

Public Trust Board of Directors' Meeting

Thursday 25 May 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 23 March 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	Andy Welch	Attached	13:23 – 13:33
Strategic items:				
5.	Trust Strategy Update, including 2023/24 Delivery Goals	Vicky McFarlane-Reid	Attached	13:33 – 13:43
6.	Patients: Digital People Story	Maurya Cushlow	Attached	13:43 – 13:53
7.	People: Industrial Action Update	Maurya Cushlow and Christine Brereton	Verbal	13:53 – 13:58
8.	People: WRES and WDES Returns [FOR APPROVAL]	Christine Brereton	Attached	13:58 – 14:10
9.	Performance Update including: (i) Trust Performance Report (ii) Activity plan submission	Vicky McFarlane-Reid / Nichola Kenny	Attached & Verbal	14:10 – 14:25
10.	Pioneers: Research update	Andy Welch / John Isaacs	Presentation	14:25 – 14:35
Refreshment break				14:35 – 14:45
Business Items:				
11.	Director reports:			
a.	Medical Director; including: (i) Consultant Appointments (ii) Compliance with Nitrous oxide in healthcare settings	Andy Welch Louise Hall	Attached & BRP	14:45 – 14:55
b.	Executive Chief Nurse; including: (i) Maternity update (ii) Nurse Staffing	Maurya Cushlow	Attached & BRP	14:55 – 15:05
c.	Mortality/Learning from Deaths	Louise Hall	Attached	15:05 – 15:15
d.	Healthcare Associated Infections (HCAI)	Julie Samuel	Attached & BRP	15:15 – 15:25

Items to receive and any other business:

12.	Update from Committee Chairs	Committee Chairs	BRP	15:25 – 15:35
13.	Integrated Board Report	Nichola Kenny	BRP	15:35 – 15:45
14.	Committee Annual Reports, Terms of Reference and Schedules of Business [FOR APPROVAL]	Kelly Jupp	BRP	15:45 – 15:47
15.	Chief Information Officer Quarterly Report	Graham King	BRP	15:47 – 15:54
16.	Meeting Action Log	Sir John	Verbal	15:54 – 15:55
17.	Any other business	All	Verbal	15:55 – 16:00

Date of next meeting: Thursday 27 July 2023

Professor Sir John Burn, Chairman

Mr Andy Welch, Medical Director/Deputy Chief Executive Officer

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

Ms Maurya Cushlow, Executive Chief Nurse

Mrs Christine Brereton, Chief People Officer

Mrs Nichola Kenny, Deputy Chief Operating Officer

Professor John Isaacs, Associate Medical Director for Research

Mrs Louise Hall, Deputy Director of Quality and Safety

Ms Julie Samuel, Director of Infection Prevention and Control

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

Mrs Kelly Jupp, Trust Secretary

Mr Graham King, Chief Information Officer

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PUBLIC TRUST BOARD OF DIRECTORS MEETING
DRAFT MINUTES OF THE MEETING HELD 23 MARCH 2023

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

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]
Mrs L Sewell, Head of Digital Innovation & Delivery [HDID]
Mrs K Jupp, Trust Secretary [TS]
Mrs J Samuel, Director of Infection Prevention and Control [DIPC]

Observers:

Professor P Home, Public Governor
Gillian Muir, Partner, Hempsons
Rachel Farmer, Business Development Director – Workforce, Liaison Court
Sam Volpe, Health Reporter, Chronicle
Ian Frenette-Wood, Member of the Public
Catherine Young, Member of the Public

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.

23/05 STANDING ITEMS:**i) Apologies for Absence and Declarations of Interest**

Apologies for absence were received from NED Jill Baker, ANED Professor D Burn and Mr Graham King, Chief Information Officer (CIO).

There were no additional declarations of interest made.

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:

- His attendance at the inaugural Charity Forum which had been established to explore how the Newcastle Hospitals Charity can work in partnership with other charities.
- A Spotlight on Service took place on Paediatric Immunology which highlighted positive examples of the far-reaching international work that takes place through the service provided by Newcastle Hospitals.

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

iv) Chief Executive's Report

The CEO presented the report, with the following points highlighted:

- Throughout the Industrial Action in February and March 2023, staff have continued to focus on maintaining safe care. Gratitude was expressed to all staff involved in the coordination of the response, and those who have worked flexibly to ensure the continuity of care and patient safety.

The CEO noted that whilst some elective activity had been cancelled, the Trust had performed well during the periods of Industrial Action.

Further work and preparation continues for the future rounds of industrial action announced.

- A particular focus of the last two months has been the delivery of the financial plan for 2022/23, as well as the development of the financial and activity plans for the 2023/24 financial year. The CEO advised that the annual planning process requires intensive work between the planning, finance and performance teams, as well as the clinical and directorate teams.

The challenging financial environment for 2023/24 was highlighted, along with the backlog in elective activity arising from the Covid-19 pandemic. The CEO explained that there was a need to work differently in relation to productivity and efficiency.

- Increasing pressures in Urgent and Emergency Care, impacting on elective activity and challenges in discharging patients timely. The CEO expressed her gratitude to Mrs P Smith, ANED, for the work of Collaborative Newcastle in relation to discharging patients.
- Implementation of the revised operational management arrangements is underway and following a robust recruitment process, eight directors of operations roles have been appointed to. The clinical board chairs will be appointed to in the coming weeks and following this, work will take place to look at the nursing leadership and the corporate services wrap-around for each clinical board.
- Collaboration continues to develop between Newcastle Hospitals, Gateshead Health NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust. In March, Trudie Davies was welcomed as the new CEO of Gateshead Health. One of the key areas of focus has been on patient flow, particularly between Newcastle Hospitals and Northumbria Healthcare.
- The Trust is using the Care Quality Commission (CQC) inspection as an opportunity to review processes, practices and training to better support staff and patients. A formal project board and task and finish groups have been set up to address the specific actions to deliver by 30 April 2023.
- In relation to the Staff Survey, current work is focussed on understanding the 2022 results further and developing associated action plans.

Mr Jowett noted the difficulty of meeting the activity plan requirements with restricted funding but highlighted the positive collaborating between organisations across the region for the benefit of patients.

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

23/06 STRATEGIC ITEMS

i) Digital People Story

The ECN introduced the digital patient story and highlighted the importance of co-producing the Mental Health Strategy with patients, carers and staff working 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.

The ECN referenced the CQC inspection report, highlighting the 'should do' recommendation included regarding the production of a Mental Health Strategy.

Mr Macleod sought clarification with regards to the dissemination of the strategy to staff and queried how staff would be supported in understanding the strategy. The ECN advised that a communication strategy will be agreed, which will include the sharing of videos to

explain the strategy. She confirmed that a further update will be provided to the Trust Board at a future Board Development Session.

Ms Edusei noted the importance of real coproduction and the translation of learning into physical health. The ECN paid tribute to Cumbria, Northumberland, Tyne, and Wear NHS Foundation Trust (CNTW) and their approach to coproduction.

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

ii) Care Quality Commission Report

The DQE noted the following points:

- The 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 and provided high level feedback.

At the feedback meeting the CQC also advised that they left the inspection with the same concerns that they had on arrival, which led to the Trust being issued with a section 29a Warning Notice with significant improvements required by 10 April 2023.

- The DQE highlighted that the CQC commented on the compassionate and caring interactions between staff and patients.
- Action was taken whilst the CQC inspectors were still present at the Trust with regards to the improvements identified in relation to DNACPR. This meant that the Trust could provide assurance that all patients with a DNACPR had been reviewed and it was appropriate.
- The report highlighted that staff did not consistently undertake an assessment of patients' presenting risk in relation to their mental health and the appropriate records to evidence adherence to the Mental Health Act were not maintained or complete.

CQC had also raised concerns in relation to staff understanding/ability to locate current documentation for detained patients.

- A Project Board and major improvement initiative has been established, known as 'Care for Me With Me', to ensure the Trust responds rapidly to the recommendations raised.

A number of workstreams have been set up, covering leadership, communication and digital enhancements.

- A significant amount of work was required to implement the report recommendations. It is anticipated that CQC will revisit the Trust after April and will expect to see significant improvements and changes in practice at ward and department level.

The ECN confirmed that the Trust will submit their action plan to the CQC on Friday 24 March 2023.

Mr Chapman advised that a comprehensive update was provided at the last Quality Committee meeting which was assuring and queried the level of training required for all staff. The ECN explained that a combination of mental health awareness training will be

undertaken, with a specific focus targeted at certain groups. The expectation is that all clinical professionals complete the mental health awareness training. The ECN noted that a small safeguarding team is in place, which includes experts on mental health capacity who provide additional oversight, expertise and advice. The ECN highlighted the importance of raising awareness across the Trust.

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

iii) Industrial Action Update

The CPO advised that industrial action has taken place across several staff groups since January 2023, being:

- Physiotherapists in January 2023;
- Royal College of Nursing (RCN) in February 2023; and
- Junior doctors in March 2023.

Recent media coverage suggests that the pay negotiations had not been agreed and therefore further industrial action would be undertaken by junior doctors at Easter in the form of 96-hour stoppage from 06.59 on 11 April 2023 to 06.59 on 15 April 2023. Regular updates were being provided to the Trust People Committee.

The CPO noted that with regards to the 2023/24 pay deal, the government is offering NHS staff on agenda for change contracts a 5% consolidated increase in pay which is out for consideration by members.

The MD/DCE noted that there may be a larger impact with regards to elective activity.

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

iv) Trust Performance Report and Planning 2023/24

The EDBDE presented the report, with the following points highlighted:

- Performance from January to February was relatively consistent, with challenges continuing in regard to industrial action, occupancy levels and medical boarders.
- The Trust has made immense efforts to treat as many long waiting patients and suspected cancer patients as possible.
- In relation to cancer, 104-week waits have reduced, and 28-day faster diagnosis was achieved for the third month in a row.
- 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.
- The activity plan was submitted to the ICB and will be presented at the May 2023 Board.

Ms Edusei noted the positive direction of the trend line regarding reducing the number of long waiting patients.

The COO noted that the reports do not currently demonstrate the creativity and improvements made to internal pathways and that this information will be detailed within the Chief Executive updates going forwards.

Mrs Bromley shared a recent personal experience with regards to NHS care and whilst acknowledging the challenging targets, she noted the importance of recognising the good care provided.

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

23/07 BUSINESS ITEMS:

i) Director Reports:

a) Medical Director; including:

The MD/CEO presented the report, with the following points highlighted:

- The significant importance of the new National Patient Safety Strategy (NPSS) and Patient Safety Incident Response Framework (PSIRF) which involves many elements of transformation in safety practices with which the organisation strongly concurs.
- The formation of Clinical Boards affords an opportunity to apply a consistent quality and patient safety structure in relation to governance throughout the organisation, with enhanced oversight.
- Louise Hall, Deputy Director of Quality and Safety has been appointed as a National Patient Safety Specialist for Newcastle Hospitals.
- Dr Ian Pedley, Consultant Clinical Oncologist, is standing down as Trust Cancer Lead at the end of March 2023 and will be replaced by Dr Gail Jones. Dr Pedley will continue his clinical work and will take on the role of Medical Director at the Northern Cancer Alliance. Gratitude was expressed to Dr Pedley for his work as Trust Cancer Lead.
- Urology has seen a significant reduction in prostate cancer patients waiting > 62 days from 67 to 3.
- The Trust continues to achieve the 28-day faster Diagnosis standard with the latest performance at 77.1% with many clinical teams working additional clinics and endoscopy sessions.
- The NHS Research & Development (R&D) Forum is coming to the SAGE Gateshead from 21-23 May.
- At a recent virtual visit, Professor Lucy Chappell (Chief Scientific Adviser for the Department of Health and Social Care (DHSC)), praised Newcastle's commercial trial recruitment activity. The Trust was currently 3rd highest in relation to such activity.
- Appointments were made to the Clinical Board Chair roles on 20 March 2023.
- In terms of the junior doctor's industrial action, the Trust has continued to focus on patient safety, conducting elective work where possible. A number of national and regional communications were issued asking patients not to attend the Emergency Department (ED) unless absolutely necessary.

The MD/DCEO noted an increase in performance in the Emergency Department during the industrial action due to senior decision makers being available.

- In relation to medical workforce and education, the changes to the training requirements in all specialties, flexibility in work patterns, retirements and new rules on rota compliance for doctors in training are some of the drivers for existing vacancies and ad hoc gaps in rotas. This picture is also reflected on the results of the General Medical Council (GMC) trainer survey. A special thanks was given to the CPO and CFO for agreeing to fund additional trainees.

Mr Jowett sought clarification with regards to the impact of changes to the pension lifetime allowances on retirement planning. Mr Welch advised that the changes should have a positive impact.

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

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

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

b) Executive Chief Nurse; including

The ECN presented the report, highlighting the following points:

- The Hospital at Night Team Nurse Practitioners are a key part of the organisation and have helped with junior doctor rota gaps. 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.
- It was 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. A detailed discussion took place at the recent Quality Committee, and it is envisaged that the wards will be 'de-escalated' appropriately in six months' time.
- Additional funding has been secured for the next financial year for international recruitment. The Trust is on target and retaining internationally educated nurses.
- There has been a slight reduction in turnover for registered nursing and midwifery workforce which is lower than the national median. The Registered Nurse vacancy rate is 5.3% at Month 10 and relates to current substantive staff in post which is a favourable position.
- With regards to children's safeguarding, it was noted that the Trust has continued to see an increase in overall activity. Across the City there has been a marked increase in relation to gang related activity and incidents of knife crime.
- Work has commenced on the new Patient Experience and Involvement Strategy. A future Board Development Session will be scheduled in relation to this.

Mrs Smith sought clarification with regards to the reasons for the staff turnover. The ECN advised that the main reasons are promotion, retirements and moving to a neighbouring organisation.

Professor McCourt gave credit to the organisation and the work undertaken in enabling nurses to work to their full scope of practice.

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

i) Ockenden Update Report

The ECN advised that work is ongoing to refresh the format of the reports and the reports will be discussed in detail at the Quality Committee. The seven non-complaint areas remain but progress is being made.

Professor McCourt explained that she visited the maternity unit and received positive feedback from the newly appointed midwives.

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

c) Mortality/Learning from Deaths

The DQE presented the report, with the following points highlighted:

- Throughout quarter 3, 609 patient deaths were recorded, 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.
- A rise was noted in December 2022 which was a pattern observed regionally due to increasing levels of Covid-19 and Influenza during Winter.
- Three patient deaths are undergoing Coroner inquests and serious incident investigations as it was identified that the deaths may have been preventable.
- From the reviews undertaken, the main themes arising were in relation to documentation/recording within eRecord. A quality improvement initiative was established regarding fluid balance/fluid management.
- In relation to the crude mortality rate, a further rise was noted in December 2022. This rise was consistent nationally due to the general rise in the number of deaths.
- A proposal was agreed and will be implemented in April 2023 for the Medical Examiners to identify patients who require a level 2 review who will inform the Directorate directly.

Mr Macleod noted that 21 patient deaths were reported regarding patients with a learning disability. He sought clarification as to whether there was any risk that patient deaths may have arisen but that the patient may not have been identified as having a learning disability. The DQE advised that patient deaths are very closely monitored via the LEDER process, and any lessons learned are recorded in the national database and presented at the internal mortality group.

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

d) Director of Infection Prevention & Control

The DIPC presented the report, with the following points noted:

- C.difficile infections continue to be above the national threshold due to operational pressures. Work has continued with the cleaning strategy in conjunction with the domestic's team and raising awareness/training regarding IPC continues to be a key priority.

A 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.

The DIPC advised that the surgical antimicrobial lead has made a positive impact on C.difficile by overseeing antibiotic audit completions for the Directorate.

- 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 and work is ongoing with the community team and Newcastle GP services.
- 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. It was noted that two new pharmacists are working within the team with a focus on antimicrobial stewardship.

The Chairman queried if the organisation is retaining expertise in this area or had been impacted via retirements/staff moving on. The ECN explained that experience and broader development in this area is important. It was noted that the team was restricted in terms of awareness raising during the Covid-19 pandemic. The IPC Committee workplan will be reviewed to ensure that efforts are targeted on certain key areas.

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

[JS left the meeting at 2.34pm]

e) **Staff Survey Results**

The CPO presented the report, highlighting the following points:

- The NHS Staff Survey 2022 was undertaken between October and November 2022 with over 6,664 (44%) responses which compares well to the sector average response rate. However, the aim is to improve the response rate in the coming year and to ensure to take actions to respond to the results.
- The seven elements of the people promise were included in the survey, along with several indicators that have been included in the staff survey previously.
- Five of the indicators were scored at the sector average or slightly above. A slight decline has been seen with regards to the indicators on 'I would recommend my organisation as a place to work' and 'to receive care' which is also a consistent picture within the NHS.
- A detailed discussion will take place at the next People Committee in relation to the development of a people programme and to triangulate the results with the people promise and 'What Matters to You' (WMTY) programme.

Ms Edusei noted that a triangulation exercise would be useful, and it was important to identify what the hotspot areas are to work on. The CPO confirmed that data is available by occupational groups and is disseminated to the directorates. She added that work is taking place with the internal staff network groups and some focus groups are being established.

The CEO advised that there are opportunities to work together with the Governors, Non-Executive Directors and the Executive Team regarding the survey results.

Mr Chapman sought clarification with regards to if the data is available down to team level and if there are dedicated staff members e.g. 'Staff Survey Champions' in place. The CPO advised that the team review the hotspot areas through the PowerBI tool and discuss with managers. The CEO explained that she had visited cancer services earlier this week, and the staff were talking about their results.

The ECN advised that an improvement project would be undertaken regarding focussed engagement and conversations initiated to make changes in line with the WMTY programme and staff survey.

The CPO highlighted the importance of looking at the areas that are above average and to capture and share good practice. The COO noted the benefits of discussing the Staff Survey results during leadership walkabouts.

Mr Jowett suggested setting up listening groups to pick up themes from the survey and having specific questions that can be asked to the group for discussion. The CPO confirmed that would be covered at the planned focus groups.

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

23/08 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 Committee are looking at more detailed reviews of key people challenges for example recent deep dives have covered; industrial action and how this is affecting people; recruitment and retention and the GMC training survey from a trainer and trainees' perspective. Mr Jowett confirmed that the schedule of business for the Committee is currently being reviewed.

Charity Committee

Mr Macleod, on behalf of Ms Baker, advised that at the February Committee meeting an external advisor attended, who specialises in charity investments, to discuss the charity investment strategy. This identified the need to continue to assess the charity objectives against any investments and to consider the commencement of a tender process regarding the management of the Charity investments. In relation to the charity financial system, work is underway to define what is needed and positive progress is being made. One grant was

approved regarding Children's Services: Collaborative Newcastle Children and Families Newcastle – Integrated Early Years Centre (uplift to existing).

Mr Macleod explained that a grants meeting took place on 10 March where they discussed seven grants in total including a wide range of activity such as the Blue-Sky Trust, 'Living Well with HIV' project, Northumbria Blood Bikes and Citizens Advice Gateshead.

Quality Committee

Mr Chapman commended the Committee members for their openness and honesty. He noted that there was a strong people element linked to quality of care and risks are actively discussed for example bed occupancy and capacity. Regular updates were received in relation to the CQC inspections and additional regulatory requirements.

Finance Committee

Mr Chapman noted the challenges regarding the financial position, particularly in relation to revenue and capital in 2023/24. He noted that cyber security is a new and important risk monitored by the Committee.

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

ii) Integrated Board Report

The COO presented the report noting that there are charts included that emphasise the HCAI, staff sickness and turnover positions.

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

iii) Communications Strategy

The ACE advised that the Communications Strategy has been approved by the People Committee and accompanies the Trust's strategy, setting out how the Communications team will deliver the strategy.

It was noted that the Communications team are involved in providing communications in response to emerging issues such as industrial action, Covid-19 updates and performance pressures. Further updates will be provided through the People Committee.

Mr Jowett highlighted the team's reactivity and the positive feedback received from activities for example Geordie Hospitals.

It was resolved: to **receive** the Communications strategy.

iv) Meeting Action Log

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

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 25 May 2023 at 13:00-16:00** in the **Board Room, Freeman Hospital / MS Teams**.

There being no further business, the meeting closed at 3.13pm.

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TRUST BOARD

Date of meeting	25 May 2023						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elsander, Corporate Governance Officer and PA to the Chairman and Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>This report outlines a summary of the Chairman's activity and key areas of focus since the previous Board of Directors meeting, including:</p> <ul style="list-style-type: none"> • Appointment of a new Trust Non-Executive Director • Board Development Session • Governor Activity • Attendance at the Strategic Leaders Programme • Participated in the judging panel for the Children's Garden Design Competition • Attendance at celebratory events in the Trust and region • Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP) • National engagement with the Chairs of the NHS Confederation Trusts 						
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"/>
Link to the Board Assurance Framework [BAF]	No direct link however 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:

- Appointment of a new Trust Non-Executive Director
- Board Development Session
- Governor Activity
- Attendance at the Strategic Leaders Programme
- Participated in the judging panel for the Children's Garden Design Competition
- Attendance at celebratory events in the Trust and region
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP)
- National engagement with the Chairs of the NHS Confederation Trusts

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

CHAIRMAN'S REPORT

Following a robust recruitment process I am pleased to announce that we have appointed Christine Smith as a new Non-Executive Director to the Board who will also take up the role of Chair of the Finance Committee. Christine is a Non-Executive Director with over 20 years' experience delivering Board and Senior leadership roles in Financial and Commercial functions across a number of industries including Retail, Financial Services – Retail Banking, Manufacturing, Education and business-to-business (B2B) Services. She has a passion for Environmental, Social and Governance (ESG) and is a strong advocate for social mobility, equality, diversity and inclusion.

Our Board Development Session on 29 April covered several topics including:

- Discussion in relation to the latest developments in system work and the impact for Newcastle Hospitals.
- Briefing on the 2022/23 year-end position (activity and finance) and 2023/24 plan.
- Briefing and position update on key Directorate matters, including the creation of the Clinical Boards.
- Briefing on the Estates Strategy.
- Discussion on the latest guidance on Sustainability in the NHS and the Board received an update on the status of the Trusts Climate Emergency Strategy.
- A briefing on the role of the Trust Clinical Ethics Committee and key risks/challenges regarding clinical ethics.

Governor activity since our last meeting has included:

- **Governor Elections:** Our latest round of Governor Elections opened on 30 March with the nomination's deadline closing on 17 April. As all nominations were unopposed, I am pleased to welcome both new and re-elected Governors as noted below:
 - **Public: Newcastle upon Tyne:** Tom Forster and Kate Hawley
 - **Public: Northumberland, Tyne & Wear (Excluding Newcastle):** Ian Frenette-Wood, Jill Gregory, Alex Holloway, John McDonald, Pauline Pearson, Linda Pepper and Shashir Pobbathi
 - **Staff: Admin, Clerical, Managerial and Chaplains:** Kelly Gribbon
 - **Staff: Nursing and Midwifery:** Sharon Chilton

The new Governors will commence on 1 June 2023 and undertake the Corporate Induction on Friday 9 June 2023 which will cover the roles and responsibilities of being a Governor, Governor activities, the expectations as well as the support and tools in place to assist Governors in fulfilling their role.

- **A Council of Governors Private Workshop** which was Co-chaired by my deputy, Professor Kath McCourt and Mr Jonathan Jowett, Senior Independent Director. The workshop was well attended and was joined by members of the Executive Team who provided updates in relation to Quality & Patient Safety, Performance & Delivery

- **Governor Induction Training/Annual Training Task and Finish Group** I was joined by a number of Governors who provided valuable input to the development of our new induction programme and ongoing training for Governors.

I was delighted to be invited to attend the Strategic Leaders Programme currently running for our Senior Managers and spoke alongside Jackie Bilcliff, Chief Finance Officer. Upon completion the programme aims to enable participants to be able to apply new frameworks, mindsets, leadership behaviours and tools to lead advancement of Trust-wide priorities, take part in and lead collaborative coaching as well as planning how to incorporate NHS-wide changes into a local context. I was asked to share an element of my own leadership journey.

