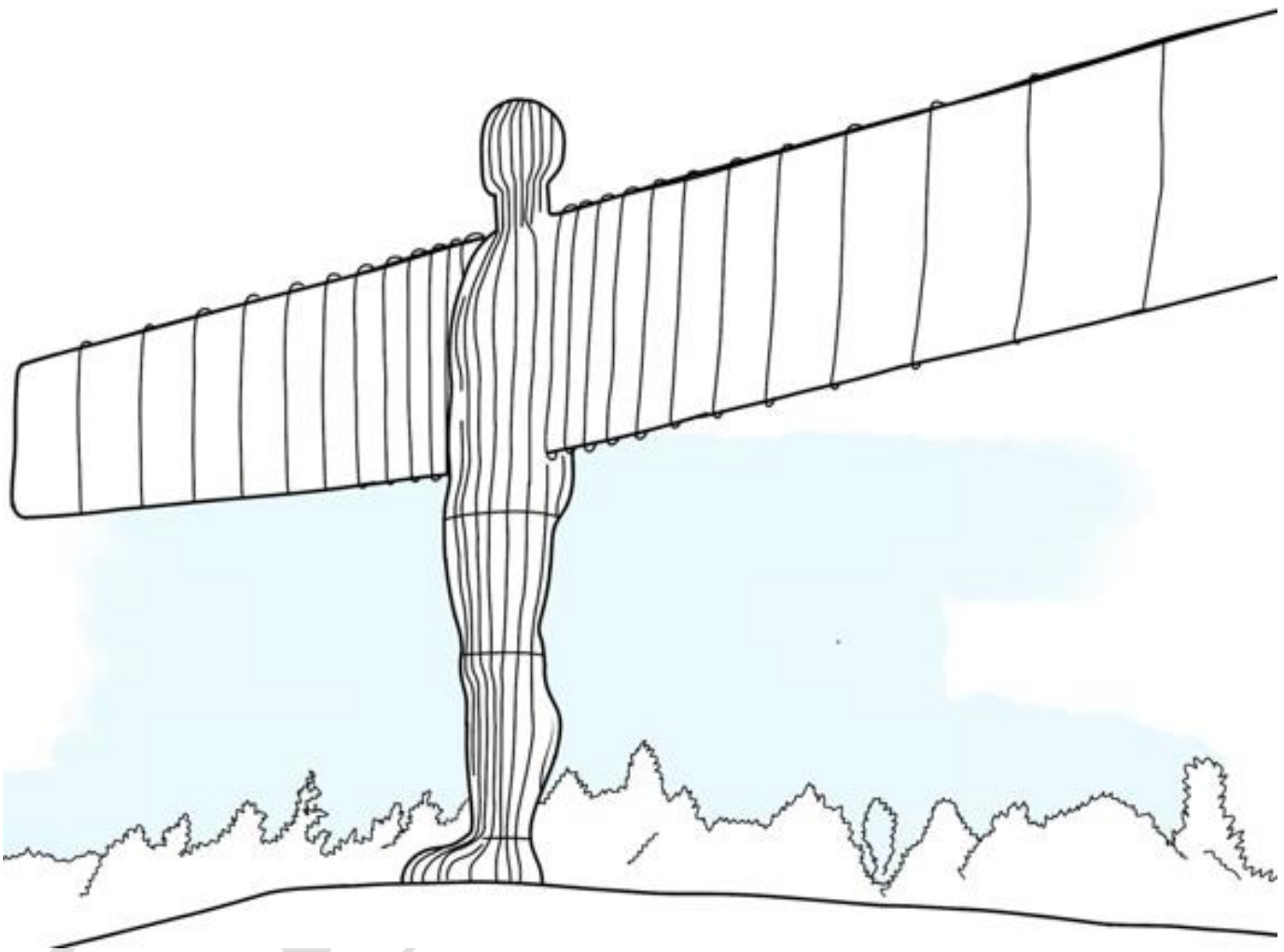
APPENDIX 1

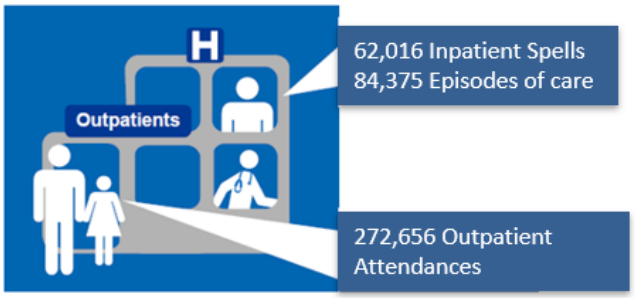
Gateshead Health
NHS Foundation Trust



Quality Account

Gateshead Health NHS Foundation Trust 2022/23

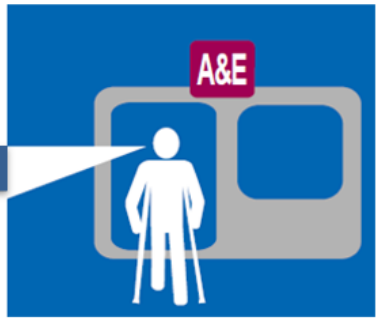
Gateshead Health NHS Foundation Trust at a glance…



62,016 Inpatient Spells
84,375 Episodes of care

272,656 Outpatient Attendances

1,848 Births



72,193 Attendances

Above figures to be updated with the final year-end freeze available 12th May.

Contents

Part 1

Quality Account – Chief Executive's Statement

Statement on Quality from the Chief Executive

To be added

Signed Date:

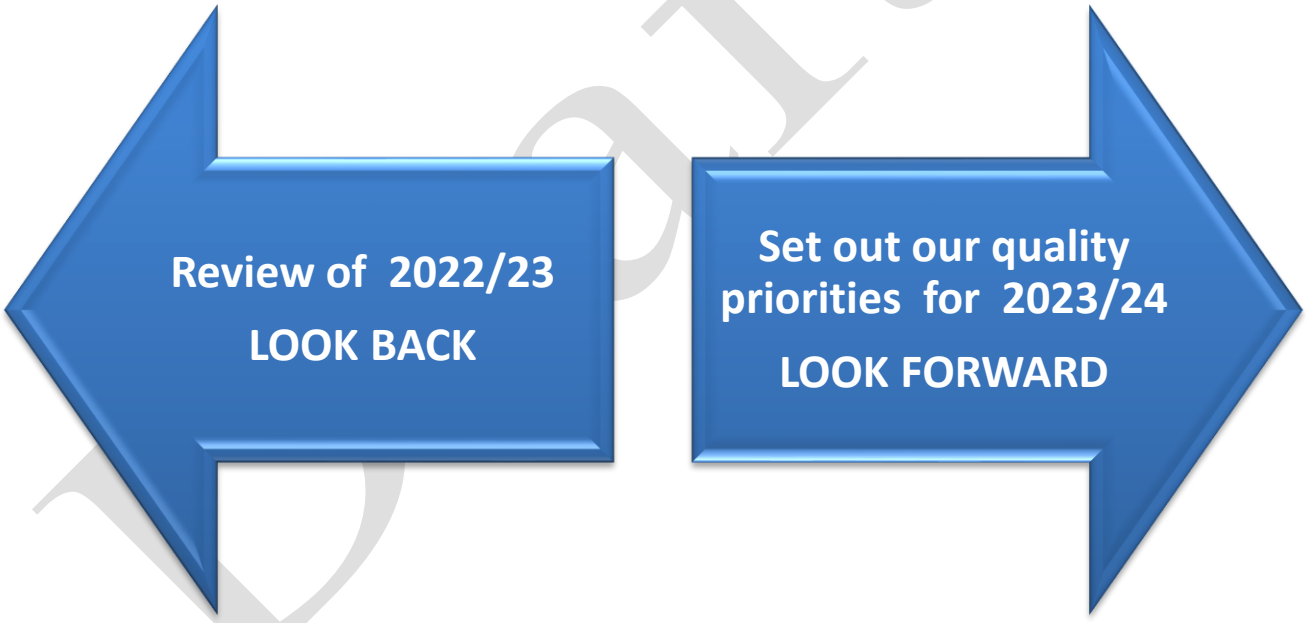
Chief Executive

What is a Quality Account?

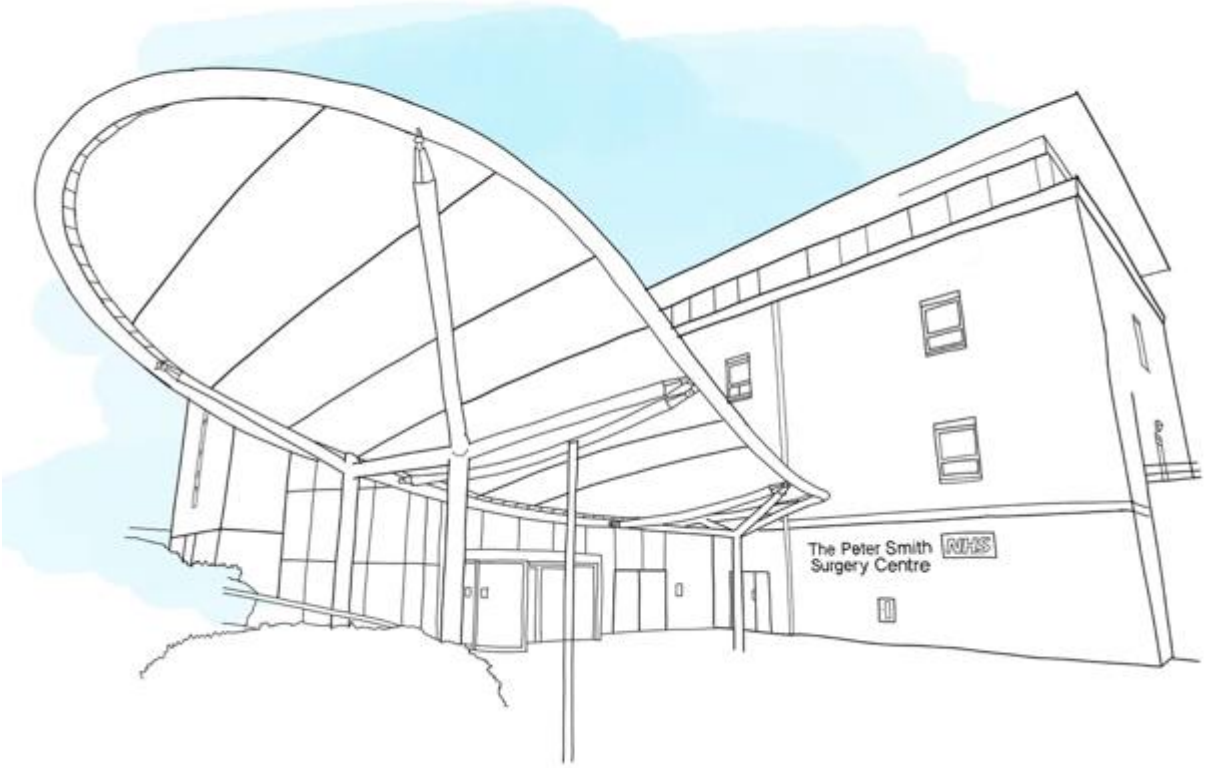
The NHS is required to be open and transparent about the quality of services provided to the public. As part of this process all NHS hospitals are required to publish a Quality Account (The Health Act 2009). Staff at the Trust can use the Quality Account to assess the quality of the care we provide. The public and patients can also view quality across NHS organisations by viewing the Quality Accounts on the NHS Choices website: www.nhs.uk.

The dual functions of a Quality Account are to:

- Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2022/23.
- Outline the quality priorities and objectives we set ourselves going forward for 2023/24.



Part 2
Quality Priorities



2. Priorities for Improvement

2.1 Reporting back on our progress in 2022/23

In our 2021/22 Quality Account we identified 12 quality priorities that we would focus on. This section presents the progress we have made against these.

PATIENT EXPERIENCE:

Priority 1: Reinvigorate the Volunteers Service

➢ What did we say we would do?

- Increase volunteer numbers
- Full evaluation of the 'Response Volunteer Programme' and 'Patient Experience Volunteer Programme'
- Develop a contingency plan for the recruitment and mobilisation of external volunteers

➢ Did we achieve this?

- Yes we achieved this priority.

➢ Progress made:

- We increased the number of people volunteering within the Trust us by 50, with further volunteers in our recruitment process.
- Each day (except weekends), our Patient Experience Volunteers visit the wards and spend time talking to patients thus enhancing patient experience. They have also supported our international Nurses on-boarding and acted as patients in preparation for clinical assessments called OSCE's by having their observations such as blood pressure and pulse taken. This has been very successful. If a patient raises any concerns, the volunteers will feedback to the Ward Sister and/or patient experience team and concerns are logged, or comments forwarded to the team/department for early resolution. Our Response volunteers wear an electronic communications device and are available Monday to Friday, to support staff with a wide range of tasks. These include assisting with the delivery and collection of patients notes; and more recently, collecting and delivering Chemotherapy medication to the Chemotherapy Day Unit, so that this vital medication can be administered in a timely manner.

- New volunteer communication materials have been developed which has included videos and blogs which have been shared both internally and externally on social media posts.

- A number of our volunteers have shared their stories about the journey to volunteering and their experiences at the Trust, to both the Patient, Public and Carer Involvement and Engagement Group (PPCIEG) and to the Trust Board of Directors. This was very well received and our volunteers continue to inspire us daily.
- We have evaluated Patient Experience and Response volunteer programmes. The results of this are being shared internally in quarter 1 of 2023/24.
- The Patient Experience Team have worked with the Trust's People and OD team and have agreed the processes that would been needed around external provider volunteer support (such as in future cases of a pandemic). Any recruitment with external providers will be advertised online and prospective volunteers will go through the necessary NHS employment checks.

➢ Next steps:

- Whilst this priority has been achieved, we continue to publicise the fantastic work of our volunteers and welcome prospective volunteers contacting the Trust to explore the opportunities available. A Quality Account priority for 2023/24 relating to volunteers is outlined further within this document.

Priority 2: Understand and improve the experiences of service users with Learning Disabilities and Mental Health needs

➢ What did we say we would do?

- Ensure we identify service users
- Understand the experiences of service users with Learning Disabilities and Mental Health needs and look at where improvements can be made
- Review patient information leaflets to identify core areas where easy read leaflets are needed
- Provide easy read appointment letters
- Increasing biopsychosocial assessments to a minimum of 60%

➢ Did we achieve this?

- We partially achieved this.

➢ Progress made:

- Alert on Careflow for patients who identify as having a learning disability. However, there is still work to do to ensure that everyone is flagged appropriately; issues with information governance in terms of information sharing using GP register, conversations remain ongoing with the ICB to rectify this. Ongoing weekly meeting with the community LD team to link and improve potential alerts to be added.
- Workshop with Lawnmowers; theatre production group ran by and for people with a learning disability was arranged after funding agreed. Formal invitations were sent out

to a total of 120 members of staff across the trust of all levels including management. Communications were shared throughout social media and within the trusts weekly newsletter. This was to provide a training session and hear the voices of this client group from real life experiences. Unfortunately, only 29 members of staff were able to attend.

- Ongoing work with an external design company to work on information leaflets to be made into easy read. Funding was agreed for £6,000 which has had to be shared between the leaflets being reviewed by a service user group and to ensure we get as many leaflets completed as we can-dependent on length of leaflet. We also now have access to the Macmillan easy read leaflets and are accessible via Pandora on the intranet.

➢ Next steps:

- Improving the care and experiences for patient's with a learning disability is a priority for 2023/24.

Priority 3: Working with patients as partners in improvement

➢ What did we say we would do?

- Demonstrate that we value to contribution of our patient partners
- Ensure the patient partner voice is heard
- To provide a forum for staff to seek feedback, engagement, and involvement from patient partners

➢ Did we achieve this?

- Yes we achieved this priority.

➢ Progress made:

- We considered developing a policy to enable remuneration and found this was covered in an existing policy
- We have held a number of co-design improvement workshops across the Trust which have provided an opportunity for multidisciplinary point of care staff to work in partnership with patients. This has involved listening to each other experiences and talking together about what we can learn and improve on based on this. Significant improvements have come to fruition from this such as those across our maternity services in relation to our gestational diabetes pathway. As a result, two of our Midwives received Chief Midwifery Officer (CMO) Awards in recognition for the improvements implemented.

- A small number of patients now sit on key groups across the Trust including the Mortality Steering Group and six patients volunteered to take part in ward visits called 'Your time to shine'.
- We have worked collaboratively with NHS North East and North Cumbria Integrated Care Board and established a jointly facilitated Patient Forum, with a focus on long term conditions.

➢ Next steps:

- We aim to build on this work around collaborative working in terms of patient engagement and involvement and this will be done through a new Quality Account priority for 2023/24.

STAFF EXPERIENCE:

Priority 4: We will focus on the health and wellbeing (HWB) of our staff

➢ What did we say we would do?

- Being responsive to staff feedback

➢ Did we achieve this?

- We partially achieved this

➢ Progress made:

- Over 200 managers have completed the Managing Well Programme which acts a prompt and educational opportunity around the importance of HWB check ins.
- New appraisal documentation includes prompts to ensure HWB check ins are conducted on at least an annual basis.
- Flu vaccination campaign completed – 54% of frontline healthcare workers took up the vaccine.
- The trust achieved the Better Health at Work Silver Award in December 2022.
- Many other initiatives have been rolled out including free teas, coffees, soups and breakfasts during periods of extraordinary pressure, free therapy sessions such as massage and nails, hampers, implementation of the 'listening space' etc.
- Further initiatives continue to be tracked through the health and wellbeing board which includes work on menopause support, health and wellbeing check-ins, financial wellbeing and more.
- The organisation approved and ratified its health and wellbeing strategy at senior management team meeting in early September 2022.

➢ Next steps:

- A new campaign, #GHMoneyMatters, has been launched to promote financial wellbeing specifically, while an item bank has been launched on site. The team are currently working to implement the provision of free sanitary products and introduce a staff wellbeing support dog. A staff lottery is being looked at as a means of generating a stable income stream to reinvest directly into staff wellbeing initiatives.
- A health needs assessment is currently being promoted as means of gauging employee views on where support is required most. This also feeds into our work to achieve the Better Health at Work Gold award.
- Work will now commence to promote the official launch of the strategy; and ensure its contents and the commitments within are accessible to all staff. While work is already underway across many of the actions listed within the strategy and its promotion; the task of developing and publishing is now complete.

Priority 5: We will advocate for equality, diversity, and inclusion for all of our staff

➢ What did we say we would do?

- Demonstrate progress in meeting the Workforce Disability Equality Standard (WDES) recommendations
- Demonstrate progress in meeting Workforce Race Equality Standard (WRES) recommendations
- Staff inclusion and ensuring all professional voices are heard (e.g., Allied Health Professionals (AHP), pharmacy, community, staff networks)
- Increase the number of professional development opportunities

➢ Did we achieve this?

- We partially achieved this.

➢ Progress made:

- An overarching Equality and Objectives and Action Plan has been developed for 2020-24.
- Links with community groups and local schools, colleges and universities established.
- Revised data collection has been implemented and analysis.
- Bitesize recruitment and selection training includes elements on diversity, inclusion, unconscious bias and fair recruitment practices.
- D-Ability continue to promote role models, create myth buster, make videos, arrange group discussions to raise awareness and educate staff.
- Reciprocal mentoring programme offered within the Trust.
- Nine Cultural Ambassadors have been trained to be utilised during disciplinary process where BME members of staff are involved.
- AHP Conference took place in September 2022.
- AHP leads forum has been established. Actions and outcomes from this will be completed at annual AHP review.
- Participated in National Workforce Supply project - 18 month strategic workforce plan submitted. Learning and further actions from the trust will be identified within the AHP five year strategy document being compiled within next 4 months.
- National AHP day campaign launched and due for celebration in October
- Three career events in June/July 2022 have taken place which have highlighted to local school groups the diversity of AHP careers

➢ Next steps:

- A Race Disparity Audit will have been undertaken and action plan implemented as deemed appropriate
- A Zero Tolerance Policy to be ratified for Policy Review Group

Priority 6: We will promote a just, open, and restorative culture across the organisation

➢ What did we say we would do?

