The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Council of Governors' Meeting

Thursday, 15 August 2024 1445h

Venue: Training rooms 3 & 4, Education Centre, Freeman Hospital

Agenda

	Item	Lead	Paper	Timing
Business items				14:45 – 15:00
1	Apologies for absence and declarations of interest	Paul Ennals	Verbal	
2	Minutes of the Public Council of Governors meeting held on 20th June 2024 and matters arising	Paul Ennals	Attached	
3	Chair's report	Paul Ennals	Verbal	
4	Chief Executive's report	Jim Mackey	Presentation	
Items for discussion				
5	External Audit Update: Annual Report and Accounts 2023/24 – Forvis Mazars	Mark Outterside	Presentation	15:00 – 15:20
6	People Plan Update	Christine Brereton	Verbal	15:20 – 15:30
7	Clinical Board Updates	Nichola Kenny	Presentation	15:30 – 15:50
Items to receive [NB for information – matters to be raised by exception only]				
8	Governor WG Reports including; i. Lead Governor ii. Quality of Patient Experience (QPE) WG iii. Business & Development (B&D) WG iv. People, Engagement and Membership (PEM) WG	Lead Governor/WG Group Chairs	Attached	
9	Reports from Trust Board: i. Integrated Board Report ii. Committee Chairs Report	Paul Ennals / Committee Chairs	Attached	
10	Briefing paper: Never Events and Patient Safety and Incident Response Framework (PSIRF)	Angela O'Brien	Attached	
11	Meeting Action Log	All	Attached	
Any Other Business				15:50 – 16:00
12	Non-Audit Services Policy [FOR APPROVAL]	Kelly Jupp	Attached	

13	Governor Vacancies Update including: - Northumberland, Tyne and Wear Governor Vacancy	Kelly Jupp	Attached
14	Any other business or matters which the Governors wish to raise including: Update on SCAs	All	Verbal
15	Date and Time of next meeting: Private Governors Workshop – Wednesday 25 September	Paul Ennals	Verbal

Private session				16:00 – 16:15
16	Nominations Committee Update, including:			Attached
	i.	Clinical NED Appointment	Paul Ennals	
	ii.	Committee Membership	Kelly Jupp	
17	i.	Minutes of the Private Council of Governors meeting held on 20th June 2024	Paul Ennals	Attached
	ii.	Minutes of the Extraordinary Council of Governors meeting held on 5th July 2024		
	iii.	Action Log and matters arising		
18	Substantive Chair recruitment – Nominations Committee update		Jonathan Jowett	To follow

Members of the public may observe the meeting in person subject to advance booking via emailing the Corporate Governance Team on nuth.board.committeemanagement@nhs.net

Sir Paul Ennals, Interim Shared Chair

Sir Jim Mackey, Chief Executive Officer

Mrs Nichola Kenny, Deputy Chief Operating Officer

Mrs Christine Brereton, Chief People Officer

Mr Mark Outterside, Forvis Mazars LLP

Mrs Kelly Jupp, Trust Secretary

Mr Jonathan Jowett, Senior Independent Director

COUNCIL OF GOVERNORS' MEETING

DRAFT MINUTES OF THE MEETING HELD 20 JUNE 2024

Present: Professor Kath McCourt [Chair], Interim Chair
Public Governors (Constituency 1 – see below)
Public Governors (Constituency 2 – see below)
Public Governors (Constituency 3 – see below)
Staff Governors (see below)
Appointed Governors (see below)

In attendance: Sir Jim Mackey, Chief Executive Officer (CEO)
Mrs Caroline Docking, Director of Communications and Corporate Affairs (DCCA)
Dr Lucia Pareja-Cebrian, Joint Medical Director (JMD-PC)
Dr Michael Wright, Joint Medical Director (JMD-W)
Mr Ian Joy, Executive Director of Nursing (EDON)
Mr Rob Harrison, Managing Director (MD)
Mrs Jackie Bilcliff, Chief Finance Officer (CFO)
Mr Rob Smith, Director of Estates (DoE)
Mr Patrick Garner, Deputy Director of Business Development & Enterprise (DDBDE)
Mrs Annie Laverty, Chief Experience Officer (CExO)
Mrs Shauna McMahon, Chief Information Officer (CIO)
Mr Martin Wilson, Chief Operating Officer (COO)
Mrs Kelly Jupp, Trust Secretary (TS)

Secretary: Mrs Abigail Martin, Governor and Membership Engagement Officer (GMEO)

Observer: Paul Ennals, Chair of Northumbria Healthcare Foundation Trust

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

24/05 BUSINESS ITEMS

i) Apologies for absence and declarations of interest

The Interim Chair welcomed all to the meeting.

Apologies for absence were received from Public Governors Mr John McDonald, Mrs Sharon Chilton, Mrs Sandra Mawdesley, Miss Fatema Rahman, Mrs Poonam Singh, Mr Michael Warner and Mr Kevin Windebank. From the Executive Team, apologies were received from Ms Christine Brereton, Chief People Officer (CPO), Mrs Angela O Brien, Director of Quality and Effectiveness (DQE) and Dr Vicky McFarlane Reid, Director for Commercial Development and Innovation (DCDI).

No declarations of interest were recorded.

ii) Minutes of the meeting held on 14 February 2024 and Matters arising

The minutes of the extraordinary meeting held on 14 February 2024 were agreed to be a true record of the meeting.

It was resolved: to **approve** the minutes.

iii) Meeting Action Log

The Action log was received, with actions 115 and 123 **agreed** as closed.

It was resolved: to **receive** the action log.

iv) Chair's Report

The Chair advised that her report summarised activity and key areas of focus since the previous meeting.

The Chair extended her congratulations to both Ian Joy, EDON and to Dr Lucia Pareja-Cebrian and Dr Michael Wright, who were appointed Joint Medical Directors.

The Chair noted that she had attended a recent productive Emergency Care Conference facilitated through the Alliance, as well as attending the Trust Medical Education Conference. She had also attended the recent NED spotlight on services sessions and thanked Governors for their work, particularly in relation to the increased number of meetings held recently.

The Chair wished a warm welcome to the new Governors, and thanked all involved in the work required for the recent Governor Elections.

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

v) Chief Executive's report

The CEO noted that he had given a detailed presentation in the earlier Private Council of Governors meeting. He acknowledged that the slide deck contained a lot of information and asked for any feedback.

The CEO committed to providing his presentation pack in advance of future meetings.

In response to a question from Miss Rowen, the noted the recent letter from Richard Barker, Regional Director at NHS England (NHSE) had been shared with Governors as he felt that all Governors should see copies of any regulatory correspondence received. The letter clarifies the expectations of Newcastle Hospitals in responding to the issues raised previously.

Mrs Heslop thanked the CEO for sharing the letter, noting that it was a positive step forwards in relation to openness and transparency. The CEO noted that the letter did not

reflect all of the progress made, with the Chair referencing the significant progress made in developing the Alliance which was not referenced in the letter.

The CEO advised that previously the CQC undertook a quarterly review meeting with the Trust however the meeting format had changed as a result of the inspection findings.

Mr Gallagher noted that the failure in the effectiveness of the governance system had been a major contributor to the technical issues identified within the CQC report. He advised that in his own personal experience he had seen a positive change in the Trust culture which had become more discursive and open. The CEO agreed that there were signs that the culture within the organisation was improving, particularly within Cardiothoracics. He recommended that quarterly 'stock takes' are undertaken with Governors to test out the cultural position and highlighted the importance of discussing areas with emerging issues such as Audiology and Pharmacy matters.

Mrs Carrick queried how the CQC or ICB would know about improvements from the work of the Governors to which the CEO noted that The Value Circle (tvc) will provide a report and that Newcastle Hospitals will commission a full external well-led review in the future. Mrs Carrick highlighted the importance of having measurable outcomes and the CEO confirmed that he was happy to arrange a meeting with tvc to discuss outcomes. He noted the Governor development sessions with tvc would need agreed objectives.

Dr Vesey asked for more information on the quarterly feedback monitoring to which the CEO confirmed that the real-time feedback work will also include staff feedback. The MD added that feedback has been received from the first 14 wards in the pilot programme.

Dr Kate Cushing asked about Governor involvement with CQC and for clarity on the role of tvc. The CEO confirmed that tvc intend to attend to start a dialogue with Governors through the development sessions which were an important process in removal of the conditions against the Trust licence. He also noted that the Trust governance system has been re-written and that tvc had provided support with this.

Mr Black noted that the CQC should speak to a wider range of Governors to seek a more rounded view from the Council of Governors, as well as to patients. He also recommended that further consideration be given to better use of social media and the Trust website, particularly in relation to Trust Governors. The CEO noted that some staff felt the same way but that the Trust cannot dictate who the CQC speaks to to form their opinions. Dr Valentine agreed that speaking to a wider group of Governors would have been preferable and stated that he felt that the CQC approach was not as expected.

A discussion ensued about the Trust's presence on social media, with Mrs Carrick expressing that she felt that engagement from the Communications Team could have been improved, with external communications support engaged through the Trust Charity. The DCCA confirmed that there have been significant capacity issues within the team and a cautious approach had been adopted to posting on social media to avoid appearing overtly positive considering the CQC findings. She added that some social platforms, such as Twitter/X, are not recommended for public institutions due to the negativity which can arise from some posts.

A Staff Facebook page had been recently established, with circa 800 staff having joined to date.

The DCCA offered to meet separately to discuss further with Mrs Carrick as the Chair of the People, Engagement and Membership Working Group [**ACTION01**].

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

24/06 ITEMS FOR DISCUSSION

i) Digital Update

The CIO attended to provide an update on the digital improvements taking place, noting that she had been working with the MD on several issues that had been raised such as:

- Speed of Wi-Fi, not having a segregated staff Wi-Fi channel and challenges accessing Wi-Fi when working in other healthcare provider locations. Improvements had been made to create a staff Wi-Fi channel and to increase the Wi-Fi speed to 5GB.
- Password expiry and password 'lock-out' for staff members. The Trust had moved to a 365 day password expiry and increased the number of lock out attempts to 10.
- The age of the buildings across the organisation which can be an issue when considering IT improvements.

[The CEO left the meeting at 15:51]

The CIO also gave an overview of the issues identified within the CQC inspection report regarding eRecord, particularly in relation to training and solutions. She noted that current issues with the system has resulted in some staff creating 'workarounds' which are difficult to monitor and fix when errors occur. The CIO noted that she was happy to discuss the IT training further with Mrs Carrick as the Chair of the People, Engagement and Membership Working Group.

The CIO referenced the unverified letters matters and explained that Standard Operating Procedures had been created, along with a dashboard to track the position and associated monitoring alerts. The alert 'threshold' had been set at a specified level, with work underway to review the threshold set.

The CIO reported that her team are working on a significant number of IT projects which included cyber security and collaboration as part of the Alliance on Digital Strategy. She highlighted that the IT budget within the Trust was low when compared to other organisations at only 0.14% of turnover.

Mr Gallagher acknowledged the improvements made and the significant workload of the IT team. He advised that he had been asked to raise a number of issues from staff members, being the increasing level of information required to fill in forms and concerns regarding a potential loss of referrals due to specific CT scans not appearing easily in eRecord. The JMD-PC noted that she was aware of both of these issues and that there were PSIRF

improvement projects linked to both, with mitigating actions developed. She added that the latest eRecord updates would improve access to the scan information.

The CIO noted that four improvement groups had been established, one of which being care optimisation in relation to eRecord. The JMD-PC confirmed that staff concerns were being monitored and that patient safety was a priority.

Mr Jarrett noted some digital issues in relation to portering systems agreed to discuss further with the CIO [**ACTION02**].

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

ii) Revised Integrated Quality and Performance Report

The DDBDE attended to provide a brief overview of the changes that have been made to the report format and the reasons for this. He noted that previously Newcastle Hospitals have produced two separate reports and that the updated version brings together the two, being more in line with other Trusts. He added that many Clinical Boards have created a separate version of the report to use at their Clinical Board meetings and the aim is that one version would be able to be used at all levels and reduce this additional workload. The first version of this newly integrated report was produced in May 2024.

The Trust was noted to be an outlier in not fully adopting Statistical Process Control (SPC) charts to give better analyse and understanding of data. Therefore work had commenced within the People metrics to utilise SPC charts, with other areas to follow.

The DDBDE referred to the national programme on Making Data Count, the findings in the CQC inspection report and other national reports e.g. Kirkup. He noted that the data will continue to be refined with further engagement with staff and Governors to improve the report content/format. Mrs Yanez highlighted that some feedback had been shared previously by Governors on the content of the Integrated Board Report.

Dr Record queried the variation of sickness absence in nurses compared to other medical staff and the EDON noted that sickness levels are often lower amongst nursing and midwifery staff, which matched the national position. He added that a number of actions are being considered/taken to reduce the variation.

Mrs Watson queried whether the breakdown of those off sick with stress or depression could be split to denote where this was work related. The EDON noted that this would be difficult as the factors are often interdependent.

Mrs Yanez asked what benchmarking had been done on the new report compared to other NHS Trusts and the DDBDE offered to meet and talk through [**ACTION03**].

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

24/07 ITEMS TO APPROVE

i) Governor Working Group (WG) Terms of Reference Review

It was **resolved** to receive the report. The Terms of Reference amendments were **approved.**

ii) Nominations Committee Update, including Terms of Reference Review

It was **resolved** to receive the report. The Terms of Reference amendments were **approved.**

iii) Governor Roles

It was **resolved** to receive the report. The Governors Roles were **approved** as outlined within the report**.**

In addition, it was confirmed following ballots of the relevant Governors, Mrs Singh would be the new Vice Chair of the People, Engagement and Membership Working Group and that Mr Gallagher would be joining the Nominations Committee as the Staff Governor.

24/08 ITEMS TO RECEIVE

i) Governor WG Reports including;

a. **Lead Governor**
b. **Quality of Patient Experience (QPE) WG**
c. **Business & Development (B&D) WG**
d. **People, Engagement and Membership (PEM) WG**

a)-d) It was **resolved** to receive the reports.

Mrs Carrick drew attention to the upcoming Members' Event on 1st August and encouraged all present to attend.

Professor Home encouraged Governors to attend the WG meetings where possible.

ii) Governor Elections Report

The TS highlighted the significant work undertaken to promote the elections, however it was acknowledged that the 3 out of 4 vacant Governor seats within Constituency 3 were of concern. She recommended that a Task and Finish Group be established. The aim being to focus on increasing engagement with Constitution 3 in advance of considering holding an additional election to fill the 3 vacant Governor seats. Governors agreed that the Group be established and were asked to express an interest in joining this group to the TS as soon as possible.

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

iii) Committee Chairs Report

The Committee Chairs report was received, with any queries to be raised via email to the GMEO if required.

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

iv) Schedule of Business 2024

The Schedule of Business had been developed based on the Governors workplan produced and on issues raised by Governors directly. Governors were invited to share any questions or further suggestions on the Schedule with the TS, with refinements likely to continue to be made during the year.

It was **resolved** to approve the Schedule of Business.

Mrs Yanez suggested that in light of the new Governors who have joined the Council and the low response rate for the tvc Governor survey, that tvc should be requested to re-issue their survey to the whole Council of Governors. The TS agreed to raise with tvc [**ACTION04**].

The Chair noted that this would be the last time she would chair a formal Council of Governors meetings to which Mrs Yanez expressed her gratitude on behalf of the Council of Governors.

v) Date and Time of next meeting:

Formal Council of Governors – 15 August 2024, 14:45, Training rooms 3&4, Freeman Hospital Education Centre.

There being no other business, the meeting closed at 16:25.

GOVERNORS' ATTENDANCE – 20 JUNE 2024

	Name	Y/N
A	Mr David Black [APEX]	Y
1	Mrs Judy Carrick	Y
S	Mrs Sharon Chilton [Nursing & Midwifery]	Apologies
1	Dr Kate Cushing	Y
A	Mrs Lara Ellis [Newcastle City Council]	Y
1	Mrs Aileen Fitzgerald	Y
1	Mr David Forrester	Y
S	Mr Hugh Gallagher [Medical and Dental]	Y
2	Mrs Catherine Heslop	Y
2	Mr Alex Holloway	N
2	Prof Philip Home	Y
S	Mr William Jarrett [Estates and Ancillary]	Y
2	Mrs Sandra Mawdesley	Apologies
2	Mr John McDonald	Apologies
2	Ms Linda Pepper	Y
2	Mr Shashir Pobbathi	Y
1	Mrs Fatema Rahman	Apologies
1	Dr Chris Record	Y
S	Miss Elizabeth Rowen [Allied Health Professionals and Scientists]	Y
S	Mrs Poonam Singh [Nursing & Midwifery]	Apologies
A	Professor John Unsworth	Y
1	Dr Eric Valentine	Y
2	Dr Peter Vesey	Y
2	Mr Bob Waddell	Y
A	Doctor Luisa Wakeling	Y
2	Mrs Claire Watson	Y
3	Mr Michael Warner	Apologies
2	Dr Kevin Windebank	Apologies
1	Mrs Pam Yanez	Y

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Agenda item 8 (i)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 August 2024					
Title	Update from the Lead Governor					
Report of	Pam Yanez, Lead Governor					
Prepared by	Pam Yanez, Lead Governor					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	This report updates on the work of the Lead Governor since the last meeting of the Council of Governors on 20 June 2024.					
Recommendation	The Council of Governors is asked to (i) receive the update and (ii) note the contents.					
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of the Lead Governor are provided to the Council of Governors.					

UPDATE FROM THE LEAD GOVERNOR

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors since the last meeting of the Council of Governors held on 20 June 2024.

UPDATE FROM THE LEAD GOVERNOR

1. UPDATE

I have continued to attend meetings of the Working Groups and to participate in the business of the groups.

I attended the Nominations Committee Meeting on 27 June and will participate as a panel member in the interview process for an additional Non-Executive Director with clinical expertise on 12 August.

Along with other Governors, I attended the Annual Members Meeting held on 17 July.

Governors were invited to a session with the new Interim Shared Chair on 18 July. Some of my fellow Governors and I attended the session which gave an opportunity to meet with Sir Paul Ennals and discuss the role of Governors at Newcastle Hospitals.

The bi-monthly Governors Informal meeting was held on 11 July and Chaired, in my absence, by Judy Carrick, Deputy Lead Governor.

As a representative of the Quality of Patient Experience Working Group, I attended the Patient Safety Group on 19 July.

2. RECOMMENDATION

The Council of Governors is asked to note the content of this report.

Report of Pam Yanez
Lead Governor

5 August 2024

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Agenda item 8 (ii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 August 2024					
Title	Quality of Patient Experience (QPE) Working Group Report					
Report of	Claire Watson – Chair of the QPE Working Group					
Prepared by	Claire Watson – Chair of the QPE Working Group					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	The content of this report outlines the activities undertaken by the working group since the previous Council of Governors meeting in June 2024.					
Recommendation	The Council of Governors is asked to receive the report.					
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of thehighest standard focusing on safety and quality.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☐	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

The Newcastle upon Tyne Hospitals NHS Foundation Trust

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP (WG) REPORT

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors (CoG) on the ongoing work of the Quality of Patient Experience (QPE) Working Group (WG) since the last meeting of the CoG on 20 June 2024.

The Newcastle upon Tyne Hospitals NHS Foundation Trust

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP (WG) REPORT

1. INTRODUCTION

The QPE WG continues to meet monthly, in person and via Microsoft Teams. The WG currently is focussing on the following areas with recommendations arising out of the Care Quality Commission (CQC) inspection reports: 'Caring' domain - Cardiothoracic Surgery and Maternity. The WG has asked the NEDs responsible for each area, via the Corporate Governance Team, to attend the WG meetings to provide assurance as to progress with the recommendations in the CQC reports.

2. GROUP ACTIVITIES

Members of the QPE WG attended the following Groups:

a. Complaints Panel

Philip Home, Public Governor, attended the Complaints Panel and noted that there were some delays with physiotherapy provision in amputee rehabilitation services, to the extent that harm resulted. This has been escalated and will be discussed at the Quality Committee, with the Quality Committee Chair agreeing to provide an update to Governors in relation to this.

In general, the complaint rate is stable from month to month, but there are still issues in complaint handling in some Clinical Boards, and questions have arisen about complaint rates in some Boards and Directorates which are being addressed.

b. Clinical Audit and Guidelines Group (CAGG) [meets monthly]

Philip Home, Public Governor, attended the monthly CAGG meeting, which he noted to be a routine, light meeting.

A long-standing risk on the risk register in ophthalmology (specifically management of glaucoma and macular degeneration) will be mitigated against by the appointment of a new ophthalmologist.

Other risks or issues, identified from NICE guidelines or national audits, remain outstanding.

c. Patient Safety Group (PSG) [meets monthly]

Pam Yanez, Lead Governor, attended the PSG meetings on 11 June 2024 (via Teams) and 19 July 2024 in person and will submit her report to the next WG meeting for discussion.

d. Nutrition Steering Group (NSG) [meets quarterly]

Claire Watson, Public Governor and chair of the WG, regularly attends the NSG meetings and provides a written report to Governors.

Claire noted from the most recent meeting that malnutrition screening compliance was improving across the wards and that some great work had been done on hydration, in terms of fluid monitoring and management across adults and paediatrics.

Following discussion, a proposal has been submitted to the Trust Charity to fund an electronic meal ordering system.

In addition, the Sophie's Legacy project (providing meals to parents of children who are in-patients) was making great headway, with support from the Trust's charity. Practicalities around location and implementation were being discussed.

3. PRESENTATIONS/GUESTS

There were no presentations in June and July as the time was used to discuss and streamline the ward visit template.

4. WARD AND DEPARTMENT VISITS

A visit was undertaken to the following location using the new visit template:

- Ward 22 (Endoscopy), Freeman Hospital

The visit template has been refreshed which made the visit process, and discussions with both staff and patients, a more natural and organic process. This in turn has allowed for a more streamlined and less repetitive report to be produced. WG members provide written reports of visits to the Corporate Governance Team, which are then passed on to Mr Ian Joy, Executive Director of Nursing for review. Members of the WG discuss findings and recommendations in meetings to identify any trends that they may wish to seek further assurance on. Following the visit to Ward 22, the WG made its first Greatix recommendation.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

Report of Claire Watson
Chair of the QPE Working Group
02 August 2024

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Agenda item 8 (iii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 August 2024					
Title	Business and Development (B&D) Working Group Report					
Report of	Eric Valentine, Chair of the Governors Business and Development Working Group					
Prepared by	Eric Valentine, Chair of the Governors Business and Development Working Group					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	The content of this report outlines the activities undertaken by the working group since the previous meeting of the Council of Governors.					
Recommendation	The Council of Governors is asked to receive the report.					
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of thehighest standard focusing on safety and quality.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☒	☒	☐	☐	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

The Newcastle upon Tyne Hospitals NHS Foundation Trust

BUSINESS AND DEVELOPMENT (B&D) WORKING GROUP (WG) REPORT

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Business and Development (B&D) Working Group (WG) since the last meeting of the Council of Governors in June 2024.

BUSINESS AND DEVELOPMENT (B&D) WORKING GROUP (WG) REPORT

1. INTRODUCTION

The Business and Development (B&D) Working Group meetings have been held monthly via Teams and in-person with the topics covered relating to the Working Groups (WG) Terms of Reference.

The WG is generally well attended. However, following the Governor elections and the consequent change of WG members, the WG particularly welcomes new Governors who would like to join, as well as Governors who may wish to attend a specific meeting. There has only been one B&D WG meeting since the last report.

2. PRESENTATION TOPICS

2.1 Martin Wilson (MW), Chief Operating Officer

MW gave the WG an update on the development of the Clinical Strategy for the next period with a target date in 2025 for its inception. This will cover a wide range of topics and will be a very thorough and extensive exercise. The role of the B&D WG was discussed, and it was agreed that it would facilitate Governor interaction with the process and engage the Council of Governors by reporting as appropriate. WG members have engaged with previous strategy developments as part of the remit of the WG.

The new Clinical Strategy is intended to link together different programmes of work and start a process of developing medium term plans. The process questions where are we now, where do we want to be (by the period 2030-40) and how are we going to get there? This is to be achieved through nine workstreams including “front door and medical flow” to “research and development”, managed in two phases. MW noted more generally that other health systems across the world have a higher number of quality measures so there is room for significant improvement.

Access to care is the biggest challenge to the NHS today and is a key element of public satisfaction with the NHS.

MW also gave a report on a wide statistical analysis *of the causes of premature death and disease and the associated risk factors.*

The Governors’ support was sought specifically to address the following and provide feedback:

- What do you think are the key issues to be considered in the clinical strategy?
- Will you help us with our plans for public and staff engagement around the strategy?
- Testing and improving the clinical strategy as it develops.

This work is of great importance in exposing the direction of clinical demands and highlighting potential changes in future requirements as well as those areas which may become less significant as other medical approaches become more effective.

3. RECOMMENDATION

The Council of Governors is asked to note the contents of this report.

Report of Eric Valentine
Working Group Chair
5 August 2024

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Agenda item 8(iv)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 August 2024					
Title	People, Engagement and Membership (PEM) Working Group Report					
Report of	Judy Carrick – Chair of the PEM Working Group					
Prepared by	Judy Carrick – Chair of the PEM Working Group					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	The content of this report outlines the activities undertaken by the working group since the previous Council of Governors meeting in June 2024.					
Recommendation	The Council of Governors is asked to receive the report.					
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of thehighest standard focusing on safety and quality.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

The Newcastle upon Tyne Hospitals NHS Foundation Trust

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP (WG) REPORT

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the People, Engagement and Membership (PEM) Working Group (WG) since the last meeting of the Council of Governors.

The Newcastle upon Tyne Hospitals NHS Foundation Trust

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP (WG) REPORT

1. INTRODUCTION

The PEM WG continue to hold monthly meetings in person and virtually. There are no meetings in December or August. The last meeting was held on 9 July 2024 and PEM will meet again on Wednesday 11 September 2024. From September, the WG will meet on Wednesday afternoons.

2. GROUP ACTIVITIES

The PEM WG continues to focus on increasing the number and diversity of members, with a special focus on recruiting members in the lowest age range category (16 – 25 years) and in the underserved sectors of our constituencies in order to better represent the entire community. Further, we have directed our attention to engagement with the community and membership, and on improving communication. We are currently striving to improve our listening to our community and forwarding this communication back to the Trust.

3. ONGOING AREAS OF FOCUS

Membership:

1. We reported a growth in public membership in the run-up to the elections this spring. This has now eased off and we are, therefore, looking to community engagement and our social media campaign to increase both numbers and diversity of membership.

2. The Chair of the PEM WG addressed the Newcastle University Medical School, giving a presentation to final year medical students about the benefits of Membership and engaging with Hospital Governors and the Trust.

3. The Group continue to look at other community sites for engagement. Our new WG Vice Chair, Poonam Singh, will focus on how we can engage with underserved communities.

4. With input from our communications specialist, Charlie Comms, the Corporate Governance Team and the Trust Communications team, the media campaign run during this year's Council of Governors Elections reached a wider audience than ever before and we enjoyed the broadest field of candidates in age range, ethnicity and quantity of candidates.

   The Chair of the PEM WG met with the new chair of the Trust's People Committee and discussed Executive Team support for community and membership engagement.

Engagement and Communication:

1. The Chair of the PEM WG signed off the final programme for the Members Event which took place on 1 August, Food for Thought: Addressing Food Insecurity in Healthcare. The Programme was also shared with the WG for feedback prior to distribution. The event focused on a key

public health topic and provided both case studies and discussion opportunities to hear from our members and community guests about this urgent local issue. The programme was developed by our Public Health Consultant, Balsam Ahmad, along with input from the Corporate Governance Team and representatives from local universities and Children North East. As usual, Governors generously supported the event and took the opportunity to speak with their constituent members.

2. Our most recent Newsletter focused on staff and profiled two of our new Governors. In future issues, we hope to include interviews with our Chief Executive and Interim Shared Chair, alongside input from our Executives and Non-Executive Directors.

3. We are currently exploring new venues in order to bring our Members events into the community in the hope of reaching a wider audience.

4. The Chair of the PEM WG had a conversation with the Trust's Director of Communications and Corporate Affairs to reinforce shared goals and supportive co-working. This meeting explored ways to use the Communications Team expertise to improve the appearance of our newsletter articles and to consider co-working on events.

5. The November Members' Event will be led by Doctor Luisa Wakeling, Appointed Governor for Newcastle University, and will focus on dental outreach and innovation within Newcastle Hospitals.

Post CQC Reset

The PEM WG continues to monitor the training offer put in place to address the culture and leadership matters identified within the Care Quality Commission (CQC) inspection reports. As part of this, the WG have developed a series of questions to address to the Chief People Officer with the aim of seeking assurance that the Leadership Development Offer is effective and being used to improve culture at the Trust. The PEM WG has also reached out to the Information Technology (IT) team for further comment on the training that accompanies our newly upgraded IT systems. The WG will ask the Quality of Patient Experience Working Group to seek staff feedback on this matter when performing ward and clinic visits.

The PEM WG received an early look at the People Strategy which includes the new Behaviour and Civilities Charter, with its development led by Christine Brereton, Chief People Officer. It has been agreed that further training on this would be undertaken by the whole Council of Governors, provided by Christine and members of her team.

4. RECOMMENDATIONS

The PEM WG asks the Council of Governors to receive this report.

Report of Judy Carrick
Chair of the PEM Working Group
31 July 2024

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Agenda item 9 (i)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 August 2024					
Title	Integrated Board Report					
Report of	Rob Harrison, Managing Director Angela O'Brien, Director of Quality & Effectiveness Vicky McFarlane-Reid, Director of Commercial Development & Innovation					
Prepared by	Elliot Tame, Senior Business Development Manager (Performance) Pauline McKinney, Quality & Assurance Lead					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☒		☐	
Summary	This paper is to provide assurance to the Council of Governors on the Trust's performance against key Indicators relating to Quality & Safety, Access, People, Finance and Health Inequalities.					
Recommendation	For assurance.					
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☒	☒	☐	☐
Link to Board Assurance Framework [BAF]						
Reports previously considered by	This is a regular paper provided to the Council of Governors.					

