

## Public Trust Board of Directors' Meeting

Thursday 26 January 2023, 13:15 – 16.00

Venue: Freeman Boardroom for Board members only, all others to dial in via MS Teams

### Agenda

Item		Lead	Paper	Timing
Standing items:				
1.	Apologies for absence and declarations of interest	Sir John	Verbal	13.15 – 13.16
2.	Minutes of the Meeting held on 24 November 2022 and Matters Arising	Sir John	Attached	13.16 – 13.18
3.	Chairman’s Report	Sir John	Attached	13.18 – 13.23
4.	Chief Executive’s Report	Dame Jackie	Attached	13.23 – 13.33
Strategic items:				
5.	Digital People Story	Maurya Cushlow	Attached	13.33 – 13.43
6.	Trust Recovery Programme Update, including end of December Performance Position	Martin Wilson and Vicky McFarlane-Reid	Attached	13.43 – 14.08
7.	Annual Mental Health Update Report	Andy Welch / Dr Sarah Brown	Presentation	14.08 – 14.20
Business Items:				
8.	Director reports:			
a.	Medical Director; including i) Consultant Appointments ii) Guardian of Safe Working Quarterly Report	Andy Welch	Attached & BRP	14.20 – 14.30
b.	Executive Chief Nurse; including i) Ockenden Update report	Maurya Cushlow	Attached & BRP	14.30 – 14.40
	Refreshments break			14.40 – 14.45
c.	Director of Quality & Effectiveness; including i) Maternity CNST Report ii) Learning from Deaths iii) National Patient Safety Bi-Annual Report	Angela O’Brien	Attached & BRP	14.45 – 14.55
d.	Director of Infection Prevention & Control	Julie Samuel	Attached & BRP	14.55 – 15.05

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**Items to receive and any other business:**

9.	Update from Committee Chairs	Committee Chairs	Attached	15.05 – 15.15
10.	Corporate Governance Update including; i) Quarterly Declarations – October to December 2022 [FOR APPROVAL] ii) Appointments and Remuneration Committee Terms of Reference and Schedule of Business Updates [FOR APPROVAL]	Kelly Jupp	BRP	15.15 – 15.25
11.	Integrated Board Report	Martin Wilson	BRP	15.25 – 15.35
12.	Meeting Action Log	Sir John	Verbal	15.35 – 15.45
13.	Any other business	All	Verbal	15.45 – 16.00

**Date of next meeting:** Thursday 23 March 2023

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*Professor Sir John Burn, Chairman*

*Dame Jackie Daniel, Chief Executive Officer*

*Mr Andy Welch, Medical Director/Deputy Chief Executive Officer*

*Ms Maurya Cushlow, Executive Chief Nurse*

*Mr Martin Wilson, Chief Operating Officer*

*Dr Vicky McFarlane-Reid, Executive Director for Business, Development & Enterprise*

*Mrs Angela O'Brien, Director of Quality and Effectiveness*

*Ms Julie Samuel, Director of Infection Prevention and Control*

*Mr Steven Morgan, Non-Executive Director/Chair of Finance Committee*

*Mr Jonathan Jowett, Non-Executive Director/Chair of People Committee*

*Mr Graeme Chapman, Non-Executive Director/Chair of Quality Committee*

*Mr Bill MacLeod, Non-Executive Director/Chair of Audit Committee*

*Ms Jill Baker, Non-Executive Director/Chair of Charity Committee*

*Dr Sarah Brown, Consultant Psychiatrist/Associate Medical Director*

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## PUBLIC TRUST BOARD OF DIRECTORS MEETING

### DRAFT MINUTES OF THE MEETING HELD 24 NOVEMBER 2022

<b>Present:</b>	Professor Sir J Burn <i>[Chair]</i>	Chairman
	Dame J Daniel	Chief Executive Officer [CEO]
	Ms M Cushlow	Executive Chief Nurse [ECN]
	Mrs J Bilcliff	Chief Finance Officer [CFO]
	Dr V McFarlane Reid	Executive Director of Business, Development & Enterprise [EDBDE]
	Mr A Welch	Medical Director/Deputy Chief Executive Officer [MD/DCEO]
	Mr M Wilson	Chief Operating Officer [COO]
	Mr J Jowett	Non-Executive Director [NED]
	Ms J Baker	NED
	Mr G Chapman	NED
	Mr B Macleod	NED
	Professor K McCourt	NED
	Mr S Morgan	NED
	Mrs L Bromley	NED
	Professor D Burn	Associate NED [ANED]

#### **In attendance:**

Mrs C Docking, Assistant Chief Executive [ACE]  
Mrs D Fawcett, Director of HR [HRD]  
Mrs A O'Brien, Director of Quality and Effectiveness [DQE]  
Mr G King, Chief Information Office [CIO]  
Mrs J Samuel, Director of Infection Prevention and Control [DIPC]  
Mr J Dixon, Associate Director – Sustainability *(for item 22\32 ii only)*  
Ms C Wroe, NIHR CRN *(for item 22\31 iv only)*

#### **Observers:**

Mr J Reed, Performance Manager  
Mr P Home, Public Governor  
Mr I Wilson, Public Governor

**Secretary:** Miss E Marshall PA to Assistant Chief Executive

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

## **22/30 STANDING ITEMS:**

### **i) Apologies for Absence and Declarations of Interest**

Apologies for absence were received from Mrs Pam Smith, ANED, Ms Stephanie Edusei, NED, Mr Rob Smith, ED, and Mrs Kelly Jupp, Trust Secretary [TS].

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

**It was resolved:** to (i) **receive** the apologies for absence and (ii) **note** there were no other declarations of interest made.

**ii) Minutes of the Meeting held on 29 September 2022 and Matters Arising**

The minutes of the meeting were agreed to be an accurate record, subject to the following amendments:

- Page 8 – bullet point 4, correct spelling for ‘completed’ and change ‘implementation’ to ‘recommendations’.

There were no matters arising from the previous minutes.

**It was resolved:** to **agree** the minutes as an accurate record subject to the amendments highlighted and to **note** there were no additional matters arising.

**iii) Chairman’s Report**

The Chairman presented his report, noting:

- Attendance at the Daft as a Brush Charity Christmas light switch on.
- There had been many celebration events in recent months including the Celebrating Excellence Awards, the HSJ Awards where the ‘Towards Net Zero Award’ was given to Newcastle Hospitals and the Senior Nurse for International recruitment, Audrey Tapang, won the Overseas Nurse of the Year in the Nursing Times Awards.

The Chairman referred to these fantastic achievements in the backdrop of a cost-of-living crisis and the climate emergency.

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

**iii) Chief Executive’s Report**

The Chief Executive presented the report, noting:

- The current climate is challenging with a complex operational picture, including Accident & Emergency (A&E) seeing 18% more patients.
- The teams are making every attempt to open every bed possible and launching virtual wards where monitoring and care can be given at home rather than in hospital.
- The staff vaccination programme has continued, focusing on delivering flu and covid vaccines. Although 18,000 doses have been delivered, there are less staff coming forward, a trend that has been echoed nationally.
- The on-going national pay dispute for nurses is something that is being planned.
- The focus on accelerating recovery continues, productivity is looking promising although there is still room for further improvement.
- The opening of a new endoscopy room has provided extra capacity.

- Close working with colleagues at Gateshead Health NHS Foundation Trust to increase community diagnostic capacity.
- There has been encouraging progress in cancer pathways.

The CEO paid tribute to Dee Fawcett, Human Resources Director, for her contribution as this was the last Board meeting prior to her retirement.

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

## 22/31 **STRATEGIC ITEMS**

### i) **Digital People Story**

The ECN introduced the digital people story.

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

### ii) **Trust Recovery Programme:**

- a. General Update; and**
- b. End of October Performance Position**
- c. Tier 1 & Tier 2 Elective Recovery Programme**

The COO noted that performance is stable but the high occupancy levels has put pressure on the elective programme. There has been a decrease in the number of monthly breaches, through several initiatives such as weekend clinics and advanced working with primary care.

The EDBDE noted the following points on the Tier 1 & Tier 2 Recovery programme:

- The document provides assurance against several recommendations from the NHS England (NHSE) letter of 25 October 2022.
- The current focus is on those areas identified within the 'Further Improvement' column in the report.

The COO advised the Newcastle Plan Delivery Board (NPDB) were regularly reviewing the metrics.

Mr Macleod requested a similar report to be presented in three months to demonstrate improvements have been made. The EDBDE noted a meeting with Integrated Care Board (ICB) colleagues was scheduled and this report would be used as evidence to support the recovery programme.

Professor McCourt queried the progress of the Day Treatment Centre. The COO confirmed the data for October is showing the centre is broadly on plan and in a strong position with the workforce. The overall feedback from staff and patients has been positive and there have only been 3 examples where the patient has had to remain in hospital overnight. The process for non-emergency transfers was followed and all positive outcomes reached with discharge the following day.

**It was resolved:** to **receive** the reports and **note** that the Tier 1 and Tier 2 compliance document had been ratified as submitted during the Private Session of the meeting.

### iii) Strategy Update

The EBDDE presented the report, highlighting the following points:

- Work will begin in early 2023 to develop a new strategy.
- There have been several recent achievements to note:
  - Opening of the Day Treatment Centre.
  - The Senior Leaders Programme has been rolled out in collaboration with the Institute for Healthcare Improvement (IHI) to the top 100 leaders within the organisation.
  - The Care Quality Commission (CQC) State of Care annual assessment for health care and adult social care highlighted the Northern Centre for Cancer Care as an area of good practice after they introduced seven-day working and enhanced ambulatory care.
  - Regional Spinal Network – spinal surgeons from MSK and Neurosurgery have established an internal cross directorate partnership to address capacity issues with spinal surgery.
- Work to refresh directorate strategies has begun and should be completed by March 2023 with the view of making the most of internal restructures.
- The Trust strategy will need to take into account the ICB Five Year Plan due to be published in April 2023 and the Integrated Care Partnership (ICP) Integrated Care Strategy, due to be published in December 2022.

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

### iv) Health Inequalities Update

A pre-recorded presentation was delivered by Dr Maria Clement and Dr Sophie West providing an update from the Newcastle Hospitals Health Inequalities Group since being appointed in 2021. The following key points were noted:

- The core group are regularly attending both local and regional meetings with peers.
- Both Dr Clement and Dr West have met with several teams and individuals to support what they are doing for their teams, what challenges they are faced with and discussing possible solutions.
- The Newcastle Hospitals Health Inequalities Collaboration Day on 2<sup>nd</sup> November 2022 was well attended with 125 delegates pre-registered. This was supported by Newcastle Hospitals Charity.
- Plans are underway for 2023 focusing on how to disseminate knowledge and experience, and specific workstreams.

Ms Baker asked how more can be done through the charity. Mr Chapman noted the work was very commendable and it will be good to see the progress.

Mr Macleod noted the great work of the team and queried if an impact of the cost-of-living crisis is being seen. The COO advised the trust is an active partner and working

collaboratively for patients to access the services available. Ms Baker advised a number of charitable organisations have closed which offered frontline support.

The Chairman explained that Newcastle Hospitals have been leaders in drawing attention to health inequalities.

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

**v) Research Update: National Institute for Health and Care Research Clinical Research Network (NIHR CRN)**

Ms Wroe presented a summary on the Clinical Research Network. The following key points were noted:

- The scope of the network includes 11 NHS foundation trusts, 64 primary care networks, 13 local authorities, social care, and the voluntary sector.
- Performance headlines included:
  - Recruitment of 56,767 participants to 790 studies.
  - Funded 480 full-time Nursing, Midwifery and Allied Health Professional (NMAHP) research delivery and support staff.
  - Funded approximately 800 hours of consultant staff time.
  - Several Covid-19 studies carried out.
  - £265,140 of funding awarded to support new research that addresses local unmet health needs.
  - Moving to flexible working within the Core Team.
  - Recruited the Direct Delivery Team – a new mobile workforce to support research.
  - Delivered training courses to over 500 participants.
- The network is the second largest in the UK.
- Future changes to the network include:
  - The network will have a new name – NIHR Regional Research Delivery Networks.
  - There will be fewer networks but no change to geography for the North East and North Cumbria.
  - The scope is likely to be very similar.
- The challenge faced is around clinical capacity in hospitals, although there is little scope for additional work.

The CEO thanked Ms Wroe for the presentation and noted national research bodies are becoming more competitive in terms of funding grants, so it is positive that the network shines in this space. The CEO highlighted the need to ensure research does not get squeezed in the challenging climate.

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

**22/32 BUSINESS ITEMS:**

**i) Director Reports:**



- a) **Medical Director; including:**  
ii) **Honorary Consultant Appointments**  
iii) **Consultant Appointments**

The report outlined recent Consultant Appointments.

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

- b) **Executive Chief Nurse; including**

The ECN summarised the report, highlighting the following:

- **Spotlight on International Recruitment (IR)**
  - International recruitment has continued to play an important part of the recruitment strategy. Since 2015, the Trust has deployed 308 internationally recruited nurses and 2 midwives.
  - There are some challenges around accommodation and housing for international recruits and from talking to partners this is not just an issue for the Trust.
  - The team support a positive pastoral experience for the IR recruits from pre-deployment to full integration into the clinical teams.
  - As referenced earlier, Audrey Tapang, Senior Nurser for International Recruitment was successfully awarded the international Nurse of the Year Award at the Nursing Times Workforce Awards.
- **Patient Experience Quarter 2 (Q2) 2022-2023**
  - The report contains an overview of the Equality Delivery System which is a mandatory improvement tool from NHS England.
  - There is work to do around interpreter availability and accessible information standards, ensuring information is available in various formats.
- **Safeguarding Quarter 2 (Q2) 2022-2023**
  - In adult safeguarding, the current trend matches the previous two years.
  - In children's safeguarding, the Trust has continued to see an increase in activity. The highest categories of referrals being neglect, followed by self-harm.

The ECN noted NHSE have approached the Trust around having a programme in place for Ukrainian refugees and recruitment. The HRD confirmed the Trust is connected to Newcastle partners for this.

Mr Morgan queried how welcoming is the northeast community towards internationally recruited nurses. The ECN explained that it is a mixed response, but the Trust operates a zero-tolerance policy to abuse and the HRD confirmed any abuse that is reported will be acted upon.

Ms Baker queried interpreter availability and the ECN confirmed there is a contract in place, but this is due to be re-negotiated.

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

### i) Nursing & Midwifery Staffing

The ECN presented the report, including:

- The mid-year staffing review is combined with the quarterly staffing review.
- There is robust professional leadership in place, supported by staffing governance frameworks. This has been presented at Quality Committee.
- The staffing situation remains challenging due to high bed occupancy and increased patient acuity.
- The Trust uses the Safer Nursing Care Tool (SNCT) which supports better understanding of deployment of staff.
- The midwifery workforce turnover is broadly in line with the nationally reported rate.
- 6.75 whole-time equivalent (WTE) midwives have been over-recruited to improve the position.
- Sickness absence rates within the midwifery service is higher than Shelford peers.
- The Band 5 Registered Nurse vacancy rate sits at 5.8% and turnover is just over 10% which is slightly below the national average.
- There has been increased deployment of Healthcare Assistants.
- There has been a focus on recruiting a pool of staff able to work in various locations to help the position.

Ms Baker noted a recent visit to the burns unit and the low staff turnover and queried how to strike the balance between specialist recruitment and generic recruitment. The ECN confirmed there has previously been a reliance on the goodwill of nurses to work between departments but the recruitment of nurses to work across various areas had been welcomed.

**It was resolved:** to (i) **receive** the mid-year staffing update, (ii) **note** the progress with the actions from the annual review and (iii) **receive** the quarterly staffing review.

### ii) Safeguarding Annual Reports

The ECN noted the report in the Board Reference Pack.

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

### iii) Ockenden Update report

The ECN noted assurance to the Board that the Directorate are working hard to meet the standards required.

The ECN explained an identified risk of achieving and maintaining 90% multi-disciplinary obstetric core competency training for all specialities which is both a requirement of Ockenden and CNST. Workforce pressures have resulted in the training being suspended; therefore, 44 members of staff still need to have carried out this training by 1<sup>st</sup> December 2022.

The ECN drew attention to section 7.2 which references the independent investigation led by Dr Bill Kirkup. The team are looking at the detail of the report and the four key areas for action that it outlines.

**It was resolved:** to **receive** the report and to **note** the current level of assurance and the identified gaps in assurance.

**c) Director of Quality & Effectiveness; including**

**i) Maternity Clinical Negligence Scheme for Trusts (CNST) Report**

The DQE presented the report, including:

- There has been a relentless focus on patient safety, achieving 8 of 10 Maternity Safety Actions.
- The revised version has changed from an annual requirement to a consecutive 12-month period which has impacted the Trust's ability to comply these training standards.
- Training has been paused due to clinical care and patient safety. The DQE will be writing to NHS Resolution to explain, and it is imperative not to dilute the quality of training.
- There is a risk the Trust will not comply by 5 December, but a statement of mitigation will be put forward.

Mr Chapman noted the difficult decisions made and agreed that the quality of training must be maintained.

**It was resolved:** to **receive** the report and **approve** the self-assessment to date.

**ii) Learning from Deaths**

The DQE presented the report, including:

- The report covers Quarter 1 2022-2023.