- We will implement and embed all principles of a just culture across the organisation

➢ Did we achieve this?

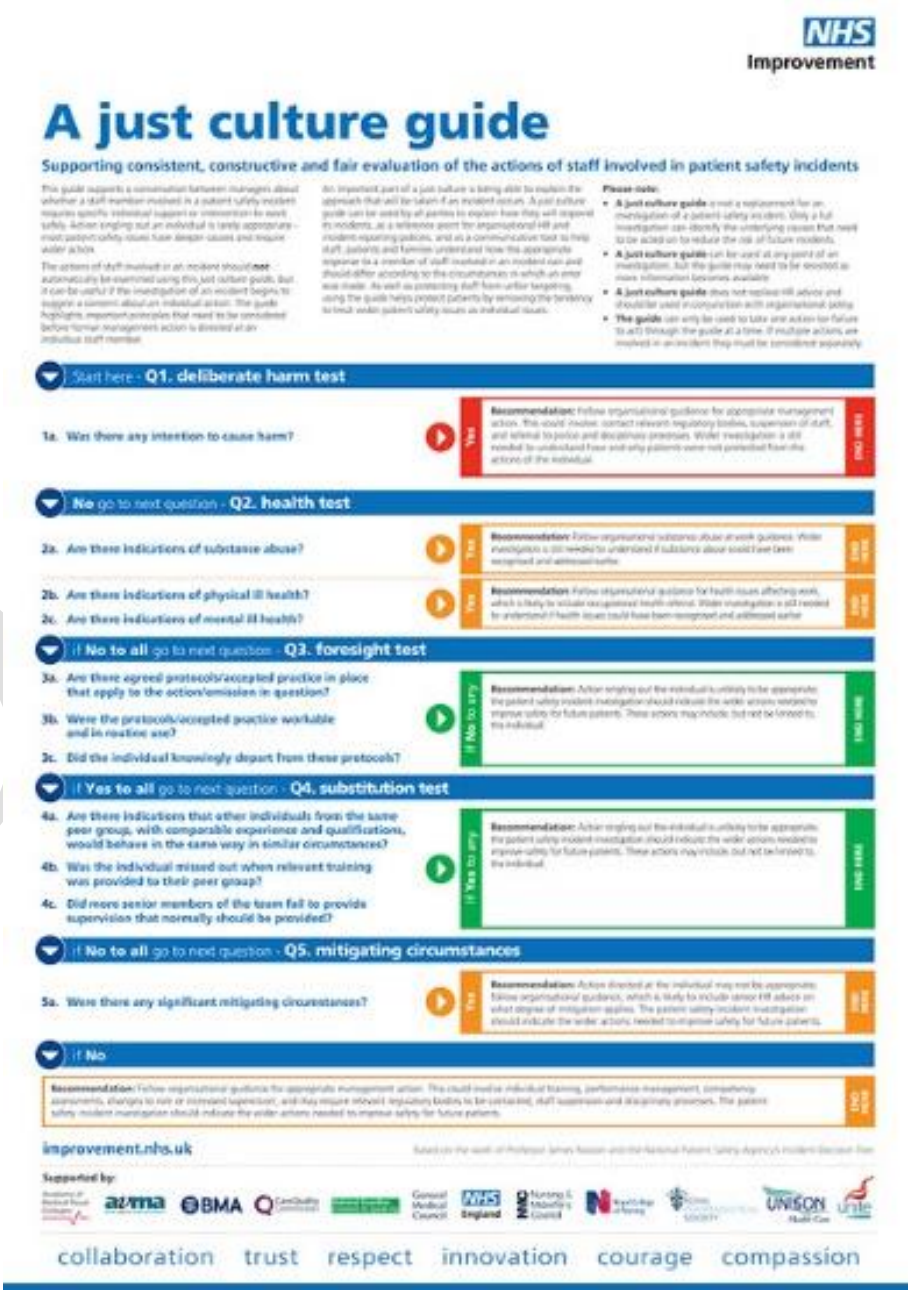
- We partially achieved this.

➢ Progress made:

- A dedicated session of the new Patient Safety Incident Response Framework and Learn from Patient Safety Events was delivered to the Trust Board in February 2023.
- Links between POD and patient safety in relation to culture and civility saves lives has been established.

➢ Next steps:

- A culture steering group is to be established.
- An organisation wide cultural survey has been devised and will be presented to the Trust's SafeCare/Risk and Patient Safety Council for approval in April 2023.
- Staff survey results to be triangulated with a culture benchmarking survey.



PATIENT SAFETY:

Priority 7: To maximise safety in maternity services through the implementation of the Ockenden Recommendations

➢ What did we say we would do?

- To fully implement all immediate and essential actions

➢ Did we achieve this?

- Yes we achieved this.

➢ Progress made:

- We are compliant with all immediate and essential actions.
- Audits of this are built into our audit cycle.
- Monitoring has been built into our Maternity Integrated Oversight Report.

➢ Next steps:

Continue monitoring via the Maternity Integrated Oversight Report. An new priority relating to maternity services is outlined within section 2.2 which will build on this established body of work.

Priority 8: Staffing

➢ What did we say we would do?

- We will calculate clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, will guide us in our safe staffing decisions
- Recruit 50 Nurses within 12 months

➢ Did we achieve this?

- We partially achieved this.

➢ Progress made:

- A bi-annual assessment was undertaken in January and July 2022, this data is currently being reviewed by the newly appointed deputy chief nurse who is responsible for workforce planning with a plan to share further when appropriate.

- Standardised display boards are being considered by the Matron teams. A new uniform boards has been development and will be shared in all area.
- A task and finish group has been established review signage across the trust and will meet monthly to progress work. Initial meeting took place in December 22 and actions assigned.
- The Shelford Group has since supported pilots with SNCT in the following areas:
    - Emergency Care
    - Mental Heath
    - Community

- To date the Trust has welcomed 38 overseas nurses as part of the International Recruitment work. Cohorts are currently undertaken OSCE training and examinations of which 15 have successfully obtain their NMC pin.

➢ Next steps:

Priority 9: Undertake improvement work to agree a safe method of processing clinical results

➢ What did we say we would do?

- By March 2023 we will use recognised improvement methodology to design and agree a process for the safe management of clinical results across the organisation

➢ Did we achieve this?

- We partially achieved this.

➢ Progress made:

- An improvement workshop was held in March 2023, this had been rescheduled from earlier in this year due to operational pressures. The workshop was attended by members of the transformation team, medical director, general surgeon/medical digital lead, patient safety lead, clinical risk lead, clinical effectiveness lead and members of the ICE system team. The workshop mapped out the process for requesting and managing blood test results and the following actions were agreed:
    - Ensure the list of requesting clinicians is accurate by requesting an to update list on clinicians from the workforce information team
    - Ensure the ICE team are provided with a list of starters and leavers on a monthly basis to ensure the system can be kept up to date.
    - Develop a standard operating procedure to standardise requests and accessing results safely.
    - Develop user guides to showcase best practice
    - Explore options to develop process to inform patients when blood results are normal.

- Action plan developed with a deadline for the actions to be completed by end of April 2023.

➢ Next steps:

- The half day workshop did not provide enough time to review all elements of the ICE system. A further Rapid Process Improvement Workshop (RPIW) to be held in July 2023 to review process for radiology and histology requests with a view to developing a complete standard operating procedure.
- Audit One to carry out audit of new process in Q4 of 2023/24.
- Priority to be carried over into 2023/24.

CLINICAL EFFECTIVENESS:

Priority 10: We will revisit the core fundamental standards of care

➢ What did we say we would do?

- We will revisit the core fundamental standards of care

➢ Did we achieve this?

- We partially achieved this.

➢ Progress made:

- There has been a revision of the CQAF programme which includes panel and assessors.
- Professional leadership and development days have been reinstated supported by the Head of Nursing. Matrons are afforded the opportunity to codesign their development requirements in line with the NHSI Matrons handbook. This will support the revisit of the fundamental standards of care.
- Further development is being undertaken by the Head of Nursing to strengthen the panel as a development opportunity for senior nurses.
- It was agreed at the November 2022 SafeCare, Risk and Patient Safety Council that we are going to use a revised audit tool of the 6 essential safety criteria to allow all wards and outpatient areas to be visited. This has now been implemented and improved compliance levels are being achieved.
- Phases one to three of the implementation of the Trust's CQC monitoring approach have now been implemented.

➢ Next steps:

- Trust's CQC Monitoring approach - this work will be reviewed in 2023 to update the master document with compliance achieved.

Priority 11: We will encourage, help, and support all staff to engage with research

➢ What did we say we would do?

➢ We will embed research into our ways of working

➢ Did we achieve this?

➢ We partially achieved this.

➢ Progress made

- Promotion continues that **"Research is Everyone's Business"** and the different ways that staff can get involved. Promotion also continues through annual events.
- There has been an increase of 4 new Principal Investigators and 5 Associate Principal Investigators.

➢ Next steps:

- The Royal College of Physicians (RCP) and National Institute for Health and Care Research (NIHR) have published a joint position statement setting out a series of recommendations for making research part of everyday practice for all clinicians which include:
  - Developing strong links between Medical Directors, R&D Directors and Chief Executives
  - Encouraging support for research to be recognised as part of direct clinical activity and not an additional speciality.
  - Including research as a key element in all Trust policies, strategies and documentation.
  - Ensuring that staff have the resources, time and support they need to engage with and/or deliver quality research, which feeds into clinical change.
  - Ensuring that multidisciplinary workforce planning encompasses those who support research.
  - Taking opportunities to implement proportionate training requirements for those involved or would like to be involved, including Good Clinical Practice training, and the Associate Principal Investigator Scheme.

Priority 12: We will support the continual improvement of clinical record keeping (both paper and electronic) throughout the Trust

➢ What did we say we would do?

- Review and reinstate a revised programme of documentation audits

➢ Did we achieve this?

- Yes we achieved this.

➢ How we achieved this:

- We revised the methodology for the documentation audit, this involved reviewing the audit tool, frequency, sampling and group of auditors. This was consulted on and communicated widely across the organisation. The new documentation audit commenced in February 2023.
- 45 sets of notes were audited in the first cycle.

Chart 1 - Trust wide compliance with basic record keeping elements:

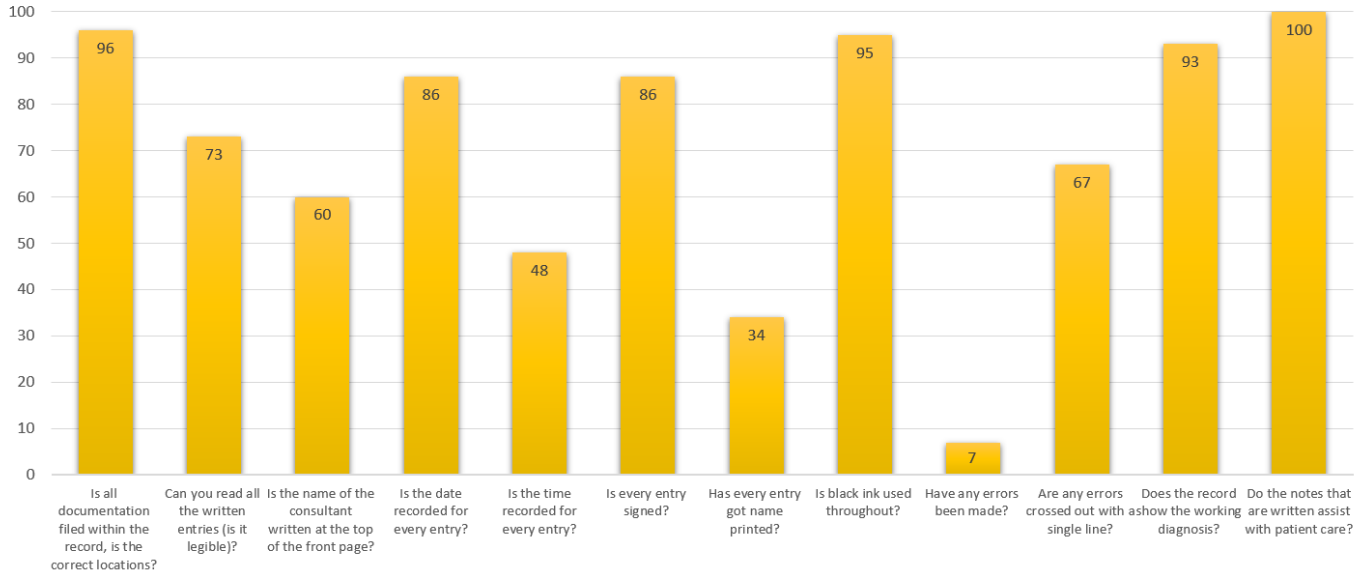


Chart 2 - Overview of compliance with risk assessments:

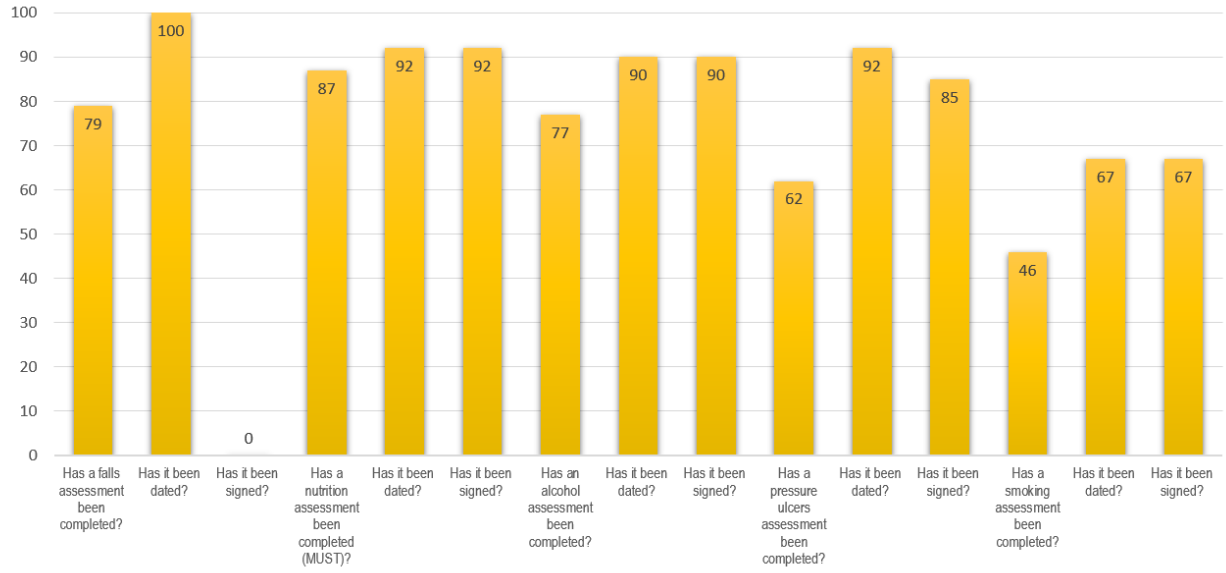


Chart 3 – Overview of compliance with discharge criteria

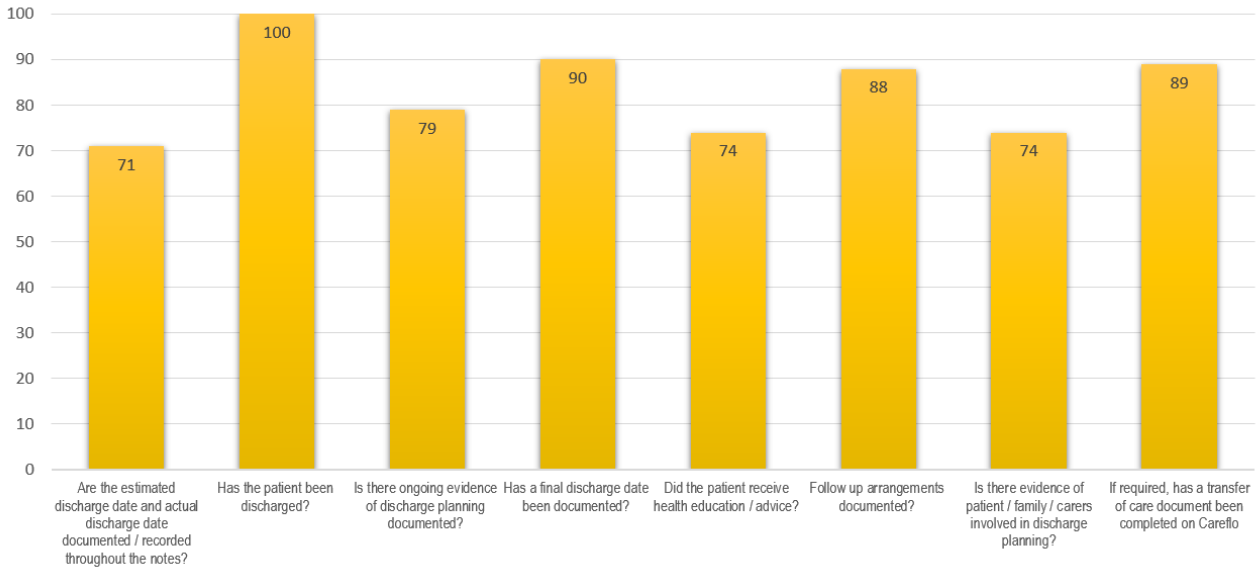


Chart 4 - Overall compliance with each section

Section	Qtr. 4 22/23
Basic Standards	56%
Electronic Records	54%
Nursing Records	59%
Clinical Records	77%
Risk Assessments	82%
Discharge Details	83%
Miscellaneous	89%

➢ Next steps:

- Continue the audit on a quarterly cycle
- Present first quarter results to the SafeCare/Risk and Patient Safety Council in May 2023

2.2 Our Quality Priorities for Improvement 2023/24

PATIENT EXPERIENCE				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will work with our Volunteers Service to develop new roles.	We will develop new volunteer roles.	We will review the evaluation of our existing volunteer programmes and consider the suggestion for where volunteers could further support across the organisation. We will introduce a volunteer programme task and finish group with multidisciplinary team input to develop volunteer role profiles and associated training requirements and plans (if applicable).	We will introduce a new volunteer programme.	Number of volunteers joining the new volunteer programme. Evaluation of the new programme.
We will improve the way we learn and make improvements following complaints.	We will demonstrate learning and improvements made as a result of feedback from complaints.	We will implement InPhase. We will develop a section on the Trust's Learning Library to share learning and improvement made.	Evidence of learning and improvements made following complaints will be accessible and will be shared widely across the organisation.	Number of learning bulletins and improvements made as shared on the Learning Library.

		We will work with the Trust's Transformation team to collaboratively support business units to identify opportunities for service and quality improvements		
We will strengthen our partnership working with collaborative patient forums to enhance patient engagement and involvement.	We will develop and introduce new patient forums in collaboration with the North East and North Cumbria Integrated Care System (ICS).	We will seek patient and service line feedback and collaborate with the North East and North Cumbria Integrated Care System (ICS) to identify where further patient forums could be introduced (eg. the specific clinical area such as a Cancer Services Forum)	A new patient forum will have been introduced.	A new patient forum will have been introduced.

