The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Public Trust Board of Directors' Meeting

Thursday 30 November 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
1.	Apologies for absence and declarations of interest	Sir John	Verbal	13:15 – 13:16
2.	Minutes of the Meeting held on 26 September 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: Patient Safety Strategy Bi-Annual Report, including Patient Safety Incident Response Framework (PSIRF) Plan	Angela O'Brien & Gus Vincent	Presentation	13:43 – 14:00
7.	Partnerships: - Clinical Research Network Update - Home-Grown Research [Caroline Wroe and John Isaacs to present]	Vicky McFarlane Reid	Presentations	14:00 – 14:15
8.	People: People Programme Update	Christine Brereton	Attached	14:15 – 14:25
9.	Performance: Performance Report	Vicky McFarlane-Reid & Nichola Kenny	Attached	14:25 – 14:35
	Refreshments break			***14:35 – 14:40***
Business Items:				
10.	Director reports: a. Medical Director; including: (i) Consultant and Honorary Appointments (ii) Annual Emergency Preparedness Resilience and Response Report	Andy Welch	Attached & BRP	14:40 – 14:50
	b. Executive Chief Nurse; including: (i) Nurse and Midwifery Staffing Report (ii) Maternity Update Report	Maurya Cushlow	Attached & BRP	14:50 – 15:00

	c. Director of Quality & Effectiveness: (i) CNST (ii) Quality Account	Angela O'Brien	Attached & PRIVATE BRP	15:00 – 15:10
	d. Healthcare Associated Infections (HCAI)	Julie Samuel	Attached & BRP	15:10 – 15:20
11.	Charity Annual Report and Accounts [FOR APPROVAL]	Caroline Docking	Attached	15:20 – 15:30

Items to receive and any other business: 15:30 – 16:00

12.	Provider Collaborative Governance	Caroline Docking	BRP
13.	Update from Committee Chairs	Committee Chairs	BRP
14.	Integrated Board Report	Nichola Kenny	BRP
15.	Meeting Action Log	Sir John	BRP
16.	Any other business	All	Verbal

Date of next meeting:
Public Board of Directors – Thursday 25 January 2024

Professor Sir John Burn, Chairman

Dame Jackie Daniel, Chief Executive Officer

Mr Andy Welch, Medical Director/Deputy Chief Executive Officer

Ms Maurya Cushlow, Executive Chief Nurse

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

Mrs Christine Brereton, Chief People Officer

Mrs Caroline Docking, Assistant Chief Executive

Mrs Angela O'Brien, Director of Quality & Effectiveness

Ms Julie Samuel, Director of Infection Prevention and Control

Professor John Isaacs, Associate Medical Director for Research

Professor Caroline Wroe, Clinical Director CRN North East and North Cumbria

Mrs Nichola Kenny, Deputy Chief Operating Officer

Dr Gus Vincent, Associate Medical Director

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

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PUBLIC TRUST BOARD OF DIRECTORS MEETING

DRAFT MINUTES OF THE MEETING HELD 26 SEPTEMBER 2023

Present:	Professor Sir J Burn *[Chair]*	Chairman
	Dame J Daniel	Chief Executive Officer [CEO]
	Mr A Welch	Medical Director/Deputy Chief Executive Officer [MD/DCEO]
	Mrs J Bilcliff	Chief Finance Officer [CFO]
	Dr V McFarlane Reid	Executive Director of Business, Development & Enterprise [EDBDE]
	Mr M Wilson	Chief Operating Officer [COO]
	Ms J Baker	Non-Executive Director [NED]
	Ms S Edusei	NED
	Mr J Jowett	NED
	Mr B MacLeod	NED
	Professor K McCourt	NED
	Mrs L Bromley	NED
	Miss C Smith	NED
	Mr G Chapman	NED

In attendance:
Mrs C Docking, Assistant Chief Executive [ACE]
Mrs L Hall, Deputy Director of Quality and Safety [DDQS]
Mrs L Sewell, Interim Chief Information Officer [ICIO]
Mrs C Brereton, Chief People Officer [CPO]
Mr I Joy, Deputy Chief Nuse [DCN]
Mr R C Smith, Director of Estates [DoE]
Ms J Samuel, Director of Infection Prevention Control (DIPC)
Mrs K Jupp, Trust Secretary [TS]
Ms T Baylis, Charity Director [CD] *(Item 23/19 (vi))*
Mr J James Dixon, Associate Director - Sustainability & Environment [ADSE] *(Item 23/20(ii))*

Observers:
Prof P Home, Public Governor
Ms G Muir, Partner, Hempsons, Newcastle
Mr S Volpe, Health Reporter – Chronicle Live *(Item 23/20(ii))*

Secretary:	Mrs G Elsender	Corporate Governance Officer and PA to the Chairman and Trust Secretary

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

23/18 STANDING ITEMS:

i) Apologies for Absence and Declarations of Interest

Apologies for absence were received from Ms Maurya Cushlow, Executive Chief Nurse (ECN), Mrs A O'Brien, Director of Quality and Effectiveness (DQE), Professor David Burn, Associate Non-Executive Director (ANED) and Mrs P Smith (ANED).

There were no new declarations of interest raised.

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

ii) Minutes of the previous meeting held on 27 July 2023 and matters arising

The minutes from the meeting held on 27 July 2023 were agreed to be an accurate record subject to the correction of a minor typographical error on page 12 of 17 where the text should read Disclosure and *Barring* Checks (DBS). There were no matters arising.

It was resolved: to **agree** the minutes as an accurate record following the correction of the matter highlighted above, and to **note** there were no additional matters arising.

iii) Chairman's Report

The Chairman presented his report highlighting key events, notably:

- A visit to the Newcastle System Command Centre with some of the NEDs. The Chairman commended the work of Michael Clark, Head of Business Continuity/Emergency Planning and Melanie Cunningham, Associate Director of Operations who provided a guided walk through the suite of near-real time dashboards integrating data from Newcastle Hospitals and key partners. He noted the high level of activity in the Emergency Department (ED) during the visit at what would be expected to be a quiet time.
- Attendance at an event hosted by NHS England (NHSE). NHSE's Chair Richard Meddings hosted the first ever event to bring together all Integrated Care Board (ICB) and Trust Chairs and Chief Executives. The session explored the "polycrisis" through which the NHS is travelling and ways in which the collective leadership could mitigate risk.
- Attendance at the Celebrating Excellence Awards where he was delighted to present the Chairman's Award to Pam Yanez OBE, Lead Governor, whose lifetime of service to the organisation and the NHS made her a worthy winner. The Chairman went on to congratulate all of the winners of this year's awards and all involved in organising the event.

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

iv) Chief Executive Report

The CEO presented the report, drawing attention to the following:

- The inspection by the Care Quality Commission (CQC) had been underway for a number of months and the CEO thanked all of the teams involved during the process.

  The draft report was expected in coming months, with some initial feedback already received from the CQC. The feedback referred to skilful and caring interactions with patients witnessed by CQC throughout their visit and they saw examples of highly personalised care.

  However, the CQC had also identified some areas where they highlighted improvements needed to be made. These included medicines management and storage of some cleaning substances (which had been rectified and monitored with ongoing audits) and observation of the emergency department waiting room (which had subsequently been addressed. In addition CQC had noted the need for improvement in how the organisation uses the electronic patient record with work underway to address the matters raised.

  The CQC acknowledged that some progress had been made since their focused inspection on the application of the principles of Mental Health Act and Mental Capacity Act assessments earlier in the year, with details highlighted in the ECN Report.

  Feedback on the culture in the organisation was received with the CQC having focussed on Freedom to Speak Up arrangements. Consideration was being given as how to further support staff to raise concerns, speak up freely and report any problems.

  The CEO noted that everything learned through the inspection would be used to make improvements for both staff and patients.
- The outcome of the Letby case brought shock and horror across the NHS. Amanda Pritchard, CEO of NHSE, has committed the NHS as a whole to a number of actions to prevent a recurrence. The Trust has communicated with all staff specifically in response to the case, reinforcing the commitment to responding to concerns in relation to patient or staff safety and reiterating the mechanisms available to do so. A key focus of the Executive Team was to ensure that staff feel confident and supported to raise concerns at any time.
- Preparations were underway for winter planning, noting the particular challenges in the context of industrial action. As part of the Shelford Group, both the Chairman and the CEO signed an open letter to Prime Minister Rishi Sunak and British Meical Association (BMA) Council Chair Professor Philip Banfield, which conveyed the profound concerns at the risks that ongoing strikes pose to the care and safety of patients, and to call for renewed efforts from government and unions to find a path to resolution.
- The CEO noted that Coronavirus and flu may cause further pressures on the NHS over winter, so urged all staff and residents to accept vaccinations when available.
- Research had been published on the extent of sexual misconduct within the UK surgical workforce in the last five years. Whilst the research and report were an incredibly difficult read, they presented clear evidence of why more action must be

taken to better understand and address this issue, noting that a programme of work had already commenced within Newcastle Hospitals.

- The CEO noted the importance of recognising those staff who continued to provide the very best services for patients, with many innovations and examples of excellence recognised at regional and national level.

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

23/19 STRATEGIC ITEMS:

i) Patients: Digital People Story

The DCN introduced the digital people story which shared the experience and impact on a patient's life of groundbreaking non-lesional epilepsy surgery provided in the Epilepsy Service at the Royal Victoria Infirmary (RVI).

The story evidenced the strategic commitment to putting patients at the heart of everything by involving patients and their family/carers in the decision-making process. The story outlined the development of epilepsy surgery to ensure the Trust stays at the forefront of health innovation.

The EDBDE added that a submission for additional funding to use this surgical technique had been made, the outcome of which was still awaited.

In response to a query from Mrs Bromley in relation to the number of operations undertaken, the DCN noted that approximately 75 cases were received through the complex service, advising that not all cases would result in this type of procedure.

Ms Edusei commended the patient in the story noting that whilst the surgery had not cured his particular problem, it would help other patients.

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

ii) Patients: Care Quality Commission (CQC) update

The COO advised that the CQC had undertaken an unannounced inspection at the end of June focusing on a range of core services as well as looking at progress that had been made in services for those patients with Mental Health, Learning Disabilities and Autism. This was then followed by a Well Led inspection in July which involved interviews with large numbers of staff via focus groups, a survey of all staff together with a series of interviews with Board members as well as visits to wards and departments. On behalf of the Board, the COO thanked all staff who had been involved and engaged with the CQC as part of the process.

Although the final report was still awaited, work was underway in creating specific action plans in the interim for those areas that had been identified as needing improvement in feedback received.

In addition to the areas previously mentioned in the CEO report, the COO noted the recent media attention in relation to patient related documentation consisting of documents that had been prepared and held in the electronic documents store, intended for an external or internal recipient, but not sent. It was noted however that all documents have been available to clinicians within the Trust via the document store.

The Trust was made aware of the issue in mid-September by the CQC following which a thorough investigation has taken place and the COO gave assurance that actions were taken immediately to address the issue. He also apologised for any anxiety or inconvenience that had been caused to patients and staff, and work was ongoing to understand if there was any impact on the care or treatment of patients who had not received a letter on a timely basis.

There were currently 24,000 documents being reviewed which was 0.3% of the total number of patient contacts. It was noted that this was not a digital issue but a procedural issue. Several letters that had been reviewed to date had been superseded by subsequent or duplicated correspondence. Where applicable, harm reviews would be undertaken and any cases resulting in harm would follow the normal Serious Incident (SI) review process. A specific telephone line had also been set up for patients to contact with any concerns and there had been no calls received to date.

The review of the backlog of documents would take approximately two months to complete and it was noted that the issue would be approached with openness, honesty and integrity. The COO was grateful for the response from the organisation in rectifying the problem and highlighted that a large number of the documents may require sending to primary care providers. Any letters sent will be clearly marked with an apology and highlighted that they may be received out of time-sequence.

With regard to the CQC inspection, an interim action plan was being developed based on the themes in those areas identified for improvement and the work undertaken in relation to the unverified letters formed part of this which was being overseen by a task and finish group meeting daily, attended by senior medical staff and chaired by the COO.

Work also continued on the People Plan in collaboration with the Chairs of the eight Clinical Boards.

The COO advised that regular updates will be presented to the Board. The Chairman expressed his gratitude in dealing with the matter, recognising the additional ask of both the Executive Team and the whole workforce. He highlighted that there were different categories of unverified letters, with some being duplicates for example, and noted the importance of learning to improve processes.

Miss Smith questioned the timescale the Trust was working to with regard to the unverified letters to which the COO advised that immediate action was being taken with daily update meetings, and weekly progress reports submitted to the CQC with the backlog expected to be cleared by early December. Immediate actions had also been taken on the wards to expedite discharge letters to prevent any additional backlog.

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

iii) Patients: Winter Plan

The COO delivered a short presentation highlighting the following:

- The Trust will be working collaboratively with other NHS trusts and partners across the north east recognising that the winter season is a challenge for all public services.
- There were three key themes identified: getting people to the right place first time, improving discharges and transfers of care, and system flow.
- The four main elements of the plan for the Trust were supporting the health and wellbeing of employees, to safely manage the volume of non-elective patients, to protect Elective Care and to mitigate any deterioration in the responsiveness of Urgent and Emergency Care Provision.
- There is a national challenge in terms of performance which may intensify during the winter period however the DCN referred to mitigating actions such as the international recruitment programme as well as making proactive appointments to increase bed capacity and delivering the vaccination programme.
- The Trust continued to work with partners across the Integrated Care Board securing packages of care.
- Additional funding has been co-ordinated across Newcastle; however it was recognised that the cost of living crisis may result in additional need from some patients thus the establishment of the Winter Wellbeing Hubs across the city.
- The Trust was keen to maximise developments already started earlier in the year including the Clinical Decisions Unit, Integrated Discharge Team and Virtual wards – respiratory and frailty.
- Other initiatives will include piloting a medically optimised ward at the Freeman Hospital (FH) for patients ready for discharge and introducing the OPTICA discharge planning system that better links wards, community and social care teams.
- The Trust is supported by investment in additional capacity.
- It was recognised that there will still be risks during the period with an increase in Covid, flu and other respiratory infections likely to drive increased demand on services.

Ms Baker referred to over staffing in midwifery services and questioned if this would be replicated in nursing to which the DCN advised this would be the case particularly in adult services.

Ms Baker commented positively on the Wellbeing Hubs, suggesting that Newcastle Hospitals Charity may be able to assist further in the wider community, supporting patients in a bid to prevent hospital admissions.

Miss Smith questioned if any of the partners were doing anything differently with their winter plans which the Trust could learn from to which the COO referred to the Better Care Fund and the need progress Urgent Treatment Centre developments. He added that other NHS organisations had created Urgent Treatment Centres on site, reducing the demand in Accident & Emergency (A&E) departments.

In response to a question from Miss Smith regarding social care, the COO advised that the Trust had supported this service with the hospital avoidance team working with care homes

and also recruiting to the integrated discharge team to support this model. There was also joint work underway in relation to health and social care apprentices working with Collaborative Newcastle.

Mr MacLeod recognised that there had already been challenges for staff within the summer months and questioned the sense of staff morale heading in to winter. The DCN reiterated the importance of supporting staff, noting that whilst there were more staff than in previous years, the skill mix was very different. He added that it was also important for senior staff and managers to make themselves available to offer support, as well as ensuring sufficient wellbeing, education and training support was in existence.

The MD/DCEO commended the dedication and commitment of clinical staff to their patients adding that the elective programme would be the area most likely to be impacted as a consequence of winter pressures and/or industrial action.

The Chairman referred to a recent media article in relation to some medical and nursing staff who had been affected by Long Covid and questioned if the Trust had oversight of this. The DCN advised that any impact of this would be captured via Human Resources (HR) metrics with processes in place to support staff back into the workforce. This had not been highlighted as a problem in the workforce data to date.

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

iv) People: People Update

The CPO presented the report and advised that a Workforce Planning Group was developed in April 2023 to look at the future workforce requirements of the Trust to ensure it has the right staff, with the right skills, in the right place and at the right time. This will be done via liaison with universities to develop the requirements of new roles as well as better utilising the apprenticeship levy.

A further priority was being able to look after the current staff and support them through the development of the new People Strategy. Several focus groups have been established for staff to attend and be involved in creating co-priorities for the future. There was also an on-line platform where staff could comment anonymously. Some emerging themes had arisen, captured via the Staff Survey, What Matters to You as well as via the Freedom to Speak Up (FTSU) programme and more recently the CQC which included leadership, behaviours and health and wellbeing.

The People Strategy will identify some short, medium, and long-term plans. The newly established Equality, Diversity & Inclusion Steering Group together with the Health & Wellbeing Steering Group had been a key part in shaping this work.

The CPO added that FTSU was a key part of the People Programme with key themes focussed on leadership, behaviours and civilities. Communication channels for staff to raise any issues had been strengthened across the organisation in light of the Letby case. A Board Development session on Freedom to Speak Up would also be taking place in October 2023 to reassess what the key priorities are in relation to the national FTSU strategy.

Referring to the publication regarding sexual misconduct within the UK surgical workforce, the CPO highlighted that a steering group had been established with Staffside colleagues where it was agreed to develop a policy of zero tolerance in relation to sexual harassment.

The CPO noted the collaborative work both she and the MD/DCEO were undertaking with the Local Negotiating Committee (LNC) colleagues with a meeting arranged for later in the month.

Mrs Bromley referred to the pipeline of the future workforce noting that this would come from colleges as well as universities. This was welcomed by the CPO who referenced the work being undertaken with Collaborative Newcastle and the development of a Student Bank made up of students from across the region.

Being mindful of the challenges presented to staff over the last three years Ms Edusei was keen for the Trust to focus on the health and wellbeing support being offered to staff and to determine what more could be done and if it could be done any differently. The CPO explained that intelligence had been captured over the recent months to determine what was already on offer to staff and how it was signposted to ensure that staff were fully aware of what support was available and how to access it. She added that in addition to the FTSU champions, consideration had also been given to having Culture champions to signpost people to the right support services.

Mr Jowett highlighted the importance of the re-establishment of the LNC, noting that whilst colleagues were in dispute with government it was critical to maintain local relationships. This had been built upon at People Committee by inviting Trade Union representatives to the meeting.

Referring to the point made by Ms Edusei in relation to health and wellbeing for staff the MD/DCEO also noted the importance of encouraging staff to support each other as witnessed during the pandemic.

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

v) <u>Performance</u>

i. <u>Performance Report</u>

The EDBDE presented the report and noted the following points:

- Activity delivery levels for August remained similar across all points of delivery compared to July but are behind both trajectory and target.
- There had been 30 days lost activity due to industrial action. Out of the 20 theatre lists scheduled to run in trauma orthopaedics the previous week, only 2 were completed. Nationally over 1 million in appointments had been cancelled due to industrial action at a cost of circa £1 billion.
- The Trust delivered day case activity equivalent to 101.4% of the re-based 2019/20 baseline in August, compared to the planned 108%.
- The 76% 4-hour A&E standard was achieved in August with overall performance of 78.3%.

- Eight out of the nine cancer standards were below target in July 2023, with only the 28 Day Faster Diagnosis Standard being met, for the ninth consecutive month.

  Regarding the target of 85% of patients waiting no more than 62 days from urgent GP referral to first cancer treatment, 55.2% of patients were treated in Newcastle Hospitals. The EDBDE advised that issues had been experienced with late tertiary referrals which had impacted performance levels.
- At the end of August 15 patients were waiting >104 weeks ('104wws'), with 14 of these patients waiting for spinal surgery, and 156 patients had a waiting time of >78 weeks ('78wws'). The regular fortnightly meetings with NHSE continued to monitor the long wait position.

It was resolved: to **note** the performance detailed within the month 5 performance report.

ii. Quarter 1 Delivery Goal Progress

The EBDBE presented the report and noted the following points:

- The Trust has a 5 year strategy which spans the time period 2019-2024.
- At the start of each new financial year, the CEO and Executive Team jointly agree a set of annual objectives, each aligned to the 5 strategic P's.
- In previous years these have been called 'Breakthrough objectives', this year they were renamed to 'Delivery Goals'. 13 Goals were initiated in Quarter 1 (Q1) each linked to one of 5 strategic P's.
- The continued industrial action and the unintended consequences of the unannounced CQC inspection may impact progress against the delivery goals in future reports.

It was **resolved:** to **note** the contents of the report.

[The CD joined the meeting]

vi) Partnerships: Charity Update

The CD presented the report which provided a high-level summary of progress made in achieving the strategic aims of the Charity Strategy to 2026, and the summary priorities for the year 2023/24. She also provided an overview of the milestones and highlights of the development of the Charity. The following points were noted:

- The 2019 review laid out the potential of the charity to become a strategic funding partner.
- A 5-year strategy was agreed in 2021 and gave a clear sense of purpose with agreed goals and aims.
- At the end of 2021/22 the Charity was able to provide a cumulative total of £10m worth of funding for Trust wide initiatives.
- In June 2021 the Charity also established an Arts programme which has grown at pace. This is now seen as a core activity.
- A growing income of £9m occurred in 2022/23,
- A key milestone has been developing the strategy and the delivery of the strategy has been the focus since April 2021.

- Up until 2019, average income was between approximately £3m and £3.5m per year, giving out grants of between £2m-£2.5m
- 3 key areas to success include partnerships with:
    - Great North Run with one of largest organisations in the tented village with largest number of runners. Now working more in partnership other voluntary agencies and enterprises. 16% of staff are also positively involved with the charity.
    - Funding and impact – over £7m available in funding for projects with the Arts programme being a key success story. Priority for the year ahead is to develop some specific fundraising priorities.
    - The income has improved as a result of diversifying the fundraising programmes and more effective communication with supporters.
- There was a significant amount of work being undertaken to ensure there was robust governance in line with the Charity Commission regulations.
- During this challenging period of the cost of living crisis, the success of the Charity has been a result of ensuring that the fundraising focus is diverse and not dependent on a limited number of stretched sources.

The CEO commended Ms Baker for driving the charity forward as well as the CD and the rest of the charity team. This was echoed by the Chairman and the ACE paid particular thanks to the CD and her team and looked forward to the charity accelerating further.

Ms Baker advised that a meeting had taken place with the Chairs of the different charities within the Integrated Care Board footprint where discussion had centred on bidding for funding collectively from NHS Charities Together to focus on reducing inequalities in health.

Mr Jowett commented on the success of the merchandising and branding of the charity. He was also interested to learn what the investment strategy was for the Charity. Ms Baker advised that a lot of work was undertaken in relation to adhering to the regulatory framework. The Charity was now in a position to look at the investment strategy and to also align it to the Environment, Sustainability and Governance goals (ESG) as well the ethical approach of where to invest.

Miss Smith noted the previous challenges of the Charity and was encouraged to see to how it had been transformed by the organisation thinking in a different way and how this learning could be transferred in to other areas of the organisation.

It was **resolved:** to **note** the content of the report and that a future update will be provided.

[The CD left the meeting.]
[Ms Baker left the meeting.]

23/20 BUSINESS ITEMS:

i) Director Reports

a. Medical Director

The MD highlighted salient points with the following being noted:

- The Clinical Board quality and patient safety structures were progressing well with clinical governance leads appointed or imminently so.
- Work to re-organise clinical governance arrangements within the four specific domains of patient safety, clinical effectiveness, patient experience and quality improvement will be challenging.
- The transition to the Patient Safety Incident Response Framework (PSIRF) from the current SI framework is planned to be completed by January 2024.

  The MD acknowledged the huge amount of work that had been undertaken by both the Director of Quality and Effectiveness and the Deputy Director of Quality and Safety and their teams in preparing for this transition.
- COVID numbers in the community were rising and a new strain circulating but there was no evidence at this stage of increased transmissibility, pathogenicity or immune evasion. There were no concerns in relation to the severity.
- Research activity was lower than the previous year due to more complex studies, the impact of industrial action, and the COVID vaccine study in 2022/23 with very high participation rates.
- Annual revalidation and appraisal rates were good.

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

Miss Smith noted that she was honoured to sit on the panel of the recent 'Dragons Den' event organised by the Clinical Research Directorate who had been working closely with Newcastle Health Innovation Partners (NHIP) to develop a Dragons Den initiative, an event for staff not normally involved in research or taking their first steps in research can bid for a small pot of money (up to £25k) to spend this financial year to further develop their bright ideas. Miss Smith noted this was a truly fabulous event filled with passion, energy and effective collaboration.

i. Consultant Appointments

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

ii. Annual Revalidation Report

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

b. Executive Chief Nurse Report

The DCN presented the report highlighting key points:

- Section one of the report contained this month's 'Spotlight' section which provided an overview of the Trust's Clinical Assurance Toolkit (CAT). The CAT was originally introduced as a Trust-wide tool to provide continuing clinical oversight and assurance of performance for each ward and department. It remains one of the most fundamental Trust audit tools for assurance that the highest clinical and professional standards are met.

- 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, with reporting to the Quality Committee of Wards of Concern.
- Nurse staffing has improved significantly with a combined turnover of 8.65%. This demonstrates a reduction from 9.61% reported in July and compares favourably with the national median of 12.45%.
- There are areas where the vacancy rate remains above the Trust average, and this particularly relates to Paediatrics where several commissioned beds remain closed.
- Whilst midwifery staffing is at an over recruited position, a large number are graduates and will need additional support.
- In terms of patient experience, the Trust benchmarks particularly well in relation to inpatient adult survey results both regionally and nationally.
- There has been a significant increase in the number of DoLs (Deprivation of Liberty Safeguards) in practice. This was positive and evidence of the impact that education was having.
- The covid vaccination programme will commence earlier than in previous years in light of the new variant.

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

i. Maternity Update

The DCN presented the report highlighting key points:

- Whilst the service was on a trajectory to deliver against the existing schedule of core competency training by the Maternity Incentive Scheme (MIS) deadline of December 2023 there are now additional requirements which have been nationally recommended through the newly published Core Competency Framework v2 which will involve one day of additional training.

  The additional resource required to deliver this increased maternity specific training has been reviewed and the Trust have developed an implementation plan in response to the regional ICB request. Further work is required however to establish the implications and financial resource which is required to provide this increased ask, and this detail will be presented in November's Board report.
- An Ockenden Assurance visit is scheduled for 1 November which will be in the form of a peer review paired with colleagues from South Tees Hospitals NHS Foundation Trust.
- NHSE and the ICB will be undertaking an assurance visit in the neonatal unit at the RVI on 17 October 2023. Feedback from the visit will be expected 4 weeks after the visit.
- The impact of repeated inspections was highlighted.
- The Trust received a letter from the Healthcare Safety Investigation Branch (HSIB) dated 14 August regarding concerns related to implementation of learning from HSIB maternity investigations. The ECN met with the regional inspector quickly in response to establish any immediate issues of concern which required action. There were no urgent actions and further discussions are expected in due course.

Ms Edusei congratulated the DCN with regard to the successful recruitment campaign particularly in midwifery being mindful of a national shortage but also highlighted that the recruits will be newly qualified and will need support/time to embed fully.

Discussion centred on the pipeline of midwives graduating from universities which was felt to be insufficient. There was no short programme for registered nurses to transition to midwifery. Prof McCourt urged the organisation to really push the education organisations to ensure they were recruiting sufficient students.

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

c. Director of Quality & Effectiveness

i. Maternity Incentive Scheme (MIS) Year 5 CNST Compliance

The DDQS presented the report noting this was the second update report regarding the 10 safety actions in the Year 5 scheme which were published on the 31 May 2023.

The DDQS provided assurance that the Trust was compliant in all of the safety actions with the exception of safety action 8 which related to in-house multi-professional training. Achieving full compliance with the training requirements continued to be the most significant challenge for Year 5 due to demand pressures. A programme was in place for delivery with close oversight on the trajectory for completion.

It was important to note that the requirements of the scheme had changed and were now on to version two.

It was resolved: to (i) **receive** the report and (ii) **approve** the CNST self-assessment to date.

ii. Health and Safety Annual report

The comprehensive report provided an update on health and safety activity across the organisation during 2022-23. Key highlights were noted:

- The Trust demonstrates good compliance with health and safety legislation.
- Health and safety incidents remain relatively stable; however there has been a significant increase (+28%) in violence and aggression compared to previous years. This is consistent with the national position and relates mainly to physical assaults to staff from patients/visitors, particularly within ED. Other contributory factors include increased waiting times, delayed treatment and increases in the number of patients with mental health conditions.
- Verbal abuse has reduced by 10% however, the data from the previous year was skewed as it included an increase in the number of abusive patients related to the post COVID restart programme (linked to visiting and mask-wearing).
- Extra training is also being provided for staff in relation to defence strategies.
- Lone worker device use increased across the organisation following additional work to support staff and raise awareness.

- The Trust Violence Reduction Strategy 2023-26 has been developed and is due to be introduced in the early part of 2023-24. A Violence Reduction Group was established during the year and an ED navigator position has been created.
- There was a decrease in RIDDOR reportable incidents in 2022/23 compared to the previous year, with no significant themes identified.

Mr Chapman noted that violence and aggression should not be tolerated under any circumstances and that staff should speak up and report all incidents so that they could be acted upon. The DDQS assured the Board that incidents were acted upon.

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

iii. Mortality and Learning from Deaths

The DDQS noted that additional capacity has been provided to work through the current backlog of case reviews which will see an improving status moving forward.

A new process has been implemented from July 2023, whereby the medical examiner was liaising with the mortality leads to provide assurance that the correct number of Level 2 mortality reviews was being undertaken. There will also be oversight from the Clinical Boards.

The DDQS advised that the role of the medical examiner was now well embedded. The Medical Examiner process was planned to incorporate all community deaths by April 2023 in line with National Guidance. However, NHSE have deferred this date until April 2024, but the Trust is working towards having processes in place before this date. Work continued with 8 GP practices and 2 local hospices.

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

d. Healthcare Associated Infections (HCAI)

The DIPC highlighted the following key points in relation to Infection Prevention Control (IPC):

- Clostridiodes Difficile (CDI) infections remain under national trajectory, despite an increase in cases in August. The IPC teams continue to work collaboratively with Clinical Boards to ensure appropriate initiatives and improvements are implemented.
- MSSA blood stream infections remain over local trajectory. The Vascular Access Team are working in collaboration with the IPC team on initiatives that have been developed following themes from infection reviews.
- Gram Negative Blood Stream Infection (GNBSI) rates are over trajectory and remain under close surveillance. The main sources of these infections are urosepsis and hepatobiliary infections. The Trust GNBSI group provides oversight and monitoring to ensure compliance with the reduction strategies. The DIPC commended the work of the continence team who were undertaking some intervention work.
- IPC/Antimicrobial Stewardship (AMS) integration into Clinical Boards' governance framework is in progress and will be a key part of each Clinical Board assurance and

oversight. Action plans for improvement are developed for areas with lower compliance with support and oversight from IPC and AMS operational teams. There have been significant improvements in surgical antimicrobial prescribing following interventional audits carried out by Antimicrobial Pharmacists.
The DIPC welcomed the transition to PSIRF which better aligns to wider systems working that considers the complexity of clinical care pathways. This approach promotes systematic, compassionate and proportionate responses to patient safety incidents.

The CEO welcomed the report which distilled some complex issues.

Mr Chapman welcomed the report and suggested adding a trend line to the graphs for ease of reading which would identify either an increase or reduction of cases over time. This was noted by the DIPC. **[ACTION01]**

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

[The ADSE joined the meeting]

ii) <u>Sustainable Healthcare in Newcastle (SHINE) Annual Report</u>

The ADSE presented the report and highlighted the following points:

- A very different picture was presented than the previous year with a red flag report because of emissions levels. Emissions have since come down over the last year through a number of factors as noted in the report.
- Attention was drawn to the infographic of the journey detailing how achieve net zero.
- Wider stakeholders have been consulted and now have QR codes in waiting areas where the public can offer feedback.
- Decarbonisation of Regent Point was now underway and will be delivered before the end of March 2024.
- A Health Service Journal award was received by the SHINE team.
- Solar panels had been erected on top of the multi-story car park at the RVI.
- Penthrox was now being commissioned as an analgesic alternative to Entonox.
- Risks that hinder progress towards achieving the goals and targets within the Trust Climate Emergency Strategy include lack of dedicated capacity, lack of dedicated finance and significant increases in energy costs incoming.

Mr Chapman commended the decision to decarbonise Regent Point at a higher cost, being mindful of the impact to the environment rather than to replace the end of life carbon based heating systems with new carbon based heating systems which were cheaper.

Mr Chapman then questioned if the dynamics of business cases for more environmentally friendly systems had changed due to the impact of higher energy costs. The ADSE confirmed that by working on business cases/contracts earlier then there will likely be a financial benefit in the next financial year.

The DoE added that that the organisation has been on an upward trajectory for a number of years and was seen as leaders in the NHS in England. He added that the PFI energy centre contracts run to 2027.

The CEO noted this was an area for opportunity recognising the innovative and engagement work currently being undertaken.

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

[The ADSE left the meeting]

iii) Fit and Proper Persons Test Framework

The CPO advised that work was being undertaken by the Corporate Risk and Assurance and Human Resources Teams to conduct a 'self-assessment' against the new framework with plans well underway for introduction within the timescales required.

Some leadership competencies were also being developed for implementation from March 2024.

Being mindful of the Letby case, Ms Edusei questioned if this framework served the correct purpose and if there should be processes to exceed these standards rather than meeting them. The CPO assured that Board that the Trust already complied with a number of the requirements but would strengthen the process in line with the framework. A report would be brought to a future Board meeting, along with the leadership competencies which were under development.

23/21 ITEMS TO RECEIVE AND ANY OTHER BUSINESS:

i) Update from Committee Chairs

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

Finance Committee
Miss Smith noted the Cancer Deep Dive was well received and a programme of Deep Dives had been scheduled across the year which was positive. There had been intensive conversations with regard to financial sustainability and a number of business cases were approved which would have an impact on patient experience and/or outcomes.

People Committee
Mr Jowett provided a summary of the meeting held in August and noted that the Committee would pay close attention to the CQC inspection outcomes. The CPO and the team were working through responses to the CQC requests. The impact of industrial action on colleagues and patients was discussed in detail. Statutory & Mandatory training has significantly improved. Focus would now be on improving appraisal compliance.

Quality Committee

Mr Chapman noted a very mature committee with excellent representation from senior clinicians which provides a good level of assurance. Feedback was always welcome and the Committee would continue to look at the risks and review its agenda. There were good examples of transformational work through the 'Care For Me With Me' workstream.

Charity Committee
Mr Chapman highlighted the importance of the charity in making non-core investments and there was good governance to prevent the funding of core business. He noted that investing in arts can impact positively on the wellbeing of both patients and staff.

The Chairman noted that there was strong evidence that patients get better faster in an environment containing art.

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

ii) Charity Committee Annual Review including Terms of Reference and Schedule of Business

The ACE presented the annual review of the Charity Committee which included the updated Terms of Reference which had been substantially changed to reflect earlier discussions.

It was **resolved:** to **receive** the report and **approve** the Terms of Reference.

iii) Integrated Board Report

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

iv) Fit for the Future Programme update

The COO presented the report which detailed the progress over the last six months since moving to the new structure of the eight Clinical Boards. The COO added that 6 of the 'Town Hall' events had taken place which had been well attended with good engagement.

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

v) Meeting Action Log

The action log was received and the content noted.

vi) Any Other Business

The CEO commended the Sexual Health Team for their professionalism whilst transitioning to another provider though a recent tendering exercise. She took the opportunity to formally thank them for their excellent work in the community whilst employed through the Trust.

The Chairman noted the Annual Members Meeting would be taking place the following day at the RVI and welcomed all to attend.

Date and Time of Next Meeting

The next formal meeting of the Board of Directors is scheduled for **Thursday 30 November 2023** at the **Freeman Hospital Boardroom.**

There being no further business, the meeting closed at 15:46.

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 2023						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Professor Sir John Burn, Chairman Jayne Richards, 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 recent focus since the previous Board of Directors meeting, including: • Board activity • "Spotlight on Services" • Newcastle Nutrition • Governor and Member Activity • Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP) • Engagement with the Integrated Care Board (ICB) Chair and Foundation Trust Chair Forum • Celebratory Events • Reflection						
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"
    - Newcastle Nutrition
- Governor & Member Activity
    - Annual Members Meeting
    - Extraordinary Council of Governors – Consideration of CEO Appointment
    - Living with HIV in 2023: stigma, issues and everyone's responsibility
    - Newcastle Hospitals Members Event
- Engagement with the Integrated Care Board (ICB) Chair and Foundation Trust Chair Forum
- Celebratory Events
    - People at Our Heart Awards
    - Kaleidoscope of Cultures
    - Armed Forces Network
    - Daft as a Brush House and Freeman Hospital Christmas Lights Switch on ceremonies

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

CHAIRMAN'S REPORT

This Board meeting marks the end of my 6 years as Chair of the Trust and is also the final Board meeting for our Chief Executive, Dame Jackie. I would like to thank Dame Jackie on behalf of the organisation for her dedication and commitment to improving the operation of our services during challenging times. I know we all want to wish her every success for her future endeavours.

I had the privilege to chair the appointment committee for her replacement and was delighted to welcome Sir Jim Mackey as Dame Jackie's successor. His reputation goes before him and I am confident that Newcastle Hospitals will thrive under his leadership.

