



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 20 March 2024

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **COUNCIL CHAMBER - COUNTY HALL, MORPETH, NE61 2EF** on **TUESDAY, 2 APRIL 2024** at **1.00 PM**.

Yours faithfully

Dr Helen Paterson
Chief Executive

To Members of the Health and Wellbeing OSC



Dr Helen Paterson, Chief Executive
County Hall, Morpeth, Northumberland, NE61 2EF
T: 0345 600 6400
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AGENDA

PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

1. APOLOGIES FOR ABSENCE

2. MINUTES

(Pages 1
- 6)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 5 March 2024, as circulated, to be confirmed as a true record and signed by the Chair.

3. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required where a matter arises at a meeting;

a. Which **directly relates to** Disclosable Pecuniary Interest ('DPI') as set out in Appendix B, Table 1 of the Code of Conduct, to disclose the interest, not participate in any discussion or vote and not to remain in room. Where members have a DPI or if the matter concerns an executive function and is being considered by a Cabinet Member with a DPI they must notify the Monitoring Officer and arrange for somebody else to deal with the matter.

b. Which **directly relates to** the financial interest or well being of a Other Registrable Interest as set out in Appendix B, Table 2 of the Code of Conduct to disclose the interest and only speak on the matter if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain the room.

c. Which **directly relates to** their financial interest or well-being (and is not DPI) or the financial well being of a relative or close associate, to declare the interest and members may only speak on the matter if members of the public are also allowed to speak. Otherwise, the member must not take part in discussion or vote on the matter and must leave the room.

d. Which **affects** the financial well-being of the member, a relative or close associate or a body included under the Other Registrable Interests column in Table 2, to disclose the interest and apply the test set out at paragraph 9 of Appendix B before deciding whether they may remain in the meeting.

e. Where Members have or a Cabinet Member has an Other Registrable Interest or Non Registrable Interest in a matter being considered in exercise of their executive function, they must notify the Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact

monitoringofficer@northumberland.gov.uk. Members are referred to the Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter.

4. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST QUALITY ACCOUNTS 2023/24 (Pages 7 - 26)

Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust and agree to submit a formal response to each Trust.

5. NORTH EAST AMBULANCE SERVICE (NEAS) REVIEW OF PERFORMANCE IN NORTHUMBERLAND (Pages 27 - 62)

Following a request from this Committee, NEAS will discuss performance data at a Local Area Committee level.

6. REPORTS OF THE SCRUTINY OFFICER

6.1 FORWARD PLAN (Pages 63 - 66)

To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.

6.2 HEALTH AND WELLBEING OSC WORK PROGRAMME (Pages 67 - 74)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2023/24.

7. URGENT BUSINESS

To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.

8. DATE OF NEXT MEETING

The date of the next meeting is scheduled for Tuesday, 7 May 2024 at 1.00 p.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussed or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name:		Date of meeting:	
Meeting:			
Item to which your interest relates:			
Nature of Interest i.e. either disclosable pecuniary interest (as defined by Table 1 of Appendix B to the Code of Conduct, Other Registerable Interest or Non-Registerable Interest (as defined by Appendix B to Code of Conduct) (please give details):			
Are you intending to withdraw from the meeting?		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

"Disclosable Pecuniary Interest" means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest.

Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
- a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative or close associate; or
 - c. a financial interest or wellbeing of a body included under Other Registrable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied
9. Where a matter (referred to in paragraph 8 above) **affects** the financial interest or well- being:
- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Where you have an Other Registerable Interest or Non-Registerable Interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. ‘Land’ excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor’s knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body

	<p>where—</p> <p>(a) that body (to the councillor’s knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <ul style="list-style-type: none"> i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.
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* ‘director’ includes a member of the committee of management of an industrial and provident society.

* ‘securities’ means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority
- b) any body
 - i. exercising functions of a public nature
 - ii. any body directed to charitable purposes or
 - iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 5 March 2024 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor R. Dodd
(Chair, in the Chair)

MEMBERS

Bowman, L.	Hunter, I.
Chicken, E.	Richardson, M.
Hardy, C.	Seymour, C.
Hill, G.	

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Jones, V.	Cabinet Member
Nugent, D.	Healthwatch Northumberland
O'Neil, G.	Executive Director - Public Health, Inequalities, and Stronger Communities
Robertshaw, L.	Acting Consultant in Public Health
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance.

40. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor C. Humphrey and K. Nisbet.

41. MINUTES

RESOLVED that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 9 January 2023, as circulated, be confirmed as a true record and signed by the Chair.

42. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 14 December 2023, 11 January 2024 and 8 February 2024 as circulated, be confirmed as a true record and signed by the Chair.

43. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 – AGEING WELL IN NORTHUMBERLAND

Councillor V. Jones, Cabinet Member for Improving Public Health and Wellbeing introduced the report which sought to present the independent Director of Public Health (DPH) Annual Report for 2023. The report focussed on ageing well in Northumberland and highlighted the ways to promote independence and function ability in older adults. (A copy of the annual report has been filed with the signed minutes).

G. O’Neil, Executive Director - Public Health, Inequalities, and Stronger Communities and L. Robertshaw, Acting Consultant in Public Health provided the committee with a powerpoint presentation (copy of which has been filed with the signed minutes) which highlighted the main aspects of the annual report. It was acknowledged that the report had been contributed to by a particularly wide range of people including many of the organisations represented on the Health and Wellbeing Board, other partners and importantly residents.

The presentation covered the following points:

- Directors of Public Health in England had a statutory duty to write an Annual Public Health Report on the health of the local population.
- The Local Authority had a duty to publish it.
- It was an independent report.
- The DPH Annual Report was a vehicle for informing local people about the health of their community, as well as providing necessary information for commissioners and providers of services on health and wellbeing issues and priorities that need to be addressed.
- Slides detailing why ageing well was important.
- Northumberland had the highest proportion of over 55s across all other North East local authorities.
- The projected population sizes of age categories in Northumberland 2024-40.
- The average life expectancy and health life expectancy for males and females in the most and least deprived areas in Northumberland.
- Data from Northumberland revealed that health inequalities tended to become particularly visible in older ages.
- For men there was an 18-year gap between the least and most deprived areas of the county. There were also wide inequalities in the age that people get to in a good state of health (rather than with a disability or poor health).
- It had been decided to take a holistic view on aspects of supporting ageing well:
- The DPH report had been built around the World Health Organisation five functions that support wellbeing:

- Meeting Basic Needs
- Being Mobile
- Building and Maintaining relationships
- Learning, growing and making decisions
- Contributing to society
- It was hoped the report illustrated a positive, strengths-based narrative on ageing compared to historical negative narrative that focussed on deficits in ageing. The report acknowledged the significant variations in experiences of older adults. Strongly shaped by advantages and disadvantages through life.
- It was hoped the report was person centred and easy to relate to.
- The recommendations of the DPH report were to:
 - Promote a strengths-based narrative on ageing well, with a focus on promoting our human functions of mobility, relationship building, personal growth, and seeing the great contribution we can make in our later years.
 - Consider ways to embed ageing well in all our areas of work, taking a 'whole systems' approach. This could include ensuring that the needs of older adults are considered in all policies, strategies, plans, programmes and projects using tools such as Integrated Impact Assessments.
 - Continue to support and promote the Ageing Well Network, which brings together organisations to share best practice and support one another.
 - Continue to monitor available data related to healthy ageing, such as those highlighted throughout the report.
 - Identify opportunities to hear the voices of older adults in our diverse communities. People's experiences and wisdom will help guide the way services need to adapt to meet people's changing needs, support their independence and allow them to continue to participate in their communities. Voices may be heard through methods such as residents' surveys and the place standard tool.
 - We must continue to pursue our approach of Assed Based Community Development. There are solid foundations to build on in Northumberland. The report has highlighted many brilliant initiatives already going on across the county, and this only touches on the huge amount of ongoing work. Professional and voluntary stakeholders are already starting to work together more closely to empower communities to identify and address their needs.
- It was noted that there were three areas of the report which stood out as requiring a stronger focus:
 - Ensure that ageist attitudes and behaviours are challenged and stamped out across our institutions and communities. We should be no more tolerant of this than other types of discrimination such as racism, sexism and homophobia.
 - More could be done to increase awareness of the need for older adults to maintain strength and balance, which was crucial for staying mobile and reducing their risk of falls.
 - Older age groups were particularly prone to social isolation and addressing this will be a key part of enabling ageing well. Northumberland was particularly rural, which meant that the local authority must work with communities to combat social Isolation. This

would include promoting digital inclusion and improving transport connectivity to people, places, opportunities and services.

The following comments were made:-

- The lack of available, affordable and suitable housing for older people was a real concern. However, this concern was being tackled through the work being completed within the Joint Health and Wellbeing Strategy on healthy neighbourhoods.
- The differences between male and female physical activity across their life spans and how to break down the barriers for specific groups and ages to help with ageing well were discussed. It was reported that awareness of maintaining strength and balance was essential.
- Leisure facilities and how to ensure gender differences, ages and accessibility to activities help shape the future offer available to residents.
- The implications the cost of living crisis was having on ageing well.
- The Director of Public Health Annual Report could be presented to the Town and Parish Councils Liaison Working Group to further help the work taken place with communities.
- Northumberland County Council had adopted an Inequalities Plan. It outlined key goals that could be delivered at scale over the coming years to level off and start to reduce the gap in healthy life expectancy.
- The need to challenge age discrimination.
- There were many benefits of ageing well in Northumberland with lots of people choosing to retire in the county.
- Sex and intimate relationships continued to be an important part of ageing well. However, the figures on this subject within the annual report collated by the English Longitudinal Study of Ageing covered a vast age range which was believed to be too large to be meaningful data.
- The need to develop a sexual health strategy for Northumberland.
- A volunteer passport that allows individuals to switch easily between multiple volunteering opportunities was being looked into to help promote volunteering. It was reported that Thriving Together were working on a pilot project to provide a digital skills passport as a solution. It was suggested that this issue could be added to the committee's work programme.
- Carers played a vital role in supporting older adults in our communities. Without them, the health and care system would simply not be able to function and thousands of people with care needs would be left without support. However, there was an issue regarding respite for carers.
- It was noted that one of Healthwatch Northumberland's priorities for next year was respite care.
- Northumberland offered a carer assessment, which was a discussion between the carer and a social worker to establish the current and potential future need for support and to determine how sustainable their situation was. It was hoped that this assessment would focus on all possible solutions including support from family, the community, housing services, social security benefits, and education. However, a member reported that some charities had been raising concerns about carer assessments.

- It was suggested respite care and the issue of carers assessments be added to the committee’s work programme for future scrutiny.
- How to prevent older people from getting scammed was discussed.

RESOLVED that:

- (a) the DPH Annual Report 2023 be received, and
- (b) the findings in the independent DPH Annual Report 2023 be noted.

44. REPORTS OF THE SCRUTINY OFFICER

(a) Forward Plan

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

(b) Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2023/24 council year (a copy of the work programme has been filed with the signed minutes).

Members suggested that the following issues could be areas for the committee to scrutinise in the future:

- Volunteering Passport.
- Respite Care.
- Carers assessments.
- Protecting people from scams.

The Chair reported on the positive Task and Finish Group that had taken place on defibrillators and hoped to bring to the committee a set of recommendations in due course.

RESOLVED that the Work Programme and comments made be noted.

45. DATE OF NEXT MEETING

RESOLVED that the date of the next meeting be scheduled for Tuesday, 2 April 2024 at 1.00 p.m.

