



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 January 2024						
Title	Consultant Appointments						
Report of	Andy Welch, Medical Director						
Prepared by	Vicky Cowan, HR Advisor (Medical & Dental)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	The content of this report outlines recent Consultant Appointments.						
Recommendation	The Board of Directors is asked to review the decisions of the Appointments Committee.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Ensuring the Trust is sufficiently staffed to meet the demands of the organisation.						
Reports previously considered by	Consultant Appointments are submitted for information in the month following the Appointments Panel.						

CONSULTANT APPOINTMENTS

1. APPOINTMENTS COMMITTEE – CONSULTANT APPOINTMENTS

1.1. Appointments Committees were held between 14th October 2023 and 18 January 2024 and by unanimous resolution, the Committees were in favour of appointing the following:

Appointed	Job title	Start Date
Dr Emma Kelly	Consultant Medical Oncologist	20-Nov-23
Dr. Sufyan Shakir	Consultant in Respiratory Medicine	11-Dec-23
Dr. Helen Grover	Consultant in Respiratory Medicine	05-Dec-23
Dr. Aleksandra Duffy	Consultant in Respiratory Medicine	22-Jan-24
Dr. Evelyn Palmer	Consultant in Respiratory Medicine	04-Mar-24
Dr. Khuen Foong Ng	Consultant in Paediatric Immunology	04-Mar-24
Mr Ben Steel	Consultant Oral & Maxillofacial Surgery	11-Mar-24

2. RECOMMENDATION

1.1– For the Board to receive the above report.

Report of Andy Welch
Medical Director
 22 January 2024

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 January 2024						
Title	Guardian of Safe Working Quarterly Report (Q2 2023-24)						
Report of	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
Prepared by	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The terms and conditions of service of the new junior doctor contract (2016) require the Guardian of Safe Working Hours to provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors' hours are safe and compliant.</p> <p>The content of this report outlines the number and main causes of exception reports for the period 27 June to 26 September 2023 for consideration by the Trust Board.</p>						
Recommendation	The Trust Board is asked to note the contents of this 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.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
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Link to Board Assurance Framework [BAF]	<p>No direct link to the BAF.</p> <p>In order to maintain quality and safety, we must have a junior doctor workforce who can work within safe hours and receive excellent training.</p>						
Reports previously considered by	Quarterly report of the Guardian of Safe Working Hours. Discussed at the People Committee meeting on 8 January 2024.						

GUARDIAN OF SAFE WORKING QUARTERLY REPORT

1. EXECUTIVE SUMMARY

This quarterly report covers the period 27 June 2023 to 26 September 2023.

There are now 957 postgraduate doctors in training on the New Junior Doctor Contract and a total of 1,062 postgraduate doctors in the Trust. The increase in numbers on the New contract is partly due to the increase in Locally Employed Doctors employed on contracts which mirror the 2016 contract.

There were 124 exception reports in this period. This compares to 107 exception reports in the previous quarter.

The main areas of exception reports are general medicine, general surgery, and paediatric surgery.

The main cause of exception reports is when the staffing levels available are insufficient for the workload, or in the case of paediatric surgery when the working pattern does not fit the workload.

2. INTRODUCTION / BACKGROUND

The 2016 New Junior Doctor Contract came into effect on 3 August 2016 and was reviewed in August 2019, with changes implemented in a staggered approach from August 2019 to October 2020. From August 2023 Locally Employed Doctors are also employed on a contract which mirrors the 2016 contract.

The TCS of the 2016 contract allows for exception reporting to raise reports on breaches of working hours and educational opportunities. The Guardian of Safe Working Hours must provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors’ hours are safe and compliant.

3. HIGH LEVEL DATA

		(Previous quarter data for comparison)
Number of Junior Doctors on New Contract	957	(796)
Total Number of Junior Doctors	1,062	(1,004)
Number of Exception reports	124	(107)
Number of Exception reports for Hours Breaches	117	(107)
Number of Exception reports for Educational Breaches	7	(16)
Fines	18	(27)
 Admin Support for Role	 Good	

PUBLIC BRP - Agenda item A11(a)(ii)

Job Planned time for supervisors

Variable

4. EXCEPTION REPORTS

4.1 Exception Report by Speciality (Top 4)

		(Previous quarter for comparison)
General Medicine	52	(10)
General Surgery	34	(66)
Paediatric Surgery	16	(16)
Haematology/oncology	7	(0)

4.2 Exception Report by Rota/Grade

General Surgery		
FH (F1) including HPB, colorectal, vascular	33	
RVI (F1)	1	
General medicine		
RVI (F1)	8	
RVI (F2/CT2/IMT)	6	
FH (F1) Older person's medicine	17	
CT/IMT/LED Older person's medicine	21	
Paediatric Surgery		
ST3+	16	
Haematology/Oncology		
F2	7	

4.3 Example Themes from Exception Reports

General Surgery FH

“Short staffing: only F1 on HPB for the day. No PAs as away on annual leave or teaching. Stayed an hour and a half later to finish off the jobs. Covered approximately 80 patients individually.”

The high workload and staffing issues within general surgery F1 at Freeman are well known.

General Medicine RVI/FH

“Ward very busy with multiple unwell patients and boarders. Unable to complete essential tasks within the working day.”

Exception reports submitted when there was excessive workload for the workforce available – either due to clinical complexity of patients or reduced staffing levels.

Paediatric Surgery

“Ongoing issues with excessive workload on non-resident on call rotas resulting in inadequate rest being achieved.”

The high workload of this non-resident on call shift has been highlighted to the directorate, and steps are being taken to address this.

Haematology/Oncology

“Short staffed due to illness and no on call SpR. Unable to take breaks due to number of patients needing reviews plus multiple chemo reactions. Stayed late to finish TTOs and SpR asking me to check someone's ECG at 4.20 as they were too busy. Stayed after this to write to a patient's GP regarding follow up.”

Haematology/Oncology was an area previously highlighted through exception reports as an area of concern, and extra staff were recruited. On review of rota gaps, there has been a staffing deficit in this area.

5. EXCEPTION REPORT OUTCOMES

5.1 Work Schedule Reviews

Cardiac Anaesthesia – work schedule changed to more accurately reflect working pattern after exception reports highlighted discrepancies.

Paediatric surgery work schedule review is still ongoing.

5.2 Fines

18 fines have been issued:

- Paediatric Surgery (16 fines): Rule breached “Unable to achieve minimum overnight continuous rest of five hours between 22:00 and 07:00 during a non-resident on-call (NROC)” or “Unable to achieve the minimum 8 hours total rest per 24-hour NROC shift.” Total fine money £4,572.67 (2 fines still to be calculated).
- General Surgery F1 Freeman (1 fine): Rule breached “Early start; Late finish; Unable to achieve breaks; Exceeded the maximum 13-hour shift length.” Total fine money £22.86.

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- Haematology/Oncology (1 fine): Rule breached “Late finish; Exceeded the maximum 13-hour shift length.” Total fine money £86.67.

6. ISSUES ARISING

6.1 Workforce and workload

The recurring theme as to when exception reports are raised is when there is a reduction of doctor numbers on the ward or high workloads.

6.2 Supervisor Engagement

Supervisor engagement is generally good. Weekly prompting by the medical staffing team has reduced supervisor response time. There are still issues in some departments of a lack of job planned time for supervisors. High numbers of exception reporting increases the burden on consultants who are already experiencing high clinical demand.

6.3 Administrative Support

Administrative support is currently good.

7. ROTA GAPS

Specialties and rotas with vacancies are outlined below.

Directorate	Site	Specialty/Sub Specialty	Grade	No required on rota (at full complement)	Sep-23	Aug-23	Jul-23
<u>Cancer Services</u>							
Cancer Services	FH	Oncology	ST3+	18 (Feb 23)	3.2	3.2	3.2
Cancer Services	FH	Palliative Medicine	F2/ST1+	13	1.8	0.8	0.8
Cancer Services	FH	Haematology / Oncology	F2/ST1/ST2	12 (Aug 23)	1.4	1.4	0.4
Cancer Services	FH	Haematology / Oncology	CMT	3	1	1	0.2
Cancer Services	FH	Haematology	ST3+	9	1	1	0.8
<u>Cardiothoracic Services</u>							
Cardiothoracic Services	FH	Cardiology	ST3+	15	1.2	1.2	0
Cardiothoracic Services	FH	Cardiology	CMT	3 (from Dec 22)	0	0	1
Cardiothoracic Services	FH	Cardiothoracic Anaesthesia	ST3+	10	2	2	1
Cardiothoracic Services	FH	Cardiothoracic Surgery	ST3+	11	1	1	1
Cardiothoracic Services	FH	Cardiothoracic Transplant	ST3+	3	1	1	1

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Directorate	Site	Specialty/Sub Specialty	Grade	No required on rota (at full complement)	Sep-23	Aug-23	Jul-23
Cardiothoracic Services	FH	PICU	ST3+	8	0.2	0.2	1
Cardiothoracic Services	FH	Paediatric Cardiology 1st	F2/ST1/ST2	7	1.2	1.2	1.2
Cardiothoracic Services	FH	Paediatric Cardiology 2nd	ST3+	9	0.2	0.2	0.2
Cardiothoracic Services	FH	Respiratory Medicine	CMT/ST1-2	6	0.2	0.2	1
Cardiothoracic Services	FH	Respiratory Medicine	ST3+	8	0	0	1
Children's Services							
Children's Services	RVI	Paediatric Surgery 2nd	ST3+	8	3	2	0
Children's Services	RVI	Paediatrics 1st - ST1/ST2 (now inc Paeds Surgery)	F2/ST1/ST2	25	1.8	1.8	2
Children's Services	RVI	General Paediatrics	ST3+	23	3.2	3.4	2.4
Children's Services	RVI	Paediatric Oncology	ST3+	6	1.2	1.2	1.2
Children's Services	RVI	Paediatric ICU (PICU)	ST3+	8	0.4	0.4	0.4
EPOD							
EPOD	FH	ENT	F2 / CST / ST1-2	5	1	1	1
EPOD	RVI	Plastic Surgery	F2/ST1/ST2	8	0	0	1
EPOD	RVI	Plastic Surgery	ST3+	13	2	2	1
EPOD	RVI	Ophthalmology	F2/ST1/ST2	6	1.2	1.2	1
EPOD	RVI	Ophthalmology	ST3+	25	2.4	2.4	3.4
EPOD	RVI	Dermatology	GPSTR	1	0.2	0.2	0
Integrated Lab Medicine							
Integrated Lab Medicine	RVI	Histopathology	ST3+	16 (From Jan 2023)	1	1	1.1
Integrated Lab Medicine	RVI	Histopathology	ST1/2	8	0.2	0.2	3.1
Integrated Lab Medicine	RVI	MM rota integrated with ID and MV and GIM	ST1+	21	2.4	2.4	2
Medicine							
Medicine	FH	General Internal Medicine	F2/GPVTS/CMT/TF	12	1.7	1.7	1.7
Medicine	RVI	CMT BOH and FOH Combined (August 2019)	CMT	11	1	1	1.2
Medicine	RVI	CMT Acute- ACU (August 2019)	CMT	2	0	0	0.2
Medicine	RVI	General Internal Medicine	ST3+	25	2.5	2.5	1
Medicine	RVI	Clinical Immunology	ST3+	3	1	1	0
Medicine	FH	Gastroenterology	ST3+	6	1.2	1.2	0

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Directorate	Site	Specialty/Sub Specialty	Grade	No required on rota (at full complement)	Sep-23	Aug-23	Jul-23
Medicine	FH	Care of the Elderly	ST3+	5	0.6	0.6	0.6
Medicine	RVI	Accident & Emergency 1st	F2	7	0	1	0.2
Medicine	RVI	Accident & Emergency 1st	ACCS/ST1-2/CT1-2	20	1.2	1.2	0.6
Medicine	RVI	Accident & Emergency 2nd	ST3+	15 (14 from Nov 20)	1	1	1.4
Medicine	RVI	Accident & Emergency	F2 GP Placement	12	0.4	0.4	0.2
Musculoskeletal							
Musculoskeletal	FH	Rheumatology	ST3+	5	1.4	1.4	1.4
Musculoskeletal	FH	Rheumatology	CMT1-2	3	0	0	1
Musculoskeletal	FH	Orthopaedics	F2/ST1/ST2	4	0	0	1
Musculoskeletal	RVI/FRH	Orthopaedics	ST3+	19	0.2	1.2	3.2
Neurosciences							
Neurosciences	RVI	Neurosurgery	F2/ST1/ST2	5	1	1	1
Neurosciences	RVI	Neurology	ST3+	13	0.6	0.6	0.6
Neurosciences	RVI	Neurology	IMT/CMT	3	1	1	1
Peri-operative FH							
Peri-operative & Critical Care	FH	Critical Care	F2 ST1-7	11	0	0	0.2
Peri-operative & Critical Care	FH	Anaesthetics General	ST1-7 CT1-2	27 (From Aug 23)	4.6	4.6	2.6
Peri-operative RVI							
Peri-operative & Critical Care	RVI	Critical Care	ST1+	16 (from Aug 23)	4	4	3.2
Peri-operative & Critical Care	RVI	Anaesthetics	ST1-2 / ST3 +	40 (From Aug 22)	3.2	3.2	2.6
Surgical Services							
Surgical Services	FH	General Surgery	F2/ST1/ST2/ST3+	7	1	1	1
Surgical Services	FH	Vascular	ST3+	10	1.6	1.6	1
Surgical Services	FH	Hpb / Transplant	ST3+	11	1	1	0.6
Surgical Services	RVI	General Surgery	F2/ST1/ST2	7	1	1	0
Surgical Services	RVI	General Surgery	ST3+	15 (From Aug 23)	1.6	1.6	2.8
Urology & Renal							
Urology	FH	Renal Medicine	ST3+	6	0	0	0.4
Urology	FH	Urology	ST3+	11	0.2	0.2	0.2
Women's Services							
Women's Services	RVI	Obstetrics & Gynaecology	F2/ST1/ST2	14	1.8	1.8	4
Women's Services	RVI	Obstetrics & Gynaecology	ST3+	22	2.6	2.6	2.7
Women's Services	RVI	Neonates	F2/ST1/ST2	7	1.4	0.4	1
Women's Services	RVI	Neonates	ST3+	13	1.8	1.8	0.8

7.1 Locum Spend

LET Locum Spend

July to September (Q2 2023-24)	£2,343,585
April to June (Q1 2023-24)	£1,120,006

Comment from finance team:

“In terms of expenditure we rely on invoices from the LET and so there are differences between the actual incidence of spend and the Trust being invoiced for it. There was an increase of 109% between Q2 2023/24 and Q1 2023/24. Of this increase £236k was in Childrens services, £314k in Internal medicine, £99k in Surgical services, £157k in Cardiothoracic and £124k in Peri – Ops and Critical Care.”

Trust Locum Spend

July to September (Q2)	£3,027,246
April to June (Q1 2023-24)	£974,966

Comment from finance team:

“ With regard to Clinical Boards the increase in spend was across the Trust with significant values in Women’s, Cardio, EPOD, Medicine, Dental. Surgery, Peri-Op and Childrens. “

It is likely that locum spend to cover industrial action was a large contributor, but the data supplied by directorates is not accurate enough to exactly quantify this.

8. RISKS AND MITIGATION

The main risk remains medical workforce coverage across a number of rotas. As previously highlighted, this is exacerbated by changes in working patterns due to alterations of the TCS of the Junior Doctor Contract, and changes in training requirements. The ongoing issues with working patterns and workload in paediatric surgery remain a concern.

9. JUNIOR DOCTOR FORUM

There were discussions around difficulties in getting parking permits, and poor Wi-Fi resulting in difficulties accessing clinical guidelines in certain parts of the hospital.

10. RECOMMENDATIONS

I recommend that we continue to review the workforce workload balance to ensure safe and sustainable staffing.

**Report of Henrietta Dawson
Consultant Anaesthetist
Trust Guardian of Safe Working Hours
20 November 2023**

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TRUST BOARD

Date of meeting	25 January 2024						
Title	Guardian of Safe Working Quarterly Report (Q1 2023-24)						
Report of	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
Prepared by	Dr Henrietta Dawson, Trust Guardian of Safe Working Hours						
Status of Report	Public	Private			Internal		
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Purpose of Report	For Decision		For Assurance		For Information		
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Summary	<p>The Terms and Conditions of Service (TCS) of the new junior doctor contract (2016) require the Guardian of Safe Working Hours to provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors' hours are safe and compliant.</p> <p>The content of this report outlines the number and main causes of exception reports for the period 27 March to 26 June 2023 for consideration by the Trust Board.</p>						
Recommendation	The Trust Board is asked to note the contents of this 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.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
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Link to Board Assurance Framework [BAF]	<p>No direct link to the BAF.</p> <p>In order to maintain quality and safety, we must have a junior doctor workforce who can work within safe hours and receive excellent training.</p>						
Reports previously considered by	Quarterly report of the Guardian of Safe Working Hours. Discussed at the 17 October 2023 People Committee meeting.						

GUARDIAN OF SAFE WORKING QUARTERLY REPORT

1. EXECUTIVE SUMMARY

This quarterly report covers the period 27 March 2023 to 26 June 2023.

There are now 796 postgraduate doctors in training on the New Junior Doctor Contract and a total of 1,004 postgraduate doctors in the Trust.

There were 107 exception reports in this period. This compares to 148 exception reports in the previous quarter.

The main areas of exception reports are general surgery, paediatric surgery and general medicine.

The main cause of exception reports is when the staffing levels available are insufficient for the workload, or in the case of paediatric surgery when the working pattern does not fit the workload.

2. INTRODUCTION / BACKGROUND

The 2016 New Junior Doctor Contract came into effect on 3 August 2016 and was reviewed in August 2019, with changes implemented in a staggered approach from August 2019 to October 2020.

The TCS of the 2016 contract allows for exception reporting to raise reports on breaches of working hours and educational opportunities. These are ratified or rejected as appropriate by clinical supervisors and the process is overseen by the Guardian of Safe Working Hours.

The TCS require the Guardian of Safe Working Hours to provide a quarterly report to the Trust Board to give assurance to the Board that the junior doctors’ hours are safe and compliant.

3. HIGH LEVEL DATA

		(Previous quarter data for comparison)
Number of Junior Doctors on New Contract	796	(824)
Total Number of Junior Doctors	1,004	(1,027)
Number of Exception reports	107	(148)
Number of Exception reports for Hours Breaches	107	(142)
Number of Exception reports for Educational Breaches	16	(15)
Fines	27	(16)
 Admin Support for Role	 Good	

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Job Planned time for supervisors

Variable

4. EXCEPTION REPORTS

4.1 Exception Report by Speciality (Top 4)

		(Previous quarter for comparison)
General Surgery	66	(73)
Paediatric Surgery	16	(21)
General Medicine	10	(26)
Cardiology	7	(0)

4.2 Exception Report by Rota/Grade

General Surgery		
FH (F1) including HPB, colorectal, vascular	62	
RVI (F1)	4	
General medicine RVI		
RVI (F1)	4	
FH (F1/F2) Older person's medicine	6	
Paediatric Surgery		
ST3+	16	
Cardiology		
FH (SHO)	3	
FH (ST3+)	4	

4.3 Example Themes from Exception Reports

General Surgery FH

“Very busy day; unable to complete essential job list without arriving early and staying late; not having breaks / lunch and not attending teaching.”

The high workload and staffing issues within general surgery F1 at Freeman are well known and have been escalated to the Executive Team.

