

**PUBLIC BOARD MEETINGS - ACTIONS**

Agenda item A14

Log No.	BOARD DATE	AGENDA ITEM	ACTION	ACTION BY	Previous meeting status	Current meeting status	Notes
114	28 March 2024	24/07 BUSINESS ITEMS: i) Director reports: a. Joint Medical Directors Report; including:	The Interim Chair noted that previous reports had included biographies of the successful candidates and it would be helpful to include in future reports to demonstrate diversification of expertise and skills. She agreed to discuss further with the JMD-LPC [ACTION01].	KM/LPC			<u>17.05.24</u> - Report content to be discussed in advance of the next Board meeting. <u>11.07.24</u> - Update awaited.
115	28 March 2024	b) Executive Chief Nurse; including:	Mr Chapman extended an invite for a staff member to attend a future Quality Committee to share their experience of preceptorship and also to undertake a deeper dive in to how that preceptorship is executed [ACTION02]	IJ			<u>17.05.24</u> - Item to be discussed with the new Quality Committee Chair. <u>11.07.24</u> - Update awaited. <u>14.07.24</u> - The preceptorship team have been asked to identify a volunteer to share their experience once the cohort has finished in the Autumn. Discussion required as to whether this is shared with Quality Committee or People Committee. IJ will progress with AS and BM. Propose to close action.
116	28 March 2024	d) Healthcare Associated Infections (HCAI)	Mr Chapman questioned how difficult it was to baseline AMS to measure improvement to which the DIPC noted that due to competing priorities, monthly audit compliance was currently 30% with the target being 80%. Mr Chapman advised that he would welcome a more in-depth discussion at a future Quality Committee [ACTION03].	IJ			<u>17.05.24</u> - Item to be discussed with the new Quality Committee Chair. <u>11.07.24</u> - Update awaited. <u>14.07.24</u> - An update on AMS was discussed as part of the IPC Board Assurance Framework agenda item in Quality Committee in July with a deep dive scheduled in August Quality Committee. Propose to close action.
117	23 May 2024	24/11 STRATEGIC ITEMS: iii) People: Fuller Inquiry Update	Mrs Stabler questioned if the Trust response/action plan was included in the Internal Audit plan to monitor against policy. The JMD-MWr agreed to follow up outwith the meeting [ACTION01].	MWr			<u>11.07.24</u> - Update awaited. <u>12.07.24</u> - MWr advised that this has been/will be considered as part of the review of external assessments and visits as standalone items rather than as part of the audit plan. Propose close action.
118	23 May 2024	24/12 ITEMS TO RECEIVE b) Executive Director of Nursing; including:	Mrs Stabler referred to the nurse staffing report and questioned how many wards were occupied by less than 85% of registered nurses, and how many red flags were reported. The EDN advised that "fill rates" are entered onto the safer staffing dashboard, RAG rated and reviewed monthly by the Nurse Staffing and Clinical Outcomes Group. Those with fill rates <85% are reported to the EDN monthly. The EDN agreed to meet with Mrs Stabler outwith the meeting to provide further clarification on the escalation and reporting process [ACTION02].	IJ			<u>11.07.24</u> - Update awaited. <u>14.07.24</u> - Relevant detail included in the July Safe Staffing Report and will be included in all subsequent reports. Propose to close action.

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119	23 May 2024	24/12 ITEMS TO RECEIVE c) Director of Quality & Effectiveness:  (i) Maternity CNST - Year 6	The EDN referred to safety action 5 in the report "Can you demonstrate an effective system of midwifery workforce planning to the required standard?" and noted that the Trust had completed the BirthRate+ workforce calculation in April 2024 with the report outlining recommendations expected imminently. Upon receipt of the revised staffing recommendation report, a full workforce review will be undertaken and an in-depth report will be presented to Trust Board in July 2024 [ACTION03].	IJ			11.07.24 - Maternity Staffing report included in the Public Board meeting papers for the 17 July meeting. Propose close action.
120	23 May 2024	24/12 ITEMS TO RECEIVE (ii) Learning from Deaths Q4 Report	Mrs Stabler noted that the Medical Examiner process had planned to incorporate all community deaths by April 2024 in line with NHSE guidance, however this had been postponed and therefore questioned if there was a timescale for this work to be restarted. She also queried what support would be provided to those organisations not fully incorporated into the process to which the JMD-LPC advised that discussions were currently ongoing and would be able to provide an update for Mrs Stabler outwith the meeting [ACTION04].	LPC			11.07.24 - Update awaited. 17.07.24 - Lead Medical Examiner (ME) update shared below: - All parties that will need to participate have been repeatedly contacted, visited, encouraged. - All processes that will be needed are either already in place and have been tested or cannot be finalised until the formal guidance is officially released (expected in the next 2 weeks). - Following receipt of the new guidance the Lead ME will be meeting face to face with the Coroner, Registrars for deaths, Faith leaders if required, Mortuary staff and any other individuals as required. - A simple guide to the new process will be issued once the guidance has been finalised. - The GP roll-out has not been postponed, with all channels open. The majority of GPs have referred at least one patient to ensure the communication channels operate effectively. - Adequate staffing to deal with the incorporation of Community deaths. - For hospital deaths limited changes are expected until the new Medical Certificate of Case of Death (MCCD) digital format comes in and Cremation forms are removed (an administrative change, with no issues anticipated). A key consideration will be out of hours cover for the urgent release of deceased individuals, a plan is in place in relation to this.  Propose to close action.
121	23 May 2024	24/13 ITEMS TO APPROVE: (ii) Quality Account	The EDN noted that the Quality Account is published annually which looks back on the previous year and sets out the Quality Priorities for the year ahead with engagement from both internal and external stakeholders. It was noted that the Quality Account had been presented to both Newcastle and Northumberland Oversight & Scrutiny Committees and feedback was awaited which will be added once received. This would be circulated with Board members once available [ACTION05].	IJ			11.07.24 - Feedback included in the 27 June 2024 Private Board meeting papers. The responses have been included in the final Quality Account which can be found at: <a href="https://www.newcastle-hospitals.nhs.uk/about/trust/corporate-information/quality-accounts/">https://www.newcastle-hospitals.nhs.uk/about/trust/corporate-information/quality-accounts/</a> Propose close action.

KEY

NEW ACTION	To be included to indicate when an action has been added to the log.
ON HOLD	Action on hold.
OVERDUE	When an action has reached or exceeded its agreed completion date. Owners will be asked to address the action at the next meeting.
IN PROGRESS	Action is progressing inline with its anticipated completion date. Information included to track progress.

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						COMPLETE	Action has been completed to the satisfaction of the Committee and will be kept on the 'in progress' log until the next meeting to demonstrate completion before being moved to the 'complete' log.