NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 May 2022		
Title	Guardian of Safe Working Quarterly Report (Q4 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
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒
Summary	The terms and conditions of service of the new junior doctor contract (2016) require the Guardian of Safe Working Hours (GoSW) to provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors' hours are safe and compliant. The content of this report outlines the number and main causes of exception reports for the period 27 December 2021 to 26 March 2022. The report was considered by the Trust People Committee on 19 April 2022, prior to submission to the Trust Board. The Annual GoSW report for 2021/22 will be submitted to the July 2022 Trust Board meeting.		
Recommendation	The People Committee 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
	☒	☐	☐	☒	☐	☐	☐

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.

The Newcastle upon Tyne Hospitals
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GUARDIAN OF SAFE WORKING QUARTERLY REPORT

1. EXECUTIVE SUMMARY

This quarterly report covers the period 27 December 2021 to 26 March 2022.

There are now 800 postgraduate doctors in training (previously called trainees) on the New Junior Doctor Contract and a total of 1,005 postgraduate doctors (previously called junior doctors) in the Trust.

There were 69 exception reports in this period. This compares to 119 exception reports in the previous quarter. Whilst it is hard to be certain of the reason for this reduction, my impression is that it is due to a reduction in clinical workload.

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

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.

2. 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.

3. HIGH LEVEL DATA

		(Previous quarter data for comparison)
Number of Junior Doctors on New Contract	800	(827)
Total Number of Junior Doctors	1,005	(1,033)
Number of Exception reports	69	(119)
Number of Exception reports for Hours Breaches	67	(113)
Number of Exception reports for Educational Breaches	5	(12)
Fines	1	(4)

Admin Support for Role	Good
Job Planned time for supervisors	Variable

4. EXCEPTION REPORTS

4.1 Exception Report by Speciality (Top 4)

General Medicine	43
Orthopaedic Surgery	8
Haematology/oncology	6
General Surgery	4
Cardiology	4

4.2 Exception Report by Grade

Foundation Year 1	47
F2/SHO/CT/ST1 2	19
SpR	3

4.3 Example Themes from Exception Reports

General Medicine RVI/FH

'Stayed late and missed set lunch break. Staff pressures due to covid; new covid patients on ward as now ward have been made covid. No senior ward round meaning jobs take longer. Lots of boarders meaning that one junior was off the ward at all times.'

High workloads on the wards and medical boarders on other wards, which have been frequently exacerbated by minimum staffing. 26 of the 42 exception reports for medicine were in January reflecting the high clinical workload at this time.

Orthopaedics

'No SHO support on the ward led to my day running over.'

Haematology/Oncology

'I stayed late by 1 hour and 15 minutes past the finish time of my shift on ward 35 at the Freeman Hospital. It was not possible to complete my workload within my working hours due to poor staffing and high clinical demand.'

This department has ongoing issues with low staffing levels which were highlighted in previous reports.

General Surgery

A combination of reduced staffing and excessive workload.

Cardiology

'Below minimum staffing on the ward meaning that I didn't get a break in the 8 hour shift due to the volume of work that needed doing and new admissions coming in... I was also unable to support our new GP trainee who was based on ward 27 as I had so much to do myself. This is becoming a regular occurrence hence why I'm exception reporting. I don't want anything back from it; just to highlight a staffing issue.'

5. EXCEPTION REPORT OUTCOMES

5.1 Work Schedule Reviews

No work schedule reviews were carried out due to exception reports.

5.2 Fines

Care of the Elderly (General Medicine): Working in excess of maximum 13-hour shift length (1.5 hours.)

6. ISSUES ARISING

6.1 Workforce and workload

The background issue of ongoing rota gaps, combined with increasing workload, particularly in medicine where large amounts of medical boarders also require the attention of the parent team, has been exacerbated by issues with short term sickness. Although departments are addressing gaps by redeploying workforce to cover areas of greatest clinical need and offering locums, these locums 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.

6.2 Supervisor Engagement

Supervisor engagement is largely good, especially in medicine. Some supervisors still require prompting.

6.3 Administrative Support

Administrative support is largely good, although medical staffing have also been under pressure due to sickness and vacancies.

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7. ROTA GAPS

Rota gaps, current issues and concerns, and steps taken to address these are covered in the Annual Guardian of Safe Working Hours report.

7.1 Locum Spend

LET Locum Spend

October to December (Q3 2021-22)	**£304,929**
January to March (Q4 2021-22)	**£618,712**

Comment from the finance team:
'In terms of expenditure we rely on the invoices from the LET and so there are differences between the actual incidence of spend and the Trust being invoiced for it. The increase in Q4 was across the Trust, with the following directorates showing significantly higher than usual spend – Children's, Internal medicine, Musculoskeletal and Cardiothoracic.'

Trust Locum Spend

October to December (Q3 2021-22)	**£715,531**
January to March (Q4 2021-22)	**£589,740**

Comment from the finance team:
'Spend related to COVID remained relatively consistent, there were reduction in locum cover related to covering on call and established vacancies which equates to around £91k reduction, there was also a reduction in short term sickness which accounted for £22k decrease in cost.'

8. 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 shifts being covered by consultants when there is no available postgraduate doctor locum. This impacts on the consultant workforce's ability to innovate, educate and focus on improvements beyond direct clinical care.

9. JUNIOR DOCTOR FORUM

Improvements in out of hours food provision and plans for an update of the RVI mess were discussed.

Problems obtaining parking permits, and other issues related to safety and parking were also discussed.

10. RECOMMENDATIONS

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I recommend that we continue to be proactive at assessing the workforce/workload balance and continue to invest in our workforce to ensure that postgraduate doctor retention is optimised, and patient safety and excellent training are maintained.

Report of Henrietta Dawson
Consultant Anaesthetist
Trust Guardian of Safe Working Hours
8 April 2022

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Corporate Senior Nursing Team – Daily Staffing Review

Date and Time Completed	
OPEL	**1** **2** **3**
Current Staffing Escalation Level?	**1** **2** **3**
Current N&M Covid sickness number/percentage?	
Current N&M non-Covid sickness number/ percentage?	
Are any Wards escalated from 4-6 beds? **If yes – how many and which wards?** **Have risk assessments been completed?** **Is there a plan to de-escalate**	Yes No N/A
Is there any additional clinical capacity open such as additional critical care beds or additional closed wards?	Yes No N/A
Critical care Registered nurse ratios:	CHI 12 CAR PICU CAR 21 POF 37 POR 18 POR 38 INT 49
Additional closed capacity due to staffing **If yes, where is this and is there a documented plan as to how this will be safely staffed.**	Closures: **Theatres** **RVI –** **FH –** **Community** **DN –** **UTC –**
Daily SafeCare review **Are all census periods up to date?** **Are there any red flags? If yes, how many and are there plans to mitigate risk identified**	**Yes No** **DAY:** **NIGHT:**

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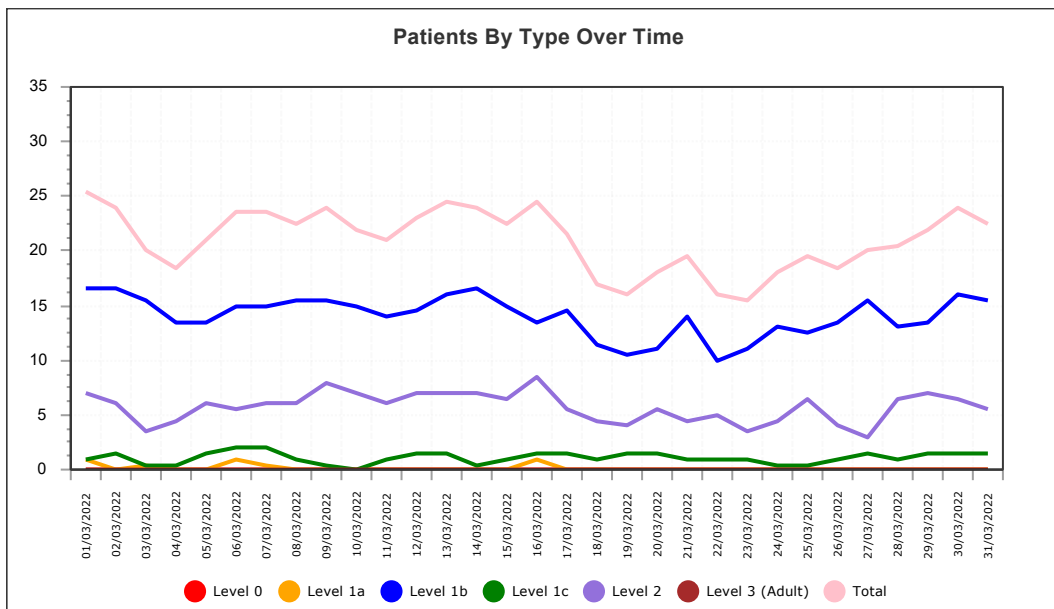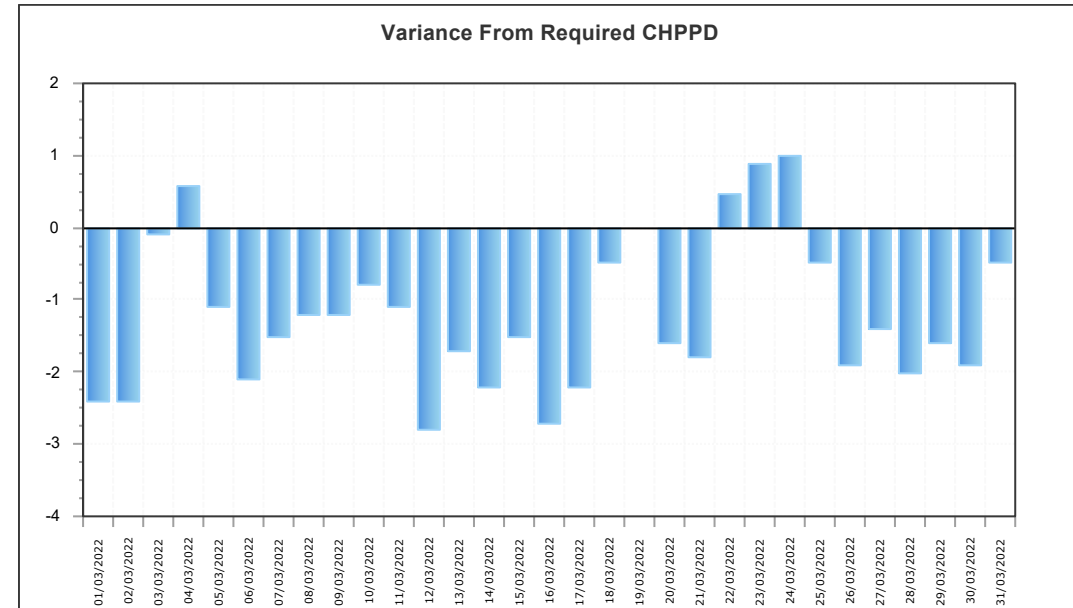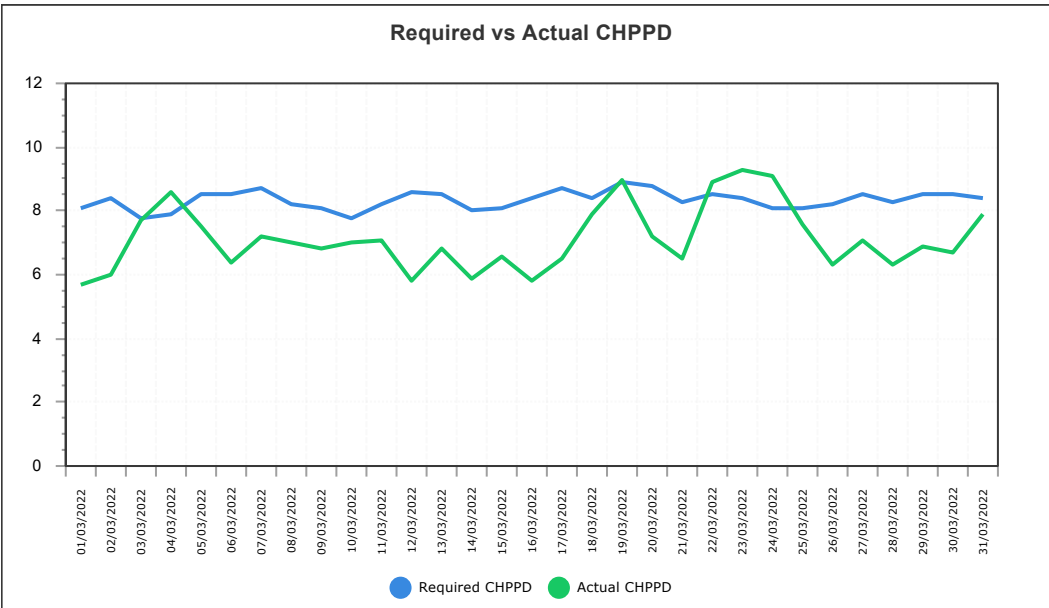|	

How many wards are flagging as
   1) **Amber**
   2) **Red**
	1) ?? Amber
	2) ?? Red

Are there are any areas with staffing surplus identified as having the potential to support including Theatres and has this been actioned?	**Yes/No**
Have any Matrons flagged as being unable to manage staff levels for the next 24 hours (48 hours for the weekend) through normal escalation processes? If yes, what action has been taken to mitigate risk?	**Day:** **Night:** **Weekend:**
Have any Matrons highlighted that there are significant shortfalls in the future rosters (1-2 weeks) which cannot be mitigated at this stage? **If yes, have the directorates required escalation into Level 1 and 2 non-ward based nurses in their directorates?** **If no, does this require discussion/ consideration?**	**Yes No**
Have the staff bank been informed to send off messages to all staff and push those shifts in red and amber areas? If yes – by whom and when?	**Yes No**
Have any wards been highlighted as areas of concern from the Nurse Staffing and Clinical Outcomes? If yes – which areas and why?	**Yes No**
Based on the above and the agreed escalation criteria, is there a requirement to increase or decrease the current N&M staffing escalation level?	**No**

Completed by ……………………………..   **Handed over to Silver Command**

HEALTHROSTER

SafeCare Analysis

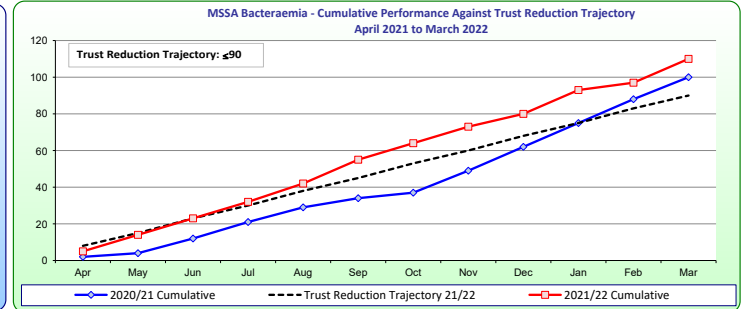**Start Date:** 01/03/2022   **End Date:** 31/03/2022

INT Ward 42 RVI

Required vs Actual CHPPD

Required CHPPD   Actual CHPPD

Variance From Required CHPPD

Patients By Type Over Time

Level 0   Level 1a   Level 1b   Level 1c   Level 2   Level 3 (Adult)   Total

Assigned Hours Breakdown (% of Total Hours)

Substantive   Bank   Agency
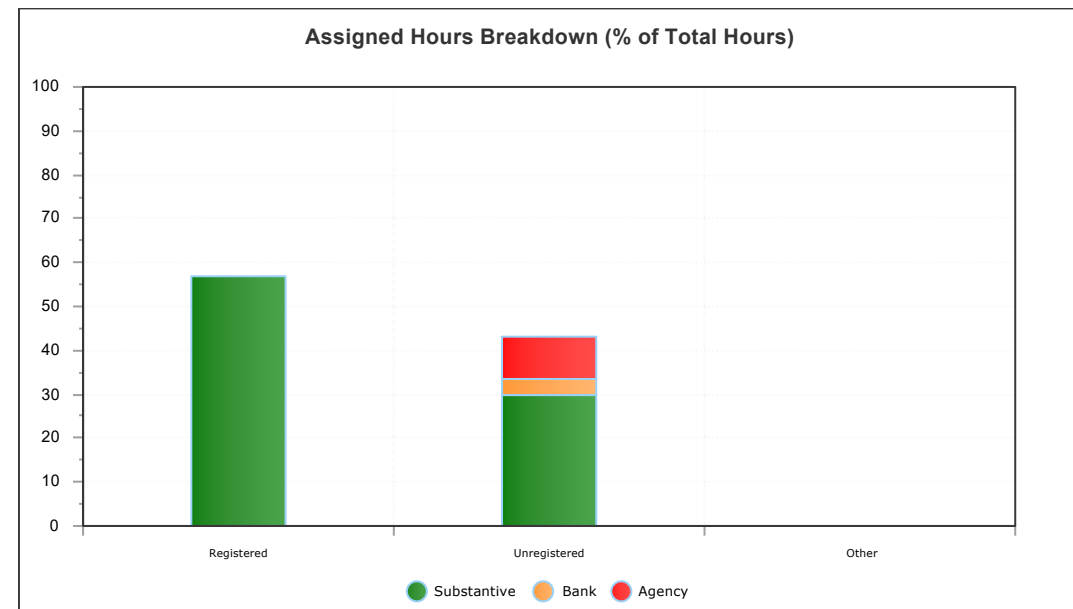
Healthcare-Associated Infections Report
March 2022

