



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	Guardian of Safe Working Quarterly Report (Q3 2021-22)						
Report of	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
Prepared by	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
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Summary	<p>The terms and conditions of service of the new junior doctor contract (2016) require the Guardian of Safe Working Hours to provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors' hours are safe and compliant.</p> <p>The content of this report outlines the number and main causes of exception reports for the period 27 September to 26 December 2021 for consideration by the Trust People Committee, prior to submission to the Trust Board.</p>						
Recommendation	The Trust Board is asked to note the contents of this report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
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Impact detail	In order to maintain quality and safety, we must have a junior doctor workforce who can work within safe hours and receive excellent training.						
Reports previously considered by	Quarterly report of the Guardian of Safe Working Hours. Presented to the People Committee in February 2022.						

GUARDIAN OF SAFE WORKING QUARTERLY REPORT

EXECUTIVE SUMMARY

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

There are now 827 trainees on the New Junior Doctor Contract and a total of 1,033 junior doctors in the Trust.

There were 119 exception reports in this period. This compares to 72 exception reports in the previous quarter. This large increase is due to a combination of high workload and reduced staffing from both rota gaps and increased levels of short term absences due to Covid. It may also reflect an increase in junior doctors using the exception reporting process to highlight breaches in working hours.

The main areas of exception reports are general medicine, haematology/oncology, ophthalmology and general surgery.

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

GUARDIAN OF SAFE WORKING QUARTERLY REPORT

1. INTRODUCTION / BACKGROUND

The 2016 New Junior Doctor Contract came into effect on 3 August 2016, with changes implemented from August 2019 to October 2020.

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

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

2. HIGH LEVEL DATA

		(Previous quarter data for comparison)
Number of Junior Doctors on New Contract	827	(838)
Number of Exception reports	119	(72)
Number of Exception reports for Hours Breaches	113	(70)
Number of Exception reports for Educational Breaches	12	(5)
Fines	4	(1)
Admin Support for Role	Good	
Job Planned time for supervisors	Variable	

3. EXCEPTION REPORTS

3.1 Exception Report by Speciality (Top 4)

General Medicine	40	
Haematology/oncology	23	
Ophthalmology		16
General Surgery	12	

3.2 Exception Report by Grade

Foundation Year 1	40	
SHO/CT/ST1 2	39	
SpR	38	

3.3 Example Themes from Exception Reports

General Medicine RVI/FH

'Usually team of 3 junior doctors - 1 was redirected to another ward due to low staffing elsewhere. It was rather busy on the ward resulting in delays to getting some of the jobs completed within scheduled work time. All three of us finished at 6:30pm on this shift.'

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

Medicine has traditionally always had high levels of exception reports. I believe that the high levels this time are due to the size of the directorate, the high workload from both Covid and non Covid patients, and the good engagement that the department has with the exception reporting process.

Haematology/Oncology

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

This department has ongoing issues with low staffing levels due to rota gaps and long term sickness. This is exacerbated by changes in training requiring trainees to spend more time on non-clinical duties. This has resulted in extra pressure on the existing juniors resulting in high levels of short term sickness. Locally Employed doctors employed to address the gaps have not wished to extend their time.

Ophthalmology

'High volume of patients presenting to Eye casualty every Monday. Finished 2 hours late. Need one more ophthalmology doctor to help out in eye casualty on Monday PM.'

A combination of high volumes of work and issues with sickness have led to exception reports for hours and missed educational opportunities. The department are aware and exploring ways to address them.

General Surgery

A combination of reduced staffing due to rota gaps which were not filled by locum cover, short term sickness, and excessive workload.

4. EXCEPTION REPORT OUTCOMES

4.1 Work Schedule Reviews

No work schedule reviews were carried out due to exception reports. However all work schedules are currently being reviewed to ensure compliance with rules surrounding annual leave and study leave.

4.2 Fines

BRP A7(a)i

G. Surgery (RVI): £251.95. Working in excess of maximum 13 hour shift length on 3 occasions in 1 week.

Haematology/oncology: £89.44. Working in excess of maximum 13 hour shift length.

Trauma/orthopaedics (RVI): £65.31. Working in excess of maximum 13 hour shift length.

Trauma/orthopaedics (RVI): £87.08. Working in excess of maximum 13 hour shift length.

5. ISSUES ARISING

5.1 Workforce and workload

The background issue of ongoing rota gaps, combined with increasing workload, particularly in medicine, has been exacerbated by issues with short term sickness and isolation.

Although departments are addressing gaps by offering locums, these are not always filled.

The change in medical training and the requirement for junior doctors to spend more time on non-clinical duties has also exacerbated workforce/workload imbalances.

5.2 Supervisor Engagement

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

5.3 Administrative Support

Medical staffing have experienced a change in personnel. Although support is still good, there is an ongoing learning curve whilst staff learn their new roles.

6. ROTA GAPS

Site	Specialty/Sub Specialty	Grade	No required on rota (at full complement)	Oct-21	Nov-21	Dec-21
<u>Cancer Services</u>						
FH	Oncology	ST3+	14	1	1	1
FH	Palliative Medicine	F2/ST1+	13	1.1	1.1	1.1
FH	Haematology / Oncology	F2/ST1/ST2	10	1	1	1
FH	Haematology	ST3+	10 (from Jan 2021)	1	1	1
<u>Cardiothoracic Services</u>						
FH	Cardiology	F2/ST1-2	5	1	1	1
FH	Cardiology	ST3+	15	0	1	1
FH	Cardiothoracic Surgery	F2/ST1-2	2	2	2	2
FH	Cardiothoracic Surgery	ST3+	11	4	3	2
FH	PICU	ST3+	9 (inc day cover with GNCH & Paeds Cardiology)	0.8	0.8	0.8
<u>Children's Services</u>						

Site	Specialty/Sub Specialty	Grade	No required on rota (at full complement)	Oct-21	Nov-21	Dec-21
RVI	Paediatric Surgery 2nd	ST3+	9 (8 from Nov 20)	0.6	0.6	0.6
RVI	General Paediatrics	ST3+	21	1.2	1.2	1
<u>Dental</u>						
RVI	Oral Maxillofacial Surgery	ST1/ST2	8	1	1	0
RVI	Dental	DCT	12	2	2	2
<u>EPOD</u>						
FH	ENT	F2 / CST / ST1-2	6	1	1	1
RVI	Plastic Surgery	F2/ST1/ST2	10	3	2	2
RVI	Plastic Surgery	ST3+	13	1	1	1
RVI	Ophthalmology	F2/ST1/ST2	6	0.7	0.7	0.7
RVI	Ophthalmology	ST3+	24	1.24	1.24	1.24
RVI	Dermatology	ST3+	9	1	1	1
<u>Integrated Lab Medicine</u>						
RVI	Histopathology	ST3+	13	2	2	2
<u>Medicine</u>						
FH/RVI	Academic/Sexual Health/Palliative	ST3+	2	2	2	2
RVI	Acute Medicine	Trust Doctors	9	2	2	2
FH/RVI	F2 BOH and FOH Combined (August 2019)	F2	4 (3 posts December to July)	0.2	0.2	0.2
RVI	CMT Acute- ACU (August 2019)	CMT	2	2	2	2
RVI	General Internal Medicine	ST3+	25	3.2	3.2	3.2
FH	Care of the Elderly	ST3+	5	0.6	0.6	0.6
RVI	Accident & Emergency 1st	ACCS/ST1-2/CT1-2	20	3.4	2.4	2.4
RVI	Accident & Emergency 2nd	ST3+	15 (14 from Nov 20)	4	4	4
<u>Musculoskeletal</u>						
FH	Orthopaedics	F2/ST1/ST2	6	0	2	2
RVI	Orthopaedics	F2/ST1/ST2	5	1	1	0
<u>Neurosciences</u>						
RVI	Neurosurgery	F2/ST1/ST2	5	0	1	1
RVI	Neurosurgery	ST3+	13	2.2	2.2	0.2
RVI	Neurology	ST3+	13	0.2	0.2	0.2
RVI	Neurology	IMT/CMT	3	0	1	1
<u>Peri-operative FH</u>						
FH	Anaesthetics General	ST1-7 CT1-2	29	2	2.4	2.4
<u>Peri-operative RVI</u>						
RVI	Critical Care	ST1+	18	2.6	2.6	2.6
RVI	Anaesthetics	ST1-2 / ST3 +	44	2.4	2.2	2.2
<u>Radiology</u>						
<u>Surgical Services</u>						
FH	General Surgery	F2/ST1/ST2/ST3+	7	0	0	1

Site	Specialty/Sub Specialty	Grade	No required on rota (at full complement)	Oct-21	Nov-21	Dec-21
FH	Vascular	ST3+	10.5 (11 from May 2021)	1	1	1
FH	Hpb / Transplant	ST3+	11	0	1	1
RVI	General Surgery	F2/ST1/ST2	7	3	3	1
RVI	General Surgery	ST3+	17	2.4	2.4	1.4
<u>Urology & Renal</u>						
FH	Urology	F2/ST1/ST2	7	1	1	1
<u>Womens' Services</u>						
RVI	Obstetrics & Gynaecology	F2/ST1/ST2	14	1	1	1
RVI	Obstetrics & Gynaecology	ST3+	22	1	1	1

6.1 Locum Spend

LET Locum spend October – December: £394,929

LET Locum spend July – September: £355,984

Trust Locum spend October – December: £715,531

Trust Locum spend July – September: £600,655

The finance department have commented:

‘There is an increase of £60k on Locum due to COVID-dependency and £50k due to on-call cover which accounts for the majority of the increase on Quarter 2.’

7. RISKS AND MITIGATION

The main risk remains medical workforce coverage across a number of rotas. This ongoing issue has been exacerbated by Covid related staff absences. There is an increase in trainee shifts being covered by consultants when there is no available junior doctor. This impacts on the consultant workforce’s ability to innovate, educate and focus on improvements beyond direct clinical care.

8. JUNIOR DOCTOR FORUM

Issues with IT were discussed with the medical and nursing heads of IT. Other issues discussed were the ongoing issues of provision of food out of hours, training opportunities which have been prevented by Covid, the lack of exception reporting available to Locally Employed Doctors, and the use of rest areas for junior doctor handover.

9. RECOMMENDATIONS

BRP A7(a)i

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

**Report of Henrietta Dawson
Consultant Anaesthetist
Trust Guardian of Safe Working Hours
6 February 2022**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	Consultant Appointments						
Report of	Andy Welch, Medical Director						
Prepared by	Emma Reilly, HR Advisor (Medical & Dental)						
Status of Report	Public	Private			Internal		
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Purpose of Report	For Decision		For Assurance		For Information		
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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 7 January 2022 and interviewed 1 candidate for 1 Consultant Nephrologist post.

By unanimous resolution, the Committee was in favour of appointing Dr Lynne Francis 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 the Salford Royal Hospital.

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

- 1.2 An Appointments Committee was held on 26 January 2022 and interviewed 1 candidate for 1 Consultant Cellular Pathologist (with a special interest in Endocrine and Cytopathology) post.

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

Dr Waller holds MBBS (Nottingham University) 2007 and FRCPath (UK) 2019. Dr Waller is currently employed as a Specialist Registrar in Histopathology based at the Royal Victoria Infirmary.

Dr Waller is expected to take up the post of Consultant Cellular Pathologist (with a special interest in Endocrine and Cytopathology) in May 2022.

- 1.3 An Appointments Committee was held on 26 January 2022 and interviewed 1 candidate for 1 Consultant Cellular Pathologist (Dermatopathology & Gynae pathology) post.

By unanimous resolution, the Committee was in favour of appointing Dr Caroline Launay.

Dr Launay holds MBChB (University of Manchester) 2011 and FRCPath (UK) 2021. Dr Launay is currently employed as a Specialist Registrar in Histopathology based at the Royal Victoria Infirmary.

Dr Launay is expected to take up the post of Consultant Cellular Pathologist (Dermatopathology & Gynae pathology) in July 2022.

- 1.4 An Appointments Committee was held on 26 January 2022 and interviewed 5 candidates for 4 Consultant Anaesthetist posts.

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By unanimous resolution, the Committee was in favour of appointing Dr Ravi Wariyar, Dr Jae Huh, Dr Richard Burnham and Dr Syed Ahmed

Dr Wariyar holds BMBS (University of Nottingham) 2009 and FRCA (UK) 2015. Dr Wariyar is currently employed as a Locum Speciality Doctor at the Royal Victoria Infirmary.

Dr Wariyar is expected to take up the post of Consultant Anaesthetist in June 2022.

Dr Huh holds MBBS (King's College London) 2010 and FRCA (UK) 2019. Dr Huh is currently employed as an Anaesthetic Speciality Trainee at the Sunderland Royal Hospital.

Dr Huh is expected to take up the post of Consultant Anaesthetist in May 2022.

Dr Burnham holds BMBS (University of Nottingham) 2007 and FRCA (UK) 2017.

Dr Burnham took up the post of Consultant Anaesthetist in February 2022.

Dr Ahmed holds MBBS (Rajiv Gandhi University of Health Sciences, India) 2005 and FRCA (UK) 2018.

Dr Ahmed took up the post of Consultant Anaesthetist in March 2022.

- 1.5 An Appointments Committee was held on 1 February 2022 and interviewed 2 candidates for 2 Consultant Nephrologist posts.

By unanimous resolution, the Committee was in favour of appointing Dr Chaoxui Er and Dr Ingi Adel Salah Elsayed.

Dr Er holds MBChB (University of Dundee) 2013. Dr Er is currently employed as a Speciality Trainee in Renal Medicine and General Medicine at James Cook University Hospital.

Dr Er is expected to take up the post of Consultant Nephrologist in September 2022.

Dr Elsayed holds MBChB (Cairo University) 1998, MSC (Cairo University) 2003, and MRCP (UK) 2009. Dr Elsayed is currently employed as a Consultant in Intensive Care/Renal Medicine at Royal Stoke University Hospital.

Dr Elsayed is expected to take up the post of Consultant Nephrologist in November 2022.

- 1.6 An Appointments Committee was held on 2 March 2022 and interviewed 9 candidates for 4 Consultant in Emergency Medicine Posts.

By unanimous resolution, the Committee was in favour of appointing Dr Stephanie Henderson, Dr Charlotte Leigh Ibbetson, Dr Patrick Moyles and Dr Claire Miller-Grossett

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Dr Henderson holds MBBS (Newcastle University) 2013. Dr Henderson is currently employed as a Specialist Registrar in Emergency Medicine at the Royal Victoria Infirmary.

Dr Henderson is expected to take up the post of Consultant in Emergency Medicine in August 2022.

Dr Ibbetson holds MBBS (Newcastle University) 2013 and FRCM (UK). Dr Ibbetson is currently employed as a Specialist Registrar in Emergency Medicine at Northumbria Specialist Emergency Care Hospital.

Dr Ibbetson is expected to take up the post of Consultant in Emergency Medicine in August 2022.

Dr Moyles holds MBBS (Newcastle University) 2012 and FRCM (UK) 2021. Dr Moyles is currently employed as a Specialist Registrar in Emergency Medicine at Sunderland Royal Hospital.

Dr Moyles is expected to take up the post of Consultant in Emergency Medicine in August 2022.

Dr Miller-Grossett holds MBBS (Newcastle University) 2014 and FRCM (UK) 2021. Dr Miller-Grossett is currently employed as a Specialist Registrar in Emergency Medicine at Northumbria Specialist Emergency Care Hospital.

Dr Miller-Grossett is expected to take up the post of Consultant in Emergency Medicine in August 2022.

- 1.7 An Appointments Committee was held on 9 March 2022 and interviewed 2 candidates for 2 Consultant Immunologist and Allergist posts.

By unanimous resolution, the Committee was in favour of appointing Dr Stephen Boag and Dr Dinusha Chandratilleke.

Dr Boag holds MBChB (University of Edinburgh) 2005, MRCP (UK) 2008, PhD (Newcastle University) 2016 and FRCPath (UK) 2019. Dr Boag is currently employed as a Locum Consultant Immunologist at the Royal Victoria Infirmary.

Dr Boag is expected to take up the post of Consultant Immunologist and Allergist in May 2022.

Dr Chandratilleke holds MBBS (University of Western Australia) 2007 and FRCPA (Australia) 2016. Dr Chandratilleke is currently employed as a Locum Consultant Immunologist at the Royal Victoria Infirmary.

Dr Chandratilleke is expected to take up the post of Consultant Immunologist and Allergist in March 2022.