I was also invited to judge on the Children's Garden Design Competition for the play area next to the Children's Outpatients department. The plan is to develop the area into a biodiverse garden which will feature accessible play opportunities as well as a focus on learning about climate change, biodiversity, and healthy lifestyles. It was important for the space to be co-designed with the patients of the Great North Children's Hospital.

I have also attended a number of celebratory events including:

- Q Factor Awards which highlight the excellent work taking place across in-hospital and community services including improvements in patient safety and experience. This year's Q Factor Winners Award recognised Newcastle's pelvic health physiotherapy team for their commitment to improving the patient experience for people affected by overactive bladders using an innovative Quality Improvement (QI) approach.
- Newcastle College University Centre, as a stakeholder from across the region, at their 10 in 10 Celebration Event to recognise the development of Newcastle College University Centre and its growth over the last decade, reaching the milestone of 10,000 graduates in 10 years.
- People at our Hearts Awards where I presented Jill Goodfellow, Nurse Practitioner – Colposcopy who was nominated as a member of staff who best illustrates providing healthcare at its very best – with people at our heart.

At a regional level, I continue to engage with both Foundation Trust Chairs and the Integrated Care Partnership (ICP).

On 22 March 2023 I attended a meeting of the North Area ICP. The session included:

- Role of ICPs within Integrated Care Systems and their relationships to Health and Wellbeing Boards and Place-Based Partnerships.
- Role of ICB Area and Place-based teams.
- Update on the Integrated Care Strategy and opportunities for joint working on the social and economic determinants of health.
- Key themes from public feedback.
- Forward Planning.

On 18 April 2022 I attended a meeting of the ICS Foundation Trust Chairs where we were joined by Ken Bremner, Chief Executive of South Tyneside and Sunderland NHS Foundation

Agenda Item A3

Trust who provided an update on the Provider Collaborative. Discussion then centred on the Annual Planning Process. A meeting of the Integrated Care Board and Foundation Trust Chairs then followed where the agenda included updates on Finance and planning, Learning and Improvement System update, combined Authorities and Public Sector Reform and place Based working.

At a national level I attended a virtual meeting on 17 April 2023 with the Chairs of the NHS Confederation Trusts. The session focused on the Hewitt Review which considered how the oversight and governance of Integrated Care Systems (ICSs) can best enable them to succeed, balancing greater autonomy and robust accountability. We were joined by Rt Hon Patricia Hewitt, the author of the report and Chair of NHS Norfolk and Waveney and Dr Kathy McClean OBE, Chair, Nottingham and Nottinghamshire Integrated Care Board.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
17 May 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 May 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 points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • Performance at the end of the 2022/23 financial year; • Further industrial action; • The Trust's plans for 2023/24; 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"/>
Link to Board Assurance Framework [BAF]	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 performance position of the Trust at the end of 2022/23, including the extent to which waits were reduced for cancer and elective patients;
- The Trust's response to industrial action by the Royal College of Nursing;
- Agreed plans for 2023/24, including a challenging cost reduction requirement and a continued focus on improving quality, staff experience and reducing waiting times;
- The introduction of the Care Coordination System (CCS) to improve theatre scheduling and productivity;
- Strengthening clinical leadership in the Trust as part of our new operational management structure;
- The publication of the Care Quality Commission's (CQC's) report into aspects of the Trust's maternity services;
- Senior staff changes;
- My work with local, regional and national networks;
- An update on research 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

Celebrating what we achieved in 2022/23 – and preparing for the future

In this Board meeting, the first since the conclusion of the 2022/23 year, we will be formally reporting the year-end financial and performance position that we delivered against the targets that we were set. Given the number and severity of challenges faced last year – including a very difficult winter and unprecedented and sustained industrial action – it is important that we put our delivery in context and that we take a moment to celebrate what our staff collectively achieved.

A key focus for the Government and the whole NHS has been the reduction of patients who have waited the longest. We ended the year with 75% less patients waiting more than 78 weeks for elective treatment, and with a 33% reduction in patients waiting more than 62 days on a cancer pathway. This delivery was only possible because of the efforts of staff combined with the results of the decisions we made to expand capacity – for example, the Day Treatment Centre at the Freeman Hospital delivered more than 2,600 procedures since its opening, helping cut waiting times and freeing up capacity elsewhere in the Trust for other patients.

What our staff delivered in 2022/23 cannot be fully expressed in numbers. Every individual act of care and compassion made an impact on our patients and their families. This is true even when we know that, especially during the winter, too much of that care was delivered in conditions of extreme operational pressure that impacted the whole NHS and the wider health and care system.

It is our job as leaders to not just maximise delivery today, but to also work for an improved, more sustainable future with conditions that allow for the delivery of better care. In that spirit I am currently focused on working with partners, both within Collaborative Newcastle and in neighbouring acute Trusts, to ensure plans are in place to reduce demand pressures next winter and to maximise the collective resilience of our services.

Industrial action

Members of the Royal College of Nursing took further industrial action on Sunday 30 April and Monday 1 May as part of their ongoing pay dispute with the government. For the first time the national strike action included staff based in accident and emergency, intensive care and cancer services. The inclusion of these staff increased the level of planning and contingencies required to deliver safe services over the affected bank holiday weekend. While 'derogations' were finally agreed on safety grounds, these arrived uncomfortably late. I want to again place on record my thanks to all who have been involved in the coordination of the Trust's response to industrial action, particularly our Executive Chief Nurse, Maurya Cushlow, and her team.

Sustained industrial action over the last six months has taken up a significant amount of clinical and management capacity and has resulted in the cancellation of elective care and outpatient appointments. I am hopeful that the recent majority decision of the NHS Staff Council to accept the Government's pay offer for Agenda for Change staff will reduce future

uncertainty for both staff and patients, though I recognise that the British Medical Association and Royal College of Nurses both remain in dispute.

There is no sustainable future for the NHS without a sustainable workforce that feels valued and is properly remunerated. I hope the promised national NHS workforce plan will be published soon and provides the necessary funding required to increase both the retention of existing staff and the training of our future workforce.

Our plans for 2023/24

The NHS' planning process for the 2023/24 year has now concluded and the Trust has set its own performance and finance plans in line with this. It is clear that the NHS as a whole is facing a challenging year financially as it, like the whole country, faces the economic impact of high inflation and cost pressures alongside the operational impact of increased patient acuity. Increased productivity and efficiency will be required to deliver the care our patients expect within the budget available.

In this context, after significant and sometimes difficult conversations with partners within the North East and North Cumbria Integrated Care System, the Trust has set its financial plan to break-even which requires the delivery of 4% cost reductions within the year – a total of £57m. Every part of the organisation, each clinical board and corporate service, has now been allocated their share of this significant cost reduction requirement and all are drawing up plans to deliver.

It should also be noted that within this financial environment, there is regrettably very limited resource available to invest in any area or initiative. However, there are still opportunities to improve quality and staff experience without additional resource. As part of the planning process, the Executive Team recently signed off the organisation's delivery goals for the year across all domains of our Trust strategy. In the 'patients' domain our goals for the year include implementing the 'care for me, with me' programme to improve how we support those with mental health and learning disabilities as well as the new national patient safety strategy and patient safety incident response framework. We want to continue to improve staff experience by implementing a new Trust People Plan, reviewing our health and wellbeing offer to staff and enhancing our diversity and inclusion work.

As part of the planning process, we have also set trajectories to continue to reduce the number of patients waiting over 62 days for cancer treatment, and over 65 weeks for elective non-cancer care in line with national expectations. Our plan requires levels of elective activity around 9% higher than we delivered in 2019/20, the year before the pandemic.

To meet our challenging financial, activity and performance plans our focus on improvement, reducing waste and increasing productivity must redouble. I can report that a new Newcastle Change Board is now in place to oversee this work. It will bring together the disciplined focus on change delivery and benefits from the Programme Management Office with the enabling skills of Newcastle Improvement. We will report on progress at future board meetings.

Digital improvement

Implementing and optimising digital systems is a key route through which we have the potential to deliver needed improvements in productivity. I am pleased to report that our new Care Co-ordination System (CCS) to support us in optimising our theatre capacity went live in Urology at the end of March. For the first time, CCS is now providing a single consistent waiting list view that is visible to our clinicians, schedulers, theatre teams, operational managers, and administration staff.

No longer do our Urology waiting list team have to review multiple systems, paper diaries or Excel spreadsheets; they have all the information at their fingertips to ensure patients are treated at the right time, in the right clinical priority order and within required timeframes. In addition, our Freeman theatre management team have deployed CCS to support their 6-4-2 theatre scheduling meetings to achieve optimal use of operating sessions and promote safe and efficient throughput of our patients, whilst preventing unavoidable same-day cancellations and maximising the use of staffing resource including surgeons, anaesthetists, and theatre teams. The roll-out to all theatre specialties is now planned and I look forward to seeing the ongoing benefits for patients and staff.

Strengthening clinical leadership and how we deliver change

Since my last report, I am pleased to confirm that we have appointed eight senior medics to serve as the Chairs of our new Clinical Boards. This new operational management structure is already helping to increase the join-up between our services and ensure that there is clear vision and strategic leadership, driven by clinical staff, for their future.

The Clinical Board Chairs are working alongside the Directors of Operations of each Clinical Board, who perform the senior general management roles that focus on day-to-day operational delivery. Work is continuing to appoint a senior nurse in each Clinical Board to complete the leadership triumvirates.

A key part of our new leadership arrangements is the formation of the 'Trust Leadership Group' (TLG) which comprises of the Executive Team and the eight Clinical Board Chairs and will meet on a monthly basis to oversee key items of Trust business. I was pleased to chair the first meeting of TLG on 3 May where discussion focused on how we will work together to both ensure delivery of our plans for the coming year and our long-term ambitions to continue to be an outstanding local, regional, and national healthcare provider.

CQC report – maternity services

In January, the Care Quality Commission carried out an unannounced focused inspection of our maternity services at the RVI as part of a wider programme of work they are doing across the country into standards of maternity care. The team specifically looked at how safe and well-led our services were and their visit included the main delivery suite, post and ante-natal wards, assessment areas and clinics and the Newcastle Birthing Centre.

This month, the CQC published their report and despite the many positive findings it contains, maternity services were rated as requires improvement. While the well-led element is good, safety was rated as requires improvement.

This is very disappointing and on review of the report's full findings - which are positive in many areas – it is difficult to understand the resultant rating which we do not think is a fair reflection of the maternity service and dedicated care that our teams provide every day.

The report described how our staff work well together for the benefit of women and birthing people, how they managed safety well - focussing on the needs of those receiving care - and that everyone was committed to improving services continually.

We are proud of our team for the dedication, professionalism, and caring attitude that they show each day whilst supporting those in our care and that is reflected in other national benchmarking – for example in the CQC's national maternity survey and in achieving all 10 of NHS Resolutions Maternity Safety Actions for four consecutive years.

As a trust which also provides tertiary and quaternary (highly specialist) level care to women with complex medical conditions our neonatal and maternal outcomes are amongst the best in the country when benchmarked against peers.

There were three areas the CQC highlighted where we must take immediate action around equipment checks, staff appraisals and medicines management, all of which have been addressed, and four areas of outstanding practice were identified in the report for wider learning across the NHS.

Whatever the rating, our response will always be to focus on learning and improvement as it is for any external or internal service review. The safety of women and birthing people and their children is of the utmost importance to us all and we will prioritise listening and learning to ensure we can provide the high-quality care our patients deserve.

Celebrating Excellence Awards

In April we launched our 2023 Celebrating Excellence Awards, which this year includes 15 categories and – in honour of NHS 75 – we have included a Lifetime Achievement Award. As always, everyone working across Newcastle Hospitals should be eligible for at least one category and we are also giving people the opportunity to recognise the huge contribution that our volunteers and charity supporters make to the trust. The closing date for nominations is Friday 2 June - full details are on the trust's website.

Freedom to Speak Up strategy

Across the trust, we are committed to promoting an open and transparent culture to ensure every member of staff feels safe and confident to speak out about any issues that concern them.

A Freedom to Speak Up strategy has been developed which provides guidance to all staff on the behaviours expected to ensure everyone is treated respectfully at work and the services available to any staff needing support. This is an important document as it underpins the development of a culture that embraces transparency and supports raising concerns to improve patient safety. It can be found on the 'Speak up we're listening' page of the trust's intranet.

'Veteran Aware'

I'm delighted to share Newcastle Hospitals has been successfully reaccredited as a 'Veteran Aware' trust. This reaccreditation affirms our commitment to providing the best standards of care to the Armed Forces community – past and present – and their families based on the principles of the Armed Forces Covenant. My thanks to everyone involved.

Senior staff changes

Graham King, who has served as our Chief Information Officer since 2014 is leaving the Trust to pursue other opportunities. Graham was instrumental in the Trust becoming a global digital exemplar and implementing our Paperlite programme in 2019, moving clinical documentation into a digital format. The progress made was recognised by the award in 2022 of the prestigious level 6 digital maturity accreditation of the international Healthcare Information Management Systems Society (HIMSS), becoming one of only eight NHS organisations to have reached that level. We wish Graham well for the future and will shortly begin recruitment of his permanent replacement. I am pleased that Lisa Sewell, a senior member of the informatics team, has agreed to act as interim CIO in the coming months.

Finally, I want to welcome Christine Smith as our new non-executive director to her first formal Board meeting. Christine has over 20 years' experience delivering Board and senior leadership finance and commercial roles across a number of industries. We are grateful to have secured her expertise which will be put to good use as a Board member and chair of our Finance Committee.

2. NETWORKING ACTIVITIES

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

Service visits and meetings

In my visit to our dental laboratory, I was impressed by the level of personalised care offered to patients and the skill and artistry involved in making perfectly fitting bespoke prosthetics. Visiting the ophthalmology service, I was struck by the way in which the multi-disciplinary team is building links with community providers and the commitment with which they are changing their service to maximise productivity and to try and reduce the long waits that built during the pandemic.

Last month it was also an honour to welcome two major philanthropic donors on a visit to the robotics surgery team, to show them the impact made by their significant donation to Newcastle Hospitals Charity to purchase a Da Vinci surgical robot. Inspired by the vision of the robotics surgery team, the generosity and compassion shown by these supporters was very moving and a testament to appreciation our community has for the work that we do here at Newcastle Hospitals. The donors wish to maintain a low profile and prefer that we do not publicise their names.

Partnership work in Newcastle and across the region

There is no sustainable NHS without sustainable general practice and therefore I was pleased to spend a morning with colleagues from Newcastle GP Services (NGPS) discussing the current challenges involved in providing quality primary care to the 300,000 residents of Newcastle. A visit to Thornfield Medical Group in Byker complemented our discussions about how to recruit and retain the primary care workforce of the future. I look forward to

continuing to work with NGPS colleagues directly and through the Collaborative Newcastle partnership as we seek to renew our focus on integrating services within the city.

I continue a regular programme of meetings with colleagues across the North East and North Cumbria Integrated Care Board and Provider Collaborative. This includes co-chairing, along with Jim Mackey, a monthly bilateral team-to-team executive meeting with colleagues from Northumbria Healthcare NHS Foundation Trust to ensure good relationships and a collective approach to common challenges – including the sharing of elective referrals to enable the lowest possible waiting times for patients.

National policy and influencing

I continue to participate in a range of national engagements through my roles in the Shelford Group and as Vice-Chair of the NHS Confederation. Since the last Board meeting, these have included a meeting with Shadow Secretary of State Wes Streeting and a working dinner with Amanda Pritchard, CEO of NHS England.

Earlier in the year I was honoured to be again named as one of the NHS' 'top chief executives' by the Health Service Journal (HSJ). I recently participated in a themed forum for these CEOs hosted by HSJ discussing the leadership that is required in the coming challenging year and how we can demonstrate the NHS' values through this difficult time.

I was delighted to be asked by Amanda Pritchard to play a guiding role in NHS England's programme to develop and support NHS CEOs and Executive Leaders. As a result, I attended the first national NHS management and leadership advisory group. I look forward to working with colleagues from across the country to support developing leadership for improvement in the coming months.

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 leadership

- The trust is leading the **IDEA-FAST** study, which aims to find effective ways to monitor symptoms in patients with neurodegenerative and inflammatory diseases, where fatigue and disturbed sleep can have a major impact on quality of life. The study involves patients wearing small devices to monitor these physiological signals throughout the day and the study is being led by **Professor Fai Ng**, honorary consultant rheumatologist at Newcastle Hospitals and professor of rheumatology in the Translational and Clinical Research Institute at Newcastle University.
- Matron for the clinical research directorate, **Fiona Yelnoorkar**, is one of 35 nurses and midwives nationally and one of two regionally who have been appointed to the National Institute for Health and Care Research (NIHR) Senior Research Leader programme. The three-year programme aims to develop the research delivery workforce locally and regionally and promote an integrated research culture to improve care for patients.

Agenda item A4

- Specialist paediatric dietitian **Paige Alsop** has been awarded Newcastle's first Researcher Development Institute Embedded Researcher Fellowship. Paige specialises in the nutritional needs of children and young people with cystic fibrosis at The Great North Children's Hospital.
- Our work on the 'Development of a New Hazardous Patient Transport Device' won the Outstanding Industry Collaboration category in the Bright Ideas in Health Awards while the **Newcastle Centre for Bowel Disease Stoma Programme team** who took home the Cross-organisation Working to Deliver Research award. Both winners receive a cash prize and support from innovation experts at the Academic Health Science Network for the North East and North Cumbria to progress their ideas.

Team and individual recognition

- Maternity health advisor **Jenny Reed** was awarded a prestigious Chief Midwifery Officer Maternity Support Worker Award for her exemplary work supporting women and families across Newcastle. Jenny received her award from Dr Tracey Cooper MBE, regional chief midwife for the North East and Yorkshire, on International Day of the Midwife.
- **Audrey Tapang**, senior nurse for international recruitment, was honoured with an invitation to attend the first of three Royal Garden Parties on the lawns of Buckingham Palace in early May to celebrate the forthcoming Coronation of King Charles III in Westminster Abbey.
- The **procurement team** have been shortlisted as a finalist at this year's UK National GO Awards - the UK's leading public procurement excellence awards – in the Infrastructure or Capital Project 2022/2023 category, for their Integrated Covid Hub North East (ICHNE) entry.
- The **Newcastle Specialist Continence Team** were named not only overall 'Gold' winners for the Continence Nurse of the Year Award at the British Journal of Nursing Awards but were also 'silver winners' in the same category. The Gold Award was presented for their RIISE project (Reducing and identifying infection using surveillance and education) and the Silver Award for their bowel and bladder assessment project.
- Our **new patient information website** for heart and lung transplant assessment patients has won an award from the Society for Cardiothoracic Surgery in Great Britain and Ireland. The trust has been working in partnership with the University of Northumbria on the development of this site, funded by Newcastle Hospitals Charity, which aims to help patients better understand, prepare and recover from a heart or lung transplant. It also comes after the team was recently highly commended for this work for excellence in education by NHS Blood and Transplant.
- Two members of the **paediatric oncology team** from the Great North Children's Hospital were recognised at the recent Children's Cancer and Leukaemia Group conference. **Professor Rod Skinner**, consultant paediatric oncologist, was joint winner of the Johann

Visser Award for Outstanding Contribution while **Louise Ollett**, clinical educator for paediatric oncology, received the Innovation in Practice Award.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel

Chief Executive

16 May 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 May 2023						
Title	Strategy Update						
Report of	Vicky McFarlane-Reid, Director of Business Development and Enterprise						
Prepared by	Lisa Jordan, Assistant Director of Business Strategy and Planning						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>The report includes an update on strategic achievements across the Trust which support the 5P's and the continued delivery of the Trust Strategy.</p> <p>It also includes an update on the directorate and Clinical Board Strategies, including some high-level themes, and the plans for the Trust Strategy refresh.</p> <p>Finally, there is some information regarding the Integrated Care Board Joint Five Year Forward View.</p>						
Recommendation	To receive the report.						
Links to Strategic Objectives	Aligns to all the Strategic Objectives						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	Risks to the delivery of the Trust Strategy are included in the BAF.						
Reports previously considered by	This is a new report.						

Strategy Update Trust Board

Vicky McFarlane-Reid

Executive Director of Business, Development & Enterprise

25 May 2023



Healthcare at its best
with people at our heart

The 5 'P's of our strategic framework



Patients

Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality



People

Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential



Partnerships

We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes



Pioneers

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



Performance

Being outstanding, now and in the future

Strategic Framework

The 5 'P's

Our Vision

Achieving local excellence and global reach through compassionate and innovative healthcare, education and research.



Healthcare at its best
with people at our heart

Trust Strategy – achievements



Partnerships

We will be an effective partner, developing and delivery integrated care and playing our part in local, regional, national and international programmes.

Newcastle Gateshead Community Diagnostic Centre:

Working in partnership alongside Gateshead Hospitals we have secured national funding for a Community Diagnostic Centre at the MetroCentre in Gateshead

An investor opportunity for Biosphere 2:

Working in partnership with the Newcastle City Council to promote Newcastle as a UK hotspot for life sciences with 129 companies concentrated primarily in The Biosphere and Newcastle's city centre.

Newcastle Health Innovation Partners (NHIP):

The end of 2022/23 marks three years since NHIP was first designated as a regional Academic Health Science Centre. This is a real 'badge of honour' and to date we have received a major funding boost of £28.4m from the National Institute for Health and Care Research (NIHR).



Healthcare at its best
with people at our heart

Trust Strategy – achievements



Pioneers

Ensuring we are at the forefront of Health Innovation and Research.

Purchase of an additional Da Vinci Robot through Newcastle Hospitals Charity:

With 5 robots, we remain at the forefront of this cutting edge treatment technology. Minimally Invasive Surgery (MIS) as well as use of infrared cameras - guided surgical procedures tumour margins etc.

Implementation Care Co-ordination System:

Maximising the use of digital solutions for Theatre Productivity
Jeanette Blenkinsopp, Assistant Directorate Manager, said “we have been using the system to great effect, working in collaboration with our Peri-Ops colleagues to view our upcoming theatre lists and resolve issues that CCS is alerting us to. We look forward to continuing the roll out with our clinicians and seeing the ongoing benefits for patients and staff.”



Healthcare at its best
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Delivery Goals 2023/24

The 5 'P's of our strategic framework



Patients

We will continue to improve the quality of care that we offer to our patients by:

- Implementing Care for me, with me
- **Implementing the National Patient Safety Strategy and Patient Safety Incident Response Framework to further reduce avoidable patient harms**
 - Co-design the development of an ambitious & vibrant Patient, Public Engagement strategy



People

We will continue to improve our staff experience by:

- **Implementing a People Plan which supports delivery of the NHS People Promise and address Staff Survey results**
 - Further embedding our "Newcastle Way" into our people processes
 - Reviewing our Health and Wellbeing offer to support staff
 - Enhancing and Celebrating Diversity and Inclusion



Partnerships

We will continue to develop the 'anchor role' for Newcastle Hospital whilst developing a strong partnership with the Integrated Care Board, as evidenced by:

- Using the Newcastle Change Programme and Strong system working to transform patient pathways for Spines, Dermatology and Ophthalmology and identifying sustainable solution for service delivery



Pioneers

We will enhance patient pathways by:

- Investment in bed capacity and pathway transformation to reduce bed occupancy by 2ppts (Medicine clinical board)
- **Roll out of Care Co-ordination System CS and theatre scheduling to increase theatre utilisation** by 2ppts (combination of session and in-session utilization) (2 surgical & periop clinical boards)
- Use improvement methodology to increase efficiency, reduce Length of Stay and provide a better discharge experience for both patients and staff



Performance

Newcastle Hospitals will continue to deliver for its patients as evidenced by:

- Delivering a clean performance, treating all >65WW, reducing cancer back log and achieving our activity targets so that we can re invest Elective Recovery Funding into Quality
- **Deliver the financial plan for 23/24 and improve financial sustainability through a significant increase in recurrent CIP**

Healthcare at its best
with people at our heart

Approach to delivery – focusing on the Short, Medium and Long term

In year delivery of the NHS England
2023/24 Operational Plan

Performance and Activity Delivery
Board

Frequency: Weeks 1 and 3

Internally - Working with new clinical boards, quarter
by quarter, front loaded activity plans

Externally - System working via the Strategic Elective
Care Board and the North East and North Cumbria
(NENC) Provider Collaborative (PvCv)

Monitored, challenged and supported via the
Performance and Activity Delivery Board.