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MRSA Bacteraemia - Cumulative Performance
April 2021 to March 2022

5

Threshold: zero tolerance

C. difficile - Cumulative Performance
April 2021 to March 2022

180

160

National Threshold: ≤98

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C. difficile Infection Yearly Trend

NHSI changed criteria for reporting C. diff 2019/20

C. difficile Infection - Cumulative Performance April 2021 to March 2022

National Threshold: ≤98

Legend: 2020/21 Cumulative — Cumulative National Threshold — 2021/22 Cumulative

MRSA Bacteraemia Yearly Trend

NHSI changed criteria for reporting MRSA 2020/21

MRSA Bacteraemia - Cumulative Performance April 2021 to March 2022

Threshold: zero tolerance

Legend: 2021/22 Cumulative Actual - Hospital Acquired — 2020/21 Cumulative Actual - Hospital Acquired — National Threshold

MSSA Bacteraemia Yearly Trend

NHSI changed criteria for reporting MSSA 2020/21

MSSA Bacteraemia - Cumulative Performance Against Trust Reduction Trajectory April 2021 to March 2022

Trust Reduction Trajectory: ≤90

Legend: 2020/21 Cumulative — Trust Reduction Trajectory 21/22 — 2021/22 Cumulative

E. coli Bacteraemia Yearly Trend

E. coli Bacteraemia - Cumulative Performance Against Trust Reduction Trajectory & National Threshold April 2021 - March 2022

Trust Reduction Trajectory: ≤176
National Threshold: ≤228

Healthcare-Associated Infection Report March 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	0	3
MRSA Bacteraemia - Trust-assigned (objective 0)	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	0	16
MSSA Bacteraemia - post-48 Hours Admission (local objective ≤90)	5 🟢	9 🔴	9 🔴	9 🔴	10 🔴	13 🔴	9 🔴	9 🔴	7 🔴	13 🔴	4 🟢	13 🔴	110 🔴
E. coli Bacteraemia - post-48 Hours Admission (local objective ≤176)	18	21	17	19	13	16	19	15	18	18	13	19	206 🔴
Klebsiella Bacteraemia - post-48 Hours Admission (local objective ≤117)	14	7	20	15	12	15	17	13	12	6	7	8	146 🔴
Pseudomonas aeruginosa Bacteraemia - post-48 Hours Admission (local objective ≤41)	6	2	2	5	4	2	5	5	3	5	0	4	43 🔴
C.diff - Hospital Acquired (national threshold ≤98)	15 🔴	10 🔴	12 🔴	17 🔴	21 🔴	17 🔴	22 🔴	7 🔴	11 🔴	9 🔴	16 🔴	12 🔴	169 🔴
C.diff related death certificates	2	0	1	0	1	1	2	1	1	1	2	1	13
Part 1	2	0	1	0	1	0	1	0	1	0	0	0	6
Part 2	0	0	0	0	0	1	1	1	0	1	2	1	7

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	0	1
Patients affected	-	-	-	-	2	0	0	0	0	0	0	0	2
C.diff - Hospital Acquired	3	2	4	1	5	5	4	3	3	4	5	3	42
Patients affected	7	3	8	4	11	8	10	3	4	7	10	6	81

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 assoicated (8-14 days post admission)	-	-	4	6	7	4	13	5	11	40	2	56	148
Hospital onset Definite HC assoicated (≥15 days post admission)	-	-	-	7	2	10	20	19	17	49	15	58	197

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	1	7
Patients affected (total)	-	-	18	0	0	11	28	0	0	0	8	11	76
Staff affected (total)	-	-	12	0	0	1	15	0	0	0	1	1	30
Bed days losts (total)	-	-	5	0	0	99	127	0	0	0	-	-	231
Other Outbreaks	-	-	-	1	0	0	1	0	0	1	0	0	3
Patients affected (total)	-	-	-	5	0	0	7	0	0	4	0	0	16
Staff affected (total)	-	-	-	11	0	0	0	0	0	0	0	0	11
Bed days losts (total)	-	-	-	4	0	0	10	0	0	6	0	0	20
COVID Outbreaks	-	-	2	3	3	1	6	2	7	12	2	10	48
Patients affected (total)	-	-	8	9	3	11	55	7	48	81	12	72	306
Staff affected (total)	-	-	1	0	4	3	9	3	19	22	2	0	63
Bed days losts (total)	-	-	45	29	-	-	267	-	-	-	-	-	341

C.diff Transit and Testing Times Target <18hrs	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Trust Specimen Transit Time	9:56	10:16	11:03	10:56	13:14	11:54	11:53	12:02	13:02	12:47	12:39	11:46	11:47
Laboratory Turnaround Time	2:28	3:15	3:38	3:25	4:39	3:10	3:36	3:22	3:14	3:56	4:11	3:25	3:31
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 🟢	15:11 🟢	15:18 🟢

Hygiene Indicators/Audits (%)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
CAT Trust Total													
Hand Hygiene Opportunity					CAT currently suspended due to COVID-19 pandemic and awaiting new assurance tool								
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% 🟢	90% 🟢	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% 🔴	56% 🔴

ANTT compliance levels
It should be noted that this compliance is only monitored in medical staff. Work is progressing to include the recording of ANTT assessment for all staff who undertake procedures requiring ANTT.
There may be several factors contributing to the low level of ANTT compliance in medical staff, these include staff pressure due to staffing levels, access to ANTT assessors and also the lack of an electronic form for medical staff to register their ANTT assessment. The latter was using a survey monkey link on the intranet however this is no longer available. Currently a copy of the completed assessment form has to be sent to Education and Workforce Development. Education and Workforce Development are in the process of developing a new electronic system for recording this assessment.

Healthcare-Associated Infections Report
April 2022

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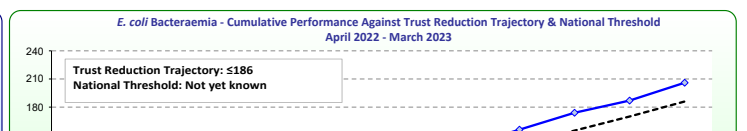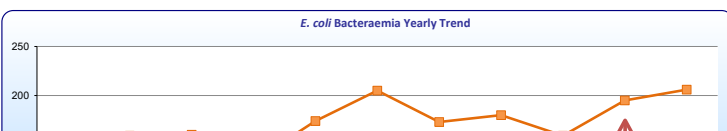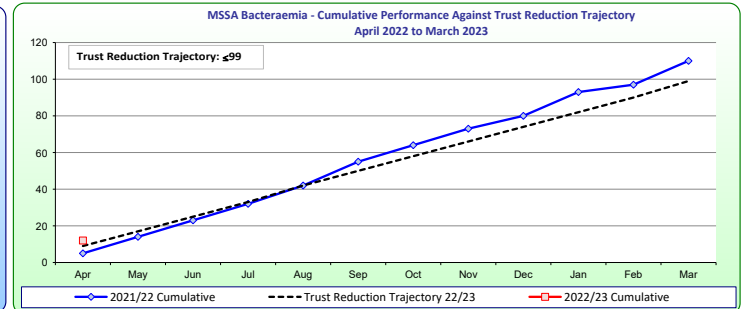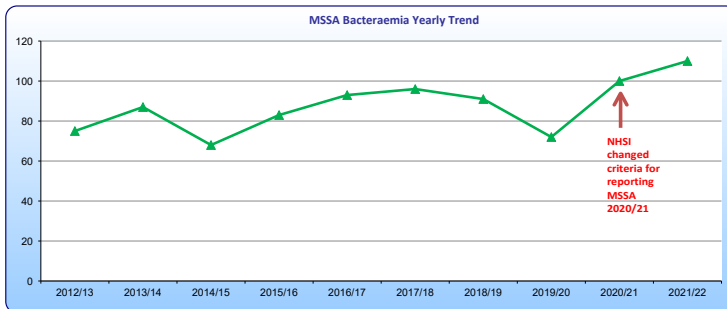**MRSA Bacteraemia - Cumulative Performance**
April 2022 to March 2023

5

Threshold: zero tolerance

C. difficile - Cumulative Performance
April 2022 to March 2023

20

National Threshold: Not yet known

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C. difficile Infection Yearly Trend

NHSI changed criteria for reporting C. diff 2019/20

C. difficile Infection - Cumulative Performance April 2022 to March 2023

National Threshold: Not yet known
Trust Recduction Trajectory: ≤99

Legend: 2021/22 Cumulative — Cumulative National Threshold — Trust Reduction Trajectory 22/23 — 2022/23 Cumulative

MRSA Bacteraemia Yearly Trend

NHSI changed criteria for reporting MRSA 2020/21

MRSA Bacteraemia - Cumulative Performance April 2022 to March 2023

Threshold: zero tolerance

Legend: 2022/23 Cumulative Actual - Hospital Acquired — 2021/22 Cumulative Actual - Hospital Acquired — National Threshold

MSSA Bacteraemia Yearly Trend

NHSI changed criteria for reporting MSSA 2020/21

MSSA Bacteraemia - Cumulative Performance Against Trust Reduction Trajectory April 2022 to March 2023

Trust Reduction Trajectory: ≤99

Legend: 2021/22 Cumulative — Trust Reduction Trajectory 22/23 — 2022/23 Cumulative

E. coli Bacteraemia Yearly Trend

E. coli Bacteraemia - Cumulative Performance Against Trust Reduction Trajectory & National Threshold April 2022 - March 2023

Trust Reduction Trajectory: ≤186
National Threshold: Not yet known

Healthcare-Associated Infection Report April 2022

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IPC indicators (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA Bacteraemia - non-Trust	0												0
MRSA Bacteraemia - Trust-assigned (objective 0)	0 🟢												0 🟢
MRSA HA acquisitions	1												1
MSSA Bacteraemia - Healthcare Associated (local objective ≤99)	12 🔴												12 🔴
E. coli Bacteraemia - Healthcare Associated (local objective ≤186)	17												17 🔴
Klebsiella Bacteraemia - Healthcare Associated (local objective ≤132)	13												13 🔴
Pseudomonas aeruginosa Bacteraemia - Healthcare Associated (local objective ≤39)	5												5 🔴
C. diff - Hospital Acquired (national threshold not yet know; local objective ≤153)	12 🟢												12 🟢
C. diff related death certificates	-												
Part 1	-												
Part 2	-												

Periods of Increased Incidence (PIIs)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
C. diff - Hospital Acquired	1												1
Patients affected	4												4
COVID-19 - Hospital Acquired	8												8
Patients affected	24												24

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 assoicated (8-14 days post admission)	49												49
Hospital onset Definite HC assoicated (≥15 days post admission)	62												62

Outbreaks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Norovirus Outbreaks	-												0
Patients affected (total)	-												0
Staff affected (total)	-												0
Bed days losts (total)	-												0
Other Outbreaks	2												2
Patients affected (total)	16												16
Staff affected (total)	0												0
Bed days losts (total)	48												48
COVID Outbreaks	4												4
Patients affected (total)	32												32
Staff affected (total)	0												0

C.diff Transit and Testing Times Target <18hrs	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Trust Specimen Transit Time	12:36												12:36
Laboratory Turnaround Time	4:04												4:04
Total to Result Availability	16:40 🟢												16:40 🟢

Clinical Assurance Indicators/Audits (%)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
CAT (Adult IP; Children's IP; Community HV/SN; Community Nursing; Critical Care; Dental; Maternity; OP; Theatres) Trust Total	58% 🔴												58% 🔴
Hand Hygiene Audit Trust Total	66% 🔴												66% 🔴
Hands Face & Space Initiative (Clin & Non Clin) Trust Total	47% 🔴												47% 🔴
Invasive Device Care Audit Trust Total	64% 🔴												64% 🔴
Matron Checks (IP; OP/Community/Dental; Theatres) Trust Total	72% 🔴												72% 🔴
Infection Control Mandatory Training (%)	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Average**
Infection Control	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)	55% 🔴												55% 🔴

ANTT compliance levels
It should be noted that this compliance is only monitored in medical staff. Work is progressing to include the recording of ANTT assessment for all staff who undertake procedures requiring ANTT.
There may be several factors contributing to the low level of ANTT compliance in medical staff, these include staff pressure due to staffing levels, access to ANTT assessors and also the lack of an electronic form for medical staff to register their ANTT assessment. The latter was using a survey monkey link on the intranet however this is no longer available. Currently a copy of the completed assessment form has to be sent to Education and Workforce Development. Education and Workforce Development are in the process of developing a new electronic system for recording this assessment.

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TRUST BOARD

Date of meeting	31 May 2022
Title	Corporate Governance Update
Report of	Dame Jackie Daniel, Chief Executive
Prepared by	Kelly Jupp, Trust Secretary Lauren Brotherton, Governor and Membership Engagement Officer

Status of Report	Public	Private	Internal
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☒	☐	☒

Summary	The report includes an update on the following areas: • Updates on Council of Governors activities; • Production of the Trust Annual Report 2021/22; • Non-Executive Director (NED) recruitment and induction; • External Well-Led review; • Annual Reviews of the Board Committees; and • The NHS Improvement quarterly declarations.
Recommendation	The Board of Directors are asked to • Receive the report; 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
	☒	☒	☒	☒	☐	☒	☐

Impact detail	Impacts on those highlighted at a strategic and reputational level.
Reports previously considered by	Standing agenda item.

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

CORPORATE GOVERNANCE UPDATE

EXECUTIVE SUMMARY

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

- Council of Governors:
  - o The recent private workshop held in April 2022;
  - o The governor elections;
  - o Governor developments; and
  - o Plans for the second Member's Event to be held in August 2022.
- Submission of the draft Trust Annual Report 2021/22 to the Trust external auditors for review.
- Welcoming Ms Liz Bromley as a new Trust Non-Executive Director (NED) and associated induction programme planning.
- Procurement of an external organisation to conduct a Well-Led review of the Trust.
- Annual Reviews of the Board Committees.
- Completion of the NHS Improvement quarterly declarations.

The Board of Directors are asked to:

- Receive the report; and
- Approve the quarterly declarations for publication.

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

CORPORATE GOVERNANCE UPDATE

1.   COUNCIL OF GOVERNORS

1.1   Recent Meeting

A Private Council of Governors Workshop was held on 21 April 2022. The workshop took place face to face at the Royal Victoria Infirmary (RVI) and Governors received presentations on:

- The Integrated Care System (ICS) position and an Integrated Care update from Mr Martin Wilson, Chief Operating Officer;
- Operational Planning and an activity return update from Mrs Vicky McFarlane-Reid, Executive Director of Business, Development & Enterprise and Mrs Angela Dragone, Finance Director; and
- Workforce from Dee Fawcett, Director of Human Resources and Ian Joy, Deputy Chief Nurse.

During the workshop, the Council approved the following documents which will be included in the June Council of Governors meeting papers:

- The Membership Strategy for 2022 – 2024; and
- Updated Terms of Reference for the following Working Groups:
  - o   People, Engagement and Membership (PEM);
  - o   Business and Development (B&D); and
  - o   Quality of Patient Experience.

In addition, the Council received an elections update detailing the key dates for the election timetable and the seats available.

The next formal meeting of the Council of Governors will be held on Thursday 16 June 2022.

1.2   Governor Elections

The elections are ongoing in line with the following timetable:

Action	Date
Close of Poll 5.00pm	30/05/2022
Count and Declaration of Result	31/05/2022

Voting commenced on 9 May 2022 for the following seats:

Constituency/Class:	Number of Seats
Public: Newcastle upon Tyne	2
Public: Northumberland, Tyne and Wear (excluding Newcastle)	3
Staff: Medical and Dental	1

There was one only nominee for the Health Care Professionals seat and therefore this seat will be unopposed.

The results of the elections will be published on the Trust website, the UK Engage website, and circulated to Members of the Trust on 31 May 2022.

1.3   Governor Developments

Since the last Trust Board meeting:
- As referenced earlier, the Trust's Membership Strategy was approved at the April Council of Governors Workshop. The newly designed membership posters continue to be distributed both within the Trust and externally.
- Regular data cleansing of the Trust's membership database, hosted by Civica, continues to take place to ensure member data is up to date.
- The terms of reference for each of the governor working groups were reviewed, updated and approved at the April Council of Governors workshop.
- A Governor and Non-Executive Director (NED) Task and Finish Group took place on 29 April 2022 to review ways of working in relation to Governor and NED interaction.
- An Extraordinary Council of Governors meeting took place on 12 May 2022 to approve the Non-Executive Director appointment following successful interviews.
- A meeting took place with the Deputy Chief Nurse, the QPE Working Group Chair, the PA to the Chief Nurse and the Governor and Membership Engagement Officer to discuss the process to restart Governor Ward/service visits. These visits had been halted during the COVID-19 pandemic but will be restarted in June 2022.