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2. RECOMMENDATION

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

Report of Andy Welch

Medical Director

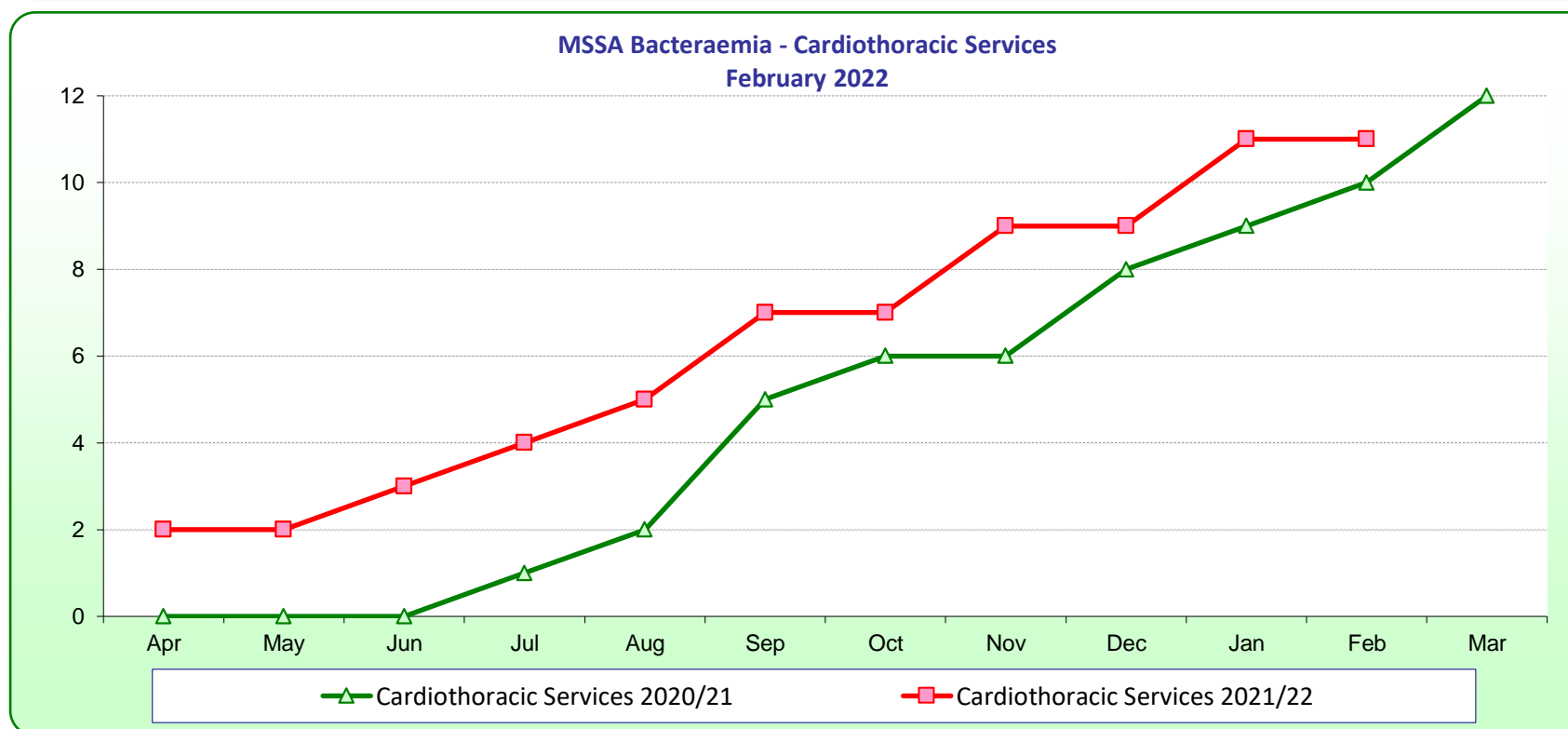
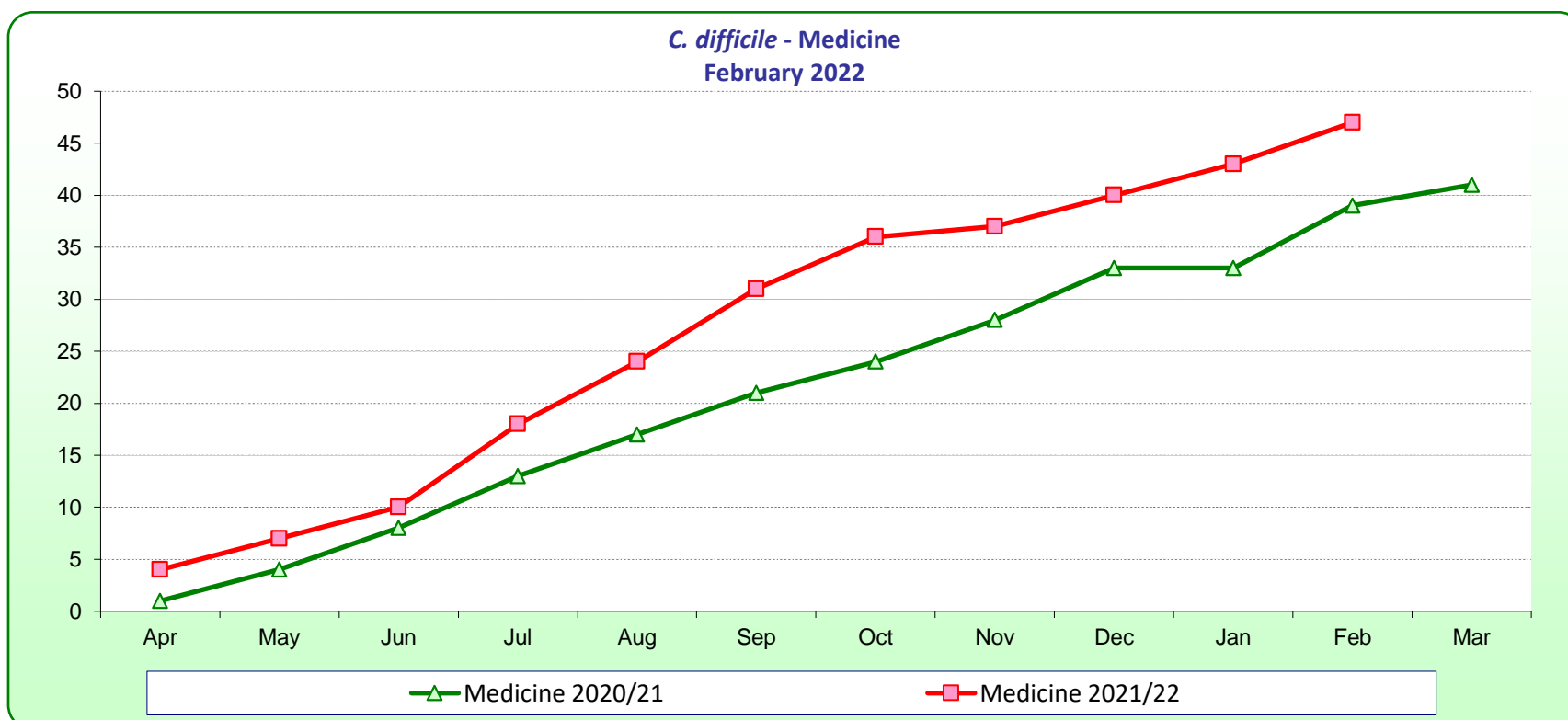
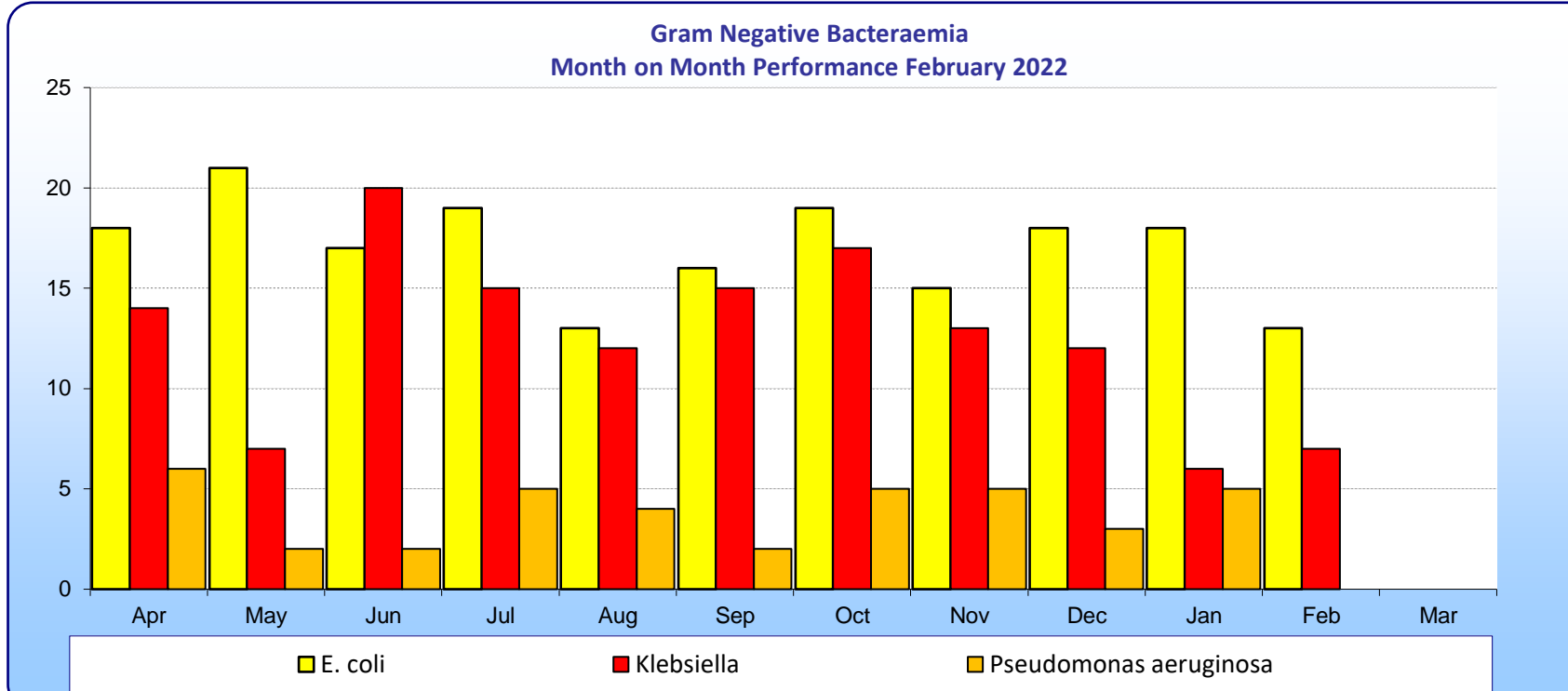
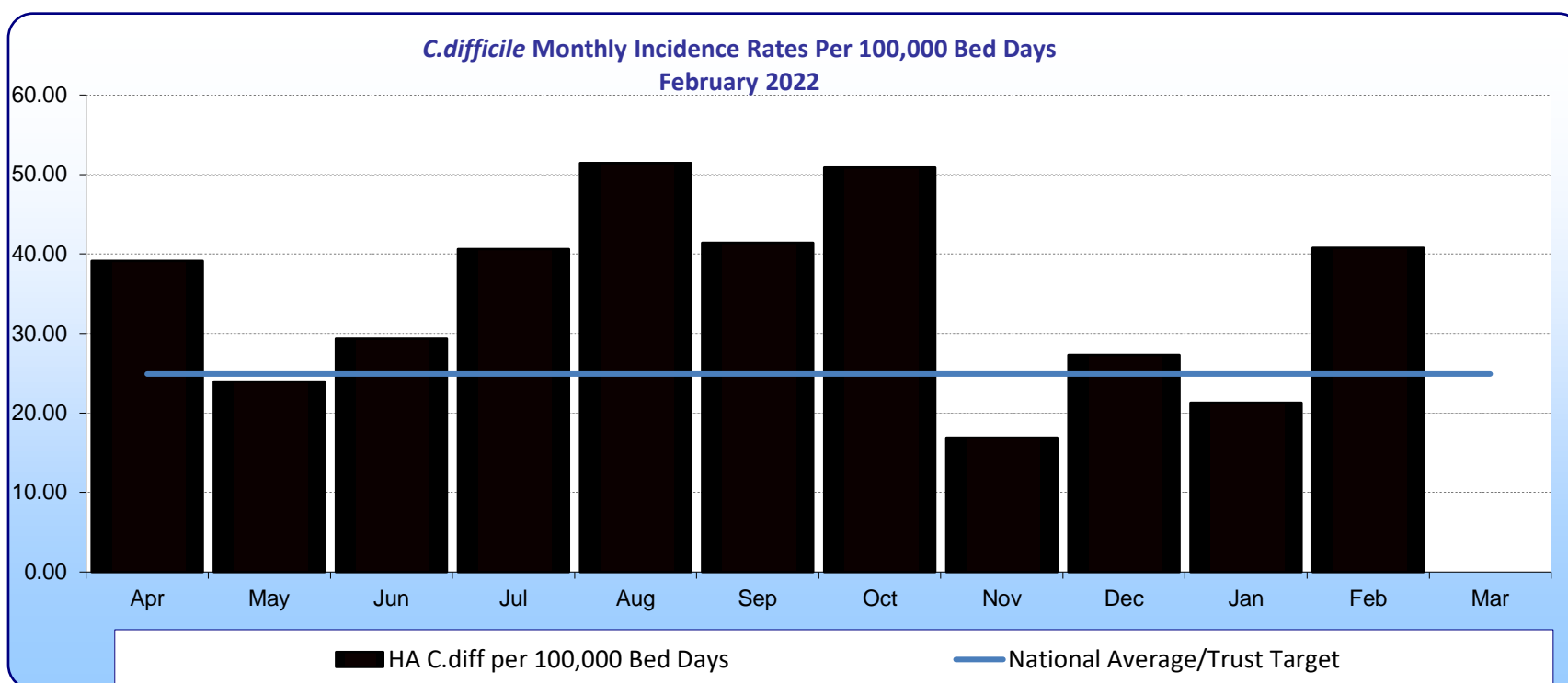
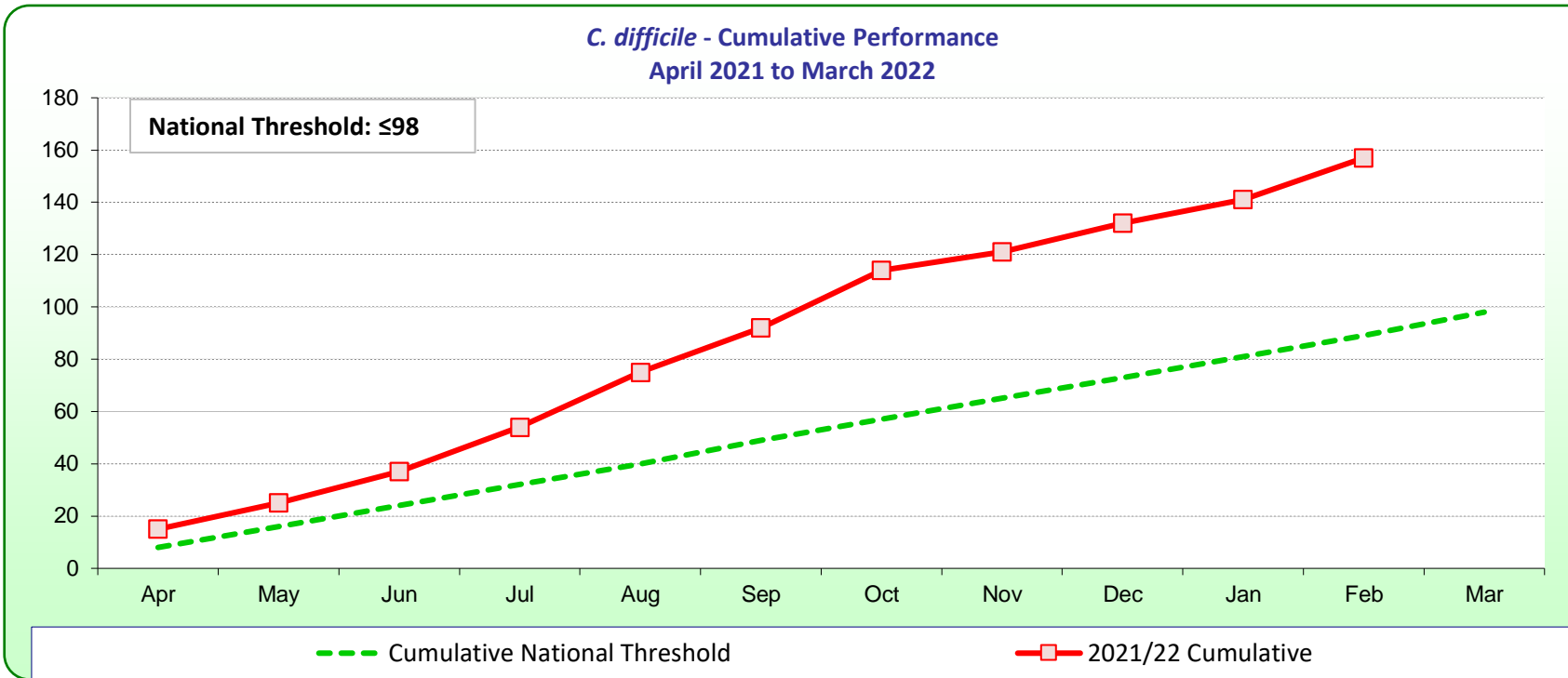
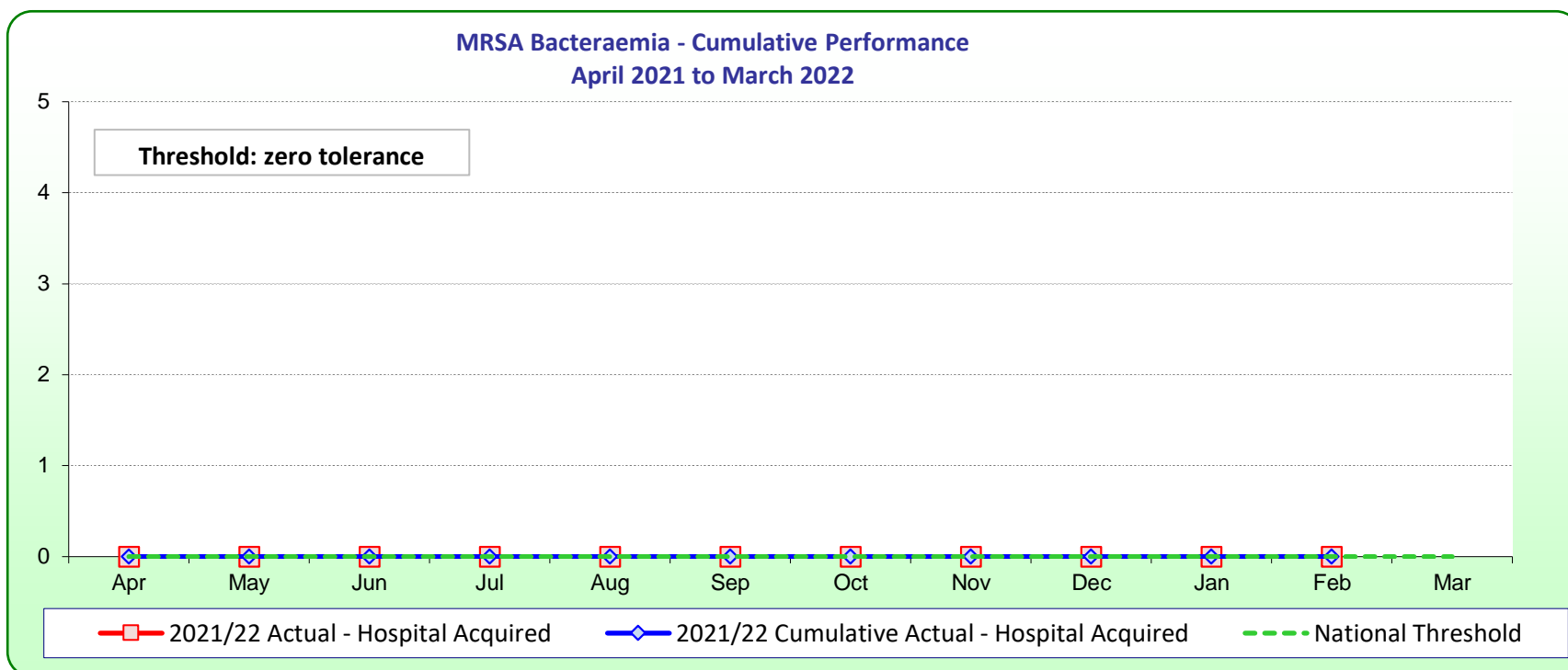
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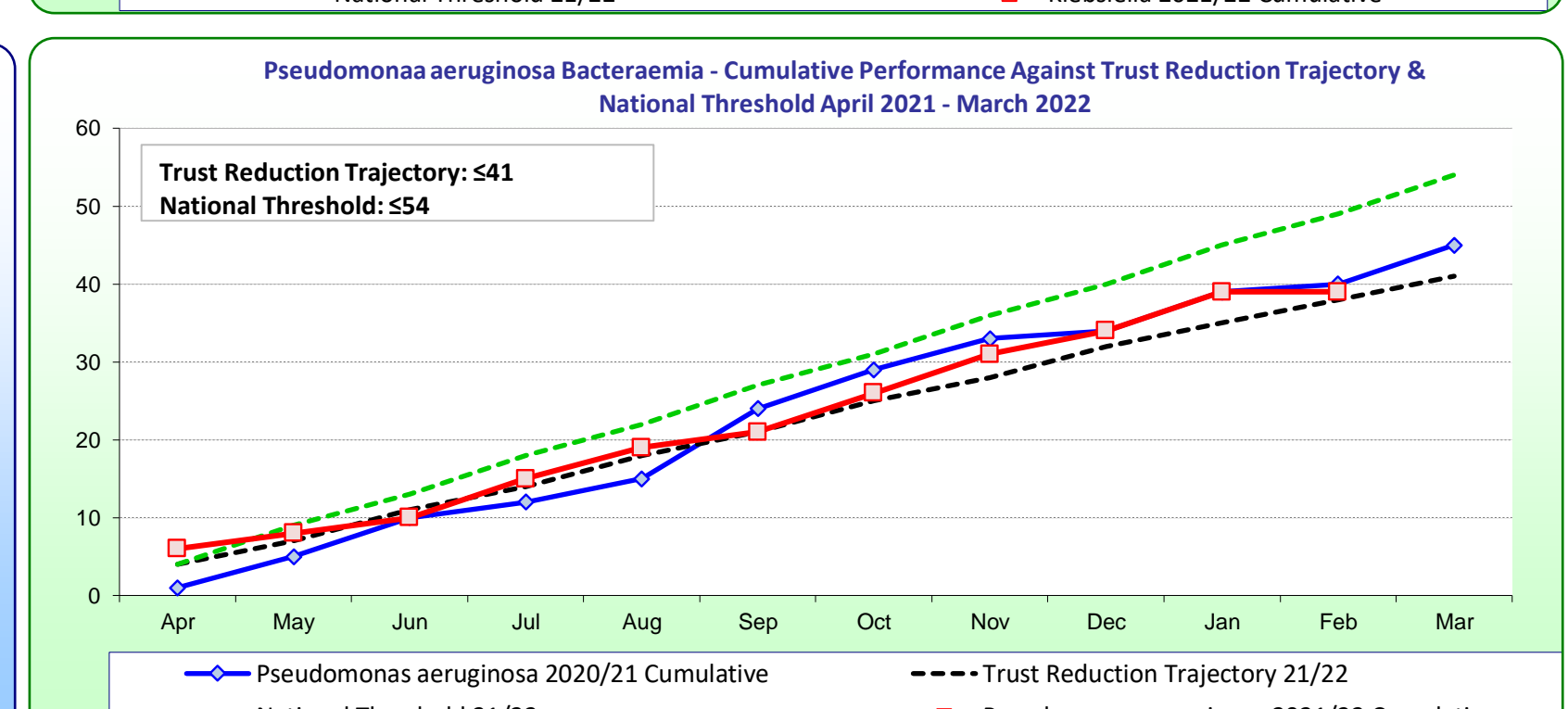
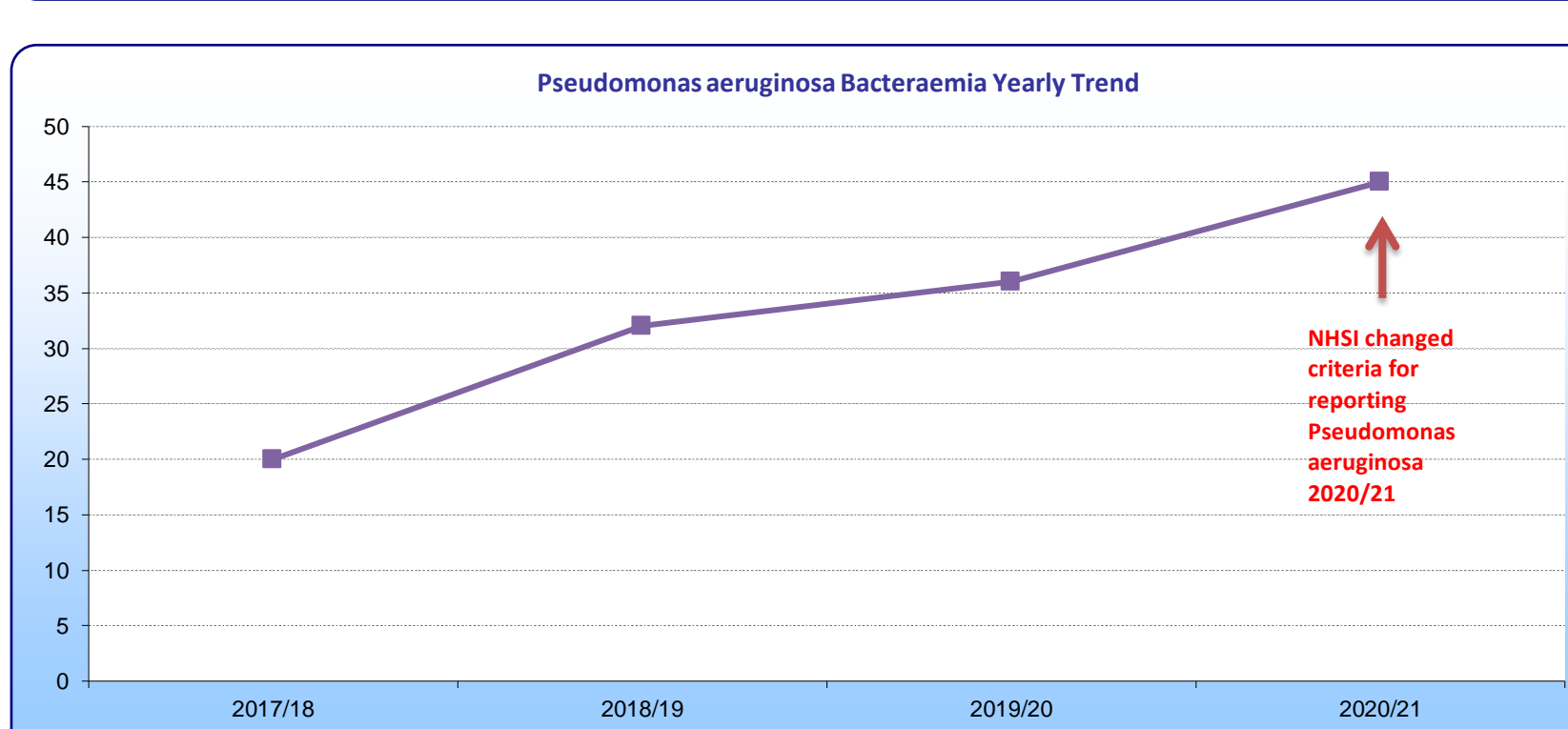
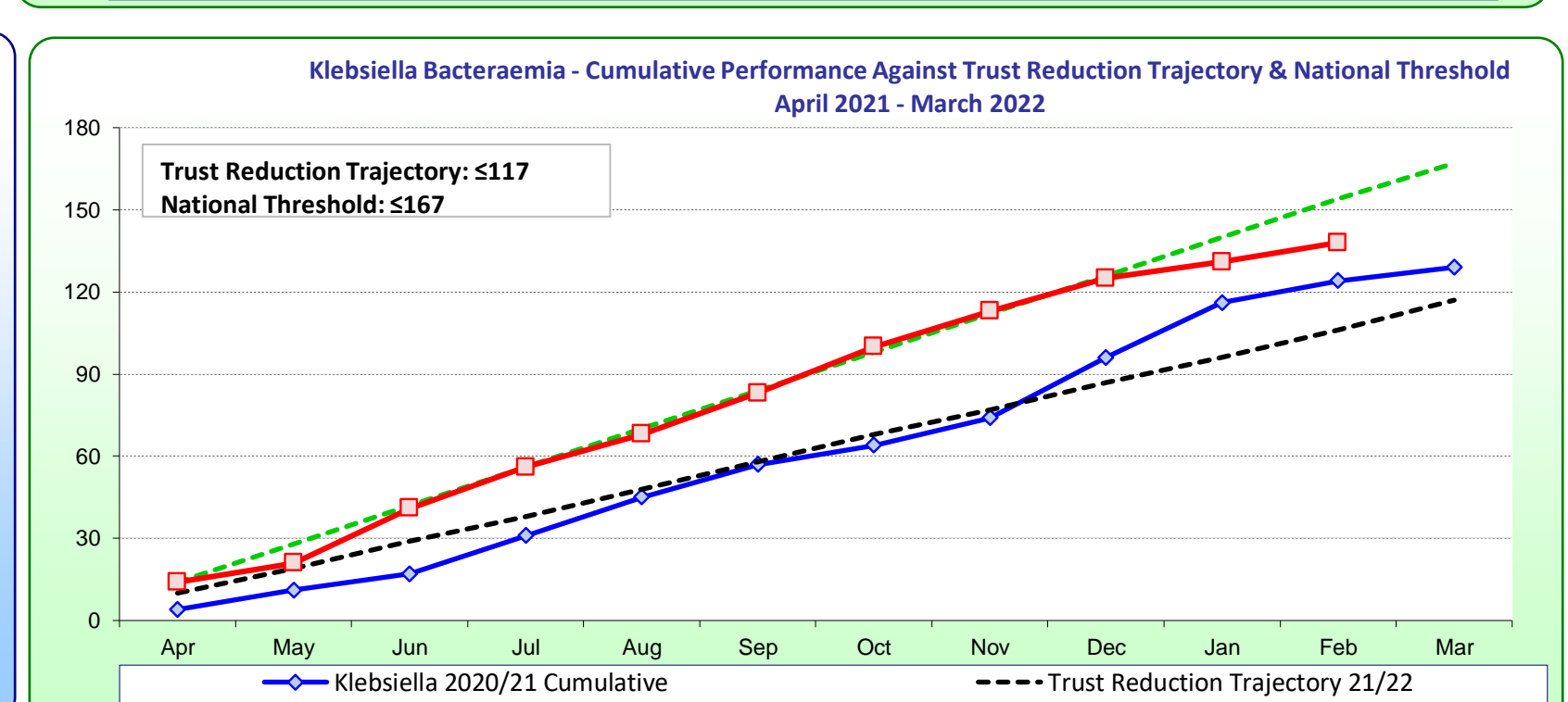
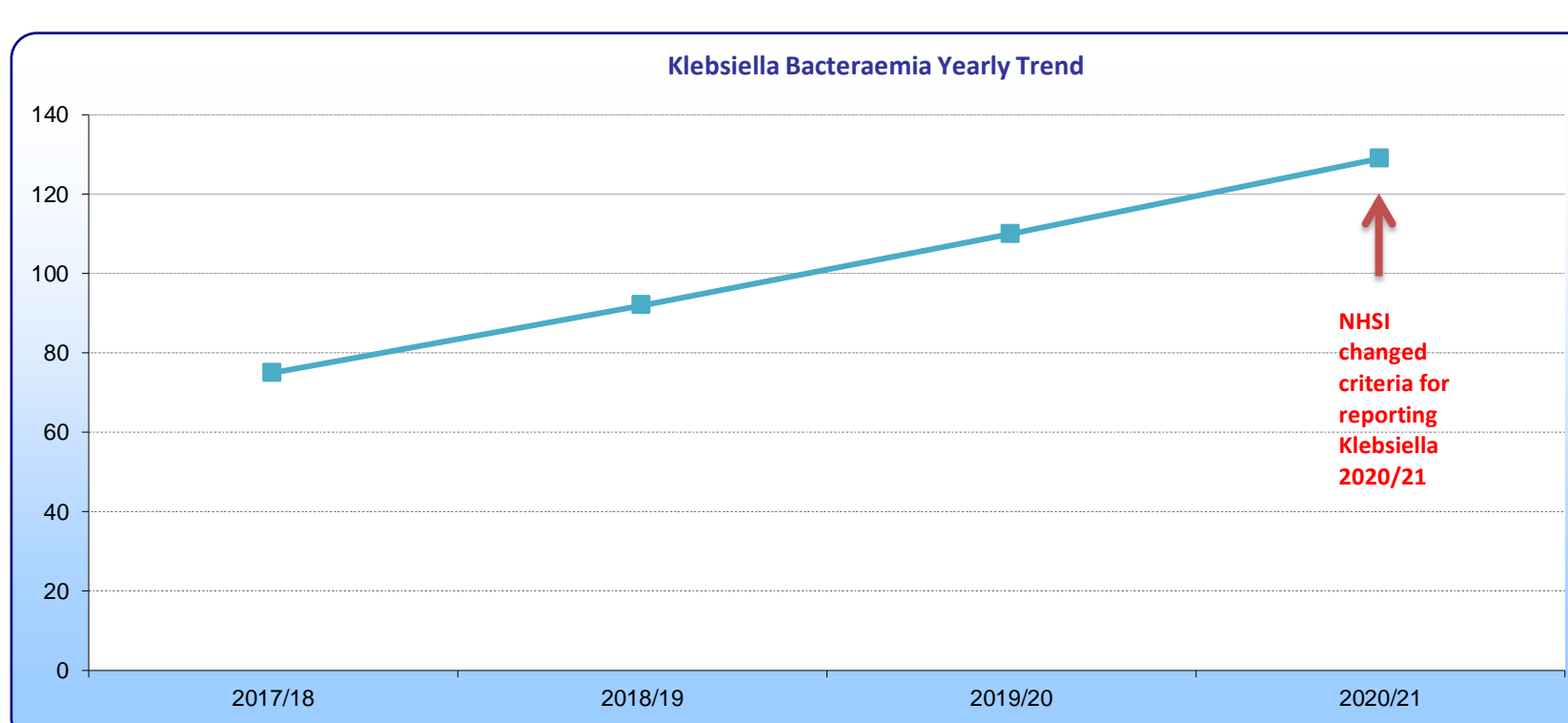
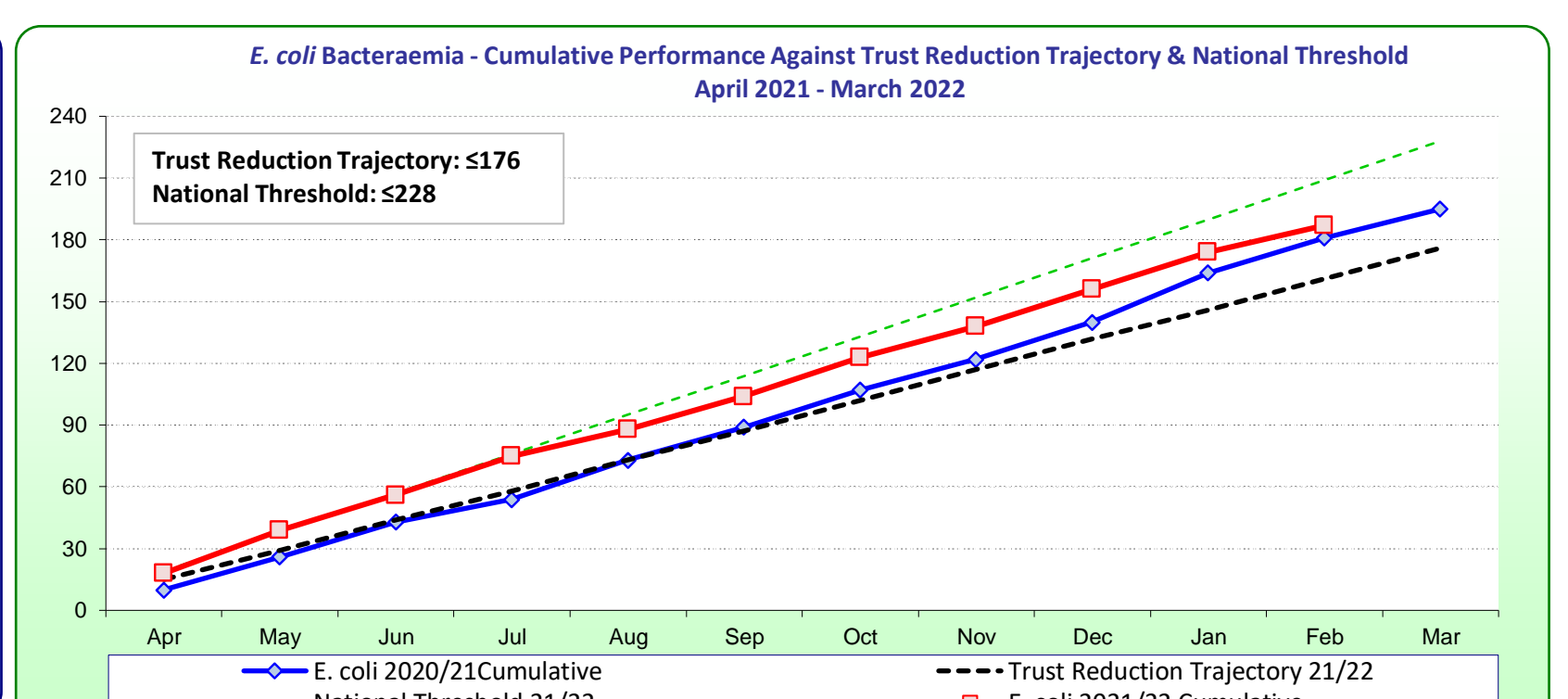
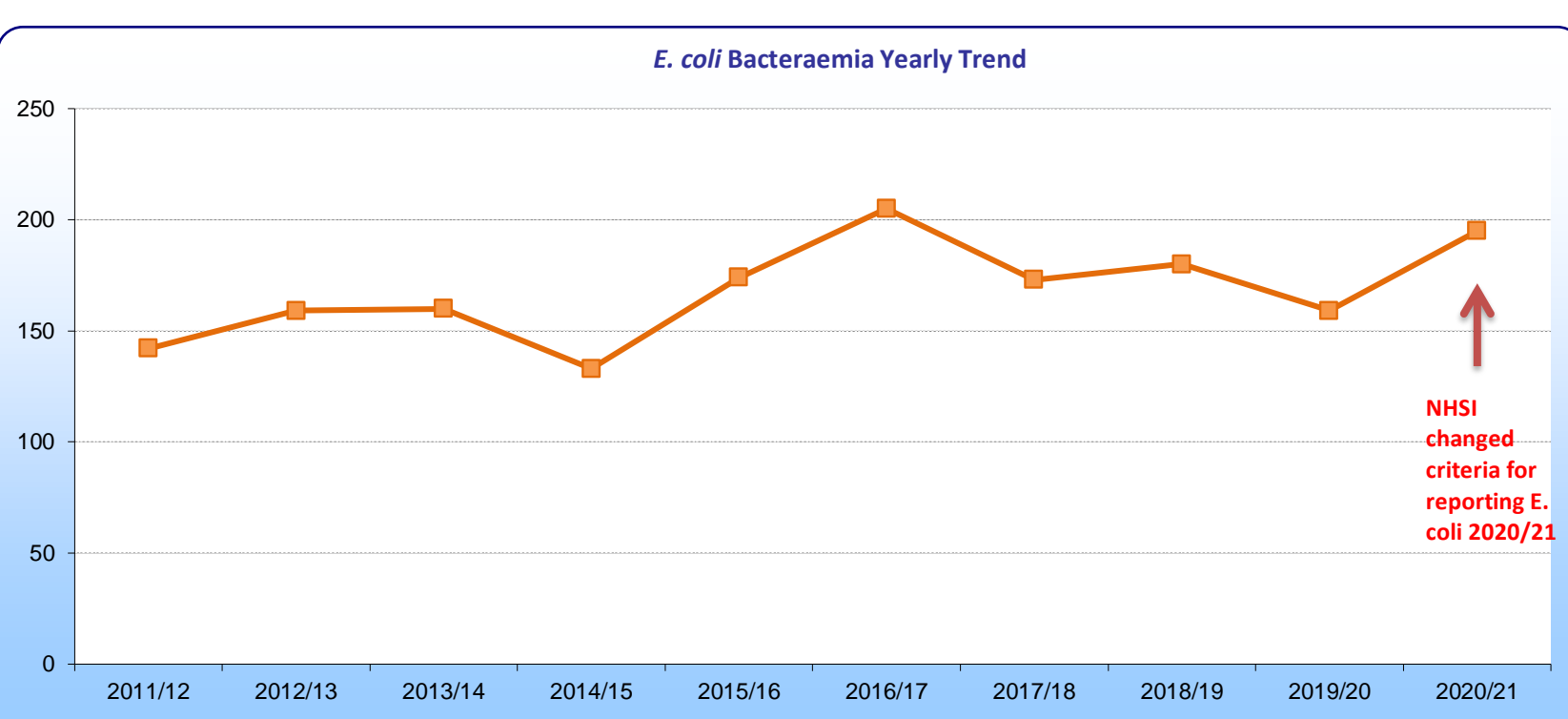
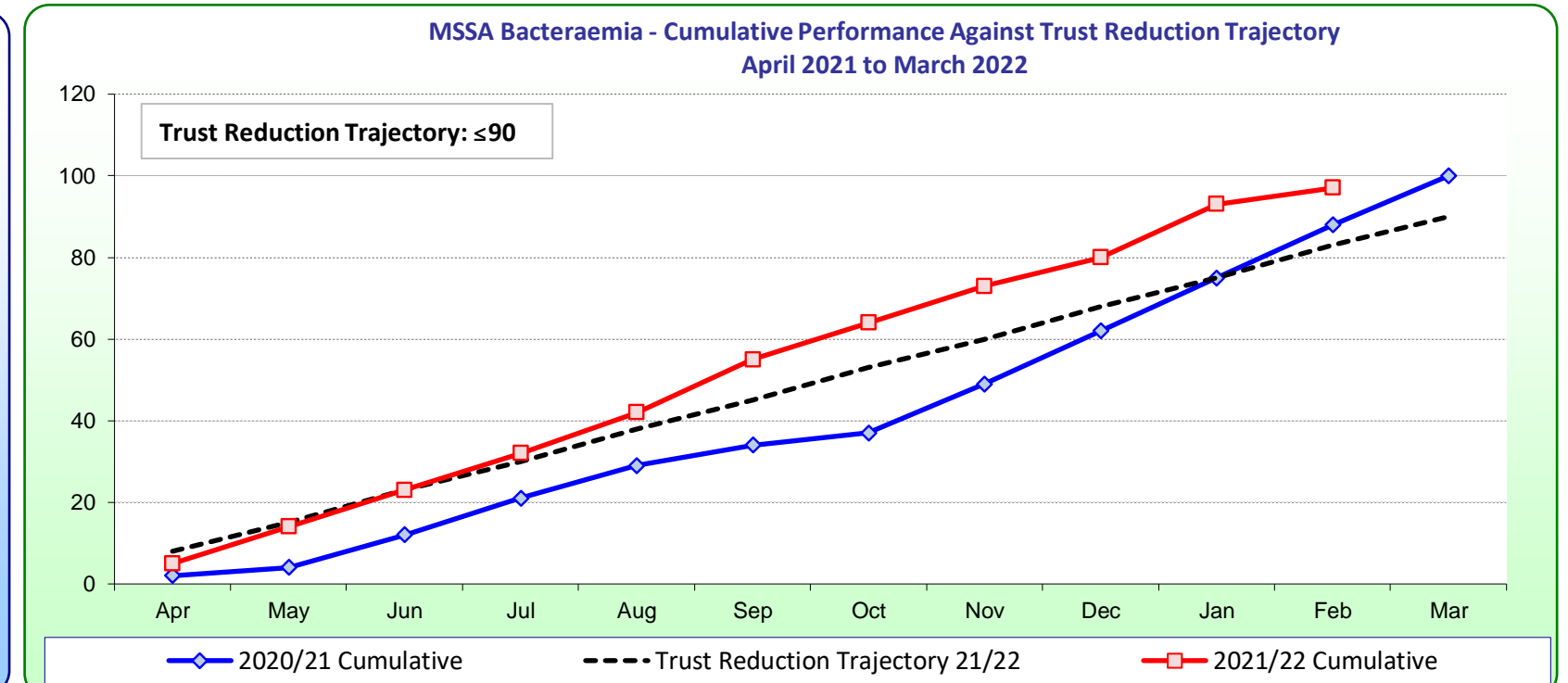
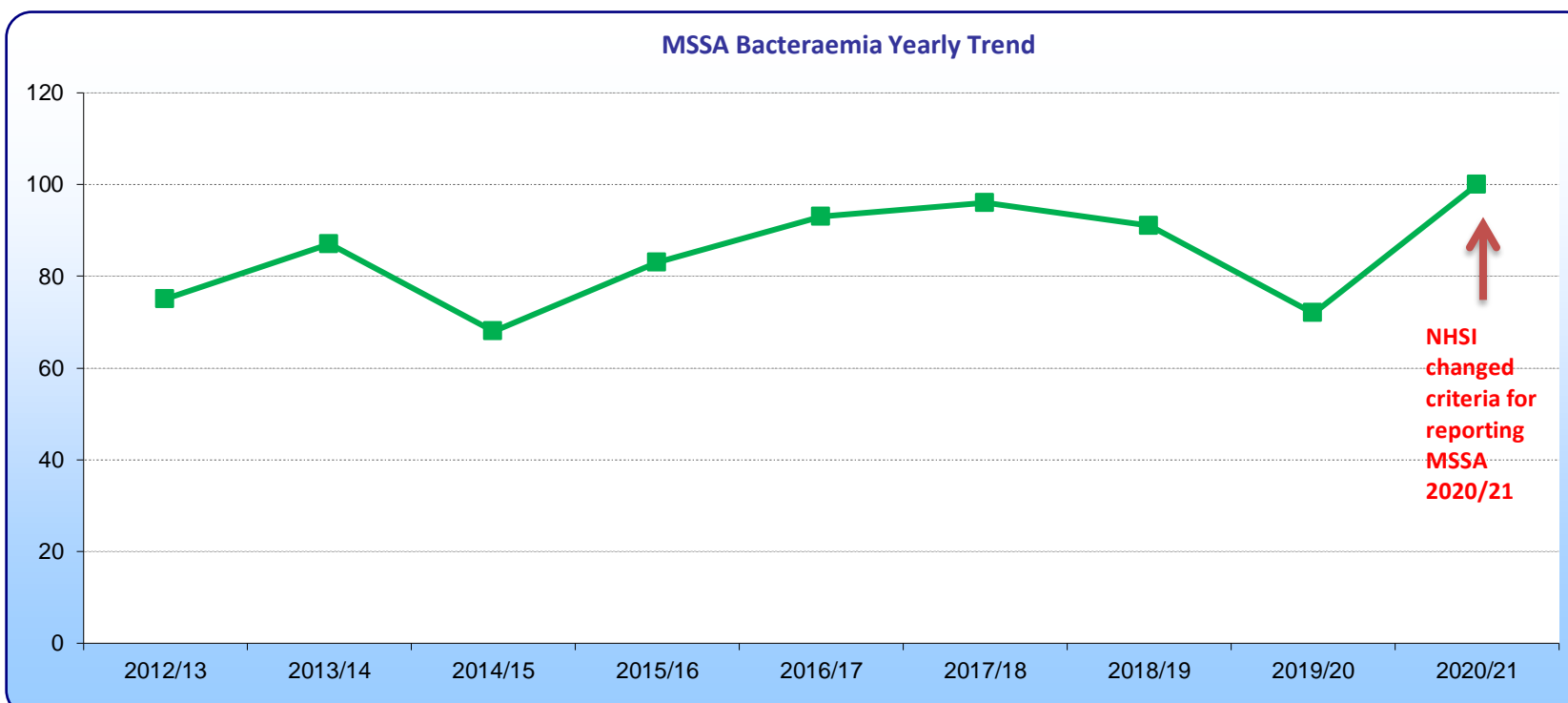
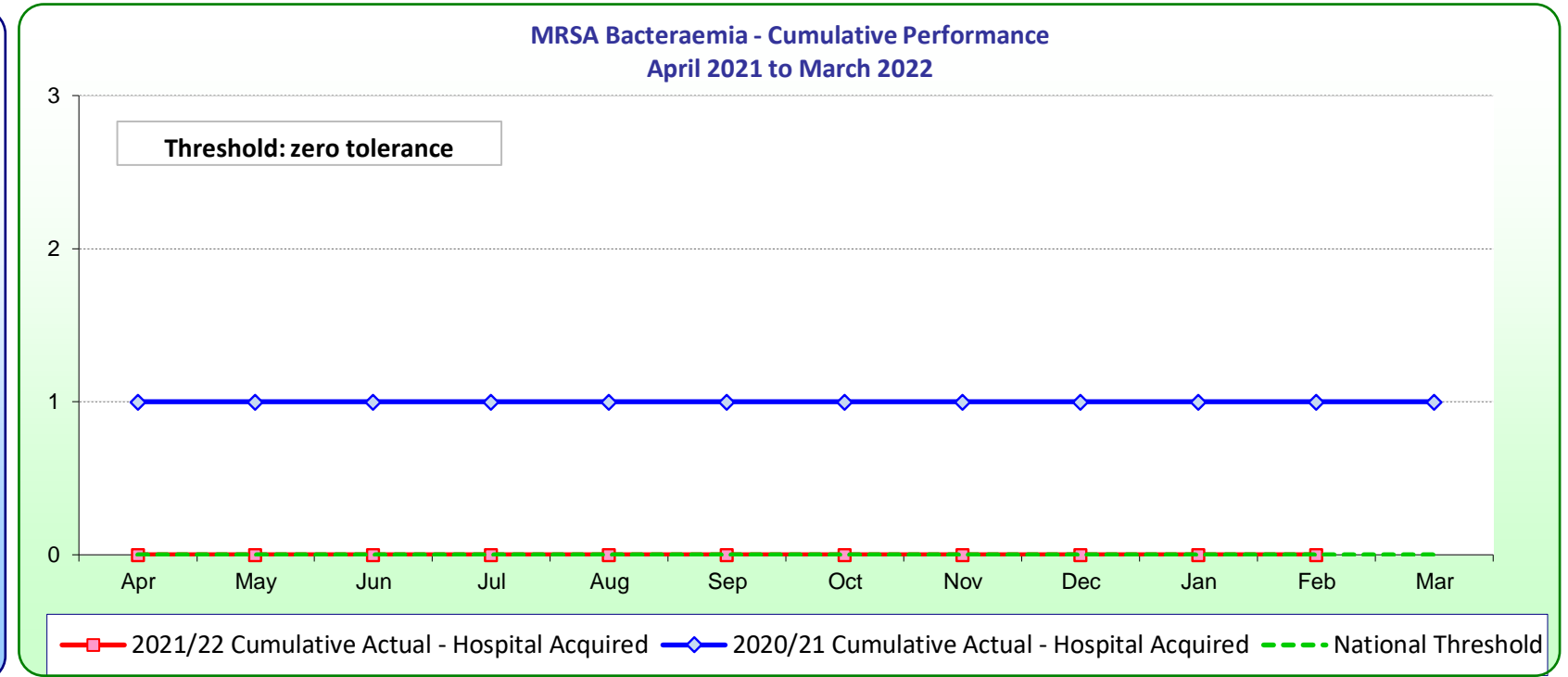
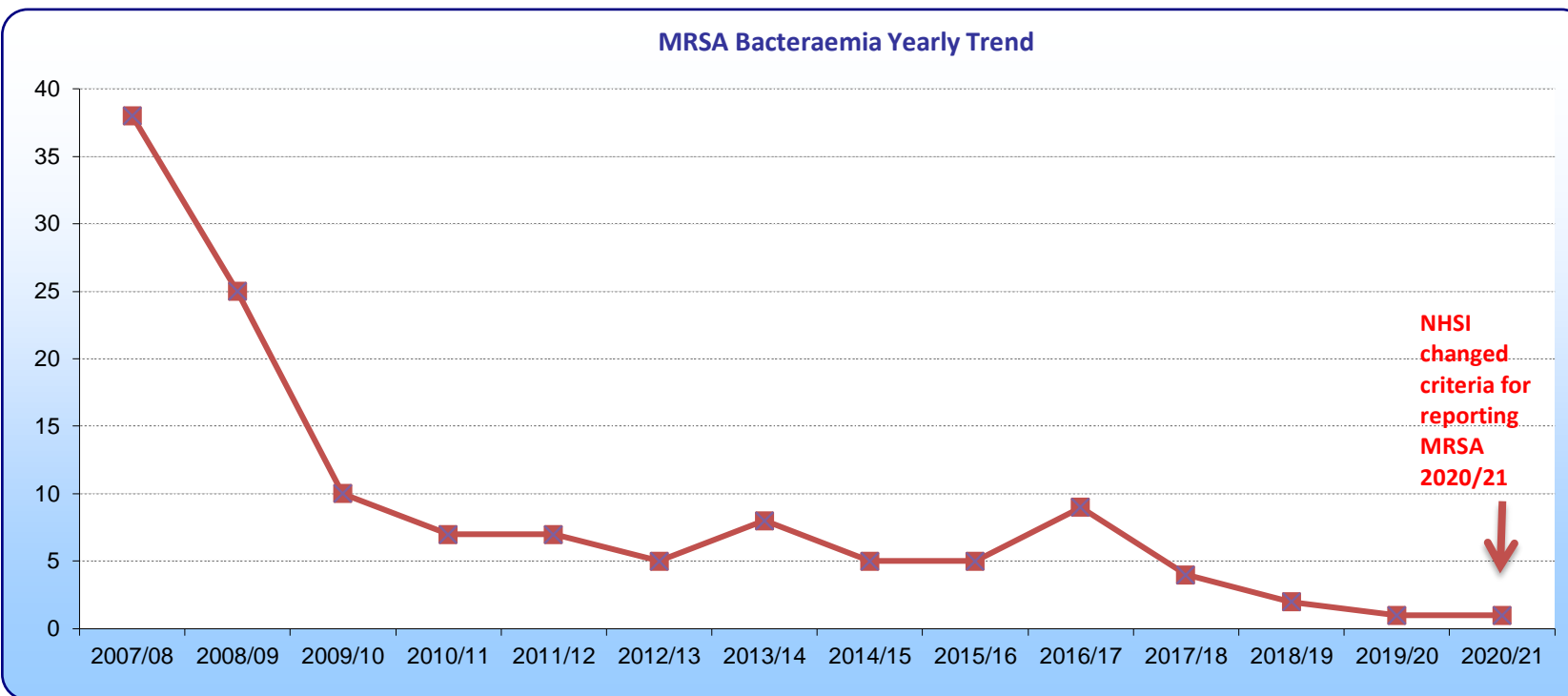
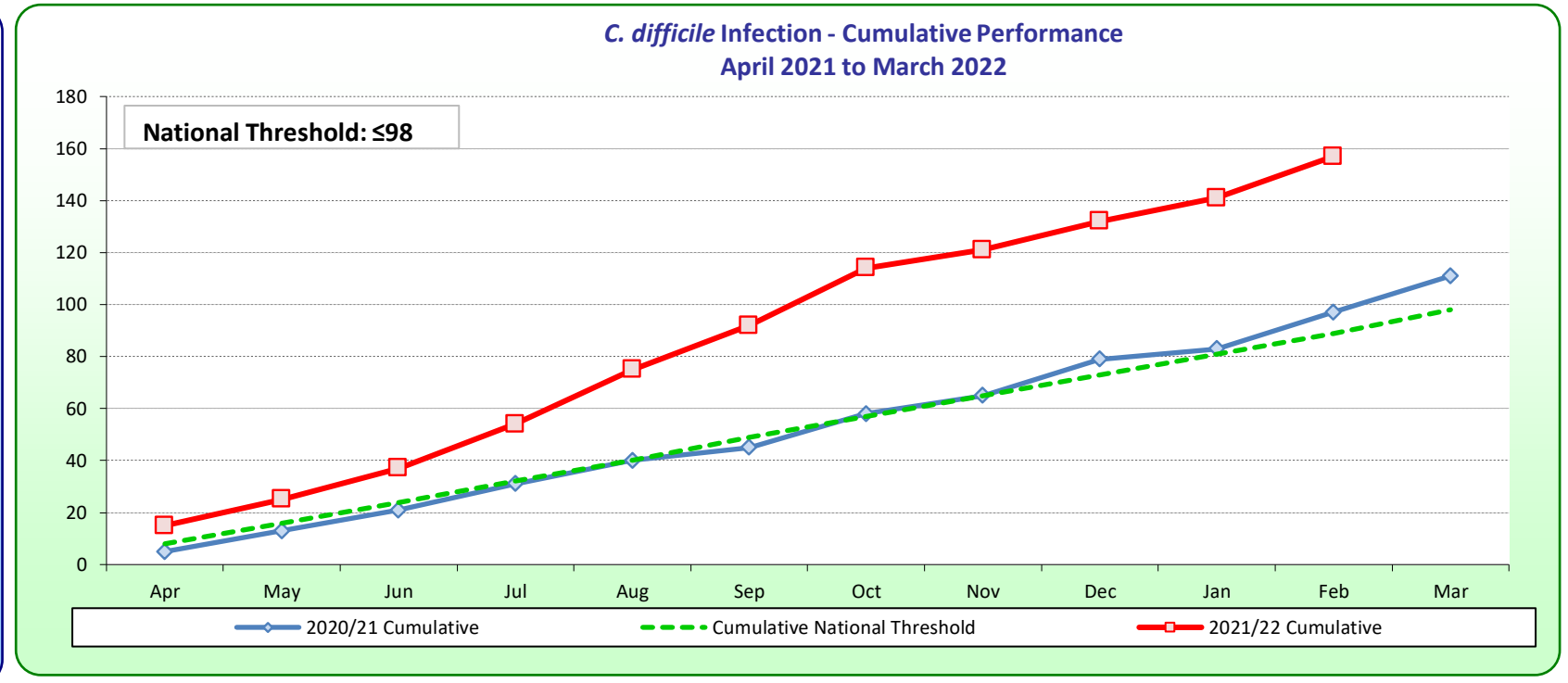
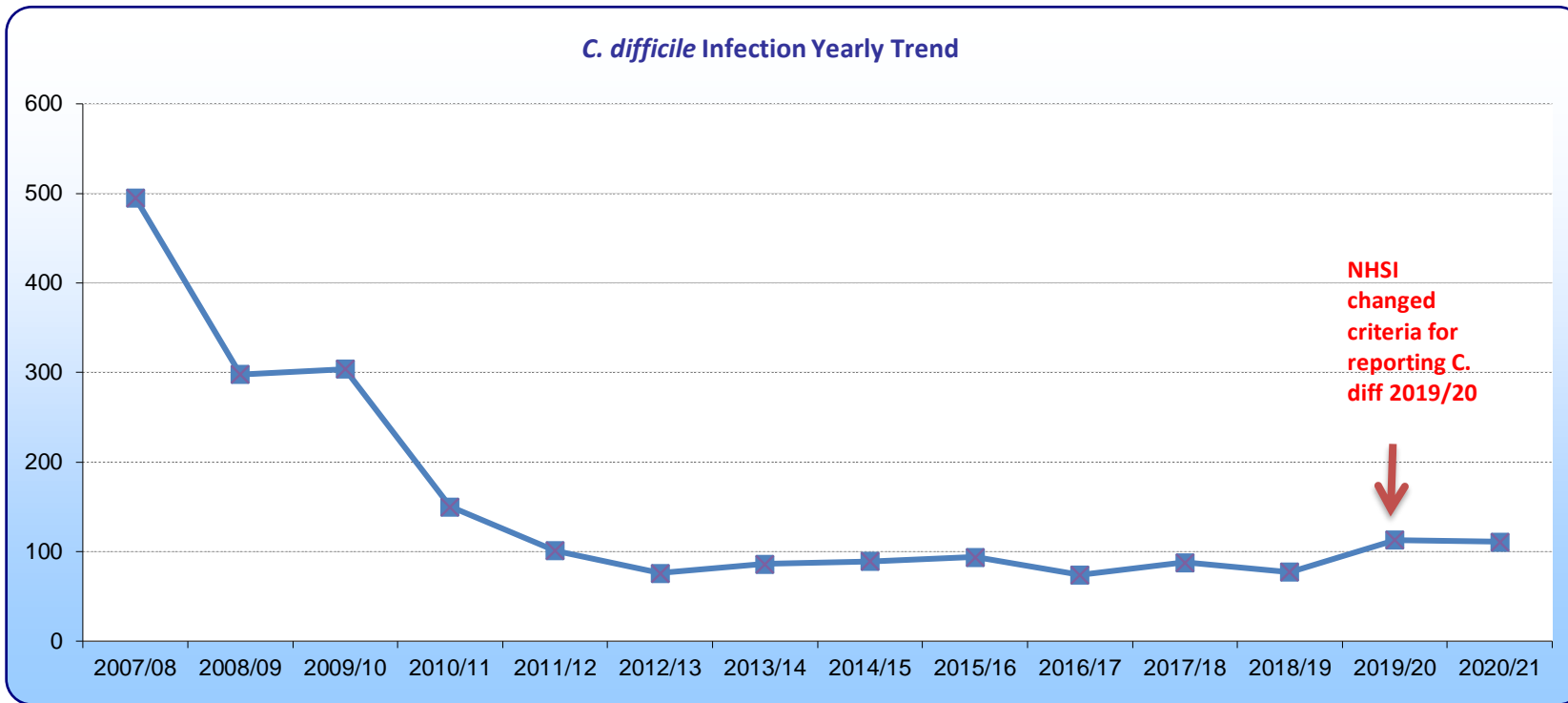
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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Healthcare-Associated Infections Report
February 2022