INTEGRATED BOARD REPORT

EXECUTIVE SUMMARY

This report provides an integrated overview of the Trust's position across the domains of Quality & Safety, Access, People, Performance, Finance and Health Inequalities.

Quality:

- Throughout the month of May 2024, the number of Trust onset C. Difficile and E.Coli have increased since the previous publication in April 2024. Pseudomonas and MSSA bacteraemia have decreased since the previous publication and Klebsiella and MRSA bacteraemia remains the same with zero reporting.
- May 2024 shows a decrease in inpatient acquired pressure ulcers since the previous publication. The number of falls since previous publication has increased but the rate remains the same in terms of falls per 100 bed says.
- The number of moderate and above harmful incidents fell slightly from April 2024 to May 2024.
- The latest Mortality "SHMI" publication, shows the Trust to be at 0.9o. This is within "expected limits" and one of the lowest within the region.
- The Trust have reported one late indirect maternal death in May 2024, this has been reported to MBRRACE-UK but falls outside MNSI referral criteria. A local review has been undertaken and action identified.
- In May 2024, the levels of emergency caesareans returned back to average compared to the previous month, there was a corresponding increase in elective caesarean sections rates.

People:

- Data is for year-ending May 2024 unless otherwise stated.
- Total sickness absence reduced from 5.62% (June 2022 to May 2023) to 5.34% (June 2023 to May 2024).
- Top three reasons for sickness absence are 'anxiety/stress/depression/other psychiatric illnesses' (29%), 'Other musculoskeletal problems' (11%) and 'Gastrointestinal problems' (9%).
- Staff in post increased by 3.78% compared to previous year with biggest increase in nursing & midwifery, allied health professionals.
- Retention of staff with over 1-year service decreased from 87.88% (May 2023) to 85.89% (May 2024).
- Turnover has been reducing since May 2023 and stands at 10.31% (May 2024) compared to target of 8%.
- Top reason for leaving was 'work-life balance' 17.22%.
- Top destinations on leaving were: 'no employment' 38.8% (half were accounted for by retirement, health and temporary contract); and other 'NHS organisation' 30.2%.
- Mandatory training compliance is 92.01% compared to target of 95%.
- Lowest rate of compliance is medical and dental staff 85.68%.
- Mandatory training courses below 80% compliance: 'Paediatric Basic Life Support' 78.84%.

- Appraisal compliance is 85.99% compared to target of 95%.

Performance:

- The total number of patients waiting >78 weeks in May remained low but increased to 22, from 15 in April.
- The number of patients waiting over 65 weeks fell to 476 from the previous month, with the volume of patients waiting over a year for treatment dropping to 2,547.
- The 75% 28 Day Faster Diagnosis Standard (FDS) was achieved for the third successive month in April (77.0%), despite performance declining by 7.6% from March.
- However the organisation failed to meet the other two consolidated standards in April - 62 Day compliance was 58.9%, whilst 31 Day performance fell back by 4.3% to 84.8%.
- Organisational performance against the six week diagnostic standard declined again in May, with 34.1% of patients now waiting over six weeks for their diagnostic test.
- The Trust also delivered performance below the revised 4-hour A&E arrival to admission/discharge target for May, with performance standing at 72.0% against the 78% target.

Finance:

- As at month 2, the Trust is reporting delivery against the planned deficit of £2m.
- From an income perspective the in-month position is an overall favourable variance.
- For expenditure the variance on employee expenses mainly relates to the impact of the Consultant Pay Reform expenditure that was paid in May. The overspend on drugs expenditure is partly matched with income and an increase on the 2023/24 levels that will be monitored.
- Agency costs continue to run at around 0.8% of the gross staff costs. This is below the national target set at 3.2%. However there continues to be medical agency usage across a number of specialties where it is proven difficult to recruit on a permanent/substantive basis. This will continue to be managed and monitored on an ongoing basis to reduce the reliance on agency.

Health Inequalities:

- This is the 2nd Integrated Quality & Performance Board Report containing a section on Health Inequalities.
- This update contains information on elective admissions and inpatient waits for elective treatment disaggregated by age, sex, ethnicity and deprivation.
- This section of the report will continue to expand and develop over time to give greater insight into Health Inequalities.

The Council of Governors is asked to receive the report.

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Integrated Quality & Performance Board Report

Quality, People, Performance, Finance and Health Inequalities

July 2024

Healthcare at its best
with people at our heart

Executive Summary (i)

Please note due to the timing of Board Committees this month only a few areas have up to date data to include. The updates relate to diagnostics performance and the Health Inequalities section.

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Executive Summary (ii)

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Contents: July 2024

Quality

People

Performance

Finance

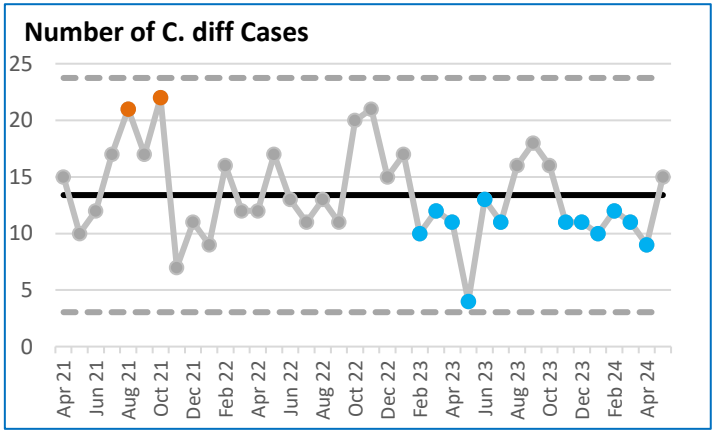
Health Inequalities

Quality

Quality: Healthcare Associated Infections 1/4

***Clostridioides difficile* Infections (CDI)**

- All hospital acquired, hospital onset *Clostridioides difficile* infections are reviewed by a Microbiologist, Antimicrobial Pharmacist and an Infection Prevention and Control Nurse. Following implementation of PSIRF this investigation determines if any lapses in care (which might include, but not restricted to reviewing antimicrobial stewardship, safe patient placements, timely sample collection) have resulted in the acquisition of the organism. Where there have been no lapses of care identified, these cases are deemed unavoidable.



Background

- Currently no national threshold published.

Current position

- There was a rise in cases from nine in April to fifteen in May. This is comparable with previous trends and will be closely monitored.
- Out of the fifteen cases in May, five were deemed unavoidable and four were avoidable. Themes identified in the avoidable cases were timely sampling and delay in isolation of symptomatic patients. A review of antimicrobial stewardship for the remaining six cases is currently being undertaken and will be included in future reporting.

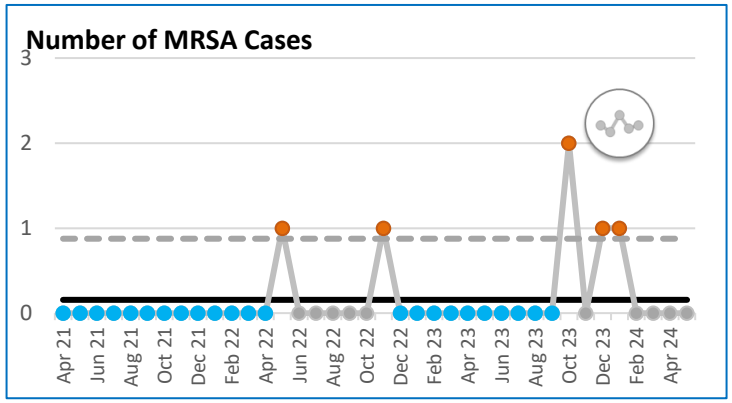
Quality: Healthcare Associated Infections 2/4

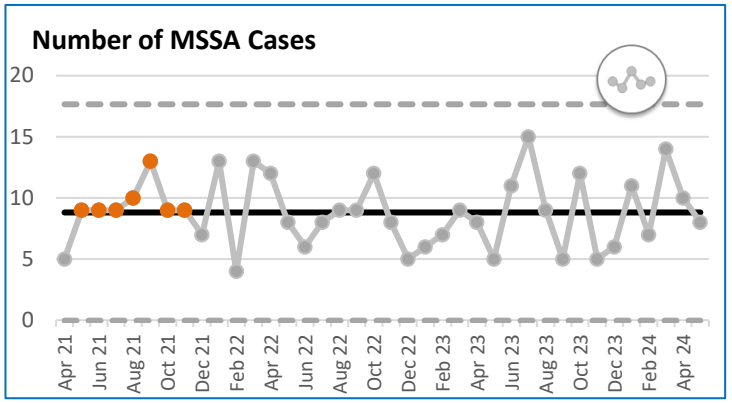
Blood Stream Infections (BSI)

- A Microbiologist undertakes a review of all blood stream infections and determines whether further investigation is required. Following implementation of PSIRF this investigation determines if any lapses in care (which might include, but not restricted to reviewing correct invasive device management, safe patient placements, timely sample collection) have resulted in the acquisition of the organism. Where there have been no lapses of care identified, these cases are deemed unavoidable.

Background

- The national threshold target is zero cases for MRSA, and it is likely that this will remain for this financial year There is no national threshold set for MSSA, however the Trust set a local target of a 10% year on year reduction.





Current Position

MRSA

- The chart indicates no reported cases since January 2024.

Current Position

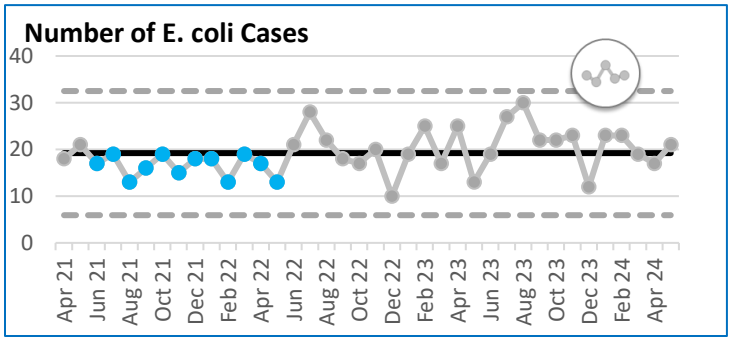
MSSA

- The chart indicates that there were eight MSSA cases in May 2024, on investigation six were deemed unavoidable.
- Investigations highlighted there were gaps in documentation associated with intravascular devices.

Quality: Healthcare Associated Infections 3/4

Gram Negative Blood Stream Infections (GNBSI)

- A Microbiologist undertakes a review of all blood stream infections and determines whether further investigation is required. Following implementation of PSIRF this investigation determines if any lapses in care (which might include, but not restricted to reviewing correct invasive device management, safe patient placements, timely sample collection) have resulted in the acquisition of the organism. Where there have been no lapses of care identified, these cases are deemed unavoidable.

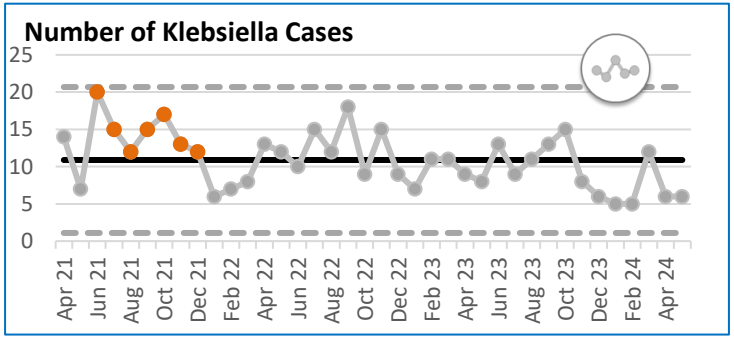


***E. coli* Bacteraemia**

- Currently no national threshold published.

Current position

- No concerning variations are noted.
- Upon investigation in May, from the twenty-one cases, nineteen were deemed unavoidable, with the remaining two associated with Catheter-Associated Urinary Tract Infection (CAUTI).

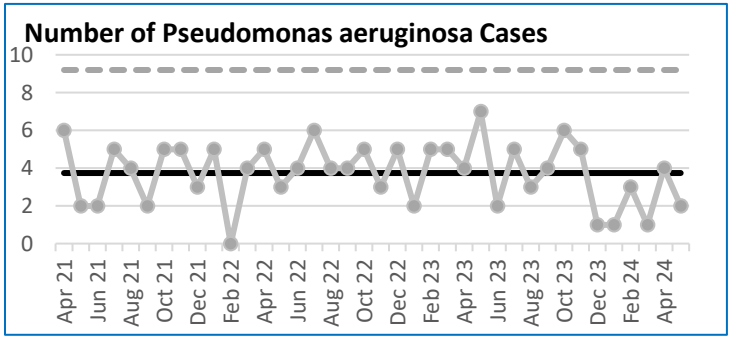


Klebsiella Bacteraemia

- Currently no national threshold published.

Current position

- The chart indicates no common cause and figures remain unchanged in May.
- Upon investigation all cases were deemed unavoidable.



Pseudomonas aeruginosa Bacteraemia

- Currently no national threshold published.

Current position

- The chart indicates a no common cause with two cases seen in May, both of which were deemed unavoidable.

Quality: Healthcare Associated Infections 4/4

Current Actions in place

- Harm Free Care Dashboards for 2024/25 have been circulated with this year's 10% reduction trajectories in line with the ward 'How We are Doing boards'. The Matrons in the clinical boards have created action logs to focus on areas for improvement and quality improvement initiatives.

- Changes to the method of capturing data with the implementation of PSRIF will facilitate improved reporting and allow thematic analysis, providing valuable IPC information to Clinical Boards.

- In periods of high incidence of infection, patient flow pathways are examined through collaboration between IPC, Facilities Teams, PSC Teams and clinical leaders to facilitate safe and timely patient placement and prompt specialised cleaning when required.

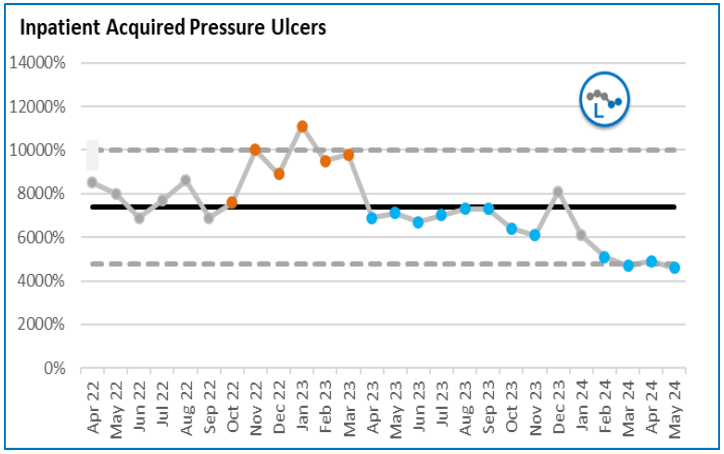
- On a weekly basis *Clostridioides difficile* and Blood Stream infections are reviewed by an MDT to establish if any lapse in care contributed to the acquisition of infection. This information is conveyed and shared with clinical teams for them to facilitate learning within clinical boards and to improve Antimicrobial Stewardship (AMS). Harm Free Care Dashboards are updated to enable monthly monitoring at ward / department level. This information is displayed on ward information boards with an annual reduction trajectory set at 10%.

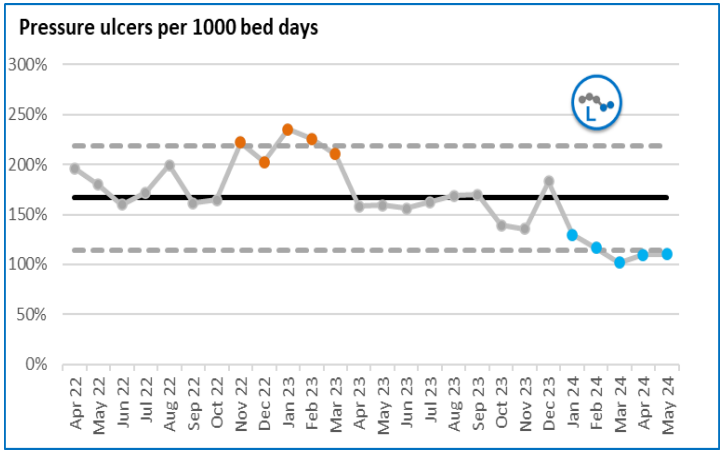
- Currently the digital dashboard to monitor invasive devices is in testing phase and set to go live in quarter 2. This new platform will support real time monitoring of lines, drains and tubes at ward and departmental level to increase compliance and support through proactive intervention. This work will be augmented through the relaunch of Aseptic Non-Touch Technique (ANTT) training.

- The educational programme is ongoing with the Harm Free Care Specialists, performing trolley dashes, in-depth educational support within clinical areas at ward / department level, with specific focus in areas of high incidents of HCAI. The impact of this is continually monitored through ward / department level data and shared within the Clinical Board Governance Framework.

- A Quality Improvement project has commenced in Older People's Medicine to decrease avoidable urinary catheters by 5% in collaboration with the clinical teams, IPC and the Bladder and Bowel Specialist Nursing Team. This will be monitored and shared quarterly within the Clinical Board Oversight Group (COG), Infection Prevention and Control Committee (IPCC) and Quality Committee.

Quality: Harm Free Care – Pressure Damage





Background

- The reporting of all skin damage is encouraged and expected.
- Year on year there has been a reduction strategy set at 20% for pressure ulcers at Category II and above.

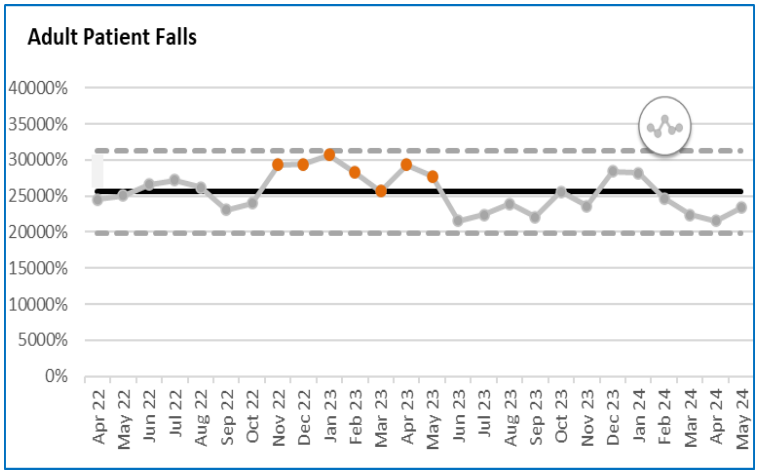
Current position:

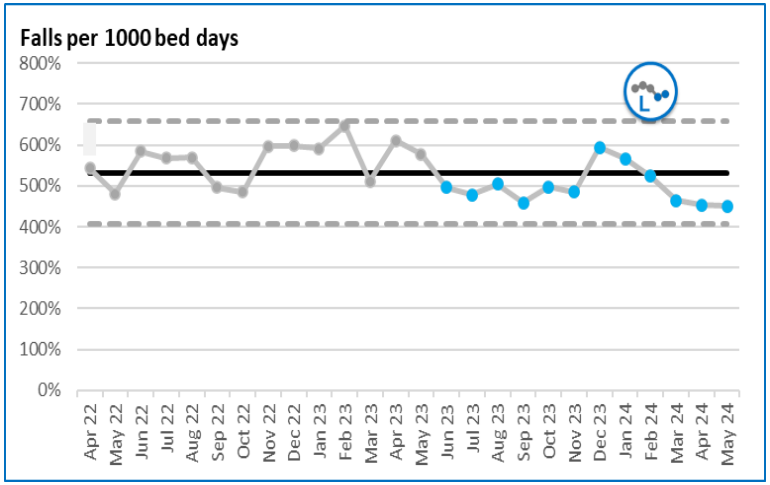
- The chart demonstrates a sustained reduction trend in in-patient acquired pressure ulcers, with the exception of December, whereby a rise occurred and is consistent with previous winter trends.
- There were two pressure ulcers causing serious harm in May 2024, both of which were category III. There has been no Category IV or above since June 2022.

Current actions in place

- Harm Free Care Dashboards are shared on a monthly basis, with Wards and Departments, with a reduction trajectory set at 20% for Cat II and above. The Tissue viability teams are delivering education to highlight the importance of reporting skin damage at the earliest stage, as the evidence shows this increases staff awareness, skin surveillance reduces levels of deterioration to higher category skin damage. Data is not yet available to demonstrate the impact of this, this will be monitored and reported on in the coming months.
- The Tissue Viability and Podiatry teams continue to deliver regular educational updates and have introduced a ward surveillance programme to monitor practice in clinical areas.
- The pressure ulcer risk tool Purpose T has been trialled across the Trust. Following evaluation and digital development there will be a planned Trust wide roll out in the coming year with specific timeframes still to be agreed.

Quality: Harm Free Care - Falls





Background

- The reporting of all falls, suspected and confirmed is encouraged and expected.
- A reduction trajectory of 20% has been set year on year.

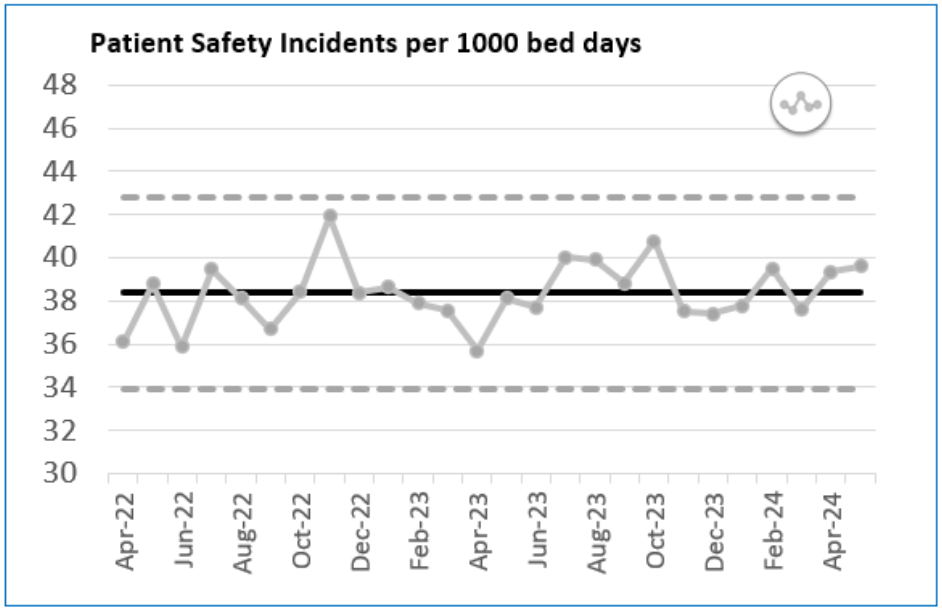
Current position

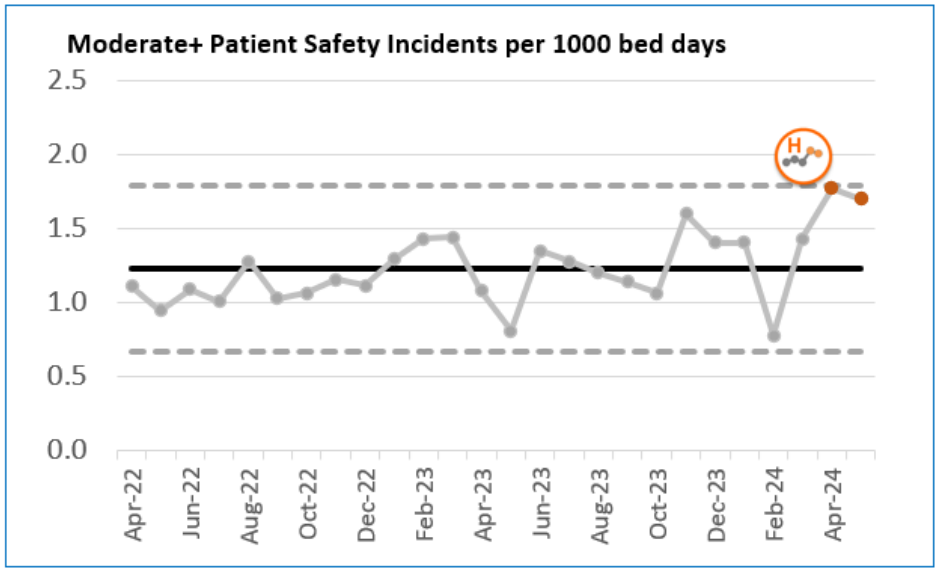
- In May there was a slight rise in falls to 234 from 216 in April, however falls with harm remain extremely low at 0.9% of total falls in May, with 2 incidents, 1 of which was moderate and a fractured neck of femur which is identified as a major harm.
- Falls per 1,000 bed days remain static at 4.5, significantly under the Trust target of 6.0.

Current actions in place:

- The Falls Prevention Coordinator post is currently vacant with the new post holder commencing the role at the end of July. The Senior Nurse for Clinical Standards & Quality Improvement and the Associate Director of Nursing for Clinical Standards continue to review ward level data on a monthly basis.
- Wards and Departments are provided with ward level data on a monthly basis, with a reduction trajectory set at 20%. This information is displayed on the ward information boards.
- The roll out of Trust wide training upon the Enhanced Care Observation (ECO) policy is planned for July/August, the Trust wide safety briefing will also feature ECO in the early July bulletin.

Quality: Incident Reporting





All patient incidents: There has been an increase in the number of patient safety incidents per 1,000 bed days reported in May 2024, but this remains within the common cause for variation.

Causes of variation:
Work remains ongoing around the Trust to raise awareness of the importance of reporting incidents on Datix.

Actions:
Continue to encourage reporting and, more importantly, encourage robust feedback to be shared within and between Clinical Boards
Low/no harm Clinical Board data being shared at the Patient Safety Incident Forum

Expected outcome:
It is anticipated that the Trust's incident reporting rates will continue to increase, and this is considered to be a positive trend

Moderate and above harm incidents: The number of moderate and above harmful incidents decreased slightly in May 2024, but remains close to the upper limit of common cause for variation. A high number of incidents is not necessarily a negative phenomenon.

Causes of high numbers of reported incidents:

- Increased awareness and oversight of moderate and above harm grading, including psychological harm, by the Clinical Boards due to the PSIRF rapid review process.
- Some harm noted to be due to limited or absent services, eg physiotherapy and psychology.

Actions:

- Continue to encourage reporting and share learning of moderate and above incidents.
- Risks relating to reduced service capacity escalated to Exec team following rapid action review meeting.

Expected outcomes:

- Incident reporting rates may increase.
- Support with service review and business case to enhance services where relevant.

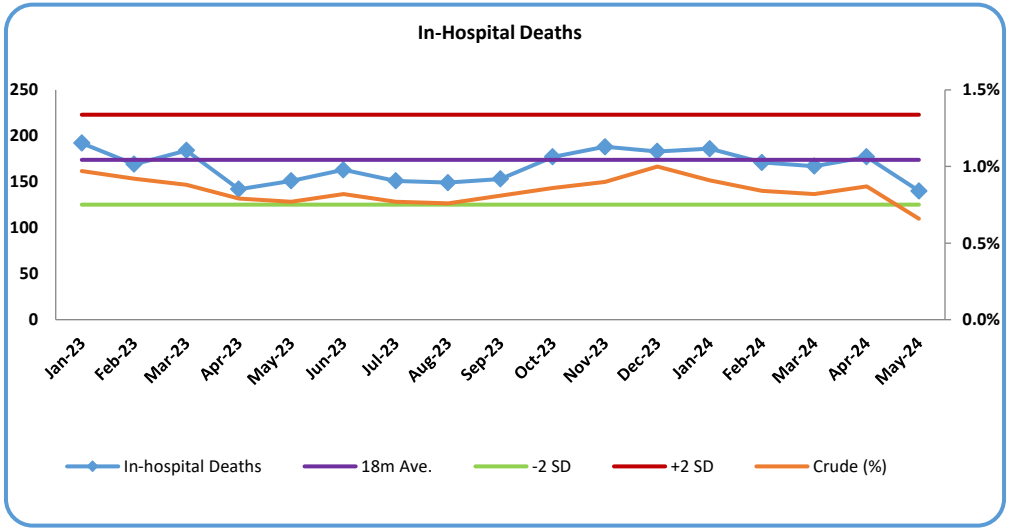
Quality: PSIRF and Never Events

The number of Patient Safety Incident Investigations and After Action reviews along with the themes identified in May 2024 can be found below:

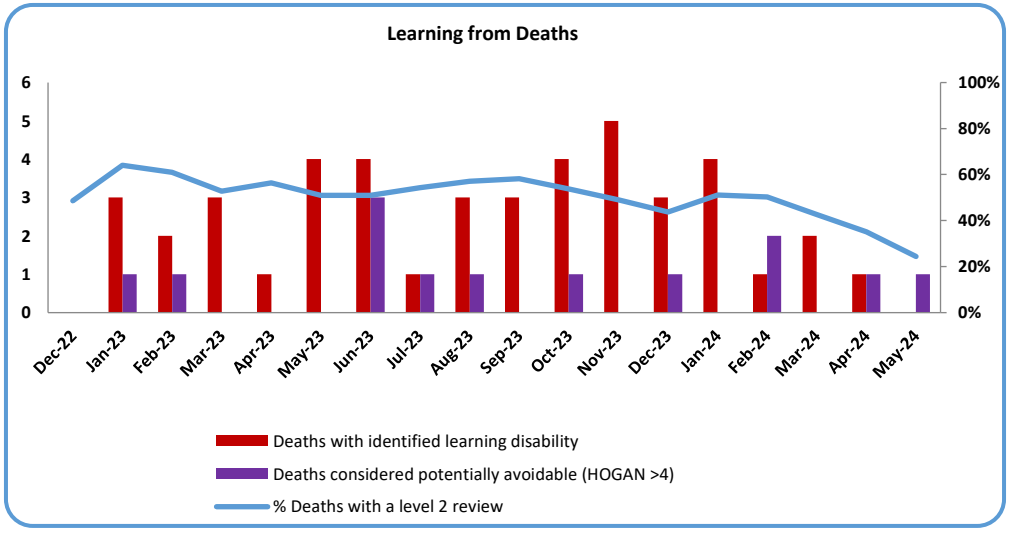
Patient Safety Incident Investigation May 2024 (April 2024: n=3)	
Theme	**Number of cases**
Screening incident	1
Delayed treatment	3
After Action Reviews May 2024 (April 2024: n=6)	
Theme	**Number of cases**
Treatment delay	1
Diagnosis delay	1
Never Events May 2024 (April 2024: n=1)	
Theme	**Number of cases**
There were no Never Events declared in May 2024	
PSIRF priorities May 2024 (April 2024: n=1)	
Theme	**Number of cases**
Internal referrals	1

Duty of Candour has been initiated for all cases that meet the mandatory requirement. Please note under the new PSIRF guidance, the Trust may wish to investigate incidents to enhance learning and improve patient safety where the requirement to carry out Duty of Candour is not met.

