

Public Trust Board of Directors' Meeting

Thursday 23 March 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 26 January 2023 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.	Care Quality Commission Report	Maurya Cushlow and Angela O'Brien	Attached	13:43 – 13:53
7.	Industrial Action Update	Maurya Cushlow and Christine Brereton	Verbal	13:53 – 14:03
8.	Trust Performance Report & Planning 2023/24	Martin Wilson and Vicky McFarlane-Reid	Attached & Verbal	14:03 – 14:15
Business Items:				
9.	Director reports:			
a.	Medical Director; including	Andy Welch	Attached & BRP	14:15 – 14:25
(i)	Guardian of Safe Working Report Quarterly Report; and			
(ii)	Consultant Appointments			
b.	Executive Chief Nurse; including	Maurya Cushlow	Attached & BRP	14:25 – 14:35
(i)	Ockenden update			
Refreshments break				14:35 – 14:45
c.	Mortality/Learning from Deaths	Angela O'Brien	Attached	14:45 – 14:50
d.	Healthcare Associated Infections (HCAI)	Julie Samuel	Attached & BRP	14:50 – 15:00
e.	Staff Survey Results	Christine Brereton	Attached	15:00 – 15:15

Items to receive and any other business:

10.	Update from Committee Chairs	Committee Chairs	BRP	15:15 – 15:25
11.	Integrated Board Report	Martin Wilson	BRP	15:25 – 15:35
12.	Communications Strategy	Caroline Docking	BRP	15:35 – 15:38
13.	Meeting Action Log	Sir John	BRP	15:38 – 15:40
14.	Any other business	All	Verbal	15:40 – 15:45

Date of next meeting: Thursday 25 May 2023

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

Mrs Christine Brereton, Chief People Officer

Ms Julie Samuel, Director of Infection Prevention and Control

Mrs Caroline Docking, Assistant Chief Executive

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

Mr Graeme Chapman, Non-Executive Director/Chair of Quality Committee and Interim Finance Committee Chair

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

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

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PUBLIC TRUST BOARD OF DIRECTORS MEETING
DRAFT MINUTES OF THE MEETING HELD 26 JANUARY 2023

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

In attendance:

Mrs C Docking, Assistant Chief Executive [ACE]
 Mr R Smith, Estates Director [ED]
 Mrs C Brereton, Chief People Officer [CPO]
 Mrs A O'Brien, Director of Quality and Effectiveness [DQE]
 Mr G King, Chief Information Office [CIO]
 Mrs J Mason, Interim Deputy Finance Director [IDFD] (*deputising for Mrs J Bilcliff*)
 Mrs K Jupp, Trust Secretary [TS]
 Mrs J Samuel, Director of Infection Prevention and Control [DIPC]
 Dr S Brown, Associate Medical Director / Consultant Psychiatrist [Dr Brown] (*For agenda item 23/02 iii*)

Observers:

Professor P Home, Public Governor
 Dr A Dearges-Chantler, Public Governor
 Ms C Mitchell, ST7 Anaesthetics Training Doctor
 Mr M Discombe, Health Service Journal

Secretary: Mrs L Thompson Corporate Governance Manager / Deputy Trust Secretary

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

23/01 STANDING ITEMS:**i) Apologies for Absence and Declarations of Interest**

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Apologies for absence were received from Mrs J Bilcliff, Chief Finance Officer (CFO), Mr M Wilson, Chief Operating Officer (COO), Mr G Chapman (NED), and Associate NEDs (ANED) Professor D Burn and Mrs P Smith, (ANED).

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

The Chairman welcomed Ms C Brereton to her first Board meeting as Chief People Officer at Newcastle Hospitals.

Congratulations were expressed to Mr Morgan regarding his new role as Chair of North Cumbria Integrated Care NHS Foundation Trust from 1 February 2023.

Congratulations were also expressed to Mr A Welch (MD/DCEO) for being awarded an OBE in the New Year's Honours.

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 26 January 2023 and Matters Arising

The minutes of the meeting were agreed to be an accurate record and there were no matters arising from the previous minutes.

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

iii) Chairman's Report

The Chairman presented the report, noting:

- Continued COVID-19 infections as well as flu and other viruses, industrial action, and staff shortages are all impacting the Trusts efforts to clear the backlog resulting from the COVID-19 pandemic.
- A recent publication from the Office for National Statistics highlighted the ageing population with circa 2 million more people over the age of 65. This creates additional pressure for the NHS due to more emergency presentations. In addition, wider socioeconomic challenges impact on primary and social care, which add further pressures on secondary and tertiary care. Newcastle Hospitals continues to support colleagues around the region.
- The impact of rising inflation on the organisation.

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

iv) Chief Executive's Report

The Chief Executive presented the report, with the following points highlighted:

- The unprecedented pressures that the health and care system is facing, with significant media coverage nationally, amid rising public concerns and staff pressure.

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- The continued gratitude to every member of staff for their hard work and perseverance in the most difficult of circumstances.
- In December, attendances at the Accident & Emergency (A&E) department at the Royal Victoria Infirmary (RVI) were 27.2% higher than they were in December 2019 with bed occupancy levels remaining high.
- Extensive work took place in advance of and during the periods of industrial action, with gratitude expressed to the ECN and the senior nursing leadership team, staff side representatives and the unions more broadly for the way they managed this difficult situation with professionalism and a continued focus on patient wellbeing. Resolution at national/Government level was awaited. Further strike dates were anticipated which would impact on the Trust recovery programme.
- Work continues to achieve the year-end financial position and financial planning for 2023/24.
- In the coming months, the Trust will introduce a more streamlined leadership and management structure which will bring services together into eight new clinical boards. Each clinical board will have a Director of Operations, Clinical Board Chair and senior nursing leadership. Interviews for the Directors of Operations posts are scheduled next week. Workshops have been held to identify potential areas for improvement. Positive feedback has been received from the workshops about the extent of the opportunity there is to work better together to consolidate and align clinical areas and improve patient pathways.
- The Care Quality Commission (CQC) have published results of its national maternity survey and Newcastle Hospitals has been rated amongst the best in the country for the care provided which is a testament to the services hard work. The CQC visited the Trust maternity department for two days in January as part of its national inspection programme for these services. The draft inspection report was awaited.
- Congratulations to our estates apprentices who have been recognised locally and nationally for the work they do.

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

23/02 STRATEGIC ITEMS

i) Digital People Story

The ECN introduced the digital people story noting that it is a fantastic example of partnership working and putting patients at the heart of everything the Trust does.

Ms Edusei noted the significant positive impact for the family featured and the excellent service provided by staff to support them. Ms Baker highlighted that the family work very closely with the Newcastle Hospitals Charity to raise awareness.

Professor McCourt noted the positive change in models of nursing care and the significant benefits to the patients.

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

ii) Trust Recovery Programme, including end of December Performance Position:

The EDBDE presented the report, highlighting the following points:

- Activity levels decreased in December compared to November due to the additional pressures from industrial action.
- Rising levels of COVID-19, flu and norovirus in the community during the period have increased bed occupancy levels which continue to put pressure on the Trusts bed base.
- The planning guidance for 2023/24 had been published, which aims to return activity to pre-pandemic levels and to tackle long waiting patients, with robust action plans underway.

Mr Jowett sought clarification with regards to further utilisation of the Day Treatment Centre (DTC) to help with reducing waiting lists. The EDBDE advised that the DTC opened in October with a phased utilisation plan in place. The centre had been 100% utilised since mid-January. Work is ongoing to look at moving more specialities into the DTC.

Mr Macleod sought clarification with regards to recruitment in the DTC. The ECN explained that staff had been recruited both externally and from international recruits. The recruitment activity was based on providing a seven-day service model. Mr MacLeod asked whether any further recruitment activity would be beneficial to which the ECN advised that additional medical and therapy staff were also needed. In addition, recruitment into theatre areas had been successful.

Ms Edusei noted the positive figures for ambulance handover times and the importance of discharging patients as soon as is possible where it was safe to do so. The DCEO/MD highlighted that ambulance handovers are monitored regularly, and it was important to ensure that patients were not waiting in ambulances. The Chairman highlighted the agreement within the North East and North Cumbria (NE&NC) Integrated Care System (ICS) to ensure patients were not waiting in ambulances for handovers beyond 59 minutes.

The Chairman advised that in relation to bed occupancy, 10 extra beds had been opened in the Trust hospitals and 14 extra beds in the community had been made available which is positive progress.

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

23/03 BUSINESS ITEMS:**i) Director Reports:****a) Medical Director; including:**

The MD/DCEO presented the report, highlighting the following points:

- Quality and patient safety remains at the top of every clinical agenda, but this is proving challenging due to the current environment, as well as financial and workforce pressures.

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- The new NHS Patient Safety Strategy (NPSS) requires that all provider trusts will have implemented the new Patient Safety Incident Response Framework (PSIRF) by Autumn 2023 as part of the NHS Standard Contract. It was noted that this will be a significant piece of work for all involved.
- A concern was raised in relation to the high number of level 2 mortality reviews being undertaken by directorates and departments when compared to other Trusts. The medical examiners are reviewing the position.
- The proposed quality priorities for 2023/24. The Trust continues to emphasise regionally and nationally that cancer waiting times should be a major priority.
- The Trust has been awarded the Cancer Research UK Funding (CRUK) Experimental Cancer Medicine Centre again for the next 5 years and has moved up from Band 2 to Band 1, meaning increased funding. This is a significant achievement and based on levels of excellence noted by the review panel.
- A working group has been set up to monitor progress of the aortic program currently overseen by Professor George Mascaro.
- A review of medical and dental workforce requirements was taking place to ensure rota compliance at consultant and middle grade levels. Current levels of locum use were being considered in order to ascertain the cost of filling to establishment.
- With regards to the medical thrombectomy service, working is underway in collaboration with James Cook University Hospital (JCUH) in order to expand the current service provision.

Ms Baker sought clarification with regards to the Patient Safety Partner (PSP) roles. The DQE advised that the NPSS did not specify who should undertake the roles other than that the individuals cannot be employed as a health professional. She added that the majority of Trusts were looking to fill the roles using governors, lay members of the public, experts with experience, current or ex patients or medical students.

The DQE noted that the PSP's for Newcastle Hospitals have not yet been appointed as funding needs to be secured. The NPSS identifies a minimum of two PSP's are required. The DQE advised that due to the scale and complexity of Newcastle Hospitals, four PSPs would be required.

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

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iii) Annual Mental Health Update Report

Dr Brown provided the update, highlighted the following points:

- Since the previous Board briefing last year, a well-represented steering group has been set up which includes two patient/carer representatives focussing on both adult and children's mental health at Newcastle Hospitals with Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust.

This has been supported by Newcastle Hospitals Charity funding.

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- Focus groups will be established to explore ideas developed by the steering group for future co-production work and to feed into the creation of the Mental Health Strategy.
- Updates have been provided at the Council of Governors, Executive Team, Trust Board and Trust Management Group (TMG) meetings, as well as to an inequalities workshop.
- Dr Brown attended the HSJ Patient Safety Congress in October to talk about 'Bridging the gap between mental and physical health deterioration in acute hospital settings' which generated an interesting discussion.
- Engagement continues with patient and staff and the overarching ambition is to make mental health everyone's business.

Professor McCourt sought clarification with regards to the A&E position in terms of mental health assessments/support for patients. Dr Brown noted that A&E is a challenging environment, but that psychiatry input is timely, and the system is doing as much as is possible with the resources available. Alternatives are being sought for patients with mental health needs to receive support at locations away from A&E, however demand has grown significantly which is adding further pressure on the system.

Professor McCourt queried if the Trust is seeing an increase in young people and adolescents with mental health needs. Dr Brown confirmed that CNTW is seeing an increased demand for both, and that children's waiting lists are increasing. She confirmed that adult mental health referrals have remained relatively stable, with a small decrease.

The mental health team access data collected by the police and are currently working on a Suicide Prevention Strategy.

Ms Baker noted that the Child and Adolescent Mental Health Services (CAMHS) were under significant pressure and queried if there is an opportunity to link with the voluntary sector providers for support such as the Maternal Mental Health Alliance. She also noted that waiting lists are increasing. Dr Brown advised that a significant piece of work is taking place within community mental health transformation to look at streamlining pathways which includes primary, secondary, community and voluntary sector care. There is also active engagement with charitable and third sector partners. Dr Brown added that there is currently a pilot due to commence with Mental Health Concern to offer housing and support advice in A&E.

Dr Brown highlighted the challenges in relation to governance, shared records, and funding.

Mr Macleod referred to whether there had been any changes to the drivers of mental health such as the cost of living and fuel poverty. Dr Brown explained public perceptions were that significant resources were available 24-hours per day however this was not the case due to funding restrictions. She highlighted the need to focus on how to facilitate people accessing their own support before they are in a crisis situation and on preventative work.

The Chairman highlighted that intense pressure/demand for services faced by CNTW and queried if Newcastle Hospitals are seeing an increase in patients because of this and to what extent are Newcastle Hospitals supporting the physical health needs of patients at CNTW.

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Dr Brown advised that previously GPs were commissioned to work in Mental Health wards via reverse liaison however this has been more challenging as a consequence of NHS reconfigurations. She noted that further work was required in relation to support patients in dedicated mental health provider facilities with physical health needs.

Dr Brown advised that the community and crisis teams are being as responsive as possible, and patients are being supported earlier which has resulted in a reduction of admissions.

It was resolved: to receive the update.

23/03 BUSINESS ITEMS:**i) Director Reports:****a) Medical Director; including:****i) Consultant Appointments****ii) Guardian of Safe Working Quarterly Report**

It was resolved: to receive reports i) and ii).

b) Executive Chief Nurse; including

The ECN presented the report, highlighting the following points:

- The Learning Disability Liaison Team provide specialist advice and support to clinical teams with regards to learning disability and the understanding of reasonable adjustments to support their clinical care. An amount of additional investment had been secured to expand the team/extend the service provision timing however it was noted that the size of the team was small in comparison to the size/complexity of the Trust.
- 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 recently been released and work is underway to explore if this can be implemented across the Trust.
- The monitoring of safer staffing metrics against clinical outcomes/nurse sensitive indicators continues via the Nurse Staffing and Clinical Outcomes Operational Group. 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. Three wards are currently receiving wraparound support. Assurance is gained through the Quality Committee in relation to actions taken and measures in place to support wards and areas that may require additional support.
- Nursing and Midwifery (N&M) turnover is 12.7% against a national average of 13.5% and improving the turnover figure remains a key priority.

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- 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. Challenges with sickness levels and rising maternity leave have impacted the vacancy rate. In some areas agreement had been made to 'over-recruit' to alleviate staffing pressures.
- Since June 2022, the Trust has seen the arrival of 204 internationally recruited nurses and a further 100 are in the pipeline to deploy. The team are considering the position for 2023/24 as additional funding becomes available.
- Since the Nursing, Midwifery and Allied Health Professional (NMAHP) Strategy was launched in July 2022, funding has been received from the Newcastle Hospitals Charity for posts which are outlined on page four of the report.
- The Royal College of Nursing (RCN) have undertaken a first wave of industrial action which took place on 15 and 20 December 2022. Two further dates have been announced on 6 and 7 February 2023. The Trust is working with the RCN to manage and mitigate any risks. Physiotherapy staff were also participating in industrial action today. The ECN advised that the strikes had been well managed with patient safety maintained, but acknowledged that there had been disruption for patients and staff.

Mr Jowett advised that the People Committee are receiving regular updates with regards to the work that is taking place in relation to industrial action planning. In addition, a deep dive into staff turnover will be taking place at the next Committee meeting.

Mr Morgan sought clarification with regards to the reasons for leaving/destination of choice regarding staff turnover. The ECN advised that there is a variety of reasons for leaving including to work in other Trusts, to seek different opportunities, or to move on after training. She explained that the international recruitment has been positive and that the Trust ensures that the staff have a good experience. The ECN confirmed that there is a 98.5% retention rate for international recruitment.

Ms Baker queried the Learning Disability Team investment. The ECN explained that investment had also been made into the Safeguarding Team. Six additional posts have been created across both teams to provide additional capacity. Ms Baker highlighted the importance of keeping this under review.

It was resolved: to receive the report.

i) Ockenden Update Report

The ECN advised that the Quality Committee received detailed regular updates on Ockenden and that the report provided assurance over progress on the requirements.

The BadgerNet system was implemented in early January which has been a positive, and training was being rolled out to staff. The ECN thanked the Digital Team for their support. The ACE advised that patient feedback had been very positive and there had been good media coverage regarding the BadgerNet implementation.

It was resolved: to receive the report.

c) Director of Quality & Effectiveness; including

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

The DQE advised that the progress report includes an update on all 10 safety actions which were discussed in detail at the Extraordinary Board of Directors meeting held on 17 January 2023. The Head of Midwifery and Clinical Director presented the final assessment against the standards, and it was agreed that a 'full compliance' submission be made.

It was noted that the scheme was paused for 18-months because of the pandemic and then reissued with additional requirements to meet.

Despite several challenges including staffing issues due to sickness, significant progress had been made in achieving the requirements.

The DQE explained that circa 50% of organisations in the region have indicated that that they will submit a declaration of full compliance, compared with the national compliance of 60% in the prior year. Compliance was expected to reduce as the standards have become more difficult to achieve, including the additional requirements associated with the Maternity Voices Partnership.

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

ii) Learning from Deaths

The DQE advised that there had been 487 deaths in the period, with 50% being subject to a detailed review. Two deaths were identified as potentially preventable, and a Serious Incident (SI) investigation is taking place.

In December 2022, there were 251 deaths compared to the expected level of circa 200. The slight increase was seen nationally due to Flu and other respiratory illness. The crude mortality is less than 1%, with the Trust mortality indicators being below average and within expected limits.

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

iii) National Patient Safety Bi-Annual Report

The DQE explained that in relation to the NPSS, it is the NHS' ambition to transform the approach to patient safety including the patient safety culture, systems and involvement of patients and partners. She confirmed that a Steering Group and a PSIRF implementation team has been set up. The DQE advised that no additional funding has been made available nationally for the NPSS and PSIRF implementation, therefore it has to be delivered with current Trust resource. In addition, the existing patient safety system must run in parallel with the new system for a period of time.

The work is currently in the orientation stage and there is an expectation to deliver training to all staff in the organisation against the national curriculum. Ms Edusei noted the

importance of working with all staff and partners to ensure diverse representation. The DQE confirmed that she would share the evidence circulated to CQC with Ms Edusei regarding patient involvement [ACTION01].

It was resolved: to receive the report.

d) Director of Infection Prevention & Control

The DIPC presented the report, highlighting the following points:

- In November and December 2022, the Trust saw an unprecedented number of Influenza A admissions, along with other respiratory infections impacting on operational delivery.
- As of 29 December 2022, 64% (10,091 vaccinated) COVID booster vaccinations and 71% (10,941 vaccinated) 'flu vaccinations had been administered.
- A rise in antimicrobial (piperacillin/tazobactam) resistance was noted.
- In relation to Clostridiaceae Infections (CDI), at the end of December 2022, a total of 133 cases were attributed to the Trust. The team work closely with the departments to ensure fast diagnosis and continue to review Hospital Onset Healthcare Associated infections by using post infection reviews which includes antimicrobial prescribing practices, environmental standards and diarrhoea management.
- The Trust had one MRSA bacteraemia case in November 2022 and therefore the cumulative total for 2022/23 is now at 2 cases (1 in May 2022 and 1 in November 2022). The lessons learnt from this case relate to policy refinement, screening for MRSA and peripherally inserted central catheter (PICC) line management. It was confirmed that there was no harm to the patient.
- With regards to gram-negative bacteraemia blood stream infections, the Steering Group continues to monitor and review ongoing Quality Improvement (QI) projects.
- The Trust achieved the CQUIN target for quarter 1 for Catheter-Associated Urinary Tract Infection.
- There has been an increase in community circulating Norovirus which resulted in the Trusts first reported outbreak, with further outbreaks anticipated. Key messages are being communicated regarding identification, prompt isolation and stringent IPC measures.
- In December 2022, there was a significant increase in patients with suspected and confirmed influenza A, with some patients requiring hospital admission with sepsis and invasive infections. This may have been in part due to the significant national media coverage associated with influenza A.
- 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. Two new antimicrobial pharmacists are due to start in their roles by January 2023.

The CEO congratulated the teams for their work and noted the importance and complexity of the challenges they face.

Mr Morgan sought clarification with regards to how infections are measured compared to other Trusts and what Newcastle Hospitals is doing regarding antibiotic resistance. The DIPC

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advised that the patients are categorised due to the complexity of the case and a scoping exercise had been carried out in relation to pancreatitis. She advised that work needs to be undertaken within the community in relation to public health e.g. the impact of the use of detergent products and animal feed.

The ECN advised that nationally there has been a 25% increase in CDI reporting and there has been no change in antimicrobial prescribing despite fundamental changes in IPC.

It was resolved: to receive the updates.

23/04 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 that the recent People Committee meeting received a comprehensive update with regards to industrial action. Mrs Christine Brereton, Chief People Officer was welcomed to her first People Committee meeting. A deep dive is planned for the February Committee in relation to staff turnover and retention. A future update will be received with regards to the Staff Survey when the information is available.

Charity Committee

Ms Baker advised that the Charity Committee takes place on a quarterly basis with Grants meetings convened on the months where there is not a formal Committee to approve grants in a timely manner. Six grants with the total of £700k were approved at the last meeting. The applications go through a rigorous process and need to meet the strategic priorities.

The charity funded free television on the hospital wards for the world cup and during the Christmas period.

The charity is on track to spend £7m with £10m have being spent last year due to significant projects and work. The Chairman noted the fantastic progress and thanked Ms Baker and the Charity team for their work.

Quality Committee

On behalf of Mr Chapman, Professor McCourt advised that further in-depth discussions have taken place at the Committee in relation to infection prevention and control, policies, the NPSS, maternity standards and Ockenden requirements. The Committee also received updates with regards to mortality and learning from deaths.

A CQC action plan update was received which demonstrated the continued focus on care and safety across the Trust.

Professor McCourt advised that Mr Chapman will be writing a message to thank the decontamination team for their continued efforts and hard work.

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Audit Committee

Mr Macleod noted that the Board Assurance Framework (BAF) was received with no changes to the risks.

As part of the PwC well-led report, a recommendation was included with regards to the escalation process from Committees to Trust Board. Mr MacLeod confirmed that a process had now been agreed and he had two matters to escalate being:

1. A new risk had been identified with regards to pressures within the A&E department and the Committee were satisfied with how the risk was identified and escalated.
2. The ACE and Head of Corporate Risk and Assurance presented a risk management overview at the most recent Council of Governors meeting, with positive feedback received.

An update was received from Internal Audit with regards to their workplan and the anticipated completion as planned, with a good Head of Internal Audit Opinion anticipated.

In terms of External Audit, the Committee discuss the changes in relation to lease accounting and the required revaluation of Trust fixed assets.

Finance Committee

Mr Morgan advised that the Trust was originally projecting a deficit of £5.5m however work had been undertaken to improve the position. In terms of risks, the Trust will not achieve the full Productivity and Efficiency Programme target recurrently, but some savings have been achieved.

The Committee discussed the risks associated with the Elective Recovery Fund (ERF), new block contract arrangements and inflation. The Trust will meet the Capital Departmental Expenditure Limit (CDEL).

Mr Morgan highlighted the incredible work that has taken place with the DTC development, with the project being delivered within budget and on time. He commended the Finance and Estates teams for their continued hard work.

It was resolved: to receive the updates.

ii) Corporate Governance Update**• Quarterly Declarations – October to December 2022**

The TS presented the report and asked that Board members approve the Quarterly Declarations for the period from October to December 2022.

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

• Appointments and Remuneration Committee Terms of Reference and Schedule of Business Updates

The TS explained that several updates have been made to the Appointments and Remuneration Committee Terms of Reference which are detailed in section two of the

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report. Board members were asked to approve the updated Terms of Reference and Schedule of Business.

It was resolved: to (i) **receive** the report and (ii) **approve** the updated Terms of Reference and Schedule of Business.

iii) Integrated Board Report

The DQE presented the report and noted the challenges in relation to performance as discussed earlier under agenda item 23/02 ii).

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

iv) Meeting Action Log

It was resolved: to **note** that there were no outstanding actions in the action log.

v) Any other business

There were no further matters to discuss at this time.

vi) Date and Time of Next Meeting

The next meeting of the Public Board of Directors is on **Thursday 23 March 2023** at **13:00-16:00** in the **Board Room, Freeman Hospital / MS Teams**.

There being no further business, the meeting closed at 15.11.

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TRUST BOARD

Date of meeting	23 March 2023						
Title	Chairman’s Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elseder, 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"> • Council of Governors • Board Development Session • Spotlight on Services on Paediatric Immunology • Attendance at the inaugural Charity Forum • 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 • Non-Executive Director recruitment 						
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
- Board Development Session
- Spotlight on Services on Paediatric Immunology
- Attendance at the inaugural Charity Forum
- 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
- Non-Executive Director recruitment

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

CHAIRMAN'S REPORT

On 16 February I chaired the first Council of Governors meeting of 2023. In addition to the regular updates in relation to Quality & Patient Safety, Performance & Delivery we were joined by Graham King, Chief Information Officer, who delivered an informative presentation on the digitisation of the appointments process for patients of Newcastle Hospitals.

Our Board Development Session on 9 February covered several topics including:

- The latest developments in system work and the impact for Newcastle Hospitals.
- An update on the Trusts activity and financial performance to date, current/emerging pressures and forecast year-end delivery.
- The 2023/24 Trust Productivity and Efficiency Programme.
- The impact of the planning requirements for 2023/24 and associated challenges.
- A briefing on Commercial Enterprise activity.
- Annual Information Governance training.

Since our last Board meeting, we have undertaken one "Spotlight on Service" on Paediatric Immunology, where I and several Non-Executive Directors were welcomed by Dr Mary Slatter, Consultant Paediatrician on Ward 3 at the Great North Children's Hospital. We heard how the unit is a supra-regional centre for immunology transplants and a regional centre for haematology transplants. We also discussed the complexity of the patients seen within the unit and some of the challenges in relation to capacity.

On 25 January 2023, I was delighted to be invited to the inaugural Charity Forum, arranged by Newcastle Hospitals Charity. Jill Baker, Non-Executive Director at Newcastle Hospitals and Chair of Newcastle Hospitals Charity Committee briefed the audience on what has happened at Newcastle Hospitals Charity in the last three years or so, a period that has seen the Charity take huge strides in terms of income, expenditure, headcount, and profile. We then heard from Jon Goodwin, the Charity's Head of Grant programmes, who talked about the partnership working that Newcastle Hospitals Charity has been involved with so far followed by some group work to determine how the Newcastle Hospitals Charity can work in partnership with other charities.

At a regional level, I continue to engage with both Foundation Trust Chairs and the Integrated Care Partnership. On 31 March 2023 I attended a NE&NC Integrated Care Board Development Session. The session was also attended by Dr Bill Kirkup CBE who undertook a review of maternity and neonatal services in East Kent Hospitals University NHS Foundation Trust and provided particular insight and learning regarding the investigation at East Kent.

I have attended two meetings of the North ICP Chairs, Local Authority Leaders and Voluntary & Community Sector Representatives (VCS) held on 9 February 2023 and more recently on 9 March 2023. At the latest meeting, discussion focussed on the positive work in relation to North East Devolution.

Agenda Item A3

On 14 February I attended a virtual meeting of the Integrated Care Board (ICB) Chair and Chief Executive Forum with Foundation Trust Chairs. Sam Allen, NE&NC ICB Chief Executive provided an update on the Hewitt Review, which will consider how the oversight and governance of Integrated Care Systems (ICSs) can best enable them to succeed, balancing greater autonomy and robust accountability as well as an update on ICB work with providers as well as the Integrated Care Partnership (ICP).

At a national level I attended a virtual meeting on 6 February 2023 with the Chairs of the NHS Confederation Trusts. The session focused on cyber security, and we were joined by Mike Fell, Executive Director of National Cyber Security Operations at NHS Digital.

