over mode of delivery. There is an obstetrician/midwifery specialised clinic to facilitate this counselling and patient choice.



Emergency Caesarean section

The emergency Caesarean section rate is comparable to other Trusts. Maternity is a consultant led service with 98 hour dedicated consultant sessions for Delivery Suite (8am-10pm daily), twice daily consultant ward rounds and consultant obstetricians being involved with all decisions for emergency Caesarean section.



ATAIN

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

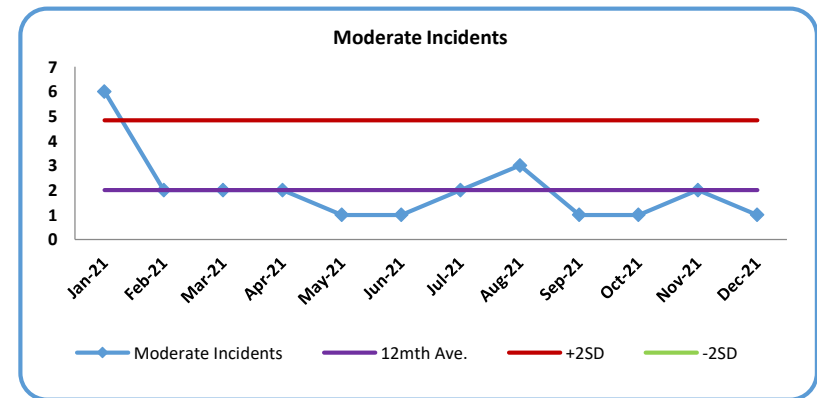
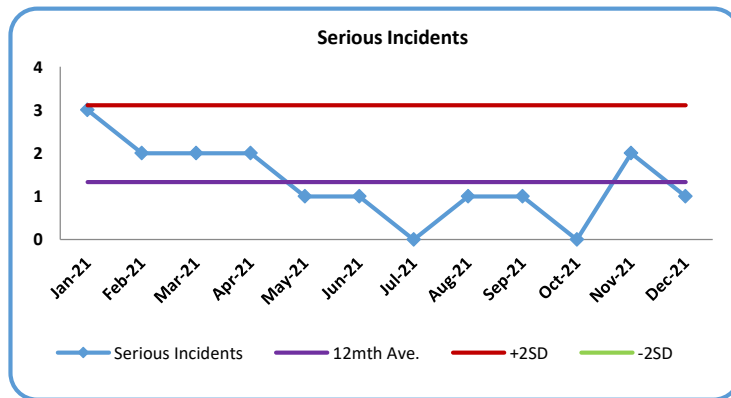
Quality and Performance: Maternity (3/3)

Serious Incidents

There have been 16 incidents escalated as Serious Incidents to The Trust in the past 12 months. These include 8 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 2 unexpected Stillbirths, 2 neonatal deaths, 2 maternal deaths, 1 major obstetric haemorrhage and 1 baby fall. The HIE cases were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. Once these reports are available a joint report with action plan is written by The Directorate. As a result of the Ockenden report, lessons learnt from Serious Incidents have been shared with the LMS (Local Maternity System) from 31st October 2021. In the February report lessons learnt from Serious Incidents will be presented in detail.

Moderate incidents

All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (48hr report). In the past 12 months the majority of the moderate graded incidents were babies that needed to receive 'therapeutic hypothermia' in order to minimise the risk of a brain injury. Although graded moderate these babies may have no long term injury but they require a two year follow up in order to assess their neurological status. Moderate incidents will be investigated as a Serious Learning Event and involve parental input to the investigation. Lessons learnt from these incidents are shared in a bi-monthly Risky Business newsletter.



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

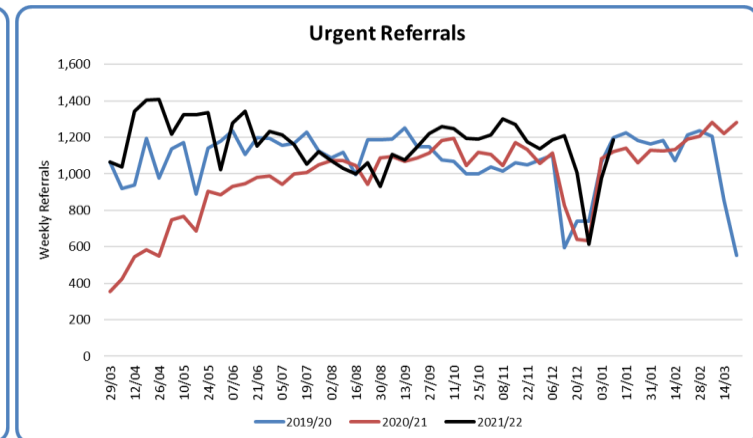
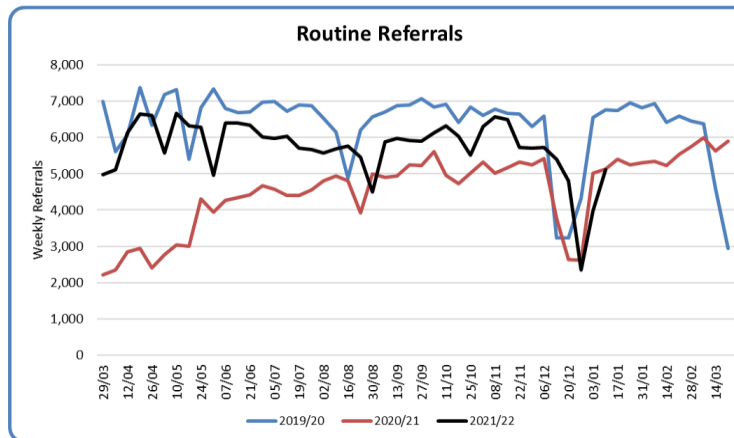
- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective Surgery.**
 - Led by the sub-groups, a number of new frameworks and standard operating procedures have been produced and maintained to provide guidance for Directorates to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways.
- **Due to the second and third COVID waves, groups were reinvigorated** with a focus on maintaining safety, rescheduling any displaced treatments / assessments and maximizing any remaining elective capacity.
 - As well as necessary immediate actions, performance recovery initiatives are now directed through these subgroups, whilst further COVID waves are simultaneously navigated.
- **Now firmly in the third recovery phase of the programme** the firm focus is now on recovering activity levels and reducing waiting times. The programme is ultimately governed by the Trust's Delivery Board, and operationalised via the Trust's Operational Board and Performance Recovery groups. Recovery work streams, initiatives and investments come through these groups in order to adequately support operational teams to deliver safe and efficient services, recover waiting times and reduce backlogs. The Trust's Improvement team also input into these schemes and workstreams.
- **Examples of monitoring and schemes include:**

Key Schemes

- Cataract surgical centre
- Glaucoma Imaging Hub
- Mobile MRI imaging unit
- Chemotherapy Day Unit moving to 7 day working
- Additional sessions within Endoscopy, Dermatology and Echo

Key Measures

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



Quality and Performance: Monthly Performance Dashboard

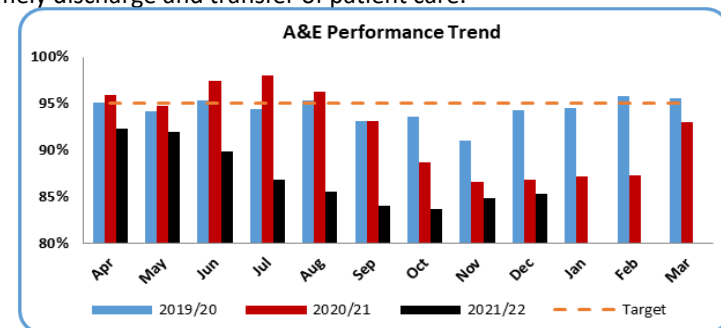
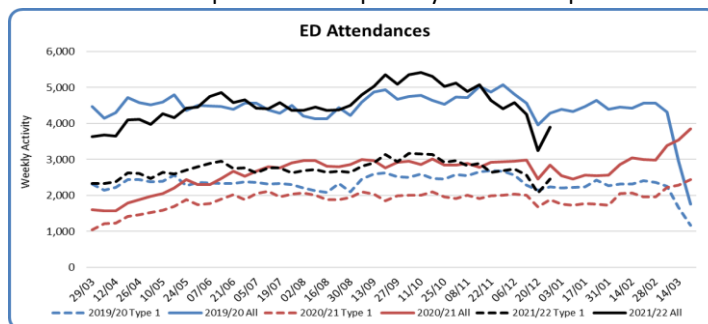
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)					Monthly Delivery as a % of Same Month in 2019			
				w/e 05/12/2021	w/e 12/12/2021	w/e 19/12/2021	w/e 26/12/2021	w/e 02/01/2022	Oct-21	Nov-21	Dec-21	
Front Door	Type 1 Attendances (Main ED)	2,377	2,459	113.2%	115.2%	108.2%	87.3%	103.5%	124.1%	108.2%	103.7%	
	Ambulance Arrivals	635	656	99.4%	101.0%	102.1%	88.5%	103.3%	105.6%	96.8%	95.5%	
	Eye Casualty Attendances	416	197	72.1%	76.2%	75.2%	56.9%	47.3%	79.2%	84.5%	74.4%	
	Urgent Treatment Centre Attendances	1,419	1,000	85.7%	90.7%	82.1%	55.9%	70.5%	113.1%	102.0%	73.5%	
	A&E 4hr performance (Type 1)	89.5%	80.3%	-10.4%	-18.8%	-14.1%	-4.5%	-9.2%	-15.5%	-9.9%	-12.8%	
	A&E 4hr performance (All Types)	94.3%	86.8%	-7.2%	-12.5%	-9.3%	-4.0%	-7.5%	-9.8%	-6.3%	-9.0%	
Admission & Flow	Emergency Admissions (All)	1,368	1,231	96.2%	99.2%	95.3%	80.0%	90.0%	92.1%	85.5%	84.9%	
	G&A Bed Occupancy	80.8%	73.0%	83.5%	85.4%	81.5%	67.9%	73.0%	81.6%	82.4%	78.1%	
RTT/Planned Care	Outpatient Referrals (All)	8,187	2,656	88.1%	87.2%	81.2%	70.9%	54.1%	91.7%	96.3%	81.4%	*
	Elective Spells	2,721	1,105	90.1%	94.7%	90.4%	78.9%	67.7%	85.5%	83.1%	85.2%	*
	Outpatient Activity	20,457	8,726	113.1%	111.2%	113.0%	85.4%	71.1%	98.1%	107.2%	100.3%	*
	DNA Rates	7.2%	7.5%	8.3%	8.8%	8.9%	9.0%	7.5%	8.4%	8.2%	8.7%	
	Incomplete Performance	87.3%	67.1%	68.0%	68.5%	68.2%	67.8%	67.1%	70.6%	70.8%	69.3%	
	RTT >52 Week Waiters	18	4,354	4,682	4,513	4,470	4,364	4,354	5,069	4,647	4,186	
Cancer	2WW Appointments	482	348	134.8%	89.6%	120.5%	97.0%	120.2%	96.0%	126.4%	117.1%	*
	All Cancer 2WW	No weekly performance recorded.		No weekly performance recorded.					69.3%	60.5%	Reported one month in arrears.	
	Cancer 2WW Breast Symptomatic								32.7%	23.1%		
	Cancer 62 Days - Urgent								51.7%	54.4%		
	Cancer 62 Days - Screening								72.4%	82.4%		
Total Diagnostic Tests Undertaken	4,275	2,158	95.7%	101.4%	95.6%	77.8%	84.1%	94.3%	95.7%	97.4%		*
Diagnostic Performance	No weekly performance recorded.		No weekly performance recorded.					77.1%	77.0%	75.9%		

