The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Public Trust Board of Directors' Meeting

Thursday 27 July 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 25 May 2023 and Matters Arising	Sir John	Attached	13:16 - 13:18
3.	Chairman's Report	Sir John	Attached	13:18 – 13:23
4.	Chief Executive's Report	Dame Jackie	Attached	13:23 – 13:33
Strategic items:				
5.	Patients: Digital People Story	Maurya Cushlow	Attached	13:33 – 13:43
6.	Patients: Care Quality Commission (CQC) update	Maurya Cushlow / Angela O'Brien	Verbal	13:43 – 13:53
7.	Partnerships: Partnership Update	Martin Wilson / Caroline Docking	Presentation	13:53 – 14:03
8.	Performance: Performance Report	Vicky McFarlane-Reid / Martin Wilson	Attached & Verbal	14:03 – 14:25
9.	People: Industrial Action	Christine Brereton / Martin Wilson	Verbal	14:25 – 14:35
	Refreshment break			***14:35 – 14:45***
Business Items:				
10.	Director reports:			
	a. Medical Director; including: (i) Annual Guardian of Safe Working Report (ii) Consultant Appointments	Andy Welch	Attached & BRP	14:45 – 14:55
	b. Executive Chief Nurse; including: (i) Maternity update (ii) Freedom to Speak Up Guardian Report	Maurya Cushlow	Attached & BRP	14:55 – 15:05
	c. Director of Quality & Effectiveness CNST Quarterly report	Angela O'Brien	Attached & BRP	15:05 – 15:15

	d. Healthcare Associated Infections (HCAI)	Julie Samuel	Attached & BRP	15:15 – 15:25
	e. Chief People Officer; including: (i) NHSE Equality, Diversity and Inclusion Improvement Plan (ii) Trade Union Facility Time Report 2022/23	Christine Brereton	Attached	15:25 – 15:30
Items to approve:				
11.	a. Standards of Business Conduct including fit and proper persons statement	Caroline Docking	Attached	15:30 – 15:35
	b. Annual Modern Slavery Declaration	Kelly Jupp	Attached	15:35 – 15:40
Items to receive and any other business:				
12.	Update from Committee Chairs	Committee Chairs	BRP	15:40 – 15:45
13.	Integrated Board Report	Martin Wilson	BRP	15:45 – 15:50
14.	Meeting Action Log	Sir John	BRP	15:50 – 15:55
15.	Any other business	All	Verbal	15:55 – 16:00

Date of next meeting: Tuesday 26 September 2023

Professor Sir John Burn, Chairman

Dame Jackie Daniel, Chief Executive Officer

Mr Andy Welch, Medical Director/Deputy Chief Executive Officer

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

Mr Martin Wilson, Chief Operating Officer

Ms Maurya Cushlow, Executive Chief Nurse

Mrs Christine Brereton, Chief People Officer

Mrs Angela O'Brien, Director of Quality and Effectiveness

Mrs Caroline Docking, Assistant Chief Executive

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

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

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

Miss Christine Smith, Non-Executive Director/Chair of Finance Committee

Mrs Kelly Jupp, Trust Secretary

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

PUBLIC TRUST BOARD OF DIRECTORS MEETING
DRAFT MINUTES OF THE MEETING HELD 25 MAY 2023

Present:	Professor Sir J Burn *[Chair]*	Chairman
	Mr A Welch *(until 3.24pm)*	Medical Director/Deputy Chief Executive Officer [MD/DCEO]
	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 J Jowett	Non-Executive Director [NED]
	Mr G Chapman	NED
	Mr B MacLeod	NED
	Professor K McCourt	NED
	Mrs L Bromley *(from 1.36 to 4.01pm)*	NED
	Ms J Baker	NED
	Ms S Edusei *(from 1.23pm)*	NED
	Miss C Smith	NED

In attendance:
Mrs C Docking, Assistant Chief Executive [ACE]
Mr R Smith, Estates Director [ED]
Mrs C Brereton, Chief People Officer [CPO]
Mr G King, Chief Information Officer [CIO]
Mrs K Jupp, Trust Secretary [TS]
Mrs J Samuel, Director of Infection Prevention and Control [DIPC]
Mrs L Hall, Deputy Director of Quality & Safety [DDQS]
Mrs N Kenny, Deputy Chief Operating Officer [DCOO]
Mr J Isaacs, Associate Medical Director – Research *(for item 23/10 item vi))*

Observers:
Professor P Home, Public Governor
Mr S Volpe, Health Reporter – Chronicle Live
Mr I Frankcom, Health Solutions Partner – UK
Mrs A Martin, Governor and Membership Engagement Officer – Newcastle Hospitals

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

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

23/09 STANDING ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies for absence were received from NED Jonathan Jowett, ANEDs Pam Smith and David Burn, Dame Jackie Daniel, Chief Executive Officer (CEO), Martin Wilson, Chief Operating Officer (COO) and Angela O'Brien, Director of Quality and Effectiveness (DQE).

The Chairman welcomed Miss Smith to her first Board of Directors meeting as a Non-Executive Director within Newcastle Hospitals.

The Chairman expressed the gratitude to the Board of Directors to Mr King at his last Board of Directors meeting for Newcastle Hospitals.

ii) Minutes of the Meeting held on 23 March 2023 and Matters Arising

The minutes from the meeting held on 23 March 2023 were agreed to be an accurate record and there were no matters arising.

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:

- A warm welcome to the new Governors who will commence in post on 1 June 2023. Congratulations were expressed to existing Governors, Mr John McDonald and Professor Pauline Person who have been re-elected.
- He had been invited to judge on the Children's Garden Design competition for the play area next to the Children's Outpatients department.
- Acknowledged the challenges in relation to the ongoing industrial action.
- Presented Jill Goodfellow, Nurse Practitioner – Colposcopy, with a People at our Hearts Award. Jill was nominated as a member of staff who best illustrates providing healthcare at its very best with the people at our heart.

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

iv) Chief Executive's Report

The MD/DCEO presented the report on behalf of the CEO, highlighting the following points:

- The formal conclusion of the financial year end for 2022/23 and the challenges ahead for both Newcastle Hospitals and the NHS more generally in terms of finance and performance. This includes industrial action, resource availability and the impact of block contracting.
- The key focus on reducing the number of long waiting patients and ensuring a decrease in cancer waiting times.
- The Day Treatment Centre (DTC) at the Freeman Hospital had delivered more than 2,600 procedures since its opening, helping to reduce waiting times and freeing up capacity elsewhere in the Trust for other patients.
- With regards to Industrial Action, gratitude was expressed to all involved in the significant planning required for maintaining services during such action.

[Ms Edusei joined the meeting at 13.23].

- With regards to the Care Quality Commission (CQC) focused inspection of maternity services at the Royal Victoria Infirmary (RVI), the report was published and despite the many positive findings it contains, maternity services were rated as requires improvement overall. The well-led element was rated as good and safety was rated as requires improvement. Feedback had been provided to CQC to highlight that it was not felt that the ratings were a fair reflection of the service and of the dedicated care provided by the teams.
- Mr Graham King, who has been CIO since 2014 is leaving the Trust to pursue other goals and opportunities. Mr King was instrumental in the Trust becoming a Global Digital Exemplar and implementing its 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. The CEO, and the Board of Directors, wish Mr King well for the future.
- The CEO has a significant influence nationally, with networking activities detailed within the report.
- 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.
- Specialist paediatric dietitian Paige Alsop has been awarded Newcastle's first Researcher Development Institute Embedded Researcher Fellowship.
- The Trusts work on 'Development of a New Hazardous Patient Transport Device' won the Outstanding Industry Collaboration category in the Bright Ideas in Health Awards.

Ms Baker asked for an update on recruitment in relation to the establishment of the new Clinical Boards. The MD/DCEO explained that the eight Clinical Board Chairs and Directors of Operations have been appointed and that the Head of Nursing recruitment is in progress. The majority of the staffing structures for each Clinical Board are in place. Work is ongoing in relation to the cross cutting functions such as Quality, Finance, Patient Safety, Infection Prevention Control (IPC) and Human Resources to update policies and processes to reflect the change in structure.

The DCOO highlighted that the posts for the staffing level that sits underneath the Director of Operations posts is currently working through a recruitment process.

The Chairman noted that the new management structure is in line with other organisations of the same scale.

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

23/10 STRATEGIC ITEMS

[Mrs Bromley joined the meeting at 13:36].

i) Trust Strategy Update, including 2023/24 Delivery Goals

The EDBDE presented the report, highlighting the following points:

- The 5 'P's of the strategy framework are Patients, People, Partnerships, Pioneers and Performance, with the report focusing on Partnerships and Pioneers.
- Newcastle Hospitals is working in partnership with Gateshead Health NHS Foundation Trust as national funding has been secured for the development of a Community Diagnostic Centre (CDC) at the Metrocentre.
- There is an investment opportunity for 'Biosphere 2' and Newcastle Hospitals is working in partnership with the Newcastle City Council to promote Newcastle as a UK hotspot for life sciences.
- The end of 2022/23 marks three years since Newcastle Health Innovation Partners (NHIP) was first designated as a regional Academic Health Science Centre and to date, the Trust has received major funding of £28.4m from the National Institute for Health and Care Research (NIHR) associated with the work of NHIP.
- The Trust has purchased an additional Da Vinci Robot through Newcastle Hospitals Charity, bringing the total number of such robots within Newcastle Hospitals to 5.
- The Care Co-ordination System has been implemented within some areas during a 'pilot' phase to maximise the use of digital solutions for theatre productivity. It will be rolled out across all surgical specialties within Newcastle Hospitals.
- The delivery goals for 2023/24 (formerly known as Breakthrough Objectives) were highlighted.
- There are 91 elective care hubs in England with the Newcastle DTC being in the top five providers for day case activity.
- Get It Right First Time (GIRFT) recognised the DTC as an exemplar and that the Trust is forth highest in the country for day case procedures.
- The Trust now provides 24-hour catering services at the Leazes Wing, RVI.
- Financial balance was achieved for 2022/23 however the 2% Cost Improvement Programme (CIP) target was not achieved and challenges were experienced in delivering the NHS England performance targets for the year.
- The focus for 2023/24 is on the short, medium and long term CIP programme which the Newcastle Change Programme will help deliver this.
- The new Trust strategy is due in 2024 with development involving:
    - Trust Board engagement;
    - Thematic analysis of Directorate and Clinical Board strategies; and
    - Wider Trust and stakeholder engagement.
- The Trust strategy will need to take into account the Integrated Care Board (ICB) joint forward plan, due to be published in June 2023 and the Integrated Care Partnership (ICP) Integrated Care Strategy published in December 2022.
- Emerging high level themes were discussed including developing a sustainable workforce, improving patient experience, maximising digital solutions and collaboration with internal and external stakeholders.

Ms Baker advised that the Charity strategy will be reviewed in 2026 and noted the importance of working closely with the Charity to enable innovative projects to be progressed.

The Chairman noted the positive impact of investing in the new Da Vinci Robot which will speed up processes and enhance patient experience.

Mr MacLeod sought clarification with regards to patient choice and the impact of this in relation to the Trust strategy. The EDBDE explained that the teams are encouraged to start conversation early in treatment pathways regarding patient choice. The ECN highlighted that patients are often loyal to their local hospital.

Miss Smith queried whether patients may make an alternative choice when considering waiting times. The Chairman noted that there was a need to work collectively across the ICB to communicate effectively, and at an early stage, regarding patient choice.

It was resolved: to **receive** the Trust Strategy Update, including 2023/24 Delivery Goals.

ii) Patients: Digital People Story

The ECN introduced the digital people story noting that the story demonstrates the service provided by Deaflink to support Deaf patients through their hospital journey and access to treatment.

The Newcastle Hospitals Charity has funded a British Sign Language (BSL) Health Navigator Service through Deaflink, with joint funding from Northumbria Healthcare NHS Foundation Trust (NHCFT) and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) hospital charities.

The Patient Experience team work very closely with local Deaf charities to gather Deaf patients' experiences of accessing our services and associated data. The patient experience data gathered has also shaped the recent BSL interpreting contract tender, which has been awarded to Language Empire.

Ms Edusei noted the great initiative of partnering with Deaflink.

Mr Chapman sought clarification with regards to if the service is aware if deaf patients are coming into hospital and are therefore offered support when they attend. The ECN advised that part of the challenge was in identifying patients who are Deaf therefore the Navigator Service will help with this. She also highlighted the link with Language Empire in providing translation services. Mr Chapman recommended training be provided regarding accessibility.

Mrs Bromley sought clarification with regards to advertising the service to which the ECN advised that Deaflink will assist in marketing the service.

Ms Baker highlighted the importance of ensuring that services are co-designed with users and the value of lived experience, noting that consideration would need to be given to payment for those individuals involved in the co-design. The ECN advised that Patient and Public Engagement (PPE) strategy was being co-produced with payment given for those volunteers involved.

Miss Smith noted the value in engaging with the wider community and extending communications to ensure members of the public understand the services available.

Mr MacLeod highlighted that staff members may require support from the Deaflink service with regards to the software systems such as Microsoft Teams. Mr MacLeod advised that he had recently met a staff member during a visit to the Dental Laboratories who has had a long career at the Trust who is profoundly Deaf and had highlighted the fantastic support from the organisation.

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

iii) People: Industrial Action update

The CPO advised that the pay deal for Agenda for Change (AFC) was agreed on 2 May 2023 by a majority vote. The Royal College of Nursing (RCN) did not accept the deal and had proceeded to undertake a further ballot which will close on 23 June 2023.

Further industrial action has been announced for Junior Doctors from 7am on 14 June 2023 to 7am on 17 June 2023. Preparations are underway to mitigate the impact of this new round of industrial action and planning is taking place for potential future rounds of RCN industrial action. The British Medical Association (BMA) are currently balloting, with the ballot due to close on 27 June 2023.

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

iv) People: WRES and WDES Returns

The CPO advised that the WRES and WDES data returns require Trust Board approval by 31 May which was earlier than the previous annual deadline of August. An action plan was also required to be submitted in October 2023.

The CPO explained that the purpose of the data is to compare experiences of white, black and minority ethnic (BME) staff and staff who have a disability. She advised that there are two data sources being the Electronic Staff Record (ESR) and the Staff Survey. vFor WDES there was inconsistency between the two sources, with the ESR data showing a lower number of staff with a disability. For example 4.41% of disabled staff declare a disability within the organisation with only 84.42% of staff self-reported their disability status. In the staff survey there is approx. 25% declaring a disability.

The CPO explained that the Trust has seen slight improvements across all but two of the measures in the last 12 months, although staff experience still requires some significant

improvement. In addition some concerns remain relating to behaviours (being compassionate and inclusive) and discrimination. Several actions were planned in order to improve the experience of staff.

The CPO confirmed that the People Plan will be reporting to the Board of Directors.

It was resolved: to (i) **receive** the reports and (ii) **approve** the WRES and WDES data returns for publication.

v) Performance Update including:

a. Trust Performance report

The EDBDE presented the report, highlighting the following points:

- The overall activity volume for April 2023 was 91.4% which is a reduction from previous months.
- Overnight elective activity delivery measured at 80.9% and this activity had been impacted by the recent industrial action.
- The value weighted activity indicates how much Elective Recovery Fund (ERF) the Trust is eligible for and in future months, the activity target will be to achieve 109% or above, which will be difficult.
- The 76% 4-hour Accident and Emergency (A&E) standard was achieved in April with overall performance of 77.5%.
- Adult General & Acute bed occupancy averaged 89.3%, a position reduction of 4% lower than previous months and below the newly established target level of occupancy prescribed by NHS England (NHSE) (92%).
- 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 relation to NHSE tiering system, 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.

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

b. Activity Plan Submission

The DCOO presented the report, highlighting the following points:

- In relation to the Elective programme, work is ongoing to review theatre efficiencies, start and finish times, optimising lists and optimising the independent sector where possible. A key part of the work is collaboration around the North East and mutual aid. The Trust is working closely with South Tees Hospitals NHS Foundation Trust to reduce the number of spinal long waiting patients.
- Pressures remain across the system in relation to Urgent and Emergency Care due to challenges with repatriations. Discussions are taking place in relation to social care through Collaborative Newcastle and to streamline pathways where possible.
- In terms of cancer, pressure 'hotspots' are being reviewed and discussions are taking place with the Cancer Alliance to improve pathways.

The Chairman sought clarification with regards to the barriers regarding spinal surgery for long waiting patients. The EDBDE advised that the surgery required is for complex deformity cases which require more than one surgeon and multiple procedures. She noted the competing priorities in terms of reducing the number of long waiting patients and increasing Emergency Department demand.

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

[Mr J Isaac joined the meeting at 14:28].

vi) Pioneers: Research Update

Mr J Isaacs gave a presentation, highlighting the following points:

- The most successful medical centres are at the heart of the research and innovation process, driving the agenda;
- International evidence indicates that having an Academic Health Science Centre (AHSC) improves patient care and population outcomes, enables high quality translational research and provides a strong mechanism from discovery to evaluation.
- Performance figures for 2022/23 include:
  - 13,676 patients were recruited to all studies;
  - 273 approved new studies;
  - Newcastle Hospitals was the first Trust out of 219 for the number of open and recruiting commercial studies; and
  - Newcastle Hospitals was the second Trust out of 319 for number of open and recruiting non-commercial studies.
- Examples were provided with regards to how research makes a difference to patients and feedback from patients that had been involved in research, including 98% would consider taking part in research again (of the 1,369 responses received).
- A variety of job roles exist in relation to research activity, including band 4 clinical research assistants who are supported by research funding to train in joint ultrasound and can progress to band 5 clinical trials practitioner.
- £3.5m of capital is expected to be received from the National Institute for Health and Care Research (NIHR). It was noted that NIHR were directing more research funding into prevention and public health.
- £18.5m has been generated with major international pharma.

- The Trust must harness the opportunities that research brings for innovative research and innovations.
- It is important to ensure research is a part of daily conversations as it improves care quality whilst innovating and enhancing reputation.

Mr Chapman referred to artificial intelligence and sought clarification with regards to the requirement for research in 3 – 5 years' time. Mr Isaacs advised that there is a great deal of effort going into data and securing data environments.

Mr MacLeod queried if there are any concerns relating to private services buying NHS data and ensuring patient confidentiality. Mr Isaacs confirmed that data would not be released unless it is anonymised, however there are opportunities to generate income from data, but this would require a robust consent process. The ACE advised that the Trust has information sharing agreements with the University and engages with various research teams to ensure the organisation is following the correct procedures. The CIO noted that guidance is being followed from NHS England.

Miss Smith highlighted the potential opportunities to create commercial partnerships for research and data analysis.

Professor McCourt queried whether there were new roles being created which may assist with registered nursing vacancies such as utilising graduates to which Mr Isaacs highlighted the importance of the research assistant role.

VMR highlighted that the infrastructure chart includes a number of abbreviations and recommended that a summary be shared with Board members to expand out/explain further which Mr Isaacs agreed to action [**ACTION01**].

Mrs Bromley sought clarification with regards to if young people are aware of the career opportunity and that it is important to engage effectively. Mr Isaacs confirmed that conversations are taking place via the AHSC.

Ms Baker referred to the 'social care' research and noted that some of the research is to prevent people coming into hospital to which Mr Isaacs advised that further funding has been provided for public health nationally and via the AHSC for community health.

The ACE referred to the work of Collaborative Newcastle and the recent awards received. The CIO noted the work ongoing across the region on data with Health Data Research UK.

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

23/11 BUSINESS ITEMS

i) Director reports:

a. Medical Director; including:

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

- Funding has been agreed for 1 year non-recurrently to allow the Trust to commence with the implementation of the National Patient Safety Strategy (NPSS) requirements.
- In terms of the Care for Me With Me Initiative, five workstreams have been set up and the Trust has been working with the mental health teams at CNTW.
- A meeting was held on 24 April 2023 with 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 Clinical Boards. Modified arrangements will be required and CGARD will pro-actively support this process with named Clinical Directors and senior CGARD staff attached to each Clinical Board.
- In terms of Cancer, the 62-day target performance is improving but is still under the national target of 75%. A considerable amount of work is ongoing to improve Cancer performance overall including reviewing pathways and ensuring faster diagnosis. Gratitude was expressed to the work of the Corporate Cancer Team.
- 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 which will improve waiting times. The building work and management fees have been funded by NHSE.
- 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. The project was funded by Newcastle Hospitals Charity in collaboration with the University of Northumbria.

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

i. <u>Consultant Appointments</u>

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

ii. <u>Compliance with Nitrous oxide in Healthcare Settings</u>

The DDQS advised that the above report was discussed at the Quality Committee in detail. NHSE released a guidance note in March 2023 on Minimising Time Weighted Exposure to Nitrous Oxide (N_2O) in Healthcare Settings in England. Prior to this, Newcastle Hospitals had already undertaken some work within Maternity Services to review the position.

The DDQS explained that the organisation is in a good position with work taking place in a small number of areas to assess air monitoring, with the Estates Department and oversight from the Health and Safety Committee. Any recommendations arising will be considered through the Medical Gas Safety Group who are assisting in ensuring delivery of the infrastructure related actions. Training is taking place with staff to raise awareness in relation to the risks.

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

b. Executive Chief Nurse; including:

The ECN presented the report, highlighting the following points:

- The fourth round of the National Audit for Care at the End of Life (NACEL) was published in February 2023 and the report demonstrated that the scores are above the National results in all domains and reflects the high-quality care delivered by staff working across the Trust.
- In terms of the Gold Standards Framework (GSF), the Trust is progressing with providing training to Emergency Department frontline staff in health and social care.
- The creation and development of the Freeman Haven was slightly delayed due to issues with space at the Freeman Hospital. However a suitable space has now been identified and agreed, and a full brief of the project has been completed. Thanks were expressed to the Newcastle Hospitals Charity for their ongoing support.
- Activity continues to increase in relation to adult and children's safeguarding. In relation to training compliance, Safeguarding Level 1 adult and children remains above 95% complaint, Safeguarding Level 2 adult and children both stand at 92% and Safeguarding Level 3 adult and children both remain of concern at 81% and 82%.
- In response to the CQC inspection, Mental Capacity Act training is now mandatory for identified clinical and patient facing staff and was launched in March 2023 with 77% of staff completing the training so far.
- There has been increased activity with regards to Learning Disability with the team receiving 763 referrals in quarter four. Diamond Standards Learning Disabilities training for all clinical and patient facing staff has been implemented.

Ms Baker noted that she regularly meets with the Palliative Care Team as Non-Executive Director Palliative Care Lead. She highlighted the importance of the GSF and that Newcastle Hospitals Charity have funded a GSF coordinator post for one year.

Mrs Bromley sought clarification with regards to staff engagement and the use of action plans or metrics to monitor the work taking place and learning. The ECN advised that the Institute for Healthcare Improvement (IHI) project has been undertaken to develop a Learning Needs Framework across the AHP workforce which will improve methodology and engagement. The ECN referred to the development of the Patient and Public Engagement Strategy and confirmed that she will provide an update in relation to staff engagement at a future meeting **[ACTION02].**

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

i. Maternity Update

The ECN presented the report, highlighting the following points:

- The report was discussed in detail at the previous Quality Committee meeting and provides an update on four key areas, including providing assurance on the 10 Safety Actions required to meet the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 4 compliance.

- In terms of Ockenden, compliance has been achieved for the conflict of clinical opinion escalation policy which has now been ratified and published on the Trust Intranet.
- With regards to CNST, 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 five scheme which will be reported to the Trust Board separately.
- In terms of the CQC national maternity inspection programme, the overall rating for the Maternity service in Newcastle Hospitals has been declared as 'requires improvement' given a rating of 'good' for the well-led domain and 'requires improvement' for the safe domain. The remaining three domains of caring, responsive, and effective will be the focus of a future inspection.

  The CQC report includes 3 'Must Do' action and 6 'Should Do' actions. It was noted that detailed discussions in relation to progress against the CQC actions will take place at the Quality Committee.

[The MD/CEO left the meeting at 15.24].

The Chairman queried whether a re-inspection of the two domains had been requested to which the ECN advised that a request had been made.

Ms Edusei sought clarification with regards to how to increase appraisal compliance levels to which the CPO advised that the Well Led report included a similar recommendation. Work was underway to make the appraisal system more user friendly and the potential for completing 'team' appraisals was under consideration. The ECN noted that appraisal compliance is an important factor of the inspections.

The CPO explained that there is a focus on appraisal compliance through the clinical boards via the monitoring dashboard and advised that a deep dive on appraisals compliance would be shared at the August People Committee meeting.

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

ii. <u>Nurse Staffing</u>

The ECN presented the report, highlighting the following points:

- The staffing position remains challenging due to the high bed occupancy and acuity.
- 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. Key points from a review of the March data include:
  - An 20% increase in average acuity and dependency which is being closely monitored through our review process;
  - 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 are required for enhanced observation requirements.
  - 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.

- Challenges remain within Maternity services due to sickness absence.
- The Band 5 Registered Nurse (RN) vacancy rate sits at 3.1%, compared to 7.9% for this period last year.
- 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.

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

c) Mortality/Learning from Deaths

The DDQS presented the report, highlighting the following points:

- 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.
- 23 patients who died within Newcastle Hospitals were identified as having a learning disability. Reviews take place by the clinical team and are supported by the Learning Disability Team and there is a further in-depth case review at the Learning Disability Mortality Review Panel.
- Throughout quarter four (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. It was confirmed that no themes were identified.
- Medical examiners have started to scrutinise all inpatient deaths other than those referred to the coroner's office. It has been agreed that the medical examiner will be involved in identifying patients who require a review with a robust process and improved learning.

Professor McCourt queried if there has been an increase in the number of medical examiners to which the DDQS confirmed there had not but extra capacity would be sought.

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

d) Healthcare Associated Infections (HCAI)

The DIPC presented the report, highlighting the following points:

- Work is underway to integrate the Infection Prevention Control (IPC) (including Antimicrobial Stewardship (AMS)) current serious infection review process into the Clinical Boards governance framework. Members of the IPC team and matrons will attend the Clinical Boards to provide assurance.
- Clostridioides difficile (CDI) reduction strategy for Clinical Board 6 has been implemented in response to the increase in incidents seen across the directorate over the winter months.
- In terms of CDI, the national trajectories are changing with regards to how CDI is measured. Differences are evident across the ICBs and within the Shelford Group. The

North East and North Cumbria appears to be an outlier therefore a deep-dive review will be undertaken.

- The 2023/24 Board Assurance Framework (BAF) will be the platform for assurance going forward. This framework is based on the updated Code of Practice issued in December 2022. Updates will be provided through the Trust Board.

The Chairman sought clarification with regards to the North East being an outlier and queried whether there was a link to antibiotic usage. The DIPC advised that deprivation is linked to E. coli and gram negative bacteraemia. The ECN advised that graph two on page five of the report details the CDI cases by region and that the data is impacted depending on when different organisations undertake their tests. National guidance has recently been published which the Trust are currently working through and the DIPC advised that she would be liaising with colleagues in the Shelford Group to discuss the testing approach.

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

23/12 ITEMS TO RECEIVE

i) Update from Committee Chairs

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

Quality Committee
Mr Chapman noted that the Schedule of Business (SoB) and Terms of Reference (ToR) had been reviewed and highlighted the high volume and complexity of items that fall within the remit of the Committee. He gave thanks to the Corporate Governance Office for the ongoing support provided.

Committee members agreed at the last meeting to re-review of the risks aligned to the Quality Committee. Further discussions will take place with regards to the variations in the quality data for pressure damage and falls in the Integrated Board Report (IBR). Work is taking place in relation to reviewing compliance with quality-related mandatory training.

People Committee
Professor McCourt advised that a detailed discussion took place with regards to the WRES and WDES data. The Freedom to Speak Up Guardian (FTSUG) gave a presentation, and the annual review took place of the SoB and ToR.

Finance Committee
Mr Chapman explained that Miss Smith will commence as Chair of the Committee from July 2023. He noted the challenging financial position for the Trust and the whole of the NHS. The Committee now receives additional information regarding the business cases that have been declined and the impact of this. Mr Chapman confirmed that the NEDs are assured that the risks and rationale for the decision are clear.