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

**iii) Quality Account Update**

The DQE presented the six-month review report, outlining progress against the eight priorities identified for 2022-2023. The DQE proposed all priorities will remain Quality Account priorities in 2023-2024. The Quality Account will need to be published by 30<sup>th</sup> June 2023.

**It was resolved:** to (i) **receive** the report and (ii) **note** the recommendations for Quality Account priorities in 2023-2024.

**d) Director of Infection Prevention & Control**

Dr Samuel presented the report regarding Healthcare Associated Infections (HCAI's). The following was noted:

- The current position within the Trust to the end of October 2022.
- The Trust has seen an increase in Covid-19 Hospital-onset definite healthcare-associate cases in September and October.
- Quarter 2 saw an increase in spinal surgical infections. These infections are not all Trust acquired but measures have been implemented to ensure all dressings must be performed in a treatment room.
- As the temperature drops throughout winter, the increase in referrals is likely and there will be a direct link to the health inequalities across the region.

Dr Samuel and the MD/DCEO confirmed they have discussed the post-operative infections data with the national infection surveillance team to ask if the community acquired infections could be separated from the hospital acquired infections, however, this is not possible without a post discharge questionnaire and additional resource would be required to do this.

Dr Samuel thanked the Board for their support of new initiatives.

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

**e) People Report**

The HRD presented the People Report, highlighting the following:

- Staff sickness absence rates remain high and have not yet returned to pre-covid levels but there will be a real focus on improvement actions in the coming months.
- The staff survey closes on 25 November, the response rate stands at 43%.
- The Trust has been shortlisted for several awards recently, particularly recognising the leadership development programmes.
- The Virtual Learning Environment will be launched week commencing 28 November and this should significantly improve ease and access to mandatory training.
- The Board has endorsed the clinical directorate restructure which will continue to be a focus in the New Year.
- The volume of recruitment remains high and continues to be a busy period for the HR recruitment team. Medical recruitment can often take longer which does not help in attracting candidates.
- The Royal College of Nursing (RCN) members have voted to strike and there are an additional four unions balloting their members.

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

**ii) Annual Climate Emergency Update**

James Dixon, Associate Director for Sustainability, presented the update, noting the following:

- The Executive Oversight Group for Climate Emergency have been tasked to address the red flags highlighted in the report.
- Highlights:
  - Collaborative work with the city council including a potential to look at alternative heat sources.

- Two new builds are on track to be Building Research Establishment Environmental Assessment Method (BREEAM) outstanding.
- There are more plans for Freeman Hospital biodiversity.
- Challenges
  - Waste management and procurement.
  - Investment in the Capital Departmental Expenditure Limit (CDEL) and Cost Improvement Programme (CIP).
  - Capacity for staff to act.

Mr Chapman noted the building energy usage is high. Mr Dixon explained that the Nightingale Hospital North East and Integrated Covid Hub North East laboratory are included in the figures.

Mr Macleod queried if there is a risk of not hitting the net zero by 2030 target. Mr Dixon answered by outlining the key strategic aims would be put at risk. Mr Dixon also noted the following points:

- There is a need for Northern PowerGrid to enhance infrastructure to make these aims possible.
- The collaborative work with Newcastle Council to develop new infrastructure.
- We hope to work together to have a corporate power purchase agreement, and this is likely to take a few years to develop but there is appetite from peers.

The Chairman acknowledged that the hospital estate is very varied and queried how the worse buildings are highlighted for energy efficient improvements. Mr Dixon explained this can be identified.

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

## 22/33 ITEMS TO APPROVE

- i) **Charity Annual Report and Accounts**
  - **Robotic Expansion Grant**

The Charity Annual Report and Accounts for 2021/22 were presented for approval.

Ms Baker advised the grant to purchase additional surgical robotics system was considered and supported at the Newcastle Hospitals Charity Committee meeting on 4 November.

The ACE noted the funds would be drawn from the existing charitable balance (a contribution of circa £1m) and £875,000 from a donor. The grant will support expanding the Trust's Robotic Assisted Surgery Programme.

Mr Morgan queried if there is a process for due diligence. The ACE confirmed there is a rigorous process in place to validate any donations received.

**It was resolved:** to **approve** the Robotic Expansion Grant of £1,857,526 and to **approve** the Annual Report and Accounts 2021/22.

**22/34 ITEMS TO RECEIVE AND ANY OTHER BUSINESS****i) Update from Committee Chairs**

The report was received, with the following additional points to note:

*People Committee*

Mr Jowett advised the recent People Committee meeting was observed by Public Governor, Judy Carrick. The Communications Strategy was presented, and the General Medical Council (GMC) Survey results discussed.

*Charity Committee*

Ms Baker advised the addition of a monthly Charity Grants Committee meeting as well as the quarterly meeting. This has proved very valuable in processing the grant applications quickly. Katie Hickman also provided an update on the Arts Programme.

*Quality Committee*

Mr Chapman noted the metrics from infection control team, which are a testament the team maintaining such high standards. Mr Chapman took part in a leadership walkabout which was a hugely humbling exercise to see the fantastic level of care provided, especially by Healthcare Assistants.

*Audit Committee*

Mr Macleod noted the addition of the Senior Information Risk Owner (SIRO) report, which detailed the cyber and information governance updates. This provided good assurance in a complex and ever-changing environment. Mr Macleod also advised the Charity Annual Accounts were approved.

*Finance Committee*

Mr Morgan noted the challenges with the budget and there will be some difficult decisions to make in Month 9. Mr Morgan also explained that the Estates Directorate have a good chance of spending their budget and CDEL monies. The expectation is for the board to review prioritisation, costs, and objectives for the next financial year.

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

**ii) Corporate Governance Update**

- **Quarterly Declarations – July to September 2022**

**It was resolved:** to (i) **receive** the report and (ii) **approve** the quarterly declarations.

**iii) Integrated Board Report**

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

**iv) Meeting Action Log**

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

**v) Any other business**

The Chairman noted the retirement of Dee Fawcett, Human Resources Director and thanked her for her contribution over her years and service at Newcastle Hospitals.

**vi) Date and Time of Next Meeting**

The next meeting of the Public Board of Directors is on **Thursday 26 January 2023** at **13:00-16:00** in **Board Room, Freeman Hospital / MS Teams**.

**There being no further business, meeting closed 15.45.**

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## TRUST BOARD

Date of meeting	26 January 2023						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elsander, Corporate Governance Officer and PA to the Chairman and Trust Secretary						
Status of Report	Public	Private		Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance		For Information			
	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Summary	<p>This report outlines a summary of the Chairman's activity and key areas of focus since the previous Board of Directors meeting, including:</p> <ul style="list-style-type: none"> <li>• Council of Governors</li> <li>• Spotlight on Services on Endoscopy</li> <li>• Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives</li> <li>• National engagement with the Chairs of the NHS Confederation Trusts</li> </ul>						
Recommendation	The Trust Board is asked to note the contents of the report.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>Pioneers – Ensuring that we are at the forefront of health innovation and research.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

## CHAIRMAN'S REPORT

### EXECUTIVE SUMMARY

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

- Council of Governors
- Spotlight on Services on Endoscopy
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives
- National engagement with the Chairs of the NHS Confederation Trusts

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

## CHAIRMAN'S REPORT

We face a conflation of challenges unprecedented in NHS history. The impact of the pandemic is still being felt: new Covid 19 infections combined with flu and other viruses, the effect of long Covid on population health, industrial action and staff shortages are all impacting our efforts to clear the backlog resulting from earlier treatment delays. Changing behaviours and a significant rise in the older population result in more emergency presentations while wider socioeconomic challenges cause pressure on primary care and social care which exaggerate the burden on secondary and tertiary care. Climate change, meanwhile, marches on, bringing with it global population shifts which will adversely affect all countries.

Against this backdrop, our task as a leading teaching hospital is to maintain activity, standards and morale. We have much to celebrate and admire. Our staff continue to deliver despite the challenges and to support healthcare in the wider region. The Trust was again well represented among the finalists at the national Health Service Journal (HSJ) awards 2022 and it was an honour to join them at the ceremony.

Newcastle Hospitals was named the winner of the Towards Net Zero award. Associate Director – Sustainability at Newcastle Hospitals, James Dixon said: “This is fantastic recognition of the hard work undertaken by our green champions, Sustainability Team and everyone at Newcastle Hospitals who has supported delivery of the actions within our Climate Emergency Strategy.”

I was pleased to Chair our Members’ Event on 1 December which focussed on Innovation. We received two presentations; Dr David Rix, Clinical Lead, and Rachel Lonsdale Directorate Manager, described the successful opening of the Day Treatment Centre and Patricia Herrero, Senior Genetic Technologist, presented the successful implementation of region-wide screening for Inherited Bowel Cancer using the Newcastle MSI-Plus assay developed by Newcastle Health Innovation Partners (NHIP).

On 8 December 2022 I chaired the last Council of Governors meeting of 2022. In addition to the regular updates in relation to Quality & Patient Safety, Performance & Delivery we were joined by Melanie Cunningham, Associate Director of Operations who delivered an informative presentation on Patient Flow within Newcastle Hospitals.

Since our last Board meeting, we have undertaken one “Spotlight on Service” session in Endoscopy, where I and a number of Non-Executive Directors were joined by a team including Chris Wright, Directorate Manager, and Jonathan O’Brien, Assistant Manager in Surgical Services who delivered a short presentation before meeting staff within the department at the Freeman Hospital.

At a regional level, I continue to engage with both Foundation Trust Chairs and the Integrated Care Partnership and participated at a meeting on 1 December where we were joined by Ken Bremner, Chief Executive Offer of South Tyneside and Sunderland NHS Foundation Trust (FT) to update us on the work of the Provider Collaborative. Other topics

for discussion included the Ockenden requirements and maternity challenges as well as a discussion in relation to the work of the Disabled NHS Directors Network.

I have attended two meetings of the North ICP Chairs, Local Authority Leaders and Voluntary & Community Sector Representatives (VCS) held on 8 December 2022 and more recently 12 January 2023. At the latest meeting, discussion focussed on the Crisis in Health and Care and the adverse effects on many individuals. Following time exploring the causes, concerns and impacts of the current crisis we discussed how we can collectively address this.

I also attended a virtual Regional Roadshow hosted by Richard Barker, Regional Director NHS England – North East & Yorkshire. Amanda Pritchard, NHS Chief Executive, Julian Kelly NHS Chief Financial Officer and David Sloman NHS Chief Operating Officer joined the meeting for a discussion in relation to the 2023/24 Planning Guidance.

At a national level I attended a virtual meeting on 12 December 2022 with the Chairs of the NHS Confederation Trusts. The session focused on the Covid-19 inquiry where we were joined by Katherine Ibbotson, Director of Governance and Legal for NHS England and NHS Improvement.

### **RECOMMENDATION**

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

**Report of Professor Sir John Burn**  
**Chairman**  
**18 January 2023**

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

## TRUST BOARD

Date of meeting	26 January 2023						
Title	Chief Executive's Report						
Report of	Dame Jackie Daniel, Chief Executive Officer (CEO)						
Prepared by	Caroline Docking, Assistant Chief Executive Lewis Atkinson, Principal Advisor Alison Greener, Executive PA to the CEO						
Status of Report	Public <input checked="" type="checkbox"/>		Private <input type="checkbox"/>		Internal <input type="checkbox"/>		
Purpose of Report	For Decision <input type="checkbox"/>		For Assurance <input type="checkbox"/>		For Information <input checked="" type="checkbox"/>		
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> <li>• Unprecedented winter pressures and industrial action;</li> <li>• Planning for 2023/24;</li> <li>• Renewing our leadership and management approach; and</li> <li>• Headlines from other key areas, including the Chief Executive Officer's networking activities, our awards and achievements.</li> </ul>						
Recommendation	The Board of Directors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Human Resources <input checked="" type="checkbox"/>	Equality & Diversity <input type="checkbox"/>	Reputation <input checked="" type="checkbox"/>	Sustainability <input checked="" type="checkbox"/>
Impact detail	This is a high-level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report.						

## CHIEF EXECUTIVE'S REPORT

### **EXECUTIVE SUMMARY**

The content of this report outlines a summary of Chief Executive activity and key areas of focus since the previous Board meeting, including:

- Unprecedented winter pressures and industrial action;
- Planning for 2023/24;
- Continuing to reduce elective waiting times;
- Renewing our leadership and management approach;
- CQC inspections and surveys;
- Service visits and work with partners;
- National influencing, networking and leadership; and
- Recognition and awards for staff.

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

## CHIEF EXECUTIVE'S REPORT

### 1. OVERVIEW

The last two months have been among the most challenging for the NHS that I have experienced in my 40-year career. Unprecedented pressures are facing the health and care system and the concerns raised by the public, staff and the media across the UK are significant. Every member of NHS staff wants to be delivering the best possible care for our patients and that is what I know all our staff try to do every day when they come to work. On top of the physical and emotional demands that are always involved in caring work, there is an additional and painful toll that is taken whenever pressures on the system mean that we cannot support patients in the way we would hope to.

We still receive hugely supportive feedback from patients who recognise that *'everyone is doing their very best'* and who want to acknowledge that the care they've received was *'amazing'*. It is important to remember the huge positive difference that we do continue to make, even in the most difficult circumstances, to the patients and families whose lives we touch. Our quality and performance metrics continue to show that we provide care that is among the best in the country – but we need to acknowledge that, in Newcastle as across the UK, it is less easily available and subject to more delays and difficulties than it was even 12 months ago.

I continue to be incredibly grateful to every member of the team for their hard work and perseverance in the most difficult of circumstances. I am reminded that the NHS, given time and resources, has improved from hugely challenging circumstances before and I know it can do so again. I, the Executive Team and the Board will continue to do all we can to support staff today while also working for a better tomorrow.

#### **Winter operational situation**

In December, attendances at our Accident & Emergency (A&E) department at the Royal Victoria Infirmary (RVI) were 27.2% higher than they were in December 2019. Pressures were exacerbated by peaks of flu and Covid which not only increased levels of population ill-health but also meant that staff sickness absence surged.

High levels of emergency attendances and resulting admissions have had a huge impact throughout the entire organisation, with bed occupancy regularly exceeding 95% and, at peak, more than 220 medical patients 'boarding' into wards different to those where they would have normally been admitted if capacity was available. All the region's hospitals have been in a similar situation, so it has been very difficult to transfer those patients who came to Newcastle to access the specialist beds we provide back to their local hospital, further exacerbating our organisation's capacity pressures.

Bottlenecks caused by lack of bed availability have unfortunately often led to prolonged waits in the A&E department and assessment suite for patients who require admission. But despite operating at the highest levels of operational pressure, we have continued to receive and offload ambulances in a timely manner, and I am proud we continue to have the lowest rate of ambulance handover delays in the North East and Cumbria. Ensuring ambulances have been able to offload their patients is the main way we support the North



East Ambulance Service to achieve the fastest possible response times to patients who call 999 – this was particularly crucial on the 21<sup>st</sup> December and 11<sup>th</sup> January when ambulance staff took industrial action.

In our Trust, members of the Royal College of Nursing took industrial action on 15<sup>th</sup> and 20<sup>th</sup> December as part of their national pay dispute with the Government. I know that nursing colleagues made the decision to strike with a heavy heart, and I appreciate how difficult that was for them. There was extensive work in advance of and during the strike days to agree appropriate derogations and mitigations to maximise safety and the continuity of critical service provision. I want to thank our nursing and operational teams for the way they managed this difficult situation with professionalism and a continued focus on the wellbeing of our patients.

Looking forward, at the time of writing we expect the Trust to be impacted by industrial action from members of the Chartered Society of Physiotherapy on the 26<sup>th</sup> and 27<sup>th</sup> January, and from further action by the Royal College of Nursing on 6<sup>th</sup> and 7<sup>th</sup> February.

### **Planning for 2023/24 and continuing to reduce elective waiting times**

On the 23<sup>rd</sup> December, NHS England published the priorities and operational planning guidance for NHS organisations to follow until March 2024. The immediate priority remains to continue recovering core services and productivity, including improving patient experience by improving both elective and emergency waiting times.

We are continuing to reduce the number of patients who wait the longest for elective care and are working to ensure that by the end of March no-one is waiting more than 78 weeks other than a small number of patients who require highly specialised care such as complex spinal surgery. While pressures constrain the amount of inpatient elective activity we have been able to carry out, we know that most patients on our waiting list will be treated as a day case or as outpatients. We are therefore focused on maximising the throughput of our new Day Treatment Centre, which recently welcomed its 1,000<sup>th</sup> patient, and of every outpatient clinic. Many staff have offered to take on extra shifts as part of our initiative to reduce waits and I remain hugely grateful for all their efforts.

A continued focus on productivity will be required throughout 2023 as we work to ensure no-one is waiting more than 65 weeks by March 2024 while also delivering the significant financial efficiency savings that we will be expected to make as part of our financial settlement. Corporate teams are currently working hard to develop activity, finance, and performance plans for 2023/24 with directorates. They will be presented at March's Board meeting.

### **Renewing our leadership and people approach**

At our Trust Management Group (TMG) at the end of November, I spoke with the organisation's most senior clinicians and managers about the leadership challenge we now face and the approach we are intending to adopt. In every area our job is to work to deliver quality care, within the available budget, that meets the expected performance standards and in a way that is supportive and sustainable for our staff.