General Medicine RVI/FH

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Exception reports submitted when there was excessive workload for the workforce available – either due to clinical complexity of patients or reduced staffing levels.

Paediatric Surgery

“NROC shift from 5pm. Actual work 1700-0130 Theatre; patient reviews in ED/ward0130-0645; Rest but woken by x4 phonecalls in this period 0645-0830; Patient reviews; handover”

The high workload of this non-resident on call shift has been highlighted to the directorate, and steps are being taken to address this.

Cardiology

Unusually high workload on a few days meant doctors staying late. Issues with handover times highlighted in exception reports, which have been addressed.

5. EXCEPTION REPORT OUTCOMES

5.1 Work Schedule Reviews

No new work schedule reviews were conducted on the back of exception reports. Review of paediatric surgery working patterns is ongoing.

5.2 Fines

27 fines have been issued:

Paediatric Surgery (12 fines). Rule breached “Unable to achieve minimum overnight continuous rest of five hours between 22:00 and 07:00 during a non-resident on-call (NROC)” or “Unable to achieve the minimum 8 hours total rest per 24-hour NROC shift.”

Total fine money £6,749.91.

General Surgery F1 Freeman (12 fines):

11 fines rule breached “Exceeded the maximum 13-hour shift length.” 1 fine “Exceeded 72 hours work in 168 hours.”

Total fine money £797.83.

Ophthalmology (2 fines): Rule breached “Unable to achieve minimum overnight continuous rest of five hours between 22:00 and 07:00 during a non-resident on-call (NROC)” or “Unable to achieve the minimum 8 hours total rest per 24-hour NROC shift.”

Total fine not calculated as no response from doctor so hours could not be calculated.

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Paediatrics (1 fine): Rule breached. "Exceeded the maximum 13-hour shift length; Unable to achieve the minimum 11 hours rest between resident shifts."

Total fine £238.50.

6. ISSUES ARISING

6.1 Workforce and workload

The recurring theme as to when exception reports are raised is when there is a reduction of doctor numbers on the ward or high workloads.

6.2 Supervisor Engagement

Supervisor engagement is generally good. Weekly prompting by the medical staffing team has reduced supervisor response time. There are still issues in some departments of a lack of job planned time for supervisors. High numbers of exception reporting increases the burden on consultants who are already experiencing high clinical demand.

6.3 Administrative Support

Administrative support is currently good.

7. ROTA GAPS

Specialties and rotas with vacancies are outlined below.

Directorate	Site	Specialty/Sub Specialty	Grade	No. required on rota (at full complement)	Jun-23	May-23	Apr-23
		<u>Cancer Services</u>					
Cancer Services	FH	Oncology	ST3+	14	1	1	2
Cancer Services	FH	Palliative Medicine	F2/ST1+	13	0.2	0.2	0.2
Cancer Services	FH	Haematology / Oncology	F2/ST1/ST 2	10	1.4	1.4	0.4
Cancer Services	FH	Haematology / Oncology	CMT	3	0.2	0.2	0.2
Cancer Services	FH	Haematology	ST3+	10	0.8	0.8	1
		<u>Cardiothoracic Services</u>					
Cardiothoracic Services	FH	Cardiology	F2/ST1-2	5	1	1	0
Cardiothoracic Services	FH	Cardiology	CMT	3	1	1	1
Cardiothoracic Services	FH	Cardiothoracic Anaesthesia	ST3+	10	1	1	0
Cardiothoracic Services	FH	Cardiothoracic Surgery	ST3+	11	1	1	1
Cardiothoracic Services	FH	Cardiothoracic Transplant	ST3+	3	1	1	1
Cardiothoracic Services	FH	PICU	ST3+	8	1	1	1
Cardiothoracic Services	FH	Paediatric Cardiology 1st	F2/ST1/ST 2	7	1.6	1.6	1.6
Cardiothoracic Services	FH	Paediatric Cardiology 2nd	ST3+	9	0.4	0.4	0.4
Cardiothoracic Services	FH	Respiratory Medicine	CMT/ST1-2	6	0.6	0.6	0.6
Cardiothoracic Services	FH	Respiratory Medicine	ST3+	11	1	1	1
		<u>Children's Services</u>					
Children's Services	RVI	Paediatrics 1st - ST1/ST2 (now inc Paeds Surgery)	F2/ST1/ST 2	25	2	2	2
Children's Services	RVI	General Paediatrics	ST3+	21	2.4	2.4	2.4
Children's Services	RVI	Paediatric Oncology	ST3+	6	1	1	2
Children's Services	RVI	Paediatric ICU (PICU)	ST3+	8	0.2	0.2	0.2
		<u>EPOD</u>					
EPOD	FH	ENT	F2/CST/ST 1-2	5	0.4	0.4	0.4
EPOD	FH	ENT	ST3+	9	0.4	0.4	0.4
EPOD	RVI	Plastic Surgery	F2/ST1/ST 2	8	2	2	1
EPOD	RVI	Ophthalmology	ST3+	25	3.4	3.4	2.4

<u>Integrated Lab Medicine</u>							
Integrated Lab Medicine	RVI	Histopathology	ST3+	16	1.1	1.1	1.1
Integrated Lab Medicine	RVI	Histopathology	ST1/2	8	3.1	3.1	3.1
Integrated Lab Medicine	RVI	MM rota integrated with ID and MV and GIM	ST1+	21	2	2	2
<u>Medicine</u>							
Medicine	FH	General Internal Medicine	F2/GPVTS/CMT/TF	12	2	2	2
Medicine	RVI	CMT BOH and FOH Combined (August 2019)	CMT	11	1.2	1.2	1.2
Medicine	RVI	General Internal Medicine	ST3+	25	1	1	2
Medicine	FH	Care of the Elderly	ST3+	5	0.2	0.2	0.2
Medicine	RVI	Accident & Emergency 1st	F2	7	0.2	0.2	0.2
Medicine	RVI	Accident & Emergency 1st	ACCS/ST1-2/CT1-2	20	0.6	0.6	0.6
Medicine	RVI	Accident & Emergency 2nd	ST3+	15	0.9	0.9	0.9
<u>Musculoskeletal</u>							
Musculoskeletal	FH	Rheumatology	CMT1-2	3	1	1	1
Musculoskeletal	FH	Orthopaedics	F2/ST1/ST 2	6	1	1	1
Musculoskeletal	RVI/FR H	Orthopaedics	ST3+	19	3.2	3.2	2.2
<u>Neurosciences</u>							
Neurosciences	RVI	Neurosurgery	F2/ST1/ST 2	5	1	1	1
Neurosciences	RVI	Neurology	ST3+	13	0.9	0.9	0.9
Neurosciences	RVI	Neurology	IMT/CMT	3	1	1	1
<u>Peri-operative FH</u>							
Peri-op & Critical Care	FH	Critical Care	F2 ST1-7	11	0.2	0.2	1
Peri-op & Critical Care	FH	Anaesthetics General	ST1-7 CT1-2	29	2	2	2.4
<u>Peri-operative RVI</u>							
Peri-op & Critical Care	RVI	Critical Care	ST1+	14	1.2	2.2	2
Peri-op & Critical Care	RVI	Anaesthetics	ST1-2 / ST3 +	40	2.6	2.6	2.4
<u>Radiology</u>							
Radiology	RVI / FH	Neuroradiology	All grades	4	0.2	0.2	0.2
<u>Surgical Services</u>							

PUBLIC BRP - Agenda item A11(a)(ii)

Surgical Services	FH	General Surgery	F2/ST1/ST 2/ST3+	7	1	1	1
Surgical Services	FH	Vascular	ST3+	10	1	1	1
Surgical Services	FH	Hpb / Transplant	ST3+	11	0.4	0.4	0.4
Surgical Services	RVI	General Surgery	ST3+	17	2.6	2.6	2.6
<u>Urology & Renal</u>							
Urology	FH	Renal Medicine	F2/ST1/ST 2	5	0	0	1
Urology	FH	Renal Medicine	ST3+	6	0.4	0.4	0.4
Urology	FH	Urology	ST3+	11	0.2	0.2	0.2
<u>Womens' Services</u>							
Womens' Services	RVI	Obstetrics & Gynaecology	F2/ST1/ST 2	14	3	3	3
Womens' Services	RVI	Obstetrics & Gynaecology	ST3+	22	2.7	3.7	2.7
Womens' Services	RVI	Neonates	F2/ST1/ST 2	7	1	1	1
Womens' Services	RVI	Neonates	ST3+	13	0.8	0.8	0.8

7.1 Locum Spend

LET Locum Spend

April to June (Q1 2023-24)	£1,120,006
January to March (Q4 2022-23)	£566,045

Comment from finance team:

“In terms of expenditure we rely on the invoices from the LET and so there are differences between the actual incidence of spend and the Trust being invoiced for it. There was an increase of £554k (97%) between Q4 2022,23 and Q1 2023,24. Of this increase £172k was in Childrens services, £135k in Internal medicine, £50k in Women’s Services, £54k in Cancer Services, £63k in Dental services, £45k in Surgical Services and £46k in Cardiothoracic offset by £126k reduction in Peri – Ops and Critical Care.”

Trust Locum Spend

April to June (Q1 2023-24)	£974,966
January to March (Q4 2022-23)	£1,122,608

Comment from finance team:

“With regard to Clinical Boards the largest decrease in spend was within Cardio from £214k in Q4 22/23 to £116k in Q1 23/24, there was a general trend of reduced expenditure across the Trust. “

8. RISKS AND MITIGATION

The main risk remains medical workforce coverage across a number of rotas. As previously highlighted, this is exacerbated by changes in working patterns due to alterations of the TCS of the Junior Doctor Contract, and changes in training requirements. The ongoing issues with working patterns and workload in paediatric surgery remain a concern. Steps are being taken to address this, although progress is slow.

9. JUNIOR DOCTOR FORUM

No new issues were raised.

10. RECOMMENDATIONS

I recommend that we continue to review the workforce workload balance to ensure safe and sustainable staffing.

**Report of Henrietta Dawson
Consultant Anaesthetist
Trust Guardian of Safe Working Hours
5 September 2023**

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Healthcare-Associated Infections Report
December 2023



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

MRSA Bacteraemia - Cumulative Performance
April 2023 to March 2024

5

Threshold: see table

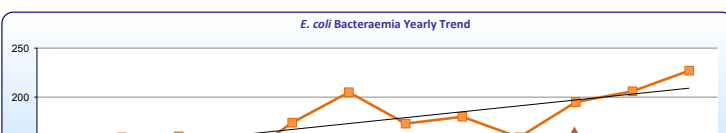
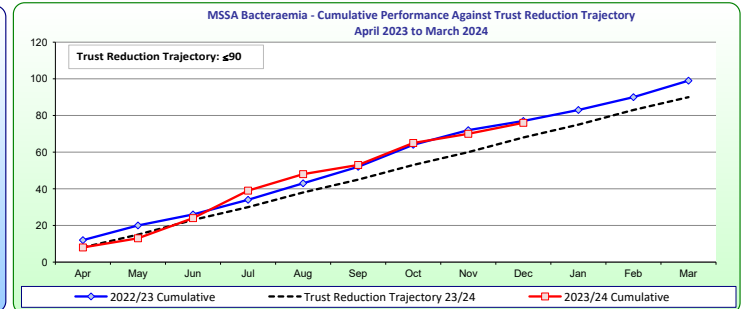
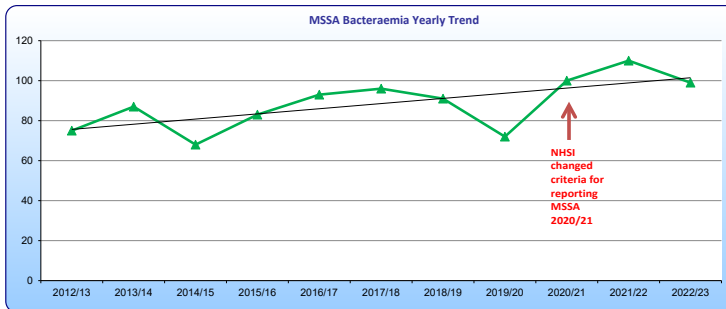
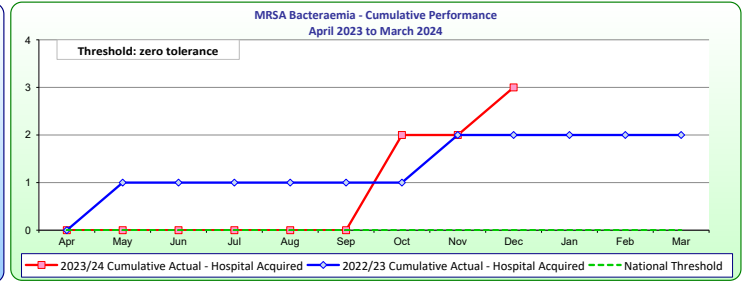
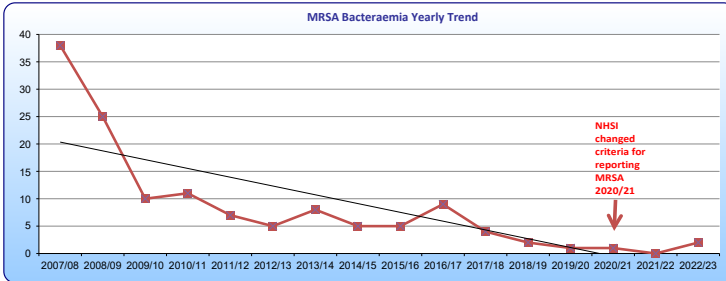
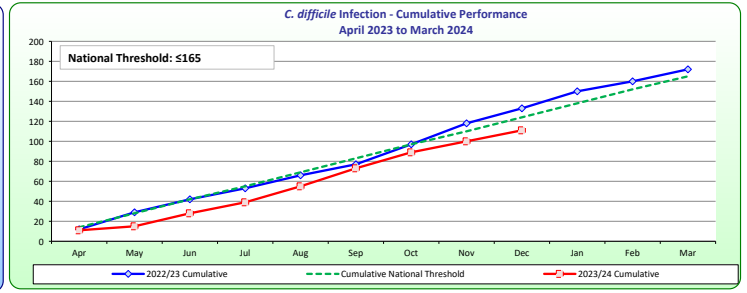
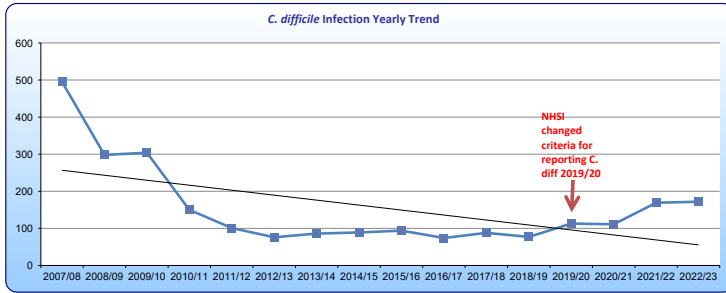
C. difficile - Cumulative Performance
April 2023 to March 2024

180
160

National Threshold: ≤165

180
160

Healthcare-Associated Infection Report December 2023



IPC indicators (reported to DH)	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
MRSA Bacteraemia - non-Trust	0	0	2	0	1	0	0	0	0				3
MRSA Bacteraemia - Trust-assigned (objective 0)	0	0	0	0	0	0	2	0	1				3
MSSA Bacteraemia - Healthcare Associated (local objective ≤90)	8	5	11	15	9	5	12	5	6				76
E. coli Bacteraemia - Healthcare Associated (National Threshold ≤189)	25	13	19	27	30	22	22	23	12				193
Klebsiella Bacteraemia - Healthcare Associated (National Threshold ≤130)	9	8	13	9	11	13	15	8	6				92
Pseudomonas aeruginosa Bacteraemia - Healthcare Associated National Threshold ≤38)	4	7	2	5	3	4	6	5	1				37
C. diff - Hospital Acquired (national threshold ≤165)	11	4	13	11	16	18	16	11	11				111
C. diff related death certificates	2	0	1	0	0	1	0	0	0				4
Part 1	2	0	1	0	0	1	0	0	0				4
Part 2	0	0	0	0	0	0	0	0	0				0
Periods of Increased Incidence (PIIs)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
C. diff - Hospital Acquired	0	2	2	1	3	4	2	4	1				19
Patients affected	1	2	6	1	6	12	7	8	5				48
COVID-19 - Hospital Acquired	1	1	1	0	5	0	2	0	0				10
Patients affected	2	3	2	0	11	0	6	0	0				24
Healthcare Associated COVID-19 cases (reported to DH)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Hospital onset Probable HC associated (8-14 days post admission)	23	8	6	1	30	25	28	13	17				151
Hospital onset Definite HC associated (≥15 days post admission)	39	20	7	0	32	37	46	20	20				221
Outbreaks	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Norovirus Outbreaks	2	1	0	0	0	1	0	0	1				5
Patients affected (total)	18	8	0	0	0	5	0	0	13				44
Staff affected (total)	4	7	0	0	0	3	0	0	2				16
Bed days losts (total)	126	3	0	0	0	0	0	0	59				188
Other Outbreaks	0	0	1	0	0	0	0	0	1				2
Patients affected (total)	0	0	18	0	0	0	0	0	3				21
Staff affected (total)	0	0	6	0	0	0	0	0	0				6
Bed days losts (total)	0	0	51	0	0	0	0	0	0				51
COVID Outbreaks	8	2	1	0	8	5	5	3	5				37
Patients affected (total)	38	18	4	0	63	37	43	23	23				249
Staff affected (total)	0	4	0	0	0	1	0	0	0				5
C.diff Transit and Testing Times Target <18hrs	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Trust Specimen Transit Time	13:47	13:55	11:53	12:09	12:41	11:36	11:53	11:54	13:07				12:32
Laboratory Turnaround Time	03:23	03:08	02:55	01:53	02:10	01:56	01:42	03:41	02:36				02:36
Total to Result Availability	17:10	17:03	14:48	14:02	14:51	13:32	13:35	15:35	15:43				15:08
Clinical Assurance Tool (CAT)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Clinical Assurance Indicators/Audits (%) - Trust as a whole	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
CAT (Adult IP; Children's IP; Community HV/SN; Community Nursing; Critical Care; Day Procedure; Dental; Maternity; OP; Theatres) Trust Total	95%	94%	93%	95%	92%	88%	90%	89%	93%				92%
Standard IPC Precautions (incl HH, ANTT, PPE) Audit Trust Total	96%	96%	93%	94%	91%	89%	91%	89%	96%				93%
Invasive Device Care Audit Trust Total	95%	96%	92%	93%	93%	92%	95%	95%	98%				94%
Matron Checks (IP; OP/Community/Dental; Theatres) Trust Total	94%	96%	91%	97%	93%	92%	95%	94%	92%				94%
Clinical Assurance Indicators/Audits (%) - Acute side only	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
CAT (Adult IP; Children's IP; Critical Care; Day Procedure; Dental; Maternity; OP; Theatres) Acute only Total	95%	93%	93%	94%	91%	85%	90%	87%	92%				91%
Standard IPC Precautions (incl HH, ANTT, PPE) Audit Acute only Total	96%	95%	93%	94%	91%	89%	91%	89%	96%				93%
Invasive Device Care Audit Acute only Total	96%	96%	92%	93%	93%	92%	96%	95%	98%				95%
Matron Checks (IP; OP/Community/Dental; Theatres) Acute only Total	94%	96%	91%	97%	92%	92%	95%	94%	92%				94%
Clinical Assurance Indicators/Audits (%) - Community side only	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
CAT (Community HV/SN; Community Nursing; OP) Community only Total	97%	98%	96%	94%	97%	100%	95%	74%	99%				94%
Standard IPC Precautions (incl HH, ANTT, PPE) Community only Total	91%	100%	95%	93%	92%	96%	91%	91%	100%				94%
Invasive Device Care Audit Community only Total	78%	100%	100%	100%	100%	100%	78%	98%	100%				95%
Matron Checks (OP/Community/Dental) Community only Total	98%	99%	99%	100%	98%	95%	100%	81%	90%				96%
Education & Training	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
Infection Control Mandatory Training (%)	95%	93%	94%	94%	95%	95%	95%	95%	96%				95%
Infection Control (Level 1)	95%	93%	94%	94%	95%	95%	95%	95%	96%				95%
Aseptic Non Touch Technique Training (%)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Average
ANTT (M&D staff only)	65%	65%	65%	67%	NYA	NYA	NYA	NYA	NYA				66%

ANTT compliance levels

It should be noted that this compliance is only monitored in medical staff. Work is progressing to include the recording of ANTT assessment for all staff who undertake procedures requiring ANTT. There may be several factors contributing to the low level of ANTT compliance in medical staff, these include staff pressure due to staffing levels, access to ANTT assessors and also the lack of an electronic form for medical staff to register their ANTT assessment. The latter was using a survey monkey link on the intranet however this is no longer available. Currently a copy of the completed assessment form has to be sent to Education and Workforce Development. Education and Workforce Development are in the process of developing a new electronic system for recording this assessment.