CHAIR _____

DATE _____

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Northumbria Healthcare
NHS Foundation Trust

THE NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

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Annual plan and Quality Account

Alistair Blair, Medical Director

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Agenda Item 4

BIG SIGNALS

2023-2028

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Service Pressures

- Continued demand on our non-elective services – seen through number of patients attending ED at NSECH and UTCs
- Additional bed capacity opened – which has kept surgical inpatient capacity ringfenced
- Impact of industrial action – minimal cancellation of activity but increasing impact on resilience of teams
- Improvement in >62 day cancer backlog number but still pressure in tumour sites to achieve 62 day access to treatment
- Still challenging position re reducing number of patients waiting >18 and 52 weeks for treatment

Quality Account 2023/24

Quality Account 2023/24

- Look back at safety, quality and improvement priorities for 2023/24 and focus for 2024/25
- Standard requirements for all trusts to report
- Written in line with annual reporting guidance
- Key measures and phrases used that are auditable
- Includes information on mortality and preventable deaths, areas of achievement
- Following the guidance issued in January 2021, which stated that foundation trusts do not need to instruct external audit firms to conduct assurance work on the Quality Account, no indicators will be tested again this year
- The council of governors will therefore not be required to select an additional indicator to be audited

Quality Account 2023/24

- Process underway
 - Draft account ready end April 2024
 - Circulated to stakeholders for formal opinion May 2024
 - Final, including stakeholder comments, submitted to NHS England end of June 2024
 - Upload to NHS Choices by end June 2024
- Date for submission to Parliament still to be confirmed

Safety, quality and improvement priorities 2023/24

Our 2023/24 safety, quality and improvement priorities

1. Improving flow: reducing ambulance handover delays
2. Reduce medication errors – timeliness of critical medications (Parkinson's Disease)
3. Improving cancer pathway standards
4. Deteriorating patient – Community News (C-NEWS)
5. Improving delirium – assessment and management
6. Patient Experience
7. Staff Experience

Performance on our safety, quality and improvement priorities 2023/24

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Priority	Objective	Q3 performance	Progress to date
Improving flow: reducing ambulance handover delays	Reduce waits >60 mins	Handovers of >60 mins reduced but remain variable. Objective target is end of Q4	
	95% of handovers within 30 mins	64.7%* (77.8% Q2) *December 2023 being particularly difficult	
	65% of handovers within 15 mins	26.7% (37.1% Q2) *December 2023 being particularly difficult	
	Improve number of patients waiting for a bed in ED every morning	Remains variable but objective target is end of Q4	
Reduce medication errors – timeliness of critical medications (Parkinson’s Disease)	Eliminate delays of >60 mins	Over 60 minute delays on ward 9 reduced from 15% to 7.5% in (pilot ward)	
	95% of doses administered within 30 mins of prescribed time	Administered within 30 mins has gone from 65% to 84% (pilot ward).	
	Roll out education and training to ward staff on the essentials of in-hospital care for patients with PD	59 of 65 staff have received microteaching session	

Performance on our safety, quality and improvement priorities 2023/24

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Priority	Objective	Q3 performance	Progress to date
Improving cancer pathway standards <i>(Q2 provisional data as still being validated)</i>	Achieve 93% 2 week wait	94.9%	
	Achieve 75% 28 day faster diagnosis	76.9%	
	Achieve 85% of patients seen and received 1 st treatment by 62 days	77.6%	
Deteriorating patient – Community News (C-NEWS)	Improve compliance with C-NEWS	Compliance now 60% (baseline 5%) System improvements identified to increase compliance further	

Performance on our safety, quality & improvement priorities 2023/24

Priority	Objective	Q3 performance	Progress to date
Improving delirium – assessment and management	Roll out Delirium Awareness Training on Trust Induction	On Induction Programme since Q1	Green
	Design and deliver delirium focussed Workshops to improve compliance and appropriate use of 4AT, SQiD and A PINCH ME <i>(Assessment, Pain, Infection, Nutrition, Constipation, Hydration, Medication, Environment)</i>	Baseline data collection completed Q2. Workshops amended and 1-1 drop-in ward sessions now planned for Q4.	Yellow
	Improve compliance with the new assessment Q – SQiD ‘Are they different today?’	Baseline data collection completed. Compliance is good but evidence suggests SQiD is not completed accurately, nor is it prompting repeat 4AT. Dementia & Delirium Steering Group and digital working group plan to review ALL assessments move SQiD question within NC.	Green
	Q3 October - December 2023 Post Workshop Evaluation - 4AT on admission assessment - SQiD - frequency of completion - Repeat 4AT completion - if indicated by SQiD - A PINCH ME Care planning (evidence of documentation in MDT notes)	Not completed due to workshops not running in Q2/Q3. Post workshop Evaluation to commence in Q4	Yellow

Performance on our safety and quality priorities 2023/24

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Priority	Objective	Q3 performance	Progress to date
Patient Experience	Develop a Northumbria Patient Charter	On target	
	Develop a coproduced Trust Strategy for Unpaid Carers	On target	
	Development of a coproduction approach for the outpatients transformation programme	On target	
Staff Experience	Establish robust recognition framework for staff	On target	
	Finalise Staff Experience Programme offer to BU/depts/teams with a targeted approach using SE survey results	On target	
	Develop methodology to support the identification of areas/teams for focus and collaborative action planning to quantify qualitative SE data	On target	

Safety, quality and improvement priorities 2024/25

Background

- Every year the Trust in collaboration with business units, governors and other stakeholders identify a number of safety, quality and improvement priorities
- For next year, we have identified seven possible quality improvements
- Some of these priorities build on previous improvement work and others are new priorities aligned to the wider Patient Safety Strategy
- It should be noted that business units will be working on many other safety and quality initiatives which form part of their annual plans

2024/25

SQ&I Priority		Update
1	Reduce medication delays – Parkinson’s Disease (NSECH ED, Ward 3 and Ward 6)	<ul style="list-style-type: none"> • Eliminate delays of >60 mins • 95% of doses administered within 30 mins of prescribed time • Train 85% of medical and nursing staff on the essentials of in-hospital care for patients with PD
2	Improving cancer pathways – patients presenting through ED with a likely/suspected cancer (new or recurrent malignancy) to handover to a specialist team.	<ul style="list-style-type: none"> • Reduced patient delays from presentation to ED to diagnosis and treatment (baseline audit already completed) • Fewer complaints relating to cancer care • Explore how patient experience data can be captured
3	Improving Urology Cancer Pathway Performance: Prostate cancer	<ul style="list-style-type: none"> • Improve performance of 28-day faster diagnosis standard • Aim to achieve > 75% • Quarterly Plan Do Study Act (PDSA) cycles implemented at various points along the mapped cancer pathway.

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NEW

2024/25

SQ&I Priority	Update
<p>4 Improving bedrail/ bed height risk assessment and application</p>	<ul style="list-style-type: none"> • Monthly audit compliance with completion of assessment (Nerve centre) • Monthly Datix audit of incidents of patients falling from a bed to check compliance with the risk assessment recommendation • Achieve 90% compliance by end of Q2 • Achieve 95% compliance by end of Q4
<p>5 Pressure Ulcers - Reduce incidence of trust acquired pressure damage in the orthopaedic-geriatric patient journey</p>	<ul style="list-style-type: none"> • Monthly audit of Datix incidents of all PU on wards involved in specific pathway. Quarterly improvement targets of reduce by 25%, zero cat 3 or 4 PU by end of Q4. • Qualitative data collected from clinical area confidence/competence surveys. Pre and post training.

SQ&I Priority		Update
6	Maternity – Reduce incidence of post-partum haemorrhage (PPH) of more than 1.5L	Baseline data collected Q4 2023/4 to provide quarterly improvement metrics starting in Q1 2024/25: <ul style="list-style-type: none"> • Monthly audit incidence of PPH or >1.5L
7	Infection Prevention and Control - Reduce the incidence of urinary tract associated gram negative blood stream infections	Baseline data collected Q4 2023/4 to provide quarterly improvement metrics starting in Q1 2024/25: <ul style="list-style-type: none"> • Monthly audit of incidence of urinary tract associated gram negative blood stream infections (GNBSI) • Quarterly improvement targets to reduce by 25%
8	Deteriorating Patient	<p>RECOGNISE</p> <ul style="list-style-type: none"> • Timeliness of observations done on time across adults, paediatrics and neonates • Device login to Nervecentre <p>REALISTIC – compliance and appropriateness of Treatment Escalation Plan (TEP) audit</p> <p>RESPOND - National Emergency Laparotomy Audit (NELA) - Decision to operate and arrival in theatres</p>

Potential Priorities 2024/25

SQ&I Priority		Update
<p>9a</p> <p>Page 24</p>	Staff & Patient Experience	<p>Employ technology to improve the quality and efficiency of the staff and patient experience programmes:</p> <ul style="list-style-type: none"> • Pilot the ‘ImproveWell’ staff experience and quality improvement App with the maternity team. • Pilot the PEP Health AI platform to provide a deeper level of insight and understanding of patient experience qualitative feedback. • Pilot the use of Microsoft Power BI as an analysis and reporting tool for staff experience.

Potential Priorities 2024/25

SQ&I Priority		Update
9b	Staff & Patient Experience	<p>Establish approaches to involvement and engagement that promotes equality and inclusion for patients and staff:</p> <ul style="list-style-type: none"> • Pilot and evaluation of patient experience focussed pathway coordinator roles for Deaf patients and identified outpatient specialities. • Develop a patient experience measurement programme for patients with a learning disability and unpaid carers. • Introduction of a digital Staff Training & Deaf Awareness programme. • Establishment of World Café's for staff with the aim of engaging with staff to understand their views and ideas on key topics.



Northumbria Healthcare
NHS Foundation Trust

THE NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

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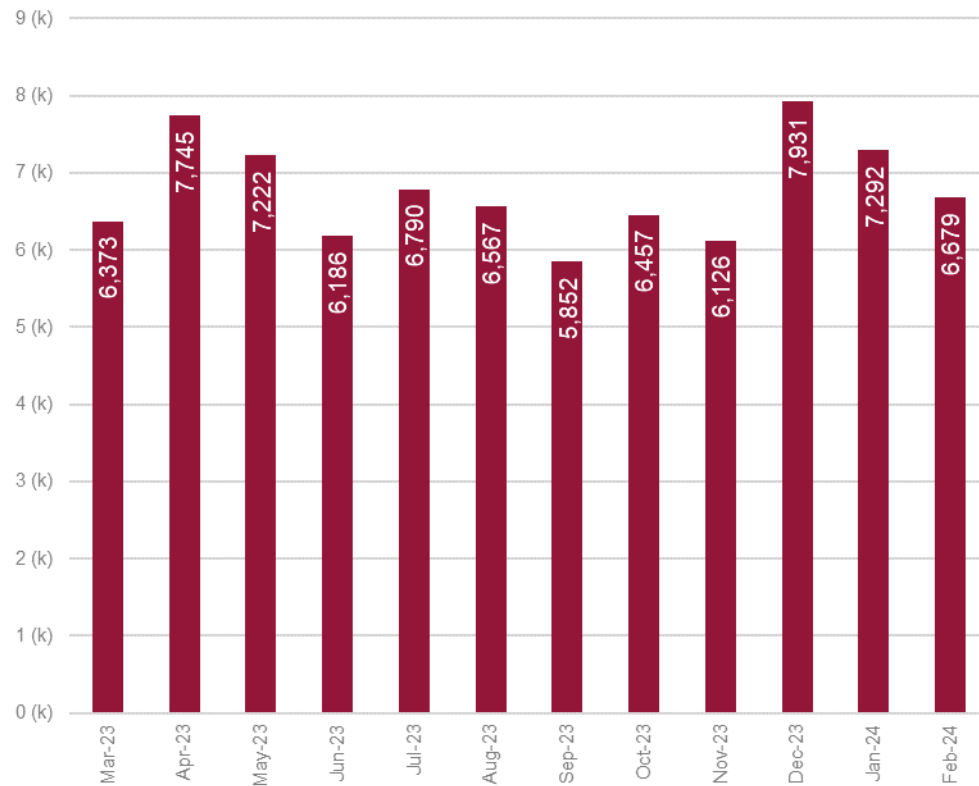
Performance Review

Claire Jobling – Head of Operations (North)
Mark Cotton - Asst director of communications

