

## Annual General Meeting / Annual Members' Meeting

A meeting of the Annual General Meeting and Annual Members' Meeting will be held at 09:30am on Wednesday 25 September 2024, in the Lecture Theatre, Education Centre, Queen Elizabeth Hospital

### AGENDA

No	Start time	Item	Purpose	Lead	Paper / Verbal
1.	09:30	Welcome and Chair's Business	Information	Chair	Verbal
2.	09:32	Declarations of interest	Information	Chair	Verbal
3.	09:33	Apologies for absence	Information	Chair	Verbal
4.	09:34	Minutes of the last meeting held on 20 September 2023	Decision	Chair	Paper
<b>PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2023/24</b>					
5.		Presentation of the Annual Report and Accounts 2023/24			
	09:35	i) Overview of the Year	Assurance	Chief Executive	Presentation
	09:45	ii) Quality Report 2023/24	Assurance	Chief Nurse	Presentation
	09:55	iii) Financial Accounts 2023/24 and Audit Opinion	Assurance	Group Director of Finance and Digital	Presentation
6.	10:05	Council of Governors Annual Report and Constitutional Amendment	Decision	Lead Governor	Presentation / Paper
7.	10:15	Questions and Answers	Discussion	Chair	Verbal
<b>ITEMS FOR INFORMATION / MEETING GOVERNANCE</b>					
8.	10:25	Looking Ahead	Information	Chief Executive	Paper
9.	10:30	Community Diagnostic Centre (CDC) Presentation	Discussion	CDC Programme Manager	Presentation
10.	10:55	Chair's Closing Remarks	Information	Chair	Verbal
11.	11:00	Date and Time of Next Meeting – Wednesday 24 September 2025	Information	Chair	Verbal

# ANNUAL GENERAL MEETING

Minutes of the Annual General Meeting  
held at 9.30 am on [Wednesday 20<sup>th</sup> September 2023](#),  
in the Lecture Theatre, Education Centre, Queen Elizabeth Hospital

<b>Present:</b>	
Mrs A Marshall	Chair
Ms H Adams	Staff Governor
Mr L Brown	Public Governor - Western
Mr S Connolly	Public Governor – Central
Mrs L Curry	Staff Governor
Mr R Dennis	Public Governor – Western
Mr D Hunter	Appointed Governor
Mrs H Jones	Public Governor – Central
Dr A Lowes	Staff Governor
Mr G Main	Public Governor – Western
Mr G Quinn	Public Governor – Western
Mr A Rabin	Public Governor – Central
Mr G Riddell	Public Governor – Western
Mr A Sandler	Appointed Governor
Dr G F Spiers	Appointed Governor
Mrs K Tanriverdi	Public Governor – Central
Mr C Toon	Appointed Governor
<b>In Attendance:</b>	
Mr A Beeby	Medical Director
Mrs J Boyle	Company Secretary
Ms N Bruce	Director of Strategy, Planning & Partnerships
Ms S Clark	Joint Colposcopy Clinical/Service Lead
Dr G Findley	Chief Nurse
Mr I Evbuomwan	Consultant Obs and Gynae
Mrs J Halliwell	Interim Chief Operating Officer
Mr S Harrison	Interim Managing Director for QE Facilities
Mr M Hedley	Non-Executive Director
Ms S Jewitt	Laboratory Manager & Senior Clinical Embryologist
Ms T Johnson	Regional HPV/Cervical Screening Pathology Manager
Mrs K Mackenzie	Group Director of Finance & Digital
Mr A Moffat	Non-Executive Director
Mr M Robson	Non-Executive Director
Mrs G Rutherford	Interim Deputy Director of People & Organisational Development
Ms D Waites	Corporate Services Assistant
7 members of the public	
<b>Apologies:</b>	
Mr J Bedlington	Public Governor – Central
Mr A Crampsie	Non-Executive Director
Mrs T Davies	Chief Executive
Mr N Halford	Medical Director of Operations
Mr M Learmouth	Public Governor – Central
Mrs H Parker	Non-Executive Director
Mrs M Pavlou	Non-Executive Director
Prof D Porteous	Appointed Governor

Mrs A Stabler	Non-Executive Director
Mrs A Venner	Deputy Director of People & Organisational Development

<b>Agenda Item</b>	<b>Discussion and Action Points</b>	<b>Action By</b>
AGM/23/01	<p><b>CHAIR'S WELCOME:</b></p> <p>Mrs A Marshall, Chair, opened the Annual General Meeting by welcoming Board members, Governors, members of staff, and members of the public.</p> <p>She reminded those present of the challenges faced by the Trust over the past year and felt that it was important to share some of the Trust's positive stories and innovations from our fantastic teams who have continued to work incredibly hard to look after our patients in Gateshead and beyond.</p> <p>The showcase presentations will be provided by teams involved delivering women's health services over 2023/24 which includes the work around the Northern Centre of Excellence for Women's Health.</p>	
AGM/23/02	<p><b>DECLARATIONS OF INTEREST:</b></p> <p>Mrs Marshall requested that members report any revisions to their declared interests or any declaration of interest in any of the items on the agenda.</p>	
AGM/23/03	<p><b>MINUTES OF THE ANNUAL GENERAL MEETING 2021:</b></p> <p>The minutes of the Annual General Meeting held on Wednesday 28<sup>th</sup> September 2022 were approved as a correct record.</p>	
AGM/23/04	<p><b>OVERVIEW OF THE YEAR:</b></p> <p>Dr G Findley, Deputy Chief Executive and Chief Nurse, began her review by reminding members that the Trust provides a number of services across secondary care, community services and older person's mental health to the local population and a short video was provided to highlight those services and say thank you to each and every one of our amazing staff, volunteers, patients and carers.</p> <p>Dr Findley provided some details around some events that have taken place over the last year including undertaking the first robotic-assisted operations, welcoming our international nurses and highlighted that the hospital has</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>demonstrated an increase in Accident and Emergency attendances. Some information was provided in relation to operational performance highlighting leading indicators and Dr Findley welcomed Joanne Halliwell as the new Interim Chief Operating Officer.</p> <p>A summary was provided of recent innovations, improvements and awards which highlights the excellent work being undertaken within teams across the organisation and Dr Findley drew attention to the continued focus on staff health and wellbeing with workforce supply being a top priority identified by the Board. Close working relationships with the staff networks continues with equality, diversity and inclusion remaining a key priority.</p> <p>Dr Findley drew attention to the valued work of our dedicated volunteers and highlighted that a further 50 volunteers were recruited during the year. She highlighted the work being undertaken with our partners including Gateshead College and Citizens' Advice Gateshead and drew attention to some of the work and events which have been undertaken by the QE Charitable Funds with the fantastic support from local communities and businesses over the year.</p>	
AGM/23/05	<p><b>SHOWCASE PRESENTATION – GATESHEAD FERTILITY</b></p> <p>Mr Issac Evbuomwan and Ms Sophia Jewitt, provided a presentation on Gateshead Fertility which has provided specialist fertility treatment at the Trust since 1996.</p> <p>Ms Jewitt reported that services are provided to the whole northern region and highlighted the expansion from 60 IVF cycles/year to providing 600 treatment cycles to a diverse range of patients. She drew attention to the work which has taken place around improving engagement and embracing diversity particularly with local Jewish leaders which has resulted in an adapted pathway for fertility investigations, treatment and laboratory procedures. Engagement work has also taken place within the LGBTQ+ community including shared motherhood treatment, legal parenthood issues, and inclusive gender-neutral literature including WC signage and staff education.</p> <p>Ms Jewitt concluded by highlighting the increased demand for fertility services which has provided increased income generation as well as enhanced reputational values including recognition from the Jewish community and increased referrals.</p>	