Our existing management structure comprising of 21 separate directorates was put into place at a very different time, but we have heard feedback that the current arrangements can now be difficult to work across to deliver improvement. In the coming months, we will be introducing a new leadership and management structure which will reduce the number of separate management units, bringing services together into eight new clinical boards. In the last two months, key clinicians and managers whose services will in the future be grouped within the same clinical board have been brought together in a series of workshops. It is exciting to hear feedback from those workshops about the extent of the opportunity there is to work better together. We know that staff cannot work harder than they are already – so our only route to deliver the further capacity we need for the future is to work better together, both within our organisation and with our partners. That is why changing the way we are managed is so important for our future success. We will provide regular updates to the Board as we mobilise the new arrangements in coming months.

### **New Chief People Officer**

This month we welcomed Christine Brereton who has joined our Executive Team as Chief People Officer. In Newcastle, we have an ambition to be the best place to work in the NHS and it is vital that we develop a modern and long-term approach to how we recruit, retain and support our staff so that we can continue to provide outstanding services. I know that Christine will bring energy, expertise and a compassionate approach to this important task and I look forward to working with her.

### **Care Quality Commission (CQC) visits and maternity survey**

Since the last Board meeting, we have received two inspection visits by the CQC. On 30<sup>th</sup> November and 1<sup>st</sup> December, CQC inspectors visited to look at how we provide care to patients with a mental health need, and/or a learning disability or autism, and how we comply with the Mental Health Act and Mental Capacity Act. On 10<sup>th</sup> and 11<sup>th</sup> January, the CQC visited our maternity department as part of its national inspection programme for these services. We will share formal feedback from these inspections with the Board as soon as it is received.

This month the CQC also published results of its national maternity survey and I am delighted that once again Newcastle Hospitals has been rated amongst the best in the country for the care provided to mums and babies. The maternity team have also rolled out a new electronic records system 'Badgernet' which will facilitate further improvements to their work as well as allowing expectant parents to access their maternity healthcare records remotely through an app. I know the maternity team pride themselves on delivering outstanding levels of care at all stages of the maternity journey. The excellent patient survey results and way in which they have successfully worked with IT colleagues to implement their new records system are a testament to all their hard work.

## **2. NETWORKING ACTIVITIES**

In the last two months, I have continued a programme of meeting colleagues within and outside the organisation to maximise our collective understanding, reach and influence.

### **Service Visits**

In November, I spent the afternoon visiting our surgical wards at the RVI, including the surgical assessment unit which opened in May 2022. This service takes referrals directly from GPs and from the emergency department and assesses patients who might need to undergo surgery following complaints such as abdominal pain.

The positive impact on patient care of this new approach to the surgical admissions pathway were clear – better experience for the 30-40 patients a day using the unit and improved flow through the emergency department and wider hospital. Improvements have been supported by the introduction of new roles, including our first surgical assessment practitioner, and the enhancement of skills for many members of the team. Across all wards I visited (including 36, 44, 46 and 47), I was impressed by the enthusiasm and professionalism of all staff, from experienced specialists to new team members, and how they are working together to support each other and develop new ways of working.

In December, I spent time in our A&E department and visiting our new Clinical Decisions Unit (CDU). The CDU is a dedicated facility which has capacity to treat up to 10 patients at a time who are medically stable, had most of their care completed and are likely to go home but are waiting for things such as transport, a hospital transfer, blood tests, a mobility assessment or specialty review. As well as improving the patient experience in terms of privacy, dignity and comfort, it also helps to free up space in our busy A&E Department, reducing corridor care and improving safety. Our front of house teams have been in the eye of the storm in recent months – I am humbled by the resilience and ongoing commitment they show, and I'm pleased we have been able to continue to provide expanded facilities and space to support their work.

### **Newcastle Building Society**

Over the last 10 years the Newcastle Building Society has supported the Sir Bobby Robson Foundation, one of our Newcastle Hospitals Charity Funds, with an amazing £3m donated to help find more effective ways to detect and treat cancer. To mark this magnificent achievement, I was proud to visit the Building Society's headquarters to join Lady Elsie Robson and Stuart Miller, Chief Customer Officer at Newcastle Building Society. The work between the Building Society and all involved in the charity is a team effort I have no doubt Sir Bobby would be thrilled about.

### **Partnership work in Newcastle and across the North East and Cumbria**

We continue to work with civic partners in Newcastle as part of our Collaborative Newcastle approach to improve and integrate our health and care services. I have had a number of meetings in recent months in support of this work. I particularly want to highlight the work of colleagues at Newcastle City Council and in the Newcastle place team of the Integrated Care Board who have worked together well with us over winter to minimise the number of patients who have experienced delays in discharge from our hospitals as a result of waiting for social care support.

In December, I met with Pam Smith (Chief Executive, Newcastle City Council), Chris Day (Vice-Chancellor, Newcastle University) and Andy Long (the new Vice-Chancellor for Northumbria University) to discuss how we can continue to develop our partnership work for the benefit of the city. Newcastle is distinctive in having two excellent universities with strong links with the NHS and I look forward to continuing to working closely together with

them to develop not only our services and staff, but also the economic prospects of the city and wider region.

I have continued to meet with NHS Chief Executive colleagues from across the region, including those from Leeds, Sheffield and Sheffield Children's Trusts as part of our continued joint work to provide the North East & Yorkshire's Genomic Laboratory Hub. Within the North East and North Cumbria I continue to meet regularly with colleagues in Gateshead, Northumbria and North Cumbria Trusts as we work to improve collaboration and unlock joint opportunities for service development and efficiencies.

### **National policy and influencing**

I regularly participate in events through my roles in the Shelford Group and as Vice-Chair of the NHS Confederation. This week I was delighted to welcome Lord Victor Adebawale, Chair of the NHS Confederation, to visit us in Newcastle – I know he was inspired by the care he saw staff delivering and will use the insight he gained to help inform the conversations he holds at the highest policy-making levels.

In November, I met with the Board of NHS England as they considered how best to develop and support the leadership the NHS needs. Following publication of various reviews of NHS leadership in recent years, including the Messenger report, it is a clear priority of the NHS England to deliver the recommendations made and to enhance the support available to NHS Chief Executives and their Executive Teams. I regularly mentor and advise several NHS senior leaders and I look forward to continuing to support leadership development within Newcastle and nationally in the future.

Earlier this month I met with the Health Secretary, Steve Barclay, along with fellow Board members of the Office for the Strategic Coordination of Health Research. The NHS' unique size and expertise is a huge asset for the nation as we look to become a research and science superpower, and it was positive to hear the Secretary of State acknowledge the particular strengths that are found in research-intensive organisations like ours who have long and deep relationships with excellent local universities.

## **3. RECOGNITION AND ACHIEVEMENTS**

Our staff continue to provide the very best services for our patients, with many innovations and examples of excellence recognised at regional and national level.

### **HSJ Awards**

As I mentioned verbally at the last Board meeting, our work to tackle the climate emergency was recognised in the HSJ Awards in November when the trust won the **Towards Net Zero Award**. The judging panel said: *"Newcastle Hospitals has taken a strategic leadership position to tackle the impact it has on climate breakdown, not just relating to the threat that the climate crisis presents to the planet but also to health, wealth and wellbeing locally. The organisation displayed a mature proposition and showcased that it is being led from the top."*

At the same awards ceremony, The Children's Hospital Alliance, which includes our Great North Children's Hospital, were awarded the **Performance Recovery Award** in recognition of the work of the Paediatric Accelerator programme.

I am pleased to report that we also have three finalists in the **HSJ Partnerships Awards** which will be judged in March. In the **Environmental Sustainability Project of the Year** category, both the ICS Clean Air Partnership (a collaboration between the Trust, Boehringer Ingelheim and Global Action Plan) and our international collaboration to bring an NHS first in nitrous oxide tackling technology (a partnership between the trust, BPR Medical and Medclair) have been shortlisted. In the **HealthTech Partnership of the Year** award, Newcastle Hospitals is one of a number of trusts in the region to be shortlisted with Health Call Solutions for their Innovate, Digitise, Transform programme.

### **Nursing Times Awards**

I was delighted to see Audrey Tapang announced as the deserving winner of **Overseas Nurse of the Year** category in the Nursing Times Awards 2022. Audrey relocated from the Philippines to pursue a new start in life with the Newcastle Hospitals in 2015 and began her nursing career in cardiothoracic intensive care.

She now has a senior clinical educator role, welcoming new nurses from overseas, and supporting scores of nurses - who have made the life-changing decision to choose Newcastle as their new home - through the OSCE process.

The trust – in partnership with NHS Arden and Gem CSU – also won the **Best Workplace for Learning and Development** category for creating and delivering an innovative Leadership Development Programme called "Maximising Your Potential".

The programme, which has been delivered to over 50 members of staff who identified as Black, Asian or Minority Ethnic, provides support and training for those who would benefit from developing their skills further with the aim of creating a fair and equitable high-performance culture, and received overwhelmingly positive feedback with several participants successfully achieving promotions following completion.

### **300<sup>th</sup> robotic lung resection milestone**

We're proud to be at the leading edge of innovation and technology here in Newcastle so we can provide the best healthcare to our patients. At the end of last year Mr Dharmendra Agrawal, thoracic surgery lead at the Freeman Hospital, performed his 300th robotic lung resection (removal of part of lung) using the Da Vinci robotic system.

This technique not only significantly reduces a patient's length of stay but post-op recovery is also much quicker. Congratulations to Mr Agrawal and the team for reaching this fantastic milestone.

### **Second anniversary of the North East Innovation Lab**

North East Innovation Lab celebrated its second anniversary this month. Originally established under the umbrella of the Integrated Covid Hub North East, the lab, which is part of the trust, has a remit to support the development of a wide range of cutting-edge

diagnostics. This includes new technologies and ways to identify viruses and other health threats, such as sepsis and cancer.

It has been fantastic to witness and support the lab's growth over the past 24 months and I am proud that our scientists are playing such a key role in bringing the latest diagnostics to the mainstream.

Since opening, the team has engaged with an impressive 100 test developers from the NHS, academia and industry, and worked on over 45 projects with 21 companies across the globe from the UK to the USA and China to Australia. The lab is a great example of how we work innovatively and flexibly with partners to develop new ways of improving patient outcomes and contributing to economic growth in the region.

### **New Year's Honours**

It was fantastic to see our Medical Director Andy Welch being awarded an OBE for his services to health care and patients across the region in the New Year's Honours list.

Congratulations also to:

- Professor Roy Taylor, an honorary consultant in diabetes at the trust and Emeritus Professor of Medicine and Metabolism in Translational and Clinical Research at Newcastle University, who received an MBE for services to diabetic research.
- Professor Chris Day - Vice-Chancellor and President of Newcastle University – who received a CBE for his pioneering clinical and academic work in Newcastle which has improved the lives of many local patients, while his clinical research has had a worldwide impact.

### **Recognising our apprentices**

I'd like to congratulate our estates apprentices who have been recognised locally and nationally for the work they do:

- Chris Barnett – Having just completed a four-year apprenticeship at the RVI in mechanical engineering, Chris is now a fully qualified member of the estates team. He first won the regional fourth year apprentice of the year award (2022) and was overall winner of the IHEEM National Apprentice of the Year – a testament to the commitment shown in his work.
- Harvey Smith and Tony Reed – Harvey, a second-year mechanical engineering apprentice at the RVI, and Tony, who joined the trust in 2016 as a maintenance assistant before embarking on a mature apprenticeship in electrical engineering in 2020, were both finalists in the IHEEM National Apprentice of the Year Award.
- Kyle Rutherford – Kyle, who is described as keen, enthusiastic and always willing to go that extra mile, received a trust People at Our Heart Award.

The apprenticeship route is a fundamental part of the Estates recruitment strategy and as such it is great to see the high calibre of those continuing to come through system.

### **Other staff awards**

Congratulations to all of the following staff who have also been recognised recently:

- Jessica Higginson received a Cavell Nurses' Trust Star Award for her outstanding approach to consistently providing the highest quality patient care, particularly to those

receiving palliative and end of life care. Her award highlights the depth and breadth of care provided by our community teams and truly demonstrates our nursing values.

- Kerry Puga, deputy matron for Community Nursing was named a Queen's Nurse – an accolade which is only granted to highly dedicated community nurses who can demonstrate their commitment to providing the highest standards of practice and care.
- Nurse consultant Alison Armstrong was appointed as the first non-medic to take up a national position with the British Thoracic Society as the new Chair of its Education and Training Committee.
- Lisa Morgan, healthcare assistant and family-centred care lead at the Freeman Hospital's Cardiothoracic Centre, received one of the very first Chief Nursing Officer's Healthcare Support Worker awards in recognition of her "Commitment to quality of care".
- Consultant Kevin McEleny is the first urologist to lead the British Fertility Society as Chair-elect and will take up the role as Chair in January 2024.

#### **4. RECOMMENDATION**

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

**Report of Dame Jackie Daniel**

**Chief Executive**

18<sup>th</sup> January 2023

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

## TRUST BOARD

Date of meeting	26 January 2023						
Title	People Story						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Tracy Scott, Head of Patient Experience Amanda Marksby, Head of Communications						
Status of Report	Public	Private		Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance		For Information			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Summary	<p>This month's digital people story demonstrates the organisation's ability to influence national health policies, by pushing the boundaries of clinical practice and developing new specialist provision which our local patients can benefit from directly.</p> <p>The digital story evidences the strategic commitment to improve care, patient safety, optimise performance and provide the best patient experience possible.</p>						
Recommendation	To listen and reflect on the personal experiences of the medical team and the patients' family.						
Links to Strategic Objectives	<p>Patients</p> <ul style="list-style-type: none"> <li>Putting patients at the heart of everything we do.</li> <li>Providing care of the highest standard focusing on safety and quality.</li> </ul> <p>Partnerships</p> <ul style="list-style-type: none"> <li>Being an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes.</li> </ul> <p>Pioneers</p> <ul style="list-style-type: none"> <li>Ensuring that we are at the forefront of health innovation and research.</li> </ul> <p>Performance</p> <ul style="list-style-type: none"> <li>Being outstanding now and in the future.</li> </ul>						
Impact (Please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Involving and engaging with staff, patients and relatives will help ensure we deliver the best possible health outcomes for our patients.						
Reports previously considered by	This patient/staff story is a recurrent bi-monthly report.						

## DIGITAL PEOPLE STORY

### EXECUTIVE SUMMARY

The Great North Children's Hospital (GNCH) is one of only fourteen major children's centres in the UK and has the most extensive range of children's services anywhere outside of London.

Some paediatric services are so specialised they are only provided in one national centre. One example of this is for the treatment of Neuronal Ceroid Lipofuscinoses (NCLs) more commonly referred to as Batten's Disease. Batten's Disease is a neurodegenerative lysosomal storage disease (LSD) where babies are born with no obvious medical concerns and develop well until approximately two years of age when they start to show signs of speech delay and experience seizures. Soon after they will lose all developed skills. This genetic, life-limiting neurodegenerative disease is very rare with around 1 to 3 children diagnosed with an infantile form of the disease each year.

In 2019 a trial for the enzyme replacement therapy of a medication known as cerliponase alfa (Brineura) was carried out with success at Great Ormond Street Hospital and all families affected by the condition travelled there for treatment. As the therapy is given every two weeks, one family living in the North East campaigned for provision in Newcastle.

Clinical Director Dr McKean and Dr Anderson worked in partnership with family and colleagues at NHS England and this service was successfully commissioned to be delivered at the GNCH. As the therapy was a new infusion to the Trust several processes and protocols had to be developed and a new metabolic specialist nurse role was developed.

The service has slowly grown and now treats children from the northern region and a second specialist nurse has been appointed to deliver the treatment.

GNCH is now the only centre outside of London offering the live-changing treatment which would not have been accomplished without the joint efforts of the family and the clinical team who worked with commissioners at NHS England.

This story shares the experience of Gail, Matthew and their daughters. Gail and Matthew say that the improvement to their family's quality of life is immeasurable, shortening their fortnightly commute to London from six hours to just 40 minutes and have nothing but praise for the team at GNCH.

### RECOMMENDATION

To listen to the family's experience and the paediatric metabolic team describe how they established the service and how this links specifically with one of our Trust strategic objectives:

**Ensuring that we are at the forefront of health innovation and research performance**

**Report of Maurya Cushlow**

**Executive Chief Nurse**

26 January 2023

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

## TRUST BOARD

Date of meeting	26 January 2023						
Title	Trust Performance Report						
Report of	Martin Wilson – Chief Operating Officer & Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
Prepared by	Elliot Tame – Senior Performance Manager						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Board on the Trust's elective recovery progress as well as performance against NHS England (NHSE) priorities for 2022/23 and key operational indicators.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against NHSE plan priorities for 2022/23. Details compliance against national access standards which are written into the NHS standard contract.						
Reports previously considered by	Regular report.						

## TRUST PERFORMANCE REPORT

### EXECUTIVE SUMMARY

This report provides an overview of the Trust's continuing recovery of elective activity as well as performance against both contracted national access standards and the priorities for the year outlined by NHS England (NHSE) as part of the 2022/23 planning round.