I chaired a Board Development session on 26th October when we reviewed progress with our Care Quality Commission (CQC) assessment, with a particular focus on Cardiothoracic surgery and the work of our Freedom to Speak Up Guardian (FTSUG) in increasing awareness of the different ways for staff to raise any concerns within our organisation. We discussed feedback from our FTSUG on what staff are telling us we can do better through the FTSUG networks, and the role of Board members in relation to 'Speaking Up' - a very important area of focus considering the findings the Letby case.

We have enjoyed one "spotlight on services" since the last Board meeting; James Callaghan, Head of Newcastle Nutrition, and colleagues from the Nutrition and Dietetics team described the range of their services, the risks and challenges we face, service priorities, team priorities and examples of dietitian led developments. I also visited the Children's Holistic Integrated Palliative Care team (CHIPs) this week as my last team visit.

Governor and Member activity since our last meeting has included the **Annual Members Meeting** on 27 September, prior to which we held a 'Market Place' where we were joined by some of our staff who showcased their innovative services. The event was well attended and included a wonderful video compilation to review the year.

The **Council of Governors formally endorsed the appointment** of Sir Jim as the new CEO at an extraordinary meeting on 16 October 2023**,** and approved the reappointment for a further year of my Deputy Professor Kath McCourt and the Senior Independent Director Mr Jonathan Jowett.

Other events included the **Living with HIV in 2023: stigma, issues and everyone's responsibility** on 7 November 2023 and a well-attended **Newcastle Hospitals Members Event** on 9 November 2023 in our newly refurbished Freemen Education Centre which focused on the high quality research carried out in the Trust. The governors were kind enough to invite me to summarise my own research to end the meeting.

At a regional level, I continued to engage with both Foundation Trust Chairs and the Integrated Care Partnership (ICP). The North ICP Area Meeting was held on 15 November 2023. We discussed a range of issues including the Balance Campaign which addresses Alcohol abuse and is currently focusing on achieving greater awareness of the increased

cancer risk associated with alcohol misuse. I attended the ICB Chair and Foundation Trust Chairs Forum on 17 October 2023 and chaired the preceding FT Chair meeting.

In October I joined Phil Powell, Director of Operations (Cancer and Haematology) to award a **People at Our Heart Award** to Gillian Reid, Nurse Specialist/Lead, whose team cares for the health needs of circa 700 children in social care. My wife Linda and I represented the Trust at the **Kaleidscope of Cultures** evening celebrating our cultural diversity. We also attended the **Armed Forces Network** celebration to recognise our reservists. My final official duties were to switch on the festive lights for Daft as a Brush House and, alongside Jill Halfpenny, at the Freeman Hospital.

Summary

It has been a great honour and genuine pleasure to fulfil the role of Chair for the last six years. We have had to withstand unprecedented challenges in the last three years; a pandemic, energy crisis and severe cost of living rise, all of which have placed extra burdens on our staff and the population we serve. I am proud of the way we responded.

The CQC have spent several months with us as part of a core service inspection process and have found shortcomings in some processes and activities, all of which are being or have been addressed and we await their final report. After years of asking more of frontline staff, such issues are not surprising.

We need to remember that our innovations and the anticipation of colleagues meant Newcastle was the safest city in the Covid-19 pandemic. We received the first NHS patients as one of the two centres of excellence for high consequence infectious disease, won a national award for training Care Home staff in use of protective equipment, partnered with the Barbour factory to make PPE, pioneered use of dexamethasone in Intensive Care, led the creation of the region's Nightingale Hospital in record time and built a regional testing laboratory which delivered 8 million tests in a single year with staff drawn from our most deprived communities. As the infection subsided, we were the first to recognise long Covid with a dedicated clinic.

Meanwhile we became the world's first healthcare organisation to declare a climate emergency, built a new day case centre on time and on budget and opened our 10,000th clinical trial. There is much to be proud of and we will continue to be the anchor organisation for the North East and North Cumbria, as the organisation of healthcare continues to evolve.

When I first set foot in the RVI in 1970 I thought it was a great hospital. As I return to my role as a research doctor, my opinion is unchanged.

RECOMMENDATION

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

Agenda Item A3

Report of Professor Sir John Burn
Chairman
27 November 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 2023						
Title	Chief Executive's Report						
Report of	Dame Jackie Daniel, Chief Executive Officer (CEO)						
Prepared by	Lewis Atkinson, Principal Advisor Caroline Docking, Assistant Chief Executive 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: • Reflections on leaving Newcastle Hospitals after more than 5 years as Chief Executive; • NHS priorities for the remainder of the financial year; • Our plans for winter and the staff vaccination programme; • CQC inspection update; • Work on our people programme including the 'Leading with people at our heart' event; • Our accreditation as a real living wage employer; • The latest research and innovation developments; and • An update on awards and recognitions for staff members.						
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:

- Reflections on leaving Newcastle Hospitals after more than 5 years as Chief Executive;
- NHS priorities for the remainder of the financial year;
- Our plans for winter and the staff vaccination programme;
- CQC inspection update;
- Work on our people programme including the 'Leading with people at our heart' event;
- Our accreditation as a real living wage employer;
- The latest research and innovation developments; and
- An update on awards and recognitions for staff members.

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

CHIEF EXECUTIVE'S REPORT

1. MY FINAL BOARD MEETING

I decided in June that I wished to step down as Chief Executive so that I could spend the next few years supporting the NHS in a different way. This Board meeting is my last at Newcastle Hospitals and my last as an NHS Chief Executive. I wanted to take this opportunity to share some reflections of the five years, where I have had the privilege of leading this organisation.

Despite the significant challenges that face Newcastle Hospitals, and the wider NHS, I am proud of what this organisation does and the difference we continue to make to the lives of the people of the North East every day.

It is those people who we exist to serve, and whose judgement ultimately matters. They overwhelmingly continue to choose us for their care and provide excellent feedback about our services. That is because of the leading treatments and outcomes that our staff provide.

When we consider the signs of quality across our organisation as a whole:

- Patient experience surveys are overwhelmingly positive: with 96% of inpatients giving positive feedback and our benchmarked scores in many national surveys such as the cancer experience survey being above comparable Trusts;
- Mortality is consistently below the benchmark for our casemix; and
- Newcastle Hospitals staff are much more likely than colleagues in other NHS organisations to recommend the organisation as a place to work and receive care.

All healthy organisations must continually evolve as they learn and respond to a changing world. Given what we have all experienced over recent years, with the intense demands on every member of the team, it's easy to forget the reality of people's experience in our organisation when I first arrived in Newcastle.

Our clinical excellence and expert staff were widely renowned, but I heard a lot from staff and leaders about the closed culture, their fear of speaking out and the traditional approach to management. There was little opportunity for staff to celebrate success or feel that they could have a say. There was poor engagement with others in the city and partners in the region.

Over the last five years it has been a particular joy to see and support the Trust becoming more diverse, open and empowered – we now have active staff networks, freedom to speak up champions and over 1,300 staff who have been trained in quality improvement methods.

Our facilities have also continued to develop: the new Day Treatment Centre at the Freeman Hospital, a new 'spoke' of the Northern Centre for Cancer Care in North Cumbria and a Royal Victoria Infirmary (RVI) staff restaurant.

Our strengths in research and innovation have been recognised by our designation as an Academic Health Science Centre.

We have worked hard to move away from being in 'fortress Newcastle' – reaching out to civic, university and NHS partner organisations and working with them in a much more open and collaborative way than before.

With a new management structure of eight clinical boards also now in place, I am confident we have established the foundations for a better way of working in the future: staff empowered to make change in their area of work, greater clinical leadership, working openly with partner organisations in the city and region.

In saying all of this, I do not deny challenges facing this organisation and the wider NHS. The operating environment over the last three years has been the most difficult of my 40 year NHS career. There are undoubtedly areas within the Trust in which improvement continues to be required including elements of staff experience at work, consistency of clinical governance, how to increase our activity without an equivalent increase in resource. Our recent CQC inspection has also highlighted areas for further improvement particularly in relation to our culture.

After a long career as an NHS Chief Executive, I know that the job of developing organisations is never done. As I work to hand over the responsibility of leadership to Jim Mackey, I know that Newcastle Hospitals will, and must, continue to change and develop. I am confident that in the coming months and years it will do so and will continue to provide the best possible care for the people across the North East and further afield.

2. OVERVIEW OF KEY ISSUES

NHS priorities for the remainder of the financial year

Following discussions with the Treasury on the management of whole NHS' financial and performance pressures caused by industrial action, NHS England has restated its priorities and reprofiled finances accordingly. No additional money was given to the NHS in the Chancellor's Autumn Statement.

The NHS' agreed priorities for the remainder of the financial year are to achieve financial balance, protect patient safety and prioritise elective performance and capacity, while protecting urgent care, high priority elective and cancer care. Elective activity targets have been revised down.

All NHS organisations were tasked with carrying out an exercise to confirm their plans to deliver these priorities in the period to April. I am grateful for the work of our finance, performance and operational leaders for quickly completing this piece of work.

Our winter surge capacity will be delivered by the opening of 27 escalation beds at the Freeman Hospital from December, and we have reconfirmed our existing plans on 4-hour Accident and Emergency (A&E) performance and reduction in cancer waits of more than 62 days.

The trajectories we set at the start of the year for the reduction of elective patients waiting over 78 and 65 weeks for treatment were not possible to deliver because of the significant

impact of industrial action faced so far. However, in the event of no further industrial action, we believe we can reduce the number of such waiters by approximately a third from their current levels by April.

CQC inspection and response

Following the CQC's inspection of the Trust over the summer, we have now received the CQC's draft report which we have been reviewing in detail to ensure its accuracy and understand the key issues raised. The whole Board has been involved in this process. While the normal pre-publication validation process continues, the CQC have decided to suspend the ratings given to the Trust at previous inspections. As I have stated in previous Board reports and in my communication to staff, the CQC have identified some areas for improvement for us. We accept these and are working to deliver the required improvements rapidly.

Leading with People at Our Hearts

We are continuing work to design our new people programme that will address the issues that staff have told us matter the most to them. A Programme Board and two staff steering groups are now in place, all including a diverse range of colleagues. I am pleased to report that focus groups open to all staff have also been taking place and would like to thank everyone who has attended so far or provided feedback, including through filling in the annual NHS staff survey which closed on 24 November.

The whole programme is about developing how we work together, our relationships and our culture, all of which are critical for retaining staff and providing the best possible patient care.

In October, we held our annual leadership congress: an improvement event held in partnership with the Institute for Healthcare Improvement (IHI). This year we focused on what we will do to put our Trust values and leadership behaviours into action. Staff rightly expect to see managers and leaders at all levels operating inclusively with compassion and civility. I was proud to speak about my leadership journey here and how we can be 'firm on the issues and kind on the people'.

Real Living Wage

Another example of commitment to our values is our accreditation as a Real Living Wage employer which became official in October. This marks a commitment by the Trust that we will always pay wages that allow staff to meet the essential cost of living. This undertaking will particularly support our staff on lower pay and was agreed following discussions with staff side representatives.

I have often talked about the links between health, wealth and wellbeing: we cannot tackle health inequalities and improve outcomes in the North East without also reducing poverty. Ensuring all workers receive a real living wage is a crucial step towards doing that – I am proud that we are now one of 14,000 organisations across the country signed up to do so and I hope this will encourage others, including other NHS organisations, to follow suit.

The new Real Living Wage level for the coming year has been calculated at £12/hour. We now await the outcome of the national Agenda for Change pay review for 2024/2025 to see whether the national pay award takes the payscales for the lowest paid staff to the level of the Real Living Wage. If it does not, then we will take local action to ensure that all staff are paid the Real Living Wage no later than May 2024.

3. NEWS FROM ACROSS THE TRUST

Staff vaccination programme

Our staff vaccination programme comes to an end this month and at the time of writing my report, our teams had delivered 7,444 COVID-19 booster vaccinations and 8,888 flu jabs.

As well as the benefits of protecting patients and colleagues, Newcastle Hospitals Charity is kindly donating £1 towards the chaplaincy team's Helping Hands programme for every staff member vaccinated. The programme includes support for staff in financial need such as providing meal cards for our staff bistros and supporting direct access to Citizens Advice Services for any member of staff.

Joint Advisory Group (JAG) accreditation

Following a recent review our endoscopy services at the Freeman Hospital and RVI have once again achieved JAG accreditation.

The accreditation verified that our endoscopy services are meeting rigorous, high-quality standards which are used across the UK (and Republic of Ireland) to support improvement of endoscopy services. By participating in the JAG programme, we are ensuring that our patients received high quality care throughout our endoscopy services, and this was reflected in the report which said: *'The service aims to put patients at the centre of what they do and this was evident throughout the visit.'*

I know that achieving this reaccreditation was a huge undertaking for the entire endoscopy team across all areas from management, administrative and clinical and I want to say thank you to everyone for their hard work and dedication.

Nursing, Midwifery and Allied Health Professionals (NMAHP) strategy

Just over 12 months ago, Executive Chief Nurse, Maurya Cushlow, launched our new NMAHP Strategy laying out our aspirations to develop Newcastle Hospitals as a centre of excellence for nurses, midwives and allied health professional leadership, education, clinical practice and academic research.

In recognition of our first year, a week-long celebration event was held this month - developed by and for staff – to share the patient-centred initiatives they have led on, challenging traditional approaches and breaking down barriers to improve care and outcomes. There is still much more work to do to ensure that this strategy feels relevant and meaningful for staff in all wards and departments and that is a focus for the year ahead.

Theatre refurbishment

Work has begun on a complete refurbishment and upgrade of our operating theatres at the RVI and Freeman Hospital starting with the Leazes Wing theatres 7 and 8 which have been revamped with new lighting, flooring and the latest state-of-the-art equipment and are now welcoming patients and staff.

Our staff rest areas on both sites have also been remodelled and transformed to provide a comfortable space to take a break and can also be opened-up to provide a space for training and development.

Celebrating our AHPs

Throughout the week in the lead-up to Allied Health Professions Day on 14 October, we recognised our AHP workforce, who are vital members of the team who support work colleagues both in hospital settings and out in the community. This culminated in a special awards ceremony and you can find out more about our winners on the trust's website at https://www.newcastle-hospitals.nhs.uk/news/celebrating-our-allied-health-professional-support-workers/

Organ Donation

As part of Organ Donation Week, a group of cyclists cycled 138 miles from Edinburgh to the Institute of Transplantation to raise awareness of living kidney donation.
They were met by the chair, Professor Sir John Burn, North of Tyne Mayor, Jamie Driscoll and members of Tyneside Kidney Patients Association (all of whom are kidney transplant recipients) who received their team baton, symbolising the giving and receiving of a kidney.

The visit was part of a 500-mile 'Transplant Tour' which raised an impressive £33,000 for the GiveaKidney charity. Many other teams were also involved in events throughout the week – my thanks to everyone for raising awareness about such an important subject.

Big Conversation

The President of the Society of Radiographers, Dave Pilborough, recently visited the Freeman Hospital as part of his Big Conversation tour, speaking directly with therapeutic and diagnostic radiographers across the Trust to hear how the Society can support staff working in radiography.

Dave met with a wide range of radiographers from apprentices to service managers, as well as local Society of Radiographers representatives who shared feedback from members. This was a great opportunity for our teams to raise important issues about workforce challenges and the work we are doing to promote careers in radiography through apprenticeship opportunities and supporting advanced practice roles.

4. RESEARCH AND INNOVATION

Healthtech research funding

Clinical trials and research are fundamental to improving healthcare and finding even more effective treatments. We've had a strong research programme at Newcastle Hospitals for many years, working with partners to stay at the forefront of advanced clinical trials and innovation and bring cutting-edge care to patients and thanks to a major new investment, this will be strengthened even further.

This month, the National Institute for Health and Care Research (NIHR) confirmed an injection of £3million in new funding, which will allow us to establish a HealthTech Research Centre – one of only 14 in the country – to expand vital research and diagnostic work with partners including Newcastle University.

The centre will help to grow the development of new diagnostic devices and digital technology, including the use of artificial intelligence, which will allow people to monitor their own health more easily, assist with earlier diagnosis of illness, and improve the management of health conditions.

The Department of Health and Social Care also confirmed this month, we had been successful in our bid to host the NIHR Clinical Research Network North East and North Cumbria for a further five years. This builds on a nine-year partnership, which has seen a number of ground-breaking successes in improving access to potentially life-changing clinical trials.

Pioneering robotic surgery

Surgeons at the Freeman Hospital have demonstrated the benefits of robotic-assisted surgery for knee replacement, including increased accuracy, shorter recovery and reduced pain after the operation.

In a study involving over 100 patients who required total knee replacement due to advanced arthritis, individuals were randomly allocated either a standard knee replacement or robotic-assisted surgery.

The trial was the first of its kind and found that robotic-assisted surgery can reduce pain and potentially speed up recovery time, in addition to decreasing the requirement for ongoing pain relief. The results highlight the potential for expanding the use of robotic-assisted surgery in knee replacement operations across the NHS.

New cancer treatment

Hundreds of people with an aggressive type of blood cancer, known as diffuse large B-cell lymphoma (DLBCL) are set to benefit from a potentially curative new treatment option on the NHS, with approval of the drug glofitamab.

John Sharp was one of the first patients to start his treatment with glofitamab at the Freeman Hospital via a compassionate access scheme, that enables the use of a drug before full approval.

5. RECOGNITION AND ACHIEVEMENTS

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

Honours recognition - Our warmest congratulations go to our Medical Director, Andy Welch, who recently received his OBE from Prince William, Prince of Wales at Windsor Castle. This recognises Andy's extensive contribution to the NHS and patients – and anyone who knows him will appreciate how dedicated he is to those patients that we serve.

Nursing Times Awards - The atypical haemolytic uraemic syndrome (aHUS) clinical nurse specialists, who lead the National aHUS nursing service from the RVI, were named Winners for the Nursing Times 'Patient Safety Improvement' Award.

The award recognises their life-changing initiative 'A Collaborative model of meningococcal vaccination response monitoring for patients receiving complement inhibition' which seeks to enhance effective monitoring to help prevent potentially life-threatening infections caused by a known side-effect of the lifesaving treatment patients with aHUS receive.

Merit Awards - Congratulations also to Jenny Welford who received a Royal College of Occupational Therapists' Merit Award in recognition of her contribution to her profession and significant achievements in recent months during in her role as advanced occupational therapist at the Northern Centre for Cancer Care in Newcastle.

Radiography Awards - The breast radiography team were winners of the Regional Team of the Year Award at the Society of Radiographers Radiography Awards 2023. Our Newcastle service provides three-yearly screening for over 140,000 patients across the region and, in addition, also supports a full symptomatic service with assessment clinics, one-stop clinics, young person clinics, tumour localisation and contrast enhanced mammography.

They are supported by an admin team who work tirelessly in the background to make sure clinics are set up and patients get their results in a timely manner. This award recognises the dedication, compassion and patient-centred focus of the whole team and is well deserved.

6. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
24 November 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 2023						
Title	Digital People Story						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	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 shares the experience of a family who have sought asylum in Newcastle. The digital story shares the collaborative work of organisations across the city who support families and asylum seekers and highlights the work underway to obtain City of Sanctuary status for the 0-19 service.						
Recommendation	To listen and reflect on the family's experience and the experience of staff involved in their care.						
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 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 objectives or BAF.						
Reports previously considered by	This patient/staff story is a recurrent bi-monthly report.						

PEOPLE STORY

EXECUTIVE SUMMARY

An asylum seeker is a person who has fled or has been forcibly displaced from their home country which could have arisen from persecution, war, torture, natural disasters and/or famine. A person's or family's journey to another country seeking asylum can often be perilous and can take from months to years. During this time, they are highly unlikely to access healthcare services or tend to any health needs, which may result in deterioration of chronic conditions, untreated communicable diseases, general poor health from malnutrition and development of mental health conditions arising from traumas. They can arrive in the UK without any documented medical history, including their vaccination records.

Once in the UK, they apply for asylum and wait to hear the outcome of their application from the Home Office. At the initial accommodations, asylum seekers are offered an initial health assessment. Asylum seekers are generally not entitled to work but are able to claim housing and subsistence support from the Home Office, which is generally around £47.39 per person per week. During an active application or appeal, they are entitled to primary and secondary NHS care as any other patient. Once someone has claimed asylum they are generally 'dispersed' to different areas of the UK on a no-choice basis.

In October 2023, Newcastle City Council reported that there are around 1,100 supported asylum seekers in dispersed accommodation in the city, of which 61% are within family units rather than single persons.

This month's digital story shares the personal experience of a family living in Newcastle seeking asylum particularly focusing on their access to health services, and improvement work which is going in response to the learning from their experience.

PEOPLE STORY

1. BACKGROUND

You will hear of a family's experience, who are seeking asylum from Iran. They, as a family of five, had initially been placed in Scarborough and were then moved to Newcastle in June 2022.

On initial contact with the Local Authority Asylum Seeker Liaison Officer, it was evident that the two young boys in the family needed immediate and emergency medical attention, but the family were facing challenges registering with a GP, so were unable to make appointments.

Following an emergency hospital admission and a number of investigations, the boys have been diagnosed with a serious neurological condition which affects their movement, breathing and swallowing, in addition to other health conditions. They received lifesaving treatment and are now both fed and given medication via a gastrostomy. Both boys are reportedly doing well, gaining weight and attending school, though they still require ongoing support and have had several admissions to Great North Children's Hospital.

The family have also required support from multiple agencies since they arrived in Newcastle. One such agency is MEARS, the Home Office contracted housing provider in the Northeast. MEARS provided a ground floor flat for the family after their first admission to hospital and this was assessed and adapted as per occupational therapy recommendations. This digital story covers the support and intervention provided for this family, and focuses on the collaborative working between the Trust, local authority, housing provider (MEARS) and other agencies to support the family.

Sadly, it has been acknowledged this initial interaction with health providers could potentially be experienced by another family, as there was no direct access for referral to the 0 – 19 services for asylum seekers with school aged children. Therefore, there are several important improvement strands currently being implemented which include but are not exhaustive:

- 0-19 services are reviewing the assessment pathway for school age children.
- Learning and awareness sessions for staff around challenges and barriers faced by asylum seekers and refugees accessing healthcare and common health needs are being delivered.
- Exploring the use of flags on patients records to inform staff about the social needs of patients and their family to take into consideration.
- A charity application has been submitted to support further health needs assessment of asylum seekers and the refugee population.
- Developing resources and guides to raise further awareness and support staff when caring for this patient group.
- Developing sharing agreement with the local authority to enable improved working between the organisations to support individuals and families.

To further improve access to services, the 0-19 services and patient experience team will also share the details of the collaborative working which is underway to apply for City of Sanctuary status from the local authority. City of Sanctuary is a movement in collaboration with people with lived experience to build a culture of welcome and hospitality within communities, spaces and places for people seeking asylum and refugees.

And, finally, you will hear from the boy's father, via an interpreter, about their personal experiences in hospital and the support provided by the health visiting team.

2. RECOMMENDATION

The Board of Directors are asked to:

i) Listen to the family and staff experience.
ii) Acknowledge and support the work to achieve City of Sanctuary status.
iii) Acknowledge the support from charitable funding to help improve patient experience and improve health outcomes for asylum seekers and refugees.

Report of Maurya Cushlow
Executive Chief Nurse
24 November 2023

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 2023						
Title	People Programme – People at our Heart						
Report of	Christine Brereton, Chief People Officer						
Prepared by	Christine Brereton, Chief People Officer Donna Watson, Head of Workforce Engagement and Systems						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☒	☒				
Summary	The purpose of this report is to provide the Trust Board with an update on the development of the People Programme – People at our Heart, which specifically includes the: • Governance to support the programme • Development of the Trust's People Strategy timeline and approach • Focus groups update / engagement with staff • NHS Staff Survey 2023 • Other areas of key culture work						
Recommendations	The Trust Board is asked to note the contents of this report and the planned actions.						
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]	Impact on staff morale.						
Reports previously considered by	People Committee						

PEOPLE PROGRAMME – PEOPLE AT OUR HEART

1. INTRODUCTION

The purpose of this report is to provide the Trust Board with an update on the development of the People Programme – People at our Heart which specifically includes the:

- Programme Governance
- Development of the Trust's People Strategy timeline and approach
- Focus groups update / engagement with staff
- Engagement with internal stakeholders
- NHS Staff Survey 2023
- Identifying hotspot areas

The focus of the programme is to acknowledge, listen and to act on what staff are telling us This will help to improve staff morale and engagement and bring about culture improvement. This will be measured through our people indicators such as staff survey, Freedom to Speak Up (FTSU), Workforce Race Equality Standard (WRES)/Workforce Disability Equality Standard (WDES), leadership, health and wellbeing (including sickness absence) and retention data.

2. BACKGROUND

As outlined at the previous Board meeting in September, and monitored through the People Committee, four key overarching People priorities have been identified. These are:

- Priority 1 - Workforce Planning (attracting and developing our future workforce)
- Priority 2 - People Programme – People at our Heart (looking after and retaining our current workforce)
- Priority 3 - Supporting our new Clinical Boards
- Priority 4 - Developing the people function

This report focuses on development against priority 2 – People Programme – People at our Heart.

3. PEOPLE PROGRAMME DEVELOPMENT

As reported, to support the development of our new People Strategy (due for review and renewal in 2024) we will bring together all the people data, information and intelligence into one place.

This will be very much supported by employee voice by working with our key internal stakeholder such as staff side and staff network groups. Our approach and timeline are identified as follows:

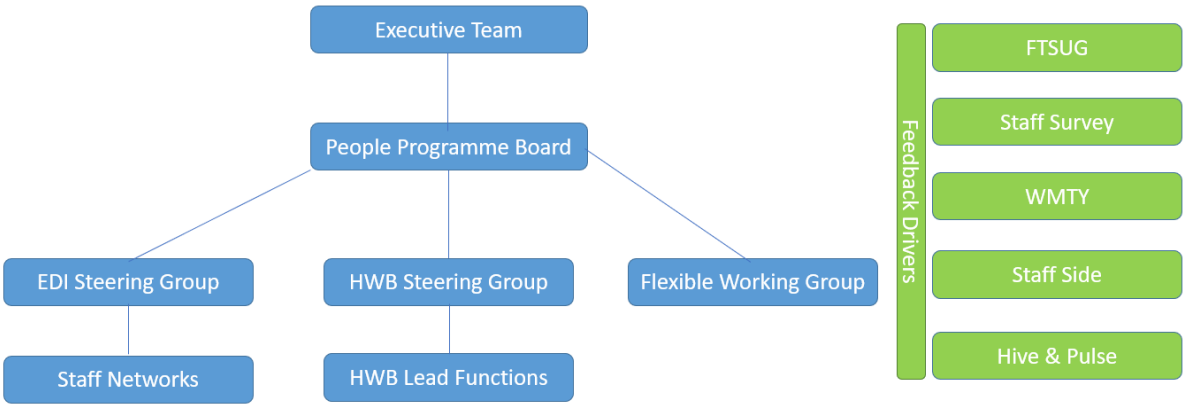
Stage 1: Planning

To ensure overall governance of the programme we have established a ***People Programme Board*** reporting to the Executive Team which will oversee the development of the Strategy and delivery of the actions identified. This will ensure that it is given strategic oversight linked to the Trust's priorities. Furthermore, three steering groups are now in place to support the People Programme Board. This includes:

- *Equality, Diversity and Inclusion (EDI) Steering Group*
  The EDI Steering Group is a membership of EACH staff network chairs, Staff Side, Human Resources (HR), Patient Experience and Newcastle Improvement collectively collaborating on the EDI agenda.

- *Health and Wellbeing (HWB) Steering Group*
  The Health and Wellbeing Steering Group is a working group of leads from key health and wellbeing service areas supporting the overall Trust agenda. Services include for example Occupational Health, Psychology, Chaplaincy, Staff Side, HR and Operational Leadership.

- *Flexible Working Group*
  The Flexible Working Group is a working group of key stakeholders that have an influence on developing flexible working initiatives across the Trust. This task and finish group was originally a What Matters To You (WMTY) group and has recently transitioned to becoming a People Strategy steering group. Membership includes Operational Leads, Nursing Leads, HR (including HR Advisory and E-Rostering System Lead), and Staff Side Representation.



Stage 2: Engage

A Communication and Engagement Plan is in place to support the co-design of the people strategy. The following is an update on engagement activities so far.

Following a review of the data and intelligence there was four strong themes emerging on areas our staff were indicating as a concern:

- Leadership and Management
- Behaviours and Civility
- Health and Wellbeing
- Feeling Valued

The above themes are the main areas of focus of engagement with staff to inform our culture programme.

Focus Groups

In October 2023, an initial pilot of the focus groups commenced with 9 sessions across all locations within the Trust. Co-designing of the focus groups was undertaken alongside the steering groups. In total 260 staff have attended the focus groups, with a further 8 focus groups sessions now released throughout November 2023.

To support the focus groups, we have used both internal and external facilitators.

To support underrepresented groups and in collaboration with the staff networks, bespoke focus group sessions are in development specific to underrepresented staff.

Staff Survey

The Staff Survey 2023 commenced in October 2023, with the final closing date being 24 November 2023. The Trust is currently at 40% with over 6,200 staff completing the staff survey so far. As a comparison, a total of 44% (6,644) completed the survey in 2022. There is a final week of data to be incorporated into the Staff Survey response rates.

As part of listening to our staff, we are piloting paper-based surveys to our Estates Department in 2023. During 2023, our Estates and Facilities teams came together and whilst Estates in 2022 had over 60% in response rates, Facilities had a response rate of 17% which was the lowest in the Trust. This correlates to other data and intelligence in that our portering, catering and domestic staff voices require further support to enable their feedback to inform change.

Hive Staff Engagement System

The Hive system will provide a further opportunity to directly ask staff on the four main themes to inform the People Strategy. Due to the Staff Survey 2023 being live during this engagement phase of the People Strategy, the Hive System engagement has been on hold to not impact on the national survey.

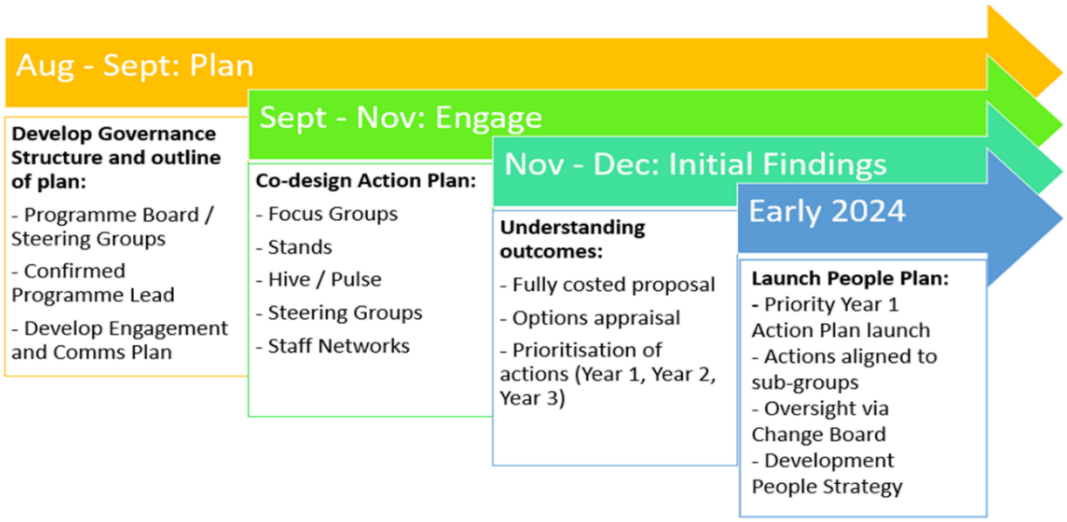
Information from the focus groups will help inform the development of the Hive Survey to ensure we gain further insight from staff who may not have had the opportunity to feedback through other routes.

Stage 3: Assessing Findings - Actions

The feedback gained through this stage of engagement will be triangulated with other key feedback sources such as the Staff Survey 2022 and 2023, FTSU Guardian (FTSUG) and the Care Quality Commission (CQC) Report. These will ensure a holistic approach is undertaken with the feedback to help inform discussions on the actions required.

Once the data has been triangulated, this will be fed into the steering groups for co-designing an options appraisal in January 2024. The outcome of the steering groups options appraisal on actions required will be fully costed and presented to the People Programme Board for recommendation to the Executive Team in February 2024.

Timelines:



4. OTHER ACTIVITY

In addition to the Trust wide People Programme, we have engaged with an external provider, Zeal solutions to support us in running a culture improvement programme within the Cardio Clinical Board.

This programme will run from November to March 2024 and will undertake a culture diagnostic exercise to identify areas of concern for staff. It will include 121 interviews with staff and focus groups. A set of recommendations will be outlined. This is being overseen within the Clinical Board with support from the Chief People Officer and has oversight and scrutiny from the Cardio Oversight Group chaired by a Non-Executive Director (NED).

5. RECOMMENDATIONS

The Board are asked to note the report and ongoing activities.

Report of Christine Brereton
Chief People Officer
23 November 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 2023						
Title	Trust Performance Report						
Report of	Martin Wilson, Chief Operating Officer Vicky McFarlane-Reid, Director of Business, Development & Enterprise						
Prepared by	Elliot Tame, Senior Performance Manager						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
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.

- Provisional data suggests activity delivery levels (volumes) in October were below both plan and the revised 105% target across all points of delivery except for New Outpatient appointments (104.8% delivery against a plan of 103.5%). Cumulatively for 2023/24 to date (months 1-7) total activity delivery stands at 101% of the re-based 2019/20 baseline.
- The Trust delivered day case activity equivalent to 103.3% of the re-based 19/20 baseline in October, whilst overnight elective activity delivery measured at 80.5%. Delivery has been impacted by ongoing industrial action as well as a significant increase in Adult General and Acute average bed occupancy, which grew for the third successive month up to 91.5% (with peaks above the target of 92%) causing significant difficulties in maintaining patient flow. Optimum bed occupancy levels to maximise flow should be closer to 85%.
- Across 2023/24 to date outpatient procedures measure at 104% of 2019/20 levels, below the expected trajectory of 107%. However, work continues to clear a backlog of coding activity related to ophthalmology procedures which should improve cumulative activity delivery levels over the coming months.
- Newcastle Hospitals delivered performance below the revised 4-hour Accident & Emergency (A&E) arrival to admission/discharge target, with performance standing at 73.8% against the 76% target. This was the first month that the Trust has failed to hit the 76% target.
- The Trust failed all nine cancer standards in September 2023, including the 28 Day Faster Diagnosis Standard (FDS) for the second successive month. This is largely due to the continuing high levels of demand on the Skin service, although some technical issues also continue with the dermatoscopes used in primary care, impacting on the tele-dermatology pathway that has previously been delivering improvements.
- The volume of patients waiting >62 days for cancer treatment decreased in October to 320, slightly below trajectory (288). This decrease is due to a further validation of the cancer Patient Tracking List (PTL), particularly relating to skin pathways. Performance against the 62-day cancer standard remains poor across most of the tumour sites.
- At the end of October the Trust had 13 patients waiting >104 weeks, all waiting for spinal surgery. 246 patients had a waiting time of >78 weeks, with the majority 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 Board of Directors is asked to receive the report.