STAFF EXPERIENCE				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will improve the way we listen, act upon and learn from concerns.	Develop supporting leaflets on Freedom to Speak Up for both staff and leaders in the organisation.	Consider timing for further campaigns to recruit more champions again.	Increasing the number of Freedom to Speak Up Champions, we have across the organisation.	Training figures compliance for all staff groups and Board members.
	Update our Freedom to Speak Up Policy based on national guidance and local people strategy.	Review a proactive approach to reach out to people who we think will be	Increasing staff awareness of what Freedom to Speak Up is and who the champions across	

	Refresh our approach to reporting on Freedom to Speak Up across the organisation. Develop a communication plan to make staff aware of what Freedom to Speak Up is, communicate what the role involves and look to seek expressions of interest for additional Freedom to Speak Up Champions.	good at the champion role.	the organisation are.	
We will listen to staff experience in relation to waste and duplication.	We will listen to staff experience in relation to waste and duplication.	On a monthly basis, the Trust's Directors will hold events in the Hub and dedicated sessions will be initiated that are focused on reducing waste and duplication.	A number of events will have been facilitated and there will be a reduction in waste and duplication.	A target % is to be agreed by the Trust.
We will focus on safe staffing, including reducing the movement of staff between clinical areas.	We will use approved tools for all clinical areas in line with national requirements, making sure we are assessing staffing appropriately eg. Birthrate plus, SNCT, MHOST etc.	We will understand our staffing data. We will recruit to posts where a staffing gap is identified. We will manage staffing in accordance with Trust policy.	We will reduce the movement of staff between clinical areas.	A target % is to be agreed by the Trust.

PATIENT SAFETY				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will reduce length of stay.	We will reduce length of stay.	We will understand our data and know what our length of stay is and metrics associated. A Task and Finish group will be set up. We will have a robust monitoring and reporting structure in place.	Length of stay will reduce.	A target % is to be agreed by the Trust.
We will implement the Patient Safety Incident Response Framework (PSIRF) with further work streams on falls and civility.	We will create a project board and working group.	Workstreams will have leads with a weekly report.	Implementation of PSIRF	Measures will be agreed by national deadline for 2023.
		Oversight and liaison with ICB to agree PSIRP.		
	We will strengthen our existing falls prevention group workstreams through improved engagement with business units.	We will review the current falls prevention capacity in the organisation, identifying any capacity to provide in-patient in-reach, or whether a business case will be required to meet deficits.	Reduced inpatient falls, particularly those resulting neck of femur fractures and head injuries.	Reduction in the number of falls.
	Understand the organisations current position with regards to civility and its impact on patient safety and staff wellbeing.	Culture survey	Reduction in number of instances of incivility	Reduction in number of instances of incivility
		Thematic analysis of incident reporting related to incivility		
		Restorative conversations		

We will undertake improvement work around the safe processing of clinical results.	Building on the workshop held in Q4 we will hold a full rapid process improvement workshop (RPIW) to review the processes for managing all results on the ICE system with a view to developing a standard operating procedure	Hold full RPIW with key stakeholders in Q2 Map current processes Develop standard operating procedure Communication strategy to raise awareness of new process Videos/paper how to guides to be developed	Reduction in incidents in relation to ICE reporting	Monitoring via incident management system Mortality reviews RPIW 30, 60, 90 day report out
We will implement a maternity and neonatal improvement plan.	Continue to give the Board of Directors assurance around the Trust's compliance with the Immediate and Essential Ockenden action.	Audits of 7 IEA built into audit cycle.	All required audits will be completes and assurance is gained.	Monitoring via Maternity Integrated Oversight report which is presented to a range of meetings across the Trust. Regional monitoring via quarterly reports to NENC LMNS and regional perinatal surveillance and oversight group Implementation of the Delivery plan steering group.
	Review existing bodies of work that are running concurrently and incorporate into an overarching maternity and neonatal plan for the Trust. This will include the national Maternity and Neonatal Delivery Plan; any actions outlined by CQC	Implementation of a delivery plan steering group.	Delivery plan steering group will be set up by May 2023.	

	in the latest Maternity inspection report as well as existing projects such as BSOTS and cycles of audit.			

CLINICAL EFFECTIVENESS				
Quality Priority	**What will we do?**	**How will we do it?**	**Expected Outcome?**	**How will it be measured?**
We will embed a culture of research in the Trust and make "Research Everyone's Business".	Offer every patient and member of staff the opportunity to "Be Part of Research"	Make research more visible and accessible to our staff and patients and highlight that we are a Research Active Trust.	The number of recruitment accruals will increase.	Recruitment figures in the NIHR ODP Database
		Attract and host more commercial studies.	Increased funding and Trust reputation.	Increased number of hosted commercial studies (NENC CRN LPMS Weekly Report)
		Incorporate recently released National research strategies into the Trust's policies, strategies and documentation to highlight that the Trust is research active.	That all Trust policies strategies and documentation are updated to include research.	Attendance/ membership of Trust decision making councils/forums.
			That research is included as a key element within the job descriptions of all clinical staff.	
			The number of hosted research projects in Paediatrics / Mental Health will increase.	

		Broaden our hosted research portfolio, especially in under-served clinical specialty areas and in areas of health inequality.	The number of health inequality studies will increase.	Increased number of hosted studies (NENC CRN LPMS Weekly Report)
		Encourage a research positive culture and ensure that staff have the resources, time and support they need to engage with and/or deliver quality research, which feeds into clinical change.	As a minimum staff should have an awareness of research activity so that they are able to signpost patients to the relevant Research Team(s).	
We will strengthen how we learn from deaths.	Implement the medical examiner in the community.	Implement the medical examiner in the community.		
We will work with our clinical effectiveness team to improve the experiences of people with a learning disability, mental health or autism.	Raise awareness of learning disabilities and autism to improve the healthcare outcomes and reduce health inequalities for this group of patients.	In line with the Diamond Standards, roll out of the mandatory level 1 learning disability and autism training for staff from April 2023.	Increase staff awareness of learning disabilities and autism and their individualised needs Reduction in those cases where there is room for improvement in clinical and organisational care following Mortality Council reviews Increase in staff confidence when caring for patients with a learning disabilities and autism Increase in number of MCA1 and 2 and	ESR reports Evaluation pre and post training Audit of MCA 1, 2 and DoLs Audit of DNACPRs for patients with a learning disability and autism
		Encourage patient facing staff to complete the level 2 learning disability and autism training – prior to this becoming mandatory with the publication of the Oliver McGowan Code of Practice training – expected to be during 23/24.		
		Promote the roll of the Learning		

		Disability Nurse via attending professional forums, team meetings, via Trust's social media channels.	DoLs completed correctly DNACPRs to be completed correctly and appropriately	
		Share good practice and patient stories across the organisation.		

2.3 Statements of Assurance from the Board

During 2022/23 the Gateshead Health NHS Foundation Trust provided and/or sub-contracted 30 relevant health services. The Gateshead Health NHS Foundation Trust has reviewed all the data available to them on the quality of care in 100% of these relevant health services. The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by Gateshead Health NHS Foundation Trust for 2022/23.

Participation in National Clinical Audits 2022/23

During 2022/23, 36 National Clinical Audits and TBC National Confidential Enquiries covered relevant health services provided by Gateshead Health NHS Foundation Trust.

During that period Gateshead Health NHS Foundation Trust participated in 89% of National Clinical Audits and 100% of National Confidential Enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that Gateshead Health NHS Foundation Trust participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit title	Participation	% of cases submitted/number of cases submitted
Cardiac Rhythm Management	Yes	169 cases submitted no minimum requirement
National Heart Failure Audit	Yes	392 cases submitted no minimum requirement
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes	244 cases submitted no minimum requirement
Falls & Fragility Fractures (FFFAP) - National Hip Fracture Database	Yes	337 cases submitted no minimum requirement
UK Parkinson's Audit	Yes	100% (20/20)
Dementia	Yes	40 cases submitted no minimum requirement
National Diabetes Core Audit	Yes	Data not yet available
Major Trauma Audit (TARN)	Yes	40.3% (485 cases submitted of 80% requirement)
Care at the End of Life (NACEL)	Yes	49 cases submitted no minimum requirement
Chronic obstructive pulmonary disease	Yes	867 cases submitted no minimum requirement
National Lung Cancer Audit	Yes	238 cases submitted no minimum requirement
Pulmonary Rehabilitation	Yes	98 cases submitted no minimum requirement
Cardiac Rehabilitation	Yes	Data not yet available
Adult Asthma (Secondary Care)	Yes	79 cases submitted no minimum requirement

Sentinel Stroke National Audit Programme (SSNAP)	Yes	199 cases submitted no minimum requirements – data is up to end of Q3, Q4 not yet available
National Cardiac Arrest Audit	Yes	62 cases submitted no minimum requirement
Learning Disability Mortality Review Programme (LeDeR)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	122 cases submitted no minimum requirement
Case Mix Programme (ICNARC)	Yes	735 cases submitted no minimum requirement
Bowel Cancer (NBOCAP)	Yes	215 cases submitted no minimum requirement
Oesophago-gastric cancer (NAOGC)	Yes	58 cases submitted no minimum requirement
Maternity and Perinatal Audit (NMPA)	Yes	100%
Paediatric Diabetes (NPDA)	Yes	140 cases submitted no minimum requirement
Neonatal Intensive and Special Care (NNAP)	Yes	100%
Elective Surgery (PROMS)	Yes	533 cases submitted no minimum requirement
National Joint Registry (NJR)	Yes	Data not yet available
Prostate Cancer	Yes	184 cases submitted no minimum requirement
National Pregnancy in Diabetes Audit	Yes	16 cases submitted no minimum requirement
National Audit of Cardiac Rehabilitation	Yes	348 cases submitted no minimum requirement
National Audit of Inpatient Falls	Yes	22 cases submitted no minimum requirement
Pain in children	Yes	23 cases submitted no minimum requirement
Mental health self-harm	Yes	94 cases submitted no minimum requirement
National Audit of Seizures and Epilepsies in Children and Young People	No	Due to clinical commitments at present the teams do not have the capacity to participate.
Inflammatory Bowel Disease Audit IBD Registry	No	Benefits of the audit did not outweigh the cost to participate.
National Early Inflammatory Arthritis Audit	No	Due to staffing levels, we would have to reduce our clinic capacity to allow time for collecting & uploading data.
Diabetes Foot Care	No	Due to staffing levels, we have been unable to upload the required information during this annual period

Participation in National Confidential Enquiries 2022/23

The Trust utilises clinical audit as a process to embed clinical quality at all levels in the organisation and create a culture that is committed to learning and continuous organisational development. Learning from clinical audit activity is shared throughout the organisation.

The reports of TBC national clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2022/23 and Gateshead Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Hip Fracture Database (NHFD)

The Queen Elizabeth Hospital has been one of the top performing hip fracture units in England for a number of years, data supplied by the NHFD for the 2021-22 year has showed the Trust to be the top performing unit in England over this period for overall achievement of Best Practice Tariff and hip fracture care and the best performing unit in the northeast. This proud achievement has been recognised by trust management and is a level that we will endeavour to maintain. We performed well in all areas, notably in the top quartile nationally for timely admission to the Orthopaedic ward, perioperative medical assessment, efficient assessment by the physiotherapy, nutrition and mental health teams, timely surgery and efficient discharge practice. We continue to improve our performance in terms of the frequency of perioperative pressure damage and now lie below the national average for this area. The only area for ongoing improvement is the hip fractures sustained by existing inpatients and this is being addressed by the falls team as part of the National Audit of Inpatient Falls (NAIF).

Action Points:

- All hip fracture cases who fail to meet Best Practice Criteria for any reason are reviewed in the monthly Orthopaedic department SafeCare meetings. Any learning points are recorded and fed back, with a Datix completed in each case. This practice will continue. Further work is planned to further review our situation regarding inpatient fractures and will look to instigate the actions of the falls team audit. These include better awareness of falls risk in vulnerable patients and optimising the availability of nursing and healthcare staff for this patient group.

National Joint Registry (NJR)

The Trust continues to contribute to the NJR. Data is entered regarding all hip, knee, ankle, elbow and shoulder replacement operations, enabling the monitoring of the performance of joint replacement implants and the effectiveness of different types of surgery. In 2014 the NJR introduced annual data completeness and quality audits for hip and knee cases, with the aim of improving data quality. From 2020/21 the data quality audit was extended to include ankle, elbow and shoulder cases. The Trust continues to contribute to these audits and was awarded as an NJR Quality Data Provider for 2021/22.

Action Points:

- Continue to ensure that robust systems are in place to guarantee that a Minimum Dataset form is generated for all eligible NJR procedures.

The Case Mix Programme (CMP)

The Case Mix Programme is an audit of patient outcomes from adult and general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales, and Northern Ireland. It is run by the Intensive Care Audit and Research Centre (ICNARC). Data is collected on all patients admitted to the Critical Care Unit. Data on various outcomes and process measures are then compared with the outcomes from other Critical Care Units in the UK. In the past 12 months the Critical Care Unit has uploaded data on 735 patients to the CMP. The increased frequency of data submission requested by ICNARC in response to the Covid-19 pandemic has reduced and data uploads are being performed on an approximately weekly basis. CMP/ICNARC continue to publish Quarterly Quality Reports (QQR) for each individual critical care unit. Our most recent QQR, including data up to the

end of Q3 22/23 shows good performance in all areas reported on. Our overall standardised mortality rate was slightly below what would have been expected (17.6% v 18.4%), and mortality for patients with a predicted mortality of <20% was at the low end of the normal range (3.2% v 4.3%).
The Software system for collecting and submitting data has changed in the last 12 months, moving from WardWatcher to Medicus which is a new web-based system. This has involved a significant amount of input and training with several problems encountered during the implementation which have mostly been resolved.

Action Points:

- Continue to collect and submit data to Intensive Care National Audit and Research Centre (ICNARC)/CMP.
- Continue to work with Medicus to ensure that any issues with the data collection system are resolved.
- Ongoing education of ward clerks and Nursing/Medical staff regarding the correct entry of data, assisted by the ICNARC data clerk.
- Consideration of the ICNARC data clerk role becoming a full-time role to allow more data collection to occur e.g., quality measure data, etc.
- Use the QQR to ensure timely identification of any areas of deterioration in performance and address these when they occur.
- Continue to share QQR and other CMP/ICNARC data with relevant teams within the Trust.

Trauma Audit & Research Network (TARN)
The latest TARN report for Queen Elizabeth Hospital Gateshead was published in March 2023 which includes data up to 30/09/2022. Case ascertainment was 69% in 2022 compared with 40.3% in 2021. This is an improvement compared with previous years and represents a degree of recovery from Covid-19 performance. However, remains below the target of 80% set by TARN. Data remains difficult to interpret with ongoing questions about reliability.

Action Points:

- After updating our business intelligence report and moving to electronic documentation we are still experiencing difficulties identifying all of the patient eligible for TARN submission. We are due to make a site visit to a neighbouring Trust in order to review their TARN processes. Following this we intend to implement further improvements.
- We have charitable funding secured for the recruitment of a Trust Trauma Coordinator and possibility of a TARN data administrator. We will advertise the post once the job description has been completed.
- The Trust are also preparing for a trauma network peer review that is due in June 2023.

National Audit of Inpatient Falls (NAIF)
From January 2019, NAIF changed to become a continuous audit of in-patient falls resulting in in-patient hip fractures, one of the most severe harm events occurring as a result of falling. The records are cross linked with the National Hip Fracture Database (NHFD) which is part of the same audit programme. The NAIF report 2022 uses 2021 clinical data. 22 cases of inpatient femoral fracture were uploaded during this period. There were five key performance indicators (KPI). 91% of patients had a multi-factorial risk assessment (MFRA) done prior to the fall. Five out of six components of the MFRAs completed was deemed a high-quality assessment. The median quality score for the Trust was five. Undertaking and recording of lying and standing blood pressure was the most poorly completed component, only done in

45% of cases. KPI two, three and four relate to post fall checks. 95% of patients were checked for signs of injury before moving, flat lifting equipment was used in 41% (29% nationally) and medical assessment within 30 minutes in 32% of patients (69% nationally).

Action Points:

- The latter two aspects could be improved by adequate access and training to flat lifting equipment and the roll out of the Nervecentre (electronic system) post falls assessment (currently developed but under review for use).
- Although not a KPI, hot debrief after an inpatient femoral fracture was not done in any cases, perhaps reflective of the lack of a dedicated inpatient falls team. As per the pervious audit there is no mandatory falls training for all clinical staff (in 50% trusts this is the case).
- A number of initiatives have been identified to support the increase in compliance with undertaking lying and standing blood pressure including; how to guides produced, training for individual wards, recording the outcomes on an electronic system. More recent compliance has subsequently increased.

National Paediatric Diabetes Audit (NPDA) 2022-23

Real time data is collected and reviewed locally quarterly by the diabetes team and six monthly by the Northeast & North Cumbria Regional Children and Young People's (CYP) Diabetes Network. We have submitted data on 140 patients to the NPDA during 2022-23: 134 of these patients had Type 1 diabetes; 64.2% are on insulin pump therapy; 33.6% are on an intensive multiple daily injection regime; 71% are on continuous glucose monitoring (CGM) with alarms; 100% of patients had a HbA1C; 98.1% had a BMI; 91.7% had their thyroid function; 93.7% had a blood pressure; 87.3% had a urinary albumin; 81.7% had their feet examined; 100% new patients had thyroid screening and 100% had coeliac screening within 90 days diagnosis, 100% newly diagnosed patients had dietetic support with carbohydrate counting within 14 days diagnosis; 97.2% were recommended influenza immunisation; 73.1% were given sick day rules advice. The mean HbA1C was 64.5mmol/mol (median 62mmol/mol.) This is an improvement since the 2021-22 audit.

Action Points:

Over the last year 2022-23 the CYP Diabetes team has:

- Continued to develop our service for CYP living with Type 2 diabetes in line with NICE and the National Guidelines including dietetic and psychology led support and education clinics in addition to their routine three monthly MDT clinics. However there has been no MDT dietitian January 2023 onwards. A new dietitian has been appointed and is expected to start in June 2023.
- Continued to participate in a Poverty Proofing Project with Children Northeast and Type 1 Kidz patient support group to increase awareness of healthcare professionals and the trust of the difficulties those CYP and families living with T1 diabetes face and to enable strategies to be put in place to facilitate equitable access to health care and diabetes technologies. This is particularly important as 69% of CYP in our clinic live within the two most deprived quintiles which is significantly higher than the regional and national average and a greater proportion of those living in the least deprived quintile had access to insulin pump therapy and rtCGM compared to those in the other four quintiles (data from 2020-21 NPDA report)

The reports of TBC local clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2022/23 and Gateshead Health NHS Foundation Trust intends to take actions to

improve the quality of healthcare provided. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality of our services:

To be added

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Gateshead Health NHS Foundation Trust in 2022/23 that were recruited during that period to participate in research approved by the Health Research Authority (HRA) was 1,818.