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

1.4   Members Event

The second Members Event for 2022 will take place in August with a theme of Sustainability. Options are being explored to ascertain whether this event can be held face to face. A programme will be created, and communications will be circulated to advertise the event.

2.   PRODUCTION OF THE ANNUAL REPORT 2021/22

As outlined in the previous report, preparations have continued to collate the information required for the Trust Annual Report 2021/22. A draft version of the Annual Report was submitted to the external auditors, Mazars LLP, by the agreed deadline of 13 May 2022. The draft will be subject to external audit review, with a view to the document being finalised and presented for final approval at an extraordinary Board meeting to be held on 21 June 2022.

The thanks of the Corporate Governance Team are extended to all of those who contributed to the content.

The draft version of the Annual Report has been included in the Private BRP for Board members to review and provide any final required amendments.

3. NED RECRUITMENT AND INDUCTION

Following a successful recruitment campaign, Ms Liz Bromley will commence as a Trust NED from 1 June 2022 (subject to satisfactory completion of the Fit and Proper Persons requirements, adequate references being obtained and proof of qualifications/membership of the Trust).

Work will commence shortly to develop a tailored NED induction programme for Ms Bromley.

4. EXTERNAL WELL-LED REVIEW

As detailed in the previous Corporate Governance report, the Trust was seeking to procure an external organisation to undertake a well-led review in line with NHS Improvement and Care Quality Commission requirements. Following a tender evaluation exercise, PwC have been appointed to undertake the review.

The work will commence in June 2022 with regular updates to be provided to the Trust Board throughout the review.

The thanks of the Corporate Governance Team are extended to Professor Sir John Burn, Chairman, and NEDs Bill MacLeod and Steven Morgan for their assistance with the tender evaluation process.

5. ANNUAL REVIEWS OF THE BOARD COMMITTEES

The Corporate Governance Team are currently reviewing the Committee Terms of Reference (ToR) and Schedules of Business (SoB), as well as collating the Annual Reports of each Committee. These documents will be presented to the Trust Board meeting in July 2022 for approval.

6. QUARTERLY NHS IMPROVEMENT DECLARATIONS

The quarterly self-certifications provide assurance that NHS providers are compliant with the conditions of their NHS provider licence. They also 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 certifications included in the BRP cover the period from 1 January to the 31 March 2022 and Board members are asked to approve the declarations.

7. <u>RECOMMENDATIONS</u>

The Board of Directors are asked to
(i)   Receive the report; and
(ii)   Approve the quarterly declarations for publication.

Kelly Jupp
Trust Secretary

Lauren Brotherton
Governor and Membership Engagement Officer
19 May 2022

_____

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	Financial Year to which self-certification relates	**Mar-22**

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. - Regular meetings of the Trust Executive Team, Executive Risk Group, Finance, Quality, Audit and People Committees. - Board approved terms of references and schedules of business. - Board approved Annual Plan. - Regular detailed Board finance report. - Board Assurance Framework and Risk Registers. - External and Internal audit annual opinion and Internal Audit annual plan approved by the Audit Committee.
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.		Confirmed. No material risks identified. There are a range of systems and/or processes in place which evidence the Trust's on-going compliance with this requirement, including: - Trust Board composition includes Chief Executive Officer, Chief Operating Officer, Medical Director, Director for Business, Development and Enterprise, Finance Director and Executive Chief Nurse - Annual Quality Account produced - Patient/staff stories presented at Board meetings as a regular agenda item - Board line of sight as part of Leadership Spotlight on Services - Positive external stakeholder feedback (re Quality Account) - Routine Integrated Report to Trust Board (including SIRI reporting) - Quality Committee meetings to seek assurance over quality of care including scrutiny of SIRIs and Never Events - Clinical Audit Plan - Mortality Surveillance Group
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.		There are a range of controls in place to mitigate staffing risks, including: Directorate Ward staffing reviews and a single centralised bank for nursing and 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   **Signature**

Name   Dame Jackie Daniel   Name   Sir John Burn

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

A

Worksheet "Training of governors"　　　　**Financial Year to which self-certification relates**　　| **Mar-22** |

Certification on training of governors (FTs only)

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

Training of Governors

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

　　| **Confirmed** |

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

Signature　　　　　　　　　　　　　　**Signature**

Name	Dame Jackie Daniel	**Name**	Professor Sir John Burn
Capacity	Chief Executive Officer	**Capacity**	Chairman
Date	31.05.2022	**Date**	31.05.2022

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

Worksheet "G6 & CoS7"   Financial Year to which self-certification relates   `Mar-22`

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

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

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

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

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

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

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

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

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

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

The Trust has taken all necessary precautions as were necessary to comply with the conditions.
Transformation/Quality Improvement, performance and financial management arrangements are in place to support the delivery of the Trust plans, overseen through the Trust governance structure. Specific reports on the Trust Activity and Financial Plans are presented routinely to the Finance Committee, with updates to the Trust Board.
The Newcastle Improvement, Performance and Finance Teams continue to work on the Trust's long-term recovery programme.
The annual going concern assessment was presented to the Audit Committee in April 2022 and considered by the Trust Board members in May 2022. 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   **Signature**

Name Dame Jackie Daniel   **Name** Professor Sir John Burn
Capacity Chief Executive Officer   **Capacity** Chairman
Date 31.05.2022   **Date** 31.05.2022

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

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	31 May 2022
Title	Integrated Board Report
Report of	Martin Wilson – Chief Operating Officer, Angela O'Brien- Director of Quality and Effectiveness, Dee Fawcett-Director of Human Resources.
Prepared by	Louise Hall- Deputy Director of Quality and Safety, Peta Le Roux- Business Analysis and Information Manager, Jane Neasham-Senior Workforce Information Analyst.

Status of Report	Public	Private	Internal
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☐	☒	☐

Summary	This paper is to provide assurance to the Board on the Trust's performance against key Indicators relating to Quality, People and Finance.
Recommendation	For assurance.
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Supported by flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential. Performance – Being outstanding now and in the future.

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

Impact detail	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, People and Finance.

1. The Trust had 0 cases of MRSA bacteremia attributed in April 2022. Therefore, no cases have been recorded since April 2020.
2. There were 23 Serious Incidents (SIs) reported in April 2022. 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, there were 2 further Never Events in March.
3. There were 2,270 responses to the Friends and Family Test from the Trust in February 2022 (published April 2022) compared to 1,815 in the previous month.
4. The Trust received a total of 29 formal complaints in April 2022, a decrease of 24 on lasts months opened complaints.
5. Overall sickness absence (including Covid related sickness) is 6.13% which is up from end of February 2022 position of 5.90% (%FTE Time Lost).
6. Staff turnover has increased from 9.4% in April 2021 to 12% in April 2022, against a target of 8.5%.
7. Retention for staff over 1 year service is 86%, an increase from 84% in February 2021. (Excluding ICHNE and COVID Vaccination staff this is 87%).
8. The Trust submitted a financial plan to NHSE for 2022/2023 in April, along the lines of the request from the ICP/ICS to achieve a break-even position. However, the current plan has a deficit of £5.5m for the year.

The Board of Directors is asked to receive the report.

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Integrated Board Report

Quality, People and Finance

May 2022

Healthcare at its best
with people at our heart

Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of Quality, 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 April additionally witnessed a notable decline in the overall COVID inpatients volume compared to March. 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.

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 April 2022**. Therefore no cases have been recorded since April 2020.

2. There were 23 **Serious Incidents (SIs) reported in April 2022**. 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, there were 2 further Never Events in March.

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8. The Trust submitted a financial Plan to NHSE for 2022/23 in April, along the lines of the request from the ICP/ICS to achieve a break-even position, however, the current plan is a deficit of £5.5m for the year.

Contents: May 2022

Quality

- Healthcare Associated Infections
- Harm Free Care – Pressure Damage
- Harm Free Care - Falls
- Incident Reporting
- Serious Incidents & Never Events
- Serious Incident Lessons Learned
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity

People

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

Finance

- Overall Financial Position

Quality: Healthcare Associated Infections 1/2

Total Number of Trust Onset MSSA Bacteraemias

⭐ **Change in NHSI criteria for reporting**

Legend: No. of MSSA Cases — Median — Trust trajectory 2020/21 — Trust trajectory 2021/22 — Trust trajectory 2022/23 — + 2SD — -2 SD

Total Number of Trust Onset MRSA Bacteraemias

⭐ **Change in NHSI criteria for reporting**

Legend: No. of MRSA Cases — Median — National objective 2020/21 — National objective 2021/22 — National objective 2022/23 — + 2SD — -2 SD

⭐ **No National objectives for 20/21 released, 19/20 objectives still in use**

Total Number of Trust Onset C. difficile Infections

✸ **National threshold for 22/23 not yet released, currently using local 10% reduction trajectory of <153 cases**

Legend: No. of C. diff Cases — Median — National threshold 2020/21 — National threshold 2021/22 — Trust trajectory 2022/23 — + 2SD — -2 SD

Quality: Healthcare Associated Infections 2/2

Total Number of Trust Onset E. coli Bacteraemias

⭐ **Change in NHSI criteria for reporting**

Legend: No. of E. coli Cases — Median — Trust trajectory 2020/21 — Trust trajectory 2021/22 — Trust trajectory 2022/23 — + 2SD — -2 SD
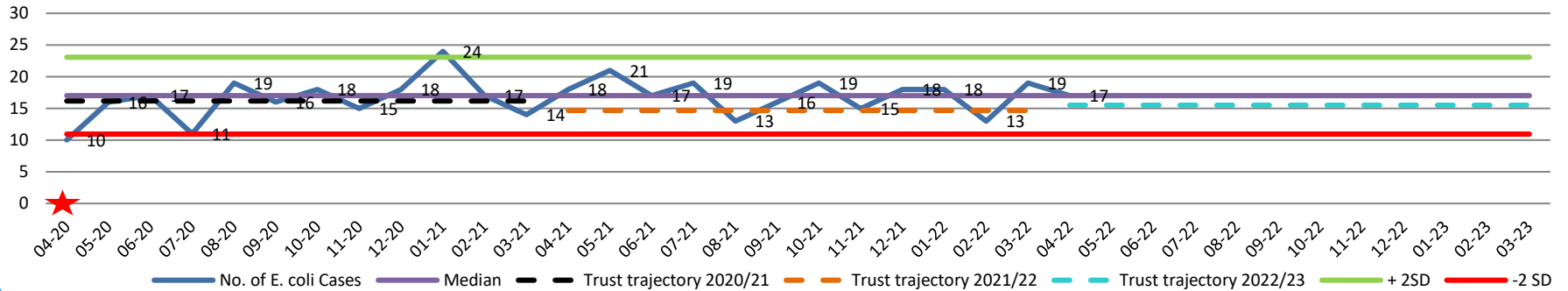
Total Number of Trust Onset Klebsiella Bacteraemias

⭐ **Change in NHSI criteria for reporting**

Legend: No. of Klebsiellla Cases — Median — Trust trajectory 2020/21 — Trust trajectory 2021/22 — Trust trajectory 2022/23 — + 2SD — -2 SD
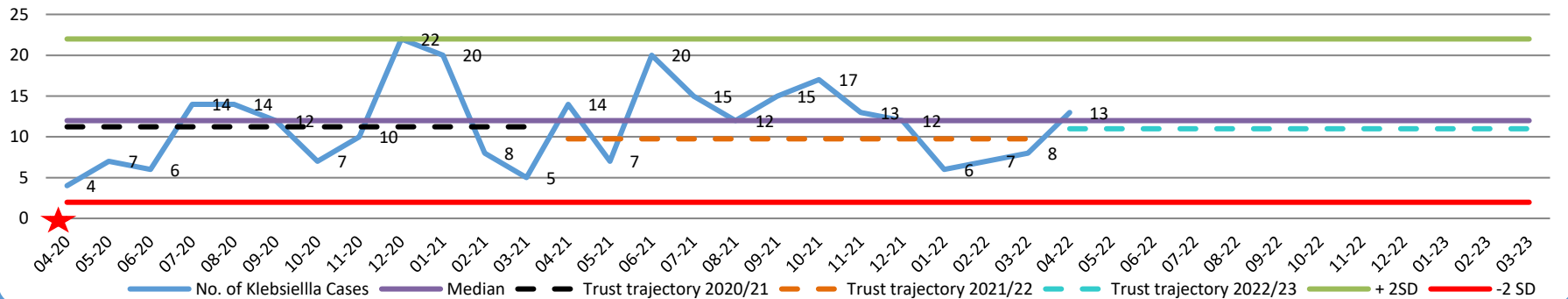
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

⭐ **Change in NHSI criteria for reporting**

Legend: No. of Pseudomonas aeruginosa Cases — Median — Trust trajectory 2020/21 — Trust trajectory 2021/22 — Trust trajectory 2022/23 — + 2SD — -2 SD
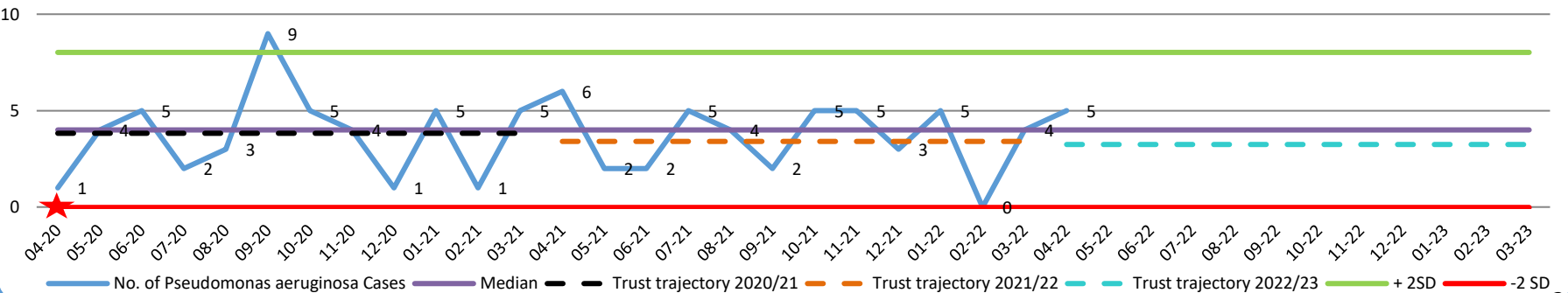
Quality: Harm Free Care – Pressure Damage

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, November 2021, February and March 2022. It is noted that there was an increase again in April 2022. 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.

Inpatient Acquired Pressure Ulcers

Pressure Ulcers per 1000 Bed Days
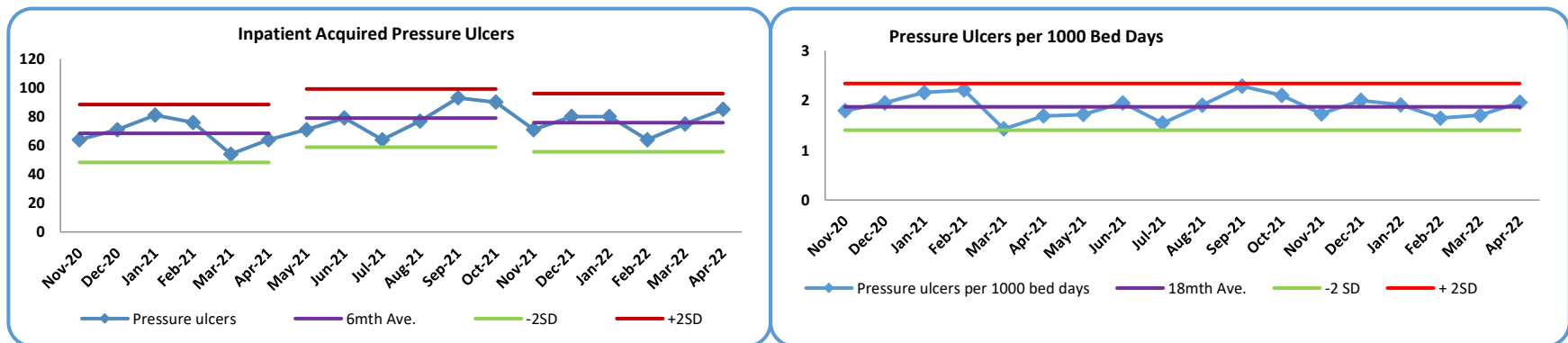
Quality: Harm Free Care - Falls

Overall there has been a reduction in inpatient falls over the past 18 months, with the exception of peaks in December 2020 through to February 2021, then again in May and November 2021. Since January 2022 we have been experiencing a further peak in falls. 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 did lead 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.