Our Non-Executive Director (Finance) recruitment exercise is underway, with shortlisting undertaken by the Nominations Committee on 14 March and interviews scheduled for 27 March 2023.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
10 March 2023

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TRUST BOARD

Date of meeting	23 March 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	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 sets out the key developments and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • Sustained industrial action; • Planning for 2023/24; • Care Quality Commission report; • Staff survey; and • Headlines from other key areas, including the Chief Executive Officer’s networking activities, our awards and achievements. 						
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	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 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:

- The organisation's response to sustained industrial action and the associated impact on elective waiting times;
- Planning for 2023/24, including financial, elective and urgent and emergency care challenges;
- How we will manage our organisation and work in partnership during 2023/24;
- The Care Quality Commission focused report on mental health, learning disabilities and autism;
- Our Staff survey results;
- Wider networking engagements; and
- An update on awards and recognitions for staff members.

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

CHIEF EXECUTIVE'S REPORT

1. OVERVIEW

In the last two months, the Trust has been focused on continuing to care for patients during a period of sustained industrial action, while also planning ahead to operate successfully within a tight budget during the 2023/24 financial year.

Industrial action

Throughout February and March, we have been significantly impacted by the industrial action taken by different trade unions including the Royal College of Nursing, the British Medical Association and the Chartered Society of Physiotherapists.

As always, our focus has been on maintaining safe patient care and I want to place on record my thanks to all who have been involved in the coordination of our response and those who have worked flexibly to ensure continuity of the care we provide. Such sustained action has taken up significant clinical and management capacity and has resulted in the cancellation of some elective care and outpatient appointments. We continue to work to meet the national expectation that there will be no elective waiters (other than for highly specialised spinal services) over 78 weeks by the end of March.

In all cases, the disputes are national - between trade unions and the Government. As an organisation, we understand the frustrations of staff and respect their right to strike, a decision that we know is not made lightly. We also hope for a resolution to these disputes soon. I commend the statement issued on behalf of the Shelford Group's Chief Nurses (see <https://shelfordgroup.org/shelford-chief-nurses-statement-on-industrial-action/>) and the joint statement from The Shelford Group along with NHS Providers and the NHS Confederation (see <https://shelfordgroup.org/shelford-group-issues-joint-statement-on-junior-doctors-strikes/>) which outlines our position.

A verbal update will be provided at the Board meeting under agenda item A7 detailing the latest position.

Setup for 2023/24

A particular focus of the last two months has been the development of our plans for the 2023/24 financial year, in line with the national NHS planning guidance and funding system. As I write, these plans are continuing to iterate before their final submission to the North East and North Cumbria (NE&NC) Integrated Care Board (ICB) and NHS England. The annual planning process requires intensive work between our planning, finance and performance teams and the clinical and directorate teams. I would draw the Board's attention to three broad themes to the plans for next year: tight finance, elective waiting time reductions and urgent and emergency care delivery.

2023/24 will be the first year since 2019/20 where the NHS financial framework does not include significant elements of Covid-related funding. After a year of high inflation, the overall NHS budget set by the government is broadly flat in real-terms meaning that there are no clear routes to secure new funding for the expansion or improvement of services,

even when population demand is increasing. Instead, the expectation is that efficiencies are generated to free up resource, with our organisation and others expected to deliver in-year cost reductions of 4% on existing budgets. This is a significant level of cost reduction, beyond the level that this organisation has previously delivered in any single year. Work has been underway for some time on an ongoing programme to achieve this, with the Programme Management Office (PMO) coordinating the process to identify and track the delivery of schemes. To accelerate delivery, we will be further reinforcing the PMO arrangements as well as ensuring that we use the skills of the Newcastle Improvement team to support the reduction of waste from across the organisation.

An increase in volumes of elective activity is expected in the next year, with an element of the organisation's income dependent upon this. It is important we deliver because the waiting times experienced by our patients are dependent upon the level of elective activity we achieve. The expectation in the next year is that we reduce the maximum wait (for all but specialist spinal patients) from 78 weeks to 65 weeks by the end of March 2024. This will be delivered by increasing both the number of sessions of care undertaken by our clinicians, but also the number of patients we treat in each session - in short, our rate of productivity. In many areas we already benchmark well – for example, following sustained work on the development of our day case practice including the opening of the Day Treatment Centre, we are in the top quartile of NHS organisations for carrying out procedures without requiring the patient to stay overnight. The executive team recently received an update on the implementation of the new theatre coordination system that will be a key enabler to maximising our theatre productivity. This type of development, along with detailed management and planning at every level will enable improved elective productivity, so we can provide increased activity and reduce waiting for patients despite the financial constraints we are operating within.

The final area of our plans for 2023/24 is the way in which we will provide urgent and emergency care to patients from Newcastle and the wider North East. In the 2020/21 year, the Royal Victoria Infirmary (RVI) received 13.7% of the ambulance conveyances within the NE&NC area, but this increased to 16% in 2022/23 both as a result of planned shifts in activity and an increasing number of instances when ambulances were diverted from other Trusts because they could not be offloaded there. Unfortunately, the new NHS financial framework no longer includes mechanisms to ensure that resource allocation is adjusted in line with non-elective patient flows, so on average (at any one time) we are caring for 63 more non-elective patients than in 2019/20 without additional financial resource. As a result, the occupancy of our beds is notably higher. In addition to this pressure, the average acuity of each patient is greater – requiring more intensive staff input to maintain safe and effective care.

In 2023/24, there will be a renewed focus across the NHS on maximising the percentage of patients attending Accident & Emergency (A&E) who are discharged or admitted within four hours. We need to continue to work closely with our NHS partners about the distribution of patients across the North East so that we can ensure patients do not experience undue waits for urgent care while also having sufficient capacity to run full elective care programmes.

How we will manage our work in 2023/24

In my last Board report, I outlined the need to implement revised operational management arrangements for the organisation, with a reduction in the amount of separate management units from the current 21 directorates to 8 new 'Clinical Boards'. I am pleased to report that implementation of this change is underway and, following a competitive recruitment process, eight directors of operations roles have been appointed to. The clinical chairs of each clinical board will also have been appointed by the time of the Board meeting, and with the addition of a senior nurse, each clinical board will be led by a medical / management / nursing triumvirate. Work is now ongoing to confirm the management roles within each clinical board as well as how corporate services wrap-around these structures, for example ensuring that each clinical board has clear financial and risk management accountability and support.

Partnership work in Newcastle and across the North East and Cumbria

I am pleased to report that regular team to team executive meetings are now taking place with colleagues at Northumbria Healthcare NHS Foundation Trust, which Sir James Mackey and I are jointly chairing. We are working collectively to ensure the working arrangements between our two organisations is optimised, as well as exploring ways to make the best use of NHS resources and minimise waiting times for local people.

This month we have also welcomed Trudie Davies as the new CEO of Gateshead Health NHS Foundation Trust. We are continuing to develop collaboration with colleagues in Gateshead, Northumbria and North Cumbria to better understand where we could be more effective or efficient by working together. The challenges I describe about delivering improved patient care in a financially difficult environment are shared by all organisations – by working together we will be able to deliver more improvement and efficiency than we each could alone.

Care Quality Commission (CQC) report

Last year, the CQC carried out an unannounced focused inspection which looked specifically at the quality and safety of care provided to patients with a mental health need, a learning disability or autism.

Inspectors also looked at the trust's adherence to the Mental Health Act and compliance with the Code of Practice and Mental Capacity Act. Areas they visited across the RVI and the Freeman Hospital included critical care, maternity, medicine, surgery, and urgent and emergency care.

The CQC has published its findings in a report which recognised and acknowledged the dedication, care and commitment provided by our staff to patients, which remains a constant despite the unprecedented pressures facing our organisation and the wider NHS. It also says that improvements need to be made around the assessment and management of mental health risks, as well as compliance with the Mental Capacity Act and Mental Health Act. We have also received a regulatory warning notice under Section 29A of the Health and Social Care Act 2008.

We are using this inspection as an opportunity to review our processes, practices, and training so we can better support and prepare staff to meet the mental health and physical

health needs of our patients. A formal project board and task and finish groups have been set up to address the specific actions to deliver by 30 April.

Further detail will be provided at the Board of Directors meeting under agenda item A6.

Staff survey

The results of the 2022 NHS staff survey have now been released and we are carefully reviewing the views of the 6,664 staff who completed the survey this year from the Trust.

Our ‘What Matters to You?’ programme undertaken in partnership with The Institute for Healthcare Improvement (IHI) has been built on the results of previous surveys and conversations across the organisation. To date, it has focused on three priority areas where staff told us they wanted to see change:

- Greater autonomy and control - particularly more flexibility and more control over workload. To work smarter, not harder.
- More participative management - to feel more involved, included, listened to and engaged in decisions.
- Better physical and psychological safety - to feel physically and emotionally safe and supported, with mental health being a priority.

I am pleased that as a result of focused work, the staff survey results show improvement in those areas. Between 2022 and 2023, we have seen a 3% increase in staff satisfaction with flexible working opportunities and a 3% increase in those who agree that they are able to make improvement happen in their area of work. There is much more to do – but these are positive initial improvements which we hope to build on over the coming years.

Our staff continue to focus on the quality of care they are able to provide, and it is testament to them that our headline staff survey scores relating to the care we provide remain notably high compared to other organisations:

- 83% of staff would recommend the care we provide to family and friends compared to 62% sector average; and
- 83% of staff feel the care of patients is the Trust’s top priority compared to 74% sector average.

However, the national results show that across the whole NHS, there has been a decline in staff looking forward to going to work, recommending their organisation as a place to work or to receive care from. Our results in these areas have dipped in line with that national trend, which is not surprising given the significant pressures and challenges facing staff in our organisation are similar to those faced in the wider NHS.

We’re now focusing on understanding the 2022 results further (see agenda item A9(e)), including how they differ between staff groups and directorates, to help inform our next steps. This understanding will not only give us refreshed priorities for action but will also form a key part of developing our future people approach which Christine Brereton, our new Chief People Officer, is working to develop.

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.

I regularly participate in events through my roles in the Shelford Group and as Vice-Chair of the NHS Confederation. Most recently these have included engagement with Amanda Pritchard, Chief Executive of NHS England, where we discussed the challenges of delivering in 2023/24 and how the operating model of NHS England and the 42 ICBs will evolve. The Government commissioned review of the functioning of Integrated Care Systems by Patricia Hewitt is nearing completion and this will provide important context for the future approach of systems and the environment in which large Trusts like ours will operate.

The environmental, social and economic impact of NHS organisations continues to be a theme of national discussion, and I was pleased to speak about the leadership requirements of anchor institutions at a Health Anchors Learning Network event in January. As well as discussing the significant economic and health inequalities that exist within our city, I was able to use our continuing environmental leadership as an example of how organisations can galvanise and support positive action.

To take an example from just one part of our organisation - the Integrated Laboratory Medicine directorate has been a longstanding leader and innovator in sustainable healthcare. In January they launched further work on future sustainability plans, including the shift to re-usable sample transport boxes which have significantly reduced the amount of single-use plastic bags. Recently a new 'sustainable suppliers' webpage has been launched on our Flourish website ([see https://www.flourishatnewcastlehospitals.co.uk/flourish-key-themes/sustainable-healthcare/sustainable-suppliers/](https://www.flourishatnewcastlehospitals.co.uk/flourish-key-themes/sustainable-healthcare/sustainable-suppliers/)) where suppliers to Newcastle Hospitals can find all the information - and support - they need to work with us in our goal to be Net Zero Carbon by 2040.

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.

Research

- Newcastle's Experimental Cancer Medicine Centre (ECMC) has received almost £3million in funding to help doctors and scientists find the cancer treatments of the future for both adults and children. A partnership between the Trust and Newcastle University, the centre works to provide access to cutting-edge cancer treatments. The funding has been made possible by a partnership between Cancer Research UK, the National Institute for Health and Care Research (NIHR) and the Little Princess Trust specifically for children's cancers. Clinical trials are crucial to new and improved treatments becoming adopted as standard treatments by the NHS and this funding will allow the team to further advance how we can treat cancer effectively.
- This month, we also announced the trust is co-leading a study with the University of Bradford to test new technology that could result in more patients receiving life-

saving transplants. The NIHR has committed over £1million in funding a digital health package that works in the same way as artificial intelligence-based facial technology to evaluate the quality of an organ. It is estimated the technology, known as OrQA - Organ Quality Assessment – could result in up to 200 more patients receiving kidney transplants and 100 more liver transplants a year in the UK and the trust’s transplant surgeon Colin Wilson is co-lead for the project.

- Newcastle Dental Clinical Research Facility has teamed up with researchers at Edinburgh Napier University to conduct a trial that could identify people at increased risk of strokes. Dentists and dental students at Newcastle Dental Hospital will soon be monitoring their patients to see if they have an often-undiagnosed heart condition – as well as tending to their teeth. Researchers suspect there is a link between gum disease and a heart condition called atrial fibrillation (AF) that puts people at increased risk of stroke so will conduct a study of 1,000 patients over 65 years who attend Newcastle Dental Hospital.

Learning Awards - Congratulations to Collaborative Newcastle, who were winners of the ‘People Development Programme of the Year – Public/Not for Profit Sector’ at the 2023 Learning Awards for their work in developing our system leadership programme.

The judges feedback read: “There was unanimous applaud from all the judges for the leadership programme presented by Collaborative Newcastle; the programme had not only strengthened the workforce but was building leaders for a more sustainable future.”

“The team were able to showcase the impact the programme was having on leaders in creating networks and opportunities to collaboratively improve system inequalities as well as opportunities across the workforce. The programmes innovation to bring together a cross sector of services for one cause was seen as blueprint for other organisations and a way forward.”

Sir Bobby at 90 – Last month, Sir Bobby Robson would have been 90 and to celebrate his birthday, his memory and the incredible legacy he has left us with the Sir Bobby Robson Foundation, his family, the football community and Foundation came together to remember him.

Around 400 patients are referred to the Sir Bobby Robson Centre at the Freeman Hospital every year and there are currently 30 active clinical trials. Newcastle Hospitals will always be very grateful to Sir Bobby for what he did in launching his Foundation and to everyone who continues to support it.

Newcastle’s Hospital @ Night – The Hospital @ Night service recently celebrated its 15th anniversary. The service now supports around 1,200 beds, split into five teams supported by 17 nurse practitioners.

Awards and achievements

Congratulations to the following staff who have been recognised recently:

- Our **staff networks** support a fairer and more diverse NHS for everyone and actively engage and contribute towards promoting awareness of equality and inclusion within the trust. Congratulations to **Steven Hewitt**, who has been appointed as co-chair of the

Enabled staff network and **Darren Beal** who has taken up post as the co-chair of the Pride staff network.

- **Hazel Galloway**, one of our most experienced and highly respected health visitors, has celebrated two very special milestones – receiving the distinguished title of Queen’s Nurse, one of the highest accolades in the community nursing profession, as well as marking 50 years of working in the NHS.
- Children’s occupational therapist, **Lindsay Carr**, and children’s physiotherapist, **Penny Walsh**, at The Great North Children’s Hospital, have launched a fantastic new interactive initiative called ‘Don’t Delay the Play’ to minimise the impact of long hospital stays on a child’s developmental progress.
- **Chris Lamb** has been recognised as one of the most promising emerging scientists for his research into inflammatory bowel disease.

British Journal of Nursing – The trust has been recognised and shortlisted for three awards:

- **Continence Nurse of the Year** – The Newcastle Specialist Continence Service has been named as a Finalist for two impressive harm free care initiatives – the RISSE Project and Bladder and Bowel Assessment Project.
- **Infection Control Nurse of the Year** – Specialist Infection Prevention and Control Nurses Amy Griffiths and Pasqua Fitzgibbon have been shortlisted for their multi-faceted, mobile education approaches across busy clinical areas.

Roy Calne Award – Dr Emily Thompson, NIHR Clinical Lecturer in Transplant Surgery was presented with the Roy Calne Award at the recent British Transplantation Society’s annual Congress. This Award recognises “a most outstanding contribution published in a peer review journal, as a single paper, in the broad field of transplantation” by a member aged under 40 years.

Royal College of Occupational Therapists Merit Award – Specialist Occupational Therapist Jenny Welford was nominated by her peers at the RCOT and received her Merit Award for her innovative practice and direct positive impact on service users, outstanding leadership skills and research and influence across the UK.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
13 March 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	23 March 2023						
Title	Digital Story						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Fardeen Choudhury, Equality, Diversity & Manager (Patients) 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 patient co-production at the heart of the development of the Trust's first Mental Health Strategy, which is being supported by the Newcastle Hospitals Charity.</p> <p>The digital story evidences the strategic commitment to involve and engage with patients, service users and carers as part of strategy development and improvement projects.</p>						
Recommendation	To listen and reflect on the personal experiences of the Associate Medical Director for Mental Health and the patient contributors.						
Links to Strategic Objectives	<p>Patients</p> <ul style="list-style-type: none"> Putting patients at the heart of everything we do Providing care of the highest standard focusing on safety and quality Learning and continuous improvement is embedded across the organisation <p>Partnerships</p> <ul style="list-style-type: none"> Our partnerships provide added value in all that we do <p>Pioneers</p> <ul style="list-style-type: none"> Ensuring that we are at the forefront of health innovation and research <p>Performance</p> <ul style="list-style-type: none"> 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 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

In October 2020, the Care Quality Commission (CQC) published a report on the Assessment of Mental Health Services in Acute Trusts (AMSAT) which looked at how well the mental health care needs of patients were met and where trusts, and the wider system, need to improve. One of the key recommendations from the AMSAT is for Trusts to have a mental health strategy.

The Trust aims are for a strategy to be coproduced with patients and carers to ensure that the mental health and wellbeing needs of all groups are considered and supported to be met whenever they have contact with Trust services. Co-production is one of the highest levels of patient and public engagement where patients, carers and staff work together in equal partnership to improve, shape and deliver services. The patient co-production and engagement is being led by the Patient Experience Team, with Newcastle Hospitals Charity supporting this project.

This story shares the experiences of Dr Brown, Associate Medical Director, who is leading the strategy development, and two of our patient contributors who explain the value of patient co-production for this project.

DIGITAL PEOPLE STORY

1. BACKGROUND

One of the AMSAT key recommendations to support Trusts meeting the mental health care needs of patients is to have a mental health strategy. To ensure a strategy considers and supports the mental health and wellbeing needs of all groups who use Trust services, the strategy will be co-produced with patients and carers who have lived experience of mental health. Co-production is where patients, carers and staff work together as equal stakeholders.

Patient engagement has always played an important part in improvement work, with the use of surveys and using data from complaints, PALS and other feedback mechanisms. Co-production is, however, a model that is relatively new for the Trust to embark on, and the Patient Experience Team has worked with the Patient Involvement Team at Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW) to recruit patient contributors who have lived experience of mental health, whose contribution will be essential to be developing a patient centred strategy.

Six patient contributors were recruited in May 2022, with two being part of the Strategy Project Board and all six being part of regular focus groups. An introduction meeting took place to welcome the patient contributors, and the first strategy board meeting with the contributors took place in July 2022.

The contributors on the strategy board are recognised as equal partners by the team, with all members listening and learning from each other. The contributors share their lived experience and knowledge which is highly valued by the team to understand how the strategy can be shaped to support services in meeting the mental health needs of patients.

This has been invaluable in setting the direction of the strategy development and ensuring patients are at the heart of this work.

Particular topics are explored in further depth with the focus groups, such as staff training, community services and safe spaces in hospitals. The focus groups also help develop other pieces of dedicated patient engagement work to support the strategy development, such as social media engagement, ward visits and patient interviews.

All the work and learnings from this co-production and engagement project is being collated into a Trust wide patient engagement toolkit. The toolkit will have staff guides, policies, templates, tools, tips and tricks to empower other services across the Trust to effectively use approaches to involve patients in improving and shaping services.

This strategy will also form an important part of our long-term response to the CQC focused inspection undertaken November/December 2022.

The patient experience team would like to thank Newcastle Hospitals Charities for supporting this important piece of work.

2. RECOMMENDATION

To listen to Dr Brown's and the patient contributor's experience of using patient co-production to develop the mental health strategy.

**Report of Maurya Cushlow
Executive Chief Nurse
23 March 2023**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	23 March 2023						
Title	Care Quality Commission (CQC) Report						
Report of	Ms Maurya Cushlow, Executive Chief Nurse Mrs Angela O'Brien, Director of Quality & Effectiveness						
Prepared by	Ms Maurya Cushlow, Executive Chief Nurse (Summary Sheet) Inspection report published by CQC						
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>CQC conducted an unannounced focused inspection between 30 November and 1 December 2022 which looked specifically at the quality and safety of care provided to patients with a mental health need, a learning disability or autism. They carried out inspection activity in five of the acute services provided by Newcastle Hospitals and also asked for information and reviewed evidence for the well-led key question for the Trust overall.</p> <p>The report published by CQC is appended to this report and a verbal update will be provided by the Executive Chief Nurse to accompany the report.</p>						
Recommendation	The Trust Board are asked to receive the report and the verbal update provided.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality <ul style="list-style-type: none"> Put patients and carers first and plan services around them Maintaining our 'Outstanding' CQC rating 						
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	Board Assurance Framework - SO1.11 - Failure to achieve required CQC standards could impact on the Trust's ability to remain "Outstanding".						
Reports previously considered by	An update was provided at the Private Board of Directors meeting in January 2023.						

CQC REPORT

EXECUTIVE SUMMARY

CQC conducted an unannounced focused inspection between 30 November and 1 December 2022 which looked specifically at the quality and safety of care provided to patients with a mental health need, a learning disability or autism. They carried out inspection activity in five of the acute services provided by Newcastle Hospitals and also asked for information and reviewed evidence for the well-led key question for the Trust overall.

In February 2023 CQC published their report (appended) and Newcastle Hospitals received a Section 29a Warning Notice with significant improvements required by 10 April 2023.

The Trust also submitted a Mental Health Act provider statement return on 1 March 2023 and must:

- Complete a Provider assurance template by 24 March 2023.
- Demonstrate evidence of improvement in practice by 30 April 2023.

A verbal update will be provided by the Executive Chief Nurse to accompany the published report.

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Inspection report

Freeman Hospital
Freeman Road, High Heaton
Newcastle Upon Tyne
NE7 7DN
Tel: 01912336161
www.newcastle-hospitals.org.uk

Date of inspection visit: 30 November - 1 December
2022
Date of publication: 24/02/2023

Ratings

Overall trust quality rating

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services caring?

Inspected but not rated ●

Are services responsive?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

Our findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Overall summary

What we found

Overall trust

The Newcastle upon Tyne Hospitals NHS Trust provides a full range of acute and specialist hospital and community services. The main sites are the Royal Victoria Infirmary including the Great North Children's Hospital, Freeman Hospital including the Institute of Transplantation, Northern Centre for Cancer Care and Renal Services, Dental Hospital, Campus for Ageing and Vitality, International Centre for Life and Community Services. The trust serves a population of over 3 million.

We carried out this unannounced focused inspection which looked specifically at the quality and safety of care provided to patients with a mental health need, a learning disability or autism. We carried out inspection activity in five of the acute services provided by this trust because we had concerns about the quality of services provided to people with a mental health need, a learning disability or autism. We also asked for information and reviewed evidence for the well-led key question for trust overall.

We carried out focussed inspection activity in critical care, maternity, medicine, surgery, and urgent and emergency care. Our findings, which are reported in the urgent and emergency care core service report, were found consistently across the all of the core services we inspected.

Following our inspection of the trust's services in December 2022, we formally wrote to the trust to share our concerns about our inspection findings. We asked the trust to take immediate action to improve the quality and safety of services. The trust provided details of the immediate steps taken to ensure patient safety.

In response to our findings, we served the trust with a Warning Notice under Section 29A of the Health and Social Care Act 2008. The Warning Notice told the trust that they needed to make significant improvements in the quality and safety of healthcare provided in relation to patients with a mental health need, a learning disability or autism.

We did not re-rate services following this inspection. This is because we undertook a focussed inspection which did not look at all of the key lines of enquiry for each key question in each core service. The trust's current ratings for the services we inspected have not changed.

Our findings

We found the following areas of concern during our inspection:

- We found staff did not consistently undertake an assessment of patients' presenting risk in relation to their mental health. Risk management plans were not consistently documented or implemented. In the emergency department, we found staff did not consistently complete the trust's mental health risk assessment tool. On most wards we found staff did know about or use tools to assess and manage patients' mental health risks. In all services we found there was a strong reliance on the psychiatric liaison service to provide an assessment of patients' presenting risks and an appropriate management plan.
- We found the trust did not have effective systems and processes to ensure patients consented to their treatment, or ensure staff adhered to the requirements of the Mental Capacity Act. In all services we found staff had not undertaken and recorded assessments of mental capacity and decisions made in patients' best interest for patients subject to the Deprivation of Liberty Safeguards. Staff knowledge and awareness of the Mental Capacity Act was inconsistent between different wards and services. In the trust's emergency department, we found staff had not completed mental capacity assessments or recorded decisions made in patients' best interest for patients who had been identified to security staff as requiring restraint to prevent the patients from leaving the department.
- We found staff did not maintain complete and appropriate records to evidence adherence to the Mental Health Act. The records of patients detained under the Mental Health Act did not consistently include copies of detention papers, or proof of authorised leave under Section 17 of the Act, or papers required to authorise medication and treatment under the Act.
- We found the trust did not have effective systems and processes to ensure staff provided and documented holistic approaches to care. Patient records, including those of patients with a confirmed diagnosis of a learning disability, were strongly focussed on the care provided to meet patients' physical health needs. Records did not show evidence that staff had considered patients' additional needs or whether there were reasonable adjustments required because of patients' learning disabilities. There was a strong reliance on external documentation, including hospital passports, to inform how care was provided, although there was limited evidence of holistic care provided in line hospital passports in patient records. Carers and patients told us that the trust was did not always assess whether patients had additional needs or make plans to try to meet these needs.
- We found multiple examples of gaps in patient records in relation to mental health, mental capacity and learning disabilities. This included details of additional needs and reasonable adjustments, applications for Deprivation of Liberty Safeguards, mental capacity assessments and best interest decision, and forms to evidence compliance with the requirements of the Mental Health Act. Our inspection team was supported by trust staff to review patient records and our inspection showed staff repeatedly struggled to find the evidence required.

However:

- On most wards we saw kind and caring interactions between staff and patients, including between staff and patients with a mental health need or a learning disability.
- Across the trust we found staff were committed to providing compassionate care for patients with a mental health need, or a learning disability or autism. Staff at all levels demonstrated a commitment to delivering care in line with the parity of esteem between mental health and physical health and saw this care as integral to their role and the services provided by the trust.

How we carried out the inspection

Our findings

The team that carried out the inspection service comprised a CQC head of hospital inspection, an inspection manager, a Mental Health Act reviewer, four inspectors and an assistant inspector. The inspection team was led by Sarah Dronsfield, Head of Hospital Inspection.

We did not re-rate services following this inspection. This is because we undertook a focussed inspection which did not look at all of the key lines of enquiry for each key question in each core service. The trust's current ratings for the services we inspected have not changed.

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve:

We told the trust that it must take action to bring services into line with legal requirements. This action related to the services we inspected and the trust overall.