Agenda Item	Discussion and Action Points	Action By
	<p>Mr A Rabin, Lead Governor, thanked the team for the incredible work undertaken with the Jewish community and Mrs Marshall felt that this was great example of the teams within the Trust by putting patients at the centre of care.</p>	
AGM/23/06	<p><b>QUALITY REPORT 2022/23:</b></p> <p>Mr A Beeby, Medical Director, introduced the Trust's Quality Report for 2022/23 and highlighted the work undertaken across the Trust in relation to the quality account priorities around patient experience, patient safety, and clinical effectiveness.</p> <p>He also drew attention to the quality priorities for improvement next year which includes improving the way the organisation learns and make improvements following complaints, acting on concerns and staff experiences, as well as reducing length of stay and improvement work around the safe processing of clinical results, implementing the maternity and neonatal improvement plan, and working with the clinical effectiveness team to improve the experiences of people with a learning disability, mental health or autism.</p> <p>Following a query from Maria Alberts in relation to staff health and wellbeing, Mr Beeby explained that this is a priority within the organisation and is being led by the People and Organisational Development Team and will continue to review the needs of staff.</p>	
AGM/23/07	<p><b>FINANCIAL ACCOUNTS 2022/23 AND AUDIT OPINION:</b></p> <p>Mrs K Mackenzie, Group Director of Finance and Digital, presented an overview of the Trust's financial performance for 2022/23.</p> <p>Mrs Mackenzie reported that the Group's outturn position for 2022/23 was a £300k deficit which is reported as breakeven. The Group cash position is £50.6m which is healthy position for the organisation and total capital expenditure was £13.3m which included providing a new maternity theatre as part of the estate modernisation work.</p> <p>Discussion took place around the work of the External Auditors, Mazars, and Mrs Mackenzie highlighted that the team has been supportive in the relation to the review of the annual report and accounts. The Trust therefore received an unqualified audit opinion for the financial statements</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>which confirms a true and fair view of the financial position of the Trust.</p> <p>Following a query from Mr Steve Connolly in relation to annual budgets, Mrs Mackenzie reported that this had reduced as additional funding was received last year which has not been repeated. After a further query from Mr A Rabin in relation to the deficit outturn, Mrs Mackenzie explained that due to increased spend a planned deficit was agreed however the “back to basics” campaign will result in greater grip and control and plans going forward will include an ambition for a breakeven position.</p> <p>Mr Issac Evbuomwan queried commissioning work and Mrs Mackenzie explained that a payment by results model has been re-introduced following the pandemic and a lot of work is taking place around tariffs to ensure the organisation is capturing all its activity.</p>	
AGM/23/08	<p><b>SHOWCASE PRESENTATION – CERVICAL SCREENING:</b></p> <p>Trudy Johnson, Regional HPV/Cervical Screening Pathology Manager and Sharon Clark, Joint Colposcopy Clinical/Service Lead, provided a presentation on the cervical screening services provided by the Trust.</p> <p>They reported that the Gateshead Cervical Screening service is one of 8 national laboratories providing Cervical Screening for the whole of the North East and Yorkshire and recently Gateshead were chosen as part of a pilot scheme to encourage attendance and raise awareness. As part of the wider campaign, educational leaflets and posters were circulated to GP practices throughout Gateshead.</p> <p>They drew attention to services provided in relation to colposcopy and HPV screening and highlighted a number of engagement events including a Flash Mob which took place at the Angel of the North in partnership with Roche Diagnostics UK and Ireland. This was undertaken as part of an ongoing public awareness campaign called Let’s Talk Cervical Screening which aims to educate women in Gateshead and the surrounding areas about HPV and cervical screening as well as helping alleviate any concerns when it comes to booking an appointment. The campaign won the Communique Award for Excellence in Engagement Through Social Media and Digital Channels.</p> <p>Future plans include ongoing awareness work and regional networking including working with local transgender groups</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>to improve access and reduce fear and/or anxieties in attending screening and colposcopy. There are also plans to develop a staff cervical screening programme within the Trust and a service improvement project to look at the development of psychosexual services for those with pre-invasive conditions of the lower genital tract. Further discussions are also required in relation to the estate work as the clinic facilities deemed not fit for purpose and an action plan is being developed.</p> <p>Mrs Marshall thanked Trudy and Sharon for their presentation and highlights that work being undertaken beyond Gateshead within the Northern Centre of Excellence.</p>	
AGM/23/09	<p><b>COUNCIL OF GOVERNORS' ANNUAL REPORT 2022/23:</b></p> <p>Mr A Rabin, Lead Governor, presented the Council of Governors' Annual Report for 2022/23 and highlighted the key achievements during the year.</p> <p>Mr Rabin highlighted the Governors which have been elected during this year and also thanked the Governors who have left during 2022/23.</p> <p>Key achievements for 2022/23 included Governor participation in service visits to theatres and critical care as well as being included on the PLACE visits to support assessment of key areas of the Trust and Mr Rabin encouraged all Governors to join the visits as they provide a good opportunity to meet staff and gain knowledge of services.</p> <p>Mr Rabin highlighted some of the Governor activity undertaken around membership which included the Trust Open Days and a membership engagement event held in Felling. Steve Connolly has also been appointed as the new chair of the Membership Strategy Group. Key priorities for 2023/24 include the development of the Membership newsletter, re-introduction of Medicine for Members events and the identification of other engagement opportunities.</p> <p>Mrs Marshall drew attention to the supporting paper which highlights that two constitutional amendments were approved by the Board and Council in the last 12 months which have an impact on Governors via changes to the constituency criteria and boundaries. These amendments include the recognition of volunteers as public members (noting that they would need to register as Foundation Trust</p>	