All Patient Falls

Patient Falls per 1000 Bed Days
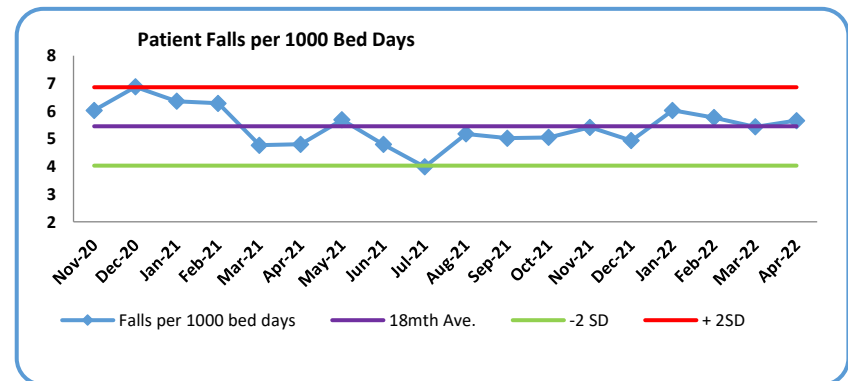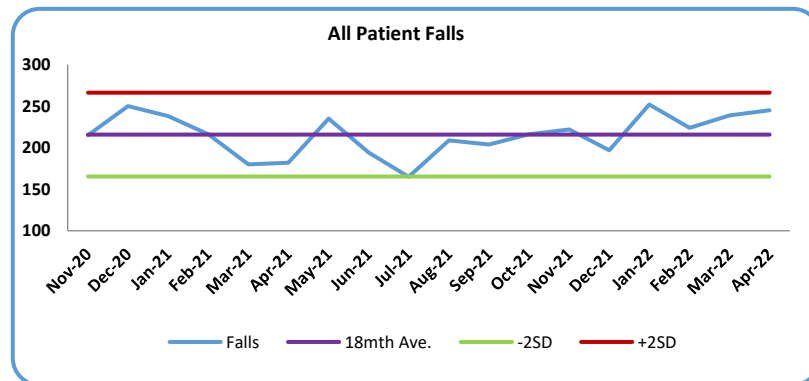
Quality: Incident Reporting

Patient Safety Incidents per 1000 Bed Days

Legend: Incidents per 1000 bed days — Mean — Upper process limit — Lower process limit
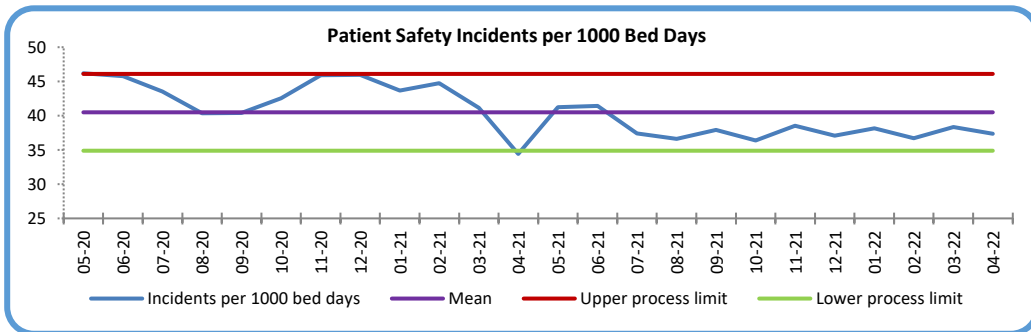
All patient incidents: There has been a slight decrease in the rate of patient incidents reported between June 2021 – April 2022, demonstrating a continued shift below the mean. This however remains within the expected common cause variation.

Harmful Incidents per 1000 bed days

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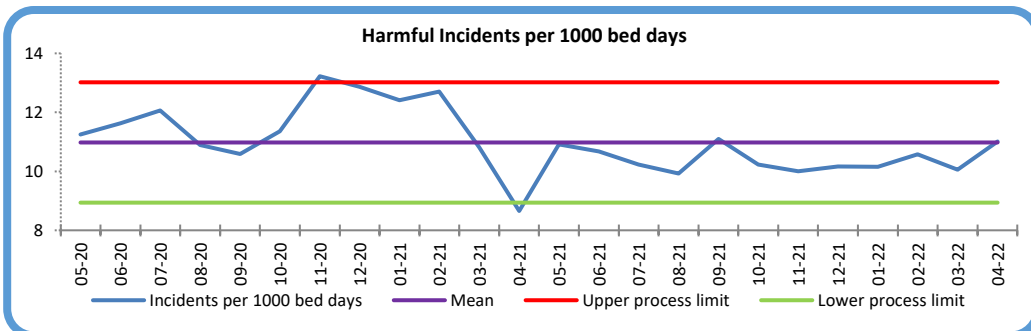
Harmful incidents: There has been a slight increase, back towards the mean, in the number of *harmful patient safety incidents per 1000 bed days. This remains within the common cause variation expected.
includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted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

Severe Harm Incidents

Legend: Incidents Reported — Mean — Upper process limit — Lower process limit
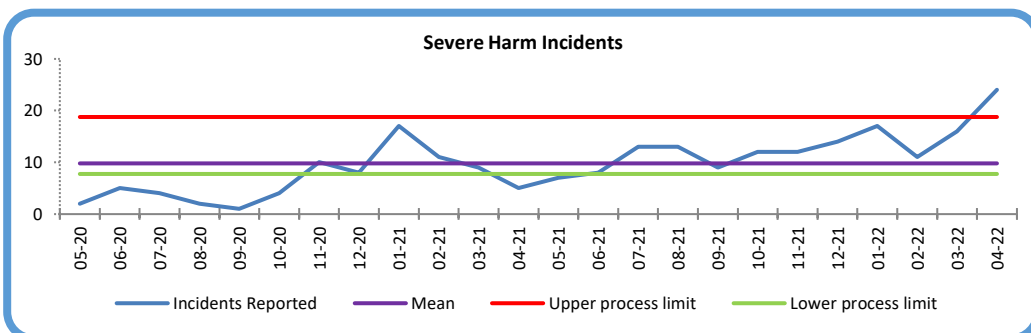
Severe harm incidents: There were 24 patient safety incidents reported which resulted in severe harm in April 2022. This is a significant increase which may in part be due to the short time period between reporting of the incident and the publication of this data. This is because severity grading may be modified following investigation and is therefore subject to change in future reports.

10/31

Quality: Serious Incidents & Never Events

Number of Serious Incidents Reported

Legend: Serious Incidents — 24mth Ave. — -2SD — +2SD
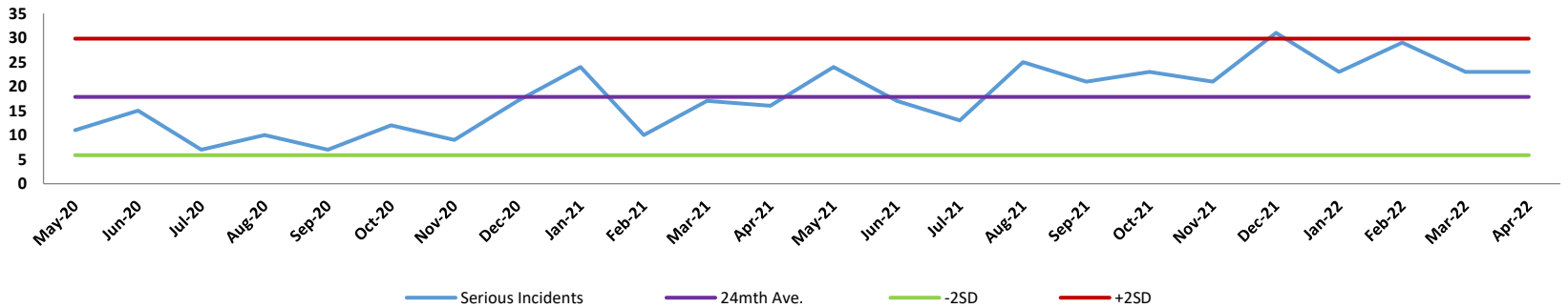
There were 23 Serious Incidents (SIs) reported in April 2022. The increase in the numbers of SIs since July 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust and an increase in Covid-19 prevalence. The statutory requirement Duty of Candour (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 cases reported in April 2022.

Total Number of Never Events Reported

Legend: 21/22, 22/23
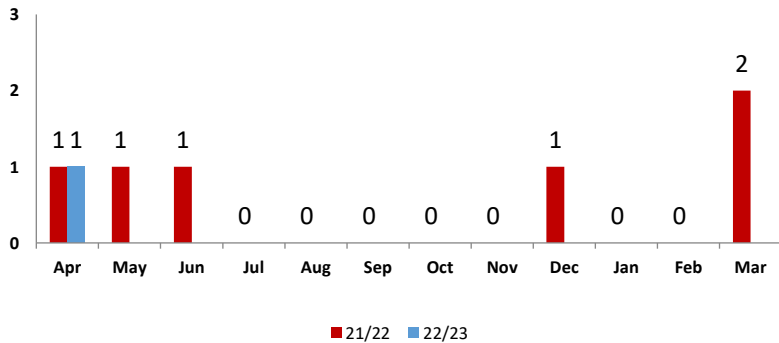
Serious Incidents by Category

- Pressure ulcer - grade 3, 13
- Probable Healthcare Acquired Covid-19 Death, 2
- Missed diagnosis, 2
- Treatment delay, 1
- Definite Healthcare Acquired Covid-19...
- Lost to follow up, 1
- Patient fall resulting in femoral fracture, 1
- HSIB investigati... (cooled baby), 1
- Surgical incident, 1
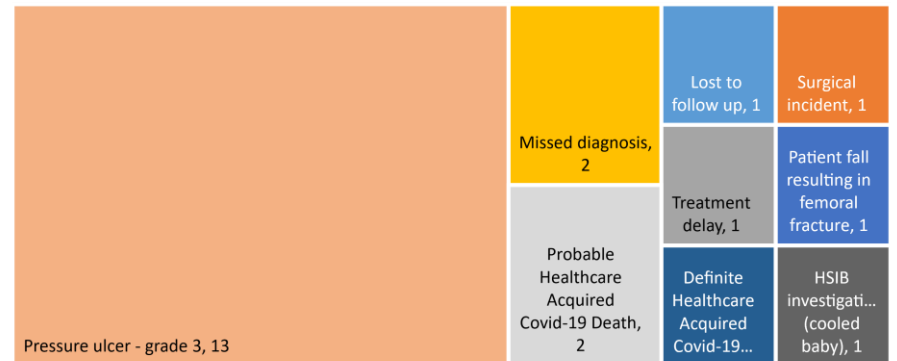
*The Trust started reporting patients who have died with definite or probable hospital onset Covid-19 as serious incidents from 1st January 2021. This is following new NHSE reporting guidance which aims to standardise reporting by all trusts nationally.

** 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: Serious Incident Lessons Learned (1/2)

Learning identified from Serious Incident (SI) & Never Event (NE) investigations completed between 01.01.2022 – 30.04.2022

The following section outlines key learning from the 18 SI investigations completed between January 1st 2022 to April 30th 2022. This data excludes information on falls, pressure ulcers, deaths as a result of definite or probable hospital acquired Covid-19 and any SI cases subsequently de-registered during this period.

Delayed diagnosis: 2 cases
- Enhanced governance processes including implementation of a robust audit schedule and creation of a dedicated waiting list officer role.
- Improved processes to support communication between clinical and administrative teams.
- Strengthened clinical pathway including the development of a robust standard operating procedure.

Medication error: 2 cases
- Review of e-Record functionality to support safe prescribing of high-risk medications.
- Enhanced mechanism implemented for the communication of clinical advice between different teams.
- Consideration of enhanced 'best practice' or mandatory training for all appropriate staff groups to improve understanding of medication safety in use of high-risk medications.

Missed Diagnosis: 2 cases
- Strengthened processes including implementation of a clinical protocol to support patient management and a robust audit schedule to monitor compliance and patient outcomes.
- Exploration of digital solutions to improve communication between clinical teams.
- Development of a regional task and finish group to strengthen referral and triage processes across the region.

Complication of treatment
- Decision making aids strengthened to support staff when caring for patients at risk of complications, including amendment and promotion of the relevant Trust policy.
- Strengthened governance processes in relation to record keeping practices, via the use of monthly audit.

Communication error
- Strengthened care pathways to support staff in the management of medication overdose and facilitate clear communication across teams.

Procedure Error
- Review of safety-checking process in line with pre-pandemic national guidance.
- Development of a standard operating procedure to support staff in care delivery during times of national emergency.

Quality: Serious Incident Lessons Learned (2/2)

Never Event: Wrong-site surgery
- Strengthened speciality safety-checking process as part of procedural checklist
- Review of alternative working patterns undertaken to maximise capacity across the department.

Patient self-harm
Explore strengthening electronic patient record functionality to:
- Increase the visibility of current mental health screening questions
- Enable the details of more than one next of kin to be accessible to staff, enabling timely communication with families.

Complication following interventional procedure: 2 cases
- Robust safety processes implemented prior to staff undertaking procedure including; discussion with appropriate Consultant and a competency based assessment and training package.
- A comprehensive review of the medical device undertaken, clinical teams made aware of the requirement for operators using this device to be aware of the potential risks associated with its use in complex patients.

Maternity reportable cases: 5 cases - 4 cases 'Each Baby Counts'* reportable
- Strengthened clinical skills in recognition of deterioration and sepsis, using training which includes scenarios for learning.
- Local processes strengthened in-line with national guidance with robust audit of compliance.
- Robust review of monitoring equipment used across maternity to enable rapid recognition of maternal and infant deterioration.
- Robust processes implemented to ensure all parents have access to senior clinical review post-delivery and on discharge.

Incidents involving babies are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. This agreement is that all cases reported to the Royal College of Obstetrics & Gynaecology (RCOG) as fulfilling the criteria for the 'Each Baby Counts' national quality-improvement initiative should (by default) be notified as Serious Incidents.

Quality: Mortality Indicators 1/2

In-hospital Deaths: In total there were 176 deaths reported in April 2022, which is higher than the amount reported 12 months previously (n=141). Crude death rate is 1%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.
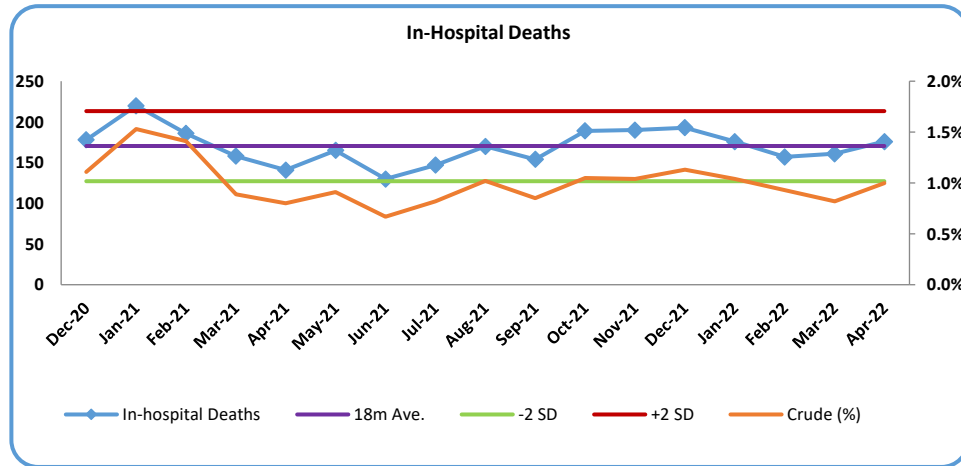

Learning from Deaths: Out of the 176 deaths reported in April 2022, 32 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings held over the forthcoming months and figures will continue to be monitored and modified accordingly.

14/31
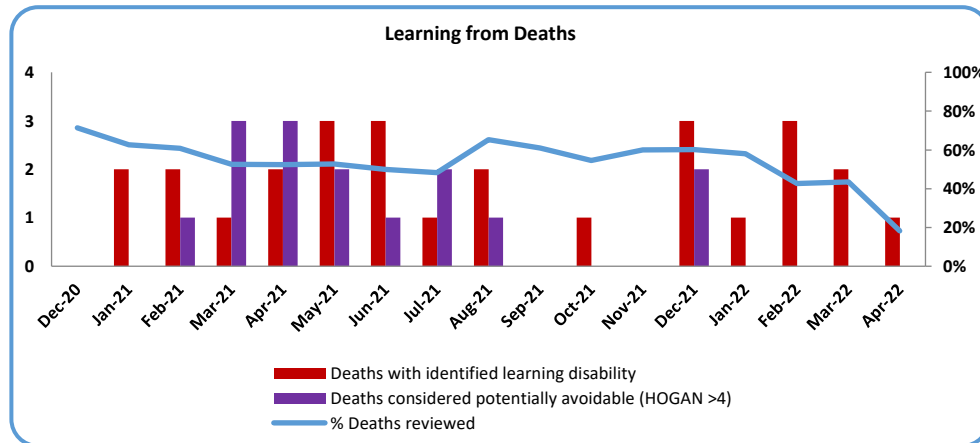
Quality: Mortality Indicators 2/2

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.