Trust Performance Board Report

Produced: November 2023

Data: October 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	Jul-23	Aug-23	Sep-23	Oct-23	RAG Rating: Oct-23* Plan	RAG Rating: Oct-23* 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**	103.0%	102.8%	102.7%	**102.7%**	112.1%	105.0%
Elective Overnight		81.0%	82.3%	82.9%	**82.5%**	113.3%	105.0%
Outpatient New		99.1%	99.0%	98.4%	**99.4%**	103.2%	105.0%
Outpatient Procedures		101.8%	104.7%	106.8%	**103.6%**	106.6%	105.0%
Total		100.1%	101.0%	101.5%	**100.8%**	106.5%	105.0%
Urgent & Emergency Care							
A&E Arrival to Admission/Discharge	**>=76%** under 4 hours (by Mar-24)	78.6%	78.3%	76.1%	**73.8%**	75.8%	>=76%
Adult General & Acute Bed Occupancy	**<=92%**	85.5%	87.2%	88.9%	**91.5%**	90.7%	<=92%
Urgent Community Response Standard	**>=70%** under 2 hours	87.0%	78.0%	84.0%	**79.6%**	N/A	>=70%
Cancer Care							
>62 Day Cancer Waiters	Reduce to **<=200** (by Mar-24)	255	328	397	**320**	288	<=200
28 Day Faster Diagnosis	**>=75%** (by Mar-24)	80.0%	74.7%	**68.9%**	TBC	70.0%	75%
Elective Care							
>104 Week Waiters	**Zero**	15	15	14	**13**	8	0
>78 Week Waiters	**Zero**	114	156	229	**246**	9	0
>65 Week Waiters	**Zero** (by Mar-24)	1,157	1,310	1,515	**1,575**	823	0 (Mar-24)
>52 Week Waiters	**Reduction** (Zero by e/o Mar-25)	4,152	4,296	4,504	**4,593**	3,650	0 (Mar-25)
>12 Weeks Validation	**90%** (by Oct-23)	N/A	N/A	23.0%	**38.0%**	N/A	90% (by Oct-23)
Diagnostics							
Diagnostic Activity**	Appropriate levels to reduce waits	113.3%	109.2%	106.9%	**110.8%**	107.8%	N/A
>6 Weeks Waiters	**<=5%** (by Mar-25)	22.2%	23.5%	21.8%	**21.8%**	N/A	<=5%
Outpatient Transformation							
PIFU Take-up	**>=5%** of all OP atts. (by Mar-24)	2.6%	2.8%	2.8%	**3.0%**	2.75%	5.0% (Mar-24)
Outpatient Follow-up Reduction	**<=75%** of 19/20	108.0%	106.7%	104.8%	**104.4%**	105.7%	<=75%

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

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

Operational Standards (1/2)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric	Standard	Jul-23	Aug-23	Sep-23	Oct-23	RAG Rating: Oct-23*
Urgent & Emergency Care						
Ambulance Handovers	**Zero** over 60 mins	17	16	15	**24**	
A&E Arrival to Admission/Discharge	**>=76%** under 4 hours (by Mar-24)	78.6%	78.3%	76.1%	**73.8%**	
	<2% over 12 hours	0.7%	1.4%	1.2%	**2.4%**	
Urgent Community Response Standard	**70%** under 2 hours	87.0%	78.0%	84.0%	**79.6%**	
Cancer Care						
Two Week Wait (Suspected Cancer)	**93%**	49.4%	65.6%	**66.0%**	TBC	
Two Week Wait (Breast Symptomatic)	**93%**	50.9%	67.3%	**74.4%**	TBC	
28 Day Faster Diagnosis	**75%** (by Mar-24)	80.0%	74.7%	**68.9%**	TBC	
31 Days (First Treatment)	**96%**	82.9%	85.4%	**82.3%**	TBC	
31 Days (Subsq. Treat. - Surgery)	**94%**	58.7%	64.7%	**63.7%**	TBC	
31 Days (Subsq. Treat. - Drugs)	**98%**	95.5%	92.6%	**94.5%**	TBC	
31 Days (Subsq. Treat. - Radiotherapy)	**94%**	84.0%	92.8%	**83.2%**	TBC	
62 Days (Treatment)	**85%**	55.2%	53.9%	**49.2%**	TBC	
62 Days (Screening)	**90%**	80.2%	66.7%	**75.6%**	TBC	

*** 1 month prior for Cancer Care**

Operational Standards (2/2)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric	Standard	Jul-23	Aug-23	Sep-23	Oct-23	RAG Rating: Oct-23*
Elective Care						
18 Weeks RTT	**92%**	67.8%	67.7%	66.9%	**67.3%**	
>65 Week Waiters	**Zero** (by Mar-24)	1,157	1,310	1,515	**1,575**	
>6 Weeks Diagnostic Waiters	**<=1%**	22.2%	23.5%	21.8%	**21.8%**	
Cancelled Ops. Rescheduled >28 Days	**Zero**	9	8	10	**12**	
Urgent Ops. Cancelled Twice	**Zero**	0	0	0	**0**	
Other						
Duty of Candour	**Zero**	0	0	0	**0**	
Mixed Sex Acommodation Breach	**Zero**	70	Data unavailable	Data unavailable	**128**	
MRSA Cases	**Zero**	0	0	0	**2**	
C-Difficile Cases	**<=165** (FY Cumulative)	39	55	73	**89**	
VTE Risk Assessment	**95%**	95.2%	95.1%	**96.3%**	**95.8%**	
Sepsis Screening Treat. (Emergency)	**>=90%** (of sample) under 1 hour	54.0%	54.0%	**54.0%**	TBC	
Sepsis Screening Treat. (All)		55.0%	55.0%	**55.0%**	TBC	

*** 1 month prior for Cancer Care**

Other Metrics (1/2)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric		Jul-23	Aug-23	Sep-23	Oct-23
Emergency Care					
Ambulance Arrivals		3,056	2,976	2,928	**3,204**
Ambulance Handovers <15 mins		68.1%	64.0%	63.4%	**64.9%**
Ambulance Handovers <30 mins		94.0%	91.9%	91.7%	**91.9%**
Ambulance Handovers <60 mins		99.4%	99.5%	99.5%	**99.3%**
Type 1 Performance (A&E 4 hour)		65.5%	65.0%	61.9%	**58.2%**
Type 1 Attendances (Main ED)		11,839	11,265	11,960	**12,958**
Type 2 Attendances (Eye Casualty)		1,562	1,585	1,482	**1,622**
Type 3 Attendances (UTC)		5,124	4,858	4,943	**5,477**
Patient Flow					
Covid Inpatients (average)		4	30	38	**31**
Emergency Admissions		6,158	6,098	6,093	**6,522**
G&A Bed Occupancy		85.5%	87.2%	88.9%	**91.5%**
Critical Care Bed Occupancy		64.9%	63.7%	63.9%	**70.9%**
Bed Days Lost (average)		31	41	38	**33**
Medical Boarders		31	59	69	**67**
Length Of Stay >7 Days		701	717	735	**791**
Length Of Stay >21 Days		331	328	329	**330**

Other Metrics (2/2)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Metric		Jul-23	Aug-23	Sep-23	Oct-23
Cancer Care					
2WW Appointments		2,676	2,796	**2,344**	TBC
Cancer First Treatments		526	576	**531**	TBC
Planned Care					
2WW Referrals		3,063	2,974	2,868	**2,764**
Urgent Referrals		5,636	5,788	5,608	**6,130**
Routine Referrals		25,663	25,129	25,283	**26,798**
Specialist Advice Requests (% of New OP Atts.)		8.9%	9.6%	9.2%	**8.4%**
Day Case Activity (Specific Acute (SA))		10,346	10,639	10,266	**11,107**
Overnight Elective Activity (SA)		1,688	1,757	1,670	**1,761**
New Outpatient Attendances (SA)		21,741	21,248	21,158	**24,750**
Outpatient Procedure Activity (SA)		17,961	19,772	19,735	**15,096**
Review Outpatient Attendances (SA)		59,041	57,561	59,150	**66,588**
Diagnostic Tests		20,157	20,440	19,380	**20,822**
Outpatient DNA Rate		7.2%	6.7%	6.8%	**7.1%**
Virtual Attendances		13.5%	13.6%	13.3%	**13.5%**
RTT Waiting List Size		108,281	108,298	108,603	**109,149**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 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]	No direct link.						
Reports previously considered by	This is a regular report to Board. Previous similar reports have been submitted.						

MEDICAL DIRECTOR'S REPORT

EXECUTIVE SUMMARY

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

i) Quality & Patient Safety Update
ii) Cancer Update
iii) Industrial Action
iv) Infection Prevention and Control
v) Urgent and Emergency Care

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

i) Consultant Appointments
ii) Emergency Preparedness, Resilience & Response (EPRR) Annual Report

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

MEDICAL DIRECTOR'S REPORT

1. QUALITY AND PATIENT SAFETY

1.1 Board Quality and Safety Structure

All Clinical Boards have made good progress in establishing their Quality Oversight Groups (QOG) including appointment to the Medical lead roles. The full governance teams, including named support to individual Clinical Boards from the Clinical Governance and Risk Department (CGARD), Newcastle Improvement and the Associate Medical Director (AMD) team, have been established.

The QOGs will oversee all governance activity within the Clinical Board that fall within four major domains:

i) Patient safety (to include)

- Relevant areas of the National Patient Safety Strategy (NPSS)
- Incident Investigation and Learning – Patient Safety Incident Response Framework (PSIRF)
- Mortality and Morbidity Review (MMR)
- Harm Free Care
- Safeguarding
- Mental Capacity Act (MCA) / Mental Health Act (MHA)
- Deteriorating Patient
- Culture and Civility

ii) Clinical Effectiveness (to include)

- National Audit and Assurance
- The National Institute for Health and Care Excellence (NICE) – relevant guidance
- Getting it Right First Time (GIRFT)
- Other specific monitoring of outcome

iii) Patient Experience

- Proactive work to measure and improve how patients experience our services
- Complaints and Litigation
- Working with patient safety partners

iv) Quality Improvement

- Adopting improvement methodology for change
- Working with Newcastle Improvement

In the light of the Care Quality Commission (CQC) inspections and their initial findings, executive oversight of this activity within each Board has been agreed. The immediate work in each Clinical Board is to establish and design an optimal new governance structure, building on the existing quality governance structures, to deliver the quality governance framework and to communicate this to staff.

Improving our safety culture by improving literacy in safety science and how those pillars inform our day to day work in patient safety is key, as well as the set-up and embedding of governance structures and meetings.

1.1.1 PSIRF

The transition to PSIRF from our current Serious Incident (SI) framework is on course and we aim to formally move over on 1 January 2024. Final agreement of PSIRF priorities requires approval by the Board with the following proposed:

- Medication error relating to anti-coagulation.
- Failure of the internal referral process.
- Failure to act on abnormal results – radiology.

We are now in the process of assigning team leaders and colleagues to examine these areas.

Transition also depends upon:

- Adequate resource, support and skillset for incident investigation at Clinical Board and Directorate level.
- Mechanisms for sifting and categorising incidents.
- Ensuring mechanisms for central oversight of significant investigations.

In addition, work is still required to complete tasks assigned under the previous SI framework prior to being able to concentrate fully on PSIRF.

2. CANCER UPDATE

2.1 Cancer Performance

	Apr 23	May 23	June 23	July 23	Aug 23	Sept 23
2 week-wait (ww) (93%)	76.1	75.8	77.2	49.8	65.6	66.3
28-day Faster Diagnosis Standard (FDS) (75%)		81.9	83.1	80	74.7	68.8
62-day standard (85%)	61.1	53.9	47.2	55.2	56.5	53.7

- Cancer performance remains a challenge against targets. The 62 day data is still impacted by the surge in skin referrals that occurred over the summer months. The current 62 day+ backlog is 320 patients. This is an improvement from 450 patients in September.
- The 62 day target is the principle clinical focus, and all teams are prioritising treatment dates for backlog patients. The main specialities contributing, numerically, to the backlog are skin, urology and upper gastrointestinal (GI), including hepatobiliary.
- Further reduction in time to surgery for lung cancer and suspected lung cancer continues. Further Northern Cancer Alliance (NCA) funding was agreed in November 2023 for additional theatre lists from now until March 2024. It is anticipated that these extra lists will be able to run as planned.
- A clinical and operational oversight group has been set up to consider the challenges affecting the Hepato-Pancreatic-Biliary (HPB) cancer team in delivering care within the desired timelines. All options are being considered including referral pathway review, Multi-Disciplinary Team (MDT) structure and involvement.
- Radiology capacity, including Position Emission Tomography (PET), remains an area of concern. The percentage of slots available to patients on cancer pathways is being increased, whilst acknowledging that this may have an impact on other targets. A target of 7 days from referral to computerised tomography (CT) report, and 10 days from referral to magnetic resonance (MRI) report for patients on cancer pathways has been established. This remains outside most of the best practice timed pathway recommendations, but the aim is to progressively reduce the time taken.

2.1.1 Harm Reviews

A concerted effort has been made to review the case notes of all patients not treated within 104 days of referral between the period 1 June to 31 October. The data generated are presented below:

No Avoidable Harm Identified	215
Harm Identified	1 (additional treatment required but treatment still given with curative intent)
Not Yet Fully Assessable as Not Treated	27
TOTAL CASES	**243**

Work is ongoing with all tumour groups to implement a review of harm at multidisciplinary team level as this is likely to give the optimal expertise and consistency to the process as well as maximising the opportunities for learning

Whilst the clear ambition is to treat all patients within designated targets, it is hoped that the harm review data provides some assurance that patients are being clinically prioritised based on acuity and risk during their wait for treatment. Without such clinical prioritisation, harm rates may be higher.

2.1.2 Cancer Strategy

Work continues towards delivery of a Trust Cancer Strategy in early 2024. The main themes identified to date are as follows:

- Sustainability of services
- Personalising patient care
- Increased system collaboration - consideration of regional targets
- Recognising and addressing health inequalities
- Research and innovation

The key enablers of change are having a workforce fit for the future and digital transformation.

2.1.3 BSI Audit/Compliance Report – Cancer Centre

The report indicated that intentions of the quality management system in delivery of safe and effective patient treatments are being met with few negatively impactful events or negative feedback occurring. The system continues to be reviewed at all levels with significant inputs and commitments from senior managers within the Clinical Board. Improvements in delivery are being realised through the mitigation actions which have been planned and implemented over the last few years and technical and patient developments have continued in order to improve outcomes, efficiencies etc. A few minor areas of potential weakness were identified during this visit in relation to:

i) effective investigation and appropriate action relating to non-conformity
ii) identification of equipment requiring calibration.

Areas of strength continue in commitment of all staff groups and levels to providing an excellent service and experience for patients and also in the support of each other. The inspector passed on their thanks to the organisation for allowing them to attend meetings during this visit which gave further insight and evidence into these positive aspects.

3. INDUSTRIAL ACTION

There are currently plans for further industrial action. It appears that talks are continuing. There are no indications as to the potential outcome of these at the current time.

4. URGENT AND EMERGENCY CARE

It is intended that patient flow will be facilitated by:

- Speciality patients going to the appropriate unit.
- General Practitioner (GP) referrals attending the appropriate unit.
- Enhanced streaming.
- Senior decision making.

- Effective discharge processes
- Ambulatory Day Care Unit

5. BOARD REFERENCE PACK (BRP) DOCUMENTS

Included within the BRP are the following documents to note:

i) Consultant Appointments.
ii) Emergency Preparedness, Resilience & Response (EPRR) Annual Report.

6 RECOMMENDATION

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

A R Welch FRCS
Medical Director/ Deputy Chief Executive Officer
20 November 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 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 our Nursing, Midwifery and Allied Health Professionals Strategy – One year on • Patient Experience Quarter 2 (Q2) Summary • Safeguarding and Mental Capacity Act (Q2) Summary • Learning Disability Q2 Summary						
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 standard focusing on safety and quality. • We will be an effective partner, developing and delivering integrated care and playing our part in local, national, and international programmes. • Being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☒	☒	☐	☒	☐	☐
Link to Board Assurance Framework [BAF]	<u>Strategic Objective One</u> Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. <u>Strategic Risk Description</u> 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 the Trust Board.						

EXECUTIVE CHIEF NURSE REPORT

EXECUTIVE SUMMARY

This paper is a regular update, providing the Board of Directors with a summary of key issues, achievements, and challenges within the Executive Chief Nurse (ECN) portfolio.

The full content of the report is included within the Board Reference Pack (BRP).

Section 1: Spotlight on the Nursing, Midwifery and Allied Health (NMAHP) Professional Strategy

Section one of the report contains this month's 'Spotlight' section which provides a review of progress with the Nursing, Midwifery and Allied Health Professional Strategy, one year after its launch.

In July 2022 the Trust launched its new NMAHP Strategy. As previously highlighted to Board, the strategy is split into six key priorities. These priorities outline what we are already achieving in the relevant domain with a clear "We Are" statement and contain between three to four high level "We Will" statements outlining our aspirations for the future. Over the first six months there were monthly deep dive sessions to help culture the key priorities across the workforce. This has included in-person and virtual events as well as sharing our practices via the new NMAHP website and social media platforms. One year on we reflect on the work done to date.

Despite all the challenges faced by our staff over the last year, our teams are starting to embed the principles of the strategy across the Trust. There is still much work to do to ensure that this strategy feels relevant and meaningful for staff in all wards and departments, and this must be our focus for the year head.

In early November, we took the opportunity to have a weeklong focus and celebration of our strategy to share the patient centred initiatives staff have led on, challenging traditional approaches and breaking down barriers to improve care and outcomes. This included sharing over 100 poster presentations of NMAHP led Quality Improvement (QI) projects. We also took the opportunity to have several career clinics to help guide staff to resources and programmes to help them reach their personal and professional aspirations.

Whilst there have been many achievements over the last year, a number are highlighted within the report, aligned to the six strategy pillars. A few examples are noted below:

- To ensure all NMAHPs can liberate their potential is important and all staff can access funding support in the way of continuous professional development (CPD). At the end of October, we had received over 3,500 applications and invested over £3.5m to ensure staff had access to a wide range of funded CPD opportunities. (*(Developing a workforce strategy, plan and metrics for improvement)*

- We have supported 600 NMAHPs to take part in our collaborative Leading an Empowered Organisation (LEO) programme as well as many internal and external offers such as Coaching and Mentorship, the Institute of Leadership and Management (ILM) and the NHS Leadership Academy *(Developing leadership capacity, capability and resilience).*
- A new ward managers' handbook – a 'toolkit' providing signposts for newly appointed ward leaders when faced with commonly encountered issues – was launched *(Developing leadership capacity, capability and resilience).*
- Building on our reputation as a national leader in research is a key priority for us and in August 2022 we launched our NMAHPs Researcher Development Institute (RDI) thanks to a major £3.2m grant from our colleagues at Newcastle Hospitals Charity. We have since welcomed 13 NMAHP RDI Fellows and supported peers at regional and national level *(Increasing research opportunities and impact).*

We have made great progress in this last year, but we know through our discussions with staff and the feedback that we receive there is still so much more we can do together to grow and develop across and within our professional groups and continue to bring this strategy to life. Our focus for the year ahead, which was commenced during the celebration week, is to agree and share our high impact actions for the year ahead and ensure they are both meaningful to staff and help us deliver on the ambitions of our strategy.

Section 2: Quarter 2 (Q2) Patient Experience Update

Section two provides a Q2 summary of the work of the Patient Experience team.

The Trust has opened 138 formal complaints in Q2, which is an increase of 16% from the previous quarter. The Trust has received, on average, 46 formal complaints per month, which is an increase of 5% for the same quarter in the previous financial year but is consistent with the overall average for 2022/23.

In Q2, Medicine & Emergency Care received the most formal complaints, with 37 (27%), which is an increase of 4% from the previous quarter.

The report includes an outline of several national patient experience surveys, as well as a detailed overview of the following:

- The Care Quality Commission (CQC) 2022 Urgent and Emergency Care survey results were published in August 2023. Overall, the Trust has performed well, with 75% of patients rating their experience as 7/10 or higher. The Trust scored 'Worse' than expected in one question when compared to other trusts. Robust action plans have been developed and progress will be reported to the patient experience and monitoring group.
- The results of the annual adult inpatient survey were published by the CQC on 12 September 2023. Nationally it has been reported that the majority of patients felt they were treated with dignity and respect and reported positive interactions with doctors and nurses. The Trust obtained responses from 551 people giving an overall response rate of 45% compared to 40% national average. Results show that 40 out of 45 questions scored about the same as other Trusts and 8 scored 'better' or

'somewhat better' than expected when compared to other trusts. 4 areas had shown deterioration when compared to the 2021 survey.

- The National Cancer Patient Experience Survey is conducted by Picker Institute Europe on behalf of NHS England (NHSE) each year. The results were published on 20 July 2023. Of the 61 questions in the survey, the Trust was above the expected upper range compared to other Trusts that took part for 19 questions, and no questions were below the expected lower range. All 61 questions were comparable to 2021 although two questions had a statistically significant improvement compared to 2021. No questions had a statistically significant decrease compared to 2022.

The report also contains an overview of the Equality Delivery System (EDS) which is a mandatory NHS improvement tool from NHSE to help trusts to improve their performance for individuals and groups protected by the Equality Act 2010. The 2023 Annual Report (found in Appendix One of the main report in the BRP) is required for the Trust to grade their performance against set goals by NHSE and to set new objectives. The Trust is required to publish the annual report on the Trust website and the report also fulfils the Trust's legal Public Sector Equality Duties set out in the Equality Act 2010. This annual report looks at the patient focused outcomes of the EDS.

Domains 1A, 1C, 1D ratings remain the same as the previous years. The Equality, Diversity, Human Rights (EDHR) group were not confident to upgrade 1A due to delays in implementing the accessible information standards and ongoing work in relation to enhancing care for those with learning disability and/or autism. The Patient Experience and Engagement Group discussed the domain 1B and suggested this should be graded instead as 'Developing' which reflects the recent CQC recommendations in relation to the 'Care for me, with me' workstreams.

Section 3: Safeguarding and Mental Capacity Act (MCA) Q2 Update

Section three of the report provides a Q2 summary update of Safeguarding and Mental Capacity Act activity throughout the Trust and includes references to activity, education and training, and audit and assurance.

Safeguarding activity for Q2 evidences the following key high-level points:

- In Adult Safeguarding, when compared to the previous quarter, activity was slightly lower. 980 referrals/cause for concern were received against a total of 1,052 in Q1, with self-neglect continuing to present as the most significant concern.
- The Safeguarding Children's team have seen a marginal decrease in overall activity compared to Q1. There has been 952 cause for concerns submitted in Q2 compared to 1,066 in Q1, a 11% decrease. Neglect, physical abuse, domestic abuse, and self-harm/overdose/substance misuse for both adults and children all feature high in categories of referral, all of which are key priority areas of Safeguarding Practice for Newcastle Children's Safeguarding Partnership (NSCP).
- In Q2 there were 107 reported MCA enquiries, with 10 regarded as complex. This is a significant increase compared to Q1 which demonstrated 45 enquiries, 15 of which were complex.

- In relation to urgent Deprivation of Liberty Standards (DoLS) applications, for each month in Q2, numbers have remained consistently at 180 applications. Q1 & 2 totals combined currently stand at 921, which is significantly higher than any previous full financial year. This demonstrates the impact training and education over the last year as part of the 'Care for me, with me' work.

The report includes an update in relation to compliance with Safeguarding and Mental Capacity Act training requirements which continues to be closely monitored. In summary:

- Adults and Children, Level 1 and Level 2 training demonstrates good compliance with 97% and 94% respectively for both programmes.
- Whilst Level 3 compliance has improved over the last 2 quarters, it remains lower than expected at 82% in adults and 84% in Children, only a 1% increase since the last report. Work remains in progress to maximise compliance across all Clinical Boards and workforce groups.
- In Q1, the Trust has embarked on a significant mandatory and best practice MCA training programme. This has been achieved through a level 1 MCA mandatory training for all clinical and patient facing staff. Compliance as of the 22 November sits at 91%. Work is underway to develop and launch a level 2 package for MCA and DoLS early in the new year. To maximise all education opportunities, bitesize sessions remain in place and an introduction to the MCA has been introduced into corporate induction.

The report provides an overview of a number of audit reports presented to the Safeguarding Committee for discussion. Of note, the MCA Steering group has approved an ongoing audit plan of 60 electronic patient files per quarter. This has changed from 60 files per year and aims to provide greater assurance over each quarter. Q1 showed a significant increase in completed assessments of capacity for patients subject to urgent DoLS. Although the Q2 audit was not complete by the time the Committee met, preliminary findings are that this trend continues with notable improvement.

Section 4: Learning Disabilities Q2 report.

This section of the report provides a Q2 summary update regarding the work of the Learning Disability Liaison Team.

In Q2 there were 898 referrals, compared to 783 in Q1. In Q2 2022 there were 683 referrals demonstrating the sustained increase in overall activity. There have been 335 inpatients and 334 Accident and Emergency (A/E) attendances in Q2 which is comparable to Q1.

At the time of writing, Trust compliance with the Diamond Standards Mandatory eLearning training for Learning Disabilities and Autism is 88.6%.

The Code of Practice (Health and Social Care Act 2008) consultation paper pertaining to mandated training on Learning Disability and Autism has been released. The consultation closed on 19th September 2023. The Trust has responded to the consultation. It is envisaged that the final paper will be released towards the end of the year and will define what is legally mandated in terms of learning disability and autism training. Once this is

released and understood, a gap analysis will be undertaken and risks to compliance identified.

The Trust continues to be part of the regional pilot for Learning Disability and Autism training led by the Learning Disability Northeast and North Cumbria Network. The Trust is piloting the Oliver McGowan Training on Learning Disability and Autism. The Trust has been allocated 200 training places available for Tier 1 and 90 spaces for Tier 2. A Trust Task and Finish Group is in place to oversee this work.

The report includes an update on the continued actions in response the CQC report which highlighted concerns around record keeping of reasonable adjustments for people with a Learning Disability. The actions from the 'Care for me With Me' workstream are now incorporated within the action plan for the Learning Disability Steering Group.

RECOMMENDATION

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

Report of Maurya Cushlow
Executive Chief Nurse
27 November 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 2023						
Title	Nursing and Midwifery Staffing						
Report of	Maurya Cushlow, Executive Chief Nurse						
Prepared by	Ian Joy, Deputy Chief Nurse Lisa Guthrie, Associate Director of Nursing						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☐	☒	☐				
Summary	This report comprises both the Nursing and Midwifery Staffing (2023/24 Quarters 1 and 2) six-month review and the quarterly safe staffing assurance report. It fulfils the recommendations of the NHS Improvement 'Developing Workforce Safeguards' guidance (October 2018) and adheres to the recommendations set out by the National Quality Board (NQB 2016): How to ensure the right people, with the right skills, are in the right place at the right time. It updates the Board in relation to the following: • Actions agreed in the Quarter 3 and 4 2022/23 Nursing and Midwifery Staffing Report • Setting evidenced based staffing establishments • In-patient Skill Mix • Vacancy and turnover data for Nursing and Midwifery • Red flags and Datix • Planned and actual staffing fill rates • Care Hours Per Patient Day (CHPPD) figures • Maternity Safe Staffing update • Three monthly staffing assurance review						
Recommendations	The Board of Directors is asked to: • Receive and review the six-month review from April 2023 - October 2023. • Review and note the progress with the actions from 2022/23 Quarter 3 and 4 review. • Comment on the content of this approach which has been prepared in line with national guidance. • Acknowledge and comment on actions outlined within the document. • Receive and review the quarterly staffing and outcomes review from July, August, September 2023.						
Links to Strategic Objectives	• To put patients at the heart of everything we do and providing care of the highest standard focussing on quality and safety. • Supported by Flourish, our cornerstone programme, we will ensue that each member of staff is able to liberate their potential performance. • Being outstanding, now and in the future.						
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability

(please mark as appropriate)	☒	☐	☒	☒	☐	☒	☒
Link to the Board Assurance Framework [BAF]	Strategic Risk Description i. SO1.1 (Capacity and Demand) ii. SO1.4 (NHS core standards – patient safety and quality of care) • Failure to assure safer staffing levels may lead to patient harm, litigation against the Trust and loss of reputation. • Assurance of Safer Staffing based on Nurse and Midwifery Staffing Review process highlights the need to ensure alignment between base line establishment requirements and financial budget setting to meet safety and quality standards and comply with national guidance.						
Reports previously considered by	The Board has previously received the annual Nursing and Midwifery Staffing Review report, the six-month review report and quarterly safer staffing assurance reports.						

NURSING AND MIDWIFERY STAFFING SIX MONTH REVIEW

EXECUTIVE SUMMARY

This report combines the Nursing and Midwifery staffing six-month review report with the quarterly safe staffing assurance report. The purpose is to provide assurance that the Trust remains compliant with national guidance in relation to safer staffing. The Developing Workforce Safeguards (2018) guidance clearly communicates the requirement to undertake an in-depth nursing and midwifery staffing review every six months and update be provided to the Trust Board on actions and progress.

Nurse staffing continues to be affected by the nationally recognised workforce pressures alongside a sustained increase in patient acuity and dependency. Nurse staffing is fundamental to achieving elective recovery, managing increased emergency demand and the need to provide the highest levels of evidence-based care. Although nurse vacancy levels have improved, staffing remains challenging due to the need to support new staff in clinical practice and ensure appropriate skills mix across wards and departments is safe. A small number of areas continue with staffing challenges which are discussed throughout the report.

The safer staffing escalation policy have been updated to ensure our safe staffing governance processes remain relevant and robust. To reflect the continued challenges in safer nurse staffing, escalation has remained at the same level (level 2) since the last report. All necessary actions and oversight remains in place.

Section 2 of the report highlights progress on agreed actions as outlined in the staffing review presented to the Trust Board in May 2023. All actions have been addressed and an update on progress is provided within the report, including any on-going work required.

Section 3 provides an update of the nurse staffing review process following the March 2023 data capture. The Trust uses the Safer Nursing Care Tool (SNCT) and the Safer Nursing Care Tool Children and Young People (SNCT C&YP) as the evidence-based establishment-staffing tool. The established Trust process (aligned to national guidelines) is to triangulate these results with professional judgment and clinical outcomes as part of the nurse staffing review process. The SNCT data, in conjunction with nurse sensitive indicators and professional judgement has been reviewed, shared and discussed with Heads of Nursing, Matrons and ward leaders. These meetings have been progressed to Clinical Board level discussions with the Director of Operations, Associate Directors of Operations, Senior Nursing Team (Corporate and Clinical Board) and Financial Management Teams. The outcome of this work will be presented to the Executive Team early in Q4 and an update provided to the Trust Board. A further data capture has taken place in October 2023 across adult and paediatric areas, emergency departments and in the community. These results are being collated and an update will be provided in future reports.

Key themes from the nursing staffing review meetings are outlined below:

- A comprehensive nurse staffing review of all Paediatric areas is currently taking place with triangulation of data with professional judgement. The staffing review indicates that establishments are broadly fit for purpose with some minor skill mix changes required.
- Most areas within Trauma and Orthopaedics appear to be broadly fit for purpose using SNCT data. However, on triangulation with professional judgement and review of nurse-sensitive indicators, two wards appear to require additional staff above baseline establishment to provide the required enhanced care observation. This shortfall is currently mitigated by bank and staff overtime but creates a cost pressure.
- Critical care areas establishments remain fit for purpose with some further work required to provide healthcare assistant support consistently across the two units at the RVI.
- The nursing review for Cardiothoracic Services adult in-patient wards shows they are broadly fit for purpose, but show increased patient acuity and dependency. Further review within the Clinical Board is underway to review patient pathways and best utilisation of the bed base after which, the nursing staffing requirements will be re reviewed.
- The review of older people's medicine in-patient wards and some general medicine wards have suggested that additional healthcare assistant hours are required due to the increased levels of enhanced care observation. This shortfall is currently mitigated by bank and staff overtime aligned to actual patient acuity at a cost pressure.
- The adult haemodialysis unit has seen year-on-year increase in activity. Further work is required to determine the nursing resource required to reduce spend on overtime.
- Two wards have formally been re-purposed as medical in-patient areas since the last review. The nursing establishments have been agreed and actioned.
- The adult Emergency Department completed their second data collection for the Emergency Department SNCT in March 2023. Analysis has demonstrated that the overall nursing establishment is fit for purpose.

Section 4 of the report provides an update on skill mix requirements as recommended by the Developing Workforce Safeguards (2018) guidance, professional judgement and evidence-based tools. Skill mix reviews are conducted as part of annual nurse staffing review, or if a ward has altered from their primary function. Changes to skill mix are subject to a quality impact assessment and are costed by the Clinical Board finance team. The updated demand template and subsequent costings are shared with the Head of Nursing, Matron and Senior Sister/Charge Nurse prior to being altered on the demand template, or business case submission.

Some skill mix adjustment has been required to support the continued introduction of the nursing associate role. In addition, the Respiratory Support Unit (RVI Ward 49) requires a skill mix change to enable leadership support 24 hours/7 days and to comply with the British Thoracic Guidelines relating to staffing a Respiratory Support Unit. These skill mix changes will have an accompanying quality impact assessment and completed.

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

- Strategic work continues in the Nursing, Midwifery and Allied Health Professional Recruitment and Retention Group, to focus on improving the vacancy and turnover position overall. The group is developing a workforce plan for 2024/25 based on staff turnover and known risk which is in line with the NHSE long-term workforce plan. The terms of reference for the group have been updated in October 2023.
- Monthly generic recruitment for Band 5 Registered Nurses (RN) continues with the focus on bespoke recruitment agreed as required. The Band 5 RN vacancy rate sits at 4.96%, compared to 5.8% for this period last year. The report includes model hospital dashboard data to demonstrate comparison with Trusts regionally and nationally. Whilst this is positive, there are a number of areas with high vacancy rates impacting on operational delivery. This is particularly the case in Paediatrics at the Great North Childrens Hospital (GNCH) and Paediatric Intensive Care Unit (PICU) in particular. Focused recruitment and retention work is ongoing in these areas.
- The total registered nursing turnover rate is 9.6%. This compares favourably with the national median of 11.7%. Whilst a favourable position, this does impact on the departments being able to staff to their full required demand.
- In 2022/23 we successfully deployed 305 international recruits from the Philippines and India. A further 158 candidates for 2023/24 have been appointed with an additional 61 in recruitment pipeline, taking us to five candidates short of our target of 224.
- There has been continued focus on recruitment of Health Care Support Workers (HCSW). It remains challenging to achieve a sustained operationally zero vacancy position and the vacancy rates sits at 4.3%. However, with pro-active recruitment campaigns including the Altogether Better programme the Trust has approximately 136 whole time equivalent (wte) staff in pipeline.
- There has been an introduction of Legacy mentor role with two staffing being appointed in Medicine and Trauma and Orthopaedics. These posts are funded through and NHSE programme for six months and a review of the impact of this role will be undertaken.

Section Six includes an update regarding the position in relation to the midwifery workforce which continues to be challenging. Attrition has been closely monitored. For the 12 month period to October 2023, a total of 31 midwives left the organisation equating to 25.8wte. This maintains the 12-month rolling turnover rate at 12.4%, compared to the nationally reported rate of 9.0%. The most common reasons for leaving are retirement, consistent with an ageing workforce, work-life balance, and relocation.

Twenty-two newly appointed Midwives who have joined the organisation in October 2023 bringing the Midwifery workforce to 0.34wte above the funded establishment, with an additional 10.2wte expected by January 2024. The Trust has a longstanding permanent approval to over-recruit by 20wte, which allows for increased levels of maternity leave, additional core competency training, and to ensure a consistent, sustainable position within the large midwifery workforce.

High sickness absence rates have continued throughout 2023 with an average rate currently of 8.7% benchmarked against a Shelford peer rate of 4.9%. The increased sickness absence rates are of concern to Maternity Services, understanding the data behind this is a priority workstream to ensure the Department meets the needs of the workforce to maintain their health and wellbeing. A programme of engagement events has been undertaken by the Senior Leadership Team and a collaboratively produced Maternity Workforce Improvement Strategy introduced as a result.

A requirement of the Maternity Incentive Scheme (MIS) Year 5, Safety Action 5, is to report to the Trust Board on:

- The provision of 1:1 care for all women in labour; and
- Compliance with achieving 100% supernumerary status of the Labour Ward Co-ordinator.

From 1 May 2023 to 31 October 2023, there have been four occasions of 1,366 recorded where the midwife has been unable to provide continuous one-to-one care and support to a woman in established labour, and eight occasions where the delivery suite coordinator has not remained supernumerary, resulting in the coordinator being the named midwife for a woman. On the occasions described above, this was escalated to the senior team and managed through internal redeployment within the service to resolve the position in a timely manner. Together with professional judgement, the most appropriate utilisation of the available workforce resource has been made, preserving, and maintaining safety across the service.

In relation to other red flag indicators; from May to October this year, the Service has seen an increasing number of red flags from May to August in comparison to the previous year. There was a cumulative total of 83 red flag occurrences for this period in comparison to 49 for the same period in 2022. However, since the temporary closure of Newcastle Birthing Centre in August as part of local escalation plans, the numbers of red flag occurrences have reduced overall with 11 red flags recorded in total for October 2023, demonstrating local plans have effectively sustained the safety of the service. The most common red flag reported is the delay between admission for, and commencement of, induction of labour.

As induction of labour is a planned, elective procedure, the decision to commence the process is based on the professional judgement of the clinical team on duty following a review of the variable nature of clinical activity and acuity at the time. The interpretation of a delay can be subjective, and as reported to the Trust Board previously, work is in progress across the Local Maternity and Neonatal System (LMNS) to standardise the definition and ensure accurate recording across all providers.

Due to the increased staffing pressures and rise in acuity experienced over the past four months, following senior clinical review and discussion with the Executive Directors, a decision was made in July to temporarily close the Newcastle Birthing Centre (NBC) and suspend the Home Birth service. Women eligible and expressing a wish to use the Birth Centre or birth at home are diverted to Delivery Suite where a low-risk midwifery service has been provided. A Quality Impact Assessment (QIA) was undertaken at the time of closure indicating that this operational change increased the safety for women and babies,

however, it is recognised that the experience of service users has been altered. The Newcastle Birthing Centre reopened on the 6th November 2023 following the Maternity Services return to OPEL level 1.

An external review using Birthrate Plus acuity and dependency tool, which supports Trusts to ensure the staffing establishments are appropriately set, was last undertaken in October 2020. Work is in progress to undertake a further review with a revised recommendation expected to be reported by Birth Rate early in 2024. The findings of this review will be reported to the Trust Board as soon as they are available.

Section Seven contains the quarterly update from the Nurse Staffing and Clinical Outcomes group. The Trust remains in level 2 safe staffing escalation.