Quality: Mortality Indicators



In-hospital Deaths: In total there were 140 inpatient deaths reported in May 2024, which is lower than the amount reported 12 months previously (n=151). The crude rate in May 2024 is 0.66%. This is due to the high number of patient discharges in May 2024 and the relatively low number of inpatient deaths.

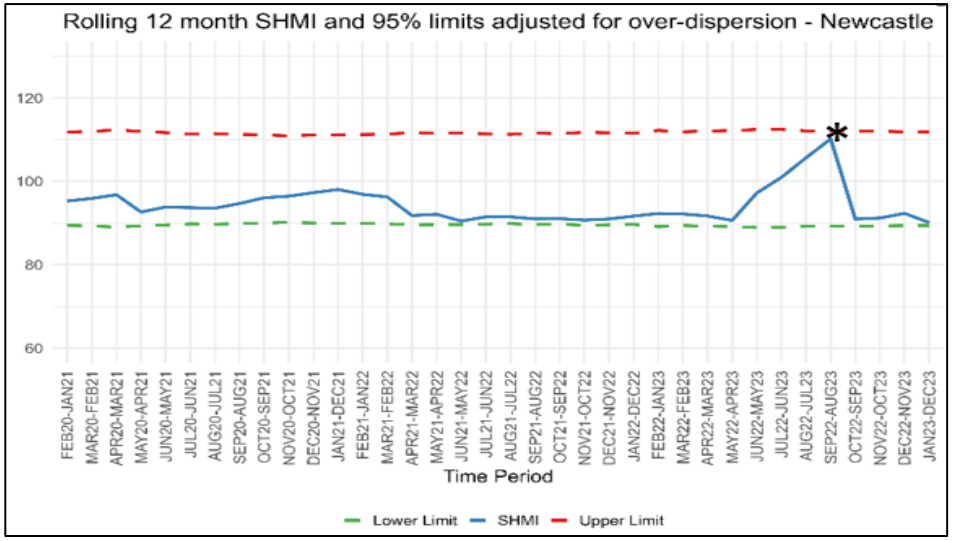


Learning from Deaths: Out of the 140 inpatient deaths reported in May 2024. 34 (24%)patients have, to date, received a level 2 mortality review. However, these figures will continue to rise due to ongoing M&M meetings held over the forthcoming months. All figures will continue to be monitored and modified accordingly.

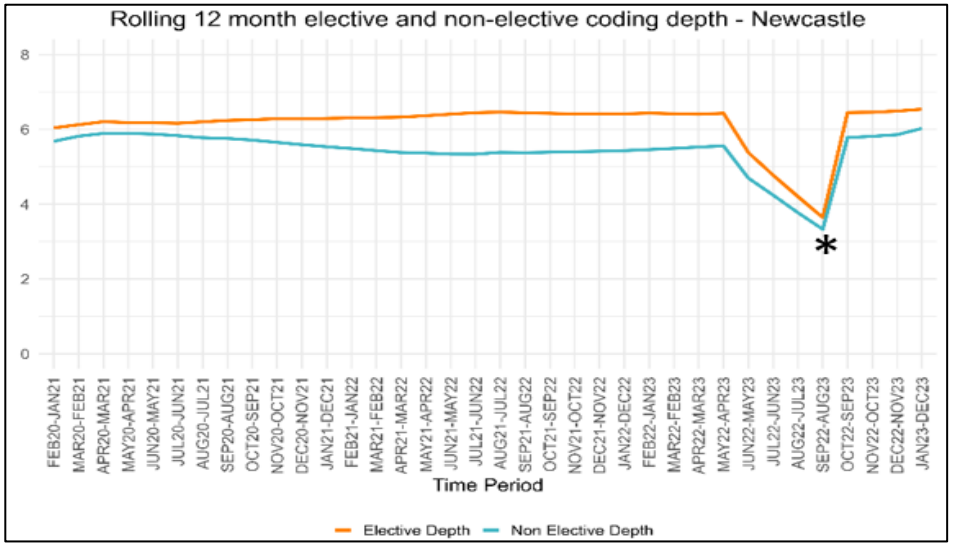
One patient who died as an inpatient in May 2024, had a HOGAN grading of ≥4. This case has had a Rapid Action Review undertaken by the Clinical Board, has been discussed at the Trust Rapid Action Review meeting and is undergoing an after-action review.

Quality: Mortality Indicators

SHMI Trend Analysis – rolling 12 months
February 2020 – January 2021 to January 2023 - December 2023



SHMI: Within the latest published quarterly SHMI data (January 2023 – December 2023) the Trust SHMI is at 0.90. This is within the "as expected" category.

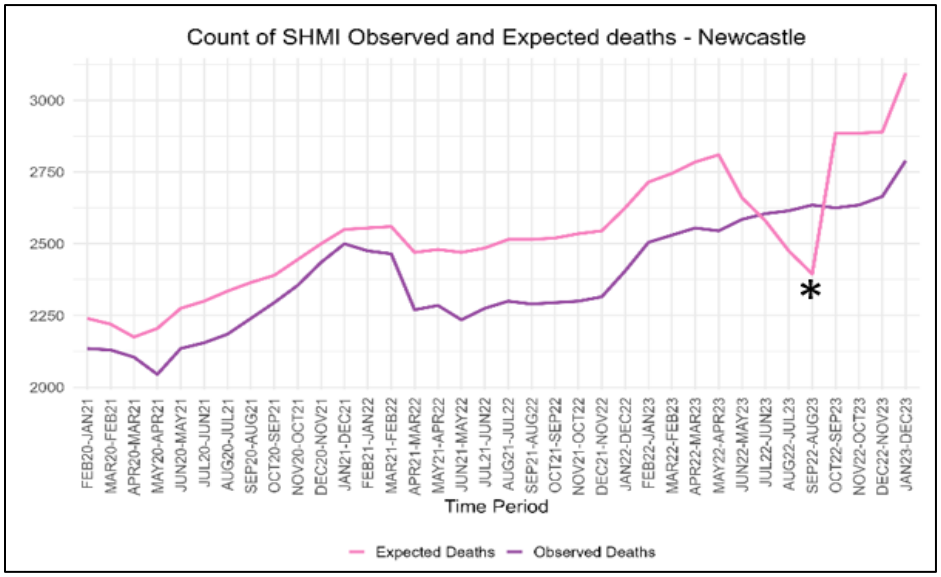


Coding depth (codes/spell): Coding depth has a substantial impact on mortality indicators. Within the latest published quarterly SHMI data (January 2023 – December 2023), the Trust has an elective coding depth of 6.5 and a non-elective coding depth slightly below 6.0.

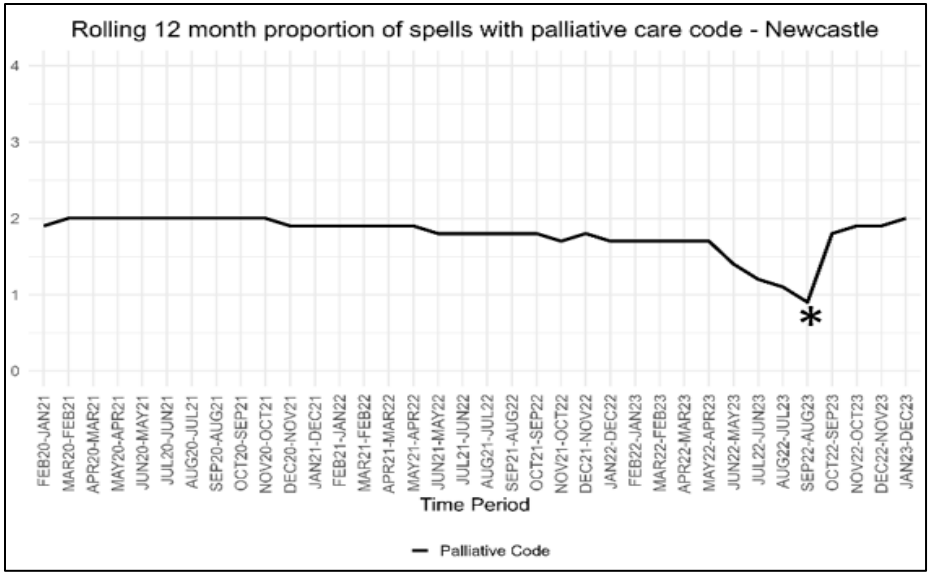
*Trust data is as reported by NHS Digital, there was an issue with the Trust's SUS data flow which affected the clinical coding.
This issue has now been resolved.

Data Source: NEQOS
Monthly SHMI publication

Quality: Mortality Indicators



Observed/Expected deaths – Within the latest published quarterly SHMI data (January 2023 – December 2023) the Trust has 2,790 observed deaths and 3095 expected deaths.

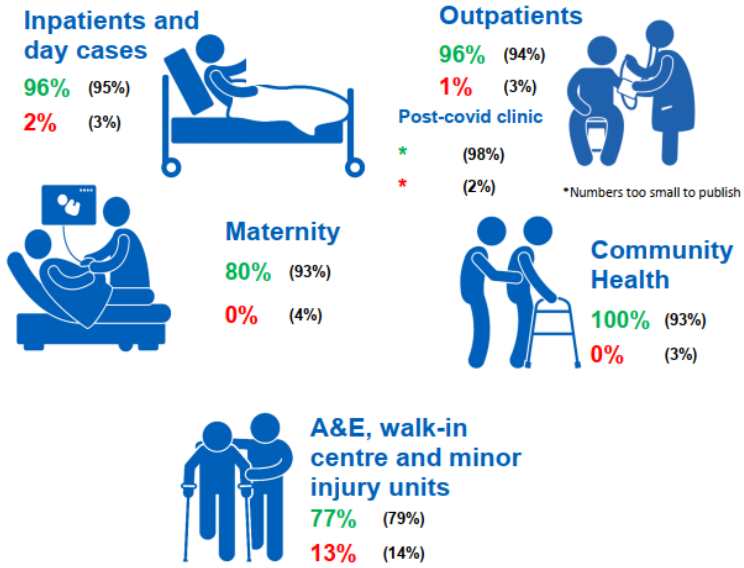


Spells with palliative care coding – Within the latest published quarterly SHMI data (January 2023 – December 2023) the Trust has a 2.0% palliative care coding rate.

* Trust data is as reported by NHS Digital, there was an issue with the Trust's SUS data flow which affected the clinical coding. This issue has now been resolved.

Data Source: NEQOS
Monthly SHMI publication

Quality: FFT and Complaints



*numbers too small to publish

Friends and Family Test

There were 1,324 responses to the Friends and Family test from the Trust in April 2024 (published April 2024) compared to 1,649 in the previous month.

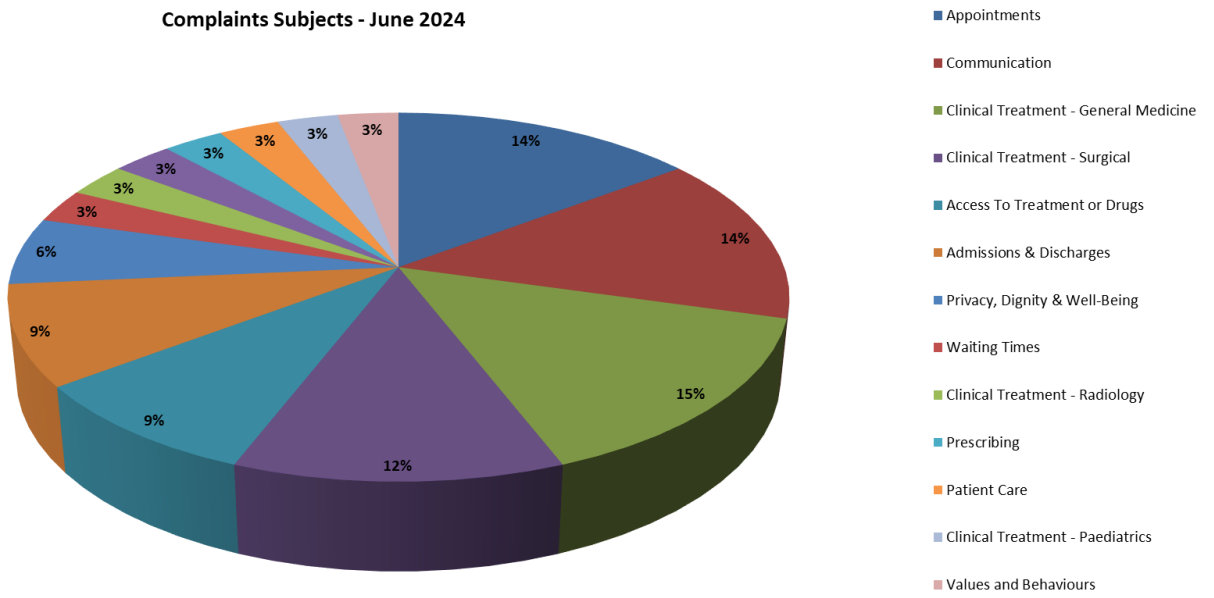
The infographic shows the proportion of patients who give a positive or negative rating of the care they received. The national average results are shown in brackets for comparison.

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

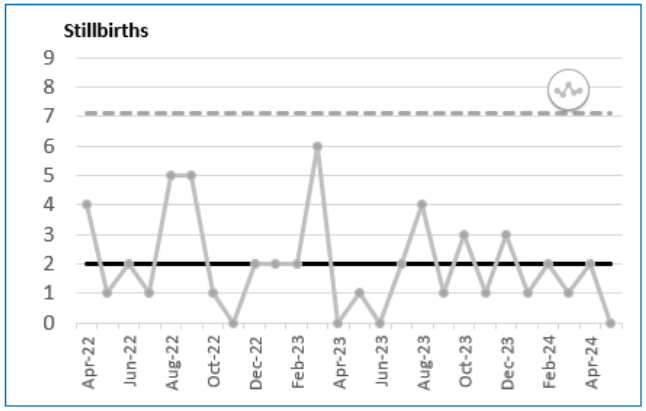
Formal Complaints

The Trust has opened 34 formal complaints In June 2024. The average number of complaints opened this financial year is 50, which is 2 complaints higher than the Trust average for the last financial year 23/24.

The chart opposite summarises the complaint themes for this month, with Communication (n=5) Clinical Treatment (General Medicine) (n=5) Appointments (n=5) being the top three themes.

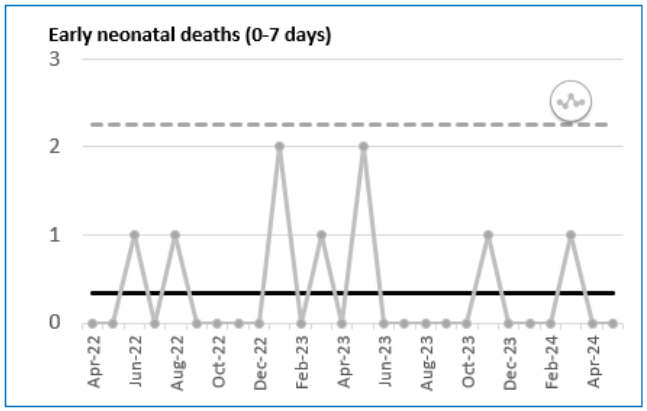


Quality: Maternity



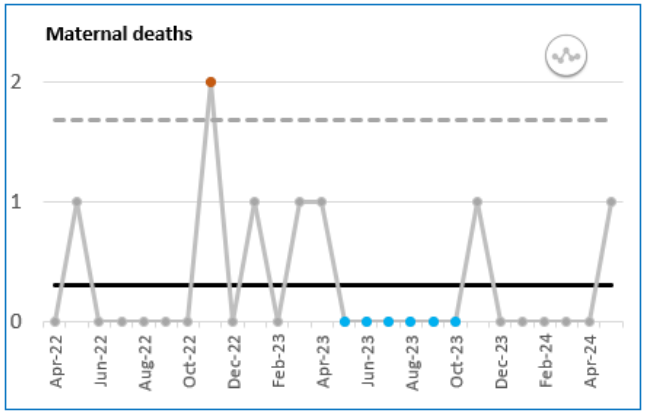
Stillbirths

As NuTH is a tertiary referral Fetal Medicine Unit, complex cases are often referred to the Trust from other units within the region, with women opting to deliver here rather than return to their local unit. This data therefore includes termination for fetal anomalies > 24 weeks gestation. All cases undergo an initial local review and then a more detailed multidisciplinary team review including external input. Findings and actions required, as a result of reviewing each case, are then shared with the family involved. There was one stillbirth in June 2024, this case has been referred for Maternity and Neonatal Safety Investigation (MNSI) as met the criteria for review.



Early Neonatal Deaths

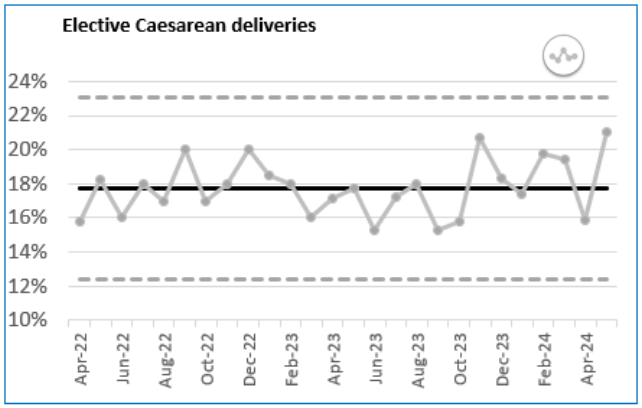
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died within the first week of life. These deaths are reported to the Child Death Review panel (as are all neonatal deaths regardless of gestation) who will have oversight of the investigation and review process. Neonatal deaths of term infants are also reported to MNSI and the Coroner. A post-mortem examination may be requested to try and identify the cause of death. In June 2024 there were no term early neonatal deaths.



Maternal Deaths

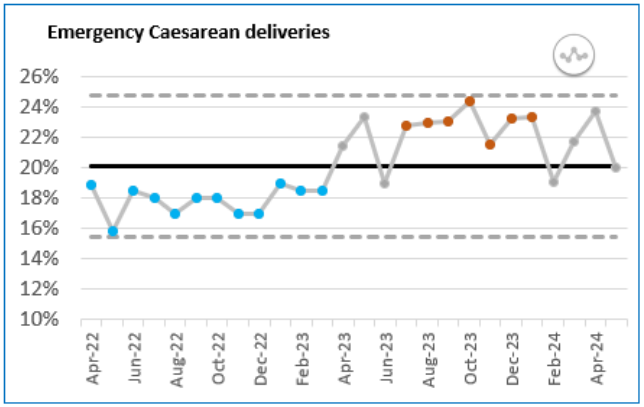
Maternal deaths are reported to MBRRACE-UK and a national report is provided annually. Early maternal deaths are categorised as the death of a woman while pregnant or within 42 days of pregnancy (including termination of pregnancy). Late maternal deaths are reported from 42 days and within a year of pregnancy. Direct deaths are those resulting from obstetric complications of the pregnant state. Indirect deaths are those from pre-existing disease or disease that developed but has no direct link to obstetric cause and was aggravated by pregnancy. Early maternal deaths are also reported to MNSI, investigation is dependent on certain criteria. The Trust have reported one early maternal death in June 2024, this has been reported to MBRRACE-UK and MNSI. The maternity care for this patient was provided by a neighbouring Trust and therefore a joint review is being coordinated to identify immediate learning .

Quality: Maternity

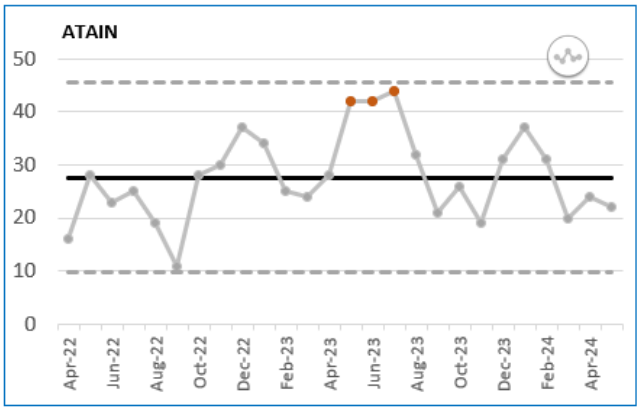


Elective Caesarean section
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However, the rates are comparable to that of other tertiary centres in the UK.

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

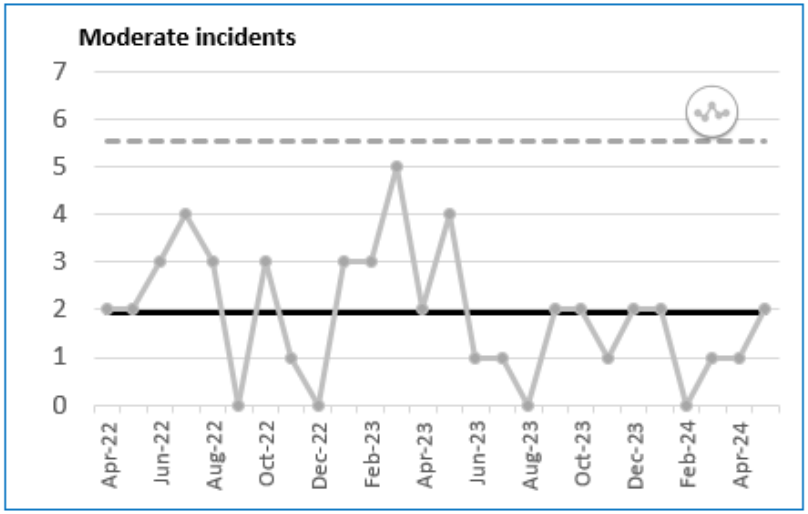


Emergency Caesarean section
The emergency Caesarean section rate is comparable to other Trusts. Maternity is a consultant led service with dedicated consultant presence on Labour Ward 8am-10pm daily, consultant led multi-disciplinary ward rounds occur twice daily. The majority of obstetric consultants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



Avoiding Term Admission into Neonatal Units (ATAIN)
All unplanned admissions of term babies (37 – 41 weeks) into the neonatal unit are currently reviewed at a regular multi-disciplinary meeting and a quarterly report is produced and learning shared. There were 28 term admissions in June 2024.
New maternity and neonatal services guidance recommends that Trusts now focus audit and quality improvement work toward transitional care admissions for babies born from 34 weeks to 36+6 weeks gestation. This is mandated through implementing the Saving Babies Lives Care Bundle version 3 (SBLCBv3) and a requirement of the Year 6 NHS Resolution Maternity Incentive Scheme.

Quality: Maternity



Moderate and above incidents prompting PSIRF rapid review

There were four moderate (and above) incidents reported in Maternity this month. Working within the newly implemented Patient Safety Incident Response Framework (PSIRF), all moderate and above incidents will be reviewed by the maternity governance team and a multidisciplinary team rapid review undertaken. These cases will then be presented to a weekly Trust 'Response Action Review' meeting to agree grading, identify immediate learning/action and agree a proportionate response to each incident which may include local review, after action review or for more significant incidents a Patient Safety Incident Investigation (PSII). Thematic learning from incidents will also be gathered through this process. There are national requirements for Trusts to refer specific cases to Maternity and Newborn Safety Investigations (MNSI was previously known as HSIB) for external review. These include cases involving neonatal brain injury - Hypoxic Ischaemic Encephalopathy (HIE), Term Intrapartum Stillbirths, Early Neonatal deaths and Maternal deaths. Of the moderate and above incidents this month, there were two MNSI referrals. One case has been accepted for investigation by MNSI, while the other case did not meet their criteria for investigation and will be reviewed through other mandated processes. Two cases involved failure to meet national Antenatal Screening Programme standards and will be reviewed through a PSII.

People

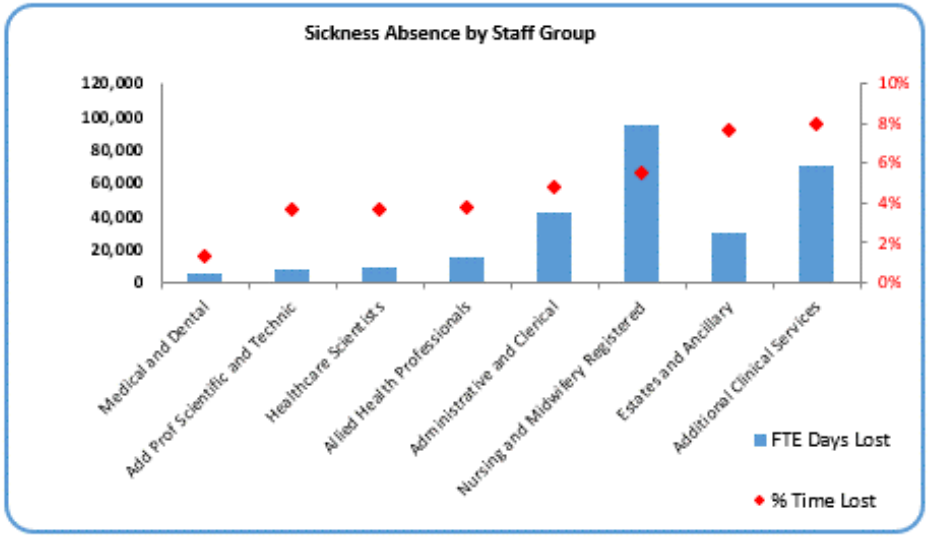
People: Sickness absence

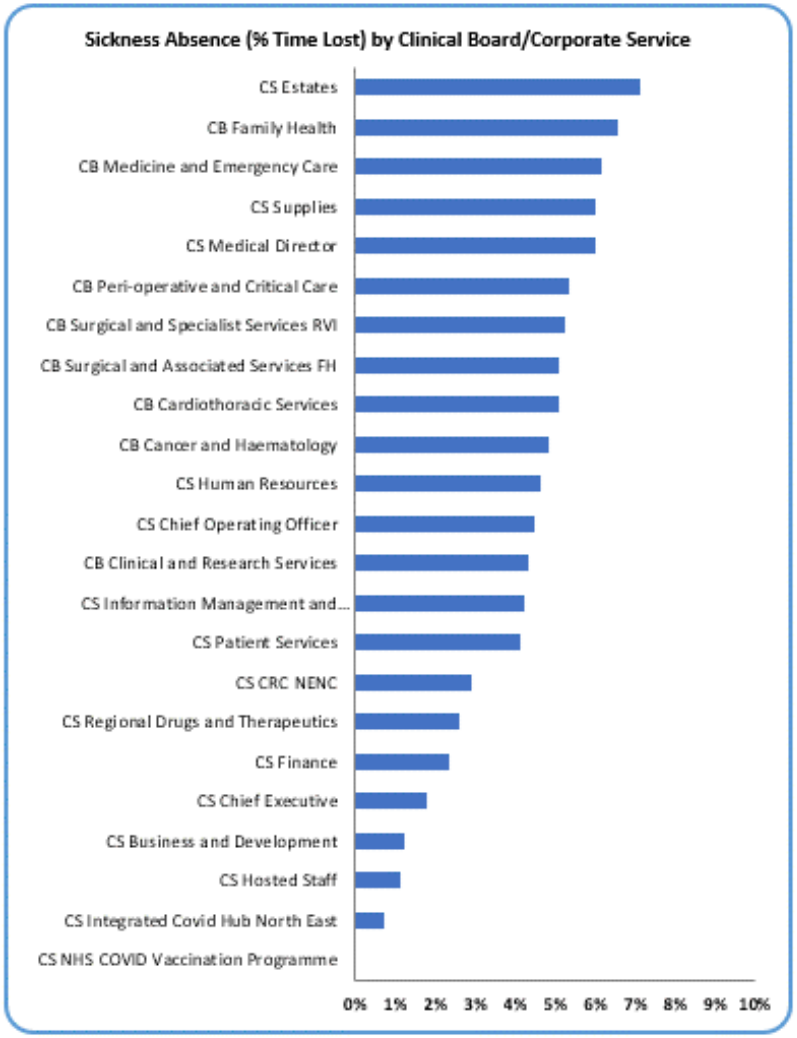
Sickness absence by Staff Group and Clinical Board

273,688 FTE working days were lost due to sickness, compared to 274,896 for the previous year - a reduction of 0.44%

Total sickness absence reduced from 5.62% (June 2022 to May 2023) to 5.34% (June 2023 to May 2024).

The top three reasons for sickness absence are S10 Anxiety/stress/depression/other psychiatric illnesses (29%), S12 Other musculoskeletal problems (11%), and S25 Gastrointestinal problems (9%).