Recruitment by Managing Specialty	Total
Ageing	43
Anaesthesia, Perioperative Medicine and Pain Management	4
Cancer	294
Cardiovascular Disease	2
Critical Care	15
Dementias and Neurodegeneration	158
Diabetes	78
Gastroenterology	2
Haematology	5
Health Services Research	6
Hepatology	18
Metabolic and Endocrine Disorders	10
Musculoskeletal Disorders	1
Public Health	13
Reproductive Health and Childbirth	995
Stroke	26
Surgery	29
Trauma and Emergency Care	119
Total	**1818**

In line with the Research Strategy, Gateshead Health NHS Foundation Trust remains a research active organisation which ensures that our patients have access to the very latest treatments and technologies. Evidence shows clinically research active hospitals have better patient care outcomes. Our top recruiting studies include: -

INGR1D2 INvestigating Genetic Risk for type 1 Diabetes (2)

Type 1 diabetes is a common chronic disease in childhood and is increasing in incidence. The clinical onset of type 1 diabetes is preceded by a phase where the child is well but has multiple beta-cell auto-antibodies in their blood against insulin-producing beta cells, which are present in the pancreas.

Neonates and infants who are at increased risk of developing multiple beta cell auto-antibodies and type 1 diabetes can now be identified using genetic markers. This provides an opportunity for introducing early therapies to prevent beta-cell autoimmunity and type 1 diabetes.

The objective of this study is to determine the percentage of children with genetic markers putting them at increased risk of developing type 1 diabetes, and to offer the opportunity for these children to be enrolled into phase II b primary prevention trials.

Cervical Ripening at Home or In-Hospital - prospective cohort study and process evaluation (CHOICE study)

In most pregnancies labour starts on its own, but sometimes induction of labour (IOL) is needed. The first part of IOL is 'cervical ripening', where medication or a specialised balloon is used to prepare the cervix (neck of the womb) for labour.

Cervical ripening used to be performed only in hospitals. However, about half of UK maternity units now offer 'home cervical ripening' – where women have the procedure started off in hospital, then spend some time at home whilst waiting for the treatment to work. This may help reduce demands on maternity services and reduce the time women spend in hospital. Women may also prefer it. However, the benefits are not yet proven.

The CHOICE study aims to see if home cervical ripening is safe, acceptable to women and their partners, and cost-effective for the NHS.

Contraception after you've had a baby in the Northeast and North Cumbria: The PoCo Study

Postnatal contraception (contraception provided up to eight weeks after a birth, defined by NICE as the postnatal period) is vital in preventing unplanned pregnancy and in reducing the risk of harm associated with a short inter-pregnancy interval and with having an abortion. However, it is known that relatively few women access contraception services in the postnatal period, and that some vulnerable groups are poorly served by services and more likely to miss out on contraception counselling and support.
The aim of the PoCo Study is to undertake a comprehensive review of the current provision of postnatal contraception in the Northeast and North Cumbria, in both community and maternity settings, to better understand the current provision in relation to National guidelines.

Evaluation of MCM5 in postmenopausal bleeding patients

The objective of this study is to evaluate the performance Arquer's in vitro diagnostic test kit ADXGYNAE, an MCM5 ELISA as an aid in detecting endometrial cancer using urine specimens. Research has shown that detection of MCM5 in urine sediment is a sensitive and specific diagnostic test for endometrial cancer.

The results obtained with the MCM5 ELISA will be compared with the diagnosis based on standard of care clinical investigations in order to establish its utility in helping to diagnose endometrial cancer.

The DETERMIND Study

Dementia is one of the most common and serious disorders with over 800,000 affected in the UK, costing £23billion annually. Negative impacts on those with dementia and their families are profound. Evidence has emerged of major inequalities in care for dementia driven by factors including ethnicity, whether your care is self-funded or paid for by local authorities, and whether you are diagnosed earlier or later.

DETERMIND is designed to address critical, fundamental, and as yet unanswered questions about inequalities, outcomes and costs following diagnosis with dementia. These answers are needed to improve the quality of care, and therefore the quality of life, of those with dementia and their carers.

PROcalcitonin and NEWS2 evaluation for Timely identification of sepsis and Optimal use of antibiotics in the Emergency Department

Sepsis is a common, potentially life-threatening complication of infection. The optimal treatment for sepsis includes early recognition, prompt antibiotics and fluids into a vein (intravenous/IV).

Currently, clinicians assess severity in patients in the Emergency Department with a scoring system based on simple to measure observations: The National Early Warning Score (NEWS2).

NEWS2 helps clinicians identify the sickest patients, but it is not specific and tends to over diagnose sepsis leading to over prescribing of antibiotics and promoting antimicrobial resistance.

The PRONTO study is looking to improve assessment of patients with suspected sepsis in the Emergency Department using a 20-minute Procalcitonin (PCT) blood test, which is not widely used in the NHS and helps to identify bacterial infection.

The Trust continues to demonstrate its commitment to improving the quality of care it offers and making its contribution to wider health improvement, including the UK R&D Roadmap mission https://www.gov.uk/government/publications/uk-research-and-development-roadmap/uk-research-and-development-roadmap which sets out to inspire and enable people from all backgrounds and experiences to engage and contribute to research and innovation and show that science (and research) is for everyone.

In September, the R&D Team launched the Allied Health Professions' Research & Innovation Strategy for England at their conference at the Marriott Hotel, Gateshead.

The scope of the Strategy addresses four domains. Each of these aspects are inter-dependent and are all equally important to achieve transformational impact and sustainable change.

Capacity and engagement of the AHP workforce community, to implement research into practice;
Capability for individuals to undertake and achieve excellence in research and innovation activities, roles, careers and leadership;
Context for AHPs to have equitable access to sustainable support, infrastructures and investment;
Culture for AHP perceptions and expectations of professional identities and roles that "research is everybody's business".

In October the R&D Team attended the first ever Health Care Support Workers (HCSWs) conference at the Marriott Hotel, Gateshead to encourage HCSWs to become **Research Champions** to help promote research awareness within the Trust.

The R&D Team have also been promoting the **Associate Principal Investigator Scheme** which aims to develop doctors, nurses and other health professionals to become the Principal Investigators (PIs) of the future. (A PI is the person responsible for the conduct of a research study at a site).

The Associate PI Scheme is a six month in-work training opportunity, providing practical experience for healthcare professionals starting their research career who would not normally have the opportunity to take part in clinical research in their day-to-day role. The scheme gives them the chance to experience what it means to work on and deliver a NIHR portfolio trial under the mentorship of an enthusiastic Local PI as a trainee PI.

Participating healthcare professionals receive formal recognition of engagement in NIHR Portfolio research studies through the certification of Associate PI status, endorsed by the NIHR and Royal Colleges and is open to any healthcare professional willing to make a significant contribution to the conduct and delivery of a local research over a period of at least six months:

The Trust needs to maintain a strategic overview of how research and development resources are being used to deliver the management and governance requirements for NIHR portfolio trials.

Research activity within the Trust attempts to achieve National priorities, however without a sustainable, supported research delivery workforce and healthcare professionals unable to undertake the role of Principal Investigator because they are not allocated the time to deliver research, nor is it seen as a key element of their job description, research will just remain a limited “add on” activity and embedding it as core business in line with National priorities will be unachievable.

Use of the Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of Gateshead Health NHS Foundation Trust income in 2022/23 was not conditional on achieving quality improvement and innovation goals agreed between Gateshead Health NHS Foundation Trust and any person or body they entered into a contract, agreement, or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. A notional monetary total of £2.781m of the Trust’s income in 2022/23 was conditional upon achieving quality improvement and innovation goals due to their suspension as part of the NHS Covid-19 funding regime.

Registration with the Care Quality Commission (CQC)

Gateshead Health NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against Gateshead Health NHS Foundation Trust during 2022/23.

Gateshead Health NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

There was one announced inspection by the CQC in 2022/23. This was focussed on Maternity Services and took place in February 2023. At year end of 2022/23, the Trust are awaiting the outcome from this inspection. In September 2022, the Trust voluntarily took part in a Medicines Optimisation pilot inspection and received an overall rating of “Good”. As this was a pilot inspection, the results were made available to the Trust and shared via social media, but not published by CQC to their website.

There was TBC Mental Health Act (1983) Monitoring visit to TBC in TBC 2023.

Data Quality

Gateshead Health NHS Foundation Trust recognises that it is essential for an organisation to have good quality information to facilitate effective delivery of patient care, and this is essential if improvements in the quality of care are to be made.

Gateshead Health NHS Foundation Trust submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES) which are included in the latest published data. The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS Number was:	Trust %	National %
Percentage for admitted patient care*	99.8%	99.6%
Percentage for outpatient care*	99.9%	99.8%
Percentage for accident and emergency care†	99.2%	95.5%

Which included the patient's valid General Medical Practice Code was:	Trust %	National %
Percentage for admitted patient care*	99.8%	99.7%
Percentage for outpatient care*	99.8%	99.5%
Percentage for accident and emergency care†	99.9%	98.2%

* SUS+ Data Quality Dashboard - Based on the April-22 to March-23- SUS+ data at the Month 11 inclusion date extracted on the 17th of March 2023

†ECDS DQ Dashboard from Friday 1st April 2022 up to and including Thursday 31st March extracted on Tuesday 18th April

Key

	The Trust % is equal or greater than the National % valid
	The Trust is up to 0.5% below the National % valid
	The Trust % valid is more than 0.5% below the National % valid

Information Governance Toolkit

Gateshead Health NHS Foundation Trust's Information Governance Assessment Report overall score for 2022/23 graded as – submission is 30/06/2023 and draft audit report has not been provided.

Standards of Clinical Coding

Gateshead Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

Gateshead Health NHS Foundation Trust will be taking the following actions to improve data quality:

To be added

2.4 Learning from Deaths

During 2022/23, there were 1,196 patient deaths within Gateshead Health NHS Foundation Trust. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 267 in the first quarter;
- 257 in the second quarter;
- 347 in the third quarter;
- 325 in the fourth quarter.

Seasonal increases in mortality are seen each winter in England and Wales.

In early April 2023, 891 case record reviews and 52 investigations have been carried out in relation to 1,196 of the deaths included above.

In 28 cases a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 151 in the first quarter;
- 120 in the second quarter;
- 319* in the third quarter;
- 325* in the fourth quarter.

*increase to due to change in process from 10th October 2022 – Medical Examiner undertaking all 1st level reviews.

Zero deaths representing 0% of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter;
- 0 representing 0% for the second quarter;
- 0 representing 0% for the third quarter;
- 0 representing 0% for the fourth quarter.

These numbers have been estimated using the Trust's 'Learning from Deaths' policy. Reviewed cases are graded using the Hogan preventability score and National Confidential Enquiry into Patient Outcome and Death (NCEPOD) overall care score following case note review.

179 case record reviews and 83 investigations were completed after 1st April 2022 which related to deaths which took place before the start of the reporting period. 1 death representing 0.6% (1/179) of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the Trusts 'Learning from Deaths' policy. Reviewed cases are graded using the Hogan preventability score and NCEPOD overall care score following case note review.

Summary of learning/Description of Actions:

Good practice identified:

- Good practice was identified around obtaining a second opinion from a colleague in complex cases which highlighted effective team working.
- Evidence of joint working with mental health care for patients with severe mental illness
- Collaboration between teams
- Provision of activity co-ordinators on wards
- Continuity of care for patients
- Safety netting advice given appropriately
- Supporting patient to comfort eat at end of life

Learning themes identified:
Sharing investigation results with patients:

- Results from investigations should be shared fully with patients and/or their families in an appropriate manner, this should be carried out in a face to face consultation when the results are significant. Radiology team to ensure that any results that require urgent review are flagged to the requesting consultant.

Discharge / handover of frail elderly patients:

- Theme emerged around patients being discharged home late in the day and concerns around the handover of discharge information to care homes. This theme has also been identified through the Safeguarding Team, a Rapid Process Improvement Workshop (RPIW) has been planned to review these processes.

Caring for patients with a learning disability:

- In order to support patients with a learning disability alert on Medway will be reviewed to explore the option of adding extra info in terms of how to best support them during the admission or appointment.
- Severity of learning disability and how this affected the deceased patient to be added to learning disability mortality review proforma to assist with whether reasonable adjustments made where required and also to determine whether the care given was appropriate for their needs and was not hindered by the learning disability.
- Issues with MCA 1 & 2 and DoLS not being completed correctly continue to be a theme.
- When patients struggle to communicate their symptoms due to a cognitive impairment, it can be difficult to perform an assessment, consider consultant review for these patients to prevent any misdiagnosis.
- Learning disability patients being brought to A&E on their own – to target triage team to highlight this with care homes/ care providers
- Learning disability nurse not being alerted of admission of learning disability patients
- Capacity assessments for patients with a learning disability to be documented – even when they have capacity
- DNACPR completion remains an issue in some cases – mock up DNACPR form to be used as good practice

Caring for end of life patients in inpatient mental health units:

- In order to ensure the appropriate support for staff and patients is in place, involve the specialist palliative care team for those patients at the end of life on the inpatient mental health units.

Communication:

- Being able to contact staff on busy wards via the telephone can be very challenging. Explore the possibility of having a dedicated telephone line for the ward clerks for internal calls.
- Ensure that all documentation and terminology is grammatically correct as this sets the tone for the care provided including replacing 'patient refuses treatment' with 'patient declines treatment'.

Caring for patients with a serious mental illness

- Patients can suffer with constipation be mindful of this during assessments
- Smoking cessation/health screening for patients with serious mental illness – work to be done to ensure this group of patients are engaged in health promotion
- Access to EEGs is problematic, good access for critical care patients, however an issue for patients on base wards
- Lithium level monitoring requires pharmacy expertise and JAC prompt to be explored

Care and treatment

- Accessibility of Careflow for out of hours GPs
- Senior clinicians to be involved in NG tube insertion for patients with difficult access
- Lack of earlier senior review for patients when there has been multiple failed attempts at a procedure
- Confirmation bias for patients with decompensated liver failure – they can have other conditions
- Plan B required for treatment for patients who self-discharge
- Pathways required for patients who present with leg weakness to ensure CT scans undertaken when required
- Importance of continuing to manage electrolytes in metastatic breast cancer

Governance

- Reminder to log all inpatient falls on Datix
- Reminder to log all self discharges on Datix
- Improve the process of feeding back outcomes of reviews to junior doctors for learning and educative opportunities
- Civility/ professionalism important in terms of looking after patients who don't always comply with treatment – this could be for various reasons

2.5 Seven Day Hospital Services

The Trust has fully implemented priority standards five (access to diagnostics) and six (access to consultant directed interventions) from the ten clinical standards as identified via the seven-day hospital services NHS England recommendations.

The Covid-19 pandemic delayed further work around this agenda and we had to temporarily adapt our ways of working considerably during this time. As we came out of the pandemic, we reviewed and changed our model of care, concentrating on patient flow especially around non-elective care. The original NHS England recommendations around seven-day hospital services are several years old and need to be reconsidered in light of new models of care (both locally and nationally). The priority for the Trust moving forward will be to improve the quality of care by improving length of stay through better use of clinical pathways. The original NHSE recommendations may need to be revised in this light and the standards redefined.

2.6 Freedom to Speak Up

As a result of Sir Robert Francis QC's follow up report to his Mid Staffs Report, all NHS Trusts are required to have a Freedom to Speak Up Guardian (FTSUG). Gateshead Health NHS Foundation Trust is committed to achieving the highest possible standards/duty of care and the highest possible ethical standards in public life and in all its practices. We are committed to promoting an open and transparent culture to ensure that all members of staff feel safe and confident to speak up. The FTSUG is employed by the Trust but is independent and works alongside Trust leadership teams to support this goal. The FTSUG reports to the Board and the People and Organisational Development Committee twice per year, as well as continuing to report to the National Guardian Office on a quarterly basis. Our FTSUG supports the delivery of the Trust's corporate strategy and vision as encapsulated in our ICORE values. As well as via the FTSUG, staff may also raise concerns with their trade union or professional organisations as per our FTSU Policy. When concerns are raised via the FTSUG, the Guardian commissions an investigation and feeds back outcomes and learning to the person who has spoken up. The FTSUG is actively engaged in profile raising and education in relation to this role. The FTSUG now reports directly to the Chief Executive and has regular meetings with the Director of People and OD and the Non-Executive Director (NED) responsible for FTSU.

2.7 NHS Doctors and Dentists in training – annual report on rota gaps and the plan for improvement to reduce these gaps

The Trust Board via the People and Organisational Development Committee receives quarterly reports from the Guardian of Safe Working summarising identified issues, themes, and trends. The exception report data are scrutinised by the Medical Workforce Group with representation from all business units and actions to support areas and reduce risk/incident levels identified on a quarterly basis. These actions are escalated to the People and Organisational Development by exception when it is deemed necessary due to difficulty in reaching local resolution.

The Trust Board via the People and Organisational Development receives an annual report from the Guardian of Safe Working which includes a consolidated report on rota gaps and actions taken by the Medical Workforce Group. This report is provided to the Local Negotiating

Committee (LNC) by the Guardian of Safe Working and the LNC representation at the Medical Workforce Group.

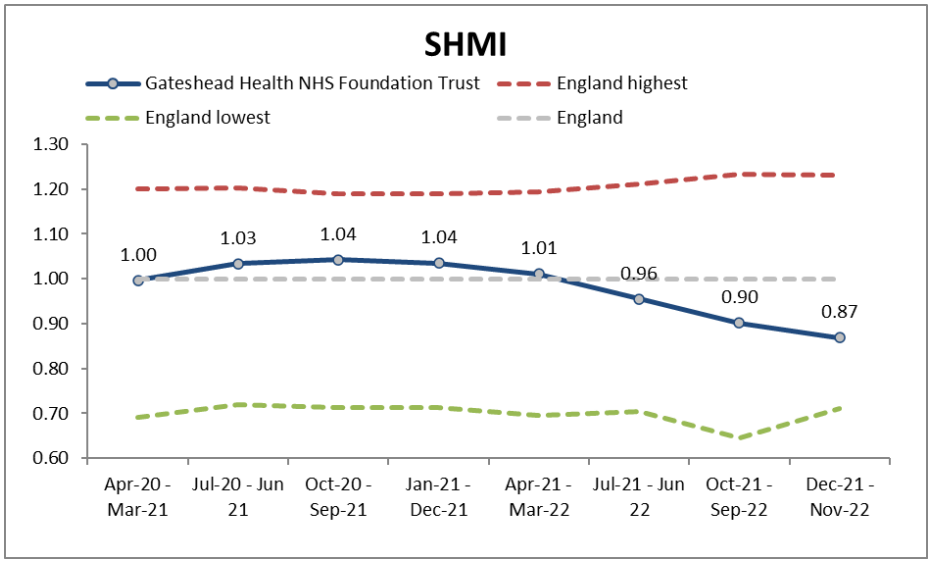
The Medical Workforce Group meets monthly and reviews the recently developed medical workforce dashboard which summarises rota fill rates and staffing absences by service / specialty area and by business unit. The Trust Medical Staffing Team are now established and manage the medical staffing rosters on a day-to-day basis to ensure maximal roster fill rates and medical staffing cover. Gap management is proactive to ensure full rota compliance.