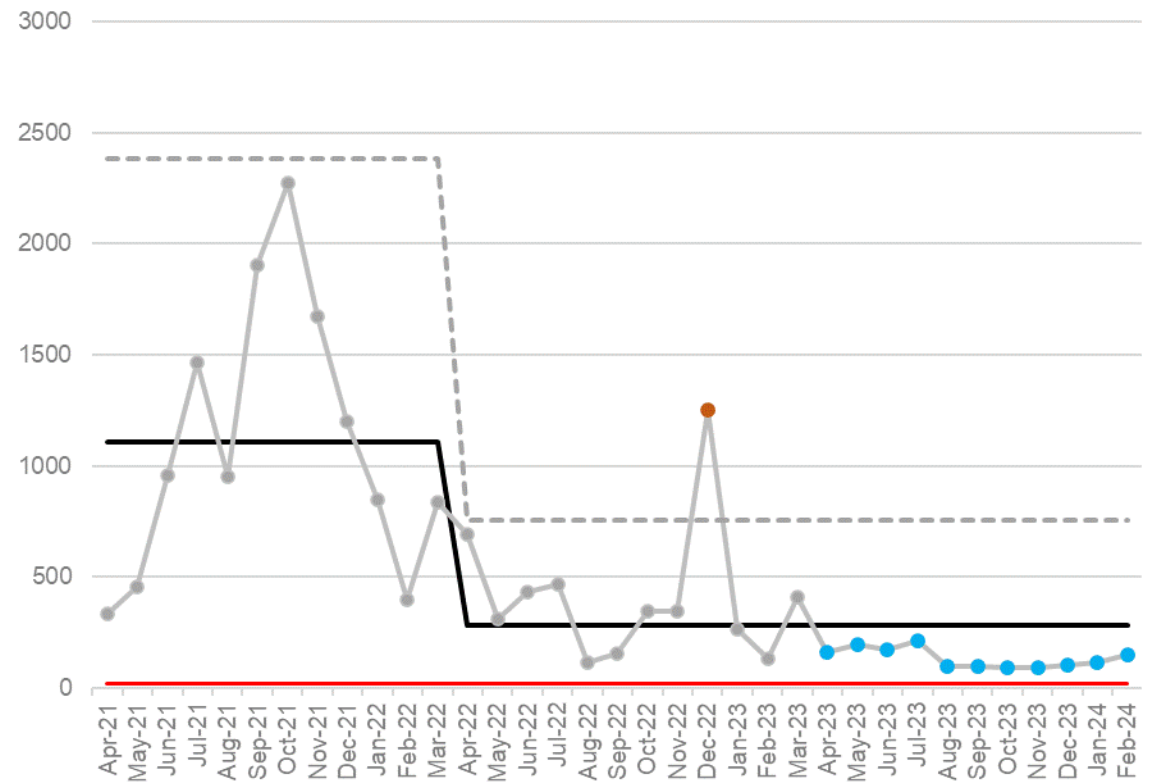
Agenda Item 5

111 Call Performance

Calls Triaged Northumberland

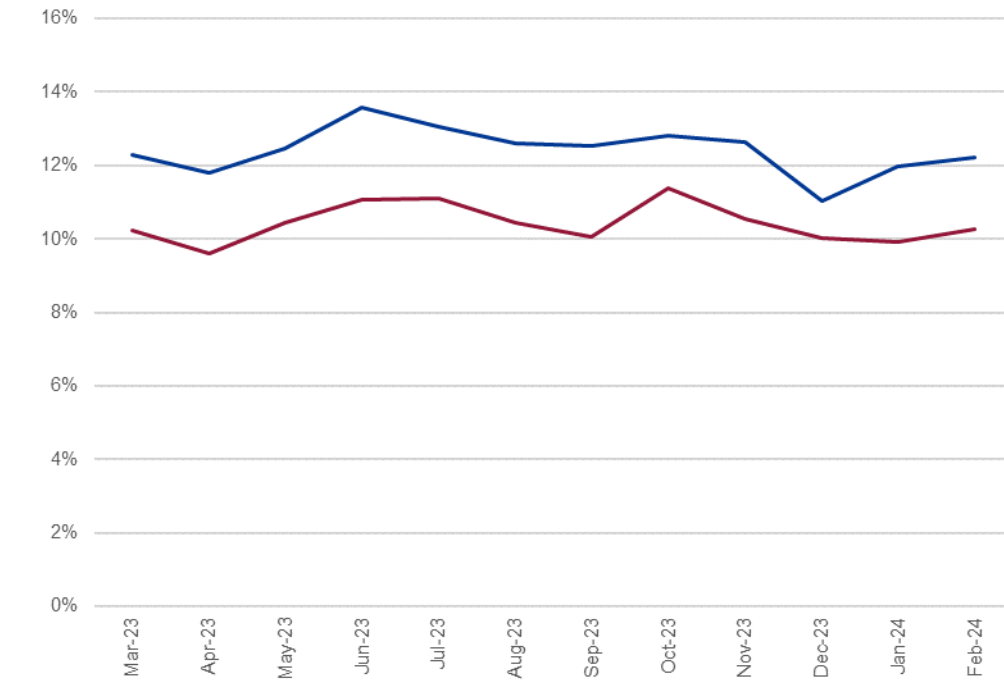


111 Mean call answer (secs)

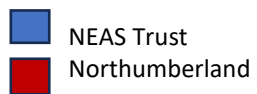
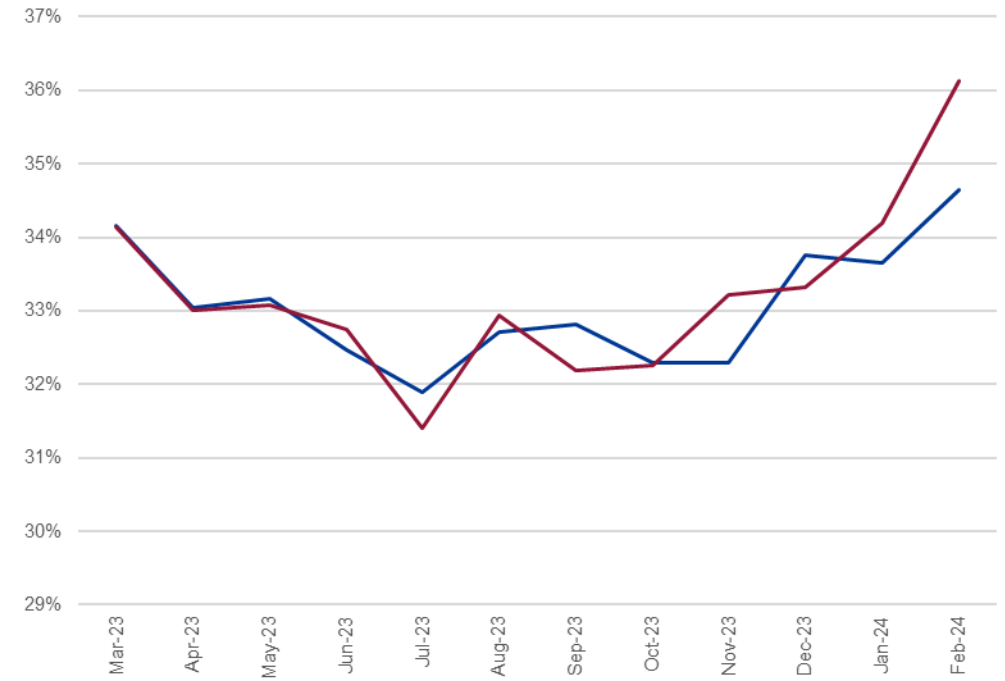