Target medium and long term
interventions to put in place
sustainable pathway changes.

Newcastle Change Board

Frequency: Weeks 2 and 4

Likely to take longer than 12 months to deliver

Complementary teams (Newcastle Improvement and
the Programme Management Office) to work together
with the organisation on sustainable change

Builds on the Institute for Healthcare Improvement
(IHI) programme using Quality Improvement (QI)
methodology, combining with project management
process and rigour

New Trust Strategy - 2024

- The new Trust strategy is due in 2024
 - Development will involve:
 - Trust Board engagement – starting June 2023
 - Thematic analysis of directorate strategies / Clinical Board strategies
 - Wider Trust engagement
 - Stakeholder engagement
 - The Trust strategy will need to take into account the ICB joint forward plan, due to be published in June 2023
- and
- The Integrated Care Partnership (ICP) Integrated Care Strategy, published in December 2022.

Trust strategy refresh activities

Activity	2022		2023												2024							
	Nov-22	Dec	Jan-23	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan-24	Feb	Mar	Apr	May	Jun	Jul	Aug
Board engagement																						
Directorate strategies published																						
Directorate strategies 'themed'																						
Clinical Board Strategies developed																						
Wider Trust engagement																						
Stakeholder engagement (tbc)																						
Writing the strategy																						
Proof reading																						
Formatting																						
Publication																						
Board engagement: Attend Board Development workshops to update on progress																						
Trust engagement: Run Trust-wide events 1/4ly																						
Stakeholder engagement: Attend relevant stakeholder meetings e.g. place- based meetings, provider collaborative etc.																						



Emerging High level 'themes'

- Develop a sustainable workforce
 - Eradicate single-handed consultant services
 - Look at how different roles can support services
- Expand range of, and access to, innovative treatments
 - The Trust is currently commissioned to provide many innovative treatments that are only delivered in a handful of centres across the country e.g. CAR-T, Auto Islet Transplantation, limbal stem cell transplant
- Improve patient experience
- Ensure compliance with various standards e.g. ISO, HTA, UKAS, MHRA
- Maximise use of digital solutions
- Collaborations e.g. internal, external, within NHS and outside NHS
- Meet performance targets e.g. RTT, cancer waiting times

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 May 2023						
Title	Digital People 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 British Sign Language Health Navigator Service provided by DeafLink to support Deaf patients through a hospital journey, which is being supported by the Newcastle Hospitals Charity. The story also demonstrates the new interpretation supplier for the Trust, their services and their work with the community.</p> <p>The digital story evidences the strategic commitment to develop partnerships with the voluntary sector to deliver services and tackle health inequalities.</p>						
Recommendation	To listen and reflect on the experience of DeafLink and one of their clients, and on the services and work from Language Empire.						
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"/>
Link to Board Assurance Framework [BAF]	<p><u>Strategic Objective 1</u> Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p><u>Strategic Risk Description:</u></p>						

Agenda item A6

	No strategic risks linked to this report
Reports previously considered by	This patient/staff story is a recurrent bi-monthly report.

DIGITAL PEOPLE STORY

EXECUTIVE SUMMARY

In the UK there are roughly 90,000 Deaf people who use British Sign Language (BSL) as their main language, with a new law passed recently under the BSL Act 2022 that legally recognises BSL as an official language of England and Wales. Deaf people in the UK face many health inequalities and have a higher prevalence of preventable conditions that are not attributable to their hearing loss. There are many factors contributing to this, which includes the communication and information barriers that exist within the NHS.

The Patient Experience team work very closely with local Deaf charities to gather Deaf patients' experiences of accessing our services. To support Deaf patients through their hospital journeys the Newcastle Hospitals Charity has funded a BSL Health Navigator Service with joint funding from Northumbria Healthcare NHS Foundation Trust (NHCFT) and Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW) hospital charities. The Health Navigator Service has been operating since April 2022 and is delivered by the local Deaf charity Deaflink.

The patient experience data gathered has also shaped the recent BSL interpreting contract tender, which has been awarded to Language Empire. Language Empire offers unique services for Deaf patients and will be working very closely with Deaflink's Health Navigator Service to support Deaf patients and utilise patient feedback in contract monitoring and improving services.

This story shares the experience of Deaflink staff, one of their clients they have supported through the Health Navigator Service, and the Managing Director of Language Empire who explains their services and how they will be working with Deaflink and the local community.

DIGITAL PEOPLE STORY

1. BACKGROUND

Deaf people face numerous communication and information barriers in accessing healthcare, contributing to health inequalities seen in the Deaf community. The Patient Experience Team work very closely with local Deaf charities, such as Deaflink, to understand their experiences.

Some issues they face include:

- Not being able to understand hospital letters, as English is a completely different language to BSL, leading to missing appointments or not being sufficiently prepped for surgery.
- Many departments can only be contacted by phone.
- Departments struggling to make reasonable adjustments and arranging BSL interpreters.
- Improper use of family, friends or unqualified BSL interpreters.

To support Deaf patients overcome these barriers and throughout their hospital journeys, Newcastle Hospitals, NHCFT and CNTW have jointly funded a BSL Health Navigator service that is delivered by Deaflink, who are a Deaf charity in Newcastle upon Tyne who provide support and opportunities for Deaf people.

The Health Navigator Service has been operating since April 2022 and accepts both self-referrals and referrals from clinical staff. Since April 2022, the service has supported nearly 800 hospital encounters with roughly 80% of those at Newcastle Hospitals. They support Deaf patients understand their hospital letters, adequately prepare for coming into hospital, contact hospital departments on the patient's behalf for any queries and support trust staff in making reasonable adjustments and arranging interpreters.

Feedback from patients who have used the Health Navigator Service has been overwhelmingly positive, with being supported to contact hospital departments and having confidence before coming into hospital that the necessary interpretation arrangements have been made and confirmed.

To further support tackling these health inequalities and poor experience, the recent BSL interpretation contract tender was heavily shaped around the experience data gathered from working with Deaf charities. This included the minimum qualifications of BSL interpreters, engagement between the supplier and local BSL interpreters, being able to request preferred interpreters and commitment of working in the local community. This contract, alongside the spoken language interpretation contract, has been awarded to Language Empire and this commenced on 1 May 2023. Language Empire currently offer interpretation services in primary care in the North East, so are able to now offer continuity of interpreters. Language Empire also offer unique services for Deaf patients, such as patients contacting Language Empire directly to ensure an interpreter has been booked for their appointment.

Language Empire have committed to social projects and working alongside Deaflink's Health Navigator Service to support Deaf patients coming into hospital and engaging with the local community as part of their contract monitoring and continuous service improvement.

The Patient Experience Team would like to thank Newcastle Hospitals Charity for supporting the BSL Health Navigator Service.

2. RECOMMENDATION

The Board of Directors are asked to:

- i) listen to Deaflink and one of their client's experience of the Health Navigator Service; and
- ii) listen to Language Empire's service offering, social commitments and how they will be working with Deaflink.

Report of Maurya Cushlow
Executive Chief Nurse
25 May 2023

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	25 May 2023						
Title	Workforce Race Equality Standard (WRES)						
Report of	Christine Brereton, Chief People Officer						
Prepared by	Karen Pearce, Head of Equality, Diversity and Inclusion (People)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The purpose of this report is to provide the Trust's position in relation to Workforce Race Equality Standards (WRES) metrics for 2022/23 which requires publication by 31 May 2023 on the Data Collection Framework website and the Trust's website.						
Recommendations	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> note the contents of this report. provide approval to publish by 31 May 2023 on the Data Collection Framework website and the Trust's website. 						
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Link to Board Assurance Framework [BAF]	Risk 4050 - CQC 'Well Led' – including assessment against WRES achievement – potential impact on 'outstanding' rating for NHS Trusts. Staff survey behaviour metrics are key.						
Reports previously considered by	Trust Board, 29 September 2022						

WORKFORCE RACE EQUALITY STANDARD (WRES) 2022

Introduction

This report provides the Trust's position in relation to the WRES report for 2022/23 which requires publication by 31 May 2023. This is a revised date, WRES data usually requires publication by 31 August 2023.

The Workforce Race Equality Standard (WRES) is a set of nine specific measures which enables the Trust to compare the workplace and career experiences of black and minority ethnic (BME) and White staff. The Trust uses the data to develop and publish an action plan. Year on year comparison enables the Trust to demonstrate progress against the indicators of race equality. Five metrics are taken from the Electronic Staff Record (ESR) and the remainder are taken from the staff survey. All percentages relate to those who completed the staff survey. The Trust has seen slight improvements across all but two of the measures in the last 12 months, although improving staff experience still requires some significant improvement.

1. Name of organisation

The Newcastle upon Tyne Hospitals NHS Foundation Trust

2. Date of report

Month: May Year: 2023

3. Name and title of Board lead for the Workforce Race Equality Standard

Christine Brereton – Chief People Officer

4. Name and contact details of lead manager compiling this report

Karen Pearce – Head of Equality, Diversity and Inclusion (People)

5. Unique URL link on which this Report and associated Action Plan will be found

<https://www.newcastle-hospitals.nhs.uk/about/trust/equality-diversity-and-inclusion/workforce-race-equality-standard/>

6. This report has been signed off by on behalf of the board on

Date: 25 May 2023

Name: Christine Brereton, Chief People Officer

Background narrative

7. Any issues of completeness of data

A comparatively small number of unknown/null data relating to ethnicity of current staff remain

8. Any matters relating to reliability of comparisons with previous years

None

9. Total number of staff employed within this organisation at the date of the report (March 2023)

15,943 (excluding bank and agency staff)

10. Proportion of BME staff employed within this organisation at the date of the report?

14.61% (Full Time Equivalent (FTE))

11. The proportion of total staff who have self-reported their ethnicity?

98.31%

12. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity?

- Fully implemented Employee Self Service.
- Full roll out of the ESR employee portal complete.
- Employee Self-Service portal now includes a portlet to notify staff if they have not updated their equality and diversity details in the past 12 months and allows them to update their record directly from the portal.

13. Are any steps planned during the current reporting period to improve the level of self-reporting by ethnicity?

Plans to use robotic process automation to increase staff reporting of ethnicity.

14. What period does the organisation's workforce data refer to?

April 2022 - March 2023

Workforce Race Equality Indicators

15. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff

Non-Clinical Workforce 2022 and 2023 (headcount)

Band	Ethnicity Data 2022			Ethnicity Data 2023		
	% White of whole Non-Clinical Workforce	% BME of whole Non-Clinical Workforce	% Not Recorded of whole Non-Clinical Workforce	% White of whole Non-Clinical Workforce	% BME of whole Non-Clinical Workforce	% Not Recorded of whole Non-Clinical Workforce
Band 1	0.14%	0.00%	0.00%	0.08%	0.00%	0.00%
Band 2	29.22%	2.18%	0.66%	28.70%	3.17%	0.53%
Band 3	20.82%	1.10%	0.55%	20.84%	1.33%	0.56%
Band 4	17.43%	0.83%	0.30%	16.68%	0.88%	0.24%
Band 5	9.75%	0.52%	0.08%	9.62%	0.53%	0.11%
Band 6	4.98%	0.25%	0.03%	5.38%	0.40%	0.03%
Band 7	5.01%	0.28%	0.06%	4.64%	0.40%	0.05%
Band 8A	2.15%	0.11%	0.03%	2.21%	0.13%	0.03%
Band 8B	1.54%	0.00%	0.00%	1.49%	0.03%	0.00%
Band 8C	1.24%	0.00%	0.03%	0.93%	0.00%	0.00%

Band 8D	0.39%	0.03%	0.00%	0.51%	0.03%	0.00%
Band 9	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
VSM	0.30%	0.00%	0.00%	0.45%	0.03%	0.00%
Totals	92.98%	5.29%	1.74%	91.53%	6.93%	1.55%

Clinical Workforce 2022 and 2023 (headcount)

Band	Ethnicity Data 2022			Ethnicity Data 2023		
	% White of whole Clinical Workforce	% BME of whole on-Clinical Workforce	% Not Recorded of whole Clinical Workforce	% White of whole Clinical Workforce	% BME of whole Clinical Workforce	% Not Recorded of whole Clinical Workforce
Band 1	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%
Band 2	15.43%	1.68%	0.21%	13.75%	1.28%	0.20%
Band 3	5.56%	0.45%	0.10%	5.37%	0.47%	0.07%
Band 4	4.59%	0.50%	0.09%	3.96%	0.29%	0.06%
Band 5	21.28%	5.59%	0.42%	19.90%	8.41%	0.52%
Band 6	16.24%	1.20%	0.36%	16.50%	1.54%	0.30%
Band 7	11.03%	0.45%	0.20%	11.32%	0.45%	0.18%
Band 8A	2.69%	0.15%	0.05%	2.79%	0.14%	0.07%
Band 8B	0.89%	0.02%	0.02%	0.87%	0.02%	0.02%
Band 8C	0.39%	0.00%	0.02%	0.40%	0.00%	0.01%
Band 8D	0.08%	0.00%	0.01%	0.07%	0.00%	0.00%
Band 9	0.01%	0.00%	0.00%	0.01%	0.00%	0.00%
VSM	0.02%	0.00%	0.00%	0.03%	0.00%	0.01%
Consultants	5.41%	1.58%	0.15%	5.74%	1.85%	0.19%
Senior Medical Manager	0.22%	0.03%	0.00%	0.22%	0.06%	0.00%
Non-Consultant Career Grade	1.55%	1.06%	0.06%	1.49%	1.22%	0.07%
Trainee Grades	0.14%	0.07%	0.03%	0.07%	0.04%	0.04%
Other	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%
Totals	85.52%	12.77%	1.71%	82.51%	15.76%	1.73%

- 98.31% of staff have recorded their ethnicity.

16. Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year: 1.06

Data for previous year: 1.52

17. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Data for reporting year: 0.52

Data for previous year: 1

Trust data identifies BME members of staff are less likely to enter formal disciplinary processes.
Employee Relations data forms part of the equality dashboard launched in January 2022.

18. Relative likelihood of staff accessing non-mandatory training and CPD

Data for reporting year: 1.21

Data for previous year: 1.24

Trust data identifies BME members of staff are less likely to access non-mandatory training and Continuing Professional Development (CPD).

19. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Data for reporting year: White 25.9% BME 28.1%

Data for previous reporting year: White 26.8% BME 29.5%

BME Staff Network continues to grow and engage in raising awareness.
WRES Improvement Team in place.

20. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Data for reporting year: White 22.1% BME 30.3%

Data for previous year: White 22.7% BME 32.8%

21. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

Data for reporting year: White 63.1% BME 50.2%

Data for previous year: White 62.3% BME 43.5%

22. Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?

b) Manager/team leader or other colleagues

Data for reporting year: White 6.0% BME 20.3%

Data for previous year: White 6.5% BME 20.6%

23. Percentage difference between the organisations' Board voting membership and its overall workforce.

Data for reporting year: BME -8.9%

Data for previous year: BME -4%

24. Are there any other factors or data which should be taken into consideration in assessing progress?

None

25. Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

<https://www.newcastle-hospitals.nhs.uk/about/trust/equality-diversity-and-inclusion/workforce-race-equality-standard/>

26. Organisational Priorities Going Forward

Of the 9 indicators there has been some small positive improvements and whilst welcome the Trust still has some significant challenges. Despite the initiatives put in place, the WRES data still identifies some areas that are concerning for the Trust specifically around:

Culture/behaviours: Indicator 6 (percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months) and Indicator 8 (percentage of staff experiencing discrimination at work from a manager/team leader or other colleagues).

The People Priorities work for 2023/24 will be linked directly to the NHS People Promise aimed at improving staff experience and retention. It is evident from the WRES data that there needs to be some specific focus around cultural awareness and race discrimination.

One of the seven People Promise indicators is that "We are Compassionate and Inclusive" and we will work directly with our Race Network Groups and hold focus groups directly with staff to understand what actions we need to take to improve staff experience for BME colleagues. We will develop a specific action plan with time bound actions. This may include training in cultural awareness, case studies, learning and education, just and learning culture approach and where appropriate taking more formal action.

In addition, through further development of the data /dashboard we will look to identify hotspot areas through the newly developed clinical boards and introduce intense Organisational Development (OD) support as necessary.

Empowering Staff Networks: Formalise Executive Sponsorship of the staff networks.

- Training for staff network Chairs and Co-Chair – stage two of this training aims to take the staff networks to the next level to promote more of the system 2 working within the staff network group.
- A self-led programme for Executive Sponsors to elevate network impact.
- A maturity report/develop session to provide the Trust with a deeper understanding of where our networks are in terms of progressions, strengths and gaps.

The Trust Board is asked to:

- Note the contents of this report; and
- Provide approval to publish by 31 May 2023 on the Data Collection Framework website and the Trust's website.

Report of Karen Pearce

Head of Equality, Diversity and Inclusion (People)

16 May 2023

TRUST BOARD

Date of meeting	25 May 2023						
Title	Workforce Disability Equality Standard (WDES)						
Report of	Christine Brereton, Chief People Officer						
Prepared by	Karen Pearce, Head of Equality, Diversity and Inclusion (People)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The purpose of this report is to provide the Trust's position in relation to Workforce Disability Equality Standards (WDES) metrics for 2022/23 which requires publication by 31 May 2023 on the Data Collection Framework website and the Trust's website.						
Recommendations	Trust Board is asked to: <ul style="list-style-type: none"> • note the contents of this report • provide approval to publish by 31 May 2023 on the Data Collection Framework website and the Trust's website 						
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Link to Board Assurance Framework [BAF]	Risk 4050 - CQC 'Well Led' – including assessment against WDES achievement – potential impact on 'outstanding' rating for NHS Trusts. Staff survey behaviour metrics are key.						
Reports previously considered by	Trust Board, 29 September 2022						

WORKFORCE DISABILITY EQUALITY STANDARD (WDES) 2022/2023

Introduction

This report provides the Trust's position in relation to the WDES report for 2022/23 which requires publication by 31 May 2023. This is a revised date, WDES data usually requires publication by 31 August 2023.

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which enables the Trust to compare the workplace and career experiences of disabled and non-disabled staff. The Trust uses the data to develop and publish an action plan. Year on year comparison enables the Trust to demonstrate progress against the indicators of disability equality. Three metrics are taken from Electronic Staff Record (ESR) and the remainder are taken from the staff survey. All percentages relate to those who completed the staff survey.

1. Name of organisation

The Newcastle upon Tyne Hospitals NHS Foundation Trust

2. Date of report

Month: May Year: 2023

3. Name and title of Board lead for the Workforce Disability Equality Standard

Christine Brereton – Chief People Officer

4. Name and contact details of lead manager compiling this report

Karen Pearce – Head of Equality, Diversity and Inclusion (People)

5. Unique URL link on which this Report and associated Action Plan will be found

<https://www.newcastle-hospitals.nhs.uk/about/trust/equality-diversity-and-inclusion/workforce-disability-equality-standard/>

6. This report has been signed off by on behalf of the board on

Date: 25 May 2023

Name: Christine Brereton, Chief People Officer

Background narrative

7. Any issues of completeness of data

A comparatively small number of unknown/null data relating to Disability of current staff remain

8. Any matters relating to reliability of comparisons with previous years

None

9. Total number of staff employed within this organisation at the date of the report (March 2023)

15,943 (excluding bank and agency)

- 10. Proportion of Disabled staff employed within this organisation at the date of the report?**
4.41%
- 11. The proportion of total staff who have self-reported their disability status?**
84.42%
- 12. Have any steps been taken in the last reporting period to improve the level of self-reporting by Disability?**
Fully implemented Employee Self Service.
Full roll out of the ESR employee portal complete.
- 13. Are any steps planned during the current reporting period to improve the level of self-reporting by Disability?**
Plans to use robotic automation to increase staff reporting of Disability.
- 14. What period does the organisation's workforce data refer to?**
April 2022 - March 2023

Workforce Disability Equality Indicators

- 15. Percentage of Disabled staff in each of the Agenda for Change (AfC) bands 1-9, VSM (including executive board members), medical/dental and other staff compared with the percentage of non-disabled staff in the overall workforce**

Non-Clinical Workforce 2022 and 2023 (headcount)

Band	% Disability 2022			% Disability 2023		
	Disabled	Non-Disabled	Not Recorded	Disabled	Non-Disabled	Not Recorded
Band 1	66.7	0	33.3	66.7	0	33.3
Band 2	4.6	68.0	27.4	5.5	71.2	23.3
Band 3	4.4	72.7	22.9	6	75.7	18.3
Band 4	3.0	62.3	34.7	4.2	66.5	29.3
Band 5	6.1	80.3	13.6	6.5	82.3	11.2
Band 6	5.8	80.1	14.1	6.4	83.9	9.6
Band 7	3.6	80.9	15.5	3.1	84.8	12
Band 8A	2.4	88.0	9.6	2.3	87.5	10.2
Band 8B	5.4	91.1	3.6	3.5	91.2	5.3
Band 8C	2.2	80.4	17.4	2.9	88.6	8.6
Band 8D	0	73.3	26.7	0	85	15
Band 9	0	0	0	0	0	0
VSM	0	81.8	18.2	0	70.6	29.4

Clinical Workforce 2022 and 2023 (headcount)

Band	% Disability 2022			% Disability 2023		
	Disabled	Non-Disabled	Not Recorded	Disabled	Non-Disabled	Not Recorded
Band 1	100	0	0	100	0	0
Band 2	5.55	80.4	14.02	6.1	79	14.9
Band 3	3.87	67.78	28.35	5.15	71.35	23.5
Band 4	4.41	80.52	15.07	4.21	81.84	13.96
Band 5	4.44	80.46	15.09	4.75	83.85	11.4
Band 6	3.23	82.26	14.51	3.94	84.74	11.32
Band 7	2.76	78.76	18.48	3.09	81.96	14.95
Band 8A	2.19	82.24	15.57	3.01	83.84	13.15
Band 8B	0	80.51	19.49	0.91	78.18	20.91
Band 8C	1.96	76.47	21.57	6.00	76.00	18
Band 8D	0	81.82	18.18	0	77.78	22.22
Band 9	0	0	100	0	0	100
VSM	0	66.67	33.33	0	60	40
Medical and Dental Consultants	0.77	71.66	27.56	0.84	75.55	23.6
Non Consultant Career Grades	1.48	89.05	9.47	2.06	90.27	7.67
Trainee Grades	6.45	83.87	9.68	5.56	72.22	22.22

16. Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

Data for reporting year: 1.12

Data for previous year: 1.34

Equality dashboard in place as part of the Trust's performance management framework. It shows local directorate data referencing likelihood of appointments to enable local ownership.

17. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process.

Data for reporting year: 1.13

Data for previous year: 0.74

- Trust data identifies Disabled staff members are 1.13 times more likely to enter formal capability processes
- Employee relations data forms part of the equality dashboard launched in January 2022

18. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months from patients, service users or the public

Data for reporting year:	Non-disabled 24%	Disabled: 32.6%
Data for previous reporting year:	Non-disabled 25.3%	Disabled: 31.8%

19. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months from a line manager.

Data for reporting year:	Non-disabled 7.3%	Disabled 15.8%
Data for previous year:	Non-disabled 8.7%	Disabled 14.8%

20. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months from other colleagues.

Data for reporting year:	Non-disabled 16.5%	Disabled 27%
Data for previous year:	Non-disabled 16.8%	Disabled 26.4%

21. Percentage of staff who reported harassment, bullying or abuse the latest time it happened.

Data for reporting year:	Non-disabled 47.1%	Disabled 44.8%
Data for previous year:	Non-disabled 44.1%	Disabled 45.5%

22. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion

Data for reporting year:	Non-disabled 63.5%	Disabled 56.5
Data for previous year:	Non-disabled 62.4%	Disabled 55.8%

23. Percentage of staff who have felt pressure from their manager to come to work despite not feeling well enough to perform duties.

Data for reporting year:	Non-disabled 21.8%	Disabled 32.4%
Data for previous year:	Non-disabled 23.6%	Disabled 31.2%

24. Percentage of staff satisfied with the extent to which their organisation values their work

Data for reporting year:	Non-disabled 43.1%	Disabled 30.9%
Data for previous year:	Non-disabled 42.2%	Disabled 32.4%

25. Percentage of disabled staff who said their employer has made adequate adjustments to enable them to carry out their work.