Trust wide

- The trust must ensure care and treatment is appropriate, meets the needs of service users, and reflects their preferences. **Regulation 9(1)(a)(b)(c).**
- The trust must ensure staff carry out an assessment of the needs and preferences for care and treatment of the service user. **Regulation 9(1)(3)(a).**
- The trust must ensure staff design care or treatment with a view to achieving service users' preferences and ensuring their needs are met. **Regulation 9(1)(3)(c).**
- The trust must ensure staff make reasonable adjustments to enable service users to receive their care or treatment. **Regulation 9(1)(3)(h).**
- The trust must ensure staff obtain and record consent from service users with capacity to make decisions about their treatment and care. **Regulation 11(1).**
- The trust must ensure staff assess and manage the risk to service users presented by their mental health needs. **Regulation 12(1)(2)(a)(b).**
- The trust must ensure staff comply with the requirements of the Mental Capacity Act. **Regulation 13(1)(5).**
- The trust must ensure staff have the skills required to identify where service users may lack capacity to make decisions about their treatment and care, and the tools to undertake an assessment of mental capacity and record decisions made in service users' best interest. **Regulation 13(1)(5).**
- The trust must ensure staff undertake mental capacity assessments and record decisions made in service users' best interest when applying for Deprivation of Liberty Safeguards. **Regulation 13(1)(5).**

Our findings

- The trust must ensure staff recognise where service users have been deprived of their liberty and make appropriate applications for Deprivation of Liberty Safeguards. **Regulation 13(1)(5)**.
- The trust must ensure staff maintain appropriate, complete, and contemporaneous records of each service user detained under the Mental Health Act. **Regulation 17(1)(2)(c)**.
- The trust must implement effective systems to assess, monitor and improve the quality and safety of the services provided to service users with a mental health need, a learning disability or autism. **Regulation 17(1)(2)(a)**.
- The trust must implement effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users with a mental health need, a learning disability or autism. **Regulation 17(1)(2)(b)**.

Action the trust SHOULD take to improve:

Trust wide

- The trust should implement an effective mental health strategy.
- The trust should ensure all relevant staff have the skills and training to use the electronic patient record system.

Is this organisation well-led?

Vision and strategy

The trust did not have a vision for what it wanted to achieve and or strategy to turn it into action, developed with all relevant stakeholders, to support the care of patients with a mental health need, a learning disability or autism.

The trust did not have a mental health strategy in place at the time of inspection. This was an area for improvement which the trust had already recognised and had started to work on. The trust had held three meetings to discuss the implementation of a mental health strategy and had plans to involve service users in the design of the strategy. The trust aimed to have a mental health strategy in place by Summer 2024.

The trust did not have a strategy to support the care of patients with a learning disability or autism. The trust told us that there was a 'Learning Disability and Autism Trust wide Steering Group' which met on a monthly basis. The trust had a quality account objective for 2022-23 which was 'ensuring reasonable adjustments are made for patients with suspected, or known, Learning Disabilities' and progress with this objective by the time of inspection had included full recruitment of a specialist learning disability team and the delivery of a 'learning disability week'.

Governance

The trust did not consistently operate effective governance processes to ensure all patients with a mental health need, a learning disability or autism received high-quality care which met their needs.

The trust did not have a programme of regular audits to improve practice in relation to mental healthcare or the care of patients with a learning disability or autism. The trust's most recent audit of mental health risk assessments was completed between January and July 2019 and identified areas for improvement. There was a limited action plan which included a plan to undertake further audit within a year. The trust had not undertaken more frequent or more recent audits to evidence whether practice had improved since 2019 and our review of records for patients presenting in urgent and emergency care found continued inconsistencies in practice in relation to how staff assessed and managed risks.

Our findings

The trust had undertaken one audit of the application of the Mental Capacity Act in 2022. This looked at 60 applications for Deprivation of Liberty Safeguards in 2022. This audit found 33 of the 60 service users had received an assessment of their capacity and 8 had a decision recorded in the service user's best interest. Only 5 of the service users had been assessed using the trust's required Mental Capacity Act documents. The trust provided details of the action plan which had been devised to improve practice with actions due to be completed by or before June 2023.

The trust had identified the need for significant improvement in adherence to the Mental Capacity Act in all services, although internal systems had not identified the practices in urgent and emergency care which required staff to prevent people with a mental health need from leaving the department without establishing whether they lacked the mental capacity to make this decision.

The trust's internal governance systems had not identified the quality concerns identified by the inspection in relation to how staff provided and recorded holistic care for patients with a learning disability, although the introduction of new hospital passports was a recognised area for improvement to be led by the Learning Disability and Autism Trust wide Steering Group.

The trust had systems to monitor the use of restrictive interventions in frontline services including restraint and rapid tranquilisation. Staff reported incidents involving the use of restrictive interventions. Individual incident reports and data for incidents involving restrictive interventions were reviewed in regular trustwide governance meetings to identify themes and trends and potential for learning.

Management of risk, issues and performance

Leaders and teams used systems to manage performance, but these were not always effective. We found examples where risks and issues had not been identified, and concerns where the trust had not taken effective action to reduce their impact.

Our review of records for patients presenting in urgent and emergency care and in the trust's inpatient services found staff did not always complete appropriate risk assessments or make appropriate plans to manage risks presented by patients' mental health risks.

The trust did not have effective systems to support shared management and oversight of the performance of the psychiatric liaison service, in line with national guidance including the Psychiatric Liaison Accreditation Network standards produced by the Royal College of Psychiatrists.

The psychiatric liaison service operated to a key performance indicator of a responding to a referral within one hour, however neither the service nor the trust gathered data about performance against this target. The trust told us that waits of over 12 hours were routinely reported on via the electronic incident reporting system, in order to provide an opportunity to review the circumstances of each patient case and to identify any learning to prevent recurrence.

Trust staff told us that the pressure on the liaison service resulted in regular long delays for patients waiting for assessment and that this was not always reported as an incident. Our review of incidents identified only one between September and November 2022 where the report indicates the patient had a long delay waiting for an assessment. This incident was categorised as communication issue with external organisations and not as delay in assessment or treatment.

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓

Month Year = Date last rating published

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Freeman Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Royal Victoria Infirmary	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Dental Hospital	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Overall trust	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for Freeman Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Services for children & young people	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Critical care	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
End of life care	Good May 2019	Outstanding May 2019	Outstanding May 2019	Outstanding May 2019	Good May 2019	Outstanding May 2019
Outpatients and diagnostic imaging	Good Jun 2016	Not rated	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Surgery	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Diagnostic imaging	Good May 2019	Not rated	Good May 2019	Requires improvement May 2019	Good May 2019	Good May 2019
Overall	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

Rating for Royal Victoria Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Services for children & young people	Requires improvement Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Critical care	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
End of life care	Good May 2019	Outstanding May 2019	Outstanding May 2019	Outstanding May 2019	Good May 2019	Outstanding May 2019
Maternity and gynaecology	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Outpatients and diagnostic imaging	Good Jun 2016	Not rated	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Surgery	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Urgent and emergency services	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Diagnostic imaging	Good May 2019	Not rated	Good May 2019	Requires improvement May 2019	Good May 2019	Good May 2019
Maternity	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

Rating for Dental Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016
Overall	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016

Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Community health services for children and young people	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Community end of life care	Good May 2019	Good May 2019	Outstanding May 2019	Outstanding May 2019	Good May 2019	Outstanding May 2019
Community dental services	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016

Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Royal Victoria Infirmary

Queen Victoria Road
Newcastle Upon Tyne
NE1 4LP
Tel: 01912336161
www.newcastle-hospitals.org.uk

Description of this hospital

Royal Victoria Infirmary (RVI) is located in the centre of the city of Newcastle upon Tyne and has been providing healthcare to communities in Newcastle and the North East for over 250 years.

The RVI provides a wide range of services including accident and emergency, medicine, surgery, maternity, critical care, end of life care, outpatients and diagnostic imaging and a children and young people's service.

Several designated regional centres of expertise are part of this hospital, including the major trauma centre, the specialist referral centre for maternity services in the North East of England and Cumbria and the Great North Children's Hospital, one of the largest children's hospitals in the UK.

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Maternity

Inspected but not rated ●

Is the service safe?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service effective?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service caring?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service responsive?

Inspected but not rated ●

Maternity

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service well-led?

Inspected but not rated



We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Critical care

Inspected but not rated ●

Is the service safe?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service effective?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service caring?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service responsive?

Inspected but not rated ●

Critical care

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service well-led?

Inspected but not rated



We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Urgent and emergency services

Inspected but not rated ●

Is the service safe?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service effective?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service caring?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service responsive?

Inspected but not rated ●

Urgent and emergency services

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service well-led?

Inspected but not rated



We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Medical care (including older people's care)

Inspected but not rated ●

Is the service safe?

Inspected but not rated ●

Mandatory Training

Staff did not always have the skills and training needed to provide safe, high-quality care to patients with a mental health need, a learning disability or autism.

Training in the Mental Capacity Act and learning disabilities were not mandatory for staff. The trust's training data showed fewer than 3% of staff had received some form of training in the Mental Capacity Act and 8% of staff had received some form of training in learning disabilities.

The trust had introduced new mental health awareness training for staff in October 2022 and compliance with this training had reached 56% by the time of our inspection. However, this training did not include how to recognise and assess mental health risks. Dementia awareness training was mandatory for all staff and had achieved 97% compliance.

Most staff had completed training in conflict resolution although breakaway training was not mandatory for staff. The trust had trained 40 security and portering staff in control and restraint. The restraint training provided by the trust met the standards of the Reducing Restraint network. Clinical staff, including staff on wards, were not required to complete control and restraint training. The trust's restraint policy and missing persons policy permitted only security staff and others with the required training to use restraint to prevent patients from leaving wards. Our review of incidents occurring in the trust in the four months prior to inspection did not identify incidents where clinical staff had restrained patients.

The trust had plans to introduce mandatory training for learning disability and autism, and as part of this, the Oliver McGowan training was being considered.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had clear safeguarding escalation processes, including a safeguarding team and committee. Members of the safeguarding team were trained to appropriate levels, with all members being trained to level 3 children and adults and the safeguarding lead nurse being trained to level 4

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw an example of an appropriate safeguarding referral made for a patient.

Environment and equipment

The trust had assessed the risks presented by the design and layout of clinical environments. The design, maintenance and use of facilities, premises and equipment kept people safe.

Medical care (including older people's care)

The trust's accident and emergency department had one room which was designed to support the safe assessment of patients presenting with mental health needs. The room met the requirements of the quality standards for liaison psychiatry services by being minimally furnished with safe and secure furnishings, and no obvious ligature points.

The trust had undertaken environmental risk assessments of clinical areas and had assessed the risk presented by ligature points.

On most wards, we observed that patients had call bells within reach and staff responded quickly when called. For patients that could not understand the use of call bells, staff completed regular visual checks to ensure their needs were met.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient.

Staff in the trust's accident and emergency department had access to risk assessment templates to support the assessment and management of mental health risks. We reviewed 10 records of patients presenting with mental health risks. Risk assessments had not been completed or were partially completed in 6 of the 10 records. In surgery, maternity and medicine we found examples where staff had not undertaken risk assessments or made plans to manage risks for patients presenting with mental health needs.

Patients with a learning disability did not always receive a full assessment of their needs including an assessment of risks presented by their learning disability. However, we found that there was inconsistent use of hospital passports and information in these documents were not always used to inform the care patients received.

Staff completed intentional rounding of patients. This helped ensure there were regular observations of patients assessed at greater risk such as those with a learning disability.

Shift changes and handovers included all necessary key information to keep patients safe including information regarding the patient's mental health, mental capacity, any disabilities, if a deprivation of liberty safeguards (DoLs) or do not attempt cardio pulmonary resuscitation (DNACPR) was in place.

The service used an electronic system which displayed risk information about patients to help staff identify risks about patients quickly, such as whether they had a DNACPR. The system used symbols to maintain confidentiality of patients from visitors, such as a heart with a line through for a DNACPR. There was a flagging system to identify if patients had a learning disability. Staff were knowledgeable about what each symbol meant.

Records

Staff kept records of patients' care and treatment although these were not always clear and up to date. Records were not always stored securely. On some wards, staff struggled to navigate electronic systems and access records.

Patients with a learning disability or autism did not have comprehensive notes in place. We saw no plans of care on how to deliver care tailored to people's needs although there was limited evidence staff considered additional needs within records. Staff did not always follow policy to keep patient care and treatment confidential, on 4 wards we saw computers left unlocked where patient electronic records were stored.

Medical care (including older people's care)

Staff could not easily access records. We found staff struggled to locate documents to evidence how they were providing care for patients with a mental health need, learning disability or autism. This included DNACPR records, and records to evidence compliance with the Mental Health Act and Mental Capacity Act. Records were not always complete as information related to whether patients had consented to treatment, and information specific to additional needs and reasonable adjustments was not consistently included within patient records. Following our inspection, we asked the trust to urgently review and provide assurance that all patients with a DNACPR had a valid order in place in line with the trust's process. The trust provided this assurance and told us that a new system was already planned to be implemented shortly after the inspection which would improve record keeping in relation to DNACPR orders.

Medicines

The trust did not always use systems and processes to safely administer and record medicines.

Staff did not maintain records of T2 consent to treatment or T3 certificate of second opinion forms to evidence that the medication prescribed and administered to service users to manage their mental health was authorised and in accordance with the Mental Health Act. The trust did not have records of T2 or T3 forms for two patients who were detained under the Mental Health Act and using the service at the time of our inspection.

Is the service effective?

Inspected but not rated ●

Evidence-based care and treatment

The trust did not always provide care and treatment for patients with a mental health need, learning disability or autism based on national guidance and evidence-based practice. Managers did not always check to make sure staff followed guidance. Staff did not maintain evidence to show they protected the rights of patients subject to the Mental Health Act 1983.

Patients with a learning disability or autism did not have plans of care in place to meet their needs, instead a paper hospital passport was used. This was kept with the patients at all times and added to by different services that the person had contact with. However, not all patients with a learning disability had a hospital passport, and staff were not always aware of what the hospital passport was or its location.

We reviewed the records of patients who were detained under the Mental Health Act. Patient records did not include copies of transfer under the Mental Health Act or Section 17 leave papers. The trust could not evidence that patients continued to be appropriately detained under the Mental Health Act.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs, but did not always record reasonable adjustments appropriately.

Patients were given food and drink upon request. A patient asked for more food following their lunch and staff provided additional snacks for them. Staff had provided specialist feeding techniques, including percutaneous endoscopic gastrostomy (PEG) feeds, to meet the needs of patients who had difficulty eating.

Medical care (including older people's care)

Staff were aware of patient's dietary requirement. We saw staff offering the correct textures of food and assistance when eating for those who needed it. Patients' hospital passports documented whether patients had specialist eating routines or needed additional support, although this information was not included in the patient's electronic record or plan of care. We did not see evidence of staff documenting how care was provided in line with hospital passports within patients' electronic record.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs, we saw staff regularly asking and observing patients for signs of pain.

Patients received pain relief soon after requesting it.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. The trust had 24-hour access to psychiatric liaison, specialist mental health support and a specialist learning disability team. The specialist learning disability team was available Monday to Friday. In most services there was a reliance on the psychiatric liaison service to provide an assessment of patients' risks and a management plan.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not always support patients to make informed decisions about their care and treatment. They did not follow national guidance to gain patients' consent. They did not know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They did not use measures to limit patients' liberty appropriately.

Staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care.

Staff did not always gain consent from patients for their care and treatment in line with legislation and guidance. Staff did not always clearly record consent in the patients' records.

We reviewed the records of ten service users in urgent and emergency care and found consistent poor practice in relation to the Mental Capacity Act. Staff identified the service users had mental health needs. During the admission, staff completed the trust's 'Request for Security Staff to Restrain a Patient' form and indicated that the service users lacked the mental capacity to consent to or refuse care and restraint was necessary to prevent the service users causing harm to themselves. Staff did not complete an assessment of the service users' mental capacity or record a decision made in the service user's best interest before identifying the service user to security staff as requiring restraint.

Medical care (including older people's care)

We found multiple examples where patients consent to treatment and care had not been recorded. In one patient's records we found in their hospital passport information that identified there was reason to doubt their mental capacity for specific decisions. We also found documented in their records they were able to make an informed decision and consented to a surgical procedure. We saw no evidence as to how staff had made an assessment of the person's mental capacity and ability to give informed consent.

When patients potentially lacked capacity to consent, staff did not always undertake appropriate assessments of their mental capacity or make specific decisions in their best interest, taking into account patients' wishes and the views of relevant people. We found examples where staff had not established whether the patients lacked mental capacity to make decisions about the care and treatment including patients whose records indicated their care was being provided 'in their best interests'. This meant that treatment and care was being provided without consent or capacity assessment.

Staff did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act although they knew who to contact for advice.

Deprivation of Liberty Safeguards were not always applied for in line with the Mental Capacity Act. We found examples of where staff were unable to locate Deprivation of Liberty Safeguards authorisations for patients. We found multiple examples where staff had made applications for Deprivation of Liberty Safeguards without having established whether the patients lacked mental capacity to make decisions about the care and treatment or recording a decision in made in the patients' best interest.

The trust audited 60 applications for Deprivation of Liberty Safeguards in between April and November 2022. This audit found 33 of the 60 service users had received an assessment of their capacity and 8 had a decision recorded in the service user's best interest. Only 5 of the service users had been assessed using the trust's required Mental Capacity Act documents. The trust provided details of the action plan which had been devised to improve practice with actions due to be completed by or before June 2023.

Staff in some examples had sought input from independent mental capacity advocates to support decision making in patients' best interest.

Is the service caring?

Inspected but not rated ●

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way.

Staff were able to discuss the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with a disability or autism.

Medical care (including older people's care)

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. For one patient that was experiencing delusions, staff recognised their deterioration and conducted frequent observations and escalated to medical staff appropriately.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure families and loved ones were involved in medical decisions about patient care. We saw an example where a patient's family was involved in decision making around enteral feeding and the risks and benefits this could have to the persons health.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Most families told us they were involved in decision making around their loved one's care although some told us that staff did not always assess whether patients had additional needs or make plans to try to meet these needs.

On one ward, we saw a patient requesting to leave the ward independently to go to the shop. Staff respected their decision and encouraged this and reminded them of their appointment time that day.

Is the service responsive?

Inspected but not rated ●

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Staff knew about and understood the standards for mixed sex accommodation.

Facilities and premises were appropriate for the services being delivered.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services, but these were not always recorded. They coordinated care with other services and providers.

Medical care (including older people's care)

Staff made sure patients living with learning disabilities and dementia, received the necessary care to meet all their needs.

Patient hospital passports were the main source of information for staff to support patients living with dementia and learning disabilities. Staff were unable to locate hospital passports for 2 patients with a learning disability. For one patient they were admitted to hospital without a hospital passport and therefore staff had commenced one.

Patients were given a choice of food and drink to meet their preferences or dietary requirements.

Is the service well-led?

Inspected but not rated ●

Vision and strategy

The trust did not have a vision for what it wanted to achieve and or strategy to turn it into action, developed with all relevant stakeholders, to support the care of patients with a mental health need, a learning disability or autism.

The trust did not have a mental health strategy in place at the time of inspection. This was an area for improvement which the trust had already recognised and had started to work on. The trust had held three meetings to discuss the implementation of a mental health strategy and had plans to involve service users in the design of the strategy. The trust aimed to have a mental health strategy in place by Summer 2024.

The trust did not have a strategy to support the care of patients with a learning disability or autism. The trust told us that there was a 'Learning Disability and Autism Trust wide Steering Group' which met on a monthly basis. The trust had a quality account objective for 2022-23 which was 'ensuring reasonable adjustments are made for patients with suspected, or known, Learning Disabilities' and progress with this objective by the time of inspection had included full recruitment of a specialist learning disability team and the delivery of a 'learning disability week'.

Governance

The trust did not consistently operate effective governance processes to ensure all patients with a mental health need, a learning disability or autism received high-quality care which met their needs.

The trust did not have a programme of regular audits to improve practice in relation to mental healthcare or the care of patients with a learning disability or autism. The trust's most recent audit of mental health risk assessments was completed between January and July 2019 and identified poor practice. There was a limited action plan which included a plan to undertake further audit within a year. The trust had not undertaken more frequent or more recent audits to evidence whether practice had improved since 2019 and our review of records for patients presenting in urgent and emergency care found continued inconsistencies in practice in relation to how staff assessed and managed risks.

The trust had undertaken one audit of the application of the Mental Capacity Act in 2022. This looked at 60 applications for Deprivation of Liberty Safeguards in 2022. This audit found 33 of the 60 service users had received an assessment of their capacity and 8 had a decision recorded in the service user's best interest. Only 5 of the service users had been assessed using the trust's required Mental Capacity Act documents. The trust provided details of the action plan which had been devised to improve practice with actions due to be completed by or before June 2023.

Medical care (including older people's care)

The trust had identified the need for significant improvement in adherence to the Mental Capacity Act in all services, although internal systems had not identified the practices in urgent and emergency care which required staff to prevent people with a mental health need from leaving the department without establishing whether they lacked the mental capacity to make this decision.

The trust's internal governance systems had not identified the quality concerns identified by the inspection in relation to how staff provided and recorded holistic care for patients with a learning disability, although the introduction of new hospital passports was a recognised area for improvement to be led by the Learning Disability and Autism Trust wide Steering Group.

The trust had systems to monitor the use of restrictive interventions in frontline services including restraint and rapid tranquilisation. Staff reported incidents involving the use of restrictive interventions. Individual incident reports and data for incidents involving restrictive interventions were reviewed in regular trustwide governance meetings to identify themes and trends and potential for learning.

Management of risk, issues and performance

Leaders and teams used systems to manage performance, but these were not always effective. We found examples where risks and issues had not been identified, and concerns where the trust had not taken effective action to reduce their impact.

Our review of records for patients presenting in urgent and emergency care and in the trust's inpatient services found staff did not always complete appropriate risk assessments or make appropriate plans to manage risks presented by patients' mental health risks.

The trust did not have effective systems to support shared management and oversight of the performance of the psychiatric liaison service, in line with national guidance including the Psychiatric Liaison Accreditation Network standards produced by the Royal College of Psychiatrists.

The psychiatric liaison service operated to a key performance indicator of a responding to a referral within one hour, however neither the service nor the trust gathered data about performance against this target. The trust told us that waits of over 12 hours were routinely reported on via the electronic incident reporting system, in order to provide an opportunity to review the circumstances of each patient case and to identify any learning to prevent recurrence.

Trust staff told us that the pressure on the liaison service resulted in regular long delays for patients waiting for assessment and that this was not always reported as an incident. Our review of incidents identified only one between September and November 2022 where the report indicates the patient had a long delay waiting for an assessment. This incident was categorised as communication issue with external organisations and not as delay in assessment or treatment.

Surgery

Inspected but not rated ●

Is the service safe?

Inspected but not rated ●

We undertook focussed inspection activity across a number of services looking specifically at how the trust provided care to patients with a mental health need, and/or a learning disability or autism. We also looked at the trust's adherence to the Mental Health Act and Mental Capacity Act. We undertook inspection activity in urgent and emergency care, medicine, critical care surgery and in maternity. We specifically looked at the care of patients identified by the trust as having a learning disability or who were detained under the Mental Health Act.

Our findings across services can be found in the medical care (including older people's care) report.

Is the service effective?

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Is the service caring?

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Is the service responsive?

Inspected but not rated ●

Surgery

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Is the service well-led?

Inspected but not rated



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Freeman Hospital

Freeman Road
High Heaton
Newcastle Upon Tyne
NE7 7DN
Tel: 01912336161
www.newcastle-hospitals.org.uk

Description of this hospital

Freeman Hospital is situated just outside of the city of Newcastle upon Tyne and has over 1000 beds. It opened in 1977, when services from several hospitals across the city and elsewhere in the North East were relocated into one centre. Freeman Hospital provides a wide range of services including medicine, surgery, critical care, end of life care and outpatients and diagnostic imaging. There are highly specialised services at the hospital, including the UK's first Institute of Transplantation, which opened in 2011, and the Northern Centre for Cancer Care, which opened in 2009.

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Critical care

Inspected but not rated ●

Is the service safe?

Inspected but not rated ●

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Is the service responsive?

Inspected but not rated ●

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Is the service well-led?

Inspected but not rated



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Our findings across services can be found in the medical care (including older people's care) report.

Medical care (including older people's care)

Inspected but not rated ●

Is the service safe?

Inspected but not rated ●

Mandatory Training

Staff did not always have the skills and training needed to provide safe, high-quality care to patients with a mental health need, a learning disability or autism.

Training in the Mental Capacity Act and learning disabilities were not mandatory for staff. The trust's training data showed fewer than 3% of staff had received some form of training in the Mental Capacity Act and 8% of staff had received some form of training in learning disabilities.

The trust had introduced new mental health awareness training for staff in October 2022 and compliance with this training had reached 56% by the time of our inspection. However, this training did not include how to recognise and assess mental health risks. Dementia awareness training was mandatory for all staff and had achieved 97% compliance.

Most staff had completed training in conflict resolution although breakaway training was not mandatory for staff. The trust had trained 40 security and portering staff in control and restraint. The restraint training provided by the trust met the standards of the Reducing Restraint network. Clinical staff, including staff on wards, were not required to complete control and restraint training. The trust's restraint policy and missing persons policy permitted only security staff and others with the required training to use restraint to prevent patients from leaving wards. Our review of incidents occurring in the trust in the four months prior to inspection did not identify incidents where clinical staff had restrained patients.

The trust had plans to introduce mandatory training for learning disability and autism, and as part of this, the Oliver McGowan training was being considered.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had clear safeguarding escalation processes, including a safeguarding team and committee. Members of the safeguarding team were trained to appropriate levels, with all members being trained to level 3 children and adults and the safeguarding lead nurse being trained to level 4

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw an example of an appropriate safeguarding referral made for a patient.

Environment and equipment

The trust had assessed the risks presented by the design and layout of clinical environments. The design, maintenance and use of facilities, premises and equipment kept people safe.

Medical care (including older people's care)

The trust's accident and emergency department had one room which was designed to support the safe assessment of patients presenting with mental health needs. The room met the requirements of the quality standards for liaison psychiatry services by being minimally furnished with safe and secure furnishings, and no obvious ligature points.

The trust had undertaken environmental risk assessments of clinical areas and had assessed the risk presented by ligature points.

On most wards, we observed that patients had call bells within reach and staff responded quickly when called. For patients that could not understand the use of call bells, staff completed regular visual checks to ensure their needs were met.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient.

Staff in the trust's accident and emergency department had access to risk assessment templates to support the assessment and management of mental health risks. We reviewed 10 records of patients presenting with mental health risks. Risk assessments had not been completed or were partially completed in 6 of the 10 records. In surgery, maternity and medicine we found examples where staff had not undertaken risk assessments or made plans to manage risks for patients presenting with mental health needs.

Patients with a learning disability did not always receive a full assessment of their needs including an assessment of risks presented by their learning disability. However, we found that there was inconsistent use of hospital passports and information in these documents were not always used to inform the care patients received.

Staff completed intentional rounding of patients. This helped ensure there were regular observations of patients assessed at greater risk such as those with a learning disability.

Shift changes and handovers included all necessary key information to keep patients safe including information regarding the patient's mental health, mental capacity, any disabilities, if a deprivation of liberty safeguards (DoLs) or do not attempt cardio pulmonary resuscitation (DNACPR) was in place.

The service used an electronic system which displayed risk information about patients to help staff identify risks about patients quickly, such as whether they had a DNACPR. The system used symbols to maintain confidentiality of patients from visitors, such as a heart with a line through for a DNACPR. There was a flagging system to identify if patients had a learning disability. Staff were knowledgeable about what each symbol meant.

Records

Staff kept records of patients' care and treatment although these were not always clear and up to date. Records were not always stored securely. On some wards, staff struggled to navigate electronic systems and access records.

Patients with a learning disability or autism did not have comprehensive notes in place. We saw no plans of care on how to deliver care tailored to people's needs although there was limited evidence staff considered additional needs within records. Staff did not always follow policy to keep patient care and treatment confidential, on 4 wards we saw computers left unlocked where patient electronic records were stored.

Medical care (including older people's care)

Staff could not easily access records. We found staff struggled to locate documents to evidence how they were providing care for patients with a mental health need, learning disability or autism. This included DNACPR records, and records to evidence compliance with the Mental Health Act and Mental Capacity Act. Records were not always complete as information related to whether patients had consented to treatment, and information specific to additional needs and reasonable adjustments was not consistently included within patient records. Following our inspection, we asked the trust to urgently review and provide assurance that all patients with a DNACPR had a valid order in place in line with the trust's process. The trust provided this assurance and told us that a new system was already planned to be implemented shortly after the inspection which would improve record keeping in relation to DNACPR orders.