111 Call Outcomes

Attend ETC

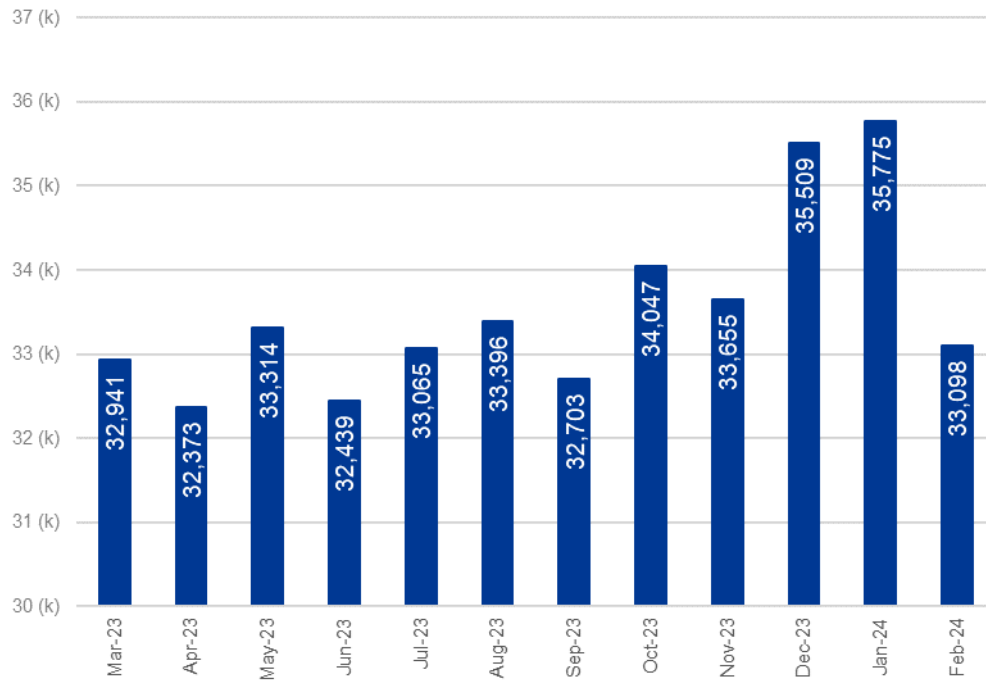


Contact Primary Care

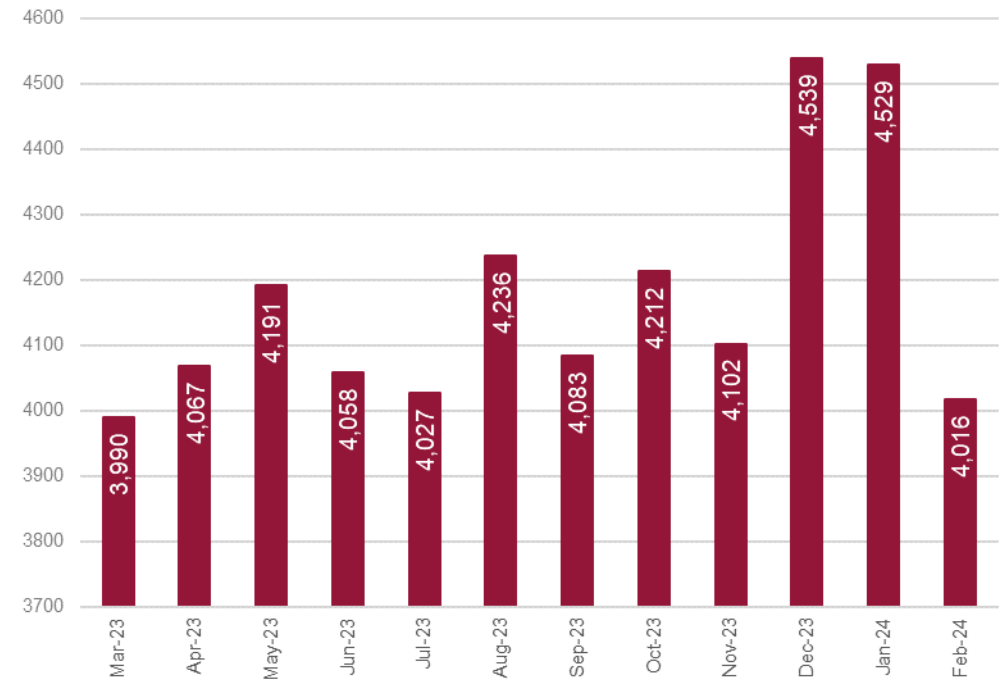


999 Incident Volumes

Incident volumes Trustwide

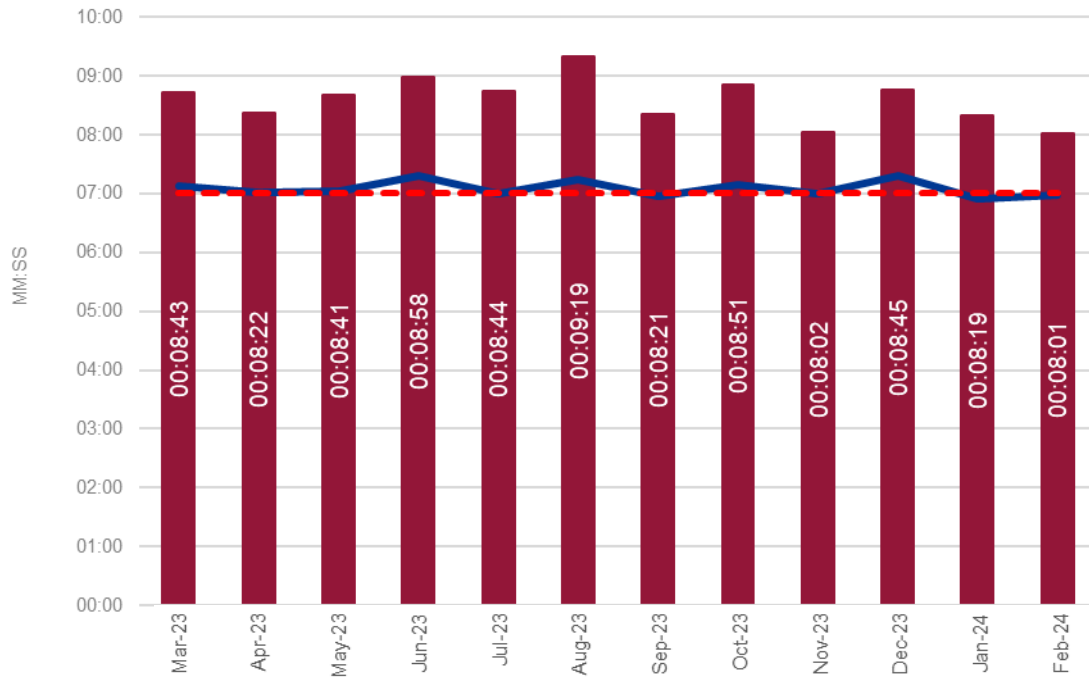


Incident volumes Northumberland

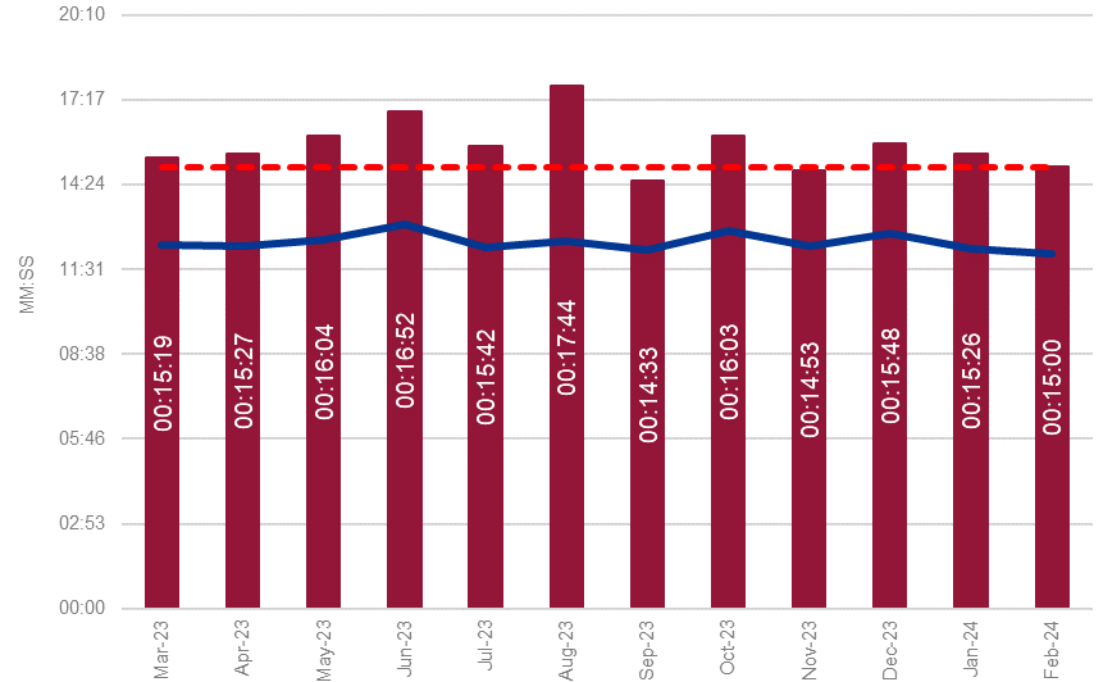


Category 1 Response Performance

Cat 1 Mean



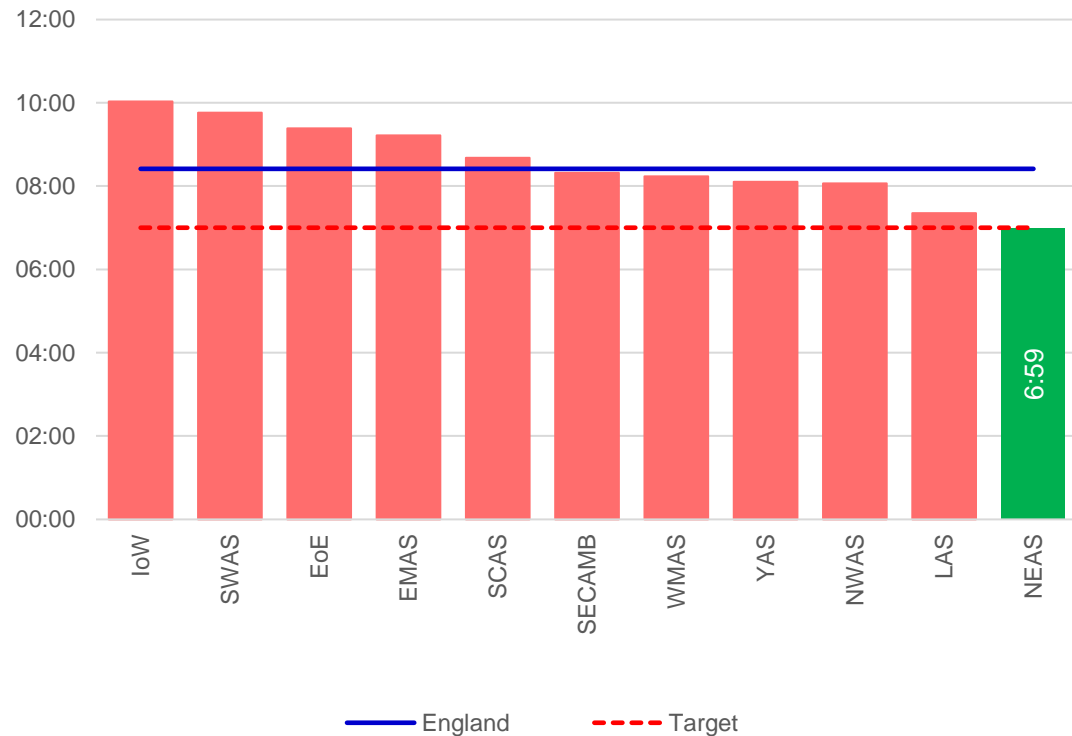
Cat 1 90th centile



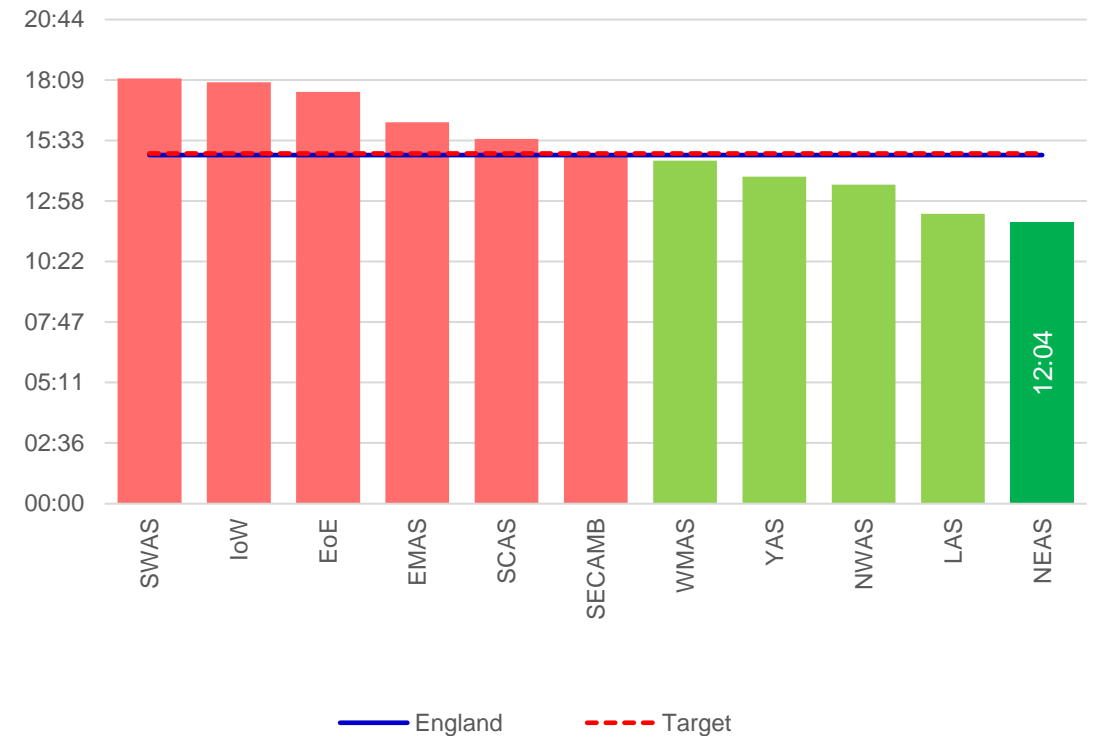
■ NEAS Trust
 ■ Northumberland

NEAS Benchmark Performance – C1

Category 1 Response Times - Mean response (min:sec) - (MTD)
February 2023-24

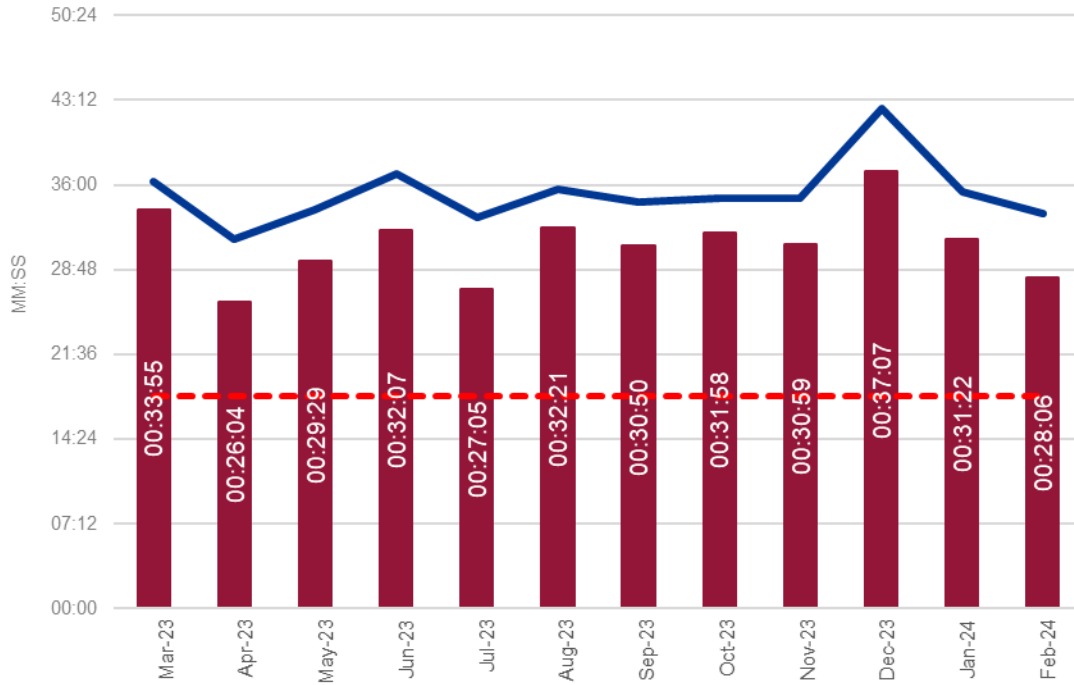


Category 1 Response Times - 90th centile response (min:sec) - (MTD)
February 2023-24