Data for reporting year:	76.8%
Data for previous year	72.5%

Staff Engagement

Data for reporting year:	Non-disabled 6.9%	Disabled 6.5%
Data for previous year:	Non-disabled 7%	Disabled 6.5%

27. Percentage difference between the organisations' Board voting membership and its overall workforce

Data for reporting year:	Non-disabled -13%	DISABLED - 4%
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28. Are there any other factors or data which should be taken into consideration in assessing progress?

No

29. Organisations should produce a detailed WDES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WDES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WDES indicators. It may also identify the links with other work streams agreed at board level, such as EDS2. You are asked to provide a link to your WDES action plan in the space below.

[Workforce Disability Equality Standard - Newcastle Hospitals NHS Foundation Trust \(newcastle-hospitals.nhs.uk\)](https://newcastle-hospitals.nhs.uk)

Organisational Priorities Going Forward

Of the 10 indicators there has been some small positive improvements within indicator 5 – disabled staff believing the Trust provides equal opportunities for career progression and indicator 2 relating to the likelihood of disabled staff being appointed from shortlisting. Whilst welcome the Trust still has some significant challenges in relation to some of the indicators and specifically for some staff groups. Despite initiatives, WDES data still identifies some areas that are concerning for the Trust specifically around:

Culture/behaviours: Indicator 6 (percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months) and Indicator 8 (percentage of staff experiencing discrimination at work from a manager/team leader or other colleagues).

The People Priorities work for 2023/24 will be linked directly to the NHS People Promise aimed at improving staff experience and retention. It is evident from the WDES data that there needs to be some specific focus around cultural awareness, race and disability discrimination.

One of the seven People Promise indicators is that “We are Compassionate and Inclusive” and we will work directly with our Enabled Network Group and hold focus groups directly with staff to understand what actions we need to take to improve staff experience for Disabled colleagues. We will develop a specific action plan with time bound actions. This may include training in cultural awareness, case studies, learning and education, just and learning culture approach and where appropriate taking more formal action.

In addition, through further development of the data /dashboard we will look to identify hotspot areas through the newly developed clinical boards and introduce intense Organisational Development (OD) support as necessary.

Empowering Staff Networks: Formalise Executive Sponsorship of the staff networks.

- Training for staff network Chairs and Co-Chair – stage two of this training aims to take the staff networks to the next level to promote more of the system 2 working within the staff network group.
- A self-led programme for Executive Sponsors to elevate network impact.
- A maturity report/development session to provide the Trust with a deeper understanding of where our networks are in terms of progressions, strengths and gaps.

The Trust Board is asked to:

- Note the contents of this report
- Provide approval to publish by 31 May 2023 on the Data Collection Framework website and the Trust’s website

Report of Karen Pearce

Head of Equality, Diversity and Inclusion (People)

15 May 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 May 2023						
Title	Trust Performance Report						
Report of	Martin Wilson – Chief Operating Officer Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
Prepared by	Elliot Tame – Senior Performance Manager						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Board on the Trust's elective recovery progress as well as performance against NHS England (NHSE) priorities for 2023/24 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"/>
Link to Board Assurance Framework [BAF]	Strategic Risk SO1.1: [Capacity and demand pressures] Strategic Risk SO5.9 [Activity delivery] Details compliance against NHSE plan priorities for 2023/24. 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 2023/24 planning round.

- The Trust delivered day case activity volumes equivalent to 104.1% of the re-based 2019/20 baseline (adjusted for working days and changes in service provision), exceeding the submitted trajectory of 96.2% for April. New outpatient activity was also delivered at an equivalent of 98.8% of 2019/20 volumes, exceeding the trajectory of 88.1%.
- However, overnight elective activity delivery measured at 80.9% of baseline (against a trajectory of 97.2%), whilst outpatient procedure delivery is currently being recorded at 76.2% (trajectory 88.5%) although this figure is subject to potential improvement as the Trust is managing a slight coding backlog of outpatient procedures at this point in time.
- Future editions of this report will detail combined delivery of value-weighted activity (VWA), for which the Trust will ultimately be measured against a target of 109% of 2019/20 activity delivery and determine the level of elective recovery funding the Trust will receive.
- Newcastle Hospitals achieved the 76% 4-hour Accident and Emergency (A&E) standard in April with overall performance of 77.5%. Adult General & Acute bed occupancy averaged 89.3%, 4% lower than previous months and below the newly established target level of occupancy prescribed by NHSE (92%).
- Seven out of nine cancer standards fell short of target in March 2023; however, Newcastle Hospitals did achieve the 28 Day Faster Diagnosis Standard for the fifth month in a row, also exceeding trajectory.
- At the end of April, the Trust still had 21 patients waiting >104 weeks, all waiting for either spinal surgery or corneal grafts – both of which are treatments with capacity issues recognised nationally. 164 patients had a waiting time of >78 weeks, with 98 of these waiting for non-Spinal care – the Trust has been asked by NHSE to reduce waiters in this category to zero by the end of June 2023, two months ahead of trajectory.
- 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 - tier 1 classification means that the Trust is receiving additional targeted regional/national support and oversight. However, the Trust is no longer in a classified tier for cancer care delivery following the significant and sustained reduction in patients waiting >62 days for treatment.
- At the beginning of May 2023, the Trust was moved into segment 2 within the NHS Oversight Framework ratings (previously segment 1). This decision was taken in light of a few specific, clearly defined issues including the primary driver of the ongoing prevalence of elective waiting times over 65 weeks. Progress will be reviewed by NHSE at the end of September 2023 with a view to returning to segment 1.

The Board of Directors is asked to receive the report.

Trust Performance Board Report

Produced: May 2023

Data: April 2023

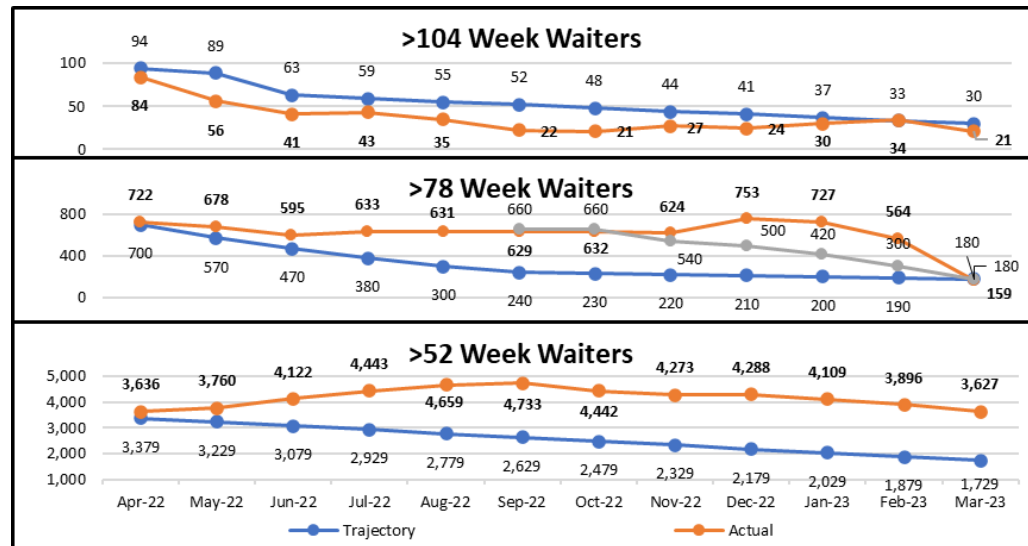


Healthcare at its best
with people at our heart

NHSE 22/23 Plan Outturn (1)

Elective Long Waiters

Metric	Requirement	RAG rating		Jan-13	Feb-23	Mar-23
		Trajectory	Target			
>104 week waiters	Zero by e/o Jun-22	30	0	30	34	21
>78 week waiters	Zero by e/o Jun-22	180	0 (Mar-23)	727	564	159
>52 week waiters	Reduction (Zero by e/o Mar-25)	1,879	0 (Mar-25)	4,109	3,896	3,627

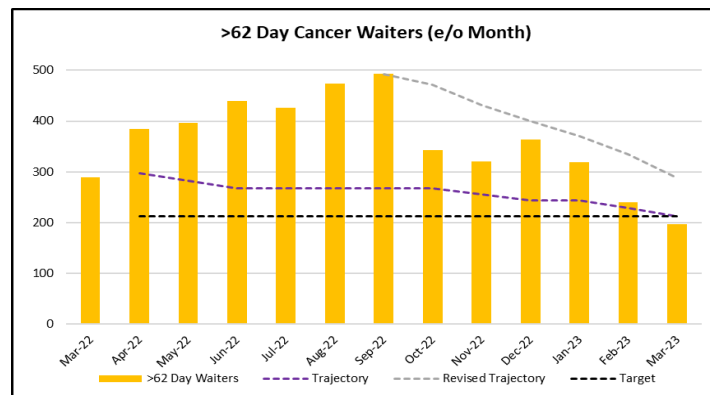


- The total number of >104WW was 21 in March, below the trajectory submitted to NHSE at the start of the year (30). The majority (19) were in spinal surgery, with one ophthalmology patient and one gynaecology patient.
- >78WW volumes fell dramatically to 159 in March from 564 in February. This was below the trajectory of 180, however as they were in specialties other than spinal surgery the Trust is now in Tier 1 mandated support from NHS England.

NHSE 22/23 Plan Outturn (2)

Cancer Care

Metric	Requirement	RAG rating		Jan-13	Feb-23	Mar-23
		Trajectory	Target			
> 62 day Cancer Waiters	Reduce to < 213 by e/o Mar-23	289	<213	319	240	197
28 Day FDS compliance	Zero by e/o Jun-22	80%	75%	78.1%	84.2%	82.7%



- The >62 day backlog increased throughout the first six months of 2022/23, but fell considerably in the second half of the year and at the end of March 2023 stood at 197, below the 2022/23 NHSE Planning target (213). Tumour groups which saw particularly notable decreases in their backlogs in March were Skin, Upper GI and Lower GI.
- The 28 day Faster Diagnosis Standard (FDS) 75% standard was achieved in February 2023 for the fourth consecutive month, with performance of 84.2% - the highest performance achieved of the financial year, and representing strong performance against both the standard and our peer group.

SHELFORD BENCHMARKING – 28 DAY FDS – FEBRUARY 2023

Cambridge University Hosps	85.9%	King's College Hospital	78.8%
Oxford University Hospitals	84.2%	Guy's and St Thomas'	77.9%
NuTH	84.2%	Manchester University	76.9%
UCL Hospitals	80.5%	University Hosps Birmingham	74.1%
Imperial College Healthcare	80.2%	Sheffield Teaching Hospitals	69.6%

NHSE 22/23 Plan Outturn (3)

Activity Delivery / Emergency Care

Metric	Requirement	RAG Rating			Dec-22	Jan-23	Feb-23	Mar-23
		Trajectory	Target					
Activity Delivery								
Day Case	104% of 19/20 levels combined (Reviews fixed at 85% of 19/20)	112.9%	104.0%		95.1%	99.0%	95.6%	96.0%
Elective Overnight		102.7%	104.0%		74.6%	67.4%	69.5%	67.1%
Outpatient New		103.9%	104.0%		99.1%	96.8%	97.7%	98.2%
Outpatient Procedures		102.8%	104.0%		101.9%	112.7%	102.2%	77.5%
Outpatient Reviews		103.2%	85.0%		103.2%	104.9%	104.2%	108.9%
Diagnostics*	120% of 19/20 levels	113.2%	120.0%		111.3%	117.2%	116.1%	98.0%
Emergency Care								
Ambulance Handovers	>=65% under 15 mins	N/A	65.0%		75.2%	73.6%	76.3%	74.0%
	>=95% under 30 mins		95.0%		94.0%	95.1%	94.8%	94.8%
	100% under 60 mins		100.0%		99.6%	99.7%	99.7%	99.5%
A&E Arrival to Admission/Discharge	<2% over 12 hours		<2.0%		3.4%	2.3%	2.3%	2.5%

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

A&E ACCESS STANDARD - SHELFORD BENCHMARKING – MARCH 2023

Sheffield Teaching Hospitals	75.6%	Manchester University	62.9%
NuTH	75.4%	King's College Hospital	60.8%
Guy's & St. Thomas'	75.0%	University Hosps Birmingham	50.9%
UCL Hospitals	65.8%	Cambridge University Hosps	Unav.
Oxford University Hospitals	64.7%	Imperial College Healthcare	Unav.

- Non-elective pressures have had a significant impact on the ability to deliver against activity targets (particularly overnight elective activity) as well as emergency care metrics.
- Nonetheless performance in emergency care remains ahead of our peers.

Mar-23 Accident and Emergency (A&E) 4hr Performance: 75.41% | Rank: 42nd of 132 Trusts

NHSE Plan Requirements 23/24 (2/4)

Metric	Requirement		Jan-23	Feb-23	Mar-23	Apr-23		RAG Rating: Apr-23*	
								Trajectory	Target
Activity Delivery (Spec. Acute)**									
Day Case	109% of 19/20 value-weighted activity (overall, monthly cumulative) N.B. Currently being reported by volume, not VWA		95.9%	96.1%	96.2%	104.1%		96.2%	109.0%
Elective Overnight			81.5%	80.6%	79.4%	80.9%		97.2%	109.0%
Outpatient New			99.6%	99.5%	99.3%	98.8%		88.1%	109.0%
Outpatient Procedures			100.4%	100.7%	99.3%	76.2%		88.5%	109.0%
Total			98.4%	98.5%	97.9%	91.4%		90.2%	109.0%
Urgent & Emergency Care									
A&E Arrival to Admission/Discharge	>=76% under 4 hours (by Mar-24)		76.0%	74.7%	75.6%	77.5%		81.6%	>=76%
Adult General & Acute Bed Occupancy	<=92%		93.3%	93.0%	93.3%	89.3%		89.8%	<=92%
Urgent Community Response Standard	>=70% under 2 hours		91.0%	91.0%	90.0%	89.0%		N/A	>=70%
Cancer Care									
>62 Day Cancer Waiters	Reduce to <=200 (by Mar-24)		319	240	197	231		215	<=200
28 Day Faster Diagnosis	>=75% (by Mar-24)		78.1%	84.2%	82.7%	TBC		80.0%	75.0%
Elective Care									
>104 Week Waiters	Zero		30	34	21	21		13	0
>78 Week Waiters	Zero		727	564	159	164		114	0
>65 Week Waiters	Zero (by Mar-24)		1,906	1,637	1,075	1,051		1,335	0 (Mar-24)
>52 Week Waiters	Reduction (Zero by e/o Mar-25)		4,109	3,896	3,627	3,877		4,150	0 (Mar-25)
Diagnostics									
Diagnostic Activity**	Appropriate levels to reduce waits		117.2%	116.1%	98.0%	111.0%		108.5%	N/A
>6 Weeks Waiters	<=5% (by Mar-25)		23.0%	19.3%	21.1%	21.6%		N/A	<=5%
Outpatient Transformation									
PIFU Take-up	>=5% of all OP atts. (by Mar-24)		1.9%	1.6%	1.3%	1.7%		1.25%	5.0% (Mar-24)
Outpatient Follow-up Reduction	<=75% of 19/20		103.5%	101.6%	102.6%	101.6%		85.5%	<=75%

* Mar-23 for 28 Day FDS

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

Operational Standards

Metric	Standard		Jan-23	Feb-23	Mar-23	Apr-23		RAG Rating: Apr-23*
Urgent & Emergency Care								
Ambulance Handovers	Zero over 60 mins		9	7	14	8		
A&E Arrival to Admission/Discharge	>=76% under 4 hours (by Mar-24)		76.0%	74.7%	75.6%	77.5%		
	<2% over 12 hours		2.3%	2.3%	2.5%	1.6%		
Urgent Community Response Standard	70% under 2 hours		91.0%	91.0%	90.0%	89.0%		
Cancer Care								
Two Week Wait (Suspected Cancer)	93%		85.8%	87.2%	84.5%	TBC		
Two Week Wait (Breast Symptomatic)	93%		74.2%	34.8%	43.7%	TBC		
28 Day Faster Diagnosis	75% (by Mar-24)		78.1%	84.2%	82.7%	TBC		
31 Days (First Treatment)	96%		83.2%	86.3%	86.3%	TBC		
31 Days (Subsq. Treat. - Surgery)	94%		60.5%	63.5%	57.6%	TBC		
31 Days (Subsq. Treat. - Drugs)	98%		95.2%	97.7%	96.1%	TBC		
31 Days (Subsq. Treat. - Radiotherapy)	94%		97.9%	98.4%	100.0%	TBC		
62 Days (Treatment)	85%		47.7%	58.7%	60.4%	TBC		
62 Days (Screening)	90%		82.2%	74.4%	85.0%	TBC		
Elective Care								
18 Weeks RTT	92%		68.1%	67.6%	67.4%	66.5%		
>65 Week Waiters	Zero (by Mar-24)		1,906	1,637	1,075	1,051		
>6 Weeks Diagnostic Waiters	<=1%		23.0%	19.3%	21.1%	21.6%		
Cancelled Ops. Rescheduled >28 Days	Zero		14	4	10	4		
Urgent Ops. Cancelled Twice	Zero		0	0	0	0		
Other								
Duty of Candour	Zero		0	0	0	0		
Mixed Sex Accommodation Breach	Zero		103	88	112	70		
MRSA Cases	Zero		0	0	0	0		
C-Difficile Cases	FY Cumulative (Target TBC)		150	160	172	11		
VTE Risk Assessment	95%		96.9%	96.3%	97.1%	96.0%		
Sepsis Screening Treat. (Emergency)	>=90% (of sample) under 1 hour		66.0%	66.0%	66.0%	TBC		
Sepsis Screening Treat. (All)			59.0%	59.0%	59.0%	TBC		

* Mar-23 for Cancer Care / Sepsis Screening

Other Metrics (1/2)

Metric	Jan-23	Feb-23	Mar-23	Apr-23
Emergency Care				
Ambulance Arrivals	2,881	2,770	3,016	2,967
Ambulance Handovers >15 mins	73.6%	76.3%	74.0%	76.2%
Ambulance Handovers >30 mins	95.1%	94.8%	94.8%	94.8%
Ambulance Handovers >60 mins	99.7%	99.7%	99.5%	99.7%
Type 1 Performance (A&E 4 hour)	60.1%	58.0%	60.2%	63.7%
Type 1 Attendances (Main ED)	11,136	10,905	12,258	11,182
Type 2 Attendances (Eye Casualty)	1,454	1,378	1,677	1,426
Type 3 Attendances (UTC)	5,214	5,252	5,359	4,933
Patient Flow				
Covid Inpatients (average)	49	48	59	46
Emergency Admissions	6,091	5,499	6,382	5,734
G&A Bed Occupancy	93.3%	93.0%	93.3%	89.3%
Critical Care Bed Occupancy	72.7%	68.7%	71.5%	67.0%
Bed Days Lost (average)	57	62	50	36
Medical Boarders	140	98	116	105
Length Of Stay >7 Days	772	818	807	759
Length Of Stay >21 Days	384	396	383	353

Other Metrics (2/2)

Metric		Jan-23	Feb-23	Mar-23	Apr-23
Cancer Care					
2WW Appointments		1,864	2,023	2,260	2,111
Cancer First Treatments		536	496	604	TBC
Planned Care					
2WW Referrals		2,339	2,332	2,662	2,298
Urgent Referrals		5,535	5,260	5,842	5,029
Routine Referrals		26,930	24,010	26,562	21,378
Specialist Advice Requests (% of New OP Atts.)		8.4%	8.7%	9.0%	8.7%
Day Case Activity (Specific Acute (SA))		10,793	9,837	11,254	9,341
Overnight Elective Activity (SA)		1,402	1,574	1,824	1,451
New Outpatient Attendances (SA)		21,616	20,777	23,579	18,879
Outpatient Procedure Activity (SA)		18,048	16,797	15,704	11,822
Review Outpatient Attendances (SA)		62,318	56,614	67,348	54,949
Diagnostic Tests		20,550	19,135	20,512	17,657
Outpatient DNA Rate		8.8%	8.2%	7.9%	7.6%
Virtual Attendances		14.5%	15.1%	14.4%	14.2%
RTT Waiting List Size		99,710	99,721	100,156	101,000

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 May 2023						
Title	Activity Plan Submission						
Report of	Martin Wilson – Chief Operating Officer Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
Prepared by	Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
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	The purpose of this item is to share with Board headlines from the final activity submission made to NHS England for 2023/24.						
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"/>
Link to Board Assurance Framework [BAF]	Strategic Risk SO1.1: [Capacity and demand pressures] Strategic Risk SO5.9 [Activity delivery] Details compliance against NHSE plan priorities for 2023/24. Details compliance against national access standards which are written into the NHS standard contract.						
Reports previously considered by	Regular report.						

Activity plan submission

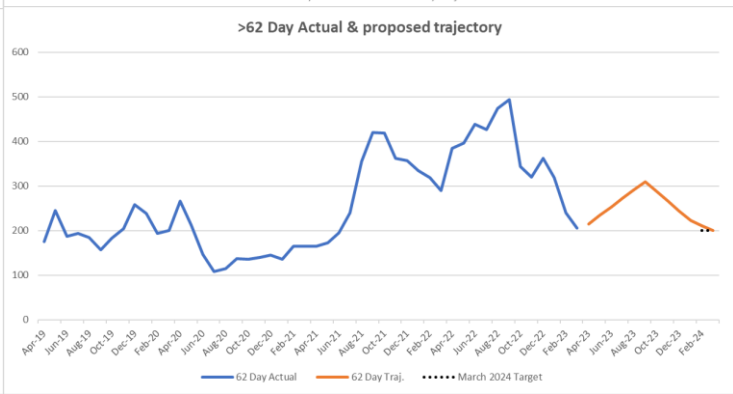
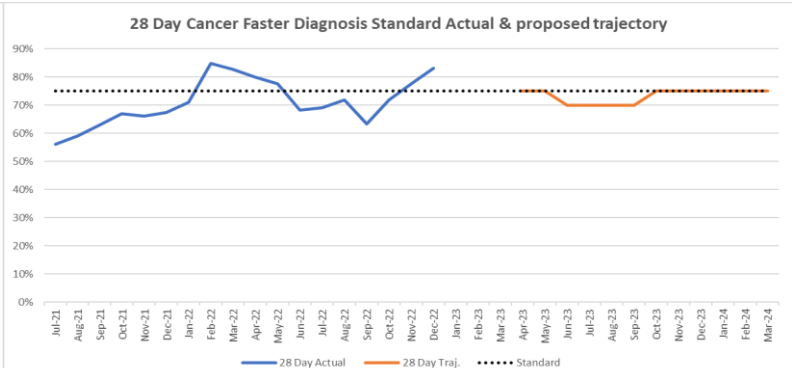
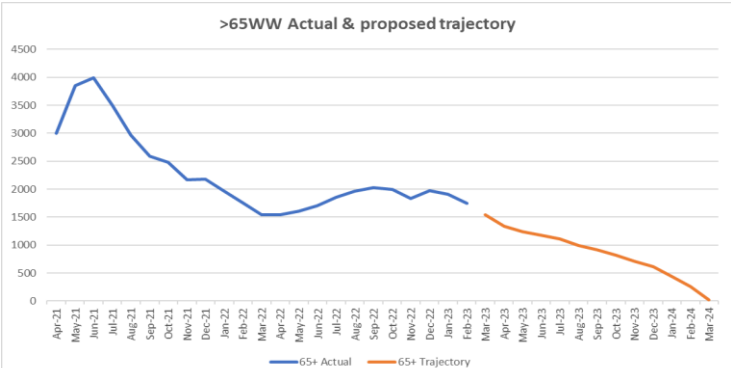
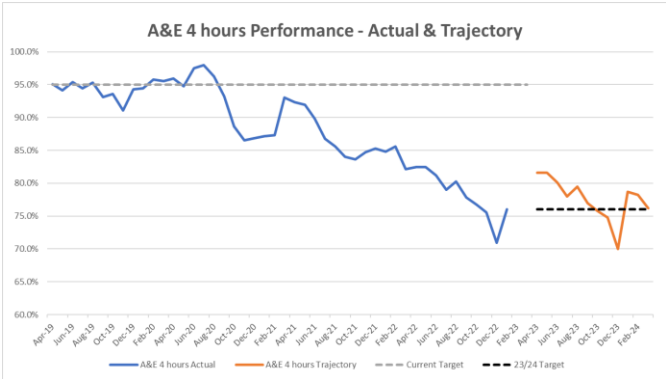
Public Trust Board – 25 May 2023



Healthcare at its best
with people at our heart

Performance trajectories for 23/24

- 109% Value weighted activity compared to 2019/20 outturn (based on NHS England Elective Recovery Fund ready reckoner)
 - According to internal calculations our activity plan delivers 107%, £3m short
- A&E 4-hour target – **77.5%** (annual performance) against a target of 76%. Oct-Dec are forecast less than this.
- >65 week waiters – **14** remaining at end of March 2024 against a target of zero.
- >52 week waiters – **3,000** remaining at end of March 2024 - no specific target but reduction required.
- 28 Day FDS – **75%** standard to be met every month except for 4 months during summer 2023 (Jun-Sept)
- 62 Day Backlog – **200** remaining at end of March 2024 – in line with revised target agreed with Northern Cancer Alliance of 200
- Plus Tier 1 trajectories for 104 & 78 ww....