Agenda Item	Discussion and Action Points	Action By
	<p>members individually); and the intention for the Trust to extend the Out of Area constituency to the geographical area covered by the North East and North Cumbria Integrated Care System (other than Western, Central and Eastern Gateshead, which have their own constituencies).</p> <p>The amendments were formally approved by the members present.</p>	
AGM/23/10	<p><b>LOOKING AHEAD:</b></p> <p>Dr G Findley, Deputy Chief Executive, provided an overview of future plans and highlighted the work planned around the Women's Health Centre of Excellence and the importance of clinically led developments which will support relationships between managers and consultants.</p> <p>She explained the focus on "back to basics" which has been introduced following the pandemic and industrial action however emphasised that these workstreams will ensure that the Trust is delivering the best care for our patients and enhancing the health and well-being of our colleagues and wider community.</p>	
AGM/23/11	<p><b>QUESTIONS AND ANSWERS:</b></p> <p>There were no further questions received.</p>	
AGM/23/12	<p><b>CHAIR'S CLOSING REMARKS:</b></p> <p>Mrs Marshall closed the meeting by thanking those in attendance and formally thanking the work and efforts undertaken by staff, colleagues, Governors, volunteers, patients and local communities.</p>	
AGM/23/13	<p><b>DATE AND TIME OF NEXT MEETING:</b></p> <p><b>RESOLVED:</b> that the next Annual General Meeting will be held on Wednesday 25<sup>th</sup> September 2024.</p>	

# **Gateshead Health NHS Foundation Trust**

## **Annual Report and Accounts 2023/24**



**Gateshead Health NHS Foundation Trust**  
**Annual Report and Accounts 2023/24**

**Presented to Parliament pursuant to Schedule 7, paragraph 25(4)(a)  
of the National Health Service Act 2006**







**Gateshead Health NHS Foundation Trust**  
**Annual Report and Account 2023/24**  
**(for the period 1 April 2023 to 31 March 2024)**

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# Performance Report

## Overview of performance

### Chair and Chief Executive's statement

We are delighted to introduce our Annual Report and Accounts for the year ended 31 March 2024.

This has been a challenging but exciting year for our Trust and subsidiary company QE Facilities Limited.

We started the year by undertaking a detailed thematic review to bring together a number of valuable sources of feedback and enable us to identify priorities and workplans to help us to continue to develop and be the very best that we can be for our patients, people and partners.

As part of this work we identified three key ambitions – to become a Northern Centre of Excellence for Women's Health; to be an outstanding district general hospital; and to be a leading provider of diagnostic services. We believe that by achieving these ambitions we will be able to make a valuable contribution to the healthcare of the people of Gateshead, but also to the wider North East and North Cumbria.

These ambitions and the output of our thematic review helped to shape our work and focus throughout 2023/24.

### *Our performance*

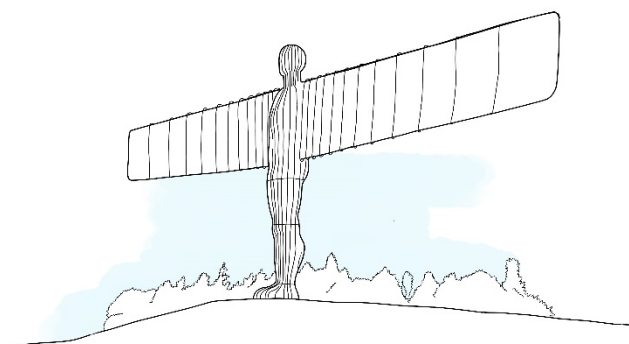
As you will read in more detail later in the report, whilst operational performance has been challenging our teams worked very hard to deliver some significant improvements for our patients. We believe that the improvements made in 2023/24 were demonstrable, particularly against a backdrop of a number of periods of industrial action.

We saw significant improvements in some of our urgent and emergency care key metrics, including a 94% improvement in reducing the number of patients waiting more than 12 hours for admission. We were recognised regionally and nationally for our reduction in ambulance handover delays, enabling ambulance crews to be freed up to respond to new emergencies in our community quicker.

Our waiting list reduction was much greater than planned levels and whilst we didn't achieve our plan of zero patients waiting 52-weeks for treatment at the end of the year, we still reduced the number of long-waiting patients during the year, with no patients waiting over 64 weeks by 31 March 2024.

We recognise that there is more to do to ensure that we provide the most responsive and effective care to our patients. Areas such as achieving the 4-hour wait trajectory for A&E and further reducing our long waits will form part of our suite of leading indicators for 2024/25.

We were delighted that our maternity services were rated as 'good' by the Care Quality Commission (CQC), with a number of areas of outstanding practice highlighted. In addition, the national CQC maternity survey of patients ranked our maternity care as fifth best out of sixty-one units across the country. The inspection and survey results demonstrate the high



standards of care and compassion that the maternity team have provided to our patients, which is great news for the Gateshead community.

Our people delivered some excellent service developments and improvements during the year. This included our paediatrics department achieving the Gold Standard for Autism Acceptance from the North East Autism Society, our endoscopy department receiving Joint Advisory Group accreditation and the launch of a new dietetics service for patients living with cancer, amongst many other achievements detailed in this report.



The work of our colleagues in QE Facilities has been integral in 2023/24, with the estates and sterile services teams enabling some important upgrades and improvements to be delivered, directly benefitting our patients. In addition, the QE Facilities outpatients pharmacy dispensed over 87,000 prescriptions, freeing up other colleagues to focus on inpatient care.

With respect to our financial performance, we marginally over-achieved against our planned deficit position. We recognise the importance of financial sustainability to enable us to be the best that we can be for our patients and our people.

#### *Our people*

The wellbeing of our people is of paramount importance to us – without their dedication, skills, care and compassion we would be unable to deliver the highest quality services to our patients.

We have really focussed on listening to our people this year, ensuring we subscribe to the principles of being clinically-led and management supported. Our people told us that we have more to do to ensure we have a consistent culture across the Group, with our values embedded in everything we do.

We invested in a full-time Freedom to Speak Up Guardian and launched our zero tolerance and It's Not OK initiatives. As the year draws to a close we are starting to see the impact of this.

During the year we were delighted to fill all of our nursing vacancies. This was a huge achievement of us and is testament to the hard work of our domestic and international recruitment teams. Our focus now is on ensuring that we have our workforce appropriately aligned to help us achieve our strategic intentions and deliver the best care to our patients.