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	1		3
MRSA Bacteraemia - Trust-assigned (objective 0)	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●		0 ●
MRSA HA acquisitions	2	0	1	2	5	2	2	2	0	0	0		16

MSSA Bacteraemia - post-48 Hours Admission (local objective ≤90)	5 ●	9 ●	9 ●	9 ●	10 ●	13 ●	9 ●	9 ●	7 ●	13 ●	4 ●		97 ●
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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	18	13		187 ●
Klebsiella Bacteraemia - post-48 Hours Admission (local objective ≤117)	14	7	20	15	12	15	17	13	12	5	7		137 ●
Pseudomonas aeruginosa Bacteraemia - post-48 Hours Admission (local objective ≤41)	6	2	2	5	4	2	5	5	3	5	0		39 ●

<i>C.diff</i> - Hospital Acquired (national threshold ≤98)	15 ●	10 ●	12 ●	17 ●	21 ●	17 ●	22 ●	7 ●	11 ●	9 ●	16 ●		157 ●
<i>C.diff</i> related death certificates	2	0	1	0	1	1	2	1	1	1	2		12
Part 1	2	0	1	0	1	0	1	0	1	0	0		6
Part 2	0	0	0	0	0	1	1	1	0	1	2		6

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	0	0		1
Patients affected	-	-	-	-	2	0	0	0	0	0	0		2
<i>C.diff</i> - Hospital Acquired	3	2	4	1	5	5	4	3	3	4	5		39
Patients affected	7	3	8	4	11	8	10	3	4	7	9		74

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	40	2		92
Hospital onset Definite HC associated (≥15 days post admission)	-	-	-	7	2	10	20	19	17	49	15		139

Outbreaks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Norovirus Outbreaks	-	-	1	0	0	1	3	0	0	0	1		6
Patients affected (total)	-	-	18	0	0	11	28	0	0	0	8		65
Staff affected (total)	-	-	12	0	0	1	15	0	0	0	1		29
Bed days losts (total)	-	-	5	0	0	99	127	0	0	0	-		231
Other Outbreaks	-	-	-	1	0	0	1	0	0	1	0		3
Patients affected (total)	-	-	-	5	0	0	7	0	0	4	0		16
Staff affected (total)	-	-	-	11	0	0	0	0	0	0	0		11
Bed days losts (total)	-	-	-	4	0	0	10	0	0	6	0		20
COVID Outbreaks	-	-	2	3	3	1	6	2	7	12	2		38
Patients affected (total)	-	-	8	9	3	11	55	7	48	81	12		234
Staff affected (total)	-	-	1	0	4	3	9	3	19	22	2		63
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	12:47	12:39		11:47
Laboratory Turnaround Time	02:28	03:15	03:38	03:25	04:39	03:10	03:36	03:22	03:14	03:56	04:11		03:32
Total to Result Availability	12:24 ●	13:31 ●	14:41 ●	14:21 ●	17:53 ●	15:04 ●	15:29 ●	15:24 ●	16:16 ●	16:43 ●	16:50 ●		15:19 ●

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													
Hand Hygiene Technique													
Environmental Cleanliness													

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% ●	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% ●	56% ●		56% ●



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	Corporate Governance Update						
Report of	Dame Jackie Daniel, Chief Executive						
Prepared by	Kelly Jupp, Trust Secretary Fay Darville, Deputy Trust Secretary Lauren Brotherton, Governor and Membership Engagement Officer						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input 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, including: <ul style="list-style-type: none"> ○ Recent meetings; ○ The governor elections; and ○ Appointed governors. • The Annual Report and Accounts 2021/22; • The terms of reference and schedule of business for the Appointments and Remuneration Committee; • Non-Executive Director (NED) recruitment; • External Well-Led review; and • The NHS Improvement quarterly declarations. 						
Recommendation	<p>The Board of Directors are asked to</p> <ul style="list-style-type: none"> • Receive the report; • Approve the updated Appointments and Remuneration Committee Terms of Reference and 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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:

- Council of Governors:
 - The recent formal meeting held in February 2022 and the private governor workshop to be held in April 2022;
 - The governor elections, including the timetable, the vacant seats and the communication strategy; and
 - The progress to fill the vacant appointed governor seats on the council.
- Members Events:
 - A virtual event was held on 23 March 2022, the first since the onset of the pandemic; and
 - A schedule for further events in 2022 was in development.
- Annual Report and Accounts 2021/22:
 - The foundation trust annual reporting manual (FT ARM) has now been published and content authors contacted regarding the 22 April 2022 deadline.
- Appointments and Remuneration Committee terms of reference and schedule of business:
 - Following external review, minor amendments have been made and are presented to board for approval.
- Non-Executive Director (NED) recruitment:
 - Hunter Healthcare are assisting the Trust in the recruitment for an additional NED. The deadline for applications, as well as the final interview date are provided.
- External Well-Led review:
 - The Trust is undertaking a procurement exercise for an external well-led review to commence in the summer.
- NHS Improvement (NHSI) quarterly declarations:
 - The approval of the board is requested for the quarterly declarations.

The Board of Directors are asked to:

- Receive the report;
- Approve the updated Appointments and Remuneration Committee Terms of Reference and Schedule of Business; and
- Approve the quarterly declarations for publication.

CORPORATE GOVERNANCE UPDATE

1. COUNCIL OF GOVERNORS

1.1 Recent Meeting

The formal meeting in February 2022 took place virtually.

Governors received a presentation from Odeth Richardson, Head of Occupational Therapy Services, on the Trust's processes for and management of loan equipment, as well as updates from the Chairs of the Governor Working Groups.

The next meeting of the Council will be a private workshop which will be held on Thursday 21 April.

1.2 Governor Elections

Preparations for the Governor Elections are underway.

The elections will take place in accordance with the following timetable:

Action	Date
Last Day for Publication of Notice of Election	30/03/2022
Deadline for receipt of nominations	19/04/2022
Publication of Statement of Nominations	20/04/2022
Deadline for candidate withdrawals	22/04/2022
Notice of Poll/Issue of ballot packs	05/05/2022
Close of Poll 5.00pm	30/05/2022
Count and Declaration of Result	31/05/2022

For the 2022 election round, the following constituencies/classes will be included:

Constituency/Class:	Number of Seats
Public: Newcastle upon Tyne [1]	2
Public: Northumberland, Tyne and Wear (excluding Newcastle) [2]	3
Public: North East [3]	0
Staff: Medical and Dental	1
Staff: Health Professionals Council and related staff	1

A number of those seats to be included in this election round are currently occupied by the following Governors:

Governor	Current Term
<i>Newcastle upon Tyne [1]</i>	
Judy Carrick	1 st Term
Susan Nelson	2 nd Term
<i>Northumberland, Tyne and Wear (excluding Newcastle) [2]</i>	
Carole Errington	3 rd Term
Helen Lucraft	3 rd Term
<i>Staff: Health Professionals Council and related staff</i>	
Fiona Hurrell	1 st Term

Both Carole Errington and Helen Lucraft have now completed their third and final term of office and are therefore ineligible to stand for further re-election. All remaining governors detailed above are eligible to stand for re-election.

The thanks of the Trust are extended to both Carole and Helen for their services to the council over their three terms of office.

In addition, the following seats have become available following Governor resignations since the previous election round:

Constituency/Class	Date vacated
<i>Public: Northumberland, Tyne and Wear (excluding Newcastle) [2]</i>	
Seat previously held by Steven Cranston	Seat vacated in April 2021
<i>Staff:</i>	
Medical and Dental seat previously held by John Hill	Seat vacated in December 2021

There are no vacancies within the North East constituency or the remaining staff classes and therefore, no election will take place within this constituency/classes.