- NHS England operational planning guidance for 2022/23 is target focused, with Newcastle Hospitals submitting trajectories including reducing the number of >104 week-waits (WW) to 30 by the end of March 2023, the return of cancer patients waiting >62 days to February 2020 levels and promising substantial progress on the transformation of outpatients throughout 2022/23.
- Provisional data suggests activity levels at the Trust decreased in December compared to November. Overnight elective activity delivery fell back to 75% of 2019/20 volumes, and Newcastle Hospitals delivered day case activity equivalent to 95% of December 2019 levels. Outpatient procedure activity provisionally measured at 88.6%, whilst outpatient appointments were close to December 2019 levels (new attendances were 99.3% and review attendances were 105.2%).
- The Trust did not achieve the 95% Accident and Emergency (A&E) 4-hour (hr) standard in December with overall performance of 70.9%, and the Trust saw 12 ambulance handovers greater than 60 minutes - unprecedented levels of performance for Newcastle Hospitals. Additionally, December was the first month in 2022/23 when the Trust has not been compliant with the <2% 12-hour Emergency Department (ED) waits requirement, with performance having significantly worsened from 1.3% in November to 3.4% in December.
- Six out of nine cancer standards fell short of target in November 2022; however, this represents a significant improvement from October when only 1 of these 9 standards was met. The improvement in November included Newcastle Hospitals achieving the 28 Day Faster Diagnosis Standard (FDS) for the first time in 6 months.
- At the end of December, the Trust still had 24 patients waiting >104 weeks, falling from 27 in the previous month and still ahead of trajectory (41). December did however see a substantial rise in the number of >78-week waiters, up by 20% to 753. Referral to Treatment (RTT) compliance was 67.1%.

The Board of Directors is asked to receive the report.

# Trust Performance Board Report

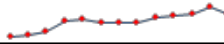
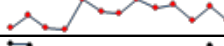
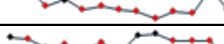

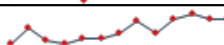

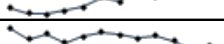
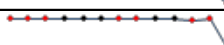
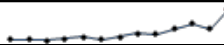



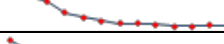


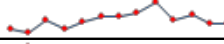
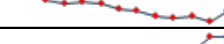
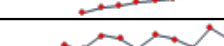
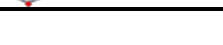
**Produced: January 2023**

**Data: December 2022**



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# NHSE Plan Requirements 2022/23 (2/4)

Metric	Requirement	RAG Rating			Sep-22	Oct-22	Nov-22	Dec-22	Trendline
		Trajectory	Target						
Activity Delivery									
Day Case	104% of 2019/20 levels combined (reviews fixed at 85% of 2019/20)	114.6%	104.0%		93.9%	94.6%	97.6%	95.0%	
Elective Overnight		103.5%	104.0%		82.8%	74.6%	81.5%	74.6%	
Outpatient New		104.4%	104.0%		97.9%	97.5%	112.0%	99.3%	
Outpatient Procedures		103.2%	104.0%		102.6%	102.8%	102.8%	88.6%	
Outpatient Reviews		103.4%	85.0%		101.0%	101.6%	109.7%	105.2%	
Diagnostics*	120% of 2019/20 levels	115.3%	120.0%		111.6%	113.7%	111.5%	111.3%	
Emergency Care									
Ambulance Handovers	>=65% under 15 mins	N/A	65.0%		74.1%	73.3%	72.3%	75.2%	
	>=95% under 30 mins		95.0%		96.1%	95.1%	95.6%	94.0%	
	100% under 60 mins		100.0%		100.00%	99.70%	99.80%	95.70%	
A&E Arrival to Admission/Discharge	<2% over 12 hours		<2.0%		1.3%	1.9%	1.3%	3.4%	
Cancer Care									
>62 Day Cancer Waiters	Reduce to <=213 by end of (e/o) Mar-23	400	<=213		493	343	320	362	
28 Day Compliance	>=75%	80.0%	75.0%		63.3%	71.9%	77.5%	TBC	
Elective Care									
>104 Week Waiters	Zero by e/o Jun-22	41	0		22	21	27	24	
>78 Week Waiters	Zero by e/o Mar-23	500	0 (Mar-23)		629	632	624	753	
>52 Week Waiters	Reduction (Zero by e/o Mar-25)	2,179	0 (Mar-25)		4,733	4,442	4,273	4,288	
Outpatient (OP) Transformation									
Specialist Advice Requests	16 in every 100 New OP attendances	N/A	16.0%		8.3%	8.8%	8.0%	8.1%	
Virtual Attendances	>=25% Non-Face to Face (F2F)	25.0%	25.0%		16.0%	16.0%	15.0%	17.0%	
Patient initiated follow up (PIFU) Take-up	>=5% of all OP attendances by e/o Mar-23	3.5%	5.0% (Mar-23)		0.8%	0.9%	1.6%	1.6%	
Outpatient Follow-up Reduction	<=75% of 2019/20	102.9%	<=75%		100.1%	100.5%	105.4%	100.7%	


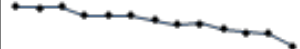
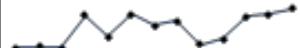










\* Applicable to CT, MRI, Non-obs Ultrasound, Gastroscopy, Colonoscopy, Flexi-sigmoidoscopy and ECHO.

# Operational Standards


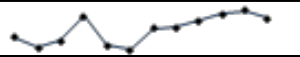

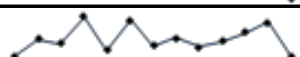
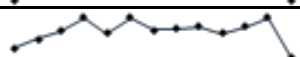
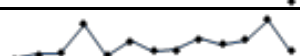

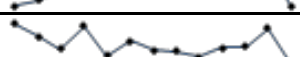
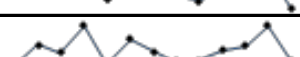
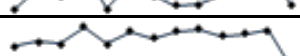
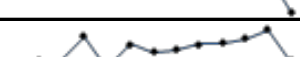


Metric	Standard	RAG Rating	Sep-22	Oct-22	Nov-22	Dec-22	Trendline
<b>Emergency Care</b>							
Ambulance Handovers	Zero >60 mins		0	9	5	12	
A&E Arrival to Admission/Discharge	95% <4 hours		77.8%	76.7%	75.6%	70.9%	
	<2% over 12 hours		1.3%	1.9%	1.3%	3.4%	
<b>Cancer Care</b>							
Two Week Wait (Suspected Cancer)	93%		56.4%	70.0%	69.0%	Cancer data runs one month behind	
Two Week Wait (Breast Symptomatic)	93%		69.7%	80.0%	53.1%		
28 Day FDS	75%		63.3%	71.9%	77.5%		
31 Days (First Treatment)	96%		78.4%	81.5%	80.5%		
31 Days (Subsequent Treatment - Surgery)	94%		60.2%	53.5%	67.9%		
31 Days (Subsequent Treatment - Drugs)	98%		95.8%	97.3%	98.7%		
31 Days (Subsequent Treatment - Radiotherapy)	94%		97.4%	97.7%	97.3%		
62 Days (Treatment)	85%		44.1%	45.3%	49.9%		
62 Days (Screening)	90%		58.8%	45.6%	50.0%		
<b>Elective Care</b>							
18 Weeks RTT	92%		69.2%	69.8%	69.4%	67.1%	
>104 Week Waiters	Zero		22	21	27	24	
>6 Weeks Diagnostic Waiters	<=1%		17.1%	17.7%	19.1%	25.0%	
Cancelled Operations Rescheduled >28 Days	Zero		17	14	11	7	
Urgent Operations Cancelled Twice	Zero		0	0	0	0	
<b>Other</b>							
Duty of Candour	Zero		0	0	0	0	
Mixed Sex Accommodation Breach	Zero		77	78	109	91	
MRSA Cases	Zero		0	0	1	0	
C-Difficile Cases	<=153 (Full Year cumulative)		77	97	118	133	
VTE Risk Assessment	95%		97.3%	96.7%	95.1%	TBC	
Sepsis Screening Treatment (Emergency)	90% (of sample) <1 hour		90.0%	TBC	TBC	TBC	
Sepsis Screening Treatment (All)			60.0%	TBC	TBC	TBC	



# Other Metrics (1/2)

Metric	Sep-22	Oct-22	Nov-22	Dec-22	Trendline
<b>Emergency Care</b>					
Ambulance Arrivals	2,891	2,979	2,857	2,768	
Type 1 Performance (A&E 4 hour)	62.7%	60.6%	60.4%	52.5%	
Type 1 Attendances (Main ED)	11,577	12,976	13,141	13,513	
Type 2 Attendances (Eye Casualty)	1,493	1,423	1,494	1,205	
Type 3 Attendances (Urgent Treatment Centre)	5,834	6,733	5,924	6,498	
<b>Patient Flow</b>					
Covid Inpatients (average)	35	57	42	48	
Emergency Admissions	5,701	6,308	6,203	6,245	
General & Acute Bed Occupancy	87.3%	90.1%	92.8%	87.9%	
Critical Care Bed Occupancy	74.1%	68.8%	72.6%	70.9%	
Bed Days Lost (average)	72	54	50	63	
Medical Boarders	66	85	77	109	
Length Of Stay >7 Days	778	795	810	880	
Length Of Stay >21 Days	389	386	369	370	

# Other Metrics (2/2)

Metric	Sep-22	Oct-22	Nov-22	Dec-22	Trendline
<b>Cancer Care</b>					
2WW Appointments	2,773	2,574	2,527	1,982	
Cancer First Treatments	547	558	533	TBC	
<b>Planned Care</b>					
2WW Referrals	2,571	2,497	2,446	1,755	
Urgent Referrals	5,379	5,713	6,062	4,866	
Routine Referrals	25,147	26,239	27,942	20,836	
Day Case Activity (Specific Acute (SA))	9,626	9,875	11,045	9,221	
Overnight Elective Activity (SA)	1,662	1,606	1,862	1,451	
New Outpatient Attendances (SA)	21,636	21,995	25,437	18,703	
Review Outpatient Attendances (SA)	57,027	58,622	64,791	53,801	
Outpatient Procedure Activity (SA)	16,689	16,942	17,436	12,078	
Diagnostic Tests	19,831	20,287	21,433	17,744	
Outpatient Did Not Attend (DNA) Rate	9.2%	9.3%	9.0%	9.2%	
RTT Waiting List Size	100,733	101,932	100,098	99,511	

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

## TRUST BOARD

Date of meeting	26 January 2023						
Title	Medical Director's Report						
Report of	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Prepared by	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	The Report highlights issues the Medical Director wishes the Board to be made aware of.						
Recommendation	The Board of Directors is asked to note the contents of the report.						
Links to Strategic Objectives	Putting patients at the heart of everything we do and providing care of the highest standard focusing on safety and quality.						
Impact (Please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	This is a regular report to Board. Previous similar reports have been submitted.						

## MEDICAL DIRECTOR'S REPORT

### EXECUTIVE SUMMARY

The following items are described in more detail within this report:

- Quality & Patient Safety Update
- Cancer Update
- Research Update
- Newcastle Aortic Service
- Medical Workforce / Education
- Mechanical Thrombectomy

Included within the Board Reference Pack (BRP) are the following documents to note:

- i) Consultant Appointments
- ii) Guardian of Safe Working Report Quarterly Report

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

## MEDICAL DIRECTOR'S REPORT

### 1. QUALITY AND PATIENT SAFETY

- Quality and patient safety remains at the top of every clinical agenda.
- Patient Safety Incident Response Framework (PSIRF)

As one of the key strategic objectives of the new NHS Patient Safety Strategy (NPSS), NHS England (NHSE) expect that all provider trusts will have implemented the new PSIRF by Autumn 2023 as part of the NHS Standard Contract.

PSIRF outlines the requirements for a fundamental shift in how healthcare organisations, across the whole NHS system, must respond, learn, and continuously improve the safety of patients during the delivery of care. To meet the requirements and associated standards, Trust governance structures, organisational-wide incident response mechanisms and associated Trust policies need to be developed and agreed by Autumn 2023.

Key to the requirements is also improved meaningful patient involvement, specifically with the introduction of a new Patient Safety Partner (PSP) role, recruited and remunerated to work in partnership with staff, to influence and improve the governance and leadership of safety, including involvement in the response to safety events within the organisation. To achieve this, the Trust must undertake an extensive, transformational programme of work to develop and embed the Trust's Patient Safety Incident Response Plan (PSIRP). This will require senior level project management to manage, steer and implement PSIRF on behalf of the Trust.

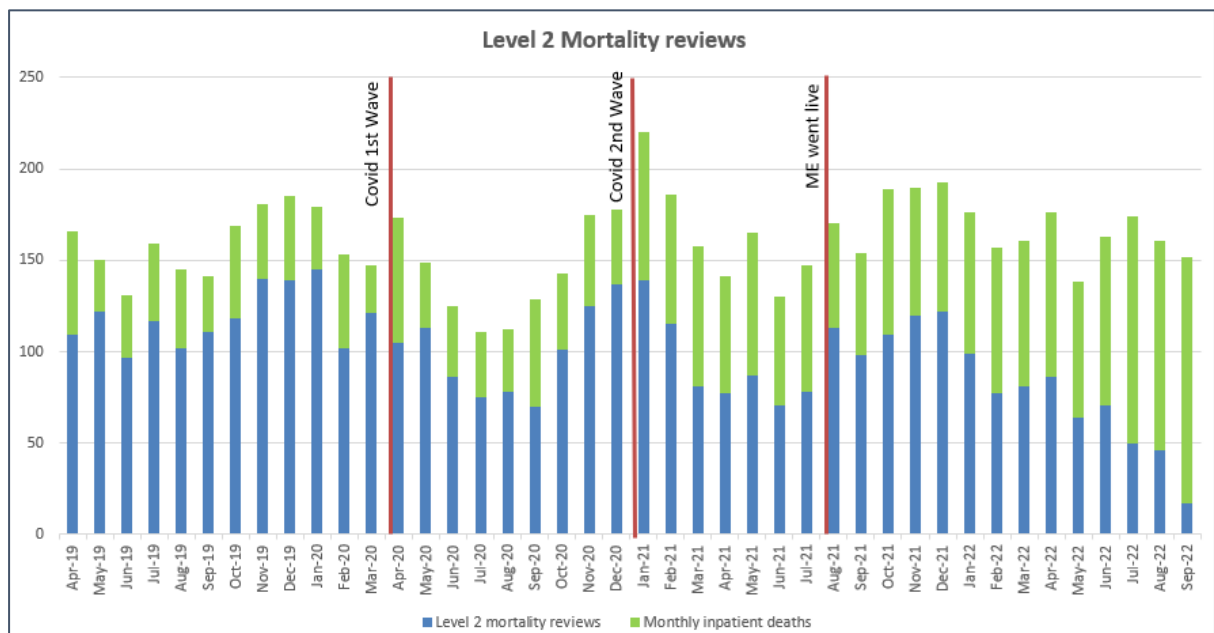
The current level of patient involvement/engagement within the Trust does not yet achieve the requirements specified within the PSIRF. The introduction of the new Patient Safety Plans (PSPs) will extend our partnership reach by truly involving patients; enabling collaboration to improve safety for our patients and will add measurable value through continuous quality improvement. Non implementation will result in the Trust being non-compliant with the new mandated requirements to have implemented PSIRF as part of the NHS Standard Contract – to be in place by Autumn 2023.

The Integrated Care Board (ICB), NHS Specialist Commissioners, NHS England/Improvement (NHSE/I) and the Care Quality Commission (CQC) will have oversight and close scrutiny of the Trust's move to align to PSIRF implementation. If this is not achieved, the Trust is likely to be exposed to unfavourable regulatory scrutiny.

- Mortality Review Process

Data has shown that the number of level 2 mortality reviews being undertaken by directorates and departments has fallen over the last 12 months. A level 2 review is required following certain types and categories of deaths. It involves a multi-

disciplinary overview and the triggering of certain actions and is a key pillar of how we consider and where relevant learn following deaths. The chart below demonstrates this reduction.



We are working with directorate Quality and Safety (Q+S) leads to determine why this has occurred and met with Q+S leads on 4 January 2023 to discuss this and feedback. We await a more global review back from the organisation. The importance of this work was emphasised at this meeting and also to a wider audience at the Clinical Risk Group on 25 November 2022.

In a related discussion with the Q+S community we have considered more widely the conduct of Mortality and Morbidity (M+M) meetings. Again, these should be pillars of governance work to allow learning from events. Areas under discussion regarding potential improvements include concentrating more on morbidity, by having 'rules' by which certain events must be discussed and by using longitudinal data and run charts to regularly review key metrics e.g., rate of certain complications. This will be an area to work on through 2023.

- Continual refreshment of the Deteriorating Patient Strategy.
- Digital – successful roll out of Badgernet in Maternity.
- The National Institute for Health and Care Excellence (NICE) – continuing to source appropriate funding for antimicrobial stewardship (high rated risk).
- Proposed quality priorities for 2023/24:
  - Reducing infection with focus on gram negative bacteraemia.
  - Management of abnormal results.
  - National Patient Safety Strategy and Incident Response (NPSIR).
  - Identify deterioration in pregnant women.
  - Best interest decisions/mental capacity assessment and deprivation of liberty.
  - Ensure reasonable adjustments in place for patients with suspected or known learning disability/autism.

- Improve services in the Emergency Department (ED) for children, young people, and adults with mental health issues.
- Embed consistent approach to transition young people from child to adult services.