Data provided as 'Actual' figure rather than % comparison

*Working day adjustment

Quality and Performance: A&E Access and Performance

- In December A&E performance was 85.3% against the 95% 4hr standard, which has not been met for over a year. Overall Q3 performance was 84.5%. NuTH's 2021/22 performance has however worsened at a less significant rate than almost all other Trusts within the regional ICS.**
 - Type 1 performance was 76.7%, with Type 2 Eye Casualty compliance at 94.0%.
 - NuTH's performance compares favourably to other Shelford Trusts and the national (73.3%) and regional (78.2%) averages. NuTH's performance has risen for 2 months in a row, contrasting with national and regional performance downturns during this period.
 - December saw 2 ambulance handovers >60 minutes and 0 trolley waits >12 hours in December.
- Overall attendances (all types) have fallen for 2 successive months with December's total 22% below the record level seen in October. This has reduced bed occupancy and will have contributed to performance against the 95% 4hr standard being 1.6% higher than in October, by reducing the volume of breaches associated with either bed unavailability or patients awaiting treatment/assessment.**
 - All types of attendances have seen attendances fall since October. Consequently, December's total attendances was 11% lower than in December 2019 – this is the first time since July that overall attendances in 2021 have been lower than during the corresponding month in 2019. Additionally December had the fewest ambulance arrivals per day since January 2021 and the lowest level of emergency admissions since February 2021. Despite this Type 1 attendance levels remain high, with December's volume 4% higher than December 2019. Consequently Type 1 attendances accounted for 61% of total attendances in December 2021, compared to just 52% in December 2019.
 - Eye Casualty attendances are yet to return to pre-pandemic levels, with December 2021's total equating to 75% of December 2019's total.
 - Attendances at Urgent Treatment Centres (UTCs) have dropped sharply in the past 2 months, with activity 31% lower than in October, and 26% below December 2019's level. This drop is due to a combination of increasing public nervousness due to the growing prominence of COVID-19, the temporary closure of Westgate UTC due to staffing shortages and the usual seasonality of Christmas holidays activity.
- The Trust faced increasing difficulties with staffing levels and bed availability throughout December due to the growing level of COVID transmission among both staff and inpatients. Sickness levels in the local region are currently particularly high compared to other regions.**
 - Multiple wards have converted elective to non-elective beds to accommodate the growth in emergency admissions and COVID-19 inpatients expected during winter. Whilst expanding non-elective bed capacity enhances emergency patient flow, it reduces elective capacity. This impacts RTT performance, particularly in the current context of record bed closures due to a combination of COVID outbreaks and staffing shortages.
- A Trustwide Urgent and Emergency Care (UEC) action plan has been developed corresponding to the national UEC 10 point plan. Key focuses include increasing staffing in both the short term and long term and expanding the opening hours of Same Day Emergency Care.**
 - The Emergency Department has successfully introduced a new clinical streaming app at the entrance to electronically triage patients and ensure they are directed to the right place for care, first time. Data shows this has enhanced both patient care and experience.
 - Winter Plan funding has been utilised to try and improve patient flow by implementing discharge lounges on both the RVI and Freeman sites, which will be open 12 hours per day in order to provide safe and timely discharge and transfer of patient care.

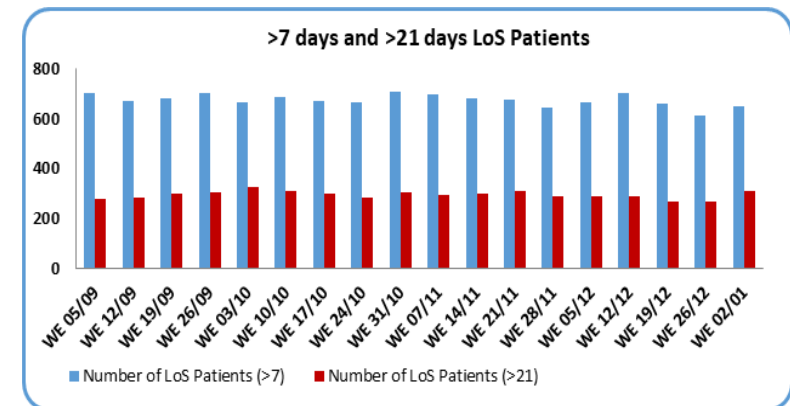
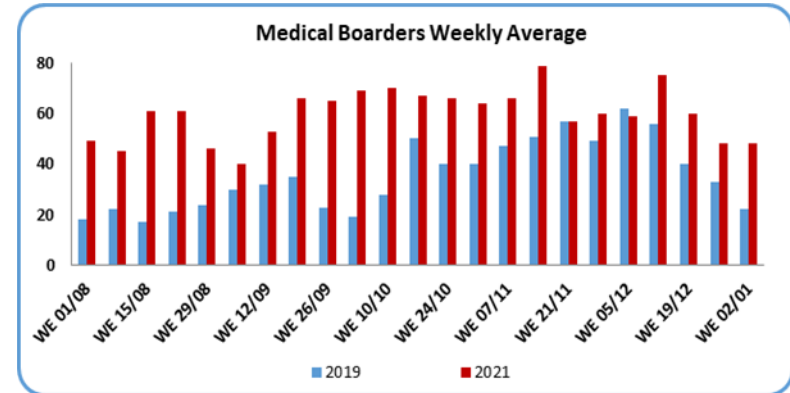
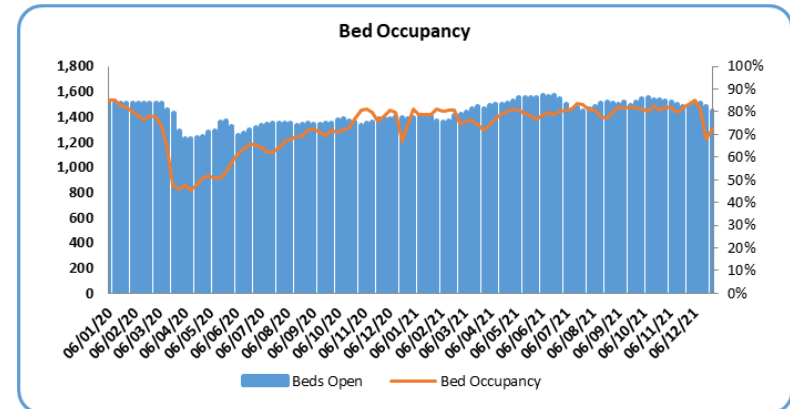


Quality and Performance: Bed Occupancy and Long Length of Stay Patients

- In December, the Trust averaged 78% bed occupancy. Whilst this was lower than in preceding months, the level was in line with December 2019's position.**
 - Weekly occupancy peaked at 85.4% in early December, the highest occupancy since the onset of the COVID-19 pandemic.
 - In line with usual seasonality bed occupancy fell significantly over Christmas and New Year, dropping to a low of 67.9% in w/e 26/12/21, with occupancy falling particularly within Surgical beds due to less elective activity being scheduled.
- At the end of December, the Trust had its lowest number of open beds since March.**

Factors impacting this include:

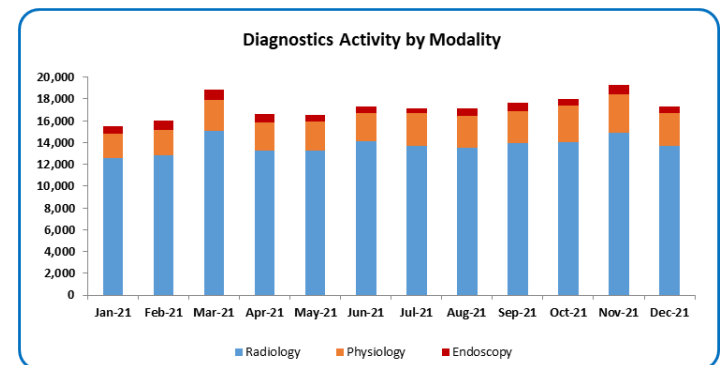
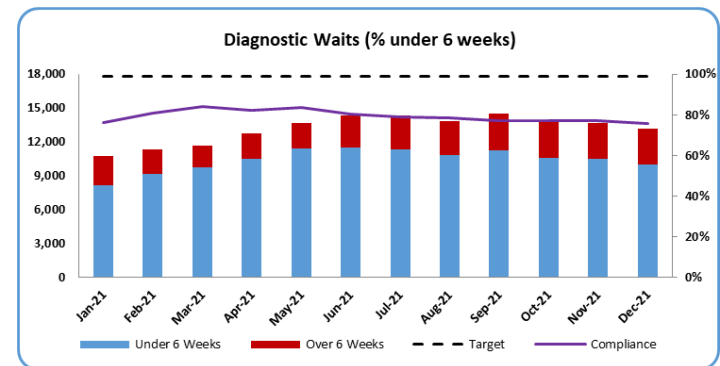
 - Especially high numbers of beds closed in the past 3 months due to COVID-19 outbreaks, with numerous wards impacted (average of 44 beds closed per day). The level of COVID inpatients more than doubled during December from 35 to 85. Consequently an additional ward was converted to Medicine beds to meet demand. Positively no beds have been closed due to Norovirus since October.
 - Additionally, staffing shortages, particular of nursing staff, closed an average of 62 beds per day during December, which was more than 4 times higher than in December 2019. These closed beds were mainly due to staff sickness or self isolation and have impacted surgical capacity, particularly within Urology and Neurosurgery. This has triggered an increased staffing escalation process to plan how beds can safely be open. Actions include regular senior management review of the staffing position, some nurses being redeployed to the wards from non-ward based roles and ongoing nursing staff recruitment throughout the winter.
 - Seasonal reduction in elective activity over the Christmas period.
- Throughout 2021/22 medical boarders have been consistently high, with the total reaching 75 in w/e 12/12/21. Although the level dropped in late December this is likely only due to the reduced bed occupancy associated with the Christmas period.**
 - This consistently high level of medical boarders is partially caused by emergency patients taking up a higher proportion of bed occupancy compared to previous years – 82% vs 75% (Dec'21 vs Dec'19).
 - Consequently, plans are being explored to accommodate some medical boarders on the Freeman site, in order to support the RVI site with the rising level.
- December saw a fluctuating level of long Length of Stay (LoS) patients, peaking in mid December at 702 patients with a LoS >7 days and 291 >21 days. This was followed by a reduction during w/e 26/12/21 to 612 patients >7 days and 270 patients >21 days.**
 - The Trust successfully discharges a higher proportion of its patients who do not meet the criteria to reside than most other Trusts in the local ICS.
 - Additionally, the Trust loses relatively few bed days due to Long LOS patients compared to other Trusts in the region.