Audit Committee

Mr MacLeod advised that the Committee received comprehensive updates from Internal Audit, Counter Fraud and Mazars LLP. Updates were also provided in relation to the Annual Report and Accounts for 2022/23 and the BAF.

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

ii) Integrated Board Report

The Integrated Board Report (IBR) was received.

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

iii) Committee Annual Reports, Terms of Reference and Schedules of Business

The TS advised that the Committee 2022/23 Annual Reports included updated ToR and SoB for Trust Board approval. She noted that they had been ratified at the relevant Committee and the Charity Committee 2022/23 Annual Report, ToR and SoB would be presented for approval at the September Trust Board meeting.

It was resolved: to (i) **receive** the report and (ii) **approve** the Committee 2022/23 Annual Reports, Terms of Reference and Schedules of Business.

iv) Chief Information Officer Quarterly Report

The CIO presented the report, noting:

- The development of automated reporting for clinical safety metrics supporting ward leaders and senior nurses to monitor compliance and to utilise the data in a different way.
- The Trust is partnering with Newcastle University and other national research bodies on high-profile studies, including AI-Multiply, ADMISSION and the Biomedical Research Centre themes, which focus on multi-morbidity, polypharmacy and precision medicine which are enabled by access to rich healthcare information. A Data Science Manager has been appointed and funding secured for data analysis to support this work.
- In relation to the closed loop bloods transfusion, the second phase of the project introducing full closed loop management from patient to product is underway. Rollout is progressing with Theatres the final area for implementation. Some of the benefits identified were outlined.

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

[Mrs Bromley left the meeting at 16:01].

v) Meeting Action Log

It was resolved: to **note** that there were no outstanding actions.

vi) Any Other Business

There were no further matters to discuss at this time.

vii) Date and Time of Next Meeting

The next meeting of the Committee is on **27 July 2023** at **13:00-16:00** in **Freeman Board Room/MS Teams.**

There being no further business, the meeting closed at 16:03.

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 2023						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elsender, Corporate Governance Officer and PA to the Chairman and Trust Secretary						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
Summary	This report outlines a summary of the Chairman's activity and key areas of focus since the previous Board of Directors meeting, including: • Board Activity • "Spotlight on Services" • Governor Activity • Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP)						
Recommendation	The Trust Board is asked to note the contents of the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☐	☐	☐	☒	☐
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:

- Board Activity
- "Spotlight on Services"
    - Dental Labs
    - Chaplaincy
- Governor Activity
    - New Governor Induction
    - Council of Governors
    - Members Event Discussion Forum
    - Governor Training: Performance Metrics
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP)

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

CHAIRMAN'S REPORT

Our July Board meeting coincides with a Well Led inspection visit by the Care Quality Commission (CQC). This is an opportunity to take stock and demonstrate the changes we have implemented over the last 5 years have improved our effectiveness as a unitary Board, focussing on quality of care while remaining innovative and financially prudent. I am acutely aware of the pressure on our staff, and the challenge to our Executive Team, when faced with regulatory inspections and from so many external challenges - I am grateful to all for their preparations both before and during these inspections. We can but keep calm and carry on with business as usual.

In terms of Board activity, I chaired an Extraordinary Board meeting on 29 June which was held to formally approve the Trust's Annual Report and Accounts and I would like to take this opportunity to thank everyone involved in the preparation of these two items as the work and effort involved should not be underestimated.

This was followed by our Board Development Session which covered several topics including:

- Discussion in relation to the latest developments in system work and the impact for Newcastle Hospitals.
- Consideration of the proposed Board Development Framework and Programme for the year ahead.
- An update on the development of the new Trust Strategy and the associated timeline.
- Discussion around the development of a Trust Public and Patient Engagement Strategy.

My annual appraisal was undertaken by Mr Jonathan Jowett, the Trust Senior Independent Director (SID) in early June and I have also completed the annual appraisal process for the Non-Executive Directors.

We have enjoyed two "Spotlight on Services" since the last Board meeting, being:

- **Dental Labs** - Bill MacLeod, Non-Executive Director and I experienced an absolutely fascinating morning at our Dental Labs. We were shown around the labs by Mark Pickersgill, Dental Laboratory Manager where we were privileged to see world class reconstruction prostheses made by expert technicians who work with 3 Dimensional reconstructions alongside our maxillofacial surgical team.

- **Chaplaincy -** Katie Watson, Head of Chaplaincy joined me and several of our Non-Executive Directors and delivered a very emotive presentation outlining the role of her team who provide an outstanding service 24 hours per day. In the last year, Katie and her team have recorded in excess of 8,682 patient and staff contacts which is a staggering amount!

Governor and Member activity since our last meeting has included:

- Our **New Governor Induction** was held on 9 June which covered 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.

- Our **Council of Governors** met on 15 June. In addition to our regular updates from our Lead Governor and Working Group Chairs we were joined by Executive colleagues who provided a comprehensive update on the Trust's current performance and delivery. We were also joined by Christine Smith, our new Non-Executive Director who was pleased to provide a short biography and is very much looking forward to working with and establishing valuable links between the Council and the Board.

- We held a **Members Event Discussion Forum** on 27 June. Our first ever discussion forum took place in our newly refurbished Education Centre at the Freeman Hospital. The forum allowed our members to share their experiences of living with a disability when accessing healthcare. We heard from Fardeen Choudhury, Equality, Diversity & Inclusion Manager, regarding some of the current support available within Newcastle Hospitals when accessing our services, and learned from our members, regarding suggestions for improvement.

- **A Governor Training session on Performance Metrics** was held on 3 July. We were joined by members of our Performance Team who delivered a very informative session covering the basis of our performance targets, who we are held accountable to for the targets as well as the mechanisms for performance monitoring.

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

The North ICP Area Meeting held on 14 June 2023 included several presentations and discussion topics such as:

- The role of HealthWatch - A network of organisations fully committed to independently represent the voice of the people.
- North East and North Cumbria Integrated Care System Healthier and Fairer Programme which is a system wide and multi-agency approach to coordinate efforts to prevent ill health, tackle inequalities and support the NHS to play a greater role in economic regeneration and addressing the social determinants of health.
- North of Tyne work and a Health Strategy Update.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
17 July 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 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		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☐		☒		
Summary	This report sets out the key points and activities from the Chief Executive. They include: • Industrial action and the NHS workforce plan; • Care Quality Commission (CQC) inspection; • NHS 75; 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
	☒	☐	☒	☒	☐	☒	☒
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 Trust's response to industrial action by the British Medical Association;
- The NHS workforce plan and our work locally to improve our training facilities;
- A CQC core service and well-led inspection;
- The NHS' 75th Birthday;
- My work with local, regional and national networks; and
- 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

Industrial action and the NHS Long Term Workforce Plan

As I write, the Trust's operation is again significantly impacted as a result of industrial action. Junior doctor members of the British Medical Association (BMA) took industrial action on 14-16 June and 13-18 July, with consultant BMA members striking on the 20 and 21 July. Both groups of medical staff remain in dispute with the government over pay. I know that medical colleagues make the decision to strike with a heavy heart, and I appreciate how difficult this has been for them.

Since my last Board report, the government has announced and accepted the recommendations of the remaining independent pay review bodies covering the NHS but has stated it will not negotiate further on pay. I continue to be concerned about the impact of this ongoing dispute on patients and staff.

Eight consecutive months of industrial action has taken up a significant amount of clinical and management capacity which could have otherwise been used to plan and deliver improvements in care. At every strike, the cancellation of a significant amount of elective care and outpatient appointments is necessary to ensure that the reduced number of staff at work can focus on the care of acutely unwell patients. NHS England has recognised the cumulative loss of elective capacity due to industrial action by reducing its elective activity target for the year from 107% of pre-pandemic levels to 105%. It is sobering to hear that, across the whole country, more than 750,000 patient appointments have now been cancelled as a result of NHS industrial action.

I want to again place on record my thanks both to those involved in the coordination of the Trust's response to industrial action and to all staff who, whether they personally take part in industrial action or not, adjust their work to cover for the impact such action has on the running of our services.

I have said before that there is no sustainable future for the NHS without a sustainable workforce and therefore, I welcome the long-awaited NHS Long Term Workforce Plan which was published at the end of June. The plan focuses on increasing the training of staff, improving retention of existing staff and reforming ways of working to deliver services and training with greater efficiency. Particularly welcome is the recognition that the plan will be refreshed every two years in light of the changing workforce situation – however funding will be needed to implement the envisaged workforce increases.

As a leading teaching hospital, we play a key role in training the next generation of staff. Our commitment to providing the best possible learning environment and facilities was illustrated by the opening last month of our two new training centres, based at the Freeman Hospital and at Eldon Court in Newcastle city centre. The investment we've made in these centres will provide thousands of clinical and non-clinical learning opportunities each month in the best possible facilities. It was fantastic to visit and open the centres, and to offer thanks to everyone who has been involved in the project.

We are keen and ready to play our part in training and developing the NHS staff of the future, as funding becomes available. As a Trust, we will work closely with our key workforce partners, including the Universities of Newcastle and Northumbria, to prepare to implement the initiatives contained in the NHS long-term workforce plan.

Care Quality Commission

On Tuesday 27 June, the CQC commenced an unannounced inspection of our urgent and emergency, medicine, surgery, and North East and Cumbria Transport and Retrieval (NECTAR) services. My thanks to everyone who has been involved in this and in hosting CQC inspectors in their areas of work. The final element of is a 'well-led' inspection which is being held between 25 and 27 July. I will share further feedback in my next report.

NHS75

Wednesday 5 July marked the 75th birthday of the National Health Service and gave us an opportunity to pause, reflect and give thanks for the achievements and values of the service that I am so proud to be part of.

Throughout its history the NHS - and our part of it here in Newcastle Hospitals – has faced and overcome many challenges from financial pressures to changing demographics, advances in medical technology and, most recently, the Coronavirus pandemic and its impact. This has only been possible because of the efforts of the NHS' talented, dedicated, diverse workforce.

A range of activities took place across the Trust, and wider City, to reflect on our history and achievements as well as celebrating the dedication of our thousands of staff and volunteers. These included musical performances at various Trust sites, key city landmarks such as the Tyne Bridge being illuminated in NHS colours, special offers for staff from local businesses, and the Newcastle Hospitals Charity selling a range of NHS75 memorabilia. I had the privilege to attend a special service at Westminster Abbey, London, with NHS representatives from across the country. Nearby in the capital, a new art exhibition features NHS Charities Together champions including Jess Shield, a sister on ward 18 at the Royal Victoria Infirmary (RVI), who has worked with NHS charities and our own Newcastle Hospitals Charity to enhance mental health support for staff.

Community Diagnostic Centre

I am pleased to confirm that, in partnership with Gateshead Health NHS Foundation Trust, we have now signed a long-term lease with Metrocentre for the new Community Diagnostic Centre (CDC). This is an important step towards providing improved access to screening and diagnostic services outside of a hospital setting for the people of Gateshead and Newcastle. The CDC will provide imaging, respiratory investigations and cardiac investigations with the centre designed to create capacity for these services that are seeing increased referrals. It will offer 145,000 appointments per year and create 134 jobs when the centre opens. It is an important step in providing improved access to screening and diagnostic services outside of a hospital setting for the people of Gateshead and Newcastle.

Leadership Congress

Last month, I opened our most recent Leadership Congress, where 130 leaders and others interested in leadership came together to discuss some of the challenges and opportunities we have together. The session focused on the issue of equality, diversity, and inclusion and how we can do much more to become an inclusive organisation that challenges discrimination and enables everyone to fulfil their potential. Among the important discussions, we reflected on the role that everyone can play in 'Calling In and Calling Out' when remarks are made – either by other colleagues or by patients.

Continuing to embed an inclusive, open culture in every part of the organisation, for all staff, continues to be a leadership priority for me and the whole Executive Team. There has been significant positive cultural change in the organisation since 2018 and work is now progressing on the Trust's refreshed People Plan which will detail our renewed approach to continue supporting further improvement in the coming years.

Patient experience and nutrition

In June and July, patients, staff, visitors, and carers were asked to have their say about how Newcastle Hospitals gathers and uses patient feedback to improve services and care. Patient experience matters, so this engagement work is helping us understand what is working well, and how our patients want to share their views and ideas with us so that we can continuously improve. I will share feedback in a future report.

In June, we launched the trust's food and drink strategy for 2022 to 2027 which outlines our ambitions in delivering high quality nutrition and hydration care, recognising the importance of offering healthy, balanced food and drink choices for our patients, visitors, carers, volunteers and staff. You can find out more https://www.newcastle-hospitals.nhs.uk/news/food-drink-strategy/.

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

Recently I visited some of our busy medicine wards at the RVI, including ward 30 (Gastroenterology), ward 42 (stroke), ward 48 (respiratory) and our Respiratory Support Unit (ward 49). I heard from the teams about how they are focussing on quality improvement and streamlining processes wherever they see an opportunity. In recent years our levels of bed occupancy have risen, as they have across the whole NHS, so the type of discharge and flow improvement work I saw is crucial to keeping the whole hospital moving and making sure that patients do not experience undue delays.

Each of the teams talked about the improved staffing position they were in, having recently recruited new staff members. Several had high quality and enthusiastic nursing students who hoped to join their teams after graduation. They also told me about the strengths that

international recruits had bought to the team, and it was lovely to learn about the support offered to those new recruits to help them to settle in.

In the last month I have also spent time with our dedicated colleagues in the Information Management and Technology (IM&T) directorate based at Regent Point, which includes diverse teams from switchboard to service desk, clinical coding to project delivery.

The directorate is made up of nearly 200 staff who support our clinical, operational, and corporate teams at a range of locations. By working behind the scenes, our IM&T teams support every single member of staff by maintaining our systems, ensuring they are operational and secure whilst also introducing new technology.

I was pleased to learn about planned enhancements which will make it easier for users to interact with the service and get quick resolution to their problems. As our digital maturity grows, the effort required to maintain service also increases. As well as our ongoing work to continue to improve our core clinical information systems such as e-record, we are on the cusp of some exciting digital transformations which will have a significant impact on patient care - including our Patient Engagement Platform, virtual wards and improved use of our comprehensive data, including the potential use of Artificial Intelligence to support cutting-edge research.

I remain hugely grateful to the efforts of all staff across the organisation for the work they do every day – whether they directly provide care to patients, or whether they play a key role in supporting those who do.

Partnership work in Newcastle and across the region

Last month I was delighted to present to the latest cohort of our Collaborative Newcastle 'Learning to Lead together' leadership development programme, which brings managers from different health and care organisations in the city together for shared development.

I continue a regular programme of meetings with colleagues across the North East and North Cumbria Integrated Care Board and Provider Collaborative. In the last month these have included a development workshop held with other Trust Chief Executives at which we agreed the common approach for developing how we collectively plan clinical services for the future. I have also been involved in the significant work underway across the patch to deliver this year's challenging financial saving requirements and to plan for a financially sustainable future. I continue to work particularly closely with colleagues in our neighbouring Gateshead and Northumbria Trusts to collectively deliver financial efficiencies and support the resilience of our services.

National policy and influencing

As well as my regular engagements with the Shelford Group and the NHS Confederation, I have been pleased to support NHS England's national work on improvement ('NHS Impact') by sponsoring the development of the leadership for improvement programme for Chief Executives and Chairs. The programme is currently in the design phase, and I was pleased to chair a design workshop with contributions from a range of senior figures includes Julian

Hartley (Chief Executive, NHS Providers) and Matthew Taylor (Chief Executive, NHS Confederation). Encouraging the leadership of every NHS organisation to embed continuous improvement as a core way of working is a key national development priority, so I look forward to sharing experiences from here in Newcastle as well as from across my career in support of this.

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.

- **Celebrating Excellence Awards –** Thank you to everyone who submitted nominations for our Celebrating Excellence Awards. Our judges, once again, had a difficult time in selecting our finalists as the standard and quality of entries was very high and really showcased the good work going on the across the trust. There are 15 categories in the awards including a Lifetime Achievement Award in honour of NHS75 and thanks to the support of Newcastle Hospitals Charity, we will be holding a gala event at the Civic Centre on Friday 15 September where the winners will be announced. Well done to all of our finalists and everyone who was nominated.

- Great news for our **estates team and the clinical team behind the Day Treatment Centre** at the Freeman Hospital, who won three prestigious awards and were highly commended in a fourth category at the Constructing Excellence in the North East Awards. Their collective efforts were singled out for integration and collaborative working, value, and client of the year, as well as building project of the year and it is a really impressive achievement for the entire team.

- Congratulations to **Dr Chris Lamb**, an honorary gastroenterologist at the trust and clinical senior lecturer and honorary consultant in gastroenterology in immunity and inflammation at Newcastle University, who was awarded the 2023 Sir Francis Avery Jones Medal from the British Society of Gastroenterology (BSG) for his work in translational gastroenterology research.

- We have five finalists in the Nursing Times Awards which will be held in October. They are as follows:
    - **Nurse leader of the Year –** Caroline Ralph
    - **Ingrid Fuchs Cancer Nursing Award –** 7-day systemic anti-cancer therapies service
    - **Patient safety improvement –** A collaborative model of meningococcal vaccination response monitoring for patients receiving complement inhibition
    - **Public health nursing –** Operation encompass police cause for concern triage pilot
    - **Technology and data in nursing –** Digital pre-assessment for cancer patients

- Professor Naeem Soomro who has been selected as the next British Association of Urological Surgeons (BAUS) representative on the Royal College of Surgeons of England Council and will be taking over this role from Mr Jonathan Glass.

- Healthcare Scientist Wayne Hartley who recently has returned from the World Transplant Games in Australia where he earned four medals – a gold in the triathlon relay, a silver in tenpin bowling (doubles) and in the men's team 5k, and a bronze medal in the individual ten pin bowling. Team GB topped the medal table with 121 gold, 96 silver and 71 bronze medals.

- Iain Clarke, deputy catering manager, was shortlisted as a finalist for Leader of the Year in the Healthcare Estates and Facilities Management Association (HEFMA) Awards 2023.

- Consultant oncologist at the Northern Centre for Cancer Care, Dr Najibah Mahtab, alongside her five sisters runs a mentoring scheme with a focus on helping those from deprived backgrounds, which was featured on ITV Tyne Tees. The Mahtab sisters from Newcastle, founded the 5 Diamonds Mentorship, a not-for-profit scheme for young people aged between 14 and 18 and have workshops running across the country.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
20 July 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 2023		
Title	Digital People Story		
Report of	Maurya Cushlow, Executive Chief Nurse		
Prepared by	Jackie Rees, Nurse Consultant Continence Paula Coulson, Senior Nurse Nutrition and Hydration Tracy Scott, Head of Patient Experience Caroline McGarry, Patient Experience Officer		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☒	☒
Summary	This month's digital people story demonstrates how three specialist areas implemented a quality improvement (QI) project - "DROP" project, Dehydration Risk assessment for Optimum Prevention. The patient centred QI project aim was to reduce the incidence of urinary tract infections (UTI) by implementing a patient/resident hydration assessment tool to assess, monitor and improve hydration. This story validates that small-scale changes do work and inspiring staff through education and awareness improves patient outcomes.		
Recommendations	The Board of Directors are asked to: i) Listen to the experience of the specialist nursing team in implementing the quality project; and ii) Acknowledge that further funding has successfully been awarded from NHS England (Northeast and Yorkshire region) Regional IPCS for Year 2.		
Links to Strategic Objectives	Patients • Putting patients at the heart of everything we do • Providing care of the highest standard focusing on safety and quality • Learning and continuous improvement is embedded across the organisation Pioneers • Ensuring that we are at the forefront of health innovation and research Performance • Being outstanding now and in the future		

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

Link to Board Assurance Framework [BAF]	No risks identified linked to either the strategic links or BAF.
Reports previously considered by	This patient/staff story is a recurrent bi-monthly report.

DIGITAL PEOPLE STORY

EXECUTIVE SUMMARY

Urinary tract infections (UTIs) are one of the most common preventable reasons for people being admitted to hospital, especially in the older population. UTIs are a leading cause of healthcare-associated infection, accounting for around 20% of infections, and they can result in significantly higher rates of hospital-acquired complications, such as pressure ulcers, falls and delirium.

In 2019, there were over 175,000 admissions where a UTI was the primary diagnosis at a cost to the NHS of over £450m. A third of all UTI admissions have a length of stay of over seven days, therefore improving the management of acute UTI in adults will hopefully reduce deterioration and associated length of stay, reduce patient deconditioning and reduce bed capacity.

The scale of dehydration in the UK is unknown, but like UTIs it is associated with several causes of harm, and this has a significant impact on health outcomes. Quality improvement work which helps guide the Commissioning for Quality and Innovation (CQUIN) CCG8: supporting patients to drink, eat and mobilise after surgery would strengthen and embed best practice around hydration into practice. Ensuring that patients drink, eat and mobilise as soon as possible after surgery is a key element of the NHS's enhanced recovery programme, helping to prevent post-operative blood clots and respiratory complications resulting in an average 37.5% reduction in length of stay.

This story shares the experience of patients and staff involved in the implementation of the Dehydration Risk Assessment for Optimum Prevention (DROP) project. This project aligns with the Newcastle Hospitals priorities for patients and residents well-being and harm free care, as well as addressing the national agenda regarding hydration and UTI prevention.

DIGITAL PEOPLE STORY

1. BACKGROUND

The DROP project commenced in April 2022 in two of the care of the elderly medicine wards and in one care home in Newcastle. The project was implemented following a successful application to secure funding from NHS England (Northeast and Yorkshire region).

A small task and finish group was established, which included continence specialist nurses, ward nurses and the harm free care team. The aim was to try and reduce the incidence of UTIs by implementing a patient/resident hydration assessment tool to assess, monitor and improve hydration. The initial proof of concept showed that increasing the amount of oral fluids that a patient/resident drinks, would improve overall hydration, and potentially reduce the incidence of UTIs.

The key challenges prior to the implementation of the DROP project included;

- Challenges within pressure in the current health care climate.
- Ensuring adequate funding to implement the project.
- Ensuring local staff engagement.
- Ensuring patient/resident and carers engagement.

Understanding the current position has helped to establish a baseline for improvement. Quality improvement methodologies have been instrumental in the project, assisting with integrating the project across hospital and community services in line with Collaborative Newcastle. Developing and implementing a driver diagram and Plan, Do, Study, Act (PDSA) cycles to guide and to measure outcomes using small scale change processes, has helped to embed best standards for practice.

Developing the workforce through staff engagement has assisted with the project design and the phased approach of each PDSA cycle asking, “What matters to You” and “We asked, You said” interventions. A program of education which discussed the link between hydration and UTI was developed and delivered to staff working across the project sites.

It was agreed that an essential part of the success of DROP was to utilise the functionality within the electronic patient record (EPR) to help enhance clinical awareness, improve standards of documentation and to capture clinical data resulting in better patient care and outcomes. A number of digital solutions to support the project have therefore been implemented.

A key part of the community arm of the DROP project was to develop and evaluate a dehydration assessment tool within a nursing care home (NCH). A literature search established that all assessment tools which were available had a medical model rather than a nursing care model, therefore the DROP project team developed a new assessment tool that was applicable and appropriate for the NCH.

As with any quality improvement project it was important to gather feedback from patients and residents especially about the different drinking containers and water jugs that are currently used in both the community and hospital settings. Patients shared that drinking cups could often be difficult to handle and some cups could be very childlike in their

appearance. In addition, water jugs, when filled can be heavy to lift, which could also be a potential barrier to good hydration. In response to this feedback the project team purchased a variety of drinking cups options and smaller water jugs with the hope that this would also assist with hydration. The water jugs also have a visual aid; red, amber, green lids, which quickly alerts staff to the patients hydration risk and is a further prompt to encourage patients to drink on a regular basis. Both the cups and water jugs have evaluated very well.

Next steps

The newly developed Dehydration Risk Assessment, once evaluated and formally signed off, will be digitised resulting in improvements to accessibility for staff and continuity of care, in line with the Paperlite programme.

Collaboratively the team are also working towards refining current assessments (such as fluid balance /catheter care) in the EPR which will enhance staff workflow, maintain compliance, and will also restore opportunity for staff to deliver hands on care.

DROP will be extended into wider care facilities; the care homes that have Newcastle Hospitals step down beds and the Musculoskeletal wards; the focus to prevent readmission into secondary care for health issues of dehydration and UTI.

The inclusion of patient/resident forums to establish the barriers to effective hydration will also be an important priority to help achieve real-life experience of intervention.

2. RECOMMENDATIONS

The Board of Directors are asked to:

iii) Listen to the experience of the specialist nursing team in implementing the quality project; and

iv) Acknowledge that further funding has successfully been awarded from NHS England (Northeast and Yorkshire region) Regional IPCS for Year 2.

Report of Maurya Cushlow
Executive Chief Nurse
19 July 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 2023						
Title	Trust Performance Report						
Report of	Martin Wilson – Chief Operating Officer Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
Prepared by	Joey Barton – Senior Performance Manager						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☐		
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
	☒	☐	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	Strategic Risk SO1.1 [Capacity and demand pressures] Strategic Risk SO5.8 [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.

- Overall, activity delivery levels for June dropped across all points of delivery compared to May, and therefore remain short of both trajectory and target.
- The Trust delivered day case activity equivalent to 97.5% of the re-based 2019/20 baseline in June (adjusted for working days and changes in service provision), with overnight elective activity delivery measured at 73.3%.
- New outpatient activity was delivered at an equivalent of 99.7% of 2019/20. Outpatient procedure delivery is currently being recorded at 75.9% for June - although this figure is subject to potential improvement as the Trust is currently managing a slight coding backlog.
- Future editions of this report will detail value-weighted activity (VWA) delivery, for which the Trust will be measured against a target of 109% of 2019/20 activity delivery.
- Newcastle Hospitals achieved the 76% 4-hour Accident and Emergency (A&E) standard in June with overall performance of 79.5%.
- Six out of nine cancer standards fell short of target in May 2023, however the 28 Day Faster Diagnosis Standard was achieved for the seventh month in a row.
- Among these nine cancer standards, Newcastle Hospitals did not meet the key operational standard that 85% of patients wait no more than 62 days from urgent GP referral to first cancer treatment, as only 53.9% of patients were treated within 62 days. Urology (20.7%), Lower GI (25.0%), Gynae (28.6%) and Lung (28.6%) were the lowest performing tumour groups against the 85% target. Based on a sample queue of 100 cancer patients waiting at Newcastle Hospitals, the 50th patient would have been treated after 60 days, with the 85th patient ultimately treated after 98 days. 2/3 of the patients waiting longer than 98 days were referred from other Trusts. This reflects a particular issue with late tertiary referrals, as around 50% are received from other Trusts after their 38 day target.
- NHS England's 2023/24 planning guidance stated the requirement for Newcastle Hospitals to reduce the backlog of cancer patients waiting over 62 days to 200 by March 2024 (below pre-pandemic volumes). The volume of patients waiting >62 days for cancer treatment decreased in May to 259, only slightly above trajectory (253). The tumour groups with the biggest >62 day backlogs are Urology (68), Upper GI (46), Lung (46) and Skin (43). The Trust's longest waiting patient is at 259 days, with this patient's pathway impacted by unique co-morbidities. The median patient waiting within the >62 day backlog has waited 90 days.
- At the end of May the Trust still had 13 patients waiting >104 weeks, with 11 of these patients waiting for spinal surgery which has nationally acknowledged capacity issues.
- 103 patients had a waiting time of >78 weeks, with 54 of these waiting for non-Spinal care – the Trust had been asked by NHSE to reduce waiters in this category to

zero by the end of June 2023. The Trust's trajectory is to achieve this instead by the end of August 2023.

- Newcastle Hospitals did not meet the standard that 92% of patients on incomplete Referral to Treatment (RTT) pathways wait less than 18 weeks, as compliance was 67.0% in June.

The Board of Directors is asked to receive the report.