Aug/Sep 2023 re ANTT in the Learning Lab - TEL team have advised there have been some updates to the way ANTT is assigned. It has now been assigned as a 3 year renewal to anyone who also has Adult Resus Level 2 assigned to them. The Power BI dashboard has now been updated to include this 3 year renewal ANTT certification, which replaces the old one, but currently only 36 staff are compliant, making the compliance rate less than 1% therefore August's total is not recorded here



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	25 January 2024						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Mrs Gillian Elsener, PA to Chairman and Trust Secretary / Corporate Governance Officer						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Trust Board in November 2023:</p> <ul style="list-style-type: none"> • People Committee – 8 January 2024 • Charity Committee – Grants Meetings 8 December 2023 & 12 January 2024 • Quality Committee – 16 January 2024 • Finance Committee – 22 January 2024 • Audit Committee – 23 January 2024 						
Recommendation	The Board of Directors is asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all strategic objectives						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	No direct link.						
Reports previously considered by	Regular report.						

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

This report provides an update to the Board on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Board of Directors in November 2023.

UPDATE FROM COMMITTEE CHAIRS

1. PEOPLE COMMITTEE

A meeting of the People Committee took place on 8 January 2024. During the meeting, the main areas of discussion included:

- People Committee Risk Report (BAF) and new and emerging risks.
- Areas of focus included:
 - An Education and Training Update delivered by the Associate Director of Education, Training & Workforce Development.
 - A People Priorities Delivery Update including the Staff Survey which was delivered by the Chief People Officer and the Head of Workforce Engagement & Information respectively.
 - The Guardian of Safe Working Quarter 2 Report delivered by the Trust Guardian of Safe Working Hours.
- The Chief People Officer discussed Leadership Development, Talent and Succession Planning.
- The People and Culture dashboard was presented by the Head of Human Resources together with the Workforce Profile & Demographics update.
- Minutes of the Learning and Education Group were received for the 21 August 2023 [FINAL] and 16 October 2023 [DRAFT] meetings.

The next formal meeting of the Committee will take place on Tuesday 20 February 2024.

2. CHARITY COMMITTEE GRANTS MEETING

A Charity Committee Grants meeting took place on 8 December 2023 where the following grants were approved:

- EXT048 – Provision of Music Therapy for two years in GNCH - £71,500.
- SA1520 – Newcastle MND Care Centre Welfare Benefits Advisory Service – £20,000.
- SA1789 – DTC Diathermy Equipment - £48,086.
- EXT037 – Crawford House ‘Home from Home’ Family Accommodation - £42,260.
- GA065 – Activity & Mobility Volunteer Project Co-Ordinator’s - £36,235.57.

A Charity Committee Grants meeting took place on 12 January 2024 where the following grants were approved:

- SA1949 - Ex-Vivo Liver Perfusion, £100,000.
- SA1986 – Newcastle Community Stroke Service and Healthworks Health & Wellbeing Stroke Group - £87,287.
- SA1948 – Funding for Clinical Psychologist 0.6WTE, Peri-Op and Critical Care and 0.2WTE Cardiac Critical Care - £57,083.
- EXT049 – SPACE (Social Prescribing and Community Resources for Children and Young People) Pilot - £27,000.
- SA1983 – Ward 25 & 30 additional telemetry monitors - £27,500.

The next meeting of the Charity Committee will take place on 12 February 2024.

3. QUALITY COMMITTEE

A meeting of the Quality Committee took place on 16 January 2024. During the meeting, the main areas of discussion included:

- Quality Committee Risk Report (BAF) and new emerging risks.
- A comprehensive update on Maternity Services was provided covering the following:
 - Ockenden Assurance Visit Report
 - MBRRACE Report (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries)
 - Thirlwall return
 - CNST Report (Clinical Negligence Scheme for Trusts)
- Quality and Performance Board Reports were discussed by the Director of Quality and Effectiveness and the Director of Infection Prevention Control.
- Updates on the current CQC position were provided by the Executive Chief Nurse and Director of Quality and Effectiveness.
- The Quarter 2 report on Mortality / Learning from Deaths presented by the Director of Quality and Effectiveness.
- Leadership walkabouts updates and legal updates were received.
- Minutes of the following meetings were received:
 - Clinical Outcomes & Effectiveness Group – 13 October 2023
 - Patient Experience and Engagement Group - 23 October 2023

The next meeting of the Committee will take place in February 2024.

4. FINANCE COMMITTEE

A meeting of the Finance Committee took place on Monday 22 January 2024. During the meeting, the main areas of discussion included:

- The Finance Committee Risk Report.
- An overview of the Month 9 Finance position including CIP and Capital Expenditure provided by the Chief Finance Officer and the Director of Estates.
- The Planning Guidance Headlines.
- The Director for Commercial Enterprise and Innovation provided an update on the Month 9 performance data.
- The draft Procurement Plan for 2024/25 was delivered by the Procurement & Supply Chain Director.
- The draft Capital Plan/Programme for 2024/25 was delivered by the Director of Estates.
- Tenders (PR) and Business Cases (BC) for approval included:
 - P23 (Backlog Maintenance) (PR)
 - Scan4Safety (BC)
- Receipt of minutes from:
 - Capital Management Group - 14 November 2023 & 12 December 2023
 - Commercial Strategy Group - 8 December 2023

- Community Diagnostics Centre Strategic Oversight Group - 31 October 2023
- Supplies & Services Procurement Group 3 November 2023

The next meeting of the Finance Committee will take place 25 March 2024.

5. AUDIT COMMITTEE

A meeting of the Audit Committee took place on 23 January 2024. During the meeting, the main areas of discussion included:

- Updates from the Committee Chairs regarding risk and assurance by exception.
- The Audit Committee role in response to matters raised in the CQC Report.
- The Head of Corporate Risk and Assurance Manager presented the Board Assurance Framework and risk register report.
- An update on the Scheme of Delegation, was presented by the Assistant Finance Director.
- The Internal Audit Progress Report was presented by the Chief Auditor.
- The Counter Fraud Activity Report was presented by the Fraud Team Specialist Manager, which included the fraud response log.
- The External Audit (EA) progress report and Plan for 2023/24 were presented.
- A review of the following items was presented by the Assistant Finance Director:
 - Schedule of approval of single tender action and breaches and waivers exception report (there was 2 quarters of waiver reports for this meeting).
 - Debtors and creditors balances.
 - Schedule of losses and compensation.
- The SIRO report was received.
- The minutes of the following meetings were received:
 - Finance Committee – 29 November 2023 (Ordinary) and 18 December 2023 (Extraordinary) [DRAFT]
 - People Committee – 17 October 2023 [FINAL]
 - Quality Committee – 19 September 2023 and 21 November 2023 [FINAL]

The next meeting of the Committee will take place on 23 April 2024.

Report of Gillian Elsander

PA to Chairman and Trust Secretary / Corporate Governance Officer
19 January 2024

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Trust Board

Date of meeting	25 January 2024						
Title	Integrated Board Report						
Report of	Angela O'Brien- Director of Quality and Effectiveness.						
Prepared by	Pauline McKinney, Quality & Assurance Lead and Joanne Field, Senior Information Manager						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Summary	This paper is to provide assurance to the Board on the Trust's performance against key Indicators relating to Quality, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Supported by flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	Strategic risk SO1.1 [Capacity and Demand] Strategic risk SO1.4 [Core standards – patient safety and quality of care] Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets.						
Reports previously considered by	Regular report.						

INTEGRATED BOARD REPORT

EXECUTIVE SUMMARY

This report provides an integrated overview of the Trust's position across the domains of Quality, People and Finance.

1. Throughout the month of November 2023, the numbers of Trust onset MSSA Bacteraemia (n=5), C-Diff Infections (n=11), Klebsiella (n=8) and pseudomonas (n=5) have all reduced since the previous publication.
2. Since April 2023, there has been a sustained reduction under the median of inpatient acquired pressure ulcers.
3. Since April 2023, there has been a sustained reduction under the median of patient falls per 1,000 bed days.
4. There were 23 Serious Incidents (SIs) reported in December 2023.
5. There were no Never Events reported in December 2023, bringing the number of Never Events reported to date in 2023/24 to 10.
6. There were 1,547 responses to the Friends and Family test from the Trust in October 2023 (published December 2023).
7. The Trust has opened 411 formal complaints for the financial year up to December 2023.
8. Sickness absence in December 23 is 5.74% which is lower than December 2022 (n=6.65%).
9. Staff turnover has decreased from 16.40% in December 2022 to 10.74% in December 2023.
10. Mandatory training compliance stands at 92.89% at end of December 2023.
11. As of the end of December 2023 appraisal compliance is 81.65%.
12. The Trust has agreed a break even position for the 2023-2024 financial plan.
13. Additional national funding has removed the financial impact of Industrial Action.

The Trust Board is asked to receive the report.

Integrated Board Report

Quality, People and Finance

January 2024



Healthcare at its best
with people at our heart

Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of Quality, People and Finance.

Current Operating Environment

November and early December have been very busy months with some of the highest volume of daily attendances in ED experienced this year. Over more recent weeks, the number of patients with infections has increased - COVID c40-50, Flu c20 and RSV c15. The hospital has remained under pressure following the New Year which is compounded by the ongoing Junior Doctor Industrial Action.

Quarter 3 performance fell below the national standard of 76%, but the overall year to date performance remains slightly above this. There remains good management of ambulance handovers but there has been an increase in the volume of handovers over 60 minutes compared to last year and also an increase in 12 hours trolley waits as a symptom of increased volume, delayed discharges and wider system pressure. There has been no significant adverse impact on the elective programme which is dynamically reviewed for the week ahead and on the day with the exception of the periods of industrial action when it has been reduced. Additional bed capacity now on stream with Winter Ward 12 opening up at the Freeman, initially with 15 beds as part of the winter plan, and additional transport to transfer patients between sites is now operational. Over recent weeks there has been an increased focus on discharge practice in preparation for the peak of winter pressures.

The Trust is not seeing any significant increase in workforce absence which is positive. However, there continues to be financial pressure on surgical wards supporting medical boarders.

Report Highlights

1. Throughout the month of November 2023, the numbers of Trust onset MSSA Bacteraemia (n=5), C-Diff Infections (n=11), Klebsiella (n=8) and pseudomonas (n=5) have all reduced since the previous publication.
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Contents: January 2024

Quality

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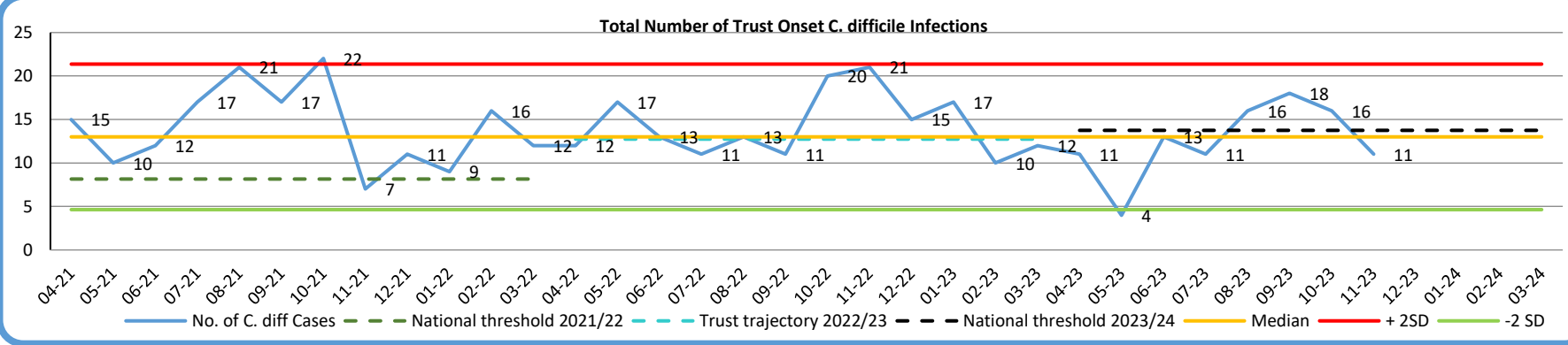
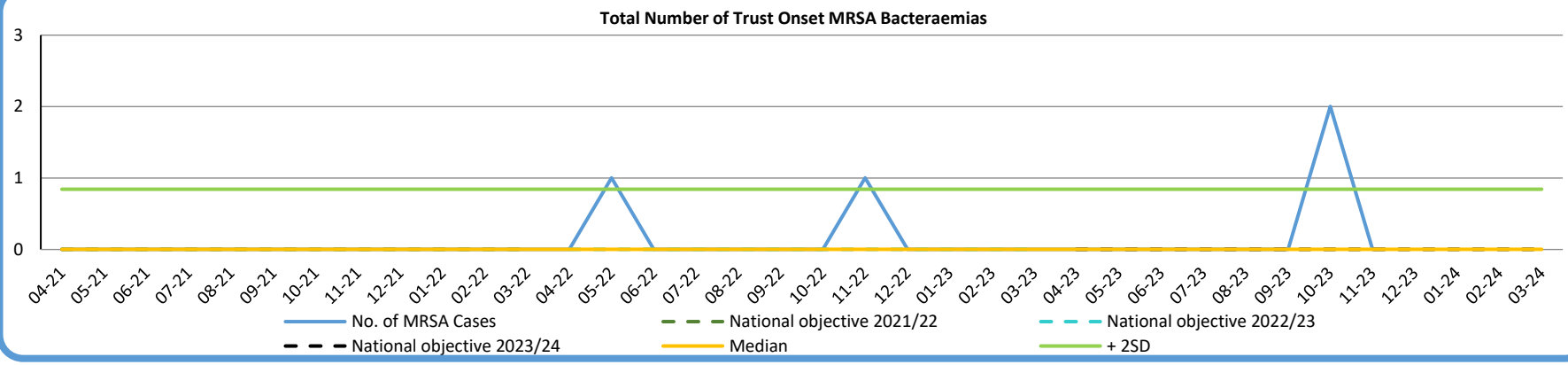
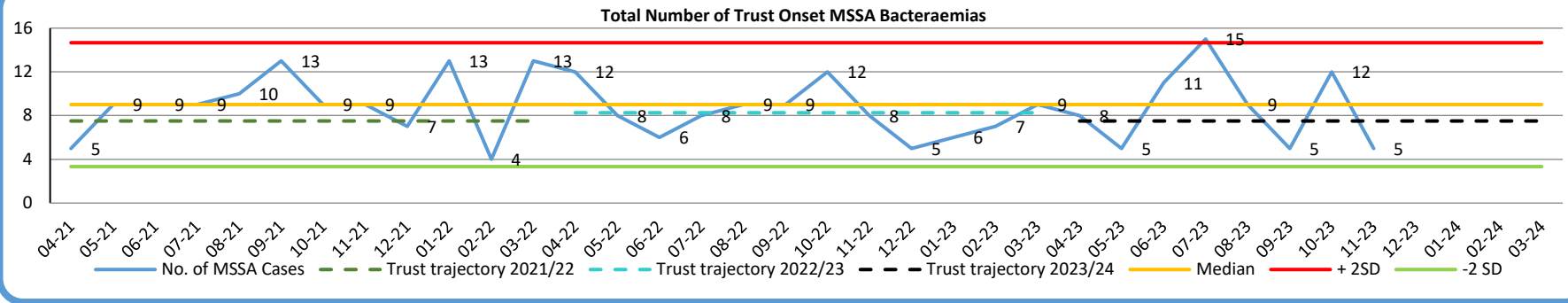
People

- Sickness Absence (including COVID-19)
- Equality and Diversity
- Sustainable Workforce Planning
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Finance

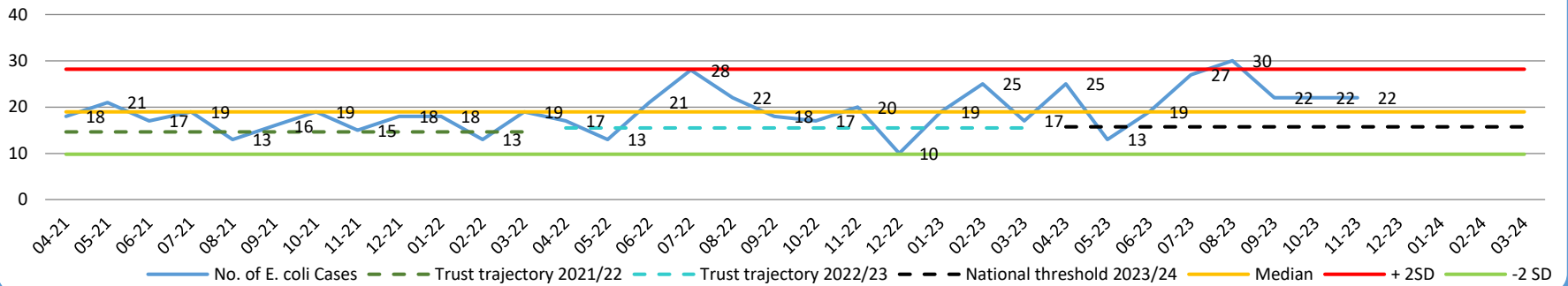
- Overall Financial Position

Quality: Healthcare Associated Infections 1/2

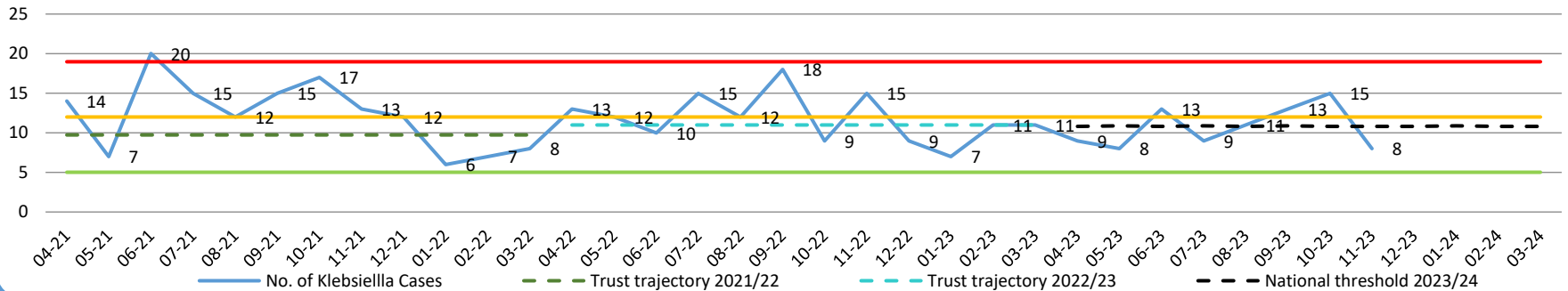


Quality: Healthcare Associated Infections 2/2

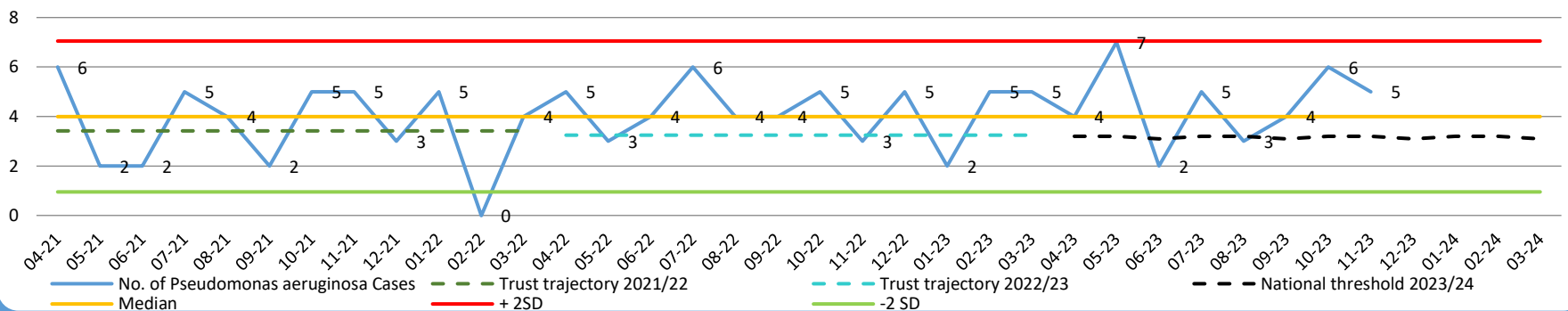
Total Number of Trust Onset E. coli Bacteraemias