Quality and Performance: Diagnostic Waits

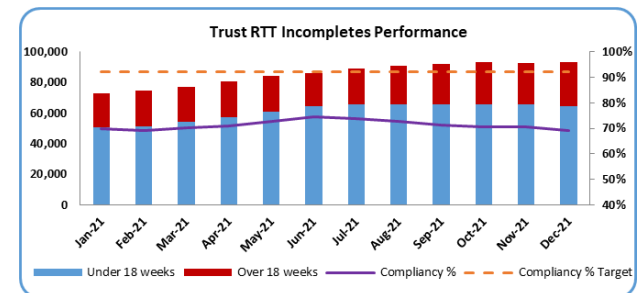
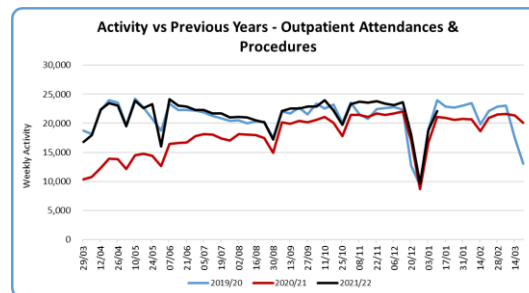
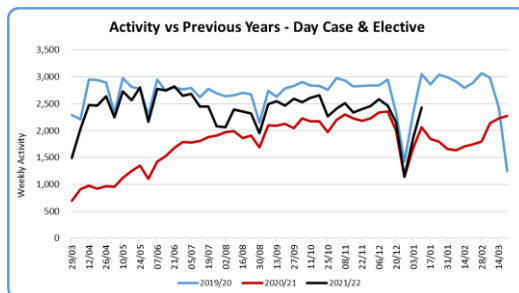
- **At 75.9% against the 99% standard, diagnostic performance in December was the lowest recorded since September 2020 (1.1% down from November).**
 - Performance improved across Imaging (89%, +1%) but declined within Physiological Measurements (44%, -5%) and Endoscopy (47%, -4%).
 - The total number of diagnostic long waiters (patients waiting greater than 13 weeks) increased by 7.5% from November to a total of 976 patients. This cohort of patients make up 7.4% of the overall WL.
 - In November (latest NHSE data) NuTH's diagnostics performance (77.0%) remained above the national (75.0%) and regional (74.9%) positions.
- **In December 17,336 tests were carried out by the Trust, the lowest monthly total in four months but nonetheless equating to 102.3% of the December 2019 total.**
 - For the second month in a row monthly activity exceeded the same month in 19/20 (pre-Covid). However, NuTH carried out 6% less examinations per working day in December compared to November.
 - Adjusted for working days, almost all modalities saw reduced diagnostic delivery although MRI (94%), CT (98%) and Non-obs Ultrasound (98%) maintained levels close to November 2021 despite the traditional lull in activity that tends to occur over the holiday period.
- **Despite lower levels of activity, the total reported Diagnostic WL size decreased by 3.6% (493 patients) throughout December to 13,177, the smallest volume of waiters since April 2021.**
 - Small increases were seen within CT and Audiology (where staffing shortages have been significant) but elsewhere there were reductions across the board, suggesting a reduced level of referrals which would be in line with recent outpatient care trends.
 - Notable reductions included within the high demand services of MRI (-5.4%) and Non-obs Ultrasound (-7.2%) but also within some Endoscopy services as well as Echo (-5.1%) who delivered high levels of in/outsourced activity in December despite an expectation that capacity may dip due to the holiday season. The ongoing reduction of non-appointed referrals continues at pace.
 - December saw a marginal increase in the number of >6 week wait breaches (3,176, +0.9%). MRI breaches reduced by a further quarter this month (from 671 to 505), whilst Echo also saw a reduction, but these were negated by increases within Audiology (970, +17%) and CT (304, +37%).
- **Opportunities to expand activity delivery continue to be explored, with recovery schemes approved for implementation via the Recovery Plus programme.**
 - CT and MRI have accrued additional mobile vans to supplement existing capacity from January, whilst Endoscopy continue to work with Cobalt to maximise output. Work will also shortly begin on a fourth room at the RVI which will significantly boost our internal capacity upon completion.
 - Regular review of infection prevention and control regulations is also taking place to assess where throughput can safely be increased.

Overall Patients Treated Within Month	Dec-21	Nov-21	Difference (Actual)	Difference (%)
Imaging	13,727	14,890	-1,163	-7.8%
Physiological Measurement	2,993	3,564	-571	-16.0%
Endoscopy	616	856	-240	-28.0%
Trust Total	17,336	19,310	-1,974	-10.2%

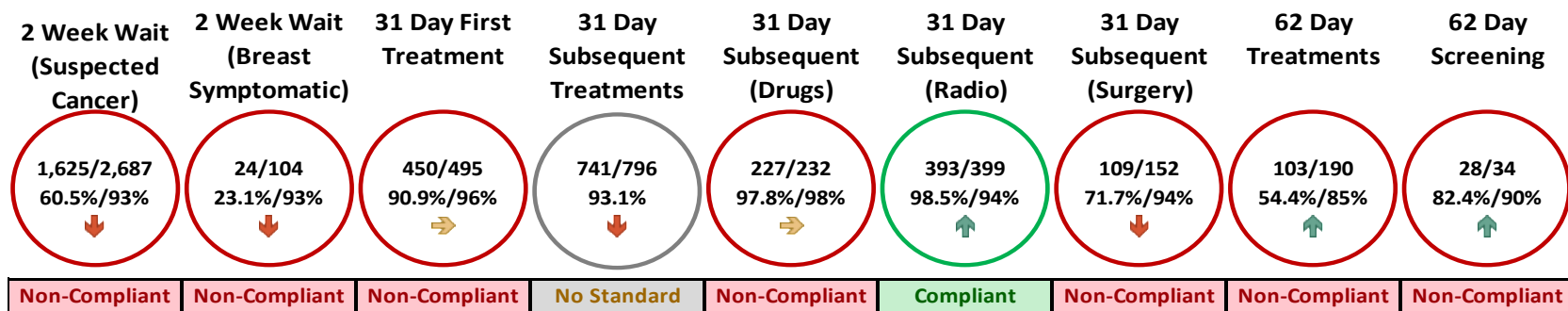


Quality and Performance: 18 Weeks Referral to Treatment

- **Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. December's performance against the 18 week wait target (92%) declined slightly to 69.3%, 1.5% below November's level of performance.**
 - 28,664 patients have waited greater than 18 weeks, a small increase in this cohort of waiters following a rare reduction recorded last month.
 - 7,779 patients have waited more than 40 weeks, an increase of 179 (2.4%) from the previous month.
 - More positively, the number of patients waiting >52 weeks decreased by a further 8% to 4,277. Routine referrals to the Trust through 2020 were consistently below the 19/20 average (~25%), compensating to a degree for the reduction in elective activity as a consequence of the pandemic.
 - In November 5.0% of the Trust's PTL were >52 week waiters, 0.1% below the national total and 1.8% below the overall Shelford position.
 - In December 38% of the Trust's >52 week waiters were waiting for treatment within the Ophthalmology service (1,612). The Trust has a cataract modular theatre in operation to enhance patient flow and expand capacity to address this issue, with Ophthalmology long waiters reducing by a further 18% from November. Dermatology, Spinal Surgery and Orthopaedics continue to also have high volumes of >52 week waiters.
 - 241 patients have now waited >104 weeks, with the majority of these waiters sitting within Spinal Surgery (93) and Ophthalmology (77). One of the Trust's key aims is to reduce this total as far as possible by the end of March 2022, with regular, active review of patients due to breach 104 weeks by the end of the financial year taking place - including providing TCI dates wherever possible. The longest current wait is 155 weeks.
- **As of November 2021 NuTH have the 9th largest PTL in the country and the highest level of compliance of the ten Trusts with the largest PTLs by a significant margin. National compliance in November stood at 65.5%, 5.3% below the NuTH position.**
 - The total number of outpatient referrals received by the Trust in December represented a 20% decline from November (when adjusted for working days), equating to 81% of the volume received in December 2019. Routine referrals remain below the levels received in the same month of 2019 as has been the case for many months (79%), whilst Urgent referrals continue to exceed the same benchmark (106%).
 - Having decreased in November for the first time in over a year, the Trust's total PTL size increased again in December, albeit by just 0.8%. The total number of under 18 week waiters has remained between 64,000 and 66,000 for seven consecutive months.
- **Recovery of elective activity, RTT performance and the treatment of long waiters remain key Trust priorities.**
 - During December activity delivery measured at 85.2% (Day Case & Elective) and 100.3% (Outpatient Activity) when compared to December 2019.
 - Monitoring of approved recovery schemes and the assessment of new opportunities to increase throughput and reduce long waits take place on a weekly basis via the Recovery Plus programme at the Trust's Operational Board.
 - Current approved recovery schemes include additional sessions within numerous specialties, additional locum cover, expansion of radiology provision, the cataract delivery unit and a dedicated weekend day case ward pilot, amongst other initiatives.
- **Due to the staffing and bed situations described throughout the report, elective activity decreased during the summer, with cancer and urgent P1 and P2 work prioritised.**
 - The elective programme is in constant review with as much non-urgent elective work undertaken as can be safely delivered.