A communications campaign is under development by the Governor and Membership Engagement Officer. This will include the dissemination of an 'engager' leaflet to public members which provides detailed information regarding the governor role. This was designed in collaboration with members of the People, Engagement, and Membership Working Group.

The notice of the election will be published on the Trust website on 30 March 2022, and the election will be promoted via the Trust's social media channels, internal communications, and in the Newcastle Chronicle.

1.3 Appointed Governors

BRP A10

There are a number of vacancies for appointed Governors within the Council, however the following updates can be provided:

- *Newcastle City Council:* Councillor Ian Tokell, West Fenham Labour leader, has been appointed governor and will commence in post on 1 June 2022.
- *Newcastle University:* Professor Justin Durham, Head of School of Dentistry, will become the appointed governor and will commence in post on 1 June 2022.
- *Charity/Community:* An advert has been placed with Connected Voice, to raise awareness of the role with local community groups and charities, and contact made with ten of the charities connected to the Trust. Expressions of interest have been requested by 19 April 2022 prior to a council vote.
- *Advising on the Patient Experience:* The corporate governance team has met with the Trust's patient experience team with a view to filling this vacancy in line with the governor elections.

1.4 Governor Developments

Since the last Trust Board meeting:

- The final draft of the Trust's Membership Strategy will be presented at the next People, Engagement, and Membership Working Group, prior to presentation at the April Council of Governors Workshop for final approval. The newly designed membership posters continue to be distributed both within the Trust and externally.
- A data cleanse of the Trust's membership database, hosted by Civica, continues to take place to ensure member data is up to date prior to the election.
- A review is taking place of the governor and membership pages on the Trust website, as well as the intranet.
- The terms of reference for each of the governor working groups have been reviewed and minor changes identified. These will be presented at the April Council of Governors workshop for final approval.

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

2. MEMBERS EVENT

The first virtual Members Event took place on 23 March 2022 to highlight services that have adapted and worked differently in response to the pandemic within the Trust. Presentations were provided by the trust chaplaincy, the children's and young people's asthma service, and ophthalmology. This is the first event to be held since the onset of the pandemic, with tribute paid to the Governor and Membership Engagement Officer for organising the event.

The Governor and Membership Engagement Officer is developing the schedule for further events in 2022, in collaboration with members of the council.

3. ANNUAL REPORT AND ACCOUNTS 2021/22

As outlined in the previous report, preparations have commenced to collate information for the annual report and accounts 2021/22.

The Foundation Trust annual reporting manual (ARM) was published in early February and content contributors have been contacted to provide their sections by Friday 22 April 2022.

The annual report and accounts will be presented for approval to the board at an extraordinary meeting to be held on 21 June 2022.

4. APPOINTMENTS AND REMUNERATION COMMITTEE TERMS OF REFERENCE AND SCHEDULE OF BUSINESS

The Appointments and Remuneration Committee commissioned Korn Ferry to undertake a review of remuneration policy and processes within the Trust. Following the receipt of the Korn Ferry report, the Trust Secretary has reviewed the committee's terms of reference and proposed some initial minor amendments, including:

- A change made to reflect that a Non-Executive Director (the Trust's Senior Independent Director) has been agreed to chair the committee; and
- References from 'Chairman' be amended to Chair.

These changes were approved at the 8 March 2022 committee meeting, along with a schedule of business for 2022/23. The Trust Board are therefore asked to approve the updated terms of reference and schedule of business for 2022/23, included as item BRP A10(i).

Further changes will be made to build on the work undertaken by Korn Ferry, with any further changes to the terms of reference to be brought to a future Trust Board meeting.

In addition, following the change in the Committee Chair, a new Committee Vice Chair will be proposed verbally at the Board meeting for approval.

5. NED RECRUITMENT

The Trust has procured the services of Hunter Healthcare for the recruitment of an additional Non-Executive Director for the Trust's Board. Applications will close on 4 April 2022, with final interviews to take place on 5 May 2022.

6. WELL-LED PROCUREMENT

The Trust is currently making preparations for procuring a well-led external review, in line with NHS Improvement and Care Quality Commission requirements. The deadline for the receipt of tenders is 22 April 2022, with the contract to commence in June 2022.

7. QUARTERLY NHS IMPROVEMENT DECLARATIONS

BRP A10

The quarterly self-certifications provide assurance that NHS providers are compliant with the conditions of their NHS provider licence. In order to realign the quarters in the self-certifications to the standard quarters used within the Trust's financial year, the certifications attached cover the period from the November 2021 certification approved in January 2022, to the end of December 2021. The self-certifications provide a tool for the Trust to ensure it 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.

The certificates are included in the BRP.

8. RECOMMENDATIONS

The Board of Directors are asked to

- (i) Receive the report;
- (ii) Approve the updated Appointments and Remuneration Committee Terms of Reference and Schedule of Business; and
- (iii) Approve the quarterly declarations for publication.

Kelly Jupp
Trust Secretary

Fay Darville
Deputy Trust Secretary

Lauren Brotherton
Governor and Membership Engagement Officer
25 March 2022

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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 SIRT reporting) - Quality Committee meetings to seek assurance over quality of care including scrutiny of SIRIs and Never Events - Clinical Audit Plan - Mortality Surveillance Group
6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.		There are a range of controls in place to mitigate staffing risks, including: Directorate Ward staffing reviews and a single centralised bank for nursing and midwife posts.

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

Signature



Name Dame Jackie Daniel

Signature



Name Sir John Burn

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

A

Certification on training of governors (FTs only)


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

Training of Governors

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

Confirmed


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

Signature 

Name: Dame Jackie Daniel

Capacity: Chief Executive Officer

Date: 31.03.2022

Signature 

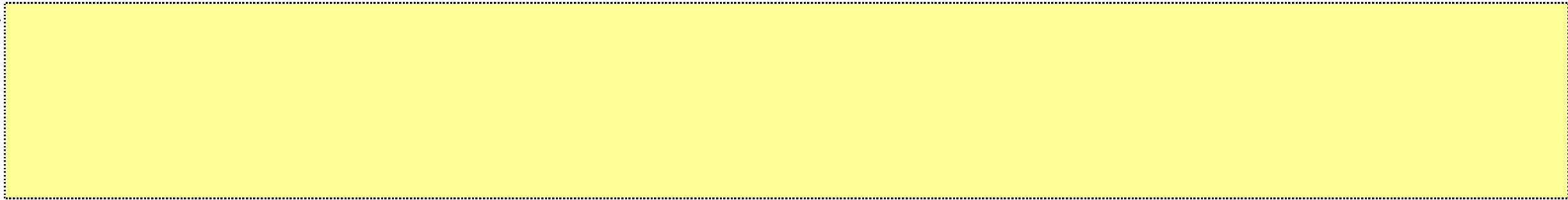
Name: Professor Sir John Burn

Capacity: Chairman

Date: 31.03.2022

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.

[Yellow box]

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.


[Yellow box]


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: 31.03.2022

Signature 
 Name: Professor Sir John Burn
 Capacity: Chairman
 Date: 31.03.2022

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

[Yellow box]

BRP - Agenda item A10(i)

Remuneration	May-22	Oct-22	Dec-22	Mar-23
Minutes	X	X	X	X
Action Log	X	X	X	X
Review of VSM Remuneration Policy				X
Review of VSM Pay	X			
Fit and proper persons review		X		
Clinical Excellence rewards programme	X [planning for next round]			X
Annual Report of the Committee/Review of Committee effectiveness	X			
Appointments	X [as required]	X [as required]	X [as required]	X [as required]
Sucession planning	X			X
VSM performance review	X			
Terms of reference review	X			
Pensions Update/Policy Review		X		X

TERMS OF REFERENCE – APPOINTMENTS AND REMUNERATION COMMITTEE

1. Constitution of the Committee

- 1.1 The Appointments and Remuneration Committee is a statutory Committee established by the Board of Directors to oversee, on behalf of the Trust Board, the appointment and remuneration of the Chief Executive, Executive Directors, and other Very Senior Managers at the Trust.
- 1.2 The Committee is constituted in line with the requirements of the NHS Codes of Conduct and Accountability and the Higgs report. The Higgs report recommends the Committee be comprised exclusively of Non-Executive Directors, a minimum of three, who are independent of management.
- 1.3 The Board of Directors approved the establishment of the Appointment and Remuneration Committee, formerly the 'Terms of Service and Remuneration Committee' (known as "the Committee" in these Terms of Reference) for the purpose of:
- a) the nomination of the Chief Executive and other Executive Directors for the Trust;
 - b) the determination of the remuneration, contracts and terms of service and allowances for the Chief Executive and other Executive Directors and Very Senior Managers for the Trust; and
 - c) overseeing the process for allocation of the Local Clinical Excellence Awards.
- 1.4 The Committee is a formal sub-committee of the Board of Directors. It is appointed and authorised by the Board of Directors to act within its Terms of Reference. All members of staff are directed to co-operate with any request made by the Committee.
- 1.5 The Committee is authorised by the Board of Directors to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for, or expedient to, the exercise of its functions.

2. Purpose and function

- 2.1 The purpose of the Committee will be to determine the appropriate remuneration and terms of service for the Chief Executive, other Executive Directors and Very Senior Managers, including:
- a) all aspects of salary (including any performance-related elements / bonuses);
 - b) provisions for other benefits for senior staff, including pensions and annual leave allocations at variance with standard NHS terms and conditions;
 - c) arrangements for the recruitment of the Chief Executive, other Executive Directors and Very Senior Managers; and
 - d) arrangements for termination of employment and other contractual terms.
- 2.2 The Committee may call such Trust officers as it sees fit to be in attendance, in order to provide advice and guidance, including the Chief Executive (except where the pay and

conditions of the Chief Executive are under consideration) and the Director of Human Resources.

- 2.3 In all deliberations pertaining to the Chief Executive and all other Executive Directors, the Committee shall take into account the Fit and Proper Persons requirements, required by the Care Quality Commission (CQC).
- 2.4 The Committee shall consider the recommendations arising from the Clinical Excellence Awards Programme before making recommendation(s) to the Trust Board on such awards.

3. Authority

The Committee is:

- 3.1 a statutory Non-Executive Committee of the Trust Board of Directors, reporting directly to the Board of Directors, and has no executive powers, other than those specifically delegated in these Terms of Reference;
- 3.2 authorised by the Board of Directors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required;
- 3.3 authorised by the Board of Directors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Executive Lead of the Committee and / or the Trust Secretary).

4. Membership and quorum

Membership

- 4.1 Members of the Committee will be appointed by the Board of Directors and will be made up of at least four members.
- 4.2 The Committee's membership will comprise the Chair of the Board and a minimum of two other Non-Executive Directors.
- 4.3 The Chief Executive, Director of Human Resources and Trust Secretary will attend the Committee. Other non-Committee members may be invited to attend and assist the Committee from time to time, according to particular items being considered and discussed.
- 4.4 The Trust Board will agree a Non-Executive Director to chair the Committee. A further Non-Executive member of the Committee will be appointed as Vice-Chair by the Trust Board as required. In the absence of the Chair of the Committee, the Vice-Chair will chair the meeting. Members are expected to attend all meetings of the Committee.
- 4.5 The Trust Secretary, or their designated deputy, will act as the Committee Secretary. The Trust Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, will attend all meetings of the Committee.

- 4.6 All members of the Committee will receive training and development support as required before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by the process of annual appraisal, as agreed by the Board of Directors.
- 4.7 An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

Quorum

- 4.8 The quorum necessary for the transaction of business will be three members.
- 4.9 A duly convened meeting of the Committee at which a quorum is present will be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

5. Duties

5.1 Appointment of the Chief Executive Officer

The Committee will:

- 5.1.1 evaluate the existing skills, knowledge and experience of the Board of Directors and prepare a description of the role and capabilities required for the appointment of a Chief Executive;
- 5.1.2 identify suitable candidates to fill the Chief Executive vacancy as it arises, making recommendations to the Chair and Committee members in respect of a Chief Executive appointment;
- 5.1.3 ensure that the Chief Executive Officer meets the fit and proper persons tests in line with the statutory fitness requirements set out in the NHS Improvement provider licence for directors of NHS foundation trusts;
- 5.1.4 make a recommendation to the Non-Executive Directors who are not members of the Committee on the appointment of the Chief Executive Officer;
- 5.1.5 make a recommendation to the Council of Governors, for approval by them, on the appointment of the Chief Executive Officer;
- 5.1.6 upon appointment, confirm the individual's remuneration within the range agreed by the Committee for the Chief Executive Officer; and
- 5.1.7 give full consideration to succession planning, taking into account the challenges and opportunities facing the organisation and the skills and expertise required upon the Board of Directors.

5.2 Appointment of Executive Directors

The Committee will:

BRP – Agenda item A10(i)

- 5.2.1 when considering the appointment of an Executive Director, evaluate the existing skills, knowledge and experience of the Board of Directors and oversee the preparation of a description of the role and capabilities required for the appointment of an Executive Director;
- 5.2.2 be assured that a robust recruitment process is established to identify suitable candidates to fill Executive Director vacancies as they arise, making recommendations to the Chair, Chief Executive and Committee members in respect of Executive Director appointments;
- 5.2.3 ensure that the Executive Director meets the fit and proper persons tests of the general conditions of the NHS Improvement provider licence;
- 5.2.4 be assured that an appropriate Interview Panel is convened with responsibility for determining whether the Executive Director should be appointed;
- 5.2.5 prior to appointment, endorse the remuneration range for an Executive Director and confirm on appointment that the remuneration level is within the specified range; and
- 5.2.6 give full consideration to succession planning, taking into account the challenges and opportunities facing the organisation and the skills and expertise required upon the Board of Directors.

5.3 Remuneration

The Committee will:

- 5.3.1 taking account of ensuring value for money for the organisation, determine the range of remuneration and allowances for the appointment and retention of the Chief Executive and / or Executive Directors and VSM's. No Director or the Chief Executive Officer shall be involved in any decisions relating to his or her own remuneration;
- 5.3.2 subject to receipt of a report on the annual performance of the Chief Executive (from the Chair of the Board of Directors), and taking account of such national pay determinants, comparative data, performance against objectives and other matters considered appropriate by the Committee, review the remuneration of the Chief Executive on an annual basis;
- 5.3.3 subject to receipt of a report on the annual performance of individual Executive Directors (from the Chief Executive), and taking account of such national pay determinants, comparative data, performance against objectives and other matters considered appropriate by the Committee, review the remuneration of individual Executive Directors/VSM's an annual basis;
- 5.3.4 taking account of value for money requirements for the organisation, ensure that remuneration is sufficient to recruit retain and motivate the Chief Executive / Executive Directors with the level of skills appropriate for the proper and robust management of the organisation;
- 5.3.5 oversee the approval of any termination or severance payments that are proposed for the Chief Executive or other Executive Directors, for other Very Senior Managers (VSMs) and others as may be required by NHSI/E and the Department of Health; and

- 5.3.6 monitor levels of remuneration across the organisation, particularly in relation to those ‘high earning’ members of staff. Responsibility for the determination of the salaries of VSMs, other than Executive Directors, is delegated to the Chief Executive and advised by the Director of Human Resources. The Committee Chair will review annually the earnings of the VSMs including senior clinicians with corporate responsibilities.

5.4 Succession Planning

The Committee will:

- 5.4.1 ensure that the Trust has a detailed succession plan in place for all Executive Team members, other Trust Directors and ‘mission critical’ posts.

5.5 Performance Review

The Committee will:

- 5.5.1 oversee the annual performance review process for the Chief Executive Officer, Executive Team members, Assistant Medical Directors and very senior managers across the Trust. In addition to ensure that the outcome of the process being to result in the generation of a single performance rating from measuring the achievement of objectives and alignment to the Trust behaviours framework;
- 5.5.2 ensure that the performance appraisals of the Chief Executive Officer, Executive Team members, Assistant Medical Directors and very senior managers are undertaken in accordance with the Trusts performance review policy; and
- 5.5.3 review and approve the Chief Executive Officer and each Executive Directors objectives annually.
- 5.5.4 The Committee has authority to commit financial resources in respect of matters identified in these Terms of Reference. The Director of Finance must be informed of any decision requiring the use of resources and the Director of Human Resources informed to ensure the appropriate changes are made to the Chief Executive’s / Executive Director’s contract of employment and remuneration.
- 5.5.5 In carrying out this role the Committee may form sub committees for the performance of roles within any Trust processes as it thinks fit. Further, it may authorise the Chair or Vice Chair of the Committee to liaise with such Trust officers or others as circumstances dictate to ensure that Trust processes are adhered to including delegating functions under such processes so that any formal determinations can be made by the Committee in a reasonable way.

6. Reporting and Accountability

- 6.1 The Committee Chair will report formally to the Trust Board of Directors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.
- 6.2 The Terms of Reference will be reviewed by the Committee and approved by the Board of Directors on a minimum basis of every two years.

6.3 The Committee will review its effectiveness and compliance with these Terms of Reference each year, and report the outcomes of this review to the Board.

7. Committee Administration

7.1 The Committee shall meet as frequently as it may determine to meet its purpose, but not less than once per calendar year. A meeting shall be called by the Trust Secretary at the request of any member.

7.2 The Chair of the Committee may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the Trust Secretary.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, will be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers will be made available no later than three working days before the date of the meeting.

7.5 Committee papers will include an outline of their purpose and key points in line with the Trust's Committee protocol, and make clear what actions are expected of the Committee.

7.6 The Chair will establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.

7.7 The Committee secretary will minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings will be made available promptly to all members of the Committee, normally within ten working days of the meeting.

Procedural control statement: 1 March 2022

Date approved: Committee - 8 March 2022 and Board [Date TBA]

Approved by: Board of Directors

Review date: May 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 March 2022						
Title	Integrated Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Elliot Tame – Senior Performance Manager						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Board on the Trust's 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 BOARD REPORT

EXECUTIVE SUMMARY

This report provides an integrated overview of the Trust's position across the domains of Quality and Performance.

- The Trust had 0 cases of MRSA bacteremia attributed in February 2022. Therefore no cases have been recorded since April 2020.
- There were 14 Serious Incidents (SIs) reported in February. An 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 & Emergency (A&E) 4-hour standard in February, with performance of 85.6%. Type 1 attendances remain above pre-COVID levels.
- The Trust Patient Tracking List (PTL) size was 97,270 in February with 3,730 patients waiting over 52 weeks. RTT Compliance was 70.0%.
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in January, mirroring compliance levels from the previous month.

The Board of Directors is asked to receive the report.

Integrated Board Report

Quality, Performance, People and Finance

March 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, low volume of COVID inpatients requiring significant interventional support, and February additionally witnessed a notable decline in the overall COVID inpatients volume compared to January. There are still significant pressures being placed on the Trust's bed base, with high numbers of beds remaining closed due to reduced staffing levels, COVID outbreaks and IPC requirements, but the overall situation has improved throughout the month. Staff absences from COVID, self-isolation and stress / anxiety continue to significantly 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 February 2022**. Therefore no cases have been recorded since April 2020.
2. There were **14 Serious Incidents (SIs) reported in February**. An 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 February, with performance of 85.6%**. Type 1 attendances remain above pre-COVID levels.
4. The **Trust PTL size was 97,270 in February with 3,730 patients waiting over 52 weeks. RTT Compliance was 70.0%**.
5. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in January**, mirroring compliance levels from the previous month.

Contents: March 2022

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity
- Clinical Audit
- 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

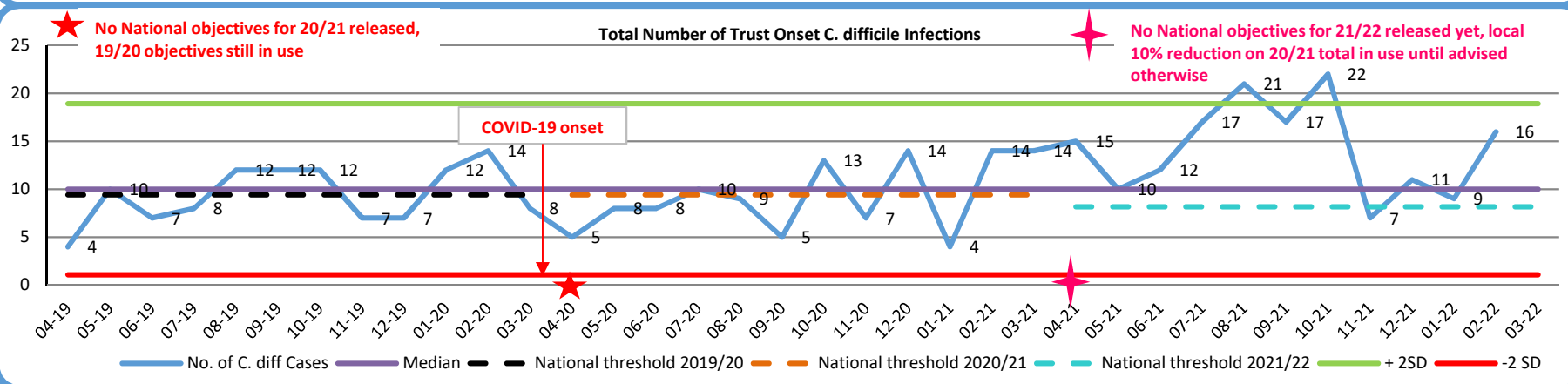
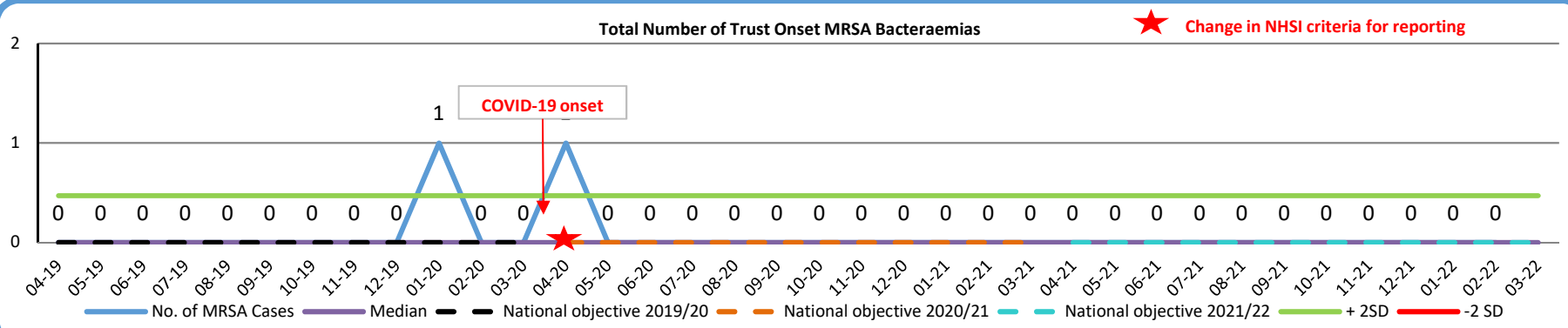
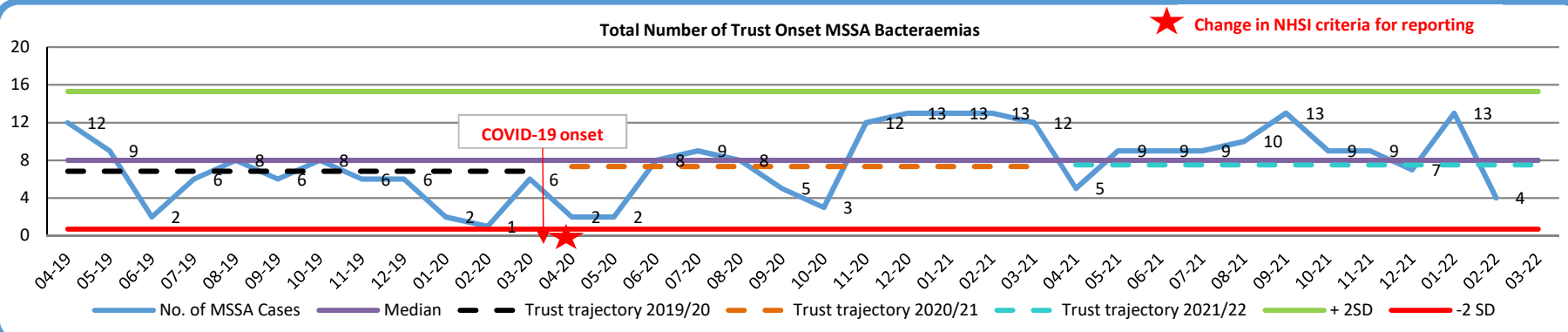
People

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

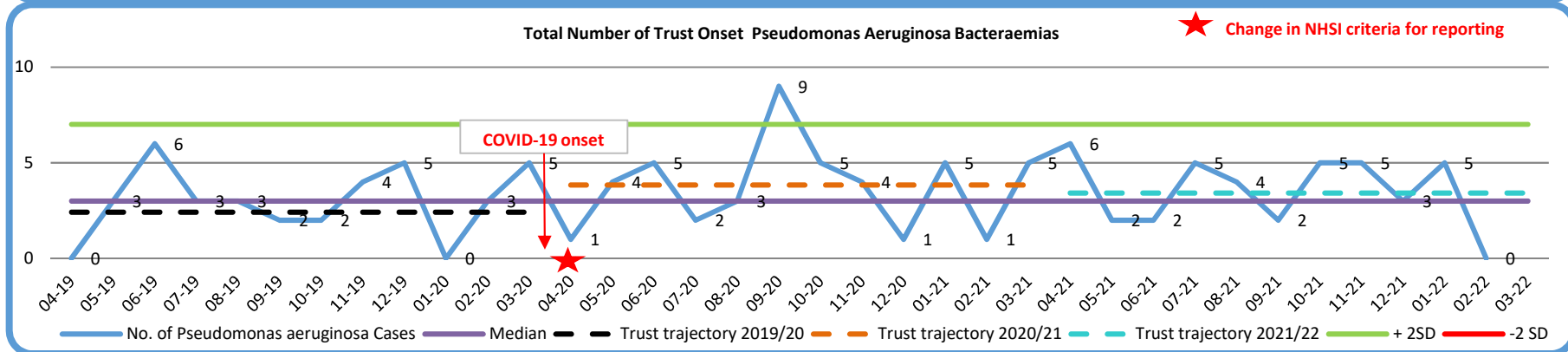
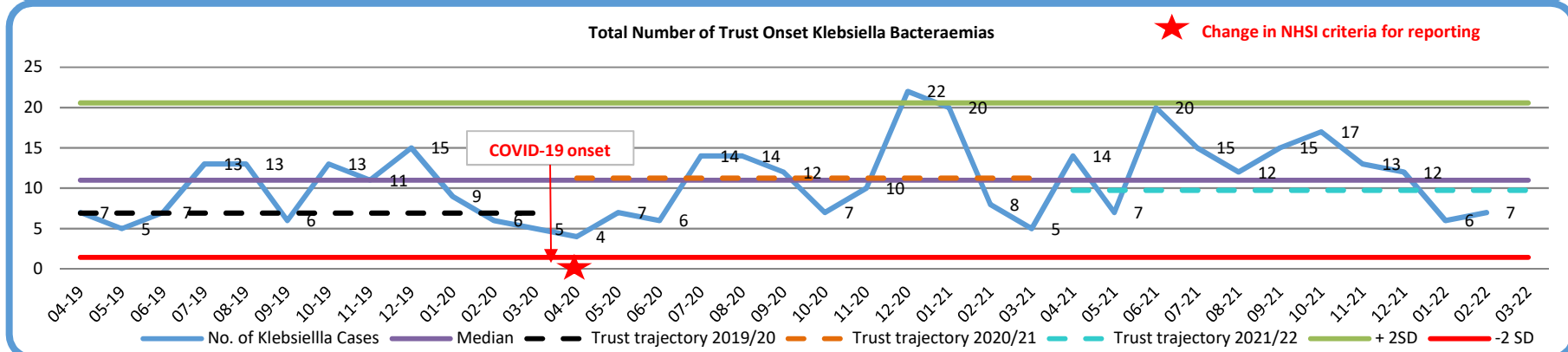
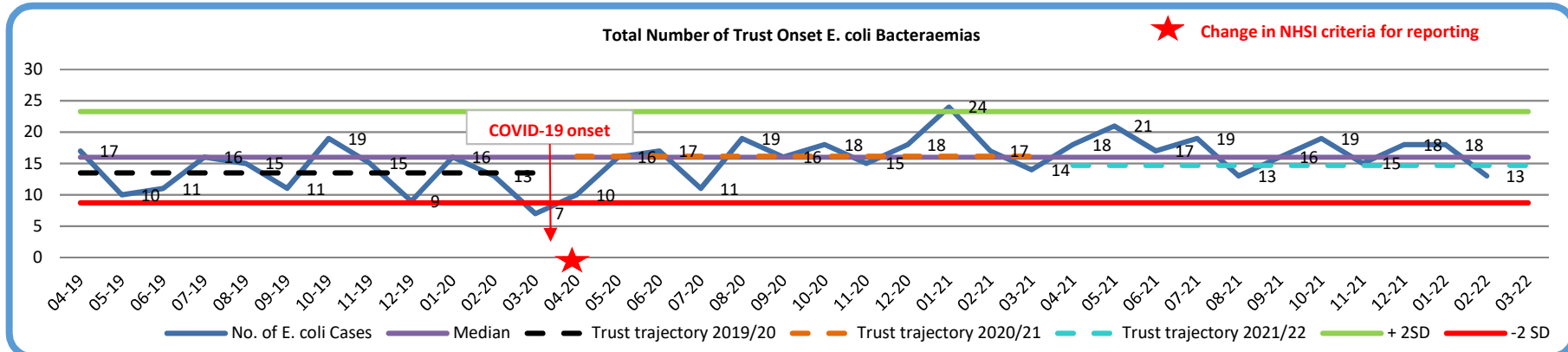
Finance

- Overall Financial Position

Quality and Performance: Healthcare Associated Infections



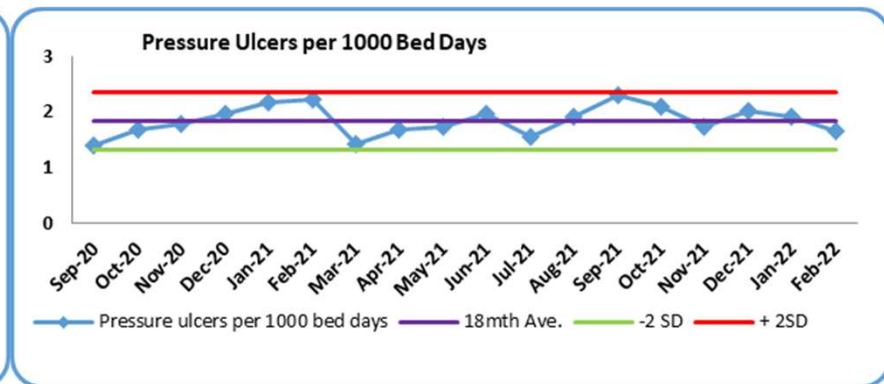
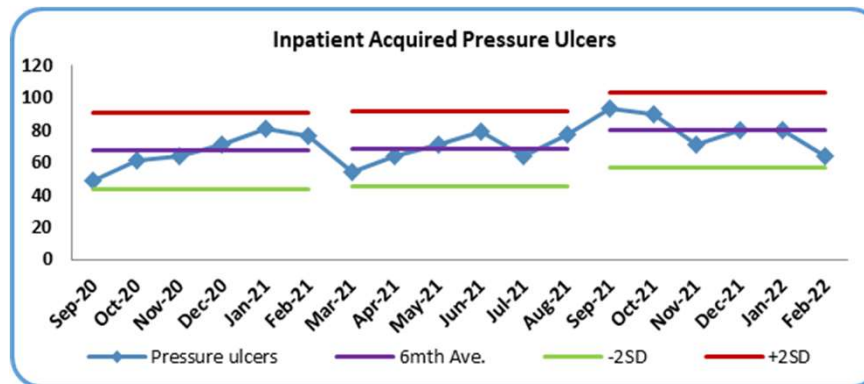
Quality and Performance: Healthcare Associated Infections



Quality and Performance: Harm Free Care 1/2

The graphs below illustrate that in the last 18 months incidence of pressure ulcers 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.