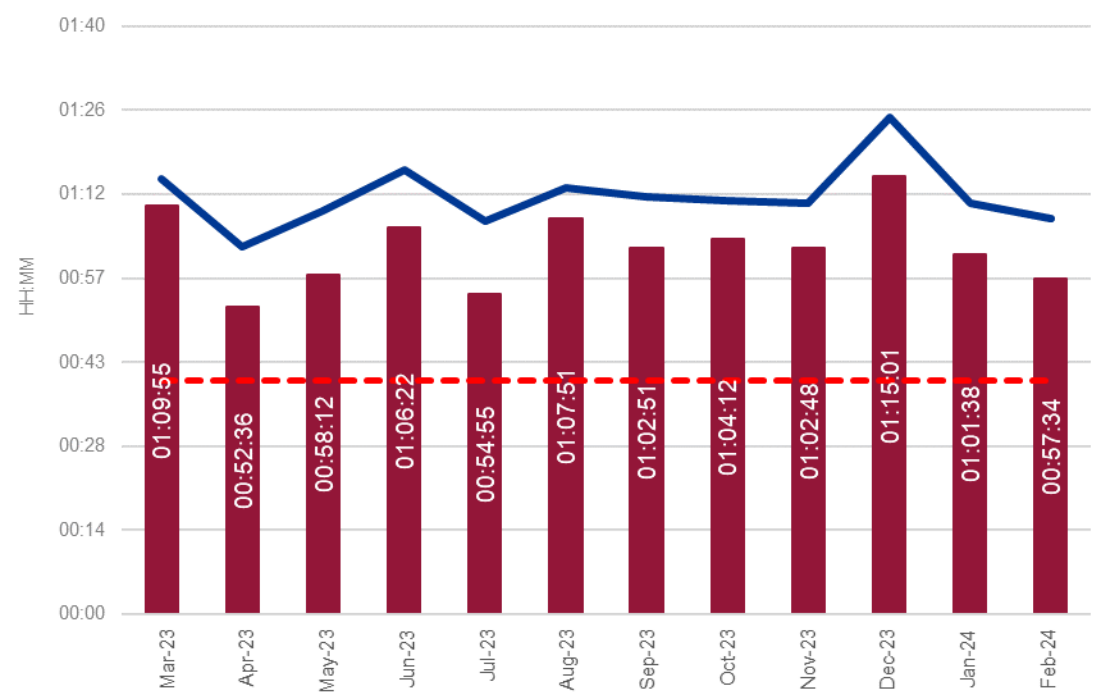


Category 2 Response Performance

Cat 2 Mean



Cat 2 90th centile



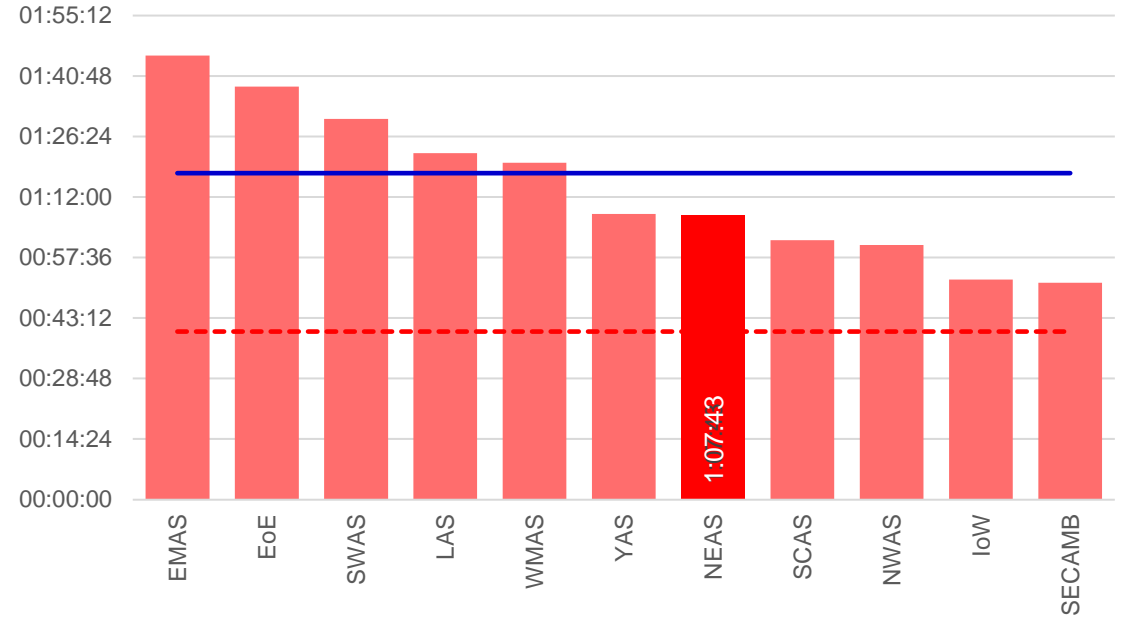
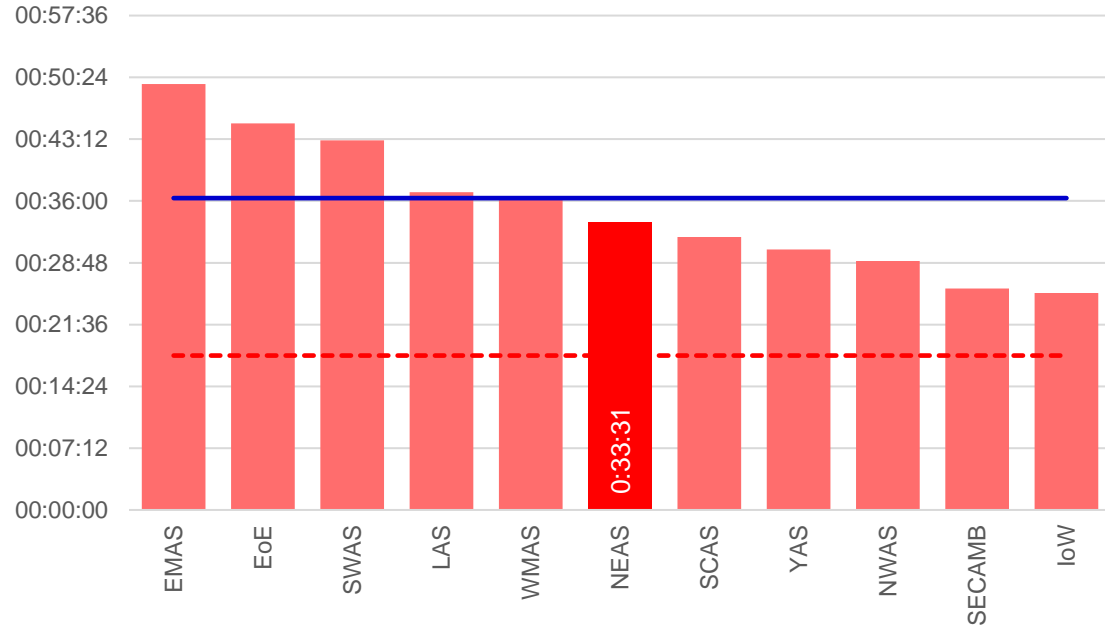
■ NEAS Trust
 ■ Northumberland

NEAS Benchmark Performance – C2

Category 2 Response Times - Mean response (hour:min:sec) - (MTD) February 2023-24

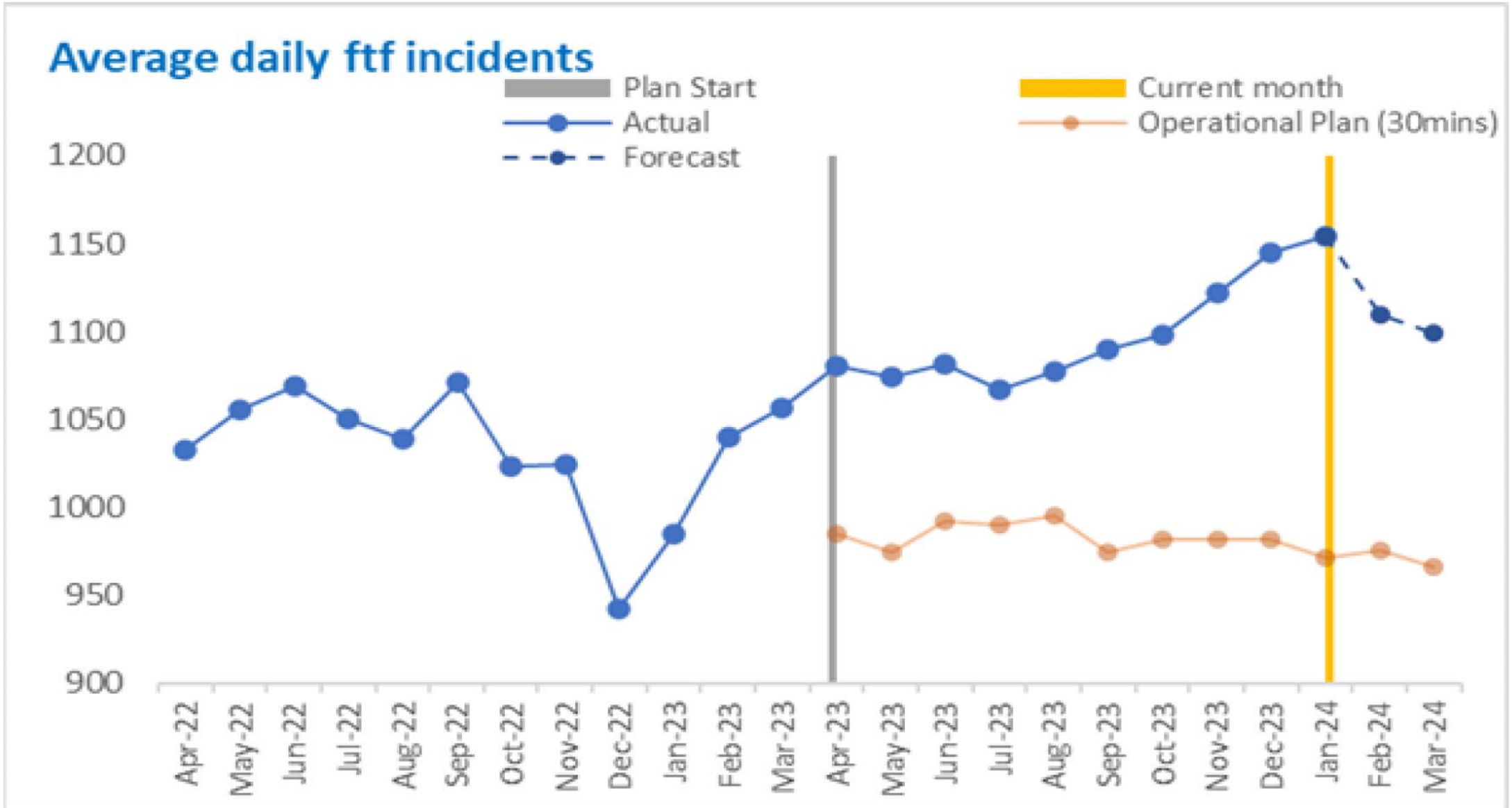
Category 2 Response Times - 90th centile response (hour:min:sec) - (MTD) February 2023-24

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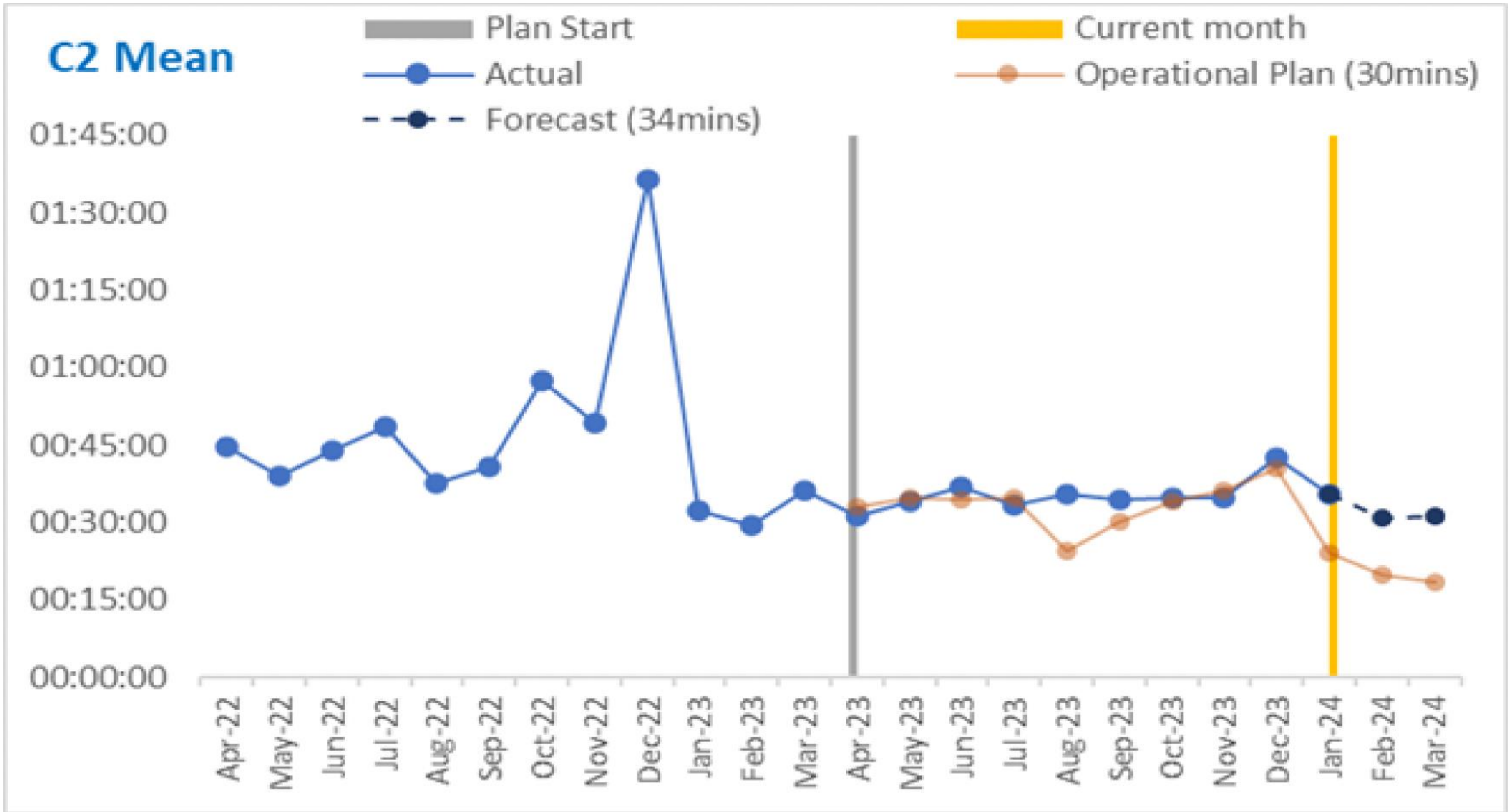