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Trust Performance Board Report

Produced: July 2023

Data: June 2023

Healthcare at its best with people at our heart

NHSE Plan Requirements 2023/24

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric	Requirement	Mar-23	Apr-23	May-23	Jun-23	RAG Rating: Jun-23*	
						Trajectory	Target
Cumulative 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**	96.3%	104.3%	104.5%	**101.9%**	108.7%	109.0%
Elective Overnight		79.4%	80.6%	81.3%	**78.5%**	107.1%	109.0%
Outpatient New		98.9%	97.8%	101.1%	**100.6%**	101.0%	109.0%
Outpatient Procedures		101.5%	89.6%	90.7%	**85.3%**	101.6%	109.0%
Total		98.4%	95.6%	97.5%	**94.7%**	103.0%	109.0%
Urgent & Emergency Care							
A&E Arrival to Admission/Discharge	**>=76%** under 4 hours (by Mar-24)	75.6%	77.5%	77.1%	**79.5%**	80.1%	>=76%
Adult General & Acute Bed Occupancy	**<=92%**	93.3%	89.3%	88.6%	**88.1%**	91.7%	<=92%
Urgent Community Response Standard	**>=70%** under 2 hours	90.0%	89.0%	85.0%	**TBC**	N/A	>=70%
Cancer Care							
>62 Day Cancer Waiters	Reduce to **<=200** (by Mar-24)	197	231	278	**259**	253	<=200
28 Day Faster Diagnosis	**>=75%** (by Mar-24)	82.7%	77.6%	**81.9%**	TBC	75.0%	75.0%
Elective Care							
>104 Week Waiters	**Zero**	21	21	17	**13**	12	0
>78 Week Waiters	**Zero**	159	164	170	**103**	62	0
>65 Week Waiters	**Zero** (by Mar-24)	1,075	1,051	1,078	**1,090**	1,179	0 (Mar-24)
>52 Week Waiters	**Reduction** (Zero by e/o Mar-25)	3,627	3,877	4,149	**4,135**	4,050	0 (Mar-25)
Diagnostics							
Diagnostic Activity**	Appropriate levels to reduce waits	98.0%	111.0%	110.4%	103.9%	105.4%	N/A
>6 Weeks Waiters	**<=5%** (by Mar-25)	21.1%	21.6%	23.0%	23.9%	N/A	<=5%
Outpatient Transformation							
PIFU Take-up	**>=5%** of all OP atts. (by Mar-24)	1.3%	1.7%	2.0%	**2.3%**	1.75%	5.0% (Mar-24)
Outpatient Follow-up Reduction	**<=75%** of 19/20	102.6%	102.1%	109.5%	**98.4%**	97.9%	<=75%

*** 1 month prior for 28 Day FDS**

** CT, MRI, Non-obs US, Endoscopy & ECHO.

Operational Standards

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric	Standard	Mar-23	Apr-23	May-23	Jun-23	RAG Rating: Jun-23*
Urgent & Emergency Care						
Ambulance Handovers	**Zero** over 60 mins	14	8	10	**7**	
A&E Arrival to Admission/Discharge	**>=76%** under 4 hours (by Mar-24)	75.6%	77.5%	77.1%	**79.5%**	
	<2% over 12 hours	2.5%	1.6%	0.9%	**0.8%**	
Urgent Community Response Standard	**70%** under 2 hours	90.0%	89.0%	85.0%	**TBC**	
Cancer Care						
Two Week Wait (Suspected Cancer)	**93%**	84.5%	78.2%	**77.4%**	TBC	
Two Week Wait (Breast Symptomatic)	**93%**	43.7%	32.3%	**37.6%**	TBC	
28 Day Faster Diagnosis	**75%** (by Mar-24)	82.7%	77.6%	**81.9%**	TBC	
31 Days (First Treatment)	**96%**	86.3%	86.6%	**85.7%**	TBC	
31 Days (Subsq. Treat. - Surgery)	**94%**	57.6%	61.4%	**71.8%**	TBC	
31 Days (Subsq. Treat. - Drugs)	**98%**	96.1%	97.7%	**98.1%**	TBC	
31 Days (Subsq. Treat. - Radiotherapy)	**94%**	100.0%	97.4%	**96.6%**	TBC	
62 Days (Treatment)	**85%**	60.4%	61.1%	**53.9%**	TBC	
62 Days (Screening)	**90%**	85.0%	85.1%	**86.5%**	TBC	
Elective Care						
18 Weeks RTT	**92%**	67.4%	66.5%	67.6%	**67.0%**	
>65 Week Waiters	**Zero** (by Mar-24)	1,075	1,051	1,078	**1,090**	
>6 Weeks Diagnostic Waiters	**<=1%**	21.1%	21.6%	23.0%	23.9%	
Cancelled Ops. Rescheduled >28 Days	**Zero**	10	4	3	7	
Urgent Ops. Cancelled Twice	**Zero**	0	0	0	**0**	
Other						
Duty of Candour	**Zero**	0	0	0	**0**	
Mixed Sex Acommodation Breach	**Zero**	112	70	65	**70**	
MRSA Cases	**Zero**	0	0	0	**0**	
C-Difficile Cases	**<=165** (FY Cumulative)	172	11	15	**28**	
VTE Risk Assessment	**95%**	97.1%	96.0%	96.1%	**TBC**	
Sepsis Screening Treat. (Emergency)	**>=90%** (of sample) under 1 hour	66.0%	91.0%	91.0%	**91.0%**	
Sepsis Screening Treat. (All)		59.0%	66.0%	66.0%	**66.0%**	

*** 1 month prior for Cancer Care**

Other Metrics (1/2)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric		Mar-23	Apr-23	May-23	Jun-23
Emergency Care					
Ambulance Arrivals		3,016	2,967	2,978	**2,822**
Ambulance Handovers <15 mins		74.0%	76.2%	68.8%	**74.5%**
Ambulance Handovers <30 mins		94.8%	94.8%	93.5%	**94.5%**
Ambulance Handovers <60 mins		99.5%	99.7%	99.7%	**99.8%**
Type 1 Performance (A&E 4 hour)		60.2%	63.7%	62.5%	**66.9%**
Type 1 Attendances (Main ED)		12,258	11,182	12,539	**11,768**
Type 2 Attendances (Eye Casualty)		1,677	1,426	1,598	**1,589**
Type 3 Attendances (UTC)		5,359	4,933	5,655	**5,089**
Patient Flow					
Covid Inpatients (average)		59	46	23	**11**
Emergency Admissions		6,382	5,734	6,189	**6,102**
G&A Bed Occupancy		93.3%	89.3%	88.6%	**88.1%**
Critical Care Bed Occupancy		71.5%	67.0%	66.2%	**67.5%**
Bed Days Lost (average)		50	36	27	**56**
Medical Boarders		116	105	87	**46**
Length Of Stay >7 Days		807	759	782	**747**
Length Of Stay >21 Days		383	353	352	**349**

Other Metrics (2/2)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric		Mar-23	Apr-23	May-23	Jun-23
Cancer Care					
2WW Appointments		2,260	2,197	**2,425**	TBC
Cancer First Treatments		604	516	**561**	TBC
Planned Care					
2WW Referrals		2,662	2,298	2,826	**3,254**
Urgent Referrals		5,842	5,029	6,102	**5,864**
Routine Referrals		26,562	21,378	25,857	**26,514**
Specialist Advice Requests (% of New OP Atts.)		9.3%	8.7%	8.9%	**9.2%**
Day Case Activity (Specific Acute (SA))		11,266	9,358	10,436	**10,591**
Overnight Elective Activity (SA)		1,823	1,445	1,653	**1,750**
New Outpatient Attendances (SA)		22,803	18,690	22,356	**23,419**
Outpatient Procedure Activity (SA)		19,030	13,893	15,300	**14,717**
Review Outpatient Attendances (SA)		65,216	53,844	63,028	**63,170**
Diagnostic Tests		20,512	17,657	19,792	**20,777**
Outpatient DNA Rate		7.9%	7.6%	8.3%	**8.6%**
Virtual Attendances		14.4%	14.2%	14.4%	**14.1%**
RTT Waiting List Size		100,156	101,000	106,847	**106,801**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 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				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☒	☒				
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
	☒	☐	☐	☐	☐	☐	☐
Link to Board Assurance Framework [BAF]	Strategic risk SO1.4 [Core standards - patient safety and quality] Actions include the delivery of the Quality Strategy and implementation of the National Patient Safety Incident Response Framework (PSIRF). Strategic risk SO2.5 [Industrial action] Actions include the Trust Industrial Action Contingency Planning Group and the Command and Control structure in place.						
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
- Workforce
- Mental Health
- Infection Prevention and Control
- Research

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

i) Consultant Appointments; and
ii) Guardian of Safe Working Annual Report 2022/23 and Quarterly Report (Q4 2022/23).

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

MEDICAL DIRECTOR'S REPORT

1. QUALITY AND PATIENT SAFETY

1.1 Quality and Safety within Board Structures

Over the last 2 months as Board structures have crystallized and with the appointment of Heads of Nursing, we are continuing to develop the structures which will oversee the key domains within the Quality and Safety Agenda.

As previously reported to the Board, this opportunity is perhaps one of the greatest offered by the new structure with the potential for clear, transparent, and consistent agendas throughout the Trust and direction of meaningful quality and safety work at the level of the ward, theatre and clinic.

Additionally, it explicitly brings together the functions of our Clinical Governance and Risk Department (CGARD) – patient safety, quality assurance, and clinical risk management with the function of Newcastle Improvement – using a specific structure for change – in a manner that will benefit the organisation.

In brief, each Clinical Board will form a Quality Oversight Group and oversee the four domains of:

- Patient Safety
- Clinical effectiveness
- Patient Experience
- Quality Improvement

Further information and detail regarding these domains can be found in the quality oversight framework document and the quality lead job description.

1.2 Clinical Outcomes and Effectiveness (COEG)

This important feeder group, chaired by the Associate Medical Director (AMD) for Quality and Safety Gus Vincent, which reports directly to the Quality Committee, has published its annual report.

Of note was substantial activity in the:

- New Intervention and Procedures Group – approval for 12 new invasive techniques.

- Clinical Audit and Guidelines Group (CAG) – there remain substantial numbers of NICE guidelines with which we are unable to fully comply with risk rating's > 12. CAG reviewed 23 directorate annual reports and took registration of >900 audit projects. There is a better position in terms of reducing the number of out of date guidelines that remain on the intranet and improvements in benchmarking against NICE guidance more generally.

- Clinical Ethics Advisory Group (CEAG) – CEAG's increased presence in the organisation is noted. The service currently offered is delivered on the goodwill of Group members and remains unfunded, which given the increasing complexity of cases, potential media interest and, the additional recent legal requirement to ensure the voice of patients and families are included in discussions, creates a risk requiring further consideration. Discussions are ongoing regarding the provision of additional administrative support via the Trust Quality Committee and COEG.

1.3 Getting it Right First Time (GIRFT)

The GIRFT Oversight Group, led by Deputy Medical Director, Michael Wright has been formally co-opted to report into COEG as its formal place in the trust organogram. Of interest, in respect of GIRFT Emergency Medicine for May 2023, the Trust ranks 24th out of 200 Trusts in the country. This also accounts for acuity and age.

1.4 Care Quality Commission (CQC)

Whilst the outcome of the recent inspection remains uncertain, the huge amount of work put into our response by CGARD staff is gratefully acknowledged. Angela O'Brien and her team have worked over and above regarding data gathering and presentation of a huge volume of information under extremely tight timescales.

1.5 Patient Safety Incident Response (PSIRF)

Preparation for the replacement of the Serious Incident Framework by the Patient Safety Incident Response Framework (PSIRF) is well underway. We have secured non-recurrent funding for 12 months for 0.5wte Consultant input and a PSIRF Implementation Lead post.

Dr Suzi Jackson has performed detailed work on our patient safety incident profile which will soon be available to the Board. A shortlist for our major safety topics to investigate has been drawn up and includes:

- Failure to act on abnormal results
- Lost to follow up
- Anti-coagulation and thromboprophylaxis drug errors
- Mental Health Care

Thes are likely to form the basis for in-depth incident driven reviews this year.

2. CANCER UPDATE

- The 2 week wait performance (target 93%) is slightly lower than earlier in the year: 84.5% in March, 78.2% in April, 77.4% in May and 77.9% in June (June data not yet finalised).

- The 28 day faster diagnosis standard (target 75%) is steady over the year with 78.6% compliance in April, 81.8% in May and provisionally 80.7% in June.

- The 62 day target performance (target 75%) is deteriorating with 51% of patients being treated withing 62 days of referral in January, 61.1% in February, 60.4% in March, 61.1% in April, 53.9% in May and 45% (provisional) in June.

- 31 day treatments in surgery are improving - 58.7%, 70.3% and 77.1% in April, May and June, respectively. For drug therapy the data is steady at 97.7%, 98.1% and 95.1% over the same period. The 31 day treatment target in radiotherapy has been affected by a shortage of therapy radiographers: 97.4%, 96.6% and 86.1% compliance in April, May and June, respectively. There is a national shortage of therapy radiographers. We are hopeful that we will be able to take on more recruits from September/October as the new round of trainees come into practice but there is no doubt that the lack of a training school in the northeast hampers recruitment of this staff group. The team are actively engaged in the apprenticeship programme.

- Ongoing work to improve performance includes weekly patient tracking list review for each of the major teams, fortnightly senior manager meeting to discuss problems, barriers and their resolution. Best practice timed pathways have been submitted to the Northern Cancer Alliance for 3 major tumour groups to help identify bottlenecks and particularly to investigate any areas where mutual aid could benefit patients. The lung cancer pathway is of particular concern at this time with extra pressure felt locally and now regionally in terms of an upswing in demand due to the roll out of the Targeted Lung Health Check programme. Clearly diagnosing patients with earlier stages of disease is rightly the objective of this work but the demand on diagnostic and particularly surgical services is high. The lung team are currently out to recruitment for specialist theatre nursing staff to increase theatre availability. The clinical team are developing new ways of working including pooled patient lists to try to maximise efficiency.

3. CLINICAL BOARDS

- Regular meetings between the Medical Directors Group and the Clinical Board Chairs have now been established to ensure that there is a consistent approach to Clinical Strategy and delivery across all areas of medical leadership within the Trust.

- Clinical Board Chairs and Directors of Operations have been appointed and are in post.

- Heads of Nursing have been appointed.

- Arrangements for sub-board level structures are being finalised, with Clinical Directors either in place or being appointed soon. The Quality and Patient Safety Medical Leads for the Boards are being appointed soon.

4. INDUSTRIAL ACTION

4.1 Junior Doctors

Preparations for the junior doctor industrial action are finalised. Previous strikes have resulted in reduced activity but no obvious patient safety issues due to the amount of preparation and the sheer hard work of people on the ground, particularly Emergency Department (ED) and Front of house, with coordination led by Lucia Pareja-Cebrian and Gus Vincent, Associated Medical Directors (AMDs). Circa 50% of usual elective activity was carried out. P1 and P2 cases were prioritised with associated Day Treatment Centre activity in addition. Other elective/non-surgical activity including outpatient clinics, endoscopies also took place, within resource availability. Due to planned leave at this time of year and difficulty in staffing some rotas, medical staffing in ED, Assessment Suite and Medicine was lighter than usual but still considered safe. ED were extremely stretched at the weekend which was a concern.

4.2 Consultants

There is significant variability among different specialties on the likely effects. It is likely that elective work will be limited, particularly at the Freeman Hospital.

5. WORKFORCE

There was a Trust workshop held last month before the government workforce plan was published. Some of the work suggested, such as forward planning recruitment with planned retirements, triangulating numbers of staff with productivity and finances, reviewing gaps vs outcomes and identify ongoing needs and different solutions, has already been completed for all medical staff (useful data is available for this).

6. MENTAL HEALTH

Issues identified by the CQC are being addressed.

The mental health strategy for the Trust requires completion, including development of an operational mental health framework.

7. INFECTION PREVENTION AND CONTROL

Issues with Infection Prevention and Control (IPC) at the Campus for Ageing and Vitality (CAV) have been highlighted previously.

8. RESEARCH

8.1 Commercial Research – 2022/23

Newcastle Hospitals was the top performing Trust in terms of number of open studies recruited to (out of 219 commercially research active Trusts). In terms of total number of recruits, it is difficult to compare with other Trusts due to variable catchment areas etc. Nonetheless, commercial recruitment placed Newcastle Hospitals 5th nationally (8th 2021/22, 12th 2020/21, 12th 2019/20, 24th 2018/19). Delivery team capacity remains the one major factor restricting further development of our commercial portfolio. Notably, we declined 226 CRN opportunities, 67 of those due to capacity of the team.

We are, not surprisingly, a popular trust for commercial partners with number of formal partnerships in place. Recently, two more international pharma companies (Novartis, Janssen) have requested site visits, with a specific remit for early phase study capacity. We have also completed a £18m contract with Boehringer Ingelheim for research into fatty liver disease (Quentin Anstee, Principal Investigator).

8.2 Investment/infrastructure

The Research Directorate has been involved in a number of bids and tenders to secure additional funding:

- In April 2023, it was announced that the Newcastle Hospitals bid to be host of the Regional Research Delivery Network (RRDN), replacing the Local Clinical Research Networks (LCRN), was successful. The new contract is due to commence in October 2024. Vicky McFarlane-Reid, Executive Director for Business, Development and Enterprise, will oversee transition arrangements from LCRN, with operational leadership from Chris Speed.

- In July 2023, we were informed that a bid for capital monies made in January 2023 had been approved by the National Institute for Health and Care Research (NIHR). This funding sits outwith the Trust Capital Department Expenditure Limit (CDEL). £2.3million was awarded, including £1m towards a state-of-the-art CT scanner.

- A national programme in rare diseases research has been jointly funded by UK Research and Innovation (UKRI) and NIHR. The hub contract has been awarded to Newcastle University and Newcastle Hospitals in partnership with Genetic Alliance UK. Newcastle has also been awarded two disease-specific ‘nodes’ in histiocytic disorders and renal ciliopathies.

- Ward 11 at the Freeman Hospital, currently used by all specialities delivering research at the Freeman, has consolidated its activity, to support the relocation of a Urology ward required due to estates works on the Vascular Ward. So, Ward 11 is now shared between Clinical Research and Urology Day of Admission Unit until the end of August 2023.

8.3 Newcastle Health Innovation Partners (NHIP)

We continue to work closely with NHIP:

- In June 2023, supported by NHIP, Newcastle Hospitals has launched the inaugural Dragons Den – seeking to support staff taking their first steps into research. This is in line with the Trust Clinical Research Strategy. A formal panel of 'Dragons' from across our partner organisations will review the applications in September 2023.

- It is well documented that some minority and ethnic groups are significantly underrepresented in clinical research studies and, working with NHIP, a joint Patient and Public Involvement and Engagement post has been advertised to work across our community in an effort to start to address this issue.

9 BOARD REFERENCE PACK (BRP) DOCUMENTS

Included within the BRP are the following documents to note:

i) Consultant Appointments;
ii) Guardian of Safe Working Annual Report 2022/23 and Quarterly Report (Q4 2022/23)

10 RECOMMENDATION

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

A R Welch FRCS
Medical Director
18th July 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 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				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☐	☒				
Summary	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: • Spotlight on the Safety Assessment Ward Compliance dashboard • Freedom to Speak Up (F2SU) • Nursing and Midwifery Safer Staffing • Professional Nurse Advocate • Newcastle Improvement (NI)						
Recommendation	The Board of Directors is asked to note and discuss the content of this report.						
Links to Strategic Objectives	• Putting patients at the heart of everything we do. Providing care of the highest standardfocusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing ourpart 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
	☒	☒	☒	☐	☒	☐	☐
Link to Board Assurance Framework [BAF]	Strategic Objective One Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Strategic Risk Description i) SO1.1 [Capacity and Demand] ii) SO1.4 [NHS core standards - patient safety and quality of care]						
Reports previously considered by	The ECN Update is a regular comprehensive report bringing together a range of issues to theTrust 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: Safety Assessment Ward Compliance Dashboard

This month's 'Spotlight' section provides an overview of the work to develop a near 'real time' Ward Compliance Safety Assessment dashboard.

Assessing patients' needs and ensuring their care is individualised and personalised is fundamental to high quality care and professional nursing practice. One of the ways this is achieved is by ensuring on admission to hospital and regularly throughout an in-patient stay, safety assessments are completed, and appropriate actions put into place to minimise risk and optimise individualised care.

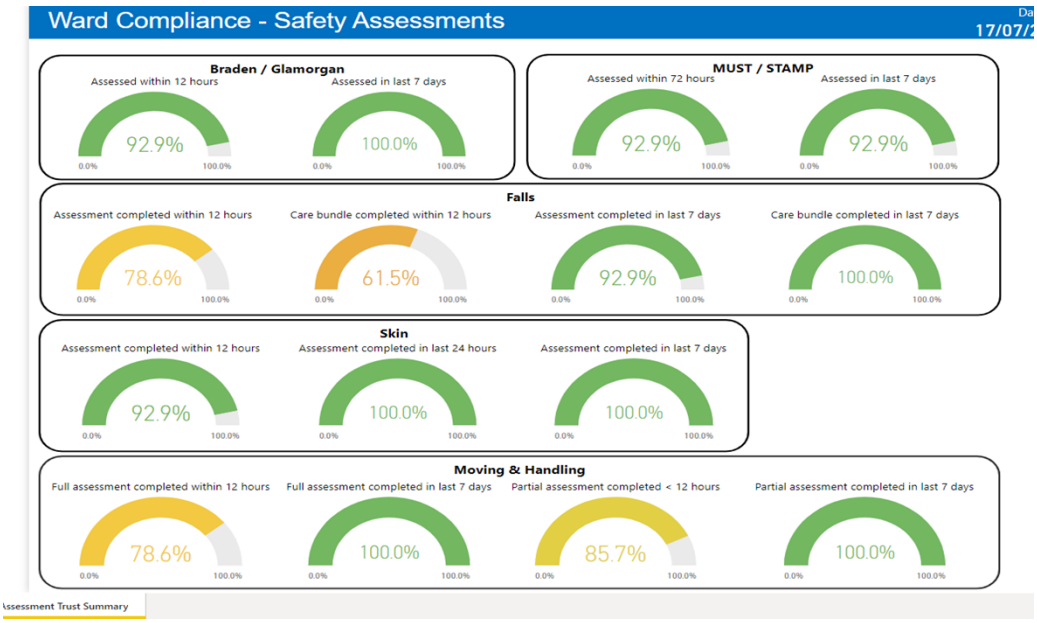
Current compliance and assurance frameworks such as the Clinical Assurance Toolkit (CAT) are already well established and actively used to measure and monitor nurse sensitive indicators. However, the development of the electronic patient record (EPR) provides a significant opportunity to enhance this work further providing data in real time for ward to board assurance. The ECN and senior nursing team are keen to take advantage of the opportunity that the EPR provides to enhance patient experience and improve outcomes for care.

The Chief Nursing Information Officer (CNIO) has led the Digital Health Team, in collaboration with colleagues from Information Management and Technology (IM&T) to develop a dashboard which captures safety assessment compliance across a range of areas in near real time to help improve compliance and assurance but most importantly to ensure safe and high quality care. Work has focused intially on building a platform which will display compliance over a number of key risk assessments such as:

- Nutrition and hydration
- Skin assessment
- Falls risk assessment
- Moving and handling risk assessment

After building, testing and receiving feedback from key stakeholders, the Ward Compliance Safety Assessment Dashboard was launched on the 5 June 2023. The dashboard is accessed via the intranet reporting hub, with the data refreshed four times per day.

The picture below is a screenshot of the landing page for the dashboard and shows which areas of compliance are measured. This can then be broken down by ward and matron portfolio and also drill down to invididual patient data, outlining where an assessment is required.



Over the first month of the dashboard being live there has been an improvement in compliance in all domains from day one. As this is a dynamic dashboard which changes four times per day, percentage compliance will change multiple times per day. Early learning recognises it will not be possible to ensure 100% compliance across all domains and the timing of assessments, depending upon route of admission, play a factor in compliance particularly for assessments within the first twenty-four hours. We are already working on how we can set realistic but ambitious targets for compliance and best practice based on this very early work.

This is just the first iteration of the dashboard and further work is planned to include compliance with other clinical checks or assessments such as intravenous line, catheter and drain checks. These will be developed over this year and included once appropriate testing has been completed.

What is exciting to see, is how the EPR can be utilised to improve care and inform professional practice in real time and not just be utilised to provide data for retrospective audit where the opportunity to improve for that patient may have been missed.

Further updates to the Trust Board on this work will be provided in future reports.

Section 2: Freedom Two Speak Up (FTSU)

Section two provides a high-level overview of the work of the FTSU service within the Trust.

The FTSU service continues to receive an increasing number of contacts from staff as a result of the active promotional work, consistency of message regarding speaking up generally and, essentially, the increased number of staff-to-staff recommendations. Between June 2022 and March 2023, the Freedom to Speak Up Guardian (FTSUG) has managed 73 cases which required intervention beyond advice and support being given to the complainant. The increasing level of activity, and the greater number of concerns being raised with a degree of seriousness which required significant intervention, reflects the growing credibility of the service and the >200% service growth over the last 3 years.

The vast majority of concerns raised continue to relate to interpersonal relationships, particularly between line managers (or Human Resources (HR)) and staff. These do not necessarily equate to bullying allegations but perceptions of mismanagement, ineffective or unfair HR processes or inequity.

Staff satisfaction with the service they receive remains consistently high with excellent responses in feedback questionnaires. All staff who accessed the service were given the opportunity to feedback via a questionnaire; of those who responded, 100% said that they would recommend the service to a colleague and 100% rated it as 5 out of 5.

A comprehensive update was provided to the People Committee in April 2023 (included within the Public Board Reference Pack for information).

Section 3: Nursing and Midwifery Safer Staffing

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

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

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

The following key points from this group are noted below:

- Four wards in total have required high-level support over the last three months. All wards have action plans in place, overseen by the Nurse Staffing and Clinical Outcomes Group and by the ECN Team. An overview of these wards including current nurse sensitive indicators, as well as current performance and actions in place, have been discussed and presented to the Trust's Quality Committee.
- Where beds have been closed due to staffing concerns, a weekly documented review with the ECN Team remains in place and will continue until all commissioned bed capacity is safely opened.
- Red flags generated within the SafeCare module by the nursing staff in conjunction with professional judgement have provided valuable triangulation of data alongside DATIX reports. These alerts are responded to promptly by members of the Senior Nursing Team directly with the ward staff and the Matrons and are reported daily into the ECN Team. In the last three months, 535 red flags have been generated across the Trust. The highest numbers are from across Medical Wards (n=151), Cardiothoracic Wards (n=110) and Childrens Wards (n=105).
- All staffing related DATIX reports have been reviewed and were graded no harm, low/minor or moderate. In the last quarter the number of DATIX had substantially reduced from the previous quarter where there was an average of 20 per month. The last three months are noted below.
    - March: 10
    - April: 8
    - May: 13

Recruitment and Retention remain a priority workstream and the report provides an update on the current pipeline of Registered Nurses and Healthcare Support Workers (HCSWs). International Recruitment (IR) remains an important focus and an overview of progress with the current and future IR pipeline is included in the report.

The following key points are contained within the report:

- The current total Registered Nursing (RN) and Midwifery workforce combined turnover is 9.61%. This is based on Month 2 data and demonstrates a reduction from 11.18% previously reported. Its compares favourably with the national median of 12.45% and improving the retention figure remains a key priority.
- The Band 5 RN vacancy rate is 4.66% based on the financial ledger at Month 2 and relates to current substantive staff in post. This is a favourable position when compared to the 2022 Month 2 vacancy rate of 8.4%. It does not include those nurses currently in the recruitment process, where there is a pipeline of 133 (head count and not including international recruitment) staff across adult and paediatrics.
- The Trust had an ambitious plan supported with NHS England (NHSE) funding through international recruitment for the deployment of 300 nurses and 5 midwives for 2022/23 and have successfully completed this recruitment plan.
- Additional NHSE funding has been made available for 2023/24 with a bid that has been secured for a further 150 nurses to be deployed by the end of November 2023.
- The Trust have also agreed to 'go further' to recruit an additional 74 nurses to be deployed by the end of March 2024 bringing the additional total of international recruits to 224 nurses.
- The large-scale HCSW community event based at the Beacon Centre in the west of the city funded by the NHSE 'Widening Access Transformational project' has taken place in May 2023. The aim of the event was to test innovative recruitment solutions and work with community partners to recruit a representative workforce which impacts health inequalities. The day saw an unprecedented response from the community with 1,000 people attending. 294 candidates were interviewed on the day and more than 700 people who we were unable to see on the day left their details via a QR code. The first follow up interviews will be held at the Beacon Centre in July 2023.