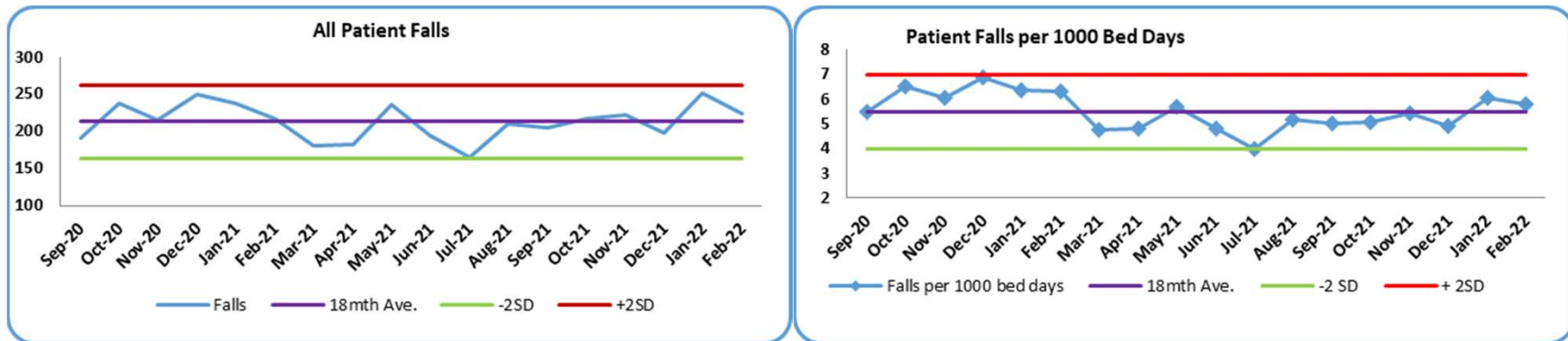
These increases are not concentrated in one particular area, but rather spread across the Trust. However, there have been some successes in the last year in some areas, particularly in those areas of high input from the Tissue Viability and podiatry team to provide education and support, increasing awareness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



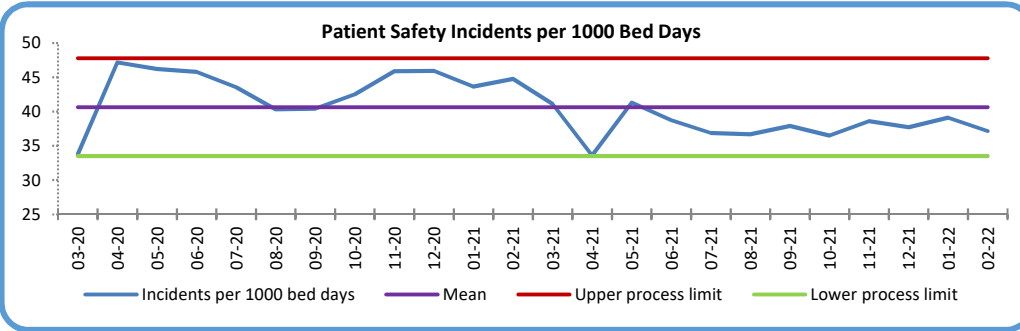
Quality and Performance: Harm Free Care 2/2

Overall in the last 18 months there has been a reduction in inpatient falls, with the exception of peaks in October 2020, December 2020 through to February 2021, then again in May and November 2021 and January 2022. This reflects previous years, however also draws a parallel with periods of a surge in Covid activity. 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.

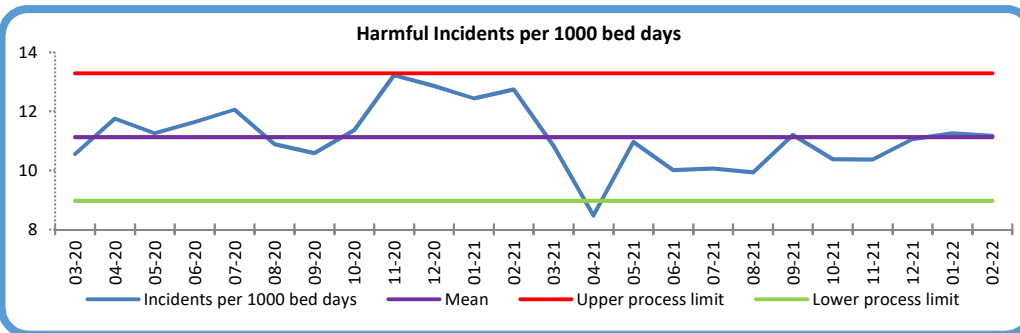
The Falls Coordinator continues the work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust continue to report less incidents resulting in serious injury. Improvements in enhanced care assessments and one to one provision where required are evident.



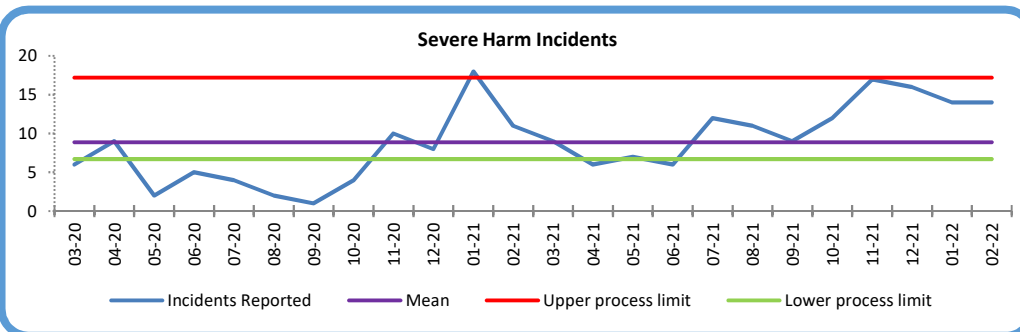
Quality and Performance: Incident Reporting



All patient incidents: There has been a slight decrease in the rate of patient incidents reported between June 2021 – February 2022, demonstrating a continued shift below the mean. This however remains within the expected common cause variation.

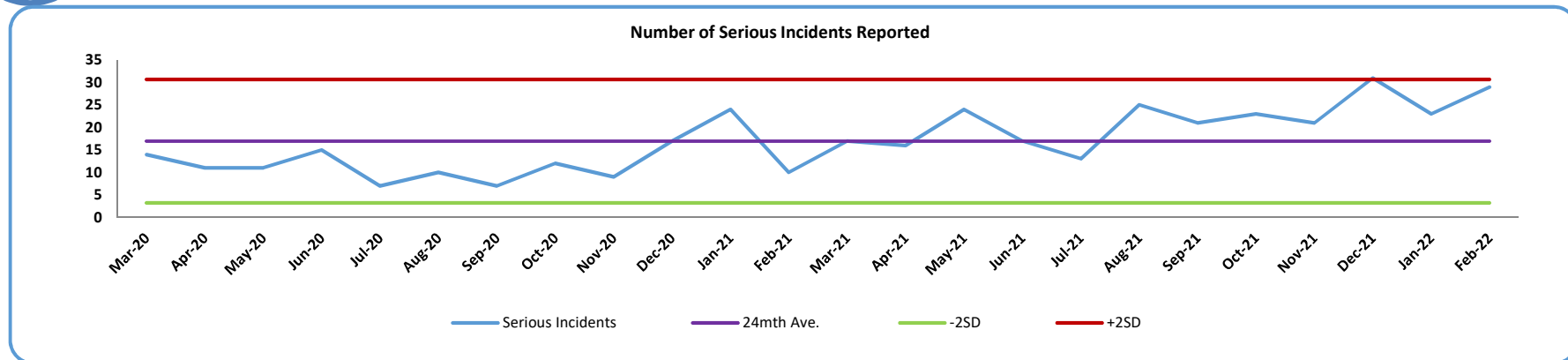


Harmful incidents: The number of *harmful patient safety incidents per 1000 bed days remains within the common cause variation expected.
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*

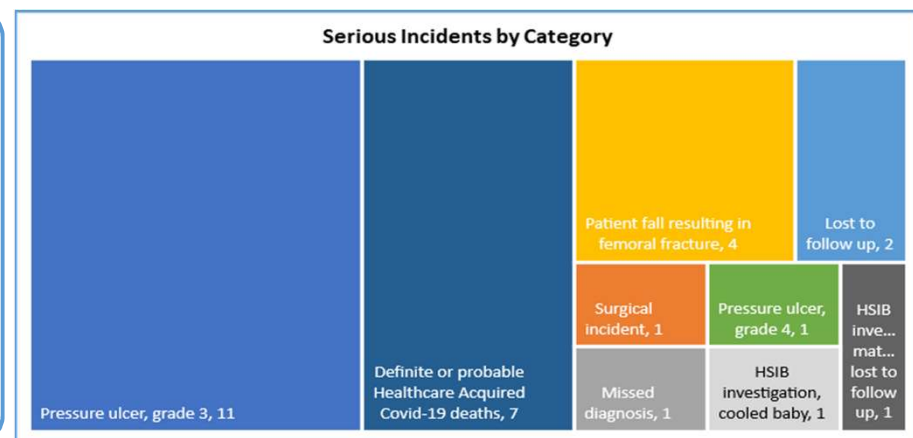
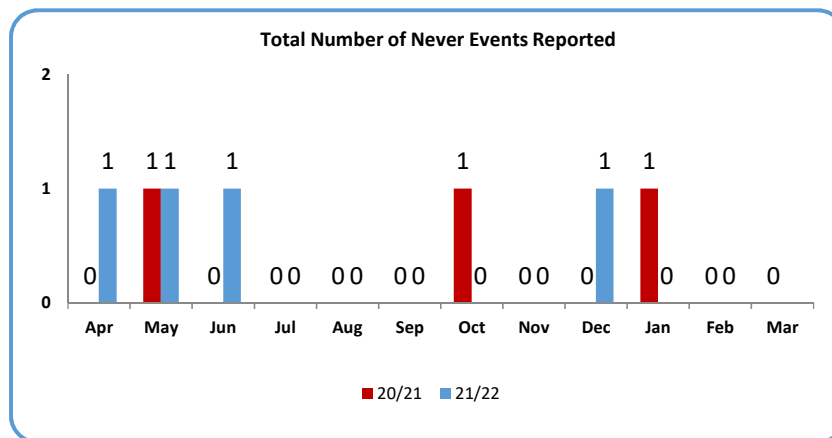


Severe harm incidents: There were 14 patient safety incidents reported, that were graded as severe harm in February 2022. Whilst this remains towards the upper process limit, the data is subject to change in future reports as severity grading may be modified following investigation.

Quality and Performance: Serious Incidents & Never Events

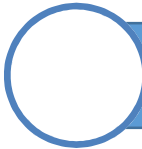


There were 29 Serious Incidents (SIs) reported in February 2022. The increase in the numbers of SIs since July 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust and an increase in Covid-19 prevalence. The statutory requirement Duty of Candour (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 but two cases reported in February 2022.



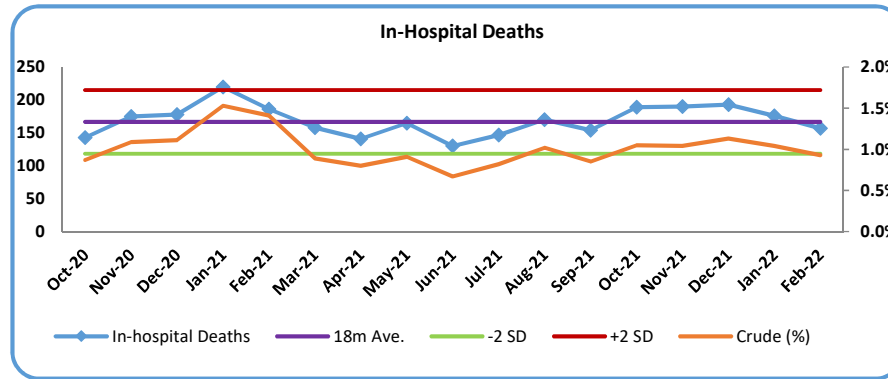
*The Trust started reporting patients who have died with definite or probable hospital onset Covid-19 as serious incidents from 1st January 2021. This is following new NHSE reporting guidance which aims to standardise reporting by all trusts nationally.

** 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.

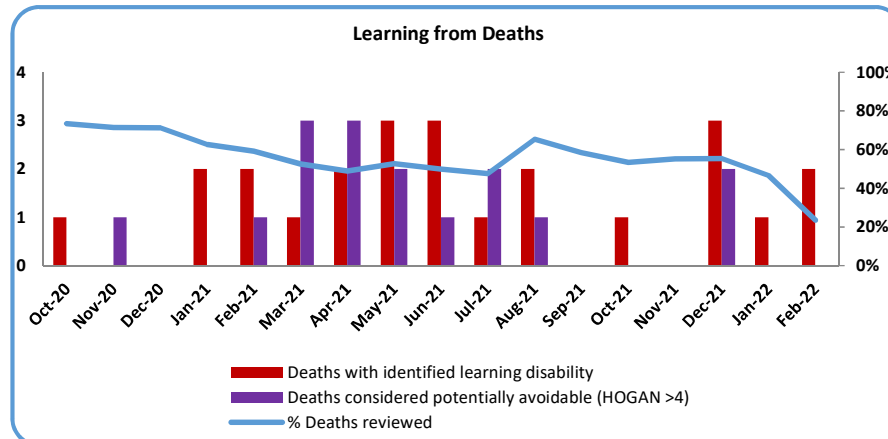


Quality and Performance: Mortality Indicators 1/2

In-hospital Deaths: In total there were 157 deaths reported in February 2022, which is lower than the amount reported 12 months previously (n=186). Crude death rate is 0.93%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.

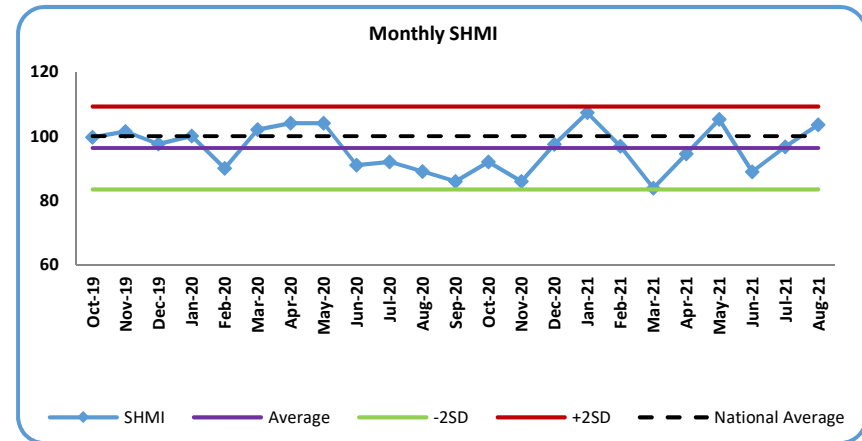
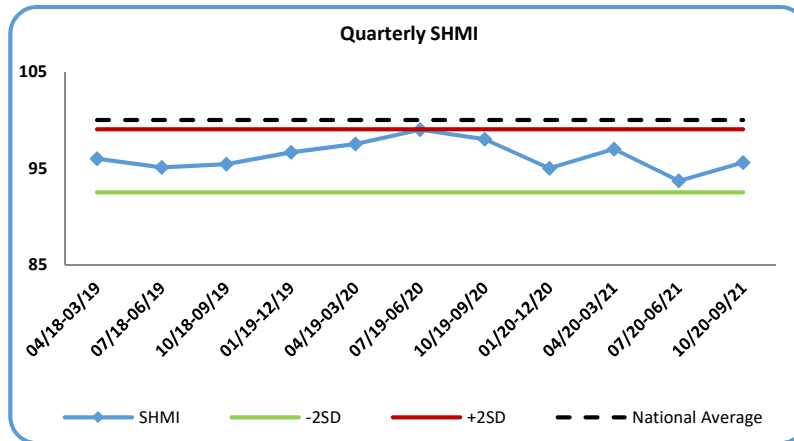


Learning from Deaths: Out of the 157 deaths reported in February 2022, 37 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months and these figures will continue to be monitored and modified accordingly.

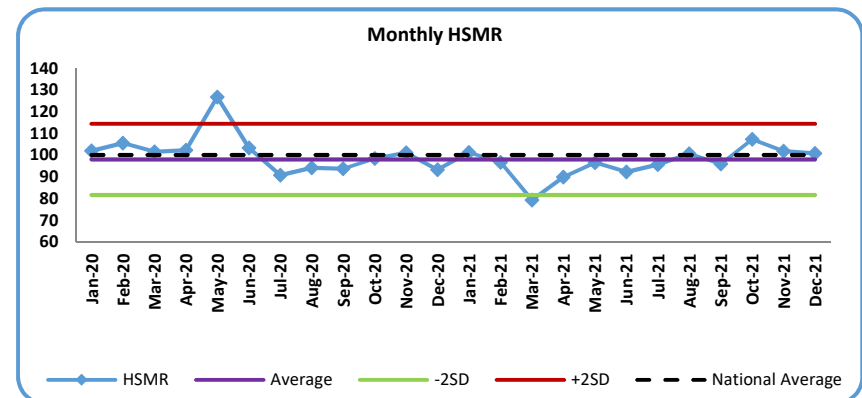
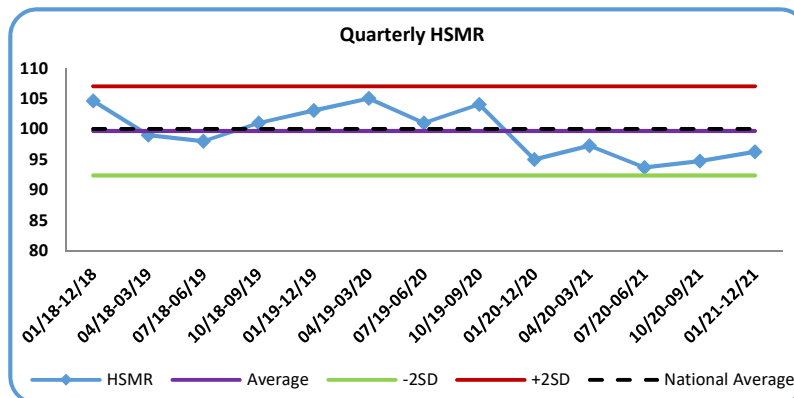


Quality and Performance: Mortality Indicators 2/2

SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 96 from months October 2020 – September 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 December 21 and is just above the national average, however this number may rise as the percentage of discharges coded increases. All figures will continue to be monitored and modified accordingly.



Quality and Performance: FFT and Complaints

Inpatients and day cases

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



Outpatients

97% (93%)
1% (3%)



Maternity

100% (94%)
0% (4%)



Community Health

N/A (94%)
N/A (3%)



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

89% (80%)
8% (13%)

Friends and Family Test

The Trust has now submitted FFT data for 11 months to NHS England. The published data shows that there were 2,017 responses to the Friends and Family test from the Trust in December 2021 (published 11th February 2022) compared to 1,909 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 498 (451 with identified patient activity) formal complaints up to the end of February 2022, an increase of 51 on last month's opened complaints total.

The Trust has received an average of 45 new formal complaints per month, which is 6 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	33	103,230.00	0.032%	1:3128	1:3733
Children's Services	23	75,318.00	0.031%	1:3275	1:2523
Community	13	59,093.00	0.022%	1:4546	1:3134
Dental Services	10	101,195.00	0.010%	1:10120	1:5411
Medicine	51	155,695.00	0.033%	1:3053	1:4129
Medicine (ED)	43	209,225.00	0.021%	1:4866	1:3416
ePOD	47	345,754.00	0.014%	1:7356	1:7606
Musculoskeletal Services	32	112,174.00	0.029%	1:3505	1:2610
Cancer Services / Clinical Haematology	29	184,058.00	0.016%	1:6347	1:6118
Neurosciences	32	98,131.00	0.033%	1:3067	1:3299
Patient Services	22	42,542.00	0.052%	1:1934	1:2003
Peri-operative and Critical Care	11	38,484.00	0.029%	1:3499	1:51990
Surgical Services	42	71,315.00	0.059%	1:1698	1:1313
Urology and Renal Services	22	67,977.00	0.032%	1:3090	1:4013
Women's Services	41	136,984.00	0.030%	1:3341	1:2742
Trust (with activity)	451	1,801,175.00	0.025%	1:3994	1:3583

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 58% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 23% 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 1,202 health and safety incidents recorded on the Datix system from the 1st March 2021 to 28th February 2022 this represents an overall rate per 1,000 staff of 70.76. The Directorate with the highest number of incidents is Patient Services reporting 152 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (433) NHS COVID Vaccination Programme (182), Peri-operative & Critical Care (97) and Women's Service (90).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 953 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st March 2021 to 28th February 2022 - this represents an overall rate per 1,000 staff of 56 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (298), Musculoskeletal Services (162), Urology/Renal (119) Community (107) and NHS COVID Vaccination Programme (67).

Sharps Incidents

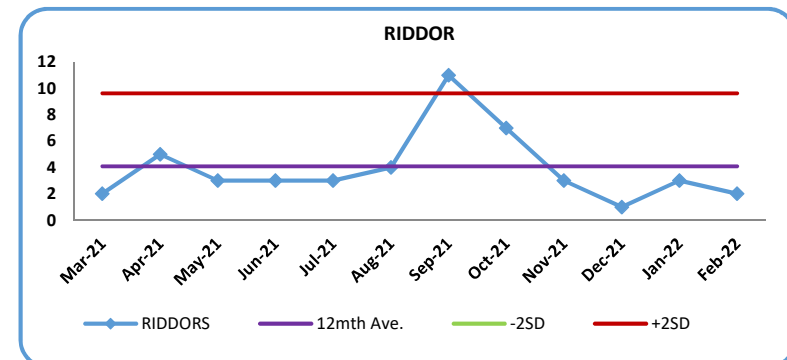
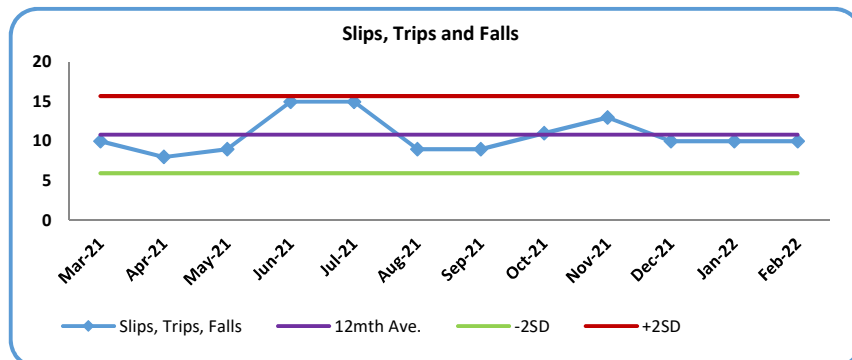
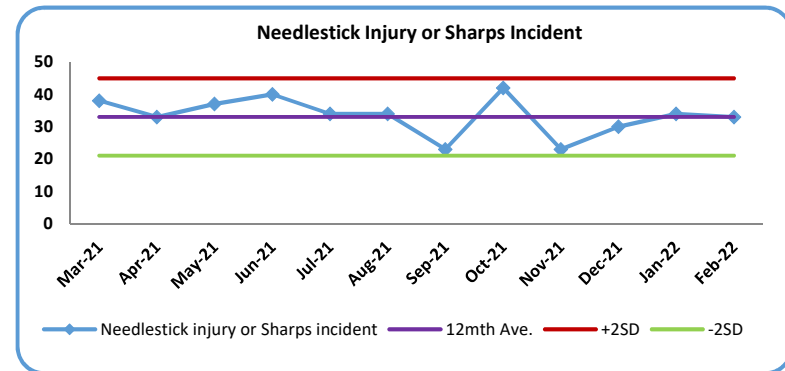
The average number of all sharps injuries per month is 33 between 1st March 2021 to 28th February 2022 based on Datix reporting, with 24% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 22.5 per month.

Slips, Trips and Falls

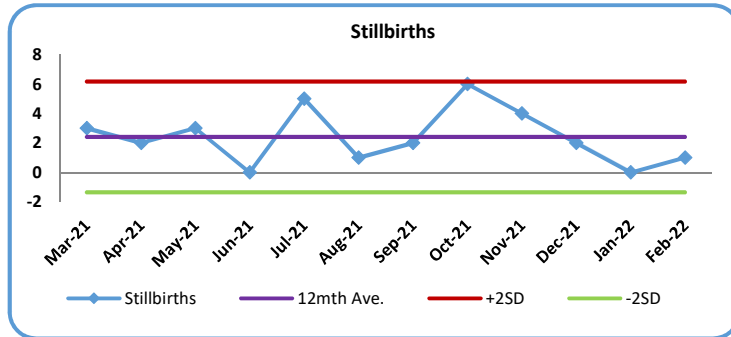
Slips on wet surface, fall on level ground and tripped over an object collectively account for 64% of falls between 1st March 2021 to 28th February 2022. Fall from height; fall up or down stairway and falls from a chair account for 8.5% of the incidents recorded.

RIDDOR

There have been 47 RIDDOR incidents reported between 1st March 2021 to 28th February 2022. The most common reasons of reporting accidents and incidents to the HSE within the period are Moving and Handling (13), Aggression & Violence (9), Slips, Trips and Falls (11) and Accidents (involving staff, visitors etc.) (11). These account for 85% of reportable accidents over the period.