2.8 Mandated Core Quality Indicators

(a) SHMI (Summary Hospital-level Mortality Indicator)

SHMI	Apr-20 - Mar-21	Jul-20 - Jun 21	Oct-20 - Sep-21	Jan-21 - Dec-21	Apr-21 - Mar-22	Jul-21 - Jun 22	Oct-21 - Sep-22	Jan-21 - Dec-22
Gateshead Health NHS Foundation Trust	1.00	1.03	1.04	1.04	1.01	0.96	0.90	0.87
England highest	1.20	1.20	1.19	1.19	1.19	1.21	1.22	1.22
England lowest	0.69	0.72	0.71	0.71	0.70	0.70	0.65	0.71
Banding	2	2	2	2	2	2	2	3

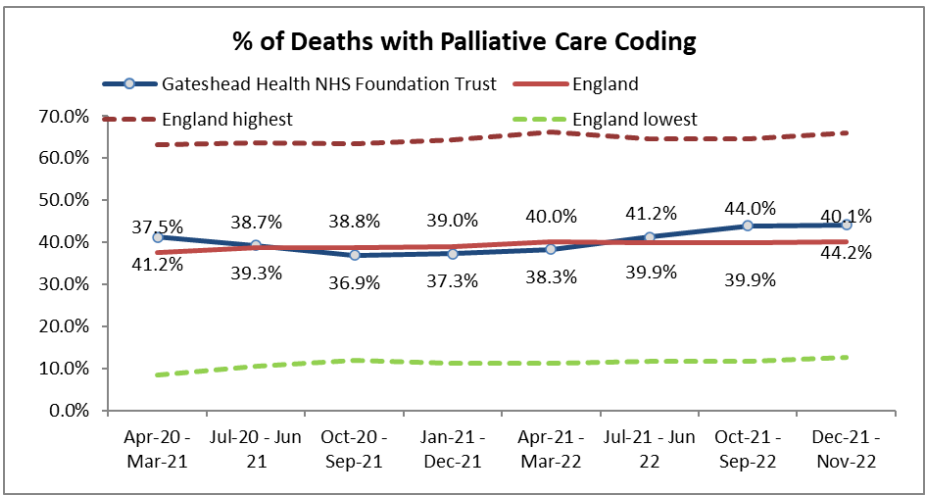
Source: www.digital.nhs.uk/SHMI



(b) The percentage of patient deaths with Palliative Care coded at either diagnosis or specialty level

% Deaths with palliative coding	Apr-20 - Mar-21	Jul-20 - Jun 21	Oct-20 - Sep-21	Jan-21 - Dec-21	Apr-21 - Mar-22	Jul-21 - Jun 22	Oct-21 - Sep-22	Jan-21 - Dec-22
Gateshead Health NHS Foundation Trust	41.2%	39.3%	36.9%	37.3%	38.3%	41.2%	44.0%	44.2%
England highest	63.3%	63.6%	63.3%	64.3%	66.3%	64.6%	64.6%	66.0%
England lowest	8.5%	10.6%	12.0%	11.2%	11.1%	11.7%	11.8%	12.6%
England	37.5%	38.7%	38.8%	39.0%	40.0%	39.9%	39.9%	40.1%

Source: www.digital.nhs.uk/SHMI



Gateshead Health NHS Foundation Trust considers that this data is as described for the following reasons:

- The Summary Hospital-level Mortality Indicator (SHMI) reports death rates (mortality) at a Trust level across the NHS in England and is regarded as the national standard for monitoring of mortality. For all SHMI calculations since October 2011, mortality for the Trust is banded 'as expected' except for the most recent data release banding the Trust as having Lower than expected deaths. The Trust reviews its SHMI monthly at the Mortality and Morbidity Steering group.

Gateshead Health NHS Foundation Trust has taken the following actions to improve the indicator and percentage in (a) and (b), and so the quality of its services, by:

- The Trust reviews cases for individual diagnosis groups where the SHMI & HSMR demonstrates more deaths than expected or an alert is triggered for a diagnosis group. The Trusts mortality review process can be used to review the Hogan preventability score & NCEPOD quality of care score and interrogate the narrative from the review to identify specific learning or learning themes.
- In response to a mortality alerts, and concerns from the medical examiner office, extraordinary Mortality Councils have been set up to review certain patient cohorts, for example heart failures death and frailty / end of life care.
- The Trust reviews the clinical coding for alerting diagnosis groups to determine whether the appropriate diagnosis was assigned and to refine the coding where appropriate.
- The Trust continues to review palliative care coding to ensure palliative care is recorded for all cases where this is appropriate. Palliative care coding is in line with the national level.

Patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care.

In March 2020, the collection was suspended due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response. This indicator is not included because of the suspension and has not yet been reinstated.

PROMs (Patient Reported Outcome Measures) for Hip Replacement and Knee Replacement:

Gateshead Health NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcome scores, and so the quality of its services, by:

Awaiting publication of national data

Emergency Readmissions within 30 Days

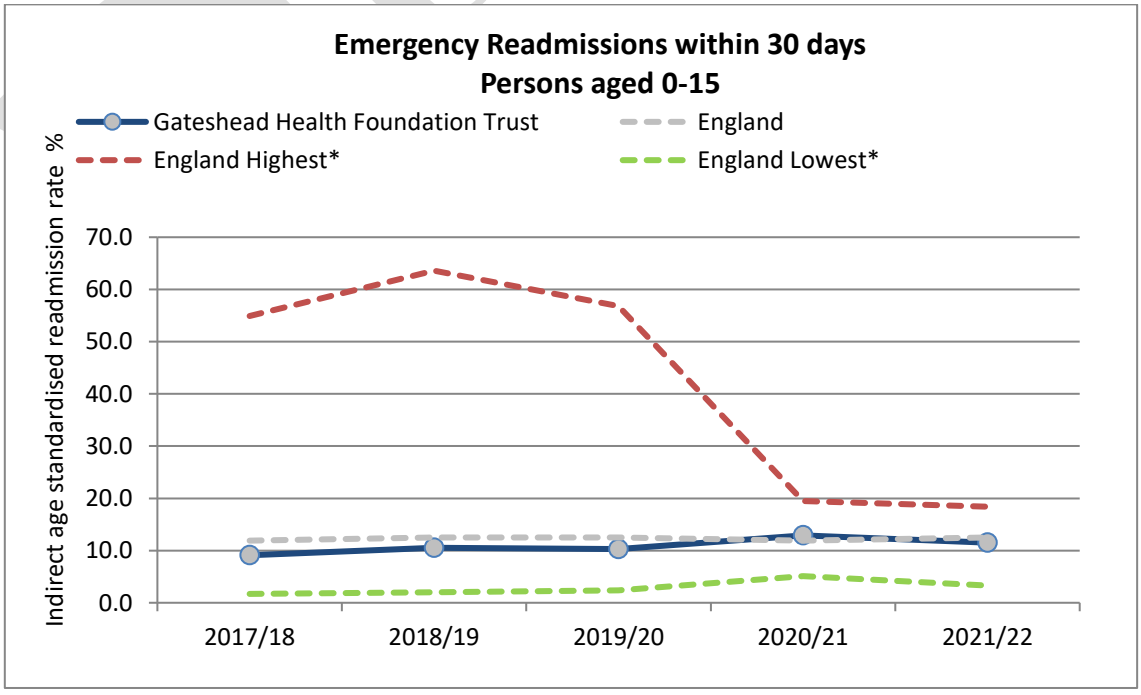
- Aged 0 – 15yrs

Emergency readmissions within 30 days of discharge from hospital Persons aged 0-15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Gateshead Health Foundation Trust	10.9	10.4	9.1	10.5	10.3	12.9
Banding	W	W	B1	B5	B5	W
England	11.5	11.6	11.9	12.5	12.5	11.9
England Highest*	19.3	16	54.9	63.6	56.8	19.5
England Lowest*	1.3	5.1	1.7	2.0	2.4	5.1

B1 = Significantly lower than the national average at the 99.8% level

B5 = Significantly lower than the national average at the 95% level but not at the 99.8% level

W = National average lies within expected variation (95% confidence interval)
*excluding caution in interpretation of data records. Numbers of patients discharged too small for meaningful comparisons (i.e., below 200).



Gateshead Health NHS Foundation Trust considers that the data is as described for the following reasons:

- Whilst Emergency readmission rates have increased slightly in 2020/21, they have broadly remained static over the last five years, tracking 'Significantly lower' or within than the national average in each of the last six years. The increase this year remains within the expected variation from the national average**.**

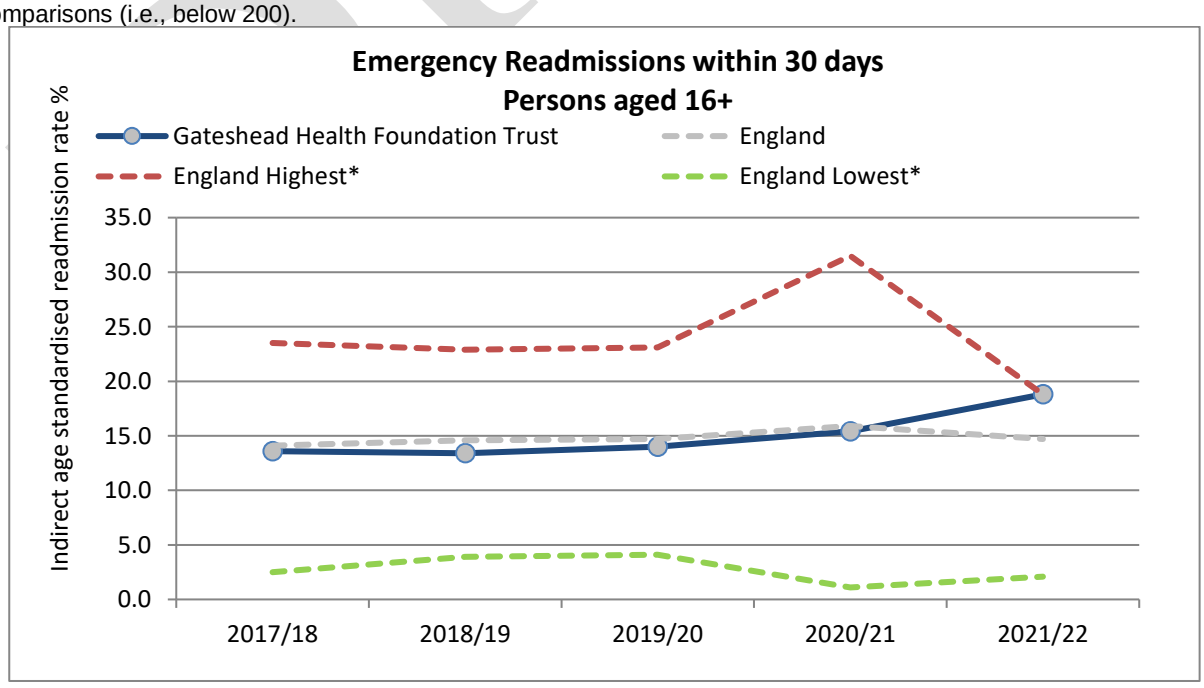
Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcomes, and the quality of its services, by:

- The Trust will continue to monitor performance and undertake further investigations/actions should the increase in rates continue.

- Aged 16 years or over

Emergency readmissions within 30 days of discharge from hospital Persons aged 16+	2017/18	2018/19	2019/20	2020/21	2021/22
Gateshead Health Foundation Trust	13.6	13.4	14.0	15.4	18.8
Banding	W	B1	B5	W	A1
England	14.1	14.6	14.7	15.9	14.7
England Highest*	23.5	22.9	23.1	31.5	18.8
England Lowest*	2.5	3.9	4.1	1.1	2.1

A1 = Significantly higher than the national average at the 99.8% level.
B1 = Significantly lower than the national average at the 99.8% level
B5 = Significantly lower than the national average at the 95% level but not at the 99.8% level
W = National average lies within expected variation (95% confidence interval)
*excluding caution in interpretation of data records. Numbers of patients discharged too small for meaningful comparisons (i.e., below 200).



Gateshead Health NHS Foundation Trust considers that the data is as described for the following reasons:

- Emergency readmission rates look to have risen significantly in 2021/22 and are at a similar level to the highest nationally. However, this is largely due to a change in how we record our SDEC activity following a new operating model. Due to the data capture changes, there now appears to be an increase in readmissions because of the follow-up care onto the unit. A further deep dive into the data reveals that the increase in readmissions is artificially inflated because of the clinical need of the SDEC reattenders. The true shift in average readmissions is circa 6 per month – the impact on percentage readmission rate is therefore minimal, demonstrating a slight drop in the average readmission rate overtime.

Gateshead Health NHS Foundation Trust has taken the following actions to improve these outcomes, and the quality of its services, by:

- Local monitoring of readmissions by ward and speciality to ensure that there is oversight of outlying areas.
- Reviews of readmissions that highlight failed / inappropriate discharges to better understand where practices can be improved and help ensure lessoned are learned.
- Successfully appointed a number of Discharge Coordinators across the Trust to improve discharge arrangements for patients and more robustly ensure patients' needs are met on discharge.

Trust's responsiveness to the personal needs of its patients

Gateshead Health NHS Foundation Trust considers that this data is as described for the following reason:

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

Awaiting publication of national data

Percentage of staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends

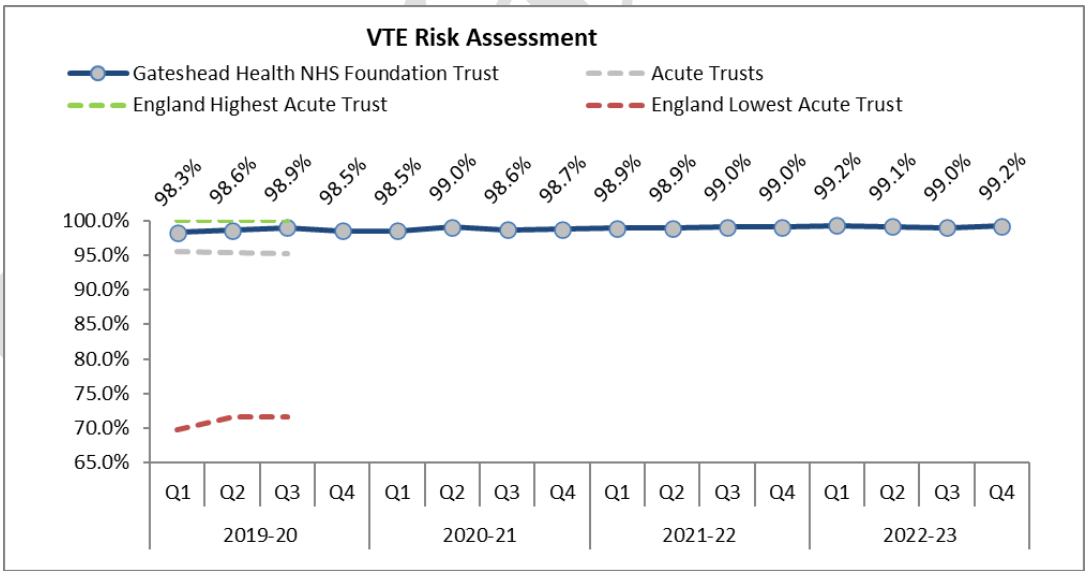
The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services, by:

No longer collecting this data – replaced by People's Pulse

Percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism

Year	Quarter	Gateshead Health NHS Foundation Trust	England Highest Acute Trust	England Lowest Acute Trust	Acute Trusts
2019-20	Q1	98.3%	100.0%	69.8%	95.6%
	Q2	98.6%	100.0%	71.7%	95.4%
	Q3	98.9%	100.0%	71.6%	95.3%
	Q4	98.5%	Collection suspended to release capacity to manage COVID-19 and yet to be reinstated		
2020-21	Q1	98.5%			
	Q2	99.0%			
	Q3	98.6%			
	Q4	98.7%			
2021-22	Q1	98.9%			
	Q2	98.9%			
	Q3	99.0%			
	Q4	99.0%			
2022-23	Q1	99.2%			
	Q2	99.1%			
	Q3	99.0%			
	Q4	99.2%			



The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

- Gateshead Health NHS Foundation Trust Compliance with DVT risk assessment has reached 95% in all areas of the hospital which use the JAC prescribing site and reassurance have been gained regarding robust assessment in Critical Care which use a paper documentation. A customised area has been set up on Datix to report cases of Hospital Acquired Thrombosis.

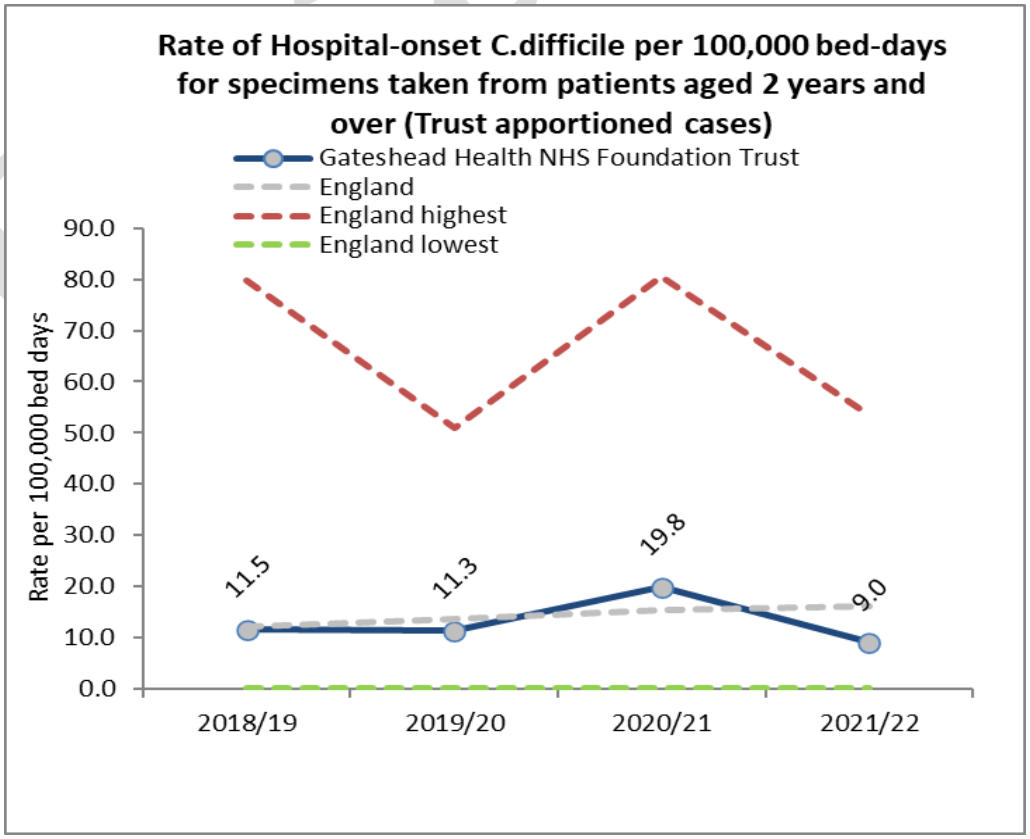
The Gateshead Health NHS Foundation Trust intends to take the following actions to improve these percentages, and so the quality of its services, by:

- A Venous Thromboembolism Committee meet regularly to update all guidelines and raise awareness of deep vein thrombosis and pulmonary embolism and the impact on health. Education of junior doctors and nursing staff have been commenced with regular sessions in the Clinical Leads Nursing meeting and SafeCare meetings. The intranet has been updated with these guidelines and an e-learning module for this has been set up with the help of the Practice and Development Team.
- All new NICE guidelines are monitored on a monthly basis and the relevant updates sent to the respective teams.
- An abstract of the Trust's three-year audit on hospital acquired thrombosis has been accepted for presentation at the Thrombosis UK Conference and a poster has been submitted. This study has shown results which are at par with nationally agreed standards.
- The Trust hospital acquired thrombosis data is also shared with GIRFT.

The rate per 100,000 bed days of cases of *Clostridium difficile* infection (CDI) reported within the Trust amongst patients aged 2 or over.