#### *Partnership working*

We recognise the importance of working collaboratively to collectively deliver the highest standards of services for the patients of the North East and North Cumbria.

We have continued to work closely with colleagues in the North East and North Cumbria Integrated Care System, the Provider Collaborative and at place-level in Gateshead.

As we move into 2024/25 we welcome the opportunity to work more closely with our northern provider partners to form the Great North Healthcare Alliance. We are already seeing the huge potential that working together could bring to our patients and colleagues in the north and across the wider region.



2023/24 also saw the start of the building work for the Community Diagnostic Centre (CDC) at the Metrocentre in Gateshead, in partnership with Newcastle-upon-Tyne Hospitals NHS Foundation Trust. The CDC will offer 145,000 appointments per year when it opens later in 2024, which will transform diagnostic services for Gateshead and Newcastle patients, providing faster access to crucial diagnostic services.



#### *Looking ahead*

As we head into 2024/25 there is much to look forward to, including the opening of the CDC and seeing what we can achieve together through the Great North Healthcare Alliance for the benefit of our people and patients.

We will be focussed on moving towards our strategic intentions to be a Northern Centre of Excellence for Women's Health, to be an outstanding district general hospital and to be a leading provider of diagnostic services.

We also know that there are challenges ahead for us and the wider NHS. A focus on financial sustainability and increasing productivity will be key. We are already working with our people to look at ways in which we can capitalise on the excellent achievements this year in respect of lowering our vacancy rates and treating more patients. Making our processes more efficient, reducing wastage and minimising the use of temporary staffing, whilst protecting and enhancing staff and patient safety will be a real focus for us.

Engagement with our people is paramount to this and we are passionate about the principle of being clinically-led and management supported – we know that this is at the heart of delivering the best care to patients in the most efficient and effective way.

We want to finish with some words of thanks. We are extremely proud of the work of all of our colleagues and valued volunteers across the Trust and QE Facilities and wish to record our heartfelt thanks to all. We would like to extend our sincere thanks to our dedicated Council of Governors, partners and the public for their support and contributions. We are excited to see what we can deliver together in 2024/25.

Trudie Davies  
Chief Executive  
26 June 2024



Alison Marshall  
Chair  
26 June 2024

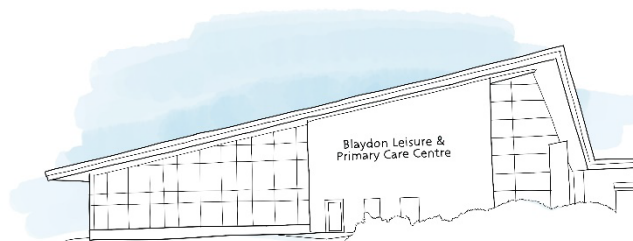


## About us – our history, purpose and services

Gateshead Health NHS Foundation Trust (referred to as 'the Trust') was authorised as a Foundation Trust in January 2005. We provide secondary care, community services and older persons' mental health services to a local population of approximately 200,000. We also provide specialist screening services, gynaecology-oncology, pathology and breast services across a wider population, including other parts of the North East, Humberside, Cumbria and Lancashire.

Our services are primarily delivered from three locations in the Gateshead area – the Queen Elizabeth Hospital site, Bensham Hospital and Blaydon Urgent Treatment Centre.

As a group we employ over 5,100 staff and are also supported by many valued volunteers from our local communities.



The Trust also wholly owns its subsidiary QE Facilities Limited (QEF), which was established in 2014. QEF provides estates, facilities, procurement, materials and supply chain management, equipment maintenance and transport services to the Trust. QEF also provides services to other NHS organisations as well as the private sector, with profits reinvested into patient care. QEF's vision is *'to work together with all of our partners to always provide the best non-clinical support services for the benefit of every patient across the NHS and within the communities we serve'*.

Our corporate strategy 2022/23 to 2024/25 puts our patients, people and partners at the heart of everything we do and sets out our vision, which is:

**#GatesheadHealth, proud to deliver outstanding  
and compassionate care to our patients and  
communities.**

The strategy also outlines our five core values. Our values are really important to us and we are deeply committed to ensuring that they are embedded in all that we do to care for our patients and look after each other.



## About us – our strategic objectives and risks

Our corporate strategy outlines five strategic aims, which help to focus the work of both the Trust and QE Facilities.

These strategic aims are underpinned by a set of strategic objectives, which are reviewed and revised annually. In 2023/24 our strategic objectives were:

### Strategic aim 1

We will continuously improve the quality and safety of our services for our patients

- Continue to improve our maternity services in order to improve performance against key indicators and ensure improved patient outcomes by March 2024.
- Develop and implement a continuous quality improvement plan that enables the delivery of improved performance against key indicators by March 2024.
- Ensure that there is a digital first and data led approach to transformation and improvement across all domains of activity in order to contribute to delivery of the key indicators by March 2024.

### Strategic aim 2

We will be a great organisation with a highly engaged workforce

- Caring for our people in order to achieve improved compliance of key indicators by March 2024.
- Growing and developing our people in order to improve patient outcomes and reduce reliance on high agency staff by March 2024.
- Being a great place to work in order to improve staff survey outcomes and impact upon patient outcomes within 2 years

### Strategic aim 3

We will enhance our productivity and efficiency to make the best use of our resources

- Ensure that there is a strong focus on improving productivity and efficiency and best use of resources in everything that we do to meet the required performance standards / recovery requirements by March 2024.
- Achieve financial sustainability by in-year delivery of the cost reduction plan and development of a robust sustainability plan for delivery within three years.

### Strategic aim 4

We will be an effective partner and be ambitious in our commitment to improving health outcomes

- Identify key local health inequalities challenges and ensure improvement plans are in place by March 2024.
- Work collaboratively as part of Gateshead Cares system to improve health and care outcomes to the Gateshead population.

### Strategic aim 5

We will develop and expand our services within and beyond Gateshead

- We will look to utilise our skills and expertise beyond Gateshead in order to ensure organisational sustainability and contribute towards innovative care and provision within 2023/24.

Progress against all objectives was monitored by the Board-level committees during the year, with quarterly reports to the Board of Directors on the achievement of the strategic objectives.

During 2023/24 the Board of Directors further defined the Trust's three areas of strategic intent, which align with the corporate strategy and its strategic aims:

- To be a Northern Centre of Excellence for Women's Health;
- To be an outstanding district general hospital; and
- To be a leading provider of diagnostic services.