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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 May 2023						
Title	Medical Director's Report						
Report of	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Prepared by	Andy Welch, Medical Director/ Deputy Chief Executive Officer						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The Report highlights issues the Medical Director wishes the Board to be made aware of.						
Recommendation	The Board of Directors is asked to note the contents of the report.						
Links to Strategic Objectives	Putting patients at the heart of everything we do and providing care of the highest standard focusing on safety and quality.						
Impact (Please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	No direct link.						
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
- Clinical Boards
- Industrial Action
- Medical Workforce
- Recent Award

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

- i) Consultant Appointments

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

MEDICAL DIRECTOR'S REPORT

1. QUALITY AND PATIENT SAFETY

1.1 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.

Funding has been agreed for 1 year non-recurrently to allow commencement of a key arm of the NPSS, namely the Patient Safety Incident Response Framework (PSIRF) which replaces the established Serious Incident Framework. This has allowed the imminent appointment of a Band 8b colleague to lead the project and supported 5PA of consultant time which will be shared by Clinical Directors (CDs) in Quality and Safety (Q+S), Mike Clarke and Suzi Jackson. Initial priorities will be identifying 3-4 major safety topics which will be placed at the apex of incident investigation priority and to support Q+S structures within the board in developing their own incident investigation skill set and resource.

1.2 Maternity Care Quality Commission (CQC) Inspection Report

The CQC report into maternity is of concern, with a down grade to Requires Improvement despite appeal. The major issues of concern include midwifery staffing, training, infection control, medicines management and valuing staff. There are however many positives which are also included within the report.

Further details are included in agenda item A11b(i).

1.3 Care for Me With Me Initiative

Following recent concerns raised by the CQC surrounding practice and documentation with regard to Mental Capacity Act (MCA)/Mental Health Act (MHA), a working party has addressed five separate work streams in the realm of capacity, mental health and learning disability encompassing do not attempt cardiopulmonary resuscitation (DNACPR) and the documentation process.

This work is largely complete, and education and assimilation into daily practice is now underway – this in itself is a huge undertaking.

It will be necessary to ensure routine documentation of mental capacity as well as streamlining our interactions with mental health teams, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) and consolidating the care requirements for patients under the MHA.

Further details are included in agenda item A11b in the Public Board Reference Pack (BRP).

1.4 Boards and Q+S Structure

A meeting was held on 24 April 2023 of the Director of Operations (DoPs) and Clinical Board Chairs alongside the senior Clinical Governance and Risk Department (CGARD) Team and Medical Director to discuss the structures that will best support Quality and Safety activity within the new Boards.

Broadly, this will encompass a whole Board Quality Oversight Group with a standardised agenda in all areas which will be divided into four areas, namely safety, patient experience, effectiveness and quality improvement.

It is envisaged that those agenda headings will be replicated by feeder Quality & Safety (Q+S) committees further within the departments and directorates of a Board. Bespoke arrangements will inevitably be required in each differing area – CGARD will pro-actively support this process with named CDs and senior CGARD staff attached to each board.

No additional funding is available for these crucial Q+S structures. Medical time will thus have to be found within current supporting professional activities (SPA) and contracted time, and nursing and Allied Health Professionals (AHP) staff from within their existing professional roles.

Reporting arrangements of Quality Oversight Groups are yet to be agreed but will be to both CGARD and the Trust Leadership Group.

2. CANCER UPDATE

- The 2 week wait performance (target 93%) is generally improving: 85.8% in January, 87.2% in February and 84.5% in March. April's figures are a little lower at 77.7% but are not yet finalised.
- The 28-day faster diagnosis standard (target 75%) is overall improving over the year with 76.7% compliance in January, 85% in February, 81.8% in March. Initial data for April are at 77.9 %
- The 62-day target performance (target 75%) is currently at 60.2% (April), compared to 51%, of patients being treated withing 62 days of referral in January, 61.1% in February, 60.4% in March.
- The Trust was removed from Tier 2 for cancer at the end of April, based on the performance trajectory. We are mindful that some cancer referral peaks are seasonal (for example dermatology), work clearly needs to continue to maximise capacity to maintain the trajectory.
- There is considerable work ongoing to improve performance, the corporate cancer team continue to work with departments to understand and overcome any barriers to improvement. Currently work is ongoing to streamline referrals between multidisciplinary teams to minimise any delays at this point in the pathway. Patient tracking lists and patients who are breaching the treatment targets are reviewed at a senior level within each department on a weekly basis to ensure clinical prioritisation and efficient use of resource. Work is underway to allow best practice timed pathway standards to be used to benchmark performance and understand pinch points in the

pathways. The ambition is for all patients treated in a timely manner, with assurances that clinical prioritisation is effective.

- A new Healthcare Centre has opened in Westerhope which will provide subcutaneous anticancer therapy and intravenous immunotherapy such as pembrolizumab and nivolumab to patients with various types of cancer. The medicines are administered by nurses employed by Lloyd's, who have honorary contracts with the Trust, but will remain under the care of their Trust consultant. The aim is to improve the waiting times for these patients and increase capacity in the Northern Centre for Cancer Care (NCCC) day unit. The unit will officially open on 11 May with the immunotherapy patients' treatments starting after 15 May. The building work and management fees have been funded by NHSE and two pharmaceutical companies with commitment to continue funding based on positive patient satisfaction, quality of care and appropriate levels of referral.

3. CLINICAL BOARDS

Regular meetings have taken place with the new Clinical Board Chairs, who are being supported by the Medical Director's Group (MDG) in developing their strategies and providing feedback.

4. INDUSTRIAL ACTION

Grateful thanks are due to our committed staff who pulled together to ensure that patients came to no harm consequent to recent industrial action.

5. MEDICAL WORKFORCE

Work is ongoing to assess the areas of deficiency and rota gaps. A future paper will provide details.

6. RECENT AWARD

The new Patient Information website for Heart and Lung Transplant assessment patients won an award from the Society for Cardiothoracic Surgery in Great Britain and Ireland during the Annual Meeting of the Society in Birmingham. This comes soon after being highly commended for this work for excellence in education by NHSBT last month. The project was funded by Newcastle Hospitals Charity in collaboration with the University of Northumbria.

8. BOARD REFERENCE PACK DOCUMENTS

Included within the BRP are the following documents to note:

- i) Consultant Appointments

9. RECOMMENDATION

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

A R Welch FRCS
Medical Director
16 May 2023

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TRUST BOARD

Date of meeting	25 May 2023						
Title	The Use of N ₂ O (Nitrous Oxide) Within Newcastle Hospitals Following NHS England Guidance						
Report of	Angela O'Brien – Director of Quality and Effectiveness						
Prepared by	Craig Newby – Health, Safety and Risk Lead						
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	NHS England recently released a guidance note, namely, Guidance on Minimising Time Weighted Exposure to Nitrous Oxide (N ₂ O) in Healthcare Settings in England. Work has been ongoing to meet the requirements of this guidance, which includes air monitoring, location and effectiveness of ventilation and scavenging systems as well as staff awareness. This report highlights the work already completed and actions that have been proposed to identify N ₂ O exposure levels. The proposed monitoring would help to formulate risk assessments and identify any remedial work, which may include the extension of scavenging systems.						
Recommendation	Raising awareness of the current Trust position, in relation to compliance with NHS England guidance.						
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Link to Board Assurance Framework [BAF]	Strategic Objective 1 Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Control measures reducing the amount of N ₂ O emissions impacts positively on both staff safety and the environment.						
Reports previously considered by	This is a new report which was discussed at the Quality Committee on 16 May 2023 and the Health and Safety Committee on 10 May 2023.						

**THE USE OF NITROUS OXIDE (N₂O) WITHIN NEWCASTLE HOSPITALS
FOLLOWING NHS ENGLAND GUIDANCE**

1. INTRODUCTION

On 2 March 2023 NHS England released Guidance on Minimising Time Weighted Exposure to Nitrous Oxide in Healthcare Settings in England. This guidance outlines the mitigations that NHS trusts should consider to protect staff by limiting their occupational exposure to nitrous oxide (N₂O) and recommended governance arrangements for board assurance of occupational exposure to N₂O.

Maternity services had already considered the use of N₂O and its impact on the environment. As a result of this pioneering work, N₂O scavenging systems were added to the piped N₂O system within 10 of the 13 delivery rooms. This was in the form of a Central Destruction Unit (CDU) which breaks the gas down into safer constituent parts before releasing into the atmosphere. Where the CDU could not be installed, 4 Mobile Destruction Units (MDU) were purchased to cover the 3 delivery rooms, not attached to the CDU, as well as all the rooms within the Birthing Centre. The Trust were the first in the country to install this equipment for environmental reasons. An added benefit the CDU and MDU achieve is to reduce the exposure of N₂O to staff working in these areas and is therefore already helping the organisation meet the requirements of this guidance. Some Trusts across the country have taken steps to suspend the use of N₂O pending further investigation.

The risks of N₂O exposure to staff were considered earlier in the year and a paper was formulated by Dr Whitehouse (Consultant Anaesthetist) and Dr Allen (Anaesthetic Trainee) in February 2023 prior to the NHS England Guidance. This highlighted the number of areas, across the Trust, which use piped N₂O, including the frequency of use and potential remedial actions. This paper was being considered when the NHS Guidance was released.

The paper highlighted some higher risk areas, where this guidance would apply. These are shown in the table below:

Maternity Delivery Suite	<ul style="list-style-type: none">• Three rooms that aren't connected to the Central Destruction Unit (CDU) but have one Mobile Destruction Unit (MBU) shared between the three rooms.• Rooms do not have low level extraction. Ventilation system meets the required standards for air exchange rates.
Birthing Centre	<ul style="list-style-type: none">• Twelve rooms currently covered by three MDU's.• All rooms have low level air extraction. Ventilation system meets the required standards for air exchange rates.

	<ul style="list-style-type: none"> These rooms comply with the NHS Guidance; however, the number of MDU's would need to be considered should all 3 rooms be in use at any one time.
Ward 37 RVI Burns Unit	<ul style="list-style-type: none"> Six rooms, one bathroom and one assessment room using piped N₂O. None of these rooms have access to either a CDU or MDU. Rooms have low level extraction but work on positive pressure, which will not meet the required air exchange rates to dilute N₂O to a safe level.
Ward 10 RVI Paediatric Plastic Surgery	<ul style="list-style-type: none"> One treatment room. This room does not have access to either a CDU or MDU. Rooms do not have low level ventilation. Ventilation system meets the required standards for air exchange rates.
Ward 11 RVI Paediatric Orthopaedics	<ul style="list-style-type: none"> One treatment room. This room does not have access to either a CDU or MDU. Rooms do not have low level ventilation. Ventilation system meets the required standards for air exchange rates.

A number of areas have access to piped N₂O but rarely / do not use it and many areas use cylinder N₂O but on a more infrequent basis.

2. AIR MONITORING IN HIGHER RISK AREAS

Air monitoring can be measured either at personal level (device attached to a person) or measuring levels within a room. A limited amount of in-house room air monitoring has been undertaken by Dr Whitehouse using a calibrated N₂O monitor. This took place in 2022 and covered both Delivery Suite and the Birthing Centre. The monitoring showed exposure levels to be generally under the Workplace Exposure Limits (WEL) for N₂O of 100 parts per million. Further comprehensive monitoring has been commissioned to monitor personal N₂O exposure and room-based N₂O levels across Maternity and took place on 10 May 2023 by an external air monitoring contractor.

Ward 37 and the treatment rooms on Ward 10 and 11 have not been subject to either room based or personal air monitoring.

3. VENTILATION IN HIGHER RISK AREAS

The function of the ventilation system in this circumstance is to dilute all hazardous substances in the air including the concentration of N₂O, such that it does not exceed the maximum time weighted exposure limits for staff and in line with the standards set in HTM2025 / HTM03-01 2021. There should be a minimum of 10 air exchanges per hour in

rooms where N₂O is used; however, recovery rooms and theatres should routinely be achieving 15 air exchanges per hour in accordance with HTM2025 / HTM03-01. Recent ventilation tests in Delivery Suite have shown most rooms meet that standard; however, three rooms fell below that standard and remedial work is currently ongoing to address these shortfalls.

Ward 37 bedrooms use positive pressure ventilation, which means it's difficult to achieve the required ten air exchanges per hour in relation to N₂O exposure. Monitoring N₂O exposure levels in these rooms is critical and therefore we have scheduled external monitoring. This may indicate the need to use mobile destruction units and further monitoring as an effective control.

Treatment rooms in Wards 10 and 11 achieve the required standard of 10 air exchanges per hour.

As N₂O is heavier than air, the NHS England guidance recommends rooms have a low-level air outlet and high-level air inlet to effectively dilute the concentration of N₂O. This standard relates directly to HTM03-01 2021; however, many of the patient rooms across the organisation were designed to meet HTM2025 which pre-dates HTM03-01 and does not require the provision of low-level extract. This isn't currently achieved in all higher risk areas where piped N₂O is used frequently. Remedial work has been agreed for Delivery Suite to add low level ventilation; however, access to the ward to undertake this work has been difficult.

Ventilation systems are monitored and maintained every three months as part of a planned preventative maintenance programme, across the areas using piped N₂O / Entonox.

4. STAFF EDUCATION AND AWARENESS IN HIGHER RISK AREAS

It is vitally important staff are aware of the risks of prolonged exposure to N₂O and the controls in place to provide protection. Staff need to receive education and awareness to ensure the following:

- They position themselves correctly relative to exhaust N₂O and the direction of ventilation flow. This is particularly important where scavenging systems are not available.
 - Staff need to provide clear instructions to patients on the correct use of equipment being used, including exhaling out through the mouthpiece.
 - Ensuring N₂O supply is turned off when not in use.
 - Unplugging regulators from outlets when not in use.
 - Monitoring the condition of equipment for leakages.
- Understanding how this will be achieved is still in development.

5. RECOMMENDATIONS

Recommendations	Responsibility	Date
1. Ensure ventilation in rooms where piped N ₂ O is used frequently, meet the minimum 10 rate as set out in the requirements of HTM03-01 2021. Ward 37 must meet the same air exchange rates, but which are set out in HBN 04-01.	Estates	Ongoing
2. Externally contracted monitoring for all rooms across maternity using piped N ₂ O. This must include both room and personal exposure monitoring. Results will dictate further required controls	Matron Schultz	May 2023
3. Extend contracted monitoring to Ward 37 and the Treatment Rooms in Wards 10 and 11. Using the results to dictate required controls.	Health and Safety / Ward Managers	June 2023
4. Identify those higher risk rooms that do not have low-level air outlets and consider this alongside the results of the proposed monitoring.	Estates	May 2023
5. Ensure all staff working in higher risk areas received information in relation to risks associated with exposure to N ₂ O and the necessary control measures.	To be Confirmed	Ongoing
6. Capping off any unused N ₂ O outlets found in clinical areas.	Estates	July 2023
7. Develop comprehensive COSHH assessments once monitoring has taken place and exposure limits are confirmed.	Health and Safety	June 2023

To provide further assurance the Trust Health and Safety Committee will take overall oversight and ownership of this work with the Medical Gas Safety Group assisting in the delivery of infrastructure related actions.

Craig Newby

Health, Safety and Risk Lead

May 2023

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TRUST BOARD

Date of meeting	25 May 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 Allied Health Professions (AHP) Workforce, Education and Practice Development • Palliative Care and End of Life Care Bi-annual update • Safeguarding Quarter 4 (Q4) update • Learning Disability update (Q4) • Patient Experience update (Q4) <p>The detailed report is included in the Public Board Reference Pack (BRP).</p>						
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"/>
Link to Board Assurance Framework [BAF]	<p><u>Strategic Objective One</u> Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p><u>Strategic Risk Description</u></p> <p>i) SO1.1 - Extreme capacity and demand pressures may impact the Trust ability to achieve important operational and regulatory standards including securing income.</p> <p>ii) SO1.4 - There is a risk of regulatory intervention if we are unable to comply with mandatory NHS core standards which could impact on patient safety, quality of care and the reputation of the Trust.</p>						
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 provides an overview of the work to develop an Allied Health Professions (AHP) Workforce, Education and Practice Development strategy, specifically outlining the work of two new fixed-term posts - AHP Practice Education and Workforce Lead and Education and Practice Development Lead for Therapy Services.

AHPs are the third largest clinical workforce in the NHS, recognised in the NHS Long-Term Plan as having an essential role in supporting services to meet current and future demand. Having an AHP Workforce that is 'fit for purpose' is high on the national agenda, however AHP services have often lacked structured workforce development and educational infrastructure and therefore limited opportunity to pro-actively develop services and workforce strategy.

The report included in the Public Board Reference Pack (BRP) contains an overview of the current AHP workforce profile in the Trust and the current and future challenges we face as a Trust regarding the AHP workforce. The report outlines key work streams that are in place to try and address the current pipeline, recruitment and retention challenges which are co-ordinated and led by the two posts outlined above. An overview of a number of the workstreams included in the report are highlighted below:

- Staff Engagement - Engagement has been a key priority in the development of the AHP Workforce Strategy, with a commitment to engage, listen and co-produce. To date, four surveys focusing on career progression, education, retention and learning have been collated and analysed, with a further seven workforce workshops enabling a deep dive into these topics.
- Widening Participation is a key priority of both local and national agenda, and at Newcastle Hospitals we have developed an AHP Career Ambassador Network that is fundamental to creating resources and supporting career promotional events across Newcastle and the wider region. There is a particular focus on schools and colleges and targeting those harder to reach minorities across the local community.
- Retention remains a top priority given the rising rate of attrition across AHPs, and particular focus has been given to early career retention and preceptorship. Extensive work has been undertaken to benchmark the AHP Preceptorship process across the organisation and deliver on a new Nursing, Midwifery and Allied Health Professions (NMAHP) collaborative offer. In addition to this, an Institute for Healthcare Improvement (IHI) project has been undertaken to develop a Learning Needs Framework across the AHP workforce to standardise and simplify access to learning and development opportunities relevant for specific roles and banding.

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- AHPs have specialist skills and unique training needs related to each individual profession and job role. This creates a unique set of challenges in the delivery and governance of Education and Practice Development for AHPs across the trust. Having these two posts has enabled AHPs to build an oversight of the educational and development needs and priorities across the organisation, and to produce a portfolio of educational projects that have the potential to be commercialised moving forwards. There has also been targeted mapping work completed around uptake of the NMAHP Continuing Professional Development (CPD) funding, with promotional activity successful in significantly increasing AHP access over a twelve-month period.

The report includes a section outlining the future of this work. Continued investment in AHP Workforce and Practice Development is required and work is ongoing to identify funding to ensure the continuation of the two fixed term posts which have shown to be critical in ensuring the sustainable and successful progression and development of our AHP Workforce and Strategy.

Section 2: End of Life and Palliative Care Update

This section provides the bi-annual update into the work of the End of Life and Palliative Care Teams across the Trust. The Palliative and End of Life Care Service are committed to following national and regional guidelines and achieving the Trust's Strategic Goals. The team aim is to support the delivery of high-quality best practice palliative and end of life care to patients and carers in Newcastle hospitals and community. Highlighted within the report are several key workstreams and achievements over the recent months.

This includes the following:

- The Fourth round of the National Audit for Care at the End of Life (NACEL) was published in February 2023 from data collected from April 2022 to September 2022. The audit comprised of an organisational level audit, 50 case note reviews, 41 quality surveys (bereaved families survey) and 115 staff reported measures (staff survey). The report demonstrates that the scores from the Trust are above the National results in all domains and reflects the high-quality care delivered by staff working across the Trust.
- As previously reported to the Trust Board, the Trust is progressing with the roll out of the Gold Standards Framework (GSF). The GSF provides training for generalist frontline staff in health and social care to enable the provision of 'gold standard' care for all people nearing end of life. Relevant staff have completed the online webinars and we welcomed the national GSF team to our Trust on the 19 and 20 April 2023. The team were visiting the 10 participating wards to offer and provide further support in the implementation of the learning thus far.
- Due to the demands on space within the Freeman Hospital, the creation and development of the Freeman Haven has been delayed. However, a suitable space for the Freeman Haven (with easy access to refreshment, ward areas and to the outside) has now been identified and agreed and a full brief of the project has been completed. The concept design based on the Royal Victoria Infirmary (RVI) Haven has been approved by stakeholders in principle.

Section 3: Safeguarding and Mental Capacity Act Quarter 4 (Q4) Update

Section 3 of the report provides a Q4 summary update of Safeguarding and Mental Capacity Act activity throughout the Trust and includes references to developments in practice.

Safeguarding activity for Q4 evidences the following key high-level points:

- In adult safeguarding, data demonstrates a 5% increase in activity compared to the same quarter last year. It is noted that partner agencies have also experienced an increase, the reasons for which are multifactorial, thought to include the impact of the cost-of-living crisis, growing awareness of safeguarding along with changes and stressors arising from the impact of the pandemic.
- 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). In Q4 there has been over a 15% increase in comparison to Q3 and in March 2023 safeguarding activity reached an all-time high of 1,096 contacts/referrals. Neglect, child self-harm/overdose, parental self-harm/overdose, physical harm, and domestic abuse continue to be the main sources of referral.
- Recent investment has been agreed into the Safeguarding Teams which will in part mitigate this increase in activity but will need to be monitored regularly. The recruitment process is nearly complete with some staff already in post.

The report in the BRP includes an update in relation to compliance with Safeguarding training. At the time of writing the following key points are noted:

- Safeguarding Level 1 Adult and Children remains above 95% compliant.
- Safeguarding Level 2 Adult and Children both stand at 92%.
- Safeguarding Adults and Children Level 3 both remain of concern at 81% and 82% respectively though it is noted that compliance has increased since Q3 where they stood at 76% and 73%. 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.

Considering the focused Care Quality Commission (CQC) inspection last year which included a review of systems and process relating to the application of the Mental Capacity Act, the report includes an update on progress on agreed actions.

Mental Capacity Act training is now mandatory for identified clinical and patient facing staff and was launched in March 2023. At the time of writing 75% of relevant staff have completed this training. This training will be followed up in due course with Level 2 training for relevant staff and the content of the training has been finalised recently.

There has been an increase in the number of cases requiring legal involvement in Q4. There have been 15 complex cases and 8 of these cases have gone to the Court of Protection. Deprivation of Liberty Safeguards (DoLS) have also increased in comparison to previous years which is positive to see as this ensures patients are appropriately cared for in line with the Mental Capacity Act. There has been a total of 920 activated Urgent DoLS applications,

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with a further 60 applications received but not submitted, following triage. This marks an increase of 135 active DoLS from this point in 2021-2022.

Section 4: Learning Disability Q4 update

This section of the report provides a Q4 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 Q4 the team received 763 referrals, a slight rise from Q3 and an increase of 120 referrals from Q4 2022, representing a 16% upturn in activity. Q4 has continued to be particularly challenging as there have been several individuals who required direct intervention. The Trust has on average 35 patients at any one time with between 10 and 12 of those being highly complex, requiring greater team coordination potentially between multiple services.