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

CONCLUSION AND ACTIONS

From this six-month staffing review and three month assurance report, the following conclusions have been drawn:

- The nurse staffing review meetings across the Trust have been completed and work is underway to sign off 2023/24 staffing requirements. A comprehensive review will be provided in the May 2024 board paper.
- A further data capture in Adult, Children and Young Person in-patient areas, along with Emergency Departments and the Community have been undertaken with the evidence-based acuity and dependency tools. Data analysis will be provided in future reports
- The Senior Nursing Team continue to provide scrutiny and oversight regarding the re-deployment of staff to respond to continued service pressures based on the level of staffing escalation.
- A number of wards have been provided additional support as an outcome of review by the Nurse Staffing and Clinical Outcomes group. These have been escalated and discussed at the Quality Committee.

RECOMMENDATIONS

The Board of Directors are asked to:

i) Receive and review the six monthly staffing review update.
ii) Review and note the progress with the actions from the previous review.
iii) Comment on the content of this approach which has been prepared in line with national guidance.

iv) Acknowledge and comment on actions outlined within the document.
v) Receive and review the quarterly staffing and outcomes review from July, August, and September 2023.

Report of Maurya Cushlow
Executive Chief Nurse
27 November 2023

NURSING AND MIDWIFERY STAFFING REVIEW REPORT
SIX MONTHLY REVIEW

1. INTRODUCTION/BACKGROUND

This report combines the Nursing and Midwifery staffing six-month review report with the quarterly safe staffing assurance report. The purpose is to provide assurance that the Trust remains compliant with national guidance in relation to safer staffing. The Developing Workforce Safeguards (2018) guidance clearly communicates the requirement to undertake an in-depth nursing and midwifery staffing review every six months and update be provided to the Trust Board on actions and progress.

Nurse staffing continues to be affected by the nationally recognised workforce pressures alongside a sustained increase in patient acuity and dependency. Nurse staffing is fundamental to achieving elective recovery, managing increased emergency demand and the need to provide the highest levels of evidence-based care. Although nurse vacancy levels have improved, staffing remains challenging due to the need to support new staff in clinical practice and ensure appropriate skills mix across wards and departments is safe. A small number of areas continue with staffing challenges which are discussed throughout the report.

The safer staffing escalation policy have been updated to ensure our safe staffing governance processes remain relevant and robust. To reflect the continued challenges in safer nurse staffing, escalation has remained at the same level (level 2) since the last report. All necessary actions and oversight remains in place.

2. 2022/23 NURSING AND MIDWIFERY STAFFING REVIEW UPDATE

2.1 Progress of 2023 Annual review

A comprehensive staffing review was presented to the Trust Board in May 2023. Actions were proposed and an update is provided below:

- **Complete the nurse staffing review meetings across the Trust and sign off 2023/24 staffing requirements**
  The Safer Nursing Care Tool (SNCT) data, in conjunction with nurse sensitive indicators and professional judgement has been reviewed, shared and discussed with Heads of Nursing, Matrons and Ward Sisters/Charge Nurses and through the Clinical Board Governance Structures. The aim is to agree and sign off the staffing requirements across the Trust. This will be presented to the Executive Team early in Q4 and an update provided to the Trust Board.
- **Complete the review of the Emergency Department using the new acuity and dependency tool and provide data analysis in the November 2023 report**.
  The review has now taken place and a further data capture was undertaken in October 2023 and the information is being analysed. Early indication is that the nursing

establishment is fit for purpose, but that skill mix may have to be refined to meet the service need.

- **Complete the review of the new Community Nursing Services Safer Staffing Tool following the first data capture and provide data analysis in the November 2023 report**.
  This review has been undertaken. Initial analysis demonstrates that there may be a gap between the audit results and current establishment. Further monitoring and a second data capture is required to confirm this in line with the tool guidance. A second data capture took place in October 2023 and the information is being analysed.
- **Continue to provide scrutiny and oversight regarding the re-deployment of staff to respond to ongoing service pressures based on the level of staffing escalation**
  This continues using the staffing escalation guideline which has been updated and launched on 1 October 2023.

3. SETTING EVIDENCED BASE ESTABLISHMENTS (April 2023 - October 2023)

3.1 Adult and Paediatrics

The Trust uses the SNCT and the SNCT CYP as the evidence-based establishment-staffing tool.

The SNCT tool assumes at least 22% uplift when setting establishments, i.e., headroom for annual leave, sickness, training etc. Within this Trust, the uplift currently included in establishment is funded at 20% for in-patient areas. There is no formal allocation of maternity leave in the uplift calculation. To mitigate risk, over-recruitment agreements remain in place and maternity leave posts are offered substantively for Band 3 HCSW and Band 5 Registered Nurse (RN) posts, to maximise the available workforce.

This means the SNCT calculation will always include a 2% differential. This is well known and is not viewed as a risk; in line with national guidance, SNCT metrics are always interpreted and triangulated with nurse-sensitive indicators, staffing metrics and professional judgement, to inform establishment setting.

Under the SNCT licence agreement and in line with guidance, all Heads of Nursing, Matrons and senior ward staff are required to complete inter-rater reliability scoring training to assure validity of the levels of care identified by staff for establishment setting. Throughout September 2023, a full refresh of validation training for all Heads of Nursing and Matrons was undertaken by the corporate nurse staffing team, with records kept for assurance.

The Trust SNCT license for Adult In-Patient and Adult Acute Assessment was renewed in September 2023. However, an updated version of these tools became available in October 2023. An application has been submitted for the new licences and tool but has not yet been received. It is expected that the new tool will incorporate allowances for enhanced care observation which will be higher than the current allocation but more accurately reflect the requirement. It is noted that this will likely increase the SNCT recommended establishment across the Trust, particularly across core medicine and surgery. This will be closely

monitored through the next two data captures and an update will be provided in future reports.

3.1.2 Outcome of the data review

In accordance with national guidance a minimum 20-day data SNCT capture was undertaken across all in-patient areas (Adult, Paediatric, Emergency Department and Community) in October 2023. As noted in section 2, meetings with Clinical Boards are being concluded to ensure establishments are fit for purpose and where changes may be required, the process for highlighting this is followed. The 2023/2024 annual review has been undertaken as a deep dive, as the wards and departments become established into their new Clinical Board structure, ensuring that their nurse staffing is aligned to any service change. The data from the October 2023 data capture requires analysis and will be reviewed with nursing leads and Clinical Boards following the nurse staffing review process.

Key points to note/highlight from the Clinical Board Discussions:

- A comprehensive nurse staffing review of all Paediatric areas is currently taking place with triangulation of data with professional judgement. The staffing review indicates that establishments are broadly fit for purpose with some minor skill mix changes.
- Most areas within Trauma and Orthopaedics appear to be broadly fit for purpose using SNCT data. However, on triangulation with professional judgement and review of nurse-sensitive indicators, two wards appear to require additional staff above baseline establishment to provide the required enhanced care observation. This shortfall is currently mitigated by bank and staff overtime though it as recognised that this is at a cost pressure to the nursing budget.
- Critical care areas establishments remain fit for purpose with some further work required to provide healthcare assistant support consistently across the two units at the RVI.
- The nursing review for the Cardiothoracic services adult in-patient wards shows that they are broadly fit for purpose, although recognising their patients increased acuity and dependency. Further review within the Clinical Board is underway to review patient pathways and best utilisation of the bed base. Once completed the nursing staffing requirements will be re reviewed.
- The review of older people's medicine in-patient wards and some general medicine wards have suggested that additional healthcare assistant hours are required for the increased levels of enhanced care observation. This shortfall is currently mitigated by bank and staff overtime aligned to actual patient acuity at a cost pressure.
- A robust nursing skill mix and establishment has been agreed for the respiratory support unit which is compliant with the British Thoracic Society Guidelines.
- The adult haemodialysis unit has seen year-on-year increase in activity. Further work is required to determine the nursing resource required to reduce spend on overtime.
- Two wards have formally been re-purposed as medical in-patient areas since the last review. The nursing establishments have been agreed and actioned.

3.2 Emergency Department

In 2022 substantial investment was agreed to increase the number of nursing staff in the adult emergency services, particularly at Band 5 registered nursing. In lieu of a nationally endorsed acuity and dependency tool for Emergency Departments (ED) which has now been released, this was based on professional judgment. The posts have been recruited to with both generic and bespoke recruitment.

The adult Emergency Department completed their second data collection for the Emergency Department SNCT in March 2023. Analysis has demonstrated that the overall nursing establishment appears to be fit for purpose. However, as attendances in ED remain at unprecedented levels further discussion is needed to ensure that their skill mix is optimised to meet the needs of the service. This is being addressed through the staffing review process.

Paediatric Emergency Care has also completed their second SNCT data capture. Due to the complexity of the unit (as it also houses the paediatrics assessment unit) the data requires further analysis which is also being addressed through the review process.

3.3 Community District Nursing Services

The new national acuity and dependency tool for community district nursing services was launched in 2022 and is in the process of being rolled out regionally. The first data collection commenced in April 2023 with the initial review suggesting that there may be a gap between current establishment and audit recommendations. However, further data capture and monitoring is required as recommendations for additional resource would not made following a single data collection. The second data capture took place in October 2023 and results are in the process of being analysed. Updates will be provided in future reports.

3.4 Neonatal Services

The only nationally endorsed tool to analyse staffing and establishment setting across neonatal services is the Dinning tool. The most recent data capture was completed earlier this month (November 2023).

This data demonstrates that the current establishment is largely fit for purpose regarding whole time equivalent establishment. The tool was applied against 32 cots and indicates a variance of approximately 2.75wte (less than 2.3% variance) and no increase in whole time equivalent is required. However, in line with previous Dinning tool reviews there remains a difference in the recommended skills mix between Band 5-7.

It is anticipated that the next Dinning Tool calculation, due in 2024 will look very different due to the plan to open to 42 cots, with the reconfiguration of the Sunderland 26 week gestation pathway, whereby any preterm baby born less than 26 weeks gestation will be cared for in NICU (RVI) or NICU (JCUH) depending on the geographical area where the family are from.

Furthermore, the skill mix anomaly will be alleviated in planned recruitment for the additional cots. The neonatal team plan to recruit to 50% of the posts at band 6 and therefore rectify the band 6 deficit. In addition, 2.6 WTE extra band 7's will be appointed to ensure 24/7 cover in charge with a band 7 both in ITU and HDU/Low Dependency areas.

4. IN-PATIENT SKILL MIX

Skill mix requirement reviews form part of the triangulation of data as recommended by the Developing Workforce Safeguards (2018) guidance. Skill mix reviews are conducted as part of the annual nurse staffing reviews or if a ward has altered from their primary function.

***Key points to note**:*

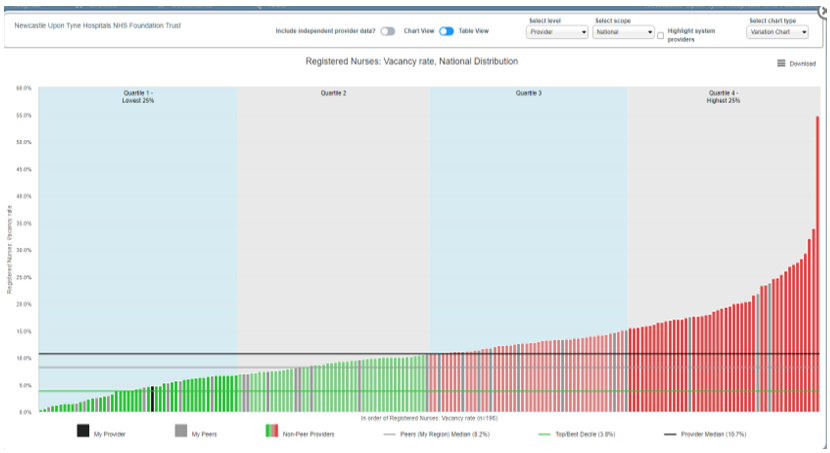
- All skill mix changes requested to demand templates are subjected to a quality impact assessment and costed by the clinical board finance team. The updated demand template and subsequent costings are then shared with the Head of Nursing, Matron and Senior Sister/Charge Nurse prior to changes being made to the demand template or business case submission being made.
- During the current nurse review process, skill mix changes have been explored in many areas to embed the nursing associate role in areas where this is clinically appropriate without impacting on the Registered Nursing workforce.

5. NURSE STAFFING METRICS

5.1 Vacancy and Turnover Data

The updated vacancy and turnover data have been reviewed. Key points to note include:

- Strategic work continues in the Nursing, Midwifery and Allied Health Professional Recruitment and Retention Group, with a focus on improving the vacancy and turnover position overall. The group is developing a workforce plan or 2024/25 based on staff turnover and known risk which is in line with the NHSE long-term workforce plan. The terms of reference for the group have been updated in October 2023.
- Monthly generic recruitment for Band 5 Registered Nurses (RN) continues with the focus on bespoke recruitment agreed as required. The Band 5 RN vacancy rate sits at 4.96%, compared to 5.8% for this period last year. This figure is based on the financial ledger and relates to current substantive staff in post and does not include those staff currently in the recruitment process. Whilst this is positive, there are a number of areas with high vacancy rates impacting on operational delivery. This is particularly the case in Paediatrics at the GNCH and PICU in particular. The table below demonstrates how this benchmarks nationally, with the Trust being highlighted in black:



- The total registered nursing turnover rate is 10.88%. which compares favourably with the national median of 13.6%. Whilst a favourable position, this does impact on the departments being able to staff to their full required demand.
- In 2022/23 we successfully deployed 305 international recruits from the Philippines and India. A further 158 candidates for 2023/24 have been appointed with an additional 61 in recruitment pipeline, taking us to five candidates short of our target of 224.
- There has been continued focus on recruitment of HCSWs. It remains challenging to achieve a sustained operationally zero vacancy position. and the vacancy rates sits at 4.3%. However, with pro-active recruitment campaigns including the Altogether Better programme the Trust has approximately 136 WTE staff in pipeline.
- Following receipt of funding from NHSE for widening participation event and the success of the community-based recruitment events at the Beacon Centre, where we saw unprecedented numbers of applicants, the project shortlisted for Nursing Times Workforce Award in November 2023.
- There has been an introduction of Legacy mentor role with two staffing being appointed in Medicine and Trauma and Orthopaedics. These posts are funded through and NHSE programme for six months and a review of the impact of this role will be undertaken.

5.2 Red Flags and Datix *(April 23-October 23)*

Red flag and Datix incident data are reviewed daily by the Senior Nursing Team and reported as part of the daily staffing briefing. Red flags also continue to be presented to the Nurse Staffing and Clinical Outcomes Group monthly to observe trends and highlight areas of concern. Red flag escalation has recently also been enabled for the Emergency Department. This data is available at a Ward, Clinical Board and Trust level. Frequency and themes are taken into account in responsive and planned nurse staffing reviews and inform future establishment requirement.

Key points from the last 6 months:

- Datix submission related to staffing incidents have reduced to on average 10 per month compared with an average of 20 in the preceding six-month period. Themes are reviewed and feedback provided with most reports relating to unfilled shifts, staff sickness and high acuity and dependency of patients. All staffing incidents reported on

Datix are received by the Deputy Chief Nurse, Associate Director of Nursing and the senior nursing workforce team. In hours, the incidents are reviewed in real time and for out of hours as soon as practicable. Reporters and Matrons are contacted to acknowledge receipt and gain greater understanding of themes. When incidents are being responded to in real time mitigations and resolution is sought. Work continues to encourage staff to submit Datix reports for staffing shortfalls.

- Red flags in the SafeCare application continue to be utilised effectively in conjunction with professional judgement. Red Flags are reviewed daily and acted upon/mitigated where possible in real time by the corporate senior nursing team and reported to the Chief Nurse and Deputy Chief Nurse and into silver command as required.
- The software companies for Datix and Allocate have now merged into one company, 'RLDatix'. Going forward there is potential that there will be interoperability between the two platforms with opportunities for data cross reference. The ability to link the two sets of data such staff on shift at the time when incidents were reported and red flags raised via SafeCare would provide robust data. In the meantime, these metrics are monitored by the senior nursing team.

5.3 Planned and Actual Staffing *(April 23- October 23)*

Planned staffing is the amount (in hours and minutes) of RN, Midwives, and HCA staff time that each ward plans to have on duty each day. This is based on maximum utilisation of their funded establishment. Actual staffing is the amount of staff time (in hours) actually on duty each day. These are broken down by day and night shift.

The ward fill rates are reviewed monthly by the Senior Nurse (Nursing and midwifery staffing). The ward fill rates are reviewed monthly and the wards of concern are presented to the Nurse Staffing and Clinical Outcomes group. Data from these wards is triangulated with other staffing metrics.

Key points to note:

- There has been a decrease in the overall staffing fill rates from May (100%) to October (94%). Nursing absence has remained above 5% and although successful international recruitment has improved the vacancy rate, internationally recruited nurses have an extended supernumerary period which impacts upon the overall fill rates.
- RN day shift fill rate average has decreased to 86% (October 2023) compared with 92% (May 2023) and on night shift the average fill rate has decreased to 87% form 91%. There is variability in fill rates between in-patient areas. The areas of concern are explored monthly at the Nurse Staffing and Outcomes group. There are some temporary bed closures which have been employed to mitigate the risk, which are reviewed on a weekly basis. By the end of October there were no adult in-patient beds closed in comparison to 22 adult beds closed in May 23. This partially accounts for some of the decrease noted in fill rates. In addition, bank Healthcare Assistant staff are deployed to partially mitigate the shortfall. The gap however cannot be fully mitigated and impacts on both staff and patient experience.

- Work is underway to automate the fill rate data collection. This will improve accuracy of data and also reduce workload of in-patient ward leaders. This is expected to be complete by the end of quarter 4.

5.4 Care Hours per Patient Day (CHPPD) *(March 23- November 23)*

Care hours per patient day (CHPPD) is the unit of measurement recommended in the Carter Report (2016) to record and report deployment of staff working on inpatient wards. As stated previously, this is to become the primary benchmarking metric from September 2019. It is made up of Registered Nurses and support worker hours. All acute Trusts have been required to report their actual monthly CHPPD, based on the midnight census per ward to NHS Improvement since May 2016. It is calculated using the formula below.

Key points to note:

- The Trust average CHPPD in July 2023 was 8.5 which is lower than the peer average of 9.8 but the same as the national average or 8.5. These averages are slightly lower than our last report for the Trust.
- The staffing team continue to monitor CHPPD in SafeCare to enable the mitigation of risks form staffing shortfalls.
- The Trust continues to have wards which have changed their primary function to accommodate the increase in medical emergency admission. This has altered the accuracy of ward level and speciality level benchmarking via Model Hospital. We broadly remain aligned with no areas of concern with all metrics reviewed as part of the nurse staffing review process.
- Specialist areas continue the re-occurring theme of demonstrate the greatest variance against the national average. This trend is well understood locally and nationally.

6 MIDWIFERY REVIEW

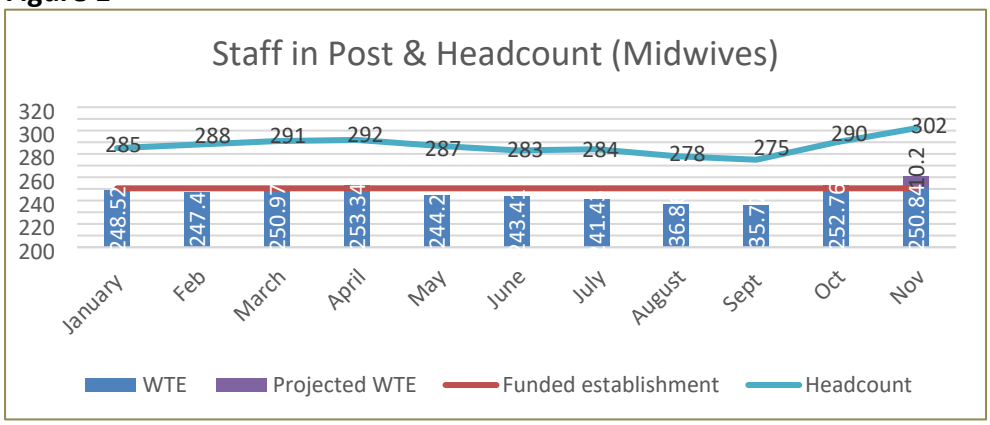
6.1 Recruitment and Retention

The Trust has seen continued attrition within the Midwifery workforce throughout 2023. A total of 31 midwives left the organisation within the 12-month period to October 2023, equating to 25.8wte, maintaining the 12-month rolling turnover rate at 12.4%, compared to the nationally reported rate of 9% (NHSEI). The most common reasons for leaving are retirement (24%), work-life balance (24%), and relocation (28%).

Figure 1 illustrates the current Midwifery staffing position, including frontline clinical staff, and those in specialist and management positions. Newly appointed Midwives who have

joined the organisation in October 2023 bringing the Midwifery workforce to 0.34wte above the funded establishment, with an additional 10.02wte expected to be in post by January 2024. The Trust has a permanently approved over-recruitment of 20wte to allow for increased levels of maternity leave and the additional core competency training, ensuring a consistent, sustainable position within a large Midwifery workforce.

Figure 1



The Trust have been successful in receiving financial support to recruit 7 midwives through NHS England's International Recruitment (IR) initiative. To date 6 midwives have commenced in post with recruitment underway for the final post.

Newcastle is also exploring new routes into midwifery as a profession via Midwifery Degree Short Course for Registered Nurses, and Midwifery Apprenticeships. Additional professional development opportunities in Advanced Clinical Practitioners roles are also being explored to prepare and secure the Trust's future workforce provision.

Support staff are a crucial and valuable element in ensuring optimal skill-mix and a workforce fit for the future. Further developing the non-registered workforce with education and training offers aligned to the national Maternity Support Worker (MSW) framework is an ambition included within the Service's Workforce Strategy. An MSW pathway is in development to ensure support staff meets with the demand and provides opportunity for midwifery apprenticeship at Newcastle.

6.2 Sickness Absence

High sickness absence rates have continued throughout 2023 with an average rate currently of 8.7% benchmarked against a Shelford peer rate of 4.9%. The increased sickness absence rates are of concern to Maternity Services, understanding the data behind this is a priority workstream to ensure the Department meets the needs of the workforce to maintain their health and wellbeing. A programme of engagement events has been undertaken by the Senior Leadership Team and a collaboratively produced Maternity Workforce Improvement Strategy introduced as a result.

6.3 Operational Oversight and Escalation

A requirement of the Maternity Incentive Scheme (MIS) Year 5, Safety Action 5, is to report to the Trust Board on:

- The provision of one-to-one care for all women in labour; and
- Compliance with achieving 100% supernumerary status of the Delivery Suite Co-ordinator.

One-to-one care in labour and Supernumerary status of Labour Ward Co-ordinator

From 1 May 2023 to 31 October 2023, there have been four occasions of 1,366 recorded where the midwife has been unable to provide continuous one-to-one care and support to a woman in established labour, and eight occasions where the delivery suite coordinator has not remained supernumerary and has resulted in the coordinator being the named midwife for a woman. On the occasions described above, this was escalated to the senior team and managed through internal redeployment within the service to resolve the position. Together with professional judgement, the most appropriate utilisation of the available resource has been made, thereby preserving, and maintaining safety.

Red Flags

In relation to other red flag indicators; from May to October this year, the Service has seen an increasing number of red flags from May to August in comparison to the previous year. There was a cumulative total of 83 red flag occurrences for this period in comparison to 49 for the same period in 2022. However, since the temporary closure of Newcastle Birthing Centre in August as part of local escalation plans, the numbers of red flag occurrences have reduced overall with 11 red flags recorded in total for October 2023, demonstrating local plans have effectively sustained the safety of the service. Red flags for October are categorised as follows; nine red flags for delay between admission for, and commencement of, induction of labour; and two where the delivery suite co-ordinator was not supernumerary.

On average, the Trust performs 1,200 inductions of labour in a six-month period. There were 85 red flags recorded in this time period for delay between admission and the beginning of the process, equating to 7% of all inductions. As induction of labour is a planned, elective procedure, the decision to commence the process is based on the professional judgement of the clinical team on duty following a review of the variable nature of clinical activity and acuity at the time. The interpretation of a delay can be subjective, and work is currently in progress across the LMNS to standardise the definition and ensure accurate reporting across all providers.

A review of Birthrate Plus data reveals an increase in the number of occasions when staffing did not meet acuity compared to the same period last year. In September and October 2022, there were 74 and 93 episodes when staffing numbers did not meet the acuity of patients. In September and October 2023, the numbers were 136 and 77 respectively. This has led to more prolonged periods of internal escalation to safely manage the service.

Due to the increased staffing pressures and rise in acuity experienced over the past 4 months, following senior clinical review and Executive level discussion, a decision was made in July to temporarily close the Newcastle Birthing Centre (NBC) and suspend the Home Birth service. The service continues to be stood down when required as part of an agreed escalation framework. Women eligible and expressing a wish to use the Birth Centre or birth at home are diverted to Delivery Suite where a low-risk midwifery service has been provided. A Quality Impact Assessment was undertaken which indicated that this process supports greater safety of women and babies.

In line with national guidance the Midwife to birth ratio is also monitored and reviewed. The current ratio is 1:26 which is broadly aligned to national recommendations. This ratio is arrived at by extracting those roles which are predominantly leadership and/or specialist positions, illustrating the ratio of clinical midwives to the number of births at Newcastle Hospitals.

6.4 Establishment Setting

An external review using Birthrate Plus acuity and dependency tool, which supports Trusts to ensure the staffing establishments are appropriately set was last undertaken in October 2020. However, it is nationally recognised there has been an increase in the complexity and acuity of maternity service users across the past 2 years. Work is in progress to undertake a further review with a revised recommendation expected to be reported by Birthrate Plus early in 2024. The findings of this review will be reported to the Trust Board as soon as they are available.

7 THREE MONTH SAFE STAFFING ASSURANCE REPORT

7.1 Staffing Escalation

The Trust continues to work within the framework of the Nursing and Midwifery Safe Staffing guidelines to ensure a robust process for safe staffing escalation and governance, as reported to the board in September. The safe staffing escalation guidelines have been updated to reflect the new Clinical Board structure, effects of nurse fatigue on safe staffing and the climate of healthcare following the pandemic. The new guidelines have been launched with the Heads of Nursing, Matron and Ward Leaders and a poster is being designed to ensure awareness of staffing escalation at ward level.

Although staffing pressures have reduced to an extent in the past 6 months, the nurse staffing escalation level remains at level two due to the following triggers being met:

- Pre-emptive rosters demonstrate a significant shortfall in planned staffing.
- Regular reporting of red flags and/or amber or red risk on SafeCare with reduced ability to move staff to mitigate risk.
- Nurse and midwifery sickness absence remains at around 5%

The increased requirement for enhanced care continues, in addition to acuity and dependency remaining high across all service areas.

The following actions remain in place:

- Daily staffing review by the corporate nursing team and reported into the Executive Chief Nurse and silver command.
- SafeCare (daily staffing deployment tool) utilised to deploy staff across directorates based on need.
- Daily review of staffing red flags and incident reports.

Level 2 escalation will remain in place until the de-escalation criteria has been met.

To support safer staffing escalation a new "Check Challenge and Coach" guideline has been developed by the nursing staffing and electronic rostering teams. This guideline sets out expectations for safe rostering practice and provides governance through the use of a rostering dashboard and action plans. The aim of this guideline is to improve rostering practice to ensure robust and effective staffing rotas in the in-patient areas. Heads of Nursing, Matrons and Ward Leaders have initial education sessions planned with meetings to commence in late November.

Workforce support remains in place from the senior nursing team for the clinical areas where staffing levels continue to impact on the ability to maintain commissioned bed activity. Staffing and bed capacity remains challenging across the organisation with robust professional leadership from the Executive Chief Nurse Team.

7.2 Nurse Staffing and Clinical Outcomes

The monitoring of safer staffing metrics against clinical outcomes/nurse sensitive indicators as mandated in national guidance continues via the Nurse Staffing and Clinical Outcomes Operational Group. Wards reviewed by the group at the monthly meeting are categorised as; requiring no support; low level; medium level or high-level support. This is in line with the agreed escalation criteria when supportive actions are implemented. In addition, any wards which have altered from their primary function, are also reviewed. The terms of reference for this group were reviewed and strengthened in July 2023.

Below is a summary of the wards reviewed and the level of escalation required for the last three months:

Month	No. of wards reviewed	Clinical Board	High level support	Medium level support	Low level support	No further support
Jul-23	24	CB1: x4 Children's,		1	1	2
		CB2: x2 T&O, x3 Neuro x1 B&P	1	1	1	3
		CB4: x2 Cardio,			1	1
		CB5: x6 Medicine, x1 Renal,		3	3	1
		CB6: x2 Urology, x1 Surgery		1	2	
		CB7: x2 Cancer				2
Total			**1**	**6**	**8**	**9**

Aug-23	20	CB1: x2 Children's,		1	1	
		CB2: x2 T&O, x1 Neuro,	1	1	1	
		CB4: x3 Cardio,			2	1
		CB5: x7 Medicine, x1 Renal,		2	6	
		CB6: x2 Urology, x1 Surgery		1	1	1
		CB7: x1 Cancer			1	
Total			**1**	**5**	**12**	**2**
Sep-23	20	CB1: x2 Children's,		2		
		CB2: x2 T&O, x1 Neuro,	1	1	1	
		CB4: x2 Cardio,		1	1	
		CB5: x8 Medicine, x1 Renal,	1	7	1	
		CB6: x1 Urology, x2 Surgery		3		
		CB7: x1 Cancer			1	
Total			**2**	**14**	**4**	

Key points to note:

- Several wards have required support at medium or high level since the last report to Board and have been highlighted and discussed in the Quality Committee. Action plans are in place for these areas in collaboration with the ward staff and additional clinical support, education and resources provided, overseen by the Executive Chief Nurse and Clinical Board Teams.
- Where beds have been closed due to staffing concerns, weekly review with the Executive Chief Nurse Team remains in place and will continue until all commissioned bed capacity is safely opened.
- An additional five adult surge beds have been opened in response to the increase in emergency activity. These has been achieved by opening all available decommissioned beds within the existing resource.
- In addition to the high-level monitoring, oversight and assurance provided by the group, there continues to be a robust leadership and management framework led by the Head of Nursing and Matron teams who manage the ward staffing. However, it is worth noting that the staffing picture remains challenging with the potential to impact staff wellbeing.

8. CONCLUSIONS AND ACTIONS

From this annual review, the following conclusions have been drawn:

- In line with national guidance, the SNCT data capture has been completed in October. These results will triangulated with professional judgment. The initial data review reviews with Clinical Boards indicate that there is an increasing patient acuity and dependency across a number of areas which may necessitate additional resource and are being addressed through the Clinical Board review meetings. Temporary mitigations are in place.
- Maternity workforce transformation and safer staffing management remains a high priority as outlined in this report.

- Emergency Department and Community District Nursing acuity and dependency tools have been utilised with data having been collected and analysis is in process.
- The responsive movement of staff to respond to increased acuity and dependency, unprecedented emergency pressures and industrial action, has been overseen by the Senior Nursing Team and is based on existing evidence-based tools and assurance processes.
- There are opportunities to optimise roster management to maintain fair and transparent rotas for staff. To support this check, challenge and coach meetings with the clinical boards have been introduced.
- Safer staffing management continues to be challenging due to existing vacancies, sickness absence levels and increased patient acuity and dependency. This has impacted on Trust level fill rates and CHPPD figures, although improved is impacting on patient care and staff wellbeing.

The following actions are proposed:

- Complete the nurse staffing review meetings across the Trust and sign off 2023/24 staffing requirements in quarter 4. The final report with recommendations will be drafted for review by the Executive Team and highlighted to the Trust Board in a future report.
- The data collected in the Emergency Department Safer Nursing Care Tool has demonstrated that the overall nursing establishment appears to be fit for purpose, this is triangulated with professional judgement. However, as attendances in ED remain at unprecedented levels further discussion is needed to ensure that their skill mix is optimised to meet the needs of the service and requires action.
- Complete the analysis of the October 2023 Community Nursing Services Safer Staffing Tool to ascertain if the establishment is fit for purpose as recommendations for investment would not made following a single data collection.
- Continue to provide scrutiny and oversight regarding the re-deployment of staff to respond to continued service pressures based on the level of staffing escalation.

9. RISK AND MITIGATION

This report describes the mandated nursing and midwifery staffing review process which has been undertaken in accordance with national guidance. It highlights the ongoing challenges presented by increased acuity in providing safer staffing across our services. The most recent SNCT data capture has highlighted an increase in the acuity and dependency across some core services and this is being triangulated with professional judgment. It is likely that skill mix changes will be required and there is a potential additional resource may be needed in some Clinical Boards. In the interim, the risk is proactively mitigated through additional bank staff/overtime/additional hours requests based on patient acuity and dependency.

There are some highlighted areas which require further work to improve assurance and actions are outlined to address this. There will be challenges and risk in the year ahead in balancing patient demand and capacity, workforce availability and the need to deliver high

quality patient care. This is in part mitigated by the robust governance processes already in place but will require pro-active workforce planning and strong working relationships internally and externally to deliver this effectively.

It is evident from the nurse staffing metrics that while the Trust is in a favourable recruitment position there is undoubted risk to the Trust due to the local and national shortage in the registered and health care workforce along with reduction in student numbers, which is being closely monitored with proactive recruitment plans in place. It is therefore necessary to continue to explore mechanisms to maximise retention strategies, seek innovative recruitment solutions to maintain and improve our current vacancy rate. International recruitment remains a key part of the overall Trust workforce plan and continues at pace.

9. RECOMMENDATIONS

The Board of Directors are asked to:

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

Report of Maurya Cushlow
Executive Chief Nurse
27 November 2023

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 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 the Trust Board with an update against the national drivers and priorities for maternity services, including: • An update of the actions responding to the Care Quality Commission (CQC) inspection of the Maternity Service in January 2023, whose findings were published in May 2023. The maternity service was graded 'requires improvement' following inspection under the domains of 'well-led' and 'safe' as part of the national maternity inspection programme. At the time of writing this report the Trust had received the findings of the unannounced CQC core inspection of Maternity Service in July 2023, and is currently compiling a factual accuracy response. • An update on progress against the Ockenden report detailing current compliance. A programmed Ockenden Assurance visit was undertaken on 10th November 2023 led by the Local Maternity and Neonatal System (LMNS) with key stakeholder involvement. The formal outcome of this visit will be reported in future papers. • An update with regard to correspondence received from the Healthcare Safety Investigation Branch (HSIB) on the 14 August 2023 regarding issues of concern that they have raised with the Trust is also contained within the report. The supporting appendices are included in the Board Reference Pack (BRP).		
Recommendation	Trust Board is asked to: i) Receive and discuss the report; ii) Note the ongoing actions in response to the final report of the CQC inspection in January; iii) Note the current level of assurance against the interim and final Ockenden recommendation and the position with regard to the assurance visit undertaken on 10 November 2023, led by the NENC LMNS; iv) Note the correspondence received from the HSIB and updated Trust response; and v) Note the associated risks involved.		
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standards focussing on safety and quality.		

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	☒	☐	☒	☒	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.						
Reports previously considered by Trust Board	Previous reports have been presented to the Trust Board on Ockenden, The Kirkup Report, and The Maternity Incentive Scheme (CNST).						

MATERNITY SERVICES UPDATE

EXECUTIVE SUMMARY

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

Section 2 provides an update on the actions arising from the CQC maternity inspection undertaken in January 2023 as part of the national maternity inspection programme, the results of which were published on the 12 May 2023. The two key domains of 'safe' and 'well-led' were inspected resulting in an overall rating for the Maternity service as 'requires improvement'. A rating of 'good' was declared for well-led and 'requires improvement' for safe.

An action plan was implemented by the service immediately following receipt of the draft report in March 2023, to enable the monitoring and reporting of key actions against the findings. Actions which remain outstanding are as follows:

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

As previously reported, maternity services mandatory training comprises of Trust level mandatory training and maternity specific 'Core Competency' training. Figures as of 9 November stand at:

- Trust level Mandatory Training: 88% against a target of 95%
- Children's Safeguarding Level 3: 90% against a target of 95%
- Core Competency Training Clinical Skills: 79% against a newly revised Maternity Incentive Scheme (MIS) target of 80%
- Core Competency Training, Safety, and Public Health in Practice: 79% against a newly revised MIS target of 80%

The service was previously on a trajectory to deliver against the schedule of core competency training aligned to the original framework by the deadline stipulated within the MIS of 5 December 2023. However, the additional day which is required in-line with the Core Competency Framework v2 will not be achieved by this date due to a number of competing priorities within the maternity service, including workforce pressures. The recommendation of a further two days of training, totalling five days, has now been reviewed by the Clinical Board to understand the resource and financial implications and this is subject to further discussion.

Trust self-assessed as partially compliant pending implementation plan encompassing revised core competency framework.

- **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.**

There is no further update since the September report. As previously reported, the Maternity service continues to progress the refurbishment of Bereavement facilities. The estate within the maternity service is subject to regular maintenance and upgrading work which is ongoing. It should be noted that the optimum solution requires a full service refurbishment which is still to be resolved. The challenges within the estate are listed on the Trust's Risk Register.

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.**

Plans continue to ensure that the newly implemented e-Obs is interfaced with the Maternity electronic patient record BadgerNet by January 2024. The Maternity service remains partially compliant as current audits of the system highlight that recording of MEOWS via e-obs to Trust standards is not yet fully embedded within practice.