Quality and Performance: Cancer Performance (1/2)

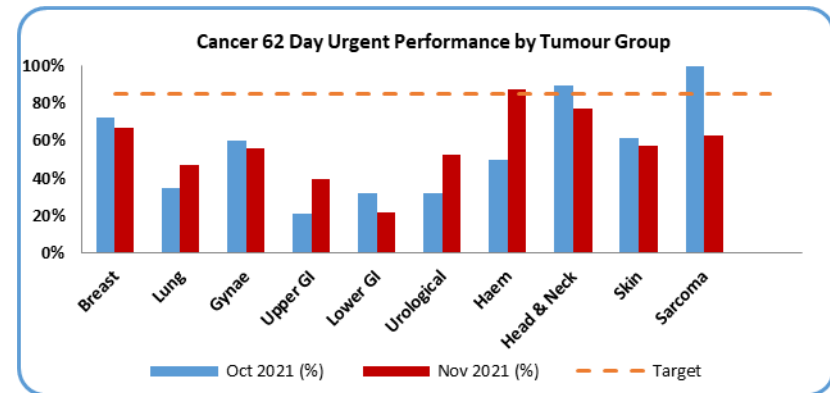
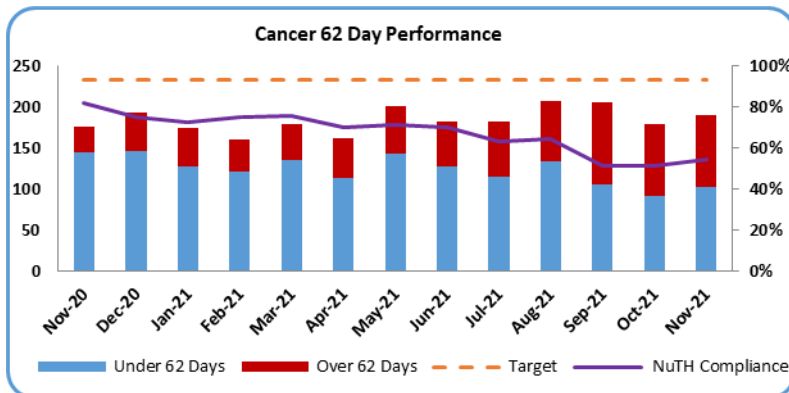
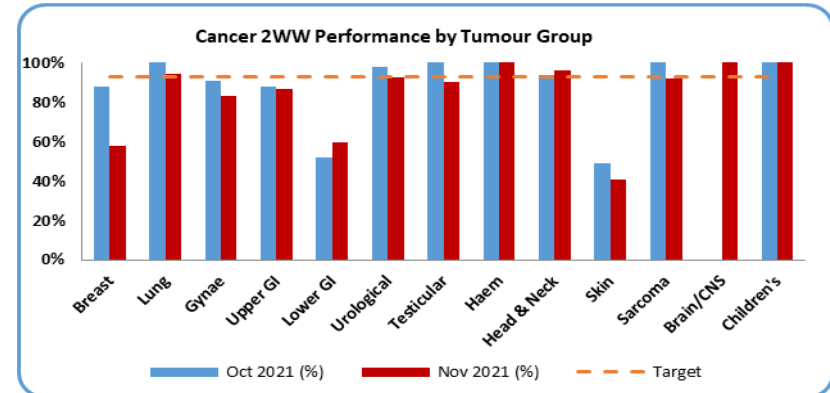
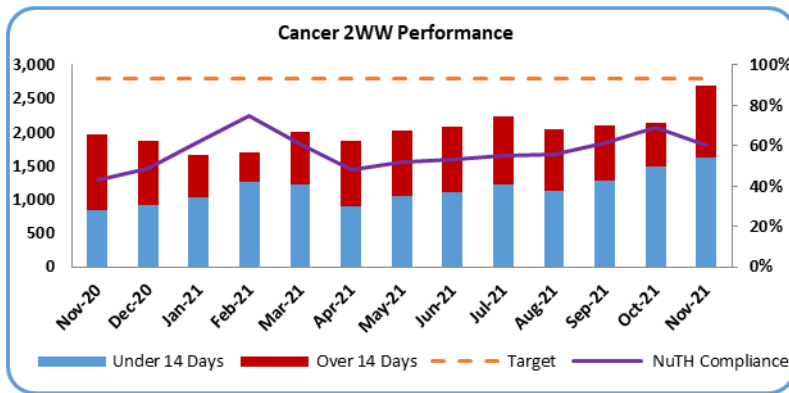
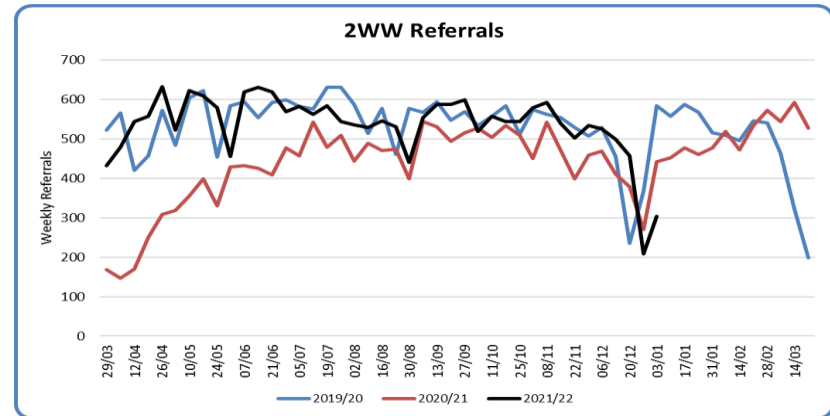


- The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in November; 2 of the 8 standards were met in October.
 - Corporate staff have held detailed discussions with tumour group leads to develop performance recovery trajectories.
 - The Northern Cancer Alliance (NCA) met 2/8 standards in November. 2 providers in the NCA met the 2ww target, but none met the 62 day target.
 - The 2ww position has steadily improved during 2021/22 since being 48% in April 2021. Despite this, performance remains low within Skins (40.7%), Breast (57.6%) and Lower GI (59.5%) which is keeping overall Trust performance well below the 93% standard.
 - Skins is the largest single tumour group for 2ww, accounting for approx. 45% of the overall November volume. Reductions in their backlog and ASI volumes suggest performance should improve in future months, as melanoma patients are now being seen and having their image reviewed within 7 days. These improvements follow the introduction of a tele-dermatology pathway with GPs now sending images to NuTH alongside referrals. Weekend Waiting List Initiatives and additional digital clinics have also increased capacity. Dermatologist recruitment is hoped to expand the capacity of the service further and improve performance. Skins also accounts for approx. 1/3 of 62 day volumes, as it is the largest tumour group. The actions being implemented at the front end of the pathway should lead to improvements in the Skin 62 day performance.
 - There are numerous initiatives underway to develop the Lower GI and Upper GI pathways including FIT testing by GP before referral, straight to test, nurse led triage and endoscopy pathway improvements to maximise outputs. FIT testing is resulting in reduced colonoscopy demand.
 - The Breast service have secured additional capacity to see risk stratified patients through a Young Person's Breast Clinic.
 - The Trust's 62 Day compliance has improved for 2 successive months, but remains low compared to other Trusts in the NCA following a year of consistent decline prior to that. November performance was particularly low in Lower GI (21%), Upper GI (39%), Lung (47%) and Urology (53%).
 - Urology were restricted by high nurse staffing absence, insufficient CT capacity from Radiology, a lack of anaesthetic staff and limited theatre capacity for surgery. The service have also seen both stage migration, resulting in bladder cases requiring more complex treatment on average compared to pre-COVID, and a number of late referrals of patients from other Trusts. Cancer surgery continues to be prioritized, especially for bladder and kidney patients, within the Urology theatre capacity which is available.
 - The Trust has reallocated some theatre sessions from other specialties to Urology to try and address these performance issues.
 - A Urology deep dive in January will explore options for improving performance including streamlining links with spoke hospitals.
 - Chemotherapy capacity has expanded from November onwards through the implementation of 7 day working. Plans are also being explored to increase community chemotherapy capacity at Cramlington Manor Walks and within Lloyds Pharmacies.
 - Trust performance was 66% in November against the new 75% 28 Day Faster Diagnosis Standard. Improving skin cancer pathways should improve Trust level performance against this standard in future months. A recent validation exercise was conducted to ensure high data quality. The NCA actually achieved this target in November with compliance of 76.1%.

Quality and Performance: Cancer Performance (2/2)

Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels.

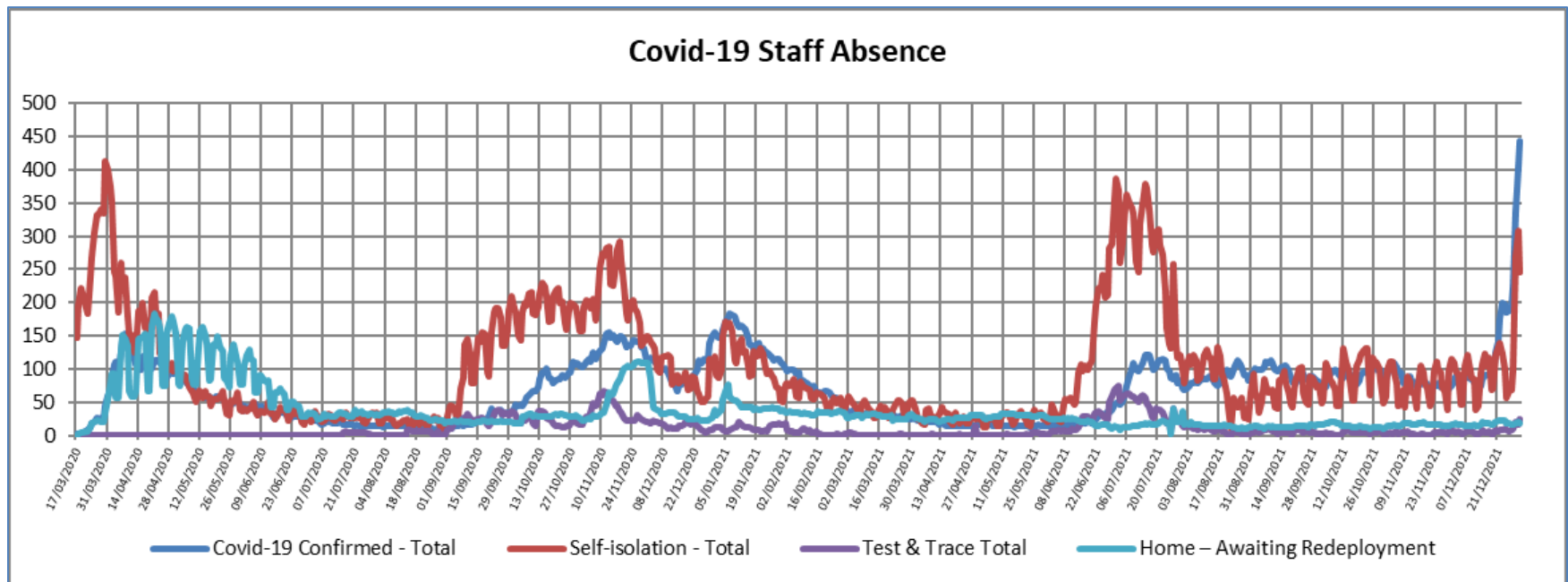
However, referrals exceeded pre-COVID levels in November and December, with Breast and Gynaecology particularly contributing to the high referral levels. The increase in Breast cancer referrals has been seen following high profile cases in the news and has led to a rise in Breast Symptomatic ASIs at NuTH.