Total Number of Trust Onset Klebsiella Bacteraemias



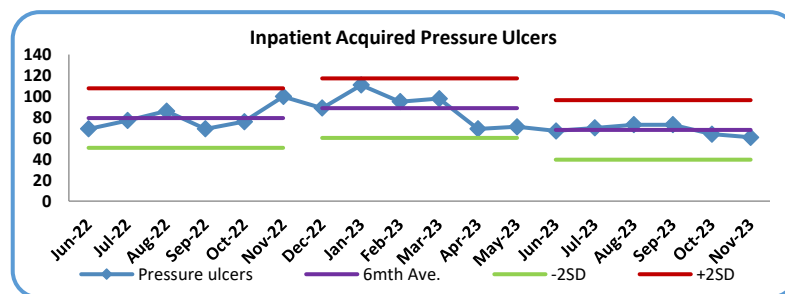
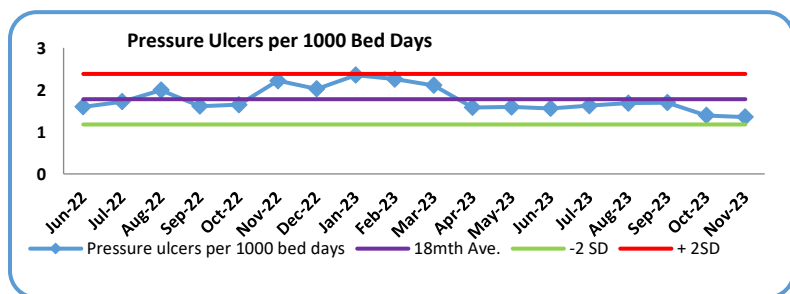
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias



Quality: Harm Free Care – Pressure Damage

Current position:

- The reduced incidence of pressure ulcers has been maintained from April 2023 up until and including November, with the Trust reporting the lowest number of inpatient acquired pressure ulcers in an 18 month period.
- There has been a 14.5 % reduction in inpatient acquired pressure ulcers in the past 6 months compared to the same period (June to Nov) in 2022. The 6 month average being 68 in 2023 compared to the monthly average of 79.5 in 2022.
- The number of pressure ulcers causing serious harm also reduced in September and October, however this increased slightly to 5 in the month of November. The 6 month average for June-November 2023 was 4.8 which demonstrated a 41% decrease from June - November 2022 when the 6 month average was 8.2. This has decreased annually as the same time period in 2021 showed an average of 9.1 incidents per month.



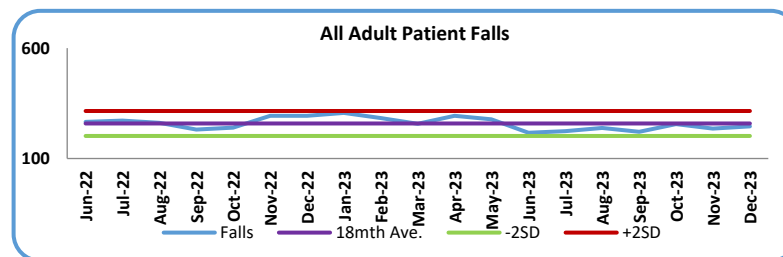
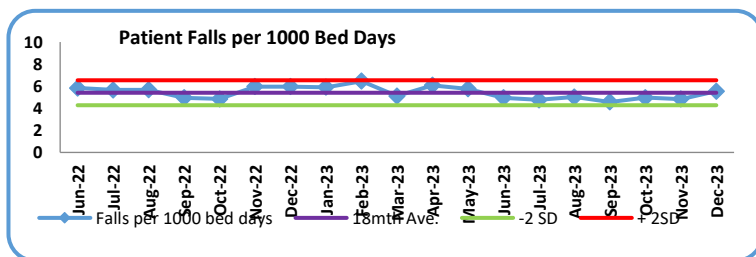
Current actions in place:

- On a monthly basis, each inpatient ward area receives their harm free care dashboard to guide local improvement and inform good practice.
- The Associate Director of Nursing for Clinical Standards and the Clinical Standards Lead are meeting bi-monthly with the Clinical Board Matrons and Head of Nursing to ensure actions are put into place to inform and monitor improvements in practice. This includes a clinical dashboard which is rag rated and progress on actions is monitored through an action log. This is a newly established process and will be reviewed mid-year.
- A pilot commenced in January 2023 (on wards RVI23 and then FH13) followed in August by FH14 to introduce a new risk assessment tool called PURPOSE T replacing the existing tool and support staff to identify and plan care for those patients at risk of pressure damage. Prior to a Trust wide rollout and based on learning from the pilot areas, some amendments are required to the electronic patient record. This work is on-going.

Quality: Harm Free Care - Falls

Current position:

- All falls have remained at lower levels since June 2023, with a noted 23% reduction in comparison to the same period last year (June-Nov). The total number of falls in the Trust dropped in November to 236. Inpatient falls also dropped from 229 to 218 in month.
- Falls causing serious harm increased in November to 5 from a previous monthly average of 4 (June-November 2023). All falls with harm have had a Root Cause Analysis (RCA) review. These reviews have identified additional education is required in regard to Enhanced Care Observation (ECO) level identification and ensuring all risk assessments are completed in line with guidance. This work is on-going.
- Despite this small increase, falls with harm as a percentage of total falls remain broadly consistent at an average of less than 2%.



Current actions in place:

- The Falls Prevention Co-Ordinator (FPC) reviews ward level data on a monthly basis. Wards with the highest incidence of falls are reviewed to identify contributory factors and understand any learning or potential quality improvements. Medicine and Older Peoples Medicine Wards continue to be the wards with the highest number of falls and improvement work is focused in these areas.
- In line with Trust assurance measures, focused auditing has taken place to monitor compliance with the Trust's ECO assessments. Ensuring the right level of observation is a key contributory factor in reducing falls. The purpose of the audit was to validate that individual risk factors were correctly identified, and secondly that appropriate provision of care was implemented according to risk. The audit demonstrated that the ECO level was regularly documented on eRecord in the Nursing Shift Assessment but at times this level of observation delivered was compromised due to high acuity and dependency or staffing shortfalls. Improvement work has commenced. A pilot of prompt cards issued to staff to remind them of ECO levels has commenced on RVI44. Freeman Ward 17 will undertake a similar pilot prior to wider roll out.
- The FPC is also supporting wards to undertake audits to measure compliance with the measuring of a lying and standing blood pressure on all patients over 65 years of age who are admitted to the Trust. Overall, during the project there has been an increase in compliance in all participating areas. Different ward areas have used different methods of prompting staff to record this for example clinical notes, on handovers and visual prompts. This will be audited again in 6 months and results and learning shared.

Incident reporting

New incident reporting service

NHS England have introduced a new service for recording patient safety events and grading levels of harm. This new service is called Learn from Patient Safety Events (LFPSE) and it replaces the National Reporting and Learning System (NRLS) that was previously used across the NHS. The LFPSE service introduces a range of innovations to support the NHS to improve learning from all patient safety events recorded each year in order to make care safer.

LFPSE will initially provide two services:

- Record a patient safety event – organisations, staff and patients will be able to record the details of patient safety events, contributing to a national NHS wide data source to support learning and improvement.
- Access data about recorded patient safety events – providers can access data that has been submitted by their teams, in order to better understand their local recording practices and culture, and to support local safety improvement work.

The expectation is that the LFPSE service will grow and evolve in response to user feedback

The LFPSE service was implemented across the Trust on 1st November 2023.

Impact of LFPSE on Trust incident reporting data

As with NRLS, the LFPSE service degree of harm recording relates to the actual impact on a patient from the particular incident being reported. Previously in the NHS, harm grading included psychological harm as well as physical harm within one measure. Following feedback from staff, patients and families, physical and psychological harm have been separated out and are now recorded separately in the LFPSE service. The recording of physical and psychological harm are mandatory when reporting an incident.

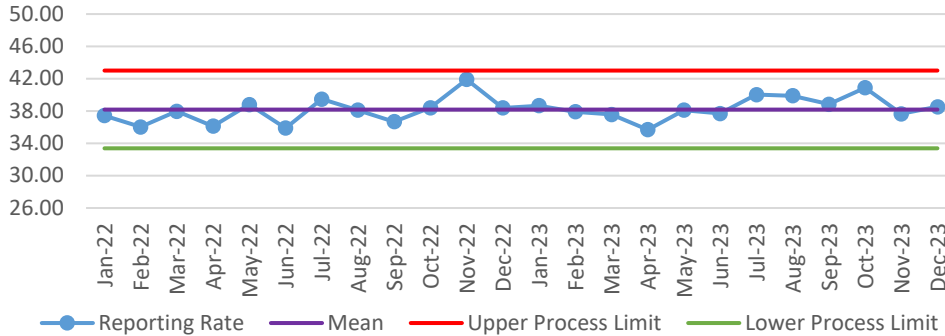
This change in how harm is recorded, as well as new definitions for grading harm, has led to an increase in moderate and above incidents reported on Datix, which will be reflected in the harmful rate per 1000 bed days. For example, in October there were 48 incidents graded as Moderate harm. In November (start of LFPSE service and new harm gradings) there were 72 Moderate harm incidents as below:

- 49 moderate physical harm incidents with no/low psychological harm
- 10 moderate psychological harm incidents with no/low physical harm
- 13 incidents where physical and psychological harm is graded as moderate

This change (recording physical and psychological harm) is evident on the following slide where it can be seen that the harmful patient safety incidents per 1000 bed days rose from a rate of 11.15 in October to 13.43 in November 2023 and 19.19 in December 2023.

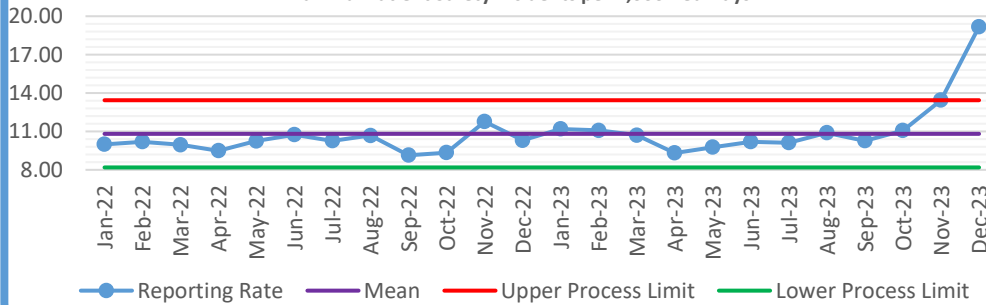
Quality: Incident Reporting

Patient Safety Incidents per 1,000 Bed Days



All patient incidents: The number of patient safety incidents per 1,000 bed days reported in December 2023 remains around the mean and is very similar to the reporting rate of December 2022.

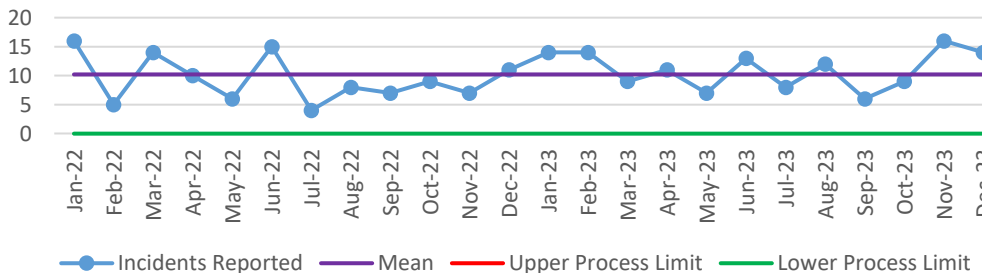
Harmful Patient Safety Incidents per 1,000 Bed Days



Harmful incidents: The number of *harmful patient safety incidents per 1,000 bed days has continued to rise significantly in December 2023. This is due to the introduction of the LFPSE service (described on the previous slide) and new ways to define and grade harm and while the number of recorded incidents is above the upper process limit, this is not unexpected.

**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*

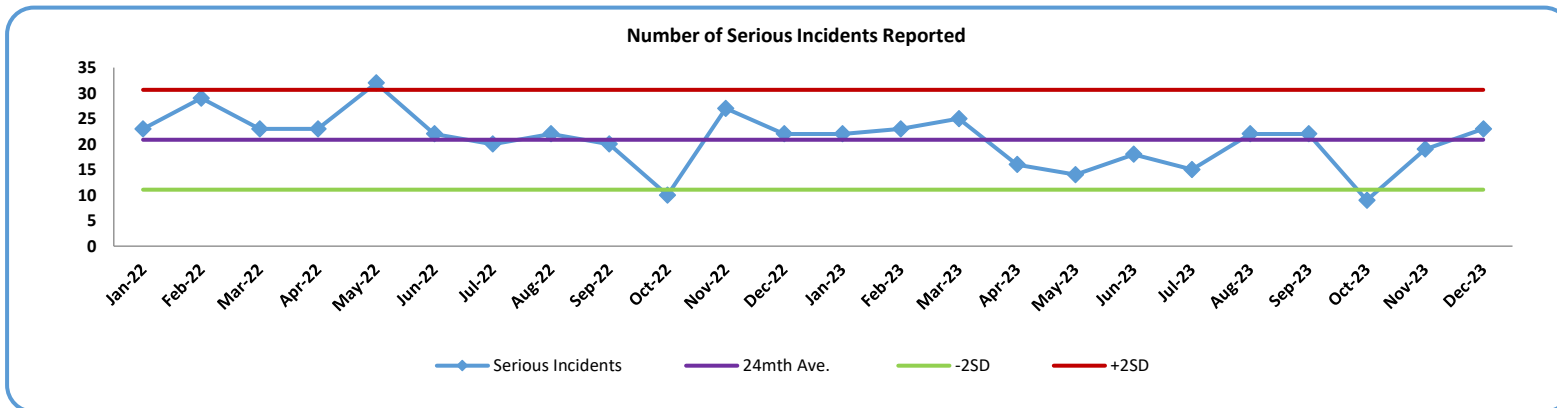
Severe Harm Incidents Reported



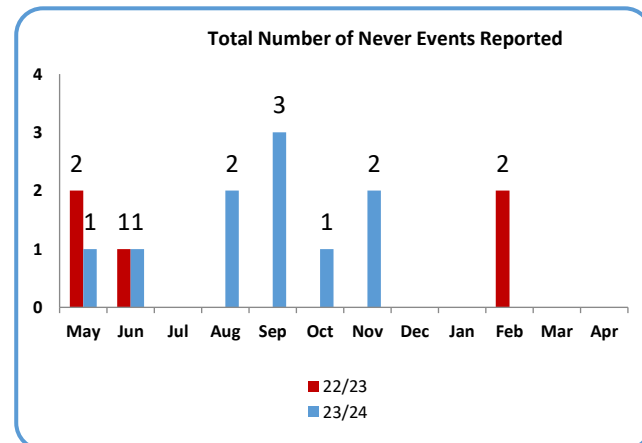
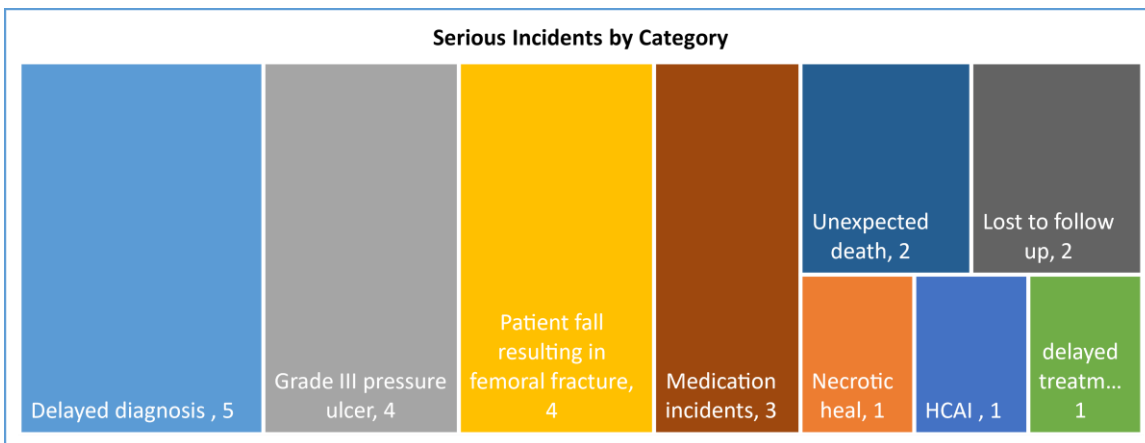
Severe harm incidents: There were 14 patient safety incidents reported that resulted in severe harm in December 2023. The increased number of severe harm incidents is due to a change in the definition, meaning more incidents were categorised as severe harm.

Severity grading of reported incidents may be modified following investigation and is therefore subject to change in future reports.

Quality: Serious Incidents and Never Events



There were 23 Serious Incidents (SIs) reported in December 2023, which is similar to the number reported in December 2022 (22). The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death and requires the Trust to be open and transparent with patients and their families. The DoC process has been initiated for all cases reported in December 2023.