The Trust target is 90% with current Trust average rates at 76%; Maternity is below Trust average at 31%. e-Obs compliance is reduced in part due to the duplication of data entry required between two electronic systems within the maternity service. Work is ongoing in collaboration with the corporate implementation team to find interim solutions until such time as the systems are fully interfaced.

Trust assessed as partially compliant pending ongoing audit to evidence improved compliance and assurance following system interface.

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

As previously reported, work has continued to progress the implementation of the bespoke maternity triage system (BSOTS). Due to the additional training requirements, unexpected absence of key project leads, and competing digital priorities, a revised date of 4th December 2023 has been agreed. In mitigation, a paper based record is in place.

Trust assessed as partially compliant.

As previously reported, the Trust Board are reminded that the Maternity service was required to submit additional evidence to the CQC during and following a further unannounced core inspection which occurred between 25-27 of July 2023. The draft report on the findings of this additional inquiry was received into the Trust on Monday 30th October. A process of factual accuracy checking is currently in progress with a completion

date of 27th November. Once the final report is received, the findings and any additional actions required will be presented in future Trust Board updates.

In view of the overall rating of Requires Improvement, the Maternity Service is subject to a formal System Oversight Framework (SOF) with an Integrated Care Board (ICB) responsibility to support. A meeting has been held with the quadrumvirate by senior colleagues from within the ICB to outline the process and next steps for the Trust. A further meeting has been arranged for 5 December to the support offer, action plan, and future exit criteria. A further detailed update on what this means for the service and the required internal oversight and scrutiny of improvement actions will be provided to the Trust Board in January 2024.

Section 3 provides an update on the Trust's position in relation to the recommendations from both the interim and final Ockenden reports. Full compliance is now demonstrated at 79.1% and 20.9% of recommendations remain partially compliant.

An Ockenden assurance visit was undertaken on 10 November 2023. This review followed last year's 'Insight' visit, welcoming a panel including representatives from NHS England (NHSE), the ICB, the LMNS, the Maternity and Neonatal Voices Partnership (MNVP), together with peer reviewers from South Tees Hospitals NHS Foundation Trust.

The main focus of the review was to provide evidence and assurance of progress and compliance against all 7 Immediate and Essential Actions (IEAs) highlighted by the Interim Ockenden report (2020). The Trust submitted evidence in advance of the visit. An update on the findings and actions identified from the visit will be provided in future papers.

Section 4 provides a further update regarding communication received from the HSIB, now renamed Maternity and Newborn Safety Investigations (MNSI), regarding the Maternity service. The maternity senior leadership team met with members of MNSI on 27 September. Areas highlighted by the MNSI team focussed on feedback from staff that they had spoken to feeling that they could not always escalate their clinical concerns in a timely way. In addition, some staff felt that the culture within the service sometimes prevented them from seeking alternative advice whereby they felt that their concerns had not been listened to or resolved, and when further escalation was needed.

A further letter was received from MNSI on 26 October advising that the panel continued to have concerns and arrangements are in place for a further face to face meeting on 14 November 2023. The Executive Chief Nurse has also had a separate conversation with a representative from the MNSI team to establish if any immediate action was required as a result of this further letter but there was nothing out with the planned meeting of 14th November to address. A further update will be provided to the Trust Board in January 2024 to present the outcome.

The supporting appendices are included in the Board Reference Pack (BRP).

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 are provided with an update of the remaining outstanding actions as highlighted by the Care Quality Commission's (CQC) findings from their January inspection. The findings of the additional unannounced core inspection which occurred between 25-27 July 2023 will be reported on in a future paper.

An update is provided in relation to current compliance with the recommendations of both the interim and final Ockenden reports (2020 and 2022). The Trust Board is provided with details of the Ockenden Assurance Visit which was undertaken on 10 November 2023. The LMNS led visit reviewed the Trust compliance against the 7 IEAs from the Interim Ockenden Report (2020) and followed on from last year's Insight visit. The outcome of the visit will be reported in future papers.

The Trust Board are also provided with a further update regarding correspondence received from the HSIB (now MNSI) regarding the Maternity service.

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

As previously reported to the Trust Board, the Maternity services received a short notice CQC inspection on 10 and 11 January 2023 as part of the national maternity inspection programme. The two key domains of 'safe' and 'well-led' were inspected and findings published on 12 May 2023 with an overall rating for the Maternity service as 'requires improvement'. A rating of 'good' was declared for 'well-led' and 'requires improvement' for safe.

An action plan has been implemented in response to the CQC inspection findings (Appendix 1) and this report advises on those actions which remain outstanding.

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.**

As previously reported, maternity services mandatory training comprises of Trust level mandatory training and maternity specific 'Core Competency' training. Figures as of 9 November stand at:

- Trust level Mandatory Training: 88% against a target of 95%
- Children's Safeguarding Level 3: 90% against a target of 95%

- Core Competency Training Clinical Skills: 79% against a newly revised MIS target of 80%
- Core Competency Training, Safety, and Public Health in Practice: 79% against a newly revised MIS target of 80%

The service was previously on a trajectory to deliver against the schedule of core competency training aligned to the original framework by the deadline stipulated within the MIS of 5 December 2023. However, the additional day which is now required in-line with the Core Competency Framework v2 will not be achieved by this date due to a number of competing priorities within the maternity service, including workforce pressures. The recommendation of a further two days of training, totalling five days, has now been reviewed by the Trust to understand the resource and financial implications and Subject to further internal discussion.

Trust self-assessed as partially compliant pending further work to implement revised training plan.

- **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.**

There is no further update since the September report. As previously reported, the Maternity service continues to progress the refurbishment of Bereavement facilities. The estate within the maternity service is subject to regular maintenance and upgrading work which is ongoing. It should be noted that the optimum solution requires a full service refurbishment which is still to be resolved. The challenges and mitigations with the estate are listed on the Trust's Risk Register.

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.**

Plans continue to ensure that the newly implemented e-Obs is interfaced with the Maternity electronic patient record BadgerNet by January 2024. The Maternity service remains partially compliant as current audits of the system highlight that recording of MEOWS via e-obs to Trust standards is not yet fully embedded within practice.

The Trust target is 90% with current Trust average rates at 76%; Maternity is below Trust average at 31%. e-Obs compliance is reduced in part due to the duplication of data entry required between two electronic systems within the maternity service. Work is ongoing in collaboration with the Trust-wide implementation team to find interim solutions until such time as the systems are fully interfaced.

Trust assessed as partially compliant pending ongoing audit to evidence improved compliance and assurance.

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

As previously reported, work has continued to progress the implementation of BSOTS. Due to the additional training requirements, unexpected absence of key project leads, and competing digital priorities, a revised date of 4th December 2023 has been agreed. In mitigation, a paper based record is in place.

As previously reported, the Trust Board are reminded that the Maternity service was required to submit additional evidence to the CQC during and following a further unannounced core inspection which occurred between 25-27 of July 2023. The draft report on the findings of this additional inquiry was received into the Trust on Monday 30 October. A process of factual accuracy checking is currently in progress with a completion date of 27 November. The final report is expected to be published towards the end of December and the findings will be presented to the Board in a future paper.

In view of the overall rating of Requires Improvement, the Maternity Service is subject to a formal SOF with an ICB responsibility to support. A meeting has been held with the quadrumvirate by senior colleagues from within the ICB to outline the process and next steps for the Trust. A further meeting has been arranged for 5 December to discuss the support offer, action plan, and future exit criteria. A further update on what this means for the service will be provided to the Trust Board in January 2024.

3. OCKENDEN

The final Ockenden Report was published on 30th March 2022 and highlighted a number of IEAs and recommendations to be implemented by all maternity services in England.

The Trust's position and ongoing compliance with Ockenden has been reported sequentially in numerous papers to both the Quality Committee and Trust Board. Work continues to progress the recommendations of the combined reports (Appendix 2); full compliance is now demonstrated at 79.1% and 20.9% of recommendations remain partially compliant.

There remain four partially compliant recommendations from the Interim Report which the Trust continue to progress, detailed in Appendix 3. These were areas of focus for the visiting Ockenden Assurance team during their visit on 10 November 2023. The outstanding actions rely heavily on the ability to audit in evidencing continuous risk assessment, personalised care and support plans, and informed consent. Audits have been undertaken to evaluate the level and quality of data available from BadgerNet and results indicate that there is further work required to ensure that clinicians are using the electronic record in its entirety. Modifications to the mandatory data fields within BadgerNet have been identified to offer improved evidence and assurance levels for Ockenden reporting purposes, and work continues to progress this.

The Ockenden Assurance visit followed last year's Insight visit and includes representatives from NHSE, the ICB, the LMNS, the MNVP as well as peer reviewers from South Tees Hospitals NHS Foundation Trust. The primary aim is to review evidence and receive assurance in relation to compliance with all 7 IEAs highlighted by the Interim Ockenden report (2020). The report is awaited, and an action plan will be agreed for outstanding actions. The Quality Committee and the Trust Board will be updated on the findings and outcome in future papers.

4. HEALTH CARE SAFETY INVESTIGATION BRANCH (HSIB)

The Trust Board will recall that a letter from HSIB, dated 14 August, regarding concerns related to implementation of learning from HSIB maternity investigations had been received into the organisation. The Executive Chief Nurse met with the regional inspector in response to establish any immediate issues of concern which required action. This meeting clarified that the reference point for HSIB was from incidents in 2019/20 reported in 21, and current reports which are awaiting completion and onward sharing with the Trust.

The maternity senior leadership team met with members of MNSI on 27 September. Areas highlighted by the MNSI team focussed on feedback received from staff that they had spoken to as part of their investigations. Some staff expressed a feeling that they could not always escalate their clinical concerns in a timely way without criticism. In addition, some staff felt that the culture within the service sometimes prevented them from seeking alternative advice whereby they felt that their concerns had not been listened to or resolved, and when further escalation was needed.

A further letter was received from MNSI on 26 October advising that the panel continued to have concerns and arrangements are in place for a further face to face meeting on 14 November 2023. The Executive Chief Nurse has also had a separate conversation with a representative from the MNSI team to establish if any immediate action was required as a result of this further letter but there was nothing out with the planned meeting of 14th November to address. A further update will be provided to the Trust Board in January 2024 to present the outcome.

5. CONCLUSION

The final report following the CQC inspection of Maternity services in January was received on 12 May 2023 and an action plan implemented in response to the report findings. The service continues work to progress the four improvement recommendations that remain outstanding from the action plan. Arrangements are in place for ICB oversight through the System Oversight Framework and a further meeting is due to be held on 5 December to discuss the support offer, action plan, and exit criteria. The Trust is currently responding to the draft report from the re-inspection made of the Maternity service during the CQCs unannounced inspection in July, and updates will be provided in future papers.

Progress against the interim and final Ockenden recommendations is reported, there remain 18 partially compliant actions from the combined action plan that the Trust is progressing. The Ockenden Assurance visit held on 10 November focussed on evidence and assurance against the 2020 interim report's 'Immediate and Essential Actions.' The visit led by the LMNS, included visitors from NHSE, ICB, MNVP and the Quadrumvirate from South Tees as peer reviewers. An update on the feedback and actions resulting from the visit is awaited and will be provided in future papers.

7. RECOMMENDATIONS

The Trust Board is asked to:

i) Receive and discuss the report;
ii) Note the ongoing actions in response to the final report of the CQC inspection in January and the further report, currently under review from the additional CQC enquiry in July 2023;
iii) Note the current level of assurance against the interim and final Ockenden recommendations; note the position with regard to the Ockenden Assurance visit undertaken on 10 November 2023, led by the NENC LMNS;
iv) Note the correspondence received from the Healthcare Safety Investigation Branch (HSIB) and the updated Trust response; and
v) Note the associated risks involved.

Report of Maurya Cushlow
Executive Chief Nurse
21 November 2023

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 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 the third update report regarding the 10 safety actions in the Year 5 scheme which were published on the 31 May 2023.						
Recommendation	The Trust Board are 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]	SO1.4 [high-quality safe care] SO2.4 [statutory and mandatory training] Failure to comply with the ten safety action standards could impact negatively on maternity safety, resulting in financial loss to the Trust from the incentive scheme and from potential claims.						
Reports previously considered by	This is the third report for Year 5 of this Maternity Incentive Scheme. The report was previously considered by the Quality Committee on 21 November 2023.						

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. There have been several amendments made and an updated version of the safety actions was published in July 2023.

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 third report to the Trust Board since the publication of Year 5 on the 31 May 2023.

The Trust is on target to achieve full compliance with 9 out of 10 safety actions in year 5. Due to the additional training requirements this year and ongoing staffing challenges the required training compliance of 80% in all staff groups cannot be achieved before the 5 December 2023. The Trust should continue to submit the declaration form acknowledging compliance with 9 safety actions. The Trust may still be eligible for a small amount of funding to support ongoing progress and an action plan should be submitted with the Board declaration form.

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. In addition the Trust also received £463k for year 4 – which was a share of the surplus funds in respect of Trusts that did not achieve ten out of ten actions. In year 4, 52% Trusts achieved full compliance with all ten safety actions.

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

2. SAFETY ACTION UPDATE

This paper will provide a full report on each safety action.

2.1 SAFETY ACTION 1: ARE YOU USING THE NATIONAL PERINATAL MORTALITY REVIEW TOOL (PMRT) TO REVIEW PERINATAL DEATHS TO THE REQUIRED STANDARD?

a) All eligible perinatal deaths should be notified to MBRRACE-UK within seven working days and the surveillance information should be completed within one calender month of the death.

There have been 28 perinatal deaths between 30 May and 16 November 2023. All have been notified within seven working days and the surveillance information completed within one calendar month of the death.

b) For 95% of all deaths of babies in the Trust eligible for PMRT review, parents should have their perspectives of care and any questions they have sought.

All the deaths since 30 May include the parent's perspectives of care as part of the PMRT review.

c) For deaths of babies who were born and died in your Trust multi-disciplinary reviews using PMRT should be carried out from 30 May 2023. 95% of reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months.

Within the reporting period 30 May to 16 November 2023, 19 of the perinatal deaths were eligible for review using the PMRT.

PMRT	Started within two months (95%)	Draft report within 4 months (60%)	Report published within 6 months
Total of 19	100%	77% (7/9)	100%

On the neonatal unit itself, the PMRT review is well embedded, it is less well embedded at the Freeman Hospital.

2 of the deaths occurred at the Freeman Hospital. 6 PMRT's have been fully completed and published, 3 are still within the 6 month time period, hence the discrepancy.

d) Quarterly reports should be submitted to the Trust Executive Board from the 30 May 2023.

The quarterly PMRT report for Q1 is included in this report as per the requirements of this safety action and can be found in the Private Board Reference Pack (BRP) [APPENDIX 1].

The Trust is confident that full compliance with the 4 elements of this safety action can be achieved.

2.2 SAFETY ACTION 2: ARE YOU SUBMITTING DATA TO THE MATERNITY SERVICES DATA SET (MSDS) TO THE REQUIRED STANDARD?

1) *Trust Boards to assure themselves that at least 10 out of 11 Clinical Quality Improvement Metrics (CQIM's) have passed the associated data quality criteria in the "Clinical Negligence Scheme for Trust: Scorecard" for data submission relating to activity in July 2023. Final data for July 2023 will be published during October 2023.*

2) July 2023 data contained valid ethnicity category (Mother) for at least 90% of women booked in the month.

3) *Trust boards to confirm to NHS Resolution that they have passed the associated data quality criteria in the "Clinical Negligence Scheme for Trust: Scorecard" for data submission relating to activity in July 2023 for the following metrics:*

Midwifery Continuity of Carer (MCoC)

i. Over 5% of women have an Antenatal Care Plan recorded by 29 weeks and also have the CoC pathway indicator completed.

ii. Over 5% of women recorded as being placed on a CoC pathway where both Care Professional ID and Team ID have also been provided.

Final data for July 2023 will be published during October 2023.

4) Trusts to make an MSDS submission before the Provisional Processing Deadline for July 2023 data by the end of August 2023.

The Trust has received confirmation that all the above data requirements have successfully passed for the July 2023 reporting period.

5) Trusts to have at least two people registered to submit MSDS data to the SDCS Cloud who must still be working in the Trust.

The Trust has more than two people registered to submit MSDS data.

2.3 SAFETY ACTION 3: CAN YOU DEMONSTRATE THAT YOU HAVE TRANSITIONAL CARE SERVICES IN PLACE TO MINMISE SEPARATION OF MOTHERS AND THEIR BABIES?

a) *Pathways of care into transitional care (TC) have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.*

The pathways of care were updated in August 2023 to reflect minor changes to the existing pathway which had been in place for year 3 and year 4.

b) *A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate (clinical directors for neonatology and obstetrics, Director or Head of Midwifery and operational lead) as well as the Trust Board, LMNS and ICB.*

The action plan for Q1 and Q2 22/23 'Term admissions to the Neonatal Unit' are included in the Private Board Reference Pack (BRP). They have previously been shared with the quadrumvirate, Trust Board, LMNS and ICB (APPENDIX 2a and 2b).

c) Drawing on insights from the data recording undertaken in Year 4 scheme, which included babies between 34+0 and 36+6, Trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late pre-term and term babies. There should be a clear, agreed timescale for implementing this pathway.

The Trust is working towards full implementation of a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice. Currently there is one area of non-compliance, whereby the Trust has opted to care for pre-term babies on low flow oxygen on the neonatal unit rather than Transitional Care. This is reflected in the staffing ratio proposed for the new stand-alone 24hr Transitional Care ward which is scheduled to open in March 2024.

The Trust is confident that full compliance with all 3 elements of this safety action can be achieved.

2.4 SAFETY ACTION 4: CAN YOU DEMONSTRATE AN EFFECTIVE SYSTEM OF CLINICAL WORKFORCE PLANNING TO THE REQUIRED STANDARD?

a) Obstetric medical workforce

1) NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas:

a. currently work in their unit on the tier 2 or 3 rota

b. have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP)

c. hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums.

Short term locums in Obstetrics and Gynaecology on tier 2 or 3 have been appointed to cover periods of sickness and industrial action within the past year. All locums have been from within our current cohort, or in 1 case during October from the previous year's cohort (an ST6 on Tier 3). All hold eligibility through the RCOG certificate. All Obstetric Consultant locum cover has been provided by the current Consultant cohort.

2) Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.

The Trust does not have any staff employed as long term locums within Obstetrics. There is a vacancy at Consultant level which has been advertised twice as a substantive post but did not attract any applicants. A business case is in draft to address the shortfall in Consultant Obstetric numbers.

3) Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day. Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings.

The Trust provides 98 hr consultant resident presence for the acute service within a rota of 1 in 11 24 hr shifts for consultants; this is followed by a day of compensatory rest. The junior doctors work a 1 in 8 rota with fully compliant compensatory rest periods before and after their shifts.

4). *Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance.*

Attendance by the Consultant at the clinical situations listed by the RCOG has been monitored and discussed at the Obstetric Governance group in August and October.
Overall attendance was 100% so no additional action plans are required.

b) Anaesthetic medical workforce

A duty anaesthetist is immediately available for the obstetric unit 24hours a day and should have clear lines of communication to the supervising consultant at all times. Where the duty

anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients.

An audit of 6 months of the anaesthetic rota has been completed which showed full compliance of the requirement to have a duty anaesthetist immediately available for the obstetric unit 24hours a day.

c) Neonatal medical workforce

The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of medical staffing.

If the requirements had not been met in year 3 and or year 4 or 5 of MIS, Trust Board should evidence progress against the action plan developed previously and include new relevant actions to address deficiencies.

If the requirements had been met previously but are not met in year 5, Trust Board should develop an action plan in year 5 of MIS to address deficiencies. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).

The neonatal service meets the BAPM recommendations at all 3 tiers of medical cover for the size of service provided.

d) Neonatal nursing workforce

The neonatal unit meets the BAPM neonatal nursing standards.

If the requirements had not been met in year 3 and or year 4 and 5 of MIS, Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies.

If the requirements had been met previously without the need of developing an action plan to address deficiencies, however they are not met in year 5, Trust Board should develop an action plan in year 5 of MIS to address deficiencies.

Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN).

The Trust completed a neonatal nursing workforce calculation in early May 2023 and have just repeated the process (16 November 2023), in order to meet the CNST requirements (time period 30 May – 7 December 2023). An update on the outcome will be provided for the January Trust Board report. If an action plan is required it will be shared with the LMNS and Neonatal Operational Delivery Network.

The Trust is confident that full compliance with all four elements of this safety action can be achieved.

2.5 SAFETY ACTION 5: CAN YOU DEMONSTRATE AN EFFECTIVE SYSTEM OF MIDWIFERY WORKFORCE PLANNING TO THE REQUIRED STANDARD?

a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed.

The Trust completed Birthrate Plus in December 2020 and are currently in the process of repeating this with a completion date expected in January 2024. This will provide the Trust with an up-to-date midwifery staffing calculation based on current care provision.

b) Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.

Currently the midwifery staffing budget is 0.34wte above the funded establishment. This has been reported in the Chief Nurse's six monthly Nursing and Midwifery Staffing report to Trust Board meeting on 30 November 2023.

c) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.

From the 30 May 2023 to 30 October 2023 there have been 8 episodes whereby the delivery suite or birthing centre co-ordinator has not remained supernumerary. The technical guidance states the Trust can report compliance if this is a one off event or not a recurrent event. There were two red flags reported in June, none in July and August, four in September and two in October. There have been staffing pressures throughout September which is reflected in the 4 red flags for that month. The Trust will continue to monitor this closely.

d) All women in active labour receive one-to-one midwifery care.

From the 30 May 2023 to 30 October 2023 there have been 4 episodes whereby 1:1 care in active labour could not be provided. An action plan has been written and is included in the Private Board Reference Pack (BRP). (APPENDIX 3).

e) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year five reporting period.

A midwifery staffing oversight report was presented to the Trust Board on 25 May 2023 and an update has been provided for the November 2023 Board.

2.6 SAFETY ACTION 6: CAN YOU DEMONSTRATE THAT YOU ARE ON TRACK WITH COMPLIANCE FOR ALL ELEMENTS OF THE SAVING BABIES LIVES CARE BUNDLE VERSION THREE?

1) *Provide assurance to the Trust Board and ICB that you are on track to fully implements all 6 elements of SBLv3 by March 2024.*

The Trust has fully implemented 58 of the 71 (82%) interventions that are part of the Saving Babies Lives care bundle. Progress with implementing the outstanding 13 interventions is being closely monitored and the Trust is working towards being on track to fully implement all of these by March 2024.

2) *Hold quarterly quality improvement discussions with the ICB, using the new national implementation tool once available.*

The Trust met with the ICB on the 1 August 2023 and has another visit is scheduled for the 5 December 2023 to review the implementation tool and discuss progress.

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 are calculated within the new national implementation tool, which has just been made available to all Trusts.

The Trust submitted the data using the newly published implementation tool for July 2023 and achieved an overall self-assessment compliance of 79%, with all 6 elements achieving >50%.

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

2.7 SAFETY ACTION 7: LISTEN TO WOMEN, PARENTS AND FAMILIES USING MATERNITY AND NEONATAL SERVICES AND CO-PRODUCE SERVICES WITH USERS (MNVP)?

1) *Ensure a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) is in place which is in line with the Delivery Plan and MNVP Guidance. Parents with neonatal experience may give feedback via the MNVP and Parent Advisory Group.*

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.

2) Ensuring an action plan is coproduced with the MNVP following annual CQC Maternity Survey data publication, including analysis of free text data, and progress monitored regularly by safety champions and LMNS Board.

An action plan was coproduced with the MNVP and progress has been reported bi-monthly to the local maternity safety champions and quarterly to the LMNS Board.

3) Ensuring neonatal and maternity service user feedback is collated and acted upon within the neonatal and maternity service, with evidence of reviews and themes and subsequent actions monitored by local safety champions.

Neonatal and maternity service user feedback is collated via the Patient Experience and Engagement Group and the Service User Feedback Forum meetings. The actions are monitored by the local safety champions and key findings discussed at the bi-monthly Obstetric Governance Group.

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

2.8 SAFETY ACTION 8: CAN YOU EVDIENCE THE FOLLOWING 3 ELEMENTS OF LOCAL TRAINING PLANS AND 'IN-HOUSE' MULTI-PROFESSIONAL TRAINING?

1) *A local training plan is in place for implementation of Version 2 of the Core Competency Framework.*

2) The plan has been agreed with the quadrumvirate before sign-off by the Trust Board and the LMNS/ ICB.

A local training plan was adopted aligned to the regional ICB plan and agreed with the quadrumvirate in August 2023. This was also discussed at the Board level Maternity Patient Safety Champions meeting 9 August 2023.

3) The plan is developed based on the "how to" Guide developed by NHS England.

Achieving full compliance with the training requirements continues to be the most significant challenge for Year 5. The training requirements have increased with the expectation that, as a minimum, staff will each receive 3 days training per year in 2023/24. Currently midwifery staff receive 2 days training and the Service found achieving these requirements in Year 4 a significant challenge. On the 23 October the Trust received notification from the Maternity Incentive Scheme that the training requirements had been reduced from 90% to 80% due to the current pressures on Maternity Services.

In collaboration with the LMNS, the Trust agreed to introduce a third training day with a focus on Fetal Wellbeing. However, discussion with the LMNS advised that in view of a third day requiring additional resource, the Trust may not achieve full compliance with this additional requirement. The position with regard to training was presented to the Board Level Maternity Patient Safety Champions in August outlining the challenges faced with implementing this within such a short timescale. The training was scheduled to commence from the 4 September 2023, however, due to clinical workforce pressures, it has not been possible to continuously offer this additional day to all members of the team. The provision of clinical care remains a priority to preserve safety across the maternity service.

Training compliance for the existing schedule of a 2-day offer – Clinical Skills Emergency Drills and the Public Health in Practice day – was on target to achieve compliance provided that all the training sessions were delivered as planned over the 3 months between the 4 September and 5 December 2023. However, an additional change in requirement of the Core Competency Framework was the expectation that medical staff also receiving training

in 3 elements of the Public Health in Practice day. Currently they do not attend that day and the Trust is still working through the challenges of implementing this training requirement.

Table 1, 2 and 3 illustrate the current position with regard to the current schedule of core competency training up to the 9 November 2023.

Table 1. Clinical Skills Day

Staff Group	Percentage trained
Midwives including Midwifery Managers, Matrons, Community Midwives, Midwifery Led Unit Midwives and Bank Midwives	82%
HCA/MSW/NN	75%
Theatre Staff	100%
Obstetric Consultants	46%
Anaesthetists	75%
Trainees	76%
Total	**76%**

Table 2. Maternity Safety and Public Health in Practice Day

Staff Group	Percentage trained
Midwives including Midwifery Managers, Matrons, Community Midwives, Midwifery Led Unit Midwives and Bank Midwives	79%
HCA/MSW/NN	79%
Theatre Staff	88%
Obstetric Medical staff	0%
Total	**62%**

Table 3. Fetal Wellbeing Training Day

Staff Group	Percentage trained
Midwives including Midwifery Managers, Matrons, Community Midwives, Midwifery Led Unit Midwives and Bank Midwives	

	26%
Obstetric Consultants	0%
Obstetric trainees	21%
Total	**24%**

The Board Level Safety Champions were informed at the October Maternity Patient Safety Champions meeting that, given the additional resources required, together with existing staff pressures, achieving the required compliance was unlikely. Attendance at the Clinical Skills day and Public Health in Practice day is encouraging, , however, remains below the reduced target of 80% in all staff groups. The challenges described are broadly in line with all providers across maternity services, hence the 10% reduction rate made by NHSR from 90% to 80%.

The Trust will be unable to declare full compliance with safety action 8.

2.9 SAFETY ACTION 9: CAN YOU DEMONSTRATE THAT THERE ARE ROBUST PROCESSES IN PLACE TO PROVIDE ASSURANCE TO THE BOARD ON MATERNITY AND NEONATAL SAFETY AND QUALITY ISSUES?

a) *All six requirements of Principle 1 of the Perinatal Surveillance Model must be fully embedded.*

The Trust is fully compliant with all six requirements of the Perinatal Surveillance Model. The non-executive director works closely with the Board safety champion. Accompanied by a Matron or senior midwife, a monthly walkabout has taken place within the maternity unit and a report of the findings, summarised and shared with staff in November 2023.

A monthly review of maternity and neonatal quality is reported to the Trust Board via the Integrated Quality Report.

The Trust has submitted quarterly Perinatal Quality Surveillance reports to the LMNS in accordance with the requirements of safety action 9.

b) Evidence that discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework are reflected in minutes of Board, LMNS/ICS/Local and Regional Learning System meetings.

The Trust's claims scorecard, alongside incident and complaint data was shared with the Maternity Patient Safety Champions on the 14 July 2023. An additional meeting to discuss the new scorecard made available to the Trust in September 2023 is scheduled for the 29 November. A further report will be discussed with the Board level Maternity Patient Safety Champions in December. This meets the requirements of safety action 9.

c) Evidence that the Maternity and Neonatal Board Safety Champions (BSC) are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures.

The quadrumvirate will be attending Wave 5 of the NHS England Perinatal Culture and Leadership Programme commencing in November 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 Trust is confident that full compliance with this safety action can be achieved.

2.10 SAFETY ACTION 10: HAVE YOU REPORTED 100% OF QUALIFYING CASES TO HSIB AND TO NHS RESOLUTION'S EARLY NOTIFICATION SCHEME?

A) *Reporting of all qualifying cases to HSIB from 30 May 2023*

B) Reporting of all qualifying EN cases to NHS Resolution's Early Notification Scheme from 30 May 2023

C) For all qualifying cases which have occurred, the Board are assured that:
i. the family received information on the role of HSIB and NHS Resolution's EN Scheme; and

ii. there has been compliance, where required with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of duty of candour.

There have been 3 qualifying cases (100%) reported to HSIB since 30 May 2023.

None of the cases require reporting to the Early Notification Scheme.

All 3 families received information on the role of HSIB and the NHS Resolution's scheme and a formal letter regarding duty of candour.

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

3. CONCLUSION

The Trust is confident in achieving full compliance with 9 out of 10 of the safety actions. The stretch ambition to achieve full compliance with safety action 8 – Multi-professional training – has been consistently reported to the Trust Board as an area of concern throughout year 5. Despite rigorous monitoring of the attendance and the proposed trajectories, achieving the required 80% compliance is unlikely to be achieved in the six months' time frame of year 5.

As advised by NHSR, the Trust should continue to submit the declaration form acknowledging compliance with 9 safety actions. Whereby all 10 Safety Actions are not

met, the Trust may still be eligible for a small amount of funding to support ongoing progress and an action plan should be submitted with the Board declaration form. A final report will be provided to the Trust Board in January 2024.

The declaration for must be signed by the Trust's Chief Executive Officer and the Accountable Officer for the Integrated Care System by the 1st February 2024.

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
21 November 2023

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 2023						
Title	Quality Account six month review						
Report of	Angela O'Brien - Director of Quality & Effectiveness						
Prepared by	Anne Marie Troy-Smith – Quality Development Manager						
Status of Report	Public	Private	Internal				
	☒	☐	☐				
Purpose of Report	For Decision	For Assurance	For Information				
	☒	☒	☐				
Summary	The Trust Board has previously approved the 2023/2024 Quality Account Priorities and is now asked to review progress to date. The report aims to provide assurance to the Board that improvements are being made and, where necessary, appropriate measures are in place to address any deviation from the anticipated mid-year position. This paper outlines a six month review of progress and includes results where available. NHS Foundation Trusts were not required to commission assurance on their quality report for 2021/2022. From 2021/2022 onwards, this assurance exercise was deemed optional for all providers. At the Audit Committee meeting in January 2021, external auditors highlighted that the Governors, Audit Committee and Board needed to decide whether the Trust wanted to commission an external assurance exercise from 2021/2022 onwards, the decision at the time was not to commission and await further guidance. The Quality Account will need to be published by June 30th 2024.						
Recommendation	The Trust Board are asked to note progress against the 2023/2024 quality priorities and note the recommendations for Quality Account priorities in 2024/2025.						
Links to Strategic Objectives	Putting patients first and providing care of the highest standard, focusing on safety and quality. Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle and beyond. 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 the Board Assurance Framework [BAF]	SO1.4 [high-quality safe care] There is a risk of not achieving targets set in Quality Account which would impact on quality of care and reputation.						
Reports previously considered by	Report sent annually to the Quality Committee and Trust Board.						

QUALITY ACCOUNT SIX MONTH REVIEW

EXECUTIVE SUMMARY

This report is an overview of the 2023/2024 Quality Account priorities approved by the Trust Board, who are now asked to review the progress to date.

Priority 1 - Reducing Healthcare Associated Infections: Gram–negative bloodstream infections (*GNBSI)* constitute the most common cause of sepsis nationwide with associated high mortality. The *GNBSI* Steering Group and the Antimicrobial Steering Group (AMSG) continue to review reduction strategies. Future work includes MSSA, respiratory infection and C.difficile infection reduction initiatives to improve compliance.

Priority 2 – Management of Abnormal Results: Specific targets for improvement have been identified as a result of the work completed to date. Future work includes successful completion of the Closed Loop Investigations project.

Priority 3 – Implementation of the National Patient Safety Strategy & Patient Safety Incident Response Framework (PSIRF): Ongoing development of PSIRF is an essential part of the alignment to this national ambition which is essential for the Trust to provide meaningful patient safety improvement. A PSIRF Programme Lead and Patient Safety Strategy Clinical Director have been recruited and commenced in post in September 2023 to steer implementation and work with new Clinical Boards to define governance mechanisms for effective patient safety incident response.

Priority 4a Introduction of a formal triage process on the Maternity Assessment Unit (MAU): Successfully opened and staffed new Maternity Day Care facilities with implementation of Birmingham Symptom Specific Obstetric Triage System (BSOTS) due eminently. Following implementation, monthly BSOTS audit planned regarding the percentage of women formally triaged by a designated member of staff trained in triage, within fifteen minutes of arrival at the MAU.

Priority 4b – Modified Early Obstetrics Warning Score: A digital maternity chart has been developed, tested, and released across the Trust and within maternity areas, with the exception of the MAU. The MAU will require significant work by IT, including reconfiguration of staff permissions and reconfiguration of MAU as an Emergency Department (ED) environment. Due to resourcing constraints/demand pressures within IT, it has been suggested an impact assessment is undertaken to enable prioritisation of work within the remit of the clinical boards.

Priority 5 – Best Interests Decisions/Mental Capacity Assessment (MCA) and Deprivation of Liberty Safeguards (DoLS): As part of the Trust's 'Care for Me, With Me' (CFMWM) project work a significant amount of training has taken place across the Trust in relation to MCA and DoLS. Compliance audits have demonstrated improvement across the Trust in the documentation of MCA assessment prior to DoLS being put in place. Future work continues in relation to training and supporting staff to embed this in practice.

Priority 6 – Ensure reasonable adjustments are in place for patients with suspected, or known, Learning Disability &/or Autism: This priority also forms part of the Trust CFMWM project. Training and education has formed a large part of the priority, including the release of an E-learning package, with Trust-wide compliance above 88%. Future work includes participation in North East and North Cumbria (NENC) Learning Disability Network pilots for the; 'Passport' app, reasonable adjustment posters with QR code and Implementation of Care Bags.

Priority 7 – Improve services in the ED for children, young people, and adults with mental health issues: The Trust has secured dedicated funding for a project lead to support an investment proposal for improved pathways for Children and Young People requiring assessment and treatment. Future work includes establishment of efficient and timely pathways, improved environments in Emergency Care and collaboration with Cumbria, Northumberland, Tyne & Wear (CNTW).

Priority 8 -– Embed a consistent approach to transition young people from child to adult services: The Trust has successfully scoped pathways in Children's Services specialities, mapping any inconsistencies in the management of newly presenting 16/17-year-olds. The recruitment process is now underway, we will recruit a nursing project lead, youth worker, data manager and two medical PA's.

We propose that all priorities, with the exception of priority 4a (Introduction of a formal triage process on the Maternity Assessment Unit) remain in 2024/2025.

QUALITY ACCOUNT SIX MONTH REVIEW

1. INTRODUCTION / BACKGROUND

Every year, the Trust is required to publish a Quality Account which is an annual report written for the public about the quality of the healthcare services it provides. It contains both a retrospective and prospective account of the Trust's quality priorities, explaining outcomes and, crucially, looking forward to define the quality priorities for the next year. The Trust Board approved the Quality Account priorities for 2023/2024 and are now asked to review the progress to date.

2. PROGRESS TO DATE

Patient Safety

Priority 1 - Reducing Healthcare Associated Infections (HCAIs) – focusing on COVID-19, Methicillin-Sensitive Staphylococcus Aureus (MSSA)/Gram negative Blood Stream Infections (GNBSI)/ C. difficile infections (CDI)

Why we chose this?