Whilst there is a 'lead in' time for all new recruits, this combined with domestic recruitment will place the Trust in a strong position ahead of the forthcoming winter.

Section 4: Professional Nurse Advocate

Section four provides an update on the development and deployment of the Professional Nurse Advocate (PNA) model since the last update provided to the Trust Board in July 2022.

The Professional Nurse Advocate (PNA) model was launched in 2021 by the Chief Nursing Officer for England. The specific remit of the PNA model is to facilitate restorative clinical supervision to colleagues and teams in nursing and beyond. The training equips the PNA to listen and to understand the challenges and demands of colleagues and to lead, support and deliver quality improvement initiatives in response which will encourage the development of a supportive and nurturing working environment.

The Trust currently has 43 qualified PNAs with a number in training. There is also a significant number of Trust staff wanting to complete the 20-credit level 7 academic module and are awaiting a place. If successful, this would take the total number of trained PNAs to 83. Whilst this is encouraging this is still significantly below the national aspiration of ensuring there is a PNA to nurse ratio of 1:20 which would require in the region of 250 PNA within the Trust.

At present, the entry point to the PNA programme is through regional teams and managed centrally which is impacting on progress. This process is under review.

The Trust is contractually obliged to report PNA activity monthly via the Provider Workforce Report (PWR). This report shows an overall increase in activity over the last year as the number of PNAs increases. It has been encouraging to see through the data that there has been substantial increase in the provision of restorative clinical supervision and career conversations, with approximately 60 of each being offered monthly by Trust PNAs.

To support and expand this work further, the Associate Director of Nursing/PNA Lead has been working with local Higher Education Institutions to develop an accreditation agreement, which could see a co-delivered programme in collaboration with University of Sunderland and Northumbria Healthcare NHS Foundation Trust. It is anticipated this will provide better access to a PNA programmes and can support the programme with a co-delivered curriculum, which can draw upon existing Trust teams.

The Trust is also developing a PNA webpage to support nurses interested in becoming or accessing PNA services and to support existing PNAs with resources to support the wider dissemination of the role.

Section 5: Newcastle Improvement

Section five of the report provides an overview of the work of Newcastle Improvement (NI).

NI continue to support the Trust aim to embed a culture of continuous quality improvement (QI) across Newcastle Hospitals by 2025.

From a capability and capacity perspective, NI are building resilience and financial sustainability through the in-house delivery of cohort three of Improvement for Teams (ITP) and Improvement Coach (ICP) programmes. These programmes were formerly delivered by our strategic partners, the Institute for Healthcare Improvement (IHI) and are designed to equip individuals and teams with the skills, knowledge, experience, and confidence to lead improvement initiatives in their own area of work and to support others in developing improvement initiatives.

NI have further been delivering training to a range of colleagues from across the Trust through QI essentials, enhanced induction, preceptorship, and Leo programmes as well as refining a QI workbook to support individuals working on improvement initiatives.

NI, through Newcastle Change Programme, have been working to align the complementary skills of NI and the Trust's Programme Management Office (PMO) to support priority transformational programmes. NI improvement facilitators are more frequently working

with ICP-graduated coaches to support teams to deliver small-scale improvement initiatives, whilst increasing the confidence of ICP-graduated coaches to be self-sufficient in supporting other teams.

Through the remainder of 2023/24, NI will develop links with the Clinical Boards through the NI partner role, aimed at offering improvement expertise, providing strategic support for defining improvement priorities and aligning QI work with Patient Safety and Quality Assurance. Work will continue to embed environmental sustainability metrics into QI projects and there will be an increased focus on patient engagement across all supported initiatives.

RECOMMENDATION

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

Report of Maurya Cushlow
Executive Chief Nurse
27 July 2023

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 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
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☒	☐
Summary	The purpose of this paper is to provide members of the Trust Board with an update against the national drivers and priorities for maternity services. This paper provides members of the Trust Board with an update of actions in response to the findings from the Care Quality Commission (CQC) inspection of the Newcastle Upon Tyne NHS Hospitals Maternity Service in January 2023, published in May 2023. The domains of 'well-led' and 'safe' were focused upon as part of their national maternity inspection programme. The maternity service was graded 'requires improvement' and this paper details the work that has been implemented and is ongoing as part of an action plan to ensure those areas highlighted by the inspection as breaches in regulation, and those areas identified for improvement, are achieved. This paper references the Ockenden report, with a more detailed paper planned for September. The Ockenden Report (30 March 2022) can be found at: https://www.gov.uk/government/publications/final-report-ofthe-ockenden-review The 'Three-year delivery plan for maternity and neonatal services' was published by NHS England (NHSE) in March 2023 and previously presented to Trust Board in May 2023. The plan was developed in response to the Ockenden and East Kent reports which highlighted failures in maternity care and the need for nationwide learning and improvement. The 'Three-year delivery plan' has four key themes divided into twelve priority actions/objectives working toward the ambition of providing safer, more personalised, and more equitable care for families. Work has commenced to benchmark current Trust position against those objectives identified by the plan where responsibility is held at Trust level. Key stakeholders within the Trust maternity services have also undertaken collaborative work as part of the Local Maternity and Neonatal System (LMNS) in a regional workshop to develop and co-produce solutions to the plan. The NHSE three year delivery plan for maternity and neonatal services can be found at: https://www.england.nhs.uk/long-read/three-year-delivery-plan-for-maternity-and-neonatal-services/		

<table>
<tr><td>Recommendation</td><td colspan="7">The Trust Board is asked to:
i) Receive and discuss the report;
ii) Note the findings of the final report of the CQC inspection and the actions taken and ongoing in response to this;
iii) Note the current level of assurance against the interim and final Ockenden recommendations;
iv) Note the initial benchmarking of maternity services against the ‘Three year delivery plan for maternity and neonatal services’ and that further detailed work is required to identify outstanding actions required to ensure full compliance; and
v) Note the associated risks involved.</td></tr>
<tr><td>Links to Strategic Objectives</td><td colspan="7">Putting patients at the heart of everything we do. Providing care of the highest standards focussing on safety and quality.</td></tr>
<tr><td rowspan="2">Impact
(please mark as appropriate)</td><td>Quality</td><td>Legal</td><td>Finance</td><td>Human Resources</td><td>Equality & Diversity</td><td>Reputation</td><td>Sustainability</td></tr>
<tr><td>☒</td><td>☐</td><td>☒</td><td>☒</td><td>☐</td><td>☒</td><td>☐</td></tr>
<tr><td>Link to Board Assurance Framework [BAF]</td><td colspan="7">No direct link.</td></tr>
<tr><td>Reports previously considered by Trust Board</td><td colspan="7">Previous reports have been presented to members of the Trust Board on Ockenden, The Kirkup Report, and The Maternity Incentive Scheme (CNST).</td></tr>
</table>

MATERNITY SERVICES UPDATE

EXECUTIVE SUMMARY

This paper provides the Trust Board with an overview and update of the leading priorities and quality considerations for the Maternity Service. A specific focus of this paper will be on the Maternity Care Quality Commission (CQC) Inspection.

Section 2 reports on the CQC maternity inspection in January 2023 covering the two key domains of 'safe' and 'well-led'. The CQC inspection findings were published on 12 May 2023 resulting in the overall rating for the Maternity service as 'requires improvement'. A rating of 'good' was declared for 'well-led' and 'requires improvement' for safe.

This paper provides an update on the action plan (Appendix 3) implemented in response to the CQC inspection findings. An immediate response was required by the Trust to comply with legal obligations for:

- **Regulation 12(1)(2); 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.**

  The Trust have implemented immediate actions to meet with this requirement. Emergency and critical equipment checks are recorded on clinical standard's checklists and monitored daily by the Matrons. An assurance framework has been implemented to include weekly oversight by the Director of Midwifery and a monthly audit programme to illustrate embedding of changes in practice.
  Trust self-assessed as compliant.

- **Regulation 18(1)(2)(a); the Trust must ensure all staff receive such appraisal as is necessary to carry out their duties.**

  This is a rolling process with a plan implemented for monthly monitoring by the Clinical Board. Current compliance within the Maternity Service is 69% with an ongoing plan in place to meet the Trust target of 95% by March 2024, which is within the expected timeframe.
  Trust self-assessed as compliant.

- **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.**

  Improvement work has been undertaken in strengthening the management of medicines, together with the implementation of an assurance framework which includes a ward level daily process for ensuring medication is secure, together with a monthly review of all stored medication and IV fluids. Self-assessed as partially compliant pending ongoing work which is underway to mitigate risk in relation to IV

and emergency drugs on the Delivery Suite. Full compliance will be made following completion of work in July 2023.
Trust self-assessed as partially compliant pending ongoing work.

In addition, although not breaching regulation, the following areas were highlighted for further improvement:

- **The Trust should ensure that all staff complete the required mandatory training, including the appropriate level of safeguarding adults and children training.**

  Mandatory Training for Maternity Services is split into two sections: Trust level mandatory training and maternity specific 'Core Competency' training. Figures currently stand at:

  - Trust level Mandatory Training: 86% against a target of 95%
  - Children's Safeguarding Level 3: 87% against a target of 95%
  - Maternity Specific Core Competency Training: 52% against a target of 90%

  All training is set against an annual rolling programme, a process is in place for monitoring trajectory against the set target with defined timeframes.

  It should be noted that additional maternity specific training has now been recommended through the nationally revised Core Competency Framework, which requires significant time resource for staff attendance. Work is currently in progress to review the impact of this for Newcastle and will be presented in a later paper.

  This cross references to the Maternity Incentive Scheme paper presented to the Trust Board in July 2023.
  Trust self-assessed as partially compliant pending further review of newly published recommendations.

- **The Trust should ensure all areas are clean and staff use control measures to prevent the spread of infection.**

  Assurance framework in place to include daily Matron presence within each area in relation to expected standards. Compliance is monitored and reported through the Trust-wide monthly Clinical Assurance Tool (CAT). Additional oversight provided by the Director of Midwifery through monthly reporting at a local level.
  Trust self-assessed as compliant.

- **The Trust should ensure sufficient midwifery staff are deployed to keep women, birthing people, and babies safe.**

  The Trust is currently 3.8% below the recommended Birthrate Plus establishment. This position will change with the commencement in post of newly appointed Midwives in September, with a projection of 4.6% over the established budget.

Recruitment will continue thereafter to further increase up to the approved 20wte over establishment.

An assurance process is in place to ensure daily monitoring and oversight of staffing versus acuity at ward level. This is overseen by Matrons and further oversight provided to the Director of Midwifery twice weekly for additional support and assurance with regard to workforce planning and mitigation of risk.

It has been identified that the strength of the documented evidence in relation to daily movement of staff and data capture can be improved, with work in progress to ensure documentary evidence of monitoring and reporting.
Trust assessed as compliant.

- **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.**

  It has long been recognised that improvement work to the estate is a priority. Bespoke work is currently being undertaken in refurbishment of the bereavement facilities to improve the provision of privacy and dignity for families. This work is planned for completion early in 2024. General work across the estate will continue to be a priority.

  Despite the challenges presented by the estate, staff continuously prioritise the privacy and dignity of service users at all times in the provision of care.
  Trust self-assessed as partially compliant pending continuous refurbishment.

- **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.**

  Moving from a paper-based Modified Early Warning Score (MEWS), e-obs has been implemented in the Maternity Service in July 2023. This will enable a continuous process of review in relation to completion of MEWS, and greater quality assurance through audit.
  Trust assessed as partially compliant pending implementation and audit of newly implemented system.

- **The Trust should continue to monitor the security of the unit continues to be reviewed in line with national guidance.**

  All security work completed; annual Baby abduction simulation planned to be undertaken in August 2023.
  Trust assessed as compliant.

- **The Trust should continue work to introduce a robust formal triage and escalation process within the maternity assessment unit.**

Work is underway in planning the implementation of a bespoke electronic Maternity Triage system (BSOTS). Training requirements currently in review with an anticipated 'go-live' date of September 2023. Interim measures include a paper based system to support triage and escalation, together with schedule of audit to inform the quality of assessment.
Trust assessed as partially compliant.

This paper reports on the work that has already been undertaken and is ongoing, to assure the Trust Board that the maternity service is working towards full compliance with these obligations and that systems are in place to ensure compliance is maintained.

Section 3 provides a brief update on the current position for the Trust in relation to the recommendations from both the interim and final Ockenden reports. Compliance with Ockenden has been reported in separate Ockenden papers to Trust Board up until May 2023. Full compliance is now demonstrated at 76.7%, partial-compliance 20.9%, and 2.3% of recommendations remain non-compliant (Appendix 1 and 2). A further full and detailed report will be provided to the Trust Board in September 2023.

Section 4 provides members of the Trust Board with a brief overview of the Trust's current position against the ambitions of the 'Three-year delivery plan for maternity and neonatal services.' The 'Three-year delivery plan for maternity and neonatal services' was published by NHSE on 30 March 2023, in response to findings and recommendations from recent maternity reports (Ockenden 2020 and 2022, East Kent 2022, and previously Morecambe Bay 2015).

The ambition of the plan is to improve maternity care so that it is safer, more personalised, and more equitable. The four key themes of the plan are divided into twelve priority actions (objectives). The maternity service has commenced benchmarking the specific actions required of providers. Regional work has already commenced through the Local Maternity and Neonatal System (LMNS) supporting key maternity leaders and stakeholders to attend a collaborative workshop exploring the themes and objectives of the plan. Achievement of the 'Three-year delivery plan' is interdependent on provision of services and support at LMNS/Integrated Care Board (ICB) level and Nationally from NHSE.

The Trust continues to benchmark existing services against the ambitions of the 'Three-year plan' and identify work that is required to fully comply with the objectives of the plan. (Appendix 4). The Trust anticipates that as benchmarking continues, any associated risks affecting compliance will be identified. Of note is that compliance will also rely on the interdependency of the ambition through National and ICB support. A further detailed update will be provided to the Trust Board in September 2023.

Appendices 1 to 4 are included in the Public Board Reference Pack.

MATERNITY SERVICES UPDATE

1. INTRODUCTION

This paper provides the Trust Board with an overview and update for the leading priorities and quality considerations for the Maternity Service.

The Trust Board is provided with an update on the action plan implemented in response to the Care Quality Commission's (CQC) findings published in May 2023 from their inspection of maternity services in January 2023. Newcastle upon Tyne NHS Hospitals Maternity Services received a rating of 'requires improvement' following an inspection of the domains of 'well led' and 'safe.' This paper provides the Trust Board with an overview of the work that has been undertaken and is ongoing in response to those areas that 'must' and 'should' be done as highlighted by the inspection.

A brief update is provided in relation to the Maternity Services current compliance to the recommendations of both the interim and final Ockenden reports (2020 and 2022).

The Trusts position against the 12 priority actions and objectives set out by NHS England's 'Three-year delivery plan for maternity and neonatal services' published on 30 March 2023 are also referenced.

2. CARE QUALITY COMMISSION (CQC) JANUARY 2023 INSPECTION UPDATE

The CQC undertook a short notice inspection on 10 and 11 January 2023 as part of the national maternity inspection programme. The inspection focussed on the domains of 'safe' and 'well-led' and the final report was published on 12 May 2023. The Trust was rated 'requires improvement' for 'safe' and 'good' for 'well led' with an overall maternity services rating of 'requires improvement'.

The Trust has developed and implemented an action plan in response to the CQC inspection findings which identified three areas requiring immediate improvement to comply with legal obligations:

- **Regulation 12(1)(2); 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.**

  The Trust have implemented immediate actions to meet with this requirement. Emergency and critical equipment checks are recorded on clinical standard's checklists and monitored daily by the Matrons. An assurance framework has been implemented to include weekly oversight by the Director of Midwifery and a monthly audit programme to illustrate embedding of changes in practice.
  Trust self-assessed as compliant.

- **Regulation 18(1)(2)(a); the Trust must ensure all staff receive such appraisal as is necessary to carry out their duties.**

  This is a rolling process with a plan implemented for monthly monitoring by the Clinical Board. Current compliance within the Maternity Service is 69% with an ongoing plan in place to meet the Trust target of 95% by March 2024, which is within the expected timeframe.
  Trust self-assessed as compliant.

- **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.**

  Improvement work has been undertaken in strengthening the management of medicines, together with the implementation of an assurance framework which includes a ward level daily process for ensuring medication is secure, together with a monthly review of all stored medication and IV fluids. Self-assessed as partially compliant pending ongoing work which is underway to mitigate risk in relation to IV and emergency drugs on the Delivery Suite. Full compliance will be made following completion of the work in July 2023.
  Trust self-assessed as partially compliant pending ongoing work.

In addition, although not breaching regulation, the following areas were highlighted for further improvement:

- **The Trust should ensure that all staff complete the required mandatory training, including the appropriate level of safeguarding adults and children training.**

  Mandatory Training for Maternity Services is split into two sections: Trust level mandatory training and maternity specific 'Core Competency' training. Figures currently stand at:

  - Trust level Mandatory Training: 86% against a target of 95%
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  - Maternity Specific Core Competency Training: 52% against a target of 90%

  All training is set against an annual rolling programme, a process is in place for monitoring trajectory against the set target with defined timeframes.

  It should be noted that additional maternity specific training has now been recommended through the nationally revised Core Competency Framework, which requires significant time resource for staff attendance. Work is currently in progress to review the impact of this for Newcastle and will be presented in a later paper.

  This cross references to the Maternity Incentive Scheme paper presented to the Trust Board in July 2023.

Trust self-assessed as partially compliant pending further review of newly published recommendations.

- **The Trust should ensure all areas are clean and staff use control measures to prevent the spread of infection.**

  Assurance framework in place to include daily Matron presence within each area in relation to expected standards. Compliance is monitored and reported through the Trust-wide monthly Clinical Assurance Tool (CAT). Additional oversight provided by the Director of Midwifery through monthly reporting at a local level.
  Trust self-assessed as compliant.

- **The Trust should ensure sufficient midwifery staff are deployed to keep women, birthing people, and babies safe.**

  The Trust is currently 3.8% below the recommended Birthrate Plus establishment. This position will change with the commencement in post of newly appointed Midwives in September, with a projection of 4.6% over the established budget. Recruitment will continue thereafter to further increase up to the approved 20wte over establishment.

  An assurance process is in place to ensure daily monitoring and oversight of staffing versus acuity at ward level. This is overseen by Matrons and further oversight provided to the Director of Midwifery twice weekly for additional support and assurance with regard to workforce planning and mitigation of risk.

  It has been identified that the strength of the documented evidence in relation to daily movement of staff and data capture can be improved, with work in progress to ensure documentary evidence of monitoring and reporting.
  Trust assessed as compliant.

- **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.**

  It has long been recognised that improvement work to the estate is a priority. Bespoke work is currently being undertaken in refurbishment of the bereavement facilities to improve the provision of privacy and dignity for families. This work is planned for completion early in 2024. General work across the estate will continue to be a priority.

  Despite the challenges presented by the estate, staff continuously prioritise the privacy and dignity of service users at all times in the provision of care.
  Trust self-assessed as partially compliant pending continuous refurbishment.

- **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.**

Moving from a paper-based Modified Early Warning Score (MEWS), e-obs has been implemented in the Maternity Service in July 2023. This will enable a continuous process of review in relation to completion of MEWS, and greater quality assurance through audit.
Trust assessed as partially compliant pending implementation and audit of newly implemented system.

- **The Trust should continue to monitor the security of the unit continues to be reviewed in line with national guidance.**

  All security work completed; annual Baby abduction simulation planned to be undertaken in August 2023.
  Trust assessed as compliant.

- **The Trust should continue work to introduce a robust formal triage and escalation process within the maternity assessment unit.**

  Work is underway in planning the implementation of a bespoke electronic Maternity Triage system (BSOTS). Training requirements currently in review with an anticipated 'go-live' date of September 2023. Interim measures include a paper based system to support triage and escalation, together with schedule of audit to inform the quality of assessment.
  Trust assessed as partially compliant.

This paper reports on the work that has already been undertaken and is ongoing, to assure the Trust Board that the maternity service is working towards full compliance with these obligations and that systems are in place to ensure compliance is maintained.

3. OCKENDEN

As previously reported to the Trust Board, the final Ockenden Report published on 30 March 2022, highlighted a number of immediate and essential actions (IEAs) and recommendations to be implemented by all maternity services in England.

The Trust's position and ongoing compliance with Ockenden has been reported in separate Ockenden papers to Trust Board up until May 2023. Work continues to progress the recommendations of the combined reports; full compliance is now demonstrated at 76.7%, partial-compliance 20.9%, and 2.3% of recommendations remain non-compliant. A further detailed paper will be presented to the Trust Board in September 2023.

An item of note in relation to the outstanding non-compliant action is as follows:

- **Recommendation 1.3; A locally calculated uplift of midwifery staff based on previous 3 years.**

The Director of Midwifery has commenced work in reviewing the midwifery staffing position across the previous three years. This work will now be supported by the operational and strategic Senior Midwife for Workforce who has recently commenced in post.

The Trust Board are asked to note that this work now requires consideration and inclusion of the recommendations from the new 'Core Competency Framework version 2' published on 31 May 2023. The framework recommends a significant increase in the training requirements for Midwifery staff. The Trust currently provides two full days of maternity specific training for Midwives and the new framework recommends an increase to five days.

The three-year review will require the recommended additional training to be factored into the calculated uplift for Newcastle Hospitals Maternity service. An update will be presented to the Trust Board at a later date.

4. THREE YEAR DELIVERY PLAN FOR MATERNITY AND NEONATAL SERVICES

The 'Three-year delivery plan for maternity and neonatal services' was published by NHS England (NHSE) on 30 March 2023, in response to the Ockenden (2022), East Kent (2022) and previously Morecambe Bay (2015) reports. These reports highlight continued failures and inequalities in maternity care for families.

The ambition of the Three-year plan is to improve maternity and neonatal care in England; ensuring it is safer, more personalised, and more equitable for women, babies, and families.

As reported to Trust Board in May 2023, the four key themes of the plan are split into twelve priority actions. Responsibilities for each action have been further defined at Trust, LMNS/ICB and National level.

Technical guidance from NHSE was published in May 2023 defining the measures that will be used to monitor progress and assess compliance of the key objectives at LMNS and National levels.

The Trust has commenced a benchmarking exercise on the ambitions of the twelve objectives from the Three-year plan. A detailed breakdown of compliance will be reported to the Trust Board in September 2023.

Members of the Maternity Team attended the first workshop of a regional process on 10 May hosted by the LMNS to support the implementation of the Three-year delivery plan. Trusts from the North East and North Cumbria (NENC) attended with representation from a broad range of staff and key stakeholders. The day resulted in discussion and exploration of the Three-year delivery plan, encouraging collaborative thinking and solutions for some of the key areas.

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.
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.

The Trust will continue benchmarking current services to identify gaps and actions required. The associated local risks in achieving the objectives of the Three year delivery plan will also be dependent on the timely support from the LMNS and NHSE in implementing the deliverables under their respective responsibilities. Local performance outcomes and measures must be agreed and aligned to those metrics that will be used at LMNS and National level to and monitor progress and compliance.

5. CONCLUSION

The final report following the CQC inspection of Maternity services in January was published on 12 May 2023. An action plan in response to the 3 breaches in regulation, together with the 7 advisories on improvements which should be made, highlighted in the report, has been implemented and is ongoing to ensure that the Trust meets with the regulatory requirements and service improvements as identified by the inspectors.

Progress against the interim and final Ockenden recommendations has continued, however this must now be aligned to the ambitions and objectives set out in the 'Three-year delivery plan for maternity and neonatal services.'

The Trust continue to progress benchmarking current services against the objectives of 'The Three Year Plan.' The identification of any associated risks will become more evident as the Trust progresses this work which also relies on National and ICB support. Collaborative work

has commenced within the NENC LMNS to explore regional thinking and ways of working in achieving the plans ambitions and objectives. A further update will be provided to the Trust Board in September 2023.

6. RECOMMENDATIONS

The Trust Board is asked to:

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

Report of Maurya Cushlow
Executive Chief Nurse
27 July 2023

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 2023						
Title	Maternity Incentive Scheme (MIS) Year 5 (CNST)						
Report of	Angela O'Brien, Director of Quality and Effectiveness						
Prepared by	Rhona Collis, Quality and Clinical Effectiveness Midwife/ Jane Anderson, Director of Midwifery						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☒		☒		☐		
Summary	The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity incentive scheme invites Trusts, in this Year 5 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 Maternity Safety Actions. This is an update report regarding the 10 safety actions in the Year 5 scheme which were published on the 31 May 2023.						
Recommendation	The Trust Board is asked to note the contents of this report and approve the self-assessment to date to enable the Trust to provide assurance that the required progress with the standards outlined are being met.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality. Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☒	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link to BAF. Failure to comply with the ten safety action standards could impact negatively on maternity safety, result in financial loss to the Trust from the incentive scheme and from potential claims.						
Reports previously considered by	This is the first report for Year 5 of this Maternity Incentive Scheme.						

MATERNITY INCENTIVE SCHEME (MIS) YEAR 5 (CNST): MATERNITY SAFETY ACTION COMPLIANCE

EXECUTIVE SUMMARY

The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme invites Trusts, in this Year 5 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to financially reward those Trusts who have implemented all elements of the 10 Maternity Safety Actions. In addition, completion of all 10 Safety Actions upholds the reputation of the Trust in relation to the quality of care provision within the Maternity Service.

The Year 5 CNST safety actions were published on the 31 May 2023. Amendments have already been made to two of the elements and the Trust has received notification that further changes will be made to an additional 3 Safety Actions in the coming weeks in response to a number of queries raised with them by other Trusts.

For Year 5 Safety Actions 1,2,3,4,5,7 and 10 the relevant time period is between 30 May and 7 December 2023. For Safety Actions 6 and 9 it is prior to the submission date of the 1 February 2024. For safety action 8 (Multi-professional training) the time period is from 6 December 2022 to 5 December 2023. This report will be the first report to the Trust Board since the publication of Year 5 on 31 May 2023.

MATERNITY INCENTIVE SCHEME YEAR 5 (CNST): MATERNITY SAFETY ACTION COMPLIANCE

1. BACKGROUND TO CLINICAL NEGLIGENCE SCHEME FOR TRUSTS (CNST) MATERNITY INCENTIVE SCHEME – YEAR 5

Maternity safety is an important issue for Trusts nationally as obstetric claims represent the scheme's biggest area of spend (£6,033.4 million in 2021/22). Of the clinical negligence claims notified to NHS Resolution in 2021/22, obstetric claims represented 12% of the volume and 62% of the value.

NHS Resolution is operating a fifth year of the CNST Maternity Incentive Scheme to continue to support the delivery of safer maternity care. The scheme incentivises ten maternity safety actions and invites acute Trusts to provide evidence of their compliance against these.

The expectation by NHS Resolution is that implementation of these actions will improve Trusts' performance on improving maternity safety and reduce incidents of harm that lead to clinical negligence claims.

This scheme intends to reward those Trusts who have implemented all elements of the 10 maternity safety actions, enabling Trusts to recover the element of their contribution relating to the CNST incentive fund, and by receiving a share of any unallocated funds. Failure to achieve compliance against the safety actions will result in the Trust not achieving the 10% reduction in maternity premium which NHS Resolution has identified and the reputation of the Trust may be negatively affected in relation to the quality of care provision, within the Maternity Service.

To be eligible for the incentive payment for this scheme, the Board must be satisfied there is comprehensive and robust evidence to demonstrate achievement of all of the standards outlined in each of the 10 Safety Actions.

The Trust Board declared full compliance with all 10 maternity safety actions for Year 1, Year 2, Year 3, and Year 4 of this scheme. Confirmation of the Trust's achievement in fully complying with all 10 standards, was confirmed by NHS resolution and the Trust was rewarded, for Year 1, Year 2, Year 3 and Year 4, with £961k, £781k, £877k and £707k respectively in recognition of this achievement.