Quarterly SHMI

Monthly SHMI
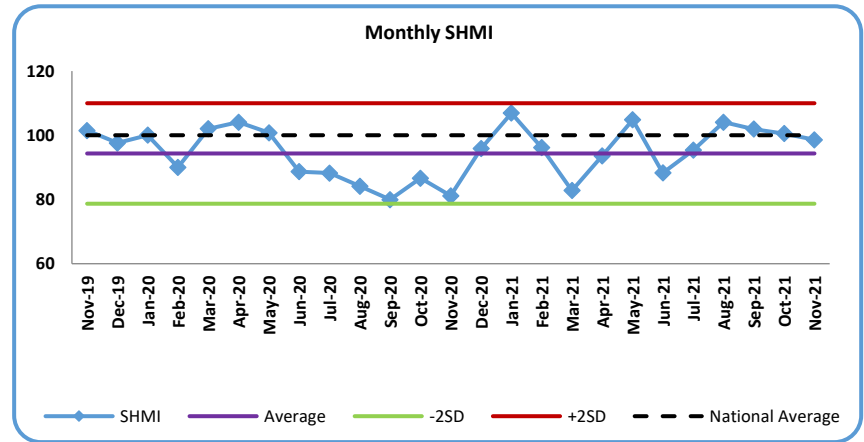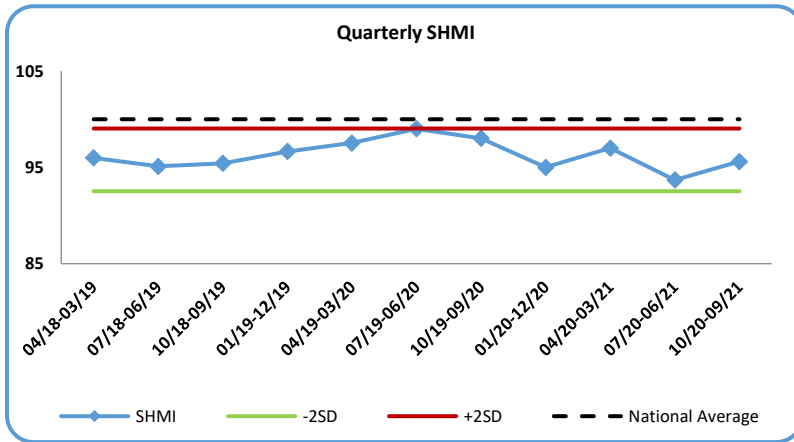
HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Monthly HSMR data is available up to January 2022, and is showing to be the below the national average, however this number may rise or fall as the percentage of discharges coded increases.
All figures will continue to be monitored and modified accordingly.

Quarterly HSMR

Monthly HSMR

15/31
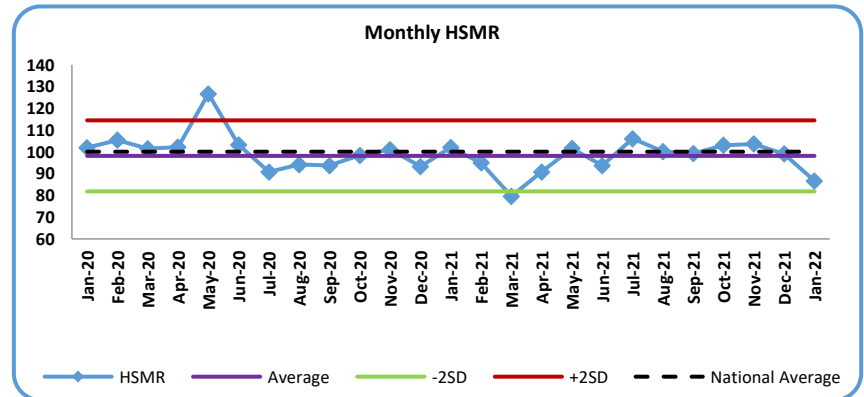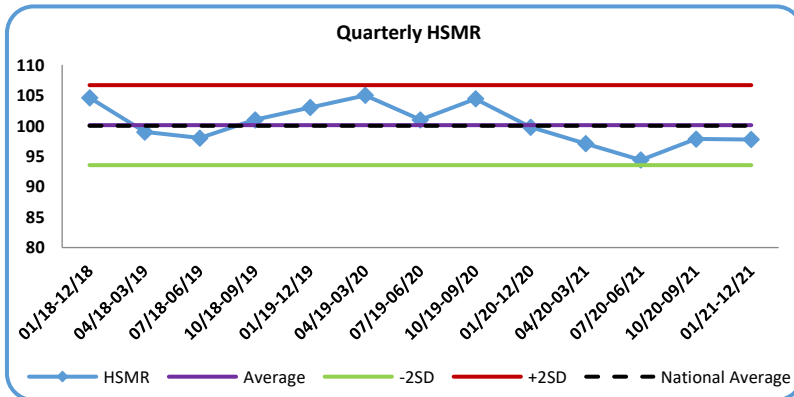
Quality: FFT and Complaints

Inpatients and day cases
98% (94%)
2% (3%)

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

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

Community Health
98% (94%)
2% (3%)

A&E, walk-in centre and minor injury units
93% (77%)
4% (15%)

Friends and Family Test

The published data shows that there were 2,270 responses to the Friends and Family test from the Trust in February 2022 (published April 2022) compared to 1,815 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 2022-23

The Trust received a total of 29 (29 with identified patient activity) formal complaints in April 22, an decrease of 24 on last month's opened complaints.

The Trust has received an average of 29 new formal complaints per month, which is 17 complaints per month lower than the 46 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 Cardiothoracic and NCCC with 0.04% (4 per 10,000 contacts) The lowest complaint percentages are within Community, Urology & Renal, Musculoskeletal, Dental & ePOD who are all yet to receive a complaint.

Directorates	2022-21				
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	21-22 Ratio (Full Year)
Cardiothoracic	3	8,009.00	0.037%	1:2670	1:3128
Children's Services	1	5,916.00	0.017%	1:5916	1:3275
Community	0	5,880.00	0.000%	1:	1:4546
Dental Services	0	7,849.00	0.000%	1:	1:10120
Medicine	5	14,108.00	0.035%	1:2015	1:3053
Medicine (ED)	2	16,454.00	0.012%	1:8227	1:4866
ePOD	0	30,080.00	0.000%	1:	1:7356
Musculoskeletal Services	0	8,887.00	0.000%	1:	1:3505
Cancer Services & Clinical Haematology	4	11,386.00	0.035%	1:2847	1:6347
Neurosciences	1	8,137.00	0.012%	1:8137	1:3067
Patient Services	6	3,267.00	0.184%	1:545	1:1934
Peri-operative & Critical Care	1	2,864.00	0.035%	1:2864	1:3499
Surgical Services	2	6,328.00	0.032%	1:3164	1:1698
Urology and Renal Services	0	5,426.00	0.000%	1:	1:3090
Women's Services	4	11,504.00	0.035%	1:2876	1:3341
Trust (with activity)	**29**	**146,095.00**	**0.020%**	**1:5038**	**1:3994**

"Communication" is the highest primary subject area of complaints at 24% of all the subjects Trust wide.

Quality: Health and Safety

Overview

There are currently 1,209 health and safety incidents recorded on the Datix system from the 1st May 2021 to 30th April 2022 this represents an overall rate per 1,000 staff of 70.2. The Directorate with the highest number of incidents is Peri-operative & Critical Care reporting 145 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (480) NHS COVID Vaccination Programme (314), Supplies (170), Peri-operative & Critical Care (99.3) and Women's Service (83.6).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 968 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st May 2021 to 30th April 2022 - this represents an overall rate per 1,000 staff of 61.4 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (298), Musculoskeletal Services (171.6), Urology/Renal (125.5), Surgical (123) and Community Services Directorate (111.7).

Sharps Incidents

The average number of all sharps injuries per month is 34 between 1st May 2021 to 30th April 2022 based on Datix reporting, with 23% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 23 per month.
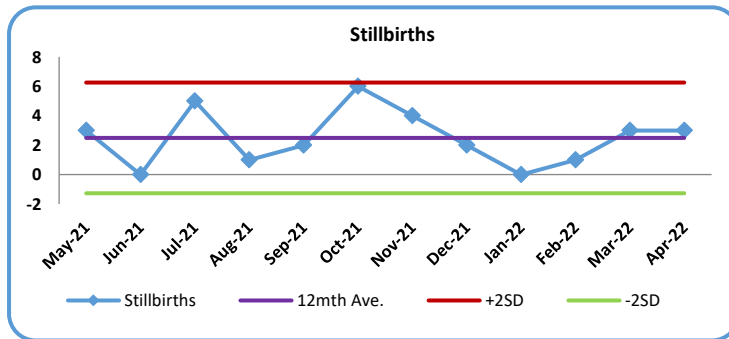
Slips, Trips and Falls

Slips on wet surface, fall on level ground and tripped over an object collectively account for 58.6% of falls between 1st May 2021 to 30th April 2022. Fall from height; fall up or down stairway and falls from a chair account for 9.4% of the incidents recorded.

RIDDOR

There have been 44 RIDDOR incidents reported between 1st May 2021 to 30th April 2022 The most common reasons of reporting accidents and incidents to the HSE within the period are Moving and Handling (12), Accidents (involving staff, visitors etc.) (10), Slips, Trips and fall (9) and Aggression & Violence (8), and These account for 87% of reportable accidents over the period.

Needlestick Injury or Sharps Incident

Legend: Needlestick injury or Sharps incident — 12mth Ave. — +2SD — -2SD

Slips, Trips and Falls

Legend: Slips, Trips, Falls — 12mth Ave. — -2SD — +2SD

RIDDOR

Legend: RIDDORS — 12mth Ave. — -2SD — +2SD

17/31
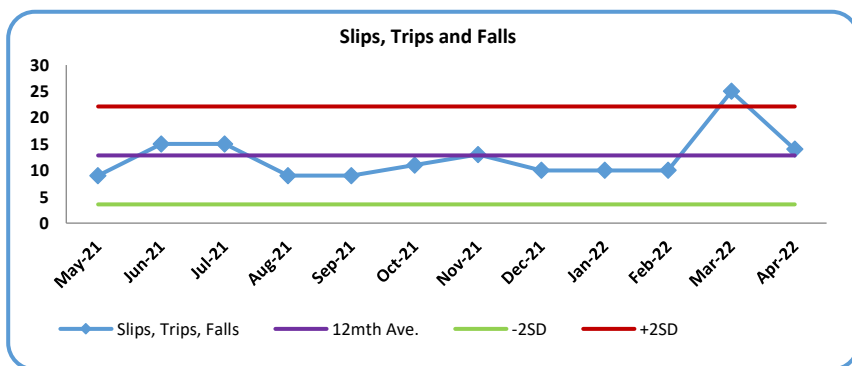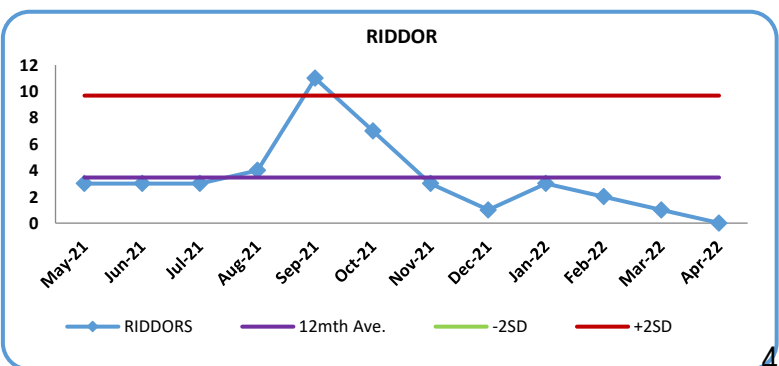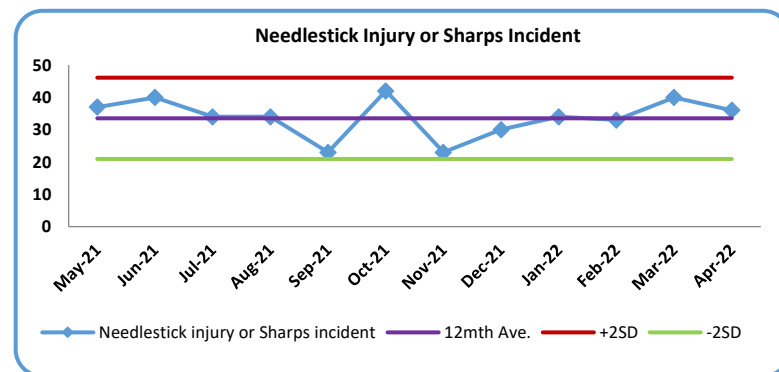
# Quality: Maternity (1/3)

Stillbirths

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.
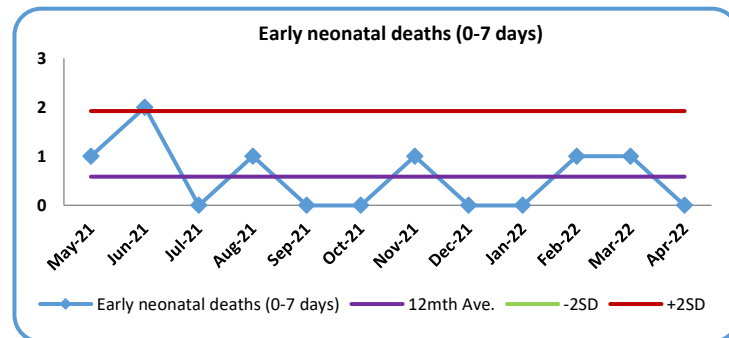
Early Neonatal Deaths
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner. A post mortem examination may be requested to try and identify the cause of death.
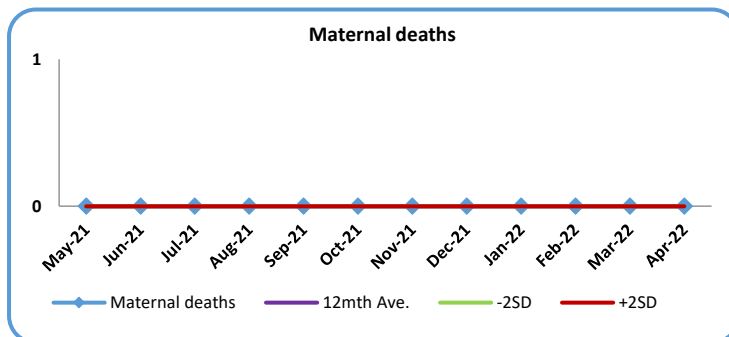
Maternal Deaths
Maternal deaths are reported to MBRRACE-UK and a national report is provided annually. Maternal deaths can be categorised as Direct or Indirect. It is rare to have a direct Maternal death in Newcastle and we do believe that having access to specialist services across a range of departments at any time of the day or night has helped us avoid such deaths.

Quality: Maternity (2/3)

Elective Caesarean Deliveries

Legend: Elective Caesarean Deliveries; 12mth Ave.; +2SD; -2SD; Target (max)
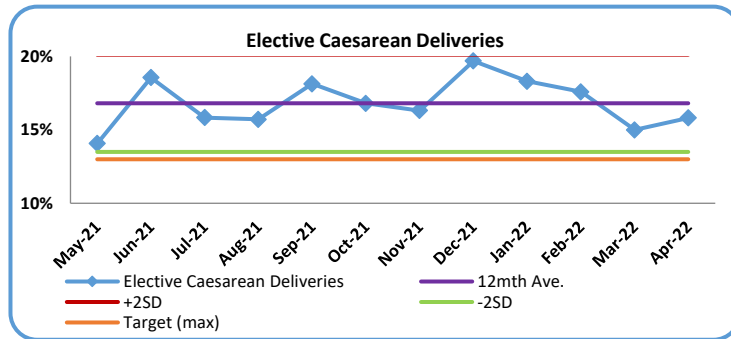
Elective Caesarean section

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 Deliveries

Legend: Emergency Caesarean Deliveries; 12mth Ave.; +2SD; -2SD
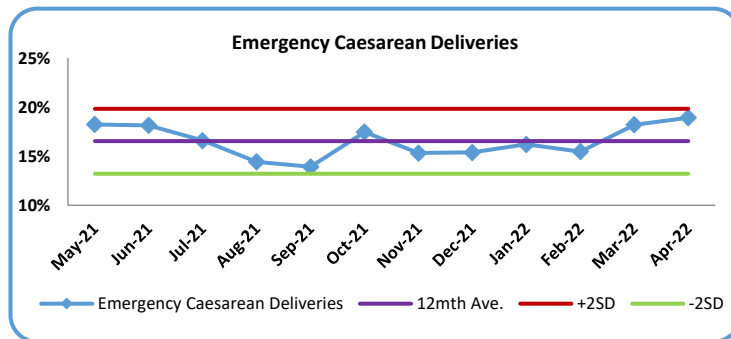
Emergency Caesarean section

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

Legend: ATAIN; 12mth Ave.; +2SD; -2SD
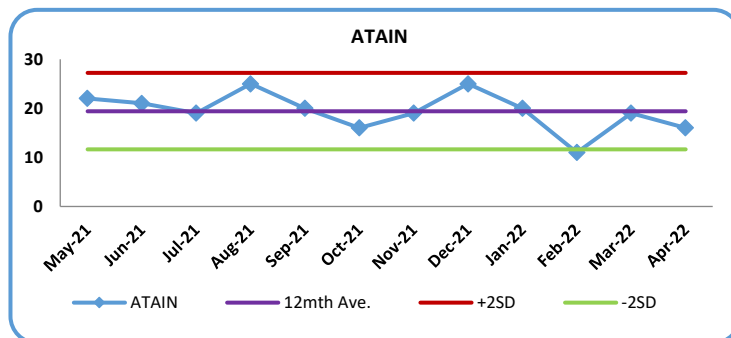
ATAIN

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.