Quality and Performance: Maternity (1/3)

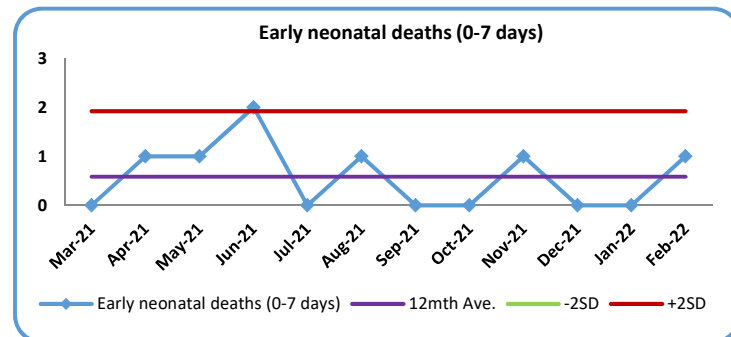


Perinatal deaths

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

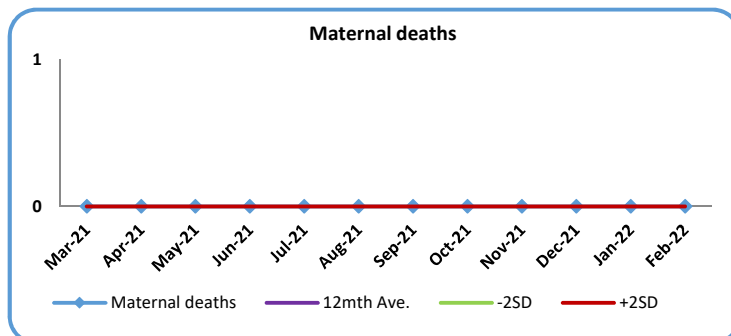
Stillbirths

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

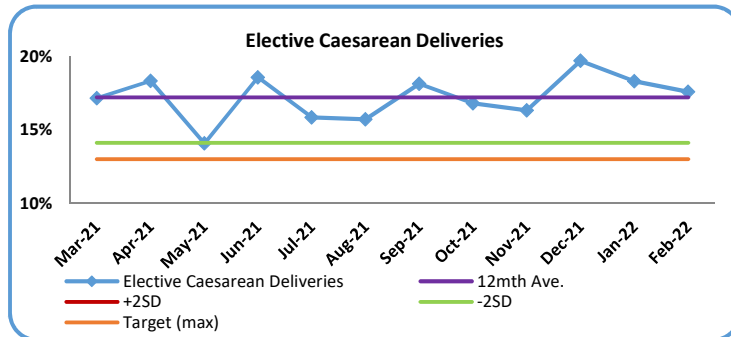
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually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

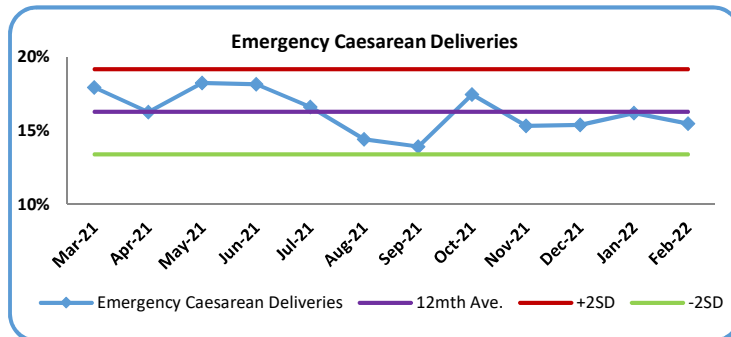
Quality and Performance: Maternity (2/3)



Elective Caesarean section

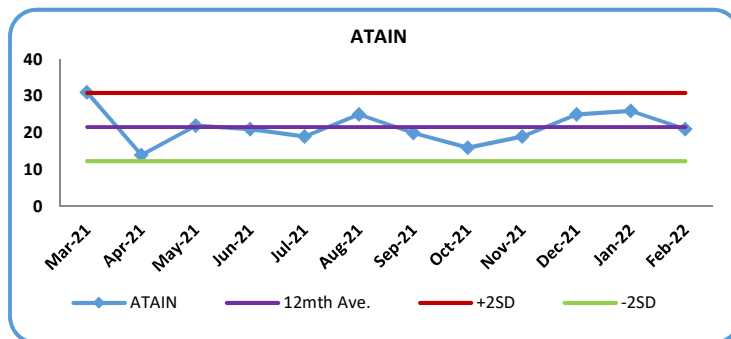
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK.

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.

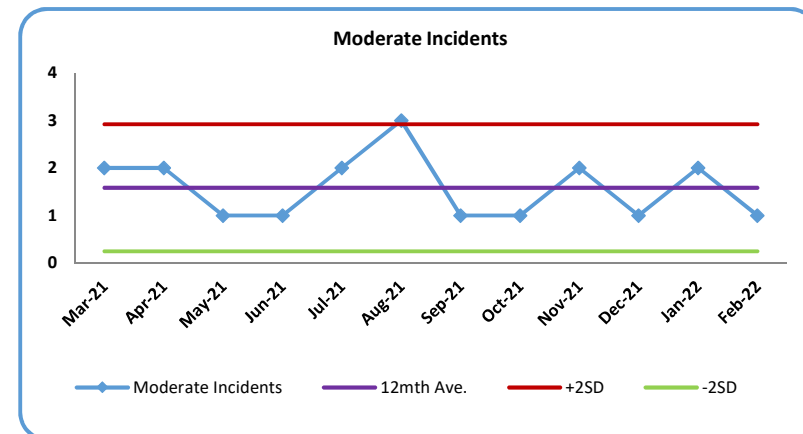
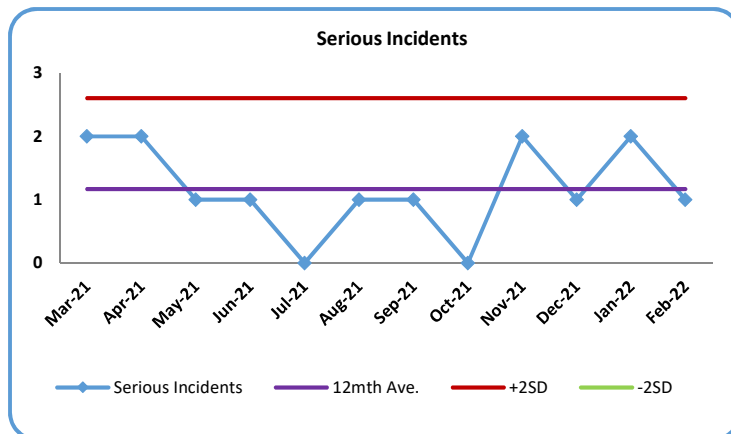
Quality and Performance: Maternity (3/3)

Serious Incidents

There have been 14 incidents escalated as Serious Incidents to the Trust in the past 12 months. These include 9 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 1 unexpected Stillbirths, 2 neonatal deaths, 1 baby fall and 1 intrapartum stillbirth (antenatal care provided by NUTH, delivered elsewhere). The HIE cases were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. 4 cases were accepted, 5 rejected (Covid amended criteria/ MRI normal) and 3 reports have been completed and shared with the family and the Trust.

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: Clinical Audit

Audit / NCEPOD	Date of Report	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Audit of Inpatient Falls (NAIF)	Autumn 2021	<ul style="list-style-type: none"> All Inpatient Falls Fractures (IFF) falls are recorded in NAIF. Falls prevention coordinator has implemented (alongside IT colleagues) change to the current electronic patient record system in order to establish a quality multi-factorial risk assessment (MFRA), trust policy states an initial MFRA is completed on all adult inpatients. Various Quality Improvement projects undertaken over the last two years, 2021, alteration of electronic patient record to comply with trust policy/national guidelines. Dec 2021; Enhanced care observation (ECO) audit. Sept 2021; Review of SI's Mar-Sept 2021 due to high number of fractures neck of femur injuries (Deconditioning project). Requirement that Clinical teams should administer analgesia as soon as a provisional diagnosis of IFF is made, aiming for within 30 minutes of the fall now fed back to clinical teams in Root Cause Analysis meetings and added to inductions/teaching sessions across trust. Trust Falls Taskforce Group meets bimonthly. Associate Director of Nursing as chair and Clinical Standards and Quality Improvement Lead as vice chair and overseen by a member of the executive and non-executive team. Time to participate in NAIF added to falls coordinator job specification. 	<ul style="list-style-type: none"> Arrange face to face inductions as restrictions are lifted. Implementation of harm free care leaders through the Trust by previous Continuous Service Quality Improvement (CSQI) lead, continuing with current CSQI. Various teaching sessions continuing through Trust. Consultation with moving and handling team to increase amount of equipment (flat lifting) through Trust, especially in areas of higher risk. Review and amend "Management and prevention of adult patient, slips, trips and falls policy". 	Discussed at January 2022 Clinical Audit and Guidelines Group
Epilepsy 12 National Clinical Audit of Seizures for Children and Young People	July 2021	<ul style="list-style-type: none"> 99% data completion for audit (61% national average) 95% ascertainment (82% national average) 93% children saw a paediatrician with expertise in epilepsy (88% last year, 87%=national average) 83% children obtained EEG within 4 weeks of request (65% last year, 53%=national average) Offer full range of investigations (EEG, MRI, telemetry) and specialist treatments within tertiary paediatric neurology such as Vagal Nerve Stimulation and Ketogenic diet 0% prescribing Sodium Valproate (teratogenic anti-epilepsy drug) to girls 9 and over 	<ul style="list-style-type: none"> A Business case for a Paediatric Epilepsy Specialist Nurse has recently been approved and this will significantly assist the Trust in achieving compliance. 	Discussed at January 2022 Clinical Audit and Guidelines Group

Quality and Performance: Monthly Performance Dashboard

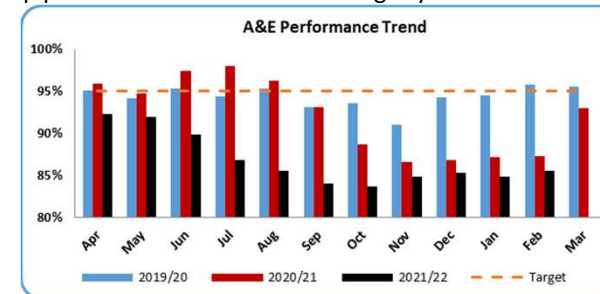
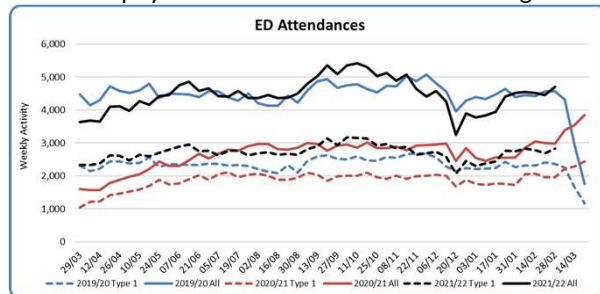
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month in 2019			
				w/e 06/02/2022	w/e 13/02/2022	w/e 20/02/2022	w/e 27/02/2022	Dec-21	Jan-22	Feb-22	
Front Door	Type 1 Attendances (Main ED)	2,377	2,681	115.7%	119.1%	116.7%	112.8%	103.7%	109.3%	114.2%	
	Ambulance Arrivals	635	684	103.8%	102.6%	109.2%	107.8%	95.5%	100.6%	103.1%	
	Eye Casualty Attendances	416	352	93.0%	84.6%	79.3%	84.6%	74.4%	66.7%	87.3%	
	Urgent Treatment Centre Attendances	1,419	1,210	80.7%	81.6%	83.0%	85.2%	73.5%	71.5%	80.1%	
	A&E 4hr performance (Type 1)	89.5%	78.4%	-12.1%	-13.2%	-11.4%	-11.1%	-12.8%	-13.7%	-15.2%	
	A&E 4hr performance (All Types)	94.3%	86.8%	-8.8%	-9.2%	-8.1%	-7.5%	-9.0%	-9.7%	-10.3%	
Admission & Flow	Emergency Admissions (All)	1,368	1,274	99.4%	94.7%	100.6%	93.1%	84.9%	85.1%	88.1%	
	G&A Bed Occupancy	80.8%	84.9%	86.4%	84.4%	84.5%	84.9%	78.1%	84.3%	85.0%	
RTT/Planned Care	Outpatient Referrals (All)	8,187	7,707	99.5%	105.2%	101.5%	94.1%	89.0%	92.5%	106.9%	*
	Elective Spells	2,721	2,365	94.1%	95.9%	88.8%	86.9%	85.7%	85.2%	91.5%	*
	Outpatient Activity	20,457	19,160	112.1%	114.7%	109.0%	93.7%	102.4%	103.3%	108.6%	*
	DNA Rates	7.2%	7.8%	8.0%	7.7%	8.2%	7.8%	8.7%	9.1%	8.2%	
	Incomplete Performance	87.3%	67.3%	66.9%	67.4%	67.4%	67.3%	69.3%	69.4%	69.9%	
	RTT >52 Week Waiters	18	3,838	3,894	3,859	3,843	3,838	4,186	3,829	3,730	
Cancer	2WW Appointments	482	443	109.5%	105.7%	106.8%	91.8%	117.1%	101.1%	108.6%	*
	All Cancer 2WW	No weekly performance recorded.						75.2%	82.8%	Reported one month in arrears.	
	Cancer 2WW Breast Symptomatic	No weekly performance recorded.						31.8%	24.8%		
	Cancer 62 Days - Urgent	No weekly performance recorded.						49.0%	54.6%		
	Cancer 62 Days - Screening	No weekly performance recorded.						71.9%	69.0%		
Diagnostics	Total Diagnostic Tests Undertaken	4,275	4,087	97.0%	99.2%	97.7%	95.6%	97.4%	101.7%	107.9%	*
	Diagnostic Performance	No weekly performance recorded.						75.9%	75.0%	80.6%	

Data provided as 'Actual' figure rather than % comparison

*Working day adjustment

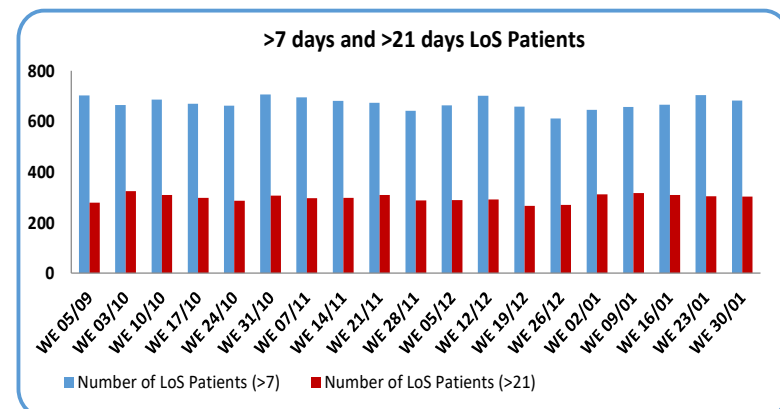
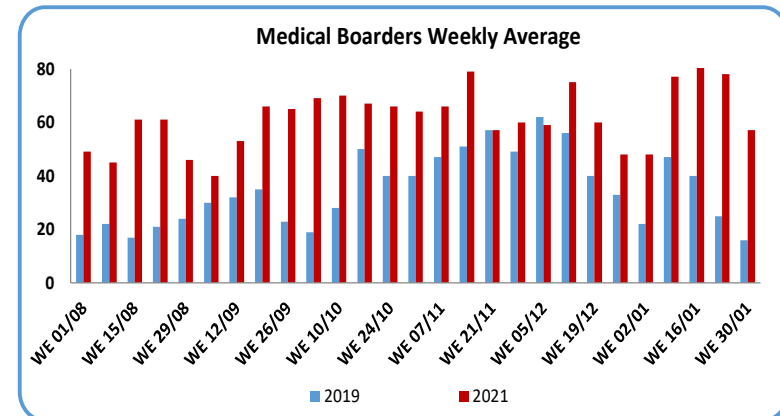
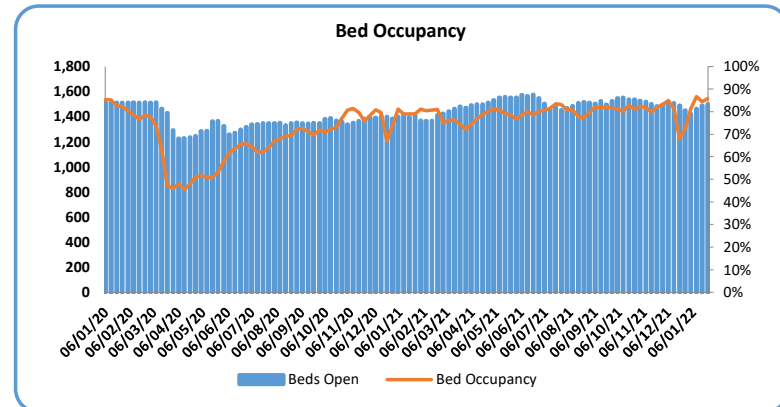
Quality and Performance: A&E Access and Performance

- In February A&E performance was 85.6% against the 95% 4hr standard. Although the 4hr standard has not been met since August 2020, February marked the strongest performance since July 2021, and was 0.8% higher than in January, despite performance actually declining nationally.**
 - Type 1 performance was 77% (also the strongest since July 2021), with Type 2 Eye Casualty compliance at 95.6%.
 - NuTH is consistently in the top 10 best performing Trusts nationally, and compliance levels compare very favourably to other Shelford Trusts and the national (73.3%) and regional (78.1%) averages.
 - February saw 1 ambulance handover >60 minutes and 0 trolley waits >12 hours, contrasting to the record levels seen nationally in recent months.
 - A reason for February's higher performance was that staff absence fell by 18% between the start and end of the month, mainly due to a 50% reduction in COVID related absence. This reflects lower COVID levels among both inpatients and within the wider community. February also saw lower levels of bed closures due to outbreaks of COVID-19 within the Trust. Consequently, this resulted in improved patient flow and enabled the reopening of the Trust's discharge lounges.
- February saw the highest number of attendances (17,996 across all types combined) since November 2021. The increase will partly have been caused by falling public nervousness to attend hospital due to the reduced prevalence of COVID-19.**
 - Ambulance arrivals per day also increased to reach their highest level since June 2021 (circa 7 more ambulance arrivals per day than January).
 - February 2022 saw 18% more Type 1 attendances per day than February 2020, continuing the trend seen throughout 2021/22 that Type 1 attendances are well above pre-COVID levels. Consequently Type 1 attendances accounted for 61% of total attendances in February 2022, compared to just 52% in February 2020. Alongside the rising volume of ambulance arrivals, this suggests patients attending A&E are now higher acuity patients on average than they were prior to COVID.
 - Generally, in 2021/22, the growth in attendances at NuTH has been proportionally particularly large among patients from Northumberland.
 - Eye casualty attendances increased considerably in February to reach their highest average level of daily attendances since the onset of the COVID-19 pandemic. Despite this, activity is yet to return to pre-COVID levels with 10% fewer attendances than in February 2020.
 - Attendances at Urgent Treatment Centres (UTCs) remain low despite rising to their highest level since November 2021. Activity per day was 17% lower than in February 2020, which equates to circa 34 fewer patients per day. This will partly be due to the continued closure of the Westgate Road UTC due to staffing shortages, although the plan is for this to reopen from April 2022 onwards.
 - GP streaming attendances also remain significantly below pre-COVID figures, with February's volume of 888 attendances, 30% below February 2020's position. Work is ongoing to optimise how this resource is utilised.
- 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 recently introduced clinical streaming app has now been withdrawn in the interests of staff wellbeing. Despite its initial success, instances of verbal and physical abuse have been recorded against those staff placed to help patients use the electronic triage system.



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

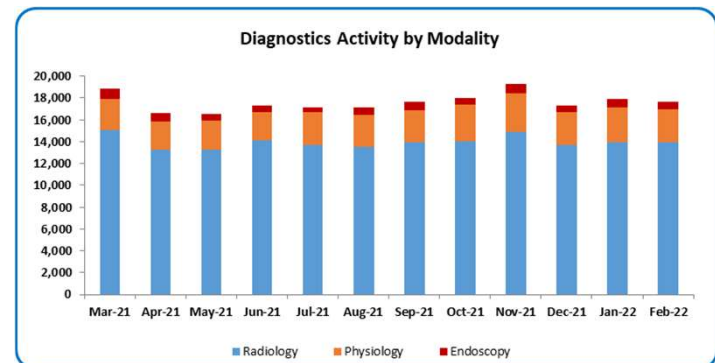
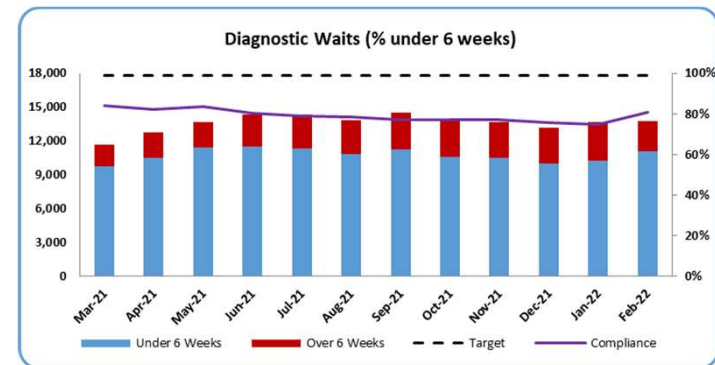
- In February, the Trust averaged 85.0% bed occupancy. The Trust's highest occupancy in February was in the first week, dropping slightly from the peak observed at the end of January to a level of 86.4%.**
 - Occupancy declined over the course of the month, eventually hovering around a level of 84.5%. The rates observed in February were higher than those observed in both 2020 and 2021.
- The number of beds open in the Trust reached its highest level since the beginning of November 2021. Corresponding with this was a decline in the number of bed days lost, which were at their lowest level since August 2021 (3,052) and significantly down on the levels observed in January (9,346).**
 - The recession of COVID prevalence meant that the number of bed days lost due to COVID decreased 80.5% from 7,382 to 1,442.
 - The decrease in the number of COVID inpatients observed in January continued overall in February, with numbers falling from 53 to 39.
 - The organisation lost a small number of bed days due to norovirus (18).
 - Staff absence declined slightly throughout February, eventually falling to 964 from a level of 1,178. Within this, nursing and midwifery absences declined from 384 to 323, a 15.9% drop. This contributed to a drop in the number of bed days lost due to staffing which changed from 1,826 to 1,592.
- The average number of medical boarders was at its lowest point since August 2021 (56).**
- February saw a large number of long length of stay (LoS) patients, both >7 days and >21 days.**
 - Patients with a LoS >7 days had climbed to 740 by the end of February, the highest figure recorded since December 2019.
 - The same trend was observed with patients with a LoS >21 days, with these figures reaching 339, a figure which has also not been surpassed since December 2019.
 - Neurosciences are particularly impacted by delayed transfers of care and addressing these issues is a continued area of focus within the ICS.
 - The Trust averaged 33 patients awaiting repatriation in February, a slight rise from an average of 29 in January.
 - The Trust loses relatively few bed days due to long LoS patients compared to other Trusts in the region, however February saw the number of bed days lost due to delayed transfers of care (DTOCs) jump to 2,705, a total not seen since at least March 2019 (the month with the earliest available comparable data).



Quality and Performance: Diagnostic Waits

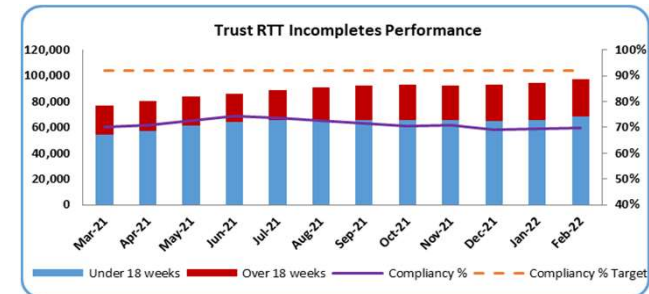
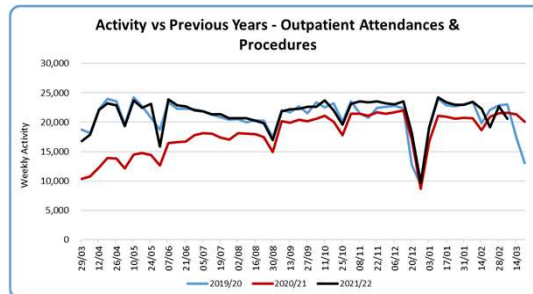
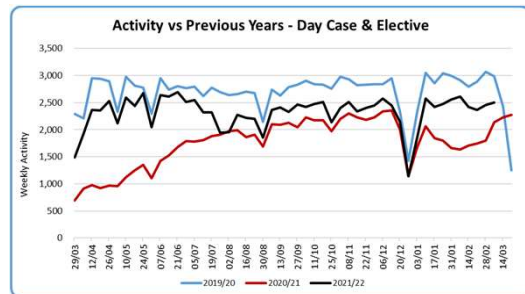
- **At 80.6% against the 99% standard, diagnostic performance significantly improved in February compared to the previous month (+5.6%). Overall compliance was at its highest level since May 2021.**
 - Performance stood at 92.7% in Radiology (+3.7%), 57.6% in Physical Measurements (+11.3%) and 51.6% in Endoscopy (+4.6%).
 - The total number of diagnostic long waiters (>13 weeks) decreased by 8.6% from January to a total of 966 patients, 7.0% of the overall WL.
 - In January (latest NHSE data) NuTH's diagnostics performance (75.0%) remained above the national (70.0%) and regional (71.2%) positions.
- **In February 17,623 tests were carried out by the Trust, a 1.4% decrease on the previous month but nonetheless equating to 98.1% of the February 2020 total.**
 - Slight increases in diagnostic delivery within Audiology (+14%) and MRI (+6%) were counterbalanced by small decreases within CT (-4%) and Echo (-15%), as well as some Endoscopy services.
 - Overall Radiology activity decreased by 0.0% (2 patients), Physical Measurements by 5.2%, and Endoscopy by 11%.
- **With activity levels remaining steady, the total reported Diagnostic WL size also remained largely static, increasing by just 0.3% (45 patients) throughout February to 13,754, the largest volume of waiters recorded in four months.**
 - Trends amongst individual diagnostics were a mixed bag, with increases within Neurophysiology (+20%) and Non-obs ultrasound (+9%) compensated by reductions within Echo (-17%), DEXA (-11%), CT (-4%) and MRI (-3%). Radiology services continue to benefit from the additional capacity available to the Trust at the Blaydon Community Diagnostic Centre, as well as extra mobile vans becoming operational in January.
 - The Audiology WL stabilised following months of growth after experiencing some respite regarding persistent staff shortages, whilst Echo have now worked through their request backlog in its entirety, with reductions in the service waiting list duly apparent as they continue to insource high activity volumes.
- **Despite the lack of movement in both WL size and activity delivery, NuTH diagnostic services managed to reduce the number of >6 week breaches by 22.3% as a whole.**
 - The number of patients waiting over 6 weeks fell from 3,433 in January to 2,667 in February, with significant gains made within Echo (-260, 74.5% compliancy), Audiology (-189, 47.9%), MRI (-161, 88.1%) and CT (-103, 90.3%).
- **Opportunities to expand activity delivery continue to be explored, with recovery schemes approved for implementation via the Recovery Plus programme.**
 - Endoscopy continue to work with Cobalt to maximise output and have begun sending Lower GIs to the service in addition to other scoping activity.
 - The Trust continues to collaborate with regional partners on plans to expand diagnostic capacity available through community diagnostic centres.