This paper provides an initial position of all the 10 Safety Actions and the requirements to achieve full compliance by the 1 February 2024.

2. SUMMARY OF CHANGES TO YEAR 5

This paper intends to report by exception and includes a summary of the changes to Year 5, together with identified areas of risk. The 10 Safety Actions topics remain the same.

2.1 USE OF THE NATIONAL PERINATAL MORTALITY REVIEW TOOL (PMRT) TO REVIEW PERINATAL DEATHS TO THE REQUIRED STANDARD.

The compliance rate for one aspect of this has increased from 50% to 60%. This may be a challenge for the Trust as this is in reference to draft reports being published within four months of the death, for all babies who were born and died in the Trust. Not all babies who died elsewhere in the Trust have a review completed within 4 months as most will have been referred to the Coroner and this process takes longer. However, compliance within Maternity and the Neonatal Unit continues to be above 90% which will sustain an overall compliance to above 60%. The Trust has robust processes in place to monitor this.

The quarterly PMRT report is appended this report as per the requirements of this safety action in appendix one and can be found in the Private Board Reference Pack (BRP).

The Trust is confident that full compliance with this safety action can be achieved.

2.2 SUBMISSION OF DATA TO THE MATERNITY SERVICES DATA SET (MSDS) TO THE REQUIRED STANDARD.

The compliance rate for Clinical Quality Improvement Metrics (CQIM's) has increased from 9 out of 11, to 10 out of 11. In year 4 The Trust achieved 10/11. A review of current compliance demonstrates The Trust is achieving full compliance with 4 out of 4 elements.

The 5th element will be reviewed in July 2023. Current compliance, for previous months, range between 82% and 90% when the required compliance is 90% for the month of July 2023. The Trust has the opportunity to enter the data retrospectively in order to ensure compliance has been achieved.

The Trust is confident that full compliance with this safety action can be achieved within the timeframe.

2.3 REVIEW OF TRANSITIONAL CARE ACTIVITY AND TERM BABIES ADMITTED TO THE NEONATAL UNIT.

There were no significant changes to this safety action. There is a requirement to share the action plan generated following review of term babies admitted to the neonatal unit with the quadrumvirate. The Trust will strengthen this process to ensure the quadrumvirate (Clinical Director, Director/ Head of Midwifery/ Lead Consultant for Neonatal/ Lead Consultant for Obstetrics) are sent the report for review and comment prior to circulation to staff.

The Trust is confident that full compliance with this safety action can be achieved.

2.4 DEMONSTRATE AN EFFECTIVE SYSTEM OF CLINICAL WORKFORCE PLANNING

A new addition for year 5 includes reference to the use of locum doctors in obstetrics. The Trust is confident that full compliance with this safety action can be achieved.

2.5 DEMONSTRATE AN EFFECTIVE SYSTEM OF MIDWIFERY WORKFORCE PLANNING

There are no changes to this safety action. The Trust has some concerns about the reporting of midwifery red flags as the safety action requires 100% compliance with two elements of staffing activity on the delivery suite. These refer to 'the labour ward co-ordinator must remain supernumerary' and 'midwives provide 1:1 care in active labour'.

100% compliance with any safety action is a challenge and although acuity issues are managed through effective escalation, there may be occasions whereby the Trust will not be able to achieve 100% compliance. However, the safety action does clarify that the Trust can state compliance if this is a one off event or it is not a regular event. This will be closely monitored and reported to the Quality Committee bi-monthly.

2.6 DEMONSTRATE COMPLIANCE WITH SAVING BABIES LIVES CARE BUNDLE VERSION THREE

There are considerable additions and changes to this safety action. The process is currently being tested to extract data from BadgerNet, which is dependent on data quality, however there is also an option to perform manual audits if the required information is not able to be extracted.

The Trust must demonstrate implementation of 70% of interventions across all six elements overall, and implementation of at least 50% of interventions in each individual element. These percentages will be calculated within the new national implementation tool, which has just been made available to all Trusts.

The Trust recognises that achieving full compliance with this safety action may be a challenge due to the complexity of the 75 interventions that need to be achieved across the six elements. There is a process in place to monitor and review compliance. A team of key staff who lead on the six individual elements meet monthly to discuss progress. They report, by exception to the CNST meetings which are held every two weeks within Maternity and in addition any concerns are escalated to the Triumvirate by the Quality and Clinical Effectiveness lead midwife.

2.7 LISTENING TO WOMEN, PARENTS AND FAMILIES USING MATERNITY AND NEONATAL SERVICES AND CO-PRODUCE SERVICES WITH USERS (MNVP)

There are minimal changes to this safety action. The Newcastle Maternity and Neonatal Voices Partnership is well established and actively seeks the views of service users and feeds this back to the maternity and neonatal services.

The Trust is confident that full compliance with this safety action can be achieved.

2.8 TRAINING PLANS AND IN-HOUSE MULTI-PROFESSIONAL TRAINING

Achieving full compliance with the training requirements continues to be the biggest challenge for Year 5. The training requirements have increased with the expectation that, as a minimum, staff will receive 3 to 5 days training per year. Currently staff receive 2 days training and the Trust found achieving these requirements last year a significant challenge. The additional day would be a full training day dedicated to fetal wellbeing. Due to a number of ongoing staffing pressures meeting with the additional training requirements will be a significant challenge for the Trust. The training period starts from the date year 4 ended which was 7 months ago.

An additional requirement is that all members of the team who teach basic neonatal life support training need to be Registered Resuscitation Council (RC) trained instructors. Currently our trainers are not RC registered and there are minimal staff within the organisation available to deliver the training at this level.

In conjunction with the LMNS the Service has developed an aspirational training schedule and is currently scoping creative ways in introducing a third day, for example, large scale provision.

The Service will continue to plan, develop and aim to implement an additional training day, however, it should be noted that this may not be fully implemented within the time period required. The Service is aware that given the significant challenge that this poses to the majority of providers, the National Maternity team are challenging the requirements within this standard and updates will be provided in future papers.

2.9 ASSURANCE TO THE BOARD ON MATERNITY AND NEONATAL SAFETY AND QUALITY ISSUES

There are minor changes to this safety action with greater emphasis on embedding the principles of the Perinatal Quality Surveillance Model.

The quadrumvirate have recently been invited to participate in the NHS England Perinatal Culture and Leadership Programme due to commence in late October 2023. This will become an agenda item at the Maternity Board Level Safety Champions meeting bi-monthly and evidence of the support they can provide to the quadrumvirate will be minuted in future board reports.

The requirements from year 4 have been continued. The Trust is confident that full compliance with this safety action can be achieved.

2.10 REPORTING OF HEALTHCARE SAFETY INVESTIGATION BRANCH (HSIB) AND EARLY NOTIFICATION SCHEME (ENS) CASES

This safety action is unchanged from year 4.
The Trust is confident that full compliance with this safety action can be achieved.

3. CONCLUSION

It is acknowledged that there will be some significant challenges with safety actions 6 and 8 in order to achieve full compliance prior to the submission date of 1 February 2024.

The Board will be updated in more detail in the September Board Report. Monthly progress meetings continue to be held every two weeks within the Maternity department to enable direct oversight and support to be made by the Director of Midwifery and Clinical Director. Bi-monthly meetings with the Maternity Board Level Safety Champions continue and issues of concern in relation to CNST compliance are discussed.

4. RECOMMENDATIONS

To (i) note the content of this report, (ii) comment accordingly and (iii) approve.

Report of Angela O'Brien
Director of Quality & Effectiveness
18 July 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 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				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☒	☐				
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 June 2023. Trend data in Appendix 1 (HCAI Report and Scorecard June 2023) is included in the Public Board Reference Pack and the Board Assurance Framework (BAF) Appendix 2 compliance report for April 2023-June 2024, is included in the Private 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
	☒	☒	☐	☐	☐	☐	☐
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 [Core Standards – Patient Safety and Quality of Care] ii) SO1.9 [Infections] iii) SO1.6 [Trust estates and environment]						
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). The following key points are noted in the report:

- Whilst HCAI performance against trajectories remains challenging, some improvements have been noted in *Clostridioides difficile* infections. Initiatives and assurance processes are in place to support improvement across all aspects of Harm Free Care including HCAI. Infection Prevention and Control (IPC) teams continue to work closely with Clinical Boards to help fully integrate IPC and its associated processes into the new Clinical Board governance framework.
- Since the last Trust Board, the Trust has received national trajectories for Gram negative bloodstream infections (GNBSI) reduction. The relevant committees are in the process of reviewing these and agreeing how they will complement existing agreed reduction targets. The Trust Board will be updated once these have been finalised.
- IPC/Antimicrobial Stewardship (AMS) integration into Clinical Boards' governance framework is in progress and will be a key part of each Clinical Board assurance framework. The AMS compliance report is discussed at Clinical Board Serious Infection Review Meetings (SIRMs) and Take 5 audits are included in the monthly reports. Action plans for improvement are developed for areas with poor compliance with support and oversight from IPC and AMS Operational groups.
- The Board Assurance Framework (BAF) compliance report for April 2023-June 2024 demonstrates that the organisation continues to have oversight on the Trust's position of compliance in relation to IPC. Details are provided in the reference pack.
- Strategies for the reduction in *Clostridioides difficile* in surgical services have been recently implemented and are now well embedded with a reduction in infections noted. The learning from this process will be shared with other areas as and when targeted work is required to respond to periods of increased infection.

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 MAY/JUNE 2023

This paper provides bimonthly assurance to the Trust Board regarding Healthcare Associated Infections (HCAIs). Whilst HCAI performance against trajectories remains challenging, some improvements have been noted in *Clostridioides difficile* infections. Initiatives and assurance processes are in place to support improvement across all aspects of Harm Free Care including HCAI. Infection Prevention and Control (IPC) teams continue to work closely with Clinical Boards to help fully integrate IPC and its associated processes into the new Clinical Board governance framework.

1.1 *Clostridioides difficile* Infections (CDI)

At the end of June 2023, a total of 28 cases were attributed to the Trust, of which 24 cases were Hospital Onset Healthcare Associated (HOHA); 4 cases were Community Onset Healthcare Associated (COHA)) – see Table 1. This places the Trust under the national threshold (≤42) by 14 cases as shown in Table 2. Month on month trend graphs are included in the Integrated Board Report.

Table 1: Number of CDI attributed to Newcastle Hospitals from July 2021

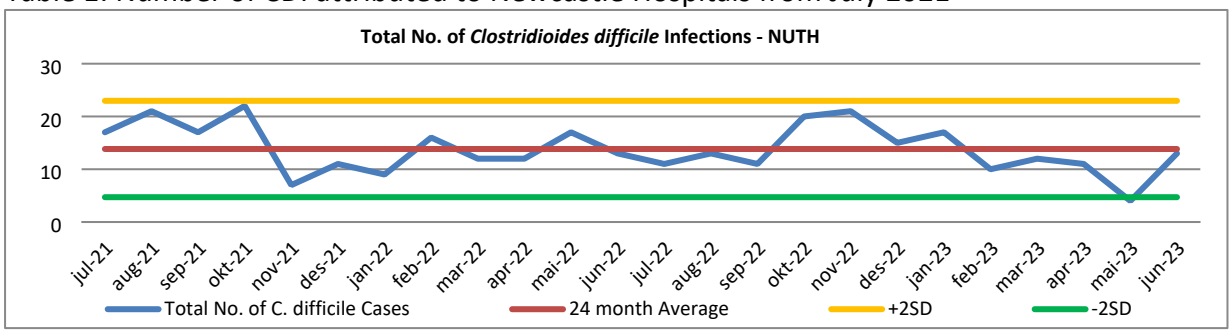
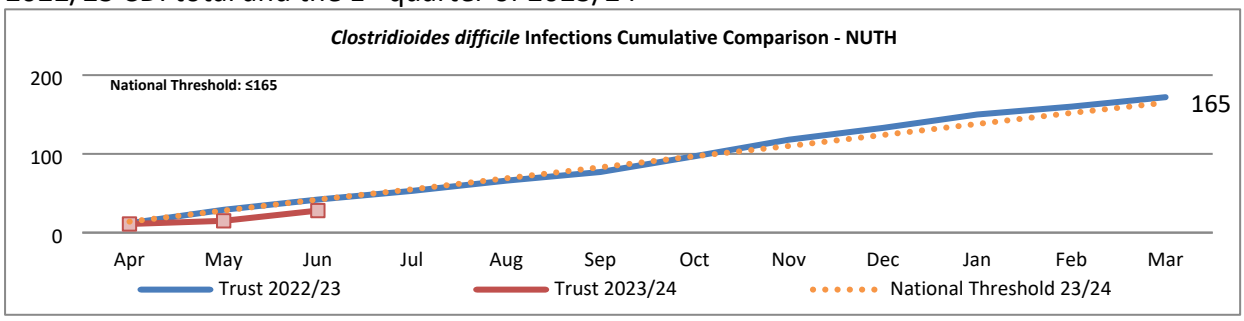


Table 2: Cumulative comparison of 2023/24 National Threshold with Newcastle Hospital's 2022/23 CDI total and the 1st quarter of 2023/24



On the 23 June 2023, the Trust hosted the North East and North Cumbria Integrated Care Board (NENC ICB) which held a regional CDI deep dive meeting. The aim of this meeting was to identify themes from a *Clostridioides difficile* questionnaire undertaken by Trusts to share learning and best practice. The main themes outlined from across the providers were:

- Challenges with isolation facilities.

- The need to provide continued education and increase awareness of HCAI.
- Ongoing challenges in delivering HCAI reduction within the current NHS operational pressures.

The Trust continues to collaborate with the ICB and incorporate lessons learnt into local initiatives.

Tables 3 and 4 show the Trust's *Clostridioides difficile* infections compared with the Shelford Group for time periods between April - June 2022 and 2023. Trust *Clostridioides difficile* initiatives have helped reduce infection rates as seen in Table 5 below.

Table 3: CDI comparison data for Shelford group April – June 2023

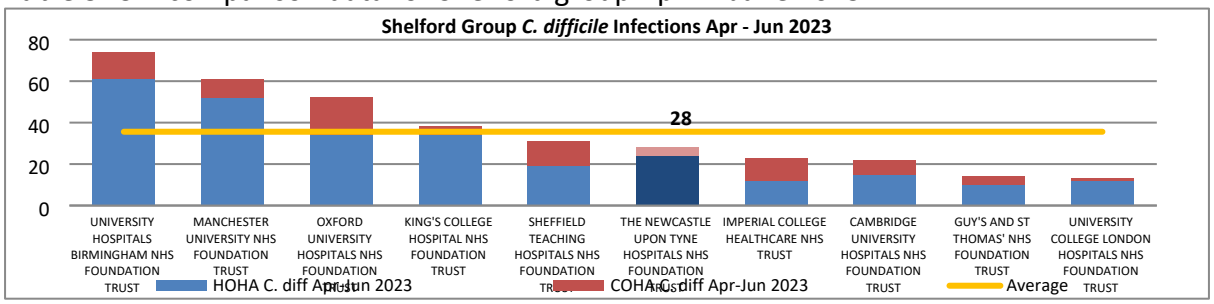


Table 4: CDI comparison data for Shelford group April – June 2022

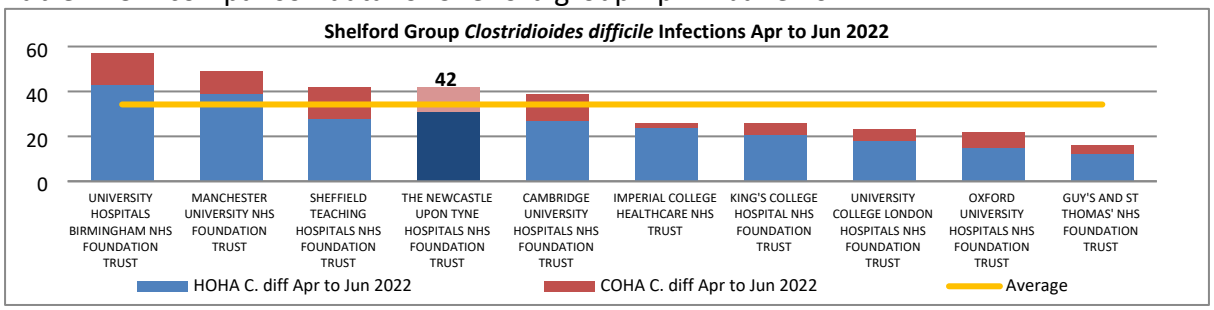
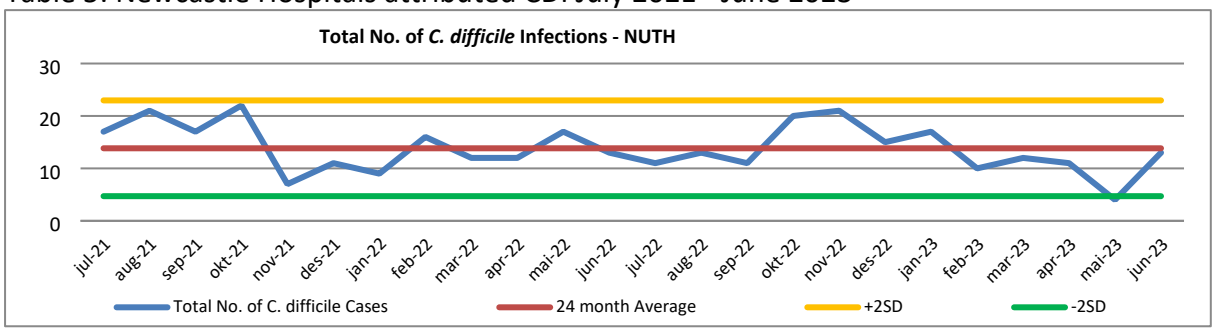


Table 5: Newcastle Hospitals attributed CDI July 2021 - June 2023



IPC continue to work collaboratively with clinical teams and Antimicrobial Leads to ensure *Clostridioides difficile* reduction strategies are continuously implemented.

1.2 MRSA / MSSA Bacteraemia

The Trust had no further MRSA bacteraemia to the end of June 2023 and at the time of reporting the Trust has had no cases to report since the end of November 2022 (7 months).

At the end of June 2023, a total of 24 MSSA bacteraemia cases were attributed to the Trust (21 HOHA cases; 3 COHA cases), as indicated by Table 6, which places the Trust over our local trajectory by 1 case (≤23 - no national threshold for MSSA) as demonstrated in Table 7.

Monthly trend graphs are included in the Integrated Board Report and performance against trajectories and Shelford benchmarking are included below for reference.

Table 6: Total MSSA Bacteraemia at Newcastle Hospitals June 2021- June 2023

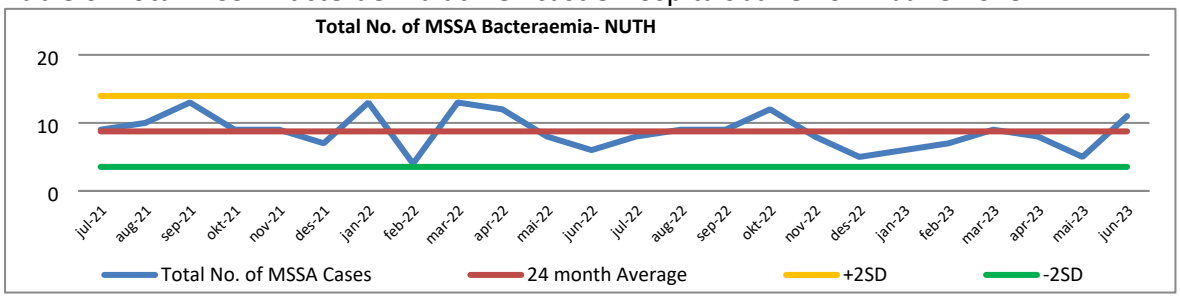


Table 7: MSSA cumulative comparison April 2022- end of March 2023 and April – June 2023

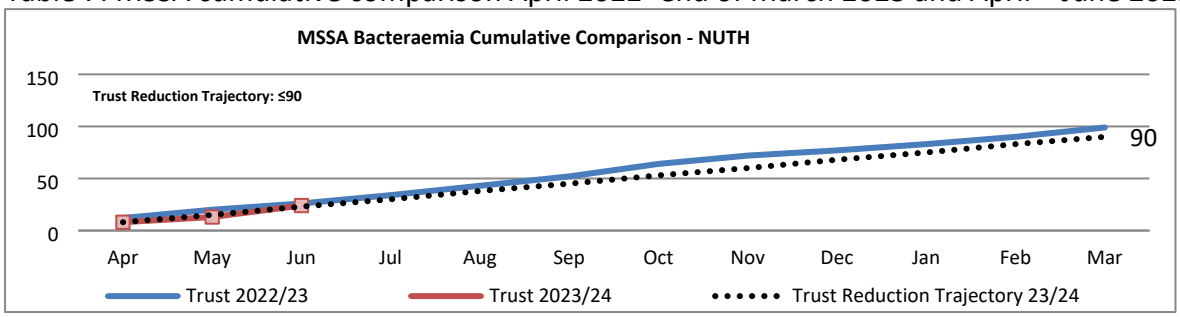
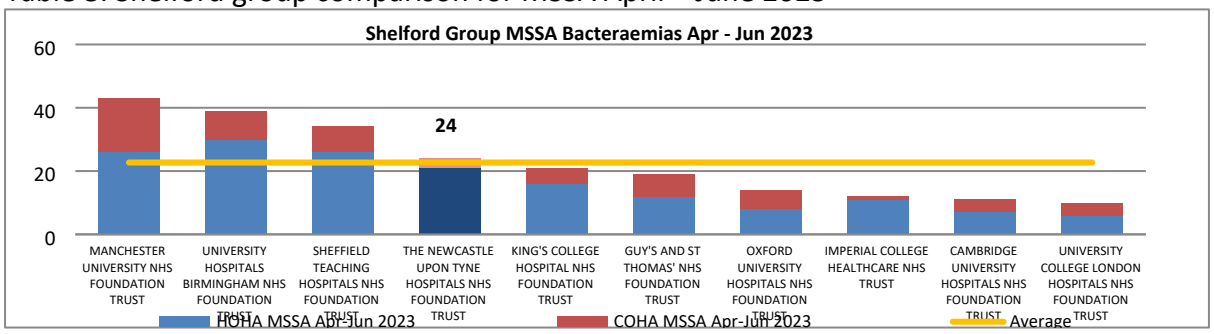


Table 8: Shelford group comparison for MSSA April – June 2023



The Trust is continuing with initiatives which relate to the 10% reduction strategy for 2023/24 at ≤90 cases for the year. Specific work around the management of indwelling devices continues. There is focused work underway in Surgery, Cancer Services and Neurosurgery where clusters of MSSA have been identified.

An Intravenous Line dashboard was developed and trialled in the Great North Children's Hospital (GNCH). This has proved successful, and IPC are developing a planned roll out to key adult areas in a phased approach over the course of the next year. This will triangulate with developments in the Electronic Patient Record (EPR) and ICNET (see item 1.6).

The Trust has also been reviewing its process around the use of antimicrobial washes. Octenisan is a mild, antimicrobial wash which reduces the colonisation of skin with bacteria

and Trust policy currently recommends that this is used for all in-patients across the Trust. However, compliance and concordance with use remains variable due to a number of factors. A bespoke task and finish group has been commissioned to review the use of Octenisan in the Trust. This group will undertake a scoping exercise to benchmark standards of care in relation to Bloodstream Infections (BSI) with a focus on the use of antiseptic washes both regionally and nationally. Further updates will be provided as this work progresses.

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

Table 9: The table(s) below outlines the Trust figures up to the end of June 2023:

	E. coli	**Klebsiella**	**Pseudomonas aeruginosa**
Cumulative No. cases to end of June 2023	57 cases	30 cases	13 cases
National Threshold for June 2023	≤48 Over by 9	≤33 Under by 3	≤9 Over by 4

Table 10: Total *E. coli* bacteraemia April 2022- end of March 2023 and April – June 2023

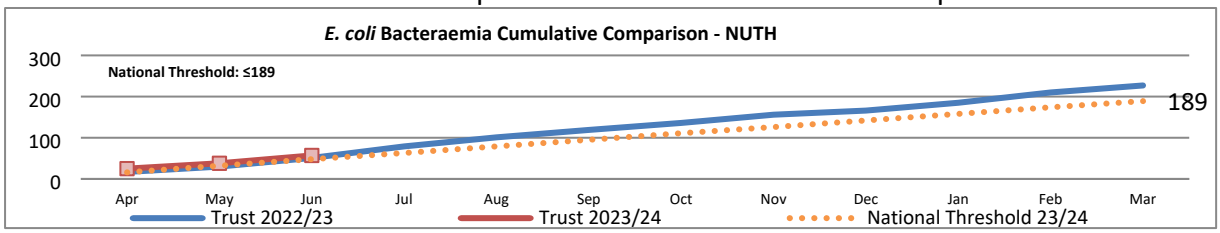


Table 11: Total Klebsiella bacteraemia April 2022- end of March 2023 and April – June 2023

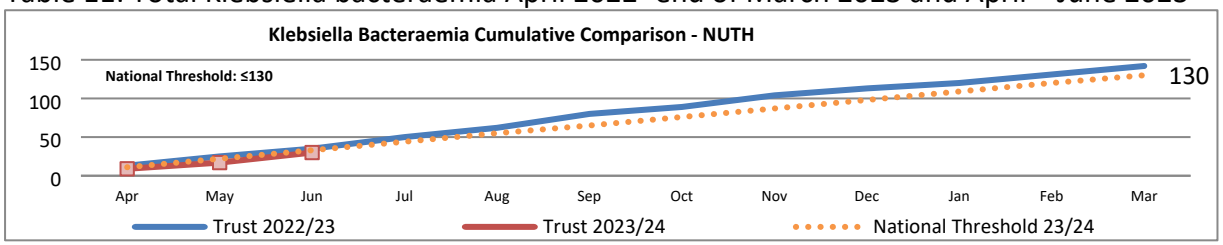
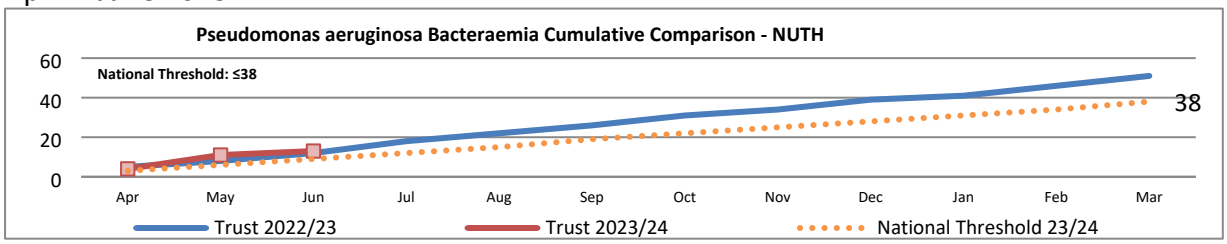


Table 12: Total Pseudomonas aeruginosa bacteraemia April 2022- end of March 2023 and April – June 2023



Urospesis and hepatobiliary infections are the two main primary sources of GNBSI. Trust Gram negative reduction strategies continue with targeted initiatives across Older Peoples Medicine to reduce Catheter Associated UTI as a potential risk factor for *E. coli* bacteraemia. Other initiatives include reduction of hepatobiliary infections associated with any biliary tract intervention to prevent gram negative bacteraemia.

1.4 Management of respiratory viruses including COVID-19

There has been a significant drop in the number of cases of COVID-19 within the Trust. Monitoring through respiratory assessment including COVID-19 on admission remains in place and compliance currently stands between 88%- 92%

1.5 IPC Board Assurance Framework (BAF)

The Trust's BAF for 2023-2024 (copy in the Reference Pack) 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 Care Quality Commission (CQC) will judge a registered provider on its compliance with IPC requirements (Outcome 8, Regulation 12 and 15).