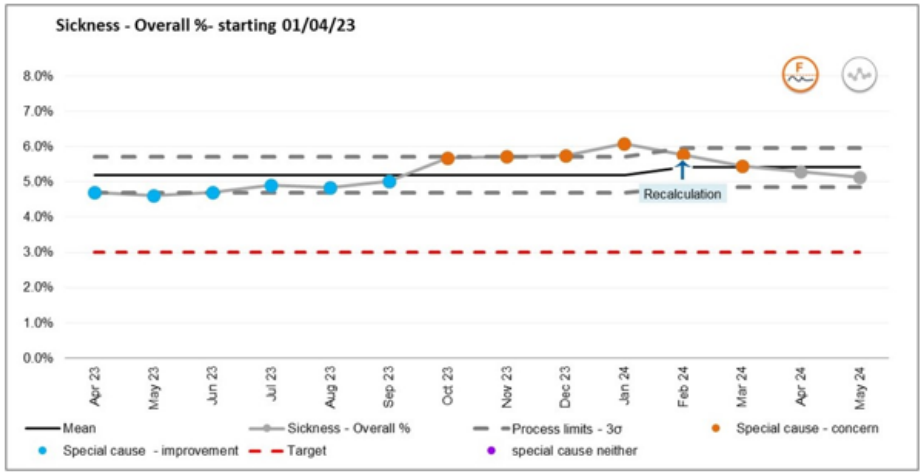
People: Sickness absence

Sickness absence May 2024 (target 3%)

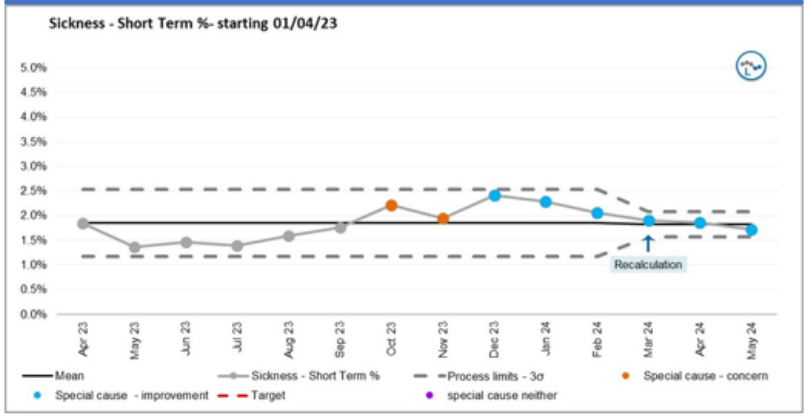
Metric	Assurance	Variation
Sickness – Overall %	Consistently fail target	Common Cause
Sickness – ST %		Common Cause
Sickness – LT %		Common Cause

For the month of May 2024, sickness absence is reporting 5.14%, this is demonstrating a consistent trend above the 3.00% target with long term sickness the main contributing factor.

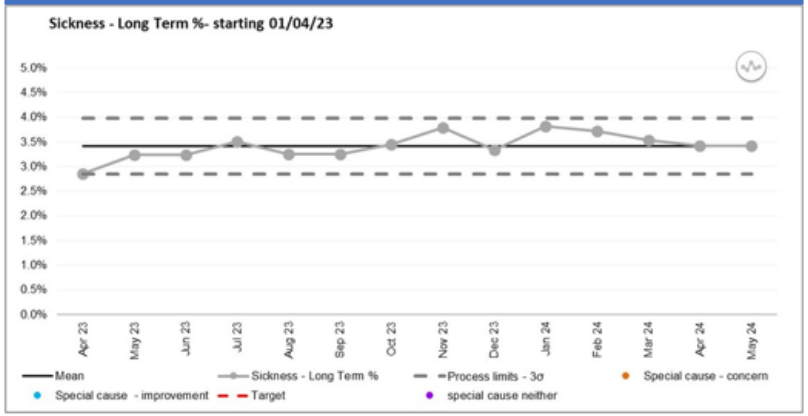
Sickness – Overall % **5.14%**



Sickness – Short Term % **1.72%**



Sickness – Long Term % **3.42%**



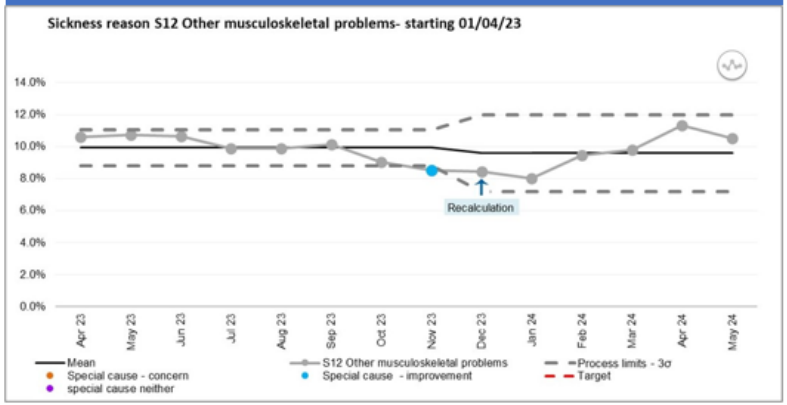
People: Sickness absence

Top three sickness reasons June 2023 to May 2024 (%FTE)

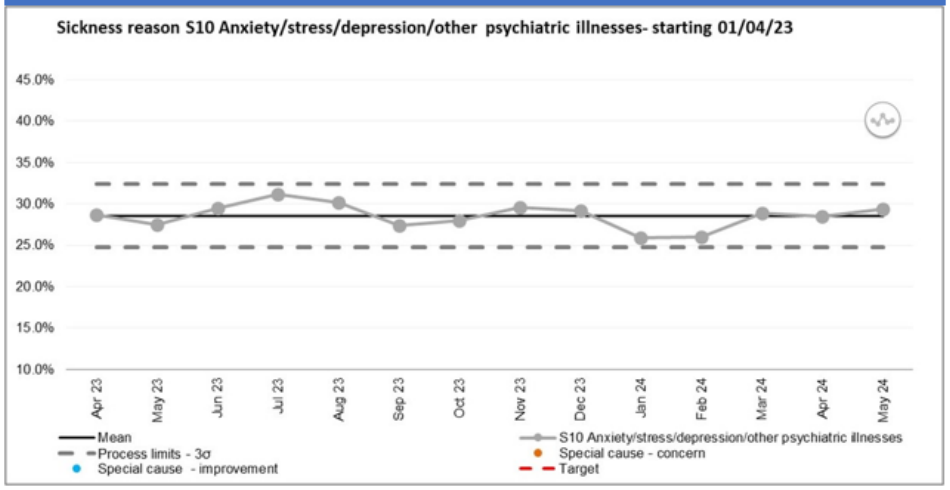
Metric	Variation
S10 Anxiety/stress/depression/other psychiatric illnesses	Common cause
S12 Other musculoskeletal problems	Common cause
S25 Gastrointestinal problems	Common cause

Overall sickness absence for Anxiety/stress/depression/other psychiatric illnesses is 29.34%, this has remained at 'Common Cause variation'.

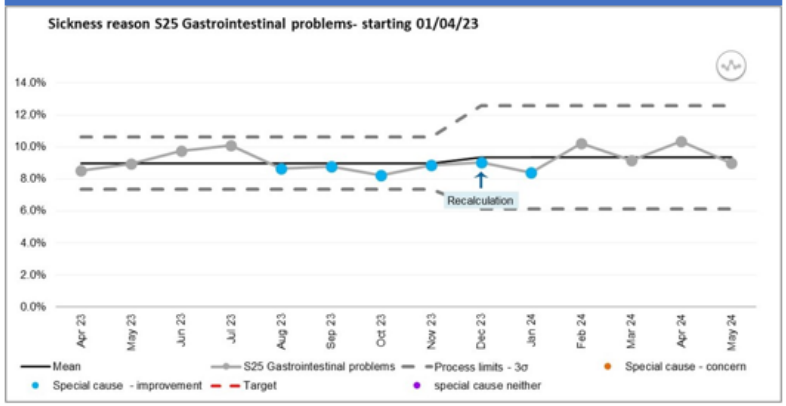
S12 Other musculoskeletal problems 10.53%



S10 Anxiety/stress/depression/other psychiatric illnesses 29.34%



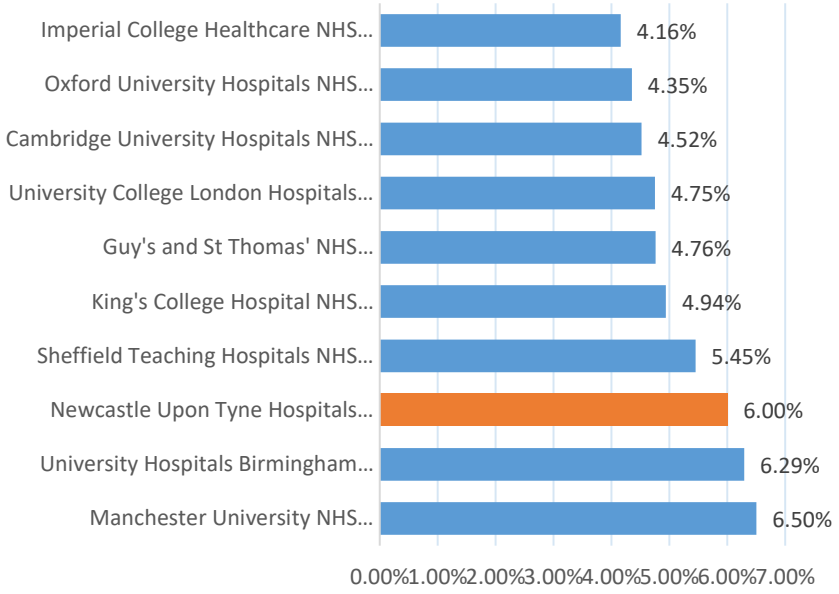
S25 Gastrointestinal problems 9.00%



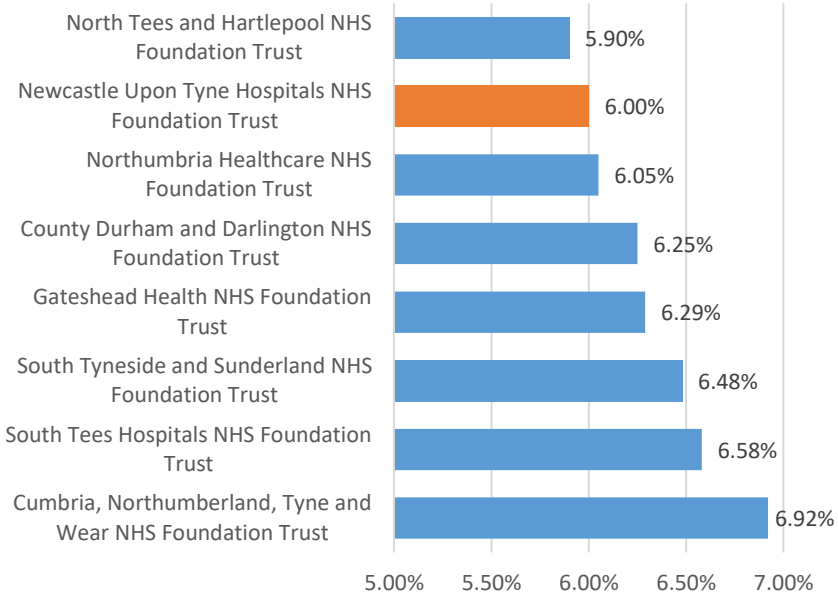
People: Sickness absence

Benchmarking – Shelford Group and North East Region January 2024

Shelford Group - January 2024



North East Region - January 2024



Shelford Group Sickness Average for January 2024 is 5.17%.

North-East Region Sickness Average for January 2024 is 6.31%.

People: Equality and diversity

Disability

The charts identify the percentage of staff in post in May 2023 and May 2024 by disability.

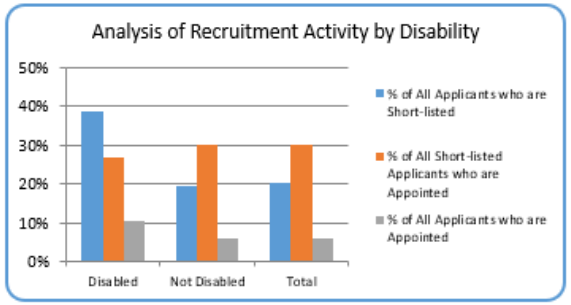
The percentage of staff employed disclosing a disability has increased from 4.93% to 5.19%

Disability - Yes %	May 2023	May 2024	
Add Prof Scientific and Technic	5.37%	5.40%	↑
Additional Clinical Services	6.31%	6.89%	↑
Administrative and Clerical	7.03%	7.33%	↑
Allied Health Professionals	5.94%	5.83%	↓
Estates and Ancillary	4.52%	5.49%	↑
Healthcare Scientists	2.81%	2.23%	↓
Medical and Dental	1.61%	1.36%	↓
Nursing and Midwifery Registered	4.09%	4.30%	↑
Trust Total	**4.93%**	**5.19%**	↑

	Disability - Yes %		
Clinical Board / Corporate Service	May 2023	May 2024	
CB Cancer and Haematology	2.92%	4.24%	↑
CB Cardiothoracic Services	4.57%	4.83%	↑
CB Clinical and Research Services	6.35%	6.42%	↑
CB Family Health	4.97%	5.30%	↑
CB Medicine and Emergency Care	3.77%	4.01%	↑
CB Peri-operative and Critical Care	4.62%	4.48%	↓
CB Surgical and Associated Services FH	4.02%	4.52%	↑
CB Surgical and Specialist Services RVI	3.81%	3.76%	↓
CS Business and Development	8.33%	8.57%	↑
CS Chief Executive	1.85%	4.84%	↑
CS Chief Operating Officer	0.00%	8.33%	↑
CS CRC NENC	9.23%	11.27%	↑
CS Estates	4.19%	5.00%	↑
CS Finance	8.04%	6.84%	↓
CS Human Resources	6.30%	6.87%	↑
CS Information Management and Technology	8.83%	8.41%	↓
CS Integrated Covid Hub North East	0.00%	0.00%	→
CS Medical Director	12.82%	12.20%	↓
CS Patient Services	5.26%	5.70%	↑
CS Regional Drugs and Therapeutics	7.89%	5.71%	↓
CS Supplies	10.53%	8.42%	↓

Recruitment

The tables identify by disability the recruitment outcome of applicants during the twelve months ending May 2024.



People: Equality and diversity 2/2

Ethnicity

The charts identify the percentage of staff in post in May 2023 and May 2024 by ethnicity.

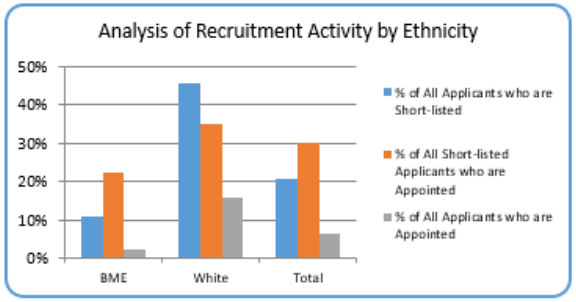
The percentage of BAME staff has increased from 13.63% to 16.34%

Ethnicity - BME%	May 2023	May 2024	
Add Prof Scientific and Technic	7.11%	7.87%	↑
Additional Clinical Services	8.72%	10.41%	↑
Administrative and Clerical	6.49%	8.33%	↑
Allied Health Professionals	7.19%	7.91%	↑
Estates and Ancillary	8.90%	10.91%	↑
Healthcare Scientists	9.12%	9.05%	↓
Medical and Dental	29.37%	31.57%	↑
Nursing and Midwifery Registered	20.11%	25.02%	↑
Trust Total	**13.63%**	**16.34%**	↑

	Ethnicity - BME%		
Clinical Board / Corporate Service	May 2023	May 2024	
CB Cancer and Haematology	11.02%	14.29%	↑
CB Cardiothoracic Services	22.93%	26.59%	↑
CB Clinical and Research Services	8.58%	9.58%	↑
CB Family Health	6.79%	9.97%	↑
CB Medicine and Emergency Care	19.08%	24.09%	↑
CB Peri-operative and Critical Care	24.93%	28.34%	↑
CB Surgical and Associated Services FH	22.99%	26.83%	↑
CB Surgical and Specialist Services RVI	15.67%	16.81%	↑
CS Business and Development	0.00%	2.86%	↑
CS Chief Executive	3.70%	1.61%	↓
CS Chief Operating Officer	0.00%	0.00%	→
CS CRC NENC	4.62%	8.45%	↑
CS Estates	8.96%	10.95%	↑
CS Finance	10.71%	11.11%	↑
CS Human Resources	7.14%	10.73%	↑
CS Information Management and Technology	11.66%	15.53%	↑
CS Integrated Covid Hub North East	12.50%	12.50%	→
CS Medical Director	0.00%	9.76%	↑
CS Patient Services	6.14%	7.89%	↑
CS Regional Drugs and Therapeutics	13.16%	17.14%	↑
CS Supplies	0.00%	1.05%	↑

Recruitment

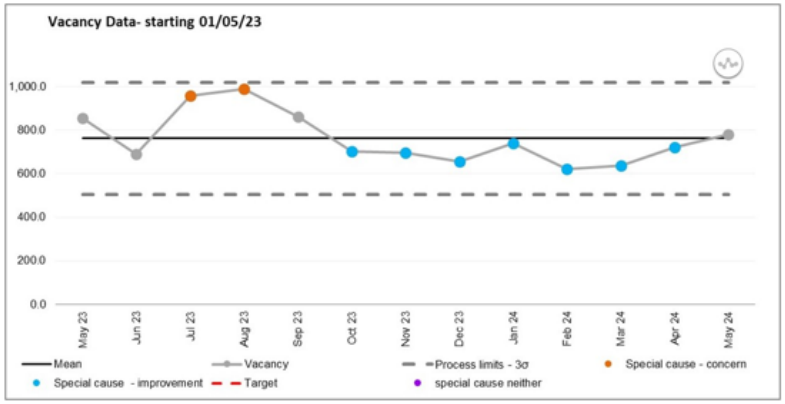
The tables identify by ethnicity the recruitment outcome of applicants during the twelve months ending May 2024.



People: Sustainable workforce planning

Vacancies

Metric	Variation
Vacancies	Special Cause Improving Variation



The Trust is currently at 782 WTE vacancies as of May 2024.

This has increased from 722 in April 2024, with the largest increase in vacancies being within 'Registered/ Qualified Scientific, Therapeutic and Technical staff' (65 to 116).

Vacacnies WTE	Change Jan 2020 - May 2024
In Month Overall Staff Vacancies WTE	
Registered Nursing, Midwifery and Health Visiting Staff	
Registered/ Qualified Scientific, Therapeutic and Technical staff	
Support to Clinical Staff	
Total NHS Infrastructure support	
Medical and Dental	

Vacancies	
Staff Group	**May 2024**
Registered Nursing, Midwifery and Health Visiting Staff	*117.14*
Adult nursing	*60.97*
Children's nursing	*32.28*
Registered midwives	*13.31*
Community nursing staff	*12.41*
Mental health nursing	*0*
Learning disability nursing	*0*
Post registration learners	*0*
Registered/ Qualified Scientific, Therapeutic and Technical staff	*115.66*
Allied Health Professionals	***6.87***
Art / Music / Dramatherapy	*0*
Dietetics	*-1.76*
Occupational therapy	*-3.42*
Operating department practitioners	*-6.34*
Orthoptics	*1.19*
Osteopathy	*0*
Paramedic	*0*
Physiotherapy	*-17.73*
Podiatry	*-0.92*
Prosthetics and Orthotics	*0*
Radiography (Diagnostic)	*32.05*
Radiography (Therapeutic)	*6.5*
Speech and Language Therapy	*-2.7*
Other Registered Scientific, Therapeutic and Technical Staff	***9.09***
Registered health care scientists	***99.7***
Support to Clinical Staff	*168.21*
Support to nursing and midwifery	*189.74*
Support to AHPs	*3.54*
Support to healthcare scientists and other ST&T	*-10.08*
Support to ambulance	*0*
Other clinical support	*-14.99*
Total NHS Infrastructure support	*299.91*
Managers & senior managers	*-9.78*
Admin and estates staff	*135.33*
Other infrastructure & support staff	*174.36*
Medical and Dental	*83.94*
Consultant	*27.26*
Non-Consultant career grades (excluding trainees)	*4.49*
Trainees	*52.19*
In Month Overall Staff Vacancies WTE	*781.86*

Posts in red and with (-) are over established.

People: Sustainable workforce planning

Staff in Post

Staff in Post (FTE)

Staff Group	May 23	May 24	% Increase May 23 to May 24
Add Prof Scientific and Technic	529	535	1.07%
Additional Clinical Services	2387	2427	1.65%
Administrative and Clerical	2303	2405	4.43%
Allied Health Professionals	1044	1095	4.85%
Estates and Ancillary	1050	1064	1.34%
Healthcare Scientists	662	661	-0.13%
Medical and Dental	1185	1198	1.08%
Nursing and Midwifery Registered	4538	4833	6.49%
Total	13,699	14,217	3.78%

Staff in post has increased by 3.78% since May 23. The staff groups with the largest increase are Nursing and Midwifery Registered and Allied Health Professionals.

Retention for staff over 1 year service is 87.88%, an increase from 85.89% in May 23

Staff Retention

Category	2022	2023	2024
Over 1 year service	87.46%	85.89%	87.88%
Less than 1 year service	12.54%	14.11%	12.12%

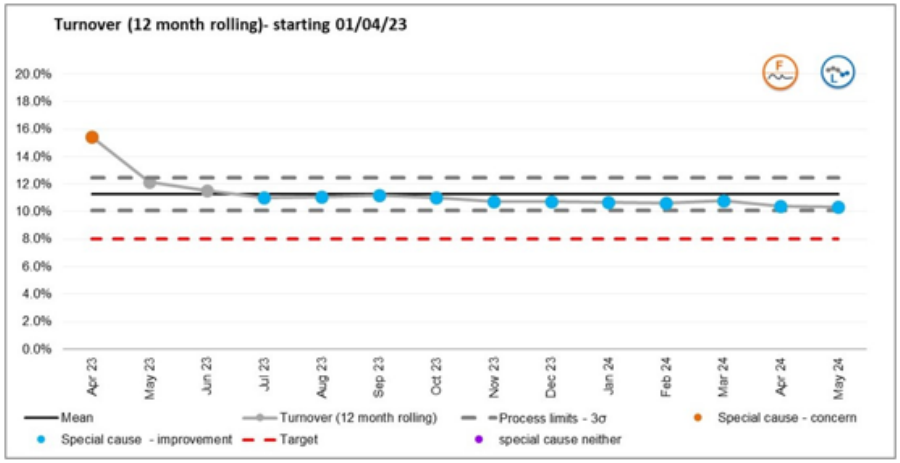
Staff Group (2024)	Over 1 year service	Less than 1 year service
Add Prof Scientific and Technic	90.74%	9.26%
Additional Clinical Services	85.07%	14.93%
Administrative and Clerical	86.96%	13.04%
Allied Health Professionals	89.31%	10.69%
Estates and Ancillary	87.59%	12.41%
Healthcare Scientists	92.62%	7.38%
Medical and Dental	85.85%	14.15%
Nursing and Midwifery Registered	89.07%	10.93%

People: Sustainable workforce planning

Workforce turnover May 2024 (target 8%)

Turnover (rolling 12 months)	10.31%	
Clinical Board	**Turnover**	**Achieved**
CS Integrated Covid Hub North East	0.00%	✓
CS NHS COVID Vaccination Programme	0.00%	✓
CS Business and Development	2.82%	✓
CB Peri-operative and Critical Care	7.71%	✓
CS CRC NENC	8.89%	✗
CB Medicine and Emergency Care	9.01%	✗
CS Patient Services	9.30%	✗
CB Surgical and Associated Services FH	9.47%	✗
CB Surgical and Specialist Services RVI	9.99%	✗
CB Clinical and Research Services	10.32%	✗
CS Finance	10.48%	✗
CS Supplies	10.53%	✗
CB Cardiothoracic Services	10.59%	✗
CB Cancer and Haematology	10.91%	✗
CB Family Health	11.25%	✗
CS Human Resources	12.31%	✗
CS Estates	12.52%	✗
CS Information Management and Technology	12.84%	✗
CS Regional Drugs and Therapeutics	13.70%	✗
CS Hosted Staff	14.29%	✗
CS Medical Director	15.00%	✗
CS Chief Executive	17.78%	✗
CS Chief Operating Officer	31.58%	✗
Trust Total	10.31%	✗

Metric	Assurance	Variation
Turnover (rolling 12 months)	Consistently fail target	Common Cause Improving Variation



Staff turnover has decreased from 12.81% in May 2023 to 10.31% in May 2024, target is 8.0%.

The total number of leavers in the period June 2023 to May 2024 was 1,666.

People: Sustainable workforce planning

Staff in post and staff retention

May 2024	Staff Retention			
Clinical Board	Over 1 year service	Less than 1 year service	Staff in Post (Headcount)	Turnover
CS Chief Operating Officer	67%	33%	12	32%
CS Hosted Staff	70%	30%	38	14%
CS Information Management and Technology	82%	18%	306	13%
CS Medical Director	85%	15%	42	15%
CS Chief Executive	86%	14%	60	18%
CB Cardiothoracic Services	87%	13%	1119	11%
CB Surgical and Specialist Services RVI	87%	13%	1542	10%
CB Medicine and Emergency Care	87%	13%	1893	9%
CS Estates	87%	13%	1374	13%
CS Finance	87%	13%	115	10%
CB Family Health	88%	12%	2416	11%
CB Clinical and Research Services	88%	12%	3509	10%
CS CRC NENC	89%	11%	73	9%
CB Cancer and Haematology	89%	11%	637	11%
CB Surgical and Associated Services FH	89%	11%	1036	9%
CS Human Resources	89%	11%	235	12%
CB Peri-operative and Critical Care	91%	9%	1480	8%
CS Business and Development	91%	9%	36	3%
CS Supplies	93%	7%	87	11%
CS Patient Services	93%	7%	235	9%
CS Regional Drugs and Therapeutics	97%	3%	35	14%
CS Integrated Covid Hub North East	100%	0%	8	0%
Trust	88%	12%	16288	10%

There are two areas with the highest percentage service for 1 year or less, these are CS Chief Operating Officer(33%) and CS Hosted Staff (32%).

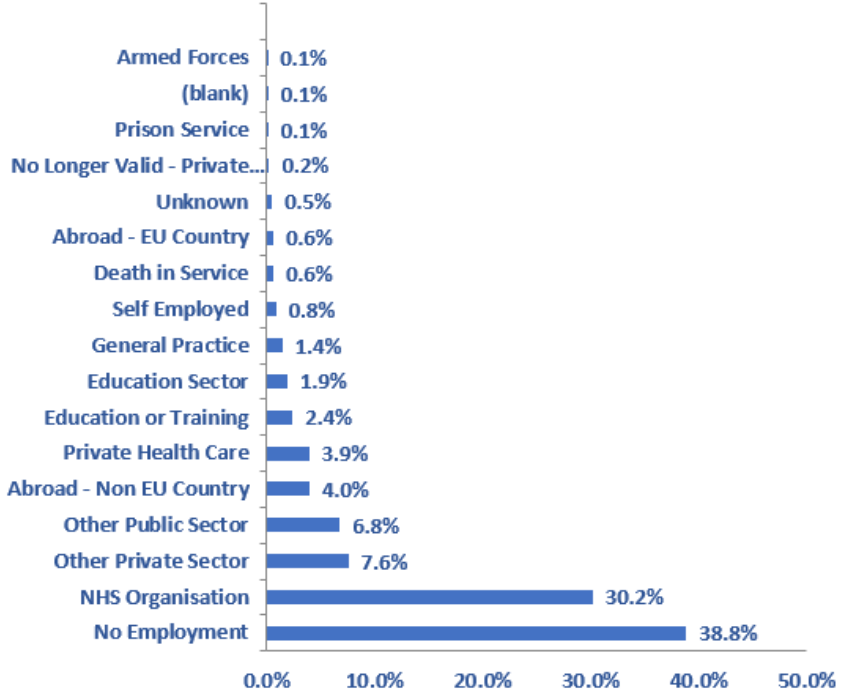
To note, these areas do have a lower headcount so the percentages are affected greater by staff changes.

People: Sustainable workforce planning

Workforce turnover - reasons and destination

Top 5 Leaving Reasons

Destination on Leaving



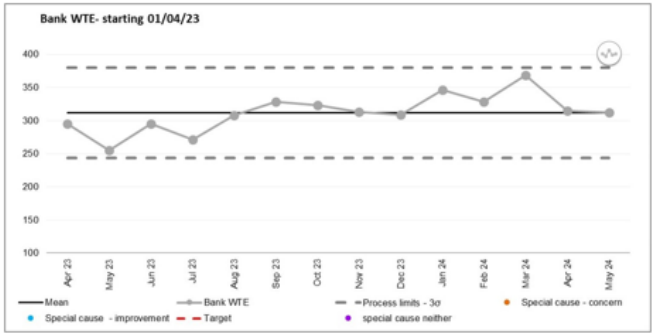
30% of leavers across the Trust disclosed they were going to another NHS organisation.

People: Sustainable workforce planning 6/8

Bank/Agency

Bank (Whole Time Equivalent - wte)

Metric	Variation
Bank WTE	Common cause

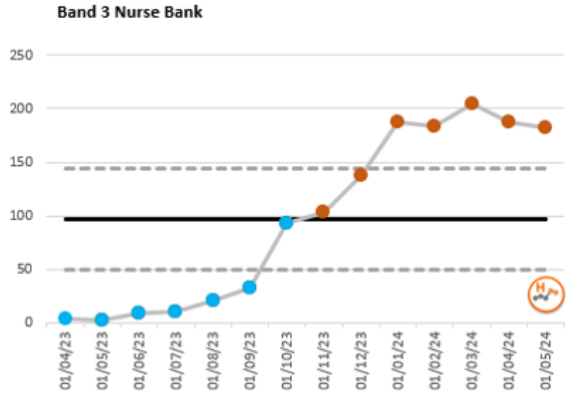


Bank wte is demonstrating 'Special Cause Concerning' Variation. This is present when a random pattern of variation with all points within the control limits.