GNBSI constitute the most common cause of sepsis nationwide with associated high mortality. Proportionally, at the Newcastle Hospitals, the main source of infection is urinary tract infections, mostly catheter associated, line infections and hepatobiliary. There is an integrated approach to tackling HCAI's with Multidisciplinary Team (MDT) engagement across the whole patient journey, a focus on antibiotic stewardship, early identification of risks, surveillance and timely intervention from our reduction strategies. There is additional emphasis on Anti-microbial Resistance (AMR) reduction, with high rates of resistance in most commonly used antibiotics i.e. Piperacillin-Tazobactam (Tazocin) for gram negative infections. The *GNBSI* Steering Group and AMSG continue to review reduction strategies on a quarterly basis.

MSSA bacteraemia can cause significant harm. At Newcastle Hospitals, these are most commonly associated with lines, indwelling devices and soft tissue infections. Achieving excellent standards of care and improving practice is essential to reduce these infections and complications in line with harm free care.

In addition to COVID-19, there has been a surge in respiratory infections, in particular Influenza and Respiratory Syncytial Virus (RSV). Each has the potential to require hospitalisation /intensive care admission and cause outbreaks across the Trust.

C. difficile infection is also a potentially severe or life-threatening infection. It remains a national and local priority to continue to reduce Trust rates of infection in line with the national and local objectives.

What we aimed to achieve?

- There is a national ambition to reduce *GNBSI*. We realigned ourselves with national reduction targets as these required >10% reductions for some of these pathogens.

- Targeted reduction in Broad spectrum antibiotic use (namely Tazocin).
- Internal 10% year-on-year reduction in MSSA bacteraemia.
- Prevent transmission of HCAI COVID-19 and other preventable respiratory infections in patients and staff.
- Sustained reduction in *C. difficile* infections in line with national trajectory which is 165 or less per annum.

What have we achieved so far?

- We adopted the National Infection Prevention and Control (IPC) Board Assurance Framework (2023) to monitor and report on progress of all IPC related standards in the Trust. There are 10 Criteria in the framework, of which the Trust is fully compliant in one and partially in all others.
- Improved diagnosis and management of sepsis including collaborative working with Clinical Director Quality & Safety and specialist nurses. Sepsis screening compliance increased from 59% to 66% between April and June 2023.
- Quality improvement projects undertaken in key Clinical Boards, running in parallel with Trust-wide awareness campaigns, education projects, and audit of practice, with a specific focus on:
    - Antimicrobial stewardship and safe prescribing (ED). New Sepsis guidelines are in place to move selected patients away from broad spectrum antibiotic use.
    - Early recognition and management of suspected infective diarrhoea. Education and monitoring ongoing in surgical specialties resulting in improved recognition and management of *C. difficile* infection.
    - Ward monitoring of device compliance for peripheral intravenous (IV) and urinary catheters. IV improvement work continues with audit and targeted education. An electronic dashboard line surveillance to be implemented in November 2023. Optimisation of the management of bladder health and catheter associated urinary tract infection (CAUTI) through quality improvement interventions and recommendations.
    - Surveillance monitoring is in place for insertion and ongoing care of invasive and prosthetic devices, Joint and Spinal Surgery. Quarter 1 (January – March 2023) saw five (1.5%) Surgical Spine Infections (SSIs) recorded at the Royal Victoria Infirmary (RVI) which is a reduction from the previous quarter which was 2.04%.
    - A task and finish group has been formed to review current Trust policy and new recommendations for use of Octenisan. This is currently being finalised.
- Clinical Board Serious Infection Review Meetings (SIRM) continue to support action plans to monitor/reduce HCAI and adherence to best practice. Post infection reviews for HCAI with preventable causes and timely review of HCAI deaths to help identify areas of concern and address key issues.
- Ongoing work with partner organisations such as the Integrated Care Board (ICB) to improve HCAI/AMR for the NENC and wider Health Care Economy.

How are we measuring success?

- Monitoring compliance with assurance frameworks.
- Continuous monitoring of HCAI infections and deaths within the Trust.
- Data sharing with Clinical Boards whilst focusing on best practice and learning from the investigation of mandatory reportable organisms.

- Continue to report MSSA, *GNBSI* and *C. difficile* infections monthly, both internally and nationally.

The Quality priority lead proposes that this remains a priority in 2024/2025.

Priority 2 – Management of Abnormal Results

Why we chose this?
The management of clinical investigations is a major patient safety issue in all healthcare systems. Unintentional delays in clinical investigations being undertaken, acknowledged and endorsed can cause serious patient harm, including significant delays in clinical care, treatment and follow-up.

What we aimed to achieve?
We aim to be a world leader by improving patient safety through ensuring that appropriately ordered clinical investigations are correctly undertaken, acknowledged and endorsed. This should result in more timely clinical care, treatment and follow-up. Improving the management of abnormal results will require successful completion of the Closed Loop Investigations project, which aims to ensure that all clinically appropriate investigation requests are fulfilled, results are returned to the correct consultant and appropriate action is taken in response to critical results.

What have we achieved so far?
By default, electronically issued investigation results were previously returned to the clinician associated with the digital "encounter", against which an investigation was ordered. However, this information was not always correct, leading to the result being issued to the wrong clinician's message centre.

Thanks to the Closed Loop Investigations project, the Trust has:

1) Synthesised an agreed list of >800 lead clinicians with patient responsibility (predominantly consultants).
2) Implemented a robust process for new joiners to be added to the system and leavers to be removed from the list.
3) Ensured that the staff list is identical in Cerner Millennium (eRecord), the radiology information management system (RIS), and the laboratory information management system (LIMS);
4) A new mandatory field has been added to order entry forms (OEF) used to digitally request investigations through eRecord (including radiology, laboratory medicine and echocardiography). This field asks for details of the "lead clinician to receive report", and all results are channelled to the message centre of the specified clinician.

In summary, results are now received in the message centre of a recognised clinician with patient responsibility. Due to this:

- The eRecord message centre is now a much more reliable method for communication of investigation results, which should result in more timely clinical care, treatment and follow-up.

- The Trust should now consider moving to wholly digital communication of results, which is more environmentally friendly and associated with significant and recurring cost savings.

How are we measuring success?
Information stored in the Cerner Millennium data warehouse was analysed using modern data science tools to evaluate how frequently the OEF-specified lead clinician differed from the consultant associated with the eRecord "encounter".

What the Trust has learnt:
- Redesign of electronic ordering systems significantly affects the down-stream performance of systems used to communicate critical investigation results.
- Making even small changes to electronic ordering systems is resource intensive and requires significant collaboration between IT, radiology, laboratory medicine, human resources, and medical personnel.

The Quality priority lead proposes that this remains a priority in 2024/2025.

Priority 3 – Implementation of the National Patient Safety Strategy & Patient Safety Incident Response Framework (PSIRF)

Why we chose this?
The provision of healthcare globally leads to avoidable harm and despite decades of dedicated work, inadvertent harm continues across all providers, with the same types of patient safety incidents occurring time and time again. The NHS Patient Safety Strategy outlines the national ambition for transformational change to continuously improve the safety of patients, by building on and improving patient safety culture and patient safety systems. Aligning to this national ambition is essential for the Trust to provide meaningful patient safety improvement.

What we aimed to achieve?
- To transition to Phase one of the Trust Patient Safety Incident Response Framework (PSIRF) implementation by autumn 2023, moving away from the Serious Incident Framework, and defining how we will respond to safety events differently.
- Provide staff with the skills respond to safety events, providing opportunities for learning and improvement.
- Meaningful patient and staff involvement, to provide challenge and a positive impact across the wide patient safety agenda.

What have we achieved so far?
- A PSIRF Programme Lead and Patient Safety Strategy Clinical Director have been recruited and in post from September 2023 to lead implementation and work with new Clinical Boards to define governance mechanisms for effective patient safety incident response.
- Team working with stakeholders to complete the Trust's Patient Safety Incident Response Plan (PSIRP) and policy, and outline priorities for improvement, incident types requiring responses and improvement programmes.
- Team working with Newcastle Improvement (NI) on how new systems of learning and improvement will be measured in Phase one to demonstrate robustness.

- Investigator training ongoing to increase staff capacity and capability in PSIRF incident response methodology, including in-depth system investigation, rapid review and in-depth incident investigation.
- Recruitment of new Quality and Safety governance leads within Clinical Boards to support PSIRF, working with allocated Clinical Governance and Risk Department links, CD's for Patient Safety and Quality and the NI team for support.

How are we measuring success?
The PSIRF work stream officially started in September 2023 with the implementation of a PSIRF lead and Patent Safety Strategy Clinical Director to commence phase one of PSIRF, which is now underway. Future plans include:

- Completion of Trust PSIRP, following stakeholder and ICB agreement.
- Commencement of Phase one of PSIRF implementation by autumn 2023.
- Agreement of key response and engagement roles and governance mechanisms at Clinical Board level.
- Able to demonstrate increasing staff capability in incident response methodology, against a training needs analysis.
- Patient safety partners in post, supported in, and attending patient safety committees.

The Quality priority lead proposes that this remains a priority in 2024/2025.

Clinical Effectiveness

Priority 4a Introduction of a formal triage process on the Maternity Assessment Unit (MAU), in order to improve the recognition of the deteriorating pregnant or recently pregnant woman.

Why we chose this?
The need for early recognition of the deteriorating pregnant woman has been highlighted by Mothers and Babies, Reducing Risk by Audit and Confidential Enquiry (MBRRACE) and the Ockenden Report.

A formal triage process on the Maternity Assessment Unit (MAU) will enable and facilitate rapid review and prioritisation of care, based on individual clinical need.

What we aimed to achieve?
To improve early detection and escalation of women at risk of deterioration on MAU, to reduce the likelihood of avoidable harm to mothers and babies. An Institute for Healthcare Improvement (IHI) project on 'Identification and management of the deteriorating pregnant woman within the MAU' was a comprehensive Quality Improvement (QI) project which facilitated significant changes and led onto the next step to introduce formal, objective triage using a bespoke platform within BadgerNet (electronic maternity system) by April 2023.

What have we achieved so far?
Work is ongoing, including regular meetings, to implement BSOTS (Birmingham Symptom Specific Obstetric Triage System), on the MAU. This is the bespoke maternity triage system within BadgerNet. The Trust has:

- Appointed a new post to lead BSOTS implementation and training.
- Successfully applied for a BSOTS licence, enabling access to the BSOTS team for meetings for advice on implementation and training materials.
- Successfully moved elective workload away from MAU. This has been achieved by the development of a new maternity Day-care unit, within the antenatal ward. This has included a complete refurbishment of the clinical area and guidance has been developed for place of care/referral pathways. The women attending MAU are now emergencies only, meaning footfall has reduced dramatically, which will support the implementation of electronic triage.
- Visited the maternity unit at a local Trust, who implemented BSOTS 18 months ago, enabling the implementation team to observe BSOTS working in practice.
- Implemented a training package for the core team of midwives and medical staff.
- Continued to use the paper version of the current triage system on MAU in the interim and collected baseline audit data to monitor effectiveness.

There is a delay to the early November 2023 planned BSOTS go live but is anticipated that there will shortly be a new go live date.

How are we measuring success?
Once implemented, the Trust will undertake a monthly audit of women formally triaged by a designated member of staff trained in triage, within fifteen minutes of arrival at the MAU. BSOTS has an inbuilt audit process and they will oversee compliance/assurance with regular contact with us.

The Quality priority lead proposes that this stream of work becomes business as usual if BSOTS goes live this year and does not continue as a Quality Account priority in 2024/2025.

Priority 4b – Modified Early Obstetrics Warning Score (MEOWS)

Why we chose this?
The monitoring of pregnant or recently pregnant patients in non-maternity settings has been identified as an area of risk. Over recent years in England, adverse outcomes have occurred in patients where patient monitoring systems have been deficient in non-maternity settings.

What we aimed to achieve?
We aimed to achieve two things:

1. Creation of a means of identifying a pregnant or recently pregnant patients via our electronic patient record (EPR).
2. Introduce a maternal early warning (MEOWS) observation chart linking to our electronic observations system (EOBS).

What have we achieved so far?
Development and integration of a question in the admission documentation within the EPR to identify patients who are pregnant or have been pregnant in the previous 42 days. This allows identification of all patients meeting this criterion within the Trust, particularly for those in a non-maternity setting.

Within maternity an electronic MEOWS chart has been created for use i.e. e-Obs. Electronic observations went live in May 2023 within maternity areas, with the exception of MAU. This requires further IT development of the admission process.

To include MAU will require significant work by IT, including reconfiguration of staff permissions, reconfiguration of MAU as an ED environment and testing of the interface between EPR and Badgernet. An impact assessment will be undertaken within IT to enable prioritisation of work within the remit of the clinical boards.

How are we measuring success?
Success for the identification of pregnant or recently pregnant patients in the EPR is dependent on ability to record this information electronically. Deteriorating patients in adults are identified by reviewing the deterioration patient List, and more generally by observing compliance on the e-Obs compliance dashboard which gives trust wide data results.

The Quality priority lead proposes that this remains a priority in 2024/2025.

Priority 5 – Best Interests Decisions/Mental Capacity Assessment (MCA) and Deprivation of Liberty Safeguards (DoLS)

Why we chose this?
To provide the highest quality care it is essential that patients who require an MCA assessment and subsequent best interests' decision/ DoLS put in place, have this undertaken and documented at the earliest opportunity by staff who are appropriately trained.

What we aimed to achieve?
- Ensure staff understand the need for mental capacity assessments and where and how to record these.
- Ensure staff recognise when best interest decisions are needed and where and how to document these discussions.
- Ensure staff understand the process for requesting and completing urgent DoLS authorisations.

What have we achieved so far?
- Awareness raised about the need for MCA assessments and where and when to document.
- E-learning training active with additional training being developed.
- Additional ad-hoc training sessions delivered.
- Compliance audits undertaken as part of the Trust 'Care for Me, With Me' programme of work.

How are we measuring success?
- Compliance with training.
- Audit of referrals and electronic documentation.

The Quality priority lead proposes that this remains a priority in 2024/2025.

Patient Experience

Priority 6 – Ensure reasonable adjustments are in place for patients with suspected, or known, Learning Disability &/or Autism.

Why we chose this?

As a Trust, we are committed to ensuring patients with a Learning Disability and those who have a diagnosis of autism have access to services that will help improve their health and wellbeing and provide a positive and safe patient experience for them and their families.

Under the Equality Act 2010 the Trust must ensure services are accessible to children, young people and adults with learning disabilities. This can often result in the need for reasonable adjustments for patients, such as alterations to buildings e.g. providing wide doors and ramps, but may also mean changes to appointment times, duration and location. Policies, procedures and staff training should identify the requirement for reasonable adjustments to ensure that services work equally well for people with Learning Disabilities and those who are autistic.

What we aimed to achieve?

- Improved the educational opportunities for staff in Learning Disabilities and autism, including training sessions regarding the documentation of reasonable adjustments.
- Continue to review the skill mix and establishment within the Learning Disability Liaison Team and increase visibility of the team in clinical areas, in order to provide face to face advice and support.
- Reintroduce the role of Learning Disability Champion. Launch in October 2023 with an emphasis on the purpose of the role and appropriate training.
- Promote the e-learning Diamond Standard Training package whilst continuing to participate in the regional pilot of the Tier 1 and Oliver McGowan Mandatory Training.
- Continue to work closely with the NENC Learning Disability Network and support pilots for:
    - Testing digital Hospital 'Passport' app. This will be done working closely alongside patients and their families that present either acutely or electively.
    - Display and highlight 'Reasonable Adjustment' posters with QR codes.
    - Implementation of Care Bags which provide distraction tools to support patients, particularly those presenting acutely.

What have we achieved so far?

- Additional training sessions highlighting difference between Learning Disability and learning difficulty have been delivered to clinical and non-clinical wards and departments across the Organisation.
- Audit of triage and admission documentation for patients with a Learning Disability diagnosis.
- Additional temporary support (until December 2023) within the Learning Disability Liaison Team from a Clinical Educator.
- Reintroduction of the Learning Disability Champion role, which was undertaken in October 2023.
- Launch of a Trust-wide e-learning package with 88% compliance.

- Ongoing input and work in relation to Learning Disability and Autism training as part of regional pilot
- 'Passport' app awaited.
- Reasonable Adjustment Posters widespread across organisation.
- Care Bags have been issued and evaluation to follow.

How are we measuring success?

- Regular compliance audits of patient records in regard to the triage and assessment of patients with a Learning Disability and the subsequent identification of reasonable adjustments.
- Review of e-learning Diamond Standard training compliance.
- Measure the success of the app, posters, and care bags as part of the NENC Learning Disability Network pilot.
- Evaluate implementation of the care bags.

The Quality priority lead proposes that this remains a priority in 2024/2025.

Priority 7 – Improve services in the Emergency Department (ED) for children, young people (CYP), and adults with mental health issues.

Why we chose this?

There has been an increase in adults and CYP presenting with acute mental health illness within the organisation. It is therefore important that staff have the skills and knowledge to support patient's presenting in this way, within a safe environment. The Trust must also ensure that appropriate and timely pathways are in place to facilitate support and assessment from mental health colleagues. Therefore, this priority set out to review the current service provision for adults and CYP in order to identify any gaps, areas of good practise and areas for improvement in this area.

What we aimed to achieve?

- A dedicated and efficient pathway for patients in both adult and CYP settings for assessment and treatment.
- Assurance of appropriate documentation and communication where patients are detained under the Mental Health Act.
- An appropriately skilled workforce.
- Assurance of completion of appropriate screening tools for all patients presenting at triage and further assessment of mental health needs as required.
- Appropriate environment and support within Emergency Care for patients with mental health conditions.

What have we achieved so far?

- The Trust has secured dedicated funding for a project lead to support an investment proposal for improved pathways for CYP requiring assessment and treatment. This is currently ongoing.
- The Trust now has an Associate Director of Nursing (and) lead for Mental Health who is leading work to support and implement improved assessment and documentation at ED triage, pathways and escalation to support patients who require close observation, and development of appropriately skilled workforce.

- Mental health risk assessments are now available on paper in acute ED and inpatient settings, with a plan to digitalise these, this is currently happening.
- Ongoing work regarding improvements to the environment.

How are we measuring success?

- Established efficient and timely pathways.
- Improved environments in Emergency Care.
- Improved understanding of mental health conditions.
- Collaboration with CNTW in relation to training.

The Quality priority lead proposes that this remains a priority in 2024/2025.

Priority 8 – Embed a consistent approach to transition for young people from child to adult services.

Why we chose this?

Each year over 6,000 13- 17-year-olds are admitted to the Trust with over 11,000 attending outpatient services. The young people within the Great North Childrens Hospital (GNCH) are often cared for by multiple teams as rare conditions overlap into a variety of specialties. Often there is no particular team coordinating their preparation for transfer into adult care and the pathway can be convoluted and difficult. Their care may also be transferred to a different area within the region and often transferred to their local adult hospital or GP, depending upon their diagnosis.

There is increasing evidence that young people (YP) with chronic health conditions become lost in the system and fail to engage when they move from child to adult services. This results in poor health outcomes for their conditions. It is important to note that transitional care is a process and not an event.

What we aimed to achieve?

- To facilitate and embed a coordinated approach for transition amongst specialist conditions and bespoke groups including mental health, safeguarding, Learning Disability/difficulty.
- To improve decision making to provide age and developmental appropriate health care particularly outside paediatric services for example in the adult ED.
- Provide a dedicated outreach support for YP managed outside paediatric areas (youth worker role).
- To facilitate patient/family experience feedback.
- To promote a culture where the voice of the child/YP is recognised, valued and acted upon within the organisation.
- In line with nation guidelines the project will support and facilitate implementation of standards and principles for better management of young people in Newcastle Hospitals.

What have we achieved so far?

- Commenced the recruitment process to employ the agreed staff to deliver the project, we will recruit a nursing project lead, youth worker, data manager and 2 medical PA's.

- Scoped pathways in specialities within children's services to map inconsistencies for the management of newly presenting 16/17year olds.

How are we measuring success?

- Successful recruitment and definition of team roles and responsibilities.
- Improvements have been made to the adolescent clinic in COPD, to provide a more dedicated area for young people with rheumatology – additional improvements required, for all young people attending clinic.

The Quality priority lead proposes that this remains a priority in 2024/2025.

3. SUMMARY

Despite making the significant improvements to the eight priorities, in order to fully achieve seven of these as business as usual further work is required.

4. RECOMMENDATION(S)

The Trust Board are asked to note progress of the 2023/2024 quality priorities and note the recommendations for Quality Account priorities in 2024/2025.

Mrs. Angela O'Brien
Director of Quality and Effectiveness
25 October 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 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 Quality and Assurance Lead						
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 for the Trust to the end of October 2023. Trend data in Appendix 1 (HCAI Report and Scorecard October 2023) is included in the Public Board Reference Pack (BRP), 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 [NHS core standards] ii) SO1.10 [infections]						
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:

- Two MRSA bacteraemia have been attributed to the Trust in October 2023 and were related to intra-vascular devices. This takes the Trust total to three against a target of zero. Details of the investigations are provided within the report.

- MSSA blood stream infections remain over local trajectory. The Vascular Access Team is working with Infection Prevention and Control (IPC) team and clinical teams to improve staff knowledge around line care documentation and ongoing management. IPC and Clinical Boards maintain oversight through the clinical standards dashboard and thematic analysis from post infection reviews.

- Gram Negative Blood Stream Infection (GNBSI) rates are over trajectory and remains high priority for targeting IPC initiatives. Continence, vascular specialist teams, IPC and clinical areas work together to identify areas with high rates and target initiatives towards improving bladder health and device management. This remains challenging as specialist teams are small and this is an additional role hence our key focus is to empower harm free care leads and clinical teams on wards and departments through education.

- *Clostridioides Difficile* infections (CDI) remain under national trajectory, numbers have remained static since August. IPC /Infection specialists and antimicrobial groups are working collaboratively with clinical teams to improve diarrhoea care management and antimicrobial prescribing. This will continue to be a high priority until we achieve a sustained reduction.

- HCAI incidents and Antimicrobial Stewardship (AMS) are included in the Quality and Oversight Group for Clinical Boards. Assurance is provided to Clinical Boards through senior IPC representation and review of HCAI dashboards.

- The process of incorporating IPC into Patient Safety Incident Response Framework (PSIRF) is under way with plans for full implementation by January 2024.

RECOMMENDATIONS

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

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

1. KEY POINTS FOR SEPTEMER/OCTOBER 2023

This paper provides a bi-monthly overview to the Trust Board regarding the Healthcare Associated Infections (HCAI). This includes:

- Current performance against national HCAI reduction trajectories. This includes benchmarking with performance across Shelford Trusts.
- Overview of Trust actions and work streams to support HCAI monitoring and reduction strategies.
- Overview of the work undertaken to support antimicrobial stewardship.
- Trust assurance frameworks.

1.1 *Clostridioides difficile* Infections (CDI)

At the end of October 2023, a total of 89 cases were attributed to the Trust (67 cases Hospital Onset Healthcare Associated (HOHA); 22 cases Community Onset Healthcare Associated (COHA)) – see Table 1. This places the Trust under the national threshold (≤97) by 8 cases as shown in Table 2, and demonstrates an improved position compared to the same period last year. Month on month trend graphs are included in the Integrated Board Report.

Table 1: Number of CDI attributed to NUTH from November 2021 to October 2023

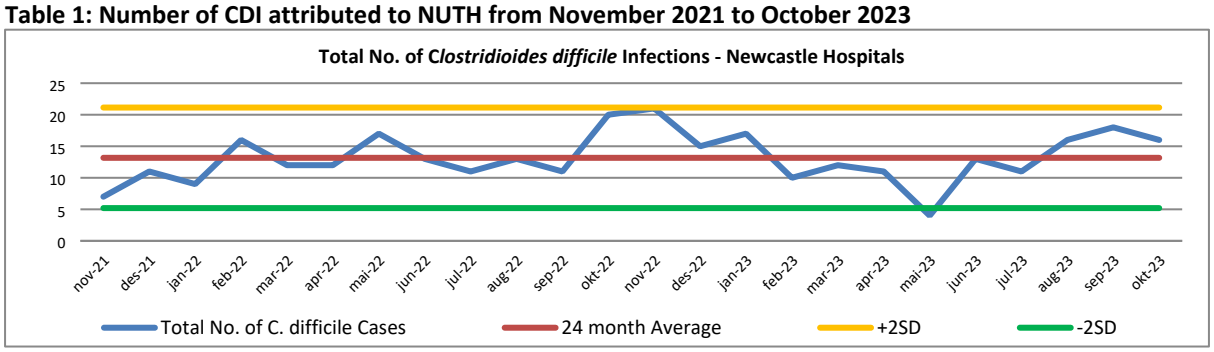
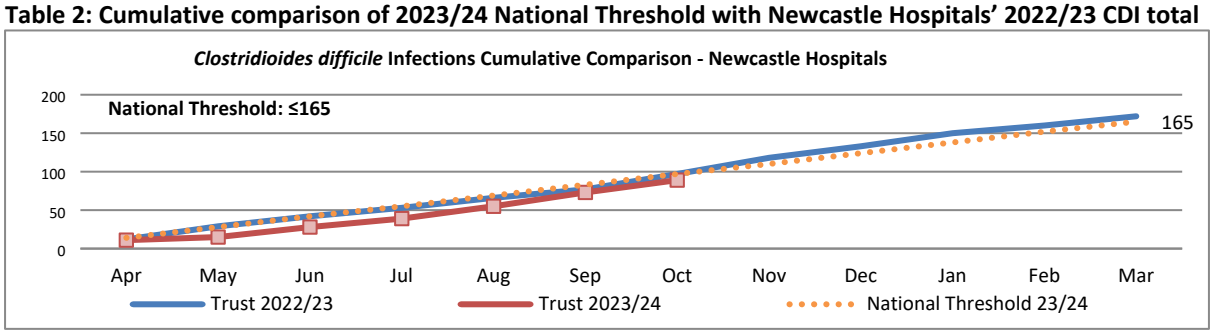


Table 2: Cumulative comparison of 2023/24 National Threshold with Newcastle Hospitals' 2022/23 CDI total



Tables 3 and 4 show the Trust's *Clostridioides difficile* infections compared with the Shelford Group for time periods between April – September 2022 and 2023.

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

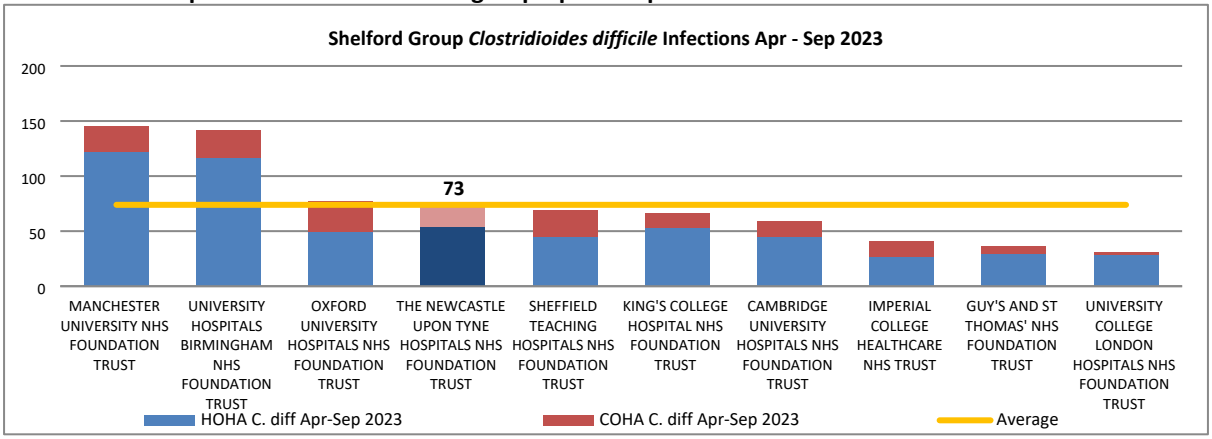
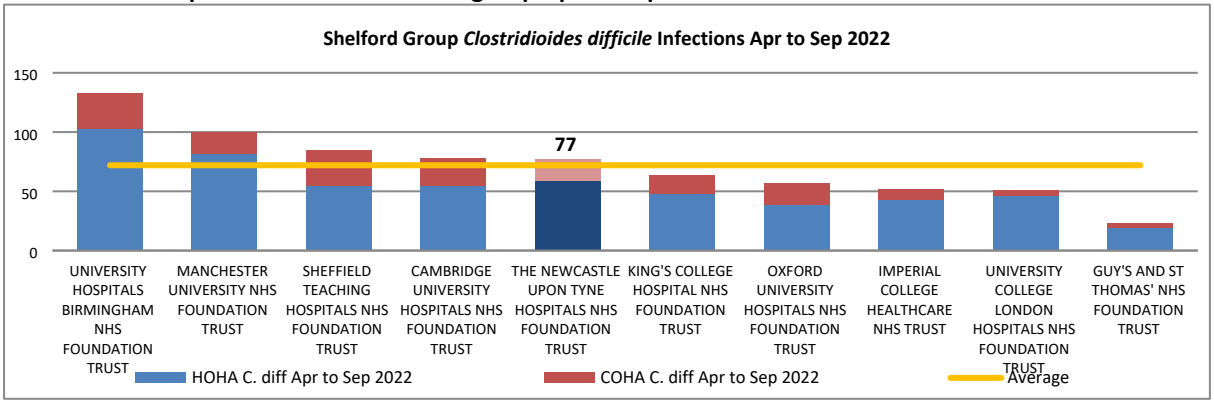


Table 4: CDI comparison data for Shelford group April – September 2022



A deep dive of surgical cases between July and September 2023 has identified all 6 patient episodes of CDI as unavoidable. HCAI improvement strategies continue to target high-risk areas with continuous oversight through IPC Operational groups.

1.2 MRSA / MSSA Bacteraemia

The Trust had one Community Onset Hospital Associated (COHA) case and one Hospital onset hospital associated (HOHA) case of MRSA bacteraemia in October 2023. Investigation into these cases identified gaps in device management specifically safety netting when high risk patients e.g. IV Drug Users who have central lines in situ, missed MRSA screening opportunities and compliance with temporary dialysis lines. These are being addressed through the Clinical Boards.

At the end of October, a total of 65 MSSA bacteraemia cases were attributed to the Trust (52 HOHA cases; 13 COHA cases). This places the Trust over our local trajectory by 12 cases (≤53 - no national threshold for MSSA). Table 5.

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

Table 5: Total MSSA Bacteraemia at Newcastle Hospitals November 2021- October 2023

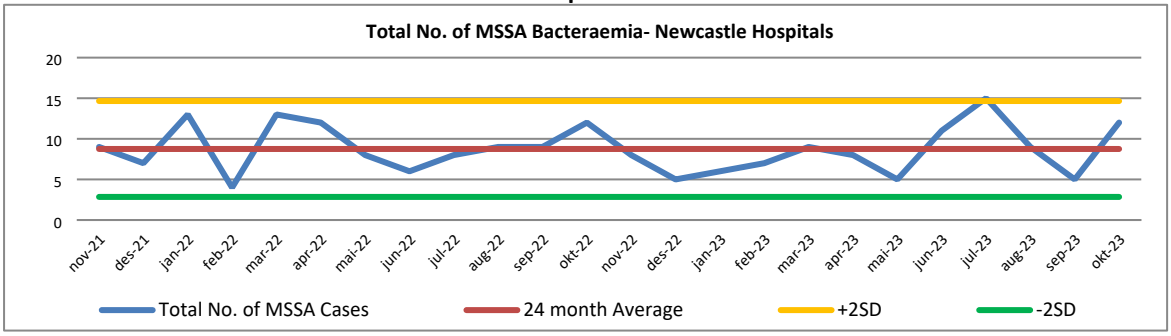


Table 6: MSSA cumulative comparison April 2022- end of March 2023 and April – October 2023

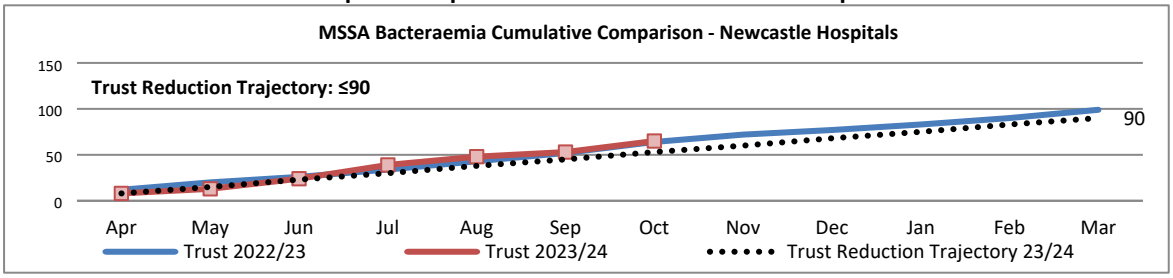
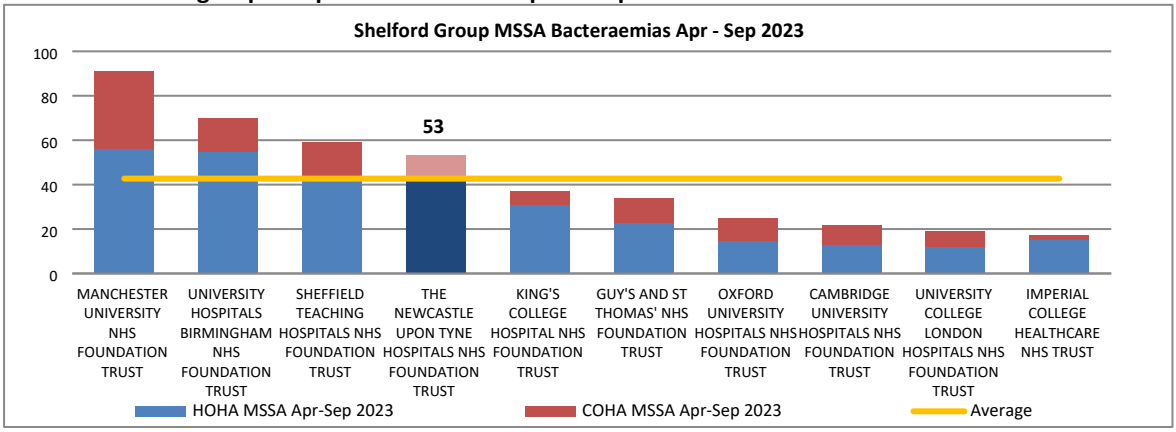


Table 7: Shelford group comparison for MSSA April – September 2023



Blood Stream Infection (BSI) reviews now include the identification of primary source of infection. Between 25-30% of BSI are attributed to intravascular devices (IV). The IPC and Vascular Access Team (VAT) are working together in areas of increased incidence to support Clinical Boards to develop action plans and initiatives. VAT are proactively undertaking surveillance of extended dwell cannulas, midlines and peripherally inserted central catheters (PICCs) to identify areas of concern and/or areas that require educational support. Staff are encouraged to attend monthly in-person education sessions and an IV eLearning Course is due for finalisation in early 2024. Trust antimicrobial skin wash strategy is being revised to ensure right product is used appropriately for the right patient group, as good compliance is an important factor to prevent BSI. Updated pathways are being developed by the task and finish group.

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

The Newcastle Hospitals Gram Negative Blood Stream infection (GNBSI) group continue to provide oversight across all aspects of GNBSI. Urosepsis, hepatobiliary /surgical infections

and line associated infections are the key sources of gram-negative infections. IPC and specialist teams working alongside clinical areas with high rates and focus on improving patient pathways. A significant proportion of our bacteraemia are community associated; improvements are being addressed through patient education support by our district nursing and community teams.

Table 8 compares GNBI rates against national thresholds and as illustrated, numbers exceed current national trajectory. Tables 9, 10 and 11 illustrate in graph format performance against trajectory.