Medicines

The trust did not always use systems and processes to safely administer and record medicines.

Staff did not maintain records of T2 consent to treatment or T3 certificate of second opinion forms to evidence that the medication prescribed and administered to service users to manage their mental health was authorised and in accordance with the Mental Health Act. The trust did not have records of T2 or T3 forms for two patients who were detained under the Mental Health Act and using the service at the time of our inspection.

Is the service effective?

Inspected but not rated ●

Evidence-based care and treatment

The trust did not always provide care and treatment for patients with a mental health need, learning disability or autism based on national guidance and evidence-based practice. Managers did not always check to make sure staff followed guidance. Staff did not maintain evidence to show they protected the rights of patients subject to the Mental Health Act 1983.

Patients with a learning disability or autism did not have plans of care in place to meet their needs, instead a paper hospital passport was used. This was kept with the patients at all times and added to by different services that the person had contact with. However, not all patients with a learning disability had a hospital passport, and staff were not always aware of what the hospital passport was or its location.

We reviewed the records of patients who were detained under the Mental Health Act. Patient records did not include copies of transfer under the Mental Health Act or Section 17 leave papers. The trust could not evidence that patients continued to be appropriately detained under the Mental Health Act.

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Patients were given food and drink upon request. A patient asked for more food following their lunch and staff provided additional snacks for them. Staff had provided specialist feeding techniques, including percutaneous endoscopic gastrostomy (PEG) feeds, to meet the needs of patients who had difficulty eating.

Medical care (including older people's care)

Staff were aware of patient's dietary requirement. We saw staff offering the correct textures of food and assistance when eating for those who needed it. Patients' hospital passports documented whether patients had specialist eating routines or needed additional support, although this information was not included in the patient's electronic record or plan of care. We did not see evidence of staff documenting how care was provided in line with hospital passports within patients' electronic record.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs, we saw staff regularly asking and observing patients for signs of pain.

Patients received pain relief soon after requesting it.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. The trust had 24-hour access to psychiatric liaison, specialist mental health support and a specialist learning disability team. The specialist learning disability team was available Monday to Friday. In most services there was a reliance on the psychiatric liaison service to provide an assessment of patients' risks and a management plan.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not always support patients to make informed decisions about their care and treatment. They did not follow national guidance to gain patients' consent. They did not know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They did not use measures to limit patients' liberty appropriately.

Staff did not always understand how and when to assess whether a patient had the capacity to make decisions about their care.

Staff did not always gain consent from patients for their care and treatment in line with legislation and guidance. Staff did not always clearly record consent in the patients' records.

We reviewed the records of ten service users in urgent and emergency care and found consistent poor practice in relation to the Mental Capacity Act. Staff identified the service users had mental health needs. During the admission, staff completed the trust's 'Request for Security Staff to Restrain a Patient' form and indicated that the service users lacked the mental capacity to consent to or refuse care and restraint was necessary to prevent the service users causing harm to themselves. Staff did not complete an assessment of the service users' mental capacity or record a decision made in the service user's best interest before identifying the service user to security staff as requiring restraint.

Medical care (including older people's care)

We found multiple examples where patients consent to treatment and care had not been recorded. In one patient's records we found in their hospital passport information that identified there was reason to doubt their mental capacity for specific decisions. We also found documented in their records they were able to make an informed decision and consented to a surgical procedure. We saw no evidence as to how staff had made an assessment of the person's mental capacity and ability to give informed consent.

When patients potentially lacked capacity to consent, staff did not always undertake appropriate assessments of their mental capacity or make specific decisions in their best interest, taking into account patients' wishes and the views of relevant people. We found examples where staff had not established whether the patients lacked mental capacity to make decisions about the care and treatment including patients whose records indicated their care was being provided 'in their best interests'. This meant that treatment and care was being provided without consent or capacity assessment.

Staff did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act although they knew who to contact for advice.

Deprivation of Liberty Safeguards were not always applied for in line with the Mental Capacity Act. We found examples of where staff were unable to locate Deprivation of Liberty Safeguards authorisations for patients. We found multiple examples where staff had made applications for Deprivation of Liberty Safeguards without having established whether the patients lacked mental capacity to make decisions about the care and treatment or recording a decision in made in the patients' best interest.

The trust audited 60 applications for Deprivation of Liberty Safeguards in between April and November 2022. This audit found 33 of the 60 service users had received an assessment of their capacity and 8 had a decision recorded in the service user's best interest. Only 5 of the service users had been assessed using the trust's required Mental Capacity Act documents. The trust provided details of the action plan which had been devised to improve practice with actions due to be completed by or before June 2023.

Staff in some examples had sought input from independent mental capacity advocates to support decision making in patients' best interest.

Is the service caring?

Inspected but not rated ●

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way.

Staff were able to discuss the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with a disability or autism.

Medical care (including older people's care)

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. For one patient that was experiencing delusions, staff recognised their deterioration and conducted frequent observations and escalated to medical staff appropriately.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure families and loved ones were involved in medical decisions about patient care. We saw an example where a patient's family was involved in decision making around enteral feeding and the risks and benefits this could have to the persons health.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Most families told us they were involved in decision making around their loved one's care although some told us that staff did not always assess whether patients had additional needs or make plans to try to meet these needs.

On one ward, we saw a patient requesting to leave the ward independently to go to the shop. Staff respected their decision and encouraged this and reminded them of their appointment time that day.

Is the service responsive?

Inspected but not rated ●

Service planning and delivery to meet the needs of the local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Staff knew about and understood the standards for mixed sex accommodation.

Facilities and premises were appropriate for the services being delivered.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services, but these were not always recorded. They coordinated care with other services and providers.

Medical care (including older people's care)

Staff made sure patients living with learning disabilities and dementia, received the necessary care to meet all their needs.

Patient hospital passports were the main source of information for staff to support patients living with dementia and learning disabilities. Staff were unable to locate hospital passports for 2 patients with a learning disability. For one patient they were admitted to hospital without a hospital passport and therefore staff had commenced one.

Patients were given a choice of food and drink to meet their preferences or dietary requirements.

Is the service well-led?

Inspected but not rated ●

Vision and strategy

The trust did not have a vision for what it wanted to achieve and or strategy to turn it into action, developed with all relevant stakeholders, to support the care of patients with a mental health need, a learning disability or autism.

The trust did not have a mental health strategy in place at the time of inspection. This was an area for improvement which the trust had already recognised and had started to work on. The trust had held three meetings to discuss the implementation of a mental health strategy and had plans to involve service users in the design of the strategy. The trust aimed to have a mental health strategy in place by Summer 2024.

The trust did not have a strategy to support the care of patients with a learning disability or autism. The trust told us that there was a 'Learning Disability and Autism Trust wide Steering Group' which met on a monthly basis. The trust had a quality account objective for 2022-23 which was 'ensuring reasonable adjustments are made for patients with suspected, or known, Learning Disabilities' and progress with this objective by the time of inspection had included full recruitment of a specialist learning disability team and the delivery of a 'learning disability week'.

Governance

The trust did not consistently operate effective governance processes to ensure all patients with a mental health need, a learning disability or autism received high-quality care which met their needs.

The trust did not have a programme of regular audits to improve practice in relation to mental healthcare or the care of patients with a learning disability or autism. The trust's most recent audit of mental health risk assessments was completed between January and July 2019 and identified poor practice. There was a limited action plan which included a plan to undertake further audit within a year. The trust had not undertaken more frequent or more recent audits to evidence whether practice had improved since 2019 and our review of records for patients presenting in urgent and emergency care found continued inconsistencies in practice in relation to how staff assessed and managed risks.

The trust had undertaken one audit of the application of the Mental Capacity Act in 2022. This looked at 60 applications for Deprivation of Liberty Safeguards in 2022. This audit found 33 of the 60 service users had received an assessment of their capacity and 8 had a decision recorded in the service user's best interest. Only 5 of the service users had been assessed using the trust's required Mental Capacity Act documents. The trust provided details of the action plan which had been devised to improve practice with actions due to be completed by or before June 2023.

Medical care (including older people's care)

The trust had identified the need for significant improvement in adherence to the Mental Capacity Act in all services, although internal systems had not identified the practices in urgent and emergency care which required staff to prevent people with a mental health need from leaving the department without establishing whether they lacked the mental capacity to make this decision.

The trust's internal governance systems had not identified the quality concerns identified by the inspection in relation to how staff provided and recorded holistic care for patients with a learning disability, although the introduction of new hospital passports was a recognised area for improvement to be led by the Learning Disability and Autism Trust wide Steering Group.

The trust had systems to monitor the use of restrictive interventions in frontline services including restraint and rapid tranquilisation. Staff reported incidents involving the use of restrictive interventions. Individual incident reports and data for incidents involving restrictive interventions were reviewed in regular trustwide governance meetings to identify themes and trends and potential for learning.

Management of risk, issues and performance

Leaders and teams used systems to manage performance, but these were not always effective. We found examples where risks and issues had not been identified, and concerns where the trust had not taken effective action to reduce their impact.

Our review of records for patients presenting in urgent and emergency care and in the trust's inpatient services found staff did not always complete appropriate risk assessments or make appropriate plans to manage risks presented by patients' mental health risks.

The trust did not have effective systems to support shared management and oversight of the performance of the psychiatric liaison service, in line with national guidance including the Psychiatric Liaison Accreditation Network standards produced by the Royal College of Psychiatrists.

The psychiatric liaison service operated to a key performance indicator of a responding to a referral within one hour, however neither the service nor the trust gathered data about performance against this target. The trust told us that waits of over 12 hours were routinely reported on via the electronic incident reporting system, in order to provide an opportunity to review the circumstances of each patient case and to identify any learning to prevent recurrence.

Trust staff told us that the pressure on the liaison service resulted in regular long delays for patients waiting for assessment and that this was not always reported as an incident. Our review of incidents identified only one between September and November 2022 where the report indicates the patient had a long delay waiting for an assessment. This incident was categorised as communication issue with external organisations and not as delay in assessment or treatment

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	23 March 2023						
Title	Trust Performance Report						
Report of	Martin Wilson – Chief Operating Officer & Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
Prepared by	Joey Barton – Senior Performance Manager						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Board on the Trust’s 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 varying levels of activity delivery at the Trust in February when compared to January. Overnight elective activity delivery recovered slightly to 69.5%; Newcastle Hospitals delivered day case activity equivalent to 95.6% of February 2020 levels; outpatient procedure activity provisionally measured at 82%, whilst outpatient appointments slightly exceeded the same month in 2020 (New attendances 102.3%, Review attendances 107.1%).
- The Trust did not achieve the 95% Accident and Emergency (A&E) 4-hour standard in February with overall performance of 74.7%. The Trust also saw 7 ambulance handovers greater than 60 minutes – unusually high volumes for Newcastle Hospitals but nonetheless lower than in December and January. Additionally, February was only the third month where the Trust has not been compliant with the <2% 12-hour Emergency Department (ED) waits requirement (2.3%).
- Seven out of nine cancer standards fell short of target in January 2023. However, Newcastle Hospitals did achieve the 28 Day Faster Diagnosis Standard for the third month in a row.
- At the end of February the Trust still had 34 patients waiting >104 weeks, increasing from 30 in the previous month and just behind trajectory (33). The number of >78 week waiters decreased significantly (-22%) to 564. Referral to Treatment (RTT) Compliance was 67.6%.
- In February 2023 the Trust was moved into Tier 1 of NHS England's tiering system due to the ongoing prevalence of >78 week waiters, including within non-Spinal specialties. Being grouped within Tier 1 means that the Trust receives additional targeted regional/national support and oversight, and consequently there is also significant internal and external focus on the Trust's expected total >78 week and >104 week waiters at the end of March 2023.

The Board of Directors is asked to receive the report.

Trust Performance Board Report

Produced: March 2023

Data: February 2023



NHSE Plan Requirements 2022/23

Metric	Requirement	RAG Rating		Nov-22	Dec-22	Jan-23	Feb-23	Trendline
		Trajectory	Target					
Activity Delivery								
Day Case	104% of 19/20 levels combined (Reviews fixed at 85% of 19/20)	112.9%	104.0%	97.6%	95.1%	99.0%	95.6%	
Elective Overnight		102.7%	104.0%	81.5%	74.6%	67.4%	69.5%	
Outpatient New		103.9%	104.0%	111.9%	99.0%	97.2%	102.3%	
Outpatient Procedures		102.8%	104.0%	107.8%	101.9%	108.6%	82.0%	
Outpatient Reviews		103.2%	85.0%	108.9%	103.2%	105.6%	107.1%	
Diagnostics*	120% of 19/20 levels	113.2%	120.0%	111.5%	111.3%	117.2%	116.1%	
Emergency Care								
Ambulance Handovers	>=65% under 15 mins	N/A	65.0%	72.3%	75.2%	73.6%	76.3%	
	>=95% under 30 mins		95.0%	95.6%	94.0%	95.1%	94.8%	
	100% under 60 mins		100.0%	99.8%	99.6%	99.7%	99.7%	
A&E Arrival to Admission/Discharge	<2% over 12 hours		<2.0%	1.3%	3.4%	2.3%	2.3%	
Cancer Care								
>62 Day Cancer Waiters	Reduce to <=213 by e/o Mar-23	335	<=213	320	364	319	240	
28 Day Compliance	>=75%	80.0%	75.0%	77.5%	83.2%	78.1%	TBC	
Elective Care								
>104 Week Waiters	Zero by e/o Jun-22	33	0	27	24	30	34	
>78 Week Waiters	Zero by e/o Mar-23	300	0 (Mar-23)	624	753	727	564	
>52 Week Waiters	Reduction (Zero by e/o Mar-25)	1,879	0 (Mar-25)	4,273	4,288	4,109	3,896	
Outpatient Transformation								
Specialist Advice Requests	16 in every 100 New OP atts.	N/A	16.0%	8.0%	8.1%	8.4%	8.3%	
Virtual Attendances	>=25% Non-F2F	25.0%	25.0%	15.4%	16.9%	14.5%	15.1%	
PIFU Take-up	>=5% of all OP atts. by e/o Mar-23	4.5%	5.0% (Mar-23)	1.6%	1.6%	1.9%	1.7%	
Outpatient Follow-up Reduction	<=75% of 19/20	102.7%	<=75%	105.5%	101.2%	103.0%	101.0%	

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

Operational Standards



Metric	Standard	RAG Rating	Nov-22	Dec-22	Jan-23	Feb-23	Trendline
Emergency Care							
Ambulance Handovers	Zero >60 mins	Red	5	12	9	7	
A&E Arrival to Admission/Discharge	95% <4 hours	Red	75.6%	70.9%	76.0%	74.7%	
	<2% over 12 hours	Red	1.3%	3.4%	2.3%	2.3%	
Cancer Care							
Two Week Wait (Suspected Cancer)	93%	Red	69.0%	80.8%	85.8%	Cancer data runs one month behind	
Two Week Wait (Breast Symptomatic)	93%	Red	53.1%	66.4%	74.2%		
28 Day FDS	75%	Green	77.5%	83.2%	78.1%		
31 Days (First Treatment)	96%	Red	80.5%	85.6%	83.2%		
31 Days (Subsq. Treat. - Surgery)	94%	Red	67.9%	57.8%	60.5%		
31 Days (Subsq. Treat. - Drugs)	98%	Red	98.7%	94.8%	95.2%		
31 Days (Subsq. Treat. - Radiotherapy)	94%	Green	97.3%	96.4%	97.9%		
62 Days (Treatment)	85%	Red	49.9%	50.9%	47.7%		
62 Days (Screening)	90%	Red	50.0%	85.4%	82.2%		
Elective Care							
18 Weeks RTT	92%	Red	69.4%	67.1%	68.1%	67.6%	
>104 Week Waiters	Zero	Red	27	24	30	34	
>6 Weeks Diagnostic Waiters	<=1%	Red	19.1%	25.0%	23.0%	19.3%	
Cancelled Ops. Rescheduled >28 Days	Zero	Red	11	16	14	TBC	
Urgent Ops. Cancelled Twice	Zero	Green	0	0	0	TBC	
Other							
Duty of Candour	Zero	Green	0	0	0	0	
Mixed Sex Accommodation Breach	Zero	Red	109	91	103	88	
MRSA Cases	Zero	Green	1	0	0	0	
C-Difficile Cases	<=153 (FY cumulative)	Red	118	133	150	160	
VTE Risk Assessment	95%	Green	95.1%	96.2%	96.9%	96.3%	
Sepsis Screening Treat. (Emergency)	90% (of sample) <1 hour	Green	50.0%	50.0%	TBC	TBC	
Sepsis Screening Treat. (All)		Green	67.0%	67.0%	TBC	TBC	
Urgent Community Response Standard (2 Hours)	70%	Green	N/A	N/A	91.0%	90.0%	

Other Metrics (1/2)

Metric	Nov-22	Dec-22	Jan-23	Feb-23	Trendline
Emergency Care					
Ambulance Arrivals	2,857	2,768	2,881	2,770	
Type 1 Performance (A&E 4 hour)	60.4%	52.5%	60.1%	58.0%	
Type 1 Attendances (Main ED)	13,141	13,513	11,136	10,905	
Type 2 Attendances (Eye Casualty)	1,494	1,205	1,454	1,378	
Type 3 Attendances (UTC)	5,924	6,498	5,214	5,252	
Patient Flow					
Covid Inpatients (average)	42	48	49	48	
Emergency Admissions	6,203	6,245	6,091	5,499	
G&A Bed Occupancy	92.8%	87.9%	93.3%	93.0%	
Critical Care Bed Occupancy	72.6%	70.9%	72.7%	68.7%	
Bed Days Lost (average)	50	63	57	16	
Medical Boarders	77	109	140	98	
Length Of Stay >7 Days	810	880	772	818	
Length Of Stay >21 Days	369	370	384	396	

Other Metrics (2/2)

Metric	Nov-22	Dec-22	Jan-23	Feb-23	Trendline
Cancer Care					
2WW Appointments	2,527	1,966	1,864	1,895	
Cancer First Treatments	533	512	536	TBC	
Planned Care					
2WW Referrals	2,454	1,774	2,359	2,352	
Urgent Referrals	6,095	4,988	5,535	5,260	
Routine Referrals	28,075	21,758	26,930	24,010	
Day Case Activity (Specific Acute (SA))	11,050	9,225	10,787	9,824	
Overnight Elective Activity (SA)	1,862	1,452	1,402	1,575	
New Outpatient Attendances (SA)	25,419	18,640	21,673	21,620	
Review Outpatient Attendances (SA)	64,273	52,815	62,736	58,703	
Outpatient Procedure Activity (SA)	18,292	13,897	17,377	12,807	
Diagnostic Tests	21,433	17,744	20,550	19,135	
Outpatient DNA Rate	9.0%	9.2%	8.8%	8.2%	
RTT Waiting List Size	100,098	99,511	99,710	99,721	

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	23 March 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 (CEO)						
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
- Appointment of Clinical Board Chairs
- Junior Doctors Industrial Action
- Medical Workforce/ Education

Included within the Board Reference Pack 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. Areas of focus include:

- **National Patient Safety Strategy (NPSS)** - the Board is aware of this major NHS England (NHSE) initiative, of huge importance to acute trusts and involving many elements of transformation in safety with which we strongly concur. A business case is outstanding in relation to funding a small number of new roles and programmed activities (PAs) for consultants which are required to progress implementation of the Strategy. There is a pressing need to move forward with this exciting work and to re-iterate this will allow:
 - Funding for patient safety partners – a genuine effort to truly listen to and involve patients and families in designing safe systems.
 - The delivery of Patient Safety Incident Response Framework (PSIRF), enhancing our ability to learn from adverse events.
 - Funding for patient safety specialists who will lead the transformation of safety practice and deliver the extensive safety curriculum.
- **Mental Capacity Act (MCA)/ Mental Health Act (MHA)** - Following the publication of the Care Quality Commission (CQC) inspection report, a working party is addressing five separate streams and we hope to demonstrate real and measurable impact surrounding practice and documentation regarding MCA/MHA in a rapid timescale. Please refer to agenda item A6 for further detail.
- **Maternity CQC** – CQC undertook an inspection in this area in January and work is ongoing in relation to the matters highlighted.
- **Boards and Quality and Safety (Q+S) Structure** - The formation of Clinical Boards affords an opportunity to apply a consistent structure in relation to governance throughout the organisation. This will allow better oversight of activity and opportunity to set key agendas (e.g., PSIRF) and to allow better 'bottom up' engagement with governance at ward level.

The structures and support are being developed by Gus Vincent, Associate Medical Director – Quality & Patient Safety, and Angela O'Brien, Director of Quality & Effectiveness, along with the delivery teams, and will become more concrete after appointment of the Clinical Board Chairs with whom we will work in this regard.

Louise Hall, Deputy Director of Quality and Safety, has been appointed as a National Patient Safety Specialist for The Newcastle upon Tyne Hospitals NHS Foundation Trust. This enables Louise to contribute to transformation of the safety of healthcare across the NHS. This is one of the most important initiatives identified in the NPSS and marks the start of a new way in which all parts of the NHS can work collaboratively in this priority field.

2. CANCER UPDATE

Key points to note:

- Dr Ian Pedley, Consultant Clinical Oncologist, is standing down as Trust Cancer Lead at the end of March and will be replaced by Dr Gail Jones. Ian will continue as an Associate Medical Director (AMD) until the end of April. He has been deservedly appointed to the Northern Cancer Alliance Medical Director role, so many congratulations to him. Ian has given his expertise and commitment to this role during perhaps the most difficult period in the NHS. We are indebted to him.
- Urology has seen a significant reduction in those prostate cancer patients waiting > 62 days from 67 to 3. With additional robotic theatre sessions, the waiting time for surgery is down from 12 weeks to 4 weeks. This has been a huge achievement by the urology prostate cancer team and the Disease Modified Treatment (DMT).
- The GRAIL team are back in Newcastle February/March and are taking blood samples from those people who were negative last year. The results will present an interesting analysis in relation to cancer signals and potential early-stage cancers.
- 14-day performance has improved again to 85.8% (93%) from 80.1% in December and 68.9% in November, this is a result of implementation of straight to test in a number of tumour pathways.
- Improvement has been noted in relation to the % 62-day backlog from 12.8% in the week of 12/2/23 to 10.1% in the week of 5/3/23 so is heading in the right direction.
- We continue to achieve the 28-day faster Diagnosis standard with the latest performance at 77.1% (75%) Many clinical teams have worked additional clinics and endoscopy sessions. The increased diagnostic radiology capacity has made significant positive impact on referral to scan waiting times.
- Our 62-day performance remains well below the required level at 48.6% December (50.7% November). The Corporate cancer team are working closely with the tumour groups, the relevant clinical leads, and DMs to improve the active management of the patient tracking lists (PTL's), in order to improve 62-day performance, with directed intervention for those tumour groups that require additional support, these being, lower GI, upper GI, urology and lung.
- The 31-day subsequent performance for January has been impacted by the Bank holidays and also the pressures across the Trust:
- Chemotherapy - November 98.7% (98%) December 91.8% January 94.6%.
- Radiotherapy - November 97.3% (94%) December 95.9% January 97.4%.
- Surgery - November 68.6% (94%) December 52.9% January 60.7%.

3. RESEARCH

Key points to note:

- The NHS Research & Development (R&D) Forum is coming to the SAGE Gateshead from 21-23 May. The annual conference is mainly for NHS R&D managers. Lucy Chappell, National Institute for Health and Care Research (NIHR) CEO and Gail Marzetti, Director of Science, Research and Evidence at the Department of Health and Social Care (DHSC) are both speaking on 22 May.
- Recruitment to research continues to proceed well, particularly to commercial studies. At a recent virtual visit, Lucy Chappell praised Newcastle's commercial trial recruitment activity.

Agenda item A9(a)

- From April 2022 to January 2023, 10,530 participants were recruited to studies, a slight decrease on the same period last year (10,611). However, some large-scale recruitment activity has recently commenced.
- On 21 February 2023 we had 441 portfolio studies open and recruiting, placing us **third nationally** behind Oxford University Hospitals (451) and Guy's and St Thomas' (448). We are in **first place** for commercial studies (112) with commercial recruitment (918) at its highest level in seven years.
- We recently informed the Shelford Group's response to the DHSC on improving recruitment to commercial research.
- We await a decision on Regional Research Delivery Network funding, the successor to the Local Clinical Research Network (LCRN). This was due several weeks ago.
- A decision is also imminent on Research Support Service (RSS) funding to Newcastle University. RSS will subsume roles of Clinical Trials Units and Research Design Services. We also applied to become the National Specialist Centre in Public Health Research.
- The Directorate has received a second notification of the Medicines and Healthcare Products Regulatory Agency (**MHRA**) **inspection**, and we are now likely to be inspected towards the middle of the year, replacing the inspection originally planned for September 2022.
- The Trust will be inspected by the **Human Tissue Authority** (HTA), week beginning 17 April 2023. The virtual inspection will focus on research and associated materials.
- The PaperLite implementation has been delayed. Our Research IT Manager is driving forward the work needed to fully implement PaperLite processes in clinical research. Peer audits continue to provide data on the quality of scanning and uploading of research documentation.
- NIHR senior investigator awards - Avan Sayer (renewal), Quentin Anstee (first award) and Nick Reynolds (renewal). These competitive awards are made to "the most prominent and prestigious researchers funded by the NIHR and the most outstanding leaders of patient and people-based research within the NIHR research community".
- On Rare Disease Day we were mentioned in the government's rare disease action plan as an example of pioneering research - specifically the work of the John Walton Centre and Newcastle Hospitals to treat the first gene therapy patient for Duchenne muscular dystrophy (DMD).
- Dr Chris Lamb has been awarded a Rising Star award by United European Gastroenterology (UEG), a non-profit organisation, for excellence in digestive health in Europe.
- The DHSC have announced their three research priority areas, which they define as "the most important questions facing a department where we need to align scientific and research evidence from academia and industry with policy development and decision-making":
 - Early action to prevent poor health outcomes.
 - Reduction of compound pressures on the NHS and social care.
 - Shaping and supporting the health and social care workforce of the future.

4. APPOINTMENT OF CLINICAL BOARD CHAIRS

Agenda item A9(a)

Appointments were made to these roles on 20th March 2023. Thanks to Michael Wright, Deputy Medical Director, for all of the work involved from the Medical Director's Group (MDG) perspective.

5. JUNIOR DOCTORS INDUSTRIAL ACTION

Key points to note:

- Management were fully involved in the detailed and very complex planning to ensure comprehensive and robust preparations. The planning was swift and expeditious and coordinated by Gus Vincent and Lucia Pareja-Cebrian, Consultant Microbiologist. Regular pre-action meetings were held with all Directorates on a timely basis.
- Patient safety was the overarching priority.
- Elective cases were accommodated efficiently and effectively as capacity allowed (P1, P2 and long waiters).
- Associate Medical Directors led the on call 24/3 and contributed to the Bronze, Silver, and Gold Commands.
- Clinical teams are extremely grateful for the extra IT support on the ground.
- The junior doctors were widely supported by the consultant body, who played an enormous role in ensuring safety for our patients.
- A number of national and regional communications were issued asking patients not to attend the Emergency Department (ED) unless absolutely necessary.

6. MEDICAL WORKFORCE/ EDUCATION

Changes to the training requirements in all specialties, flexibility in work patterns, retirements (sometimes driven by pension taxation challenges) and new rules on rota compliance for doctors in training are some of the drivers for existing vacancies and ad hoc gaps in rotas. These in turn are causing some rotas to become unsustainable: gaps are often covered by existing staff, contributing to the cycle of sickness and burnout among some medical colleagues. This picture is also reflected on the results of the General Medical Council (GMC) trainer survey.

I requested a review to ensure resilient cover across the board and address the ad-hoc gaps particularly out of hours for all medical grades. The initial output of that review resulted in the Trust supporting the funding of an additional 15 foundation doctor and 10 Speciality trainees. The Deanery has confirmed 6 of the foundation posts we requested have been successfully allocated to Newcastle Hospitals. The difference between what was bid for and what has been allocated is a reflection of the gap between trainee resource and demand, with several Trusts in and out of region being in a similar position.