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Quality: Maternity (3/3)

Serious Incidents

There have been 14 incidents escalated as Serious Incidents to the Trust in the past 12 months. These include 8 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 2 neonatal deaths, 1 baby fall, 1 bowel injury and 2 intrapartum stillbirths. The HIE and Intrapartum Stillbirth cases were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. A summary of the HSIB cases will be presented to the Serious Incident Panel in May .

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. Both cases this month were referred to HSIB – 1 neonatal death and 1 Intrapartum Stillbirth. Both were rejected (1 maternal choice/ 1 did not fit the criteria as did not labour). Moderate incidents will be investigated as a Serious Learning Event and involve parental input to the investigation and follow up with a Consultant and Senior Midwife 6-8 weeks after the incident.

Serious Incidents

Moderate Incidents
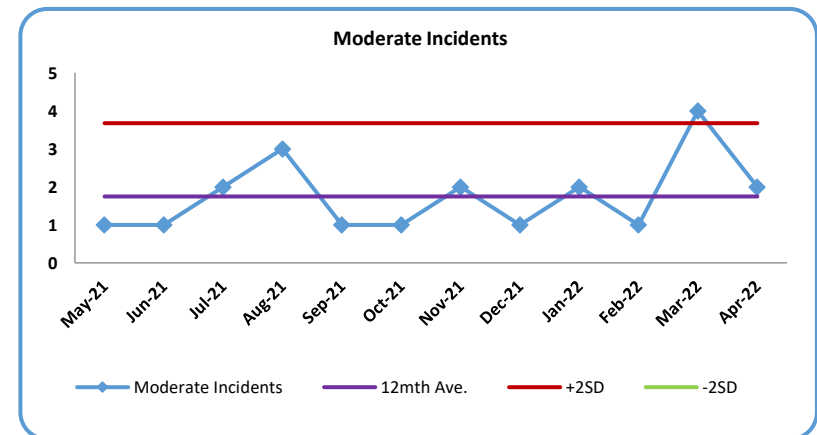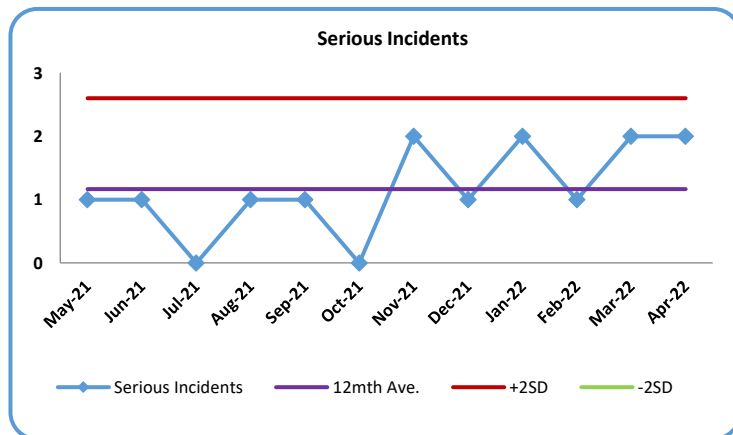
People – Covid-19

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 17h March 2020 and 30th April 2022. Some staff may have had more than one episode of COVID-19 related absence during this period.
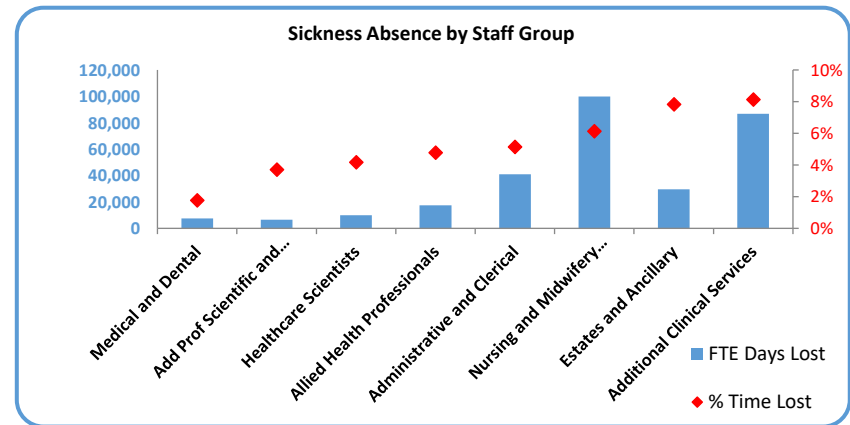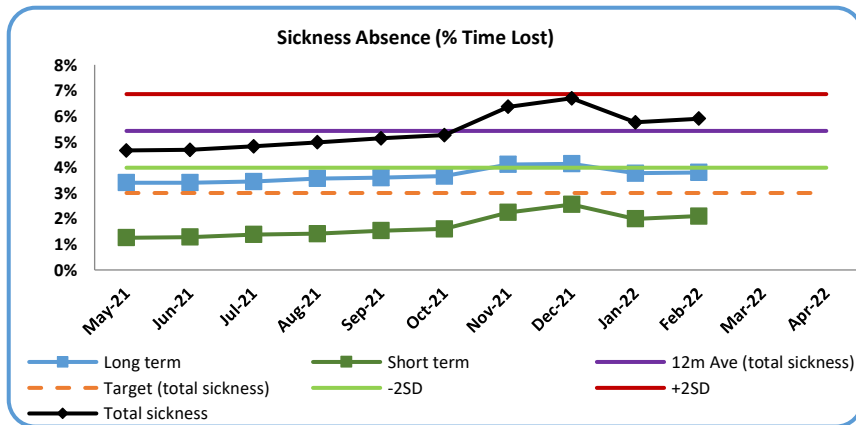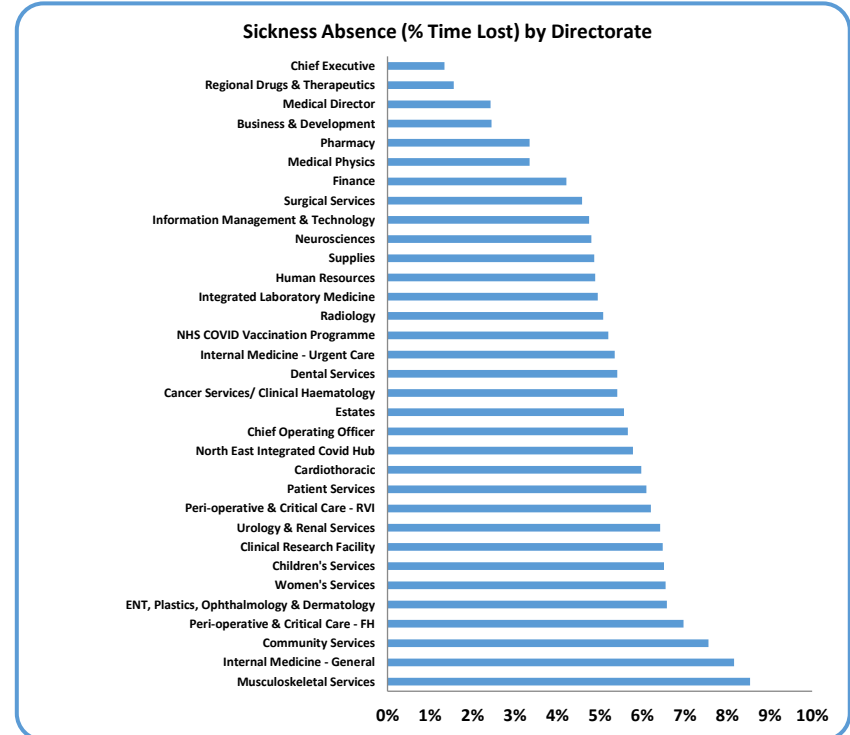

Covid-19 Staff Absence
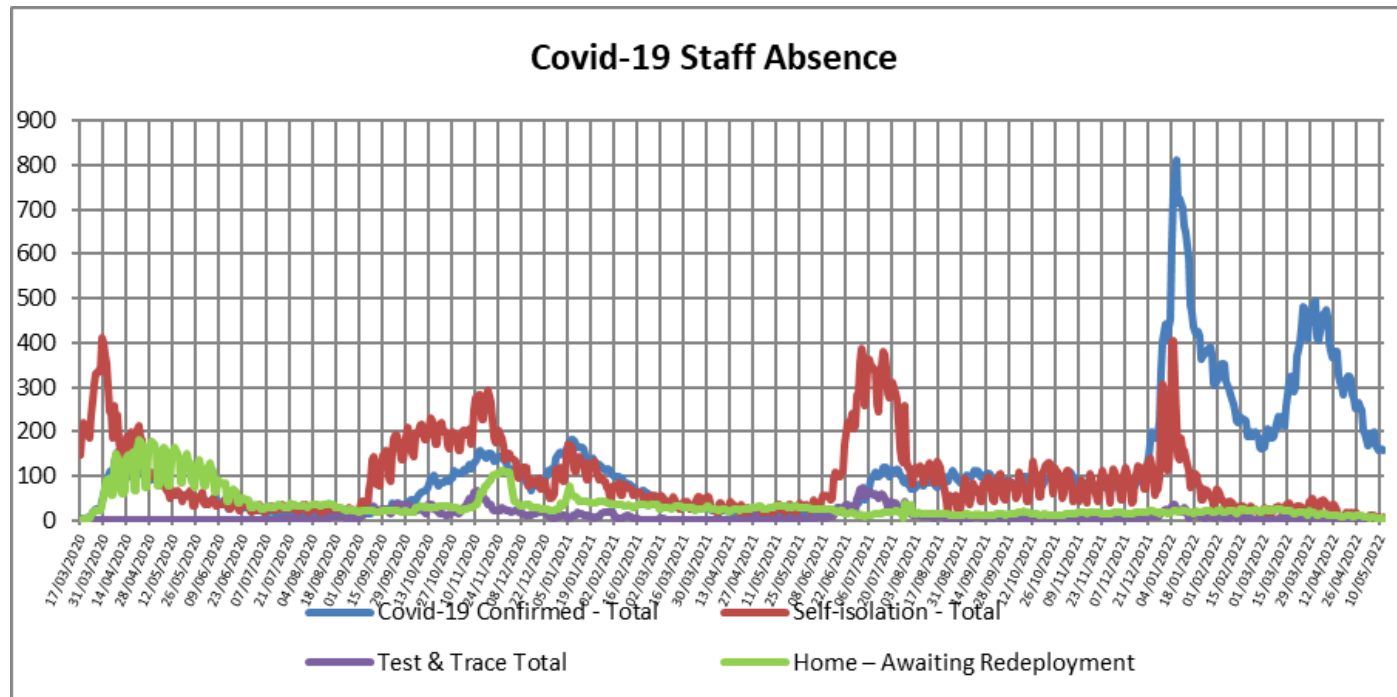
- Risk Assessments have been made available to all Trust staff – staff in 'high risk' category prioritised.

People – Sickness Absence 1/2

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

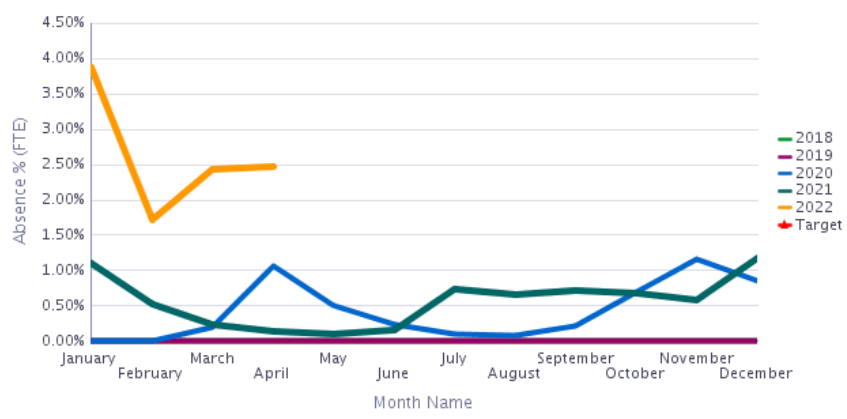|	Apr-21	Apr-22	
Long-term	3.41%	3.89%	⬆
Short-term	1.13%	2.24%	⬆
Total	4.55%	6.13%	⬆

- 323,532 FTE working days were lost due to sickness (including Covid related sickness) in the year to April 2022, compared to 230,260 for the previous year, 30% increase.
- Overall sickness absence (including Covid related sickness) is 6.13%, which is up from end of Feb 2022 position of 5.90% (% FTE Time Lost).
- The top three reasons for non-Covid related sickness absence are Anxiety/stress/depression/other psychiatric illnesses (30.19%) Gastrointestinal problems (8.9%), and other musculoskeletal (11.3%).
- 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).

Sickness Absence (% Time Lost) by Directorate

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

0% 1% 2% 3% 4% 5% 6% 7% 8% 9% 10%

Sickness Absence (% Time Lost)

Legend: Long term | Short term | 12m Ave (total sickness) | Target (total sickness) | -2SD | +2SD | Total sickness

Months: May-21, Jun-21, Jul-21, Aug-21, Sep-21, Oct-21, Nov-21, Dec-21, Jan-22, Feb-22, Mar-22, Apr-22

Sickness Absence by Staff Group

Staff groups: Medical and Dental, Add Prof Scientific and..., Healthcare Scientists, Allied Health Professionals, Administrative and Clerical, Nursing and Midwifery..., Estates and Ancillary, Additional Clinical Services

Legend: FTE Days Lost | % Time Lost
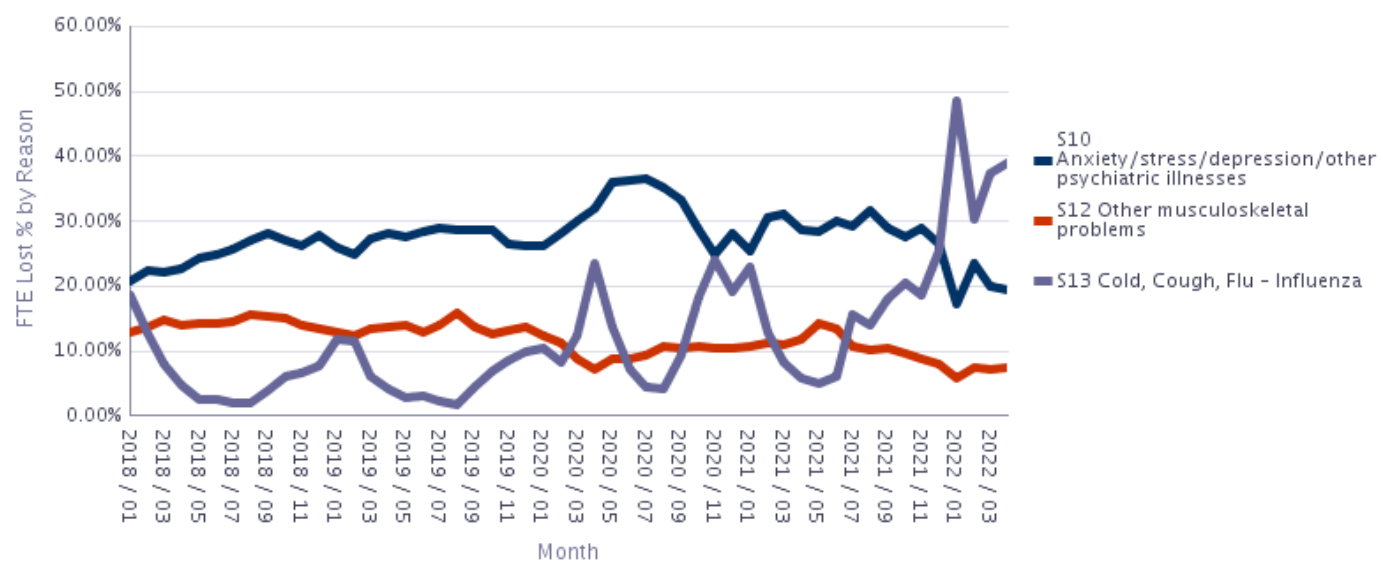
People – Sickness Absence 2/2