The IPC BAF demonstrates that in all domains the Trust is either fully or partially compliant with standards. Focused work has been undertaken to improve any areas of partial compliance. Key work is highlighted below:

- Ensuring robust processes are in place to ensure a timely review of policies. A number of Trust policies were recently replaced by the introduction of the National IPC Manual for England. However, it was recognised that the process for review and assurance was stronger with separate Trust policies, which have been re-introduced.
- Work is ongoing to ensure the highest possible standards of IPC practice which is audited through mechanisms such as the Clinical Assurance Toolkit. Whilst audit results demonstrate compliance and assurance, further work is required to consistently reach this standard; this is being supported by targeted work and education from the IPC team.
- Antimicrobial stewardship continues to be of concern. There are two risks on the risk register with scores of 20 linked directly to IPC. All IPC risks are reviewed every 3 months with the Clinical Governance and Risk Department (CGARD), and appropriate actions taken to ensure the risks are accurately graded and reviewed at relevant committees e.g. Antimicrobial Steering Group Ref (1.7).
- The organisation has systems in place for both training and compliance for assurance in relation to staff undertaking skills such as Aseptic Non-Touch Technique (ANTT). However evidencing this can be inconsistent. The implementation of an electronic compliance system is being developed by a task and finish group to address these issues.

The BAF 2023-2024 demonstrates that the organisation continues to have oversight on the Trust's position of compliance in relation to IPC. It also gives clarity on areas that require improved systems to support standards.

1.6 ICNet

ICNet is a software diagnostic tool that will provide real time surveillance across the organisation in relation to infection and risk. It will enable clinical staff and IPC teams to access a real time view of events which cannot be achieved through current systems. The first phase of the project, which focusses on infection case management and other related workflows as well as improved reporting capabilities for infection control, is on track to be

launched towards the end of this financial year.

1.7 Antimicrobial Stewardship (AMS)

The AMS Group (AMSG) are working with antimicrobial guidelines where broad-spectrum antibiotics e.g. tazocin (piperacillin/tazobactam) and meropenem are widely prescribed and replacing these with narrow spectrum agents e.g. Temocillin. Significant changes to the prescribing of antibiotics within the Emergency Department (ED) are being implemented to reduce the reliance on piperacillin-tazobactam. This complies with the Standard Contract target to reduce the use of broad-spectrum antibiotics. These changes will incur a cost when using high-cost narrow spectrum alternative antibiotics such as temocillin but may offset the wider risk of antimicrobial resistance.

The recently expanded Pharmacy AMS team is working closely with Clinical Boards' Governance and Antimicrobial Leads, to help improve compliance in Take 5 audit engagement from > 40% to > 80%. In addition, the current pharmacy led antibiotic prescribing interventional audits, which highlight areas of improvement, are being used by the AMS teams to drive change. It is anticipated that oversight with corresponding improvements in surveillance and intervention will improve when the ICNET AMS module is rolled out in the Trust; anticipated implementation date is Autumn 2024.

The CQUIN targets for appropriate prescribing and management of Urinary Tract Infection (UTI) / Catheter Associated Urinary Tract Infection (CAUTI), has now been completed and one of the outcomes was to write a guideline for CAUTI diagnosis and treatment incorporating HOUDINI. This guideline aims to simplify and therefore improve compliance with management of Catheters and CAUTIs. The guideline is complete, and work is in progress to communicate the changes through education sessions which are in the process of being developed.

1.8 Water and Ventilation Safety

Trust strategic groups continue to maintain oversight over all incidents associated with water/ventilation/decontamination and provide assurance through IPC Operational Group and IPC Committee.

2. RECOMMENDATIONS

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

Report of Maurya Cushlow
Executive Chief Nurse

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

19 July 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 2023						
Title	NHS England (NHSE) - Equality, Diversity and Inclusion (EDI) Improvement Plan						
Report of	Christine Brereton, Chief People Officer						
Prepared by	Christine Brereton, Chief People Officer						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☐		☒		☒		
Summary	This report seeks to update the Board on the contents and required actions of the recently published NHSE EDI improvement plan. The plan outlines six high impact actions that Trusts are expected to implement and measure against specific outcomes. The report also outlines the initial high-level assessment undertaken and proposed next steps.						
Recommendation	The Trust Board is asked to note: a) The contents and required actions of the EDI Improvement Plan; b) The initial high level gap analysis undertaken to assess how the Trust may currently measure against the six high impact actions; and c) Proposed next steps.						
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
	☐	☒	☒	☒	☐	☒	☐
Link to Board Assurance Framework [BAF]	Strategic Risk SO2.2 [Staffing] Action – Delivering of Equality and Diversity Programme.						
Reports previously considered by	Appointments and Remuneration Committee (EDI improvement plan shared for information) Executive Team						

NHSE EDI IMPROVEMENT PLAN

EXECUTIVE SUMMARY

On 8 June 2023, NHS England (NHSE) published its Equality, Diversity and Improvement (EDI) Plan, outlined at Appendix 1.

The improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

NHS Trusts at local level and through ICB partnership working are asked to address six high impact actions. The plan outlines specific actions and measurable success criteria.

This plan builds on the NHS People Promise (https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/) and the NHS People Plan, using the latest data and evidence.

The publication of this plan is timely as the Trust had already identified improving EDI as a key priority through the publication of its annual priorities for 2023/24.

EDI IMPROVEMENT PLAN

1. BACKGROUND

On 8 June 2023, NHS England (NHSE) published its Equality, Diversity and Inclusion (EDI) improvement plan (Appendix 1). The improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The main aims of the plan are to:

- Set out why equality, diversity and inclusion are a key foundation for creating a caring, efficient, productive and safe NHS.
- Explain the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery.
- Describe how NHSE will support implementation.
- Provide a framework for Integrated Care Boards (ICBs) to produce their own local plans.

2. REQUIRED ACTIONS

The improvement plan sets out six high impact actions that Trusts (and ICBs) are asked to implement. Within each of the six high impact actions, there are specific measurable objectives. Details are contained within the report, but the six high impact actions are summarised as follows:

High Impact Action 1:
Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

High Impact Action 2:
Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

High Impact Action 3:
Develop and implement an improvement plan to eliminate pay gaps.

High Impact Action 4:
Develop and implement an improvement plan to address health inequalities within the workforce.

High Impact Action 5:
Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.

High Impact Action 6:
Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

3. OBSERVATIONS

The improvement plan specific objectives and actions are "in the main" already contained in other plans, i.e., Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Mending the Gap, People Plan, but have been helpfully brought together under these six high impact actions.

The improvement plan and its contents are timely as the Trust had already identified improving EDI as one of its key annual priorities to address some of the key findings of the annual staff survey and the results of the WRES/WDES reported previously to the Board.

The Trust is currently developing a People Strategy underpinned by the People Promise, which has a strong focus on improving EDI - putting people at the heart and being compassionate and inclusive.

Measurement of the plan will be through the NHS Oversight Framework, and the Care Quality Commission (CQC) through the well-led domain of the single assessment framework, which is currently being refreshed to include a review and assessment of EDI in organisations.

4 INITIAL ACTIONS AND PROPOSED NEXT STEPS

Executive Buy in

4.1 The EDI improvement plan was published on 8 June 2023 and a discussion was held at the Executive Team on 14 June where it was agreed to:

a) Undertake an initial self-assessment to understand how we currently align / perform against the High Impact Actions and specific tasks.
b) Identify areas of good practice and areas for improvement in line with the tasks outlined in the plan. Understand the gap to achievement, both measurable and "felt".
c) Liaise with the staff network leads and explore the possibility of holding an EDI Event to launch the EDI improvement plan and our local focus / Develop a commitment charter for EDI – involvement of staff networks and Trade Unions.
d) Report back to the Board with initial findings and proposed next steps.

Self-Assessment

4.2 An initial self-assessment has been undertaken on the six high impact actions and their associated actions to understand how we currently stand. This is outlined at Appendix 2. The initial self-assessment demonstrates that the Trust is addressing some of the required national actions. However, it will be useful, through the EDI

event/steering group to consider if these actions are having the desired impact in the right areas.

4.3 This self-assessment document is a starter for 10 and will be used to aid further discussion with the staff network groups so that a plan of action can be co-designed and developed focussed on the right things to meet both the needs of the national plan but also local concerns and issues.

Involving the Staff Networks and Trade Unions

4.4 The EDI improvement plan and proposed approach was discussed with staff network leads and the EDI team and at the Race Equality Network with the Chief People Officer who are in support of addressing the high impact actions in a collaborative and joined up way. A specific event is being arranged for later in the year. This may include the development of a commitment charter for our EDI improvement work. This event will also officially launch our EDI steering group and EDI Improvement plan.

4.5 To further support our commitment and improvement an EDI Steering Group has been established (first meeting in August) and will initially be chaired by the Chief People Officer and will bring together members of the staff network groups and other key stakeholders, i.e., trade unions. It will have a key focus on driving forward the actions of this EDI improvement plan and will be supported by other Executive colleagues who have been identified as Executive sponsors for the staff network groups - Martin Wilson (pride), Andy Welch (race) and Vicky McFarland-Reid (enabled). The steering group will also have a focus on addressing inappropriate behaviours, raising awareness, and enhancing civility through inclusion.

4.6 A Leadership Congress was held on 1 June which focussed on leadership and EDI. The event was opened by Dame Jackie Daniel and was attended by over 100 people. The event included input from our staff network chairs and colleagues around lived experiences. The event identified the need for further awareness and action in this area (which will be actioned through the EDI steering group referred to in 4.4).

5. RECOMMENDATIONS

The Trust Board is asked to note:

a) The contents and required actions of the EDI Improvement Plan (Appendix 1);
b) The initial high level gap analysis undertaken to assess how the Trust may currently measure against the six high impact actions (Appendix 2); and
c) Proposed next steps (section 4 of the report).

Christine Brereton
Chief People Officer

19 July 2023

Appendix 1

NHS equality, diversity, and inclusion improvement plan

NHS equality, diversity, and inclusion improvement plan

Contents

A note on language

In the pursuit of equality, diversity and inclusion, language is powerful and can help to shift attitudes and behaviours.

This plan acknowledges that some definitions and terminology in legislation do not always reflect the identities or lived experience of individuals.

Achieving equality of health outcomes requires identification of barriers and biases, and targeted action to overcome specific inequalities, discrimination and marginalisation experienced by certain groups and individuals. This includes, but is not limited to, those with protected characteristics under the Equality Act 2010[1].

The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. Therefore, while we refer to the protected characteristics as defined in the Equality Act 2010, the actions set out here are intended to positively impact groups and individuals beyond these terms and definitions.

We have developed the high impact actions in this plan to be intersectional. This recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation[2].

Some specific points on language

When referring to ethnicity, we use the term Black and minority ethnic (BME) to be consistent with *NHS Workforce Race Equality Standard terminology*.

We use the term 'disability' as it is defined in the Equality Act 2010 recognising that the Act's intention is both positive and protective for disabled people. However, we recognise that 'disability' is a dynamic term, within which terms such as 'neurodivergence' and 'neurodiversity' are emerging and changing, including the relationship between neurodivergence and definitions of disability.

We use the acronym LGBT+ is used in this document, where the 'plus' includes all those identities and sexual orientations not specifically referenced. To promote the use of inclusive language, this document uses the terms 'trans and non-binary', 'gender identity' and 'sexual orientation'.

Foreword

"The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms"

NHS People Plan 2020

Amanda Pritchard,
Chief Executive,
NHS England

It is our privilege to introduce the NHS's first *equality, diversity and inclusion (EDI) improvement plan*. The NHS workforce is more diverse today than at any point in its 75-year history, and that brings benefits for patients and taxpayers alike.

Our NHS is built on the values of everyone counts, dignity and respect, compassion, improving lives, working together for patients, and commitment to quality. These values underpin how healthcare is provided, but must also extend to our NHS workforce.

Staff are at the heart of everything the NHS does, and always will be. To support the recovery of services following the COVID-19 pandemic, we need to increase capacity by growing our workforce and find new ways of working to enhance productivity.

To build for the future, we must inspire new staff to join and encourage existing staff to stay.

Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions and admit mistakes is essential for staff morale - which, in turn, leads to improved patient care and outcomes[3].

This can only be done by treating people equitably and without discrimination.

An inclusive culture improves retention, supporting us to grow our workforce, deliver the improvements to services set out in our Long Term Plan, and reduce the costs of filling staffing gaps.

Delivering that kind of working environment in an organisation of any size takes deliberate focus, listening and action.

The NHS People Plan, sets out the priorities for supporting the 1.3 million people who work in the NHS in England[4], with specific actions for improving their sense of 'belonging' in the NHS. This *plan* builds on the People Promise and the People Plan, using the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion.

It is also right that NHS England holds itself to account to the same standards as the NHS as a whole, so we will be implementing this plan in our organisation.

We would like to acknowledge the contributions, expertise and lived experience shared with us by staff, staff networks, managers and system leaders in the development of this plan, which have provided us with invaluable insights on improving the experience of staff across the NHS.

We would also like to acknowledge the inputs from our strategic partners, including the Health and Care Women Leaders Network, the Race and Health Observatory, NHS Employers, NHS Providers, NHS Confederation, and many more.

On behalf of the whole NHS leadership team, we want to thank you for working with compassion, putting our patients and people at the helm and rising to the challenges we face.

We hope this plan provides the framework for making the NHS the best place to work whoever you are, where all staff feel they belong, can thrive, and – ultimately - deliver the best possible service for our patients.

Dr Navina Evans
Chief Workforce, Education and Training Officer,
NHS England

Introduction

This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

It has been co-produced through engagement with staff networks and senior leaders.

The plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- Explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery
- Describes how NHS England will support implementation
- Provides a framework for integrated care boards to produce their own local plans.

The findings and recommendations of the Messenger Review- Leadership for a collaborative and inclusive future (July 2022) reaffirmed the need for this plan's actions , which forms part of our response to recommendation two of the review. Future iterations of this plan will address how we tackle EDI challenges within social care, and will be developed in collaboration with integrated care boards (ICBs) and other key stakeholders including the Department of Health and Social Care (DHSC).

The NHS Long Term Workforce Plan defines the size, shape, mix and number of staff needed to deliver high quality patient care, now and into the future. This EDI improvement plan supports the Long term workforce plan by improving the culture of our workplaces and the experiences of our workforce, to boost staff retention and attract diverse new talent to the NHS. The plan also supports the achievement of strategic EDI outcomes, which are to:

- **Address discrimination**, enabling staff to use the full range of their skills and experience to deliver the best possible patient care
- **Increase accountability of all leaders** to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010, the Messenger Review
- **Support the levelling up agenda** by improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce
- **Make opportunities for progression equitable**, facilitating social mobility in the communities we serve.

These actions should be implemented in partnership with trade unions / staffside colleagues and forums, and in collaboration with staff networks. In line with our operating framework, NHS England will provide guidance to assist trusts and ICBs in adopting an improvement approach to the implementation of this plan, supported by a repository of good practice and a dashboard to enable the measurement of progress. We will also implement this plan internally to ensure consistency with the NHS as a whole.

The case for change

Where diversity – across the whole workforce – is underpinned by inclusion, staff engagement, retention, innovation and productivity improve. Inclusive environments create psychological safety and release the benefits of diversity – for individuals and teams, and in turn efficient, productive and safe patient care.

Staff survey and workforce data reflecting the lived experience of NHS staff demonstrates that we have more to do before we can say inclusive workplace environments are the norm across the NHS[5]. For example, women make up 77% of the NHS workforce but are under-represented at senior level[6]. Just over 24% of the workforce are from black and minority ethnic (BME) backgrounds but face discrimination across many aspects of their working lives The 2022 Workforce Race Equality Standard (WRES) data showed that 27.6% of Black and minority ethnic (BME) staff experienced bullying, harassment or abuse from other staff in the preceding year; The NHS Staff Survey along with the Workforce Disability Equality Standard (WDES) shows that disabled staff in the NHS are under-represented when compared to the general population. The NHS staff survey data shows that 25% of disabled staff have experienced bullying from their colleagues, compared to 16.6% of non-disabled staff. Similarly, 23.5% of our LGBT+ colleagues face bullying and harassment at work compared to 17.9% of heterosexual staff.

Organisational efficiency correlates with staff and patient experience:

- Staff who are bullied are less likely and less willing to raise concerns and admit mistakes[7].
- Increased leadership diversity correlates with better financial performance[8].
- In hospital settings, managing staff with respect and compassion correlates with improved patient satisfaction, infection control, Care Quality Commission (CQC) ratings and financial performance[9].
- High work pressure, staff perceptions of unequal treatment, and discrimination against staff all correlate adversely with patient satisfaction[10].
- A workforce that is compassionate and inclusive for all has higher levels of engagement, motivation and wellbeing, which results in better care and reduced staff turnover[11].
- Fair treatment of every individual in the workforce helps reduce movement of substantive staff into bank and agency roles to avoid discrimination at work
- A diverse workforce that is representative of the communities it serves is critical to addressing the population health inequalities in those communities[12].
- Organisations with more diverse leadership teams are likely to outperform their less diverse peers[13].
- Psychologically safe work environments, where people feel they are treated with dignity and respect, achieve more effective, safer patient care[14].

Simply put, a diverse workforce in an inclusive environment will likely improve staff engagement, lower turnover and enhance innovation

Elective recovery is a top priority for the NHS[15]. Key to our success is boosting capacity, by filling vacancies, reducing turnover and improving morale[16]. To achieve this stability and to lay the foundations from which to grow the workforce of the future, as described in the Long-Term Workforce Plan, the NHS must improve staff experience across all protected characteristics if we are to sustainably reduce staff turnover, increase recruitment, reduce absenteeism and create more inclusive and productive teams.

High-impact actions

This plan prioritises the following six high impact actions to address the widely-known intersectional impacts of discrimination and bias.

Measurable objectives on EDI for Chairs Chief Executives and Board members.

Success metric

1a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

Overhaul recruitment processes and embed talent management processes.

Success metric

2a. Relative likelihood of staff being appointed from shortlisting across all posts

2b. NSS Q on access to career progression and training and development opportunities

2c. Improvement in race and disability representation leading to parity

2d. Improvement in representation senior leadership (Band 8C upwards) leading to parity

2e. Diversity in shortlisted candidates

2f. NETS Combined Indicator Score metric on quality of training

Eliminate total pay gaps with respect to race, disability and gender.

Success metric

3a. Improvement in gender, race, and disability pay gap

Address Health Inequalities within their workforce.

Success metric

4a. NSS Q on organisation action on health and wellbeing concerns

4b. National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training

4c. To be developed in Year 2

Comprehensive Induction and onboarding programme for International recruited staff.

Success metric

5a. NSS Q on belonging for IR staff

5b. NSS Q on bullying, harassment from team/line manager for IR staff

5c. NETS Combined Indicator Score metric on quality of training IR staff

Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Success metric

6a. Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)

6b. Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)

6c. NETS Bullying & Harassment score metric (NHS professional groups)

High Impact Action 1

Chief executives, chairs and board members must have **specific and measurable EDI objectives** to which they will be individually and collectively accountable.

Leaders set the tone and culture of their NHS organisation.

Leaders who demonstrate compassion and inclusion, and focus on improvements, are key to creating cultures that value and sustain a diverse workforce. Staff will in turn feel more empowered to deliver great care and patient experience[17].

As highlighted in the Messenger Review, principles of EDI should be embedded as the personal responsibility of every leader and every member of staff. It is in this context that all Chief executives, chairs and board members should have distinct objectives on improving inclusion in their organization and have a personal commitment to mainstream EDI as the responsibility of all, such that the provision of an inclusive and fair culture should become a key metric by which leadership at all levels is judged.

NHS organisations and ICBs must complete the following actions:

- Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).
- Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).
- NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).

Success metric for high impact action 1	
Annual chair and chief executive appraisals on EDI objectives.	Board Assurance Framework

Further information and case studies can be found in the EDI repository.

High Impact Action 2

Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

We know diverse boards make better collective decisions for the communities they serve[18]. There has been progress in improving diversity of senior management teams; the total number of BME staff at very senior manager level has increased by 69.7% since 2018 from 201 to 341[19] and the percentage of board members declaring a disability has increased from 2% in 2019 to 4.6% in 2022. However, in relation to the three protected characteristics for which reliable data exists (race, disability and gender); senior teams across the NHS are less representative of their organisation's workforce. For example, WRES data (31 March 2022) shows that BME people make up 24.2% of the NHS workforce[19] but only 13.2% of board members; 85% of people with a disability do not believe that their trust provides equal opportunities for promotion;[20] and women represent 77% of the NHS workforce but only 37% of very senior managers[21].

Talent management strategies must recognise the importance of equitable recruitment and career progression for all staff. If they do not, the NHS risks losing talent because everyone does not see themselves as having the same opportunity, leading to a direct impact on patient care.

The national Inclusive *Recruitment and Promotion Practices framework*[22] highlights the principles for an evidence-driven approach. It supports boards in achieving the aspirations of the Long-Term Workforce Plan by addressing workforce vacancies.

NHS organisations and ICBs are to complete the following actions:

- Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025)
- Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.

Success metric for high impact action 2	
Relative likelihood of staff being appointed from shortlisting across all posts	WRES and WDES
Access to career progression, training and development opportunities	NHS Staff Survey
Year-on-year improvement in race and disability representation leading to parity over the life of the plan	WRES and WDES
Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan	WRES and WDES
Diversity in shortlisted candidates	To be developed in year two
Combined Indicator Score metric on quality of training	NETS

Further information and case studies can be found in the EDI repository.

High Impact Action 3

Develop and implement an **improvement plan to eliminate pay gaps**

As an inclusive employer, the NHS should take steps to address gender, ethnicity and disability pay gaps.

The gender pay gap in the UK has been declining slowly over time; over the last decade it has fallen by approximately a quarter among full time employees[23]. The pay gap is relatively small for the 88% of NHS staff employed on Agenda for Change (AfC) terms and conditions. However, it is 47% for the 12% of NHS staff who are not, essentially doctors and senior leaders.

The independent review Mend the gap (2020) describes the actions that the NHS should take to address the gender pay gaps in medicine, such as promoting flexible working for all. Many of its recommendations can also be applied to non-medical senior leaders. For example, for every 80 pence earned by Black female doctors their White counterparts earn £1[24]. In younger age groups, the pay gap favours female doctors, reflecting the large numbers of women joining the NHS, but this reverses between the ages of 30 and 34 and then widens with age[25].

Data on organisational ethnicity and disability pay gaps will become available in the coming years.

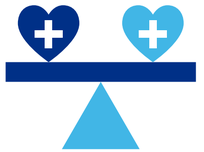
NHS organisations are to complete the following actions:

- Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024).
- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.
- Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)

Success metric for high impact action 3	
Year-on-year reductions in the gender, race and disability pay gaps	Pay gap reporting

Further information and case studies can be found in the EDI repository.

High Impact Action 4



Develop and implement an improvement plan to **address health inequalities** within the workforce.

In England, 1 in 19 working age adults is employed by the NHS , making NHS[26] organisations one of the largest employers within local communities.

This creates an opportunity to positively impact population health by addressing health inequalities in the workforce[27]. A proactive approach to reducing health inequalities in the workplace[28] can make a significant contribution to the levelling up agenda[29] within local communities, supporting targets set by CORE20PLUS5[30].

NHS organisations should start by delivering action in two specific areas.

Firstly, reducing bullying, increasing civility, and having a robust approach to all abuse and harassment. This will address some common causes of ill health, absenteeism and turnover within the workforce which disproportionately impact on those with some protected characteristics, and will improve inclusive team working, staff health and wellbeing.

Secondly, as anchor institutions in local communities, NHS organisations can make a positive impact by offering routes into employment, good work[31] and career development.

Organisations are to complete the following actions:

- Line managers and supervisors should have regular effective wellbeing conversations with their teams, utilising resources such as the national NHS health and wellbeing framework. (by October 2023).
- Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare (by April 2025).

Success metric for high impact action 4	
Organisation action on staff health and wellbeing.	NHS Staff Survey
National Education & Training Survey (NETS) Combined Indicator Score metric on quality of training	NETS
During 2024/25, NHS England will work with ICBs and other key stakeholders to establish a mechanism for measuring improvements in workforce health inequalities.	

Further information and case studies can be found in the EDI repository.

High Impact Action 5

Implement a **comprehensive induction, onboarding and development programme for internationally-recruited staff.**

Since its inception in 1948, the NHS has benefitted from the expertise, compassion and commitment of internationally recruited healthcare professionals. A warm welcome and comprehensive induction and pastoral support package will make them feel valued from the start and help retain this staff group.

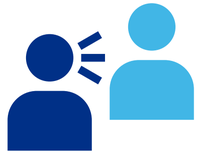
NHS organisations should complete the following actions:

- Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment ; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024).
- Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured rom, for example, turnover, staff survey results and cohort feedback (by March 2024).
- Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety (by March 2024).
- Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression (by March 2024).

Success metric for high impact action 5	
Sense of belonging for internationally recruited staff	NHS Staff Survey
Reduction in instances of bullying and harassment from team/line manager experienced by (Internationally recruited staff).	NHS Staff Survey

Further information and case studies can be found in the EDI repository.

High Impact Action 6



Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Bullying and harassment at work results in increased sickness absence and employee turnover, diminished productivity, sickness presenteeism, governance and employee relations costs. Workplace bullying therefore adversely impacts patient safety.

In the 2022 NHS Staff Survey 18.7% of NHS staff reported they had experienced bullying by colleagues, 11.1% by line managers and 27.8% by patients or their relatives. These statistics are consistently higher for people with some protected characteristics, and particularly those with a disability or and in the LGBT+ community.[32]

Staff who are bullied in the workplace are less likely to speak up and to admit mistakes, and therefore are less likely to contribute to effective team working. Bullying affects bystanders and witnesses too[33], eroding psychological safety within the workplace culture[34].

Relying on local policies to prevent bullying or discrimination is not enough. A proactive, preventative approach that seeks early informal intervention wherever possible is more likely to be effective, with escalation only where that fails.

NHS organisations are to complete the following actions:

- Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.
- Review disciplinary and employee relations processes. This may involve obtaining insights on themes and trends from trust solicitors. There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (by March 2024).
- Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it. (By June 2024)
- Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024).
- Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024).
- Have mechanisms to ensure staff who raise concerns are protected by their organisation.

Success metric for high impact action 6	
Improvement in staff survey results on bullying / harassment from line managers/teams (ALL Staff)	NHS Staff Survey
Improvement in staff survey results on discrimination from line managers/teams (ALL Staff)	NHS Staff Survey
Bullying & Harassment score metric (NHS professional groups)	NETS

Further information and case studies can be found in the EDI repository.

Make change happen

As England's largest employer, the NHS must lead the way in establishing equitable and inclusive workplace environments.

The key change management principle guiding this work is that EDI is everyone's business – our leaders set the tone and culture, but we all have a role to play. Progressing the EDI agenda requires not only a change in systems and processes, but also cultures and behaviours.

NHS leaders, specifically chairs and chief executives, must lead by example and demonstrate that they are committed to creating an EDI environment for their workforce. Board members should collectively and individually decide what support and development they require to confidently lead this complex and challenging agenda.

We expect **NHS employing organisations** to implement the six high impact actions. They should be confident in explaining to their workforce – especially leaders, HR professionals and line managers – the rationale for this work and what is expected of individuals and teams. Using the repository of good practice, organisations should identify suitable interventions for local implementation, based on local context and conditions. NHS England will support this by collating and disseminating best practice.

Accountability is important for setting clear expectations, coupled with a focus on learning and improvement. NHS England, ICB and provider accountabilities and responsibilities for delivery of the NHS EDI improvement plan follow the principles set out in the NHS Operating Framework and are outlined in the table below. NHS England will provide regulatory accountability and oversight through existing mechanisms, such as the NHS Oversight Framework, and the CQC through the well-led domain of the single assessment framework, which is being refreshed to include a review and assessment of EDI in organisations.

Measurement of progress is critical to guide targeted action. Progress should be measured at organisation and system level to inform delivery, and will be monitored by NHS England to inform the support we provide.