The work being led from MDG by Lucia Pareja-Cebrian and Gail Jones, Consultant Haematologist.

7. BOARD REFERENCE PACK DOCUMENTS

Agenda item A9(a)

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
15 March 2023

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TRUST BOARD

Date of meeting	23 March 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"> • Spotlight on our Hospital at Night Team • Nurse and Midwifery Staffing update • Safeguarding Quarter 3 (Q3) update • Learning Disability Q3 update • Patient Experience Q3 update 						
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"> • Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes. • Being outstanding, now and in the future. 						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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.

Section 1:

This month's 'Spotlight' section outlines the work of our Hospital at Night Team Nurse Practitioners.

The team is made up of 16 Nurse Practitioners who, working alongside our medical teams, provide a pivotal role in the safe functioning of the Royal Victoria Infirmary (RVI) and Freeman Hospital out of hours. The team was introduced as part of an NHS initiative to ensure optimum patient safety during the "out of hours" period when medical cover had reduced following implementation of the European Working Time Directive. The team have now been in place for 15 years and we have recently taken the opportunity to recognise and celebrate the excellent work of this safety critical team since its inception.

The report contains an overview of the role of the Nurse Practitioners and the service they provide out of hours. The following key points are noted:

- The practitioners are highly skilled and are supported in developing competence and confidence through formal education and competency sign off and the development of skills in practice through mentorship and supervision. The individual team members have substantial shadowing prior to practicing independently and work as a collective and supportive team during clinical shifts.
- The majority of Hospital at Night Nurse Practitioners are Independent Nurse Prescribers, with newly appointed practitioners due to complete the training. This is necessary as prescribing remains a significant competency of the role with 27% of all calls received by the Team relating to prescribing requests.
- The Hospital at Night Team is co-ordinated by a nurse practitioner within each team. The wards call the nurse practitioner as the first point of contact with any patient concerns. This prevents the junior medical staff having to take numerous calls whilst simultaneously reviewing patients. The nurse practitioner triages all calls and either manages them directly or if required, passes them on to the most appropriate member of the team. This ensures the patient needs are met by the right person at the right time and includes escalation to critical care outreach, on call physiotherapists and senior medical professionals.
- The service is regularly audited to ensure demand is understood and the practitioner role in practice is reviewed when required. A recent audit of one month demonstrated that the team received over 4,500 calls, responded to over 350 deterioration alert calls – of which 100% were appropriately documented by the Nurse Practitioners, and prescribed over 1,300 medications. The role is a safety critical function out of hours.

The team are extremely well respected by all staff and regularly receive compliments and have recently been nominated for personal touch awards and Greatix by both patients and staff.

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. This has been recently reviewed and agreed by the Executive Chief Nurse Team. 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:

- It is noted that three wards have required high-level support over the last two months. All three wards have action plans in place, overseen by the Nurse Staffing and Clinical Outcomes Group and overseen by the Executive Chief Nurse Team. An overview of the three wards including current factors influencing the need for high level support and current performance have been discussed and presented at the Trust's Quality Committee for scrutiny and oversight.
- Where beds have been closed due to staffing concerns, weekly documented review with the Executive Chief Nurse Team remains in place and will continue until all commissioned bed capacity is safely opened.
- 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. These alerts are responded to promptly by members of the Senior Nursing Team directly with the ward staff and the Matrons.
- Red flags reported in wards are reviewed in the Nurse Staffing and Clinical Outcomes Group:
 - January meeting: (December red flags) 86 flags
 - February meeting: (January red flags) 47 flags
- All DATIX reports reviewed were graded no harm, low/minor or moderate. In the last quarter the number of DATIX submitted were:
 - December 36
 - January 15
 - February 5

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. The following key points are contained within the report:

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- The current total Registered Nursing and Midwifery workforce combined turnover is 10.05%. This is based on Month 10 data and demonstrates a reduction from 12.7% previously reported. Its compares favourably with the national median of 13.05% and improving retention remains a key priority.
- The Registered Nurse (RN) vacancy rate is 5.3% based on the financial ledger at Month 10 and relates to current substantive staff in post. This is a favourable position and is slightly below the March 2022 vacancy rate of 5.9%. It does not include those nurses currently in the recruitment process, where there is a pipeline of 99 (head count) staff across adult and paediatrics. The figure also does not include International Recruits due to be deployed.
- Since June 2022 we have seen the arrival of 252 internationally educated nurses which includes 24 paediatric nurses and four midwives. There are monthly deployments planned up to May 2023 with a current pipeline of 47 nurses and more interview dates booked.

Section 3: Safeguarding Quarter 3 (Q3)

Section 3 of the report provides a Q3 summary update of safeguarding activity throughout the Trust and includes references to developments in practice as well as an overview of national practice developments and the Trust's compliance with these recommendations.

Safeguarding activity for Q3 evidences the following key high-level points:

- In adult safeguarding activity remains relatively static compared to the previous two quarters with activity levels remaining above those prior to the pandemic. Case complexity remains high, requiring close work with the Mental Capacity Act (MCA) Lead Practitioner and legal services.
- In children's safeguarding, it is noted that the Trust has continued to see an increase in overall activity from 2019/20 (pre-pandemic period) and a small increase in referrals for Q3 compared to 2021/22. There has been a marked increase in gang related activity and incidents of knife crime (including carrying but not using knives) this quarter. This has been seen particularly in those groups of children where possible exploitation is a risk factor (children in care/those who go missing). Work continues to raise awareness around these issues both with ongoing work with our Emergency Department (ED) colleagues and throughout training and supervision, working closely with our safeguarding partners to monitor this.
- In Q3 there has been an increase in the numbers of urgent Deprivation of Liberty applications (DoLS) overseen by the MCA Lead Practitioner. It is positive to see this increase in referrals as it ensures patients are appropriately cared for in line with the Mental Health Act.

The compliance relating to Safeguarding training continues to be closely monitored. Compliance with Level 3 Safeguarding Children stands at 73% and Level 3 Adults at 76% which is lower than the Trust expected standard and remains a concern. A number of actions are in place to improve compliance with staff being provided both face to face training and eLearning to maximise the flexibility in training options. The impact of actions is overseen and monitored by the Safeguarding Committee.

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Recent investment has been agreed into the Safeguarding Teams on the back of a workforce review and recruitment is in progress with a number of posts appointed to with some staff in post.

Section 4: Learning Disability Q3

This section of the report provides a Q3 summary update regarding the work of the Learning Disabilities Liaison Team. The team continues to develop practice to improve care for people with Learning Disabilities, building on the existing infrastructure and the dedicated expertise of the Learning Disability Liaison Team.

In December 2021, the Care Quality Commission (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 Learning Disability team were included in this focussed inspection, and a specific workstream has been established to ensure recommendations are implemented in practice. This will include a focus on the documentation and evidencing of reasonable adjustments in practice. The detailed CQC inspection report is presented separately to the Board of Directors as item A6.

In the last quarter the team have received 737 referrals, an increase of 50 from Q2. The Learning Disability Team currently have several highly complex cases, requiring support from the MCA Lead Practitioner and legal services. There have been 288 inpatients and 297 Accident & Emergency (A&E) attendances in Q3.

The report contains an overview of the recent national discussions regarding Learning Disability training for all staff. Recently, the Trust has launched the Diamond Standards which is a regional eLearning education package for staff regarding Learning Disabilities and reasonable adjustments and has been mandated for all clinical and patient facing staff.

Section 5: Patient Experience Q3

The report contains a Q3 summary of the work of the Patient Experience team.

The Trust has opened 144 formal complaints in Q3, which is a decrease of 2% from the previous quarter. The Trust has received on average 45 formal complaints per month, which is an 2% decrease from the previous year where the average was 46 complaints per month.

Up to the end of December 2022, the highest number of complaints are with the Medicine directorate with 61 complaints. The lowest number are with the Dental directorate with five complaints.

Of the 144 complaints opened in this quarter, 20% had a primary concern with regards to communication. This further breaks down into sub-subjects; communication failure with patient is the most common issue (n13), communication with relatives or carers (n6), incorrect information given and Communication with GP (n2), access to interpreting services, patient not listened to, breakdown between departments, breaking bad news, conflicting information, and breakdown regarding appointments (n1).

Agenda item A9(b)

Included within the report is an overview of national maternity survey published by the CQC on 11 January 2023. The survey took place in February 2022 and asked women about their experiences of care at three different stages of their maternity journey, antenatal care, labour and birth and postnatal care. 247 women who accessed maternity care at the Royal Victoria Infirmary took part.

Those who responded to the survey said they were confident in the midwife or midwifery team they saw and that they were treated with respect and dignity.

Results show maternity services at Newcastle Hospitals were rated much better than most trusts for **5** questions, better than most trusts for **22** questions, somewhat better than most trusts for **5** questions. Results were about the same as other trusts for **19** questions.

The report also contains an overview of patient experience and engagement work with an overview of work undertaken by the Advising on the Patient Experience Group (APEX) and the Maternity Voice Partnership. This work of these groups remains fundamental in ensuring developments in services are patient led.

The detailed ECN Report is included within the Board Reference Pack.

RECOMMENDATION

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

Report of Maurya Cushlow
Executive Chief Nurse
23 March 2023

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TRUST BOARD

Date of meeting	23 March 2023		
Title	Ockenden Update Report		
Report of	Maurya Cushlow, Executive Chief Nurse		
Prepared by	Jane Anderson, 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: https://www.gov.uk/government/publications/final-report-of-the-ockenden-review.</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. An update on progress against both the interim and final report recommendations is provided.</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 the Trust has commenced a focus on culture and organisational behaviour through a schedule of workforce engagement whereby the voices of staff can be listened to and heard. The East Kent Report can be found at: https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report</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"> i) Receive and discuss the report; ii) Note the current level of assurance and the identified gaps in assurance as benchmarked against the interim and final 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. 						
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
	☑	☐	☑	☑	☐	☑	☐
Impact detail	Detailed within the main body of the report.						
Reports previously considered by	Previous report presented to members of the Trust Board on 17 January 2023.						

OCKENDEN REPORT UPDATE

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 to the main report included 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 remain four partially compliant Immediate and Essential Actions (IEAs) which remain outstanding for the Trust (Appendix 2, BRP).

As previously reported, the final publication provided an additional 15 IEAs comprising ninety-two recommendations highlighting an urgency for essential change and improvement to maternity and neonatal services (Appendix 2, 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 which going forward can be provided through the newly implemented electronic patient record.

Section 4.0: Reports on the High-Level Action Plan (Appendix 3, BRP), combining the interim and final Ockenden reports, a phased approach has been taken to reporting in view of the substantial number of recommendations. The seven 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 (BRP) illustrates the Trust's progress on these actions. Progress has been made resulting in two recommendations remaining non-compliant, three partially compliant and two fully compliant.

4.1 Details the two remaining non-compliant recommendations and associated actions from the final report:

- Calculating a local uplift for midwifery staffing.
- Implementing and monitoring change in practice as a result of a Serious Incident (SI).

4.2 Reports on the remaining three recommendations which are now graded partially compliant:

Agenda item A9(b)(i)

- Labour Ward Coordinators attending role specific Maternity System endorsed training course.
- Conflict of Clinical Opinion Escalation Guidance.
- Newcastle Birthing Centre Completion of Yearly Operational Risk Assessment.

It is anticipated that all three of these outstanding actions will be completed and reported as such in the update provided to the Trust Board in May 2023.

4.3 Highlights the Trust's achievement for the following two recommendations:

- Maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent.
- Complaint's themes and trends must be monitored by the maternity governance team.

4.4: The first group of eight from a total of thirty-two 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. The final group of partially compliant recommendations were presented to the Trust Board in January 2023.

This paper presents relevant updates for all previously reported partially compliant recommendations as indicated within the High-level Action Plan (Appendix 3, BRP). There remain fifteen partially compliant recommendations from this group and notable progress is reported against the following, details of which are presented within this paper:

- IEA 10 (10.5) Maternity units must have pathways for induction of labour, (IOL). Trusts need a mechanism to clearly describe safe pathways for IOL if delays occur due to high activity or short staffing.
- IEA 12 Postnatal Care.
- IEA 13 Bereavement Care.

4.5: As previously reported to the Trust Board one partially compliant recommendation has been regraded to non-compliant due to the additional work which is required to support the provision of complex antenatal care for women with diabetes. The Trust is not yet aligned to NICE guidance, work is near completion for updating local guidance and work is ongoing toward resourcing the diabetic service with a dietician. It is anticipated that dietetic support will be in place by July 2023.

Overall progress to date in relation to the Ockenden recommendations is detailed in the amalgamated Action Plan (Appendix 2) as summarised in the Table 1 overleaf.

Table 1

	Nov 22	Nov 22	Jan 23	Jan 23	March 23	March 23
Total Number of Recommendations (interim and final report combined)	97	100%	98	100%	98	100%
Non-applicable	12	n/a	12	n/a	12	n/a
Compliant	46	54.1%	56	65.1%	64	74.4%
Partial Compliance	36	41.4%	27	31.4%	20	23.2%
Non compliant	3	3.5%	3	3.5%	2	2.3%

Section 5.0: Reports on the implementation of the electronic patient record; BadgerNet was successfully implemented on 10th January. Work continues to ensure that staff are supported to use BadgerNet, and to ensure the system is continuously embedded both within the maternity service and to wider internal and external stakeholders. Work will focus on fully using the electronic patient record for reporting and auditing purposes and updates will be provided in future papers to the Trust Board.

Section 6.0: Reports on reconfigurations of workforce which have taken place and specifically in relation to the impact on the Newcastle Birthing Centre (NBC). Due to elevated levels of activity and acuity across the maternity service which have coincided with staffing pressures, in preserving safe services for all the Directorate have been required to make intermittent temporary closures of the NBC, redeploying staff to the Delivery Suite and Postnatal Services.

The Directorate performed a Quality Impact Assessment (QIA) at the time of closure and identified no impact to patient safety and/or clinical effectiveness. The QIA has identified that patient experience is likely to have been affected due to the environmental impact on the experience of service users. Due to the constraints of the estate and in safeguarding all patients, the service is unable to offer overnight stays to partners on the postnatal ward, contrary to what is possible on the Birthing Centre.

Section 7.0: Reference is made with regard to 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 four key areas for system-wide action.

7.1: Those areas of the report which relate to culture and organisational behaviour are key to ensuring that maternity services are safe. It is essential that providers act and accept the essence of Kirkup’s report on ‘reading signals amongst the noise,’ and that this is brought clearly into focus, whilst simultaneously progressing the detail of the must do recommendations of Ockenden.

Work to this effect has commenced starting with a schedule of workforce engagement whereby the voices of staff can be listened to and heard.

7.2: 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

Agenda item A9(b)(i)

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.

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 May 2023.

The detailed report is included within the Board Reference Pack.

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.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	23 March 2023						
Title	Learning from Deaths (October 2022 – December 2022)						
Report of	Angela O’Brien, Director of Quality and Effectiveness						
Prepared by	Pauline McKinney, Integrated Governance Manager – Quality, Paula Dimarco, Patient Safety Manager						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Summary	<p>This paper aims to provide assurance to the Board of Directors that the processes for Learning from Deaths across the organisation are in line with best practice as defined in the National Quality Boards (NQB) National Guidance on Learning from Deaths (LFD) March 2017, and guidance on working with bereaved families and Carers (July 2018).</p> <p>This paper also summarises the processes that are in place to provide assurance to the Board of Directors that all deaths are reviewed including those with potentially modifiable factors. All deaths that require a more in-depth review (level 2) are recorded into the mortality review database to ensure lessons are learned and shared.</p>						
Recommendation	The Board of Directors is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanisms for sharing learning across the Trust.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality <ul style="list-style-type: none"> Put patients and carers first and plan services around them Maintaining our ‘Outstanding’ CQC rating 						
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provision of assurance that patient outcomes are reviewed, and lessons learned to include deaths of people with learning disabilities.						
Reports previously considered by	This is a recurrent report and was previously presented to Trust Board in January 2023.						

LEARNING FROM DEATHS

EXECUTIVE SUMMARY

The objective of this report is to provide the Trust Board 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.

For the purpose of this paper 'modifiable factors' are defined as factors identified that may have contributed to the death and which by means of locally or nationally achievable interventions could be modified to reduce the risk of future deaths.

The Trust Board is asked to (i) receive the report and (ii) note the actions taken to further develop the mechanisms for sharing learning across the Trust.

LEARNING FROM DEATHS

1. BACKGROUND

The Care Quality Commission (CQC) report ‘Learning, candour and accountability’, published in December 2016, detailed concerns about the way NHS trusts investigate and learn from deaths of people in their care, and the extent to which families of the bereaved are involved in the investigation process.

The guidance released in March 2017 by the National Quality Board (NQB) set clear expectations for how Trusts should engage meaningfully and compassionately with bereaved families and carers at all stages of responding to a death and described Trust boards’ responsibilities for ensuring effective implementation of this guidance. The Trust implemented the Learning from Deaths (LFD) guidance by the September 2017 deadline and has the required framework in place to facilitate learning from deaths within the Trust.

The NQB report ‘Learning from Deaths: Guidance for NHS trusts on working with bereaved families and carers’, published in July 2018 consolidated the existing guidance and provided perspectives from family members who have experienced bereavement within the NHS. This additional guidance set out how organisations should support and engage families after a loved one’s death in their care but has also been written with the intention of being a resource for families to refer to.

The guidance released in July 2018 by the Department of Health and Social Care published the government’s response to consultation on the “Introduction of Medical Examiners and Reforms to Death Certification in England and Wales”. This guidance outlined the intention that the Medical Examiner system would be enshrined in statute and Medical Examiners would be based in all acute Trusts by 2021 with a view to start scrutinising community deaths by 2023.

2. MORTALITY REVIEW DATABASE – DATA SUMMARY

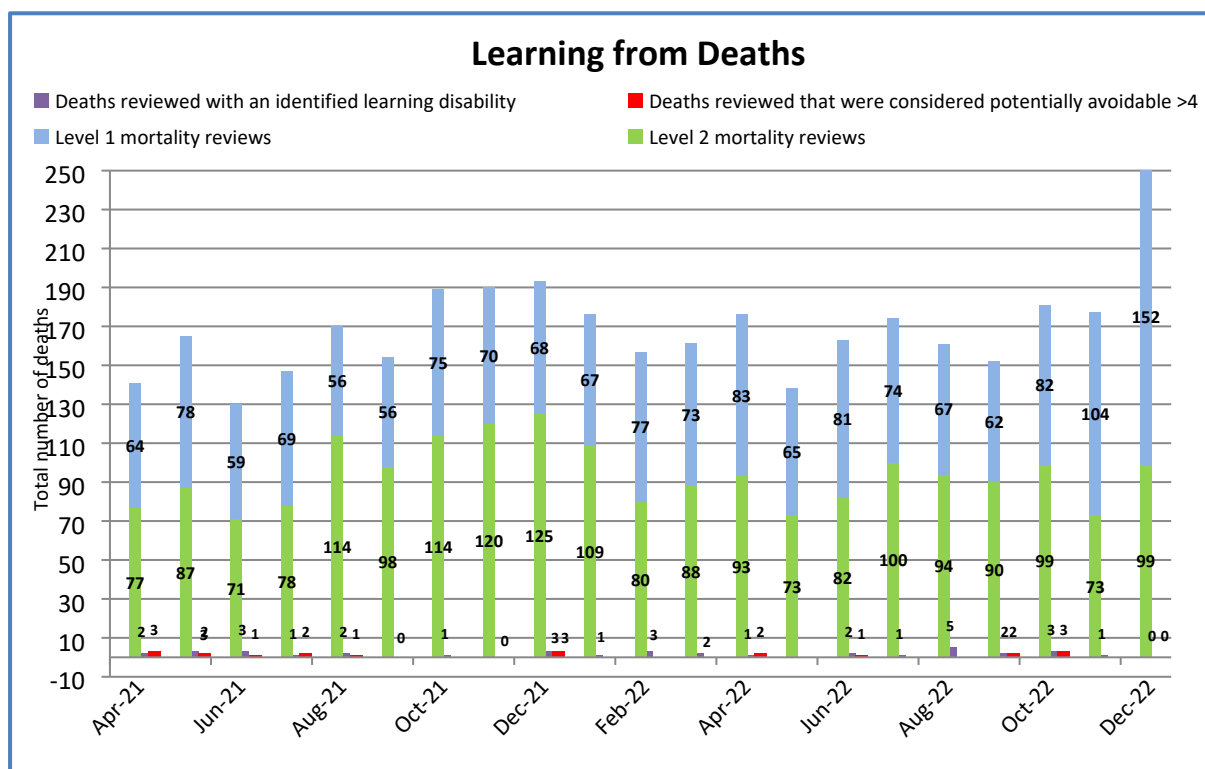
Current Morbidity and Mortality (M&M) meetings provide a robust forum for multidisciplinary discussion of inpatient deaths. The mortality review database was launched in June 2017 and has improved the ease at which lessons identified within M&M meetings can be shared between Directorates. The database captures all mortality reviews and centralises the findings in one place for all level 2 mortality reviews.

Level 1: The reviewer reviews the cause of death and discusses with the certifying doctor and Medical Examiner.

Level 2: In addition to the level 1 actions, the reviewer also considers documents and health records associated with the death and records findings into the Trust-wide mortality review database, in-line with Trust Mortality Policy.

2.1 Inpatient Deaths

In the 12-month period (January 2022 – December 2022) 2,067 patients died within Newcastle Hospitals with a total of 1,080 patients having received a level 2 mortality review. It is likely that these mortality review figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months. These figures will continue to be monitored and modified accordingly. The graph below shows total number of deaths each month from April 2021 as well as level 2 mortality reviews. There was a rise in inpatient deaths in December 2022, this was recorded Nationally, with initial data showing influenza to be the cause of death.



2.2 Patients identified with a Learning Disability

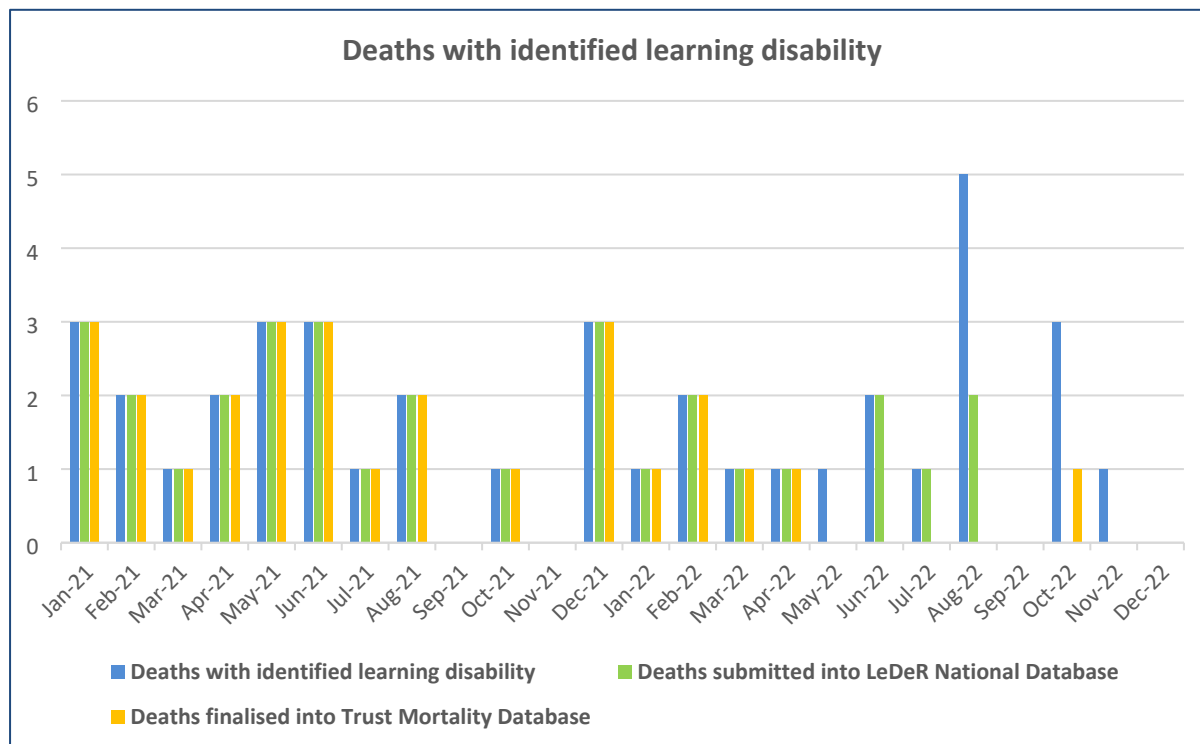
The National Learning Disabilities Mortality Review (LeDeR) Programme was established as a response to the recommendations from the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD 2013). CIPOLD reported that people with learning disabilities are three times more likely to die from causes of death that could have been avoided with good quality healthcare.

Over the preceding 12 months (January 2022 – December 2022), 21 patients who died within Newcastle Hospitals were identified as having a learning disability. Within the Trust, whenever a patient with a learning disability dies, their death is reviewed by the clinical team and is supported by the Learning Disability Team. There is a further in-depth case review at the Learning Disability Mortality Review Panel and the case review is also entered onto the Trust Mortality Review Database, as well as into the LeDeR National Database. An update is provided from the Learning Disability Specialist Nurse at each quarterly Mortality

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Surveillance Group meeting and lessons learned are shared using various methods, which includes presenting at the Clinical Risk Group and via Patient Safety Bulletins.

The graph below shows the data for the past 24 months (January 2021 – December 2022) and includes those patients who have been recorded into the national LeDeR database and Trust mortality database.



2.3 Outcome of Case Reviews – Hogan Score

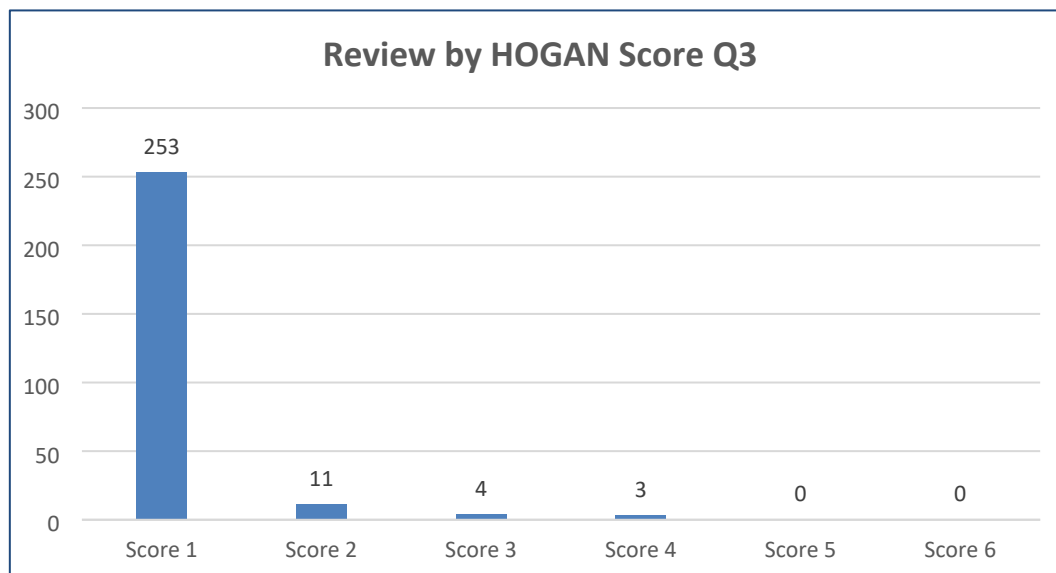
Throughout Quarter 3 (Q3) (October 2022 – December 2022), 609 patients died, of which 271 have received a full case note review (Level 2) which was undertaken by a multidisciplinary team and findings recorded into the Trust-wide mortality review database. This number will continue to rise as more M&M meetings go ahead over the forthcoming months.