Overall Patients Treated Within Month	Feb-22	Jan-22	Difference (Actual)	Difference (%)
Imaging	13,952	13,954	-2	0.0%
Physiological Measurement	2,983	3,145	-162	-5.2%
Endoscopy	688	773	-85	-11.0%
Trust Total	17,623	17,872	-249	-1.4%

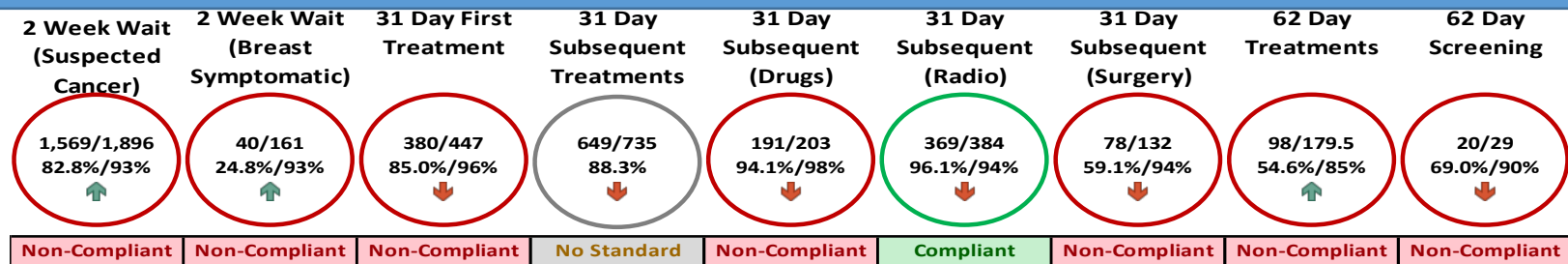


Quality and Performance: 18 Weeks Referral to Treatment

- **Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. February's performance against the 18 week wait target (92%) stands at 70.0%, 0.7% above January's level of performance.**
 - 29,222 patients have waited greater than 18 weeks, a 1% increase in this cohort of waiters compared to last month.
 - 7,939 patients have waited more than 40 weeks, an increase of 177 patients (2.3%) from the previous month.
 - More positively, the number of patients waiting >52 weeks decreased by a further 2.6% to 3,730. Routine referrals to the Trust through 2020 were consistently below the 19/20 average (~25%), compensating for the reduction in elective activity as a consequence of the pandemic.
 - In January 4.1% of the Trust's PTL were >52 week waiters, 1.0% below the national total and 2.5% below the overall Shelford position.
 - In January 32% of the Trusts >52 week waiters were waiting for treatment within the Ophthalmology service (1,184). 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 9% from January. Dermatology, Spinal Surgery and Orthopaedics continue to also have high volumes of >52 week waiters.
 - 193 patients have now waited >104 weeks, with the majority of these waiters sitting within Spinal Surgery (96) and Ophthalmology (55). 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 164 weeks.
- **As of January 2022 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 January stood at 62.8%, 6.5% below the NuTH position.**
 - The total number of outpatient referrals received by the Trust in February represented a 3.3% increase from January, and equated to 97% of the volume received in February 2020. Routine referrals remain below the levels received in the same month of 19/20 as has been the case for many months (93%), whilst Urgent referrals continue to exceed the same benchmark (119%).
 - The Trust's total PTL size increased again in February by 2.9% to 97,270. The total number of under 18 week waiters has remained between 64,000 and 68,000 for nine consecutive months.
- **Recovery of elective activity, RTT performance and the treatment of long waiters remain key Trust priorities.**
 - During February activity delivery measured at 83.2% (Day Case & Elective) and 98.7% (Outpatient Activity) when compared to February 2020.
 - 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)

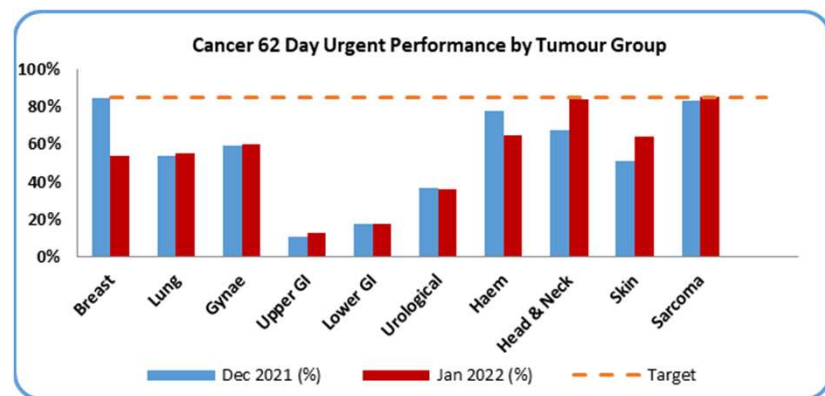
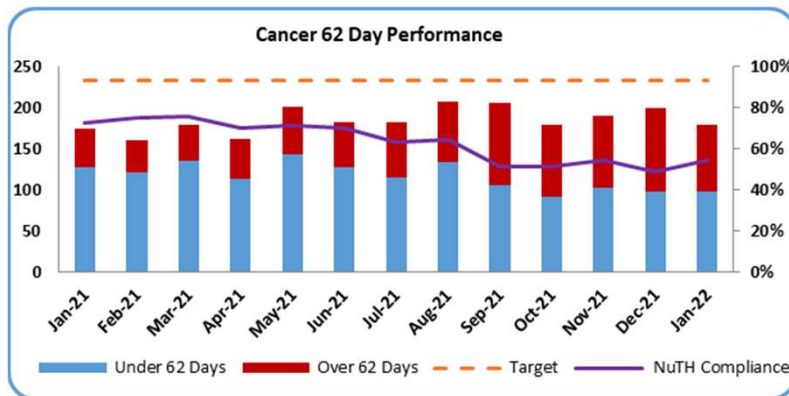
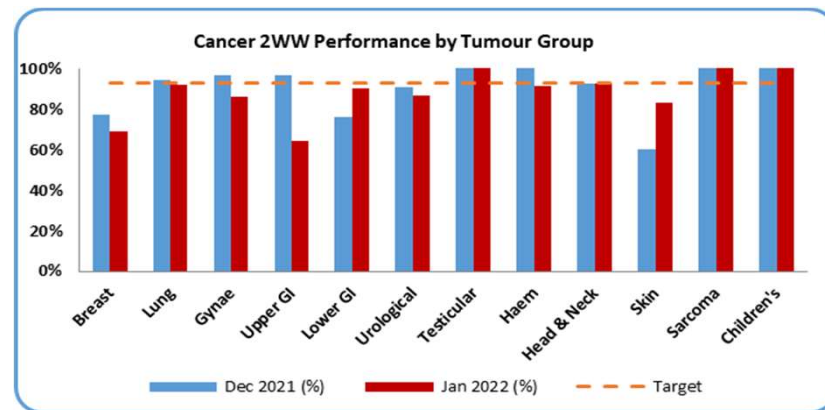
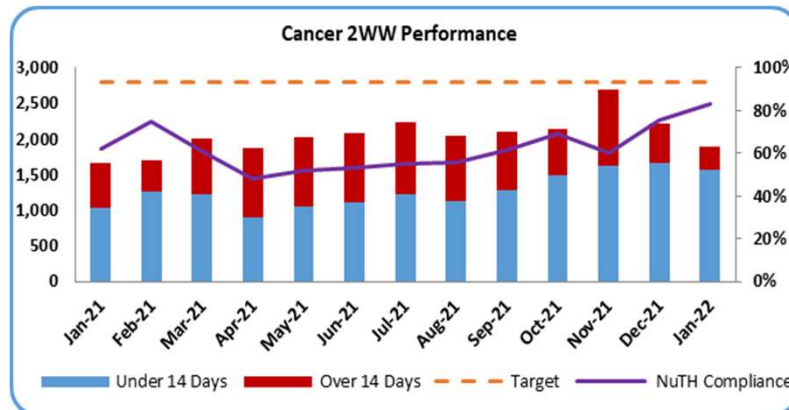
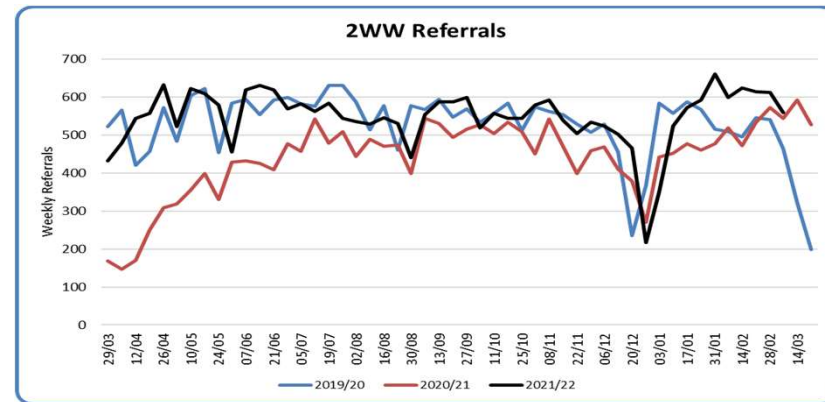


The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'

- The Trust achieved 1 of the 8 Cancer Waiting Time standards in January – the same as in December.
 - The Northern Cancer Alliance (NCA) also only met 1/8 standards in January, with no providers in the NCA meeting the 2ww or 62 day targets.
- The 2ww position has improved significantly in the past 2 months, reaching 83% in January 2022. This is the highest compliance level since June 2020, and is 23% above November 2021's position. A 41% rise in skin cancer performance in the past 2 months has driven this improvement. However, overall performance remains below the 93% standard, with Upper GI (64.4%) and Breast (68.9%) compliance being especially low.
 - Skins is the largest tumour group for 2ww, accounting for 43% of the overall January volume, despite the seasonal winter drop in referrals. Their backlog has reduced due to weekend Waiting List Initiatives and the introduction of a tele-dermatology pathway with GPs, which has significantly reduced demand for face to face appointments. This tele-dermatology service has received positive patient feedback.
- The Trust's 62 Day compliance has been consistently very low for the past 5 months, despite a slight improvement in January to 54.6%. Performance was particularly low in Upper GI (13.0%), Lower GI (17.4%) and Urology (36.4%), with these tumour groups generally challenged across the NCA.
 - Urology were restricted by high nurse staffing absence, limited radiology capacity for diagnostics and numerous late referrals from other Trusts.
 - Cancer surgery continues to be prioritised, especially for bladder and kidney patients, within the available Urology theatre capacity, and the Trust has reallocated some theatre sessions from other specialties to Urology to try and address these performance issues.
 - NuTH are working with the NCA to solve regional urology cancer pathway issues.
 - The Trust's Urology service also now hold collaborative joint weekly PTL meetings across the ICP.
 - 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, including the opening of an additional endoscopy room. Opportunities to utilise any independent sector capacity are being explored, with NuTH's new Day Treatment Centre providing a longer term expansion of capacity from autumn 2022 onwards. Dedicated radiology capacity should reduce waiting times among HPB patients.
 - NuTH are providing gynaecology capacity support to the regional ICS, with additional locum and pathology capacity acquired to support this.
 - Chemotherapy waiting times have halved since November, due to capacity expanding through the implementation of 7 day working.
 - Plans are also being explored to increase community chemotherapy capacity at Cramlington Manor Walks.
 - In recent months, rising numbers of the Trust's patients are waiting >104 days. Colorectal have particularly seen their long waiters increase having been impacted by staff sickness, difficulties recruiting to vacant consultant posts and a lack of both surgical and radiology capacity.
- Trust performance was 71% in January against the new 75% 28 Day Faster Diagnosis Standard, which is an improvement from December's level.
- The improvements implemented to skin cancer pathways (detailed above) have improved skin compliance with the 28 Day FDS. These ongoing pathway enhancements should further improve Trust level performance against this standard in future months, as skin accounted for 38% of the volume of patients seen within this standard in January, by far the biggest tumour group. Consequently, the Trust are hopeful of meeting this target throughout 2022/23, in line with NHS England's 2022/23 Planning guidance requirement. NuTH's improved compliance against this target, actually contrasts to a downturn regionally and nationally, with the NCA failing this target in January (73%), having been compliant in December (76%).

Quality and Performance: Cancer Performance (2/2)

- Nationally, overall during 2020/21 and 2021/22 2ww referrals have been below pre-COVID levels.
- However, in recent months Trust referrals have exceeded pre-COVID levels. This is partly caused by increased Breast cancer referrals following high profile cases in the news, which has led to Breast Symptomatic being the tumour group with the most ASIs at NuTH.
- Head & Neck have seen referrals increase recently, and this may partly be due to NuTH supporting Cumbria's Head & Neck service. Despite this, the tumour group expects to continue to achieve the 2ww and 28 Day standards.
- Referrals may increase in March within prostate cancer as a Prostate Cancer Awareness Campaign took place during February.

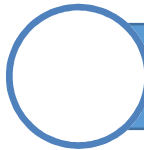


Quality and Performance: Other Performance Requirements

- **The number of ‘last minute’ cancelled operations jumped to the highest level observed since the summer of 2021, with 48 in February, the highest monthly total since November 2021.**
 - Prior to last month totals had consistently been at their highest levels since the onset of COVID-19, although these were still below the pre-COVID monthly average of 62. Less elective inpatient activity was scheduled last month as the Trust adjusted to the emerging wave of Omicron infections and significant staffing shortages.
 - Cardiothoracic Services, General Surgery and Urology were the largest contributors to the overall total, with Cardiothoracic continuing the established trend of being the largest - 37 last minute cancelled operations occurred within the service last month overall.
 - No ITU beds being available made up a plurality of the cancellations, narrowly surpassing both surgeon availability and situations where emergency surgery took precedence.
 - The Trust reported 10 (6 Cardio, 1 MSU, 1 Urology, 2 Surgery) breaches against the standard to treat within 28 days following last minute cancellations in January.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in February.**
 - Performance against the referral metric remains at 100%, having been at this level for over a year now.
 - The proportion of patients who have been asked the dementia case finding question was at 22.7% in February. The dementia care team continue to provide support to Assessment Suite to aid with the screening of patients entering hospital.
 - Compliance with the requirement to conduct dementia diagnostic assessments returned to its peak level of 50% in February, a significant improvement from the level recorded in January (24%) and matching November 2021 as the best performance since September 2020.
 - A dementia and delirium dashboard is now available, providing accurate, up-to-date information to wards.
- **The proportion of people with depression and/or anxiety receiving psychological therapies decreased in February to its lowest level since August (1.17%).**
 - Referrals dropped very slightly in February to 800 (from 818 in January). This is also 233 short of planned activity. Commissioning arrangements for the service are currently being renegotiated with the Trust having been served notice on part of the contract – the other part will remain with NuTH but with a revised service specification. It is anticipated that the service may lose staff in the coming months. It has also been difficult for the team to recruit to psychology vacancies in particular.
 - WLI has been commissioned with Insight to take 750 patients from our CBT/counselling waiting list. The number of patients on the waiting list has begun to decline over the last two months, although the decrease between January and February was negligible.
 - The service successfully transitioned to using telephone and video consultations, with these virtual sessions now the most common method of delivery of care. Accommodation needs for clinics and office space are being reviewed as part of the new commissioning arrangements.
- **In February, performance against the IAPT ‘moving to recovery’ standard increased to 40.5%. The 50% target has not been met since June 2020.**
 - The service have now filled all management team vacancies which they hope will assist with performance recovery.
 - Positively, the IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 99.2% and 99.4%.

Reportable Cancelled Operations	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Last minute cancelled operations	7	24	34	56	52	45	45	47	50	26	37	48
Number of 28 day breaches	0	0	3	1	6	9	4	5	7	12	2	10
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0

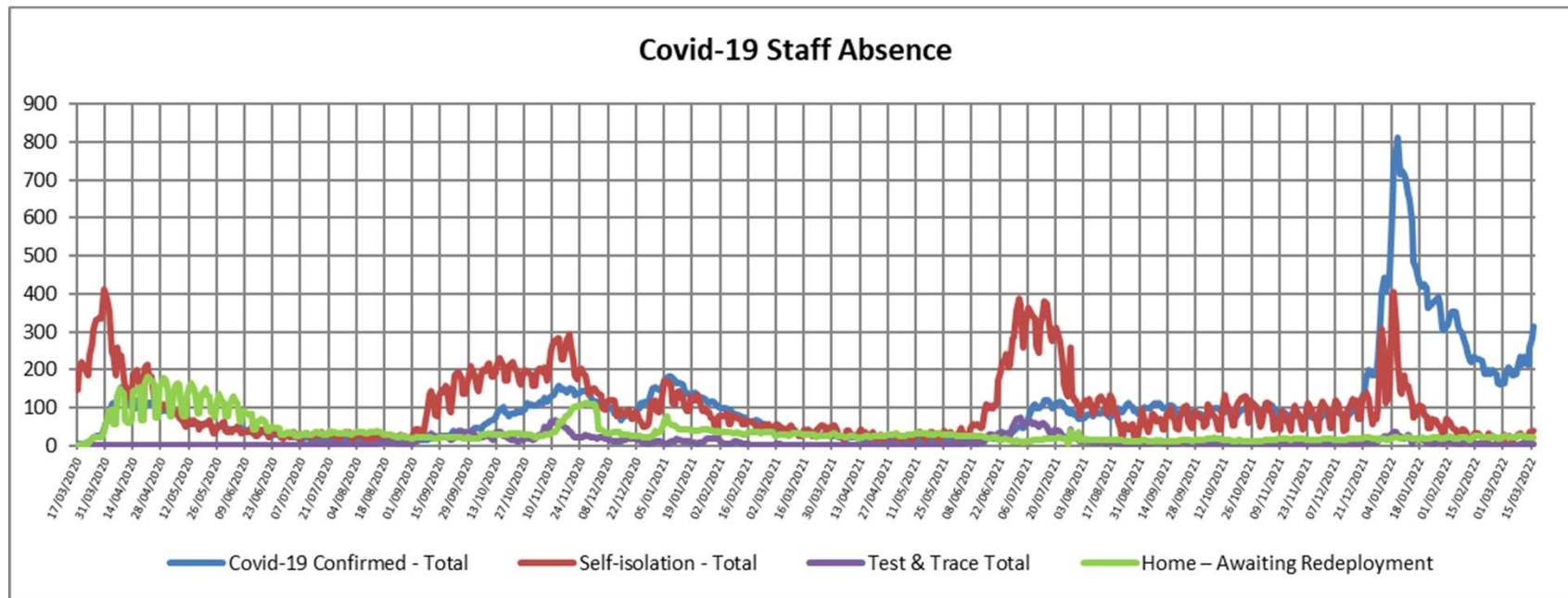
Standards	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
% asked the dementia case finding question within 72 hours of admission.	52%	49%	35%	57%	44%	49%	49%	39%	23%	25%	23%	23%
% reported as having had a dementia diagnostic assessment including investigations.	14%	17%	30%	18%	27%	17%	14%	25%	50%	33%	24%	50%
% who are referred for further diagnostic advice in line with local pathways.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%



People

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 17^h March 2020 and 28th February 2022. Some staff may have had more than one episode of COVID-19 related absence during this period.



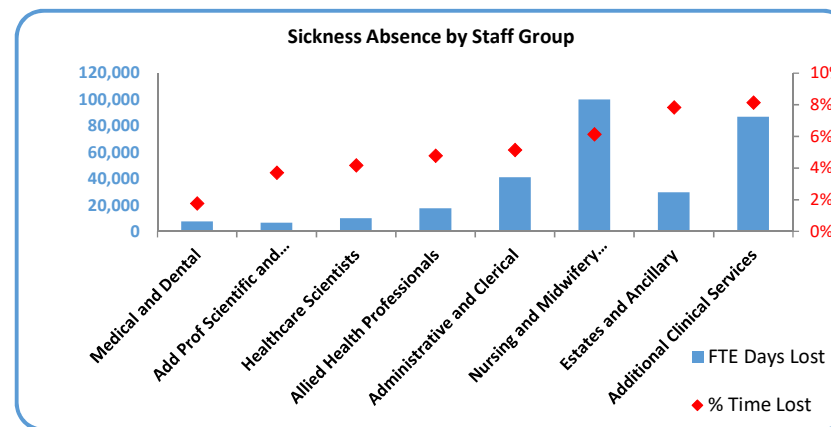
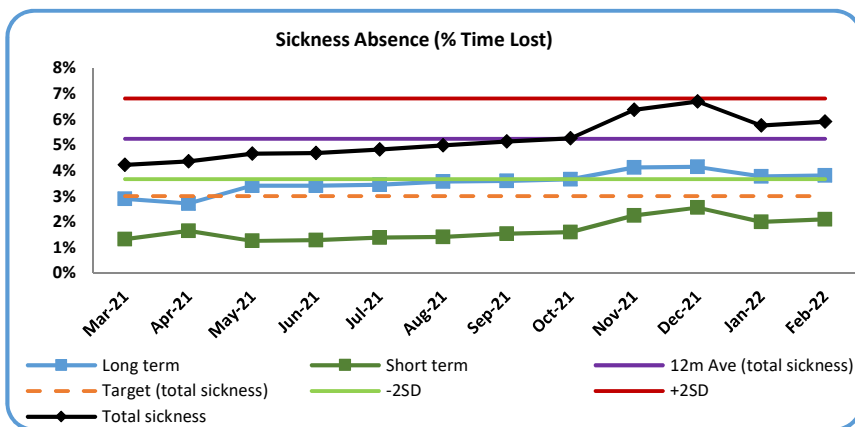
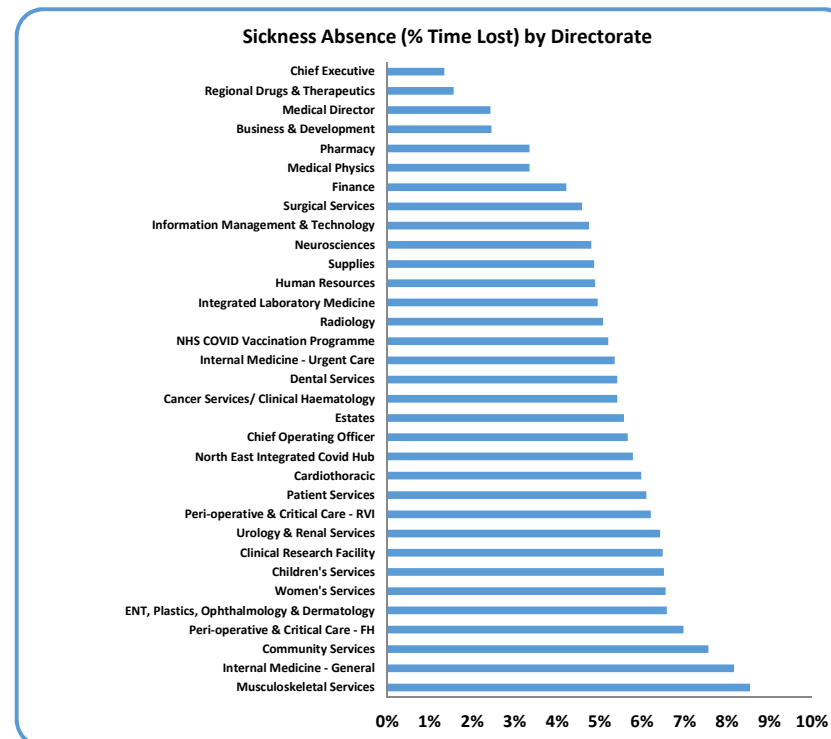
- Risk Assessments have been made available to all Trust staff – staff in 'high risk' category prioritised.

People

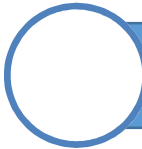
- Year to year comparison for sickness absence (including Covid related sickness (rolling 12 months):

	Feb-21 %FTE	Feb-22 %FTE	
Long-term	3.53%	3.80%	↑
Short-term	1.32%	2.10%	↑
Total	4.84%	5.90%	↑

- 298,424 FTE working days were lost due to sickness (including Covid related sickness) in the year to February 2022, compared to 230,260 for the previous year, 30% increase.
- Overall sickness absence (including Covid related sickness) is 5.90%, which is down from end of Dec 2021 position of 6.69% (% FTE Time Lost).
- The top three reasons for non-Covid related sickness absence are Anxiety/stress/depression/other psychiatric illnesses (32% of total absence), Other musculoskeletal problems (11% of total) and Gastrointestinal problems (8% of total).
- The top reason for "Other" absences is Maternity Leave (49% of total absence).
- Nursing and Midwifery have the highest number of Maternity Leave at 4% (%FTE Lost)

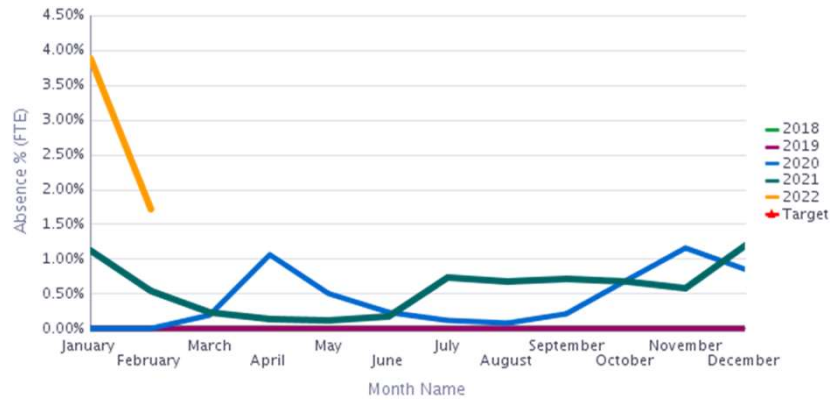


*COO Directorate includes Outpatients / ABC Service

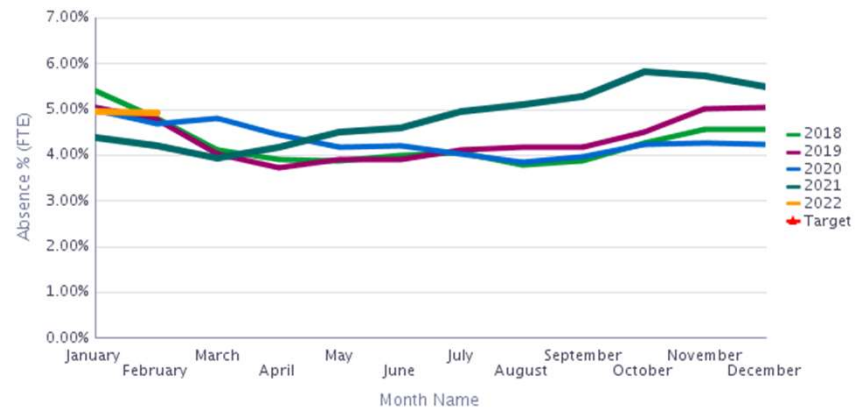


People

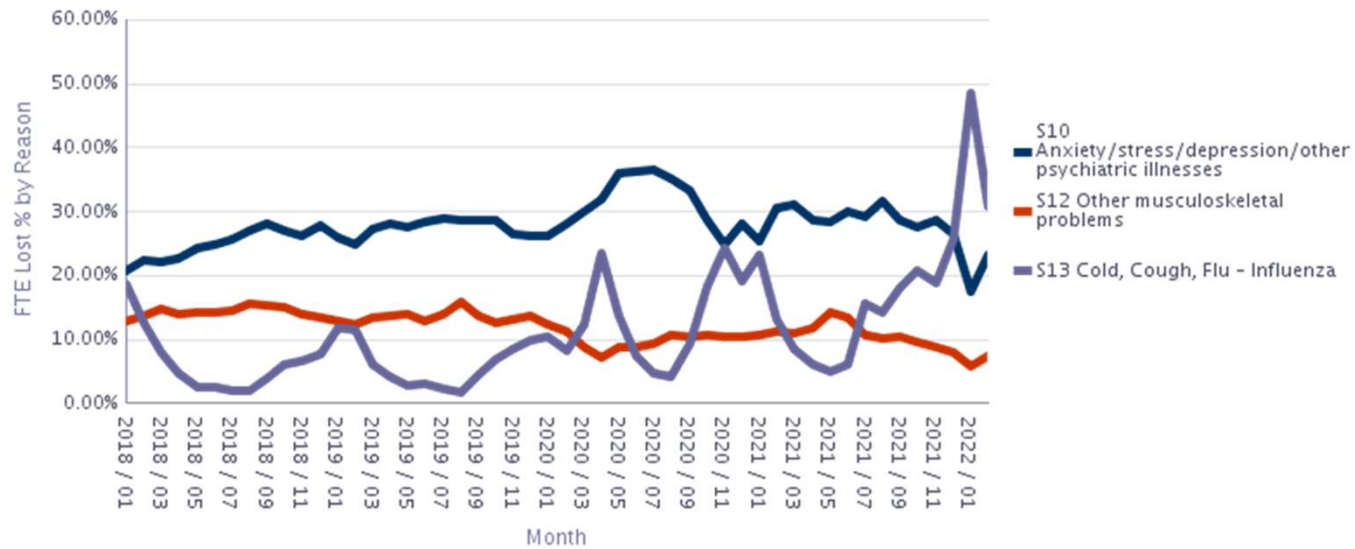
Covid Related Sickness Jan 2018 - Feb 2022 (%FTE)



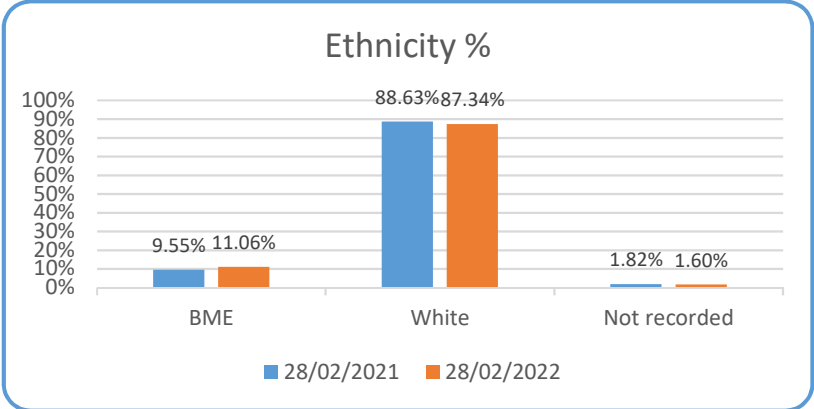
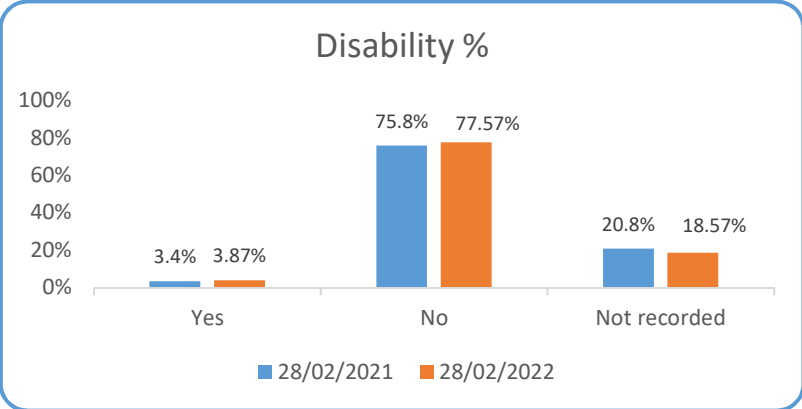
Non-Covid Related Sickness Jan 2018 - Feb 2022 (%FTE)