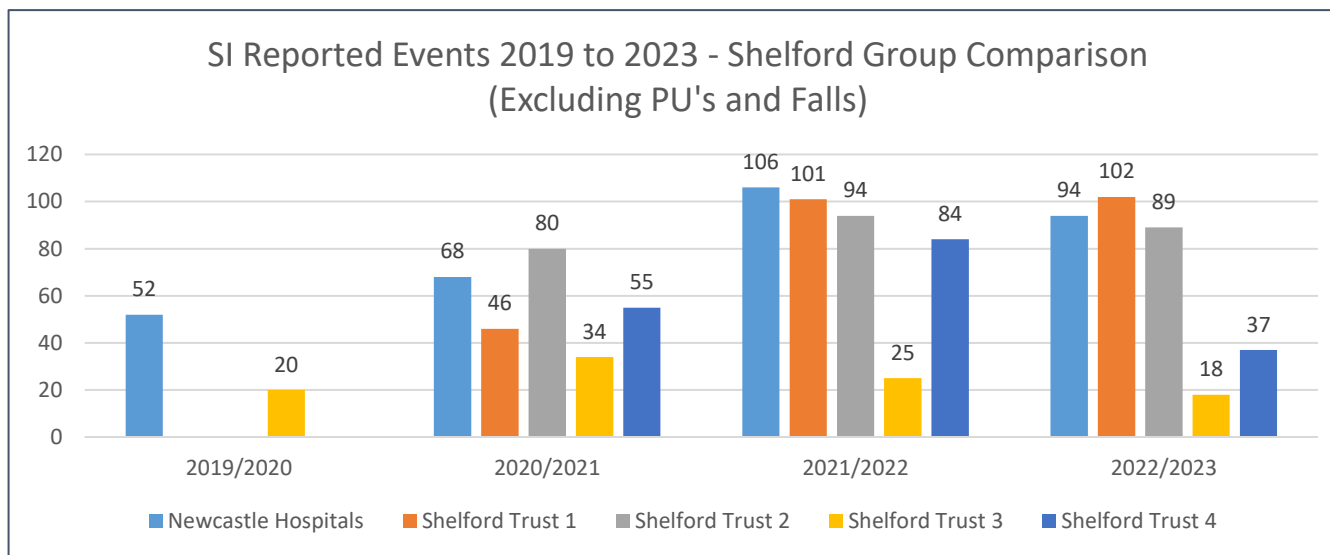
The categories of reported SIs for December 2023 are displayed in the table above. The highest number of SIs relate to delayed diagnosis, of which there were 5.

No Never Events were declared in December 2023.

SI reported events compared to other Shelford Trusts

The previous page demonstrates that so far there are fewer SIs reported in NUTH in 2023/2024 than in the reporting period of 2022/2023 and previous NUTH data shows that there were fewer reported serious incidents in 2022/2023 than 2021/2022.

The bar chart below demonstrates that this data is in keeping with other similar NHS Trusts and as such the reduction in reported serious incidents within NUTH does not represent a cause for concern.



Please note limited data is available for 2019/2020 for Shelford Trusts 1, 2 and 4.

Quality: Serious Incident Lessons Learned (1/3)

Learning identified from Serious Incident (SI) & Never Event (NE) investigations completed between 01.09.2023 – 31.12.2023

The following section outlines key learning from the 40 SI investigations completed between 1st September 2023 to 31st December 2023. This data excludes information on falls, pressure ulcers, deaths as a result of definite or probable hospital acquired Covid-19 and any SI cases subsequently de-registered during this period.

Never Events – 4 cases

Wrong site surgery (3):

- Treatment plan format agreed to ensure the information is presented in a consistent manner
- Education provided to all staff to provide evidence underpinning the safety requirement for using the WHO checklist
- Use of LocSSIPs reviewed, updated and audited to ensure consistency across all theatres

Retained Guidewire (1):

- Guideline insertion policy reviewed and updated and shared at CRG

HCAI– 1 case

- Antimicrobial guidelines reviewed and amended to ensure comprehensive guidance in place to support staff in the management of complex MSSA bacteria
- Education and support provided for staff in relation to completing documentation when undertaking line insertion

Maternity (Not HSIB) – 2 cases

- Local SOP developed for managing day case patients who require and overnight stay
- Education and training provided on the use of NEWS and MEWS
- Local guidance around jaundice screening when discharging newborn babies updated and shared
- Guideline developed for paediatric ED to support the management of neonates presenting with suspected jaundice
- Change in lab process in relation to escalation of abnormal results
- Education package developed and delivered as part of the vulnerable neonates training package

Maternity (HSIB) – 1 case

- No safety recommendations made – care was found to be very good

Quality: Serious Incident Lessons Learned (2/3)

Delayed diagnosis – 7 cases

- Local practice reviewed and amendments made to standard operating procedure and education provided to relevant staff groups on the wards and in the laboratories
- Education has been provided to ensure radiology staff are confident and competent to use the critical results notification function in the electronic patient record
- A trust-wide IT project is in progress to develop an electronic closed-loop investigation system for laboratory results
- A trust-wide project has commenced to explore solutions for strengthening internal referral systems
- Service improvement projects have been implemented to review capacity and demand, admin process and the use of a failsafe team within relevant clinical teams

Delayed treatment – 5 cases

- Handover process standardised and a locally agreed care pathway developed, including a rolling education program included for all staff in the ward induction
- Regular meetings undertaken to review capacity and demand, increasing theatre capacity and reducing waiting times
- Current theatre staffing establishment reviewed and a business case developed to support additional theatre sessions
- Cancer care coordinator recruited to strengthen oversight of waiting times and the patient tracking processes
- F1 induction reviewed and updated to include clerking and communication requirements as well as the for ordering blood tests on high risk patients
- Consideration given to the develop the Electronic Patient Record System to enhance communication between specialties

Complication of treatment – 5 cases

- Local process reviewed and agreed with respect to advanced planning and agreeing key personnel required for specific procedures
- Consent process reviewed and amended to reflect the complexities associated with each procedure
- Introducer devices reviewed and agreement reached in relation to theatre stock provision
- Local SOP reviewed and amended in order to provide robust guidance for the escalation process in relation to deteriorating post-op patients, including updating local protocols to strengthen advice for managing condition-specific post-op complications
- CVC insertion Policy reviewed and updated
- Induction handbook for new trainees and epidural guideline reviewed and updated

Medical Device-related incident – 1 case

- Immediate action taken to ensure all patients aware of safety concern and device changes made at the earliest opportunity

Quality: Serious Incident Lessons Learned (3/3)

Lost to follow up – 8 cases

- Department refurbished to provide additional clinic rooms
- Failsafe officer appointed to ensure appointments are allocated for all patients as per outcome form. SOP developed to support this process
- Use of request queue implemented to strengthen the management patient clinic outcomes and appointments
- Patient information leaflets reviewed and amended
- Appointment cancellation process reviewed and amended to include escalation to responsible clinician
- Education and training sessions provided to improve knowledge and documentation in the Electronic Patient Record system
- A trust-wide project has been undertaken to explore solutions for strengthening internal referral systems

Medication Related incident - 1 case

- Support nursing staff to complete training on medicine administration on eRecord and relevant staff to complete consent training
- Trustwide protocol for the safe administration of uncommon antivirals developed and implemented

Near Miss - 1 case

- Safeguards for Invasive Procedures Policy reviewed and updated and audit planned to monitor adherence to the policy

Communication incident – 2 cases

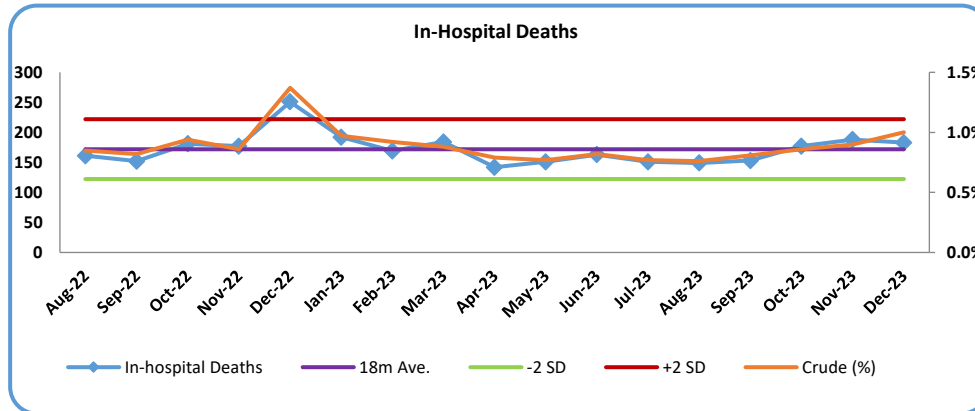
- Education and training package reviewed and strengthened with respect to supporting patient nutrition and hydration
- Local SOPs reviewed and updated and training competencies amended and revised assessments used to support local practice

Safeguarding– 2 cases

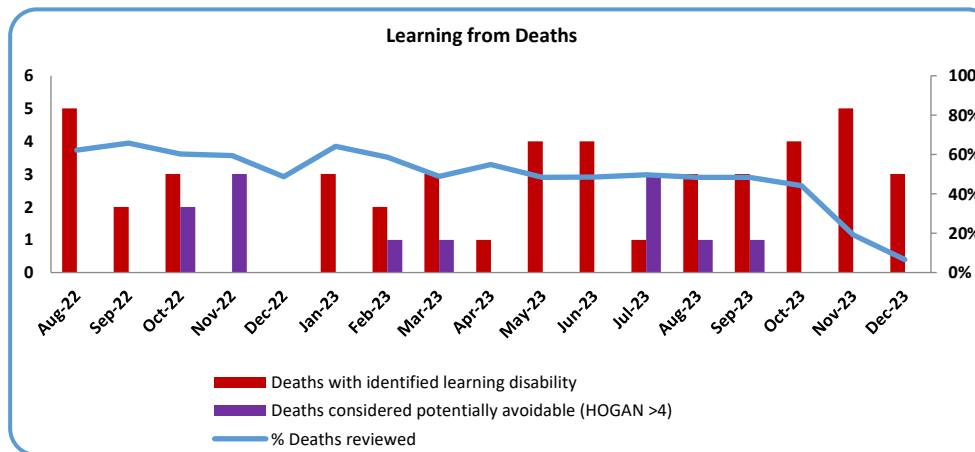
- Feedback provided to external company for wider learning and action
- Data Protection and Subject Access policies reviewed and updated and training provided to ensure anonymity of all involved when releasing information to patients

Quality: Mortality Indicators (1/2)

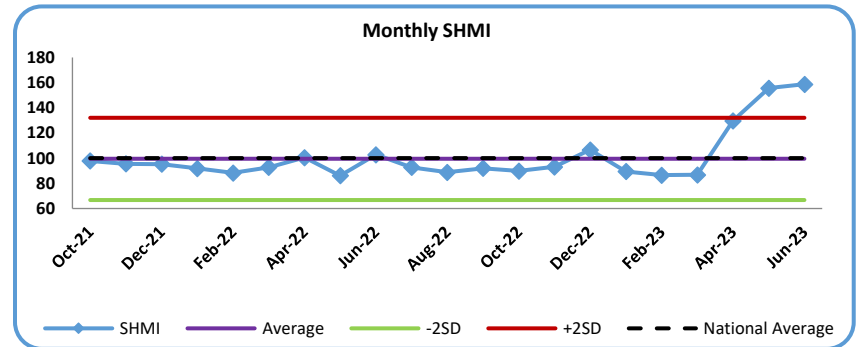
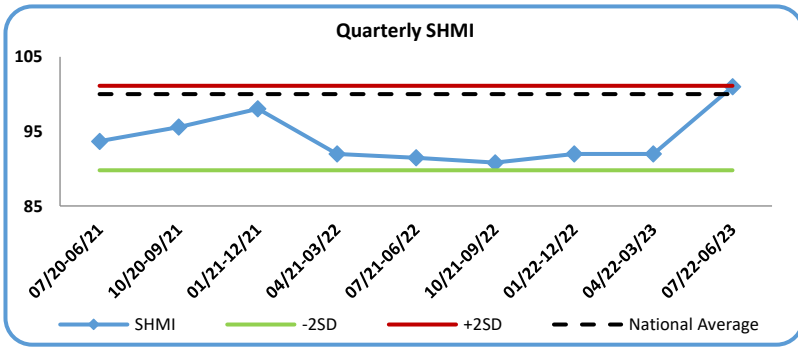
In-hospital Deaths: In total there were 183 deaths reported in December 2023, which is significantly lower than the amount reported 12 months previously (n=251). Nationally the deaths were high in December 2022, with influenza reported to be the main cause of death. The crude rate in December 2023 is 1% which is expected for this Trust.



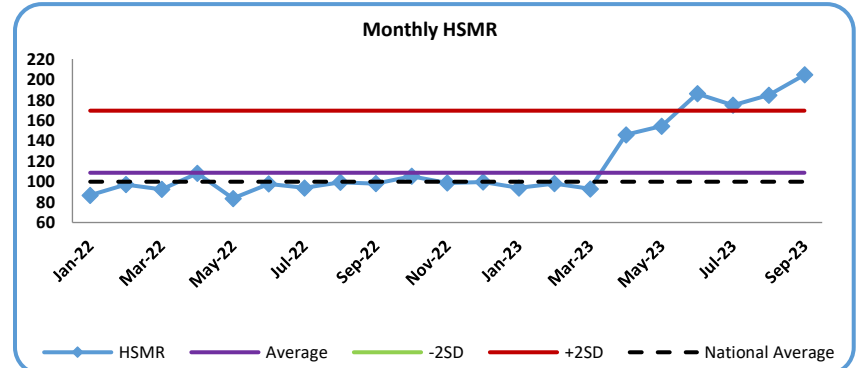
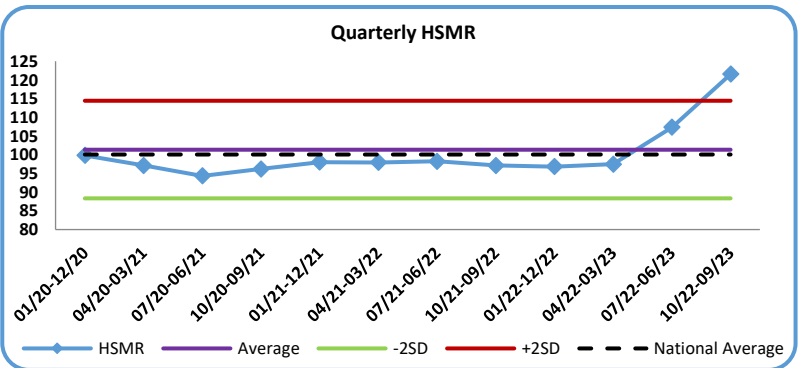
Learning from Deaths: Out of the 183 deaths reported in December 2023, 13 patients have, to date, received a level 2 mortality review. However, these figures will continue to rise due to ongoing M&M meetings held over the forthcoming months. All figures will continue to be monitored and modified accordingly. Three patients had an identified learning disability. No patients had a HOGAN grading ≥ 4 .



Quality: Mortality Indicators (2/2)

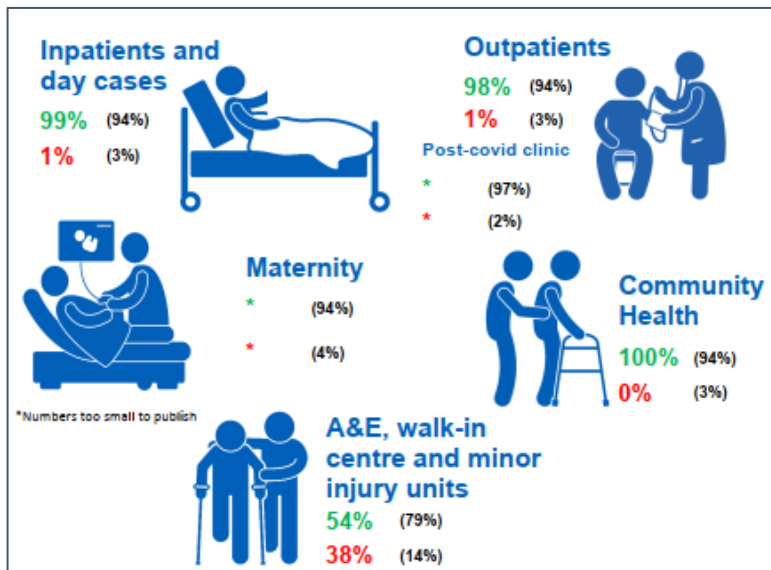


SHMI: The latest published quarterly SHMI data from NHS England shows the Trust has scored 101 from months July 2022 to June 2023. This is slightly above the national average and just within the "as expected" category. Monthly SHMI data is published up to June 2023. As expected, the SHMI continues to show an increase. This was due to a technical issue where secondary diagnoses were not being uploaded into the Trust commissioning data set. SHMI and HSMR are risk adjusted and heavily dependent on secondary diagnosis. This issue has been resolved by Information Services; however, the data was published before the new upload which is expected to address the issue retrospectively and prospectively. This will be continually monitored and amended accordingly.



HSMR: The HSMR data shows a 12-month rolling score by quarter as well as monthly. Both are published up to September 2023. Both have shown a recent increase due to the issue raised above. This will be continually monitored and amended accordingly.

Quality: FFT and Complaints



Friends and Family Test

There were 1,547 responses to the Friends and Family test from the Trust in October 2023 (published December 2023) compared to 1,695 in the previous month.

The infographic shows the proportion of patients who give a positive or negative rating of the care they received. The national average results are shown in brackets for comparison.

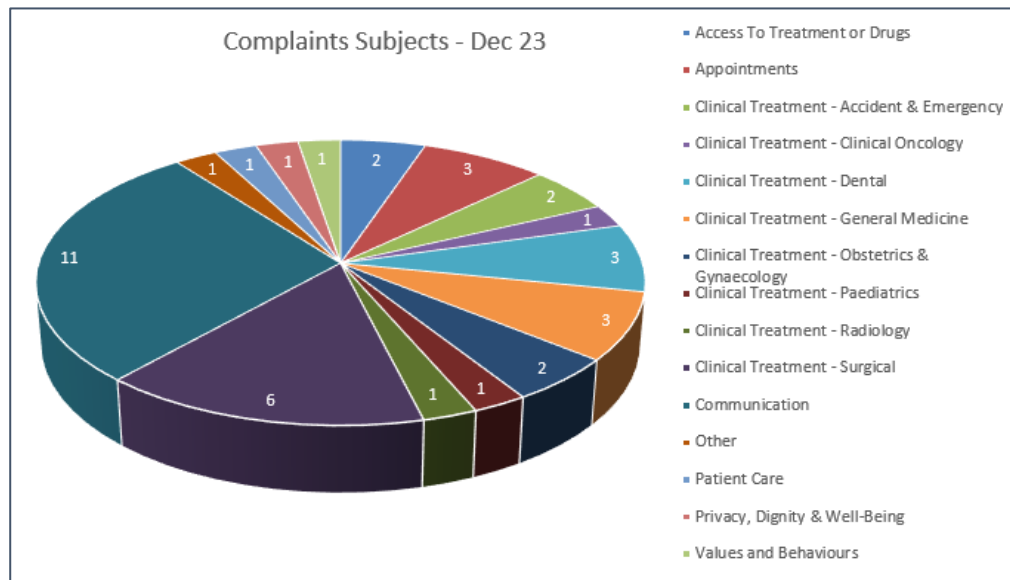
All data is available at: www.england.nhs.uk/fft/friends-and-family-test-data/

*numbers too small to publish

Formal Complaints

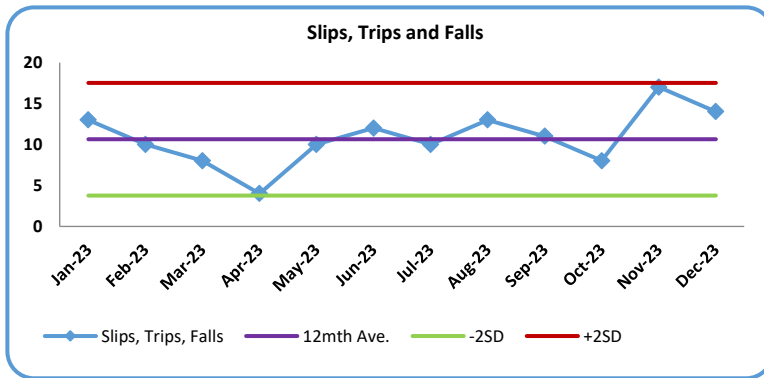
The Trust has opened 411 formal complaints for the financial year up to December 23, which is an increase of 39 complaints from the previous month. The Trust has received on average 46 formal complaints per month, which is consistent with the overall average for 2022/23.