Case notes were reviewed estimating the life expectancy on admission and any identified problems in care contributing to death. The Hogan scale, ranging from 1 (definitely not preventable) to 6 (definitely preventable), was used to determine if deaths were potentially avoidable, taking into account a patient's overall condition at the time.

1	Definitely not preventable
2	Slight evidence for preventability
3	Possibly preventable, but not very likely, less than 50-50 but close call
4	Probably preventable more than 50-50 but close call
5	Strong evidence of preventability
6	Definitely preventable

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A score of ≥ 4 suggests 'strong evidence of preventability'. Trust processes mandate that an investigation is initiated to determine if serious harm has occurred and a subsequent incident (SI) is to be reported, as well as being presented on an individual basis at quarterly mortality surveillance group. The outcomes of the cases reviewed in Q3 are summarised in the graph below:



The graph shows three patients was recorded as HOGAN 4 or above. All three patients are currently undergoing a serious incident investigation.

3. KEY LEARNING POINTS

The National Quality Board (NQB) recommendations state that providers should have systems for deriving learning from reviews and investigations and act on this learning. In addition, learning should be shared with other services where it is perceived this will benefit future patients.

Following a death, information gathered using case record review or investigation should be used to inform robust clinical governance processes. The findings should be considered with other information and data including complaints, clinical audit information, patient safety incident reports and outcomes measures. This information resource can then inform the Trust's wider strategic plans and safety priorities.

The learning points identified following M&M reviews in Q3 are detailed below, together with how learning has been shared and what action has been taken. Clinicians from each Directorate are also encouraged to share relevant learning from local mortality reviews with any other Directorates throughout the Trust.

Learning points identified from case reviews undertaken in Q3:

Directorate	Speciality	Summary	Learning Point	Outcome
Patient Services	Safeguarding Team	A patient with a complex medical history died unexpectedly on the ward. The Palliative care team was involved with the patient.	Whilst this did not impact on the patient's outcome, the Emergency Healthcare Planning (EHCP) documentation was not fully completed, with gaps in information. This was acknowledged as an area for improvement.	The Palliative Care Team have presented the learning from this case at the Directorate Governance meeting in November 2022 and support provided to clinicians in relation to appropriate completion of EHCP as requested.
NCCC	Oncology	A patient with advanced cancer was placed on end-of-life care and died whilst an inpatient. The patient resided overseas.	Clearer local pathways for out of hours need to be established to better inform and support staff when initiating processes for timely repatriation of deceased patients.	Learning discussed at Directorate clinical governance meeting resulting in completion of a local standard operating procedure for staff; now in place providing clarity in pathway.
NCCC	Oncology	A terminally ill patient, receiving end of life care, passed away whilst an inpatient.	Learning highlighted that documentation of fluid balance within the patient record was not consistently completed, therefore not meeting Trust standards.	The importance of accurate and complete documentation was presented at the Directorate Consultant meeting in November 2022 and the Junior Doctors meeting in December 2022. A Trust-wide Quality Improvement (QI) project has been initiated to improve the accuracy of recording fluid input and output.
Internal Medicine	Older People's Medicine	A patient receiving end of life care was to be transferred to a nursing home. Fast track documentation was commenced the same day; however, it was not completed and so	Staff not consistently or fully completing the fast-track documentation in a timely manner.	The use of fast-track forms are now included within local junior doctor induction to highlight importance of full completion to enable timely transfers to take place.

Directorate	Speciality	Summary	Learning Point	Outcome
		wasn't sent electronically until two weeks later.		Ward discharge whiteboard revised to provide better visual prompts for staff in relation to patient's being fast tracked for transfer.
Cardiothoracic	Cardiology FH	Following cardiac arrest and subsequent resuscitation, a frail patient with a complex cardiac history commenced end of life care and died on the Intensive Treatment Unit (ITU) two hours later.	Learning recognised that earlier consideration of DNACPR and treatment escalation considerations could have taken place.	Learning point discussed and shared with all relevant clinicians within the specialty.

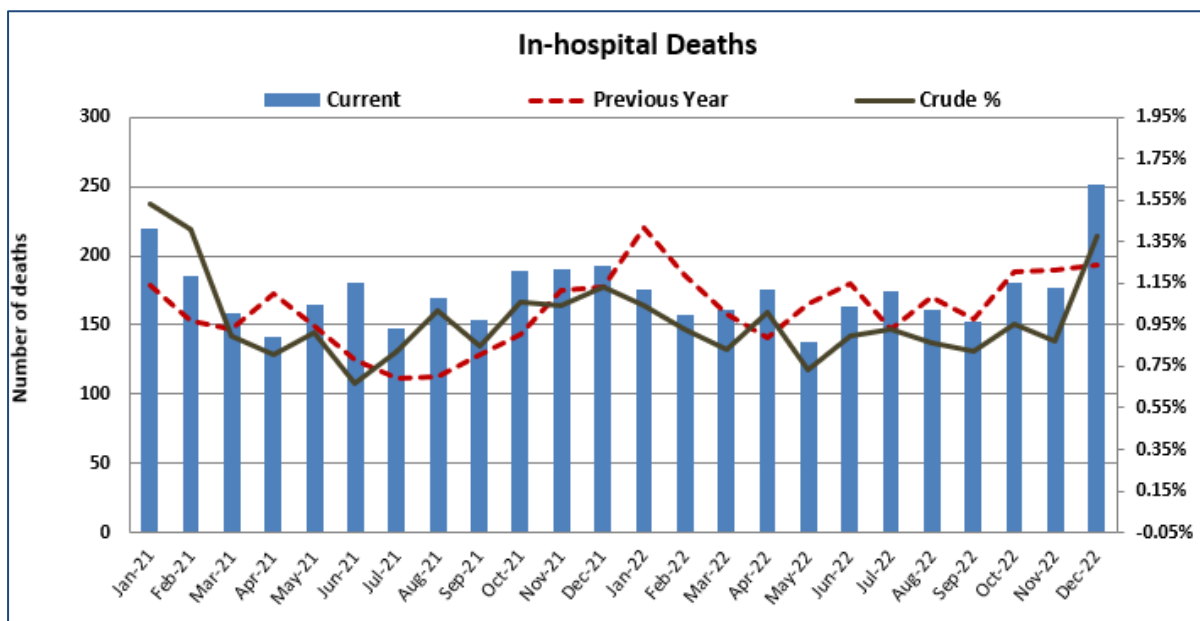
4. CRUDE MORTALITY

Crude mortality rate is the percentage of in-hospital mortality from all hospital admissions.

The crude mortality rate for Newcastle Hospitals is normally very low (averaging less than 1%), however differences in crude mortality rates between hospitals are not only caused by differences in hospital performances but also by differences in the case-mix of patients that are admitted. A hospital that admits on average a higher number of older patients and performs a larger proportion of higher risk procedures is likely to have a higher in-hospital crude mortality rate than a hospital with an average younger population.

The graph below shows the crude mortality rates since January 2021. The crude mortality shows a significant increase in January 2021. Although historically deaths during this time period do rise in comparison to warmer months, the Trust also recorded an increase in Covid-19 deaths within this time period due to the second wave of the pandemic.

More recently, a further rise was noted in December 2022. This rise was recorded Nationally and was predominately related to influenza as the cause of death.



5. SHMI AND HSMR MORTALITY RATES

Standardised Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) mortality rates are published quarterly by NHS Digital, however due to the time delay between data being uploaded by each individual Trust and primary care, the data is published approximately six months retrospectively.

SHMI and HSMR data is scrutinised on publication to determine any areas that may raise concern. All groups within the data are individually monitored and all findings are presented to the Trust Mortality Surveillance Group on a quarterly basis. Any group that flags as a concern is raised with the relevant Directorate to ensure an in-depth analysis is undertaken and findings recorded into the mortality review database. All learning from this analysis is shared with Directorates and presented to the Mortality Surveillance Group.

The latest SHMI publication for October 2021 – September 2022 shows the Trust to be at 91, which is below the national average and within “expected levels”.

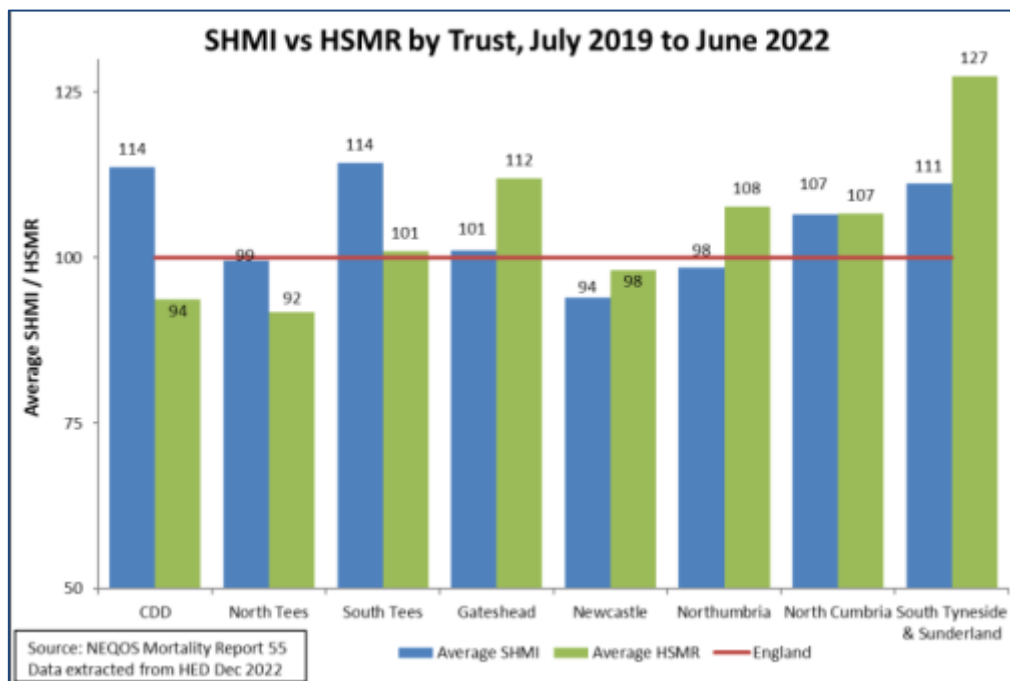
All mortality data including SHMI, HSMR and Variable Life Adjustment Displays (VLADS) are closely monitored.

6. NEQOS

The North East Quality Observatory Service (NEQOS) is published quarterly and presents analysis showing the SHMI and HSMR mortality indices including, a high level for Trusts identifying variation from the norm (outliers); showing trends through time; and using more granular analysis in order to describe contributing factors.

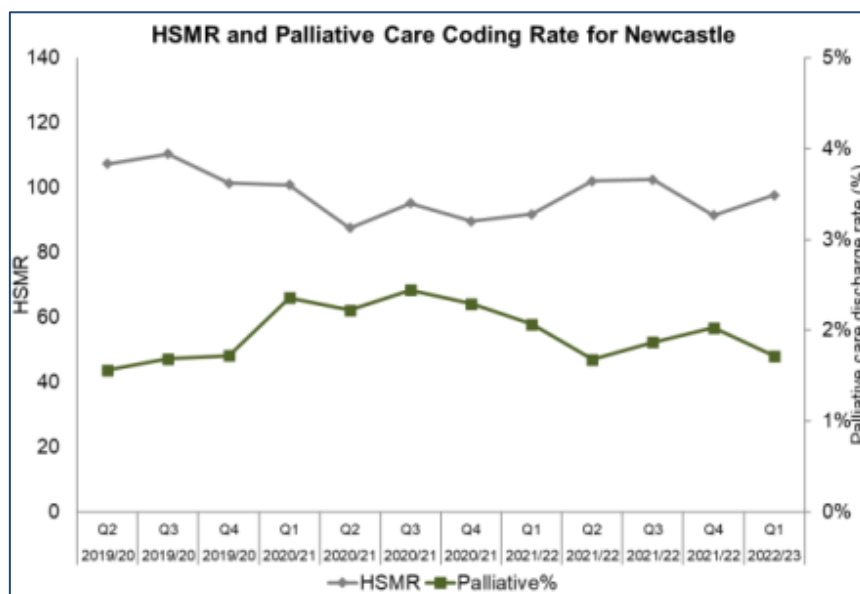
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The latest publication is up to June 2022. Overall, the graph below shows the Trust to be consistently below the national average for both SHMI and HSMR. The Trust SHMI average over a three-year period is 94 and the HSMR 98; both are below the national average.

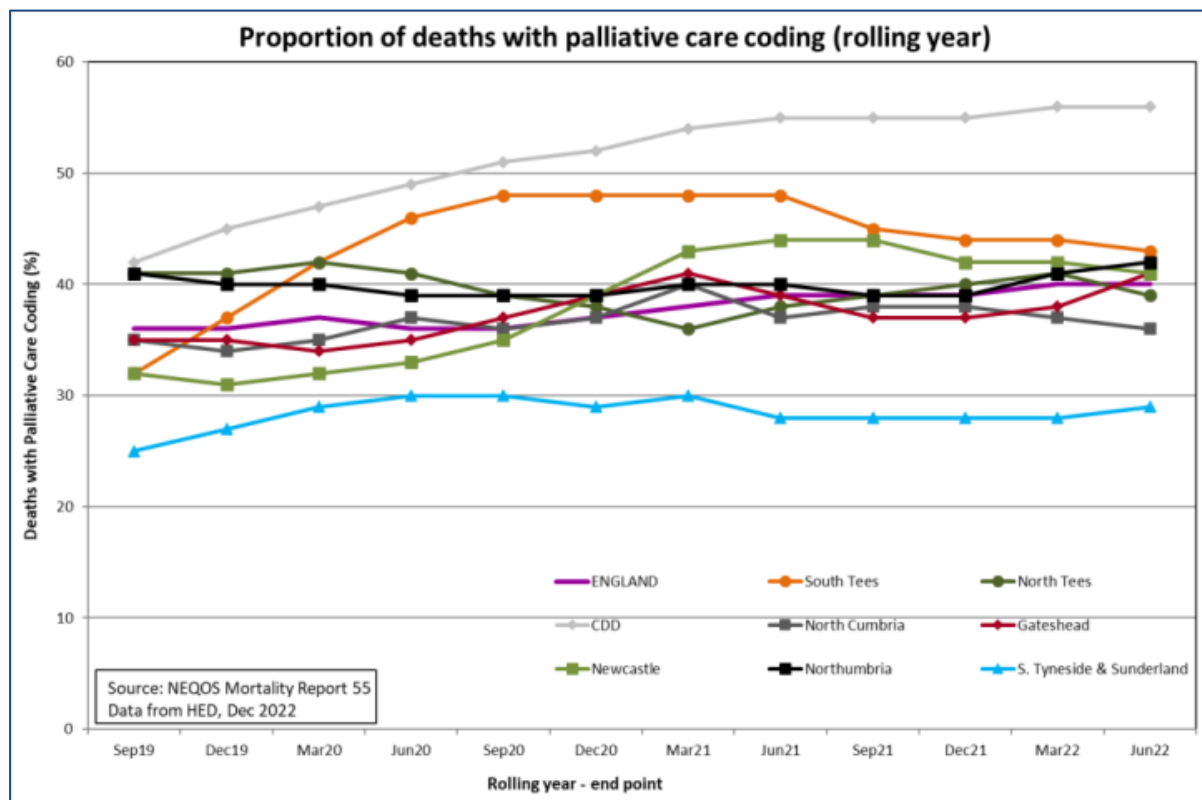


7. PALLIATIVE CARE CODING

The graph below is published within the NEQOS quarterly report and is currently presented up to June 2022. The graphs show that palliative care coding rate on discharge (including in-patient deaths) is historically reported below 3% within Newcastle upon Tyne Hospitals. The rise in palliative care coding throughout 2020/21 can be explained by the rise in deaths during the pandemic. HSMR (unlike SHMI) is adjusted for discharges with a specialist palliative care code, therefore if a common theme if palliative care rate shows a downward trend the HSMR rate will show an upward trend.



The graph below shows the percentage of patients with a palliative care coding for regional Trusts, which includes those who have died within 30 days of discharge.



8. OUTCOME OF INVESTIGATIONS LINKED TO SERIOUS INCIDENTS

All unexpected patient deaths, or deaths with possible modifiable factors, are routinely escalated for review as potential serious incidents (SI) via the Trust incident reporting system (Datix). Deaths of this nature are subject to a detailed review, facilitated by a Clinical Director and often involve members of the clinical team directly involved in the patients care. For deaths identified and reported externally as an SI, a comprehensive investigation is undertaken, which includes an analysis of the care provided to identify any learning and determines whether any modifiable factors contributed to the patient’s death. Key learning points are identified, and action plans generated. A summary of investigation outcomes linked to SIs in Q3 are shown below:

- During October 2022 – December 2022 (Q3) there were 59 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 59, there were five patient deaths, which identified potential modifiable factors which contributed to the death. Investigations are currently ongoing for all five cases.

The incidents that have resulted or contributed to a patient’s death, that have completed their investigation since the previous report submitted on 17th January 2023, are as follows:

2021/16459 – Unexpected Death, complication of treatment

- Review of local guideline to ensure best practice is agreed and implemented and learning from case shared to promote directorate wide learning.

2021/1984 – Unexpected Death, self-harm

- Targeted mental health training provided to support staff when managing complex situations involving mental health patients.
- Creation of guideline to support staff decision making and escalation in complex situations.

2022/18459 – Suboptimal Management

- Quality improvement working group established as a Trust safety priority for 2023, focused on digital functionality and staff education to support improved fluid monitoring within the electronic patient record.

2022/11584 – Fall resulting in harm

- Enhanced recruitment of new roles in the Emergency Department (ED) and ‘staff pool’ completed as per investment plan to support the care of complex patients due to increasing pressures on the emergency pathway.
- Strengthened internal escalation plans at times of high operational pressures reviewed and in place, providing key interventions to optimise patient flow through ED.
- Clinical guidelines and improvements to the environment being reviewed and explored to better support vulnerable patients.

2022/22656 – Fall resulting in harm

- Focused local staff education and audit to improve compliance with falls risk assessment and best practice, with the establishment of three Harm Free Care leaders within the area.

2022/7694 – Missed Diagnosis

- Radiology reporting policy has been revised and practice re-enforced to include communication for the rapid notification of abnormal imaging findings and for when further investigations are required.
- Strengthened local processes put in place to ensure that all radiology results are reviewed by an ED job planned Consultant.

2022/25129 – Fall resulting in harm

- Focused work undertaken locally to ensure falls assessments are undertaken consistently as per best practice.

2022/9133 – Unexpected Death, missed diagnosis

- Trust Quality Improvement work programme underway focused on strengthening fluid balance recording and management.
- Mental health training provided to support staff when caring for complex patients with mental health conditions.

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- Uplift in healthcare assistant resource to meet increased patient acuity and dependency locally.

2022/2199 – Lost to follow-up

- Processes to support patient pathway through the fetal medicine unit (FMU) improved and audit of compliance undertaken to ensure appropriate follow-up is in place.

2022/20580 – Healthcare acquired infection

- Trust improvement work ongoing, including focus on improving staff documentation of cannula site assessments and checks within the electronic patient record.

9. MEDICAL EXAMINER

The Medical Examiner system for reviewing all patient deaths was introduced in April 2019 by NHS England and was designed to strengthen safeguards for the public, improve the quality of death certification and to avoid unnecessary distress for the bereaved. The process aims to ensure all deaths are reviewed independently by the Medical Examiner, giving relatives of the deceased an opportunity to ask questions relating to their loved one's care.

The Medical Examiners roles went live in January 2021 as part of an initial test period, scrutinising patients' medical notes and discussing the care pathway with the ward clinician for all patients who died within two specified wards at the Freeman Hospital (FH). As the test period was considered a success, the project moved to the next stage in March 2021, which involved scrutinising all deaths at FH and finally including all deaths at Royal Victoria Infirmary (RVI) in August 2021.

Since January 2023, Medical Examiners have started scrutinising all inpatient deaths other than those referred to the coroner's office.

The Medical Examiner process had planned to incorporate all community deaths by April 2023 in line with National Guidance. However, NHS England have deferred this date until Summer 2023. Newcastle Hospitals will continue to scrutinise community deaths from their pilot sites.

In February 2023, a meeting took place between the Medical Examiner Lead and the Director of Quality and Effectiveness, to propose that the Medical Examiners will identify patients who require a level 2 review and inform the Directorate directly. This would give assurance that patients who require a level 2 review, receive a level 2 review. The proposal was agreed and would be implemented by April 2023.

10. RECOMMENDATIONS

To (i) receive the report and (ii) note the actions taken to further develop the mechanism for sharing learning across the Trust.

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**Report of Angela O'Brien
Director of Quality & Effectiveness
21 March 2023**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	23 March 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		
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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 February 2023. Trend data can be found in Appendix 1 (HCAI Report and Scorecard February 2023), 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, HCAI continues to be challenging in the current environment, but we are persevering with our initiatives and assurance processes to support improvement across all aspects of Harm Free Care including HCAI.

Key points to note:

- *C. difficile* infection reduction strategy for surgery is in development in response to the increase in incidence seen across the Directorate over the winter months.
- A sharp increase of *E. coli* bacteraemia and Catheter Associated Urinary Tract Infection (CAUTI) has been identified within Internal Medicine. A full review of this is underway to establish learning opportunities.
- Guideline reviews are underway to identify where the Trust can reduce broad-spectrum antibiotics, including Piperacillin/Tazobactam (Tazocin) usage, identified in the NHS England Watch and Reserve lists in order to meet NHS Futures targets.

HCAI Monthly Variance 2022-23:

Organism	Sep -22	↑ / ↓ from prev month	Oct -22	↑ / ↓ from prev month	Nov -22	↑ / ↓ from prev month	Dec -22	↑ / ↓ from prev month	Jan-23	↑ / ↓ from prev month	Feb -23	↑ / ↓ from prev month
<i>C. difficile</i>	11	↓ 2	20	↑ 9	21	↑ 1	15	↓ 6	17	↑ 2	10	↓ 7
MRSA	0	→ 0	0	→ 0	1	↑ 1	0	↓ 1	0	→ 0	0	→ 0
MSSA	9	→ 0	12	↑ 3	8	↓ 4	5	↓ 3	6	↑ 1	7	↑ 1
<i>E. coli</i>	18	↓ 4	17	↓ 1	20	↑ 3	10	↓ 10	19	↑ 9	25	↑ 6
Klebsiella	18	↑ 6	9	↓ 9	15	↑ 6	9	↓ 6	7	↓ 2	11	↑ 4
<i>Pseudomonas aeruginosa</i>	4	→ 0	5	↑ 1	3	↓ 2	5	↑ 2	2	↓ 3	5	↑ 3

RECOMMENDATIONS

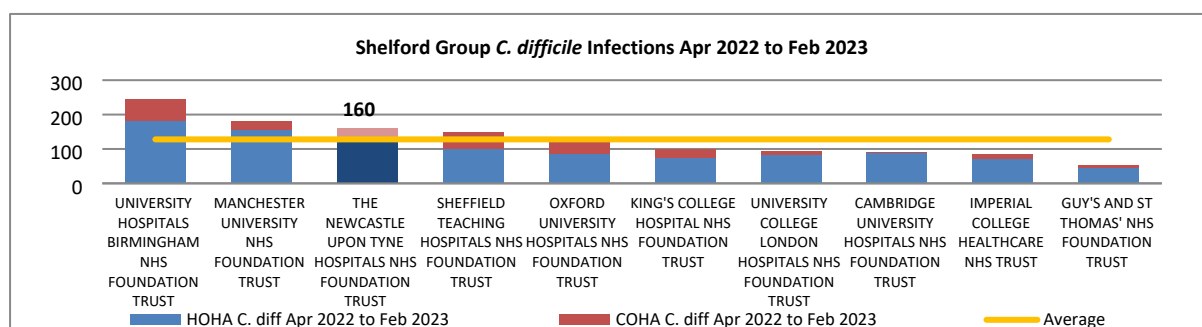
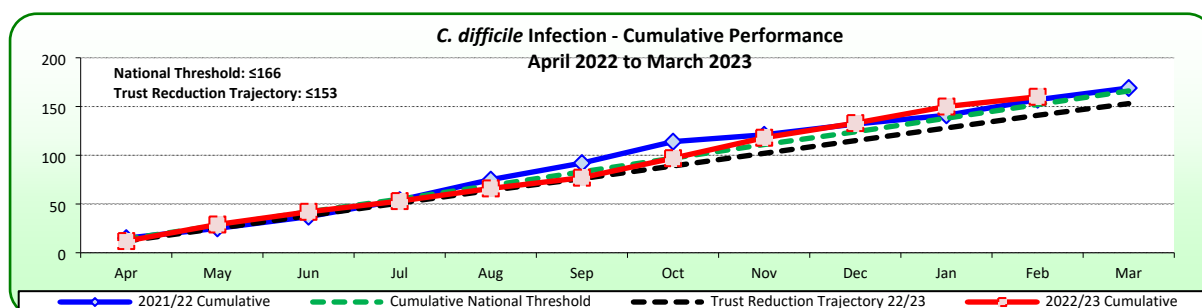
The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.

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

1. KEY POINTS FOR JANUARY/FEBRUARY 2023

1.1 Clostridioides difficile Infections (CDI)

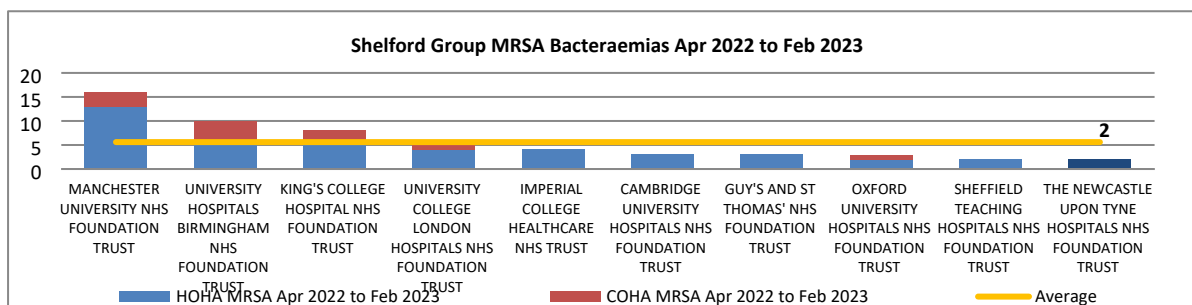
At the end of February 2023, a total of 160 cases were attributed to the Trust (129 cases Hospital Onset Healthcare Associated (HOHA); 31 cases Community Onset Healthcare Associated (COHA)). This places the Trust over local trajectory (≤ 141) by 19 cases and over national threshold (≤ 152) by 8 cases – month on month graphs are included in the Integrated Board Report. The Infection Prevention and Control Team (IPCT) are in the process of implementing a focussed initiative in the Surgical Services Directorate with roll out to other areas based on measured outcomes. Effective antimicrobial stewardship (AMS) and targeted education are the key priorities. This will be implemented by the clinical teams with oversight provided by Antimicrobial Steering Group (AMSG) and Serious Infection Review Meetings (SIRM).