People

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 17th March 2020 and 31st December 2021. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Confirmed COVID-19 instances has increased rapidly in December and peaked at 442 on 31st December 2021.



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

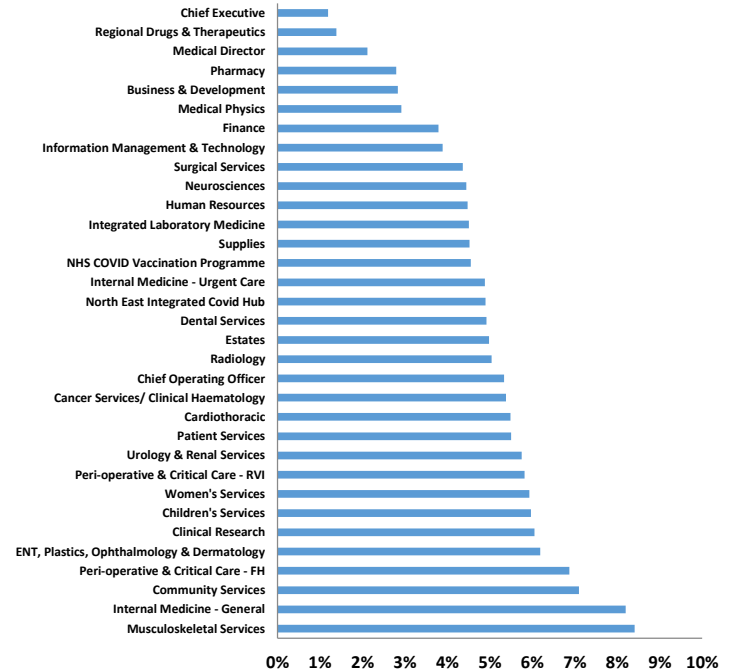
People

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

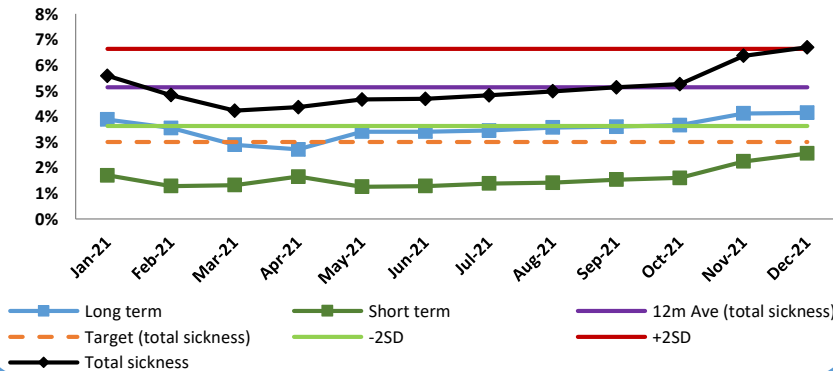
	Dec-20	Dec-21	
Long-term	3.40%	3.79%	↑
Short-term	1.38%	1.68%	↑
Total	4.79%	5.47%	↑

- 274,457 FTE working days were lost due to sickness (including COVID related sickness) in the year to December 2021, compared to 226,772 for the previous year.
- Overall sickness absence (including COVID related sickness) is 6.69%, which is up from the end of March 2021 position of 4.69% - (% FTE Time Lost).
- The top three reasons for non-COVID related sickness absence are Gastrointestinal problems (19% of total absence), Cold, Cough, Flu - Influenza (Non-COVID) (14% of total) and Anxiety/stress/depression/other psychiatric illnesses (11% of total). For the previous 12 months the top three reasons were Gastrointestinal problems, Cold, Cough, Flu - Influenza (Non-COVID) and Anxiety/stress/depression/other psychiatric illnesses

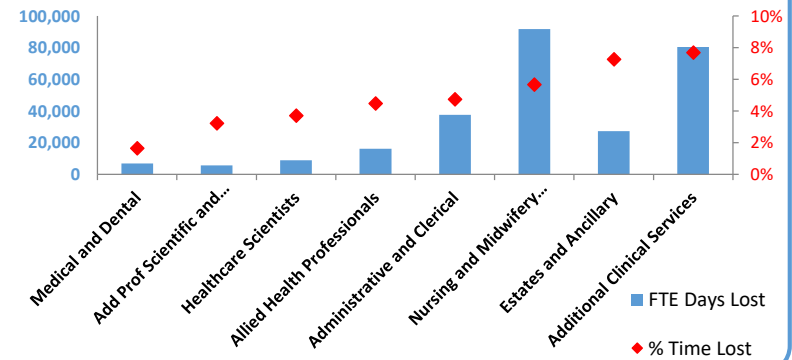
Sickness Absence (% Time Lost) by Directorate



Sickness Absence (% Time Lost)

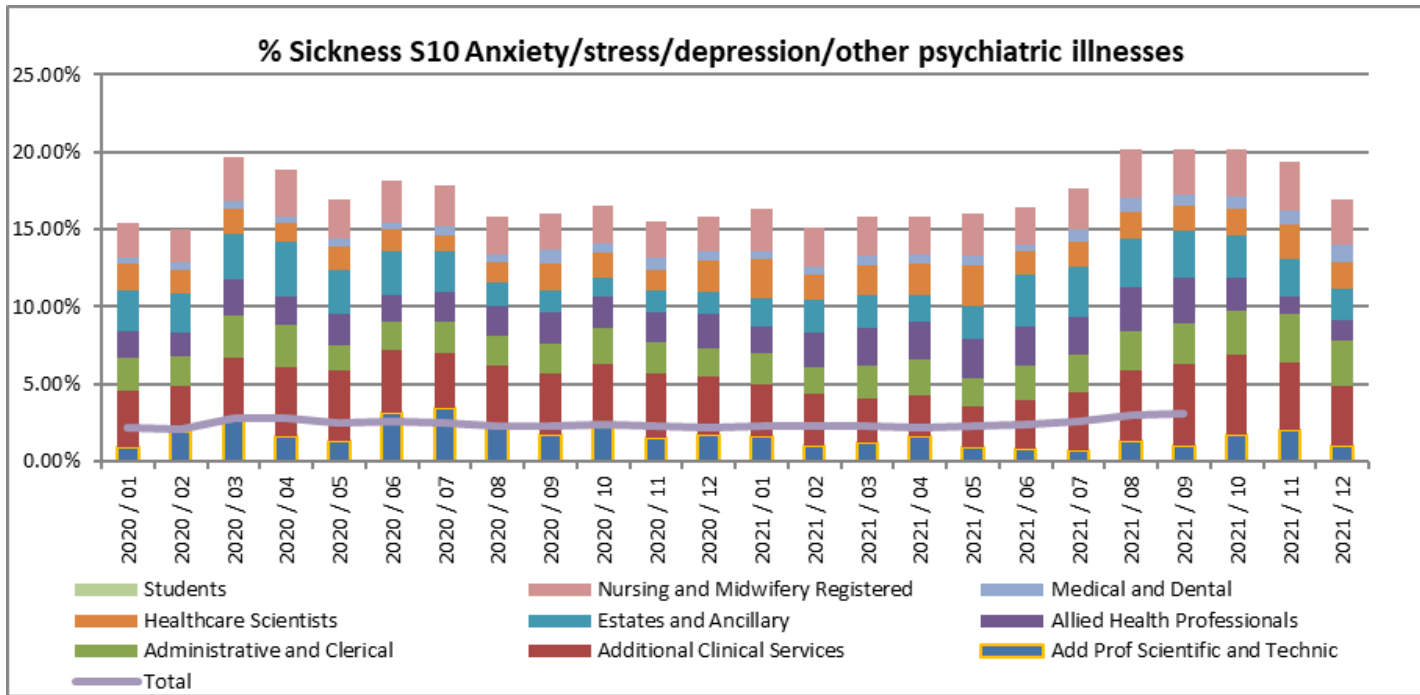


Sickness Absence by Staff Group

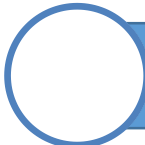


*COO Directorate includes Outpatients / ABC Service

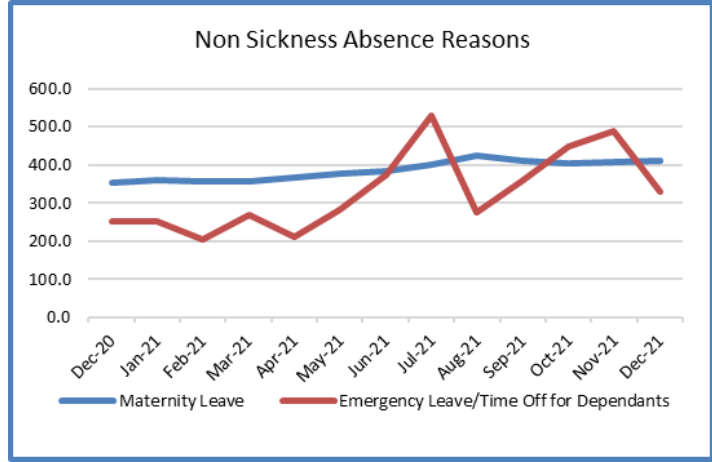
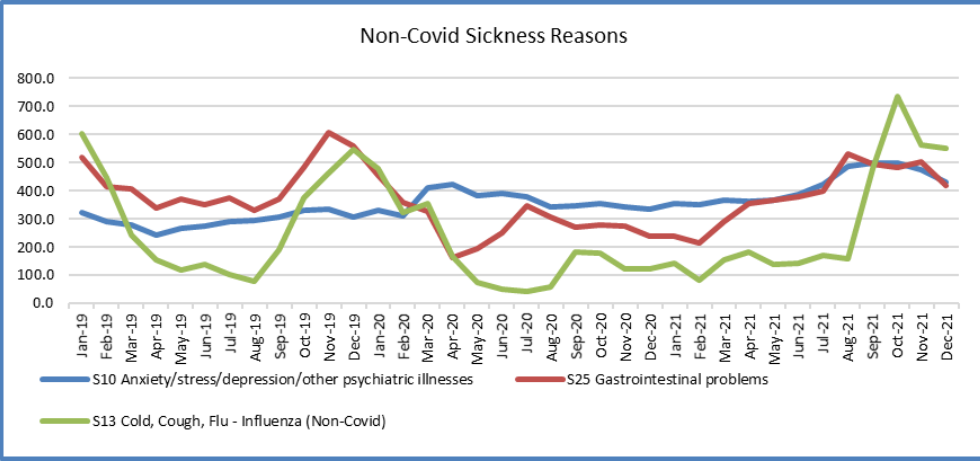
People