These areas of strategic intent were identified following a baseline assessment of our services and engagement with our colleagues and partners. They align well to the integrated care strategy and place-based priorities, enabling the Trust to deliver an effective contribution to the wider system.

We actively utilised our risk management framework and systems to proactively manage the principal risks faced during the year. Strategic and organisational-wide risks were recognised on the Organisational Risk Register (ORR), with cross-linkage to the Board Assurance Framework (BAF) to understand the potential impact of risks on the delivery of the strategic objectives.

The key risks over the last financial year included:

- Risks relating to the age and configuration of the Trust's estate;
- Risks relating to financial sustainability, including the delivery of financial plans and efficiency requirements;
- Risks relating to the delivery of activity, including risks to achieving aspects of the operational plan and risks relating to delayed transfers of care; and
- Risks relating to our people, including the impact of industrial action, the development and delivery of medium to long term workforce plans and risks relating to organisational culture and wellbeing.

Whilst mitigating actions were taken over the year some of these risks are by their nature long term risks and will remain on the ORR into 2024/25. At the year-end the top three categories of strategic risk reported to the Board related to finance, operational performance and the impact of industrial action.

Both the ORR and BAF were regularly reviewed and monitored by the Board and its committees throughout the year. This assisted in monitoring the effectiveness of mitigations and enabled additional actions to be taken to manage risks and objectives where required.

Further information on the principal risks and mitigations can be found in the Annual Governance Statement section of the Annual Report.

Despite the challenging operating environment and the identified risks, good progress was made against a number of the strategic objectives for the year. This includes implementation of a patient engagement portal and investment in Freedom to Speak Up and cultural development.

### Going concern

As an NHS Foundation Trust, the directors are required to make an assessment as at the balance sheet date as to whether the Trust remains a going concern.

In summary following our assessment, these accounts have been prepared on a going concern basis, in accordance with the definition as set out in section 4 of the DHSC Group Accounting Manual (GAM) which outlines the interpretation of International Accounting Standard 1 (IAS1) 'Presentation of Financial Statements' as "the anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents".

*The Directors have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the North East and North Cumbria Integrated Care System (NENC ICS). The Integrated Care Strategy for the North East and North Cumbria was published in December 2022, followed by the Joint Forward Plan 2023-2028 which complemented the Strategy. The Joint Forward Plan is a delivery plan for those parts of the Strategy that relate particularly to NHS delivered or commissioned services with the broader partnership context. No*

*circumstances were identified within the Joint Forward Plan or the Strategy that would cause the Directors to doubt or question the continued provision of NHS services by the Trust.*

This year the Trust excluding the charity returned a deficit of £8.861m as reported in the Trust's Statement of Comprehensive Income.

2024/25 sees a continuation of the previous year's financial framework. This is a blended tariff approach which consists of fixed and variable payments, with most services being on a fixed payment. For those services on a variable tariff income will be earned based on volume of activity at national tariff and is consistent with the historic payment by results funding model. The Trust has planned to achieve variable income based on a volume of activity aligned to published activity trajectories. We recognise achievement of activity trajectories and consequently planned income targets is potentially uncertain but as it amounts to less than 2% of income to the Trust, we regard this as immaterial to the Going Concern assessment.

The Trust has produced its 2024/25 financial plan based on these assumptions which have been approved by the Trust Board.

The Trust has prepared a cash forecast modelled on the 2024/25 financial plan assumptions for funding during the going concern period to June 2025. The cash forecast shows sufficient liquidity for the Trust to continue to operate during that period and there is no expectation of cash support being required, although that option remains available to Foundation Trusts.

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

The Directors consider the annual report and accounts, taken as a whole, are fair, balanced, and understandable and provide the information necessary for patients, regulators, and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

## Performance analysis

### Operational Performance

The Trust's 2023/24 operating plan set out the ongoing need to recover core services and increase productivity, reduce long waits and make progress towards delivering the key ambitions in the NHS Long-Term Plan whilst continuing to transform services for the future.

Alongside this, on an annual basis we aim to meet a series of standards set nationally in the NHS Constitution, indicators from CQC key lines of enquiry (KLOE) framework, and the NHS England System Oversight Framework (SOF).

### *Performance Management – Structure and Tools*

To support and assure on delivery of our strategic objectives, the Trust's performance management approach comprises monthly performance reviews and deep dive governance mechanisms supported by management information.

The Trust's performance team lead on the production of the Trust's integrated performance oversight reporting, a key resource published monthly to support a suite of key metrics – including constitutional standards and locally agreed priorities at group level for the Trust Board and executive review.

The integrated performance reporting is replicated at business unit level and provides the principal tool for each of the components of the group structure to assess progress on operational delivery. Associated details of hospital level performance and key clinical activities are routinely reported in the quality dashboard and annually in the Quality Accounts. Monthly oversight performance meetings are held by the Group Leadership Team, supported by regular separate quality, finance and performance deep dives.

#### *Performance Management Information*

Historically the Trust has structured its business intelligence offering to improve its analytics and insights capability in response to key lines of enquiry generated by CQC, clinical teams and national NHS priorities. A key development for 2023/24 was the alignment of key performance metrics to our strategic objectives to support ward to Board oversight. These are referred to as our Leading Indicators and Breakthrough Objectives.

During 2023/24 these indicators were selected and chosen by our staff to provide clarity and understanding around a set of goals to enable all staff in the organisation to rally around the common purpose, focus our collective efforts and make best use of time and resource to secure the biggest impact.

Service line operational reports are also available to support all operational teams to help us understand performance in a more granular level. These reports are then aggregated up and grouped and reported by business unit which they review as part of their business unit governance meetings. Business units are also invited to monthly oversight meetings with our Executive Directors to review performance and facilitate wider feedback and engagement with the operational teams. During 2023/24 we also reintroduced our Performance Fridays, providing focus in specific areas of diagnostics, cancer and referral to treatment (RTT) to support delivery of our key objectives and priority areas.

Recovery plans were developed and monitored weekly to return to national compliance as soon as possible and provide assurance in some of our key areas of risk. We have seen some demonstrable improvements despite 2023/24 being an unprecedented year for industrial action and ongoing workforce challenges.

Whilst we absolutely respect the right of any colleague to take industrial action, the cumulative impact of prolonged strike periods by different professional bodies has provided operational and performance challenges. In 2023/24 we cancelled and rescheduled around 1,300 outpatient appointments and nearly 570 planned procedures. The time and effort to pre-plan, reorganise services, negotiate staffing cover, make cancellations and rebook patients has been significant with exceptional efforts by our operational teams to maintain minimum impact and disruption to our patients.