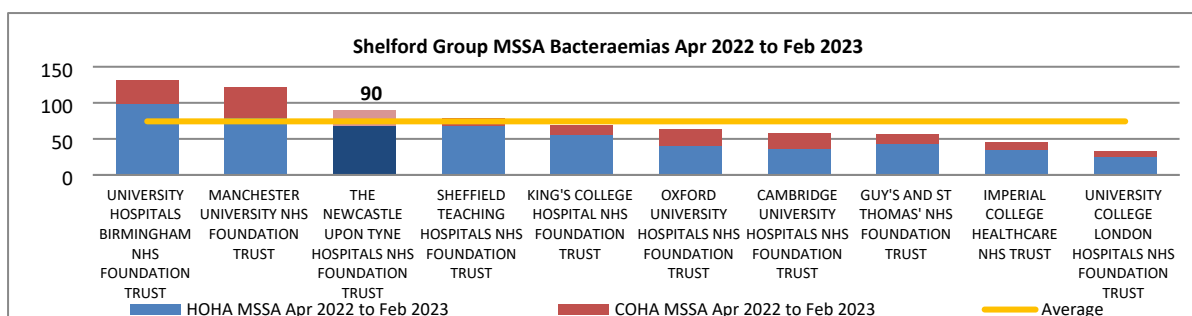
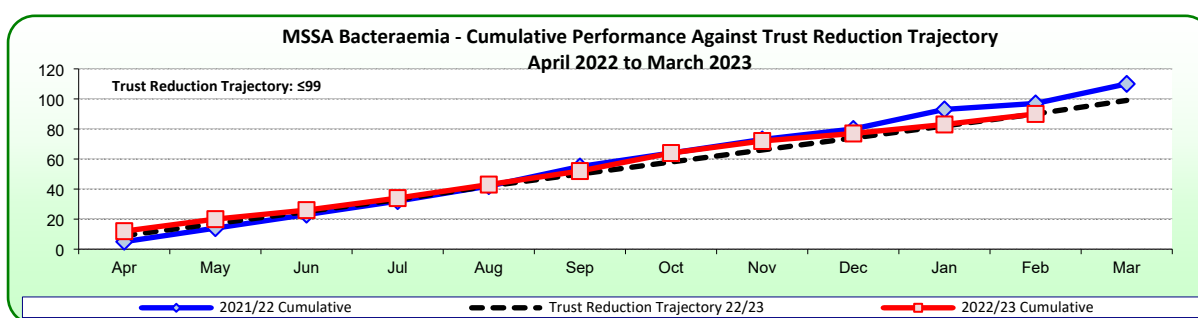
1.2 MRSA / MSSA Bacteraemia

The Trust had no further MRSA bacteraemia cases to the end of February 2023 and therefore the cumulative total for 2022/23 remains at 2 cases.

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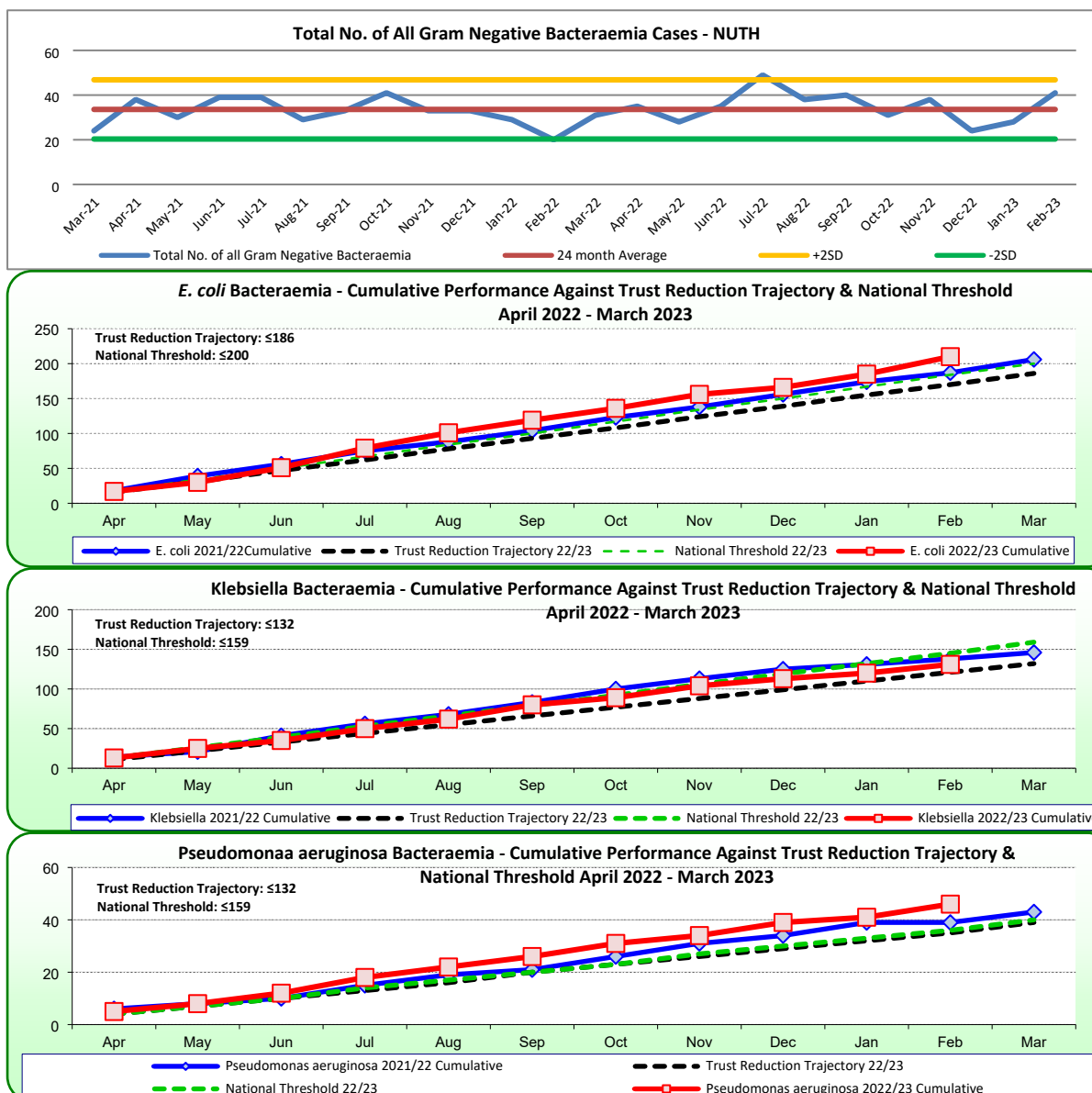
By the end of February 2023, a total of 90 MSSA bacteraemia cases were attributed to the Trust (68 HOHA cases; 22 COHA cases), which places the Trust on par with local trajectory (≤ 90 cases). The Trust is currently on target to achieve its 10% reduction. Month on month graphs are included in the Integrated Board Report.



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

The table below outlines the figures at the end of February 2023:

	<i>E. coli</i>	<i>Klebsiella</i>	<i>Pseudomonas aeruginosa</i>
Cumulative No. cases to end of February 2023	210 cases	131 cases	46 cases
National Threshold for February 2023	≤ 184 Over by 26	≤ 145 Under by 14	≤ 36 Over by 10
Local 10% reduction Trajectory for February 2023	≤ 170 Over by 40	≤ 121 Over by 10	≤ 35 Over by 11



A sharp increase in catheter associated Bloodstream Infections (CAUTI GNBSI) had been noted in February 2023 across Older People’s Medicine. A Quality Improvement project, with support from CAUTI specialist nursing team/IPC, is underway to help identify reasons for increase and implement measures to prevent further cases.

1.4 High Consequence Infectious Disease (HCID)

The arrival of the Maxi Air hoods has enabled the implementation of a training programme for HCID treatment Personal Protective Equipment (PPE) to enable high level isolation in line with the Trust’s preparedness plans.

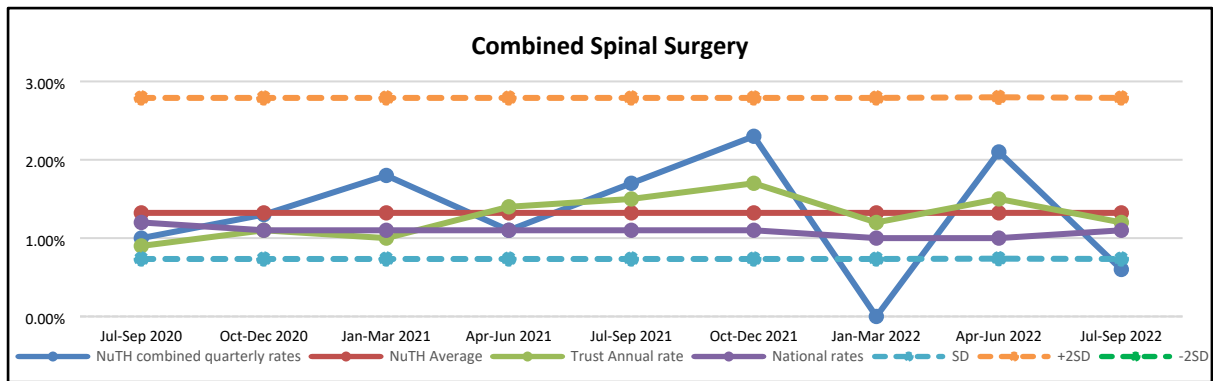
1.5 Coronavirus (COVID-19)

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

1.6 Surgical Site Infection (SSI)

1.6.1 Spine SSIs

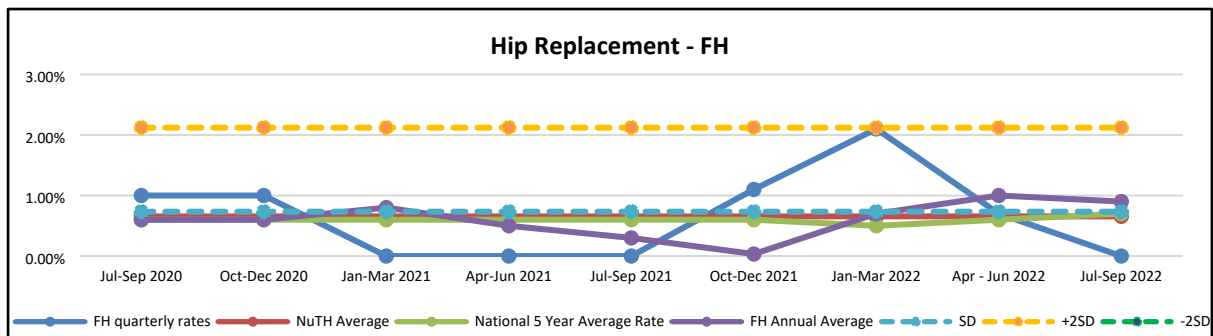
Quarter 3 (July - September 2022) saw 2 SSIs (1.0%) recorded at the Royal Victoria Infirmary (RVI). This is significant reduction from the 7 that were registered in Quarter 1 and although the Trust SSI rate for the last 4 quarters has reduced to 1.2% it remains higher than the National 5-year average of 1.1%. Root Cause Analyses (RCAs) performed this quarter identified themes surrounding patient information leaflets on discharge and care in the community. Matrons and IPC are reviewing this document and communication with District Nurse services outside of Newcastle Hospitals to improve continuity of care.

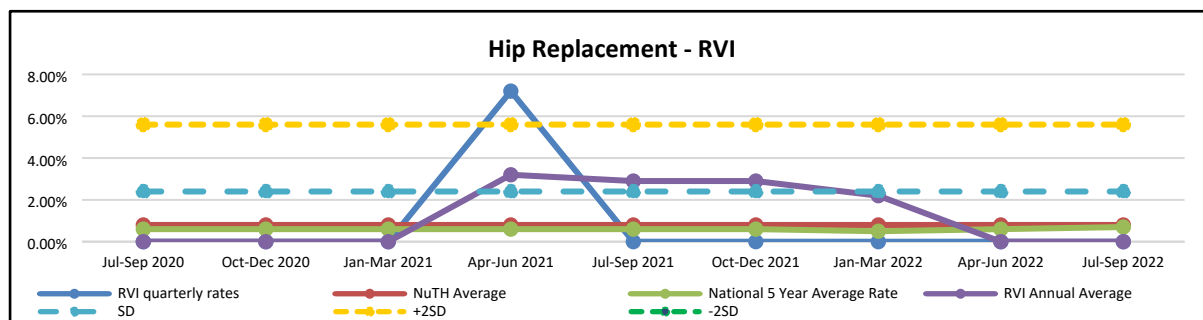


1.6.2 Joint (Hip / Knee) SSIs

a) Hip Replacement

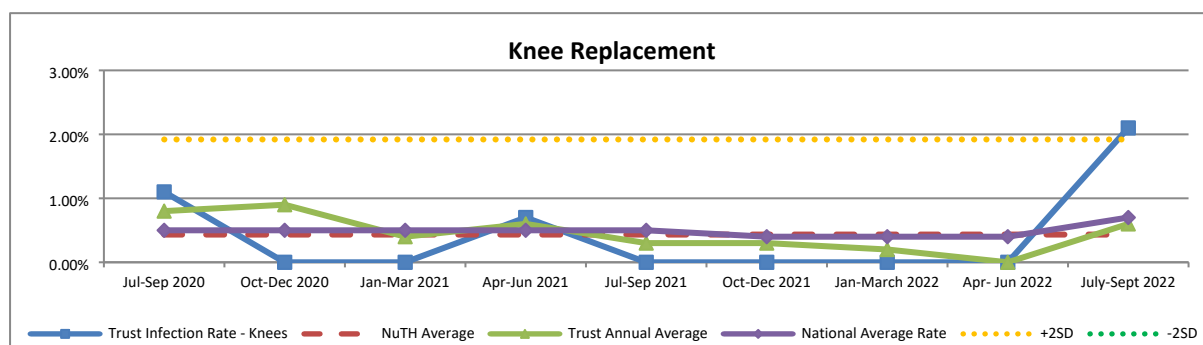
There was no hip SSIs reported in the Freeman Hospital (FH) for this quarter (July-September 2022), resulting in a drop from 1.0% to 0.9% for the last 4 reported quarters. This remains above the National 5-year average SSI rate of 0.7%. For the fourth consecutive quarter there have been no reported SSIs for the RVI site. The Trust SSI rate for the last 4 quarters remains at 0.0%.





b) Knee Replacement

Quarter 3 (July – Sept) 3 SSIs recorded. This led to an increased Trust SSI rate of 2.1% for this quarter and 0.6% for the last 4 quarters. Whilst the Trust 4 quarter average is still below the 5-year National Average (0.7%) the quarter average of 2.1% is well above this figure. SSI meetings have been reinstated to consolidate learning identified and provide key assurances. Areas of focus include involving District Nurses in Trust review processes, improve wound management, impact of patient factors e.g. Body Mass Index (BMI) and better adherence to Trust antiseptic washes at pre-assessment.



1.7 Antimicrobial Stewardship (AMS)

Guideline reviews are underway to identify areas where the Trust can reduce broad-spectrum antibiotics. In addition high risk areas with high rates of Tazocin resistance are switching to narrow spectrum /high-cost drugs to reduce Tazocin usage. This is a joint piece of work with infection specialists / antimicrobial pharmacists and clinicians. The two new Antimicrobial Stewardship pharmacist are also undertaking essential reviews of Tazocin in RVI Assessment Suite, Older People’s Medicine, and select surgical wards.

Take 5 antibiotic audits have been addressed in Urology & Renal Services and Surgical Services and collaborative work to improve engagement across other Directorates is being progressed through SIRMs.

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. Quarters 1-3 data is summarised below:

CRITERIA	Q1		Q2		Q3	
	UTI	CAUTI	UTI	CAUTI	UTI	CAUTI
Document diagnosis of UTI based on clinical signs and symptoms?	70%	60%	86%	80%	87%	91%
No Dipstick to diagnose UTI in >65yrs or for CAUTI	94%	75%	96%	80%	93%	100%
Antibiotic choice in line with guidance?	74%	60%	80%	40%	77%	81%
Urine sample	87%	88%	92%	80%	79%	81%
CAUTI- document catheter review	63%		73%		70%	
Overall	50%		63%		53%	

To note:

- The Trust is required to achieve green compliance in at least 60% of domains collectively with different thresholds for each domain.
- Whilst the Trust is achieving >60% in all individual parameters in Q3, the overall compliance is only 53% due to the number of amber and red domains.

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.

The new CQUIN for 2023-24 is to perform IV to oral antimicrobial Switch as per national guidelines which will commence in April 2023. This is being mapped out, with planned audits in Internal Medicine and Trust wide education.

1.8 Water Safety

No exceptions to report.

1.9 Ventilation

No exceptions to report.

1.10 Decontamination

No exceptions to report.

2. RECOMMENDATIONS

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

Agenda item A9(d)

**Report of Maurya Cushlow
Executive Chief Nurse**

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

13 March 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	23 March 2023						
Title	NHS Staff Survey 2022 Results						
Report of	Christine Brereton, Chief People Officer						
Prepared by	Donna Watson, Head of Workforce Engagement and Information Systems						
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>To provide the Trust Board with the findings of the NHS Staff Survey 2022, outlining how the Trust compares against the:</p> <ul style="list-style-type: none"> • Results from 2022; • Sector Average (based on NHS Acute and Community Trust), Best and Worst; • North East (NE) region; and • Shelford Group. 						
Recommendation	<p>The Trust Board are asked to note the:</p> <p>(i) Key findings;</p> <p>(ii) Next steps to communicate the findings to key stakeholders; and</p> <p>(iii) Direction of travel to address the findings.</p>						
Links to Strategic Objectives	People – supported by Flourish our cornerstone programme we will ensure that each member of staff is able to liberate their potential.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Executive Team Headlines to People Committee						

STAFF SURVEY 2022 UPDATE

EXECUTIVE SUMMARY

The purpose of this paper is to update The Trust Board on the initial results from the NHS Staff Survey 2022.

The NHS Staff Survey 2022 was undertaken between October and November 2022 with over 6664 (44%) responses.

The initial findings are:

- Initial positive “green shoots” aligned to the key staff experience workstreams of “What Matters to You”.
- Whilst the Trust are seeing scores significantly above the sector, we have seen a decline in our own results alongside the national average over the last 2 years in staff looking forward to going to work, recommending the Trust as a place to work, and recommending the Trust for friends and family to receive care.
- Despite the current challenging climate, 83% would be happy with the standard of care compared to 62% sector average, 83% feel the care of patients is the Trust top priority compared to 74% sector average and 82.6% recommending the Trust to friends and family for care compared to 61.9%.

The way forward:

- Development of a “Newcastle People Programme” aimed at improving the experience of staff at work to enable Newcastle to be recognised as an Employer and Educator of choice.
- The programme will aim to bring together under one framework (NHS People Promise) all the current (and identified new) People and OD related activities, such as “What matters to you”. Linking to Flourish system 1, 2 and Leadership

The Board are asked to:

- a) Note the initial findings of the Staff Survey and the future developments.

2022 NHS Staff Survey

Headline Results



Response Rate

Organisation details

Completed questionnaires **6644**

2022 response rate **44%**

Survey details

Survey mode **Mixed**

This organisation is benchmarked against:

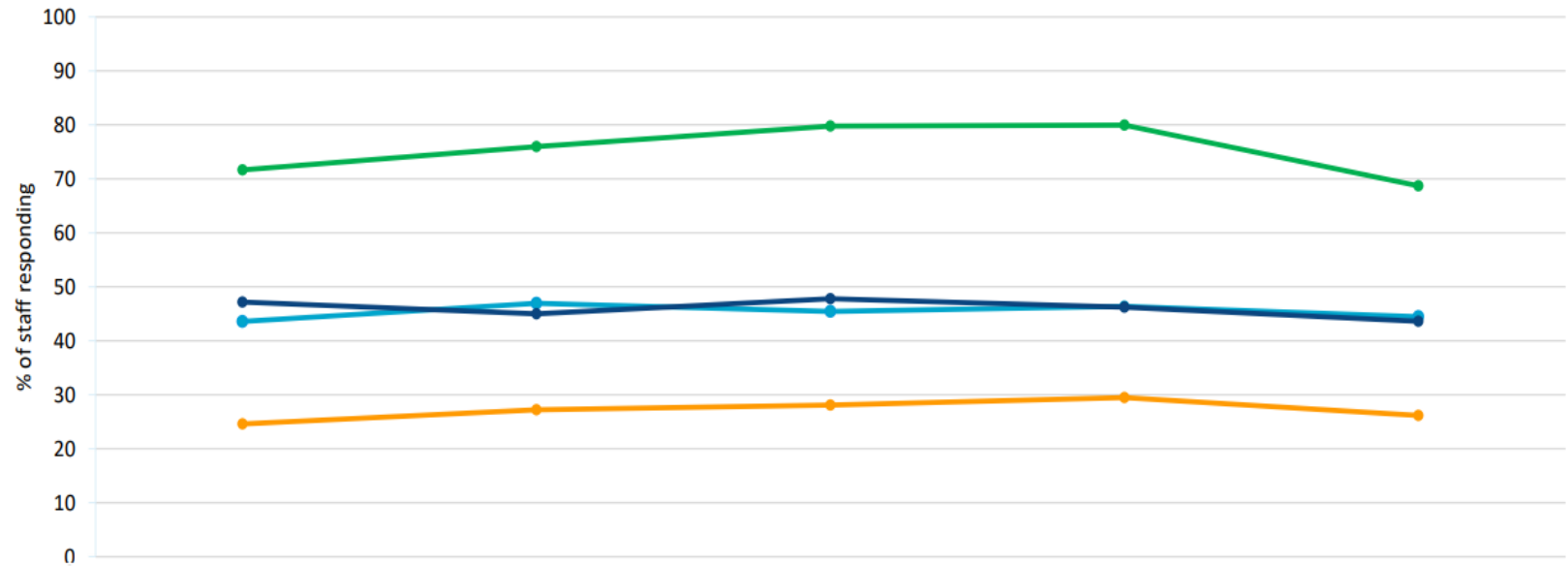
Acute and Acute & Community Trusts

2022 benchmarking group details

Organisations in group: 124

Median response rate: 44%

No. of completed questionnaires: 431292



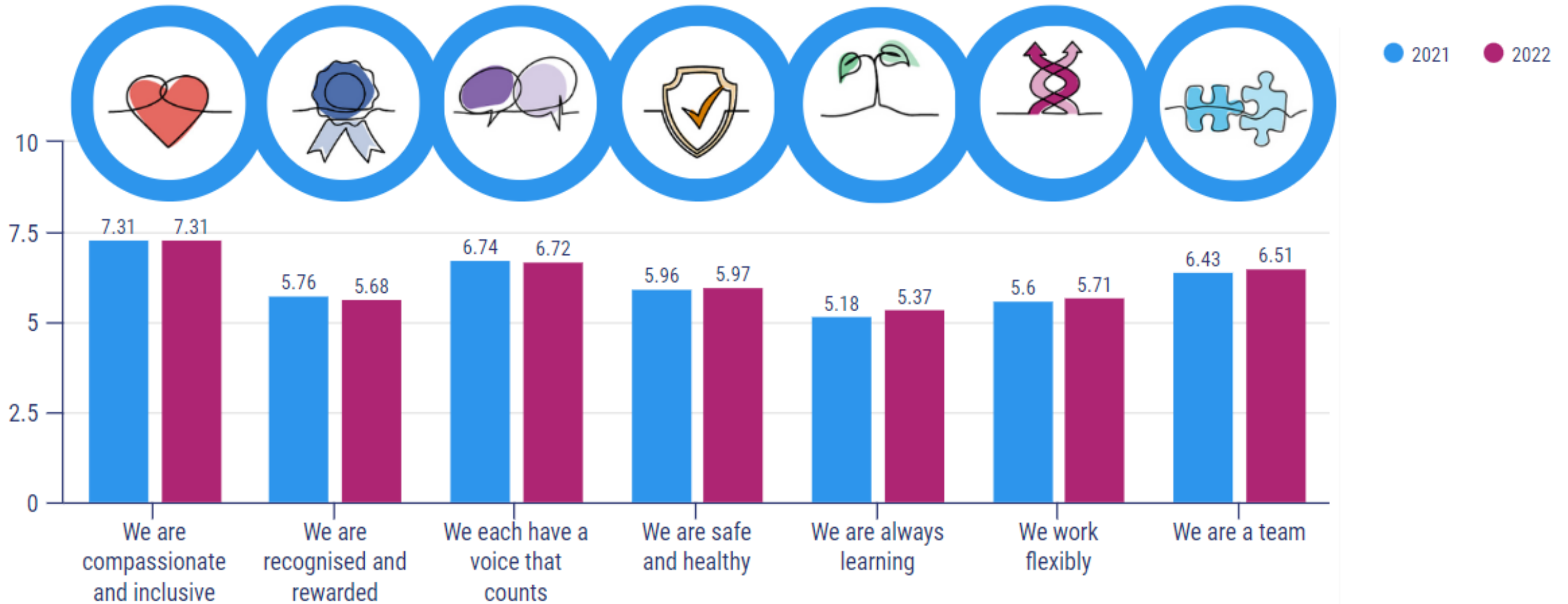
	2018	2019	2020	2021	2022
Your org	47.2%	45.0%	47.8%	46.2%	43.6%
Highest	71.6%	76.0%	79.8%	79.9%	68.7%
Average	43.6%	46.9%	45.4%	46.4%	44.5%
Lowest	24.6%	27.2%	28.1%	29.5%	26.2%
Responses	6655	6485	7066	7336	6644

*For the first year, all organisations in 2022 completed a full census sample type



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People Promises



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People Promises



We are compassionate and inclusive

We are recognised and rewarded

We each have a voice that counts

We are safe and healthy

We are always learning

We work flexibly

We are a team

Trust 2022	7.3	5.7	6.7	6.0	5.4	5.7	6.5
Sector Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1
Sector Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6
Sector Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3

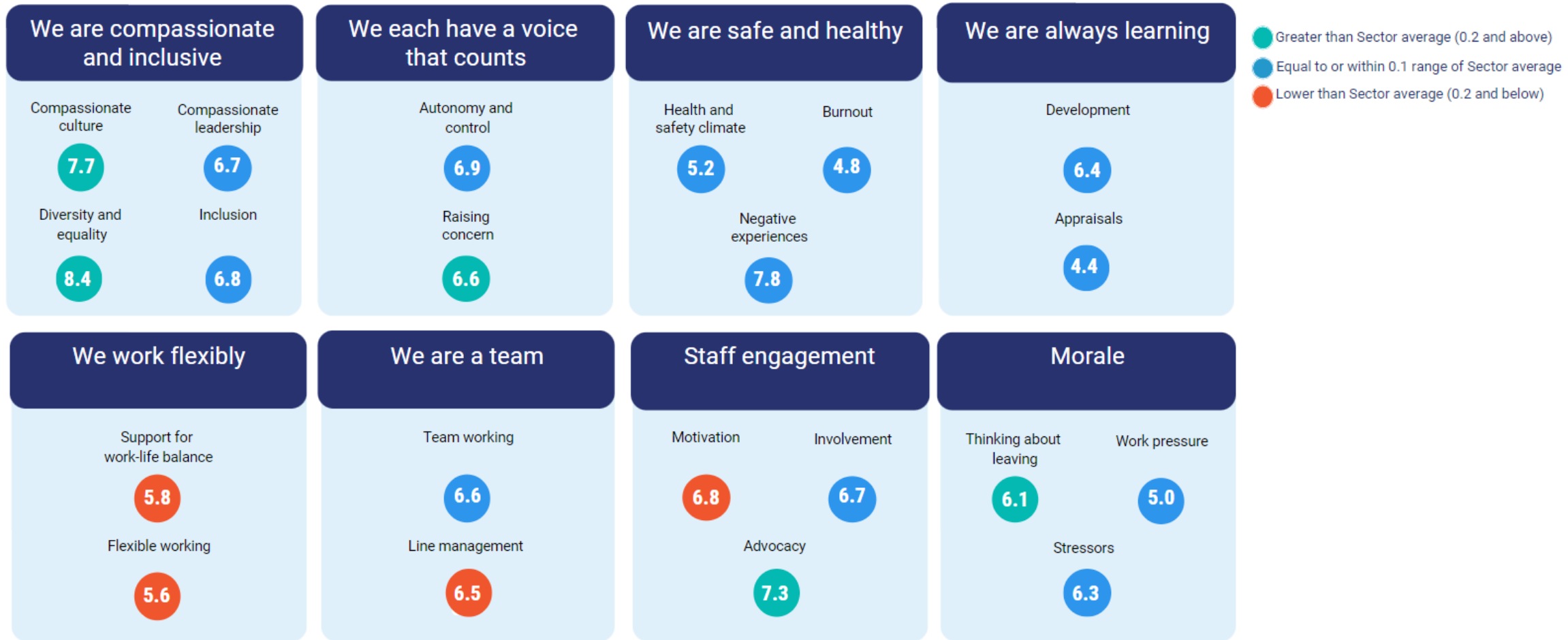
*All scores are on a 0-10 scale, where a higher score is more positive than a lower score