The report in the BRP includes an overview of the recently implemented Diamond Standards Learning Disabilities training for all clinical and patient facing staff. At the time of writing there is a 74% training compliance. The Learning Disability Liaison Team continues to contribute to the regional work to develop a strategy to support people (Children and Young People (CYP) and Adult) with autism. Autism awareness training sessions were launched in April 2023 with particular emphasis on care in urgent and emergency care settings.

In response to the CQC report which highlighted concerns around record keeping of reasonable adjustments for people with a Learning Disability, a significant piece of work has commenced to ensure evidence of 'reasonable adjustment' is documented. The Learning Disability Liaison Team and the Digital Health Team are working collaboratively and at pace, whilst giving consideration to utilising 'Health Passports' to ensure the appropriate individualised information is both discussed with patients and families and documented appropriately.

Section 5 Patient Experience Q4 update

Section 5 contains a Q4 summary of the work of the Patient Experience team. The Trust has opened 137 formal complaints in Q4, which is a decrease of 5% from the previous quarter. The Trust has received on average 43 formal complaints per month, which is a 7% decrease from the previous year where the average was 46 complaints per month. Of the complaints that opened in this quarter, 23% had a primary concern with regards to communication.

From the 150 closed complaints in Q4, 22 complaints were upheld, 29 complaints were partially upheld and 99 were not upheld.

Included within this report is an update on the Patient Experience and Engagement Strategy. Following preliminary patient and staff consultation in summer 2022 the Trust is keen to explore and develop its patient experience strategy. With support from Newcastle Charities, WeAreStand; expert involvement practitioners and service change leaders, have been commissioned to help drive this exciting piece of work and are working in collaboration with the patient experience team.

The report in the BRP 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. The work of these groups remains fundamental in ensuring developments in services are patient led.

The final part of Section 5 provides an overview of the vital work of our Chaplaincy Team. The team continue to provide support for both patients and staff, delivering 2,239 contacts in Q4. In Q4 the team have conducted 313 chapel of rest, police identifications and coroners' cases in and out of hours. Our chaplains who are drawn from different faiths, beliefs and world views have been alongside 687 dying patients and their relatives; and conducted the appropriate rites, rituals and funeral services.

RECOMMENDATION

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

Report of Maurya Cushlow
Executive Chief Nurse
25 May 2023

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TRUST BOARD

Date of meeting	25 May 2023		
Title	Maternity 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>NHS England (NHSE) published the 'Three-year delivery plan for maternity and neonatal services' on 30 March 2023 https://www.england.nhs.uk/long-read/three-year-delivery-plan-for-maternity-and-neonatal-services/ The 'Three-year delivery plan' was published in response to learning and actions set out from the:</p> <ul style="list-style-type: none"> • Ockenden (2020 and 2022), • East Kent (2022), and previously • Morecambe Bay (2015) <p>Maternity reports which have highlighted concerns for families experiencing poor care, in particular families from minority groups.</p> <p>The plan sets out the ambitions for maternity and neonatal care to be made safer, more personalised, and more equitable for women, babies, and families. It highlights four key themes broken down into twelve priority actions to be delivered over the next three years. The plan details specific actions required of Trusts, Local Maternity and Neonatal Systems (LMNS) and/Integrated Care Boards (ICBs) whilst also detailing the National support to be provided from NHSE. The purpose of this paper is to provide members of the Trust Board with an overview of the 'Three-year delivery plan for maternity and neonatal services'. The four key themes are presented along with the twelve priority actions/objectives. Responsibility for each action is detailed with reference to ownership at Trust, LMNS/ICB and National level. The Plan also details how Maternity and Neonatal services will be monitored and measured in achieving the actions and these are referenced for the Trust Board to note. This paper includes the next steps for the Trust in benchmarking existing services against the ambitions of the three-year plan, identifying work that has already begun and is ongoing as a result from Ockenden, and align this with the plan whilst identifying outstanding actions required to fully comply with the three-year plan.</p> <p>This paper also provides an update on progress against both the interim and final Ockenden report recommendations detailing current Trust compliance. This paper also provides the Trust Board with an overview of the Trust's achievement of the 10 Safety Actions required to meet the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 4 compliance.</p>		

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	<p>This paper reports on the outcome of the Care Quality Commission (CQC) inspection of the Newcastle Upon Tyne NHS Hospitals Maternity Service in January 2023 under the domains of 'well-led' and 'safe' as part of their national maternity inspection programme.</p> <p>Detail with regard to workforce previously reported within the Ockenden paper is presented through the Nursing and Midwifery Staffing paper.</p> <p>The Ockenden Report (30 March 2022) can be found at: https://www.gov.uk/government/publications/final-report-of-the-ockenden-review</p> <p>The East Kent Maternity Report (Reading the signals - Maternity and neonatal services in East Kent – the Report of the Independent Investigation, 2022) can be found at: https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report</p> <p>The detailed paper is included in the Public Board Reference Pack (BRP).</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 against the interim and final Ockenden recommendations; iii) Recognise the significance of the 'three-year delivery plan for maternity and neonatal services' for the Maternity Service and that further detailed work is required to identify outstanding actions required to ensure full compliance; iv) Note the findings of the final report of the CQC inspection and the work required in response to this; and v) 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	<p><u>Strategic Objective One</u> Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p><u>Strategic Risk Description</u></p> <ul style="list-style-type: none"> i) SO1.1 - Extreme capacity and demand pressures may impact the Trust ability to achieve important operational and regulatory standards including securing income. ii) SO1.4 - There is a risk of regulatory intervention if we are unable to comply with mandatory NHS core standards which could impact on patient safety, quality of care and the reputation of the Trust. iii) SO1.11 - Failure to achieve required CQC standards could impact on the Trust's ability to remain "Outstanding" <p><u>Strategic Objective: 2</u></p>						

Agenda item A11b(i)

	<p>Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential - sustainable workforce planning.</p> <p>i) SO2.2 - Trust sickness absence has not returned to pre-pandemic levels. There is a risk that we are unable to fill staffing gaps across our services which could create additional operational pressure across the Trust and impact on quality of care we deliver.</p>
Reports previously considered by Trust Board	<p>Previous reports have been presented to members of the Trust Board on Ockenden, The Kirkup Report, and The Maternity Incentive Scheme (CNST).</p>

MATERNITY SERVICES UPDATE

EXECUTIVE SUMMARY

The purpose of this paper is to:

- i) update on progress against both the interim and final Ockenden report recommendations detailing current Trust compliance.
- ii) provide the Trust Board with an overview of the Trust's achievement of the 10 Safety Actions required to meet the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 4 compliance.
- iii) report on the outcome of the Care Quality Commission (CQC) inspection of the Newcastle Upon Tyne NHS Hospitals Maternity Service in January 2023 under the domains of 'well-led' and 'safe' as part of their national maternity inspection programme
- iv) provide members of the Trust Board with an overview of the 'three-year delivery plan for maternity and neonatal services'

The detailed paper is included in the Public BRP.

Section 2 provides a current position on progress against i) both the interim and final Ockenden recommendations Ockenden compliance has previously been reported in separate papers to Trust Board with full compliance now demonstrated at 75.6%, partial-compliance 22.1%, and 2.3% of recommendations remaining non-compliant.

Of note compliance has now been achieved for: (Recommendation 3.1) Conflict of clinical opinion escalation policy which has now been ratified and published on the Trust Intranet.

Thirteen partially compliant recommendations remain from the original group of thirty-two which the Trust continue to progress, and these are detailed in *Appendix 1*. There is nothing to report by exception.

Section 3 reports on ii) Year 4 of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) which began in August 2021 and had a final submission date of 2 February 2023. The Trust submitted the Board declaration on the 25 January 2023, declaring full compliance with all ten safety actions. The Trust was notified by NHS Resolution on the 5 April 2023 on the success of achieving all ten safety actions. The Trust awaits details of the year 5 scheme which will be reported to the Trust Board in a separate paper.

Section 4 reports on the iii) Care Quality Commission (CQC) inspection announced at short notice on 6 January 2023 as part of the national maternity inspection programme which focused only on two key domains of 'safe' and 'well-led'. This programme aims to give an up-

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to-date view of hospital maternity care across the country, to help the CQC understand what is working well, supporting learning and improvement at a local and national level.

An on-site inspection was made on 10 and 11 January and, the inspection team conducted interviews with the senior leaders and reviewed the feedback from women and families, together with a review of the evidence provided by the Trust.

The overall rating for the Maternity service has been declared as 'requires improvement' given a rating of 'good' for well-led and 'requires improvement' for safe. The remaining three domains of caring, responsive, and effective will be the focus for inspection at a later date.

The report provides evidence of some outstanding practice within the maternity service, together with some extremely positive findings, for example, robust governance frameworks, and staff assessing and responding to risks. However, there are three areas which the Trust 'Must Do' to ensure compliance with regulatory obligations.

'Must Do' Areas identified for improvement to comply with legal obligations are as follows:

- Regulation 12(1)(2)(e); the Trust must ensure staff complete daily check of emergency equipment. They must ensure equipment used by staff and women and birthing people is in date, checked regularly and safe for the intended purpose.
- Regulation 18(1)(2)(a); the Trust must ensure all staff receive such appraisal as is necessary to carry out their duties.
- Regulation 12(1)(2)(g); the Trust must ensure the proper and safe management of medicines, ensuring out of date medicines are removed and medicines are stored securely.

'Should Do' areas have been identified which do not breach regulation but which should be considered further and improvements made:

- The Trust should ensure that all staff complete the required mandatory training, including the appropriate level of safeguarding adults and children training.
- The Trust should ensure all areas are clean and staff use control measures to prevent the spread of infection.
- The Trust should ensure sufficient midwifery staff are deployed to keep women, birthing people, and babies safe.
- The Trust should ensure estates and facilities in the delivery suite are suitable to meet the needs of women, birthing people and families and protect their privacy and dignity.

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- The Trust should act to ensure staff fully complete all aspects of modified obstetric early warning scores in order to assess the risks to women and birthing people.
- The Trust should continue to monitor the security of the unit continues to be reviewed in line with national guidance.
- The Trust should continue work to introduce a robust formal triage and escalation process within the maternity assessment unit.

An action plan has been implemented and work has already commenced to improve all areas identified as requiring improvement. Further updates and assurance will be provided via the Quality Committee to Trust Board.

Section 5 provides members of the Trust Board with an overview of iv) the 'Three-year delivery plan for maternity and neonatal services. The 'Three-year delivery plan' was published on 30 March 2023 in response to learning and actions set out from the Ockenden (2020 and 2022), East Kent (2022), and previously Morecambe Bay (2015) Maternity reports which have highlighted concerns for families experiencing poor care, in particular families from minority groups.

The plan sets out the ambitions for maternity and neonatal care to be made safer, more personalised, and more equitable for women, babies, and families. It highlights four key themes broken down into twelve priority actions (objectives) to be delivered over the next three years. The plan details specific action required of Trusts, Local Maternity and Neonatal Systems (LMNS) and/Integrated Care Boards (ICBs) whilst also detailing the National support to be provided from NHSE. The Plan also details how Maternity and Neonatal services will be monitored and measured in achieving the actions and these are referenced for the Trust Board to note.

The four key themes and 12 priority actions/objectives are:

Theme 1: Listening to women and families with compassion which promotes safe care.

Objective 1: Provide care that is personalised.

Objective 2: Improve equity for mothers and babies.

Objective 3: Work with service users to improve care.

Theme 2: Supporting our workforce to develop their skills and capacity to provide high-quality care.

Objective 4: Grow our workforce.

Objective 5: Value and retain our workforce.

Objective 6: Invest in skills.

Theme 3: Developing and sustaining a culture of safety to benefit everyone.

Objective 7: Develop a positive safety culture.

Objective 8: Learning and improving.

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Objective 9: Support and oversight.

Theme 4: Meeting and improving standards and structures that underpin our national ambition.

Objective 10: Standards to ensure best practice.

Objective 11: Data to inform learning.

Objective 12: Make better use of digital technology in maternity and neonatal services.

This paper includes the next steps for the Trust in benchmarking existing services against the ambitions of the Three-year plan, identifying work that has already begun and is ongoing as a result from Ockenden, and align this with the Trust's existing plan, whilst identifying outstanding actions required to fully comply with the three-year plan. The identification of any associated risks will become more evident as the Trust progresses the benchmarking exercise, which will also rely on the interdependency of the ambition through National and ICB support. An update will be presented to the Trust Board in July 2023.

RECOMMENDATIONS

The Trust Board is asked to:

- i) Receive and discuss the report;
- ii) Note the current level of assurance against the interim and final Ockenden recommendations;
- iii) Recognise the significance of the 'three-year delivery plan for maternity and neonatal services' for the Maternity Service and that further detailed work is required to identify outstanding actions required to ensure full compliance;
- iv) Note the findings of the final report of the CQC inspection and the work required in response to this; and
- v) Note the associated risks involved.

Report of Maurya Cushlow

Executive Chief Nurse

25 May 2023

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TRUST BOARD

Date of meeting	25 May 2023		
Title	Nursing and Midwifery Staffing		
Report of	Maurya Cushlow, Executive Chief Nurse		
Prepared by	Ian Joy, Deputy Chief Nurse Lisa Guthrie, Associate Director of Nursing		
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>This report comprises of the Nursing and Midwifery Staffing (2022/23 Quarters 3 and 4) six-month review and the quarterly safe staffing assurance report. It fulfils the recommendations of the NHS Improvement 'Developing Workforce Safeguards' guidance (October 2018) and adheres to the recommendations set out by the National Quality Board (NQB 2016): How to ensure the right people, with the right skills, are in the right place at the right time. It updates the Board in relation to the following:</p> <ul style="list-style-type: none"> • Actions agreed in the Quarter 1 and 2 2022/23 Nursing and Midwifery Staffing Review • Setting evidenced based staffing establishments • Maternity Safe Staffing update • In-patient Skill Mix • Vacancy and turnover data for Nursing and Midwifery • Red flags and Datix • Planned and actual staffing fill rates • Care Hours Per Patient Day (CHPPD) figures • Three monthly staffing assurance review <p>The detailed report is included in the Board Reference Pack (BRP).</p>		
Recommendations	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Receive and review the six-month review from November 2022 - March 2023. • Review and note the progress with the actions from April to October 2022/23 six month review. • Comment on the content of this approach which has been prepared in line with national guidance. • Acknowledge and comment on actions outlined within the document. • Receive and review the quarterly staffing and outcomes review from January, February and March 2023. 		
Links to Strategic Objectives	<ul style="list-style-type: none"> • To put patients at the heart of everything we do and providing care of the highest standard focussing on quality and safety. • Supported by Flourish, our cornerstone programme, we will ensue that each member of staff is able to liberate their potential performance. • Being outstanding, now and in the future. 		

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<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"/>
Link to Board Assurance Framework [BAF]	<p><u>Strategic Objective One</u> Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p><u>Strategic Risk Description</u></p> <ul style="list-style-type: none"> i) SO1.1 - Extreme capacity and demand pressures may impact the Trust ability to achieve important operational and regulatory standards including securing income. ii) SO1.4 - There is a risk of regulatory intervention if we are unable to comply with mandatory NHS core standards which could impact on patient safety, quality of care and the reputation of the Trust. iii) SO1.11 - Failure to achieve required CQC standards could impact on the Trust's ability to remain "Outstanding" <p><u>Strategic Objective: 2</u> Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential - sustainable workforce planning.</p> <ul style="list-style-type: none"> i) SO2.2 Trust sickness absence has not returned to pre-pandemic levels. There is a risk that we are unable to fill staffing gaps across our services which could create additional operational pressure across the Trust and impact on quality of care we deliver. 						
	<p>Reports previously considered by</p> <p>The Board has previously received the annual Nursing and Midwifery Staffing Review report, the six-month review report and quarterly safer staffing assurance reports.</p>						

NURSING AND MIDWIFERY STAFFING SIX MONTH REVIEW

EXECUTIVE SUMMARY

This report combines the Nursing and Midwifery staffing six-month review report with the quarterly safe staffing assurance report. The purpose is to provide assurance that the Trust remains compliant with national guidance in relation to safer staffing.

The impact of ongoing emergency pressures and industrial action, combined with the current challenges faced across the NHS, continues to influence some of the detailed actions and outcomes contained within the report. There is robust professional leadership in place, supported by safer staffing governance frameworks and clear escalation guidance and accompanying actions. It is clear however that the staffing situation remains challenging due to high bed occupancy, increased patient acuity and dependency, balancing emergency and elective capacity and the focus to continue to deliver the highest possible standard of care. As such safe staffing escalation in line with our governance processes has remained in place since the last report.

Section 2 of the report highlights progress on agreed actions as outlined in the six month review presented to the Trust Board in November 2022. All actions have been addressed where possible and an update on progress is provided within the report.

Section 3 provides an update of the recent acuity and dependency data capture undertaken across in-patient areas in March 2023. The Trust uses the Safer Nursing Care Tool (SNCT) and the Safer Nursing Care Tool Children and Young People (SNCT C&YP) as the evidence-based establishment-staffing tool. The normal Trust process (aligned to national guidelines) is to triangulate these results with professional judgment and clinical outcomes with Ward Sisters, Charge Nurses, and Matrons as part of the nurse staffing review process. These meetings took place throughout November and December and the Senior Nursing Team had planned to meet with the Directorate Management Team by April 2023 to understand and areas of risk and agree where investment may be required through the business case process. However, the meetings were delayed due to operational pressures and industrial action but are now progressing. Further analysis and actions will be presented to the Trust Board in November 2023 once the above process has been completed. A review of other key services utilising newly released tools (Emergency Department and Community District Nursing) is in progress.

Whilst this is in progress, it is important to highlight key themes from a review of the March data capture.

Key points to note:

- Acuity and dependency continues to be high compared to pre-pandemic. Data suggests that there is up to a 20% increase in average acuity and dependency which is being closely monitored through our review process. Pressures from emergency admissions, increased medical bed occupancy and enhanced care observation continue to compound this issue.

- There are early indications that further analysis is required for some specific areas in Medicine such as the Assessment Suite and Care of the Elderly Wards across both sites where additional staff is required specifically associated with enhanced observation requirements. This is currently mitigated with additional bank and agency use.
- Cardiothoracic Services and Musculoskeletal Services remain broadly fit for purpose and aligned to SNCT recommendations. One area for each service requires further analysis where data suggests that additional staff may be required but this will be discussed in the review process to ensure this triangulates with professional judgement.
- Surgical Services remain broadly fit for purpose except for one ward which due to caring for an increased number of medical patients requiring enhanced observation, has required additional staffing. This was known as part of our winter planning process and is temporarily mitigated through additional bank use and rostering above the normal demand levels.
- Cancer Services, Neurosurgery, Gynaecology, ENT, Plastics and Ophthalmology all remain broadly fit for purpose and aligned to SNCT recommendations.
- Based on the SNCT data, three wards in Paediatrics require further analysis where data suggests that additional staff may be required but this will be discussed in the review process to ensure this triangulates with professional judgement.

Section 3.4 includes an update regarding Midwifery Services with reference to the increased scrutiny due to findings from public inquiries and various governing and regulatory bodies. The three-year plan for maternity and neonatal services defines how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families and emphasises the importance of workforce strategies which support greater improvement in care provision. The Trust has a number of key workstreams within the maternity service which work towards those requirements, the findings of which will be presented to the Trust Board in July 2023.

With regard to Midwifery staffing, including frontline clinical staff, and those in specialist and management positions, the actual establishment is marginally above that of the funded establishment and recruitment is into turnover vacancy only. This service has a permanently approved 20 whole time equivalent (wte) over-recruitment to allow for increased levels of maternity leave and to ensure a consistent, sustainable position within the large Midwifery workforce at Newcastle. Recent recruitment has been successful, in particular with those due to qualify as Midwives in September 2023. Recruitment activity will continue regularly to maintain a fully established or marginally over-recruited position moving forward.

Sickness absence rates remain elevated with a combined sickness absence rate currently of 5.7%. However, this is an improved picture against the previously reported 8% and broadly represents that as benchmarked against a Shelford peer rate of 6%.

In the six months from 1 October 2022 to 31 March 2023, there have been nine occasions out of a possible 1,092 episodes where the midwife has been unable to provide continuous one-to-one care and support to a woman in established labour. There have been eight occurrences where the delivery suite coordinator has not remained supernumerary and has resulted in the coordinator being the named midwife for a woman. The most common red

flag to be reported consistently each month is the delay between admission for induction of labour and the beginning of the process. On average the Trust performs 2,600 inductions of labour in a six month period. There were eighty-nine red flags recorded in this time period for delay between admission and the beginning of the process, equating to 3.4%. The rationale for this delay can vary such as acuity, unexpected clinical priorities and bed capacity. A review is taken at the time to ensure any clinical risk is identified and mitigated.

Where red flags and shortfalls against plan were noted on the occasions described above, this was escalated to the senior team and a review of the acuity and activity undertaken and managed through internal redeployment within the service. Together with professional judgement, the most appropriate utilisation of the available workforce resource has been made, thereby preserving, and maintaining safety.

Workforce challenges to meet acuity, and the impact that this has had on the closure of the Newcastle Birthing Centre (NBC), have been reported to the Trust Board previously within the Ockenden paper in January 2023. During the period of 4 March 2023 until 21 April 2023, the NBC closed on one occasion for a period of 32.5 hours. This closure affected five women in total, all whom received 1:1 care on the Delivery Suite. A quality impact assessment is undertaken at the time of any closure which indicates no risk to the safety of mother or baby, although the patient experience may be altered due to the environmental provision on the Delivery Suite in contrast to that on the Birthing Centre.

Section 4 of the report provides an update on skill mix requirements as recommended by the Developing Workforce Safeguards (2018) guidance, professional judgement and evidence-based tools. Skill mix reviews are conducted as part of annual nurse staffing reviews, or if a ward has altered from their primary function. Changes to skill mix are subjected to a quality impact assessment and are costed by the directorate finance team. The updated demand template and subsequent costings are shared with the Matron and Senior Sister prior to being altered on the demand template, or business case submission. No significant skill mix changes have been undertaken since the previous review.

Section 5 of the report provides an overview of Nurse Staffing Metrics (Recruitment, Retention, Red Flags and Datix, Staffing Fill Rates, Care Hours Per Patient Day (CHPPD)) between October 2022 and March 2023. The following key points are noted:

- Strategic work continues via the Nursing and Midwifery Recruitment and Retention Group with a focus on improving the vacancy and turnover position with an agreed work plan in line with NHSE retention guidance.
- The Trust has completed the NHSE Nursing and Midwifery Retention Self-assessment and this has been shared with the Integrated Care Board (ICB) lead. This will facilitate development of high impact actions and inform future work plans.
- The Band 5 Registered Nurse (RN) vacancy rate sits at 3.1%, compared to 7.9% for this period last year. This figure is based on the financial ledger and relates to current substantive staff in post and does not include those staff currently in the recruitment process.
- The total registered nursing turnover rate is 11.8%. which compares favourably with the national median of 13.1%. This turnover position does impact on the

departments being able to staff to their full required demand and focused work remains on-going to further reduce the turnover position.

- Since March 2022, 300 internationally educated recruits have been deployed from the Philippines and India. A further 102 candidates have been appointed and are in the recruitment pipeline, with further interviews booked.
- There has been continued focus on recruitment of Health Care Support Workers. It remains challenging to achieve a sustained operationally zero vacancy position. With pro-active recruitment campaigns the Trust has approximately 43wte staff in pipeline, with widening participation workstreams being prioritised.
- Datix submission related to staffing incidents are on average 20 per month. The majority relating to unfilled shifts, staff sickness and high acuity and dependency of patients.
- Red flags in the SafeCare application continue to be utilised effectively in conjunction with professional judgement. Red Flags are reviewed daily and acted upon/mitigated where possible in real time.
- There has been an increase in the staffing fill rates overall from November (95%) to March (100%). The reason for this is a reduction in vacancy and an improved sickness absence position.
- Fill rates for Registered Nurses on days are on 89% and on night shift have an average fill rate of 89%. This is an improvement compared to the previously reported position. This gap however cannot be fully mitigated and impacts on both staff and patient experience.
- The Trust average CHPPD in January 2023 was 7.9 which is slightly lower than the peer average and the national average or 8.1. These averages are marginally lower than our last report for the Trust and nationally.
- The staffing team continue to monitor CHPPD in SafeCare to enable the mitigation of risks from staffing shortfalls.