When a control chart shows common cause variation, a process measure is said to be in statistical control or stable.

Outlier(s)

Staff Group	Variation
Band 3 Nurse Bank	Special Cause Concerning Variation



There is 'Special Cause Concerning' Variation for Band 3 Nurse Bank staff.

Special causes are a signal to act to make the process improvements necessary to bring the process measure back into control.

Note, increase is due to Band 2 Nurse bank staff being re-banded to Band 3 Nurse Bank since July 23.

Bank Staff Group	Variation
Admin & Clerical Bank	Common cause
AHP Bank	Common cause
Band 2 Nurse Bank	Special Cause Improving Variation
Band 3 Nurse Bank	Special Cause Concerning Variation
Band 4 Nurse Bank	Special Cause Improving Variation
Band 5 Nurse Bank	Common cause
Band 6 Nurse Bank	Common cause
Band 7 Nurse Bank	Common cause
Band 8 Nurse Bank	Special Cause Improving Variation
Healthcare Scientist	Common cause
Scientific, Therapeutic & Technical	Special Cause Improving Variation
Support Staff	Common cause

People: Sustainable workforce planning

Bank/Agency (continued)

Bank Utilisation (£)

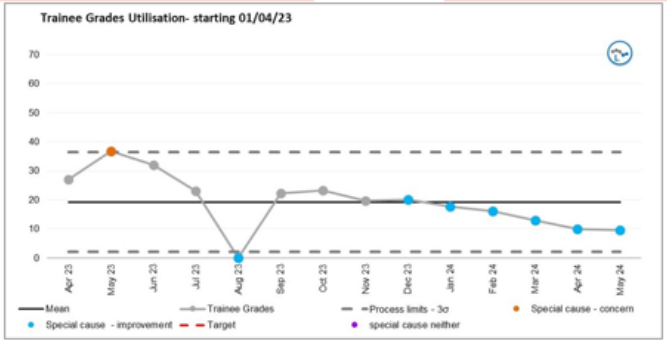
Staff Group	Jun 22 - May 23	Jun 23 - May 24	Difference
Admin & Clerical	£1,240,763	£314,450	-£926,313
Ancillary	£362,913	£1,180,339	£817,426
Estates			
Nursing & Midwifery (Registered)	£6,881,166	£5,628,935	-£1,252,231
Nursing & Midwifery (Unregistered)	£8,249,399	£9,087,270	£837,872
Professional & Technical	£1,349,047	£926,251	-£422,796

Agency Utilisation (£)

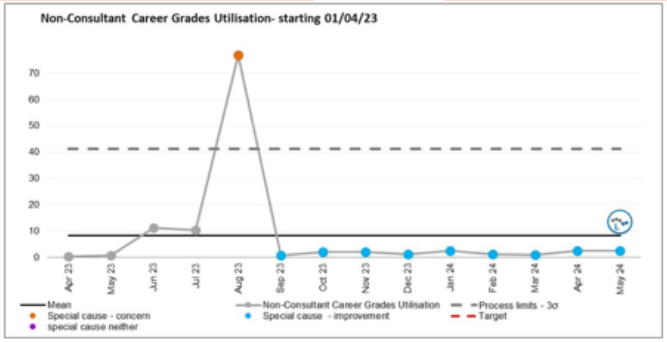
Staff Group	Jun 22 - May 23	Jun 23 - May 24	Difference
Admin & Clerical	£808,073	£639,258	-£168,816
Ancillary	£36,621	£10,614	-£26,006
Estates	£110,549	£57,548	-£53,001
Nursing & Midwifery (Registered)	£95,791	£92,425	-£3,366
Nursing & Midwifery (Unregistered)	£2,440,271	£2,668,875	£228,604
Professional & Technical	£814,779	£857,187	£42,408

Internal Medical & Dental Bank Utilisation

Metric	Variation
Trainee Grades	Special Cause Improving Variation



Metric	Variation
Non-Consultant Career Grade	Special Cause Improving Variation

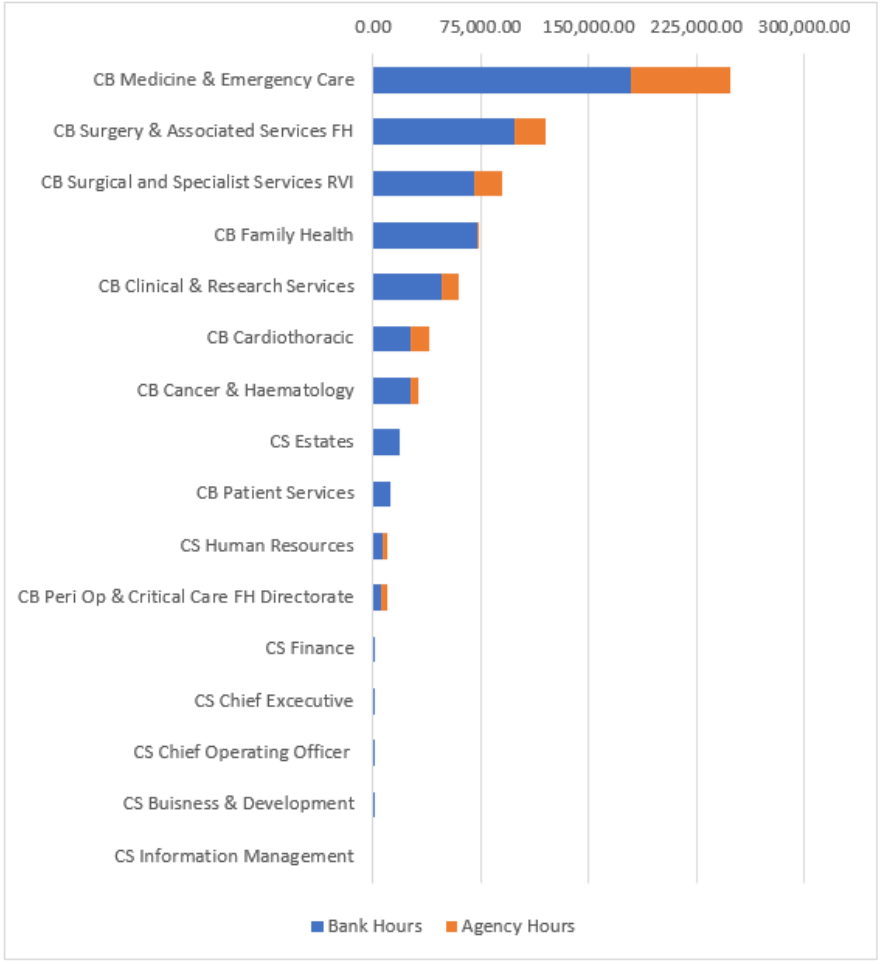


People: Sustainable workforce planning 8/8

Bank/Agency (continued)

Bank & Agency Utilisation by CB/CS (June 2023 to May 2024)

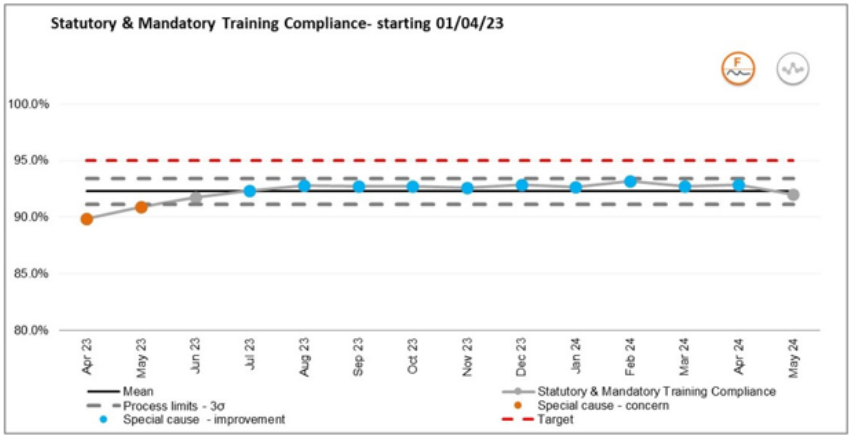
CB/CS	Bank	Agency	Total
CB Medicine & Emergency Care	179,900.75	68,647.32	248,548.07
CB Surgery & Associated Services FH	98,271.81	22,073.26	120,345.07
CB Surgical and Specialist Services RVI	70,349.74	19,084.61	89,434.35
CB Family Health	72,400.22	1,320.85	73,721.08
CB Clinical & Research Services	48,017.02	11,139.00	59,156.02
CB Cardiothoracic	25,765.67	13,710.50	39,476.17
CB Cancer & Haematology	26,282.38	4,744.69	31,026.98
CS Estates	18,864.46	0	18,864.46
CB Patient Services	12,049.28	0.00	12,049.28
CS Human Resources	7,135.92	2514	9,649.92
CB Peri Op & Critical Care	5,495.00	3940.47	9,436.43
CS Finance	1,606.19	0	1,606.19
CS Chief Excecutive	818.03	0	818.03
CS Chief Operating Officer	324.92	0	324.92
CS Buisness & Development	71.73	0	71.73
CS Information Management	0	0	0

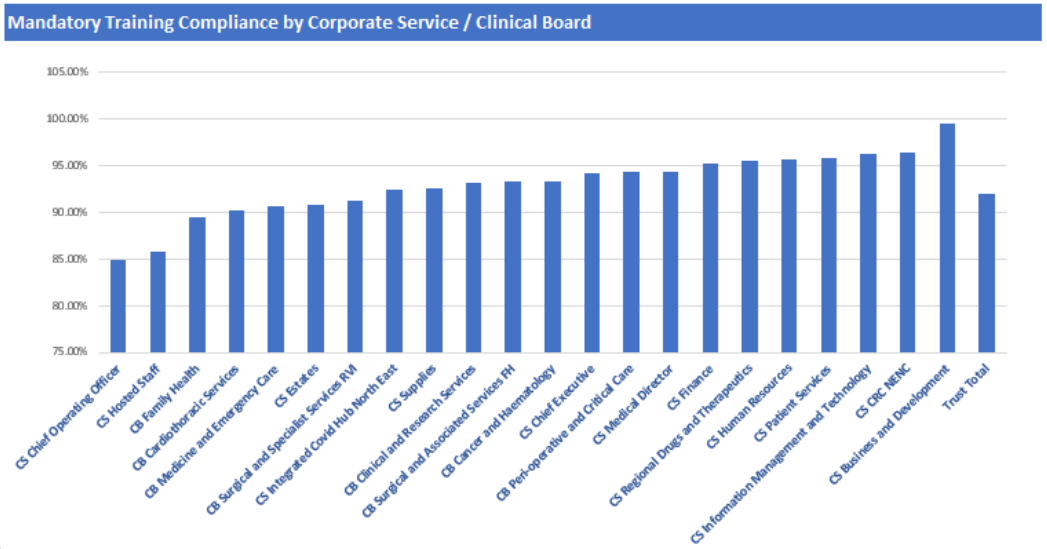


People: Excellence in education and training 1/3

Mandatory training May 2024 (target 95%)

Mandatory Training Compliance (target 95%)	92.01%	✗
Staff Group	**Compliance**	**Achieved**
Medical and Dental	85.68%	✗
Senior Staff (Band 8c and Above)	90.21%	✗
Estates and Ancillary	90.82%	✗
Allied Health Professionals	91.72%	✗
Nursing and Midwifery Registered	91.79%	✗
Healthcare Scientists	93.12%	✗
Additional Clinical Services	93.14%	✗
Add Prof Scientific and Technic	93.36%	✗
Administrative and Clerical	94.81%	✗





Metric	Assurance		Variation	
Mandatory Training Compliance %	F	Consistently fail target	~	Special Cause Improving Variation

Mandatory training compliance is 92.01% at end May 2024, target is 95%.

Medical and Dental are the staff group with the lowest training compliance at 85.68%

People: Excellence in education and training 2/3

Mandatory training (continued)

Mandatory Training Compliance (target 95%)		92.01% ✗
Mandatory Training	**Compliance**	**Achieved**
Paediatric Basic Life Support	78.84%	✗
Moving and Handling Level 2	81.84%	✗
Adult Basic Life Support	83.89%	✗
Fire Safety	84.28%	✗
Infection Prevention and Control (Level 2)	88.90%	✗
Information Governance	90.78%	✗
Moving and Handling Level 1	93.29%	✗
Infection Prevention and Control (Level 1)	94.91%	✗
Health and Safety	95.99%	✓
Prevent WRAP	96.22%	✓
Prevent Awareness	96.58%	✓
Equality and Diversity	96.65%	✓
Safeguarding Adults (Level 1)	96.83%	✓
Safeguarding Children (Level 1)	96.90%	✓
Conflict Resolution	97.80%	✓

Lowest Two Mandatory Training Compliance %		
Staff Group	**Paediatric Basic Life Support**	**Moving and Handling Level 2**
May 2024	**78.84%**	**81.84%**
Add Prof Scientific and Technic	82%	87%
Additional Clinical Services	78%	83%
Administrative and Clerical	80%	0%
Allied Health Professionals	79%	85%
Estates and Ancillary	0%	93%
Healthcare Scientists	77%	17%
Medical and Dental	78%	0%
Senior Staff (Band 8c and Above)	100%	0%
Nursing and Midwifery Registered	79%	81%

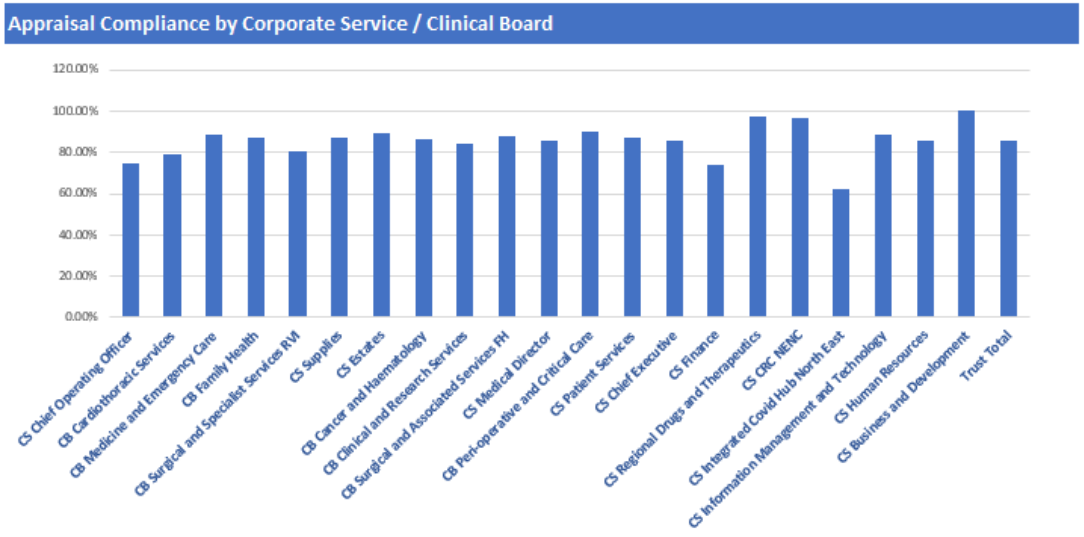
At end May 2024, mandatory training compliance was 92.01%

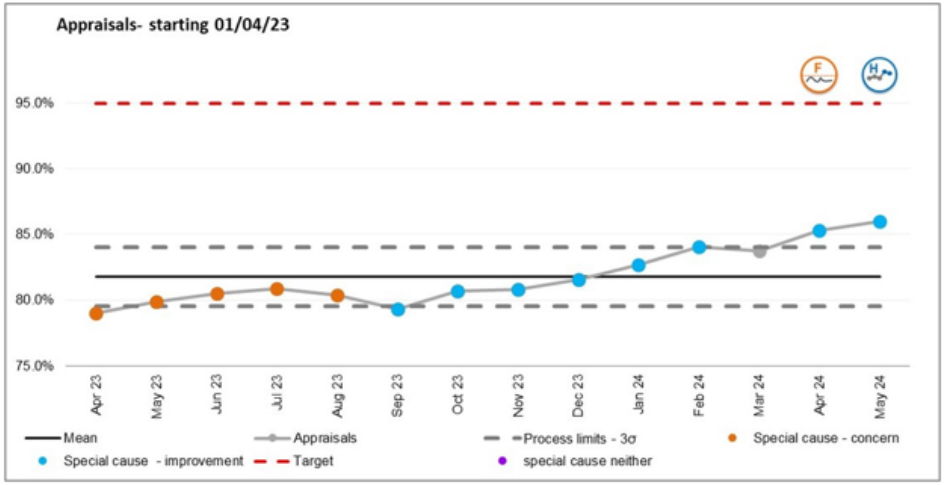
People: Excellence in education and training 3/3

Appraisal compliance May 2024 (target 95%)

Appraisal Compliance (target 95%)		85.99%
Staff Group	**Compliance**	**Achieved**
Medical and Dental	78.24%	✗
Allied Health Professionals	82.55%	✗
Administrative and Clerical	84.72%	✗
Healthcare Scientists	84.87%	✗
Add Prof Scientific and Technic	85.24%	✗
Additional Clinical Services	86.08%	✗
Nursing and Midwifery Registered	88.21%	✗
Estates and Ancillary	90.10%	✗
Manager Band 8c and Above	98.32%	✓

Appraisal compliance stands at 85.30% at end April 2024, target is 95%.





Metric	Assurance	Variation
Appraisal Compliance	Consistently fail target	Common Cause Improving Variation

Appraisal compliance is demonstrating 'Special Cause Improving' Variation. This is present when a pattern of variation demonstrates a consistent improvement.

However, the reported values consistently fail to meet the target of 95%.

Performance

Performance: Access & Outcomes 1/2

Theme	Standard	Mar-24	Apr-24	May-24	Num.	Den.	24/25 YTD
Activity & Elective Care							
Day Case	**100%** of 24/25 Plan (equivalent to **107%** of 19/20 value-weighted activity)		100.3%	**100.2%**	11,041	11,018	**100.2%**
Elective Overnight			97.6%	**100.9%**	1,811	1,794	**99.3%**
Outpatient New			98.9%	**97.2%**	25,268	26,005	**98.0%**
Outpatient Procedures			99.8%	**93.4%**	18,495	19,801	**96.6%**
Outpatient Review	**N/A**		116.6%	**117.5%**	66,492	56,575	**117.1%**
Non-Elective			104.0%	**108.7%**	6,522	6,001	**106.4%**
Emergency			84.6%	**89.7%**	974	1,086	**87.2%**
RTT 18 Week Wait	**92%**	67.5%	68.4%	**69.1%**	69,209	100,186	**68.7%**
>78 Week Waiters	**Zero**	7	15	**22**	22		
>65 Week Waiters	**Zero** (by Sep-24)	622	541	**476**	476		
>52 Week Waiters	As per submitted trajectory	3,017	2,711	**2,547**	2,547		
RTT Waiting List Size	As per submitted trajectory	99,884	100,012	**100,186**	100,186		
Diagnostic Activity	**120%** of 19/20 activity	118.3%	111.8%	**113.5%**	22,167	19,591	**112.2%**
Diagnostic 6 week wait	<=**5%** (local target of <=15%)	33.1%	33.9%	**34.1%**	6,104	17,911	**34.0%**
Urgent Ops. Cancelled Twice	**Zero**	0	0	**0**	0		**0**
Cancelled Ops. Rescheduled >28 Days	**Zero**	8	13	**7**	7		**20**
OP Activity Ratio: New/Procedure	**46%**	40.7%	41.3%	**40.1%**	41,984	104,622	**41.2%**
>12 Week Waiters Validated	**90%**	62.4%	61.2%	**54.3%**	17,210	31,715	**57.7%**
Outpatient Review Reduction	**25%** reduction vs 19/20 baseline	132.1%	103.0%	**108.1%**	86,968	79,070	**105.5%**
PIFU Take-up (%)	>=**5%** of all OP atts. (by Mar-25)	2.0%	1.9%	**2.1%**	2,452	117,275	**2.0%**

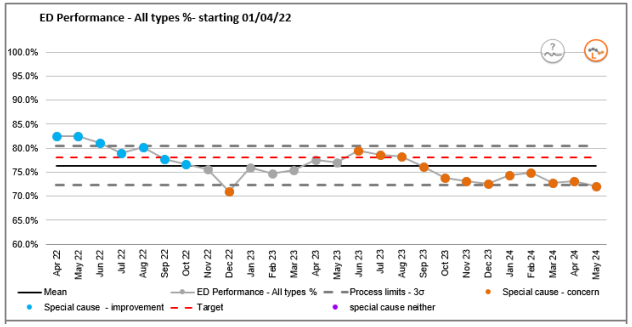
Performance: Access & Outcomes 2/2

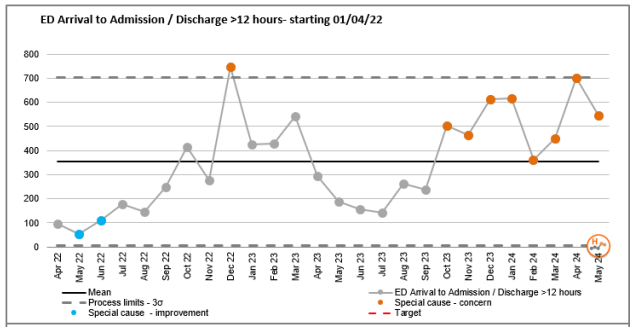
Theme	Standard	Mar-24	Apr-24	May-24	Num.	Den.	24/25 YTD
Cancer Care							
28 Day Faster Diagnosis	**77%** (by Mar-25)	84.6%	**77.0%**	TBC	1,873	2,299	**77.0%**
31 Days (DTT to Treatment)	**96%**	89.1%	**84.8%**	TBC	1,184	1,330	**84.8%**
62 Days (Referral to Treatment)	**70%** (by Mar-25)	61.9%	**58.9%**	TBC	242	406	**58.9%**
>62 Day Cancer Waiters		186	167	**178**	178		
Urgent & Emergency Care							
A&E Arrival to Admission/Discharge	**>=78%** under 4 hours (by Mar-25)	72.8%	73.2%	**72.0%**	14,802	20,559	**72.6%**
	<=2% over 12 hours	2.2%	3.6%	**2.7%**	547	20,559	**3.1%**
A&E Decision to Admit to Admission	**Zero** over 12 hours	32	122	**65**	65		**187**
Adult General & Acute Bed Occupancy	**<=92%**	89.8%	91.0%	**89.4%**	1,267	1,417	**90.2%**
Ambulance Handovers <15 mins	**65%**	55.8%	52.7%	**53.6%**	1,965	3,394	**53.2%**
Ambulance Handovers <30 mins	**95%**	86.7%	86.9%	**84.1%**	2,998	3,394	**85.4%**
Ambulance Handovers >60 mins	**Zero**	75	54	**89**	89		**143**
Urgent Community Response Standard	**>=70%** under 2 hours	82.0%	82.0%	**78.0%**	383	411	**79.8%**
Safe, High Quality Care							
Mixed Sex Acommodation Breach	**Zero**	78	112	**102**	102		**214**
VTE Risk Assessment	**95%**	**95.1%**	TBC	TBC			
Sepsis Screening Treat. (Emergency)	**>=90%** (of sample) under 1 hour	**66.0%**	TBC	TBC			
Sepsis Screening Treat. (All)		**64.0%**	TBC	TBC			

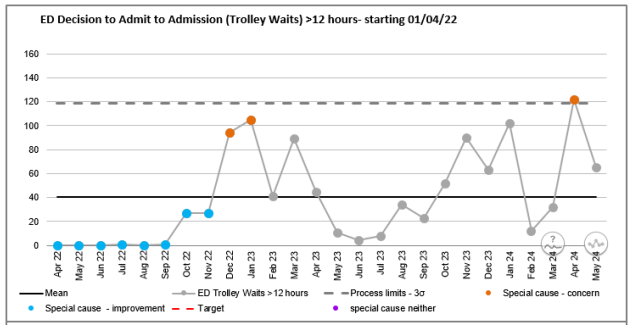
Performance: Emergency Care

Reporting Month: May 2024

RAG Rating







Standards:

- 78% of patients to be admitted/transferred/discharged from A&E in <4 hours (by Mar-25).
- No ambulance handovers to A&E exceeding 60 minutes.
- Less than 2% of patients to wait over 12 hours from A&E arrival to admission/discharge.

Current position:

- Type 1 and overall performance slightly worsened from the previous month to 56.4% (-0.7%) and 72.0% (-1.2%) respectively.
- Handovers >60 minutes increased to the highest level on record – 89 in May compared to 54 in April. There were 452 handovers >30 mins.
- Trolley waits >12 hours almost halved from the peak recorded in April (65 vs 122).

Underlying Issues:

- Waits to be seen by a clinician continue to be one of the primary delays in a patient's ED attendance due to a capacity and demand imbalance between the current workforce and volume of attendances.
- Exit block due to lack of bed availability contributes to breaches and overcrowding.
- The current configuration of the ED estate contributes to issues with flow and was not designed for the current volume of attendances.
- High numbers of patients with mental health issues are seeking help in the department, with no improvement in waiting times for crisis/mental health beds. CNTW staffing issues continue to exacerbate this.

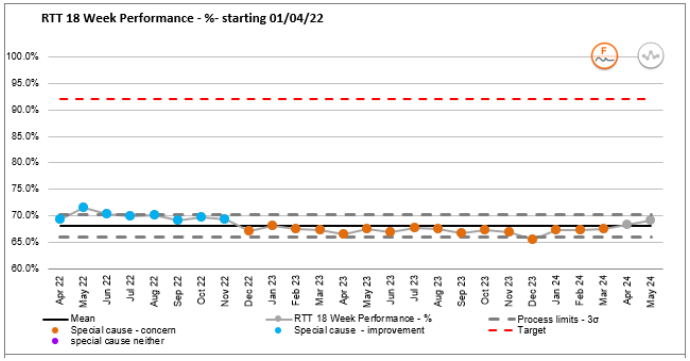
Actions undertaken:

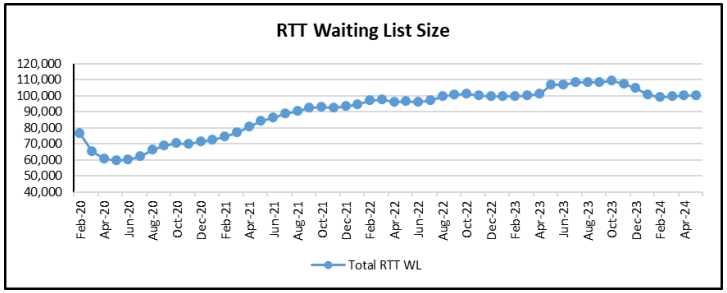
- A workforce review has taken place and business case approved for additional medical staff to reduce waits to see a clinician.
- A number of initiatives have been implemented to improve flow front of house. These include a consultant "See and Treat" shift, streaming patients to alternative services (e.g. SDEC and SAU), additional nursing resource to reduce time to assessment at peak times, and ambulatory cardiology pathways.
- A workstream has been established to review discharge lounge provision with a view to this being made permanent.
- Review of ED, AS and SDEC estates has taken place to review if any changes can be made in the short term to improve flow.
- An ICB commissioned Mental Health "Crisis Hub" is due to open in Spring 2024.

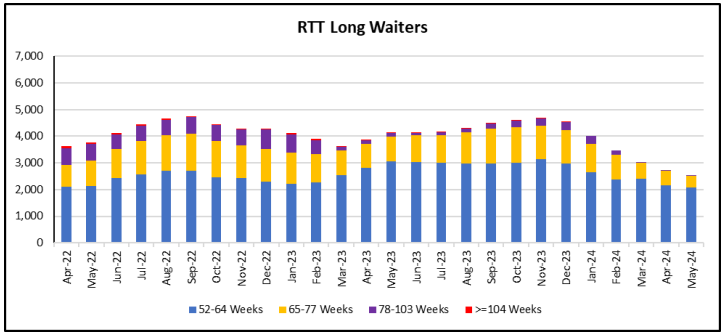
Performance: Elective Waits

Reporting Month: May 2024

RAG Rating







Standards:

- 92% of patients on incomplete RTT pathways to be waiting less than 18 weeks.
- Zero tolerance on incomplete RTT waits over 65 weeks (by Sep-24).

Current position:

- May saw the continued reduction of >65 & >52 week waits at Newcastle Hospitals.
- The total number of patients waiting >78 weeks remained low but increased to 22, from 15 in April. The number of patients waiting over 65 weeks fell to 476, with those waiting over a year for treatment dropping to 2,547.
- The total waiting list (WL) size remained largely stable compared to April – 100,186 overall. The total number of patients waiting >18 weeks stood at 30,977, with RTT 18 week performance recorded at 69.1% (+0.7%).

Underlying Issues:

- The inability to deliver a full elective care programme throughout the pandemic, persistent staffing gaps, growth in demand for non-elective and cancer care, increased cancellations and higher DNA rates have all contributed to an increased backlog of patients waiting to receive treatment over recent years. Industrial action has also been a factor.
- Whilst considerable progress continues to be made in the reduction of long waiters, there are number of issues that continue to hamper progress. These include:
  - Consultant vacancies in Urology, T&O and Ophthalmology.
  - Increased cancer demand generally, but particularly in Dermatology.
  - Increased urgent cases taking clinical priority, particularly in Plastic & Spinal Surgery.