## 2. CANCER UPDATE

- Continue to emphasise locally and nationally that cancer waiting times should be a major priority.
- 14-day performance is 80.1 % (93%) which is a significant improvement compared to 68.9% in November 2022.
- There has been a further improvement in the 28-day Faster Diagnosis Standard from 77.0% (75%) in November to 81.5% in December 2022. The increased diagnostic radiology capacity is making a significant positive impact on referral to scan waiting times and reporting times are the shortest they have been all year.
- 62-day performance remains sub-optimal at 48.6% in December from 50.7% in November. The Corporate Cancer Team are working closely with the relevant clinical leads and Directorate Managers to improve the active management of the patient tracking list (PTL's) with directed intervention for those tumour groups requiring additional support – Lower and Upper GI, Urology and Lung.
- 31-day subsequent performance for December 2022 has been compromised by Bank Holidays, excessive clinical pressure, and poor flow through the Trust.
- Chemotherapy – November 98.7% (98%), December 91.8%.
- Radiotherapy – November 97.3% (94%), December 95.9%.
- Surgery – November 68.6% (94%), December 52.9%.

## 3. RESEARCH

- The Directorate are continuing to support the Trust with staff cover, especially during the recent Royal College of Nursing (RCN) industrial action.
- The space allocated to clinical research is being explored to identify if we can develop a temporary Discharge Lounge at the Royal Victoria Infirmary to support patient flow and release the space on Ward 11 at the Freeman Hospital to create additional inpatient (IP) beds.
- To the end of November 2022: 184 new studies were approved, there were 417 active studies with recruitment and 7,857 Participants recruited (13% down on last year's recruitment).
- We have been awarded the Cancer Research UK Funding (CRUK) Experimental Cancer Medicine Centre again for the next 5 years and have moved up from Band 2 to Band 1, meaning increased funding - a significant achievement and based on levels of excellence noted by the review panel.
- Regional funding has been secured by the Academic Health Science Network (AHSN) to develop a Secure Data Environment for the North East and North Cumbria (NENC). £870k for 2023/4. Further funding will be announced in March 2023 for 2024-6.



## Agenda item A8(a)

- The Directorate was awarded £41,759 from the Local Clinical Research Networks (LCRN) for contingency funding to enhance delivery of research. The funding has been/will be allocated to Paediatrics and Cardiothoracic teams.
- Currently collating requests for capital funding to support research from Department of Health and Social Care (DHSC) funds (£5million for the region for 2023/24 and 2024/25). We are awaiting confirmation from the DHSC that monies are over and above the Capital Departmental Expenditure (CDEL) limits.
- Risks identified within the Directorate include Clinical Research not being on eRecord (ongoing), lack of capacity within the Pharmacy Production Unit (requires capital investment) (ongoing), lack of capacity within University Clinical Trials Unit (CTU) to support Newcastle Hospitals (NUTH) sponsored studies (new and situation under review with Newcastle University).
- Regular Newcastle Health Improvement Partners (NHIP) meetings are now occurring to discuss projects requiring access to patient data, to ensure resources are available to support awarded grants and that appropriate funding requests being made for proposed work.
- Continuing to discuss the potential of a regional partnership for research with the Integrated Care Board (ICB) and LCRN. NHIP has offered project management support, this remains under discussion.

## 4. NEWCASTLE AORTIC SERVICE

- A working group has been set up to monitor progress of the aortic program currently overseen by Professor George Mascaro.
- Involves case presentations, outcome reviews and service reflection.

## 5. MEDICAL WORKFORCE/ EDUCATION

- Current review of workforce requirements to ensure rota compliance at consultant and middle grade levels. Discussions taking place with a view to preparing paper outlining future requirements.

Curriculum changes and trainee shortages in some specialities has exacerbated this (oncology, anaesthetics).

- Discussions around potential resource for potential trainee post offered by Health Education North East (HENE) – usually rapid responses are requested.
- Predicted expansion in foundation trainees from August 2023. Numbers yet to be confirmed from Health Education England North East (HEENE).
- General Practitioner (GP) school visit on 11 January 2023. Excellent verbal feedback. Particular mention was made of international medical graduate induction, and

positive comments about release for teaching from the Emergency Department.  
This has been possible due to recent improvement in staffing rotas.

- Planned review of cardiology training in NUTH between March/May 2023 – date to be confirmed.

## 6. **MEDICAL THROMBECTOMY**

- Currently 7-day service 0900-1800 hours, delivering 75 cases per annum at the Royal Victoria Infirmary (RVI). Absolute numbers increasing year on year.
- Intention to expand to 12-hour service from July.
- Collaboration with James Cook University Hospital (JCUH) (18 cases last year).
- Requires regional approach, increased out of hours advanced imaging availability, regional stroke consultant rota, regional International Normalised Ration (INR) rota, theatre staffing for further development – all under discussion.

## 7. **BOARD REFERENCE PACK DOCUMENTS**

Included within the Board Reference Pack are the following documents to note:

- i) Consultant Appointments
- ii) Guardian of Safe Working Report Quarterly Report

## 8. **RECOMMENDATION**

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

**A R Welch FRCS**  
**Medical Director**  
17 January 2023

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## TRUST BOARD

Date of meeting	26 January 2023						
Title	Executive Chief Nurse (ECN) Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Ian Joy, Deputy Chief Nurse Diane Cree, Personal Assistant						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>This paper has been prepared to inform the Board of Directors of key issues, challenges, and information regarding the Executive Chief Nurse areas of responsibility. The content of this report outlines:</p> <ul style="list-style-type: none"> <li>• Spotlight on our Learning Disability Team.</li> <li>• Nurse and Midwifery Staffing update.</li> <li>• Nursing, Midwifery and Allied Health Professional Strategy – Research update.</li> <li>• Royal College of Nursing Industrial action.</li> </ul>						
Recommendation	The Board of Directors is asked to note and discuss the content of this report.						
Links to Strategic Objectives	<ul style="list-style-type: none"> <li>• Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</li> <li>• We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes.</li> <li>• Being outstanding, now and in the future.</li> </ul>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Putting patients first and providing care of highest standard.						
Reports previously considered by	The ECN Update is a regular comprehensive report bringing together a range of issues to the Trust Board.						

## EXECUTIVE CHIEF NURSE REPORT

### EXECUTIVE SUMMARY

This paper is a regular update, providing the Board of Directors with a summary of key issues, achievements, and challenges within the Executive Chief Nurse (ECN) portfolio. The detailed report is included in the Board Reference Pack (BRP).

### Section 1: Learning Disability Team

This month's 'Spotlight' section outlines the work of our Learning Disability Liaison Team

The Learning Disability Liaison Team work across the organisation (maternity, children and adults) offering specialist advice and support to clinical teams with regard to learning disability and the understanding of reasonable adjustments to support their clinical care. The team provide guidance throughout the patient journey, supporting with elective and acute presentations. A key aspect of the liaison teams work is facilitation, which includes planning and support to access care, which can range from attending an outpatient appointment to day case attendance to support admission to hospital.

The team currently consists of 2.2 whole time equivalent (wte) nursing staff who have a breadth of skills and qualifications to support this work across the organisation. Following a recent workforce review new investment has been agreed to increase the infrastructure in the team and recruitment to this new investment is in progress.

The report includes an overview of the work the team are involved in including:

- **Activity** - Referrals to the team are increasing in number and complexity. In November and December 2021, the team received a total of 425 referrals with this increasing to 510 for the same period in 2022 – a 17% increase.
- **Workstreams** - The Liaison Team have a 'virtual ward' to identify patients with a learning disability who have been admitted to the Trust which is reviewed daily, and the team offer support to the clinical teams. This is particularly the case for more complex patients that require large multi-disciplinary teams to come together to discuss the individualised care for patients with the support and input from their families / carers. Specific actions are being developed by the team and wider Trust to consider how to improve support to patients with a diagnosis of autism in isolation of a learning disability diagnosis across the organisation and how better to identify them when they have been admitted.
- **Education** - In July, the Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. Nationally, The Oliver McGowan Mandatory Training on Learning Disability and Autism is standardised training that has been developed for this purpose. The training has recently been released and work is underway to explore if this can be implemented across the Trust.

Agenda item A8(b)

In December 2021, the CQC undertook a focused inspection to review our approach and care for and with patients who have a Learning Disability or Mental Health needs.

The team were included in this focussed inspection, and we await formal feedback from this review to combine any recommendations with Trust action plans to ensure we have a clear focus for the year ahead.

## **Section 2: Nursing and Midwifery Staffing Update**

Section two highlights' areas of risk and details actions and mitigation to assure safer staffing in line with agreed escalation criteria.

The nurse staffing escalation level remains at level two due to appropriate criteria being met. The necessary actions in response to this are in place and continue to be overseen by the Executive Chief Nurse.

The monitoring of safer staffing metrics against clinical outcomes/nurse sensitive indicators as stipulated in national guidance continues via the Nurse Staffing and Clinical Outcomes Operational Group.

The following key points from this group are noted below:

- A number of wards have required support at medium or high level since the last report to Board. Action plans are in place for three specific wards and additional clinical support, education and resources provided, overseen by the Executive Chief Nurse Team and Directorate Teams.
- Where beds have been closed due to staffing concerns, twice-weekly review with the Executive Chief Nurse Team remains in place and will continue until all commissioned bed capacity is safely opened.
- Despite the high-level monitoring, oversight and assurance provided by the group there continues to be a robust leadership and management framework led by the Matron team who manage the wards staffing. However, it is worth noting that the staffing picture remains challenging, impacting on staff wellbeing.
- Red flags generated within the SafeCare module by the nursing staff in conjunction with professional judgement have provided valuable triangulation of data alongside DATIX reports. All these alerts are responded to promptly by members of the Senior Nursing Team directly with the ward staff and the Matrons. All DATIX reports reviewed were graded no harm or low/minor.

In the last quarter the number of DATIX submitted were:

- November 19
- December 36

Recruitment and Retention remain a priority workstream and the report provides an update on the current pipeline of Registered Nurses and Healthcare Support Workers. International Recruitment remains an important focus with the aspiration of deploying up to 300 nurses in this financial year, supported by funding from NHS England (NHSE). The following key points are contained within the report:

#### Agenda item A8(b)

- Nursing and Midwifery (N&M) turnover is 12.7% against a national average of 13.5%. Improving the retention figure remains a key priority with completion of the NHSE/NHS Improvement N&M retention self-assessment tool looking at gap analysis against high impact outcomes being submitted to the Integrated Care System (ICS).
- The Band 5 Registered Nurse (RN) vacancy rate is 5.76% based on current staff in post. There is a pipeline of 124 (head count) Band 5 RN staff across adult and paediatrics.
- Since June 2022 we have seen the arrival of 204 internationally educated nurses. There are monthly deployments planned up to May 2023 with a current pipeline of 100 nurses.
- The Healthcare Support Workers (HCSW) vacancy currently sits at 6.7%. There are currently 113 candidates in the recruitment pipeline.

### **Section 3: Nursing, Midwifery and Allied Health Professional (NMAHP) Strategy – Research update**

On the 26 July 2022 the Trust launched its new NMAHP Strategy. As previously highlighted to Board, the strategy is split into six key priorities. These priorities outline what we are already achieving in the relevant domain with a clear “We Are” statement and contain between three to four high level “We Will” statements outlining our aspirations for the future.

Since the launch, there has been a monthly deep dive to help culture the key priorities and this commenced with a focus on priority five – *Increasing research opportunities and impact, whilst strengthening our academic links*. This section of the report provides an update on this priority with a specific focus following on the launch of our NMAHP Research Development Institute.

The following key achievements have realised since the launch of the strategy. Further information is provided within the report:

- In August, following the completion of a rigorous and robust selection process, we awarded the first three NMAHP Research Development Institute (RDI) fellowships. One Fellowship was awarded at Masters level and two at Doctoral level.
- The second Round of Doctoral Fellowships is currently open, closing March 2023.
- The 1st Chief Nurse Post-Doctoral Fellowship has been awarded and the individual is due to commence imminently.
- There is a Research Capacity Building and Futures Group meeting now established and reporting into the RDI Leadership Board.
- During 2021, a collaboration between the Newcastle Hospitals, The James Paget University Hospitals and the ImpACT Research Group at University of East Anglia led to the development of an innovative practice led Embedded Researcher (ER) model to contribute to the range of work going on to support research capacity building for the NMAHP workforce. The Embedded Researcher Fellowship Pilot in the Trust has just recently been appointed after a competitive process with a number of high calibre applications.
- Mapping work to start to identify career opportunities aligned with growing research capability will form part of the workplan for this next year.

Agenda item A8(b)

It is exciting to see this work progress and to see the aspirations of the strategy come to fruition. There has already been a tangible benefit to those individuals who were successful in being awarded fellowships in feeling valued, supported, and encouraged to develop.

We will be able to see the impact and direct benefit of their work in the years ahead as they shape professional practice and improve patient care.

**Section 4: Royal College of Nursing (RCN) Industrial Action**

In early November 2022, the Trust was informed by the RCN that members in the Trust had voted in favour of industrial action and the necessary thresholds had been met. At the end of November, the Trust was informed by the RCN that it would be involved in the first wave of industrial action, planned for the 15 and 20<sup>th</sup> December.

Collaborative working across Nursing, Medical, Operational, HR and Directorate Teams was undertaken to ensure effective and controlled management of the industrial action, ensuring safe care was maintained and staff supported to strike. The Trust negotiated closely with the RCN via the Industrial Dispute Strike Committee which was set up to manage the industrial action between both parties.

On the 15 December 25% of staff planned to work on that day went out on strike with 28% on the 20 December. Clinical and operational leaders and front-line staff from across the Trust worked hard to ensure any risk was mitigated. Post-strike debrief has been undertaken to ensure any lessons learned are understood and shared to prepare for any future strike action.

At the time of writing, we are actively preparing for one day strike by the Chartered Society of Physiotherapists and a further two days of strike by RCN members.

**RECOMMENDATION**

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

**Report of Maurya Cushlow**  
**Executive Chief Nurse**  
26 January 2023



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

**TRUST BOARD**

Date of meeting	26 January 2023		
Title	Ockenden Update Report		
Report of	Maurya Cushlow, Executive Chief Nurse		
Prepared by	Jane Anderson, Associate Director of Midwifery Jeanette Allan, Senior Risk Management Midwife		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Summary	<p>The Ockenden Report published on 30 March 2022, is the final report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an 'independent review of the quality of investigations and implementation of their recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust'. The final report can be found at: <a href="https://www.gov.uk/government/publications/final-report-ofthe-ockenden-review">https://www.gov.uk/government/publications/final-report-ofthe-ockenden-review</a></p> <p>The interim report published on 10 December 2020 outlined a number of Immediate and Essential Actions for providers of maternity services, and the Trust's progress against these have been systematically monitored and reported to members of the Trust Board since that time.</p> <p>The purpose of this paper is to provide members of the Trust Board with an overview and significance of the findings of the final Ockenden report published in March 2022. Actions for the Trust following internal benchmarking have been updated to reflect the external feedback from the Regional Maternity Insight Visit. A summary of the feedback from the Regional Insight Visit is provided, together with an update on progress against both the interim and final report.</p> <p>Publication of the East Kent Maternity Report (Reading the signals - Maternity and neonatal services in East Kent – the Report of the Independent Investigation, 2022) is also acknowledged and key actions presented for future consideration. The East Kent Report can be found at: <a href="https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report">https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report</a></p> <p>An updated high level Action Plan combining outstanding actions from the interim report together with those arising within the final report is presented detailing current Trust compliance.</p>		

Recommendation	<p>The Trust Board is asked to</p> <ul style="list-style-type: none"> <li>i) Receive and discuss the report;</li> <li>ii) Note the current level of assurance and the identified gaps in assurance as benchmarked against the interim and final recommendations;</li> <li>iii) Recognise the significance of this final report for the Maternity Service and that further detailed work is required to ensure full compliance; and</li> <li>iv) Note the associated risks involved.</li> </ul>						
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standards focussing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the main body of the report.						
Reports previously considered by	Previous report presented to members of the Trust Board on 24 November 2022.						

## OCKENDEN REPORT UPDATE SUMMARY

### EXECUTIVE SUMMARY

The Report of Donna Ockenden published on 30 March 2022, is the second and final report of an inquiry commissioned by the former Secretary of State, Jeremy Hunt, who requested an 'independent review of the quality of investigations and implementation of their recommendations of a number of alleged avoidable neonatal and maternal deaths, and harm, at The Shrewsbury and Telford NHS Trust'.

The interim report published on 10 December 2020, outlined a number of Immediate and Essential Actions (IEAs) for providers of maternity services (Appendix 1 in the main report in the Board Reference Pack (BRP)), and the Trust has continued to progress, monitor, and systematically report these to members of the Trust Board since that time. There are 4 partially compliant Immediate and Essential Actions (IEAs) which remain outstanding for the Trust (Appendix 2 in the main report in the BRP).

As previously reported, the final publication provided an additional 15 IEAs comprising 92 recommendations highlighting an urgency for essential change and improvement to maternity and neonatal services (Appendix 2 in the main report in the BRP). Specific focus on listening to families is a key driver of both the interim and final reports, with Trusts expected to investigate, learn, and embed improvements to ensure the safety of women, babies, and families in their care.

**Section 3.0:** Provides an update on the Interim Report progress, with reference to the feedback received from the Regional Insight Team Visit, of which there is nothing further to update at present. The outstanding actions of note relate to evidencing and auditing compliance for risk assessment throughout pregnancy, managing complex pregnancies and supporting informed consent, all of which are dependent on the assurance gained from electronic patient records.