The chart opposite summarises the 39 complaint themes for December 23, with communication being the primary concern with 11 complaints.

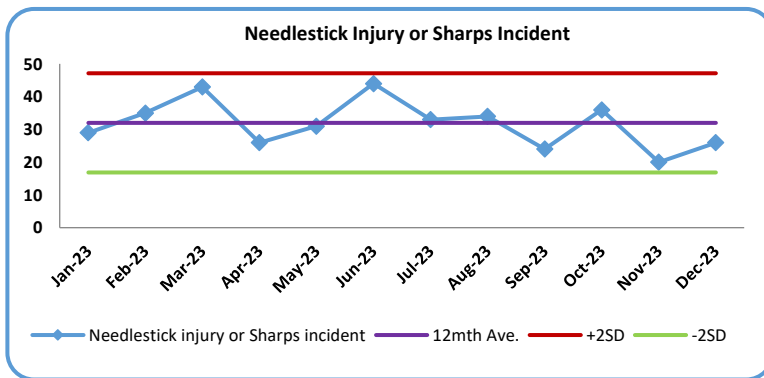


Quality: Health and Safety (1/2)

There are currently 1236 health and safety incidents recorded on the Datix system from the 1st January 2023 to 31st December 2023. This represents an overall rate of 76 per 1,000 staff. The Clinical Boards with the highest number of health and safety incidents over this period are Clinical and Research Services (187), Family Health (162) and Peri-operative & Critical Care (1,142). 31% of these incidents are linked to needlestick injuries (see below for further details). The overall trend for health and safety incidents remains relatively static with no significant increases or areas of statistical significance.

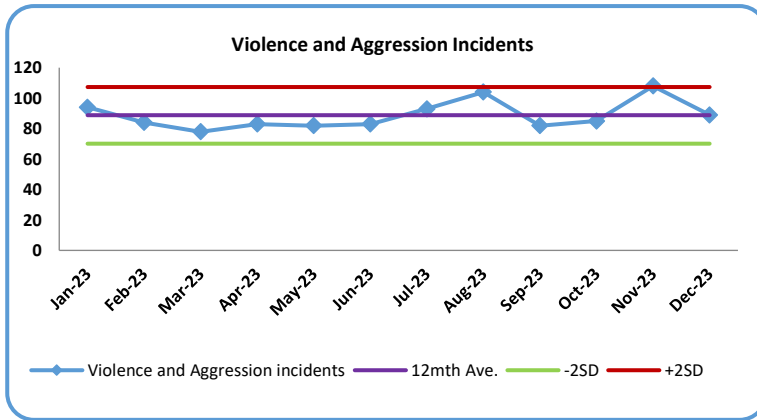


130 incidents were reported between 1st January 2023 to 31st December 2023. 48% of these incidents were related to trips and slips. The year-on-year comparison for slips, trips and falls shows an increasing trend more recently. Regular zonal inspections take place every month by Estates and any areas of concern are reported immediately with the Estates Helpdesk and acted upon. A Slips, Trips and Falls dashboard has been built, which provides the ability to further analyse incidents and identify key themes and trends. For example, incidents have recently been reported that an increasing number of patients / visitors are attempting to access the escalators from the top, which isn't possible as they are both set to the 'up' position. This has recently been added to the Datix system and has increased the overall numbers; although no falls have been recorded and these have been recorded as near misses. Multiple controls have been put in place to reduce the risks of falls on the escalators, for example slowing the speed of the escalators, both escalators operate in up direction, accessible stop controls and the placement of volunteers.



There have been 381 incidents during 1st January 2023 to 31st December 2023 (average 32 incident per month, 74% of these involve used needles) a slight decrease in comparison to previous months. Further data breakdown has shown a marked decrease in incidents during administration of insulin, following interventions with respective clinical teams. Detailed analysis is now possible via the Safer Sharps Incident Dashboard, which has recently been upgraded. Non-safe sharps risk assessments have been re-evaluated and the tracker updated, covering all non-safe sharps. The format of risk assessment is now completed and modelled against the North Cumbria version, which has approval from the Health and Safety Executive. The new Safer Sharps Training package is under development and due to be shared with the TEL team for further work to upgrade this into an e-learning package.

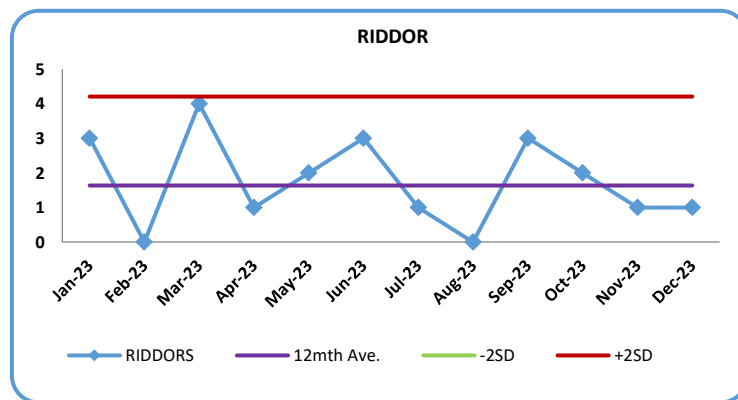
Quality: Health and Safety (2/2)



1,065 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from 1st January 2023 to 31st December 2023. This represents an overall rate of 66 per 1,000 staff during this period. The yearly trend for physical assaults on staff shows a 5% decrease in 2023 in comparison to 2022 (calendar year).

The Trust Violence Reduction Group meets every quarter. Several initiatives to reduce these incidents are already underway, for example:

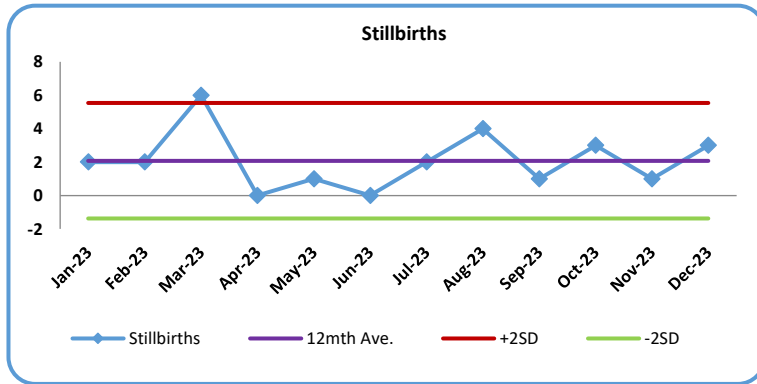
- The Trust Violence Reduction Strategy was approved at May 2023 Health and Safety Committee.
- Further improvements to our overall compliance with the National Violence Reduction Standards.
- Further development of the violence data dashboards to provide improved analysis.
- The introduction of ED Navigators in Q4 2023-24.
- Ward based violence and aggression risk assessments currently being re-evaluated in line with HSE expectations.
- Ward violence and aggression questionnaires have been developed are currently being considered on Wards 43 (RVI) 47 (RVI) 20 (RVI) and Renal Services are interested following an increase in challenging behaviour.



Incidents reportable to the Health and Safety Executive in line with RIDDOR expectations remain relatively low. Incidents are scrutinised on a daily basis and any incidents meeting the threshold for RIDDOR are further investigated prior to information being shared with the Health and Safety Executive. A majority of the incidents reported via RIDDOR are either Slips, Trips and Falls or Moving and Handling type incidents; however, no significant themes have been identified recently. RIDDOR breakdown by incident category during the period is as follows:

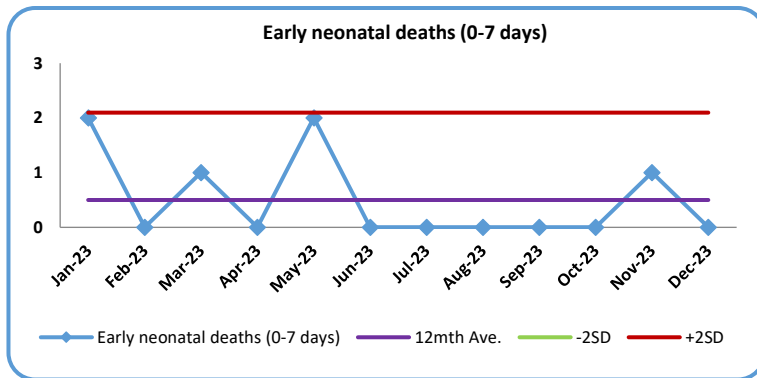
- Manual Handling – 6 incidents
- Non-Patient Slips Trips and Falls – 6 incidents
- Accident Involving Staff – 6 incidents
- Violence and Aggression – 3 incidents

Quality: Maternity (1/3)



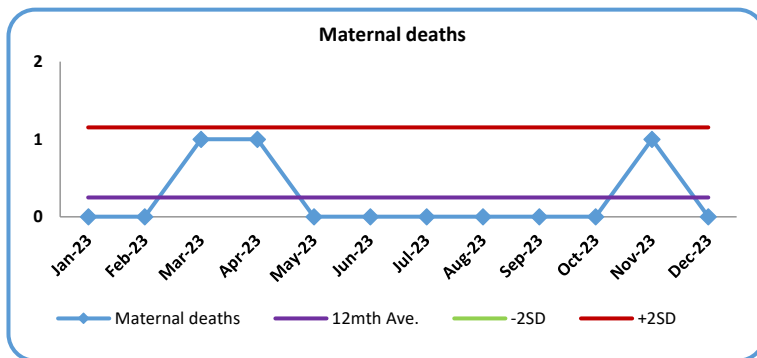
Stillbirths

As NuTH is a tertiary referral Fetal Medicine Unit, complex cases are often referred to the Trust from other units within the region, with women opting to deliver here rather than return to their local unit. This data therefore includes termination for fetal anomalies > 24 weeks gestation. All cases undergo an initial local review and then a more detailed multidisciplinary team review including external input. Findings and actions required, as a result of reviewing each case, are then shared with the family involved. There were three stillbirths in December 2023.



Early Neonatal Deaths

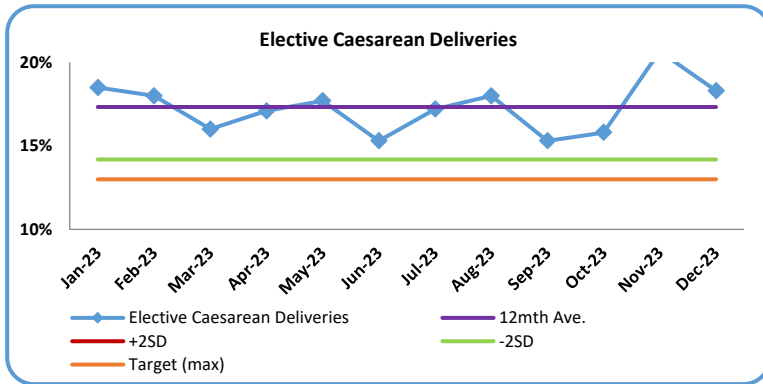
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died within the first week of life. These deaths are reported to the Child Death Review panel (as are all neonatal deaths regardless of gestation) who will have oversight of the investigation and review process. Neonatal deaths of term infants are also reported to HSIB (Healthcare Safety Investigation Branch) and the Coroner. A post mortem examination may be requested to try and identify the cause of death. In December 2023 there were no term early neonatal deaths.



Maternal Deaths

Maternal deaths are reported to MBRRACE-UK and a national report is provided annually. Early maternal deaths are categorised as the death of a woman while pregnant or within 42 days of pregnancy (including termination of pregnancy). Late maternal deaths are reported from 42 days and within a year of pregnancy. Direct deaths are those resulting from obstetric complications of the pregnant state. Indirect deaths are those from pre-existing disease or disease that developed but has no direct link to obstetric cause and was aggravated by pregnancy. Early maternal deaths are also reported to Maternity and Newborn Safety Investigations (MNSI previously known as HSIB), investigation is dependent on certain criteria. There were no maternal deaths in December 2023.

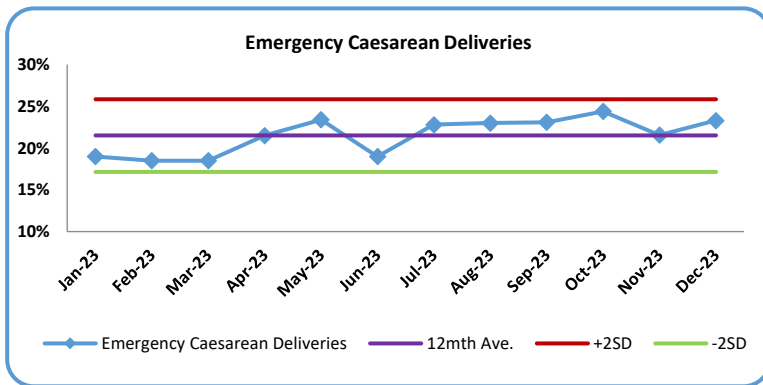
Quality: Maternity (2/3)



Elective Caesarean section

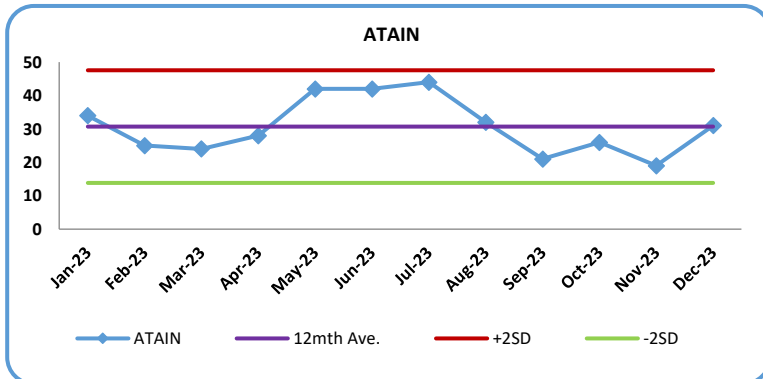
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However, the rates are comparable to that of other tertiary centres in the UK.

The service also has at its heart a shared decision-making philosophy and offers informed, non-directive counselling for women over mode of delivery. There is an obstetrician/midwifery specialised clinic to facilitate this counselling and patient choice.



Emergency Caesarean section

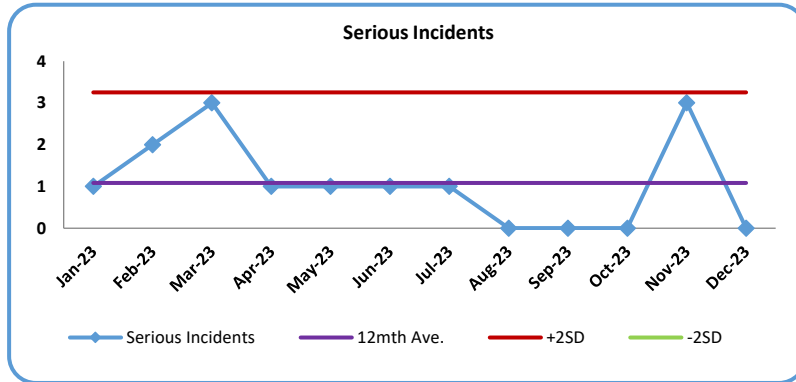
The emergency Caesarean section rate is comparable to other Trusts. Maternity is a consultant led service with dedicated consultant presence on Labour Ward 8am-10pm daily, consultant led multi-disciplinary ward rounds occur twice daily. The majority of obstetric consultants remain onsite overnight, from 10pm-8am and are involved with all decisions for emergency Caesarean section.



ATAIN

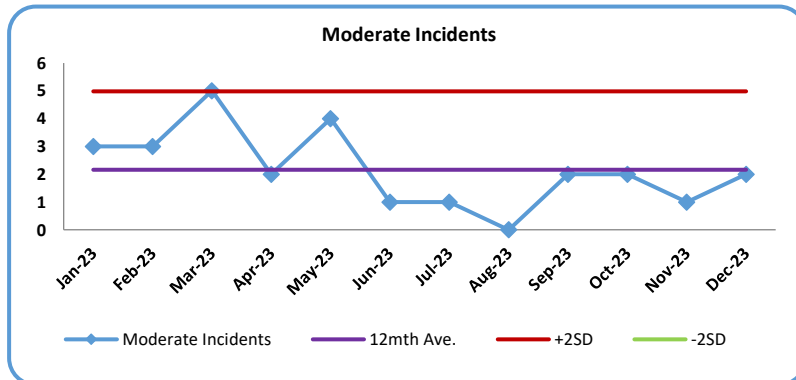
All unplanned admissions of term babies (37 – 41 weeks) into the neonatal unit are reviewed at a weekly multi-disciplinary meeting and a quarterly report is produced and shared. Following review, some cases will be investigated in more detail if they have been identified as a Serious Incident. Due to a lag in reporting, November's admissions have risen from 13 to 19, audit for these cases is not yet complete. There has been a rise to 31 term admissions in December, analysis for which is not yet complete. Analysis for Quarter 3 (Oct-Dec) term admissions is also in progress and will be reported in the next integrated board report.

Quality: Maternity (3/3)



Serious Incidents

There have been 13 Serious Incidents within the last 12 months. These include cases of potential or confirmed Hypoxic Ischaemic Encephalopathy (HIE), neonatal death, maternal bowel injury, intrapartum stillbirth, antepartum intrauterine death and maternal death. The HIE, Intrapartum Stillbirths, Neonatal deaths and Maternal deaths were all reported to Maternity and Newborn Safety Investigations (MNSI was previously known as HSIB) for external review. There were no Serious Incidents declared by the Trust in December 2023.



Moderate incidents

There were two moderate (and above) incidents reported in Maternity this month; these were graded moderate for psychological harm and involved intrauterine death, they will be reviewed formally through the Perinatal Mortality Review Tool (PMRT). There have been changes to the reporting system which enables reporting of both physical and psychological harm. All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (48hr report). In the past 12 months, the majority of the moderate graded incidents were babies that needed to receive 'therapeutic hypothermia' in order to minimise the risk of a brain injury. Although graded moderate these babies may have no long term injury but they require a two year follow up in order to assess their neurological status. Moderate incidents involving therapeutic cooling of Babies born at term will be referred to MNSI for consideration for external review.