Rate of Hospital-onset C.difficile per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	2018/19	2019/20	2020/21	2021/22
Gateshead Health NHS Foundation Trust	11.5	11.3	19.8	9.0
England highest	79.8	51.0	80.6	53.6
England lowest	0.0	0.0	0.0	0.0
England	12.2	13.6	15.4	16.2

https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data



Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

- Clostridium difficile infection (CDI) remains an unpleasant, and potentially severe or even fatal infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment. Reduction of CDI continues to present a key challenge to patient safety across the Trust, therefore ensuring preventative measures and reducing infection is very important to the high quality of patient care we deliver.
- The Trust reports Healthcare associated CDI cases to Public Health England via the national data capture system against the following categories:
    - Hospital onset healthcare associated (HOHA): cases that are detected in the hospital 2 or more days after admission (where day of admission is day 1)
    - Community onset healthcare associated (COHA): cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks.
- Nationally the financial sanctions for CDI have been removed and the 'appeals' process no longer in use, and the expectation that organisations will perform local review of cases.
- The Trust is required under the NHS Standard Contract 2022/23 to minimise rates of Clostridioides difficile (C. difficile) so that it is no higher than the threshold level set by NHS England and Improvement.
- For 2022/23 we reported forty (40) cases of healthcare associated CDI against the threshold of thirty-two (32). Twenty-seven (27) hospital onset healthcare associated, and thirteen (13) community onset healthcare associated cases.
- The Trust has reported an increase of eight (8) cases in CDI cases for 2022/23.

Gateshead Health NHS Foundation Trust will continue to take the following actions to improve these percentages, and so the quality of its services by using the following approaches:

- An internal review is held for all healthcare associated CDI cases, supported by root cause/human factors review as necessary, where good practice and lessons learnt can be identified. The learning is then linked, if appropriate, to the key themes of sample submission, antimicrobial prescribing, documentation, patient management and human factors. The good practice and lessons learnt are then cascaded back to through the internal safe care mechanisms.
- Where there is an increased incidence of CDI associated with a particular clinical area, a multidisciplinary meeting will review all the cases collectively, consider if any cross infection may have occurred then formulate and enable an action plan to address any shortcomings identified.
- A weekly C-Difficile review round on the relevant clinical areas takes place with the Consultant microbiologist, Infection Prevention and Control practitioner and pharmacist to ensure that patients have timely reviews and specialist clinical intervention if required.
- Validation hand hygiene audits of the clinical areas are undertaken by the IPC team.
- When there is an increased incidence of CDI cases associated with a particular clinical area Ribotyping is arranged with the Clostridium difficile Ribotyping Network (CDRN) to determine if cross infection has taken place.
- Appropriate cleaning of the clinical area where CDI is identified.
- The Diarrhoea Assessment Management Pathway (DAMP) tool provides guidance for clinical staff managing those patients experiencing loose stools, and has been assimilated into the suite of electronic documents available on Nerve Centre
- Enhanced personal protective equipment is worn when caring for patients with suspected infective diarrhoea.

- Patients are risk assessed and prioritised, ensuring those patients requiring a level of isolation are identified.
- To enhance antimicrobial stewardship Trust guidelines are developed to reflect the national five-year antimicrobial resistance strategy.

The number and rate of patient safety incidents per 1,000 bed days reported within the Trust.

Patient Safety Incidents per 1,000 bed days	Oct 19 - Mar 20		Apr 20 – Mar 21*		Apr 21 – Mar 22*	
Organisation	Gateshead Health NHS Foundation Trust	Acute (non specialist) Organisations	Gateshead Health NHS Foundation Trust	Acute (non specialist) Organisations	Gateshead Health NHS Foundation Trust	Acute (non specialist) Organisations
Total number of incidents occurring	2,929	838,722	4,638	1,550,306	4,886	1,767,264
Rate of all incidents per 1,000 bed days	34.8	N/A	35.3	N/A	31.4	N/A
Number of incidents resulting in Severe harm or Death	19	2,536	75	6,828	67	7,116
Percentage of total incidents that resulted in Severe harm or Death	0.23%	0.30%	1.62%	0.44%	1.37%	0.40%

Source: www.england.nhs.uk/patient-safety/organisation-patient-safety-incident-reports/
*NRLS Organisational workbooks now published annually whereas previously these were six-monthly

The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:

** NB The last two periods relate to a 12-month period, reporting was previously based on 6 months periods.

- The table above demonstrates a small increase in the overall reporting of patient safety incidents to the NRLS in 2021-2022. Though set against the increased number of beds open due to increased pressures this percentage has dropped slightly. The shortened capture tool was implemented several times throughout the year during periods of pressure, and staff feedback I relation to the current DATIX system, has been a significant driver in the procurement of a new system Inphase Oversight due to be implemented Q1 2023-2-

24. This system has many organisational benefits but from a reporting perspective it is SMART enabled, though will not affect the figures for the next reporting period of 2022-2023.

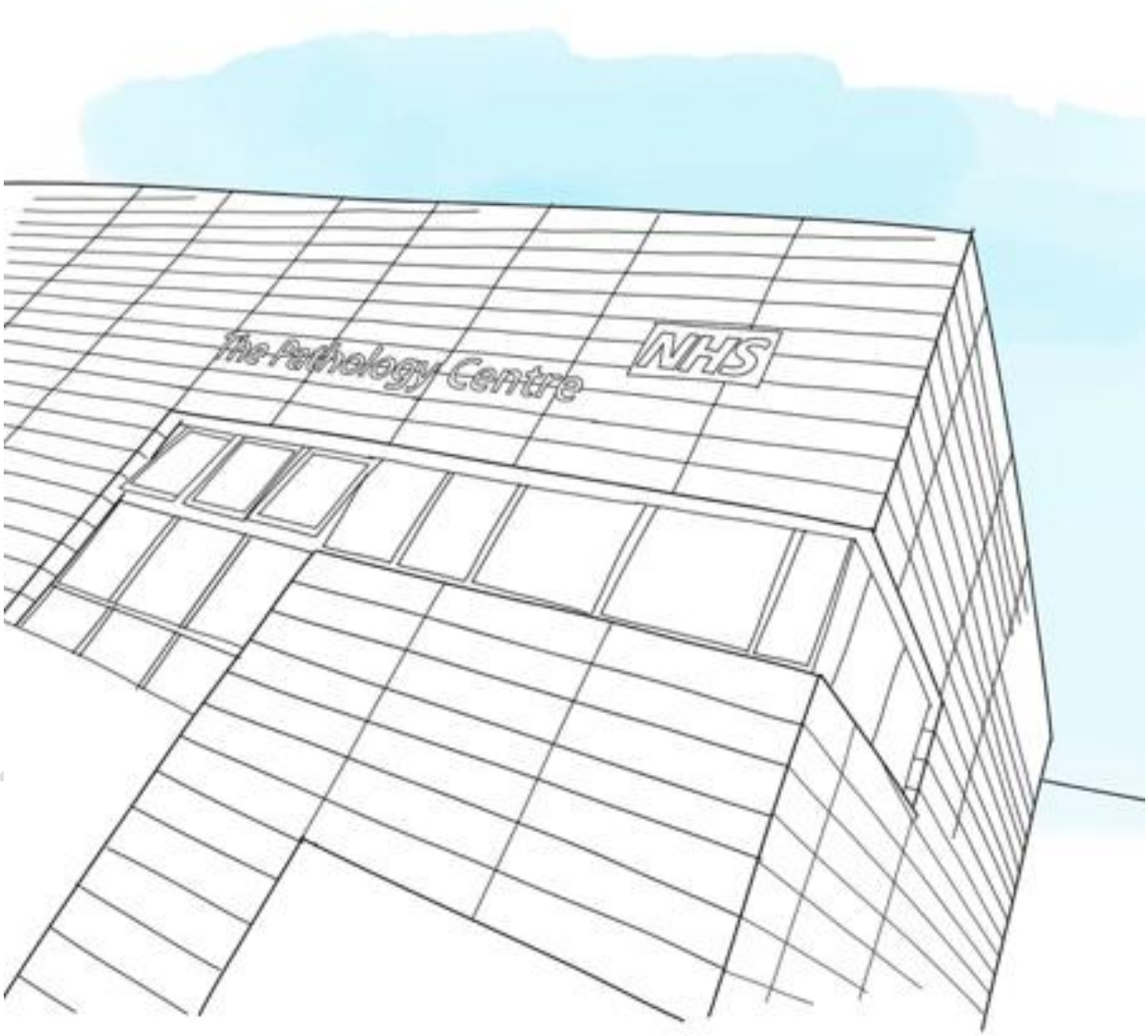
- Figures for this 2021-2022 period related to severe and death level reviews are broadly congruent with the previous 12-month period, and in line with national percentages for these areas. It's possible that next year figures may differ in this regard due to the impact of the new national patient safety strategy and changes to the guidance for Duty of Candour require organisations to consider they harm cause for a particular incident rather than the outcome for the patient.

The Gateshead Health NHS Foundation Trust has taken the following actions to improve these percentages, and so the quality of its services:

- Training has and continues to be offered to meet the needs of the Trust in relation to incident and risk management, Duty of Candour and Just and restorative culture. It is anticipated that the just and restorative culture work ongoing will improve reporting going forward.
- Alongside the implementation of a new incident management system, the weekly multi-disciplinary meeting (Safety Triangulation Group) continues to review all incidents reported as moderate or above. The impact of this won't be apparent until next year's figures are produced, though the years figures may be from two systems with the anticipated national shift to Learn from patient safety events (LFPSE) in September 2023. The patient safety team in anticipation of Patient Safety Incident Response Framework (PSIRF) have produced and had Trust approval for a suite of new learning response templates that are rooted in safety science and just culture principles.
- A gap analysis was undertaken following the re launch of the National Patient Safety Strategy in September 2022 and work towards compliance continues at pace to compliance by September 2023
- A business intelligence report was developed to assist all areas of the Trust to see their incident trends including no harm/low harm incidents. Following this the patient safety team have worked across the business units to help area devise and address these themes and trends.
- The Trusts Falls prevention group have rolled out the Think Yellow initiative and have undertaken a concurrent pilot of the AFLOAT tool with the Trusts current falls risk assessment tool. Th results showed a change to AFLOAT was required, and this has been agreed at Risk and Patient SafeCare Council for Trust wide roll out within Nervecentre.

Part 3

Review of Quality Performance



Review of quality performance

2022/23 has been a successful year in relation to the three domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

The Council of Governors has a key role in our assurance processes – both representing the interests of members, the public, staff and stakeholders, as well as holding our Non-Executive Directors to account for the performance of the Board. As part of the Council of Governors' meetings, our Chief Executive delivers an overview of our performance against key quality metrics, with opportunities to question our Board Members on this. Two Governors are also nominated observers of our Quality Governance Committee and we have put in place new structures to support representatives to share feedback on the quality of debate and contributions with the rest of the Council. This provides further opportunities for Governors to seek assurance and hold our Non-Executive Directors to account in respect of quality.

The following sections provide details on the Trust's performance on a range of quality indicators. The indicators themselves have been extracted from NHS nationally mandated indicators, and locally determined measures. Trust performance is measured against a mixture of locally and nationally agreed targets. The key below provides an explanation of the colour coding used within the data tables.

	Target achieved
	Although the target was not achieved, it shows either an improvement on previous year or performance is above the national benchmark
	Target not achieved but action plans are in place

Where applicable, benchmarking has been applied to the indicators using a range of data sources which are detailed in the relevant sections. The Trust recognises that benchmarking is an important tool that allows the reader to place the Trust performance into context against national and local performance. Where benchmarking has not been possible due to timing and availability of data, the Trust will continue to work with external agencies to develop these in the coming year.

3.1 PATIENT SAFETY

Reducing Harm from Deterioration:

Safe Reliable care	2020-21	2021-22	2022.23	Target
HSMR	107.9	114.4	100.1*	<100
SHMI Period	Apr-20 to Mar-21	Apr-21 to Mar-22	Dec-21 to Nov-22	
SHMI	1.00	1.01	0.87	<=1
SHMI Banding	As Expected	As Expected	Lower than expected	As expected or lower than expected

SHMI - Percentage of provider spells with palliative care coding(contextual indicator)	2.7%	2.1%	2.1%	N/A
Crude mortality rate taken from CDS	2.32%	1.83%	1.71%	<1.99%
Number of calls to the CRASH team	113	164	176	N/A
Of the calls to the arrest team what percentage were actual cardiac arrests	38.1%	40.2%	34.7%	N/A
Cardiac arrest rate (number of cardiac arrests per 1000 bed days)	0.83	0.41	0.35	N/A
Hospital Acquired Pressure Damage (grade 2 and above)	115	87	127	Year on year Reduction
Community Acquired Pressure Damage (grade 2 and above)	1565	1451	1469	N/A
Number of Patient Slips, Trips and Falls	1415	1525	1589	N/A
Rate of Falls per 1000 bed days	10.36	9.51	9.03	Reduction (<8.5)
Number of Patient Slips, Trips and Falls Resulting in Harm	318	335	382	N/A
Rate of Harm Falls per 1000 bed days	2.33	2.09	2.17	Reduction (Less than <2.25)
Harm Falls Rate Change	23.6% Increase	10.3% Reduction	3.8% Increase	N/A
Ratio of Harm to No Harm Falls (i.e. what percentage of falls resulted in Harm being caused to the patient)	22.5%	22.0%	24.0%	Year on Year reduction

*HSMR figures are February 2022 to January 2023

Reducing Avoidable Harm:

Reducing Avoidable Harm		2020-21	2021-22	2022-23	Target
Medication Errors	No Harm	529	620	738	N/A
	Minimal Harm	75	84	129	N/A
	Moderate Harm	4	4	8	<8
	Severe	2	1	3	0
	Death	1	0	0	0
	Total	611	709	878	N/A
Never Events		2	0	0	0
Patient Incidents per 1,000 bed days		46.52	38.92	38.3	N/A
Rate of patient safety incidents resulting in severe harm or death per 100 admissions		0.19	0.15	0.13	N/A

Infection Prevention and Control:

Infection Prevention & Control	2020-21	2021-22	2022-23	2022-23 Objective

MRSA bacteraemia apportioned to acute trust post 48hrs	0	0	0	0
MRSA bacteraemia rate per 100,000 bed days	0	0	0	0
NB: *Clostridium difficile* Infections (CDI) post 72hr cases	40	32	40	<=32
Clostridium difficile Infections (CDI) rate per 100,000 bed days	29.28	20.58	22.74	-

Infection Prevention & Control	2020-21	2021-22	2023-23
Hospital Onset Healthcare Associated C.difficile per 100,000 occupied overnight beds	17.72	14.15	17.37

Other Indicators:

Other Indicators	2020-21	2021-22	2022-23	Target	Benchmark
Percentage of Cancelled Operations from FFCE's†	0.24%	0.55%	0.41%	0.80%	1.00%**
Percentage of Patients who return to Theatre within 30 days (Unplanned / Planned / Unrelated)	4.40%	4.89%	5.00%	Improve Year on Year	N/A
Fragility Fracture Neck of Femur operated on within 48hrs of admission / diagnosis	93.9%	92.7%	90.1%	90%	N/A
Proportion of patients who are readmitted within 28 days across the Trust*	10.43%	14.33%	14.06%	Improve year on year	N/A
Proportion of patients undergoing knee replacement who are readmitted within 30 days*	5.66% 6 Patients readmitted	6.21% 10 Patients readmitted	8.43% 15 Patients readmitted	Improve Year on Year	N/A
Proportion of patients undergoing hip replacement who are readmitted within 30 days*	7.34% 8 patients readmitted	9.83% 17 patients readmitted	8.49% 18 patients readmitted	Improve Year on Year	N/A

Safeguarding Children and Adults

- The Safeguarding of children and vulnerable adults has remained a priority across the Trust. There has been a national picture of increased safeguarding in particular mental health issues for children and adults and an increase in incidents of domestic violence. These figures are reflected in the numbers of cause for concerns and referrals coming through to the safeguarding teams and in response to this we have undertaking various pieces of work.
- We continue to provide monthly updates within the Gateshead Health Weekly and Safeguarding newsletter providing valuable updates on current safeguarding issues and promotes training opportunities.
- The Adult and Children Safeguarding teams provide monthly safeguarding link meetings where up to date safeguarding information and any significant learning can be shared with the safeguarding link representatives from each ward or practice area within the trust.

- Within the quarterly Safeguarding Committee, we bring the lived experiences of service users by sharing patient stories at every meeting.
- The children's safeguarding team offer opportunities to staff for restorative supervision and debrief after difficult cases. Regular supervision is provided by both teams to appropriate staff teams across the Trust.
- There is up to date guidance and links available on the safeguarding staff zone pages for staff who have experienced any challenging or distressing safeguarding cases.
- Safeguarding adults and children's training is provided via e-learning and face to face across the Trust. The teams have listened to staff preferences for onsite training.
- The Adult Safeguarding team work with the Local Authority and Community Services in relation to provider concerns.
- The safeguarding teams and charitable funds team continue to work together to provide grab bags which include essential items for people who are fleeing domestic abuse situations.
- The children and adult teams continue to promote the use of the Safeguarding Exploitation Grooming and Risk Identifier tool (SEGRI) to include both vulnerable adults and children at risk sexual exploitation, criminal exploitation, and modern-day slavery. County lines training is included in Level 3 training across the Trust.
- Young people who are care experienced have an increased likelihood of an unplanned teenage pregnancy therefore, the Looked After Children's team have linked up with Gateshead sexual health service to look at ways of improving access to sexual health services for young people.
- The Adults team are continuing to roll out training on capacity assessments in line with Mental Capacity Act legislation for staff awareness and in preparation for the potential change in legislation in relation to Deprivation of Liberties.
- As part of safeguarding week, the children's' and adult's team raise awareness across the Trust of relevant safeguarding issues in Gateshead.
- The children's safeguarding team work closely with the Gateshead Safeguarding Children Partnership to learn from cases and improve practice across the area. The team disseminate that learning across the Trust via various forums.
- The adults safeguarding team work closely with partner agencies to ensure best practice is incorporated across the Trust and any learning is disseminated.
- The teams work together to deliver a joint adult and children safeguarding conference. The next conference is planned for the 19th September 2023.

3.2 CLINICAL EFFECTIVENESS

Getting it Right First Time (GIRFT)

GIRFT is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change. The programme undertakes clinically led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

During 2022/23 there has been one 'deep dive' visit:

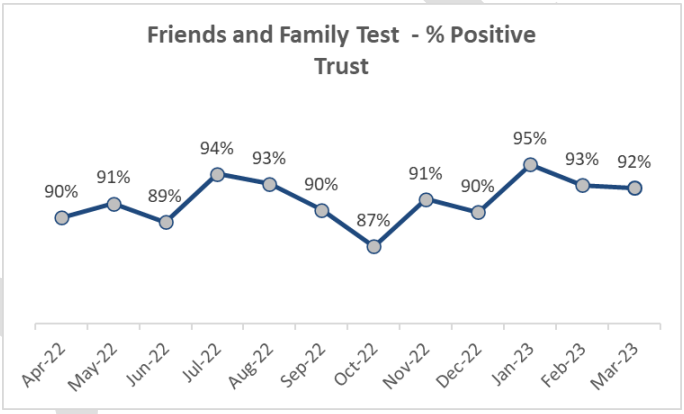
Speciality	Good practice/opportunities for improvement identified

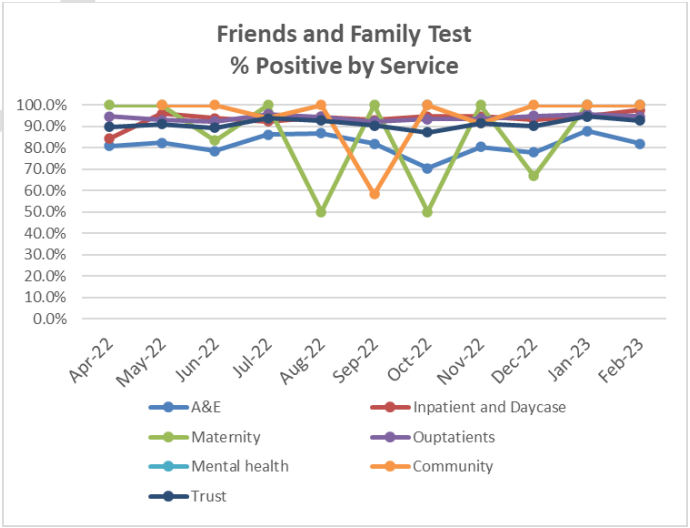
Critical Care May 2022	Although this visit took place in May 2022 the formal feedback was not available for inclusion in the last six monthly report, hence the reason for inclusion here. The team identified the rehab nurses taking patients out into the garden as an area of good practice. In terms of opportunities for improvement, the following were identified: - Staffing problems/recruitment – need to increase the recruitment of staff - Bed shortages – looking to manage bed capacity in the aftermath of Covid - Discharge issues – delayed discharges and patient flow remains an issue

A deep dive was scheduled for Acute Medicine in November 2022, however, this was stood down by the GIRFT national team. This is currently being rearranged.