— England - - - Target

— England - - - Target

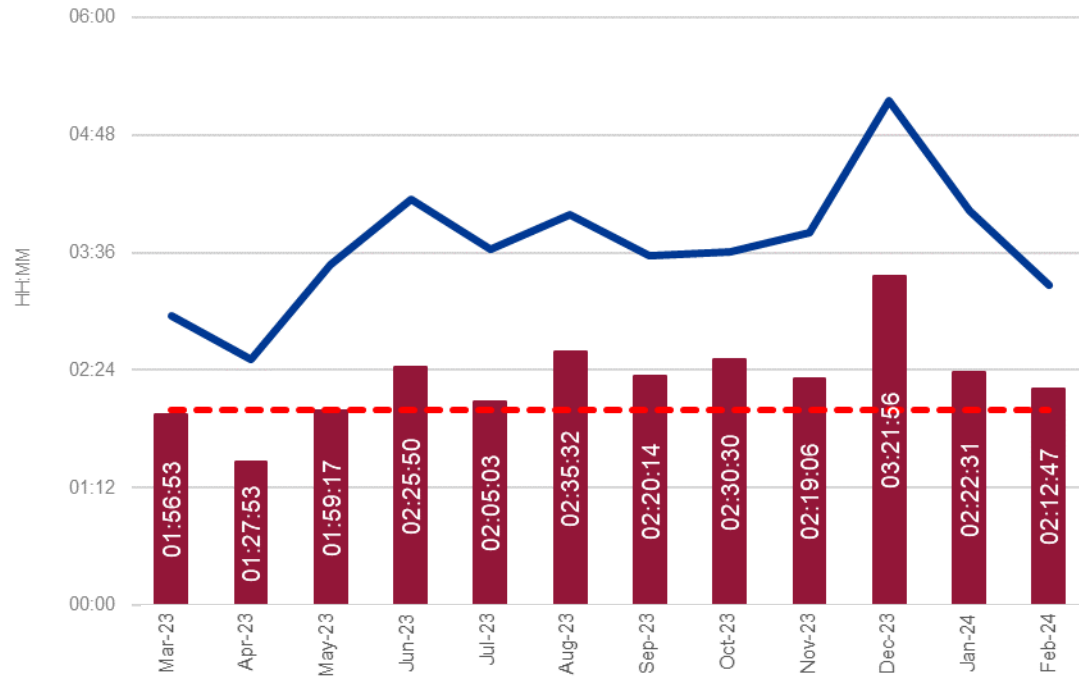




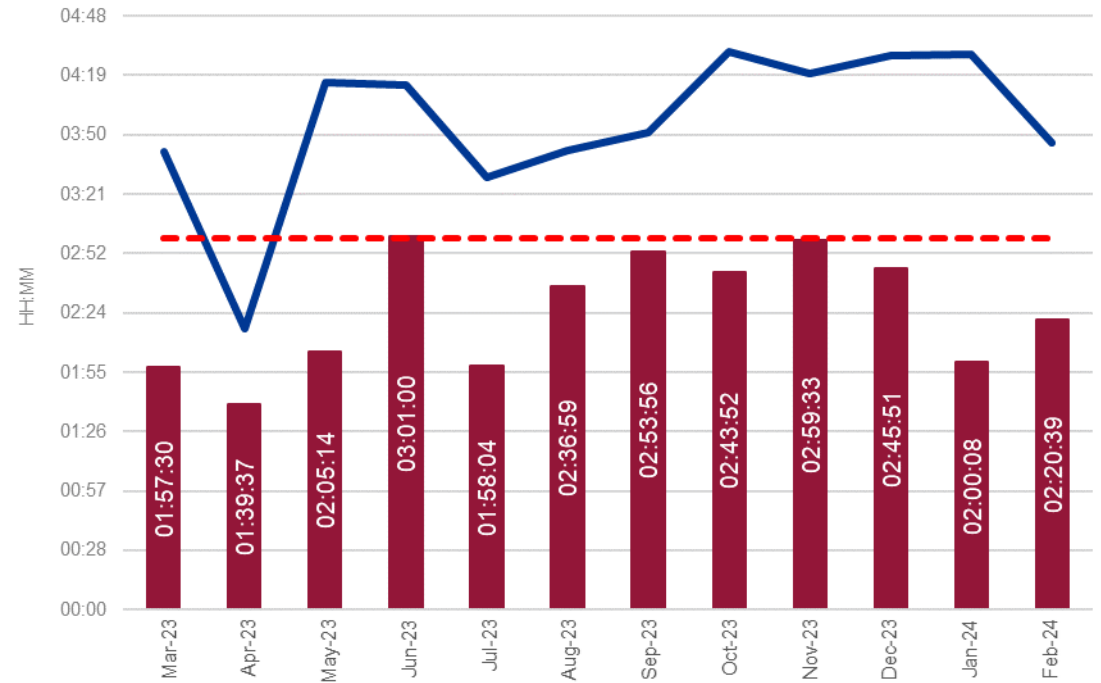


Category 3 & 4 Response Performance

Cat 3 90th centile



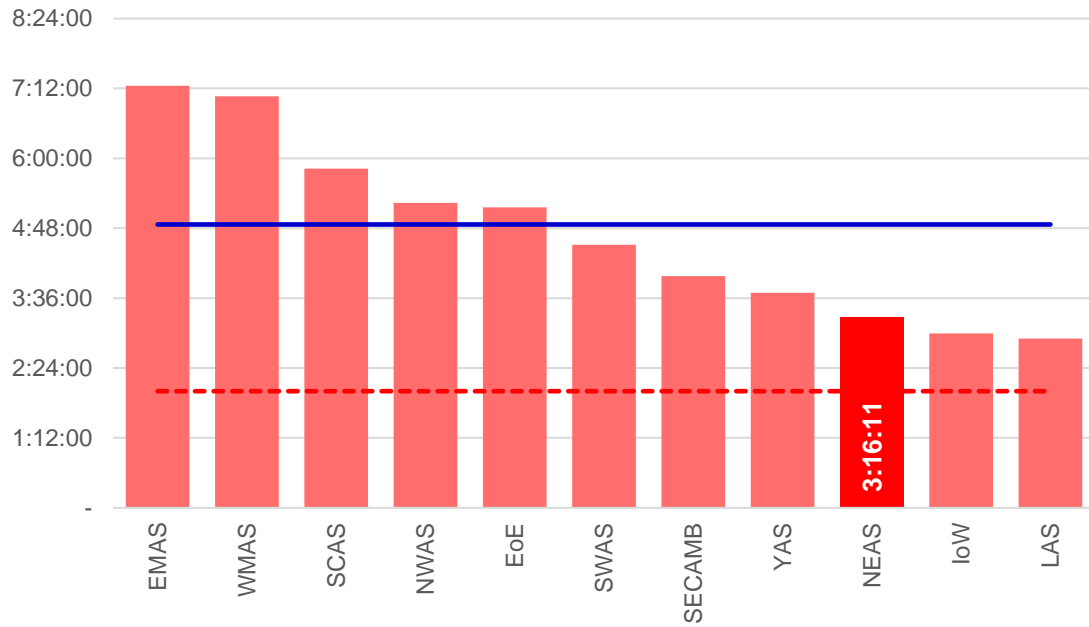
Cat 4 90th centile



NEAS Trust Northumberland

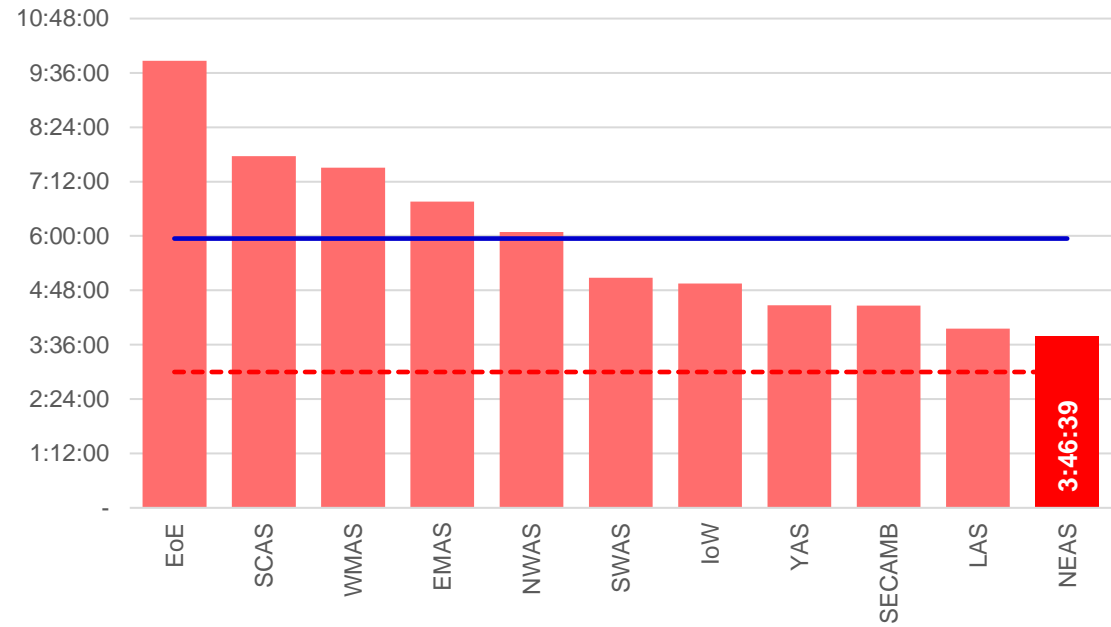
NEAS Benchmark Performance – C3 & C4

Category 3 Response Times - 90th centile response (hour:min:sec) - (MTD) February 2023-24



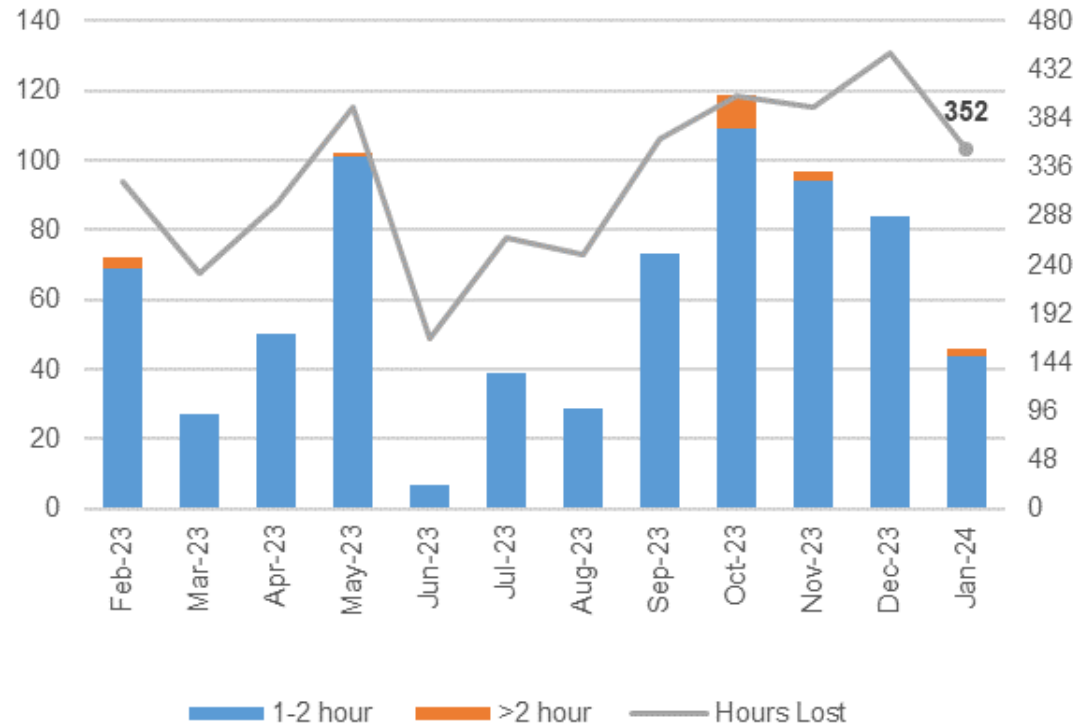
— England - - - Target

Category 4 Response Times - 90th centile response (hour:min:sec) - (MTD) February 2023-24

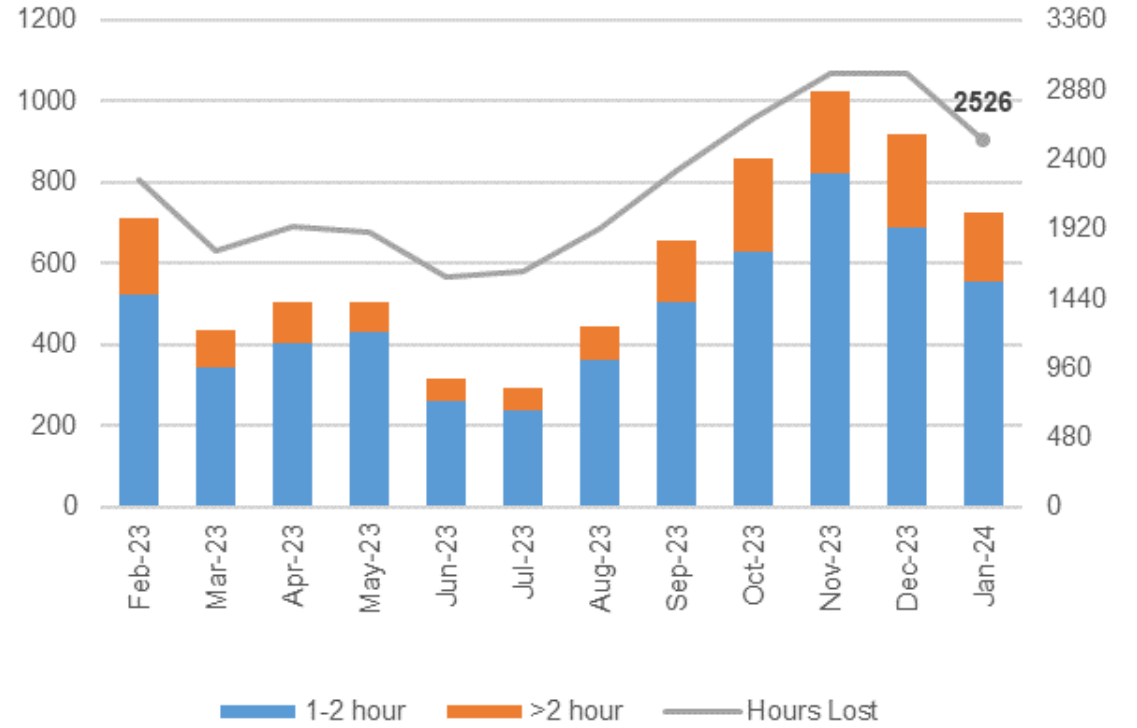


— England - - - Target

Handover Delays - NSECH



Handover Delays - Trustwide



Hospital handover performance

NHS

**North East
Ambulance Service**

NHS Foundation Trust



2023/24 Quality Report

Page 41



Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

Overview of quality report requirements

- NHS Improvement provide detailed guidance on the requirements of the report
- Report must be shared with commissioners, governors, staff, Healthwatch, Overview and Scrutiny Committees or the Health and Wellbeing Board
- Consultation starts on 29 April. Deadline for responses 27th May 2024
- Providers must upload their final Quality Report onto their website by 30th June
- No requirement to obtain external auditor assurance this year

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**North East
Ambulance Service**