Quality: Quality Account Priorities Update

Priority 4a Introduction of a formal triage process on the Maternity Assessment Unit (MAU):

Progress to Date

- Appointed a new Band 7 post to lead Birmingham Symptom Specific Obstetric Triage System (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 the Maternity Assessment Unit (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.
- Implementation of BSOTS proceeded as planned on December 18th 2023.

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

Progress to Date

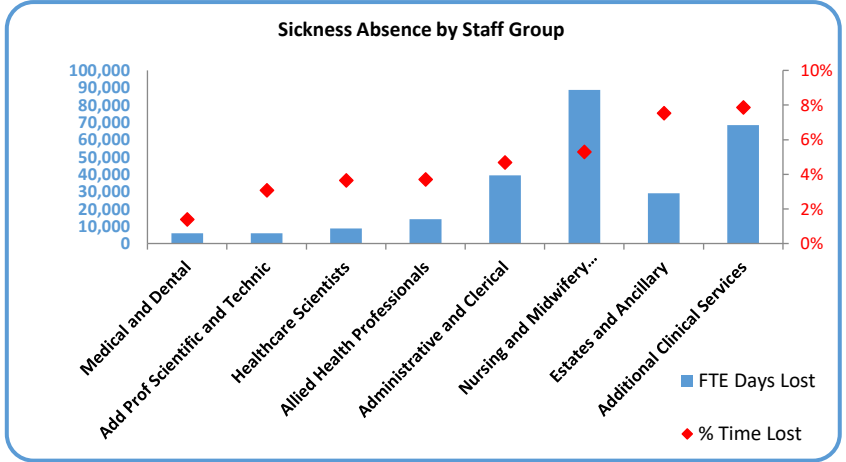
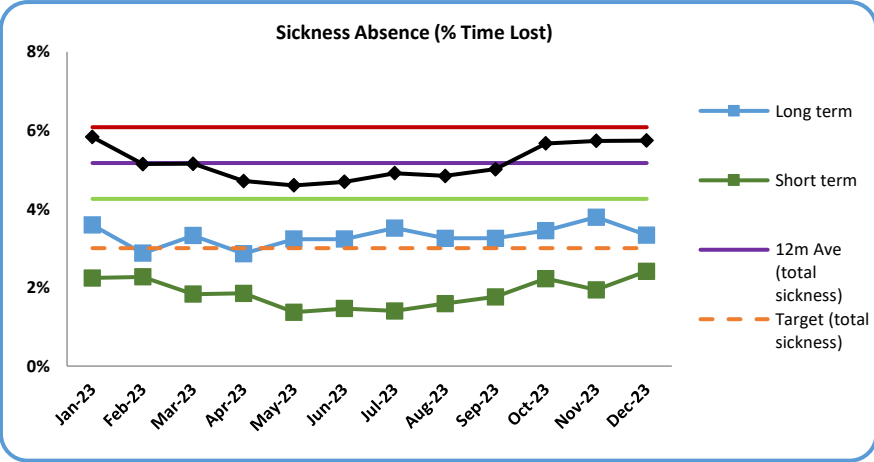
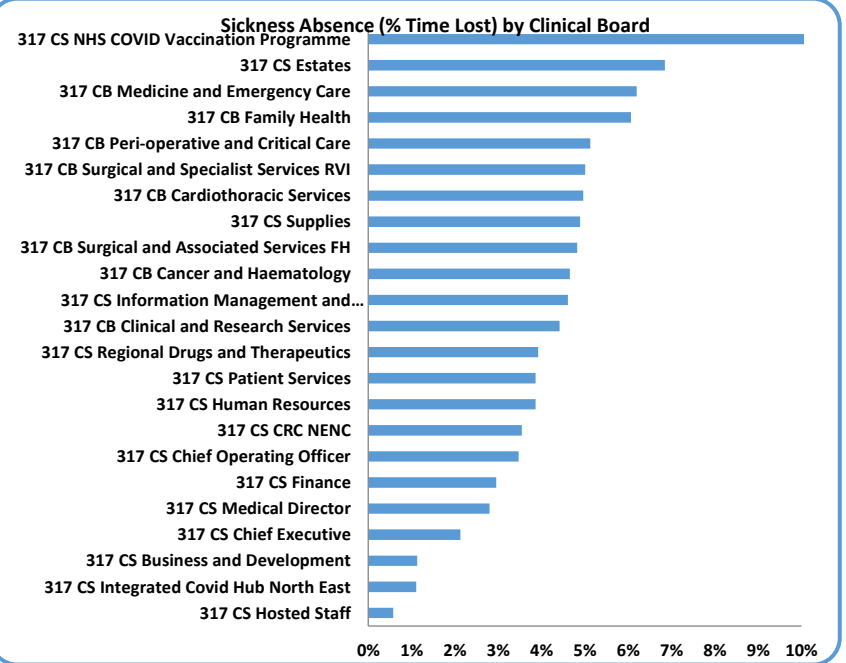
- Development and integration of a question in the admission documentation within the Electronic Patient Record (EPR) to identify patients who are pregnant or have been pregnant in the previous 42 days. This allows identification of all patients meeting this criterion within the Trust, particularly for those in a non-maternity setting.
- Within maternity an electronic Modified Early Obstetrics Warning Score (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 the Maternity Assessment Unit (MAU). This requires further IT development of the admission process, and this request has been approved but not yet progressed. A quality impact assessment has been requested to enable prioritisation of work within the remit of the clinical boards.

People: Sickness Absence 1/2

- Year to year comparison for sickness absence (including COVID-19 related sickness (rolling 12 months):

	Dec-22	Dec-23	
Long-term	3.98%	3.33%	↓
Short-term	2.60%	2.41%	↓
Total	6.65%	5.74%	↓

- 260,481 FTE working days were lost due to sickness (including COVID-19 related sickness) in the year to December 2023, compared to 319,895 for the previous year.
- Overall sickness absence (including COVID-19 related sickness) is 5.19%, which is down from end of December 2022 position of 6.47% (% FTE Time Lost).
- The top three reasons for non-COVID related sickness absence are Anxiety/stress/depression/other psychiatric illnesses (29%), Cold, Cough, Flu (13%) and Other Musculoskeletal (8%).

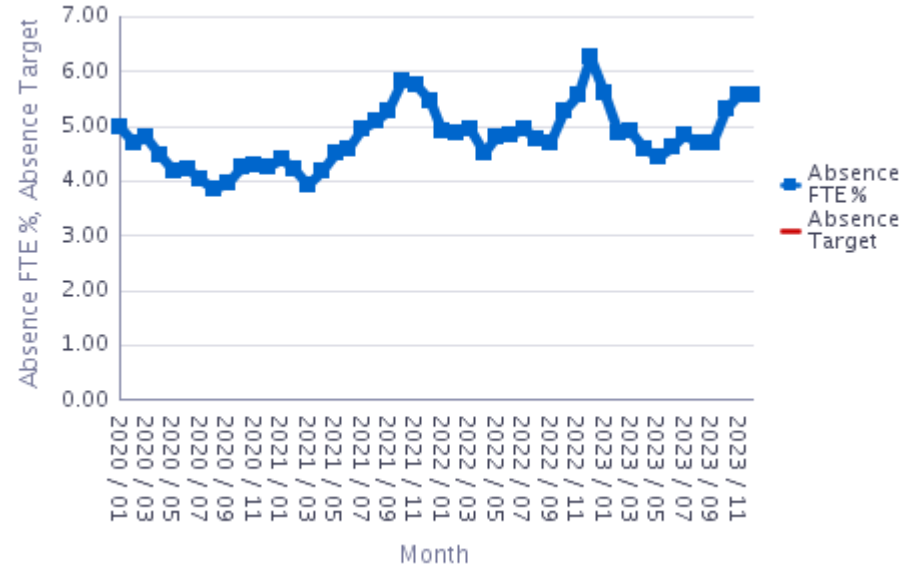


People: Sickness Absence 2/2

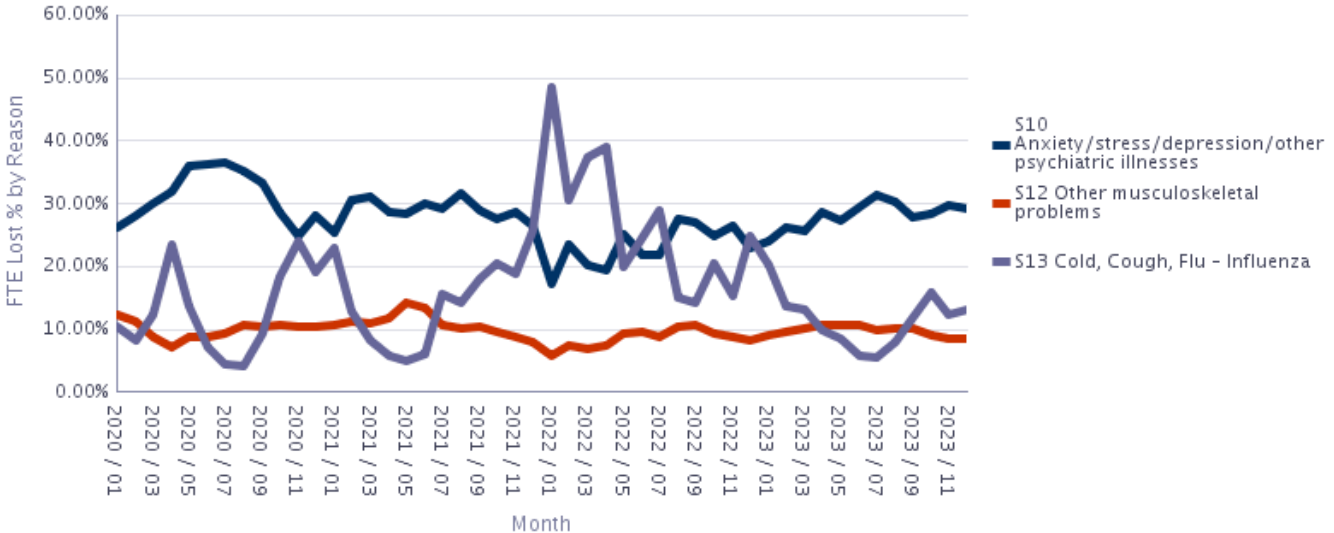
Covid-19 Related Sickness



Non Covid-19 Related Sickness

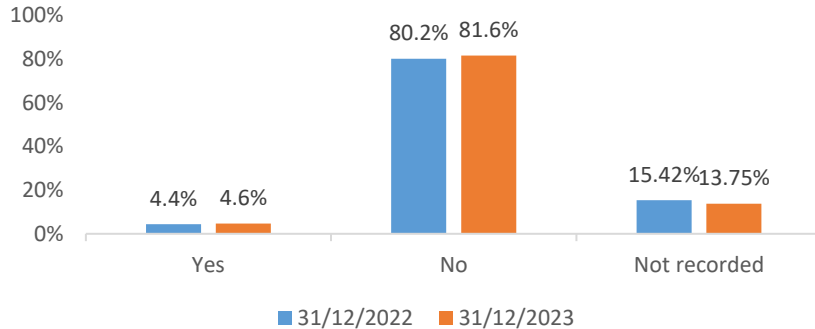


Top 3 Sickness Reasons - S13 includes Covid sickness

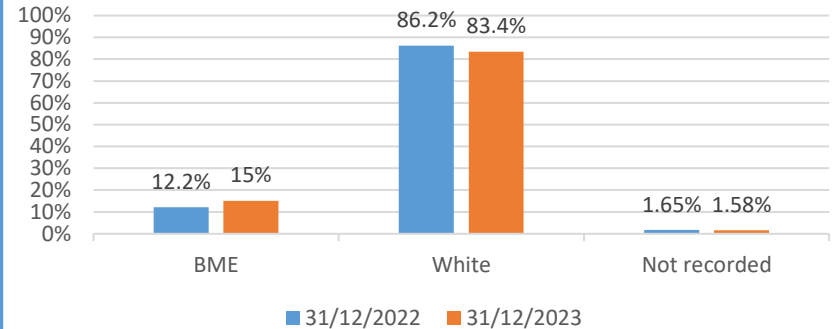


People: Equality and Diversity

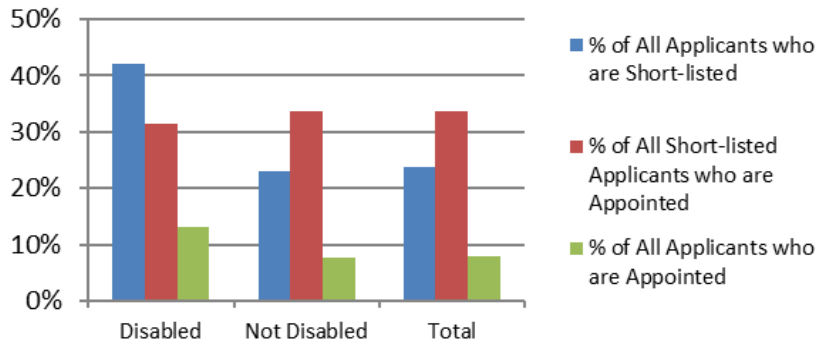
Disability %



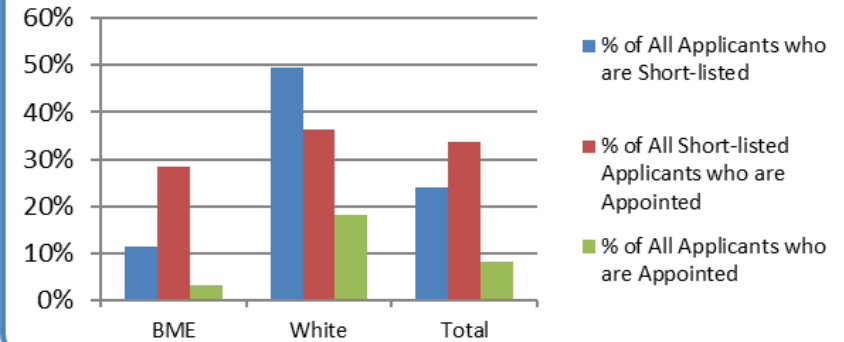
Ethnicity %



Analysis of Recruitment Activity by Disability

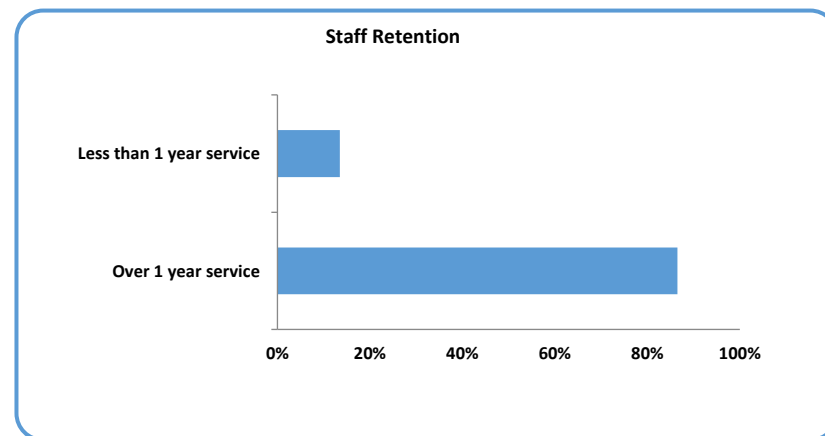
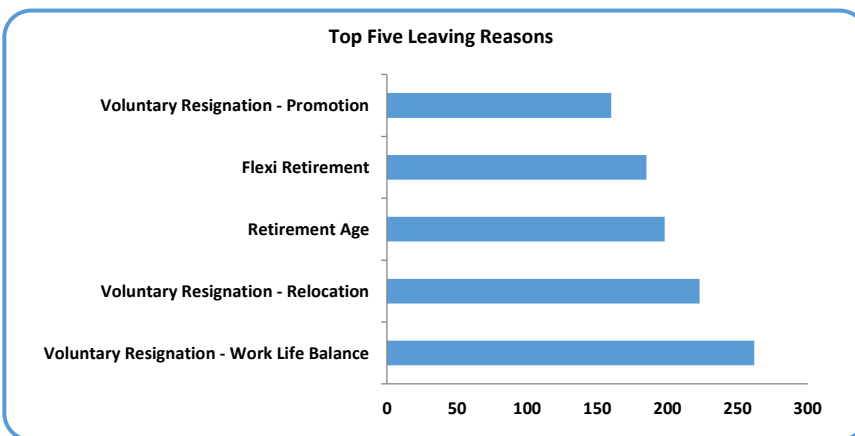
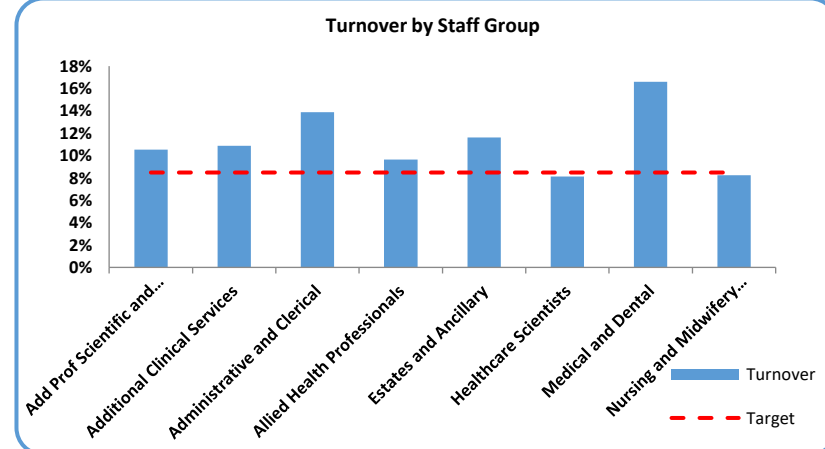
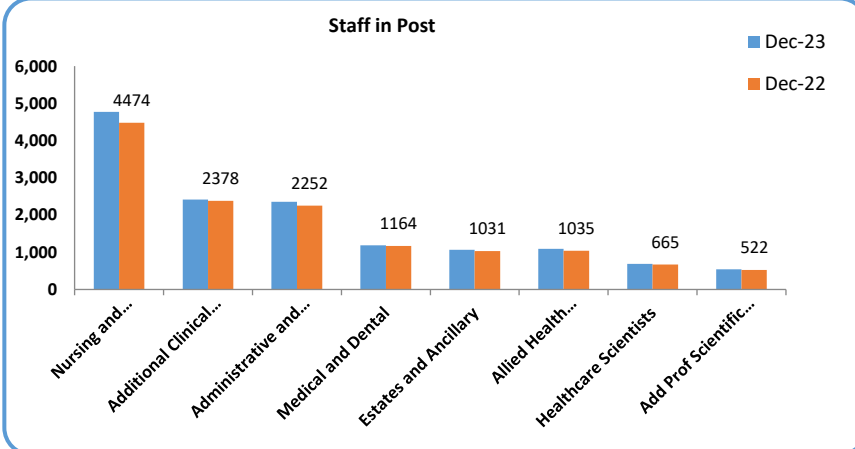


Analysis of Recruitment Activity by Ethnicity



- The percentage of staff employed disclosing a disability has increased from 4.38% to 4.63% and the percentage of BAME staff has increased from 12.19% to 15.03%.