3.3 PATIENT EXPERIENCE

Friends & Family Test





National Surveys

To be added

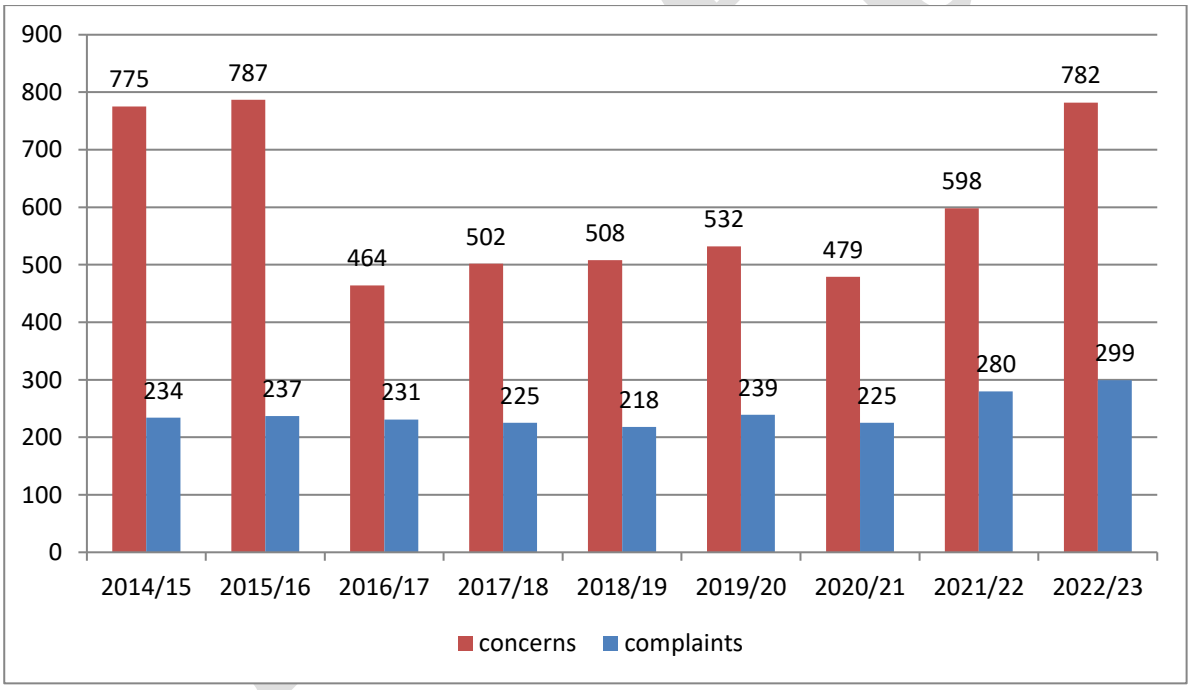
Listening to Concerns and Complaints, Compliments

The Trust acknowledges the value of feedback from patients and visitors and continues to encourage the sharing of personal experiences. This type of feedback is invaluable in helping us ensure that the service provided meets the expectations and needs of our patients through a constructive review.

For the year 2022/23 we received a total of 299 formal complaints. Promoting a culture of openness and truthfulness is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of healthcare systems. It involves apologising and explaining what happened to patients who have been harmed as a result of their healthcare treatment when inpatients or outpatients of the Trust. It also involves apologising and explaining what happened to staff or visitors who have suffered harm. It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers, staff and visitors and makes sure that openness, honesty and timeliness underpins responses to such incidents.

The Patient Advice and Liaison Service (PALS) offer confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and carers.

Complaints and Concerns 2014 to 2023



During 2022/23 the top five main reasons to raise a formal complaint were in relation to:

- Communications (59 complaints).
- Clinical Treatment – General Medical Group (56 complaints).
- Clinical Treatment – Surgical Group (46 complaints).
- Clinical Treatment – Accident & Emergency (42 complaints).
- Values & Behaviours (Staff) (25 complaints).

Complaints Performance Indicators	Total 2022/23
Complaints received	299
Acknowledged within three working days	299
Complaints closed	311
Closed within agreed timescale (eight weeks)	117
Number of complaints upheld	238
Concerns received by PALS	782

Complaints Indicators	Total 2022/23
Number of closed complaints reopened	34*
Number of closed complaints referred to Parliamentary & Health Service Ombudsman	13

Outcome of complaints referred to Parliamentary & Health Service Ombudsman (PHSO)	Total 2022/23
Considering whether to investigate	5
Currently investigating	1
Complaints upheld	0
Part upheld	0
Declined to be investigated	3
Agreed actions with Trust (incl as a result of learning)	4

***Number of closed complaints reopened.**
In the year 2022/23 34 closed complaints were reopened. This compares to 40 in 2021/22. Reasons for reopening cases include where the complainant has additional questions/concerns.

As a result of complaints and concerns raised over the past year several initiatives have been implemented.

The provision for and experience of male breast patients has been identified as an area for investigation by the Breast Team and patients concerns provided supporting evidence for this work.

- A questionnaire has been designed and completed by male patients to highlight issues and identify areas for improvement.
- This feedback acted upon to display male breast cancer posters in the Breast Unit waiting areas with the aim of increasing awareness and reducing any uncomfortable feelings for those in attendance.
- A male specific information folder has been created for male breast cancer patients.
- A podcast discussing male breast cancer has been recorded.

Red tabards now in use worn by staff when giving out medication to patients, to tell staff not to interrupt. This is as a direct result of an incident/complaint.

In response to a complaint regarding cancellation of surgery, we have since taken steps to ensure that if a patient is cancelled at short notice, we ask the team who are handling our

theatre cancellations to ensure that a patients covid status is checked and the patient informed by a suitable individual in a timely way to ensure they do not attend for the original appointment.

In response to an A& E complaint, Consultant in Emergency Medicine has reviewed the patient's medical notes and recognises that although a fracture was identified on the initial x-ray, the fracture was underappreciated and has used this as an opportunity to provide further teaching to the Advanced Clinical Practitioner involved regarding these types of fractures to prevent a similar event happening in the future. Consultant has reviewed the pathways in the department and ensured that a thorough mobility assessment in now carried out within the department, prior to discharge.

In response to a complaint relating to Radiology, the department has reviewed their processes to ensure there is now a robust patient checking process in place. Radiology now has a process in place whereby the Radiology Support Workers will ask every patient in the waiting area on a regular basis (every 30mins) if they are warm enough. Radiology has also purchased a blanket warmer to use for the blankets of any patient who is particularly cold or in the waiting area for any length of time.

In response to a complain regarding Ultrasound signage, the signage the patient on the chair should have been made visible from the outside of the Tranwell Unit when the Sonographer and Radiology Support Worker leave the building. This had not happened on this occasion. To prevent this type of incident reoccurring all the ultrasound staff have been reminded to place the signage in a prominent position when they leave the Tranwell Unit. The ultrasound department has also ordered a weatherproof blue and white signage which will be attached externally near the entrance to the Tranwell Unit. The signage will advise patients to go to, or ring, the main ultrasound department if there is no response from the buzzer.

3.4 Good News Stories

Trust staff participated in a number of promotional, awareness raising and celebration events throughout the year.

Teams recognised with awards

Breast care nurse wins Innovation Champion Award at Bright Ideas in Health Awards 2023 ceremony.

Our Gynaecological Oncology centre was recognised as a centre for excellent for advanced ovarian cancer surgery by the European Society for Gynaecological Oncology

Medicines Optimisation service rated ‘Good’ by CQC

Maternity staff received chief nursing officer awards including CMO silver award and MSW awards

Chief Nursing Officer presented silver awards for outstanding dedication to nursing and the NHS

Breast services were finalists for the Performance Recovery Award at the HSJ awards

New initiatives implemented

Pilot of recovery navigator service launched in the emergency care department to support people with substance abuse towards a safer, healthier and more productive lifestyle.

Cancer prehabilitation project launched to support patients providing advice on a healthy diet, physical activity and mental wellbeing.

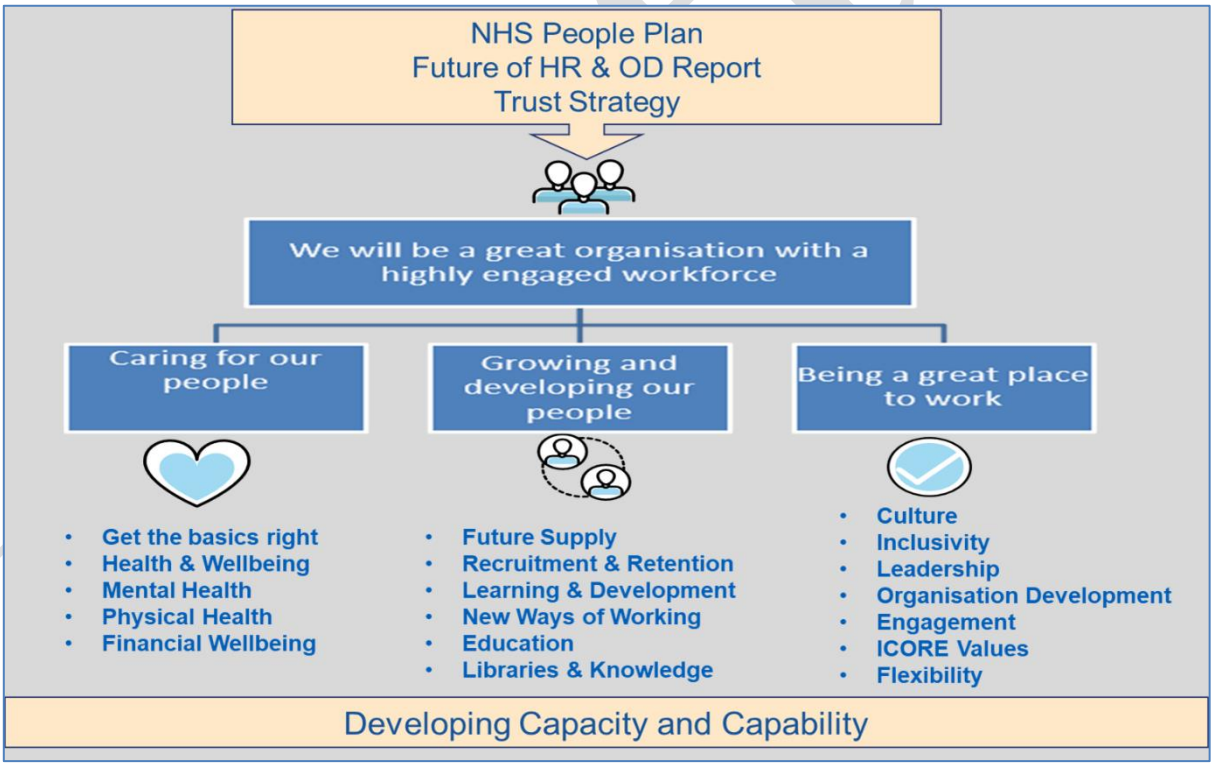
A new state of the art maternity theatre opening, due to increasing numbers of operations required, the new theatre allows more capacity for planned and emergency operations to take place.

3.5 Focus on staff

Our People Strategy

There is no denying, over the past couple of years it has been a challenging time to work in the NHS with each one of our people's experiences shaping the way they continue to do the jobs they love. The world of work has also changed at a pace none of us could have ever imagined, and we have all had the opportunity to begin to think about what matters to us. We know that the future of health services is also changing – there is rising demand, a need to integrate services and a shift towards prevention and addressing health inequalities. We simply cannot keep doing the same things and hope that it will be enough. In order for us to deliver outstanding and compassionate care to our patients and communities, we must first focus on our people.

Our people are key to achieving our vision for our patients and communities and this year has seen us embark on an exciting journey to develop a People Strategy that is fit for 2023 and beyond. A strategy that takes us to 2026. A strategy for our people, across all professions and in all areas. A strategy that outlines how the Trust will care for our people, provide opportunities for their development and growth, and continue to make Gateshead a great place to work which in turn builds both capacity and capability.



We have developed this strategy collaboratively by drawing on the huge wealth of information relating to People that we have access to, both within the Trust, across the wider NHS and within our people profession. Taking the opportunity to engage with both our People and OD teams and the Trust's Senior Management teams about the draft from September 2022 onwards, which has enabled us to produce a strategy that means something to all of us at Gateshead. Being presented and discussed in Board Development days as well as our People and OD Committee in early 2023, leading to final Board sign off in March 2023. We are confident that this strategy will mean something to all our People at Gateshead, providing a

framework for us to concentrate on our people priorities, supporting the delivery of care to our local population.

The strategy underpins our current strategic people aim of being a great organisation and aligns to each of our three 2022-23 strategic objectives, of which there are many key achievements to celebrate over the course of the past 12 months;

1. Protect and understand the health and wellbeing of our staff by looking after our workforce;
2. Growing and developing the Workforce;
3. Development and Implementation of a Culture Programme.

Health and Wellbeing

As a Trust, Gateshead Health is committed to the health and wellbeing of its people, recognising the impact of both short and long-term absence on the workforce, and therefore as part of our commitment to addressing our supply issues a new, ***focused absence management approach*** has been adopted this year. The aim of which is to support staff to remain at work, wherever possible and where this is unavoidable, provide effective solutions to assist a timely return to work. In time this has been operational gradual improvements have been reported in the absence figures across all clinical business units. Seasonal variations have affecting some of the month-on-month comparison, but this is not unusual. This is a success definitely worth celebrating given the well-recognised evidence base that suggests work is generally good for physical and mental health and wellbeing, as well as maximising the workforce availability to provide direct patient care.

Launched in June 2022, Gateshead Health's dedicated Occupational Health and Wellbeing website ***balancegateshead.com*** provides all colleagues with anytime access to self-care as well as physical, mental, financial, social and environmental wellbeing support resources. Previously, such support had only been available through the organisation's intranet and on trust devices, limiting the ability of the organisation to effectively signpost and support colleagues.

Since its launch, 7,600 unique users have visited the website over 34,000 times with the website now clearly established as the 'go-to' place for all things health and wellbeing. The website continues to expand month on month and is regularly updated with the latest wellbeing news, acting as an effective means of promoting wellbeing support, offers, resources and more.

In July 2022, the Trust opened its very own ***Listening Space***, a dedicated health and wellbeing area, available for any member of staff to use at any time, it is designed to offer our colleagues with an identified space to decompress. Staff might visit to meet a mental health first aider for a chat, find out where to access targeted support from a member of the health and wellbeing team or chat with one of our colleagues around a work-related issue that is troubling them.

The Listening Space is also used to host various health and wellbeing events activities and the organisation's Carer's Circle and its Menopause Warriors support group and staff network groups meet their regularly. It also provides a space for the weekly drop-in sessions provide by Citizens Advice and weekly free salon treatments delivered to staff with the aid of Gateshead College.

2022 also saw the introduction of ***Schwartz Rounds*** at Gateshead Health; with the aim of helping colleagues better understand the challenges and rewards of providing care, bringing

these to life through their experiences. The focus of Schwartz Rounds is very much on reflection, with evidence showing that staff who attend feel less stressed and less isolated. All staff regardless of their role in the Trust are encouraged and welcomed to attend these events.

Throughout the year, approximately 150 colleagues have participated in a Schwartz Round session and feedback has been overwhelmingly positive from attendees, with:

- 93% agreeing that they gained insights which would help them to meet the needs of patients;
- 94% sharing that Schwartz Round helped them to work more effectively with colleagues and that the group discussion was useful to them;
- 99% agreeing that they had a better understanding of how colleagues felt about work and;
- 99% indicating that they would recommend Schwartz rounds to their colleagues.

Supporting people within mental health and wellbeing has also extended to ***financial wellbeing***. In recognition of the financial pressures many colleagues are facing, and which have been and continue to be well reported in the media, a concerted campaign was launched in early 2023 to support staff with financial wellbeing matters. Titled #GHMoneyMatters, the start of the campaign was marked with the launch of the #GHMoneyMatters Guide to Financial Wellbeing, bringing together all of the financial support available to colleagues. With the aim of offering something for everyone, the campaign continues to promote financial wellbeing support for all colleagues across the Trust – whether this be due to them struggling financially, looking to purchase a home, planning for the future and/or retirement, looking to get the most from their money or otherwise. As part of this work, we have seen the introduction and review of partnerships with external organisations, such as the likes of Citizens Advice Gateshead, Schroders, Barclays and others to provide training, expert advice and much more.

A grant was secured this year to fund the launch of the ***Leg-Up Project***. An initiative aimed to provide colleagues in financial hardship with access to hot meals at work, in recognition of the social, physical and mental benefits of ensuring colleagues can access quality food and drink while at work as well as the positive effect this then in turn has on patient care. Following a successful introduction which enabled the provision of 500 meals, further funding was provided to extend the project into 2023 and distribute vouchers for a further 564 meals. A targeted approach has been taken throughout the project with the support of Chaplaincy, who led distribution and worked to ensure those more likely to be experiencing financial pressures were aware of voucher availability. Adding to the 1,064 meals provided, a number of festive meal vouchers provided as a gift from the organisation to colleagues were donated to the Leg-Up Project and redistributed to those in need.

Through the fantastic work and investment, we have put into developing our Health and Wellbeing Offer, 2022 has seen Gateshead Health achieve the ***Better Health at Work Silver Award*** – this award provides a Health and Wellbeing framework to work to and benchmark ourselves against, all with the aim of improving the colleague experience at Gateshead. In 2023 we are aiming high and plan to go for Gold.

Finally, more recently, in March 2023, the Occupational Health and Wellbeing Team completed a ***Rapid Process Improvement Workshop*** with the primary aim of reducing the time between a management referral and a patient's first appointment.

In addition to a reduction of 66% in waiting times, the workshop also led to a number of other positive outcomes. Included amongst these are patient experience improvements such as the reintroduction of an always-staffed reception area, the Occupational Health and Wellbeing

phone line and a visible board to help direct visitors to the correct room. In addition, drop-in clinics, were reintroduced, providing colleagues with more flexibility, while new follow-up letters help provide patients with appropriate signposting during any waiting times.