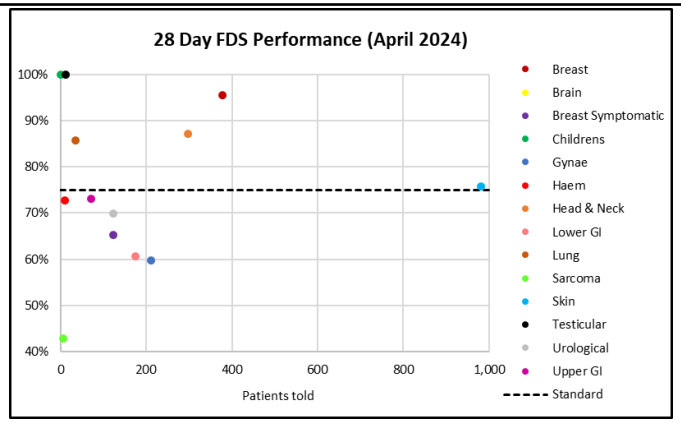
Actions undertaken:

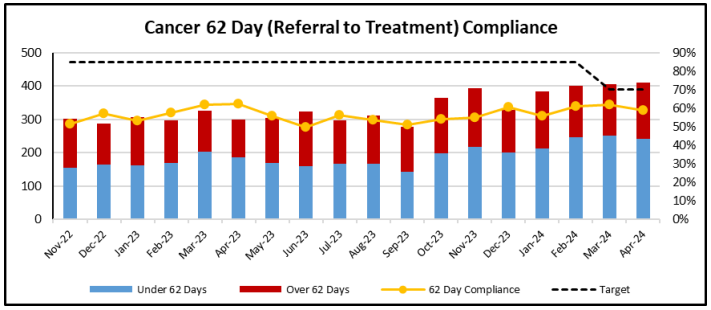
- The implementation of the spinal business case outlined in previous reports, continues to see the improvement in the numbers of patients waiting for spinal surgery.
- The Trust also continues to work with both South Tees and Northumbria Healthcare FTs in the repatriation of referrals back to these providers where that it is clinically appropriate.
- The improvements that have been seen over recent months have been driven by:
  - Improved engagement in the development and monitoring of trajectories.
  - Enhanced provision of progress reporting to the operational teams.
  - Better use of targeted additional sessions.
  - More rigorous validation and application of the Trust's access policy.
  - Improved pooling of patients across the consultant teams in some specialties.
  - Additional scrutiny around booking patients in order for surgery.

Performance: Cancer Care

Reporting Month: April 2024

RAG Rating





62 DAY PERFORMANCE – APRIL 2024					
Brain	100%	Head & Neck	80.0%	Skin	80.5%
Breast	89.9%	Lower GI	25.3%	Testicular	100%
Gynae	45.0%	Lung	29.3%	Upper GI	37.9%
Haem	82.1%	Sarcoma	71.4%	Urological	46.0%
Newcastle Hospitals Total					**58.9%**

Standards:

- 77% of patients on a suspected cancer or breast symptomatic pathway to receive results/diagnosis within 28 days of referral (by Mar-25).
- 70% of patients to wait no more than 62 days from urgent/screening referral to first cancer treatment (by Mar-25).
- 96% to wait no more than 31 days from diagnosis to first cancer treatment.

Current position:

- The 75% 28 Day Faster Diagnosis Standard (FDS) was achieved for the third successive month (77.0%), despite dropping by 7.6% from March.
- 62 Day compliance was 58.9% in April. Lower GI, Lung, Upper GI, Gynae and Urological tumour groups delivered the lowest performance levels – all below 50%.
- 31 Day performance fell back by 4.3% to 84.8% in April.

Underlying Issues:

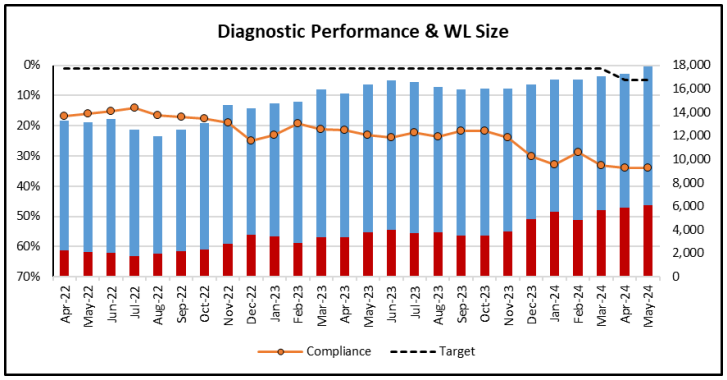
- Diagnostic delays including within Pathology, Radiology and Endoscopy mean that the majority of patients waiting 40-62 days are still awaiting diagnosis. CT capacity is particularly impacting Urology performance and there have been delays for cystoscopies.
- Various tumour groups have limited theatre capacity and staff shortages - staffing to undertake additional theatre work remains challenging, whilst theatre refurbishments have also impacted Lung in particular.
- Workforce gaps are significantly impacting Gynae and Upper GI cancer performance, with Gynae capacity further impacted by annual leave.

Actions undertaken:

- Radiology: The service continue to push to shorten MRI request to report times to 10 days and CT request to report times to 7 days. Mobile units for MRIs and PET CT scans have been extended to provide additional temporary capacity.
- Urology: Staff are currently being trained to be able to provide specialist TURT processes. The service are also risk stratifying patients to ensure patients are seen in order of urgency.
- Endoscopy: Two additional upper GI consultants have now been appointed, one starting in September, which will ensure additional capacity is secured in the medium to long-term.
- All tumour groups have now submitted performance trajectories with accompanying action plans which cumulatively match the Trust's trajectory and comply with the standards set by NHSE for providers to deliver by the end of the financial year. These will be monitored through the monthly Quality & Performance Reviews for each Clinical Board.

Performance: Diagnostics

Reporting Month: May 2024 | **RAG Rating**



MAY 2024		Total WL	Breaches	Compliance
Imaging	MRI	5,328	2,405	45.1%
	CT	1,964	210	10.7%
	Non-obs Ultrasound	3,862	83	2.1%
	Barium Enema	0	0	N/A
	DEXA	375	37	9.9%
Physiological Measurement	Audiology	3,859	2,891	74.9%
	ECHO	1,044	175	16.8%
	Electrophysiology	22	3	13.6%
	Periph. Neurophysiology	489	154	31.5%
	Sleep Studies	99	55	55.6%
	Urodynamics	23	7	30.4%
Endoscopy	Colonoscopy	290	25	8.6%
	Flexi sigmoidoscopy	128	10	7.8%
	Cystoscopy	49	0	0.0%
	Gastroscopy	379	49	12.9%

Standard: <=1% of patients on incomplete diagnostic pathways waiting six weeks or longer.

Current position:

- Performance against the 5% standard declined slightly compared to April, with 34.1% of patients waiting longer than six weeks for their test (-0.2%).
- The volume of activity delivered per working day increased by 6.7% from April.
- The total WL size grew by 627 patients from the previous month, with total 6-week breaches increasing by 231 over the same period (6,104, +3.9%). The volume of patients waiting >13 weeks grew by 538 to 2,158 (+24.9%).

Underlying Issues:

- Staffing deficits continue to constrain the volumes of activity several of our diagnostic services can undertake, particularly within Audiology.
- MRI continue to experience significant growth in referrals compared to historic trends across both inpatient and outpatient settings, as well as ongoing pressure to deliver prompt scans for patients on cancer pathways or that have experienced long elective waits – squeezing the ability to deliver routine diagnostics within six weeks. The complexity / casemix of requested scans has also impacted waits, such as Cardiac & GA MRIs which are increasingly referred to NuTH by other DGHs.
- Endoscopy have seen a shift in diagnostic requests towards tests that require longer slots per patient following a recent change in GP referral processes and direct to test availability.

Actions undertaken:

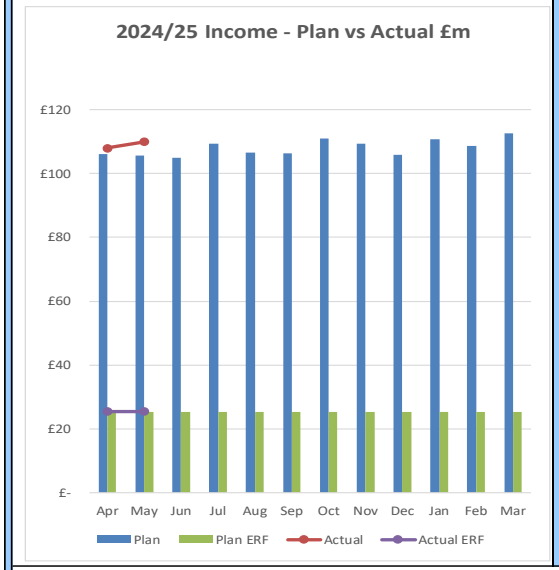
- A whole service review is being undertaken within Audiology, including ensuring that patients are being appropriately referred into the service. The waiting list has been split into age groups with additional resource being dedicated to improve the waiting times of paediatric patients in the first instance, whilst there are also plans being developed to introduce patient-initiated follow-up guidelines into the service, with regular reviews being discontinued after three years.
- ECHO continue to work with insourcing providers to deliver additional capacity, with performance improving by 15% last month. Clinic schedules are also being amended to maximise efficiency.
- Radiology continue to share use of the CT and MRI scanners at Blaydon CDC, as well as utilising two additional MRI vans at the Freeman. Significant gains have been made through a dedicated improvement programme within main radiology booking and scheduling.

Finance

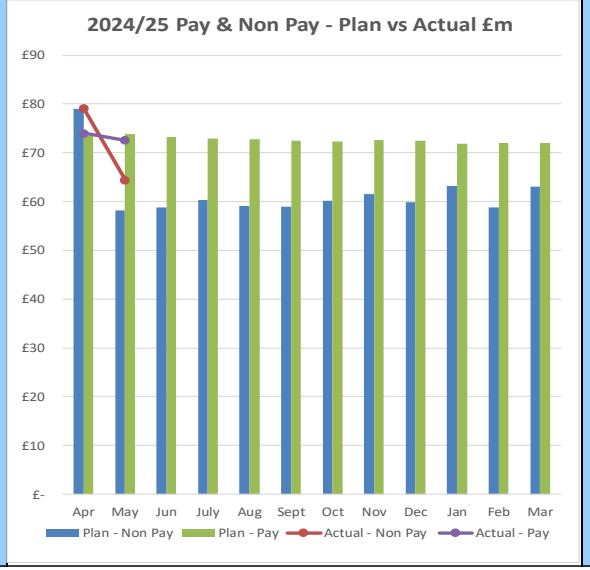
Finance: Overall Financial Position

Financial Overview as at 31st May 2024

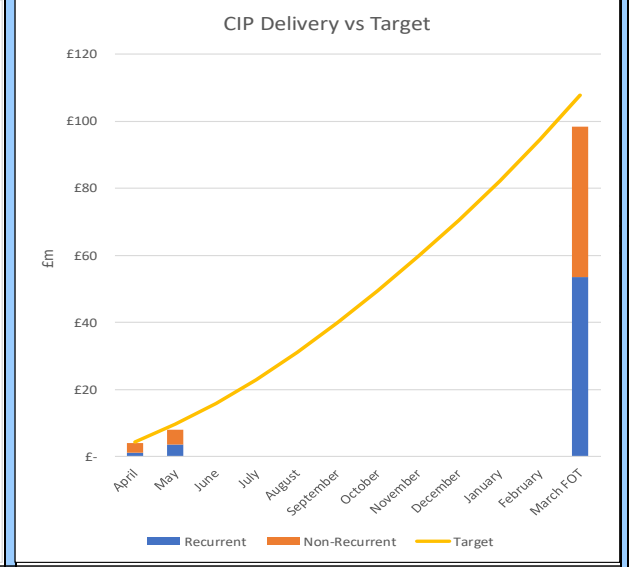
Income



Expenditure



Cost Improvement Analysis



This page summarises the financial position of the Trust for the period ending 31st May 2024. The Trust has agreed a Financial Plan for 2024/25 with a break-even position. As at Month 2 the Trust is reporting delivery against the planned deficit of £4 million (after Control Total). The financial information includes the costs of the Consultant Pay Reform agreement for 2023/24 paid in May, with a pressure on drugs, partly off-set with income.
The delivery of the plan has a significant Cost Improvement Plan (CIP) and a number of non-recurrent factors. in May. There is an overspend on drugs expenditure partly matched with income and an increase on the 2023/24 levels that will be monitored.

Capital Expenditure - The Plan for April is £1.4 million and the year to date expenditure is £1.6 million creating a variance of £0.2 million to date.

Risks

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

Finance: Overall Financial Position 2/3

Income & Expenditure Statement	In Month (May 2024)			Year To Date (May)		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Operating income from patient services	(115,948)	(118,569)	(2,622)	(232,461)	(236,706)	(4,245)
Other operating income	(14,695)	(16,904)	(2,209)	(29,718)	(32,334)	(2,617)
Employee expenses	73,919	72,603	(1,316)	147,424	146,598	(826)
Operating expenses excl. employee expenses	52,137	59,060	6,923	105,734	115,049	9,315
OPERATING SURPLUS/(DEFICIT)	**4,587**	**3,811**	**(776)**	**9,021**	**7,393**	**(1,628)**
Finance income	(248)	(1,390)	(1,142)	(496)	(2,912)	(2,416)
Depreciation	3,374	3,057	(317)	6,753	6,144	(609)
Finance expense	2,271	2,268	(3)	24,188	22,275	(1,913)
PDC dividends payable/refundable	81	81	0	162	162	0
NET FINANCE COSTS	**5,478**	**4,017**	**(1,461)**	**30,607**	**25,669**	**(4,938)**
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(891)**	**(206)**	**685**	**(21,586)**	**(18,276)**	**3,310**
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR - CONTROL TOTAL	**(2,022)**	**(2,022)**	**(0)**	**(4,064)**	**(4,063)**	**0**

The reported performance for May 2024 is as follows:-

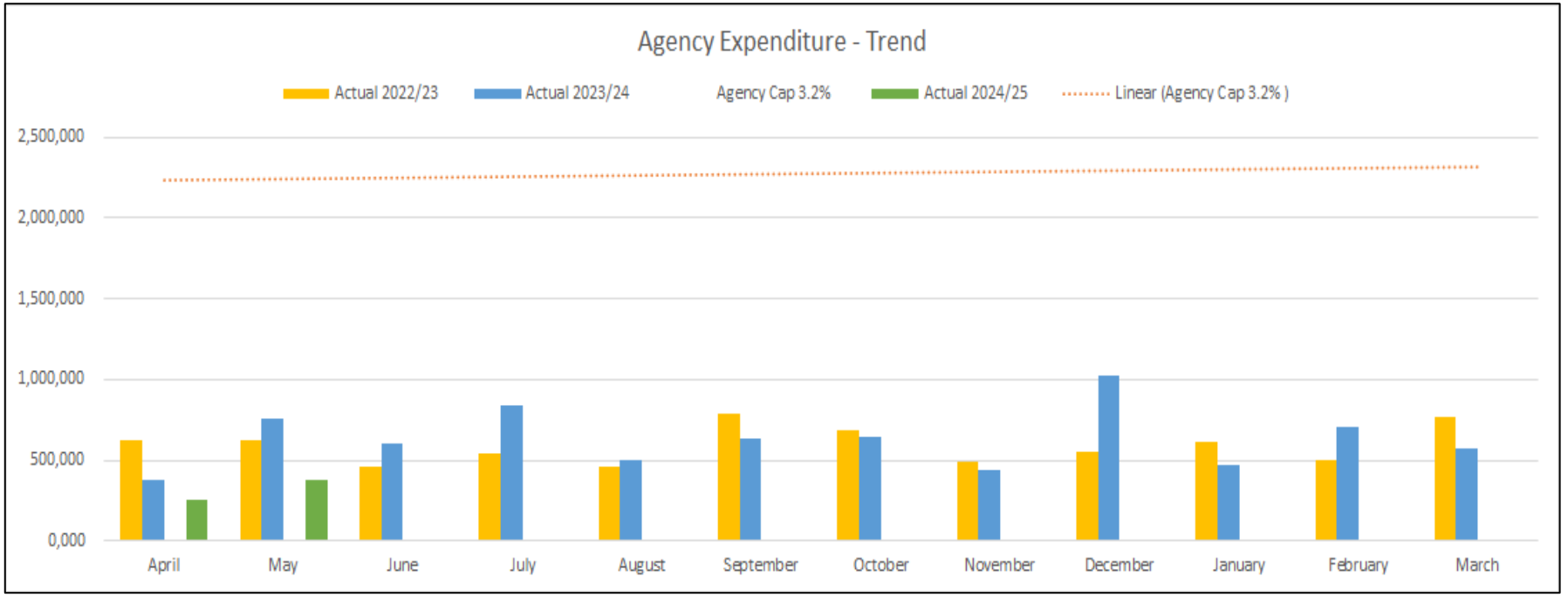
Income

- The in-month position is an overall favourable variance of £4,831k, partly due to over-performance on matched drugs and devices and miscellaneous income behind plan currently.

Expenditure

- The employee expenses includes the impact of the Consultant Pay Reform expenditure paid in May. There is an overspend on drugs expenditure partly matched with income and an increase on the 2023/24 levels that will be monitored.

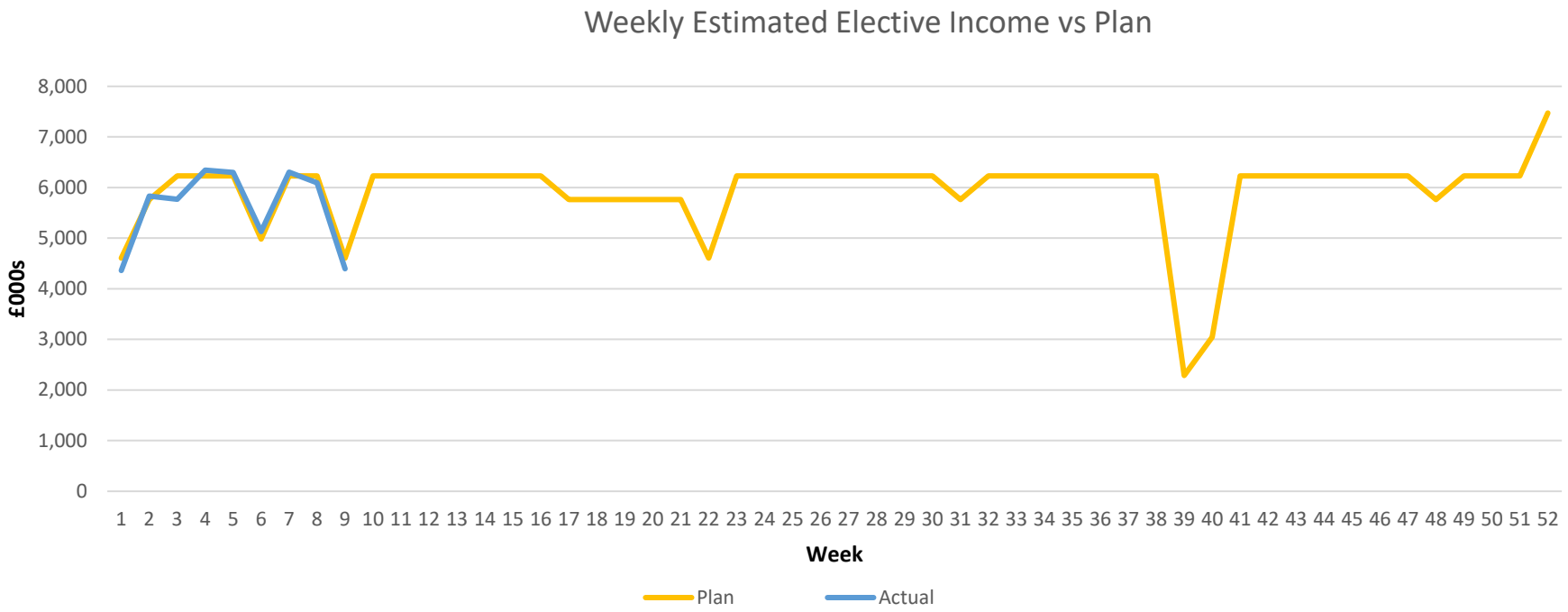
Finance: Overall Financial Position



Agency

- The above chart provides the overall trend in relation to agency usage over the last couple of years. This is running at around 0.8% of the gross staff costs. This is below the national target set at 3.2%. Although the analysis is positive, there continues to be medical agency usage across a number of specialties where it is proven difficult to recruit on a permanent/substantive basis. This will continue to be managed and monitored on an ongoing basis to reduce the reliance on agency.

Finance: Overall Financial Position



Elective Recovery Performance

Background

- Elective income (Ordinary Elective, Day Case, Outpatient New and Outpatient Procedure Income) is paid on a tariff basis
- The clinical boards have committed to deliver a plan of £307m which is £4m higher than the nationally set target for elective activity. The graph above shows estimated performance against this plan.
- There is a time lag in recognising income relating to outpatient procedures - outpatient procedures attendances in review appointments default to outpatient reviews (which are outside of the ERF tariff payment) until they coded.

Current Position

- To week 9, total delivery is £586k away from the agreed plans, however this is expected to improve back to target as outpatient procedures are coded. There is a specific issue in Ophthalmology where coding is behind the usual 4 weeks for outpatient procedures.

Health Inequalities

Health Inequalities: Overview

- The Health Inequality performance report for July will focus on describing the Trust's elective admissions based on catchment population data by the Office of Health Improvement and Disparities (OHID) and the Trust inpatient lists.
- Given that the admission date is known in advance for elective admissions or not determined yet for inpatients waiting lists, exploring inequalities, particularly by deprivation and ethnicity can inform an inclusive approach to elective recovery. This can be done by working closely with community partners.
- Inequalities resulting from the wider determinants (structural, economic and social factors) mean that patients with the same clinical need may experience different impacts while on the waiting list (for example patients living in more deprived areas are more likely to experience multiple morbidities and hence develop complications while they wait. Also depending on the length of wait, that can also impact employment, especially for those in manual professions and zero-hour pay employment).
- Understanding the catchment population is important as it provides a baseline denominator that enables us to evaluate unmet need, service provision, inequity of access and hence utilise a more efficient and equitable planning and delivery of care.

Health Inequalities: Trust Catchment Population

Figure 1: Trust Catchment Population

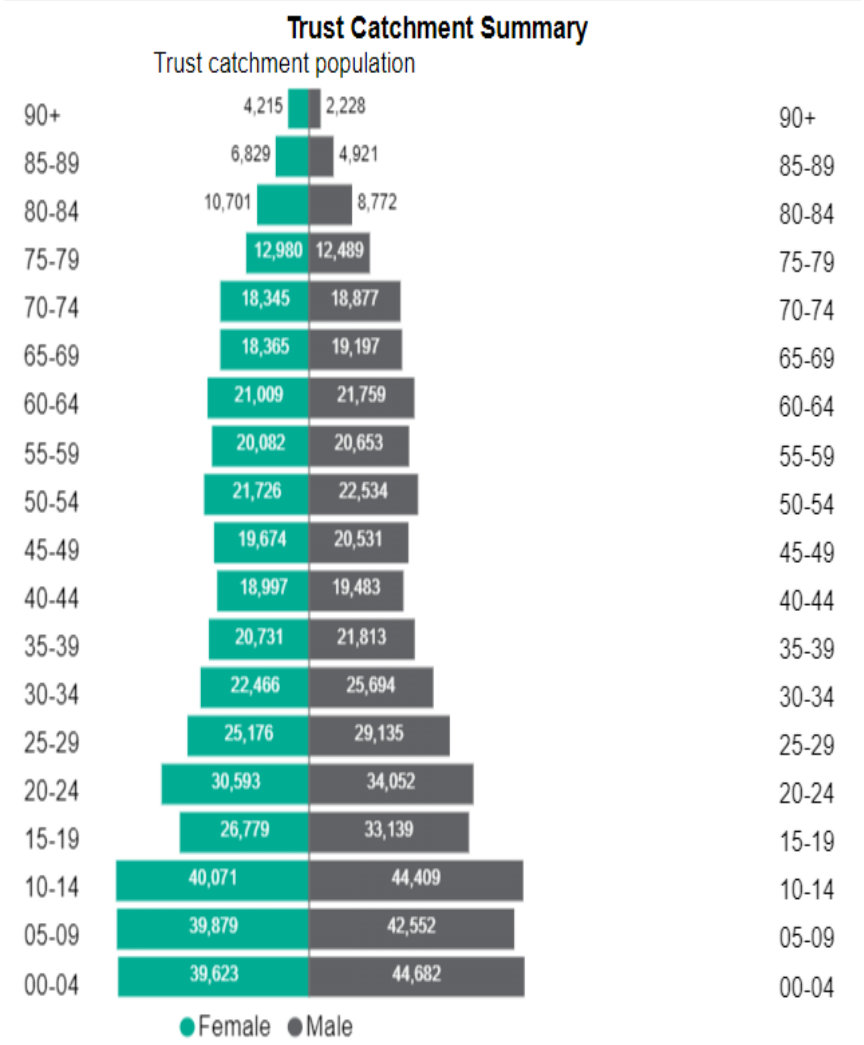
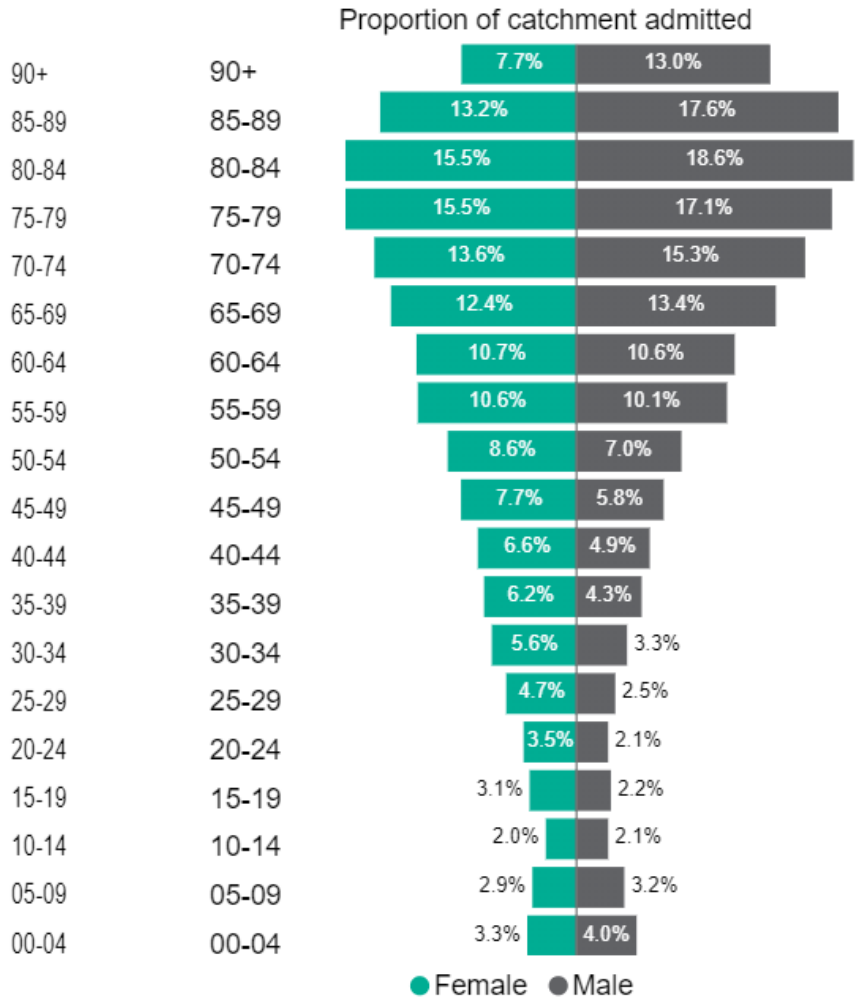
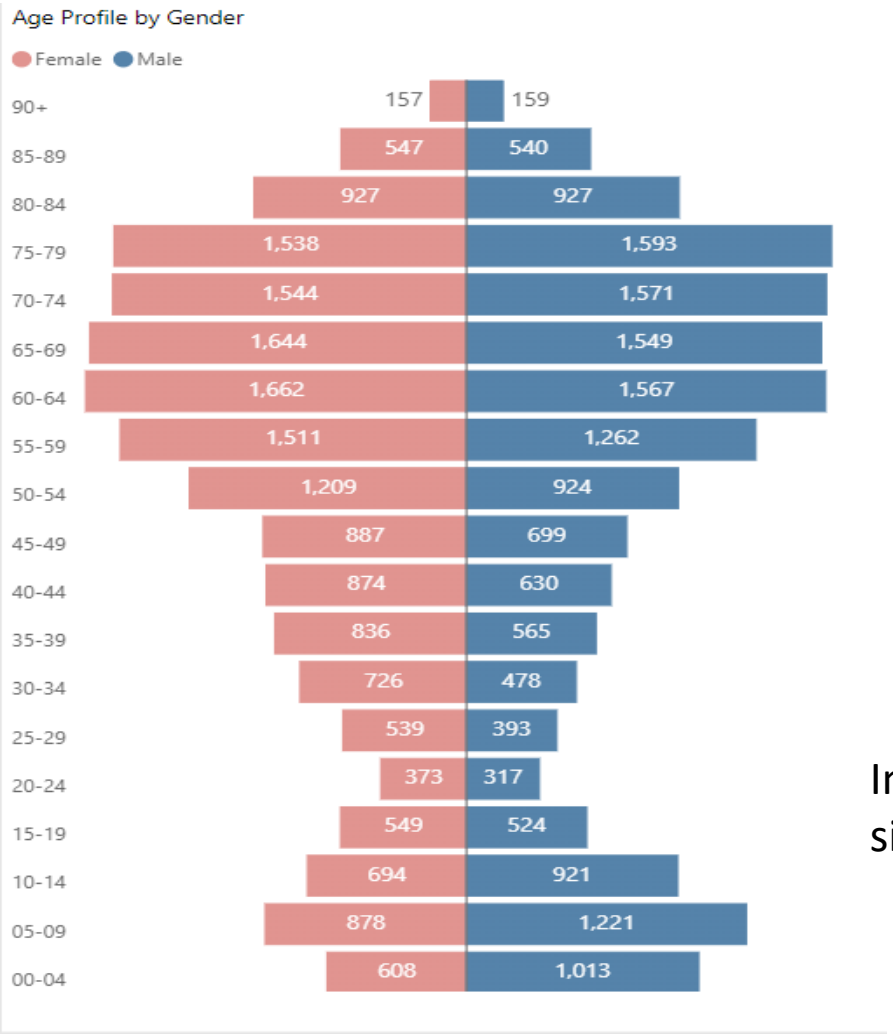


Figure 2: NHS Acute (hospital) trust catchment population (Elective admissions) (2020) [PHE dashboard 2020 -OHID (2022).]