People: Workforce 1/3



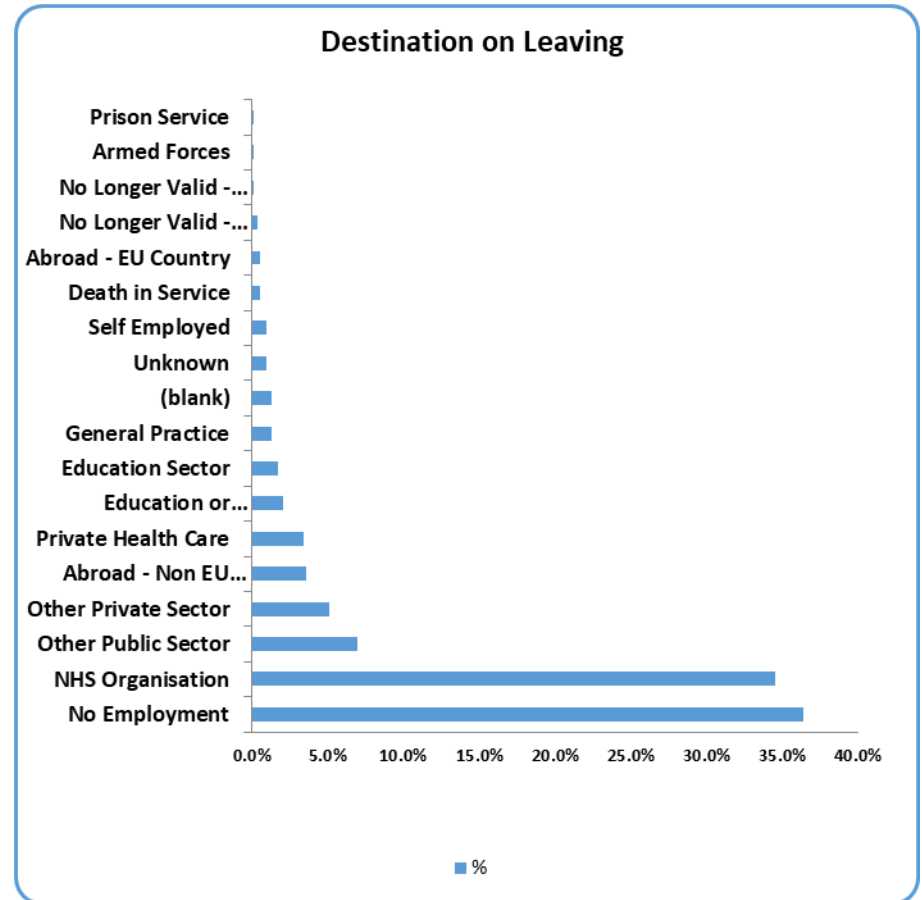
- Staff in post has increased by 4.22% since Dec 2022. The staff groups with the largest increase are Allied Health Professionals and Nursing and Midwifery Registered.
- Staff turnover has decreased from 16.40% in Dec 2022 to 10.74% in Dec 2023, against a target of 8.0%.
- The total number of leavers in the period Jan 2022 to Dec 2023 was 1,724.
- Retention for staff over 1 year service is 86.52%, a decrease from 85.93% in December 2022.

People: Workforce 2/3

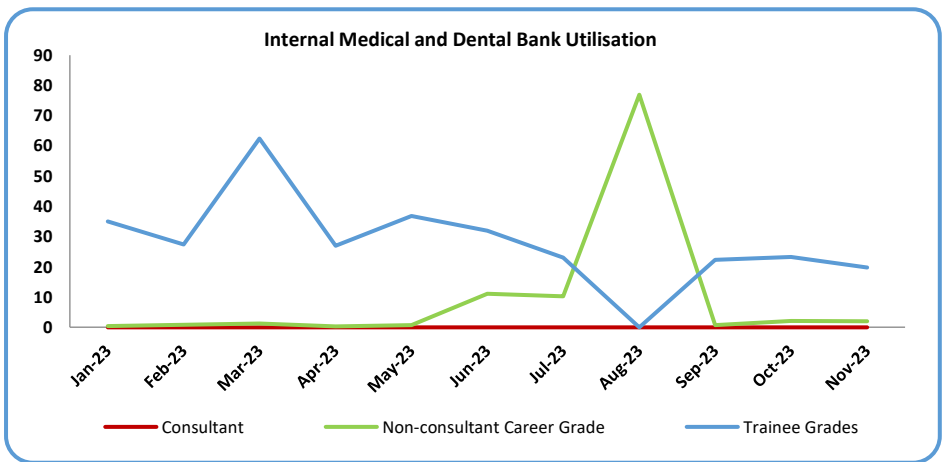
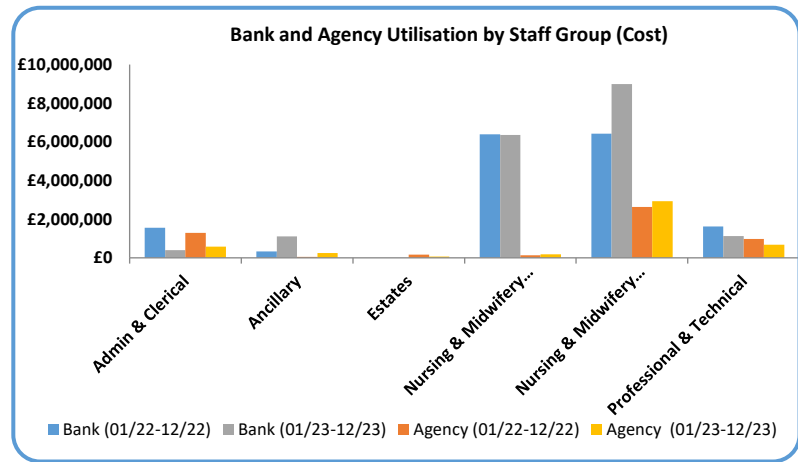
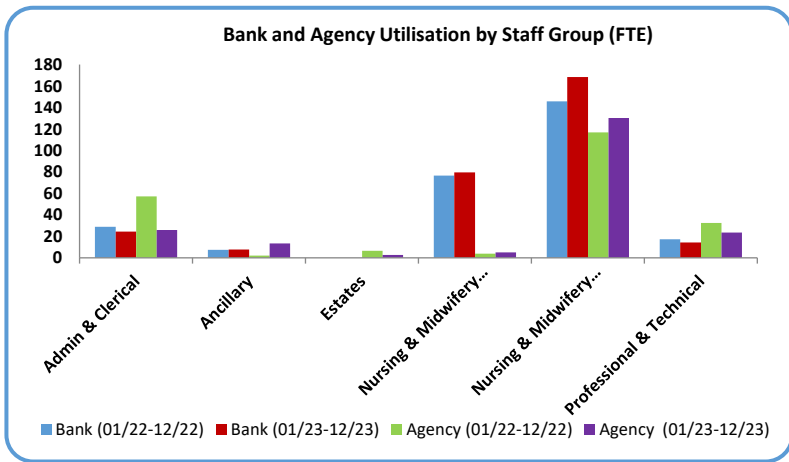
Turnover by Clinical Board

Clinical Board	Turnover
317 CS CRC NENC	4.38%
317 CB Cancer and Haematology	8.32%
317 CB Peri-operative and Critical Care	8.33%
317 CS Regional Drugs and Therapeutics	8.70%
317 CB Medicine and Emergency Care	8.99%
317 CS Business and Development	9.09%
317 CB Surgical and Associated Services FH	9.40%
317 CB Surgical and Specialist Services RVI	10.40%
317 CS Patient Services	10.68%
317 CB Clinical and Research Services	10.70%
317 CB Cardiothoracic Services	11.04%
317 CS Estates	11.42%
317 CS Finance	12.50%
317 CB Family Health	13.08%
317 CS Supplies	13.92%
317 CS Information Management and Technology	14.31%
317 CS Human Resources	15.00%
317 CS Chief Executive	16.67%
317 CS Medical Director	18.92%
317 CS Chief Operating Officer	21.05%
317 CS Integrated Covid Hub North East	29.27%
317 CS NHS COVID Vaccination Programme	60.00%
Trust Total	10.74%

- 34.5% of leavers across the Trust disclosed they were going to another NHS organisation.

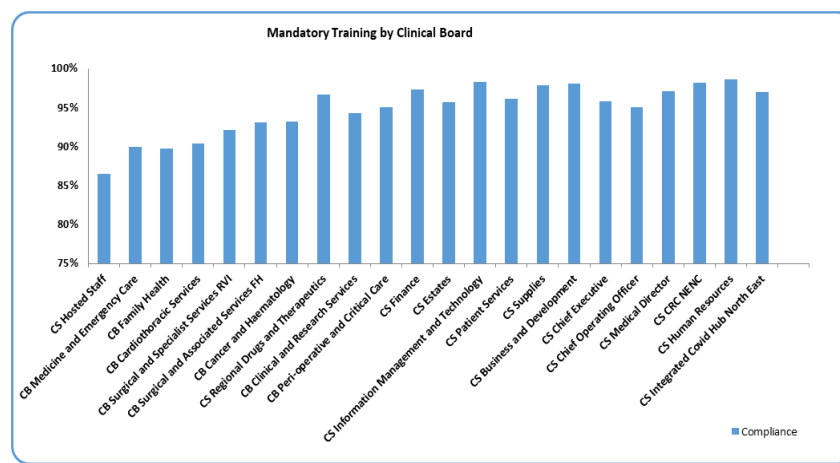
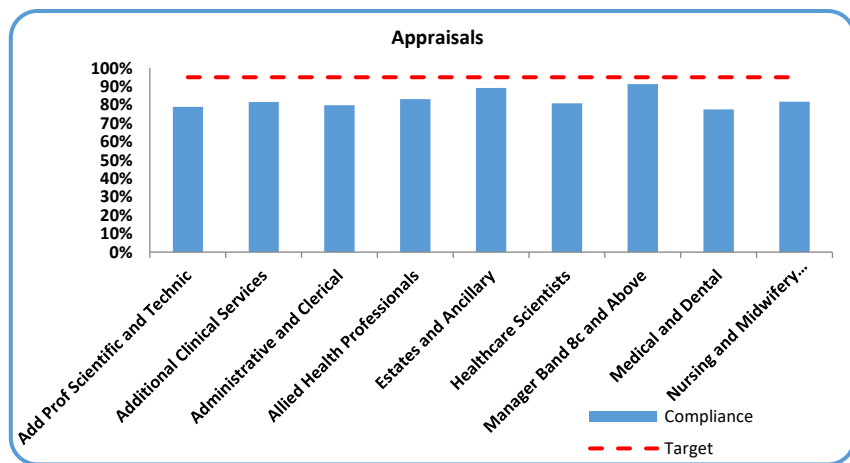
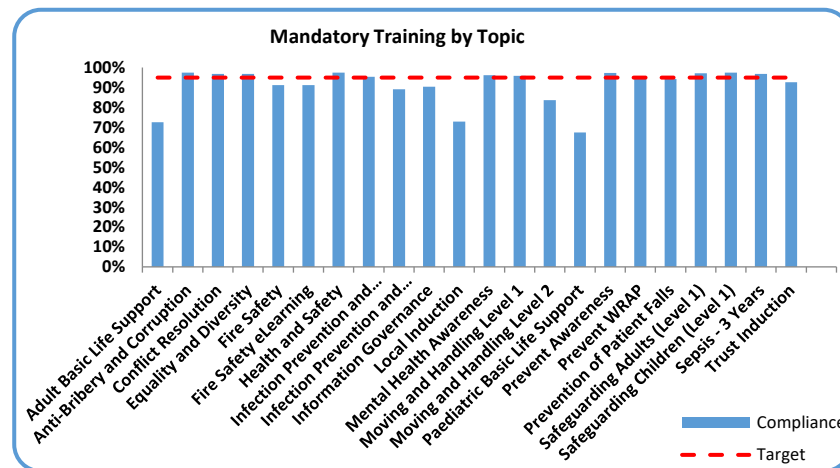
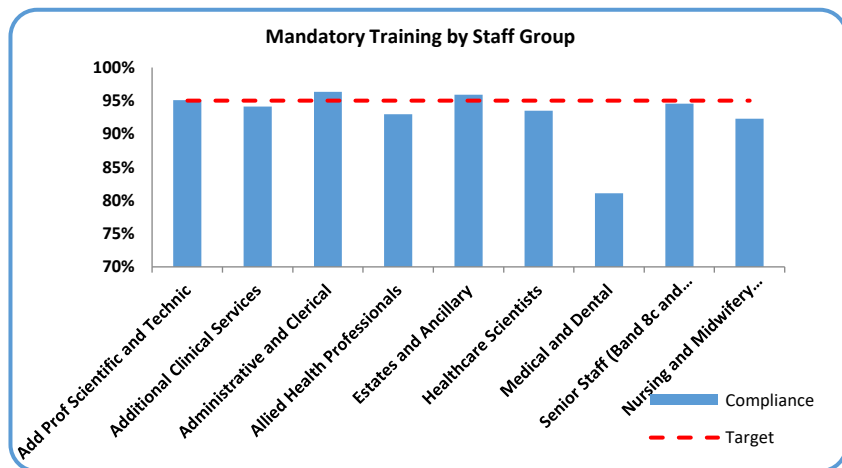


People: Workforce 3/3



Comparing the periods January 2021 – December 2022 to January 2022 – December 2023, overall bank utilisation increased from 275 wte to 294 wte and agency utilisation has decreased from 218 wte to 200 wte.

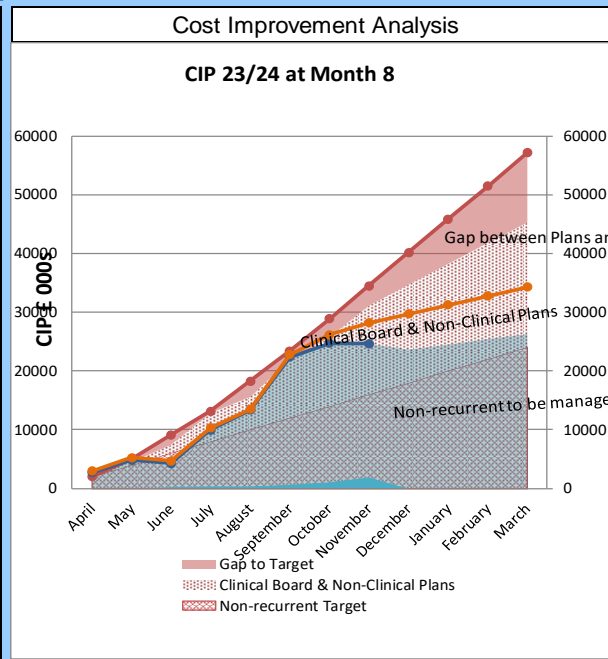
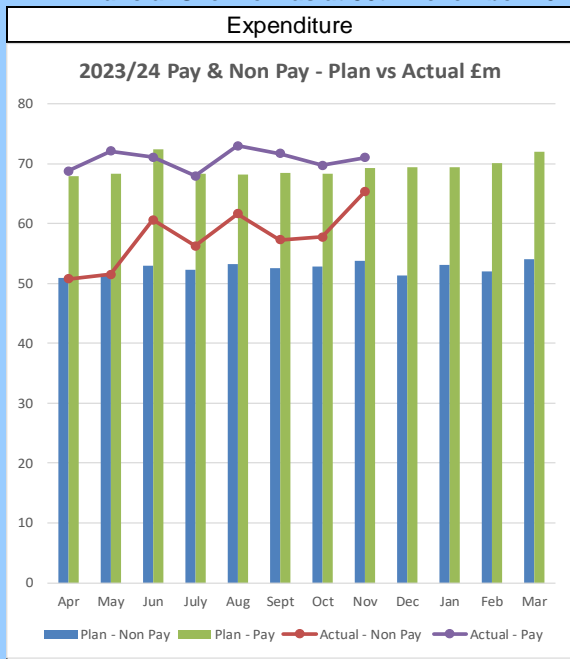
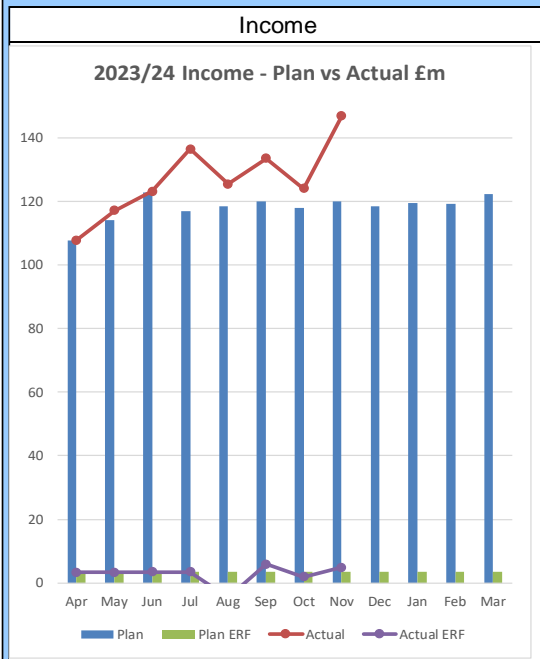
People: Delivering Excellence in Education & Training



- Mandatory training compliance stands at 92.89% at end of December 2023, against an end of year target of 95%. The December 2022 position was 88.88%.
- Medical and Dental are the staff group with the lowest training compliance at 81.08% in October 2023 compared to 72.66% in December 2022.
- Appraisal compliance stands at 81.65%, at end of December 2023, against an end of year target of 95%, this is compared to 77.26% in December 2022. Interventions are in hand to improve this position.

Finance: Overall Financial Position

Financial Overview as at 30th November 2023



Commentary

This page summarises the financial position of the Trust for the period ending 30th November 2023. The Trust has agreed a Financial Plan for 2023/24 with a break-even position. As at Month 8 the Trust is reporting an adverse variance of £0.3 million against a planned deficit of £3.3 million at Month 8. The financial impact of industrial action has been removed with additional funding received nationally at Month 8.

The delivery of the plan relies on a number of factors which are subject to significant risk

- Delivery of required levels of activity compared with 2019/20 activity levels.
- Reliance on non-recurrent income and expenditure benefits
- Achievement of CIP targets
- Assumptions relating to inflation, subject to change and unfunded

Capital Expenditure

The Plan for November is £28 million and the year to date expenditure is £14 million creating a variance of £14 million to date. This is expected to catch up.

Risk



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BOARD MEETINGS - ACTIONS

PUBLIC BRP - Agenda item A14

Log No.	BOARD DATE	PRIVATE / PUBLIC	AGENDA ITEM	ACTION	ACTION BY	Previous meeting status	Current meeting status	Notes
105	27 July 2023	PUBLIC	23/14 STRATEGIC ITEMS c. Partnerships: Partnerships update	The CEO suggested that the Collaborative Newcastle plan be discussed in more depth at a future Board Development Workshop [ACTION03].	MW/KJ			19.09.23 - MW and KJ to agree which Board Development session date will be the most appropriate for the Collaborative Newcastle plan discussion (pencilled in for the December session). 24.11.23 - Topic included on the Forward Plan for the 2024 Board Development Programme to be agreed with the new CEO and Interim Chair.
111	26 September 2023	PUBLIC	23/20BUSINESS ITEMS: d. Healthcare Associated Infections (HCAI)	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]	JS			24.11.23 - In Progress 19.01.23 - Trend lines added to the report from January 2024. Propose close action.

NB There were no actions arising from the November 2023 meeting.

KEY

NEW ACTION	To be included to indicate when an action has been added to the log.
ON HOLD	Action on hold.
OVERDUE	When an action has reached or exceeded its agreed completion date. Owners will be asked to address the action at the next meeting.
IN PROGRESS	Action is progressing inline with its anticipated completion date. Information included to track progress.
COMPLETE	Action has been completed to the satisfaction of the Committee and will be kept on the 'in progress' log until the next meeting to demonstrate completion before being moved to the 'complete' log.