Despite these challenges we have still managed to meet many of our core objectives whilst reducing waiting times and waiting lists, recovering activity in many areas to over and above pre-Covid levels. We have continued to deliver some clear improvements upon last year's performance position whilst maintaining quality standards and outcomes for patients and contributing to collaborative system working.

#### *Performance against our leading and breakthrough indicators*

The following table details the linkages between our performance and quality-related strategic objectives and leading and breakthrough indicators.



Objectives:	Performance Summary						
We will improve productivity and efficiency of our operational services:	Indicator	Start	End	Average	Trend	Achieved	Status
Achieve Zero tolerance to 12-hr trolley waits each month	LI	1,582	98	7.5	↑	6 out of 12	Improving
65% of Ambulance Handovers with 15 mins of arrival	LI	48.0%	59.2%	48.49%	↑	0 out of 12	Improving
Timely Access to a Bed (60% within 1 hr)	LI	11.01%	13.61%	11.01%	↔	0 out of 12	Same
Reduce Ward Moves Per Patient	BO	1.73	1.72	1.74	↔	Same*	Same
Reduce the number of patients who don't meet the criteria to reside to < 18	BO	40	36	42	↓	Not achieved*	Improving
Reduce the days between medical optimisation and discharge	BO	1,783	1,511	1,968	↓	Achieved	Improving
Reduce 52 week waiters to Zero by March 2025	LI	100	76	323	↓	Not achieved	Improving
Reduce Outpatients Waiting List	BO	10,146	8,844	-1,302	↓	Achieved	Improving
Reduce LoS to <4 days to top quartile performing Trusts	LI	4.68	4.07	4.65	↓	Not achieved	Improving
Reduce Readmission Rates / keep within expected ranges	BO	16.40%	12.10%	14%	↓	Achieved	Improving
We will continually improve the quality and safety of our services for our patients:	Indicator	Start	End	Average	Trend	Achieved	Status
Make Progress on the CQC Action Plans (No of actions completed)	LI	4	10	6.3	↑	Achieved	Improving
C.Difficile Reduction < 23 and or per bed day	LI	<23	37	3	↑	Not achieved	Deteriorating
Reduction in Harm Rates from Falls per 1,000 bed days	BO	1.67	2.64	2.66	↑	Not achieved	Improving
HSMR: Within expected range 100 = Average	BO	101.1	110.6	105.35	↑	3 out of 12	Higher than expected
SHML: Within expected range 1 = expected (95% upper and lower confidence levels)	BO	0.87	0.96	0.91	↑	Achieved	Within Expected

With regards to the *productivity and efficiency objective* and associated indicator performance, we have made significant improvements in reducing our 12-hour trolley waits – we achieved zero waits in 6 months of the year with a total of 1,484 fewer patients waiting more than 12 hours for admission (94% improvement rate) when compared to the previous year.

In December 2023 all ambulance handovers were subject to national focus. Nationally delays were incurred whilst ambulance crews were waiting for hospital handovers, resulting in fewer crews being able to respond to new calls and less available ambulances. We responded to the challenge and in quarter four remained one of the top performers in the ICS in respect of the lower level of hours lost to handover delays.

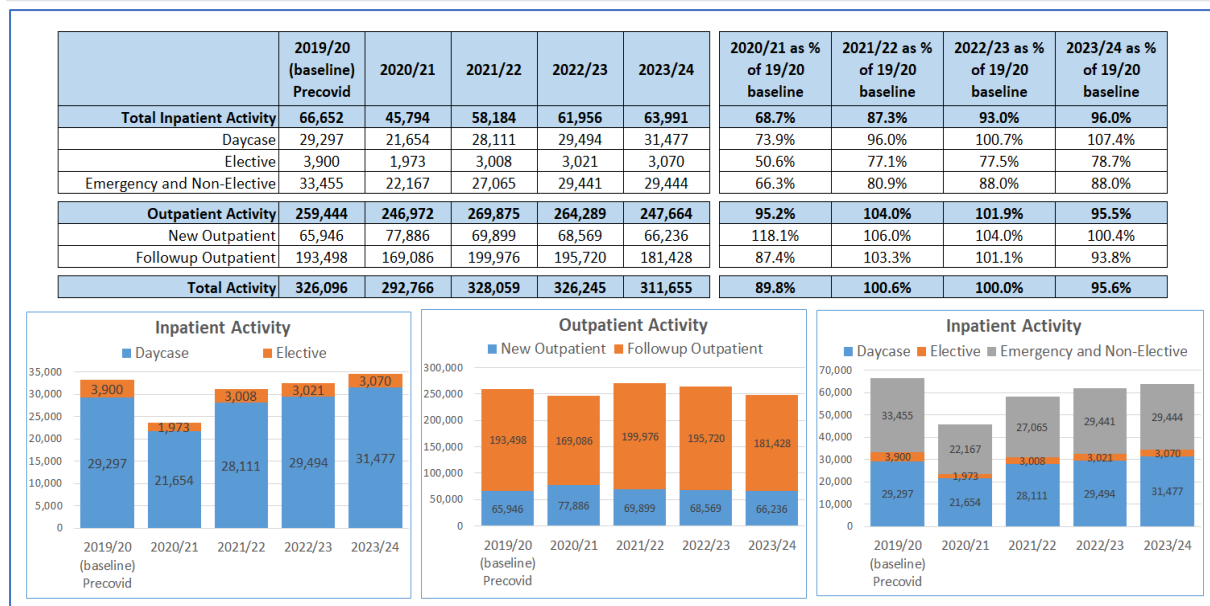
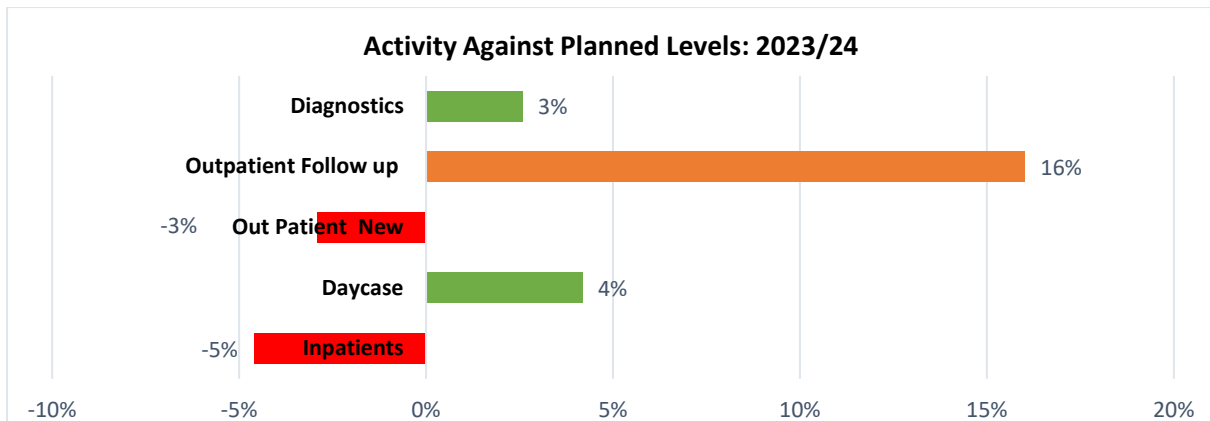
Our overall waiting list reduction was much greater than planned for levels - the RTT waiting list reduced by 11.6% in year and was reduced by 2,195 patients against planned for levels. This overall reduction was supported by focused efforts in validation and additional elective capacity created by our efficiency and productivity gains from our theatre roadmap. Whilst we didn't achieve zero 52 week waiters at year end, we still reduced our overall long waiters in year to 76, despite lost capacity due to industrial action.