Table 8: The table(s) below outlines the Trust figures up to the end of October 2023

	E. coli	Klebsiella	Pseudomonas aeruginosa
Cumulative No. cases to end of October 2023	**158 cases**	**78 cases**	**31 cases**
National Threshold for October 2023	**≤111 Over by 47**	**≤76 Over by 2**	**≤22 Over by 9**

Table 9: Total *E. coli* bacteraemia April 2022- end of March 2023 and April – October 2023

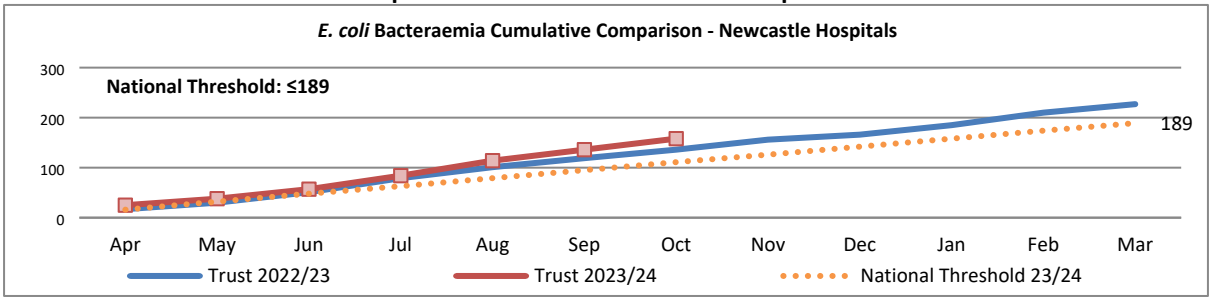


Table 10: Total Klebsiella bacteraemia April 2022- end of March 2023 and April – October 2023

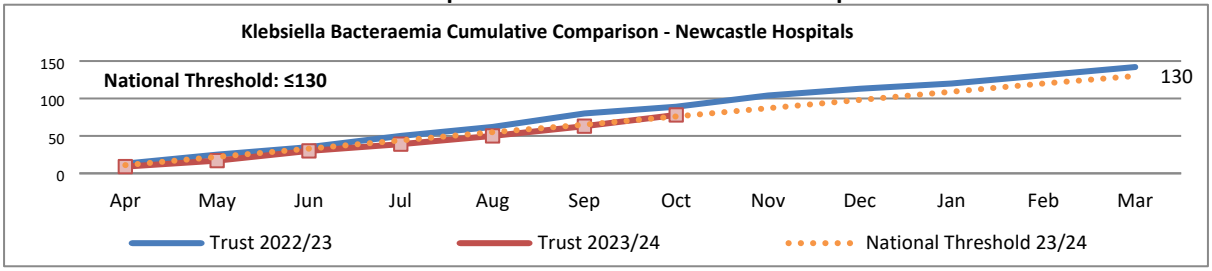
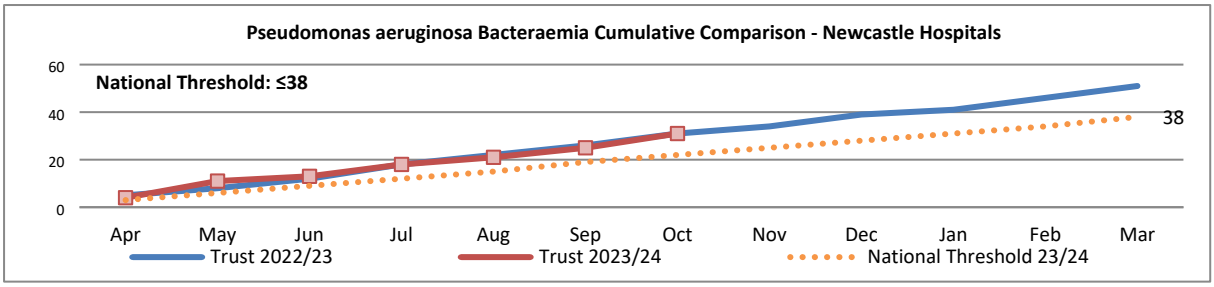


Table 11: Total Pseudomonas aeruginosa bacteraemia April 2022- end of March 2023 and April – October 2023

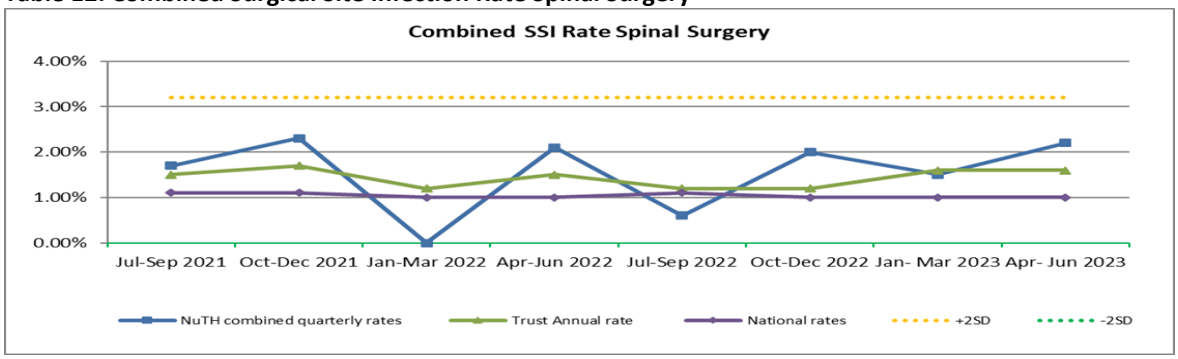


1.4 Surgical Site Infections (SSIs) – Spinal Surgery

Quarter 2 (April - June 2023) saw 7 SSIs (2.2%) – Table 12. Root Cause Analyses (RCAs)

identified similar themes from previous quarters surrounding patient non-compliance/adherence to guidance post discharge. Work is ongoing within the Neurosurgical department nursing team in conjunction IPC experts to formulate an improvement plan.

Table 12: Combined Surgical Site Infection Rate Spinal Surgery



1.5 Management of respiratory viruses including COVID-19

The number of COVID-19 HCAI cases reported rose in October 2023 to 106 from 86 in September 2023, however, the number of outbreaks over both months remained the same. Winter testing has been expanded to include Influenza A /B, RSV and Covid for emergency admissions.

1.6 Patient Safety Incident Response Framework (PSIRF)

A proposal for implementation has been submitted and approved by IPCC. IPC teams working towards full implementation and are currently aligning the pending ICNet implementation (IT software system for IPC) with PSIRF.

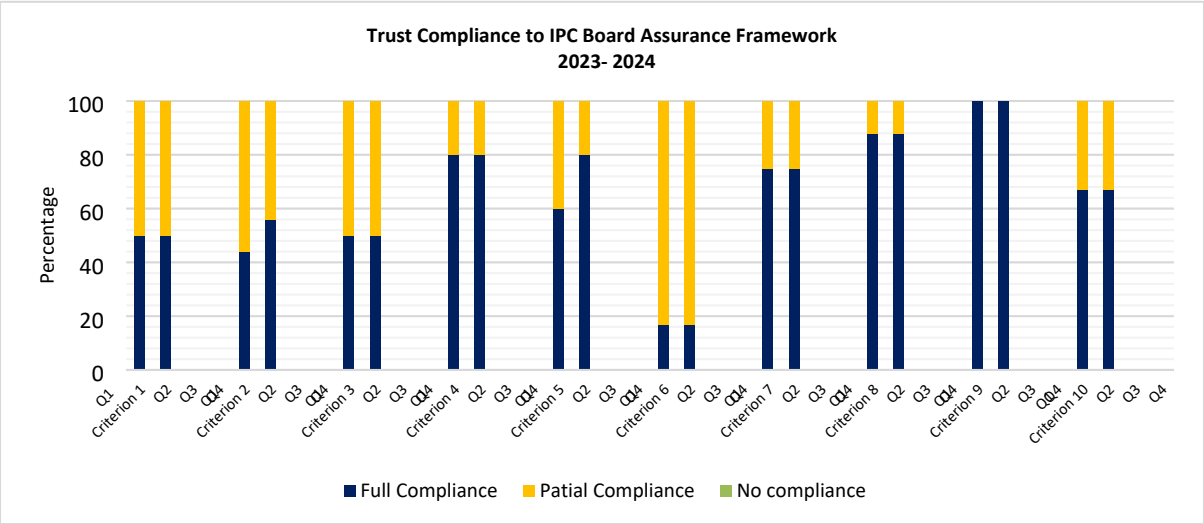
1.7 ICNet

Phase 1 of the ICNet software diagnostic tool will be live on 11 December 2023. It will provide IPCNs and infection specialists a dynamic HCAI surveillance tool to support real time monitoring of patients with known infections and those at risk of infection. It will create smarter working for the IPCN team by reducing the administrative burden, thus affording them more time to support in the clinical environment. In addition, ICNet software has been aligned to PSIRF to enable the provision of HCAI data for thematic reviews. Once Phase 1 of ICNet is embedded it will be expanded to give access to clinical teams.

1.8 IPC Board Assurance Framework (BAF)

The Trust remains fully compliant in criterion 9 and partially compliant all other criteria. There are no areas of non-compliance. Additional progress towards full compliance of individual criterion has been made in criterion 2 and 5 subsections (Table 13).

Table 13: Trust Compliance to IPC Board Assurance Framework



Quarter 2 report demonstrates that the organisation continues to make progress in relation to the IPC BAF. The increase in compliance demonstrated in criterion 2 and 5 is not fully reflective of the progress made highlighted in key points below:

- 28 of the 29 policies registered under IPC are in date. One of the policies is under review (Carbapenemase-Producing Enterobacteriaceae (CPE) and other Carbapenemase producing Organisms (CPO) Patient Management Policy) as a change to national policy has a potentially significant impact on lab capacity and operational flow which is being reviewed. In the interim, all actions from the previous policy remain appropriate and in place.
- A comprehensive Clinical Assurance Tool System (Synbiotix) is used to monitor IPC standards across the organisation. Results have improved in quarter 2 however, there continues to be some variation in compliance and assurance. A robust validation process will be implemented in January 2024 to support an increase in compliance in Criterion 1 and 2.
- The National Standards of Health Care Cleanliness were implemented in the Trust in 2022. An approved briefing paper identifies opportunities to improve standards and process through additional collaboration between Estates, IPC, and Clinical Teams (Criterion 2). A Task and Finish Group will be created to take this forward. The gap in high level cleaning is being mitigated through a short-term contract with an external provider and a business case has been submitted by Estates to address this gap.
- Progress in relation to Criterion 3 is detailed in 1.9 (Antimicrobial Stewardship). Updated signage is now displayed on entry across the organisation instructing patients/visitors with symptoms of infection to inform reception staff. This has increased partial compliance in criterion 5 from 60% to 80%.
- Quarter 2 has seen significant progress around FIT testing systems. Compliance is improving but has not yet reached a level of compliance to move the organisation to full compliance in this subsection. An updated ANTT competency eLearning package is ready for launch and awaits final approval prior to its implementation. (Criterion 6). A review of current IPC mandatory training is planned in quarter 3.
- The launch of ICNet will support improved prioritisation of isolation cubicles (Criterion 7) and support the reduction of the spread of infection.

1.9 Antimicrobial Stewardship (AMS)

The Severe Sepsis Guidance for Empirical Antibiotics for Adult patients is now embedded with real time reviews underway by AM pharmacists to assess prescribing against guidelines and financial impact of change. The Antimicrobial Steering Group (AMSG) has ratified the National IV to oral switch tool, which will be used to audit and support a timely review of IV antibiotics leading to a prescription change as per Start Smart then Focus. There are currently a small select number of wards which will be audited including hepatobiliary with further wards in planning. The audit will bring about positive change in antimicrobial stewardship. The advantages of a timely switch to orals will include reduced length of hospital stay; increased nursing capacity and time-to-care; improved patient experience and reduced risk of bloodstream infection. (Reference: Commissioning for Quality and Innovation (CQUIN): 2023/24 Guidance Version 1.1, 6 January 2023).

Clinical staff engagement with Take 5 audits had increased to 58% in August but has dropped to 37% in September. There were a number of episodes of Industrial Action in that month which may have impacted compliance. These audits are not mandatory, AMSG encourage engagement by disseminating key learning themes through AM leads and this work is also be included within Clinical Boards Quality Oversight groups.

1.10 Staff Winter Vaccination Programme

The Flu and COVID-19 staff vaccination programme is underway, overseen by the Staff Vaccination Steering Group. Vaccinations are being delivered through a combination of fixed bookable clinics, peer vaccinators and a roving team to support opportunistic vaccination. As of the 9 November 2023, 8,230 (48%) staff have been vaccinated for flu and 6,962 (40%) for COVID-19. Work is on-going to maximise uptake across the Trust.

1.11 Water Ventilation and Decontamination

Oversight of these systems continues via the Steering Groups. A full review of ventilation Systems is being undertaken to ensure compliance with standards with oversight from operational groups. Clinical Staff groups are also undertaking ventilation training to improve staff Knowledge. A bay in GNCHPICU does not meet National ventilation requirements however we have temporary specialist ventilation systems in place to maintain a safe environment. Permanent solutions are being explored by the Ventilation safety group.

1.2. 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
15 November 2023

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

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	30 November 2023						
Title	Charity Annual Report & Accounts 2022/23						
Report of	Teri Bayliss, Charity Director						
Prepared by	Graham Stokoe, Communications and Development Manager						
Status of Report	Public		Private		Internal		
	☒		☐		☐		
Purpose of Report	For Decision		For Assurance		For Information		
	☒		☐		☐		
Summary	The purpose of this report is to provide assurance to the Trust Board that the Charity has met its key responsibilities for 2022-23, in line with the requirements of the Charity Commission.						
Recommendation	The Trust Board are asked to approve this report outlining the 2022-23 work undertaken.						
Links to Strategic Objectives	Putting patients first 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 the Board Assurance Framework [BAF]	No direct link.						
Reports previously considered by	Annual Report, previously considered by the Charity Committee.						

CHARITY ANNUAL REPORT AND ACCOUNTS 2022/23

EXECUTIVE SUMMARY

The purpose of this report is to provide assurance to the Trust Board that the Charity has met its key responsibilities for 2022-23 in line with the requirements of the Charity Commission.

The report outlines overall achievements throughout the year.

The Trust Board are asked to approve this report outlining the 2022-23 work undertaken.

The Newcastle Hospitals Charity Annual Report and Accounts 2022-2023

Contents page

A message from the Chair and Charity Director

We are delighted to be able to reflect on another year in the life of Newcastle Hospitals Charity. A year where, thanks to the generosity of our supporters and fundraisers, we have been able to support more than 700 individual projects, with a total value of more than £7,000,000, in furthering our aim to improve the health and wellbeing of the patients, people and the wider communities of Newcastle Hospitals.

Thanks to our amazing supporters, donors and fundraisers we have been able to fund projects such as a state-of-the-art robotics system; direct access to social welfare advice services to families at GNCH; a Wudu ritual wash facility at the Freeman; complementary therapies at the NCCC and many, many more.

During the last year we have continued to grow our Arts Programme, increasing our reach to Newcastle Hospitals staff, patients, visitors and wider community, by engaging with over sixty-five thousand people. With over 70 creative engagement sessions, within Trust sites and in community settings, we have been able to offer activities such as photography, printmaking, pottery, drawing, painting and a range of live music.

In 2022-23 we worked with more external partners than ever before, supporting 14 charities, and building on our ongoing partnerships with organisations including Medicinema, Newcastle Carers and the Newcastle United Foundation. We also held our inaugural Charity Forum, a friendly, informal session to exchange experiences, learning and ideas and to discuss collaborations with other charities in the healthcare sector who support Newcastle Hospitals.

We have also grown our dedicated charity team this year, building capacity to support and engage volunteers and the local community, and to raise awareness and income from national funders.

Looking forward, Newcastle Hospitals Charity will continue to work in partnership with Newcastle Hospitals to complement their world-class healthcare services. Building on what has already been achieved, the Charity's ambition is to further strengthen its role as a key partner for the Trust and to increase the impact that it can make on improving the health of the region and beyond.

We remain incredibly grateful to every single supporter of Newcastle Hospitals Charity, and we are committed to delivering our future strategy to continue making a positive difference for the patients, staff and communities of Newcastle Hospitals.

With all the very best

Jill Baker

Charity Committee Chair

Teri Bayliss

Charity Director

Who we are

Newcastle Hospitals Charity is the official charity for Newcastle Hospitals, which includes the Royal Victoria Infirmary, the Freeman Hospital, the Northern Centre for Cancer Care and many community services.

Our overall objective is outlined in the Charity's governing document and as such, funds are used "for any charitable purpose or purposes relating to the National Health Service or to general or specific purposes of The Newcastle upon Tyne Hospitals NHS Foundation Trust."

We have a set of aims, which benefit the public through our support for Newcastle Hospitals ('the Trust'). These aims ensure that the Trustee complies with the duty to have due regard to public benefit guidance published by the Charity Commission and set out in section 4 of the Charities Act 2006.

In 2022/23, our main aim has been to provide funding for a range of initiatives that support the health of the Trusts' community by continually enhancing the excellent patient care and experience across the hospitals and beyond. This includes providing additional equipment; supporting staff and their development; funding new and innovative research projects and working in partnership with other organisations to support community health initiatives. To achieve this aim we continue to support:

- the purchase of equipment for use in patient care and treatment
- projects and initiatives aimed at making the patient stay in hospital as comfortable as possible
- staff training and development which ultimately translates into better care and treatment for patients
- medical research that aims to increase the knowledge and understanding of a range of illnesses/diseases and ultimately to provide cures or better treatment for patients
- working in partnership to tackle health inequalities.

Review of the year

Newcastle Hospitals Charity is honoured to have continued to support the NHS as well as the patients, staff, and wider communities of Newcastle Hospitals throughout 2022/23. This could not have been done without the brilliant support from all of our donors, fundraisers, partners and supporters.

Partnership working continues to be an important part of our strategy and, while a large proportion of the funding we have provided has been awarded within the Trust, we are growing partnerships with external organisations who make a real difference to the lives of people while they are in hospital and when they are at home. These partnerships include Radio Tyneside, Northumbria Blood Bikes, The Children's Foundation, Deaflink, Transplant Sport UK, Healthworks, Coping With Cancer, Blue Sky Trust and Citizens Advice Gateshead.

The Newcastle Hospitals Charity Arts Programme, one of our key strategic priorities, has continued to grow this year, increasing its reach to Trust staff, patients, visitors and the wider community, by engaging over sixty-five thousand people.

With over 70 creative engagement sessions, in Trust sites and community settings, the Arts Programme has offered activities such as photography, printmaking, pottery, drawing, painting and a range of live music. The Arts Programme has included visual arts exhibitions across Trust sites and worked with the Trust's estates teams to commission significant art installations.

This year has also seen the beginning of a strategic partnership between the Arts Programme and the city parks authority, Urban Green Newcastle, through an innovative project, Springbank Pavilion in Leazes Park. Together with local arts organisations, Chili Studios, Curious Arts and GemArts, the Arts programme has funded free artist-led workshops that all centre around creative practice in nature.

Live music has returned to Newcastle Hospitals sites too, through a partnership for bedside musicians, with Music in Hospitals and Care, and pop-up performances from an orchestra and choirs have filled hospital sites with soothing sounds and brought moments of collective joy.

Over the course of the year we have supported more than 700 individual projects, with a total value of more than £7,000,000, all in line with the mission to improve the health and wellbeing of the patients, people and wider communities of Newcastle Hospitals.

All support has been directly linked to our three strategic goals:

1. Improve the patient and visitor experience, enhancing care for patients and the wider community.

2. Improve staff health, wellbeing, and development.
3. Tackle health inequalities and key health issues for the region and nationally.

In 2022/23 we have been able to provide support ranging from £10 for a festive gift for a patient to nearly £2m for a new state-of-the-art surgical robot. Just some examples include:

1) £1,944,257 to purchase an additional surgical robotics system
2) £353,148 to fund complimentary therapies at the Northern Centre for Cancer Care
3) £15,728 to fund activities for the Grafters Club, including trips and a party
4) £302,811 to re-fund training posts at the Sir Bobby Robson Cancer Trials Research Centre
5) £7,293.82 to create a Wudu ritual wash facility at the Freeman Hospital chapel
6) £4,784 towards the Great North Children's Hospital Singers, a group for staff, past and present and volunteers
7) £523,739.78 to support the work of the voluntary and community sector
8) £129,059 for research into socioeconomic inequalities in lung cancer treatment in the North East
9) £52,850 for a study of patients' experience of rehabilitation following major trauma
10) £31,584 for the Rheumatoid Arthritis and Muscle (RAMUS) Laboratory Study
11) £1,510 to support a health inequalities collaboration study day.

To read more about these, please see our new impact report.

Charity supporters

We are incredibly grateful to the continued and very generous support of our many supporters throughout 2022/23. Below are just some highlights of the amazing commitment that our supporters have shown throughout 2022/23.

Community fundraising

We are lucky to have some incredible supporters within the local community, and this period has seen more successful community fundraising, examples include:

- After Sam Johnson passed away following a tragic accident last year, his friends and family were determined to raise funds for the RVI, where he received critical care. They kindly raised more than £10,000 for Newcastle Hospitals Charity in his memory – which will make a huge difference and be an amazing legacy for Sam.
- Evie, aged 9, raised £1,175 for the Newcastle Scoliosis Fund, part of Newcastle Hospitals Charity. Evie, who has scoliosis herself, raised the funds by completing a month-long gymnastics challenge.

- The Ponteland Rotary Club raised £3,000 for The Great North Children's Hospital Foundation at their annual duck race event.
- Neil Winn, a patient at the Freeman Hospital, raised £9,000 for the Orthopaedic and Rheumatology team on Ward 20 at the Freeman Hospital. Neil held a pie and peas fundraiser with an auction, to raise funds in thanks to the staff who supported him during his six-month stay in hospital.
- Demi-Jade and Keiran raised over £14,000 for the Fetal Medicine Unit at the RVI, in memory of their son Rex who was sadly stillborn. They chose to fundraise with a charity night and auction 'to help fund research to help no one else go through what we have.'
- The Jackson family donated £750 to benefit staff wellbeing initiatives on Ward 18 of the RVI, in memory of Christine Jackson who sadly passed away on the ward on Christmas Eve.
- Friends of Evie raised £2,033 taking on a Tough Mudder challenge to benefit Ward 4 at the Great North Children's Hospital in memory of Evie. Evie sadly died at age 20 following diagnosis of a brain tumour in 2016 having undergone extensive treatment at the GNCH.
- St. Mary and St. Thomas Aquinas Catholic Primary School raised £519 for the Charity during Children in Need by coming to school dressed in bright colours, and by hosting fundraising games. Members of the Charity team visited the school to give an assembly about the work of Newcastle Hospitals Charity.

Individual supporters

As well as the thoughtful and committed community fundraisers who support our work, individual donors play a huge role in helping to make a real difference.

Thanks in part to an exceptionally generous donation we were able to commit £1,944,257 of funding to purchase an additional surgical robotics system. The new da Vinci surgical system is now in place at the Freeman Hospital and patients undergoing a wide range of procedures (including urological, thoracic, ENT, and gynaecological operations) are already benefiting from this state-of-the-art equipment.

Chris Wright, Director of Operations, Newcastle Hospitals Surgical Services said: "The expansion of the robotic programme helps us improve patient outcomes while developing pioneering and ground-breaking medical techniques in Newcastle. Having access to state-of-the-art robotic equipment will ensure we attract the brightest talents from across the UK and ensure the Trust remains an employer of choice. We are immensely grateful to the Charity, and its donors, for this support."

Partnership funding

The festive season proved to be a highlight in terms of fantastic charitable support from companies who helped to fund a series of projections, illuminations and festive decorations that brought some much-needed light and festive cheer into the lives of staff, patients, and visitors at Newcastle Hospitals.

Special thanks to: Medical Architecture, CAD 21, Geoffrey Robinson Limited and Robertson CE Limited who all contributed to the outdoor illuminations. Our charity team were also able to lead on a festive carol service and light switch on at the RVI and Freeman Hospital and invited some of the young patients and VIPs to switch the lights on, with mince pies kindly provided by Brewin Dolphin Ltd.

In addition to this a number of local companies and suppliers signed up to be a 'Hospital Partner' throughout the festive season to bring some much-valued additional festive cheer in the form of decorations and seasonal gifts and activities for the staff and patients of the RVI, the Great North Children's Hospital and the Freeman Hospital.

Legacies

A gift to Newcastle Hospitals Charity in the form of a legacy is the greatest honour we can receive and this year we received almost £3.9 million from 55 legacy donations.

Structure and governance

Good governance is fundamental to Newcastle Hospitals Charity's continued success and enables us to continue to manage risks appropriately and deliver all charitable activities in compliance with all relevant legislation.

Charitable objects

Newcastle Hospitals Charity was formed by a Declaration of Trust on 16th July 1996 as The Freeman Group of Hospitals NHS Charity which was amended by a Supplemental Deed dated 17th March 1999 to the Newcastle upon Tyne Hospitals NHS Charity, Registration Number 1057213.

A Supplemental Deed dated 1st February 2016, which applies to the charity today, refined the charity's objects. Newcastle Hospitals Chairty is constituted with a sole Corporate Trustee, which is the Board of Directors of The Newcastle upon Tyne Hospitals NHS Foundation Trust.

With effect from 1st April 2016, the Corporate Trustee was appointed as Trustee of the charitable funds formerly held on behalf of the NHS Trust by Newcastle Healthcare Charity (Reg.502473) under a Scheme formally approved by the Charity Commission for England & Wales on 21st March 2016. The funds were subsequently merged under the umbrella of the Trust's appointed charitable body, Newcastle upon Tyne Hospitals NHS Charity (Reg. 1057213) and have subsequently formed part of Newcastle Hospitals Charity's financial accounts from 2016/17 onwards.

The objects of Newcastle Hospitals Charity are restricted specifically to any charitable purpose or purposes relating to the National Health Service or to general or specific purposes of The Newcastle upon Tyne Hospitals NHS Foundation Trust.

Corporate Trustee

The Newcastle upon Tyne Hospitals NHS Foundation Trust Board of Directors are the sole Corporate Trustee of Newcastle Hospitals Charity. Further information about the Board of Directors can be found on the Newcastle Hospitals website: https://www.newcastle-hospitals.nhs.uk/about/board-of-directors-2/

The Board of Directors has delegated authority on the management of charity funds to the Newcastle Hospitals Charity Committee.

All staff associated with Newcastle Hospitals Charity are employees of the Trust and the policies and procedures set by the Trust are applied to the management of Newcastle Hospitals Charity.

Statement of Trustee Responsibilities

The Trustee is responsible for ensuring that the Annual Report and Accounts are prepared in accordance with all applicable laws and regulations and company law requires financial statements are prepared annually.

Under that law, the Corporate Trustee has prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting 26 Practice). Under company law, the Trustee must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company.

In preparing this Annual Report and Accounts, the Trustee is required to:

- select suitable accounting policies and apply them consistently
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP)
- make judgments and estimates that are reasonable and prudent
- state whether FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" has been followed
- prepare the financial statements on a 'Going Concern' basis unless it is inappropriate to presume that the Charity will continue in business.

The Trustee is responsible for ensuring that adequate accounting records are kept that are sufficient to show and explain Newcastle Hospitals Charity's transactions. The Trustee is also responsible for disclosing, with reasonable accuracy at any time, the financial position of Newcastle Hospitals Chairty to ensure compliance with the Companies Act 2006. It is also responsible for safeguarding the assets of Newcastle Hospitals Chairty and for taking reasonable steps for the prevention and detection of fraud and other irregularities. Finally, the Trustee is responsible for the maintenance and integrity of Newcastle Hospitals Charity's website.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Charity Committee

The Charity Committee is a statutory Committee which has been established by the Board of Directors of The Newcastle upon Tyne Hospitals NHS Foundation Trust. It is responsible for the management of all charitable funds under the control of the Trust, on behalf of the Board of Directors, and considers the requirements of the Department of Health and Social Care and the Charity Commission for England and Wales.

The Charity Committee membership comprises:

- Gillian Baker, Non-Executive Director and Chair of the Charity Committee
- Graeme Chapman, Non-Executive Director
- Bill MacLeod, Non-Executive Director
- Jackie Bilcliff, Chief Finance Officer
- Caroline Docking, Assistant Chief Executive and Director of Communications and Engagement
- Mr Andy Welch, Medical Director/Deputy Chief Executive.

All members of the Committee receive training and development support both before joining, and on a continuing basis, to ensure their effectiveness as members. This is supported by the process of annual appraisal for all Non-Executive Directors.

The Charity Committee has an annually reviewed Terms of Reference and meets a minimum of four times per year and agendas are set for each meeting utilising an agreed Schedule of Business. This provides assurance to the Board of Directors in its capacity as Corporate Trustee that robust processes are in place to enable statutory duties to be discharged, to enable the Trust's strategic objectives to be met, and to address and mitigate risk.

The quorum required for the transaction of business is three members, which includes at least one Executive and at least one Non-Executive Director.

Newcastle Hospitals Charity Team

We have a dedicated team within Newcastle Hospitals who provides administrative, financial, and fundraising support. Newcastle Hospitals Charity does not directly employ staff, team members are employees of The Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle Hospitals Charity is recharged for costs incurred in relation to both staffing and non-pay related expenditure incurred directly in relation to charity activities.

Charity funds

In January 2018, the Charity Commission agreed to a re-classification of Charity funds. As a result, there are over three hundred individual unrestricted funds which make up Newcastle Hospitals Charity. Work continues to rationalise funds where possible to ensure that donor wishes are respected, and funds are available for use both Trust wide and in specialty areas.

Newcastle Hospitals Charity continues to be the home of:

- The Great North Children's Hospital Foundation which supports children and their families who come to the Great North Children's Hospital (based at the RVI) for treatment and care, including funding life-changing research, projects to make the hospital more welcoming for children and support services for children and their families, such as a financial hardship fund.
- The Sir Bobby Robson Foundation which works to help find more effective ways to detect and treat cancer for patients across the North East, Cumbria and beyond. The Foundation funds clinical trials and cancer research, pioneering cancer treatment and innovative cancer support services, such as acupuncture, complementary therapies, and counselling.
- Charlie Bear for Cancer Care which supports patients who are living with cancer, their families and carers, and staff at the NCCC at the Freeman Hospital, as well as at Cumberland Infirmary. Charlie Bear for Cancer Care works to keep pace with fast-moving developments in cancer care and treatment, funds local research projects to develop new treatments and initiatives to help patients feel more comfortable during their treatments.

Code of Fundraising Practice

Newcastle Hospitals Charity fully adheres to the Code of Fundraising Practice, which sets the standards that apply to fundraising carried out by all charitable institutions and third-party fundraisers in the UK.

Donor promise

Without the generosity of supporters, we would not be able to continue our work to enhance and improve the experience of patients and their families, as well as the amazing staff across all sites.

Our ambition is to make the biggest difference, so we promise to make sure we look after supporters in the best way possible.

We are honest and open:

- We value donor generosity and will inform donors of where their fundraising will make the biggest difference.
- We will be clear about what we are fundraising for.
- We will be clear about how much of a certain donation goes straight to frontline services and how much is spent on the administration of the Charity.
- We will respect donor privacy and will never sell personal details to a third party.

We are committed to high standards:

- We will do all we can to ensure that fundraisers and volunteers abide by the Fundraising Regulator's Fundraising Promise.
- We will comply with the law, the Charity Commission and the Fundraising Regulator, including guidance around data protection and health and safety.
- Donor and fundraiser opinions matter to us. We are keen to help if they are unhappy with anything we have done. Complaints can be made via the contact details on the Charity website: https://charity.newcastle-hospitals.nhs.uk/contact-us/

We are respectful:

- We promise to communicate in a way that suits our donors/fundraisers and will be respectful of any changes they wish to make to this decision.
- We will treat every donation respectfully, and if a donor does not wish to continue their relationship with us, that will be respected.
- We are a member of the Fundraising Regulator and are proud to have committed to their Fundraising Promise, which delivers the highest standards possible across the Charity. We promise that our fundraising is always legal, open, honest and respectful.

Donor care

We will always aim to:

- respond to all enquiries within two working days
- thank each donation within one working week of receipt
- ensure all supporters' details are recorded accurately and efficiently on the database
- make sure we record supporters' contact preferences.

Policy

All Newcastle Hospitals Charity policies and associated procedures are designed to provide guidance that ensures consistent, ethical and professional standards are maintained in relation to charitable donations and fundraising, and that they are compliant with charity law and the regulations and standards set out by the Charity Commission, the Fundraising Regulator and the Healthcare Financial Management Association.

The Corporate Trustee considers that Newcastle Hospitals Charity has the necessary practices currently in place to assess all associated risks. A detailed Risk Register is continually maintained and monitored which identifies risk areas, the potential impact of those risks, and the steps taken to mitigate them. Further information on Newcastle Hospitals Charity risk management processes can be found in section 5 of this report: Risk Management and Internal Control.

All working practices and procedures conform to the Charity Commission's guidelines and are subject to scrutiny by Internal and External Audits.

Newcastle Hospitals Charity follows The Newcastle upon Tyne Hospitals NHS Foundation Trust's stance and efforts to prevent modern slavery and human trafficking in its supply chain.

The Trust has reviewed and met its requirements in line with Section 54 of the Modern Slavery Act 2015.

Reserves

The approach in 2022/23 has been to hold the investment reserves of Newcastle Hospitals Charity while the Charity Committee review the Charity's Investment Policy and Reserves Policy and agree a spending plan for the distribution of the reserves in 2024/25.

Newcastle Hospitals Charity works with two Investment Management companies and reviews the performance of the Charity's investment portfolio each quarter.

The total reserves at 31 March 2023 is £35,172m of which £14,031m are restricted and £21,141m are unrestricted.

Privacy statement

Newcastle Hospitals Charity are committed to protecting and respecting personal information and always ensure transparency about how data will be used. Newcastle Hospitals Charity is fully compliant with the European General Data Protection Regulation and the UK Data Protection Act 2018.

Newcastle Hospitals Charity has a Privacy Statement, which sets out how we collect and use personal information and why it is important in enabling us to fulfil our charitable objectives. The statement is available in full on our website: https://charity.newcastle-hospitals.nhs.uk/privacy/

Risk management and internal control

Principal risks

Newcastle Hospitals Charity has adopted The Newcastle upon Tyne Hospitals NHS Foundation Trust (the Trust) Risk Management Policy and Procedures.

The Risk Management Policy sets out the structures and processes for the identification, evaluation, and control of risk, as well as the system of internal control.

The key elements of the Risk Management Policy are:

- a clear framework for the accountability and delegated responsibility for the management of risk
- an integrated document that sets out the overall purpose and processes, as well as an associated annual plan
- a clearly defined Committee structure that supports robust and timely decision making around key charity risks
- robust systems for the identification, analysis, prioritisation and actions in relation to risks affecting all areas of activity
- risk management processes that are integrated and embedded into the day-to-day activities of the Charity
- a tailored training programme to address key risk areas, and
- comprehensive communication processes for risk management policies and procedures, and the dissemination of learning from lessons learned.

A charity risk register has been maintained throughout 2022/2023, which records when a risk has been identified, who owns it, likelihood of occurrence, potential impact, and mitigating action.

Newcastle Hospitals Charity continues to review risks on a quarterly basis. A risk report is presented to the Charity Committee on a quarterly basis to provide assurance that charity risks continue to be managed effectively. The Charity Committee is chaired by a Non-Executive Director and has Trust Board of Directors membership.

Principal risk	Key controls
There is a risk that the current surfeit within the charity accounts could hinder the ability to seek funding from external sources.	• Charity strategy. • Strategic priorities. • Priority actions. • Enhanced focus on grant making.

	• Proactive approach to use of funds to support and help our hospitals to go further. • Defined reserves. • Process undertaken and a recommendation will be made to Trust Board.
If the pandemic continues there could be challenges in fundraising following the change in the charity model from reactive to proactive which could then impact on future income.	• Active monitoring and management of charity accounts. • Actively seek COVID-19 safe alternative fundraising activities and campaigns. • Actively seek and strengthen corporate partnerships. • Actively fundraising from Trusts and Foundations. • Alternate forms of fundraising taken place i.e. virtual events. • The fundraising team is actively developing and strengthening a programme of corporate partnerships. • The launch of Pennies from Heaven (staff giving campaign) commenced in February and has been successful to date. • Actively attending engagement events. • Hosting a weekly 'Meet the Charity Team' to promote events and campaigns.
Key governance principles are not robust enough and may not satisfy the requirement of regulatory good governance.	• Independent review of charity governance. • Review of current governance model. • Charity governance working group. • Recruitment of key personnel to fulfil charity responsibilities. • Development of charity policies/procedures. • Development and implementation of the Charity strategy. • Further recruitment of the charity team both completed and ongoing. • Governance work undertaken with fund advisory sub-committees and revisions to their terms of reference. • Charity Committee.
If we are unable to achieve aim five of the charity strategy 'efficient and effective	• Legal advice obtained regarding governance.

charity governance and operations' there is significant risk that we will be unable to scale up our fundraising and grant making and therefore will not achieve the charity strategy in its entirety.	• Process mapping session undertaken to demonstrate the current process and highlight the changes needed. • Charity Governance Working Group. • Monitoring and setting KPI meetings. • Annual competition of Charity Commission Connected Charities Guide. • Options appraisal regarding charity financial management in progress. • Risk added to the Board Assurance Framework.
Following the annual external Audit, a risk has been identified in regard to Beacon CRM system, the current charity CRM system and its ability to comply with the statutory and regulatory Charity Commission and HMRC guidance. This could impact on our reputation and cause potential regulatory penalties.	• External review of the current charity CRM system. • Final auditors report received.

Newcastle Hospitals Charity has adopted a risk appetite statement which shows the amount of risk we are willing to accept in seeking to achieve our strategic objectives.

The risk appetite will be reviewed on an annual basis to ensure it consistently reflects the current risk position. The Newcastle Hospitals Charity risk appetite statement is shown below.

Key risk category	**Risk appetite level**	**Risk tolerance score**	**Risk appetite statement**
Fundraising	Moderate	12-16	We have MODERATE appetite for risk taking in relation to charity fundraising. We will take measured and considered risk to optimise fundraising success to allow us to fund initiatives that tackle health inequalities and key health issues for the region and beyond as well as improve patient experience and staff wellbeing, enhancing care for patients, and the wider community.