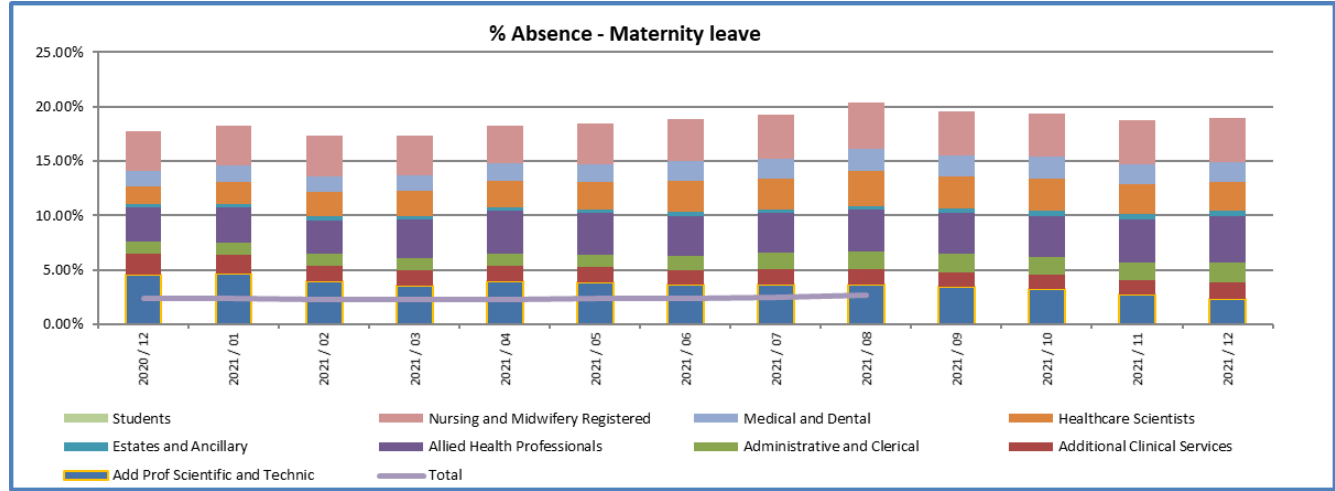
- The graph identifies % sickness absence for anxiety/stress.
- The % sickness absence across the Trust for anxiety and stress has increased from 2.2% in January 2020 to 2.7% in December 2021
- The 3 staff groups with highest % sickness for stress/anxiety in December 2021 are Additional Clinical Services (3.9%), Nursing and Midwifery (3%) and Administrative and Clerical (2.9%)



People



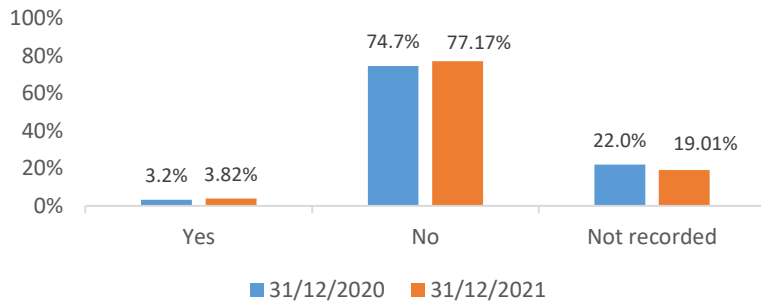
- The graph above identifies the number of staff absent due to non-COVID sickness for the for the top 3 reasons up to the end of December 2021
- The graph above identifies the number of other non-sickness absence reasons up to the end of December 2021, (excluding COVID 19).



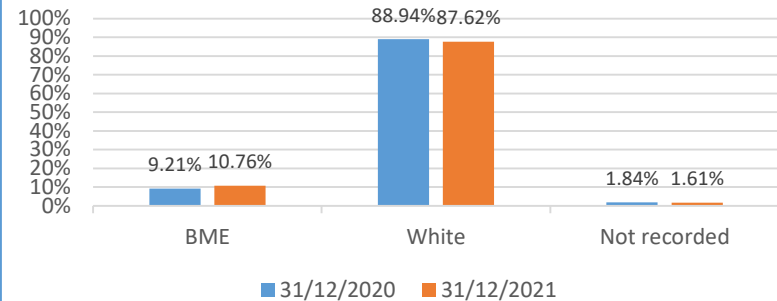
- There has been a 0.22% increase in maternity leave overall from December 2020 to December 2021.
- Maternity leave absence in Nursing and Midwifery has increased by 0.34%, from December 2020 (3.63%) to December 2021 (3.97%)

People

Disability %

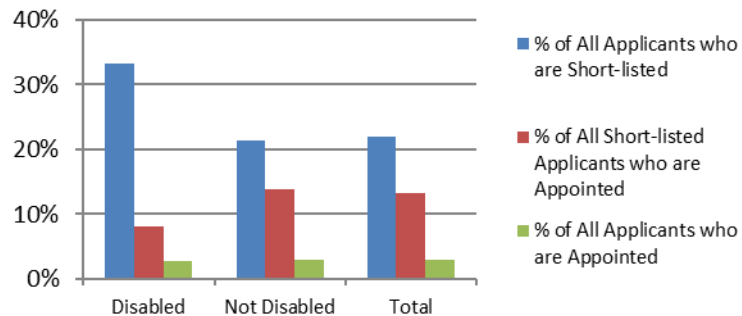


Ethnicity %

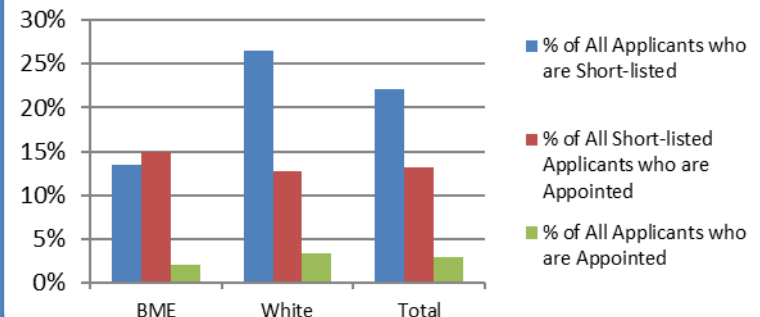


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending December 2021.

Analysis of Recruitment Activity by Disability

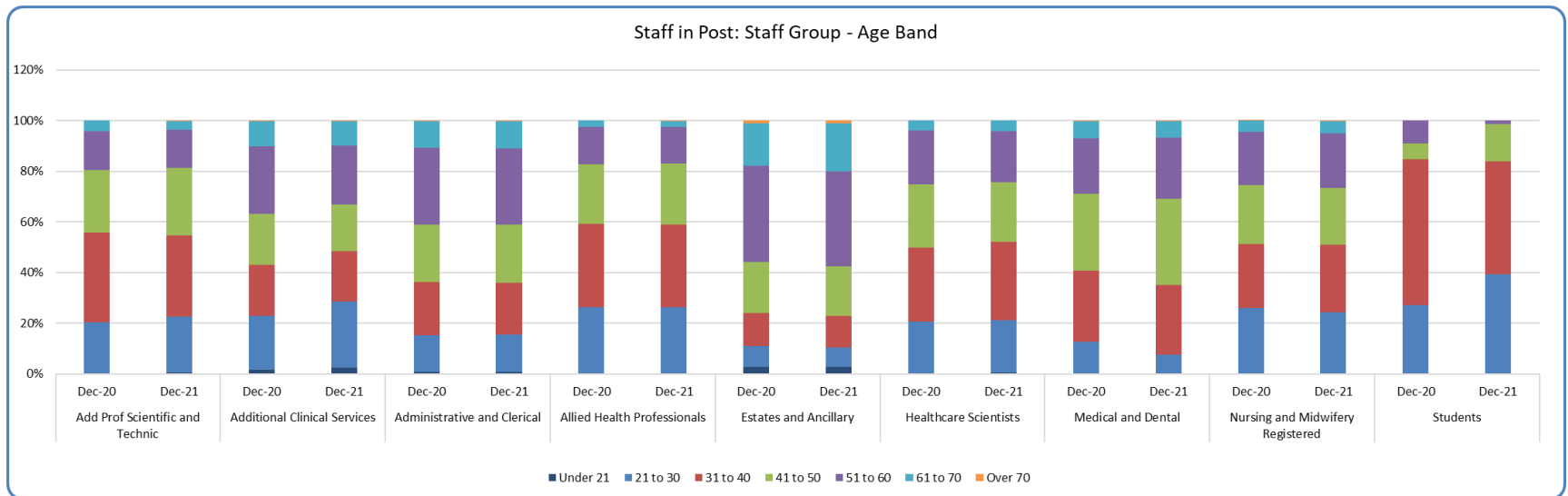
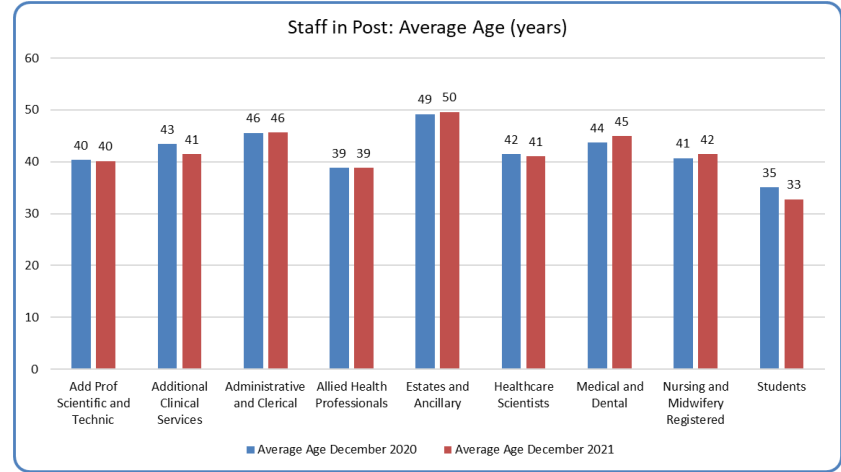
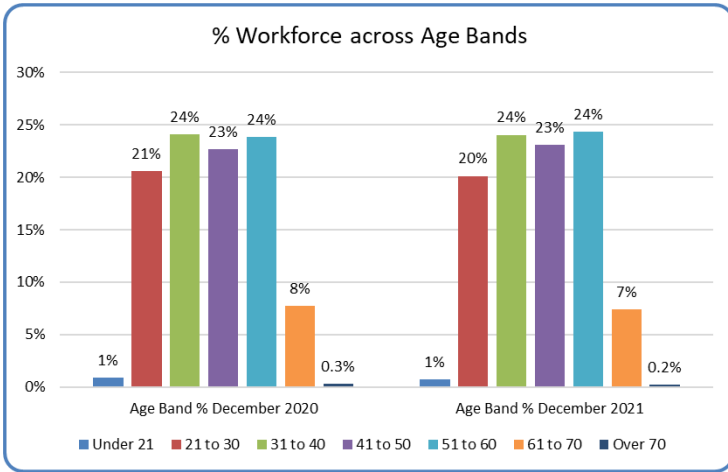