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2023/24 performance

1st April- 31st December 2023*

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Mission: Safe, effective, responsive care for all

Vision: Unmatched quality of care

PATIENT SAFETY**2022-23****2023-24**

Patient safety incidents

3,702

2,209

Proportion of incidents / 1,000
calls

1.8%

2.2%

No. Serious Incidents

61

140

Note: 2023-24 data up to 31 Dec 2023

Patient experience & feedback

Top three themes on complaints:

- Staff attitude
- Timeliness of response
- Quality of care

Patient Experience	2022-23	2023-24
See & treat	97.1%	93.3%
See & treat & convey to hospital	90.0%	92.0%
Planned patient transport	95.2%	94.1%
NHS111	82.7%	80.7%

Patient feedback	2022-23	2023-24
Complaints	375	316
Appreciations	812	922

Note: 2023-24 data up to 31 Dec 2023

Update 2023/24 quality priorities

Patient safety

- To continue working with system partners to reduce handover delays
- Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

Clinical effectiveness

- Implementation of clinical supervision

Patient experience

- To increase service user and colleagues involvement in our patient safety and patient satisfaction activities



To continue working with system partners to reduce handover delays

What we achieved

- Thematic analysis of handover delays
- Partnership working to improve data sharing, standardise reporting to drive improvements
- Partnership working to improve effectiveness across the system
- Reviewed our risk management and escalation arrangements during times of demand

What we need to do

- Understand the impact on patients
- Understand the impact on staff

Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients

What we achieved

- 5 year review of quality & safety profile to inform local safety priorities
- Development of governance procedures
- PSIRF training provided by NHS accredited provider (including oversight training and patient safety specialist training)
- Transition to LFPSE 1st June 2023
- Transition to PSIRF 1st January 2024
- Introduction of x3 patient safety partners

What we need to do

- Closure of all serious incidents & actions by 31st March 2024
- Embed PSIRF governance and organisational learning

Implementation of clinical supervision

What we achieved

- Policies and procedures for clinical supervision developed
- Clinical supervision launched across unscheduled care in August 2022
- Audit roadmap for Clinical Team Leaders (CTLs) introduced to managers understand individual clinical performance
- CTLs complete clinical supervision shifts with individuals including protected time for discussions
- Clinical staff are also provided with 5 hours to support with any CPD needs identified through clinical supervision

What we need to do

- Development of electronic audit tool and dashboards
- Development and roll out of a bespoke university module to help ensure that our CTLs have the appropriate skills, knowledge and experience (to be completed in 2024)

To increase service user and colleagues involvement in our patient safety and patient satisfaction activities

What we achieved

- Multidisciplinary working groups established for PSIRF implementation and patient safety improvement activities
- Introduction of patient safety partners
- Board level lead identified for patient safety partners
- Stakeholder involvement in patient safety meetings
- Collaborative working with stakeholders and partners
- Stakeholder involvement in recruitment for patient safety roles

What we need to do

- To establish patient feedback group
- Implement a patient and carer feedback survey (post investigations)
- Wider patient and colleague involvement in recruitment activities



Questions



North East Ambulance Service

Bernicia House

Goldcrest Way

Newburn Riverside

Newcastle upon Tyne

NE15 8NY



Ashington and Blyth

Month	C1 Incident Count	C2 Incident Count	C3 Incident Count	C4 Incident Count	C1 Total Response Time (Days, Hours, Minutes, Seconds)	C2 Total Response Time (Days, Hours, Minutes, Seconds)	C1 Mean (Hours, Minutes, Seconds)	C2 Mean (Hours, Minutes, Seconds)	C1 90th Percentile (Hours, Minutes, Seconds)	C2 90th Percentile (Hours, Minutes, Seconds)	C3 90th Percentile (Hours, Minutes, Seconds)	C4 90th Percentile (Hours, Minutes, Seconds)
Feb-23	73	543	221	17	08:33:32	8 21:21:37	00:07:02	00:23:35	00:10:53	00:45:31	01:55:34	01:24:28
Mar-23	83	606	254	17	10:56:11	14 21:41:05	00:07:54	00:35:25	00:13:19	01:16:18	01:55:55	01:46:39
Apr-23	88	590	263	21	10:29:24	9 22:12:21	00:07:09	00:24:13	00:10:44	00:48:16	01:32:09	01:32:36
May-23	86	703	241	19	11:39:14	13 23:22:08	00:08:08	00:28:37	00:12:47	00:56:05	02:05:08	02:33:56
Jun-23	76	629	235	13	09:07:41	13 02:09:01	00:07:12	00:29:58	00:12:03	01:00:51	02:51:44	03:08:53
Jul-23	93	611	224	10	11:38:19	11 18:36:20	00:07:31	00:27:45	00:13:06	00:56:41	02:27:15	02:15:20
Aug-23	91	673	263	23	10:49:45	15 04:07:14	00:07:08	00:32:28	00:11:26	01:11:12	03:01:41	01:56:44
Sep-23	87	652	272	18	10:21:16	13 16:10:03	00:07:08	00:30:12	00:10:57	01:01:45	02:44:23	02:04:35
Oct-23	85	655	312	14	11:45:20	14 08:58:46	00:08:18	00:31:36	00:13:55	01:03:38	02:42:41	02:19:37
Nov-23	87	652	293	14	10:05:56	13 19:20:02	00:06:58	00:30:29	00:11:10	01:02:16	02:32:04	02:56:22
Dec-23	98	733	294	21	11:39:49	19 03:03:53	00:07:08	00:37:35	00:12:18	01:14:08	04:17:08	02:51:56
Jan-24	105	794	327	21	11:38:13	16 18:49:55	00:06:39	00:30:26	00:10:53	00:58:08	02:48:19	02:54:49
Total:	1052	7841	3199	208			00:07:21	00:30:24	00:12:08	01:01:52	02:38:20	02:27:38

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Month	C1 Incident Count	C2 Incident Count	C3 Incident Count	C4 Incident Count	C1 Total Response Time (Days, Hours, Minutes, Seconds)	C2 Total Response Time (Days, Hours, Minutes, Seconds)	C1 Mean (Hours, Minutes, Seconds)	C2 Mean (Hours, Minutes and Seconds)	C1 90th Percentile (Hours, Minutes, Seconds)	C2 90th Percentile (Hours, Minutes, Seconds)	C3 90th Percentile (Hours, Minutes, Seconds)	C4 90th Percentile (Hours, Minutes, Seconds)
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Mar-23	39	340	133	17	06:42:08	8 10:29:28	00:10:19	00:35:44	00:14:48	01:10:44	01:42:58	01:13:41
Apr-23	46	365	147	17	07:56:49	6 08:35:57	00:10:22	00:25:05	00:16:22	00:44:58	01:25:55	02:21:34
May-23	47	396	157	14	07:43:11	8 14:57:40	00:09:51	00:31:21	00:16:05	00:59:15	01:55:47	01:26:11
Jun-23	29	390	164	14	05:56:02	9 10:43:05	00:12:17	00:34:53	00:20:01	01:07:39	02:34:10	01:23:25
Jul-23	39	402	124	18	06:33:32	8 07:30:41	00:10:05	00:29:47	00:17:57	00:55:54	01:50:06	02:58:10
Aug-23	46	392	138	12	08:10:02	9 04:52:47	00:10:39	00:33:48	00:17:45	01:05:30	02:16:42	01:46:48
Sep-23	48	369	174	17	09:08:16	8 15:17:24	00:11:25	00:33:42	00:17:24	01:04:27	02:29:47	04:04:17
Oct-23	38	377	183	14	06:24:08	8 20:19:56	00:10:07	00:33:48	00:15:46	01:05:57	02:12:15	02:33:27
Nov-23	49	379	169	17	07:39:38	8 09:20:30	00:09:23	00:31:52	00:15:18	01:01:47	02:41:16	02:18:15
Dec-23	52	429	189	17	08:24:37	10 20:07:01	00:09:42	00:36:23	00:16:01	01:10:37	03:13:55	02:33:13
Jan-24	48	474	144	12	07:17:49	10 01:47:01	00:09:07	00:28:15	00:15:23	00:58:48	02:27:22	01:43:20
Total:	525	4631	1857	178			00:10:11	00:32:06	00:16:38	01:02:33	02:15:46	02:25:00

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NHS

North East Ambulance Service
NHS Foundation Trust

Cramlington, Bedlington and Seaton Valley

Month	C1 Incident Count	C2 Incident Count	C3 Incident Count	C4 Incident Count	C1 Total Response Time (Days, Hours, Minutes, Seconds)	C2 Total Response Time (Days, Hours, Minutes, Seconds)	C1 Mean (Hours, Minutes, Seconds)	C2 Mean (Hours, Minutes and Seconds)	C1 90th Percentile (Hours, Minutes, Seconds)	C2 90th Percentile (Hours, Minutes, Seconds)	C3 90th Percentile (Hours, Minutes, Seconds)	C4 90th Percentile (Hours, Minutes, Seconds)
Feb-23	73	543	221	17	04:55:57	4 21:50:10	00:06:02	00:21:06	00:09:03	00:38:26	02:12:12	01:28:16
Mar-23	83	606	254	17	05:56:49	8 06:03:15	00:07:08	00:32:44	00:10:43	01:05:22	01:59:44	01:36:02
Apr-23	88	590	263	21	04:36:21	5 07:30:17	00:05:32	00:23:32	00:08:50	00:44:16	01:33:26	01:14:40
May-23	86	703	241	19	04:18:28	6 19:44:44	00:05:52	00:25:31	00:08:55	00:51:54	01:49:37	01:53:43
Jun-23	76	629	235	13	06:33:43	6 20:35:16	00:07:02	00:28:08	00:10:33	00:55:33	02:17:37	06:10:30
Jul-23	93	611	224	10	04:09:00	6 17:17:21	00:07:07	00:24:26	00:09:57	00:48:33	02:06:25	01:52:48
Aug-23	91	673	263	23	05:37:19	8 07:10:17	00:06:53	00:30:53	00:11:17	01:00:59	02:23:48	02:50:20
Sep-23	87	652	272	18	04:31:05	6 14:28:04	00:06:01	00:29:43	00:10:20	00:58:20	02:32:09	02:57:34
Oct-23	85	655	312	14	05:14:33	8 06:39:15	00:06:42	00:31:07	00:10:53	01:02:20	02:10:49	02:50:41
Nov-23	87	652	293	14	05:43:05	7 21:18:18	00:06:44	00:28:59	00:10:35	01:01:05	02:18:36	05:12:03
Dec-23	98	733	294	21	06:53:09	10 10:50:28	00:06:46	00:36:16	00:11:28	01:14:22	03:31:48	03:45:47
Jan-24	105	794	327	21	05:58:46	8 10:07:31	00:10:04	00:30:16	00:10:46	00:55:31	03:22:17	01:01:48
Total:	1052	7841	3199	208			00:06:31	00:28:34	00:10:27	00:57:00	02:21:36	03:00:45

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NHS

North East Ambulance Service
NHS Foundation Trust

North Northumberland

Month	C1 Incident Count	C2 Incident Count	C3 Incident Count	C4 Incident Count	C1 Total Response Time (Days, Hours, Minutes, Seconds)	C2 Total Response Time (Days, Hours, Minutes, Seconds)	C1 Mean (Hours, Minutes, Seconds)	C2 Mean (Hours, Minutes, Seconds)	C1 90th Percentile (Hours, Minutes, Seconds)	C2 90th Percentile (Hours, Minutes, Seconds)	C3 90th Percentile (Hours, Minutes, Seconds)	C4 90th Percentile (Hours, Minutes, Seconds)
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Mar-23	39	410	190	24	07:08:05	8 07:51:29	00:10:59	00:29:15	00:20:53	01:00:56	01:34:02	01:26:31
Apr-23	47	453	229	17	09:08:48	8 09:50:41	00:11:41	00:26:44	00:21:02	00:59:30	01:17:10	01:58:47
May-23	38	426	199	18	06:21:08	9 02:37:26	00:10:02	00:30:48	00:18:45	01:02:52	01:41:40	02:18:06
Jun-23	50	447	196	18	09:03:06	10 07:46:33	00:10:52	00:33:16	00:20:14	01:08:48	01:52:04	02:35:56
Jul-23	47	402	214	17	08:41:59	6 15:28:12	00:11:06	00:23:48	00:19:57	00:49:16	01:53:48	01:21:59
Aug-23	64	462	253	18	13:26:30	10 03:50:08	00:12:36	00:31:40	00:22:16	01:06:15	01:55:15	02:36:02
Sep-23	36	437	207	25	05:20:43	9 02:51:24	00:08:55	00:30:03	00:15:31	01:05:00	01:36:28	02:17:06
Oct-23	47	494	227	18	06:59:07	10 6:36:20	00:08:55	00:29:57	00:19:14	00:59:04	02:03:24	02:11:07
Nov-23	45	426	202	19	05:35:17	9 15:40:27	00:07:27	00:32:38	00:11:43	01:04:51	01:40:37	02:26:24
Dec-23	59	534	228	27	08:57:34	12 14:19:37	00:09:07	00:33:58	00:16:41	01:09:12	02:12:51	02:38:34
Jan-24	47	440	244	22	08:59:26	9 22:48:17	00:11:29	00:32:34	00:20:45	01:08:19	01:34:43	01:55:19
Total:	559	5295	2558	247			00:10:13	00:30:17	00:19:25	01:03:33	01:41:54	02:25:44