**Section 4.0:** Reports on the High-Level Action Plan (Appendix 3 in the main report in the BRP), combining the interim and final Ockenden reports, taking a phased approach to reporting in view of the large number of recommendations. The 7 non-compliant recommendations arising from the Trust's benchmarking of the final report were presented to the Trust Board in July 2022 and Appendix 3 illustrates the Trust's progress on these actions. Progress has been made and partial compliance achieved for 4 of these 7 recommendations.

4.1: A process is in place to ensure complaints themes and trends are now monitored by the Governance Team, whilst the Maternity Voices Partnership (MVP) have been offered greater involvement in understanding and appraising the complaints process.

4.2: The Trust is progressing work on an operational risk assessment for the Newcastle Birthing Centre. A regional training programme for Delivery Suite coordinators has now been developed and the first module delivered by Teesside University commences in

January 2023. Ongoing work will ensure progress/compliance for these standards is achieved by the next reporting period.

4.3: There remain 3 non-compliant recommendations from the final report which the Trust continues to work toward. These include workforce planning and sustainability, developing staff conflict of opinion guidance and auditing change to practice as a result from serious incidents.

4.4: The first group of 8 from a total of 32 partially compliant recommendations from the final report were reported to the Trust Board in September 2022. The second group of partially compliant recommendations were reported to the Trust Board in November 2022. This paper presents the final group of partially compliant recommendations taken from the 32 of the final report, along with relevant updates for previously reported partially compliant recommendations as indicated within the High-level Action Plan (in Appendix 3 of the main report). Due to the phased approach taken to report all partially compliant elements, progress on the final group has been made during the interim and therefore some are now compliant.

4.5: Of note is the success in achieving the Ockenden and CNST requirement of reaching and maintaining 90% multi-disciplinary obstetric core competency training for all specialities; this was previously highlighted to the Trust Board as an identified risk. The Trust achieved this target for the 12-month training period between December 2021 and December 2022 and is thereby compliant.

4.6: As previously reported to the Trust Board in November 2022, additional work has been identified to support the provision of complex antenatal care for women with diabetes. The Trust is not yet aligned to NICE guidance, work continues on updating local guidance and toward resourcing the diabetic service with a dietician.

4.7: Of note from the final group of partially compliant recommendations is the Trust's requirement to audit postnatal care against the recommended standards, whereby women who are readmitted to a postnatal ward, and all those unwell, have timely consultant review. The Trust has processes in place to ensure postnatal women are identified and receive timely consultant review. Audits are underway to provide the evidence and assurance that these processes are robust and embedded within practice. And a further update will be provided to the Trust Board in March 2023.

4.8: Neonatal medical staffing is also identified as an area that continues to present a challenge for the Trust. Funding has been received to resource additional Middle Grade posts to enable the Neonatal unit to be staffed as per the British Association of Perinatal Medicine (BAPM) national guidance. This will result in 2 Tier 2 (middle grades) and 1 Tier 1 for night shifts. Due to training and recruitment difficulties in appointing to these posts, the Trust continues to be challenged in meeting the required standards, resulting in gaps in rotas mitigated by rostering an additional Tier 1 overnight.

4.9: Mental Health and Wellbeing is highlighted in the Final Ockenden report as a focus for Maternity Services. Trusts are expected to have robust mechanisms to identify psychological distress, whilst having clear pathways for women and their families to access emotional and psychological support. Trust Guidance for mental health and wellbeing has been updated and a standardised referral tool has been implemented. BadgerNet further supports this requirement with routine mental health questioning for care encounters and includes a new patient information leaflet regarding mental health and contact details for support. The Trust is aligned to the Local Maternity and Neonatal System (LMNS) pathway for maternal psychosocial support. Work is ongoing in developing service improvement in collaboration with service user representation and the wider Perinatal Health team. A strategy is being developed to ensure partners and families are integral to mental health and wellbeing service provision as care currently focuses on women as the key service user. The partner and family strategy is scheduled to be implemented in June 2023 when full compliance of this recommendation will be achieved.

Overall progress to date in relation to the Ockenden recommendations is detailed in the amalgamated Action Plan (Appendix 2 in the main report) as summarised in the table below.

	Nov 22	Nov 22	Jan 23	Jan 23
Total Number of Recommendations (interim and final report combined)	97	100%	98 *	100%
Non-applicable	12	n/a	12	n/a
Compliant	46	54.1%	56	65.1%
Partial Compliance	36	41.4%	27	31.4%
Non compliance	3	3.5%	3	3.5%

\*additional IEA added following Insight Visit Feedback

**Section 5.0:** Reports on the implementation of the electronic patient record; at the time of writing the Trust Board paper, the Directorate are on track to implement BadgerNet by the revised 'go-live' date of 10<sup>th</sup> January, and there are no issues to report.

**Section 6.0:** Of this report references the independent investigation lead by Dr Bill Kirkup, CBE, 'Reading the signals: maternity and neonatal services in East Kent' report of a public inquiry published 19 October 2022. Members of the Trust Board will recall that this report is different in that it has not sought to make detailed recommendations to practice or management, in contrast to Ockenden, instead the report highlights 4 key areas for action with 4 recommendations.

6.1: As reflected in the recommendations, targets for change are mainly directed at system-wide and national levels and therefore fall beyond the scope of individual Trusts until further direction is provided from system and national drivers of Maternity Services.

6.2: Of note is the single set of Maternity Standards expected to be published by NHS England (NHSE) in Spring 2023. The anticipated aim is to combine current standards and recommendations from the Maternity Incentive Scheme (Clinical Negligence Scheme for Trusts/CNST), the Ockenden Report and the East Kent Report into one set of standards for Maternity Services to report against. Also expected to be published and considered alongside the single set of standards are the findings resulting from the current ongoing review of maternity services at The Nottingham University Hospitals NHS Trust, another review being chaired by Donna Ockenden, and publication of this report is awaited.

Work will continue to progress and report against all Immediate and Essential Actions in relation to the Ockenden Report and a further update will be provided to the Trust Board in March 2023.

### **RECOMMENDATIONS**

The Trust Board is asked to:

- i) Receive and discuss the report;
- ii) Note the current level of assurance and identified gaps in assurance as benchmarked against the interim recommendations;
- iii) Recognise the significance of this final report for the Maternity Service and that further detailed work is required to ensure full compliance; and
- iv) Note the associated risks involved.

**Report of Maurya Cushlow**  
**Executive Chief Nurse**  
**26 January 2023**

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

## TRUST BOARD

Date of meeting	26 January 2023						
Title	Director of Quality Report						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Angela O'Brien, Director of Quality and Effectiveness						
Status of Report	Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>		Internal <input type="checkbox"/>			
Purpose of Report	For Decision <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>		For Information <input type="checkbox"/>			
Summary	<p>The report includes an update on the following areas;</p> <ul style="list-style-type: none"> <li>• Maternity CNST Year 4;</li> <li>• National Patient Safety Strategy Bi-Annual Report; and</li> <li>• Learning From Deaths Quarter 2 2022.</li> </ul>						
Recommendation	<p>The Board of Directors is asked to</p> <p>i) note and discuss the content of this report; and</p> <p>ii) note that a declaration of full compliance against the Maternity CNST Year 4 Safety Actions was made and endorsed at the Extraordinary Board meeting held on 17 January 2023.</p>						
Links to Strategic Objectives	Performance – Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality <input checked="" type="checkbox"/>	Legal <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Human Resources <input checked="" type="checkbox"/>	Equality & Diversity <input type="checkbox"/>	Reputation <input checked="" type="checkbox"/>	Sustainability <input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic and reputational level.						
Reports previously considered by	Standing agenda item.						

## DIRECTOR OF QUALITY AND EFFECTIVENESS REPORT

### EXECUTIVE SUMMARY

This paper provides the Board of Directors with a summary of key issues within the Director of Quality and Effectiveness portfolio, namely:

- Maternity CNST Year 4;
- National Patient Safety Strategy Bi-Annual Report; and
- Learning From Deaths Quarter 2 2022.

The full reports are available in the Board Reference Pack (BRP).

## DIRECTOR OF QUALITY AND EFFECTIVENESS REPORT

### 1. MATERNITY CNST YEAR 4

The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme invites Trusts to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 Maternity Safety Actions.

The Year 4 CNST safety actions were effective from the 8 August 2021. Amendments were made to the safety actions in October 2021 and on 23 December 2021 the Trust was informed that there would be a 3-month pause in the reporting period due to ongoing pressure on the NHS and maternity services. Trusts were advised to continue to apply the principles of the 10 safety actions in view of the overall aim which was to support the delivery of safer maternity care.

The year 4 safety actions were revised during the pause period and the revisions published on 6 May 2022. Further amendments were published in October 2022. A full report with an update on all 10 safety actions was presented to the Quality Committee in November 2022 and subsequently thereafter to the Trust Board. This report focuses on the fourth and final version published.

An extraordinary Board of Directors meeting was held on the 17 January 2023 at which the Head of Midwifery and Clinical Director for Women's Services presented the status against each of the 10 Safety Actions to Board members present. Board members agreed that full compliance against the 10 Safety Actions be declared, with two areas of note discussed. It was agreed that the declaration form be completed and submitted by the 2 February 2023.

The detailed CNST report is included within the BRP, along with the completed declaration form.

### 2. NATIONAL PATIENT SAFETY STRATEGY BI-ANNUAL REPORT

The NHS Patient Safety Strategy (NPSS), published in July 2019 (updated in February 2021), describes how the NHS will continuously improve patient safety over the next five to ten years.

Implementation of the national strategy has started and the time-period extends currently to 2023/24.

An overview of the NPSS is included in the Medical Directors report (agenda item A8(a)) and the bi-annual detailed report (included within the BRP) provides an update on progress with the following elements of the strategy:

#### 2.1 Trust NPSS Steering Group

## Agenda item A8(c)

The Trust's NPSS Steering Group (NPSSSG) held its inaugural meeting on 13 June 2022, meeting monthly thereafter, and is led by the Trust's identified Senior Responsible Officer (SRO); the Director of Quality & Effectiveness, with support from identified deputies and strategic team.

The NPSSSG has responsibility for overseeing the implementation of the Strategy, supporting the three strategic aims of improving understanding of safety (**insight**), equipping patients, staff and partners with the skills and opportunities to improve patient safety (**involvement**) and designing and supporting programmes that deliver effective and sustainable change (**improvement**).

Terms of Reference have been scoped and key objectives of the group include a focus on data collection and digital developments to enable transformational improvements in safety, ensuring meaningful patient and staff involvement, as well as addressing inequalities and promoting a shared understanding of safety across the whole organisation.

### 2.2 Patient Safety Specialists

As part of the NHS Patient Safety Strategy ambition, the new role of Patient Safety Specialist (PSS) has been introduced across all national provider and commissioning organisations. PSSs are identified as integral to providing visible, senior expert support to the patient safety work of healthcare organisations and seen as key drivers of change for national strategy implementation.

The Trust appointed five named PSSs in March 2019, in line with contractual requirement within the NHS Standard Contract 2021/22, and these individuals cover key roles across the Trust wide patient safety agenda, with a direct link to the named executive director lead for patient safety.

Two of the PSSs presented to the Trust Board of Directors on 30 June 2022, outlining the key Trust requirements for aligning to the national strategy and providing key information and raising awareness of the PSS role within the Trust.

### 2.3 Patient Safety Incident Response Framework (PSIRF)

The new PSIRF is a key priority of the national strategy and represents a fundamental shift in how the NHS will respond to patient safety incidents, how we understand the systems factors that contribute to adverse incidents occurring and how we develop and maintain effective systems for learning & improvement. Adoption of PSIRF is mandated by Autumn 2023.

A PSIRF working group has been established, overseen by the NPSSSG, which has started to outline key drivers required for implementation. The working group has completed an investment proposal which was presented to the Executive Team on 11 January 2022. The investment proposal identifies the resource needed to support implementation of the PSIRF.

Agenda item A8(c)

Effective implementation of PSIRF requires a significant amount of work and represents organisational change, in order to ensure the structures, mechanisms and defined roles are in place in order to adopt PSIRF within the Trust by Autumn 2023.

## **2.4 Introduction of the Patient Safety Partner (PSP) role**

The *Framework for Involving Patients in Patient Safety* (2021) is a key priority for implementation by all NHS healthcare providers, as part of the national strategy. This framework highlights the importance of involving patients in their own safety and includes the introduction of a new role; the PSP, responding to Don Berwick's call for patients and their carers to be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts.

Provider trust's are required to recruit at least two PSPs, to sit on trust safety governance groups and for them to have received the required training and support in order to enable them to undertake this role.

The PSIRF investment proposal (outlined in PSIRF section above) also incorporates an assessment of the resource required for the introduction of the Patient Safety Partner role within the Trust and it is hoped that this will be supported.

## **2.5 National Patient Safety Syllabus**

The first NHS-wide Patient Safety Syllabus has been published, which applies to all NHS employees and aims to result in enhanced patient safety training for all staff in every role, creating a step change in thinking about and understanding patient safety proactively.

Training providers are developing and publishing training courses and modules, as part of a national training procurement framework, in order to provide additional higher level staff training including: understanding safety in complex systems, human factors and systems incident investigation training.

The Trust was asked to pilot the Healthcare Safety Investigation Branch's (HSIB's) systems incident investigator training programme in 2022, prior to this training being rolled out to the national early adopter sites for PSIRF, with a number of Trust staff benefiting from receiving this training. In addition, a number of Trust directorate Quality & Safety Leads have also received systems incident investigator training, led by a Clinical Director for Quality & Patient Safety in collaboration with an external safety science expert and Trust faculty. This training is being used currently to support incident investigation practice in a number of directorates and supports the transition from the current national Serious Incident (SI) Framework to PSIRF.

## **3. LEARNING FROM DEATHS QUARTER 2 2022**

The Learning from Deaths Quarter 2 report provides the Board of Directors with assurance that there is a robust process in place to review unexpected deaths as well as those deaths with potentially modifiable factors, and that mechanisms are in place to ensure lessons are learned and shared.

Agenda item A8(c)

### **3.1 Inpatient Deaths**

In the 12-month period (October 21-September 22) 2030 patients died within Newcastle Hospitals. 1087 (54%) of those deaths were subject to a detailed Level 2 Mortality review. These figures do not include those deaths also subject to a Medical Examiner review. The Medical Examiner provides independent scrutiny of all non-coronial deaths.

In Q2 (July-Sept 22) there were 487 deaths, 220 of those deaths have been subject to a Level 2 mortality review resulting in 2 deaths being deemed potentially avoidable. Both cases are currently being reviewed by the Trust Serious Incident Review Panel process.

### **3.2 Crude Mortality**

Crude mortality rate is the percentage of in-hospital mortality from all hospital admissions. Within Q2 the crude mortality rate was less than 1% (0.75-0.95%).

### **3.3 SHMI and HSMR**

The latest SHMI publication for July 21-June22 shows the Trust to be at 91 which is below the national average of 100. The most recent HSMR data also indicates the Trust to be below the national average.

### **3.4 Learning From Deaths reported as Serious Incidents**

The learning from investigations into four deaths reported as serious incidents, which concluded their investigation since the previous report, are contained within the full report.

Examples of resultant action taken include:

- Review of clinical pathways and clinical protocol strengthened to align to national guidance in relation to difficult airway management.
- Additional simulation training added to staff training package and increased resource to support holistic interpretation of cardiotocograph.
- Strengthening of links between secondary and primary care regarding sharing learning from medication related incidents.

## **4. RECOMMENDATIONS**

The Board of Directors is asked to i) note and discuss the content of this report and ii) note that a declaration of full compliance against the Maternity CNST Year 4 Safety Actions was made and endorsed at the Extraordinary Board meeting held on 17 January 2023.

**Angela O'Brien**  
**Director of Quality and Effectiveness**

**16 January 2023**

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

## TRUST BOARD

Date of meeting	26 January 2023						
Title	Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Dr Julie Samuel, Director of Infection Prevention & Control (DIPC), Consultant Microbiologist Mr Ian Joy, Deputy Chief Nurse Mrs Gillian Lishman, IPC Matron						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the regular Integrated Board Report and summarises the current position within the Trust to the end of December 2022. Trend data can be found in Appendix 1 (HCAI Report and Scorecard December 2022), enclosed in the Public Board Reference Pack, which details the performance against targets where applicable.						
Recommendation	The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.						
Links to Strategic Objectives	Achieving local excellence and global reach through compassionate and innovative healthcare, education and research. Patients - Putting patients at the heart of everything we do and providing care of the highest standards focussing on safety and quality. Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes. Performance - Being outstanding, now and in the future						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Failure to effectively control infections may lead to patient harm, litigation against the Trust and loss of reputation. There are no specific equality and diversity implications from this paper.						
Reports previously considered by	This is a bimonthly update to the Board on Healthcare Associated Infections (HCAI).						



## **HEALTHCARE ASSOCIATED INFECTIONS (HCAI) DIRECTOR OF INFECTION PREVENTION & CONTROL (DIPC) REPORT**

### **EXECUTIVE SUMMARY**

This paper provides bimonthly assurance to the Trust Board regarding Healthcare Associated Infections (HCAIs). Overall, we continue to maintain adequate control over a number of HCAIs with excellent examples of improvement in some areas but also some levels of deterioration which are under active IPC surveillance.