Analysis of Recruitment Activity by Ethnicity



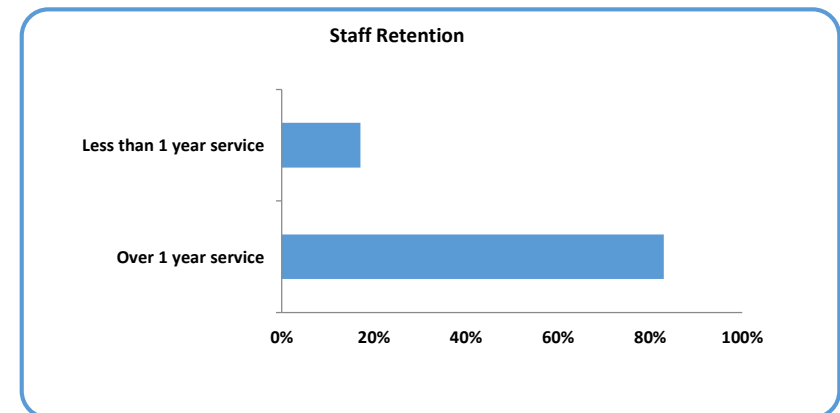
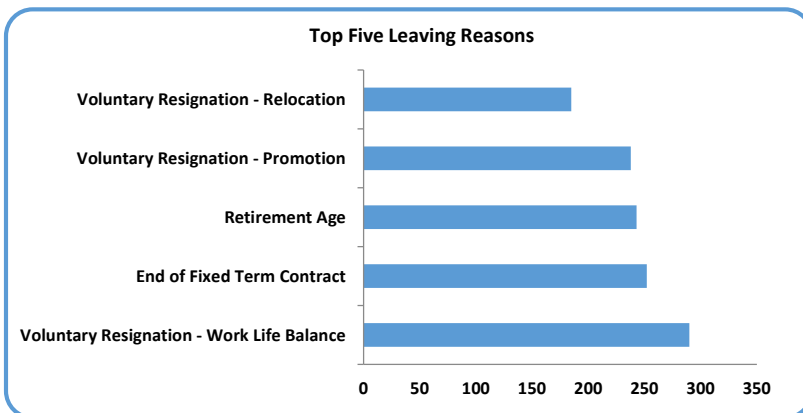
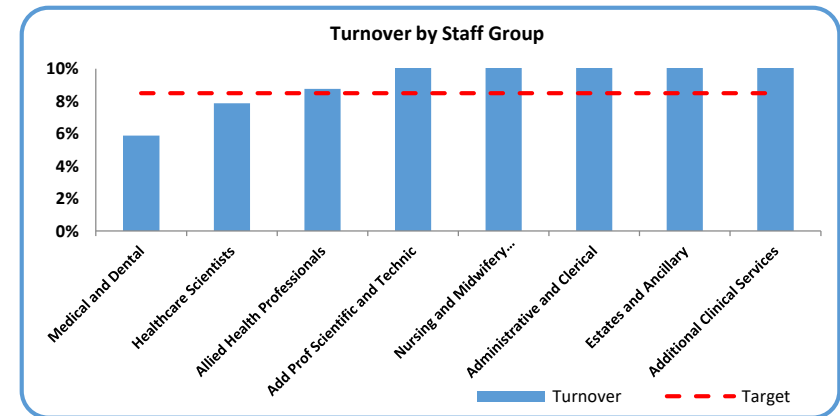
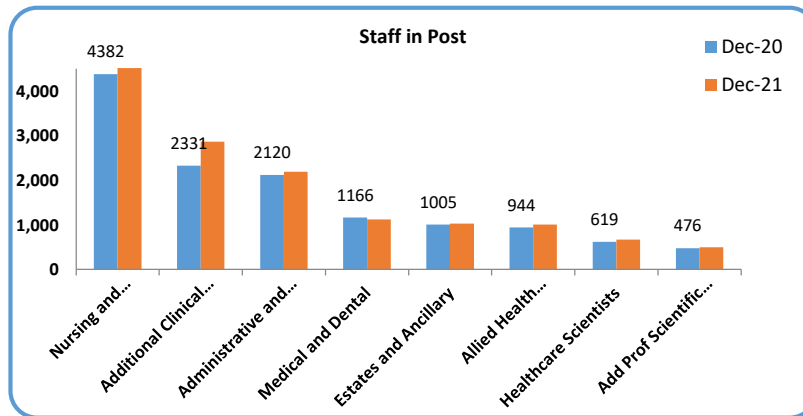
- The graphs above identify, by headcount, the percentage of staff in post in December 2020 and December 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 3.24% to 3.82% and the percentage of BAME staff has increased from 9.21% to 10.76%.

People



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

People



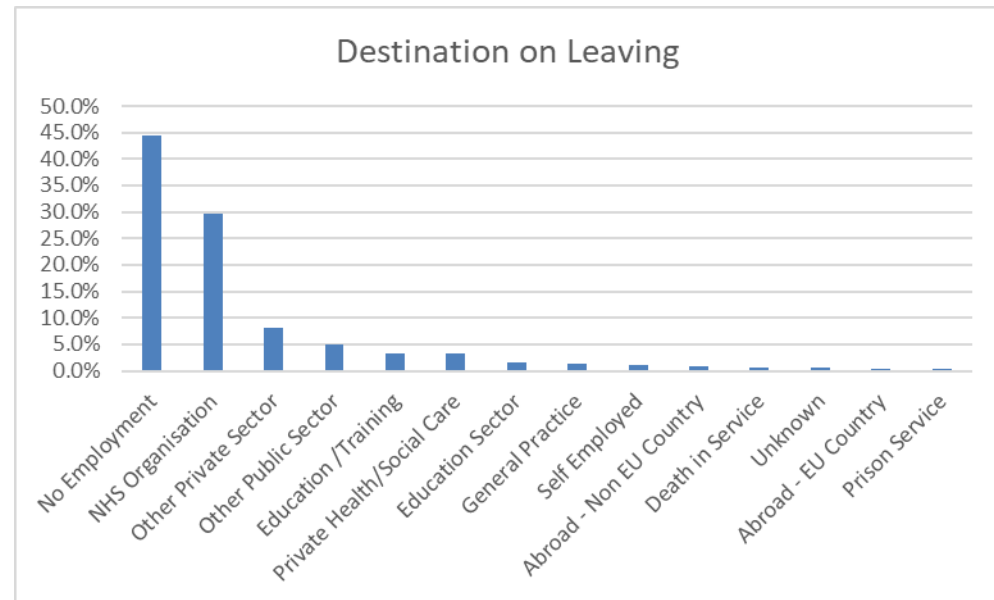
- Staff in post at December 2021 is 13,900 wte (16,090 headcount) compared to 13,041 in December 2020 (15,193 headcount). These numbers exclude bank staff, LET doctors and honorary contract holders.
- Staff turnover has increased from 9.62% in December 2020 to 11.04% in December 2021, against a target of 8.5%.
- The total number of leavers in the period January 2021 to December 2021 was 1,707.
- Staff retention for staff over 1 year service stands at 82.94%, which is a decrease from 88.76% in December 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.

People

Turnover by Directorate

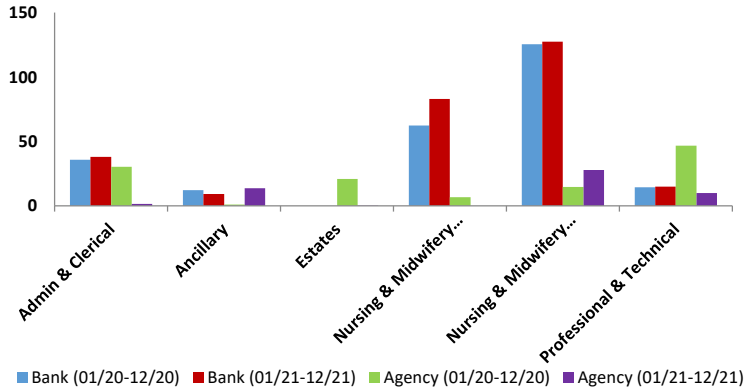
Staff Group	Turnover
NHS COVID Vaccination Programme	88.13%
North East Integrated Covid Hub	30.79%
Finance	13.56%
Estates	13.07%
Clinical Research	12.77%
Community Services	12.82%
Patient Services	12.68%
Dental Services	10.94%
Supplies	9.82%
Pharmacy	10.84%
Women's Services	10.44%
Human Resources	9.61%
Chief Operating Officer	10.50%
Medical Physics	8.87%
Cancer Services/ Clinical Haematology	7.81%
Information Management & Technology	9.39%
Peri-operative & Critical Care - RVI	8.69%
Cardiothoracic	8.63%
Children's Services	9.93%
Integrated Laboratory Medicine	8.86%
Neurosciences	8.65%
Peri-operative & Critical Care - FH	8.11%
Internal Medicine - Urgent Care	8.28%
Chief Executive	8.77%
Urology & Renal Services	6.98%
Radiology	8.39%
ENT, Plastics, Ophthalmology & Dermatology	8.56%
Internal Medicine - General	9.68%
Medical Director	8.96%
Musculoskeletal Services	6.08%
Surgical Services	6.54%
Regional Drugs & Therapeutics	11.11%
Business & Development	7.02%
Grand Total	11.04%

- The NHS COVID Vaccination Programme have had the highest turnover between December 2020 and December 2021, with an average staff in post of 160 and a total of 141 leavers.
- Only 30% of leavers across the Trust left to go to another NHS organisation