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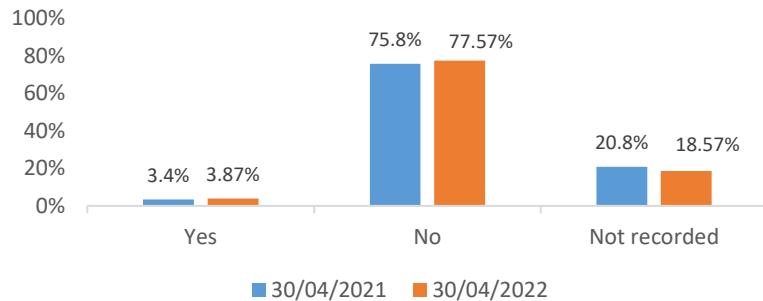
Non-Covid Related Sickness Jan 2018 - Apr 2022 (%FTE)
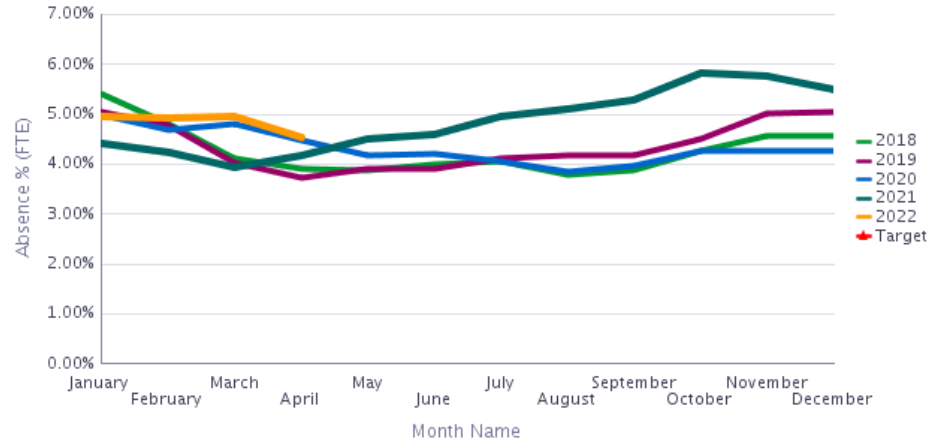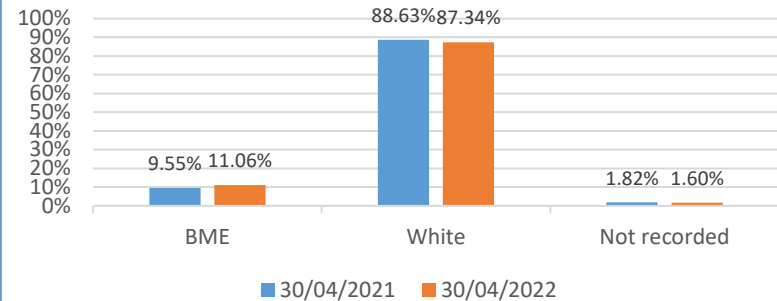

Top 3 Sickness Reasons Jan 2018 - Apr 2022 (%FTE)

People – Equality and Diversity 1/2

Disability %

	30/04/2021	30/04/2022
Yes	3.4%	3.87%
No	75.8%	77.57%
Not recorded	20.8%	18.57%

Ethnicity %

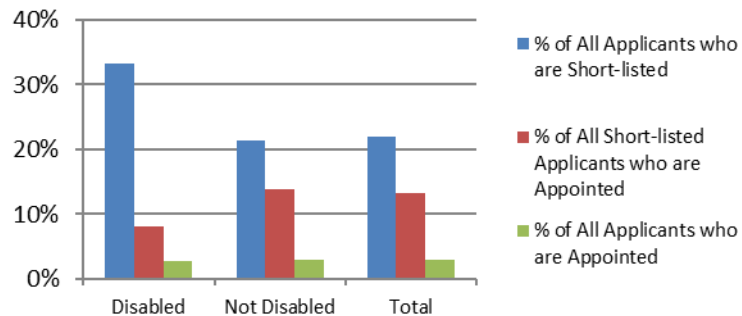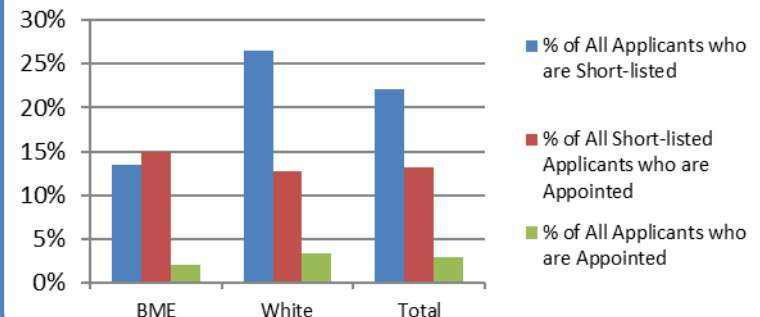|	30/04/2021	30/04/2022
BME	9.55%	11.06%
White	88.63%	87.34%
Not recorded	1.82%	1.60%

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

Analysis of Recruitment Activity by Disability

Legend:
- % of All Applicants who are Short-listed
- % of All Short-listed Applicants who are Appointed
- % of All Applicants who are Appointed

Analysis of Recruitment Activity by Ethnicity

Legend:
- % of All Applicants who are Short-listed
- % of All Short-listed Applicants who are Appointed
- % of All Applicants who are Appointed

- The graphs above identify, by headcount, the percentage of staff in post in April 2021 and April 2022 by disability and ethnicity. The percentage of staff employed disclosing a disability has improved from 3.50% to 3.92% and the percentage of BAME staff has increased from 9.58% to 11.16%.

People – Equality and Diversity 2/2
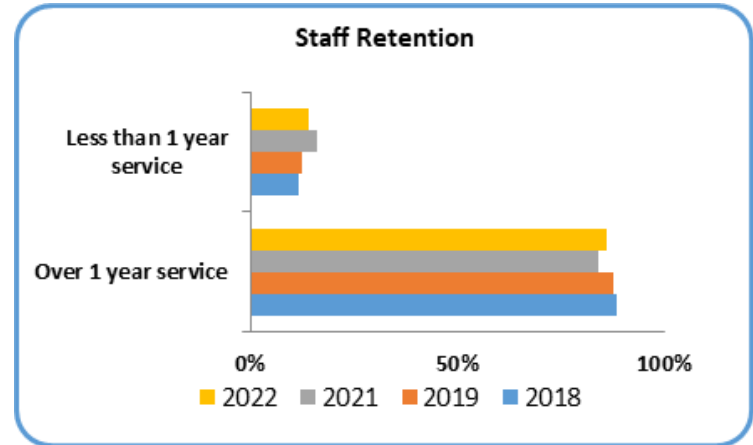
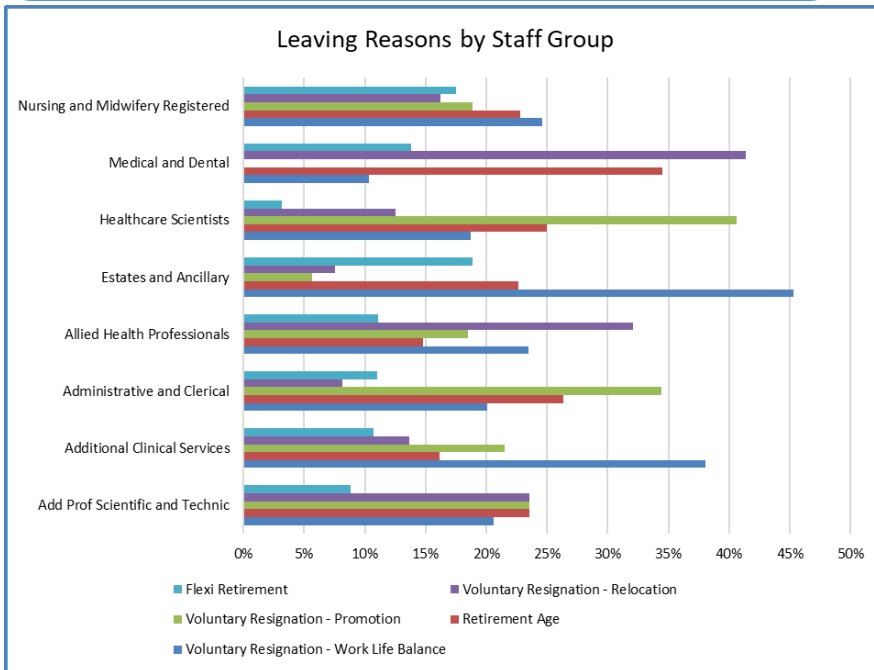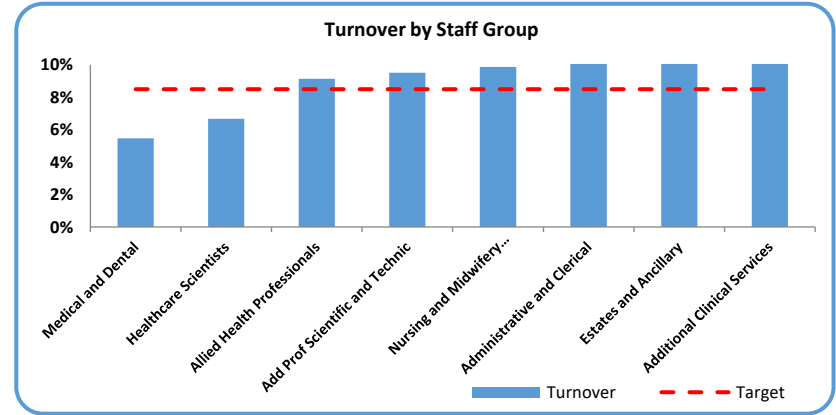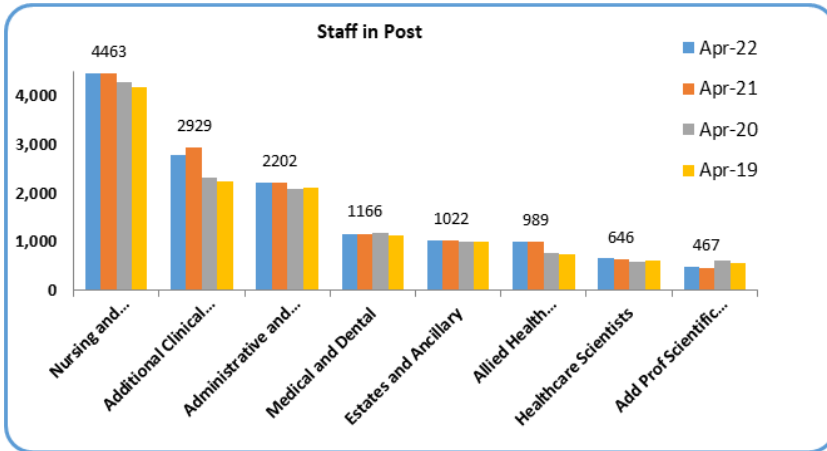**Age Band 2** ● 16-29 ● 30-59 ● 60 plus
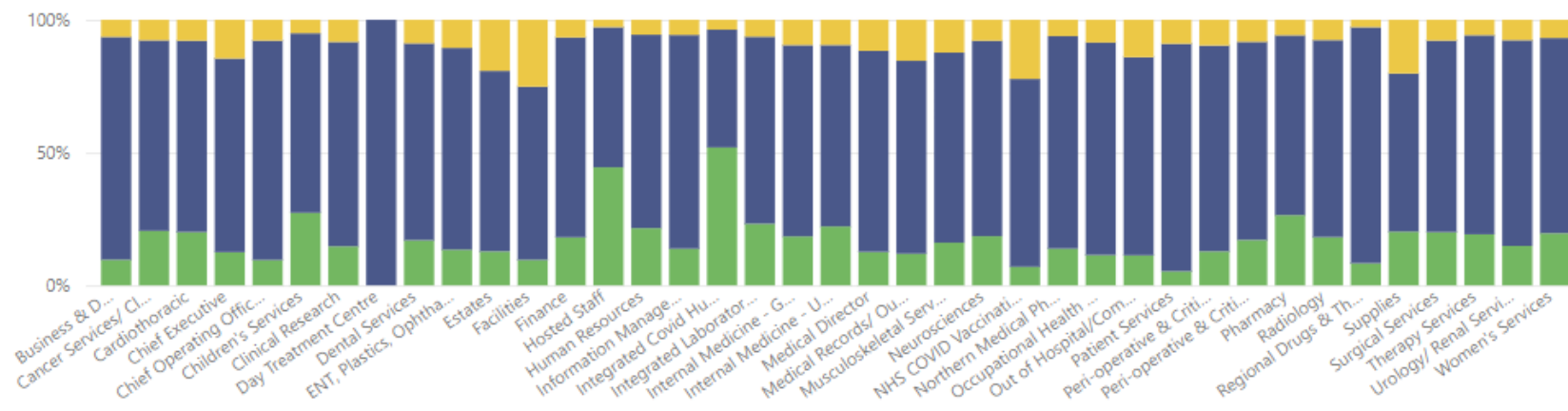
Age Band 2 ● 16-29 ● 30-59 ● 60 plus
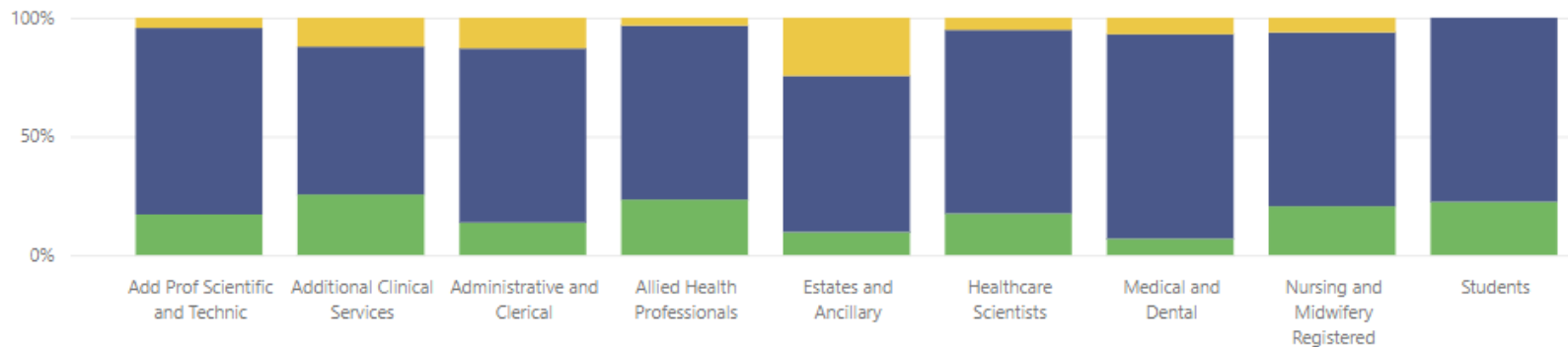
- Estates and Ancillary have the highest proportion of staff aged 55 and over (45%).
- Medical and Dental have 20% of staff aged 55 and above and 7% of staff aged 60 and above.

People – Workforce 1/4

Staff in Post

Legend: Apr-22, Apr-21, Apr-20, Apr-19

Values shown: 4463, 2929, 2202, 1166, 1022, 989, 646, 467

Categories: Nursing and..., Additional Clinical..., Administrative and..., Medical and Dental, Estates and Ancillary, Allied Health..., Healthcare Scientists, Add Prof Scientific...