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People Promise – Sub Scores

(Score 0-10)



*Promise element 2 (recognised and rewarded) features no sub-scores therefore is not included in this section



Heatmap People Promise/Sub Scores

People Promise/Sub Scores	2021	2022	Difference
We are compassionate and inclusive	7.32	7.31	- 0.01
Compassionate culture	7.57	7.42	- 0.16 (sig.)
Compassionate leadership	6.60	6.69	+ 0.09
Diversity and equality	8.34	8.35	+ 0.02
Inclusion	6.78	6.8	+ 0.02
We are recognised and rewarded	5.77	5.69	- 0.08
We each have a voice that counts	6.76	6.73	- 0.03
Autonomy and control	6.81	6.88	+ 0.07
Raising Concerns	6.71	6.59	- 0.13
We are safe and healthy	5.96	5.96	0.00
Health and safety climate	5.28	5.21	- 0.07
Burnout	4.81	4.84	+ 0.03
Negative experiences	7.77	7.82	+ 0.05
We are always learning	5.22	5.39	+ 0.18 (sig.)
Development	6.19	6.4	+ 0.21 (sig.)
Appraisals	4.22	4.36	+ 0.14
We work flexibly	5.64	5.73	+ 0.09
Support for work-life balance	5.76	5.83	+ 0.07
Flexible working	5.52	5.64	+ 0.11
We are a team	6.45	6.52	+ 0.07
Team working	6.52	6.55	+ 0.03
Line management	6.39	6.49	+ 0.10

*(sig.) highlights significant difference

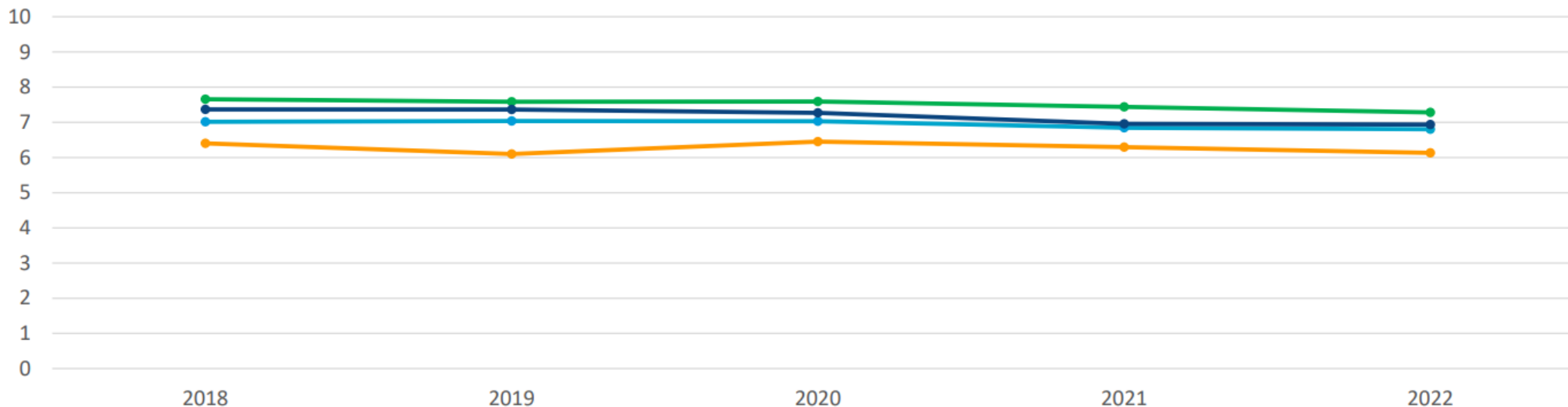
Heatmap People Promise/Sub Scores

People Promise/Sub Scores	Sector Average	Newcastle Hospitals	Difference
We are compassionate and inclusive	7.2	7.3	+ 0.1
Compassionate culture	7.0	7.4	+ 0.4 (sig.)
Compassionate leadership	6.8	6.7	+ 0.1
Diversity and equality	8.1	8.4	+ 0.3 (sig.)
Inclusion	6.8	6.8	0.0
We are recognised and rewarded	5.7	5.7	0.0
We each have a voice that counts	6.6	6.7	+ 0.1
Autonomy and control	6.9	6.9	0.0
Raising Concerns	6.4	6.6	+ 0.2 (sig.)
We are safe and healthy	5.9	6.0	+ 0.1
Health and safety climate	5.2	5.2	0.0
Burnout	4.8	4.8	0.0
Negative experiences	7.7	7.8	+ 0.1
We are always learning	5.4	5.4	0.0
Development	6.3	6.4	+ 0.1
Appraisals	4.4	4.4	0.0
We work flexibly	6.0	5.7	- 0.3 (sig.)
Support for work-life balance	6.1	5.8	- 0.3 (sig.)
Flexible working	6.0	5.6	- 0.4 (sig.)
We are a team	6.6	6.5	- 0.1
Team working	6.6	6.6	0.0
Line management	6.7	6.5	- 0.2 (sig.)

*(sig.) highlights significant difference

Staff Engagement

Staff Engagement



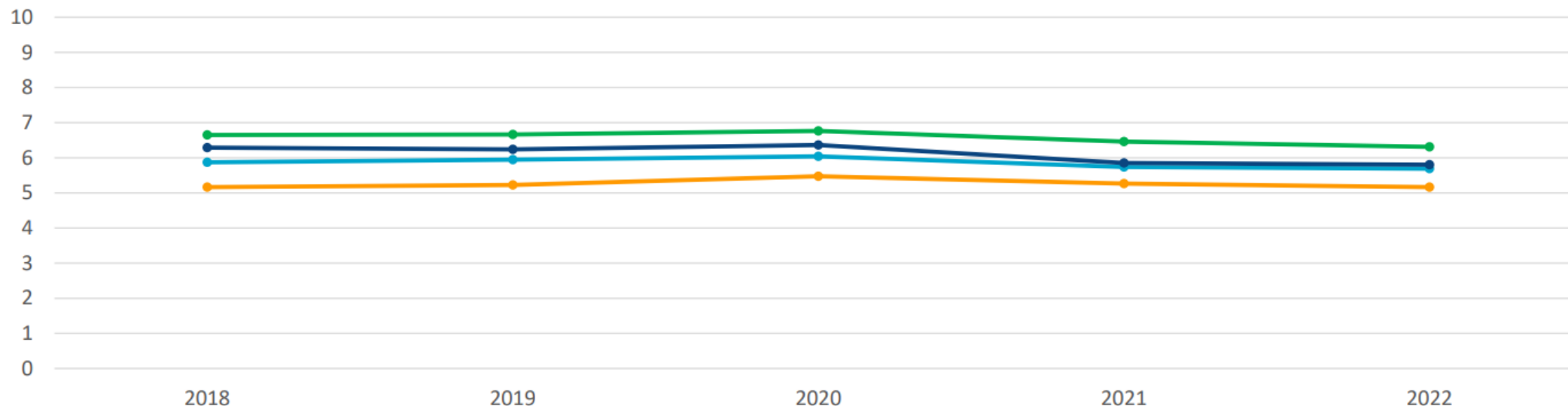
	2018	2019	2020	2021	2022
Your org	7.4	7.4	7.3	7.0	6.9
Best	7.7	7.6	7.6	7.4	7.3
Average	7.0	7.0	7.0	6.8	6.8
Worst	6.4	6.1	6.5	6.3	6.1
Responses	6642	6474	7061	7327	6637



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Morale

Morale



	2018	2019	2020	2021	2022
Your org	6.3	6.2	6.4	5.9	5.8
Best	6.6	6.7	6.8	6.5	6.3
Average	5.9	5.9	6.0	5.7	5.7
Worst	5.2	5.2	5.5	5.3	5.2
Responses	6632	6460	7060	7329	6640



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Staff Engagement/Morale Heatmap

People Promise/Sub Scores	2021	2022	Difference
Staff Engagement	6.95	6.93	- 0.02
Motivation	6.77	6.8	+ 0.03
Involvement	6.59	6.71	+ 0.11
Advocacy	7.49	7.29	- 0.20 (sig.)
Morale	5.85	5.8	- 0.05
Thinking about leaving	6.17	6.13	- 0.04
Work pressure	5.14	4.99	- 0.15
Stressors	6.24	6.27	+ 0.03

*(sig.) highlights significant difference

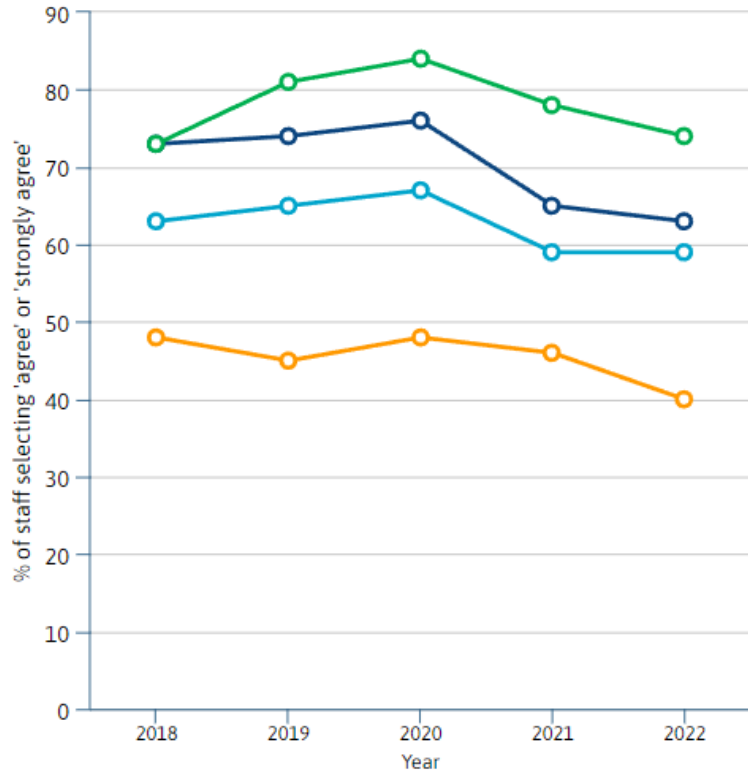
Staff Engagement/Morale Heatmap

People Promise/Sub Scores	Sector Average	Newcastle Hospitals	Difference
Staff Engagement	6.8	6.9	+ 0.1
Motivation	7.0	6.8	- 0.2
Involvement	6.8	6.7	- 0.1
Advocacy	6.6	7.3	+ 0.7 (sig.)
Morale	5.7	5.8	+ 0.1
Thinking about leaving	5.9	6.1	+ 0.2 (sig.)
Work pressure	5.0	5.0	0.0
Stressors	6.3	6.3	0.0

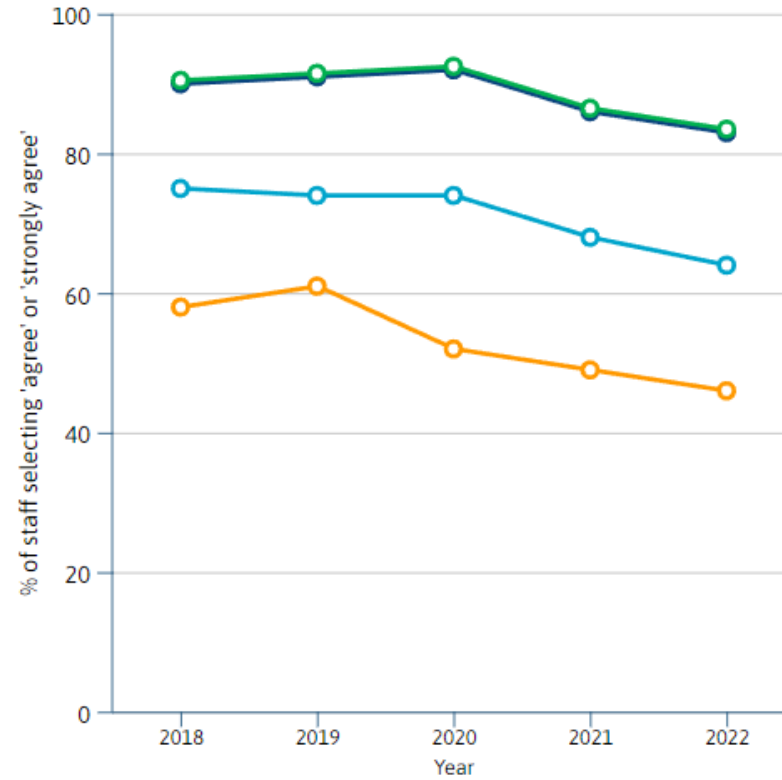
*(sig.) highlights significant difference

Regional Question Comparison

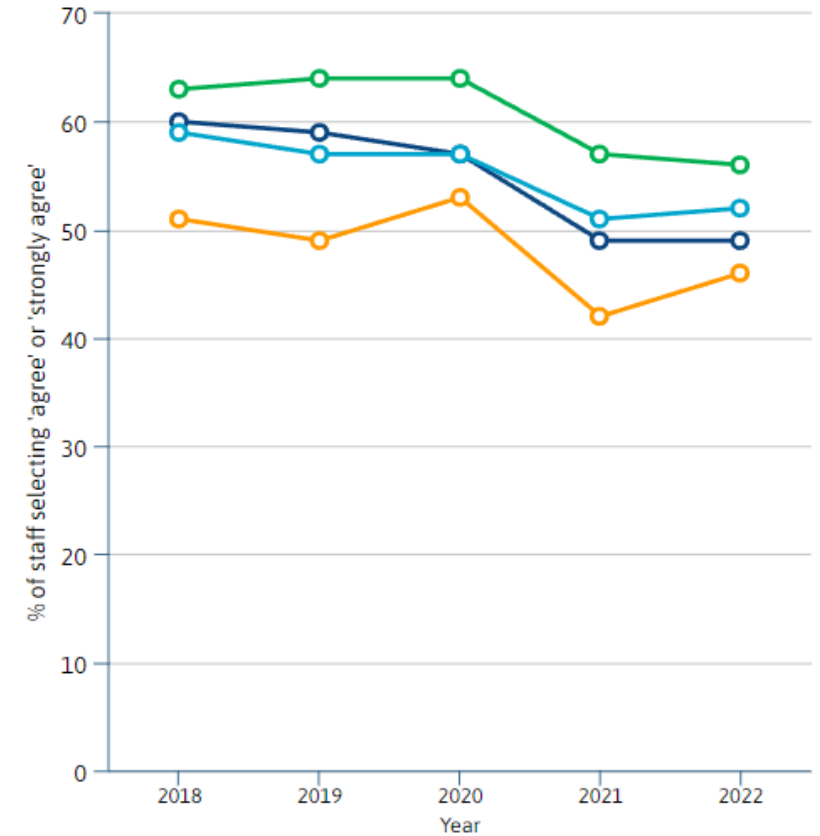
Q 23c - I would recommend my organisation as a place to work



Q 23d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



Q 2a - I look forward to going to work



● Newcastle Hospitals
 ● Regional Average
 ● Best
 ● Worst

● Newcastle Hospitals
 ● Regional Average
 ● Best
 ● Worst

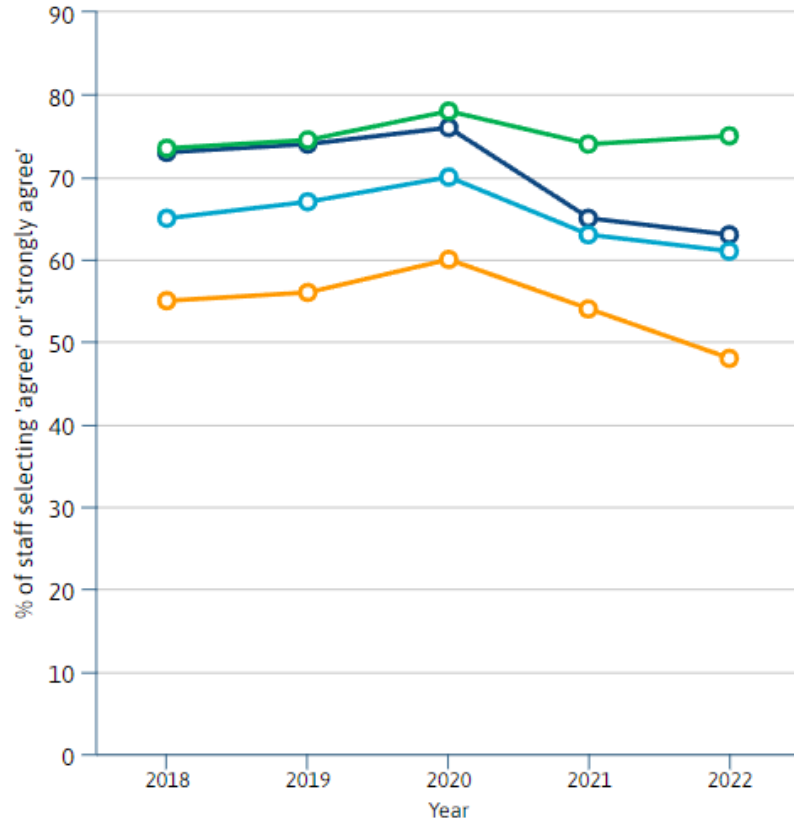
● Newcastle Hospitals
 ● Regional Average
 ● Best
 ● Worst



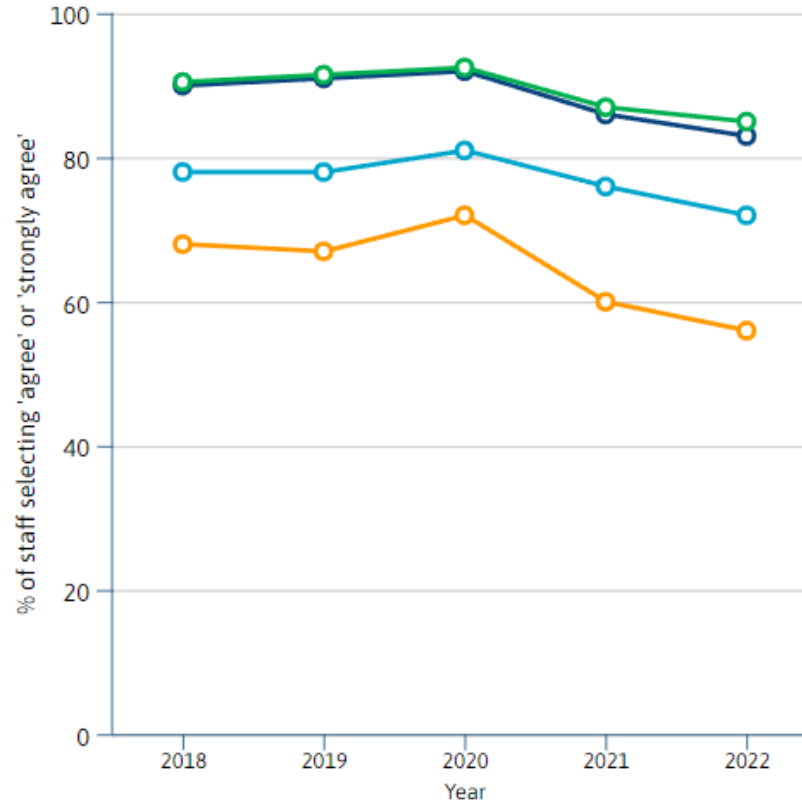
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Shelford Question Comparison

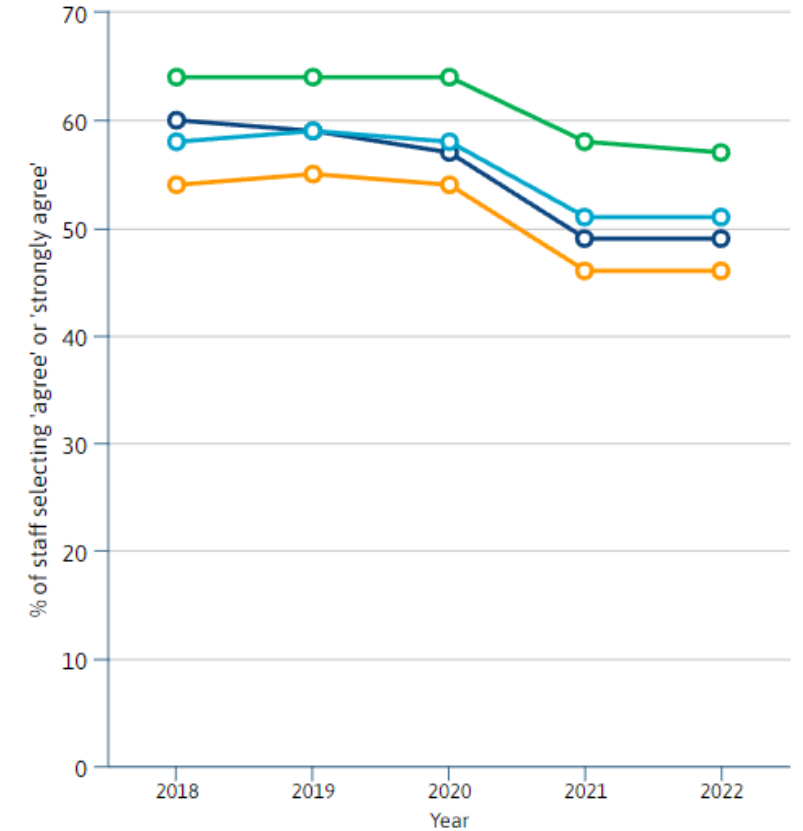
Q 23c - I would recommend my organisation as a place to work



Q 23d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



Q 2a - I look forward to going to work



● Newcastle Hospitals
 ● Shelford Average
 ● Best
 ● Worst
 ● Newcastle Hospitals
 ● Shelford Average
 ● Best
 ● Worst
 ● Newcastle Hospitals
 ● Shelford Average
 ● Best
 ● Worst

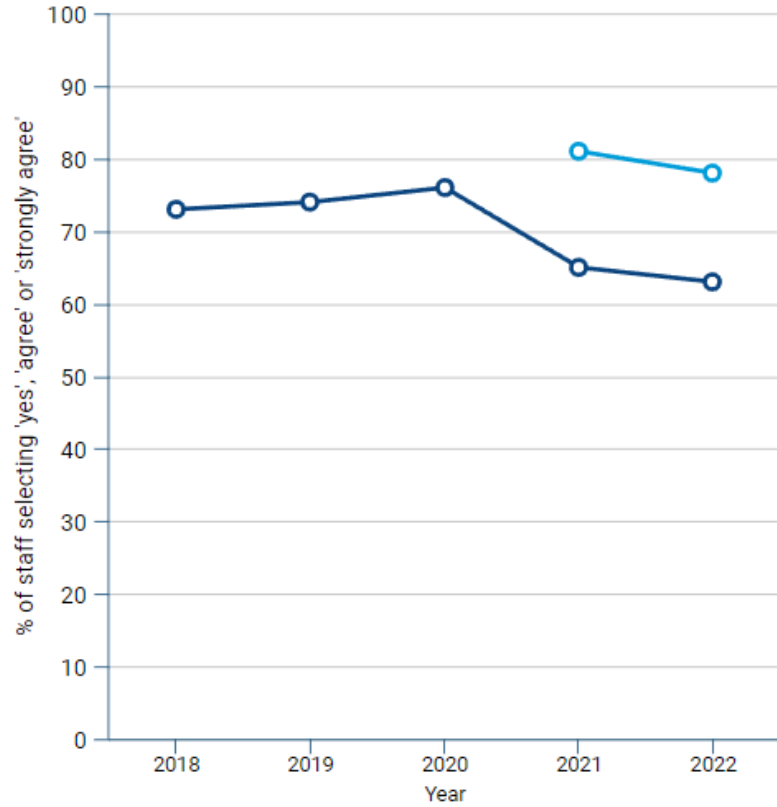


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- The Trust included 2 bespoke questions aligned to the What Matters to You (WMTY) main aim
- These questions are a duplication of 2 key questions in the Staff Survey
- The difference however is:
 - Staff Survey
 - 5 different responses available
 - If answer neither agree or disagree this isn't counted towards positive or negative
 - Trust Bespoke Questions
 - 2 responses available – either Yes or No
- Qualitative data asking “why” when the question has been answered

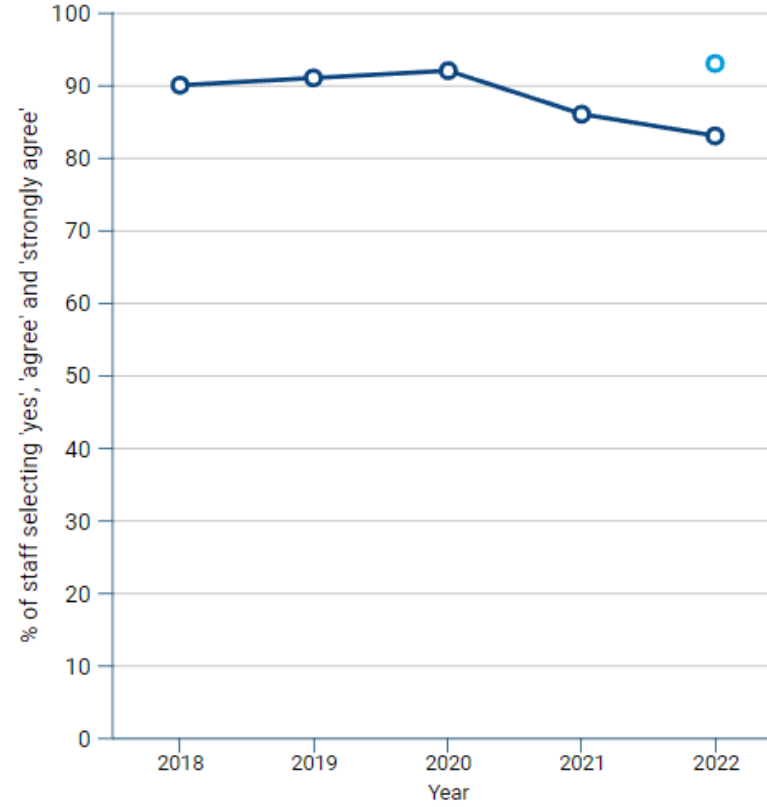
Bespoke Questions v Staff Survey Questions

Recommending Newcastle Hospitals as a place to work



Q 23c - National Q CL01a - Bespoke

If a friend or relative needed treatment, would you be happy with the standard of care provided by Newcastle Hospitals



Q 23d - National Q CL02a - Bespoke

*Phrasing and answer options for both questions differs slightly.



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- All Directorate and Trust data shared with leads across directorates
 - Power BI updated with 2022 results
 - Now includes 5 year historical demographic trends
 - Trust and Directorate Heatmap
 - All People Promise, Sub-Scores and Questions
 - Includes ranking for each element to understand your own directorate performance
 - Sector average included for People Promise/Sub-scores
 - Staff Experience Leadership Support Portal
 - Updated support and resources

Next Steps

- Directorate result posters
 - Supportive tool for managers to be enabled to share their results
- Bespoke Reports – due w/c 20th March
 - Bespoke reports of services sitting under directorates where leads confirmed requirements in September 2022
- Free text information
 - Awaiting date for directorate breakdown of free text results
- Sharing of information / analysis
 - Analysis of data to support Trust oversight and Trust interventions
 - Sharing with Equality, Diversity and Inclusion (EDI) Lead to support engagement with networks
 - EDI data will be independently analysed and presented by the EDI team

Next Steps – addressing the findings

- Development of a “Newcastle People Programme” aimed at improving the experience of staff at work to enable Newcastle to be recognised as an Employer and Educator of choice.
- The programme will aim to bring together under one framework (NHS People Promise) all the current (and identified new) People and Organisational Development (OD) related activities, such as “What matters to you”. Linking to Flourish system 1, 2 and Leadership
- The staff survey results will be used to identify priority areas
- Programme to be further developed through stakeholder engagement



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