This section also contains the quarterly update from the Nurse Staffing and Clinical Outcomes Group. The Trust remains in level 2 safe staffing escalation.

A number of wards have required support at medium or high level since the last report to Board and the detail has been highlighted via the Quality Committee. Action plans are in place for these areas in collaboration with the ward staff and additional clinical support, education and resources provided, overseen by the Executive Chief Nurse Team and Directorate Teams.

Where beds have been closed due to staffing concerns, weekly review with the Executive Chief Nurse Team remains in place and will continue until all commissioned bed capacity is safely opened.

CONCLUSION AND ACTIONS

From this six month review, the following conclusions have been drawn:

- Complete the nurse staffing review meetings across the Trust and sign off 2023/24 staffing requirements.
- Complete the review of the Emergency Department using the new acuity and dependency tool and provide data analysis in the November 2023 report.
- Complete the review of the new Community Nursing Services Safer Staffing Tool following the first data capture and provide data analysis in the November 2023 report.
- Continue to provide scrutiny and oversight regarding the re-deployment of staff to respond to continued service pressures based on the level of staffing escalation.

The detailed report is included in the Board Reference Pack (BRP).

RECOMMENDATIONS

The Board of Directors are asked to:

- i) Receive and review the six monthly staffing review update
- ii) Review and note the progress with the actions from the annual review.
- iii) Comment on the content of this approach which has been prepared in line with national guidance.
- iv) Acknowledge and comment on actions outlined within the document.
- v) Receive and review the quarterly staffing and outcomes review from January, February and March 2023.

Report of Maurya Cushlow
Executive Chief Nurse
25 May 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 May 2023						
Title	Learning from Deaths (January 2023 – March 2023)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Pauline McKinney, Integrated Governance Manager – Quality						
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 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 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 Public Trust Board is asked to receive this paper for information and discuss the learning identified from mortality reviews.						
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"/>
Link to Board Assurance Framework [BAF]	Strategic Objective 1 Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.						
Reports previously considered by	This is a recurrent report and was previously presented to the Quality Committee in May 2023. The last report was presented to the Public Trust Board meeting on 23 March 2023.						

LEARNING FROM DEATHS

EXECUTIVE SUMMARY

The objective of this report is to provide the 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 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

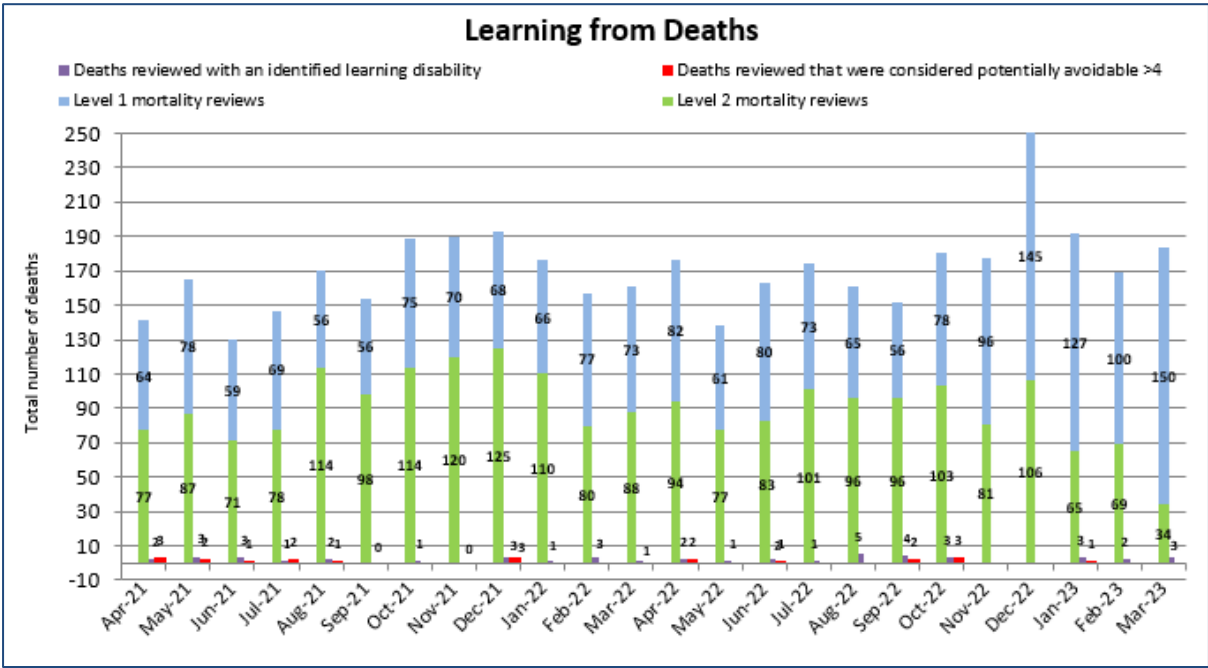
Current Morbidity and Mortality (M&M) meetings provide a robust forum for multidisciplinary discussion of inpatient deaths. The mortality review database was launched in June 2017 and has improved the ease at which lessons identified within M&M meetings can be shared between Directorates. The database 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 (April 2022 – March 2023) 2,118 patients died within Newcastle Hospitals with 1,040 of those patients receiving 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

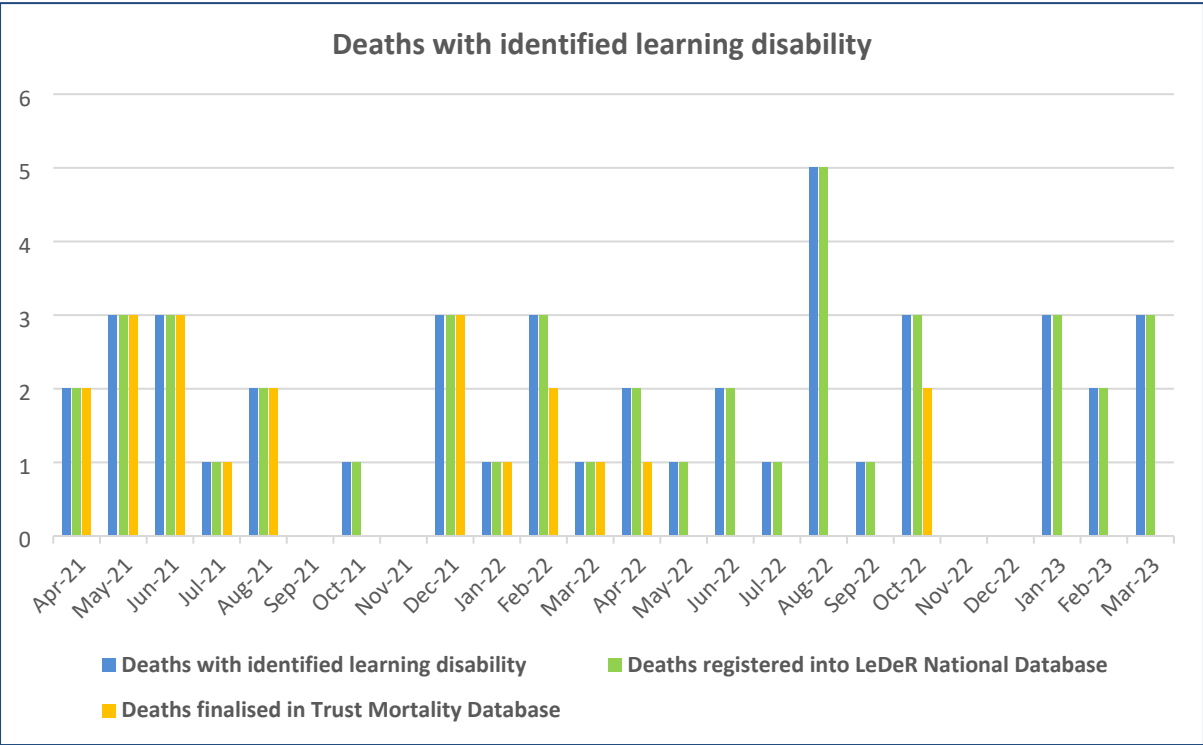
The National Learning Disabilities Mortality Review (LeDeR) Programme was established as a response to the recommendations from the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD 2013). CIPOLD reported that people with learning disabilities are three times more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

Over the preceding 12 months (April 2022 – March 2023), 23 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 Surveillance Group meeting and lessons learned are shared using various methods, which includes presenting at the Clinical Risk Group and via Patient Safety Bulletins.

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The current backlog of LeDer case reviews requiring completion is acknowledged and the Mortality Surveillance Group recognise that an increase in staff capacity is required in order to fully address this backlog. Additional LeDeR training is required and is being sourced for staff members within the Learning Disability Team. The nominated Associate Director of Nursing is currently in discussion with the Regional LeDeR Lead to explore provision of this. Further updates will be provided in future reports.

The graph below shows the data for the past 24 months (April 2021 – March 2023) and includes those patients who have been recorded into the national LeDeR database and Trust mortality review database.



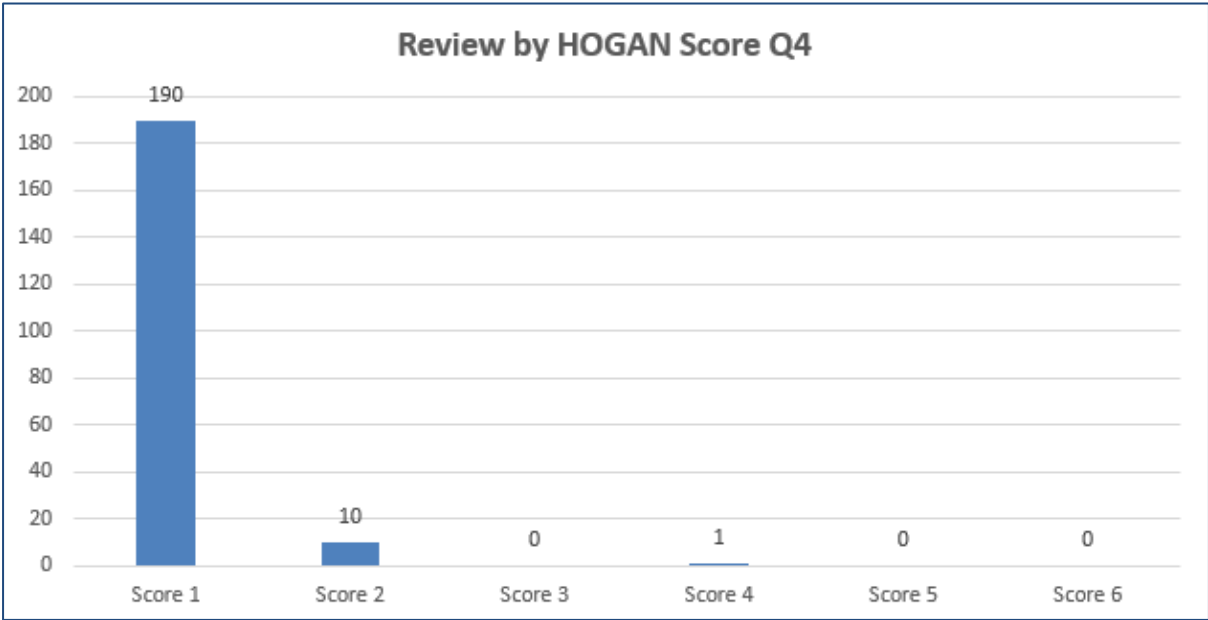
2.3 Outcome of Case Reviews – Hogan Score

Throughout Q4 (January 2023 – March 2023), 545 patients died, of which 201 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

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 Q4 are summarised in the graph below:



The graph shows one patient was recorded as HOGAN 4 or above. The patient is 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 reviews or investigations 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 Q4 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 Q4.

Directorate	Speciality	Summary	Learning Point	Outcome
Surgical Services	Vascular	An elderly, frail patient was admitted to a medical ward following a fall at home and subsequently transferred to a surgical ward with a diagnosis of haematoma. Conservative management was agreed. No further in-patient input from the medical team was provided.	Although the patient's death was sadly not preventable, this case highlighted the need for improved provision of medical team input for surgical patients.	Learning highlighted through Directorate governance structures and shared with Internal Medicine Directorate.
Internal Medicine	Older Peoples Medicine	A patient with a recent diagnosis of end stage renal failure was admitted due to shortness of breath and fluid overload. The patient was prescribed medication, however special instructions for incremental doses, was not administered as planned.	The medication guideline was reviewed in the local M&M meeting. In this instance the total dose was appropriate, however clear prescribing of incremental doses for titration of the medication within the special instructions could be improved.	Learning highlighting the need for clear documentation of special dosage instructions for drug titration was disseminated at the Directorate M&M and governance meeting.
Internal Medicine	Emergency Department	An elderly patient was admitted into the Emergency Department (ED) following a fall at home. An ECG was undertaken due to ongoing hypotension. Patient arrested in ED. The Post Mortem (PM) showed that the patient had suffered a myocardial infarction. It was noted that the ECG had not been signed or commented on in ED documentation.	The patient's death was sadly not preventable, however learning identified that documentation of ECG being reviewed and signed off by a senior clinician could be improved.	Learning regarding ECG review and sign off discussed at local M&M meeting and disseminated
NCCC	Oncology	A patient with progressive cancer was admitted due to being breathless and tachycardic. Despite treatment the patient continued to deteriorate and had a cardiac arrest. # The patient was resuscitated successfully, however sadly passed away later that day.	Despite the patient's clear deterioration and anticipated outcome, a DNACPR was not completed.	This learning was discussed at Directorate Governance meeting and the importance of timely DNACPR completion highlighted and disseminated.

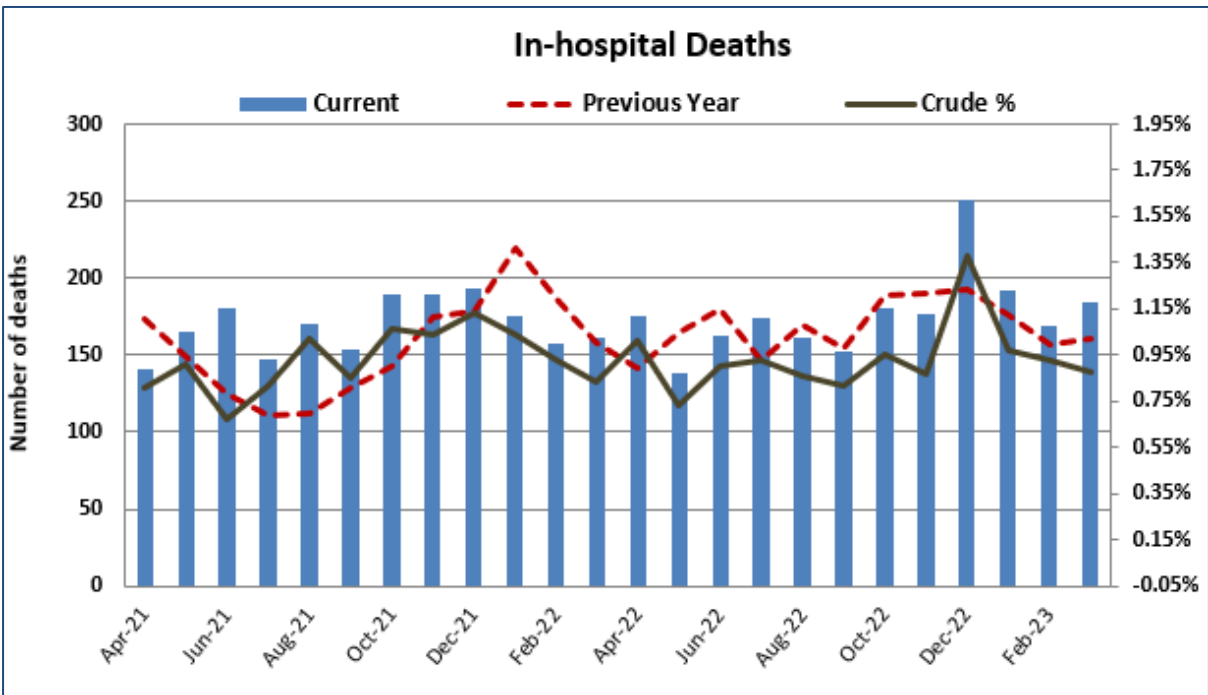
4. CRUDE MORTALITY

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 April 2021. The crude mortality shows an increase in December 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.

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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 Northeast Quality Observatory Service (NEQOS) is published quarterly and presents analysis showing the SHMI 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.

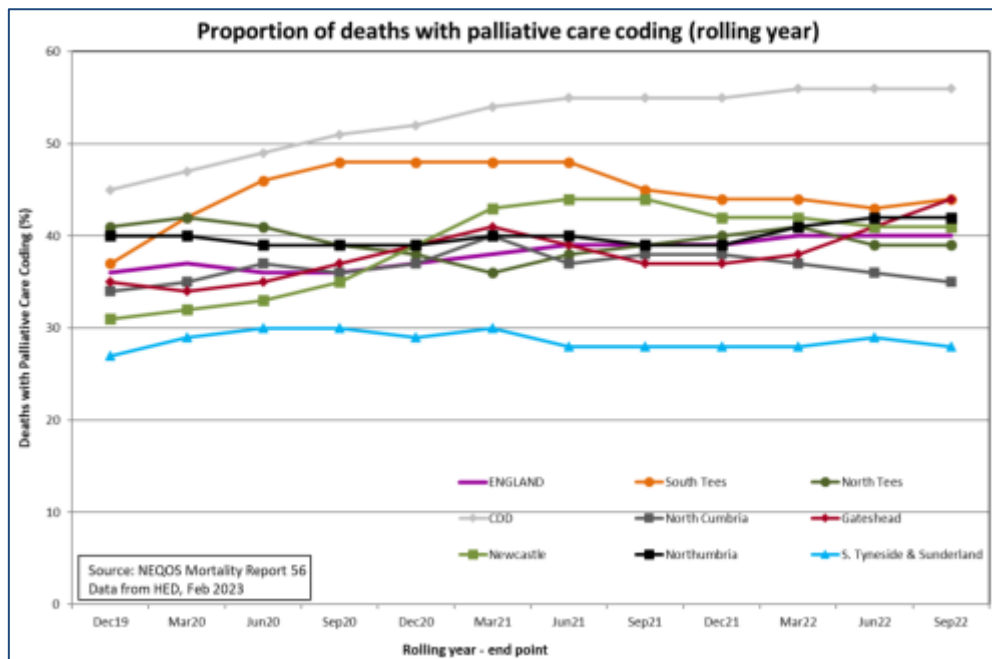
The latest publication is up to September 2022. Overall, the table below shows the Trust to be consistently below the national average for SHMI and one of the lowest regionally.

SHMI, total discharges, observed and expected deaths for October 2021 to September 2022:

Provider	Discharges	Observed	Expected	SHMI	Category
County Durham and Darlington NHS FT	82475	2845	2595	110	as expected
North Tees and Hartlepool NHS FT	54180	1740	1780	98	as expected
South Tees Hospitals NHS FT	76860	2370	2235	106	as expected
Gateshead Health NHS FT	33845	1240	1380	90	as expected
South Tyneside and Sunderland NHS FT	75835	2990	2755	109	as expected
The Newcastle Upon Tyne Hospitals NHS FT	101500	2295	2520	91	as expected
Northumbria Healthcare NHS FT	90435	2580	2765	93	as expected
North Cumbria Integrated Care NHS FT	41730	1765	1635	108	as expected

7. PALLIATIVE CARE CODING

The graph below is published within the NEQOS quarterly report and is currently presented up to September 2022. The graph below shows deaths with a palliative care coding which includes those who have died within 30 days of discharge. Palliative care coding was historically low within Newcastle upon Tyne Hospitals in comparison to regional Trusts. A rise in palliative care coding throughout 2020/21 can be explained by the rise in deaths during the pandemic.



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 Q4 are shown below:

- During January 2023 – March 2023 (Q4) there were 70 SIs reported to Commissioners via the Strategic Executive Information System (STEIS).
- Of these 70, there were nine patient deaths, which identified potential modifiable factors which contributed to the death. Investigations are currently ongoing for all nine cases.

The incidents that have resulted or contributed to a patient’s death, that have completed their investigation since the previous report submitted on 21 March 2023, are listed below and the learning is as follows:

2021/6478 – Maternity reportable case

- New-born Early Warning Tool re-enforced and audit of practice undertaken to ensure early detection of deterioration

2022/16166 – Delayed treatment

- E-Record functionality improved, highlighting a new default view of medication list to reduce risk of prescribing errors
- E-prescribing training module reviewed and staff training needs identified, with a new training programme due to commence in July 2023

2022/14275 – Surgical complication

- Strengthened communication and collaborative working between surgical specialty teams to support clinical decision making for patients at higher risk of complications

2022/13423 – Infection in surgical wound

- Trust wide environmental checking processes improved and requirements disseminated to all relevant clinical staff to ensure robust practice in place

2022/7700 – Delayed treatment

- No learning identified in this case; care managed as per national guidance during Covid 19

2022/10885 – Unexpected Death

- Local policy strengthened to prioritise early post operative blood tests in high risk patients
- Debriefs re-enforced as routine practice to offer effective staff support
- Bereavement checklist enhanced to ensure early family support and counselling is consistently offered

2022/4428 – Lost to follow-up

- Local communication processes strengthened to ensure all patients are provided with appointments, follow up and safety netted appropriately
- A formalised handover process put in place to ensure robust Consultant allocation for patients when managing Consultants leave the Trust
- Learning from case widely shared local and Trust governance forums

2022/20178 – Delayed treatment

- Protocol reviewed and prophylaxis medication checklist enhanced to support prescribers in both in-patient and outpatient settings
- Patient information leaflet updated to better inform patients regarding risks associated with medical condition & prescribed medication

2022/2208 – Lost to follow up

- Strengthened, centralised, appointment booking system now established, whereby specialty teams are notified of cancellations and processes audited

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.

A recent consultation was undertaken by the Associate Medical Director for Patient Safety & Quality, the Director of Quality & Effectiveness and the Medical Examiner Lead, to ascertain how the Medical Examiner role could support the appropriate completion of level 2 mortality reviews across the Trust. A process has been agreed whereby as part of Medical Examiner scrutiny and oversight, deceased patients' cases would be referred to local Mortality Leads if a level 2 review was required, using the *Reviewing and Monitoring Mortality Policy* as guidance. This will provide additional assurance that all patients who are required to have a level 2 review, receive a review. This process will be monitored by Clinical Governance & Risk Department and data presented to the quarterly Mortality Surveillance Group. It is expected that this new process will start in June 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.

Report of Angela O'Brien
Director of Quality & Effectiveness
16 May 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 May 2023						
Title	Healthcare Associated Infections (HCAI) Director of Infection Prevention and Control Report						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Dr Julie Samuel, Director of Infection Prevention & Control (DIPC), Consultant Microbiologist Mr Ian Joy, Deputy Chief Nurse Mrs Gillian Lishman, IPC Matron						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is the bi-monthly report on Infection Prevention & Control (IPC). It complements the regular Integrated Board Report and summarises the current position within the Trust to the end of April 2023. Trend data can be found in Appendix 1a (HCAI Report and Scorecard March 2023) and Appendix 1b (HCAI Report and Scorecard April 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"/>
Link to Board Assurance Framework (BAF)	<u>Strategic Objective: 1</u> Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Strategic Risk Description i) SO1.4 - There is a risk of regulatory intervention if we are unable to comply with mandatory NHS core standards which could impact on patient safety, quality of care and the reputation of the Trust. ii) SO1.10 - There is a risk that patients may present with or acquire infections including but not restricted to COVID-19, Influenza, MRSA, C Difficile, MSSA, GNBSI, Multi-resistant bacteria (e.g. CPE) or other harmful pathogens whilst in						

	receipt of healthcare. This could result in harm to staff and patients, IPC outbreaks, shortage of staff and impact our ability to provide safe standards of patient care.
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 performance against trajectories continue to be of concern. Improvement work continues with a number of initiatives and assurance processes in place to support improvement across all aspects of Harm Free Care including HCAI. The new Trust structure provides an opportunity to integrate Infection Prevention and Control (IPC) and its associated processes into the new Clinical Board governance framework.