Turnover by Staff Group

Categories: Medical and Dental, Healthcare Scientists, Allied Health Professionals, Add Prof Scientific and Technic, Nursing and Midwifery..., Administrative and Clerical, Estates and Ancillary, Additional Clinical Services

Legend: Turnover, Target

Leaving Reasons by Staff Group

Categories: Nursing and Midwifery Registered, Medical and Dental, Healthcare Scientists, Estates and Ancillary, Allied Health Professionals, Administrative and Clerical, Additional Clinical Services, Add Prof Scientific and Technic

Legend: Flexi Retirement, Voluntary Resignation - Relocation, Voluntary Resignation - Promotion, Retirement Age, Voluntary Resignation - Work Life Balance

Staff Retention

Categories: Less than 1 year service, Over 1 year service
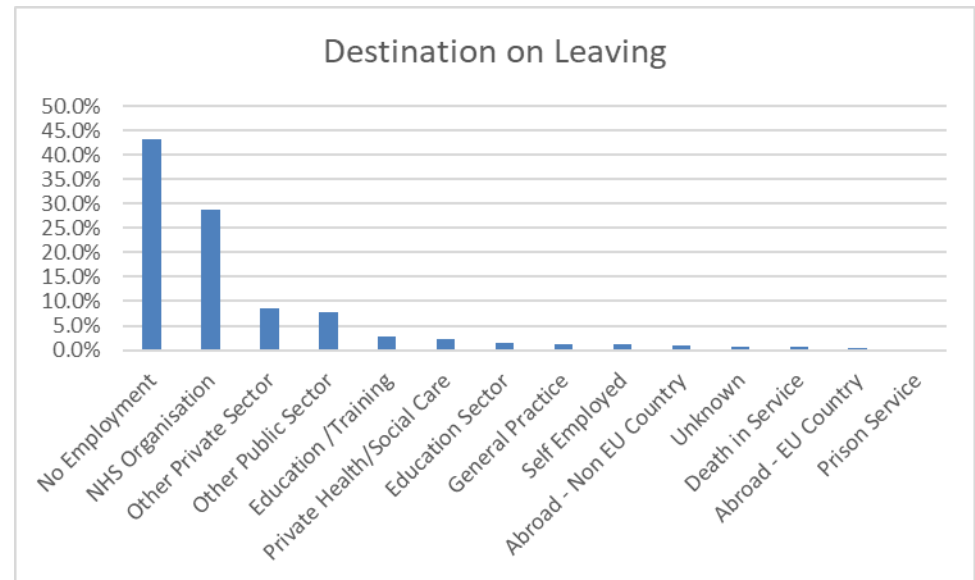
Legend: 2022, 2021, 2019, 2018

- Staff in post has increased by 9.3% since April 2019. The staff groups with the largest increase are Additional Clinical Services and Allied Health Professionals.
- Staff turnover has increased from 9.4% in April 2021 to 12% in April 2022, against a target of 8.5%.
- The total number of leavers in the period May 2021 to April 2022 was 1,950.
- Retention for staff over 1 year service is 86%, an increase from 84% in February 2021. Excluding ICHNE and COVID Vaccination staff this is 87%.
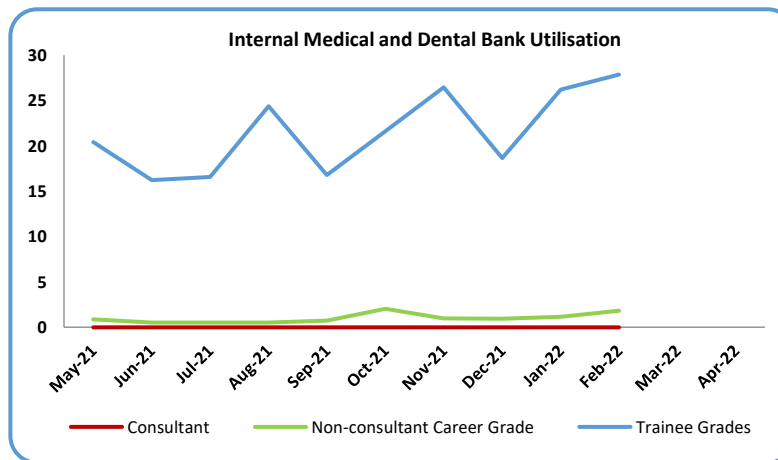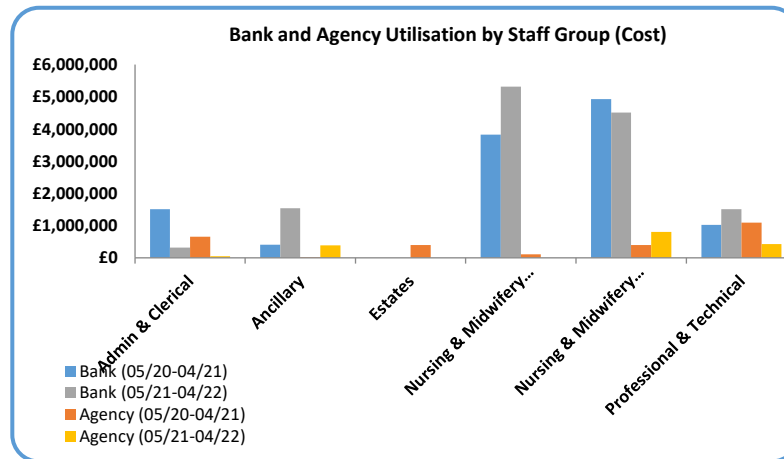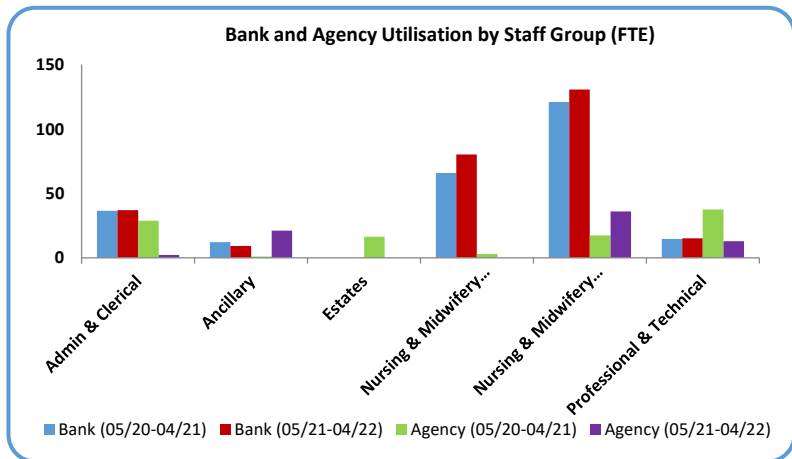
People – Workforce 2/4

Turnover by Directorate

Day Treatment Centre	0.00%
Chief Executive	6.72%
Neurosciences	7.13%
Urology & Renal Services	7.79%
Cancer Services/ Clinical Haematology	8.16%
Musculoskeletal Services	8.19%
Surgical Services	8.20%
Peri-operative & Critical Care - FH	8.75%
Peri-operative & Critical Care - RVI	9.10%
Internal Medicine - Urgent Care	9.11%
Medical Physics	9.52%
Cardiothoracic	9.57%
Medical Director	9.66%
Integrated Laboratory Medicine	9.77%
ENT, Plastics, Ophthalmology & Dermatology	10.31%
Women's Services	10.65%
Chief Operating Officer	10.84%
Information Management & Technology	11.07%
Radiology	11.21%
Children's Services	11.31%
Internal Medicine - General	11.38%
Pharmacy	11.53%
Clinical Research	11.80%
Dental Services	11.89%
Community Services	12.17%
Supplies	12.64%
Finance	12.66%
Business & Development	13.11%
Patient Services	13.15%
Estates	13.24%
Regional Drugs & Therapeutics	14.08%
Human Resources	17.86%
North East Integrated Covid Hub	22.43%
NHS COVID Vaccination Programme	70.40%

- The NHS Covid Vaccination Programme have had the highest turnover between April 2021 and April 2022, with an average staff in post of 277 and a total of 195 leavers.

- Only 29% of leavers across the Trust disclosed they were going to another NHS organisation.
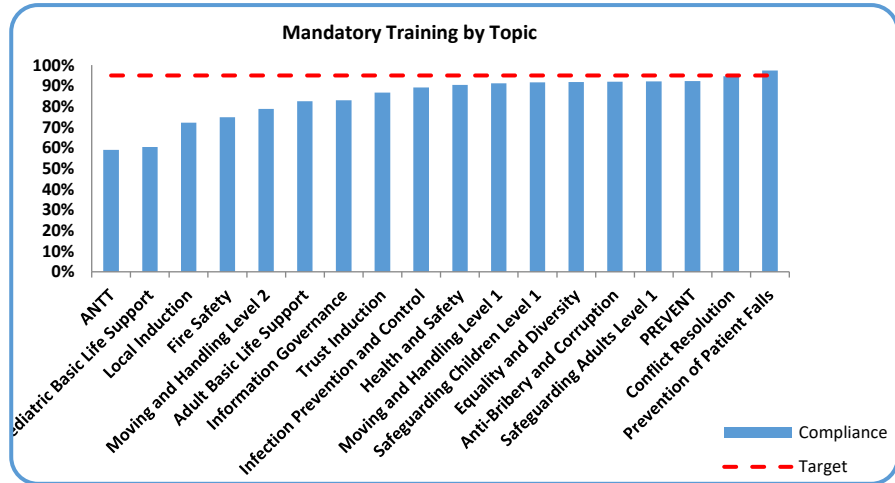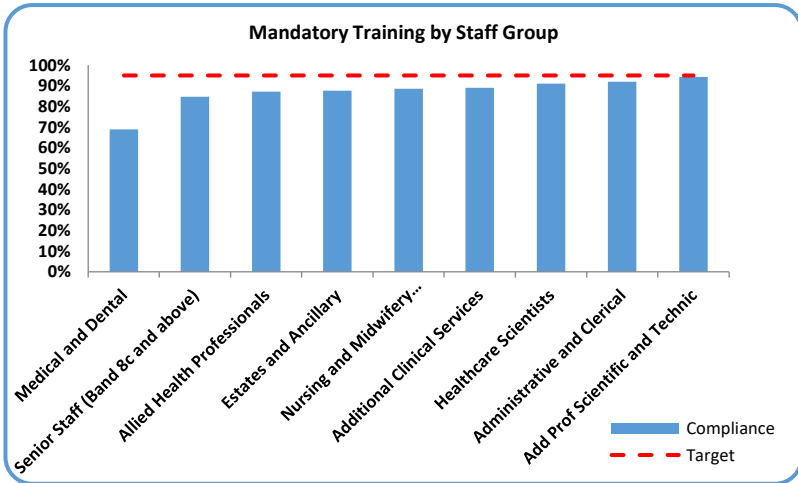

Destination on Leaving

People – Workforce 3/4

Bank and Agency Utilisation by Staff Group (FTE)

Legend: Bank (05/20-04/21), Bank (05/21-04/22), Agency (05/20-04/21), Agency (05/21-04/22)

Bank and Agency Utilisation by Staff Group (Cost)

Legend: Bank (05/20-04/21), Bank (05/21-04/22), Agency (05/20-04/21), Agency (05/21-04/22)

Internal Medical and Dental Bank Utilisation

Legend: Consultant, Non-consultant Career Grade, Trainee Grades

- Comparing the periods May 20 – April 21 to May 21 – April 22 , overall bank utilisation has increased from 249 wte to 273 wte and agency utilisation has decreased from 92 wte to 79 wte.

People: Delivering Excellence in Education & Training

Mandatory Training by Staff Group

Mandatory Training by Topic

Manddatory Training by Directorate

- Mandatory training compliance stands at 87.5% at end of April 2022, against an end of year target of 95%. The April 2021 position was 88.9%.

- Medical and Dental are the staff group with the lowest training compliance at 69.6% in April 2022 compared to 72.8% in April 2021.

- Appraisal compliance stands at 72%, at end of April 2022, against an end of year target of 95%. The April 2021 position was 79.5%. Interventions are in hand to improve this.

Appraisals
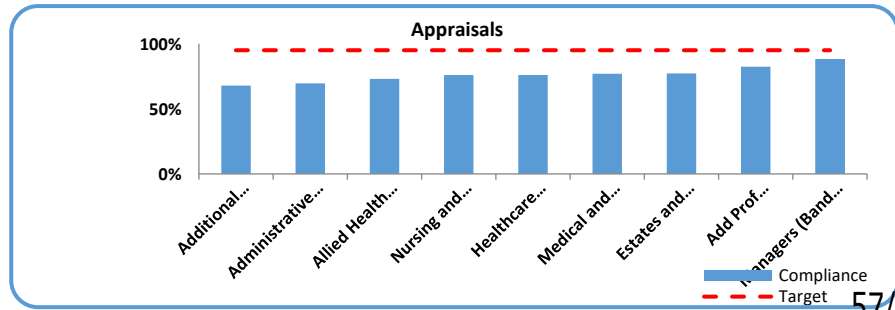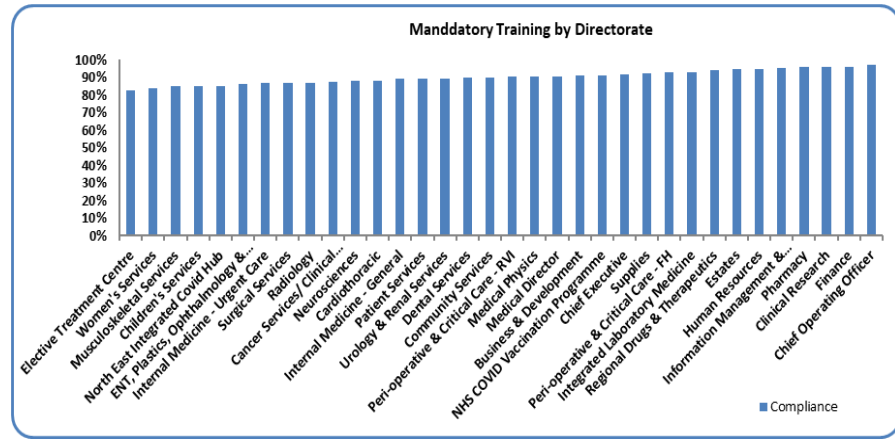
Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 30th April 2022.

The Trust submitted a financial Plan to NHSE for 2022/23 in April, along the lines of the request from the ICP/ICS to achieve a break-even position, however, the current plan is a deficit of £5.5m for the year. There are a number of assumptions made, including the delivery of a challenging Cost Improvement Programme, delivery of the Elective Recovery Plan and reducing long waits.

In the period to 30th April 2022 the Trust incurred expenditure of £108.2 million, and accrued income of £160.6 million on mainstream budgets and incurred expenditure of £0.8 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a deficit of £1.6 million. ICHNE is being treated on an 'Agent Basis' and is excluded for both income and expenditure, the figure is £2.2 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 30th April the Trust had spent £5.2 million capital, £2.1 million behind Plan.

Overall Financial Position			
	Month 1 Budget £'000	Month 1 Actual £'000	Month 1 Variance £'000
Income	109,518	106,634	(2,884)
Expenditure	109,907	108,194	(1,713)
I & E position (excl impairment) - Deficit/(Surplus)	389	1,560	1,171
Capital Programme	7,361	5,251	(2,110)

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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	(amber)	(green)	12/01/22 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. 18/03/22 - Update requested. 25/03/22 - Update to be provided at the March meeting. 28/03/22 - COO has met with Fardeen Choudhury our new Equality, Diversity & Inclusion Manager (Patients) and with the clinical directors for health inequalities. Together they have considered how best to do this and after various discussions have agreed that rather than look to have representatives on the HIG we should instead better link the existing Equality, Diversity and Human Rights (EDHR) group to the HIG. the COO has emailed J Baker and S Edusei for their thoughts on proposals 31/03/22 - A meeting was scheduled w/c 4 April between Ms Baker and the COO regarding the action. **19/25/2022** Meeting held between MW & JB re opportunities for supporting work of Health Inequalities Group and Collaborative Newcastle in partnership with voluntary and community sector - to ensure strong user voice. A number of follow up actions are being taken forward locally. Action complete.
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	(amber)	(red)	12/01/22 - Date for the deep-dive to be agreed. 18/03/22 - Update requested. 24/03/22 - An update has been requested from the Chair of the Audit Committee at Sunderland University regarding the matter. 19/05/2022 - Update requested from GK.
87	31/03/2022	PUBLIC	iii)Director reports: a.Medical Director: including: •Quarterly Guardian of Safe Working Report •Consultant Appointments	In the GoSW report, Ms Baker requested examples of the identified local solutions to rota gaps and whether these learnings were shared with other wards and departments. The MD/DCEO agreed to request this information from the GOSW [ACTION01].	MD/DCEO	New	(amber)	05/04/22 - The GoSW has confirmed that further examples of local solutions are included in the Annual GoSW report. This will be presented to a future Trust Board meeting. In addition the GoSW has agreed to share further examples during her regular presentation to the Trust People Committee. 20/05/22 - Awaiting submission of GOSW report.
88	31/03/2022	PUBLIC	iii)Director reports: b.Executive Chief Nurse	Ms Edusei requested further detail regarding one of the outcomes from the children and young people patient experience survey regarding distraction of children during treatment and whether this was considered to be a positive or negative indicator. The ECN agreed to feedback outwith the meeting with further context [ACTION02].	ECN	New	(green)	17/05/22 - Further information shared with the Trust NEDs.
89	31/03/2022	PUBLIC	iii)Director reports: e.Human Resources Director •Gender Pay Gap Report 2021/22	Ms Edusei requested that the information contained within the report be disaggregated further to allow for greater interrogation of the data. This would allow for the review of medical and dental staff as separate groups, as well as other staff groups and via protected characteristics. The HRD advised that this information would be made available to Board members and advised that the contents of the report met with the requirements for national reporting [ACTION03].	HRD	New	(amber)	19/05/2022 - Update requested from DF.
90	31/03/2022	PUBLIC	iv. Health Inequalities Update	Professor McCourt queried whether the recovery navigators in the emergency department, as referenced in section four, had commenced in post. The COO advised that he would ascertain this and feedback outwith the meeting [ACTION04].	COO	New	(green)	04/04/22 - The COO has confirmed that the Alcohol Care core team have been in post for some time and the additional funding is enabling the Trust to expand the team with the additional members of the team expected to be in post from June. The navigator posts are currently with HR with a view to recruitment happening shortly, overseen by the Lead Nurse for Substance Misuse.

Log No.	BOARD DATE	PRIVATE / PUBLIC	AGENDA ITEM	ACTION	ACTION BY	Previous meeting status	Current meeting status	Notes
91	31/03/2022	PUBLIC	iv. Health Inequalities Update	The Chairman requested a future 'spotlight on services' on the hub and spoke model utilised for the Children and Families Newcastle programme. The TS agreed to schedule this [ACTION05].	TS	New		19/05/2022 - GE contacted the Directorate Manager for the Great North Children's Hospital and Community Services to provide dates for Spotlights for the year to schedule in session.

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.