With regards to our *quality and safety objective* and indicators, we did not achieve our challenging C.Difficile target of no more than 23 cases in the year (although the case numbers had reduced from 40 in the previous year to 37 in 2023/24) – this was always going to be a challenging target for us given the low threshold set by our regulators.

#### Activity Levels

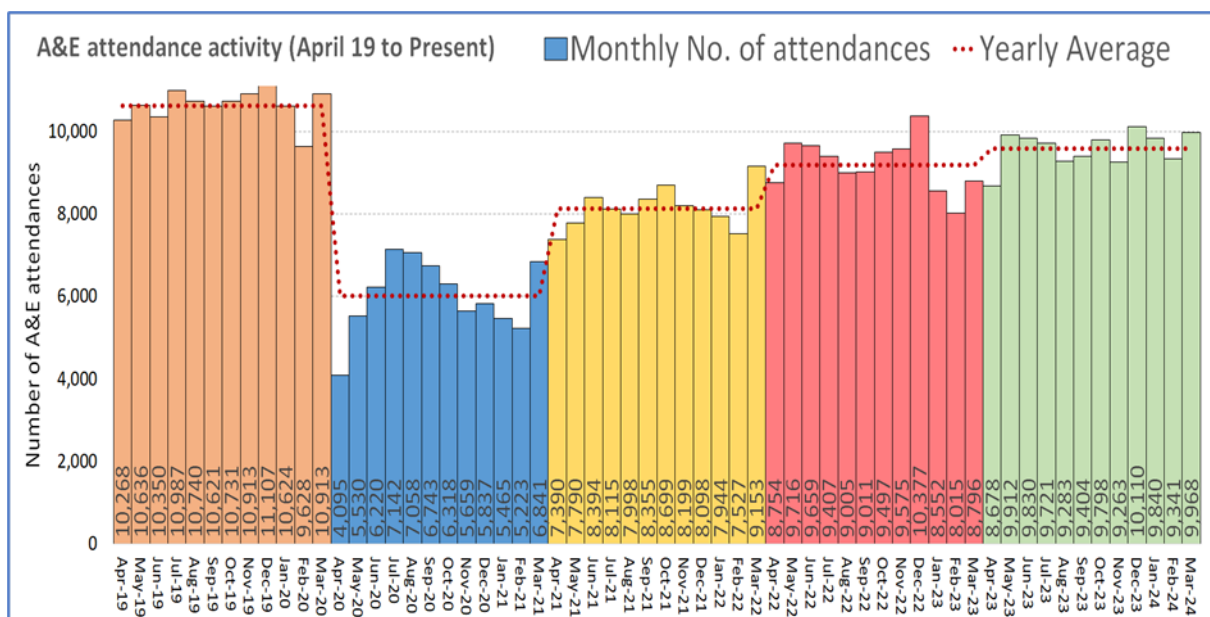
Our operational planning expectation was to deliver the activity plans set out in the following tables and charts. In summary we delivered 97% of the new outpatient plan, over delivered in follow-up outpatients by 116%, overdelivered diagnostic services against plan by 103%, with inpatients and day cases combined overdelivering against planned levels. The figures in the chart show the activity against plan as outlined here, with the figures in the table showing the comparison to the 2019/20 baseline position.





















### Urgent and emergency care performance

The following chart depicts our A&E activity over time, showing the rise in attendances towards the pre-Covid levels of 2019/20 (which is considered to the baseline year for activity comparisons).

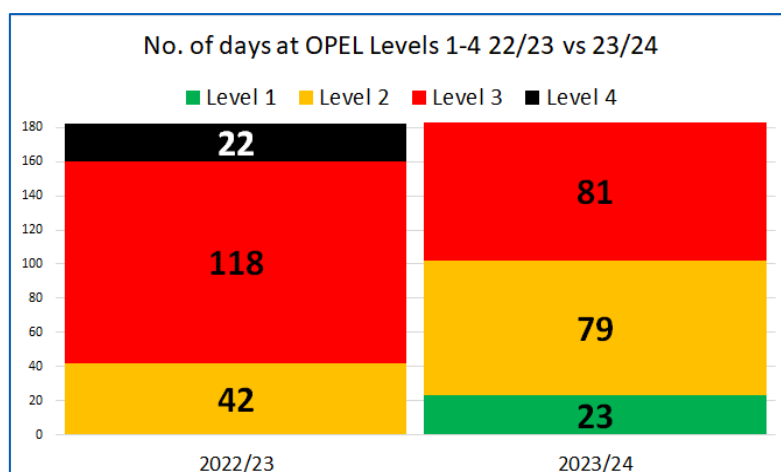


Whilst there were increases recorded in A&E attendances, the number of patients arriving by ambulance and non-elective admission via A&E, most metrics showed improvement from the previous winter.

Other notable improvements have been seen in the significant reductions in ambulance handover delays (as outlined earlier in the report), waits of more than 12 hours following a decision to admit along with across-the-board reductions in long stay patients and the number of patients who do not meet the criteria to reside. The focus on improving these metrics further remains as we move into 2024/25.