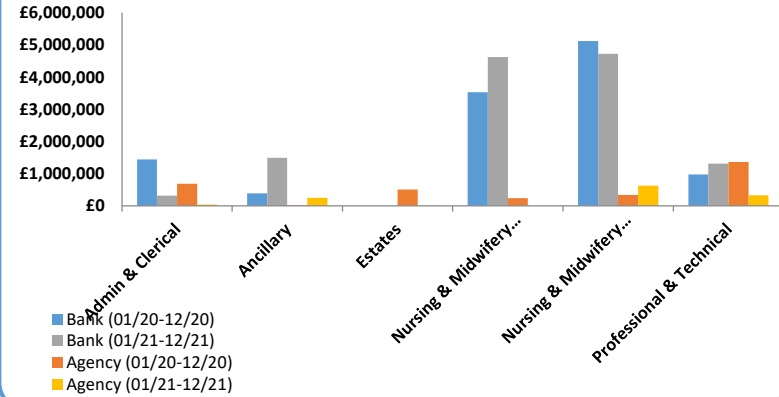


People

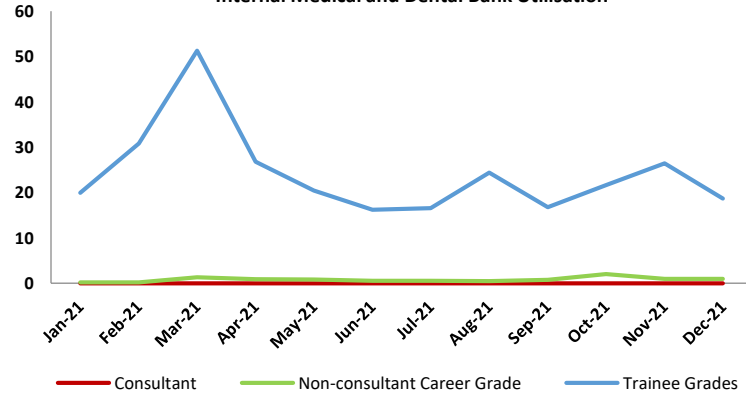
Bank and Agency Utilisation by Staff Group (FTE)



Bank and Agency Utilisation by Staff Group (Cost)



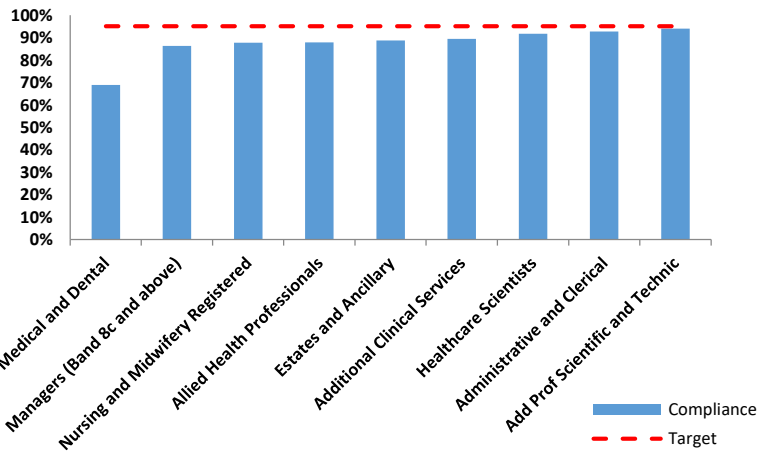
Internal Medical and Dental Bank Utilisation



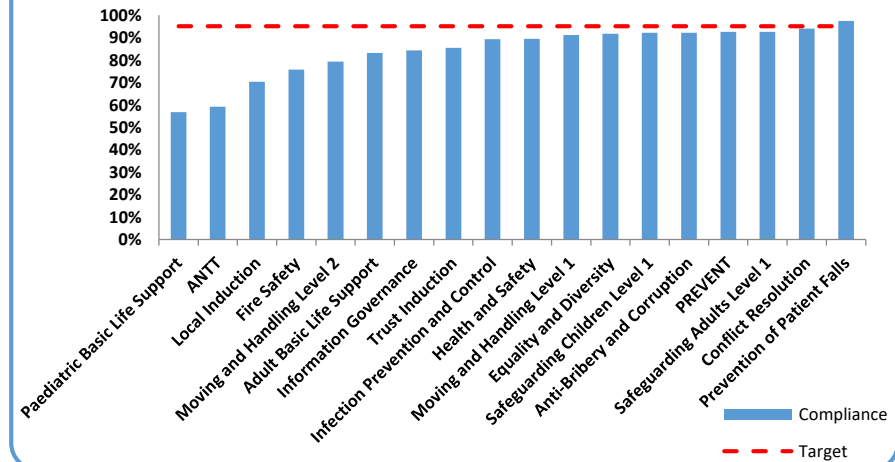
- Comparing the periods January 2020– December 2020 to January 2021 – December 2021, overall bank utilisation has increased from 250 wte to 272 wte and agency utilisation has decreased from 120 wte to 53 wte.

People: Delivering Excellence in Education & Training

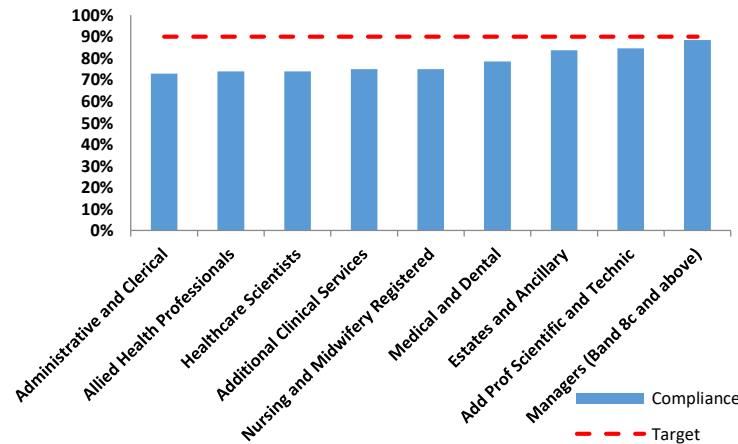
Mandatory Training by Staff Group



Mandatory Training by Topic



Appraisals



- Appraisal compliance stands at 76.09%, at end of December 2021, against an end of year target of 95%. The December 2020 position was 77.42%. Interventions are in hand to improve this. Medical appraisals for revalidation was paused for six months during the pandemic and restarted in October 2020. 353 medical staff had ‘approved missed appraisals’ during this six month hiatus.
- Mandatory training compliance stands at 90.82% at end of December 2021, against a Q1 target of 80% and end of year target of 95%. The October 2020 position was 87.77 %.

Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 31st December 2021.

NHSE has issued a new finance regime to operate to 30th September - NHSE are using the term H1 to mean the first half of 2021/22. The financial regime guidance has been issued for the second half of the year. The Trust submitted a financial Plan to NHSE for H1 at the end of May, and a Financial Plan is required to be submitted for the second half of the year (H2) in early November.

In the period to 31st December 2021 the Trust incurred expenditure of £1,005 million, and accrued income of £1,005 million on mainstream budgets and incurred expenditure of £14.5 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a break even. The Trust expenditure is exactly matched by income from NHSE and other commissioners and is therefore I & E neutral for the Trust. ICHNE is being treated on an 'Agent Basis' and is excluded for both income and expenditure, the figure is £99.7 million.

It should be noted that all financial risk ratings and use of resources metrics have been suspended for the COVID period and are not reported here.

To 31st December the Trust had spent £29.7 million capital, £2.7 million behind Plan.

Overall Financial Position			
	Month 9 Budget £'000	Month 9 Actual £'000	Month 9 Variance £'000
Income	1,008,231	1,005,092	(3,139)
Expenditure	1,008,231	1,005,092	(3,140)
I & E position (excl impairment)	(0)	0	(0)
Capital Programme	32,369	29,663	(2,706)

BOARD MEETINGS - ACTIONS

Agenda item A12

Log No.	BOARD DATE	PRIVATE / PUBLIC	AGENDA ITEM	ACTION	ACTION BY	Previous meeting status	Current meeting status	Notes
80	25/11/2021	PUBLIC	21/49 BUSINESS ITEMS i) Standing Items b. Minutes of the Meeting held on 30 September 2021 and Matters Arising	Ms Baker and Ms Edusei provided further clarification relating to the importance of the inclusion of voluntary and community groups representatives, as well as those with 'lived experience', within the Trust's Health Inequalities Group. It was requested that an action be added to the action log for the COO to progress. The TS agreed to add this item to the action log [ACTION01] .	COO			<u>12.01.2022</u> COO advised this will be discussed at the next Trust Health Inequalities Group meeting on 7th February 2022. Feedback to be provided after the meeting.
81	25/11/2021	PUBLIC	21/50 PATIENTS ii) Director Reports b. Executive Chief Nurse	The ECN also highlighted a reflective piece of writing produced by the Head of Chaplaincy regarding the pandemic and agreed to share with the TS for onward circulation to the Trust's Non-Executive Directors [ACTION02] .	ECN/TS			<u>12.01.2022</u> - Paper shared with Trust Non-Executive Directors on 13.01.2022 and uploaded to Admincontrol.
82	25/11/2021	PUBLIC	21/50 PATIENTS ii) Director Reports b. Executive Chief Nurse	Ms Edusei queried whether the Trust provided secular spiritual care to patients and staff (non-faith), to which the ECN agreed to discuss further with Ms Edusei [ACTION03] .	ECN/TS			<u>12.01.2022</u> - ECN has a booked call with Ms Edusei on 25th January 2022 to discuss further.
83	25/11/2021	PUBLIC	21/54 PIONEERS i) CIO Annual Report	The CIO noted that the Chair of the Audit Committee at Sunderland University had notified peers of a cyber-attack within their organisation and the CIO recommended undertaking a deep dive in relation to this. The CIO agreed to action and facilitate via the TS [ACTION04] .	CIO/TS			<u>12.01.2022</u> - Date for the deep-dive to be agreed.
84	25/11/2021	PUBLIC	21/54 PIONEERS ii) Strategy Update	Mr Macleod noted that culture and strategy were inextricably linked and queried how the Trust would work on improving the organisation culture. Mr Morgan recommended that this be included as a future Board workshop agenda item, to consider quantifiable measures and timelines for the breakthrough objectives. The EDBDE agreed to action, with the TS to facilitate [ACTION05] .	EDBDE/TS			<u>12.01.2022</u> - TS confirmed this piece of work has been added to the planner for the Trust Board Workshops in April 2022.

KEY

NEW ACTION	To be included to indicate when an action has been added to the log.
ON HOLD	Action on hold.
OVERDUE	When an action has reached or exceeded its agreed completion date. Owners will be asked to address the action at the next meeting.
IN PROGRESS	Action is progressing inline with its anticipated completion date. Information included to track progress.
COMPLETE	Action has been completed to the satisfaction of the Committee and will be kept on the 'in progress' log until the next meeting to demonstrate completion before being moved to the 'complete' log.