Accountability framework

Providers	ICSs / ICBs	Regional	National
✓ Delivery of high impact actions and interventions by protected characteristic at trust level. ✓ Measure progress against success metrics consistently within the organisation. ✓ Engagement with staff and system partners to ensure that actions are embedded within the organisation. ✓ Effective system working and delivery to ICS strategies and plans ✓ Compliance with provider licence, Care Quality Commissions standards and professional regulator standards.	✓ Effective system leadership overseeing NHS delivery of EDI improvement plan, ensuring progress toward achievement of high impact actions and Long-Term Plan priorities. ✓ Ensuring delivery of ICB statutory functions of arranging health services for its populations and compliance with statutory duties. ✓ Measure progress against success metrics consistently and coordinate a system view. ✓ Compliance with Care Quality Commissions assessment frameworks.	✓ Primary interaction between national and systems ✓ Translate national policy to fit local circumstances, ensuring local health and workforce inequalities are addressed ✓ Agree 'local strategic priorities' with individual ICSs and provide oversight and support. ✓ Measure progress against success metrics consistently and coordinate a regional view.	✓ Set expectations for equality and inclusion through the NHS EDI improvement plan ✓ With regions, facilitate supportive interventions to implement the high impact actions, improve EDI performance and outcomes ✓ Measure progress against success metrics consistently and coordinate a national view.

Support from NHS England

We will work alongside systems and organisations to support the delivery of the NHS EDI improvement plan.

A national EDI repository

We will create a repository of good practice on the Future NHS platform to share examples of what is working in the NHS and in other public and private sector organisations. This will help prevent duplication of effort and promote learning. The repository will be continually updated and include:

- case studies from organisations
- practical toolkits and resources
- the latest research and evidence.

A national EDI dashboard

A national dashboard of key EDI metrics is being developed and will be available in the coming weeks by region, within ICBs and within similarly benchmarked trusts. This will enable local organisations and NHS England to monitor progress, identify challenges and assist peer-to-peer learning alongside the EDI repository. It will incorporate relevant education and training metrics, created by Health Education England.

Data

Reliable, consistent and timely data is crucial to effective progress. There are significant differences in the range and quality of data held for the protected characteristics. This is reflected in the sections for each protected characteristic. In 2023/24, NHS England will seek to improve the range and quality of data, working with DHSC and other partners. So, for example, with the addition of a question to the NHS Staff Survey, data is now available on whether staff are internationally trained. In addition, NHS England will seek to develop a new mandated workforce standard on gender identity (gender/sex) and sexual orientation.

Review and Evaluation

Sustained improvement is central to this NHS EDI improvement plan. Trusts and ICBs will want to adopt implementation approaches that include learning. NHS England will evaluate progress, particularly on the high impact actions, in years 2 and 5 of the plan, to understand the plan's impact in transforming culture to engender a sense of belonging in the NHS across the workforce, and what does and does not work to inform changes to our approach.

There is currently a range of EDI information datasets and we intend the dashboard to provide one source of information that both organisations and regulators, such as the CQC, can use to track the impact and outcomes of the NHS EDI improvement plan.

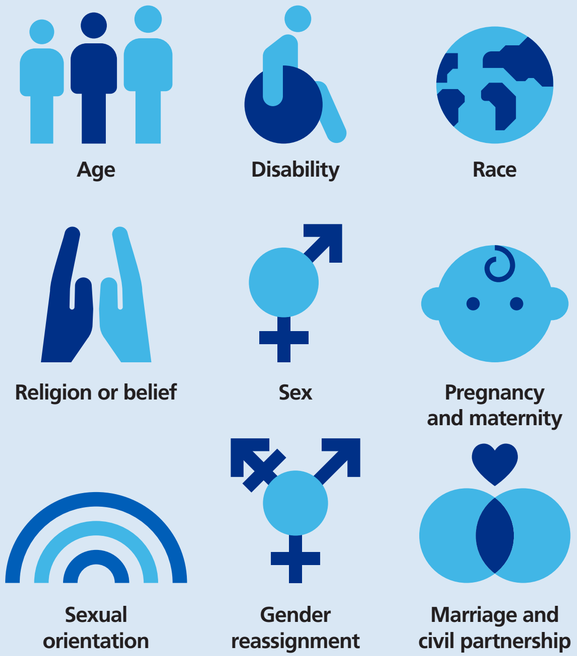
In developing the dashboard, we are conscious that there are limitations on the availability of datasets for certain protected characteristics, such as for transgender colleagues. Furthermore, the declaration rates on the Electronic Staff Record (ESR) for certain characteristics are not a true reflection because the available options, for example, do not reflect that Judaism is a religion and Jewish an ethnic identity. We will continue to work with DHSC and other external stakeholders to harmonise and expand the quality and extent of datasets as we engage with DHSC's Unified Information Standard on Protected Characteristics (UISPC) programme.

We are committed to updating the dashboard with new and refreshed datasets as they become available.

Intervention by protected characteristic

The interventions in the table below address the negative experiences of staff with individual protected characteristics, as defined in the Equality Act 2010. They supplement the intersectional high impact actions and suggest how organisations can go further in specific areas. To inform implementation and prioritisation of their actions, organisations should use robust datasets for each protected characteristic. It is important to note that no person is only one protected characteristic, and so organisations should consider the impact of intersectionality, when implementing these interventions.

The nine protected characteristics as defined in the *Equality Act 2010* are:



Engagement with staff networks informed the decision to combine some protected characteristics who face similar challenges in the workforce. To this end, gender reassignment and sexual orientation are covered together. Similarly, pregnancy and maternity are incorporated into the sex protected characteristic. The following section does not include specific interventions on the protected characteristic of marriage and civil partnership because the available evidence does not currently suggest that there is a need for a national focus on this protected characteristic from a workforce perspective, however this will be kept under review.

Case for change

Age

As the largest employer in the country, all NHS organisations should create an age inclusive culture which addresses the needs of staff from pre-employment to post–retirement. Discrimination against both younger and older workers has been identified in the application and selection processes[35]. The NHS has an ageing workforce across all professions with over 41% of NHS staff now aged 45 years and over[36]. We must proactively seek to retain the skills, experience and knowledge of NHS staff close to retirement.

Disability

Successive reports of the Workforce Disability Equality Standard (WDES) and NHS Staff Survey show that more must be done to achieve parity of experience and outcomes for staff with a disability, in areas such as bullying and harassment and formal capability processes.

Race

The 2022 WRES data report for NHS trusts provides evidence that race discrimination continues to impact every aspect of the working lives of BME staff. This discrimination has an impact on the long term physical[17] and mental health[18] of our workforce contributing to structural health inequalities[19].

Religion or belief

Religious identity is an often overlooked area in the NHS[37]. Approximately two-thirds of our 1.3 million people working in the NHS declare a religion or belief. NHS Staff Survey data shows that staff from all faiths experience discrimination based on their religion or belief, and this is highest against Muslim and Jewish colleagues[38]. Recent data highlights increasing levels of antisemitism in wider society, as well as discrimination against Sikhs and other faiths, and this is likely to be reflected among NHS staff[39].

Sex

77% of the NHS workforce are women, so addressing sex discrimination must be a key focus for organisations. The discrimination is multifaceted – bias in recruitment and career progression and contributing to the gender pay gap, under-representation within senior leadership teams, sexual harassment and inflexible working practices – and may deter potential recruits or force talented women to leave the NHS[40].

Elimination of the gender pay gap would bring social economic benefits as would likely lower poverty rates among women and reduce the gender gap in old age pensions. Government's Women's Health Strategy for England reports a strong correlation between the lack of support for, and understanding of, how women's health affects their experience in the workplace including progression, retention and productivity levels.

Pregnancy and maternity

There is a growing evidence that the protected characteristic of pregnancy and maternity is associated with poor employment outcomes and health inequalities, and health-related outcomes may be poorer as a result of pregnancy and maternity. Additionally, in a survey of over 6,000 women and employers, over three-quarters of mothers reported negative or possibly discriminatory practices during pregnancy, maternity and/or on their return to work[41]. Women also experience specific inequalities in relation to the menopause.

It is important to acknowledge that trans, non-binary and intersex staff may also experience inequalities in relation to pregnancy and menopause and may require specific support during these times. The CQC's Maternity Survey reported that trans respondents experienced inequalities, including in to how they were communicated with during labour and birth, their length of hospital stay after giving birth and the information and care they received after leaving hospital[42 43].

The recommended interventions to address this inequity are similar for colleagues of one or both protected characteristics and have been reflected as such in this document.

Gender reassignment and sexual orientation

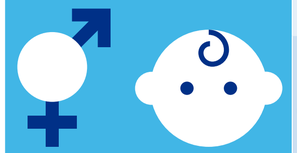
LGBT+ staff are more likely to face discrimination from their colleagues and patients,[44] and this can have a detrimental impact on their health[45].

The 'plus' within the term LGBT+ acts to include those identities and sexual orientations not specifically referenced. However, we recognise that this group is diverse and their lived experience is varied.

A significant barrier in understanding the experiences of LGBT+ staff is the absence of complete and accurate data. The DHSC Unified Information Standard for Protected Characteristics (UISPC) programme is considering the current data limitation within the ESR with respect to LGBT+ staff declarations. NHS England is working with DHSC and other key stakeholders to expand the workforce data currently available on ESR to make it accurate and representative.

Protected characteristic	Interventions	Corresponding high impact actions
Age 	Review recruitment practices to ensure they are fully inclusive of all ages, removing bias and improving accessibility for people wishing to join the NHS for the first time.	2
	Line managers should have meaningful conversations with their teams, to align personal aspirations with job roles and requirements. This should include the option of phasing retirement and exploring alternative work patterns.	2
	Organisations should encourage flexible working as part of local attraction, recruitment, retention and return plans. The plan should embed the NHS Pension Scheme and highlight its value across the career journey, with special focus on flexible retirement for staff in late stage careers.	2
	NHS organisations should work in partnership with local educational institutions and voluntary sector partners to support social mobility by improving recruitment from local communities, and by considering alternative entry routes to the NHS, such as apprenticeships and volunteering.	2, 4
Disability 	Demonstrate year-on-year improvement in disability declaration rates so that ESR data is accurate about people with a disability, as measured by the WDES.	ALL
	Promote the visibility of leaders with a disability through effective campaigns alongside providing leadership and career development opportunities tailored to disabled staff, such as the Calibre Leadership programme[46] or Disability Rights UK[47] development programmes. Progress can be measured by tracking the number of disabled staff in leadership roles.	2
	Implement recommendations from the inclusive recruitment and promotion practices programme, and ensure each stage of the recruitment pathway is accessible, does not discriminate and encourages people with disabilities to apply for roles in the NHS. This can be tracked via the WDES, using Trac data.	2
	Commissioners and providers of talent management and career development programmes must ensure that these are fully accessible and inclusive. Progress can be measured by tracking the number of Disabled people in leadership roles.	2
	NHS organisations should take steps to address the disproportionate levels of bullying and harassment experienced by disabled staff. Progress can be measured from NHS Staff Survey results.	6
	NHS organisations should ensure that their reasonable adjustments policy is effectively and efficiently implemented and achieves year-on-year improvement in NHS Staff Survey metrics relating to reasonable adjustments at work.	2,4

Protected characteristic	Interventions	Corresponding high impact actions
Race 	Boards should be able to demonstrate their understanding of and progress towards race equality, an essential criterion in job descriptions for board members and all very senior manager (VSM) grades. Appraisals of senior executives will include a focus on EDI, as recommended by the Messenger Review.	1
	Board will use the EDI dashboard to establish internal data driven accountability and scrutinise progress at an organisational, divisional, departmental, occupation, and site level to address under-representation and pay gaps.	2,3
	To tackle race discrimination effectively, Boards must give due consideration to national policies and recommendations from other Arms Lengths Bodies such as the Equality and Human Rights Commission inquiry[48] and General Medical Council[49] In addition, boards must proactively raise awareness of their commitment with patients and public.	1,6
	Boards should ensure concerns raised about race discrimination are dealt with in a proactive, preventative, thorough and timely manner, including encouraging diversity in Freedom to Speak Up Guardians[50].	6
Religion or belief 	ESR and qualitative data should be tracked to highlight the experience of people with different faiths or no faith through all stages of the employment journey. For example, NHS organisations can track turnover data by religion to identify and address trends.	ALL
	NHS organisations should review their policies and processes to ensure they are supportive of religious expression in the workplace. This includes access to facilities for prayer, understanding of cultural differences, including religious clothing, and flexibility around religious observances such as the Sabbath and Ramadan.	ALL
	Boards should ensure concerns raised about religious discrimination are dealt with in a proactive, preventative, thorough and timely manner, including by encouraging diversity in Freedom to Speak Up guardians[51].	6

Protected characteristic	Interventions	Corresponding high impact actions
Sex and pregnancy and maternity 	NHS organisations to focus on closing the gender pay gap and improving the experiences of the lowest paid people, extending the Mend the gap review recommendations for medical workforce to the wider workforce.	2,3
	NHS organisations should ensure that their flexible working policy is easily accessible and suitable for all their staff; supporting their work–life balance, management of caring responsibilities, health and wellbeing, and enabling continued professional development.	2
	NHS organisations are encouraged to adapt NHS England's policy on menopause awareness as applicable to their local workforce. They should also adopt and implement the Supporting our NHS people through menopause: guidance for line managers and colleagues. This will ensure they fully support colleagues experiencing menopause, maximising their wellbeing and allowing them to work for as long as they wish to contribute.	ALL
Gender reassignment and sexual orientation 	Where colleagues feel comfortable, actively encourage LGBT+ staff to self-declare their sexual orientation on ESR and TRAC, emphasising how this can improve the experiences of LGBT+ staff. We recognise that national changes to ESR must be made before trans and non-binary staff are able to do so.	ALL
	Review organisational data for LGBT+ staff across multiple sources such as ESR, TRAC, NHS Staff Survey and local qualitative and quantitative data from LGBT+ staff networks and communities. This will inform the key areas of concern that need to be addressed.	ALL
	Organisations to ensure that diversity training on gender reassignment and sexual orientation is included within mandatory training.	1
	Executive teams within the organisations should actively talk about the benefits of allyship as well as champion and sponsor LGBT+ staff networks. They should also build the concept of allyship into existing and new development programmes .	1
	Organisations to ensure that LGBT+ staff are closely involved in the development and delivery of its LGBT+ training and educational interventions and its health & wellbeing programmes so that these are fully inclusive.	ALL

Conclusion

Our organisations must be more inclusive and our leadership more diverse. We have an obligation to improve the experience of staff so that they feel like they belong. This plan articulates meaningful action to transform the lived experience of our staff and realise the benefits that we know come from greater equality, diversity and inclusion.

There is a wealth of evidence that shows having a diverse workforce and making sure everyone feels part of a team delivers the best care for patients.

It is the job of NHS leaders to ensure we deliver, taking an active role in ending all forms of discrimination, role-modelling inclusive behaviours and creating an environment in which our workforce feel safe and empowered. But everybody has a role to play supporting, encouraging and promoting inclusion.

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EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process (by March 2024).	Appraisal policy in place, set of Trust-wide EDI objectives in place via EDI dashboard, performance monitored regularly at Executive level as part of performance management framework.	The Executive Team have some joint objectives for 2023/24 which include the implementation of the People Plan and a focus on EDI.	Further enhancement of objectives for the Board which are measurable and consistent to be implemented for next objective setting round. Can be discussed and identified as part of the Board Development session on EDI planned for October 2023.
Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025).	Staff networks in place with executive sponsorship, reverse mentoring delivered for senior team, strategic leaders programme on-going, what matters to you programme on-going, #Flourishatnewcastlehospitals programme in place, executive sponsors attend staff network meetings, personal stories shared at Trust Management Group.	EDI steering group to be set-up, undertake maturity index with staff networks	Demonstrate how organisational data and lived experience have been used to improve culture. EDI Steering Group to identify performance metrics to support this objective.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 1 continued . . .

Objective	Current Activity/Evidence	Planned Action	Gap/Action
NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024).	Reports/action plans for WRES, WDES, Equality Delivery System 2022 (EDS22), Public Sector Equality Duty (PSED), gender pay and NHS staff survey produced annually for People Committee and Trust Board and published; EDI dashboard; Freedom to Speak Up Guardian (F2SUG) annual report; speak in confidence system reported annually to People Committee/Trust Board.	Making inclusion your personal responsibility, real living wage employer, disability confident leader, Medical Workforce Race Equality Standard (MWRES), Bank Workforce Race Equality Standard (BWRES).	Continue to provide reports to People Committee, including areas of concern, priorities and progress against actions.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025).	For BME delivered talent management programmes, localised impact programmes and coaching Institute of Leadership and Management (ILM) level 3, Strategic Leaders Programme.	Introduce mentoring programme.	Produce a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress. This was discussed at the Board Development timeout session on 29 June so will be further considered.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 2 continued . . .

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint.	Apprenticeship schemes; jobs fair held twice a year; careers website; recruitment and engagement events; academy for healthcare assistants; work closely with job centre plus and national careers service; diverse interview panels arranged for posts at B6 and B8c and above, and Medical and Dental (M&D); development programmes for BME band 5 and above; coaching ILM level 3 in place for BME; Project Choice; EDI dashboard; work experience placements; clinical access and observer placements.	Grow number of apprentices, deliver academy for Biomedical Scientists, increase the likelihood of BME nurses being appointed.	Diverse interview panels not sustainable, create metrics to measure/evaluate progress.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 3: Develop and implement an improvement plan to eliminate pay gaps.

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce (by March 2024).		Review: • Mend the Gap recommendations and develop plan for senior non-medical workforce. • Likelihood of being appointed by gender in senior roles within upper middle and upper quartile. • Staff survey data relating to career development.	Develop a plan to apply Mend the Gap recommendations.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 3 continued . . .

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan. This will be tracked and monitored by NHS boards. Plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.	Annual gender pay gap report and action plan; diverse employer-based awards committee; EDI dashboard; leadership development programmes for BME and disabled.		Ethnicity pay gap reporting 2024, disability pay gap reporting 2025.
Implement an effective flexible working policy including advertising flexible working options in recruitment campaigns (March 2024).	Agile working policy; flexible retirement policy; NHS annual staff survey; EDI dashboard to monitor takeup.	Continue to: promote and encourage flexible working; monitor experience/ progress.	Further work through the development of the People Strategy will focus on flexible working.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 4: Develop and implement an improvement plan to address health inequalities within the workforce.

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Reduce bullying, increase civility and having robust approach to all abuse and harassment.	Dignity & respect at work policy; speak in confidence system; staff networks; F2SUG; corporate induction; training programmes for managers; call in/call out guide; WRES improvement programme.	Annual report on activity under Speak-up policy and F2SUG to go to People Committee.	Key focus on the EDI Steering Group aimed at raising awareness through a Just and Learning Culture, training and open discussion. Setting out clear expectations of our behaviours and taking action as necessary where this continues to fall short.
As anchor institution in local communities, make a positive impact by offering routes into employment, good work and career development.	Careers website; jobs fairs; recruitment and engagement events; Project Choice; apprenticeships; academy for healthcare assistants.	Continue to evolve offer of widening access.	Work through our ICB and Collaborative Newcastle.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 4 continued . . .

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Line managers and supervisors should have regular effective wellbeing conversations with their teams, using resources such as the national NHS health and wellbeing framework (by October 2023).	Health and Wellbeing (HAWB) strategy and action plan in place; What Matters To You (WMTY); Our Newcastle Way; Better Health at Work Award Maintaining Excellence; EDS22.	Effective & meaningful conversations; Better Health at Work Award health needs assessment action plan; Better Health at Work Award Maintaining Excellence; HAWB strategy action plan; health needs assessment action plan.	Review NHS HAWB framework, implement effective and meaningful conversations. Will be reviewed as part of the appraisal review. Consider training for managers.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Before they join, ensure international recruits receive clear communication, guidance and support around their conditions of employment; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024).	Trac (recruitment system), first day kit, meet and greet at airport, lead nurse for international nurse recruitment. International Medical Graduates (IMGs) – additional first day kit specifically for IMGs which covers these areas and we continue to add to it. Contact with all new IMGs by the IMG Tutor prior to them arriving in the UK. WhatsApp group for IMGs to share information.	Consider how best practice can be rolled out to other staff groups, i.e., medical staff.	Accommodation continues to be an issue. Need to continue to explore how we work in partnership with other agencies to address this.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 5 continued . . .

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Create comprehensive onboarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from, for example, turnover, staff survey results and cohort feedback (by March 2024).	Comprehensive onboarding programme for international recruitment (e.g. nursing, radiographers, IMGs); corporate induction; local induction IMGs – orientation programme (Trust was one of first 2 pilot organisations for national rollout. Programme includes induction days, enhanced local induction documentation and proactive engagement with educational supervisors).	Continue to review and enhance the offer and consider any other steps.	Availability of accommodation can be an issue.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 5 continued . . .

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety (by March 2024).	Enhanced induction programme for managers, enhancing excellence in management programme, strategic leaders programme, WMTY, Our Newcastle Way, Continuing Professional Development (CPD) sessions for educational supervisors include cultural competence, staff networks.	Review effectiveness of the programmes.	To be identified through EDI steering group.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 5 continued . . .

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression (by March 2024).	Learning lab, careers website, equal opportunities policy, annual appraisal.	Reviewing effectiveness of the programme.	To be identified through EDI steering group.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year-on-year.	WRES – BME less likely to enter disciplinary process; EDI dashboard; data reviewed as part of EDS, employee relations report to People Committee.		To be identified through EDI steering group.
Review disciplinary and employee relations processes. Obtain insights on themes and trends from trust solicitors. Should be assurances all staff who enter formal processes are treated with compassion, equity and fairness irrespective of any protected characteristics. Where data shows inconsistency in approach immediate steps must be taken to improve (by March 2024).	Cultural ambassadors, annual employee relations report to People Committee, enhanced induction for managers, trade union colleagues, enhancing excellence in management programme, just and learning culture approach, EDI dashboard, regular updates from solicitor via Human Resources (HR) Provider Collaborative network.	Continue theme of just and learning approach.	As above.

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 6 continued . . .

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Have mechanisms to ensure staff who raise concerns are protected.	Speak-up we're listening policy, speak in confidence system, freedom to speak-up guardian and champions, dignity and respect at work policy, support offered from outset of investigation.	Monitor effectiveness and ensure that FTSU is part of overall culture programme.	As per previous row.
Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it (by June 2024).	Speak-up we're listening policy; speak in confidence system; freedom to speak-up guardian; dignity and respect at work policy; domestic abuse policy; safeguarding policies for children and adults; statutory and mandatory training; Occupational Health website; Flourish website, regular contact between HR and safeguarding team	-	-

EDI – IMPROVEMENT PLAN – HIGH IMPACT ACTIONS – SELF ASSESSMENT

High Impact Action 6 continued . . .

Objective	Current Activity/Evidence	Planned Action	Gap/Action
Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements. Boards should review this by protected characteristic and take steps to ensure parity for all staff (by March 2024).	Freedom to speak-up guardian; speak in confidence system; chaplains; trade unions; Flourish; WMTY; Our Newcastle Way; Datix; statutory and mandatory training.	Ongoing as part of organisational development and culture activity.	Develop metrics to monitor performance.
Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (by March 2024)	Occupational health; counselling service; Mental Health First Aiders (MHFAs); TogetherAll; chaplains; stress risk assessment; Datix; Schwartz rounds; staff networks.	Working with ICS to identify potential gaps in staff support when North East and North Cumbria (NENC) staff wellbeing hub ends 30 September 2023.	

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 2023						
Title	Trade Union Facility Time Report						
Report of	Christine Brereton, Chief People Officer						
Prepared by	Paul Turner, Head of HR Services						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☒	☒	☒				
Summary	This report is to comply with the annual requirement in the Trade Union (Facility Time Publication Requirements) Regulations 2017 for public sector employers to collect and publish a specific set of data on the use and spend of Trade Union facility time by their staff. The reporting period is 1 April 2022 to 31 March 2023. Publication of the data set on the government portal is required by 31 July 2023. Publication is also required in the Trust's annual report and accounts (which has been included and was signed off in June 2023), and on its website.						
Recommendation	The Trust Board is asked to: a) Note the content of this report; b) Approve publication of the data on the government portal by 31 July 2023; and c) Approve publication of the data on 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
	☐	☒	☒	☒	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.						
Reports previously considered by	Annual report.						

TRADE UNION FACILITY TIME REPORT

EXECUTIVE SUMMARY

This report is to comply with the annual requirement under the Trade Union (Facility Time Publication Requirements) Regulations 2017 for public sector employers to collect and publish a specific set of data on the use and spend of Trade Union (TU) facility time by their staff.

The Regulations provide transparency on the use and spend of facility time in the public sector.

The reporting period is 1 April 2022 to 31 March 2023.

Publication of the data set on the government portal is required by 31 July 2023.

Publication is also required in the Trust's annual report and accounts (which has been included and was signed off in June 2023), and on its website.

TRADE UNION FACILITY TIME REPORT

1. BACKGROUND

We recognise the many benefits of the Trust and Staff Side colleagues working together in partnership. Our Recognition Agreement is the cornerstone of our relationship and sets out the arrangements between the Trust and trade unions colleagues for representation, facility time, accommodation and joint consultation and collective bargaining.

This report is to comply with the annual requirement under the Trade Union (Facility Time Publication Requirements) Regulations 2017 for public sector employers to collect and publish a specific set of data on the use and spend of Trade Union (TU) facility time by their staff. The Regulations provide transparency on the use and spend of facility time in the public sector.

The reporting period is 1 April 2022 to 31 March 2023.

Publication of the data set on the government portal is required by 31 July 2023.

Publication is also required on the Trust's website and in its annual report and accounts.

This report has been previously submitted to the People Committee.

2. FACILITY TIME

Facility time is when staff take time off from their normal role to carry out their *duties* and *activities* as a trade union representative.

A trade union *duty* is paid time off during working hours to carry out recognised trade union duties. The amount of time off must be reasonable. Duties include taking part in collective bargaining (e.g. terms and conditions and redundancy), consultation and negotiation; participating in disciplinary and grievance cases; and attending training for a trade union role.

Trade union *activity* can be paid or unpaid. Requests for such time off is normally unpaid. Activities include discussing internal union matters and dealing with internal administration of the union, for example answering union correspondence and meetings other than as part of the negotiating or consultation process.

Requests for paid and unpaid time off to attend courses/conferences/meetings are decided centrally by the Head of HR Services and normally paid – they are subject to completion of an application by the trade union representative and signature from their manager.

3. DATA SET FOR REPORT

a)

Number of staff who were relevant union officials	Full-time equivalent
27	19.32

b)

Percentage range of working time spent on facility time	Number of staff
0%	20
1-50%	5
51%-99%	1
100%	1

c)

Percentage of pay bill spend on facility time	Amount
Total cost of facility time	£27,019.69
Total pay bill for Trust	*£727,101,565
Percentage of total pay bill spent on facility time	0.0037%

(* pending audit)

d)

Time spent on paid trade union activity as a percentage of total paid facility time	7.08%

4. RECOMMENDATION

a) Note the content of this report;
b) Approve publication of the data on the government portal by 31 July 2023; and
c) Approve publication of the data on the Trust's website.

Paul Turner
Head of HR Services

Christine Brereton,
Chief People Officer

19 July 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 2023						
Title	Standards of Business Conduct Annual Report 2022/2023						
Report of	Caroline Docking, Assistant Chief Executive						
Prepared by	Natalie Yeowart, Head of Corporate Risk and Assurance Michelle Davis, Corporate Risk and Assurance Officer						
Status of Report	Public		Private		Internal		
	☐		☒		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☒		☐		☒		
Summary	The purpose of this paper is to provide an annual review and update to the Trust Board on standards of business conduct.						
Recommendation	The Trust Board is asked to: • Receive this report; • Note the content; • Seek assurance from the Chairmans Annual Review of Fit and Proper Persons Declaration which can be found in Appendix 1.0. • Audit One benchmarking Paper can be found in Appendix 2.0.						
Links to Strategic Objectives	Performance – Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☒	☒	☒	☒	☒	☐
Impact detail	Detailed within the report.						
Reports previously considered by	This is an annual report submitted to the Trust Board as per the terms of reference.						

EXECUTIVE SUMMARY

As a publicly funded organisation, The Newcastle upon Tyne Hospitals NHS Foundation Trust has a duty to set and maintain the highest standards of conduct and integrity and are committed to delivering and demonstrating high standards of corporate behaviour, ethical business practices and regulatory compliance.