Key points to note:

- Work is underway to integrate the IPC (including Antimicrobial Stewardship (AMS)) current Serious infection review process into clinical boards' governance framework.
- The Operational Plan for 2022-2023 demonstrated that the organisation has clear oversight over our position of compliance in relation to IPC. The 2023-2024 Board Assurance Framework will be the platform for assurance going forward. This framework is based on the updated Code of Practice issued in December 2022.
- Clostridioides difficile reduction strategy for Clinical Board 6 has been implemented in response to the increase in incidence seen across the directorate over the winter months.

RECOMMENDATIONS

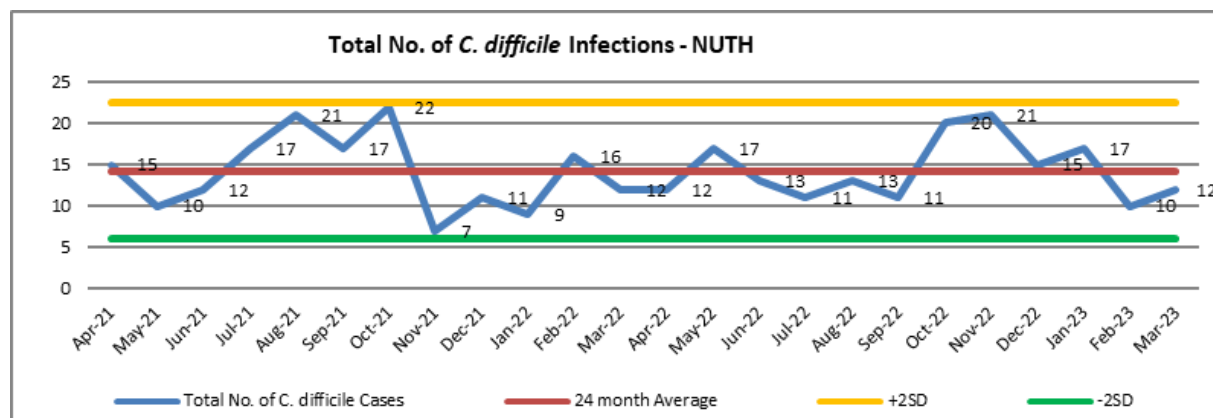
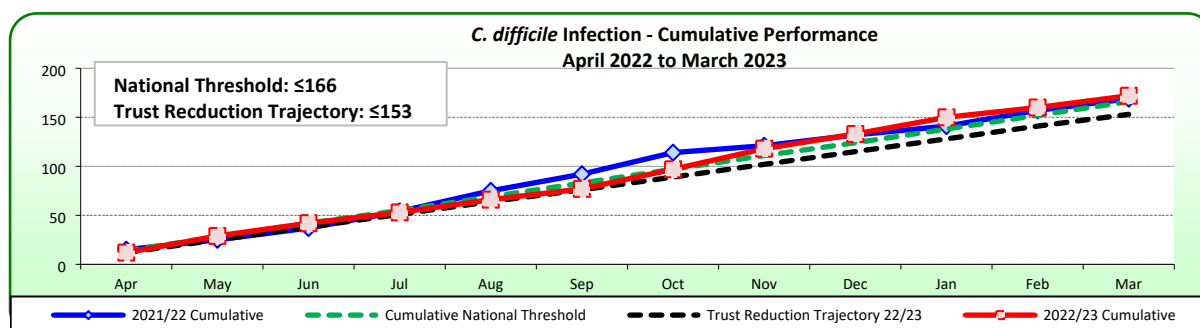
The Board of Directors is asked to (i) receive the briefing, note and approve the content and (ii) comment accordingly.

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

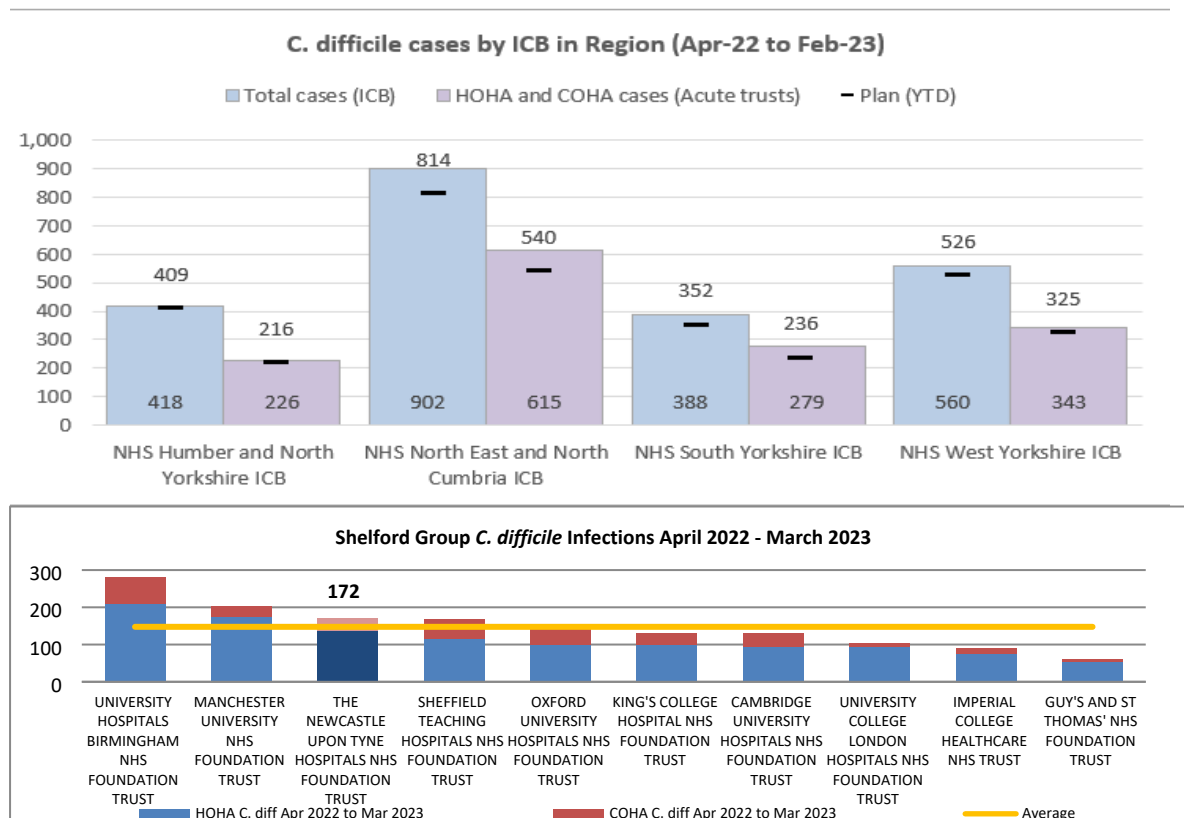
1. KEY POINTS FOR MARCH/APRIL 2023

1.1 *Clostridioides difficile* Infections (CDI)

At the end of March 2023, a total of 172 cases were attributed to the Trust (138 cases Hospital Onset Healthcare Associated (HOHA); 34 cases Community Onset Healthcare Associated (COHA)). This placed the Trust over local trajectory (≤ 153) by 19 cases and over national threshold (≤ 166) by 6 cases – month on month trend graphs are included in the Integrated Board Report. The local trajectory for 2023/24 remains at a 10% reduction of the 2022/23 total of ≤ 155 cases for the year.



Outlined below is the comparison of *Clostridioides difficile* cases by our Integrated Care Board (ICB) (April 2022 – Feb 2023). Source of Data (FutureNHS Collaboration platform). The difference in rates is multifactorial and is being investigated by our ICB.



There are some differences in benchmarking data between comparable Trusts, hence drawing conclusions based on cases alone may not be accurate. Our position is static, but work is underway to carry out a scoping exercise comparing key standards for *Clostridioides difficile* testing reporting and management.

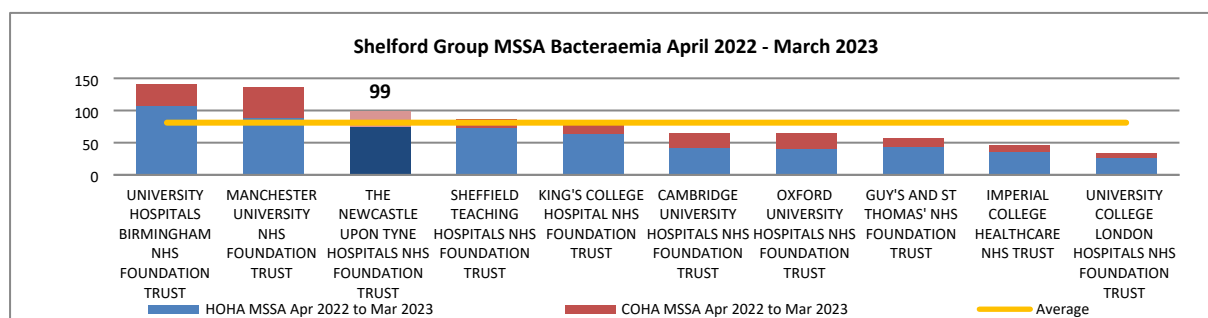
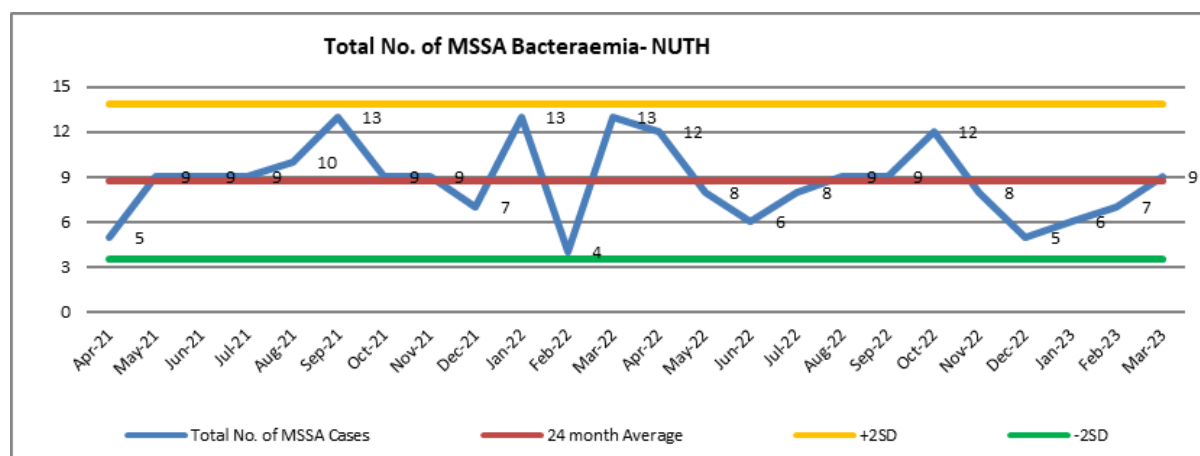
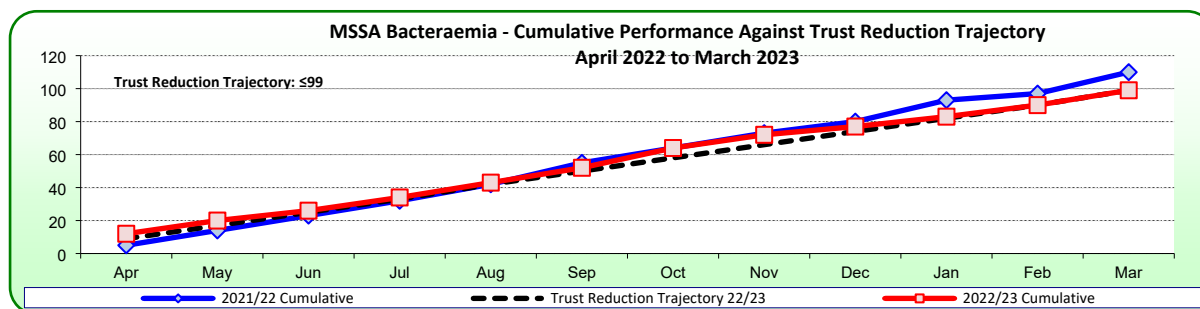
A diarrhoeal management initiative has been implemented in response to the increase in *Clostridioides difficile* infections seen in surgical patients between October 2022 and January 2023. A full review of cases identified opportunities to further improve standards of care in relation to management and antimicrobial stewardship in line with national guidance. The Infection Prevention and Control Team (IPCT) are working collaboratively with Clinical Board 6 on a focused initiative which will be extended into other Clinical Boards during 2023.

1.2 MRSA / MSSA Bacteraemia

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

By the end of March 2023, a total of 99 MSSA bacteraemia cases were attributed to the Trust (75 HOHA cases; 24 COHA cases), which ensured the Trust met with local trajectory (≤ 99 cases) and a 10% reduction. Month on month trend graphs are included in the Integrated Board Report. The Trust is continuing with a 10% reduction strategy for 2023/24 at ≤ 90 cases for the year. Initiatives around the management of indwelling devices and effective antimicrobial washes continue.

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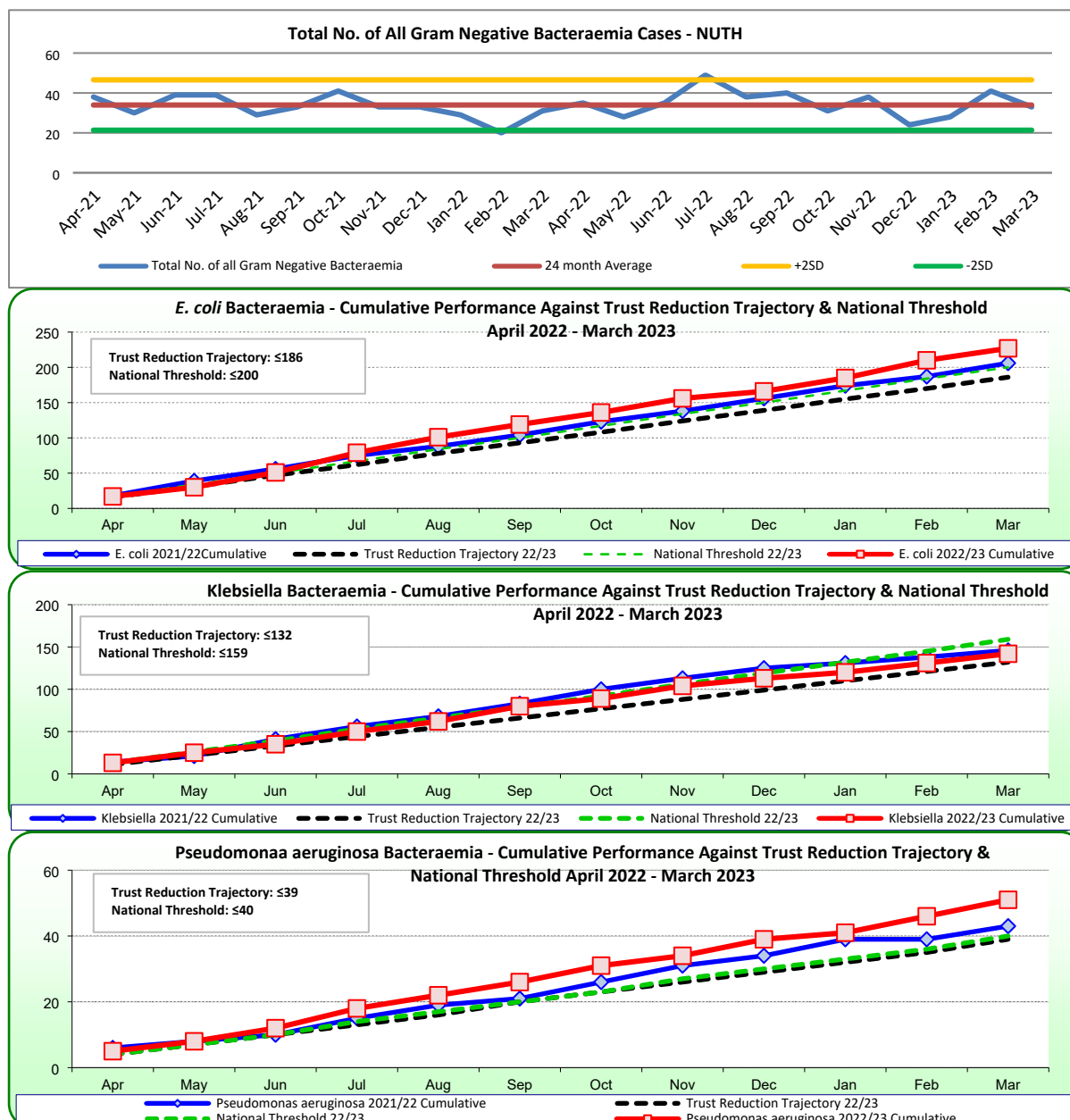


1.3 Gram Negative Bacteraemia (*E. coli*, *Klebsiella*, *Pseudomonas aeruginosa*)

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

	<i>E. coli</i>	<i>Klebsiella</i>	<i>Pseudomonas aeruginosa</i>
Cumulative No. cases to end of March 2023	227 cases	142 cases	51 cases
National Threshold for March 2023	≤ 200 Over by 27	≤ 159 Under by 17	≤ 40 Over by 11
Local 10% reduction Trajectory for March 2023	≤ 186 Over by 41	≤ 132 Over by 10	≤ 39 Over by 12

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

	<i>E. coli</i>	<i>Klebsiella</i>	<i>Pseudomonas aeruginosa</i>
Cumulative No. cases to end of April 2023	25 cases	9 cases	4 cases
National Threshold for April 2023	Not yet released	Not yet released	Not yet released
Local 10% reduction Trajectory for April 2023	≤18 Over by 7	≤11 Under by 2	≤4 On par

In response to the increase in catheter associated Bloodstream Infections (CAUTI GNBSI) within Older People's Medicine, catheter care ward rounds have been implemented as part of the quality improvement project, with support from CAUTI Specialist Nursing Team and IPC. Ward teams have been engaged and taken a proactive approach in utilising the HOUDINI framework (a mechanism that ensures comprehensive assessment of the need for

catheter placement and management), which has led to a reduction in the volume of indwelling devices in-situ on the wards.

1.4 Management of respiratory viruses including COVID-19

All respiratory viruses are being managed in line with national guidance that includes a respiratory assessment on admission (known as COVID-19 assessment 2022-2023). This is monitored weekly by IPCNs. The IPCNs have worked closely with the clinical teams throughout the year to support compliance which is currently 81%.

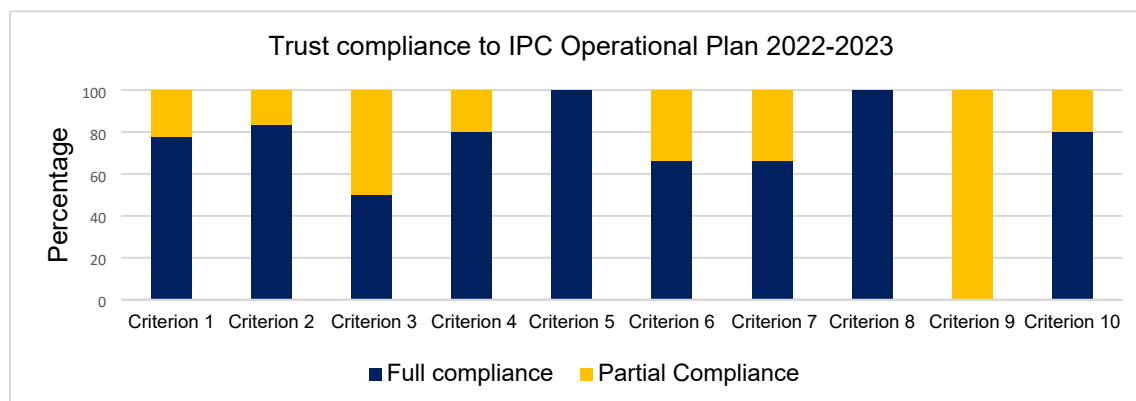
1.5 IPC Operational Plan

The Trusts Operational Plan for 2022-2023 is underpinned by the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (revised 2015). The code of practice sets out 10 criteria by which the CQC will judge a registered provider on its compliance with IPC requirements (Outcome 8, Regulation 12 and 15).

Code of Practice Criteria

- Criterion 1: Systems to manage and monitor the prevention and control of infection.
- Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
- Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
- Criterion 4: Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion.
- Criterion 5: Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
- Criterion 6: Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
- Criterion 7: Provide or secure adequate isolation facilities.
- Criterion 8: Secure adequate access to laboratory support as appropriate.
- Criterion 9: Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
- Criterion 10: Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

The Trust is fully compliant in 2 criterion and partially compliant in the remaining 8 criterion. The level of compliance to the plan is shown in the table below. Each criterion is divided into subsections, any subsection that is not deemed fully compliant results in partial compliance for the full subsection.



The Operational Plan for 2022- 2023 which incorporates the National Standards for Healthcare Cleanliness demonstrates that the organisation has clear oversight on the Trust's position of compliance in relation to IPC. There is clarity on assurance processes with gaps mainly relating to adherence to the established processes. Work is ongoing to support improved compliance. Areas of significant concern are reflected in the IPC risk register and mitigation is in place where feasible to address these concerns.

1.6 Antimicrobial Stewardship (AMS)

Work continues with the wards and directorates to improve engagement with the peer review of antibiotic prescribing. The last 3 months Take 5 results for all wards including community (where participation has occurred), indicate the areas for improvement are for more timely administration of antibiotic when faced with severe sepsis and improvement in taking samples for culture prior to patient being started on antibiotics. We are continuing to work with AMSG to improve compliance and spread awareness through our current IPC processes.

The CQUIN target for appropriate prescribing and management of is Urinary Tract Infection (UTI) / Catheter Associated Urinary Tract Infection (CAUTI), monitored only within Medicine (as per agreement with the Commissioners) is now complete.

CRITERIA	Q1		Q2		Q3		Q4	
	UTI	CAUTI	UTI	CAUTI	UTI	CAUTI	UTI	CAUTI
Document diagnosis of UTI based on clinical signs and symptoms?	70%	60%	86%	80%	87%	91%	94%	82%
No Dipstick to diagnose UTI in >65yrs or for CAUTI	94%	75%	96%	80%	93%	100%	96%	100%
Antibiotic choice in line with guidance?	74%	60%	80%	40%	77%	81%	78%	86%
Urine sample	87%	88%	92%	80%	79%	81%	83%	86%
CAUTI – document catheter review	63%		73%		70%		68%	
Overall	50%		63%		53%		60%	

Overall compliance is 60%. Whilst individual markers of good practice were generally well

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over 80%, the Trust had to be compliant in ALL markers in each patient to be compliant. There is clear improvement in all areas since the start of the CQUIN.

There is no National funding for CQUIN in AMS for 2023-24, however the AMSEG are keen to take on the IV to oral switch CQUIN03. This requires education and monitoring around prompt switching of intravenous (IV) antimicrobial treatment to oral administration as soon as patients meet switch criteria. This CQUIN aligns with a commitment in NHS England's 2022-23 Priorities and Operational Planning Guidance to support reduced lengths of hospital stays by ensuring that intravenous antibiotics are only used for as long as clinically necessary (Ref Commissioning for Quality and Innovation (CQUIN): 2023/24 Guidance Version 1.1, 6 January 2023).

1.7 Water Safety

No exceptions to report.

1.8 Ventilation

Procurement is in progress to update the ventilation plant in Maternity and Nuclear Physics departments at the Royal Victoria Infirmary (RVI). Works are expected to be completed in summer 2023.

1.9 Decontamination

The poor reliability issues with the tunnel washers at the RVI are being managed by the installation of a Cabinet Washer in September 2023.

2. RECOMMENDATIONS

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

Report of Maurya Cushlow
Executive Chief Nurse

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

25 May 2023

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