Heath Inequalities: Age and Sex



Inpatient waiting list size=34,574

Figure 3: Inpatient Waiting List by age & Sex (2024)

Health Inequalities: Summary Points (Age and Sex)

- The NuTH catchment population has a younger age profile evidenced by the proportion of those in the under 19 age categories and actual size of the population in the 0-19 age catchment population.
- The older age population is overrepresented in elective admissions to the trust. That is evidenced in the relatively high proportion of catchment population admitted (e.g. in all age categories 55 years and older except for females over 90 years old) (Figure 2).
- Despite the small proportion of catchment population admitted in the younger age categories (up to 19 years) their absolute number is relatively large.
- Males are overrepresented in the under 5s and over 65s age categories in elective admissions (figure 2) and 14 years and under trust inpatient waiting list (figure 3).

Health Inequalities: Elective Admissions (Deprivation & Ethnicity)

Figure 4

Elective admissions (Trust Catchment Population) by Index of Multiple Deprivation (IMD) Quintile and Ethnicity -

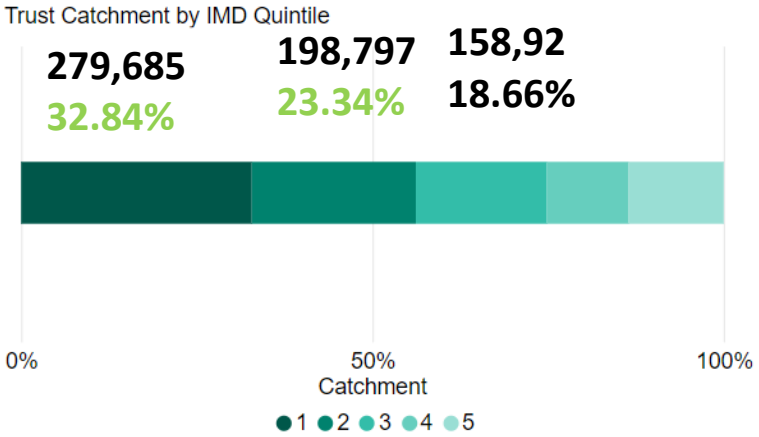
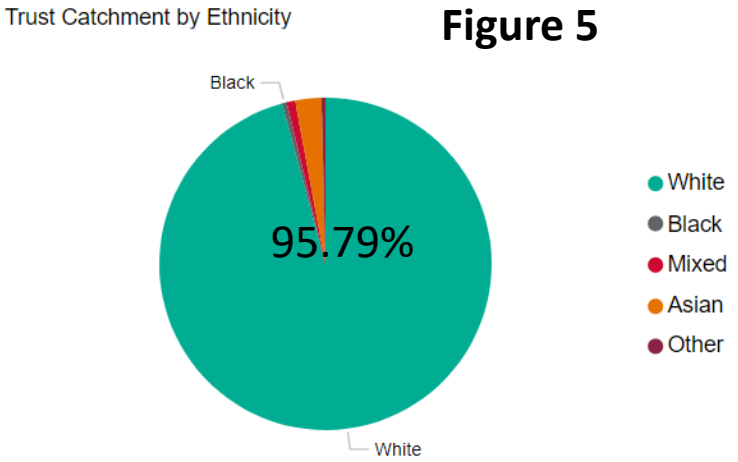


Figure 5



Source: OHID (2022). NHS Acute (hospital) trust catchment populations (2020) PHE dashboard 2020

Office for Health Improvement & Disparities

Health Inequalities: IPWL by Deprivation (IMD) and Ethnicity

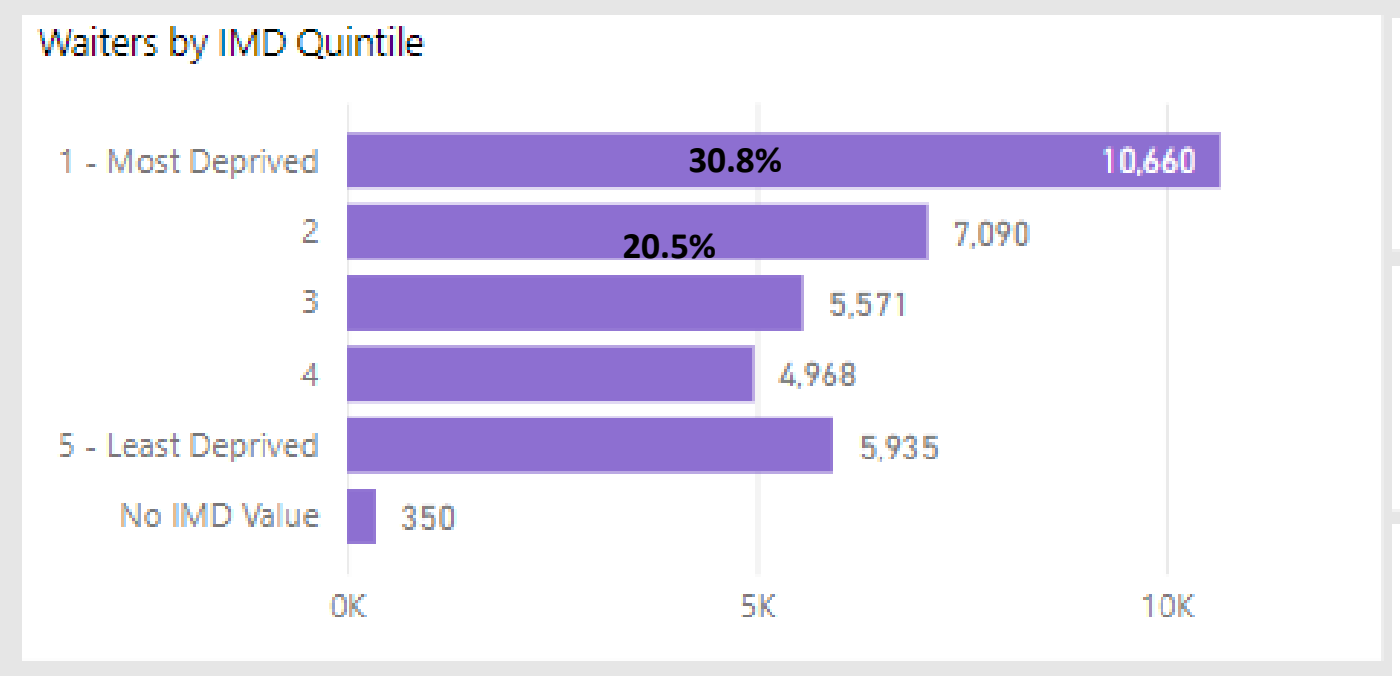


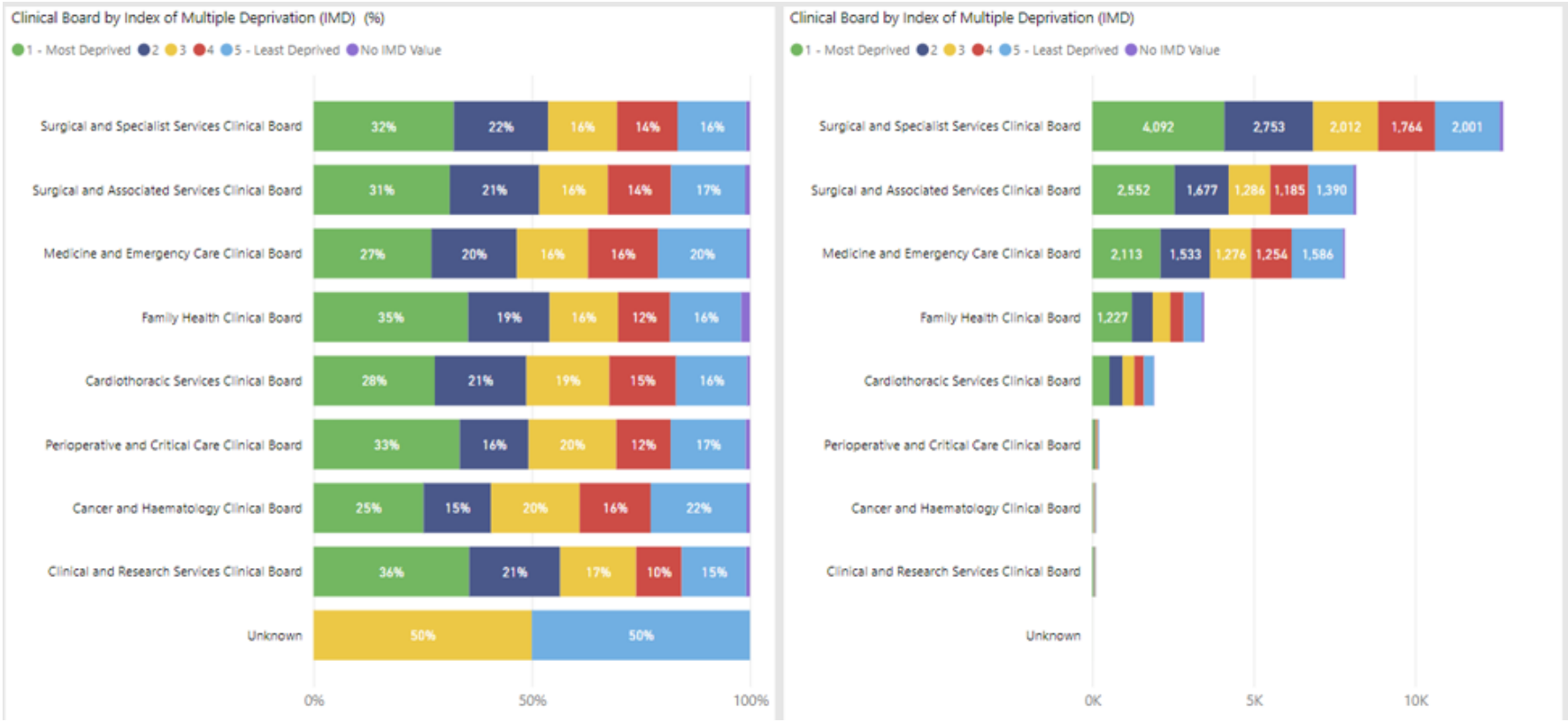
Figure 6: Inpatient Waiting List as at 29th June 2024

Inpatient waiting list size=34,574

Inpatient Waiting List (IPWL) - Power BI Report Server

Health Inequalities: IPWL by Deprivation & Clinical Board

Figure 7: IMD for Inpatient Waiting Lists by Clinical Board

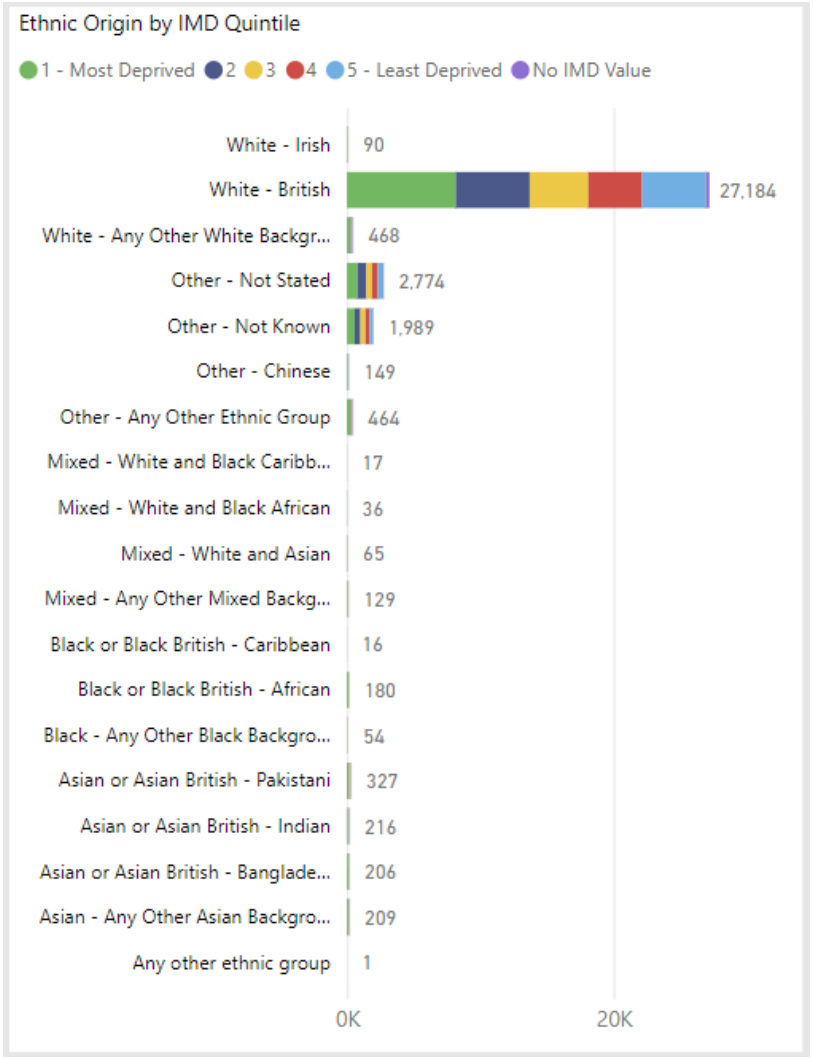


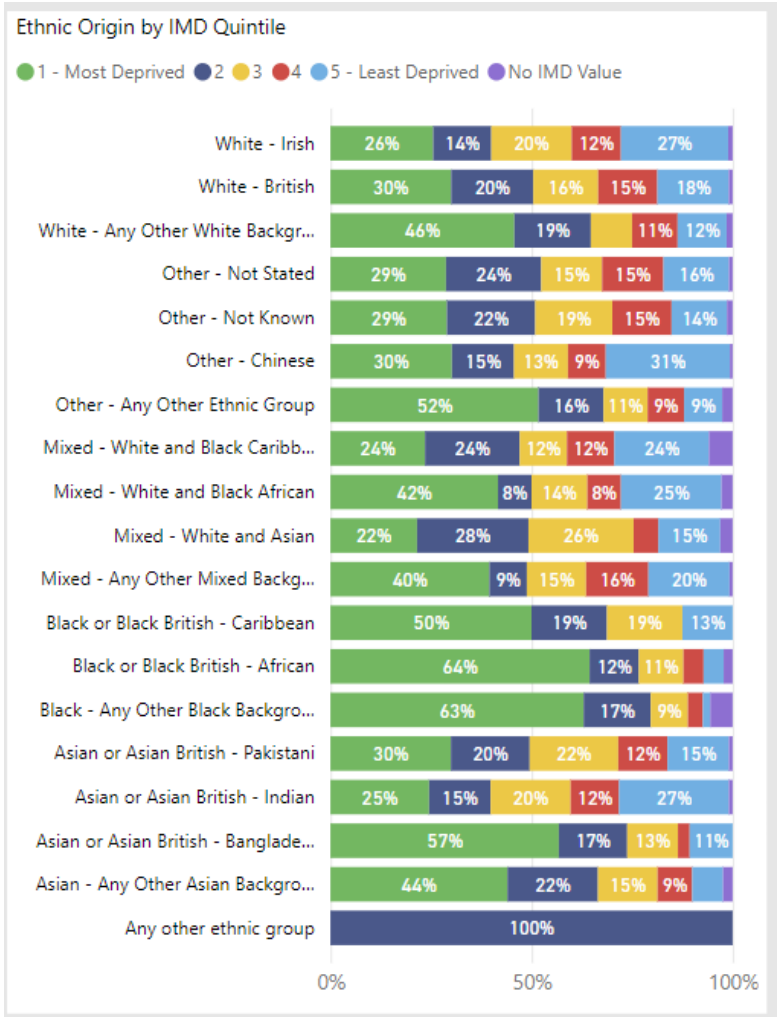
Health Inequalities: Summary Points (Socioeconomic Deprivation)

- The Indices of Multiple Deprivation (IMD) are overall relative measures of deprivation at a small geographical area constructed by combining 7 domains of deprivation according to respective weights (Income, employment, education, skills and training; health and disability; crime; barriers to housing and services and living environments).
- Over a third of the Trust catchment population (elective admissions) (32.84%) (figure 4) and 30.8% of the Trust inpatient waiting list resides in the 20% most deprived areas nationally in England (Figure 6.
- Generally, the level of deprivation in each of the Trust Clinical Boards is in line with that seen in the overall catchment population and the Trust Inpatient Wating Lists.
- A higher proportion (35%) of the inpatient waiting lists in the Family Health Clinical Board live in the most deprived areas nationally compared to other clinical boards and the overall Trust inpatient list (Figure 7). However, it is important to note the relatively large size of the inpatient waiting list residing in the most deprived areas nationally (Q1) in the Surgical and Specialist Services Clinical Board; Surgical & Associated Services Clinical Board and Medicine and Emergency Care Clinical Board.

Health Inequalities: IPWL (Socioeconomic Deprivation and Ethnicity)

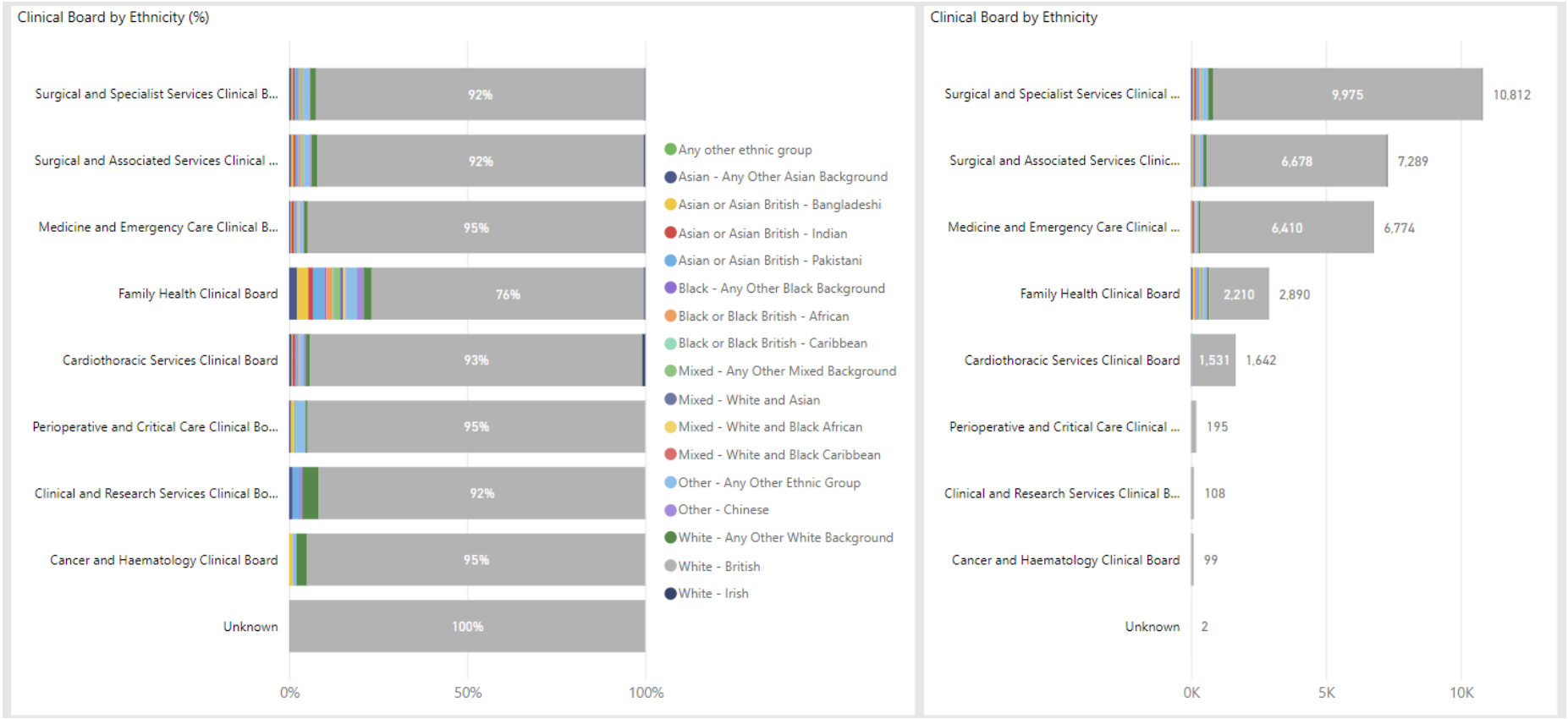
Figure 8: Ethnic Origin by IMD Quintiles





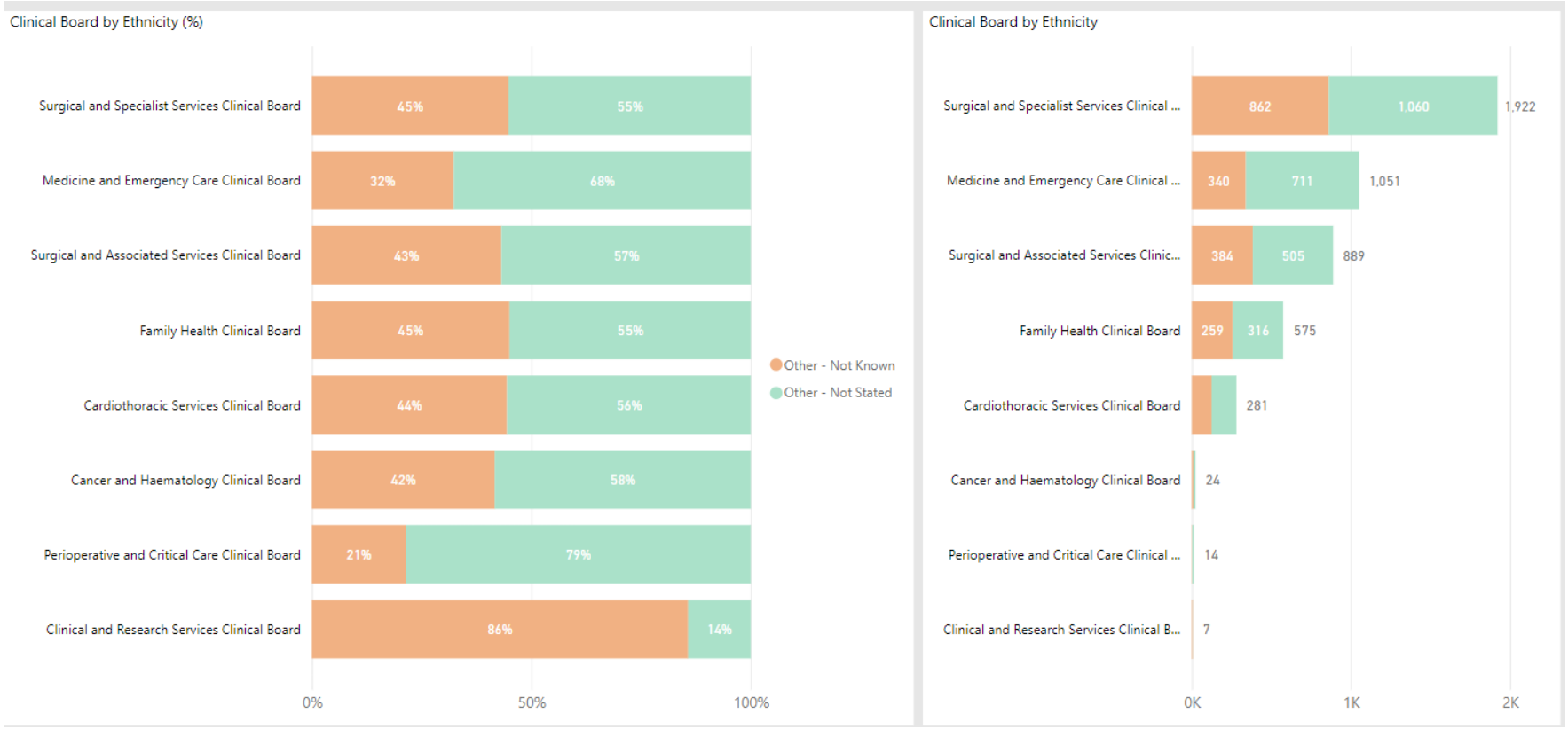
Health Inequalities: Ethnicity by Clinical Board

Figure 9: Ethnicity by Trust Clinical Board



Heath Inequalities: Ethnicity Coding (Data Quality)

Figure 10: Data quality-Ethnicity recording by Trust Clinical Board



Health Inequalities: Summary Points (Ethnicity)

- Ethnicity can be closely linked to health inequalities and socioeconomic deprivation. Therefore, it is important to pay attention to improving the quality of data by improving coding of ethnicity (both completeness and accuracy).
- A significant proportion of patients in the inpatient waiting list are White British (Over 78%). This group generally resembles the overall Trust catchment population in socioeconomic deprivation with 30% living in the 20% most deprived areas nationally.
- There is considerable socioeconomic deprivation observed among certain ethnic groupings in the trust inpatient waiting lists compared to the White British Population. For example, in the inpatient waiting list among Black or Black British (Caribbean) 50% live in the 20% most deprived areas nationally (Q1); in Black or Black British (African origin): 63% live in in the 20% most deprived areas nationally and in any other Black (63% live in Q1. Among Asian or Asian British in the IPWL those with a Bangladeshi origin are the most deprived with 57% of those on our inpatient waiting list living in the 20% most deprived areas nationally (IMD Quintile 1) (figure 8).
- Among the Trust Clinical Boards inpatient waiting lists that of the Family Health Clinical Board is the most ethnically diverse with 76% White British compared to over 90% White British in all other clinical Boards. This is in line with population data at place (Newcastle) as evidenced by ONS and the School Census Data (figure 9).
- Although the Trust has made significant progress in improving the quality of ethnicity data, there is more work to be done. A priority is in Surgical and Medicine Clinical Boards whereby there is a relatively large number of unknown & not stated ethnic categories (Figure 10).

Appendices

Appendix 1: Guidance on SPC

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

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Agenda item 9 (ii)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 August 2024					
Title	Update from Committee Chairs					
Report of	Non-Executive Director Committee Chairs					
Prepared by	Mrs G Elsender, PA to Interim Chair and Trust Secretary / Corporate Governance Officer					
Status of Report	Public	Private	Internal			
	☒	☐	☐			
Purpose of Report	For Decision	For Assurance	For Information			
	☐	☐	☒			
Summary	The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Council of Governors in June 2024: ○ People Committee – 24 June 2024 and 9 July 2024 ○ Quality Committee – 18 June 2024 and 9 July 2024 ○ Digital & Data Committee – 4 June 2024 ○ Finance & Performance Committee – 24 June 2024 and 15 July 2024 ○ Audit, Risk & Assurance Committee – 25 June 2024 and 16 July 2024					
Recommendation	The Council of Governors is asked to (i) receive the update and (ii) note the contents.					
Links to Strategic Objectives	Links to all strategic objectives					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☒	☒	☒	☒	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular report.					

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Council of Governors in June 2024.

UPDATE FROM COMMITTEE CHAIRS

1. PEOPLE COMMITTEE

A meeting of the People Committee took place on 24 June 2024 and 9 July 2024. During the meeting on 24th June, the main areas of discussion included:

- Care Quality Commission (CQC) Action Plan (People matters).
- People Plan 2024/27 – Year 1 deliverable actions update.
- Civility Charter.
- Retention Data (annual review).
- Deep Dive on Violence and Aggression.
- The Head of Workforce Engagement & Information shared Performance and Delivery – People and Culture Dashboard.
- Items to consider included the Trade Union Facilities Annual Report; as well as the Guardian of Safe Working Quarter 4 Report and Annual Report.
- Minutes of the following meetings were received:
    - People Programme Board 8 April 2024.
    - Equality, Diversity and Inclusion (EDI) Steering Group 16 May 2024.
    - Health & Wellbeing Steering Group 8 May 2024.
    - Sustainable Healthcare Committee 16 May 2024.

During the meeting on 9 July 2024, the main areas of discussion included:

- CQC Action Plan (People matters).
- People Plan 2024/27 – Year 1 deliverable actions update.
- Update on Leadership Development Offer.
- Clinical Board update – People Focus.
- Deep Dive on Sickness Absence.
- Risk Report – Board Assurance Framework (BAF).
- EDI Improvement Plan – Update on progress.
- The Head of Workforce Engagement & Information shared Performance and Delivery – People and Culture Dashboard.
- Minutes of the following meetings were received:
    - Learning and Education Group – 20 May 2024.
    - People Programme Board – 14 May 2024.
    - EDI Steering Group 4 July 2024.
    - Health & Wellbeing Group – 19 June 2024.

The next formal meeting of the People Committee will take place on Tuesday 17th September 2024.

2. QUALITY COMMITTEE

Meetings of the Quality Committee took place on 18 June 2024 and 9 July 2024.

During the meeting on 18 June 2024, the main area of discussion were:

- Cardiac Oversight Group Update.

- CQC Update - Emergency Department.
- Wards requiring additional support.
- Patient Safety Incident Response Framework (PSIRF) Priorities - Internal Referrals.
- Quality Account including Quality Priority 1: *To improve patient safety by ensuring staff feel free to report safety concerns; incidents and near-misses, resulting in an overall increase in incident reporting rates.*
- Patient & Staff Experience Update.
- Safeguarding and Mental Capacity Act Quarter 4 Report.
- Approval of the Mental Health Strategy.
- Learning Disabilities Quarter 4 Report.
- Feedback from Leadership Walkabouts / Board Visits.
- Board Reports:
    - Integrated Quality & Performance Report.
    - Quality Oversight Group Monitoring & Evaluation Report.
- Minutes of the following meetings were received:
    - Patient Safety Group – 19 April 2024.
    - Clinical Outcomes & Effectiveness Group (COEG) 9 February 2024.