2558
5295
559

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NHS

North East Ambulance Service

NHS Foundation Trust

Tynedale

Month	C1 Incident Count	C2 Incident Count	C3 Incident Count	C4 Incident Count	C1 Total Response Time (Days, Hours, Minutes, Seconds)	C2 Total Response Time (Days, Hours, Minutes, Seconds)	C1 Mean (Hours, Minutes, Seconds)	C2 Mean (Hours, Minutes and Seconds)	C1 90th Percentile (Hours, Minutes, Seconds)	C2 90th Percentile (Hours, Minutes, Seconds)	C3 90th Percentile (Hours, Minutes, Seconds)	C4 90th Percentile (Hours, Minutes, Seconds)
Feb-23	46	350	139	16	07:41:00	8 09:17:48	00:10:01	00:34:30	00:17:28	01:04:57	01:31:03	01:09:23
Mar-23	40	383	158	13	05:40:57	11 02:16:09	00:08:31	00:41:43	00:16:48	01:21:31	02:28:59	03:07:52
Apr-23	52	404	157	12	08:29:21	9 10:26:24	00:09:48	00:33:38	00:17:05	01:10:43	01:39:31	01:31:34
May-23	48	392	176	11	08:35:04	9 14:26:11	00:10:44	00:35:16	00:21:50	01:12:12	02:18:29	01:32:40
Jun-23	43	377	164	14	08:30:23	10 09:55:09	00:11:52	00:39:46	00:21:32	01:20:28	02:13:07	02:32:56
Jul-23	37	390	167	8	06:07:58	8 21:19:52	00:09:57	00:32:49	00:18:38	01:06:02	02:03:46	01:03:14
Aug-23	33	375	152	10	05:52:23	9 12:45:02	00:10:41	00:36:36	00:19:58	01:16:22	02:43:05	03:05:39
Sep-23	37	378	167	14	06:41:33	9 01:21:12	00:10:51	00:34:30	00:19:34	01:08:53	02:31:19	03:17:51
Oct-23	47	391	152	15	08:42:08	10 09:40:33	00:11:07	00:38:19	00:17:33	01:15:38	03:17:18	02:28:44
Nov-23	37	356	136	15	07:30:07	8 18:00:03	00:12:10	00:35:24	00:20:23	01:11:14	02:53:14	01:59:36
Dec-23	37	392	153	10	07:57:53	12 22:48:25	00:12:55	00:47:34	00:22:30	01:33:55	02:51:35	02:15:35
Jan-24	39	410	151	16	07:43:07	11 09:02:02	00:11:52	00:39:57	00:19:39	01:14:53	02:21:03	00:55:53
Total:	496	4598	1872	154			00:10:50	00:37:33	00:20:16	01:15:21	02:27:22	02:34:30

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Agenda Item 6a

DECISIONS TAKEN BY CABINET SINCE LAST OSC MEETING AND FORTHCOMING CABINET DECISIONS - MARCH 2024 TO MAY 2024

DECISION	CABINET DATE/DECISION
Cabinet Papers – 12 March 2024	https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&MId=2296
Financial Performance 2023-24 – Position at the end of December 2023	<p>12 March 2024</p> <p>RESOLVED that:</p> <p>(a) Cabinet approve the following:</p> <ul style="list-style-type: none"> • the re-profiling to the Capital Programme of £47.326 million from 2023-24 to 2024-25 to reflect estimated expenditure levels in the current financial year. £4.738 million of this has already been factored into the 2024-25 to 2027-28 Medium Term Financial Plan. • the utilisation of £2.000 million from the Business Recovery Reserve to fund additional financial support for Active Northumberland in recognition of significant inflationary pressures and to allow Active Northumberland to maintain reserves at a sufficient level to facilitate an orderly closure of the business and transition to the new leisure provider. Any funds remaining upon the winding up of the business will transfer back to the Council to support leisure services in Northumberland. <p>(b) Cabinet note the following:</p> <ul style="list-style-type: none"> • the projected overspend on services of £3.527 million and the assumptions outlined in this report. • the projected net overspend of £0.510 million after the utilisation of the reserves. • £2.000 million underspend on the Todstead Landslip scheme resulting in only £3.000 million of the £5.000 million allocation from the Severe Weather Reserve being required. • the supplementary estimates at Appendix A and the required changes to the budgets. • the delivery of the approved savings at Appendix B. • the use of the contingency shown at Appendix L. • the use of reserves shown at Appendix M. • the virements requested by services shown at Appendix N. • the details of capital project reprofiling shown at Appendix O.
Summary of New Capital Proposals considered by Officer Capital Strategy Group (a) A197 Bothal Terrace, Ashington	<p>12 March 2024</p> <p>RESOLVED that:</p> <p>(1) Cabinet note the capital grant secured of £0.200 million via Sustrans from the Department for Transport (DfT) 6 National Cycle Network (NCN) Activation Programme.</p>

<p>(b) Wooler Visitor Infrastructure</p>	<p>(2) Cabinet approve the proposed spend and amend the capital programme in 2024-25 to include the capital grant of £0.200 million.</p> <p>(3) Cabinet approve the spend of £0.106 million to carry out the works detailed in section 6.</p> <p>(4) Cabinet approve the amendment to the Capital Programme to reallocate £0.106 million from the Strategic Regeneration Projects – Wooler Visitor Infrastructure to the Wooler Parking project in 2024-25.</p>
<p>(c) Energising Blyth Strategic Acquisitions</p>	<p>(5) Cabinet approve the amendment to the Capital Programme to reallocate £0.634 million (£0.382 million in 2023-24 and £0.252 million in 2024-25) from the Energising Blyth Acquisitions Project to the Strategic Acquisitions project.</p>
<p>(d) Prudhoe Waterworld Soft Play</p>	<p>(6) Cabinet approve the spend of £0.060 million to replace the existing soft play area at Prudhoe Waterworld in 2024-25.</p> <p>(7) Cabinet approve the amendment to the Capital Programme to reallocate £0.060 million from the Prudhoe Waterworld project to the Prudhoe Waterworld Soft Play project in 2024-25.</p>

FORTHCOMING CABINET DECISIONS

<p>Hirst Masterplan</p> <p>To introduce the Hirst Masterplan to cabinet and seek authorisation to move forward in developing its contents further.</p>	<p>9 April 2024</p>
<p>Housing Regeneration Report – Stock Rationalisation</p> <p>The report seeks Cabinet approval to:</p> <ul style="list-style-type: none"> • Decommission a number of low demand homes in Blyth (See appendix 1A); • To place on hold lettings for empty homes and any homes that become empty in the addresses listed within this report; • To give priority status for re-housing to all customers who currently reside in any of the addresses detailed in this report. • To approve the award of Homeloss & Disturbance payments for any customers relocating from the properties detailed in this report 	<p>9 April 2024</p>
<p>Q3 Corporate Performance Report</p> <p>For Determination</p>	<p>9 April 2024</p>
<p>Summary of New Capital Proposals considered by Officer Capital Strategy Group</p> <p>This is a summary of the New Capital Proposals considered by the Capital Strategy Group on 27 February 2024.</p>	<p>9 April 2024</p>
<p>Climate Change Action Plan 2024-26</p> <p>To replace the expiring Climate Change Action Plan 2021-23 and to set out our intended strategies for reaching our climate change targets across the next three years and beyond.</p>	<p>9 April 2024</p>
<p>Energy Central Campus Phase 1 – Technical Training Kit: Outline Business Case</p> <p>In accordance with the Energising Blyth Programme - Local Assurance Framework, the report seeks the approval of the Outline Business Case (OBC) for the Energy Central Campus Phase 1 – Technical Training Kit which is part of development and delivery of the £20.71m Levelling Up Deep Dive (LUDD) funding awarded to Blyth earlier this year. The OBC has been externally appraised with a recommendation to proceed to Full Business Case (FBC).</p>	<p>9 April 2024</p>
<p>Energising Blyth: Levelling Up Deep Dive – Bowes Ct.</p> <p>This report updates Cabinet and seeks approval of the Outline Business Case and other key decisions regarding the delivery of the Bowes Court retro-fit of properties. It will recommend the following:</p> <ul style="list-style-type: none"> • To approve the Outline Business Case to enable progression to Full Business Case. 	<p>7 May 2024</p>

<ul style="list-style-type: none"> • Delegate authority, in accordance with the Local Assurance Framework, to the Council's Executive Director of Finance (Section 151 Officer) following consideration by the Energising Blyth Programme Board to approve the Full Business Case. • Delegate approvals to the Executive Director for Place and Regeneration to enter into any contracts relating to the project subject to confirmation of associated funding being in place and the appropriate procurement processes being followed. 	
<p>Financial Performance 2023-24 - Position at the end of February 2024 (Provisional Outturn)</p> <p>The report will provide Cabinet with the revenue and capital forecast provisional outturn against budget for 2023-24. Due to the timing of the statutory accounts deadline the forecast provisional outturn will be based on the position at the end of February.</p>	7 May 2024

Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2023 - 2024

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Chris Angus, Scrutiny Officer
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Agenda Item 6b

TERMS OF REFERENCE

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision, and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental, and economic well-being of local people.
- (d) To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
- (e) To monitor, review and make recommendations about:
 - Adult Care and Social Services
 - Adults Safeguarding
 - Welfare of Vulnerable People
 - Independent Living and Supported Housing
 - Carers Well Being
 - Mental Health and Emotional Well Being
 - Financial Inclusion and Fuel Poverty
 - Adult Health Services
 - Healthy Eating and Physical Activity
 - Smoking Cessation
 - Alcohol and Drugs Misuse
 - Community Engagement and Empowerment
 - Social Inclusion
 - Equalities, Diversity and Community Cohesion.

ISSUES TO BE SCHEDULED/CONSIDERED

Regular updates: Updates on implications of legislation: As required / Minutes of Health and Wellbeing Board / notes of the Primary Care Applications Working Party
Care Quality Accounts/ Ambulance response times

To be listed:

Themed scrutiny:
Other scrutiny:

Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee Work Programme 2023 - 2024		
2 April 2024		
	NHCT Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from

	NEAS Review of Performance in Northumberland	each Trust and agree to submit a formal response to each Trust. Following a request from this Committee, NEAS will discuss performance data at a Local Area Committee level.
7 May 2024		
	CNTW Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust and agree to submit a formal response to each Trust.
	NUTH Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust and agree to submit a formal response to each Trust.

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Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2023-2024				
Ref	Date	Report	Decision	Outcome
1	11 July 2023	Update on Pressures in Adult Homecare Services	RESOLVED the	Adult Home Care data and progress monitoring to be provided at a future

			<p>A. the report on the current issues with homecare in Northumberland be received for information, and</p> <p>B. the initiatives proposed to try to resolve workforce shortages be noted.</p>	committee.
2	11 July 2023	Contingency Plans and Management Arrangements for Commissioned Adult Social Care Services	RESOLVED the report be received for information.	No further action
3 Page 71	12 September 2023	Cramlington Pharmacy Update	<p>RESOLVED that:</p> <p>A. the report and comments made be noted.</p> <p>B. a Task and Finish Group be established to examine pharmaceutical services in the county.</p>	A task and finish group be established in the new year to examine Pharmacy provision across the County
4	12 September 2023	Northumberland Coroner's Annual Report	RESOLVED that the report be received.	No further action
5	7 November 2023	Oncology Performance Update (NUTH)	RESOLVED that the information and comments made be noted	A further update will be provided in May when NUTH present their Quality Accounts
6	7 November 2023	Joint Health and Wellbeing Strategy Refresh – Adopting a Whole System	<p>RESOLVED to:</p> <p>A. note and comment on the achievements described in the report, and</p>	The comments of this committee will form part of the overall Joint Health and Wellbeing Strategy

		Approach to Health and Care	B. that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted.	
7	7 November 2023	Welfare Rights Annual Report	RESOLVED that the report be received for information.	No further action
8	12 December 2023	Berwick Hospital Update	RESOLVED that the information be noted and a further update be provided in due course.	Further update be provided in due course.
9	12 December 2023	Complaints Annual Report 2022- 23: Adult Social Care and Continuing Health Care Services	RESOLVED that the report be noted.	No further action
Page 72	12 December 2023	Joint Health and Wellbeing Strategy Refresh – Empowering People and Communities	RESOLVED that: A. note and comment on the achievements described in the report, and B. that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted.	Relevant updates to be scheduled as required.
11	9 January 2024	Joint Health and Wellbeing Strategy Refresh – Giving Children and Young People the Best Start in Life	RESOLVED that: 1. note and comment on the achievements described in the report, and 2. that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted	Relevant updates to be scheduled as required.

12	9 January 2024	Joint Health and Health and Wellbeing Strategy Refresh – Building Blocks Theme	<p>RESOLVED that:</p> <ol style="list-style-type: none"> 1. note and comment on the achievements described in the report, and 2. that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted 	Relevant updates to be scheduled as required.
13	9 January 2024	Adults and children’s Safeguarding Board Annual Report	RESOLVED that the report and comments made be noted	This report will inform the 24/25 work programme, with updates being provided as required.
14	5 March 2024	Director of Public Health Annual Report		

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