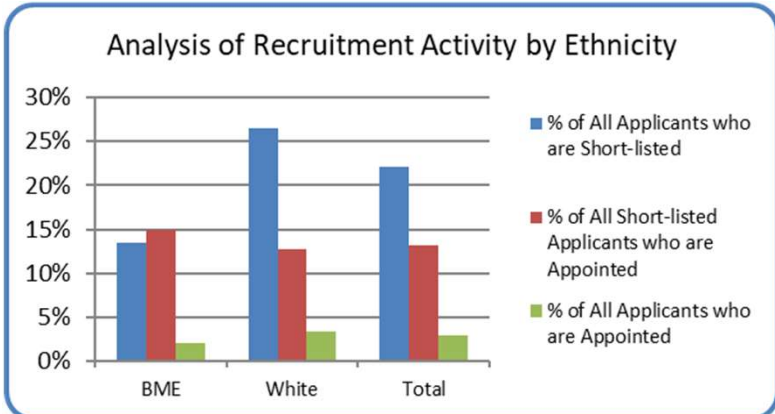
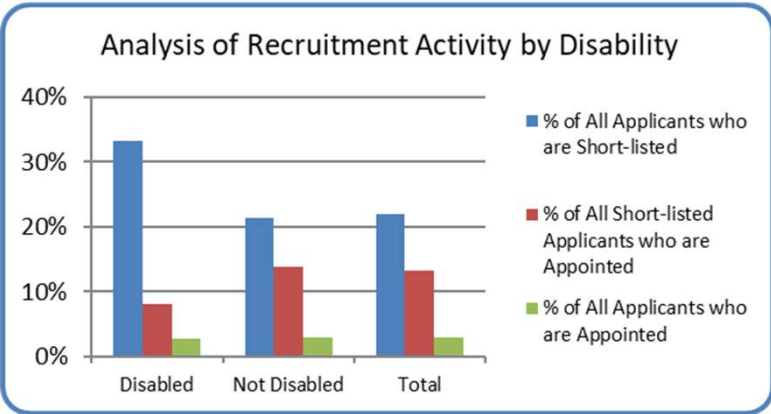
Top 3 Sickness Reasons Jan 2018 - Feb 2022 (%FTE)



People

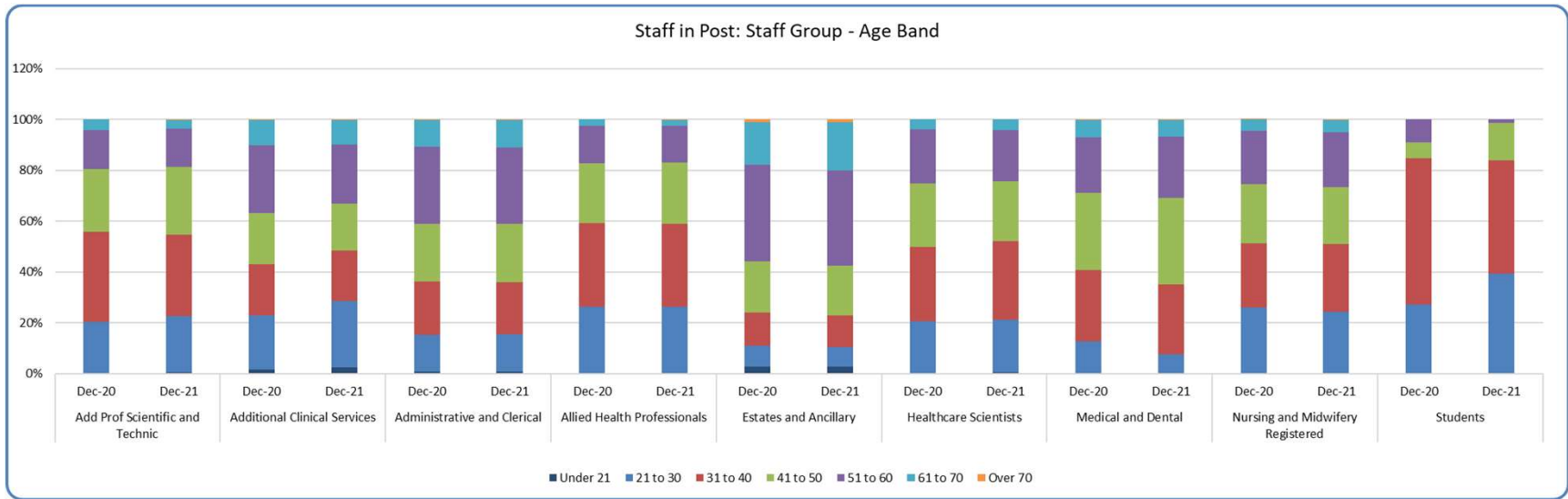
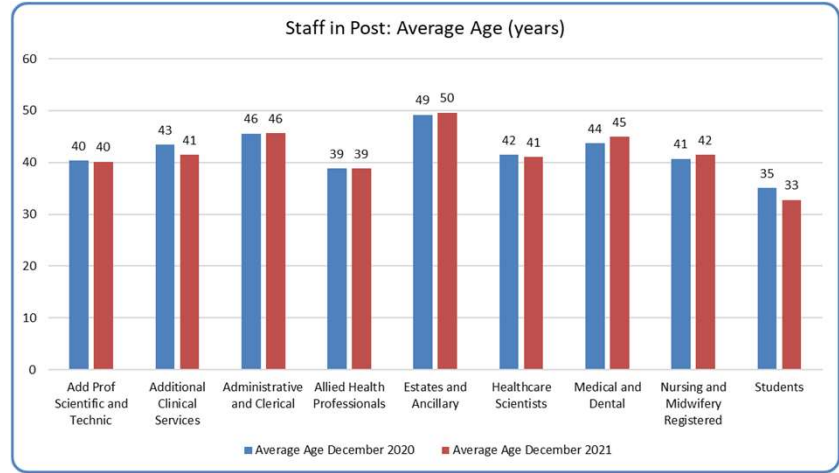
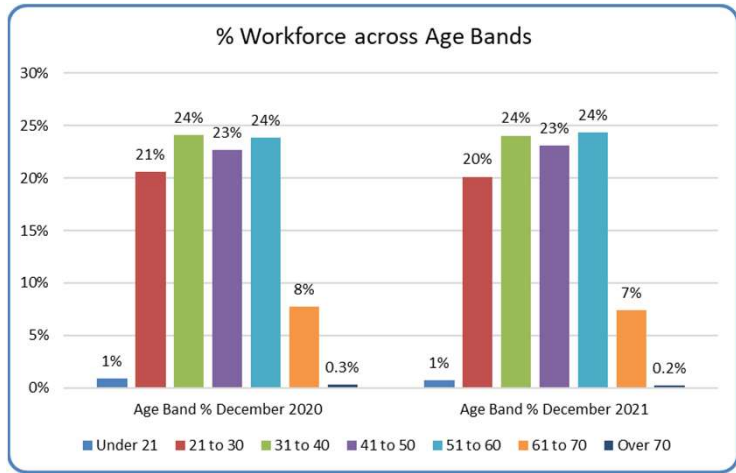


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending February 2022.



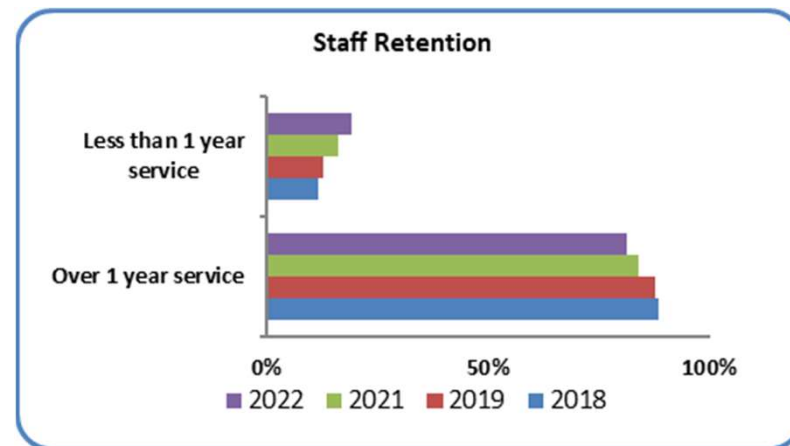
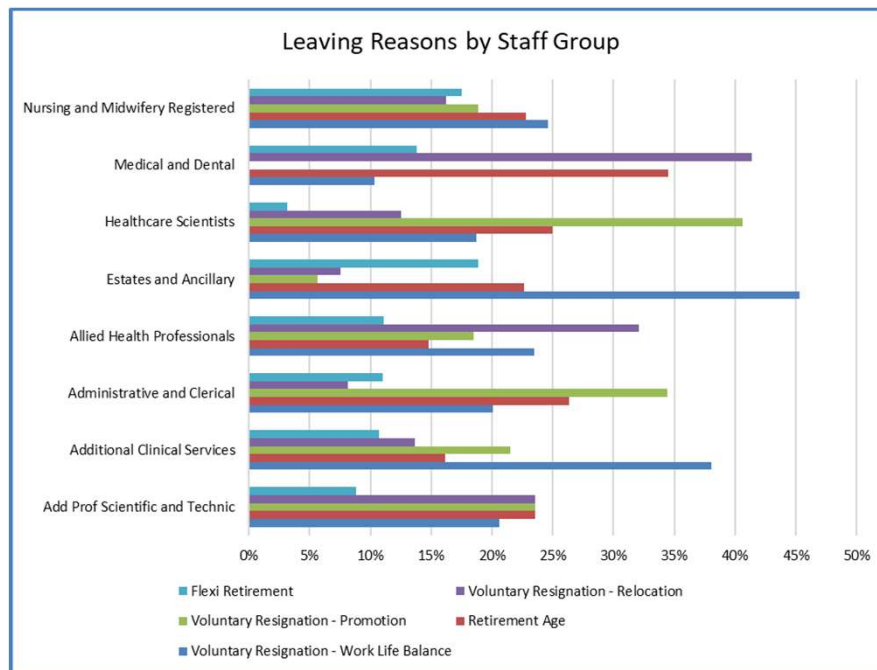
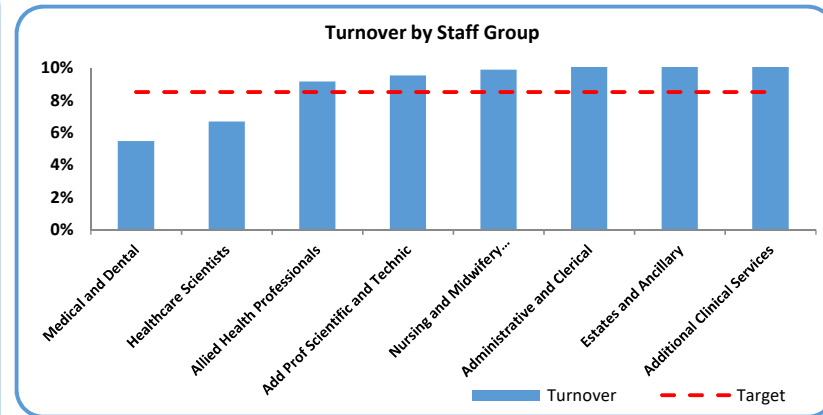
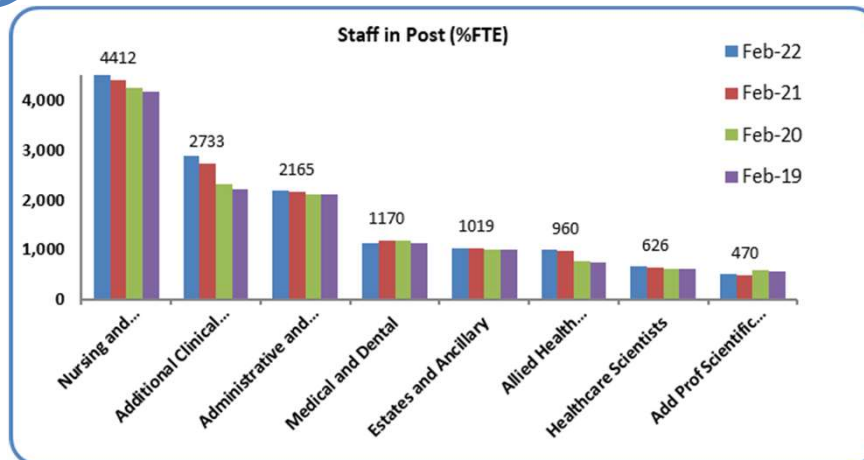
- The graphs above identify, by headcount, the percentage of staff in post in February 2021 and February 2022 by disability and ethnicity. The percentage of staff employed disclosing a disability has improved from 3.38% to 3.87% and the percentage of BAME staff has increased from 9.55% to 11.06%.

People

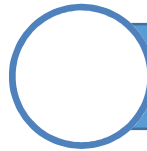


- The graphs above identify that staff in post across aged bands has remained similar between December 2020 and December 2021.

People



- Staff in post has increased by 11% since February 2019. The staff groups with the largest increase are Additional Clinical Services and Allied Health Professionals.
- Staff turnover has increased from 9.62% in February 2021 to 10.9% in February 2022, against a target of 8.5%.
- The total number of leavers in the period March 2021 to February 2022 was 1,730.
- Retention for staff over 1 year service is 81%, a decrease from 84% in February 2021. Excluding ICHNE and COVID Vaccination staff this is 86%

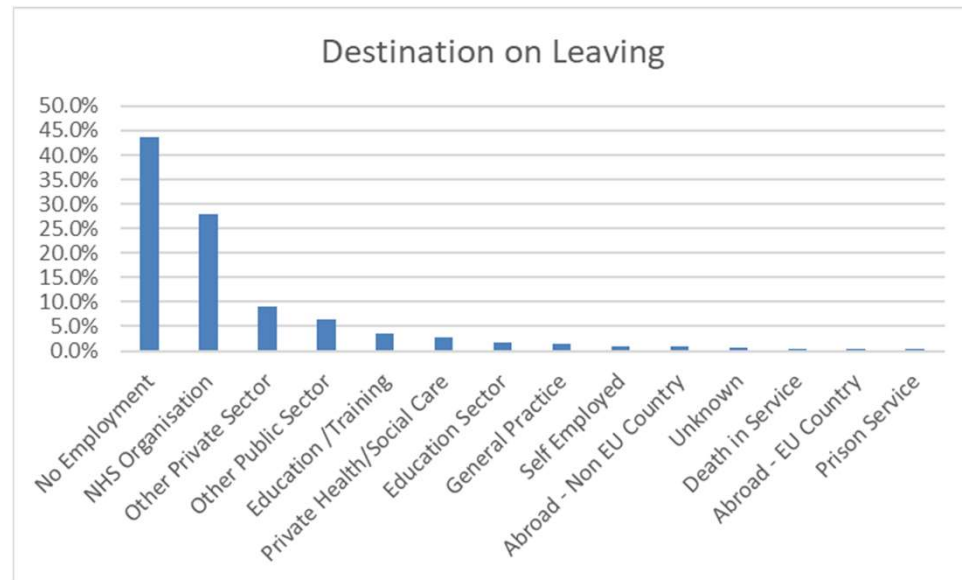


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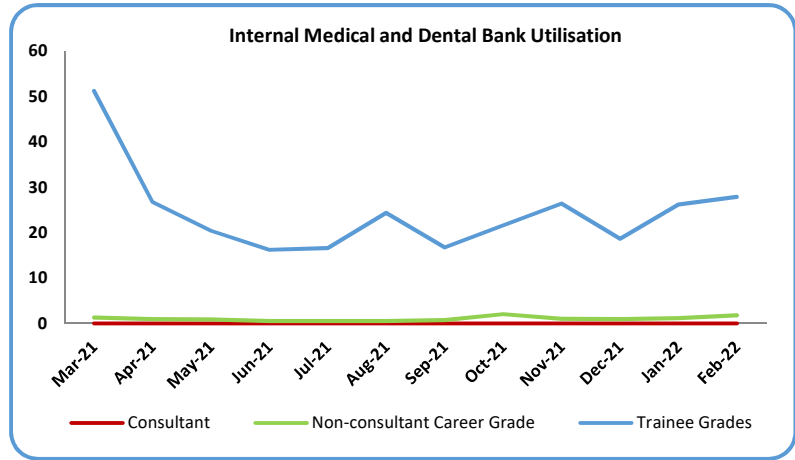
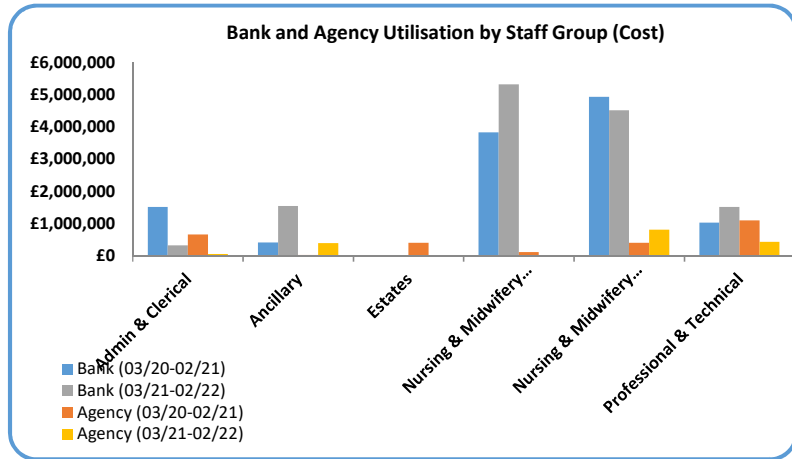
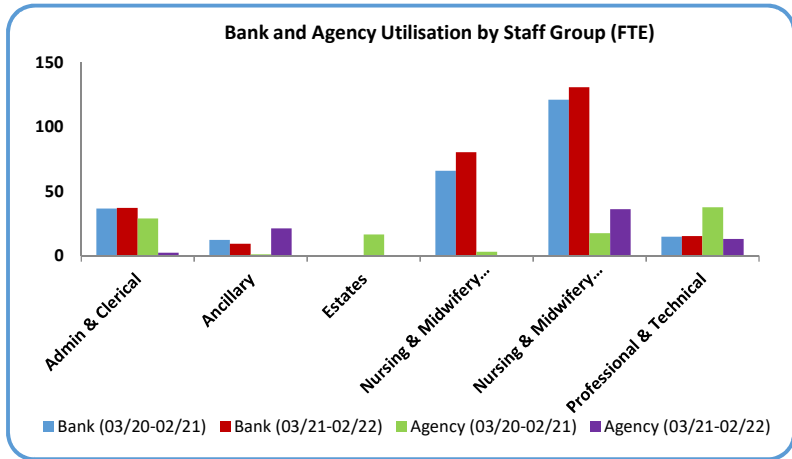
Turnover by Directorate

Medical Director	5%
Musculoskeletal Services	7%
Chief Executive	7%
Urology & Renal Services	7%
Surgical Services	7%
Peri-operative & Critical Care - FH	7%
Neurosciences	8%
Peri-operative & Critical Care - RVI	8%
Cancer Services/ Clinical Haematology	8%
Internal Medicine - Urgent Care	8%
Integrated Laboratory Medicine	8%
Cardiothoracic	8%
ENT, Plastics, Ophthalmology & Dermatology	9%
Internal Medicine - General	9%
Medical Physics	9%
Women's Services	10%
Children's Services	10%
Pharmacy	10%
Dental Services	10%
Radiology	10%
Chief Operating Officer	11%
Information Management & Technology	11%
Regional Drugs & Therapeutics	11%
Supplies	11%
Estates	12%
Community Services	12%
Clinical Research	12%
Patient Services	12%
Business & Development	13%
Human Resources	14%
Finance	14%
North East Integrated Covid Hub	22%
NHS COVID Vaccination Programme	71%

- The NHS Covid Vaccination Programme have had the highest turnover between February 2021 and February 2022, with an average staff in post of 212 and a total of 151 leavers.
- Only 28% of leavers across the Trust disclosed they were going to another NHS organisation

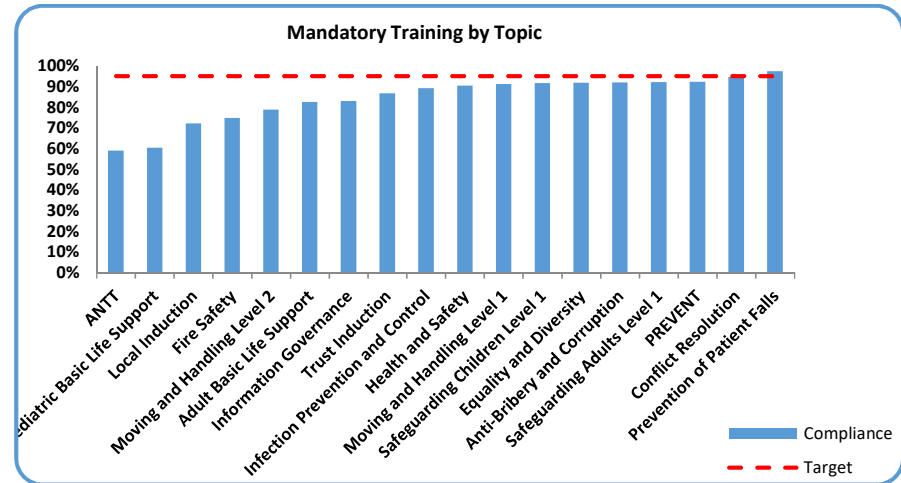
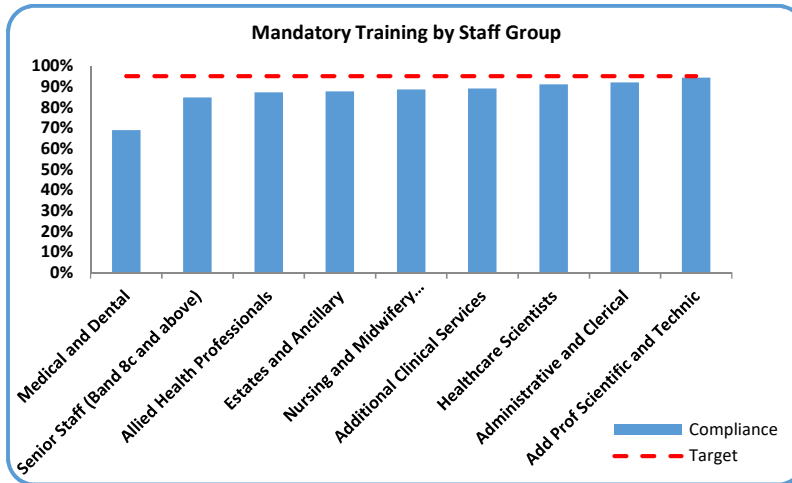


People

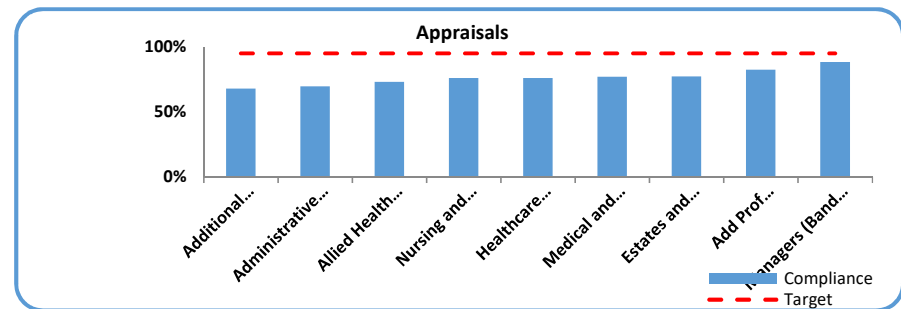
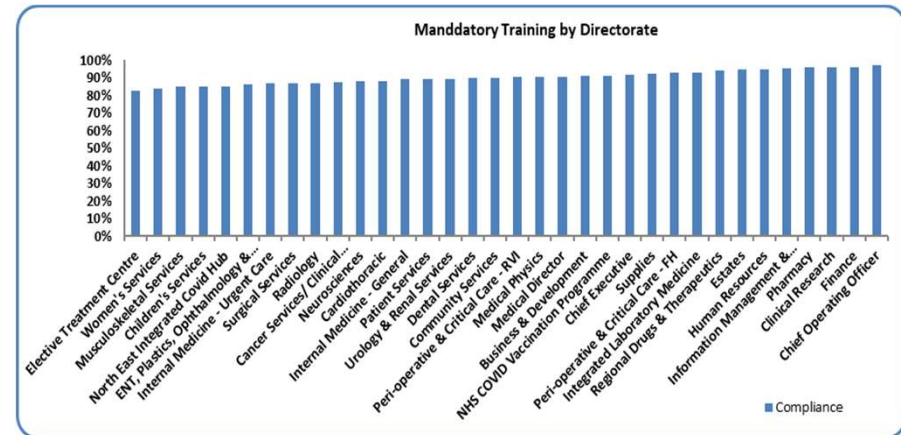


- Comparing the periods March 20 – February 21 to March 21 – February 22 , overall bank utilisation has increased from 250 wte to 272 wte and agency utilisation has decreased from 103 wte to 72 wte.

People: Delivering Excellence in Education & Training



- Mandatory training compliance stands at 87.6% at end of February 2022, against an end of year target of 95%. The February 2021 position was 90.1%.
- Medical and Dental are the staff group with the lowest training compliance at 68.8% in February 2022 compared to 72.8% in February 2021.
- Appraisal compliance stands at 73.8%, at end of February 2022, against an end of year target of 95%. The February 2021 position was 76.6%. Interventions are in hand to improve this.



Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 28th February 2022.

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 28th February 2022 the Trust incurred expenditure of £1,222.6 million, and accrued income of £1,222.6 million on mainstream budgets and incurred expenditure of £17.2 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 £104.7 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 28th February the Trust had spent £36.4 million capital, £3.4 million behind Plan.

Overall Financial Position			
	Month 11 Budget £'000	Month 11 Actual £'000	Month 11 Variance £'000
Income	1,230,583	1,222,630	(7,953)
Expenditure	1,230,583	1,222,630	(7,953)
I & E position (excl impairment)	(0)	0	0
Capital Programme	39,757	36,404	(3,353)

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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>12/01/22</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. <u>18/03/22</u> - Update requested. <u>25/03/22</u> - Update to be provided at the March meeting.
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>12/01/22</u> - Date for the deep-dive to be agreed. <u>18/03/22</u> - Update requested. <u>24/03/22</u> - An update has been requested from the Chair of the Audit Committee at Sunderland University regarding the matter.
85	27/01/2022	PUBLIC	22/07 STRATEGIC ITEMS iii) Director reports: b. Executive Chief Nurse	Mr Chapman requested an update on the latest visiting position within Newcastle Hospitals. The ECN advised that due to the increased prevalence of COVID-19 in the community, visiting on the whole had ceased. She went on to note that there were exceptions applied when patients were receiving palliative care, there were specific caring needs, and for children. Ward staff were empowered to make decisions on visiting based on their clinical judgement. MC agreed to share the Trust visiting principles with KJ for circulation to NEDs [ACTION01] .	ECN/TS			<u>24/03/22</u> - Visiting principles shared on 31 January 2022 by KJ.
86	27/01/2022	PUBLIC	22/07 STRATEGIC ITEMS iii) Director Reports e. Human Resources Director - People Report	Whilst recognising the success of the strategy to recruit locally and for diversity into the ICHNE, Ms Baker also noted the relatively high turnover and queried whether the reasons for leaving had been captured and analysed i.e. unemployment, new jobs or other positions within the Trust. The COO advised that the data would be obtained and shared with the NEDs [ACTION02] . He noted that due to the fixed term nature of the positions, the feedback received from leavers was often that they were moving on to further education/training or to permanent positions.	COO			<u>18/03/22</u> - Update requested. <u>25/03/22</u> - Update to be provided at the March meeting.

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.