The main areas of focus during the meeting on 9 July included:

- Cardiac Oversight Group Update.
- CQC Medicines Management Update including Deep-dive on Medicines Reconciliation.
- Maternity Update including Midwifery Staffing update.
- Nurse Staffing Deep Dive Report.
- Duty of Candour Deep Dive.
- Venous thromboembolism (VTE) Update.
- Feedback from the Pancreatic Cancer Get It Right First Time (GIRFT) Review.
- Update on unverified letters and compliance with discharge summaries.
- Clinical Board Quality & Safety Escalation Report.
- Performance Reports:
    - Integrated Quality & Performance Report.
    - Serious Incident Close Out Assurance Report.
    - Infection Prevention and Control (IPC) BAF Report.
    - BAF and Quality Committee Risk Report.
- Feedback from Leadership Walkabouts / Board Visits.
- Minutes of the Patient Safety Group 11 June 2024 were received.

The next formal meeting of the Quality Committee will take place on Tuesday 17th September 2024.

3. DIGITAL & DATA COMMITTEE

The Digital & Data Committee took place on Tuesday 4 June 2024. During the meeting, the main areas of discussion included:

- Chief Information Officer (CIO) Report, including digital performance report and partnerships update.
- Digital Maturity Assessment.
- BAF/risk report & emerging risks.
- Update on Electronic Patient Record - Adoption Coaches.
- Options for the Path 5 Laboratory Information Management System (LIMS).
- Accessible Information Standard (Improving Patient Experience).
- Digital & Data Priorities/Updates.
- Digital financial plan/position/investments - update on Cost Improvement Programme (CIP).

The next meeting of the Digital & Data Committee will take place on Friday 16 August 2024.

4. FINANCE & PERFORMANCE COMMITTEE

Meetings of the meeting of the Finance & Performance Committee took place on 24 June 2024 and 15 July 2024. During the meeting on 24 June, the main areas of discussion included:

- Annual Accounts (deferred to the Audit, Risk and Assurance Committee).
- Month 2 Finance Report.
- BAF/Risk report and emerging risks.
- Financial Recovery Plan, including:
    - Clinical Board Financial Position Update: Cardiothoracic.
    - Escalation measures.
- Month 2 Performance (included within the Integrated Quality & Performance Report).
- Procurement Update, including:
    - Plan 2024/25.
    - Provider Selection Regime.
- Tenders (PR) and Business Cases (BC): Terumo Oxygenators (PR) (Approved)
- Estates Capital Schemes:
    - Freeman Theatre refurbishment (6).
    - RVI Theatre refurbishment phase 4 (3&4).
    - Nuclear Medicine Solid-State Scanner Replacement.
- 2023/24 National Cost Collection Pre-Submission.
- Minutes from the following groups were received:
    - Capital Management Group – 9 April 2024 and 13 May 2024.
    - Supplies & Services Procurement Group – 3 May 2024.
    - Strategy, Planning & Capital Investment Group - 16 May 2024.

During the meeting held on the 15 July main areas of discussion included:

- Month 3 Finance Report.
- Clinical Board Financial Position Update: Medicine and Emergency Care.
- Month 3 Performance (included within the Integrated Quality & Performance Report).
- Day Treatment Centre Quarterly Update.

- Review of Commercial Schemes.
- Tenders (PR) and Business Cases (BC): A Research Facility BC.
- Month 3 – Financial Recovery Plan Report.
- Minutes of the following meetings were received:
    - Capital Management Group – 11 June 2024.
    - Supplies & Services Procurement Group – 7 June 2024.

The next formal meeting of the Finance & Performance Committee will take place on 23 September 2024.

5. AUDIT, RISK AND ASSURANCE COMMITTEE

Meetings of the Audit, Risk and Assurance Committee took place on 25 June 2024 and 16 July 2024. During the meeting of 25 June, the main areas of discussion included:

- Escalations from other Board Committees to ARAC.
- Risk Register Report.
- Clinical Board risk deep dive [Family Health].
- Internal Audit (IA) Annual Report, including Internal Audit Opinion 2023/24.
- IA Progress Report 2024/25.
- Audit Completion Report and Auditor's Annual Report (VFM).
- Annual Governance Statement [FINAL].
- Annual Report, including final Annual Register of Directors' interest.
- Annual Accounts 2023/24 [FINAL], including:
    - Accounting issues raised as part of the Financial Statements audit
    - Accounting Policies, Estimates and Judgements

  The Annual Report and Accounts were recommended for approval by the Trust Board.
- Minutes from the following Committees were received:
    - Finance & Performance Committee 20 May 2024.
    - People Committee 15 May 2024.
    - Quality Committee 14 May 2024.
    - Digital & Data Committee 18 March 2024, 18 April 2024 and 4 June 2024.
    - Charity Committee 31 May 2024.

During the meeting of 16 July 2024 the main areas of discussion included:

- Escalations from other Board Committees to ARAC.
- Board Assurance Framework (BAF).
- Risk Register Report.
- Compliance & Assurance Group Update.
- Review of Clinical Audit Process.
- Counter Fraud Annual Report.
- Internal Audit Progress report and Protocol.
- Modern Slavery Act Statement [FOR APPROVAL].
- Non-Audit Services Policy [FOR APPROVAL].
- Fit and Proper Persons Annual Update.

- Standards of Business Conduct.

The next formal meeting of the Audit, Risk and Assurance Committee will take place 24 September 2024.

Report of Gillian Elsender
PA to Interim Chair and Trust Secretary / Corporate Governance Officer
11 July 2024

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Agenda Item 10

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 August 2024					
Title	Never Events and Update on the Patient Safety Incident Response Framework					
Report of	Angela O'Brien, Director of Quality and Effectiveness					
Prepared by	Angela O'Brien, Director of Quality and Effectiveness					
Status of Report	Public		Private		Internal	
	☐		☒		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☐		☐		☒	
Summary	This briefing has been produced in response to a request from the Council of Governors to receive the following information: • What constitutes a Never Event? • A progress report on the Trust Patient Safety Incident Response Framework (PSIRF) process					
Recommendation	The Council of Governors is asked to note the content of this briefing paper.					
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☒	☐	☒	☐
Link to Board Assurance Framework [BAF]	BAF risk ID 1.1 – Inability to maintain and improve patient safety and quality of care that delivers the highest standards of care and outcomes for our patients.					
Reports previously considered by	Stand-alone briefing paper					

NEVER EVENTS AND THE PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK BRIEFING

1. INTRODUCTION

This briefing has been produced in response to a request from the Council of Governors (COG) to receive the following information:

- What constitutes a Never Event?
- A progress report on the Trust Patient Safety Incident Response Framework (PSIRF) process

2. WHAT CONSTITUTES A NEVER EVENT

A Never Event is defined by NHSE as "a patient safety incident that is wholly preventable where guidance or safety recommendations that provide strong systemic protective barriers are available at national level and have been implemented by healthcare providers"

The types of incident, defined as a Never Event, are listed below. Each Never Event type has the potential to cause serious harm or death. However, serious harm or death does not need to have happened as a result of the incident to be categorised as a Never Event.

Surgical

- **Wrong site surgery -** An invasive procedure performed on the wrong patient or at the wrong site (e.g. wrong knee, eye, limb).
- **Wrong implant/prosthesis -** Placement of an implant/prosthesis different from that specified in the procedural plan, either before or during the procedure.
- **Retained foreign object post procedure -** Retention of a foreign object in a patient after a surgical/invasive procedure.

Medication

- **Mis-selection of a strong potassium solution -** A patient is intravenously given a strong potassium solution rather than the intended medication.
- **Administration of medication by the wrong route -** The patient is given one of the following:
    - Intravenous chemotherapy by the intrathecal route; or
    - Oral/enteral medication or feed/flush by any parenteral route.
- **Overdose of insulin due to abbreviations or incorrect device**
- **Overdose of methotrexate for non-cancer treatment**
- **Mis-selection of high strength midazolam during conscious sedation**

Mental Health

- **Failure to install functional collapsible shower or curtain rails**

NB. This is only applicable to settings providing NHS funded mental health inpatient care.

General

- **Falls from poorly restricted windows -** A patient falling from poorly restricted windows.
- **Chest or neck entrapment in bedrails -** Entrapment of a patient's chest or neck between bedrails or in the bedframe or mattress, where the bedrail dimensions or the combined bedrail, bedframe and mattress dimensions do not comply with Medicines and Healthcare Products Regulatory Agency (MHRA) guidance.
- **Transfusion or transplantation of ABO incompatible blood components or organs -** Unintentional transfusion of ABO incompatible blood components or unintentional ABO mismatched solid organ transplantation. In this context, 'incompatible' antibodies must be clinically significant. If the recipient has donor specific anti-ABO antibodies and is therefore likely to have an immune reaction to a specific ABO compatible organ, the inadvertent transplantation of that organ without appropriate management is a Never Event.
- **Misplaced naso or orogastric tubes -** Misplacement of a naso or oro-gastric tube in the pleura or respiratory tract that is not detected before starting a feed, flush or medication administration.
- **Scalding of patients -** Patient scalded by water used for washing/bathing.
- **Unintentional connection of a patient requiring oxygen to an air flowmeter**

3. PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF) UPDATE

The PSIRF has replaced the Serious Incident Framework (SIF) in the Trust from January 31st 2024. It is a key part of the NHS Patient Safety Strategy and one of the biggest changes in patient safety since the NHS was founded.

It integrates four key aims:

1. Compassionate engagement & involvement of those affected by incidents.
2. Application of a range of system-based approaches to learning from incidents.
3. Considered & proportionate responses to incidents.
4. Supportive oversight focused on strengthening response system functioning, learning & improvement.

The PSIRF advocates a co-ordinated and data-driven response to patient safety incidents. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

The PSIRF has required the establishment of a new process for managing learning from incidents and two new groups to support the inputs and outputs from this. These new

groups have replaced groups which previously had oversight of serious incidents and reported to the Patient Safety Group.

3.1 Rapid Review Process and Response Action Review Meeting

Datix is an incident reporting system, which is available to all staff within the Trust. Staff are advised to report incidents regardless of whether harm has occurred or not, and are encouraged to report 'near miss' incidents. Following a notification on Datix of a significant near miss or incident resulting in moderate or above harm a Rapid Review should take place within 5 days. This is arranged locally under the oversight of the Quality and Safety Lead for each Clinical Board. The process allows for standardisation of information to be provided to the weekly Response Action Review meeting attended by Clinical Board representatives and senior officers of the Trust Executive and Quality and Safety Team. Systems based investigation training to support the rapid review process has been provided by the internal Trust Incident Investigation training faculty.

The aim of a Rapid Review is to:

- Gather the facts about the case.
- Discuss whether immediate action is required to ensure patient safety and share any immediate learning.
- Consider the potential for improvements to patient safety.

The output from the Rapid Review is presented by the Clinical Board representative to the weekly Response Action Review meeting.

The purpose of the Response Action Review Meeting is to:

- Agree the most appropriate proportionate learning response required e.g. local investigation and local learning; after action review (AAR) including input from specialists outwith the immediate locality where the incident occurred, Patient Safety Incident Investigation (PSII). PSII is a very comprehensive, multi-faceted incident investigation where there are opportunities for widespread learning.
- Agree who is the most appropriate person to conduct the agreed learning response.
- Monitor completion of Duty of Candour.

3.2 Patient Safety Incident Forum

The monthly Patient Safety Incident Forum (chaired by the Medical Director) oversees the PSIRF process, including implementation and monitoring and is responsible for the escalation of risks identified to the Quality Committee/Trust Board.

PSIRF dashboards have been developed to provide assurance on rapid review and response completion within the prescribed timeframes. The dashboards are also used to provide assurance regarding the completion of proportionate learning responses within the prescribed timeframes in accordance with the PSIRF Plan and Policy.

The Integrated Quality and Performance Trust Board Report contains a regular update on progress and compliance with PSIRF process and outputs.

The PSIRF Implementation Leads would be very happy to present a further update to the Council of Governors on request.

Report of Angela O'Brien
Director of Quality and Effectiveness

9 August 2024

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Council of Governors Meeting Actions - Public

Agenda item: 11

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
119	ACTION01	6. Freedom to Speak Up Guardian Update	07 December 2023	Andy Pike agreed to return to the CoG to provide an update following the publication of the Letby Inquest.	AP	12.06.24 -To arrange once inquest is published. Action to remain on hold.	
124	ACTION01	5. Chief Executive's report	20 June 2024	The DCCA offered to meet separately to discuss further [Communications Team support] with Mrs Carrick as the Chair of the People, Engagement and Membership Working Group	CD/JC	16.07.24 - A meeting was arranged between Mrs Carrick and the DCCA which took place on 16th July. Propose close action.	
125	ACTION02	2. i. Digital Update	20 June 2024	Mr Jarrett noted some digital issues in relation to portering systems agreed to discuss further with the CIO.	SM/WJ	06.08.24 - AM followed up with WJ/SM for updates 07.08.24 - SM offered a comprehensive update on the project and offered to connect with WJ separately. AM will confirm this with WJ once he returns from annual leave.	
126	ACTION03	2. ii. Revised Integrated Quality and Performance Report	20 June 2024	Mrs Yanez asked what benchmarking had been done on the IQPR compared to other NHS Trusts and the DDBDE offered to meet and talk through.	PG	06.08.24 - AM followed up with PY/PG for updates 07.08.24 - PY noted that the Governors plan to further discuss the information they would like to see and will arrange this in September.	
127	ACTION04	4. iv. Schedule of Business 2024	20 June 2024	Mrs Yanez suggested that in light of the new Governors who have joined the Council and the low response rate for the tvc Governor survey, that tvc should be requested to re-issue their survey to the whole Council of Governors. The TS agreed to raise with tvc.	KJ	08.08.24 - KJ contacted Wendy Saviour from the value circle who has confirmed that the survey could be re-run. KJ requested a copy of the original survey questions to share with Sir Paul for review/further consideration.	

Key:

Red =	No update/Not started
Amber =	In progress
Green =	Completed
Grey =	On Hold

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 August 2024					
Title	Non Audit Services Policy					
Report of	Kelly Jupp, Trust Secretary					
Prepared by	Kelly Jupp, Trust Secretary					
Status of Report	Public	Private	Internal			
	☒	☐	☐			
Purpose of Report	For Decision	For Assurance	For Information			
	☒	☐	☐			
Summary	The Non-Audit Services Policy has been reviewed and minor changes proposed in tracked changes to reflect the following: • Amendments to reflect the change in name of the Audit, Risk and Assurance Committee. • Changes to reflect minor amendments arising from new or updated guidance and standards. • Changes to the monitoring table.					
Recommendation	The Council of Governors is asked to review and approve the Policy.					
Links to Strategic Objectives	No direct link.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☐	☒	☒	☐	☐	☐
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	The proposed changes were considered and approved at the Audit, Risk and Assurance Committee in July 2024.					

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Non-Audit Services Policy

Version No.:	1.10
Effective From:	[TBA]
Expiry Date:	[TBA]
Date Ratified:	[TBA]
Ratified By:	Audit, Risk and Assurance Committee (16 July 2024) and Council of Governors ([TBA])

1. Introduction

NHS Foundation Trust auditors are required to comply with the latest version of the National Audit Office's (NAO) Code of Audit Practice, and the NHS Act 2006 (the 'Act). Further auditors must have regard to the Auditor Guidance Notes (AGNs) issued by the NAO.

The statutory responsibilities and powers of the auditor are set out in the Act. In satisfying these specific statutory responsibilities and powers, auditors are required to carry out their work in accordance with the Code.

The Code of Governance for NHS Provider Trusts states that the Audit Committee should: "Develop and implement a policy on the engagement of the external auditor to supply non-audit services".

This paper describes the policy the Trust will adopt when considering the provision of non-audit services with its external auditor that falls outside its statutory audit responsibilities.

This policy covers both the Trust (The Newcastle upon Tyne Hospitals NHS Foundation Trust) and its subsidiary company/companies. References to the Trust within this policy also cover the subsidiary/subsidiaries and any associated employees.

2. Scope

Auditors are required to comply with relevant ethical standards and guidance issued or adopted by their professional accountancy bodies. This includes the Ethical Standards issued by the Financial Reporting Council.

The ethical standards and guidance require that a member of a professional accountancy body should act with objectivity, independence and integrity in all professional and business activities and relationships. The Institute of Chartered Accountants in England and Wales sets out threats to independence as the following:

- Self-interest – where an interest in the outcome of their work or in a depth of relationship with the Trust may conflict with the auditor's objectivity;

- Self-review – where the auditors may be checking their own colleagues' work and might feel constrained from identifying risks and shortcomings;
- Advocacy – which may be present in engagement but could become a threat if an auditor becomes an advocate for an extreme position in an adversarial matter;
- Familiarity or trust – where the level of constructive challenge provided by the auditor is diminished as a result of assumed knowledge or relationships that exist;
- Intimidation – where the auditor may become intimidated by threat, by dominating personality, or by other pressures, actual or feared, by a director or manager of the Trust.

The ethical standard requires that auditors have procedures to identify and deal with potential conflicts of interest and threats to independence. The external auditor will be required to continue to confirm its compliance with the requirements of the ethical standards in both the Annual Audit Plan and the Annual Audit Letter (or the ISA260 report to those charged with governance (the 'ISA260 report')) agreed with the Trust, as well as in the Engagement Letter for each piece of additional services work.

The FRC's current effective Ethical Standard was revised in 2019 and places limitations on the non-audit services that can be provided by an entity's external auditor. These principles were reflected in expectations set by the NAO in an Auditor Guidance Note to accompany its Code of Audit Practice. The requirements set by the NAO are also adopted by NHS England ~~and NHS Improvement~~.

The FRC published a revised Ethical Standard in January 2024 which will become effective from 15 December 2024 and will be considered in the next iteration of this policy.

A list of services which cannot be provided to an organisation by its external auditor is contained in Annex 1 of the NHS England and NHS Improvement 'Audit and assurance: a guide to governance for providers and commissioners' issued in December 2019.

This document applies to Executive Directors, Senior Managers and budget holders who are authorised to commit resources directly e.g. by the approval of contracts or the ordering of goods; as well as the Trust External Auditors.

3. Duties (Roles and responsibilities)

Role	Responsibility
Council of Governors	The Council of Governors is responsible for the appointment of the External Auditors and for ratifying this policy. They are also responsible for approving any additional services that are outside of the scope of the annual external audit requirements.

Role	Responsibility
	It is important however, that any additional work undertaken can be approved in a timely manner, with reference to the work already being performed by the external auditor and in the light of knowledge of the existing risk and controls framework. The Audit, Risk and Assurance Committee is ideally placed to perform this role on behalf of the Council of Governors, and this would be consistent with the Audit, Risk and Assurance Committee's responsibility for monitoring the quality of the external audit service to the Trust.
Chief Finance Officer~~Director~~	The Chief Finance Officer is the Executive Lead with responsibility for ensuring all requests for non-audit services are reviewed appropriately and monitored in line with this policy.
The Audit, Risk and Assurance Committee	The Audit, Risk and Assurance Committee is responsible for: • Approving any additional services to be undertaken and providing a report to the Council of Governors at least annually of non-audit services that have been approved; • Considering and confirming whether the external auditors are best placed to provide the service and are able to undertake their statutory responsibilities without compromise by the performance of any additional work; • Ensuring an Engagement Letter is agreed with the external auditor covering each piece of additional work, which will specify the scope of the work, timetable for delivery and fee. The Letter will also explain how the work does not compromise the independence of the external auditor; • Ensure any additional work is included in the Annual Report and the external auditor's Management Letter. • Will report to the Board of Directors

Role	Responsibility
	and Council of Governors as soon as possible if there are any matters arising from any such additional work, where significant concerns are raised.
The Auditor	The Auditors (and their staff) have a responsibility to: • Carry out their work with independence, integrity and objectivity. The auditors' opinions, conclusions and recommendations should both be, and be seen to be, impartial. • Exercise their professional judgement and act independently of the NHS Foundation Trust ensuring that they maintain an objective attitude at all times and that they do not act in any way that might give rise to, or be perceived to give rise to, a conflict of interest. • Provide written confirmation that proposed appointments adhere with the relevant ethical guidelines and do not compromise independence and objectivity prior to undertaking any non-audit services.

4. Non- Audit Services

4.1. Non-audit services which the external auditor are prohibited from supplying to the Trust.

There may be occasions when the External Auditor is best placed to undertake particular accountancy, advisory and consultancy work on behalf of the Trust. However, the following services are specifically prohibited:

- Work related to accountancy records and financial statements that will ultimately be subject to external audit;
- Management of, or significant involvement in, internal audit services;
- Work that involves making judgements and taking decisions which are the responsibility of Trust Management;

- Any work where a mutual interest is created that could compromise the independence of the external auditor, or might give rise to a reasonable perception that there independence could be impaired, including any work that involves acting as an advocate of the Trust; and
- Any other work that is prohibited by UK ethical standards.

4.2. Provision of Non-Audit Services to the Trust by the External Auditor.

The procurement of non-audit services to the Trust by the External Auditor shall at all times comply with the Trust Standing Orders, tendering and contracting procedures as well as the process and provisions including in this policy.

In line with the requirements set by the National Audit Office, the total fees for non-audit services should not exceed 70% of the total fee for all audit work carried out in respect of the Trust in any one year.

The following process should be followed when the provision of non-audit services are to be considered.

The Chief Finance Officer and Assistant Finance Director (Financial Services) must be consulted first in writing or via email when there possibility of using the external auditor for the provision of non-audit services is required.

The Assistant Finance Director (Financial Services) will review and evaluate each individual request for the provision of non-audit services making a recommendation to the Chief Finance Officer whether to approve or decline the request.

All recommendations to approve or decline a request for non-audit services will be logged by the Finance Team and reported to the Audit, Risk and Assurance Committee by the Chief Finance Officer for consideration/approval at the next available meeting of the Audit, Risk and Assurance Committee or in exceptional circumstances Audit, Risk and Assurance Committee Chairs action may be sought if the request is time critical.

All recommendations to the Audit, Risk and Assurance Committee will include full details of the non-audit services to be carried out by External Auditors including the fees to be paid.

The Audit, Risk and Assurance Committee will provide a report to the Council of Governors annually as to the additional services approved.

All requests will be recorded and monitored by the Trust Secretary following discussion at Audit, Risk and Assurance Committee.

5. Training

No other formal training is required in relation to this Policy. Staff are advised to contact the Trust Secretary for advice in relation to this policy.

6. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed. The Equality Analysis Form can be found in Appendix 1.0

7. Monitoring Compliance

Arrangement for the monitoring of compliance with this policy and its effectiveness are detailed below.

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
The Finance Team will maintain a log of all non-audit services requests	The log and supporting evidence for decisions will be reviewed.	Assistant Finance Director (Financial Services)~~Trust Secretary~~	Audit. Risk and Assurance Committee (ARAC)	Annually
In line with the requirements set by the National Audit Office, the total fees for non-audit services should not exceed 70% of the total fee for all audit work carried out in respect of the Trust in any one year.	Calculate the cost of non-audit services as a proportion of audit work fees.	Assistant Finance Director (Financial Services)~~Trust Secretary~~	ARAC~~udit Committee~~	Annually
Auditors must provide written confirmation that proposed appointments adhere with the relevant ethical guidelines and do not compromise independence and objectivity	For all items on the log where a non-audit service has been provided, evidence of written or email confirmation will be reviewed.	Assistant Finance Director (Financial Services)~~Trust Secretary~~	ARAC~~udit Committee~~	Annually
The provision of non-audit services will be disclosed in the Annual Report, the Audit	Review listed documents to ensure they are appropriate and	Trust Secretary	ARAC~~udit Committee~~	Annually

Committee's Annual Report and the auditor's management letter.	consistent for disclosure.			

8. Consultation and review

This policy has been reviewed in consultation with the Trust Secretary, the Chief Finance Officer, the Deputy Finance Director, the Assistant Finance Director (Financial Services), the Head of Corporate Risk and Assurance and the Chair of the Audit, Risk and Assurance Committee.

9. Implementation (including raising awareness)

This policy will be circulated to all appropriate staff and will be available on the Trust policy database.

10. References

- The Code of Governance for NHS provider trusts 2022
- National Health Service Act 2006, the Health and Care Acts 2012 and 2022
- Audit Firm Governance Code 2022, Financial Reporting Council
- UK Corporate Governance Code 2018, Financial Reporting Council [A new UK Corporate Governance Code was published on 22 January 2024 which will become effective in 2025]
- Revised Ethical Standard 2019, Financial Reporting Council [The FRC published a revised Ethical Standard in January 2024 which will become effective from 15 December 2024]
- National Audit Office's Code of Audit Practice
- National Audit Office's Auditor Guidance Note 1 (AGN 1)
- NHS England and NHS Improvement: Audit and assurance: a guide to governance for providers and commissioners, December 2019

11. Associated documentation

This policy does not directly impact upon other Trust policies and procedures.

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Agenda item 13

The Newcastle upon Tyne Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 August 2024					
Title	Governor Vacancies Update					
Report of	Kelly Jupp, Trust Secretary					
Prepared by	Abigail Martin, Governor and Membership Engagement Officer					
Status of Report	Public		Private		Internal	
	☒		☐		☐	
Purpose of Report	For Decision		For Assurance		For Information	
	☒		☐		☐	
Summary	This report provides an update on the current vacant Governor seats within the Trust Council of Governors and actions taken since the previous Council meeting. It also includes details of a new Governor vacancy in the Northumberland, Tyne and Wear constituency, due to a member of the Council of Governors stepping down in July of this year.					
Recommendation	The Council of Governors is asked to note the contents of this report, and to **approve** a course of action regarding the newly vacated Northumberland, Tyne and Wear Public Governor seat.					
Links to Strategic Objectives	Performance - Being outstanding now and in the future.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☐	☒	☒	☐	☐	☐
Link to Board Assurance Framework [BAF]	No direct impact.					
Reports previously considered by	Annual reports on Governor vacancies are provided during the Elections period.					

GOVERNOR VACANCIES UPDATE 2024

EXECUTIVE SUMMARY

This report provides an update on the current vacant Governor seats within the Trust Council of Governors and actions taken since the previous Council meeting. It also includes details of a new Governor Vacancy in the Northumberland, Tyne and Wear constituency, due to a member of the Council of Governors stepping down in July of this year.

The Council of Governors is asked to note the contents of this report, and to **approve** a course of action regarding the newly vacated Northumberland, Tyne and Wear Public Governor seat.

GOVERNOR VACANCIES UPDATE 2024

1. INTRODUCTION

This report provides an update on the current vacant Governor seats within the Trust Council of Governors and actions taken since the previous Council meeting.

2. NORTHUMBERLAND, TYNE AND WEAR VACANCY DETAILS

Mr John McDonald stepped down from his Public Governor role on 8th July 2024. This resulted in one vacancy within the Northumberland, Tyne and Wear (excluding Newcastle) constituency, which was a contested vote in the recent Governor Elections.

According to the Constitution, the Governors are left with the following options to fill this vacancy:

1. to call an election within three months to fill the seat for the remainder of that term of office;
2. to call an election to fill the seat for a new term of office;
3. to invite the next highest polling candidate for that seat at the most recent election, who is willing to take office, to fill the seat until the next annual election, at which time the seat will fall vacant and subject to election for any unexpired period of the term of office;
4. to invite the next highest polling candidate for that seat at the most recent election, who is willing to take office, to fill the seat until the next annual election, at which time the seat will fall vacant and subject to election for a new term of office; or
5. if the unexpired period of the term of office is less than twelve months, to leave the seat vacant until the next elections are held.

Governors are asked to consider the fact that there were a large number of nominees in the 2024 Governor Elections and therefore a next highest polling candidate who could be invited to take the seat. In addition, at the Council of Governors on 20th June 2024, the Council of Governors discussed and agreed the following regarding the then-vacant Newcastle upon Tyne Public Governor Seat:

To invite the next highest polling candidate for that seat at the most recent election, who is willing to take office, to fill the seat until the next annual election, at which time the seat will fall vacant and subject to election for a new term of office

3. OTHER VACANT GOVERNOR SEATS

In addition to the above, the following Governor seats are also vacant:

- Public: North East x3
- Staff: Administrative, Clerical, Managerial and Chaplains
- Staff: Volunteers

- Appointed: Charity

As discussed at the June Council of Governors meeting, expressions of interest were sought from Governors to work with the Trust Secretary and Governor and Membership Engagement Officer on a Task and Finish (T&F) Group – the purpose of which being to discuss actions to take/identify proposals to progress the vacant seats where possible.

The Group met for the first time on Tuesday, 30th July 2024, with thanks to Claire Watson, Public Governor, and David Black, Appointed Governor (APEX) for their helpful contributions. A number of actions were agreed including:

- In order to reach out to members within the 'North East' constituency (which covers a very large geographic area), the Corporate Governance Team are researching the possibility of holding membership engagement sessions or events at venues in the 'North East' constituency, for example using meeting rooms in other NHS Trust buildings where available (e.g. in Cumbria). This will be discussed further with the People, Engagement and Membership Working Group prior to actioning.
- The list of charities to approach regarding the vacant Appointed Charity Governor seat has been updated and will be shared with Governors to agree in advance of reaching out to Charities for expressions of interest.
- The Staff Governor information sheet has been shared with the Chaplaincy team to cascade to their staff.
- The Volunteers team have been contacted to discuss ways to engage the volunteers regarding the vacant Volunteer Governor Seat.

4. RECOMMENDATIONS

The Council of Governors is asked to note the contents of this report, and to **approve** a course of action regarding the newly vacated Northumberland, Tyne and Wear Public Governor seat.

Report of Kelly Jupp
Trust Secretary

Abigail Martin
Governor & Membership Engagement Officer

08 August 2024

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