Key points to note:

- November and December 2022 have seen an unprecedented number of Influenza A admissions to the Trust impacting on operational delivery. There were also high numbers of Group A Streptococcal infection in the Trust and community.
- As of 29 December 2022, 64% (10,091 vaccinated) COVID booster vaccinations and 71% (10,941 vaccinated) 'flu vaccinations had been administered in the Trust.
- Significant concerns with rise in antimicrobial (piperacillin/tazobactam) resistance at NUTH.

### **RECOMMENDATIONS**

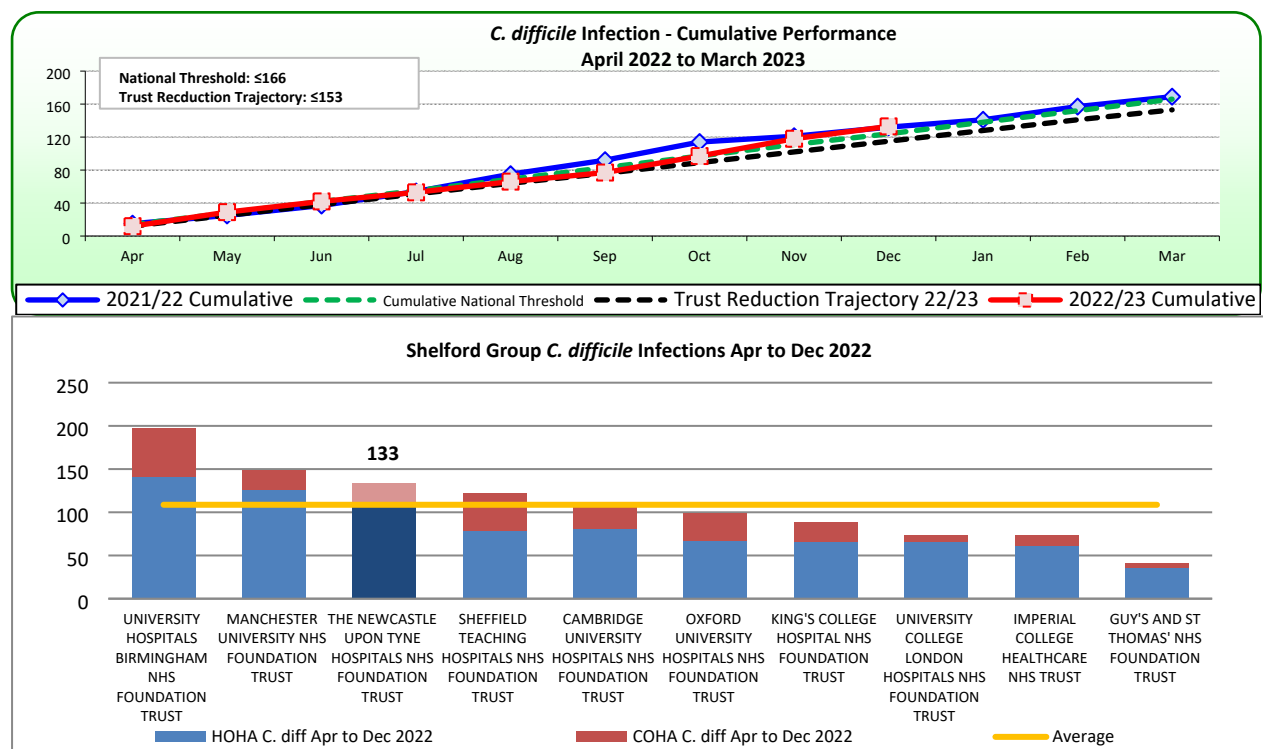
The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.

## HEALTHCARE ASSOCIATED INFECTIONS (HCAI) DIRECTOR OF INFECTION PREVENTION & CONTROL (DIPC) REPORT

### 1. KEY POINTS FOR NOVEMBER/DECEMBER 2022

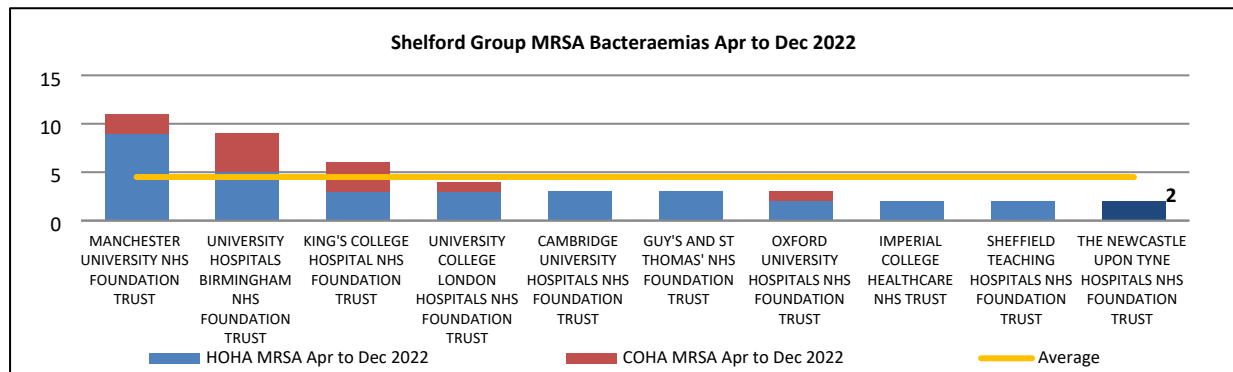
#### 1.1 *Clostridioides difficile* Infections (CDI)

At the end of December 2022, a total of 133 cases were attributed to the Trust (106 cases Hospital Onset Healthcare Associated (HOHA); 27 cases Community Onset Healthcare Associated (COHA)) – month on month graphs are included in the Integrated Board Report. We continue to review all cases of HOHA using our PIR (Post infection reviews) processes which includes antimicrobial prescribing practices, environmental standards and diarrhoea management.

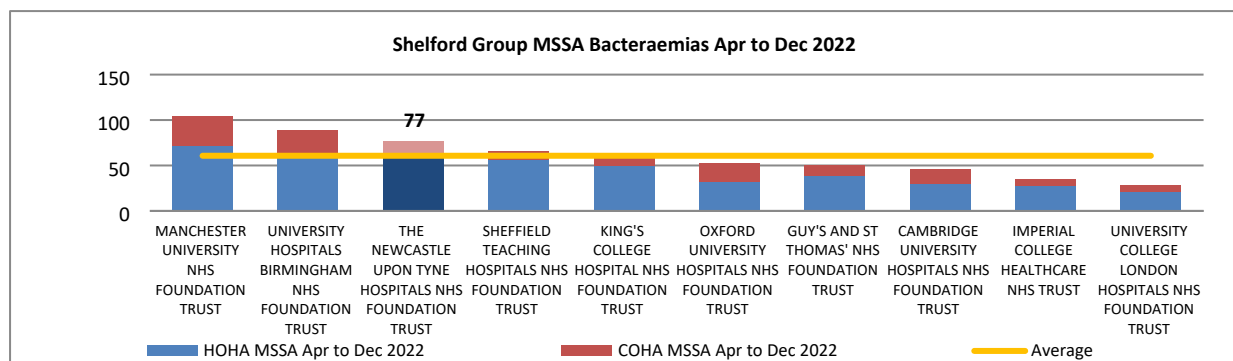
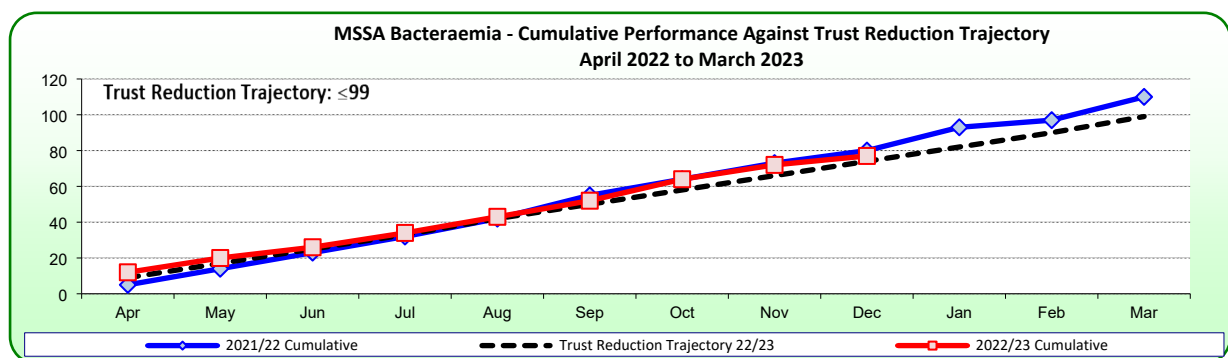


#### 1.2 MRSA / MSSA Bacteraemia

The Trust had one MRSA bacteraemia case in November 2022 and therefore the cumulative total for 2022/23 is now at 2 cases. The lessons learnt from this case included missed opportunities for screening for MRSA and peripherally inserted central catheter (PICC) line management. Following IPC investigations the infection was thought to be unavoidable. Lessons learnt have been fed back to the clinical areas in relation to MRSA screening and are being reinforced through the proactive work of the IPCNs. The IV nurse specialist service is following up in relation to line management.



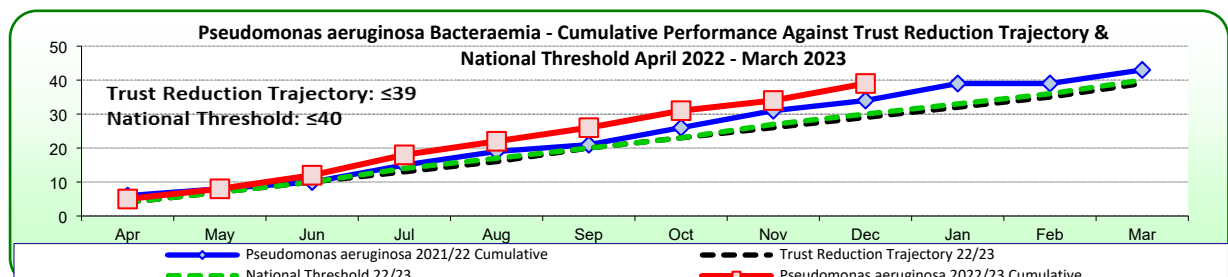
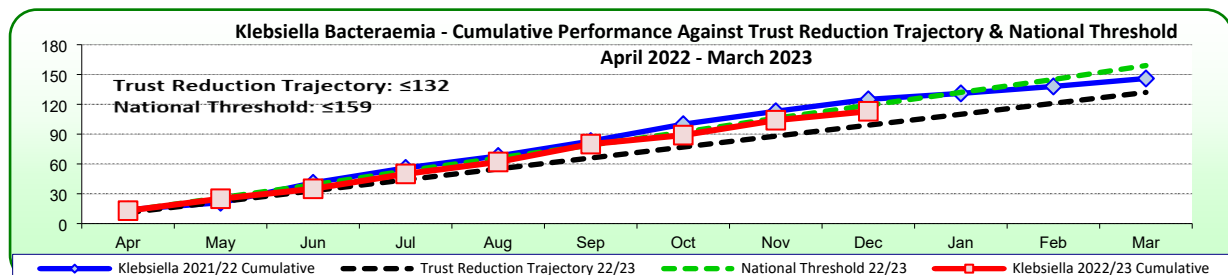
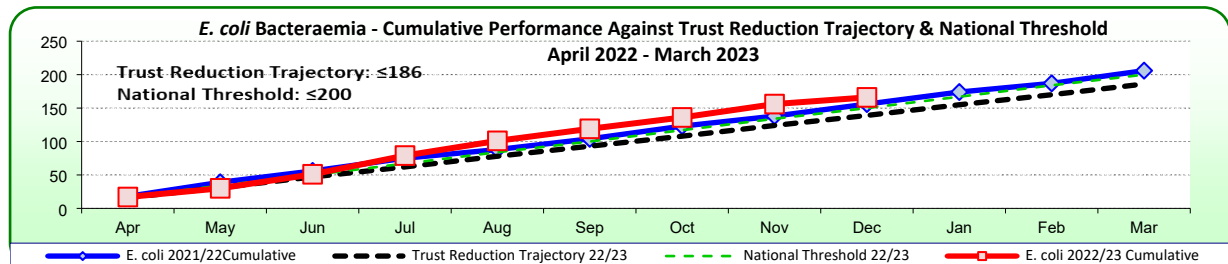
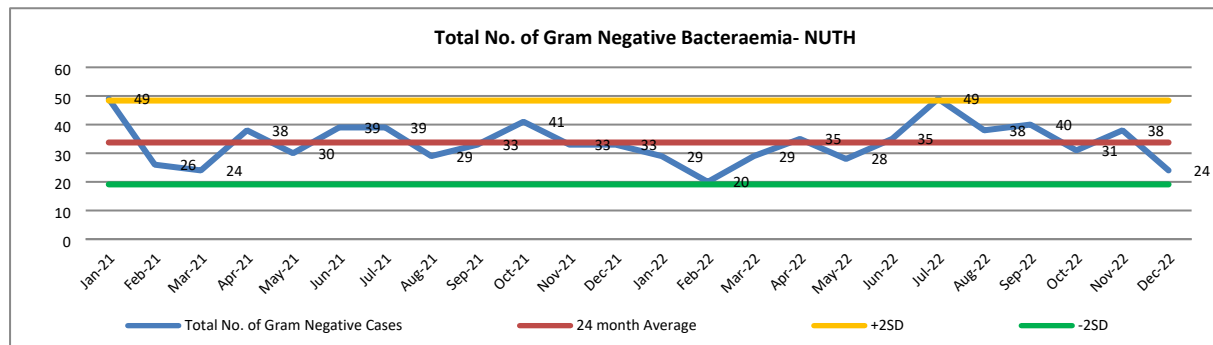
By the end of December 2022, a total of 77 MSSA bacteraemia cases were attributed to the Trust (59 HOHA cases; 18 COHA cases), which places the Trust over local trajectory by 3 cases ( $\leq 74$  cases) which is an improvement in trajectory compared to October 2022 (6 cases over trajectory). Month on month graphs are included in the Integrated Board Report.



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

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

	<i>E. coli</i>	<i>Klebsiella</i>	<i>Pseudomonas aeruginosa</i>
Cumulative No. cases to end of December 2022	166 cases	113 cases	39 cases
National Threshold for December 2022	$\leq 150$ Over by 16	$\leq 119$ Under by 6	$\leq 30$ Over by 9
Local 10% reduction Trajectory for December 2022	$\leq 139$ Over by 27	$\leq 99$ Over by 14	$\leq 29$ Over by 10



When comparing the data to October 2022, there is a small improvement in trajectory against the national threshold for *E. coli* and *Klebsiella* and a small decline by one case for *Pseudomonas aeruginosa*. The Gram-Negative Bacteraemia Blood Stream Infections (GNBSI) Steering Group continues to monitor and review ongoing Quality Improvement (QI) projects.

### Key points to note for the reduction of HCAI supported by the IPC, IV and Specialist Continence Services initiatives:

- Octenisan wash and IV management initiative to support MSSA BSI reduction has been completed in the Cardiothoracic Directorate. MSSA bacteraemia remain above local trajectory (no national trajectory set for MSSA).
- Glove use has increased over the last 2 months. However, there is still an overall reduction of 18.4%. Focused work in critical care units and theatres is ongoing. Plans are in place to relaunch the campaign in the Spring of 2023.

- Diarrhoea management and CDI initiatives: Multidisciplinary ward rounds are embedded across the acute sites ensuring that effective monitoring of *C. difficile* Toxins (CDT) is in place. Further strategies for CDI reduction are in development and in the process of being implemented.
- Urinary Tract Infection (UTI) / Catheter-Associated Urinary Tract Infection (CAUTI) initiatives: over 600 staff have received education around HOUDINI (an evidenced based protocol for the assessment and timely removal of catheters) resulting in improved management of patients around the need for and management of catheterisation.
- Proactive work in Cardio PICU including drain / sink disposal management correlates with a reduction of pseudomonas which contrasts with other areas in the Trust.
- DROP (Dehydration Risk assessment for Optimum Prevention) a Trust wide project to reduce UTIs through ensuring patient hydration is in the pilot phase of implementation.

It is acknowledged that the current significant pressure on all services has impacted on progress across all initiatives.

#### **1.4 High Consequence Infectious Disease (HCID)**

HCID monthly operational meetings are running effectively. Cascade Personal Protective Equipment (PPE) training framework is in place and training compliance is being monitored on a quarterly basis. All areas are maintaining their own training records and report their compliance into HCID Operational Group. Planning is being scheduled for HCID exercises in preparedness for HCID activation. There are still ongoing issues with obtaining MAX air hoods required for HCID treatment PPE and existing mitigations remain in place.