			We will not take any fundraising risk that may affect the reputation of the charity or result in a negative return.
Compliance/ Regulatory	Very low	6-10	We have a VERY LOW risk appetite for risks in relation to regulatory compliance. We will not take any risk which will impact on our ability to meet the fundraising regulators code of conduct.
Finance/VfM	High	12-16	We have a HIGH appetite to apply up to 75% of our reserve in the pursuit of achieving our mission to be an enabler to improving the health and wellbeing of the patients, people and wider communities of Newcastle Hospitals, providing support for compassionate and innovative healthcare; education, research; locally and nationally. “Helping our hospitals go further.” The Charity Commission states that reserves should not fall below 12 months’ worth of operating and grant making costs. For Newcastle Hospitals Charity this equates to approximately £6m for the year 2022/2023.

A look forward

Newcastle Hospitals Charity has an ambitious strategy to 2026 which puts people at the heart of all our activities and is united with the aim of Newcastle Hospitals to make a real difference to the health and care of the people across the Trust and beyond. Our ambition is to strengthen our role as a key partner for the Trust and to increase the impact that we can make on improving the health of our region and beyond.

Working in close partnership with the Trust, our goals are to:

- improve the patient and visitor experience, enhancing patient centred care
- improve staff health, wellbeing and development
- tackle health inequalities and key health issues for our region and nationally.

Strategic priorities

In meeting this ambitious strategy, we will focus on delivering the following strategic priorities:

1) **To enhance the patient experience and environment:**
    a. Delivering an effective, accessible grants programme to support Trust improvements to services and the patient environment.
    b. Establish a grant programme dedicated to supporting patients and families experiencing severe financial difficulty during their treatment.
    c. Establish an arts engagement programme for staff and the local community.

2) **To support the health, wellbeing and professional development of the staff at Newcastle Hospitals:**
    a. Generate financial support for the Trust's flagship wellbeing and recognition programmes.
    b. Generate financial support for staff initiatives within 'Sustainable Healthcare in Newcastle' (SHINE).
    c. Fund research fellowship programme for staff, supporting career progression while supporting the Trust to be at forefront of health innovation and research.

3) **To fund major developments and health related clinical research and innovation:**
    a. Fund, and fundraise for, major projects within the Trust, and where the Trust is a key partner.
    b. Provide financial support for cutting edge clinical research and innovation, particularly when there is no other source widely available.

4) **To develop place-based partnerships to tackle health inequalities and to create healthier communities:**
    a. Build and strengthen partnerships with key health and VCSE organisations to deliver greater impact.
    b. Establish Newcastle Hospitals Charity as a regional partner for Collaborative Newcastle prevention initiatives.
    c. Support micro-communities through Collaborative Newcastle to improve health and wellbeing and reduce inequalities.
    d. Work with the NHS Charities Together network to influence national NHS charity funding priorities.

5) **To be a trusted charity partner with connected and engaged supporters and volunteers:**
    a. Ensure excellent governance and ethical standards of charity practice.
    b. Develop and resource professional, ethical fundraising programmes to deliver our ambition.
    c. Develop brand to ensure that our ability to deliver impact is understood.
    d. Focus fundraising on initial key themes:
        - Green and Healthy Hospitals
        - Research and Innovation
        - Child Health
        - Cancer

Financial review of the year

This section provides a financial summary of Newcastle Hospitals Charity for 2022-2023. A full copy of the audited accounts is included in this report.

There was an overall increase in income from £5.2m (2021-22) to £8.4m (2022-23) in the year with expenditure closely matching income for the year at £8.6m (2022-23). Income for the year is in line with the Charity's plan to increase income and invest in fundraising.

As at 31 March 2023 the net movement on investments (realised and unrealised) stood at £1.4m loss, against a gain of £3.7m in 2021-22. The net movement in funds for the year was a £1.5m deficit, against a £2.7m deficit in 2021-22.

This continues to be an exceptional outcome and although it reflects a reducing unrealised gain on previous years, the stock exchange and economy continues to struggle with economic recovery following the COVID-19 pandemic, and the war in Ukraine. Movement in the value of investments is of course volatile and may well continue to decrease during turbulent socio-political times.

Income and expenditure

Income from all sources was £8.4 million summarised as follows –

	£'000
Donations & Legacies	6,353
Grants received	583
Other Trading Activities	371
Investments	1,125
Total income	**8,431**

Income in 2022-2023 (£8.4 million) was higher than in 2021/22 (£5.2 million), as there has been an increase in donations and Legacies, other trading activities, and investments, together with a decrease in grants received. The income in 2022/23 includes income of £583k from NHS Charities Together.

Legacy income of £3.9m was received (68 bequests) and continues to reflect the esteem and high regard for the levels of care and services provided by Newcastle Hospitals.

Expenditure from all sources was £8.6 million summarised as follows –

	£'000
Patient Education and Welfare	2,664
Purchase of new Equipment	2,973
Staff Education and Welfare	1,878
Medical Research	378
Total income	**8,554**

Total expenditure of £8.6m in 2022-23 was lower than that of £11.5m in 2021-22 which is largely attributed to an exceptional award of £3.2m made in 2021-22 to establish a Nursing, Midwifery and Allied Health Practitioner Research programme.

Fund organisation

Newcastle Hospitals Charity comprises 374 individual funds, 3 of which are restricted in purpose and 1 of which is designated for general purposes. The remaining 370 unrestricted funds are linked to individual wards or clinical services, research into clinical areas, and specific schemes/projects in accordance with the wishes of donors and charity objectives.

This includes the following 3 Restricted Funds:

• The Sir Bobby Robson Foundation which is held to 'provide assistance to any charitable or public body active in the North East of England which participates in the treatment of/ or research into cancer or which provides care in the community for cancer sufferers and/ or their dependants/carers'

• Charlie Bear for Cancer Care which is held for the 'investigation, prevention, treatment, cure and defeat of cancer in all its forms and the advancement of scientific and medical education and research in topics related to cancer, provided that the useful result of such research is published'

• The Fleming and Watson Children's Fund which is held for the 'care, treatment and relief by way of research or otherwise of sick children attending any of the hospitals or other facilities managed by or otherwise in any way connected with the Newcastle upon Tyne Hospitals NHS Foundation Trust, or any successor to that body'

Use of the restricted funds by the Charity Committee is based on the recommendations of Committees connected to those funds. Use of the unrestricted funds is based on applications from members of Trust staff. The application process uses 'SmartApprove' which ensures all application requests are assessed. Applicants must be able to demonstrate why it is

appropriate to use charity funds in terms of additional benefit or enhancement to the service. This provides an assurance that expenditure is appropriate and can demonstrate benefit to the service. The Committee approves all expenditure over £25,000 with a scheme of delegation to transfer authority to individual Committee Members or other members of staff as appropriate.

Newcastle Hospitals Charity has a policy of turning-over the balance of any fund in 5 years, staff are encouraged to use at least 20% of the available funds per annum. Newcastle Hospitals Charity can apply to the Charity Commission to re-organise funds that are no longer relevant or cannot be usefully used.

During 2022/23 418 applications for funding from staff and external partners were considered. That includes a very wide range of proposals some of which will span several years, and funding has been reserved.

Investment policy

Newcastle Hospitals Charity invests any funds not required immediately for expenditure through portfolios managed by two investment Managers CCLA and BNY Mellon Newton Investment Management thus providing a mechanism for comparing performance and reducing the levels of risk. The CCLA element is held in their Ethical Investment Fund whilst Newton's is held in their Growth & Income Fund for Charities.

The portfolios are chosen by the Investment Managers and comprise of equities, property, and cash. The equities comprise shareholdings in public companies with stock market quotations; however, both portfolios refrain from the direct investment in companies that derive a substantial amount of their profit from investment in tobacco.

CCLA

The investment objective of the Ethical Investment Fund for the fund is to provide an average return over a business cycle of inflation plus 5%, whilst maintaining income in real terms. The Responsible Investment Policy of CCLA has three strands:

• Engagement on issues of corporate social responsibility with a view to optimising long- term economic returns.

• Engagement on corporate governance including proxy voting on issues to protect and enhance shareholder value.

• Setting appropriate constraints on investment and exposure to activities considered unacceptable by an independent Board.

Newton Investment Management Ltd

The objective of the Growth & Income Fund for Charities fund is to generate capital and income growth over a period of 5-7 years by investing at least 70% of the Sub-Fund's assets in a global portfolio of equities (company shares) and fixed income securities.

Newton's established Charities team actively manages the fund. There are no investments in derivatives, no underwriting and distributions are made on a quarterly basis.

Newcastle Hospitals Charity's investment objectives are to take a medium-term view and generate income and growth from low-risk investments. The Investment Managers report to the Charitable Funds Committee quarterly on performance, provide a market review and projection, and make appropriate investment recommendations.

During 2022/23, Newcastle Hospitals Charity received £1,125k in dividends and interest from investments. That sum has been calculated and allocated as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet.

Charitable fund management costs

During 2022/23 the Trust employed 18.4 whole time equivalent staff whose sole purpose was to generate and manage the strategy, operations, and finances of the Charity. The cost of those staff (and associated office costs) was £881k or 2.4% of the aggregate value of the funds.

The charitable fund management cost includes £12k for external audit fees.

The charitable fund management costs are allocated between funds as follows – a fixed 1% (of income) against the Sir Bobby Robson Fund, then as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet for the other three restricted funds, and the balance against the general purposes fund.

Principal professional advisors

Investment Management	CCLA Investment Management Ltd, Senator House, 85 Queen Victoria Street, London, EC4V 4ET
Bankers	HSBC PLC, 110 Grey Street, Newcastle upon Tyne, NE1 6JG Yorkshire Bank, Quayside House, 110, Quayside, Newcastle upon Tyne, NE1 3DX

	Barclays Bank PLC 71 Grey Street, Newcastle upon Tyne NE99 1JA
External Auditors	Robson / Laider Accountants Fernwood House Fernwood Road, Jesmond Newcastle upon Tyne NE2 iTJ
Internal Audit	AuditOne, Northumbria House, Unit 7/8 Silver Fox Way, Cobalt Business Park, Newcastle upon Tyne, NE27 0QJ
Counter Fraud Services	Corporate Finance, Regent Point, Regent Farm Road, Gosforth, Newcastle upon Tyne NE3 3HD
Solicitors	Withers LLP 16 Old Bailey, London EC4M 7EG

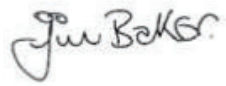
Registered charity name and number

Newcastle upon Tyne Hospitals NHS Charity (1057213)

Registered Address: Charity Office Peacock Hall Royal Victoria Infirmary Newcastle upon Tyne NE1 4LP

Telephone: 0191 2231434

Website: https://charity.newcastle-hospitals.nhs.uk/



Jill Baker (Non-Executive Director)
Date: 16 November 2023

NEWCASTLE UPON TYNE HOSPITALS NHS CHARITY (Reg. 1057213)

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2023

	NOTE	2023 Unrestricted £000	2023 Restricted £000	2023 **Total £000**	2022 Total £000
INCOME from:					
Donations & Legacies	**4-5**	3,975	2,378	**6,353**	3,039
Grants Received	**6**	30	553	**583**	1,015
Other Trading Activities		319	52	**371**	90
Investments	**14 (d)**	691	434	**1,125**	1,056
Total Income		**5,015**	**3,416**	**8,431**	**5,200**
EXPENDITURE on:					
Generating Income	9	553	110	**662**	431
Charitable Activities:	**10**				
Patient Education and Welfare		1,968	696	**2,664**	4,932
Purchase of new Equipment		2,950	22	**2,973**	1,001
Staff Education and Welfare		1,309	569	**1,878**	4,830
Medical Research		176	201	**378**	350
Total Expenditure		**6,956**	**1,598**	**8,554**	**11,545**
Net Income/(Expenditure)		**(1,940)**	**1,818**	**(123)**	**(6,345)**
Net Gain on Revaluation of Property	**13**	0	0	**0**	0
Net Gains/(Losses) on Investments	**14 (a)**	(858)	(538)	**(1,396)**	3,685
Net Movement in Funds		**(2,798)**	**1,280**	**(1,518)**	**(2,660)**
Reconciliation of Funds					
Total Funds brought forward	**3(a)&3(c)**	23,940	12,751	**36,691**	39,351
Total Funds carried forward	**3(a)&3(c)**	**21,141**	**14,031**	**35,172**	**36,691**

All of the amounts relate to continuing activities.

The charity has no recognised gains and losses other than those included in the results above, and therefore no separate statement of recognised gains and losses has been presented.

NEWCASTLE UPON TYNE HOSPITALS NHS CHARITY (Reg. 1057213)

BALANCE SHEET AS AT 31 MARCH 2023

	NOTE	2023 Unrestricted £000	2023 Restricted £000	**2023 Total £000**	2022 Total £000
Fixed Assets					
Property	**13**	0	0	**0**	0
Investments	**14**	27,767	12,905	**40,672**	42,067
Total Fixed Assets		**27,767**	**12,905**	**40,672**	**42,067**
Current Assets					
Stocks and work in progress		51	8	**59**	43
Debtors	**15**	183	99	**282**	299
Cash and Cash Equivalents	**16**	5,494	4,416	**9,910**	10,070
Total Current Assets		**5,728**	**4,523**	**10,251**	**10,413**
Creditors: Amounts falling due within one year	**17**	(9,137)	(2,159)	**(11,296)**	(10,272)
Net Current Assets/(Liabilities)		**(3,409)**	**2,364**	**(1,045)**	**141**
Total assets less current liabilities		**24,358**	**15,269**	**39,627**	**42,208**
Creditors: Amounts falling due after more than one year	**17**	(3,217)	(1,238)	**(4,455)**	(5,517)
Net Assets		**21,141**	**14,031**	**35,172**	**36,691**
Total Charity Funds	**3(b) & 3(d)**	**21,141**	**14,031**	**35,172**	**36,691**

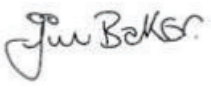
NEWCASTLE UPON TYNE HOSPITALS NHS CHARITY (Reg. 1057213)

STATEMENT OF CASH FLOW FOR YEAR ENDED 31 MARCH 2023

	2023 Unrestricted £000	2023 Restricted £000	**2023 Total £000**	2022 Total £000
Net operating income / (expenditure)	(2,798)	1,280	**(1,518)**	(2,660)
Adjustment for non-cash transactions - depreciation, amortisation and net impairments			**0**	0
(Increase)/decrease in debtors	30	(12)	**18**	(1)
Increase/(decrease) in creditors	404	(443)	**(39)**	6,825
Dividends, interest and rents from investments	(691)	(434)	**(1,125)**	(1,056)
(Gains)/losses on investments	858	538	**1,396**	(3,685)
Other operating cash flows	1,306	(1,322)	**(16)**	(8)
Net cash generating from / (used in) operations	**(891)**	**(393)**	**(1,284)**	**(585)**
Cash flows from investing activities:				
Dividends, interest and rents from investments	691	434	**1,125**	1,056
Net cash generating from / (used in) investing activities	**691**	**434**	**1,125**	**1,056**
Net cash generating from / (used in) financing activities	**0**	**0**	**0**	**0**
Change in cash and cash equivalents in the reporting period	**(200)**	**41**	**(160)**	**471**
Cash and cash equivalents at the beginning of the reporting period	5,695	4,375	10,070	9,599
Cash and cash equivalents at the end of the reporting period	**5,494**	**4,416**	**9,910**	**10,070**

The notes on Pages 30 to 32 are an integral part of these financial statements

The financial statements on pages 27 to 39 were approved by the Trustees on 16 November 2023 and signed on its behalf by



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Jill Baker (Non-Executive Director)
Date: 16 November 2023

The Trustee (Newcastle upon Tyne Hospitals NHS Foundation Trust) is the ultimate parent and controlling party

GENERAL INFORMATION

The Newcastle upon Tyne Hospitals NHS Charity is registered as a Charity under the Charities Act 2011. The address of its registered office is: Charitable Funds Office, Peacock Hall, Royal Victoria Infirmary, Newcastle upon Tyne, NE3 4LP.

1 (a) Basis of preparation

These financial statements have been prepared under the historical cost convention as modified by the inclusion of investments at market value, in accordance with the 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)' effective from 1st January 2015.

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

FRS 102 allows a qualifying entity certain disclosure exemptions, subject to certain conditions, which have been complied with, including notification of, and no objection from, the Charity Trustee.

The charity constitutes a public benefit entity as defined by FRS 102.

The Trustee considers that there are no material uncertainties about the Charity's ability to continue as a going concern.

The uncertain economic outlook and the variability in income from donations and legacies year-to-year, represents a significant area of financial uncertainty for the Charity. These represented 75% of income in 2022/23 (36% in 2021/22). The Charity mitigates this risk through maintaining diversity in its income streams and upholding expenditure authorisation controls to prevent over-commitment of Funds, therefore this is not anticipated to represent a risk to going concern.

The Charity's functional and presentation currency is the pound sterling.

A significant area of uncertainty that affects the carrying value of assets held by the Charity is the performance of investment markets. The Charity holds fixed asset investments which were valued at £40,672k at 31 March 2023, which represented a decrease in value of £1,396k from £42,067k at 31 March 2022. Income from investments in 2022/23 was £1,125k and is an increase of £68k compared to £1,056k in 2021/22. The Charity utilises Investment advisors and regularly reviews their performance in line with the Charity Investment Policy.

The Accounts include investments valued at market value at 31st March. That valuation was undertaken by the Charity's Investment Advisors.

The Newcastle upon Tyne Hospitals NHS Charity is a registered charity, and as such is entitled to certain tax exemptions on income and profits for investments, and surpluses on trading activities carried out in furtherance of the charity's primary objectives, if these profits and surpluses are applied solely for charitable purposes.

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the financial statements as a restricted fund. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustee has chosen to earmark for set purposes are designated funds. The major funds held within these categories are disclosed in note 18.

(c) Income

All income is included in full in the Statement of Financial Activities as soon as the following three factors can be met:

i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
ii) probable - when it is more likely than not that the income will be received;
iii) measurement - when the monetary value of the income can be measured with sufficient reliability and the costs incurred for the transaction can be measured reliably.

(d) Income-legacies

Legacies are accounted for as income once the receipt of the legacy becomes probable or are within the control of the Charity. This will be once confirmation has been received from the representatives of the estate that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

(e) Expenditure

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the Funds held on Trust's charitable objectives wholly or mainly for the service provided by the Newcastle upon Tyne Hospitals NHS Foundation Trust (patient welfare, staff welfare, equipment and research). They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant.

(f) Allocation of overhead and support costs

Support costs and overhead charges from The Newcastle upon Tyne Hospitals NHS Foundation Trust are allocated as direct costs or apportioned on an appropriate basis. The cost attributable to Charitable Activities are calculated as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet.

(g) Expenditure on Generating Income

These are costs associated with generating income for funds held on Trust and include the Charity's Director, Fundraising Manager and Communication/Development Officer and costs relating specifically to the Charlie Bear & Sir Bobby Robson Foundation. There are no direct investment management costs levied by CCLA Investment Management and Newton's Investment Management for administering the units, as management charges are absorbed by the overall fund, of which the charity holds a share.

(h) Governance costs

Governance costs are those costs incurred in the governance of the charity, including statutory audit. These are now split between expenditure on generating income and support costs. There is no effect on the total expenditure for 2022/23 or 2021/22. (See Note 9)

(i) Fixed Asset Property

The charity does not own any fixed assets.

(j) Fixed Asset Investment

Investments are a form of basic financial instrument. They are recognised initially at their transaction value and subsequently at their fair value (market value) as at the Balance Sheet date.

(k) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sale proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet. Market value is reflected in the Balance Sheet as quoted by the investment manager.

(l) Pooling Scheme

There is no official pooling scheme operated for investments.

(m) Stocks

Stocks are valued at the lower of cost and net realisable value.

(n) Cash and cash equivalents

Cash and cash equivalents includes cash in hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less and bank overdrafts.
Previously investments held in a 90-day access savings account and money-master held accounts had been shown on the face of the balance sheet. As they are very liquid funds they are classified as cash equivalents and are shown as part of cash & cash equivalents on the balance sheet. There is no impact on the total funds of the charity and an analysis of cash and cash equivalents is provided in Note 16.

(o) Debtors

Debtors are amounts owed to the Charity. They are measured on the basis of their recoverable amount.

(p) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt. Amounts which are owed in more than one year are shown as long-term creditors.

2 Related Party Transactions

The Trust Board of The Newcastle upon Tyne Hospitals NHS Foundation Trust acts as Corporate Trustee for The Newcastle upon Tyne Hospitals Charity. The principal purpose of Newcastle upon Tyne Hospitals NHS Foundation Trust is the provision of NHS healthcare. The charitable trust has made revenue and capital payments to The Newcastle upon Tyne Hospitals NHS Foundation Trust. During the year none of the members of the Corporate Trustee Board, key management staff or parties related to them has undertaken any material transactions with the Newcastle upon Tyne Hospitals Charity.

2 Related Party Transactions Continued…

During the financial year payments of £7,553k (2021/22 : £4,401k) were made to the Newcastle upon Tyne Hospitals NHS Foundation Trust in respect of grants and other charges made to the Trust. A further sum of £964k was due for payment at 31st March 2023 (This was £1,100k in 2021/22).

These charges made by Newcastle upon Tyne Hospitals NHS Foundation Trust (£712k) for administrative support and overheads (excluding bank charges), include the provision of staff and office accommodation and are included in the figure above, which enables the charity to fulfil its statutory duties and provide support for the day-to-day running of the charity. This was (£449k 2020/21).

The Newcastle upon Tyne Hospitals NHS Foundation Trust is the ultimate parent entity as Corporate Trustee. The Corporate Trustee maintains control of the Charity via a Committee - the Charitable Funds Committee - which comprises executive and non-executive Directors of the Trust.

The consolidated accounts of Newcastle upon Tyne Hospitals NHS Foundation Trust are available from: Charitable Funds (Finance) Office, Regent Point, Regent Farm Road, Newcastle upon Tyne, NE3 3HD.

There were no expenses or remuneration paid to the Trustees during the year (2021-22 Nil).

There were no transactions with Trustees or connected persons for the year to 31st March 2023 (2021-22 Nil).

No indemnity insurance was provided to the Trustees in the year to 31st March 2023 (2021-22 Nil).

There were no loans or guarantees secured against assets of the Charity in the year to 31st March 2023 (2021-22 Nil).

3(a) **UNRESTRICTED FUNDS-Statement of Financial Activity for the Year ended 31st March 2022**

	2023 £000	2022 £000
INCOME		
Donations & Legacies	2,975	1,764
Grants Received	30	0
Other Trading Activities	319	43
Investments	691	708
Total Income	**4,015**	**2,515**
EXPENDITURE		
Generating Income	553	322
Charitable Activities:		
Patient Education and Welfare	1,968	4,596
Purchase of new Equipment	1,950	998
Staff Education and Welfare	1,309	3,788
Medical Research	176	331
Total Expenditure	**5,956**	**10,035**
Net (Expenditure)/Income	**(1,940)**	**(7,520)**
Net Gain on Revaluation of Property	0	0
Net Gains (Losses) on Investments	(858)	2,469
Net Movement in Funds	**(2,798)**	**(5,051)**
Fund Balances Brought Forward	23,939	28,991
Total Funds Carried Forward	**21,141**	**23,940**

3(b) **UNRESTRICTED FUNDS-Balance Sheet as at 31st March 2023**

	2023 £000	2022 £000
Fixed Assets		
Tangible Assets	0	0
Investments	27,767	29,943
Total Fixed Assets	**27,767**	**29,943**
Current Assets		
Stocks and work in progress	51	38
Debtors	183	213
Cash and Cash Equivalents	5,494	5,695
Total Current Assets	**5,728**	**5,945**
Creditors: Amounts falling due within one year	(9,137)	(7,345)
Net Current Assets/(Liabilities)	**(3,409)**	**(1,400)**
Total assets less current liabilities	**24,358**	**28,543**
Creditors: Amounts falling due after more than one year	(3,217)	(4,604)
Net Assets	**21,141**	**23,940**
Total Charity Funds	**21,141**	**23,940**

3(c) **RESTRICTED FUNDS-Statement of Financial Activity for the Year ended 31st March 2023**

	2023 £000	2022 £000
INCOME		
Donations & Legacies	3,378	1,274
Grants Received	553	1,015
Other Trading Activities	52	47
Investments	434	349
Total Income	**4,416**	**2,686**
EXPENDITURE		
Generating Income	110	109
Charitable Activities:		
Patient Education and Welfare	696	336
Purchase of new Equipment	1,022	3
Staff Education and Welfare	569	1,042
Medical Research	201	20
Total Expenditure	**2,598**	**1,511**
Net Income (Expenditure)	**1,818**	**1,175**
Net Gains (Losses) on Investments	(538)	1,216
Net Movement in Funds	**1,280**	**2,391**
Fund Balances Brought Forward	12,751	10,360
Total Funds Carried Forward	**14,031**	**12,751**

3(d) **RESTRICTED FUNDS-Balance Sheet as at 31st March 2023**

	2023 £000	2022 £000
Fixed Assets		
Investments	12,905	12,124
Total Fixed Assets	**12,905**	**12,124**
Current Assets		
Stocks and work in progress	8	5
Debtors	99	87
Cash and Cash Equivalents	4,416	4,375
Short term Investments and Deposits		
Total Current Assets	**4,523**	**4,467**
Creditors: Amounts falling due within one year	(2,159)	(2,927)
Net Current (Liabilities)/Assets	**2,364**	**1,540**
Total assets less current liabilities	**15,269**	**13,664**
Creditors: Amounts falling due after more than one year	(1,238)	(913)
Net Assets	**14,031**	**12,751**
Total Charity Funds	**14,031**	**12,751**

4 Donations

	2023 £000	2022 £000
General Purposes	1,907	810
Charlie Bear	10	33
Sir Bobby Robson Foundation	556	375
Total	**2,473**	1,218

Donations from individuals are gifts from members of the public, relatives of patients and staff.

5 Legacies

	2023 £000	2022 £000
General Purposes	2,068	954
Charlie Bear	9	14
Sir Bobby Robson Foundation	1,803	853
Total	**3,880**	1,821

Legacies are gifts included in Wills, which are for the benefit of services within our local hospitals.

6 Grants received

In this Financial year a grant totalling £583k was received. The Charity received £583k from NHS Charities Together to help with COVID recovery and wellbeing of the staff at the Trust.

7 Donated Facilities and Services, including Volunteers

The Charity recognises the contribution of volunteers who supplement the Charity Retail Manager and the Charlie Bear Retail Manager at the Freeman NHC Shop, the Charlie Bear Shop, and the GNCH Pop up stand. It also notes the contribution at charitable events, such as Great North Run, Cyclone Festival of Cycling, NHS Big Tea Party, and the Christmas Lights switch on. However the lack of a reliable method of measuring, and the volume of volunteers used, has meant that this contribution is not financially recognised in the accounts.

8 Movements in funding commitments

	2023 Current Liabilities £000	2023 Non-Current Liabilities £000	**2023 Total £000**	2022 Total £000
Opening balance at 1st April	11,950	3,840	**15,790**	8,965
Additional commitments made during the year	4,374	2,628	**7,002**	9,685
Amounts paid during the year	(3,970)	(3,071)	**(7,041)**	(2,861)
Closing balance at 31st March	**12,354**	**3,397**	**15,751**	15,789

9 Allocation of Overhead and Support Costs

Support and overhead costs have been analysed to identify :

Costs of Generating Income:	Apportioned across all funds as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet throughout 2022-23 activities
Costs in Support of Charitable Activities:	Apportioned across all funds as pro-rata to the sum of fund values and commitments held as creditors in the balance sheet in support of charitable activities

Bought-in services from NHS includes Internal Audit and a recharge from The Newcastle upon Tyne Hospitals NHS Foundation Trust for finance support and overheads.

The Auditor's remuneration of £12k (2021-22 : £12k) related solely to the year-end audit with no additional work being undertaken. There were no governance costs.

There are no staff employed directly by the charity, the Charity purchases services from Newcastle-upon-Tyne NHS Foundation Trust. In the following table the bought-in NHS salaries includes employer's national insurance and pension contributions.

	2023 Costs of Generating Income £000	2023 Costs in Support of Charitable Activities £000	**2023 Total £000**	2022 Total £000
Auditors' Remuneration - Audit Fees	0	12	**12**	12
Other Fees & Services	109	62	**171**	102
Bought-in services from NHS-Salaries	247	580	**827**	619
Bought-in services from NHS-Accommodation/Office/IT	0	54	**54**	54
Goods for Resale	214	0	**214**	32
Promotion/Publicity/Events	89	3	**92**	56
Bank Charges	16	6	**22**	4
Miscellaneous	(13)	0	**(13)**	5
Total	**662**	**718**	**1,380**	884

10 Charitable Activities

	2023 Grant Funded Activities £000	2023 Support Costs £000	**2023 Total £000**	2022 Total £000
Patient Education and Welfare	2,421	243	**2,664**	4,932
Purchase of new Equipment	2,704	269	**2,973**	1,001
Staff Education and Welfare	1,707	171	**1,878**	4,830
Medical Research	342	35	**377**	350
Total Grants Payable	**7,174**	**718**	**7,892**	11,113

Grants are made in support of services provided by the Newcastle upon Tyne Hospital NHS Foundation Trust, with the exception of fourteen awards to:
(i) £188k - Citizens Advice Gateshead, for Social Welfare Advice for families at The Great North Children's Hospital.
(ii) £129k - Newcastle University, for Socioeconomic inequalities in lung cancer treatment in the North East of England.
(iii) £88k - Blue Sky Trust, for Living Well With HIV' project.
(iv) £60k - Citizens Advice Gateshead, for A Helping Hand: Social Welfare Advice for Trust Staff.
(v) £38k - Childrens Heart Unit Fund, for Imaging software and associated costs.
(vi) £30k - Northumbria Blood Bikes, for Volunteer training and development programme.
(vii) £25k - The Children's Foundation, for The Baby Box - supporting first time mothers.
(viii) £22k - Healthworks, for Change4 Life Mini Champions – Outer West.
(ix) £20k - Deaflink, for British Sign Language Health Navigator Service.
(x) £6k - Northumbria Healthcare NHS Foundation Trust, for International Burns Project (Tanzania).
(xi) £5k - InterAct Stroke Support, for InterAct Charity working with stroke rehabilitation patients.
(xii) £5k - Give A Duck, for Chemo Duck and Huggable Hope to patients at The Great North Children's Hospital.
(xiii) £4k - Radio Tyneside, for Radio Tyneside Core Costs.
(xiv) £1k - Transplant Sport UK, for Enabling the Transplant Team to compete at the British Transplant Games.

11 Analysis of Grants

All grants are made directly to The Newcastle upon Tyne Hospitals NHS Foundation Trust via a scheme of delegation operated by the Corporate Trustee.

All grant funded activity by fund advisors in accordance with standing orders and financial instructions.

12 Analysis of Staff Costs/Pension Contributions

There are no staff employed directly by the charity, the Charity purchases services from Newcastle-upon-Tyne NHS Foundation Trust. Within the staff employed to provide a service to the Charity, the Trust employs one member of staff with a salary over £60k (cost in 2021/22 was in the band £110K to £120k including on costs).

13 Fixed Asset Property

The Charity does not hold any Freehold Land & Buildings.

14 Fixed Asset Investments

a) Movement in Fixed Asset Investments

	2023	2022
	Total	Total
	£000	£000
Market Value at 1 April 2021	42,067	38,383
Add Acquisitions at Cost		0
Net gain/(loss) on Revaluation	(1,396)	3,684
Market Value at 31 March 2023	**40,672**	42,067
Historic Cost at 31 March 2023	**25,831**	25,831

b) Fixed Asset Investments

	2023	2023	**2023**	2022
	Held in UK	Held Outside UK	**Total**	Total
	£000	£000	**£000**	£000
Investments in a Common Investment Fund (CCLA)	19,555	0	**19,555**	20,550
Investments Listed on Stock Exchange (Newton)	21,116	0	**21,116**	21,517
Total	**40,672**	**0**	**40,672**	**42,067**

c) Cash and Cash equivalents

A sum of £9,910k (2020/21 : £10,070k) is held between a HSBC Moneymaster Deposit Account, Virgin Money Bank Deposit Account, Barclays Current Account and a Barclays Business Savings Account.

d) Analysis of Gross Income from Investments

	2023	2023	**2023**	2022
	Held in UK	Held Outside UK	**Total**	Total
	£000	£000	**£000**	£000
Investments in a Common Investment Fund (CCLA)	592	0	**592**	586
Other Investments (HSBC & Virgin Money Bank Interest)	46	0	**46**	4
Investments Listed on Stock Exchange (Newton)	486	0	**486**	467
Interest from Treasury Deposit /Business Premium Account	0	0	**0**	0
Total Income from Investments	**1,125**	**0**	**1,125**	1,056

Dividend income totalled £1,079k in 2022/23, (2021/22 : £1,053k)

15 Debtors

	2023 £000	2022 £000
Amounts falling due within one year :		
Prepayments and Accrued Income	282	300
Total	**282**	300

16 Analysis of cash and cash equivalents

	2023 £000	2022 £000
Cash at Bank and in Hand	633	1,012
Notice Deposits (less than 3 months)	9,278	9,058
	9,910	10,070

Cash deposits are split between an HSBC Moneymaster, Virgin Money (95 day Notice Account) and a Barclays Business Savings Account to primarily reflect the Trustees decision to hold liquid funds to meet grant expenditure incurred initially by the Newcastle upon Tyne Hospitals NHS Foundation Trust.

17 Creditors

	2023 £000	2022 £000
Amounts falling due within one year :		
Trade Creditors *	964	1,100
Accruals and deferred income #	10,333	9,172
Total	**11,297**	10,272

Amounts falling due after more than one year:	2023 £000	2022 £000
Accruals and deferred income #	4,454	5,517
Total	**4,454**	5,517

* Trade Creditors represents the amount owed to a related party - The Newcastle upon Tyne Hospitals NHS Foundation Trust, for costs incurred on behalf of the charity in the furtherance of the Charity's objects.

Accruals of £14,787k (2021/22 : £14,689k) have been included in the above figures which the Trustees considers to be a legal or constructive obligation because of ongoing or future schemes agreed with the Trust (see Annual Report for details).

18 Analysis of Charitable Funds

RESTRICTED FUNDS	Balance 1st April 2022 £000	Income £000	Expenditure £000	Transfers £000	Gains and Losses £000	Balance 31st March 2023 £000
Sir Bobby Robson Foundation	11,076	2,749	(836)	0	(482)	12,507
Charlie Bear	782	107	(199)	0	(48)	642
Children's Services (Fleming/Watson Fund)	912	7	7	0	(8)	918
NHS Charities Together	(19)	552	(570)	0	0	(37)
Total	**12,751**	**3,416**	**(1,598)**	**0**	**(538)**	14,031

UNRESTRICTED FUNDS	Balance 1st April 2022 £000	Income £000	Expenditure £000	Transfers £000	Gains and Losses £000	Balance 31st March 2023 £000
General Purposes	23,940	5,015	(6,956)	0	(858)	21,141
Total	**23,940**	**5,015**	**(6,956)**	**0**	**(858)**	21,141

TOTAL FUNDS	Balance 1st April 2022 £000	Income £000	Expenditure £000	Transfers £000	Gains and Losses £000	Balance 31st March 2023 £000
TOTAL FUNDS	**36,691**	**8,431**	**(8,554)**	**0**	**(1,396)**	35,171

Notes:
A - No endowment funds are held.
B - Funds are shown at Market Value as at 31st March 2022.
C – The purpose of the restricted funds is explained on page 30 of the Annual Report

19 Events After The Reporting Period

There were no significant events after the reporting period.

Independent auditor's report to the Corporate Trustee of Newcastle upon Tyne Hospitals NHS Charity

Opinion
We have audited the financial statements of Newcastle upon Tyne Hospitals NHS Charity (the 'charity') for the year ended 31 March 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flow and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).
In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion
We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern
In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information
The other information comprises the information included in the Charity Annual Report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception
In light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Charity Annual Report.

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the Charity Annual Report; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees
As explained more fully in the statement of trustee's responsibilities set out on page 23, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going

concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.
The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the charity and its sector, we considered that non-compliance with the following laws and regulations might have a material effect on the financial statements: employment regulation, health and safety regulation, anti-money laundering regulation, non-compliance with implementation of government support schemes relating to COVID-19.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- Inquiring of management and, where appropriate, those charged with governance, as to whether the charity is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- Inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- Communicating identified laws and regulations to the engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- Considering the risk of acts by the charity which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as tax legislation, pension legislation, the Companies Act 2006, the Charities Act 2011 and the Charities Statement of Recommended Practice.

In addition, we evaluated the trustees' and management's incentives and opportunities for fraudulent manipulation of the financial statements, including the risk of management override of controls, and determined that the principal risks related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, income recognition (which we pinpointed to the cut-off assertion), and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- Making enquiries of the trustees and management on whether they had knowledge of any actual, suspected or alleged fraud;
- Gaining an understanding of the internal controls established to mitigate risks related to fraud;
- Discussing amongst the engagement team the risks of fraud; and
- Addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of the audit report

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Signed M Moran

Michael Moran (Senior Statutory Auditor)
For and on behalf of Robson Laidler Accountants Limited
Statutory Auditor
Fernwood House, Fernwood Road, Jesmond, Newcastle upon Tyne NE2 1TJ