The purpose of this paper is to provide an annual review and update to the Trust Board on standards of business conduct. The below provides a short summary of the key points of note:

- 55 gifts were declared on the Trust Declaration system.
- 32 gifts were declared in the £0-£50 category. These gifts may be accepted and do not need to be declared.
- 16 gifts were declared in the £51-£100 category.
- 5 gifts were declared in the £101-£500 category, 3 of these gifts were declined.
- 1 gift was declared in the £501-£1000 category.
- 1 gift was declared in the £1001-£5200 category, this gift was donated to charity.
- 125 hospitality offers were declared on the Trust Declaration system, of these one was declined.
- 62 sponsorship offers were declared on the Trust Declaration system.
- The highest amount received in sponsorship received was £5200.
- There are currently 41 members of staff in the Trust required to complete a Model Declaration (FPPR), 41 of these members of staff have returned a model declaration form with 'no' i.e. nothing to disclose.
- In 2022/23 the Trust used the Declare electronic system to collect declarations of interests. The system sent out emails to 1610 members of staff and of which, 1249 members of staff returned either a declaration or a nil declaration for the year. This equates to 78% (73% last year) compliance of all decision-making staff. This is an increase of 5% on last year.
- 227 members of staff made a declaration of interest; no significant concerns have been raised from the information received. 1022 members of staff returned a nil declaration.
- It is important to note that the 361 members of staff yet to return a declaration of interest or nil declaration could include staff on annual leave, long term leave, sickness or Locum/Bank staff not currently working in the Trust.
- Full details of all declarations of interest are published on the Trust Declaration of Interest site and can be viewed by staff and members of the public via the below link: https://newcastlehospitals.mydeclarations.co.uk/

STANDARDS OF BUSINESS CONDUCT

1. INTRODUCTION

As a publicly funded organisation, The Newcastle upon Tyne Hospitals NHS Foundation Trust has a duty to set and maintain the highest standards of conduct and integrity and are committed to delivering and demonstrating high standards of corporate behaviour, ethical business practices and regulatory compliance.

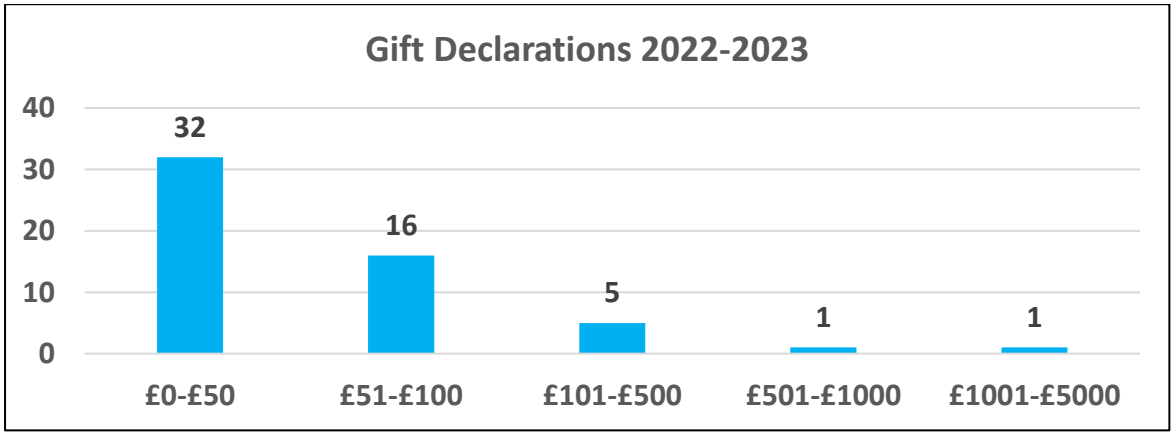
The purpose of this paper is to provide an annual review and update to the Audit Committee on standards of business conduct.

2. GIFTS, HOSPITALITIES AND SPONSORSHIP

An annual review of gifts, hospitalities and sponsorship took place for the period 1st April 2022 – 31st March 2023.

2.1 Gifts

In the period 1st April 2022 – 31st March 2023, 55 gifts were declared on the Trust Declaration system. The below table shows the 55 declarations broken down by value.



Points to note:

- 32 gifts were declared in the £0-£50 category, these gifts may be accepted and do not need to be declared.
- 16 gifts were declared in the £51-£100 category, 10 gifts donated to Newcastle Hospitals Charity, 6 accepted prior to declaration and therefore guidance in relation policy and managing conflicts of interest given.
- 5 gifts were declared in the £101-£500 category, 3 of these gifts were declined, 2 gifts accepted prior to declaration and therefore guidance in relation to policy and managing conflicts of interest given.
- 1 gift was declared in the £501-£1000 category, this related to flights to a conference, guidance was provided to ensure hospitality is selected in future.

- 1 gift was declared in the £1001-£5500 category, this was a supplies for a charity mission and gift was donated to the operation restore hope charity.

2.2 Hospitality

In the period 1st April 2022 – 31st March 2023, 125 hospitality offers were declared on the Trust Declaration system. The below table shows the 125 declarations broken down by value. Themes range from conference tickets, hotel offers, networking lunches and drinks receptions and supplier site visits.

2.3 Sponsorship

In the period 1st April 2022 – 31st March 2023, 62 sponsorship offers were declared on the Trust Declaration system. The below table shows the 62 declarations broken down by value. The highest amount of sponsorship received was £5200 which was received to facilitate the hosting of a national clinical meeting. Themes include sponsorship for medical expert talks, medical innovation courses and report writing.

3. MODEL DECLARATION (FPPR)

The Trust requires all persons appointed to the role of Board Director or similar senior level role to meet the requirements of the Fit and Proper Persons Requirement (FPPR) (Directors) Regulation 5.

The Trust Fit and Proper Persons Test process was carried out in July 2023. In accordance with the Trust policy, the following roles have been subject to the Trust fit and proper person's tests:

- Board of Directors (including Non-Executive Directors)
- Deputy and Associate Medical Directors
- Director of Estates
- Director of HR
- Chief Information Officer
- Assistant Chief Executive
- Director of Quality and Effectiveness
- Director of Pharmacy
- Deputy Finance Director
- Deputy Director of Business and Development
- Deputy Chief Operating Officer
- Deputy Chief Nurse
- Procurement and Supply Chain Director
- Trust Secretary

The results of the checks have been summarised in the table below. Overall, this demonstrates that reasonable checks have been undertaken to ensure full compliance with CQC Regulation 5.

Fit and Proper Person Test	Outcome
Insolvency check	No issues found
Disqualified director check	No issues found
Professional body checks	No issues found
Annual FPPR Declaration forms completed	No issues found
Trust Board Register of Interests	No Issues found

Following completion of all appropriate Fit and Proper Persons Test checks all Executive Directors, Directors and Non-Executive Directors are considered to be of good character, have the necessary qualifications, competence, skills, and experience and are physically fit and mentally fit. There has been no evidence of misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity. The Chairmans Annual Review of Fit and Proper Persons Declaration can be found in Appendix 1.0.

3.1. Disclosure and Baring Checks (DBS)

Following a review of the guidance in relation to the Disclosure and Baring check it has been noted that there are several sources of conflicting guidance in relation to DBS checks, whilst the Trust comply with the regulatory requirements as set out by NHS Employer in relation to DBS it was felt a full review of all guidance should be undertaken by the Assistant Chief Executive and Chief People Officer to ensure all guidance is being considered in relation to Trust DBS policy and process for renewal and completion of DBS checks.

4. DECLARATION OF INTEREST

The Trust recognises that some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirement of their role. The Trust defines decision-making staff as:

- Executive and Non-Executive Directors;
- Board Members;
- Staff, Public and appointed Governors;
- Those Staff on Agenda for Change band 8d and above;
- All staff on local pay arrangements; and
- All staff in procurement, finance, business and development and pharmacy involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

Decision Making staff are required to make an annual submission of interest or submit a nil return form if they have nothing to declare.

In 2022/23 the Trust used the Declare electronic system to collect declarations of interests. The system sent out emails to 1610 members of staff and of which, 1249 members of staff returned either a declaration or a nil declaration for the year. This equates to 78% (73% last year) compliance of all decision-making staff. This is an increase of 5% on last year.

227 members of staff made a declaration of interest; no significant concerns have been raised from the information received. 1022 members of staff returned a nil declaration.

It is important to note that of the 361 members of staff who did not return a declaration of interest or nil declaration this could include staff on annual leave, long term leave, sickness or Locum/Bank staff not currently working in the Trust.

Full details of all declarations of interest are published on the Trust Declaration of Interest site and can be viewed by staff and members of the public via the below link:
https://newcastlehospitals.mydeclarations.co.uk/

5. BENCHMARKING

In February 2023, Audit One completed a benchmarking exercise by way of a survey relating to standards of business conduct compliance with their AuditOne members. The survey was sent to 11 organisations, 4 responded (including NUTH).

A summary of the survey answers is below however the full survey results can be found in full in appendix 2.0

- All 4 Trusts have a Standards of Business Conduct policy in place.
- All 4 Trusts report Standards of Business Conduct to the Audit Committee.
- All 4 Trusts report on an annual basis, including numbers and values of gifts, hospitality, sponsorship, and interests declared.
- 3 of the 4 Trusts publish the register of declarations.
- A combination of systems/processes was in place, 1 use Excel, 2 use ESR and 1 use My Declare.
- All Trusts are using different criteria's determining who should declare, all based around the NHSE managing conflicts of interest guidance however, some have expanded the criteria further.
- None of the Trusts actively use the ABPI Pharmaceutical Industry data to support completion of declarations.
- Not all Trust report a return rate, 2 Trust reported a return rate for 21/22, 1 – 42%, 2-73%.

5. RECOMMENDATIONS

The Trust Board is asked to:

i) Receive this report;
ii) Note the content;
iii) Seek assurance from the Chairmans Annual Review of Fit and Proper Persons Declaration which can be found in Appendix 1.0.
iv) The Audit One Benchmarking document can be found in Appendix 2.0.

Report of
Natalie Yeowart
Head of Corporate Risk and Assurance

Michelle Davis
Corporate Risk and Data Assurance Officer
7th June 2023

APPENDIX 1.0

ANNUAL REVIEW OF TRUST FIT AND PROPER PERSONS

The Care Quality Commission (CQC) Regulation 5: Fit and proper persons directors' test came into effect in November 2014. Regulation 5 recognises that individuals who have authority in organisations that deliver care are responsible for overall quality and safety of that care. This regulation ensures that registered providers have individuals who are fit and proper to carry out the important role of director ensuring that the provider is also able to meet the existing requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The aim of this paper is to demonstrate and provide assurance to the Board of Directors that the Trust annual Fit and Proper Persons process and checks have been carried out and confirm compliance with Regulation 5.

The Trust Fit and Proper Persons Test process was carried out in July 2023. In accordance with the Trust policy, the following roles have been subject to the Trust fit and proper person's tests:

- Board of Directors (including Non-Executive Directors)
- Deputy and Associate Medical Directors
- Director of Estates
- Director of HR
- Chief Information Officer
- Assistant Chief Executive
- Director of Quality and Effectiveness
- Director of Pharmacy
- Deputy Finance Director
- Deputy Director of Business and Development
- Deputy Chief Operating Officer
- Deputy Chief Nurse
- Procurement and Supply Chain Director
- Trust Secretary

The results of the checks have been summarised in the table below. Overall this demonstrates that reasonable checks have been undertaken to ensure full compliance with CQC Regulation 5.

Fit and Proper Person Test	Outcome
Insolvency check	No issues found
Disqualified director check	No issues found
Professional body checks	No issues found
Annual FPPR Declaration forms completed	No issues found
Trust Board Register of Interests	No Issues found

CHAIRMAN'S ANNUAL DECLARATION

As Chairman of The Newcastle upon Tyne Hospitals NHS Foundation Trust, I can confirm that all Executive Directors, Directors and Non-Executive Directors comply with the Care Quality Commission Regulation 5 and existing requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following completion of all appropriate Fit and Proper Persons Test checks all Executive Directors, Directors and Non-Executive Directors are considered to be of good character, have the necessary qualifications, competence, skills and experience and are physically fit and mentally fit. There has been no evidence of misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity.

My declaration has been informed by:

- completion of the Annual Fit & Proper Persons Test self-declarations;
- my knowledge of the Trust recruitment process for new appointments at Director level, specifically the application and interview process; reference checks and other pre-employment checks; and the use of psychometric testing for specific roles;
- a review of the Trust Board Register of Interests;
- a review of the GMC and NMC register to ascertain whether such registration was valid whereby the role required it for a Director;
- a review of DBS checks; and
- a review of the individual insolvency register and directors disqualification register for the individuals agreed as meeting the definition of a 'Director' undertaken by the Head of Corporate Risk and Assurance in July 2023.

The Board of Directors is asked to note the contents of this report and receive assurance that The Newcastle upon Tyne Hospitals NHS Foundation Trust are fully compliant with Regulation 5 and the associated requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Professor Sir John Burn
Chairman, The Newcastle upon Tyne Hospitals NHS Foundation Trust
7th June 2023

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

Benchmarking Report: Standards of Business Conduct

20th February 2023

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REPORT STATUS:	**DRAFT**
DATE:	20th February 2023
AUDIT TEAM:	Wayne Brown, Associate Director of Business Assurance
	Amy Keelty, Quality and Performance Manager
CLIENT SPONSOR:	Caroline Docking, Assistant Chief Executive
	Natalie Yewart, Head of Corporate Risk and Assurance / Head of IG
DRAFT REPORT ISSUED:	20th February 2023
REPORT DISTRIBUTION:	Caroline Docking, Assistant Chief Executive
	Natalie Yewart, Head of Corporate Risk and Assurance / Head of IG

Contents

1. Executive Summary

In accordance with a recent request from the Trust, this report reflects the results of a benchmarking exercise which was undertaken by way of a survey sent to the following AuditOne member clients:

- County Durham and Darlington NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- North Cumbria Integrated Care NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust
- North East and North Cumbria Integrated Care Board
- North Tees and Hartlepool NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- South Tyneside and Sunderland NHS Foundation Trust
- Newcastle Hospitals NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust

The survey questions centered around Trust processes for standards of business conduct, namely declarations of interests, gifts and hospitality. A total of four responses were received, and as such this benchmarking report will enable comparisons to be drawn. All data within the report has been anonymised, Newcastle Hospitals NHS Foundation Trust being **Trust D** in the comparisons within the report.

We would be keen to hear your views and your ideas on how further benchmarking in this or other areas would be of benefit. For more information or indeed to request a benchmarking topic please contact Wayne Brown, Associate Director of Assurance Services, Wayne.Brown@audit-one.co.uk.

2. Context and Work Performed

Publicly funded organisations have a duty to set and maintain the highest standards of conduct and integrity. The NHS Constitution sets out some of the key responsibilities of NHS staff. However, individual organisations must also provide a clear framework and process through which they can provide guidance and assurance that staff conduct themselves with honesty, integrity and probity. Policies on Standards of Business Conduct help to define the principles and practices that should be applied.

The objective of this review was to obtain, document and comment on benchmarking data with respect to Trust processes for standards of business conduct. This was done via a survey completed on Microsoft Forms. Please note that no testing of systems has been performed to verify information received in response to this survey. In this respect, the findings contained in section three of this report are based solely on the statements made by the senior staff members, as shown in Appendix 1.

3. Findings

Appendix 1 shows the results of the survey completed by staff from four organisations. Whilst there appear to be a lot of similarities in process, there some apparent variations which have been summarised below. At this time we do not propose any specific recommendations or action to be taken. Rather, we invite client staff to further consider these results with respect to overarching processes for standards of business conduct, not covered by this review.

- It is not possible to view declarations on the website of one organisation (Trust B).
- Only one Trust (Trust D) uses 'My Declare' to record declarations.
- There is some variation as to the criteria for which staff are required to make an annual declaration. For only one Trust (Trust B) this is set as Band 8b and above (regardless of role).
- One Trust (Trust A) does not report return rates with respect to annual declarations. Trust C and D provided no response to this question.
- There is a variation in fraud risk rating over the previous three financial years, across the four Trusts who participated in this survey.

4. Acknowledgements

We would like to thank Trust staff for their participation in this benchmarking exercise.

Survey Results (Microsoft Forms)

1. **Does your organisation have in place a Standards of Business Conduct policy, which is readily accessible to staff?**

Response:

Trust A	Yes.
Trust B	Yes.
Trust C	Yes.
Trust D	Yes.

2. **To what level in the organisation is standards of business conduct reported?**

Response:

Trust A	Audit Committee.
Trust B	Audit Committee.
Trust C	Audit Committee.
Trust D	Audit Committee.

3. **Do you report to the relevant committee an annual summary on standards of business conduct, which includes numbers / values of gifts, hospitality, sponsorship and interests declared?**

Response:

Trust A	Yes.
Trust B	Yes.
Trust C	Yes.
Trust D	Yes.

4. **Can declarations made be viewed on the Trust's website?**

Response:

Trust A	Yes.
Trust B	No.
Trust C	Yes.
Trust D	Yes.

5. **What system does your Trust have in place for staff wanting to make a declaration?**

Response:

Trust A	We used a manual system (spreadsheet) until January 2022 when we started using ESR to log staff declarations. There remains the need to keep the spreadsheet updated with some information exported from ESR. Board members declarations continue to be logged manually on a spreadsheet.
Trust B	Currently completion of a form, but seeking to move to ESR.
Trust C	Staff make a declaration of Interest by using the online ESR.
Trust D	My Declare.

6. **Declarations of interest: what is your criteria for determining whether a staff member should complete a declaration of interest?**

Response:

Trust A	• Executive and non-executive directors (or equivalent roles) • Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services • Those at Agenda for Change band 8c and above • Medical grades – Deputy and Associate Medical Directors, Clinical Directors and all Consultants • Administrative and clinical staff who have the power to enter into contracts on behalf of the Trust – those budget holders with £20k limit or above, as per Standing Financial Instructions (SFI's) • Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions • Individual members of Estates & Environment Group and Medical Devices Group • Service Managers
Trust B	• Staff at Band 8B+, all consultants and Board members.
Trust C	• Financial Interests • Non-financial professional interests • Non-financial personal interests • Indirect interest • Actual if there is a material conflict between one or more interests • Potential if there is the possibility of a material conflict between one or more interests in the future.
Trust D	• In line with NHSE managing conflicts of interest, all staff 8C or above including all staff in those directorates that are classed as decision making directorates (Business and development, Pharmacy, Finance, procurement & supplies)

7. **Declarations of interest: are particular departments / teams / staffing grades required to complete an annual declaration of interest? if so, please give further detail**

Response:

Trust A	See response to question 6.
Trust B	See response to question 6.
Trust C	All staff that have Director in their job title. All staff on local pay (Not agenda for change). All staff band 8c or above. All staff within procurement. All staff within pharmacy. All Doctors (Medical and Dental).
Trust D	See response to question 6.

8. **Declarations: do use the Association of British Pharmaceutical Industry returns as an alternative to completion of declarations of interests for relevant staff?**

Response:

Trust A	No.
Trust B	No.
Trust C	No.
Trust D	No.

9. **Declarations of interest: do you report to the relevant committee on return rates?**

Response:

Trust A	Yes.
Trust B	Yes.
Trust C	Yes.
Trust D	Yes.

10. **If you answered 'yes' to question 9, what were the return rates reported for 2019/20, 2020/21 and 2021/22 respectively?**

Response:

Trust A	We report on number of declarations made, not numbers as a % of staff
Trust B	Reporting on return rates was only introduced for 2021/22 and the rate was 42% from those staff mandated to complete a return.
Trust C	-
Trust D	-

11. What was your organisation's fraud risk assessment rating (red, amber or green) for gifts and hospitality for 2019/20, 2020/21 and 2021/22 respectively?

Response:

Trust A	Green 2020, Amber 2021, Amber 2022.
Trust B	2021/22 - Amber, 2020/21 - Amber, 2019/20 – Amber.
Trust C	Amber.
Trust D	19/20 - 85% 20/21-81% 21/22-73%.

12. Finally, please can you provide us with details of your job title and the type of organisation you work for (mental health, acute, ICB or other)

Response:

Trust A	Company Secretary, Acute & Community Services provider.
Trust B	Company Secretary, Acute FT.
Trust C	Corporate Governance Manager, Mental Health.
Trust D	Head of Corporate Risk and Assurance, Acute FT.


The auditone Way
RESPECT
For one another and our clients
TRUST
In each other and what we do
INNOVATION
Always looking to improve
QUALITY
At the heart of everything we do

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	27 July 2023						
Title	Annual Statement on behalf of The Newcastle upon Tyne Hospitals NHS Foundation Trust 2023/24 - Modern Slavery and Human Trafficking Act 2015						
Report of	Kelly Jupp, Trust Secretary						
Prepared by	Dan Shelley, Procurement and Supply Chain Director						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☒		☒		☐		
Summary	The content of this report outlines the Trust's commitment prevent modern slavery and human trafficking in its supply chain. It demonstrates that the Trust have reviewed and met it's requirements in line with Section 54 of the Modern Slavery Act 2015. The changes from the previous statement include updating the financial year reference, the training section and the 2023/24 priorities, and RAG rating the action plan (Appendix 1) with ongoing actions.						
Recommendation	The Board is asked to consider and approve this statement which demonstrates the Trust's continuing support of the requirements of the legislation, prior to final sign off by the Trust Board and Trust's Chief Executive.						
Links to Strategic Objectives	Performance – Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☐	☒	☐	☐	☐	☐	☐
Link to Board Assurance Framework [BAF]	No direct link.						
Reports previously considered by	This is an Annual submission. The previous Report was approved by the Trust Audit Committee on 25 July 2023.						

ANNUAL STATEMENT ON BEHALF OF THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST 2023/24

MODERN SLAVERY AND HUMAN TRAFFICKING ACT 2015

1. INTRODUCTION

The Newcastle upon Tyne Hospitals NHS Foundation Trust offers the following statement regarding its efforts to prevent modern slavery and human trafficking in its supply chain. It demonstrates that the Trust have reviewed and met it's requirements in line with Section 54 of the Modern Slavery Act 2015.

2. THE ORGANISATION

The Newcastle upon Tyne Hospitals NHS Foundation Trust is one of the most successful NHS Teaching Trusts in the country. It offers the second highest number of specialist services of any group of hospitals in the UK. The Trust's hospitals have over 2,250 beds and it manages over 1.72 million patient 'contacts' every year. The Trust provides innovative, high quality healthcare, including community services and primary care, and was rated "Outstanding" by the Care Quality Commission in June 2016 and again in 2019. Services are provided locally, regionally, nationally and internationally.

The Trust employs around 18,000 members of staff making it one of the largest employers in the North East with an annual turnover of around £1.4billion. The core values of the organisation are:

- **We care and are kind -** We care for our patients and their families, and we care for each other as colleagues.
- **We have high standards -** We work hard to make sure that we deliver the very best standards of care in the NHS. We are constantly seeking to improve.
- **We are inclusive -** Everyone is welcome here. We value and celebrate diversity, challenge discrimination and support equality. We actively listen to different voices.
- **We are innovative -** We value research, we seek to learn and to create and apply new knowledge.
- **We are proud -** We take huge pride in working here and we all contribute to its ongoing success.

The Trust considers the potential social impact and effect of its supply chain prior to the commencement of a procurement. It is committed to ensuring its suppliers adhere to the highest standards of ethics and undertakes due diligence when considering new suppliers as well as regularly reviewing existing suppliers.

The Trust continues to utilise the Standard Selection Questionnaire (SQ), which includes the requirement for supplier disclosure of any offence under the Mandatory Exclusion Grounds

and also requires confirmation of compliance with reporting requirements under Section 54 of the Act 2015.

The Trust recognises that it has a responsibility to take a robust approach preventing and addressing any concerns to slavery and human trafficking.

The organisation is absolutely committed to preventing slavery and human trafficking in its corporate activities, and to ensuring that its supply chains are free from slavery and human trafficking.

3. STAFF TRAINING

Modern Slavery awareness training is included for all staff as part of the Trusts Level 1 Adult Safeguarding Training.

The Trust holds the Chartered Institute of Procurement & Supply (CIPS) Corporate Ethics Accreditation.

Members of the Procurement teams with responsibility for Procurement are currently completing the 2023 CIPS ethics test and agreeing abide by the CIPS code of ethics. The 2023 accreditation will be signed off in August 2023.

4. THE TRUST'S POLICY FRAMEWORK

The Trust has a number of policies in place which support this agenda including:-

i) Contractors – Guidance in the use of Contractors.

ii) Speak up We're Listening Policy – the Trust Whistleblowing Policy to enable staff to raise concerns.

iii) Safeguarding Policies
- a) Safeguarding Adults Policy and Guidelines
- b) Child Protection and Safeguarding Children: Policies and Procedures
- c) Responding to Patients, Carers, Public who are Victims of Domestic Abuse Policy

iv) Recruitment and Selection Policies
- a) Non-Medical staff
- b) Senior Medical and Dental Staff
- c) Junior Medical and Dental Trust Doctors Posts
- d) Staff Bank AND Agency Workers
- e) Volunteer
- f) Prevention of Illegal Working
- g) Locum Engagement Procedure (Medical and Dental)
- h) Domestic Abuse

The Trust's policy on the Use of Contractors provides additional assurance, and clearly refers to the "Right to Work", stating that:

"Checks must be undertaken for all workers to confirm that a worker has the legal right to work in the UK, the contractor must see one of the documents or combinations of the documents specified in List A or List B (included in the policy) of the Employment Check Standard. The worker must only provide documents from List B if they cannot provide documents from List A.

The documents must show that the worker is entitled to do the type of work being offered.

If the worker shows one of the original documents, or combinations of documents contained in List B, it indicates that they only have limited leave to work in the UK. The contractor must evidence that checks have been repeated before the expiry date of the document/s, at which point the worker must produce evidence that they have applied for further right to work and/or leave to remain or cease working for the contractor".

5. PRIORITIES FOR 2023/24

- Continuing to progress the actions within the Modern Slavery Action Plan (current plan is included at Appendix 1).
- Continue to work with NHS Supply Chain to gain assurances on their supply Chains which supply the Trust.
- Continually review procurement processes to ensure the Trust is meeting its commitments to eradicating modern slavery in its supply chains.
- Work with partners across the NENC ICS to deliver a coordinated approach.

6. APPROVAL FOR THIS STATEMENT

The Board is asked to consider and approve this statement which demonstrates the Trust's continuing support of the requirements of the legislation, prior to final sign off by the Trust's Chief Executive.

Report of Dan Shelley
Procurement and Supply Chain Director
25 July 2023

Appendix 1

Modern Slavery Action Plan – procurement & Supply Chain 2023/2024

Priority	Action	Owner(s)	RAG
Strategy	Set out our priorities and actions which seek to go beyond the Annual Statement requirements.	Procurement & Supply Chain Director and Trust Secretary	A
Regional Coordination	Continue engagement with the ICS and CollaborativeNewcastle partners to network and share best practice and develop a coordinated approach across the system.	Procurement & Supply Chain Director	G
Supplier mapping	Map our suppliers and categorise according to risk of modern slavery in the supply chain. Work closely with those suppliers deemed highest risk to ensure compliance.	Head of Procurement	A
Gain assurances around 2nd tier suppliers to the Trust	Receive verification and assurances from the NHS supply chain manufacturer visits.	Head of Procurement	A
Enhance the Contract Management and Audit process to include Modern Slavery assurances.	Develop and deliver a risk-based programme of due diligence in the Trust's own business and its supply chain (to include seeking assurances from suppliers re MS, reviewing existing contracts etc.)	Head of Procurement	New for 2023/24
Continually review our procurement processes to ensure that NUTH is meeting its commitment to eradicating Modern Slavery in its supply Chains.	Procurement SOP's to be updated to include defined responsibilities. Investigate the use of the central government MSAT in assuring suppliers	Head of Procurement	A
CIPS Corporate Ethics Accreditation CIPS CORPORATE ETHICS	Ensure Training and development of team to maintain CIPS Ethics Accredited Status	Procurement & Supply Chain Director	G

*RAG based on progress since 2022/23

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