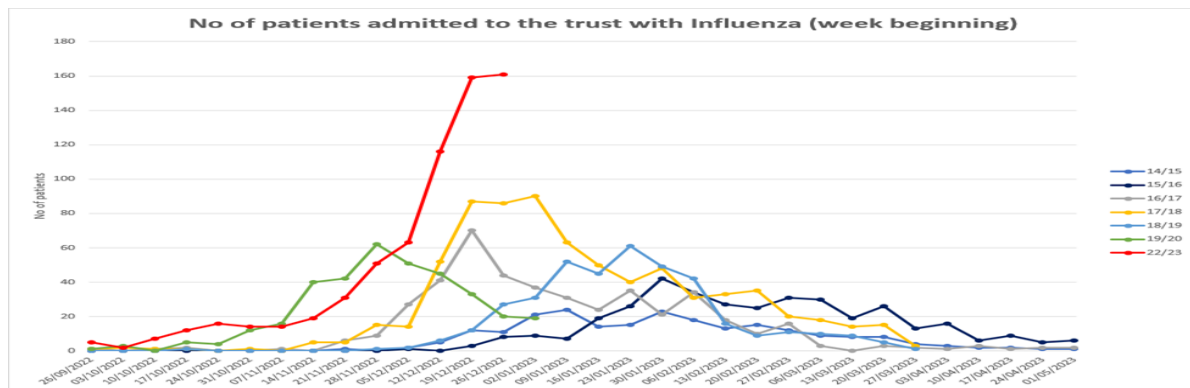
#### **1.5 Coronavirus (COVID-19)**

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

Many organisations have returned to compulsory universal mask use in clinical areas. The Trust has maintained its stance on risk assessment for mask use. Risk assessment of all patients visiting the organisation remains in place. Compliance is monitored via Synbiotix (Trust audit tool) and reporting hub dashboard. Masks are used in areas where there are patients being managed with respiratory symptoms including ED and AS. In addition, all respiratory outbreak areas have universal compulsory mask use in operation. This is actively monitored by the IPCN team.

#### **1.6 Influenza**

The number of Influenza A cases admitted to the organisation in November and December 2022 has been unprecedented resulting in significant patient flow challenges. This has resulted in 6 outbreaks and the requirement for cohorting of patients in several ward areas. The IPCN team monitor this daily and work closely with Patient Services Coordinators and clinical teams to maintain safe patient placement. A strategic overview is maintained through surveillance.

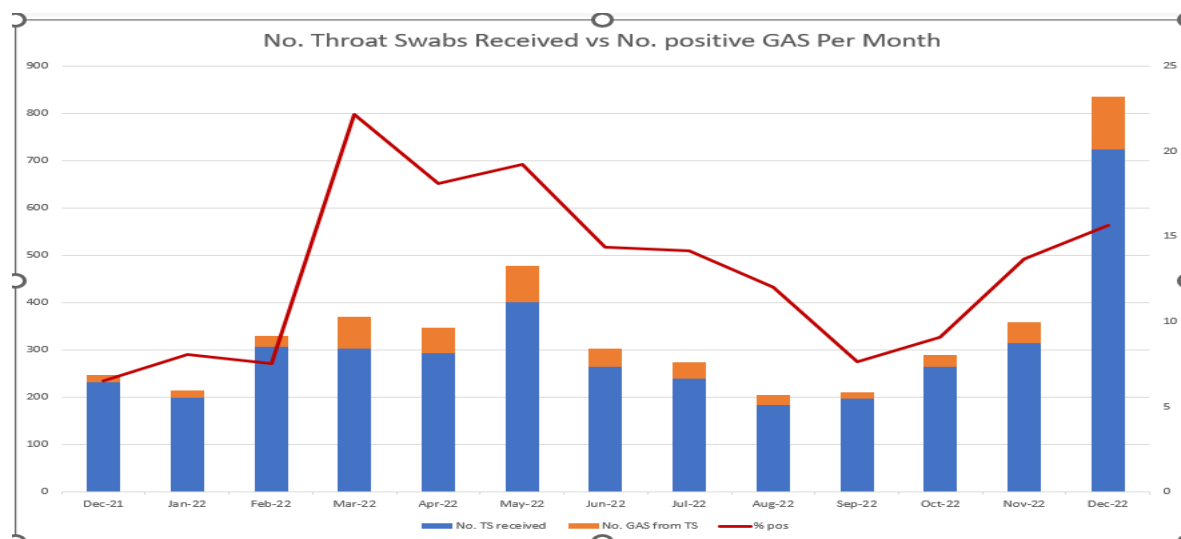


## 1.7 Norovirus

The increase in community circulating Norovirus has inevitably resulted in our first outbreak within the Trust and further outbreaks are anticipated. Key messages are being communicated Trust wide regarding identification, prompt isolation and stringent IPC measures.

## 1.8 Group A Streptococcal (GAS) Infections

Graphs below demonstrate increase in positivity of GAS infections from throat swabs and blood cultures. December 2022 saw a significant increase in community acquired GAS infection, some requiring hospital admission with sepsis and invasive infections. Microbiology medical teams and IPC have followed up all positive cases including out of hours, helping appropriate management and safe discharges. Labs are currently evaluating Point of Care Testing (POCT) to enable rapid diagnosis in paediatric ED.





## 1.9 Surgical Site Infection (SSI)

### 1.9.1 Spine SSIs

SSI surveillance overview meetings are restarting to support ongoing post infection review investigations.

### 1.9.2 Joint (Hip / Knee) SSIs

SSI surveillance for hips and knees will be halted on 1 January 2023 which is in line with national requirements. Surveillance will be undertaken for a quarter per year going forward.

## 1.10 Antimicrobial Stewardship (AMS)

The Trust is working towards the current target, as per NHS Futures, for achieving a 4.5% reduction of Watch and Reserve antibiotics. Our current total antibiotic usage up to and including November 2022 is 3.7% less when compared to the baseline of 2018.

Following a recent analysis of antimicrobial resistance, we have identified a significant concern with piperacillin-tazobactam resistance at NUTH. This first line antibiotic is used to treat our sickest patients with infection which is requiring urgent intervention.

In 2022, over 40% of Klebsiella bacteraemia in the Trust's haematology / oncology population were Tazocin-resistant and resistance rates have also risen significantly in the community. Data for 2022 shows that just under 25% of community-associated Klebsiella bacteraemia are now Tazocin-resistant (compared with 0-5% in 2019). Bacteraemia-associated mortality is significant, therefore the Antimicrobial Steering Group (AMSG) is

actively reviewing areas of high resistance and changing antibiotic guidelines. This will result in increased drug cost and will require increased oversight by the infection specialists and AMS pharmacists who have just been appointed. This is a large piece of work which is currently being managed by a working group including infections specialists, pharmacists and Clinical Informatics.

The Synbiotix Antibiotic review Take 5 audit is on-going and processes are underway for the results to be reported through governance meetings by the auditors and the Antimicrobial Leads. AMSC and AM leads are working with directorates to improve engagement.

The CQUIN target for appropriate prescribing and management with the Urinary Tract Infection (UTI) / Catheter Associated Urinary Tract Infection (CAUTI) across the Trust, is being monitored within Medicine only, as per agreement with the Commissioners. Quarter 2 data and comparison with Quarter 1 data is summarised below:

86 UTI and 34 CAUTI audited OVERALL 62% compliance (from 50%)

- Document diagnosis of UTI based on clinical signs and symptoms
  - UTI: 86% compliance (up from 70%); CAUTI: 87% compliance (up from 60%)
- DO NOT use urine dipstick to diagnose UTI
  - UTI: 96% compliance (up from 94%); CAUTI: 80% compliance (from 75%)
- Empirical antibiotic regimen prescribed following NICE/local guidelines
  - UTI: 88% compliance (up from 74%); CAUTI: 40% compliance (down from 60%)
- Ensure urine sample sent to microbiology
  - UTI: 92% (up from 87%); CAUTI: 80% compliance (down from 88%)
- For diagnosis of CAUTI, documented review of urinary catheter use is made in clinical record
  - 73% compliance (up from 63%)

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

Two new antimicrobial pharmacists are due to start in their roles by January 2023 to further support stewardship, surveillance, education, and support to all clinical staff around AMS. They will be supported by senior medical AMS leads who will also provide oversight and help deliver AMS strategies.

### **1.11 Winter Vaccination Programme**

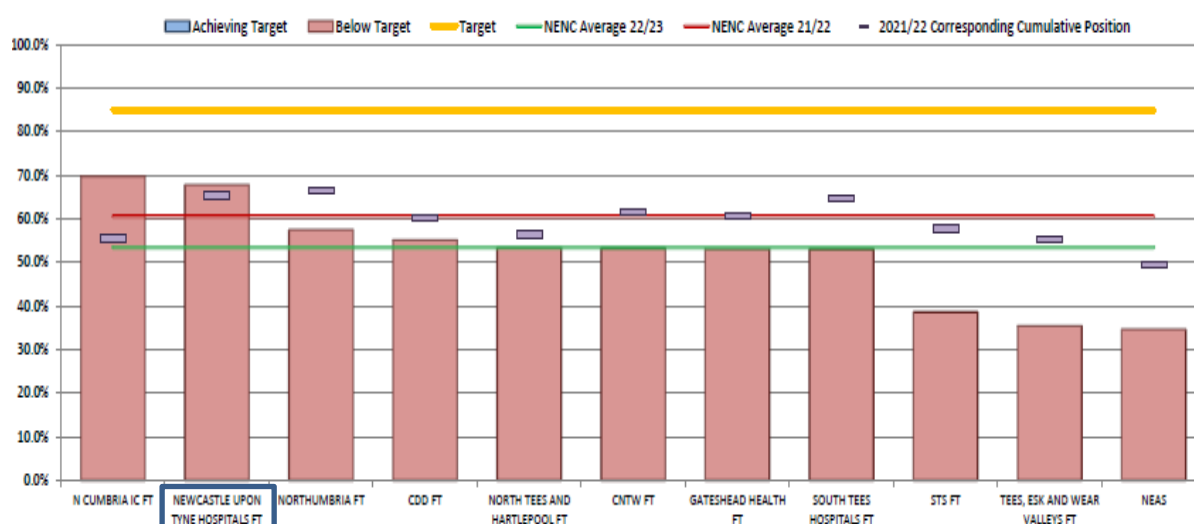
As previously reported, the COVID-19 booster programme was launched on 21 September 2022 and as of 29 December 2022, 64%, (10,091 vaccinated (2021/22 uptake was 64%) COVID booster vaccinations had been administered (this includes vaccinations of students/volunteers/Trust hosted staff). Table below show uptake of COVID-19 booster vaccination regionally:

TRUST	UPTAKE
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THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	64.0%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	62.0%
NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	56.9%
CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	56.4%
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	55.8%
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	54.2%
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	51.5%
TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	46.5%
GATESHEAD HEALTH NHS FOUNDATION TRUST	45.7%
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	43.8%
NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST	35.9%

The seasonal 'flu vaccination programme commenced on 3 October 2022 and as of the 29 December 2022, 71%, (10,941 vaccinated (2021/22 uptake was 67%) vaccinations had been administered in the Trust. The graph below shows the Staff Vaccination Programme Update for 'flu in the North East and North Cumbria areas



Many staff have received their COVID booster and 'flu vaccinations elsewhere and work continues to collate this data and ensure this is reflected in compliance figures. There is also ongoing targeted support for areas where there has been low uptake.

### 1.12 Water Safety

Following repeated Legionella counts in Leazes Theatres, Royal Victoria Infirmary (RVI), a building wide survey was undertaken and found Non-Return Valves (NRVs) on 5 feeds. A plan to remove these valves is currently underway.

Additional Legionella sampling of previously unsampled outlets in Freeman Hospital (FH) Cardiothoracic Block found high counts with contamination present in both pre and post samples. Assessment of infrastructure ongoing to determine root cause.

### 1.13 Ventilation

Air Handling Unit (AHU) replacement planning is ongoing across the RVI / FH and IPC risk assessment will be refreshed in January 2023.

#### **1.14 Decontamination**

The installation of 5 x Automatic Endoscope Reprocessors (AERs) at FH is ongoing and an Impact Assessment meeting was conducted 03/01/2023 with clinical leads.

### **2. RECOMMENDATIONS**

The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.

**Report of Maurya Cushlow**  
**Executive Chief Nurse**

**Dr Julie Samuel**  
**Director of Infection Prevention & Control (DIPC)**

19 January 2023

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

## TRUST BOARD

Date of meeting	26 January 2023						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Lauren Thompson, Deputy Trust Secretary / Corporate Governance Manager						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Trust Board in November 2022:</p> <ul style="list-style-type: none"> <li>• People Committee – 6 January 2023;</li> <li>• Charity Committee – 2 December 2022 and 13 January 2023;</li> <li>• Quality Committee – 17 January 2023;</li> <li>• Audit Committee – 24 January 2023; and</li> <li>• Finance Committee – 19 January 2023.</li> </ul>						
Recommendation	The Board of Directors is asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all strategic objectives						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the main body of the report.						
Reports previously considered by	Regular report.						

## UPDATE FROM COMMITTEE CHAIRS

### EXECUTIVE SUMMARY

This report provides an update to the Board on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Board of Directors in November 2022.

## UPDATE FROM COMMITTEE CHAIRS

### 1. PEOPLE COMMITTEE

A meeting of the People Committee took place on 6 January 2023. During the meeting, the main areas of discussion included:

- An Industrial Action status update was provided.
- The Chief Nurse provided a comprehensive overview of Nursing, Midwifery and Allied Health Professions staffing.
- The People Committee Risk report was received.
- A detailed update was provided in relation to staff experience including What Matters to You and Staff Health and Wellbeing.
- The Chief Operating Officer shared the latest position regarding Directorate management structure review.
- The Head of Workforce Engagement and Information Systems provided an update on the 2022 NHS Staff Survey.
- The Associate Director of Education, Training and Development gave a summary from the recent Learning and Education Group meeting.
- The Head of Human Resources provided an update on the People Dashboard and Workforce Age Profile and Demographics.
- A recruitment and retention update was received.

The next formal meeting of the Committee will take place on 21 February 2023.

### 2. CHARITY COMMITTEE

A meeting of the Charity Committee took place on 2 December 2022. The meeting was convened primarily to discuss a number of grant applications in advance of the next formal meeting in February.

During the meeting, the Committee approved applications which totalled £61,075.20 as follows:

- Cardiothoracic Services: Physicians Associate Preceptorship in Partnership with Health Education England - £8,161.
- Chief Executive Directorate: A 'festive thank you' to Trust staff - £31,489.60.
- Chief Executive Directorate: Free television for England World Cup games - £13,263.60.

A further Charity Committee meeting took place on 13 January 2023. The meeting was convened primarily to discuss a number of grant applications in advance of the next formal meeting in February.

During the meeting, the Committee approved applications which totalled £612,215.00 as follows:

- Cancer Services: Radiotherapy Treatment Equipment - £600,000.00.
- Patient Services: Create a 'End of Life Haven' Facility on the Freeman Hospital Site - £12,215.00.

The next meeting of the Committee will take place on 16 February 2023.

### **3. QUALITY COMMITTEE**

A meeting of the Quality Committee took place on 17 January 2023. During the meeting, the main areas of discussion included:

- A comprehensive update was received from the Patient Safety Group Chair.
- The Director of Quality and Effectiveness provided a summary of the Annual Peer Review Process.
- The Director of Infection Prevention and Control, the Director of Quality and Effectiveness, and the Chief Operating Officer presented the quality and performance elements of the Integrated Board Report.
- A Royal College review update was provided.
- A comprehensive Maternity update was given by the Chief Nurse and the Director of Quality and Effectiveness, which included reports on Ockenden and the Clinical Negligence Scheme for Trusts (CNST).
- The Director of Quality and Effectiveness provided an overview of the following areas:
  - Mortality and learning from deaths;
  - National Patient Safety Strategy; and
  - CQC Action Plan update.
- The Committee received a legal update and an update on the leadership walkabouts / spotlight on services.

The next meeting of the Committee will take place on 21 March 2023.

### **4. AUDIT COMMITTEE**

A meeting of the Audit Committee took place on 24 January 2023. During the meeting, the main areas of discussion included:

- Committee Chairs provided updates relating to risk and assurance in relations to their specific areas of focus.
- The Assistant Chief Executive presented the Board Assurance Framework and Risk Report.
- The financial statements timetable and plan for 2022/23 was discussed.
- Mazars LLP provided a progress update on the external audit including an outline risk assessment.

- A progress update was provided from Internal Audit, along with a Governance proposal document and a waivers benchmarking report.
- Counter Fraud provided an update report including the fraud response log.
- The Committee received a number of reports including:
  - A review of debtors and creditors balances, schedule of approval of single tender action and losses and compensation;
  - The Senior Information Risk Owner (SIRO) report; and
  - A summary of Governance documents published.

The next meeting of the Committee will take place on 25 April 2023.

## **5. FINANCE COMMITTEE**

A meeting of the Finance Committee took place on 19 January 2023. During the meeting, the main areas of discussion included:

- The Head of Corporate Risk and Assurance presented the Committee Risk Report.
- The Finance Report for month 9 was received.
- An update on the financial position was provided including the following:
  - Year-end forecast review including capital;
  - Productivity and Efficiency Programme Delivery; and
  - Activity recovery including month 9 activity report and an overview of productivity process work.
- The Planning Guidance for 2023/24 was presented by the Chief Finance Officer and the Executive Director of Business, Development & Enterprise.
- A verbal Procurement update was provided by the Procurement and Supply Chain Director.
- Tenders and Business Cases were presented for approval.
- The Committee received an update on the Digital Strategy including Digital Investment Proposal Deliverables.

The next meeting of the Committee will take place on 22 March 2023.

## **6. RECOMMENDATIONS**

The Board of Directors is asked to (i) receive the update and (ii) note the contents.

**Report of Lauren Thompson**

**Corporate Governance Manager / Deputy Trust Secretary**

**17 January 2023**



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