Elsewhere, a new referral form streamlines the colleague referral process and brings all types of referrals in one place. This feeds into a new and improved triage process, which has made processing a much quicker task and ultimately helps the team support colleagues more efficiently. Furthermore, a review of estates helped lead to the introduction of a further clinical room – helping to increase capacity by a further 29 appointments per month and tackle a growing backlog. A new physiotherapy room was also sourced, providing a more suitable space to deliver appointments.

Growing and Developing the Workforce

Nationally, there are significant staff shortages, which are well reported, with an urgent need to focus on nurse supply. 2022 saw the appointment of a ***People Analyst*** a new role and the first of its kind for the People and OD team at Gateshead Health. The introduction of this role has really supported the Trust to better understand our local people picture in Gateshead, through effective analytics. Our People Analyst has supported with the production of high-quality analysis and interpretation of a wide range of data sources, providing expert advice on interpretation of data and visualisation. They have begun to develop strong Trust wide relationships to translate complex information into actionable insight, helping the Trust track performance, monitor delivery, and plan for the future workforce through the supply and analysis of robust, reliable, and useful data.

With the aim of addressing some of the supply challenges mentioned this year as a Trust, we have grown our nursing workforce through an ***international recruitment programme***, appointing international nurses and supporting them to become registered Nurses across Gateshead Health. Our dedicated international nursing team have established and embedded a 10-week programme to support international recruits through their training, Objective Structured Clinical Examination (OSCE) and NMC registration as well as a 2-week pastoral programme incorporating language support and ward readiness. To date, as a Trust our OSCE first time pass rate is 60% increasing to 94% at second attempt and all of our international recruits to date have passed by their third attempt. We are delighted with the high standard of international recruits we have welcomed to the Trust and the feedback received from those who have joined us to date has been extremely positive.

As we reflect on the year, ***industrial action*** has also presented additional and unique challenges around workforce supply and availability. Locally and nationally industrial action has been and continues to take place and for some unions this is the first time they have ever balloted their member for strike action. As a Trust we have deeply aware of how complicated this issue is for many colleagues, and that that they may be feeling conflicted or torn in the decisions that they and their colleagues are making. Gateshead Health recognise that our people have a legal right to take industrial action, respecting the decision each and every one of our colleagues make. Our priority throughout each period of industrial action has been and continues to be to deliver high quality and safe care.

To date, the trust has continued to manage the impact of the industrial action and mitigate the risk to ensure there is minimal disruption to patient care and emergency services can continue to operate as normal through a robust, multi-disciplinary planning framework. Strong partnerships between the trust's Senior Management Team, People at OD and both

operational and clinical colleagues, the Emergency Preparedness, Resilience and Response team and Trade Unions have been key.

We have now been through a number of periods of industrial action and through them all we have pulled together to support each other and patients, at what has been a really challenging time. We know that each period of industrial action brings knock on effects and that the cumulative pressures continue to build up. We are continually impressed by our people's resilience and appreciative of their ongoing commitment to our patients and service users. We know that at times, this has not been easy. Continuous improvement is a key part of what we are about at Gateshead and have developed a strong debrief process that enables us to reflect on the positive outcomes from any action and associated planning in addition to giving consideration of any learning points.

Continuing with the theme of supply, in order to support our supply challenges in an ever challenging and equally competitive job market we continue to focus on ***recruitment***, ensuring that applicants have a positive, seamless and timely candidate experiencing when applying for roles at Gateshead Health. Over the course of the past two years our in-house recruitment team have been on an intensive improvement journey in order to deliver, a high functioning, efficient and effective recruitment service which recruits staff to the Trust as quickly and as safely as possible. This has included investment in a new recruitment system to support the management of recruitment activity, implementation of a series of recommendation and a number of improvement workshops in 2022, which provided the tools to significantly improve our service offering. As such, we have seen our time to hire reduce considerably and the team are regularly outperforming the target.

As part of our longer-term supply pipeline in April 2022, as a Trust we began to open our doors, post pandemic, taking small steps towards a "new normal" and progressing our ***widening participation*** agenda. An agenda that involves increasing not only the number of young people entering higher education, but also the proportion of under-represented groups. As a result, we have looked to adopt a more strategic approach to engaging with schools and colleges in addition to both internal and external stakeholders that support the Trust (and our partner's) workforce pipeline and recruitment. This involves supporting work experience placements and both T Level and Project Choice students. T Levels, offer students practical learning via on-the-job, industry placement experience. On the other hand, Project Choice is a supported internship course that promotes employment opportunities for individuals with learning difficulties, disabilities and/or Autism. Since April 2022, we have supported 74 work experience placements, 22 T Level Students and 25 Project Choice internships.

Over the course of the last six months in particular we have actively attended events with local schools and Gateshead college in particular, educating students that we have over 1,200 different job roles in the Trust alone. We have showcased job roles from entry level and outlined progression pathways, emphasising that there is a place for everyone regardless of skill set, ability, interests or background, with the aim of opening up different supply pipeline into the Trust.

Going forward we commit to continue to offer a robust work experience programme, including medical shadowing. Project Choice also continues to go from strength to strength. It not only supports students across Gateshead with learning difficulties but also looks at the potential of the students joining the workforce in entry-level roles.

We also continue to be part of Gateshead College's Employer Skills Board with other partners in the local area, reviewing the current college curriculum, mapping and sharing ideas on how we can input into the offer they provide to help shape a future-ready workforce.

As part of our continued commitment to education, learning and development, 2022 saw us begin to develop the ***Gateshead Health and Care Academy***. The academy is an approach and branding of our workforce development offer and is a partnership with the local authority and college. The long-term strategic aim of which is to provide a sustainable workforce within the Gateshead area – local jobs, for local people. Within the next 12 months the Health and Care Academy is looking to open up new apprenticeship routes within the Trust but also in a joint approach with the local authority, host joint events with our local partners and support the Step into Work programme. Step into Work being an employability programme for adults aged 19+ supporting them to develop employability skills and qualities in order to secure health and social care roles, through a blended approach of work placements and training, which takes place over a 6-to-12-week period.

As part of the Trust's objective to grow and develop our workforce Gateshead Health officially launched its internal ***Managing Well*** Programme in May 2022 and what a success it has been.

This was designed in response to the Executive Team's aspiration to be a value led organisation where managers are compassionate, kind and inclusive, a commitment to the NHS People Promises, the need to strengthen leadership and management across health in addition to the requirement to reinvest in management development following the pandemic.

The programme provides a balance between management theory and a practical overview of support available to managers within the Trust, supporting them to be the best people manager they can be. Designed to support managers at all levels of the organisation the programme provides experienced managers with the opportunity to reflect refresh and refocus on the key principals of effective management and less experienced managers with a foundation in the principals of effective management but most importantly the allows all participants to become part of a supportive network of managers across the Trust.

With over 25 cohorts to date, and over 300 managers attending, the programme has evaluated very positively, with 100% of participants being likely or highly likely to recommend this programme to another manager in the organisation.

Following on from Managing Well, we have also ***Leading Well.*** Leading Well is our flagship Leadership Development programme and builds upon the NHS 'Our Leadership Way' principals, providing clarity around expectations of a leader. The programme takes participants through a journey of self-reflection through to understanding their impact, the responsibility that they carry and the importance of taking a broader, strategic approach to their leadership practice. The course has attracted participants from across the organisation, in all professions and the feedback continues to be extremely positive. Plans for the coming year are to build on from Leading Well with a focus on clinical leadership development, collective clinical leadership and profession specific development pathways including, for example, matron development.

Over the last 18 months, we have also worked closely with an external provider to deliver a programme of ***development for our senior leadership team***. This began with an opportunity to pause and reflect on the impact of the pandemic and those lessons learned and over the course of 2022-23 supported the senior team to create clarity around the roles and responsibilities of the team. With an ongoing focus on collective leadership, the programme allows time and space for strategic thinking and provides an operating framework that can be

shared with new members, ensuring consistency of approach moving forward. In 2023 development has focused more closely on 1:1 support, preparing for the change that a change in leadership will inevitably bring, whilst collectively addressing some of the larger organisational challenges currently being faced, including staffing and finances.

Finally, as a Trust, we are delighted that this year we have had six colleagues accepted onto the regional ***Executive Director Pathway***, an inclusive talent scheme which aims to support aspiring executive leaders progress in their careers through a series of targeted development opportunities. The pathway, which takes between 12 and 24 months to complete, provides a clear development journey to senior executive leadership, combining best practice in both talent management and leadership development.

Culture Programme

2021-22 saw the People and OD department embark on a journey to strive towards Delivering Excellence in People Practice, with capacity creation and a high-quality customer focused service underpinning this delivered by people experts, providing specialist people advice. The new model of service delivery saw investment in and the introduction of a new ***OD offer and team***, which we have seen fully embed throughout 2022. The structure allows our teams to closely partner with each of our Business Units, through a matrix model of working, and provide bespoke support to both our corporate and operational teams and to date we have received positive feedback on this offer from across the organisation. In addition, the team also lead on key people projects including the Annual Staff Survey, People Pulse Survey, Talent Management, Leadership Development, Team Engagement and Culture, providing a cohesive and centralised OD service to the Trust.

As we mention ***staff survey***, this year's staff survey results are in and as Trust, we are thrilled to see our response has again increased, with 51% of our people responding to in 2022, meaning that one in every two of our staff have taken the time to pause, reflect and tell us how they are feeling, and as such the results are more representative than ever.

The past year has been incredibly challenging, but our people have all pulled together to support each other and our patients. This is reflected in the results, which show that 88% of people feeling that they can make a difference to patients in their role and 80% of people agreeing that caring for our patients remains our top priority.

Many of the responses demonstrate that our people embody and appreciate our compassionate culture, with 72% of staff saying that they feel valued by their team, that the people they work with are kind and considerate, and that colleagues are polite and treat each other with respect. While around three quarters of people agree that the organisation respects individual differences, and feel that their manager values their work, and cares about their concerns. This really echoes the 'team Gateshead' ethos we have – working together to overcome the challenges that are thrown our way. We are thrilled that our people continue to recommend Gateshead as a place to work, an area where our average score is significantly higher than the national average.

Engagement and more specifically, ***team engagement***, has been a focus of activity this year and will continue into 2023. This builds on the work of Professor Michael West in the area of Home Teams and the importance of these for patient safety. This has resulted in a number of team development initiatives including the launch of department level staff survey results dashboards, Building an Effective Team training, Managing Conflict guidance, pilot of TED, which is a team engagement diagnostic tool and a series of team focused communications that

will launch in May 2023. Teams and the importance of team leadership, management and membership will be a primary focus for us through 2023-24.

Building on our culture and engagement work, at Gateshead Health we encourage a working environment where we can all speak up and speak out about issues that concern us. Along with our Freedom to Speak Up Guardian, as part of the Trust's commitment to ***Freedom to Speak Up***, we are currently looking to build a support network of Freedom to Speak Up Champions who will play an important role in positively promoting the key messages about speaking up and widening the reach of the freedom to speak up agenda. We are pleased to have recently recruited five champions who are all about to embark on their training.

As part of the wider cultural piece, finally, we are delighted to share that the Gateshead Health ***Culture Programme*** will launch in April 2023, it is anticipated this will be a programme of work over the next two to three years and focuses on six key workstreams including Vision, Values & Behaviours; Just and Restorative Culture; Compassionate & Inclusive Leadership; Psychological Safety; Colleague Experience; and Colleague Engagement. These themes emerged as part of the large colleague engagement exercise took place this year, which was used to shape the Trust's vision, values and behaviours.

3.6 National targets and regulatory requirements

The following indicators are all governed by standard national definitions

Indicator		2020/21	2021/22	2022/23	Target	National Average
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway		69.0%	78.6%	TBC	92.0%	TBC
A&E – maximum waiting time of four hours from arrival to admission / transfer / discharge		91.4%	81.6%	**73.3%**	95.0%	TBC
All cancers: 62 day wait for first treatment from: urgent GP referral for suspected cancer		68.1%	64.4%	TBC	85.0%	TBC Cancer Waiting Times Report for 2022/23 not yet published
NHS Cancer Screening Service referral		76.4%	85.9%	TBC	90.0%	
All cancers: 31 day wait for second or subsequent treatment, comprising:	Surgery	95.8%	86.5%	TBC	94.0%	
	Anti-cancer drug treatments	98.9%	96.9%	TBC	98.0%	
All cancers: 31 day wait from diagnosis to first treatment		97.9%	96.3%	TBC	96.0%	
Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	67.3%	83.2%	TBC	93.0%	
	Symptomatic breast patients (cancer not initially suspected)	91.8%	96.2%	TBC	93.0%	
Maximum 6-week wait for diagnostic procedures		55.8%	70.6%	TBC	99.0%	TBC

Annex 1: Feedback on our 2022/23 Quality Account

4.1 Gateshead Overview and Scrutiny Committee

Will be added on receipt

4.2 Northeast and North Cumbria Newcastle Gateshead Integrated Care Board

Will be added on receipt

4.3 Gateshead Healthwatch

Will be added on receipt

4.4 Council of Governors

Will be added on receipt

Annex 2: Statement of directors' responsibilities in respect of the quality account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2021/22 and supporting guidance.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2022 to March 2023
    - papers relating to quality reported to the board over the period April 2022 to March 2023
    - feedback from Northeast and North Cumbria Newcastle Gateshead Integrated Care Board dated – TBC
    - feedback from governors dated – TBC
    - feedback from local Healthwatch organisations dated – TBC
    - feedback from Overview and Scrutiny Committee dated – TBC
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 – TBC
    - the 2022 national patient survey – TBC
    - the 2022 national staff survey – TBC
    - the Head of Internal Audit's annual opinion of the Trust's control environment dated – TBC
    - CQC inspection report dated CQC Inspections and rating of specific services dated – 14/08/2019
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts

regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Date: Chairman:

Date: Chief Executive:

Glossary of Terms

'Always Events®'
'Always Events®' are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time. These can only be developed with the patient firmly being a partner in the development of the event, and the co-production is key to ensuring organisations meet the patients' needs and what matters to them.

Care Quality Assurance Framework (CQAF)
CQAF provides wards and departments with a coordinated set of standards that will provide information in relation to quality and safety.

Care Quality Commission (CQC)
The CQC is the independent regulator of all health and adult social care in England. The CQC aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people own homes, or elsewhere.

Clinical Audit
Clinical audit measures the quality of care and service against agreed standards and suggests or makes improvements where necessary.

***Clostridium difficile infection* (CDI)**
Clostridium difficile is a bacterium that occurs naturally in the gut of two-thirds of children and 3% of adults. It does not cause any harm in healthy people; however, some antibiotics can lead to an imbalance of bacteria in the gut and then the Clostridium difficile can multiply and produce toxins that may cause symptoms including diarrhoea and fever. This is most likely to happen to patients over 65 years of age. The majority of patients make a full recovery however, in rare occasions it can become life threatening.

Commissioning for Quality and Innovation (CQUIN)
The CQUIN framework was introduced in April 2009 as a national framework for locally agreed quality improvement schemes. It enables commissioners to reward excellence by linking a proportion of English healthcare provider's income to achievement of local quality improvement goals.

Commissioners
Commissioners are responsible for ensuring that adequate services are available for their local population by assessing need and purchasing services.

Datix
Datix is an electronic risk management software system which promotes the reporting of incidents by allowing anyone with access to the Trust Intranet to report directly into the software on easy-to-use web pages. The system allows incident forms to be completed electronically by all staff.

Foundation Trust
A Foundation Trust is a type of NHS organisation with greater accountability and freedom to manage themselves. They remain within the NHS overall, and provide the same services as traditional Trusts, but have more freedom to set local goals. Staff and members of the public can join the board or become members.

Friends and Family Test (F&FT)

The Friends and Family Test is an important feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses.

Getting It Right First Time (GIRFT)
Getting It Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

Hospital Standard Mortality Ratio (HSMR)
The HMSR is an indicator of healthcare quality that measure whether the death rate at a hospital is higher or lower than would be expected.

Healthwatch
Healthwatch is an independent arm of the CQC who share a commitment to improvement and learning and a desire to improve services for local people.

Healthcare Evaluation Data (HED)
HED is an online benchmarking solution designed for healthcare organisations. It allows healthcare organisations to utilise analytics which harness Hospital Episode Statistics (HES) national inpatient and outpatient and Office of National Statistics (ONS) Mortality data sets.

Hospital Episode Statistics (HES)
HES is a data warehouse containing a vast amount of information on the NHS, including details of all admissions to NHS hospitals and outpatient appointments in England. HES is an authoritative source used for healthcare analysis by the NHS, Government, and many other organisations.

Integrated Care Board (ICB)
A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System (ICS) area.

Integrated Care System (ICS)
Integrated care systems are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Joint Consultative Committee (JCC)
JCC is a group of people who represent the management and employees of an organisation, and who meet for formal discussions before decisions are taken which affect the employees.

Just Culture
The fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. Supporting staff to be open about mistakes allows valuable lessons to be learnt so the same errors can be prevented from being repeated.

Methicillin Resistant *Staphylococcus aureus* (MRSA)

MRSA is a bacterium responsible for several difficult to treat infections in humans. MRSA is, by definition, any strain of *Staphylococcus aureus* bacteria that has developed resistance to antibiotics. It is especially prevalent in hospitals, as patients with open wounds, invasive devices and weakened immune systems are at greater risk of infection than the general public.

National Confidential Enquiries

These are enquiries which seek to improve health and healthcare by collecting evidence on aspects of care, identifying any shortfalls in this, and disseminating recommendations based on these findings. Examples include Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MMBRACE) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

NCEPOD's purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public by reviewing the management of patients. This is done by undertaking confidential surveys and research, and by maintaining and improving the quality of patient care and by publishing the results.

National Patient Survey

The NHS patient survey programme systematically gathers the views of patients about the care they have recently received because listening to patients' views is essential to providing a patient-centred health service.

National Reporting and Learning System (NRLS)

The National Reporting and Learning System is a central database of all patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted.

Nervecentre

Nervecentre is an electronic clinical application used to record a variety of patient observations and assessments.

NHS England (NHSE)

NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

Overview and Scrutiny Committee

The Overview and Scrutiny Committees in local authorities have statutory roles and powers to review local health services. They have been instrumental in helping to plan services and bring about change. They bring democratic accountability into healthcare decision-making and make the NHS more responsive to local communities.

Patient Advice and Liaison Service (PALS)

PALS is an impartial service designed to ensure that the NHS listens to patients, their relatives, their carers, and friends answering their questions and resolving their concerns as quickly as possible.

Pressure Ulcers

Pressure ulcers are also known as pressure sores or bed sores. They occur when the skin and underlying tissue becomes damaged. In very serious cases the underlying muscle and bone can also be damaged.

Research
Clinical research and clinical trials are an everyday part of the NHS and are often conducted by medical professionals who see patients. A clinical trial is a particular type of research that tests one treatment against another. It may involve people in poor health, people in good health or both.

Risk
The potential that a chosen action or activity (including the choice of inaction) will lead to a loss or an undesirable outcome.

Special Review
A special review is carried out by the Care Quality Commission. Each special review looks at themes in health and social care. They focus on services, pathways, and care groups of people. A review will usually result in assessments by the CQC of local health and social care organisations as well as supporting the identification of national findings.

Staff Advice and Liaison Service
Brings together a range of support services that are available to staff.

Standard Operating Procedure
A Standard Operating Procedure is a set of step-by-step instructions compiled to help workers carry out complex routine processes.

Trust Board
The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance, and helping to promote links between the Trust and the community. The Chair and Non-Executive Directors are lay people drawn from the local community and are accountable to the Secretary of State. The Chief Executive is responsible for ensuring that the Board is empowered to govern the organisation and to deliver its objectives.