		DATA RELATES TO OCTOBER-MARCH EACH YEAR		
		2022/23	2023/24	in 2023/24, compared to 2022/23
A&E and Ambulance attendances	Total number of A&E Attendances	54810	58320	 INCREASED BY <b>3510</b> or <b>6.4%</b>
	Total number of patients arriving by Ambulance	9954	11705	 INCREASED BY <b>1751</b> or <b>17.6%</b>
	Total number of Ambulance handovers between 30 - 60 mins	510	310	 REDUCED BY <b>-200</b> or <b>-39.2%</b>
	Total number of Ambulance handovers over 60 mins	793	207	 REDUCED BY <b>-586</b> or <b>-73.9%</b>
	Percentage of patients treated, admitted or discharged in 4 hrs in A&E	71.2%	69.5%	 REDUCED BY <b>-1.7%</b> or <b>-2.4%</b>
	Total patients waiting over 12 hours in department	4114	3294	 REDUCED BY <b>-820</b> or <b>-19.9%</b>
	Number of non-elective admissions via A&E	10316	10356	 INCREASED BY <b>40</b> or <b>0.4%</b>
	Number of patients waiting for a bed over 12 hours following a DTA	1282	32	 REDUCED BY <b>-1250</b> or <b>-97.5%</b>
Bed occupancy	Average number of G&A beds open	472.0	469.5	 REDUCED BY <b>-2.6</b> or <b>-0.5%</b>
	Average number of G&A beds open and Occupied	451.7	441.0	 REDUCED BY <b>-10.7</b> or <b>-2.4%</b>
	Average % G&A beds open and Occupied	95.7%	94.0%	 REDUCED BY <b>1.7%</b>
Length of stay and criteria to reside	Daily average number of patients in the Hospital with a length of stay >= 7 days	249.7	227.4	 REDUCED BY <b>-22.3</b> or <b>-8.9%</b>
	Daily average number of patients in the Hospital with a length of stay >= 14 days	152.2	128.4	 REDUCED BY <b>-23.7</b> or <b>-15.6%</b>
	Daily average number of patients in the Hospital with a length of stay >= 21 days	98.5	77.7	 REDUCED BY <b>-20.8</b> or <b>-21.1%</b>
	Daily average number of patients in the hospital who did not meet the criteria to reside	49	40	 REDUCED BY <b>-9</b> or <b>-18.4%</b>
	Total number of days lost between patients becoming medically optimised and discharge, for discharged patients	14196	11510	 REDUCED BY <b>-2686</b> or <b>-18.9%</b>

The NHS uses a system called Operational Pressures Escalation Levels (OPEL) to monitor and manage the pressures on services. This provides a degree of standardisation in the identification of and response to operational pressure. The OPEL scale is from 1 to 4, with OPEL 4 representing the most significant pressure level. The below chart demonstrates a clear reduction in the days when we were at the highest level of pressure in 2023/24.



We took a number of key actions in 2023/24 which supported us to be able to be more responsive to patients in our urgent and emergency care services during the winter period. This included:

- Commencing our winter planning process early;
- Expanding our community discharge service in partnership with a new provider in October 2023. The additional capacity helped to ensure that our patients were supported via a 'home first' approach;
- Strengthening our system co-ordination and oversight through our System Coordination Centre in October 2023;
- Opening a dedicated winter ward in November 2023 and launching our virtual frailty ward; and
- Making changes to our ambulance handover protocol in December 2023.

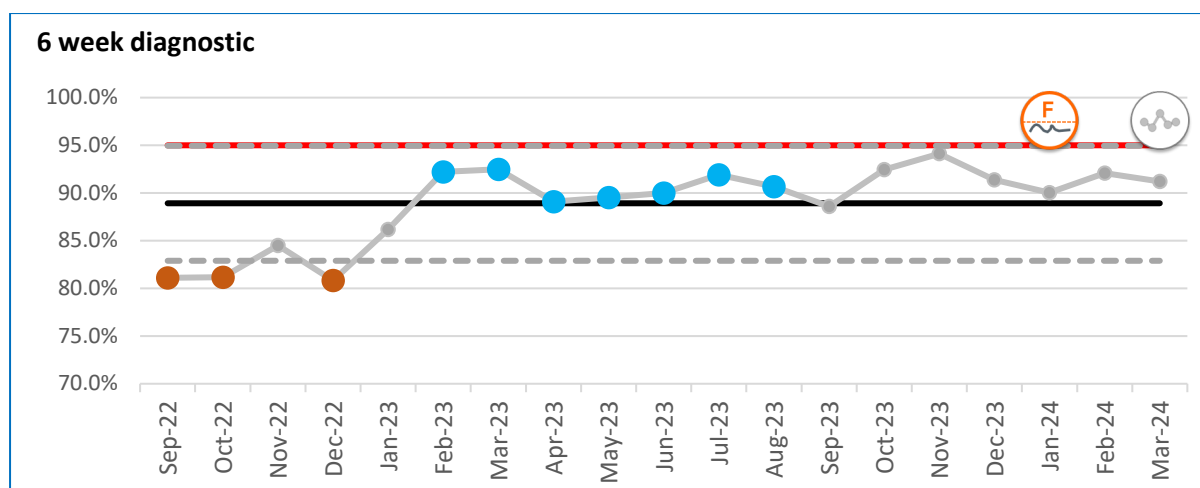
#### *Elective Access & Care*

To support right care, right place and offer choice we participated in the Patient Initiated Requests to Move Providers (PIDMAS) programme – where patients were offered alternative treatment options or transfers of care. None of our patients on the waiting list wanted to transfer their care, although we did gain a handful of patients who choose to transfer care to us from other hospitals. We have also set up our internal process to support patients in the Waiting Well programme. In this programme certain groups of patients waiting for surgery or treatment are provided with access to information in support of health and wellbeing. There is evidence to show that by taking simple steps before surgery or treatment to improve fitness, diet and mental health it can help patients make a better and quicker recovery. It also reduces the risk of their treatment being cancelled due to them not being well or fit enough to have it.

#### *Diagnostics*

Despite our total diagnostic waiting list increasing by 576 patients or 11% - we have still managed to maintain overall performance at circa 93% and maintain our NENC ICS position of second in the ICS area. A reduction in core capacity in Magnetic Resonance Imaging (MRI) due to essential capital estates work to progress a second MRI scanner, and continuing workforce issues in audiology has impacted on the ability to achieve the 95% target.

We have seen some performance improvements in echocardiology, and endoscopy in quarter four of the financial year. We are forecasting to achieve this standard by in quarter two of 2024/25.



### Cancer

We continue to ensure that the review and treatment of patients on cancer pathways remains a priority, in particular the backlog of waiters over 62 days and the 28 days to faster diagnosis standard.

The following table summarises performance across the cancer standards for 2023/24. From October 2023 changes were made to the National Cancer Waiting Times to reduce to three cancer standards this was done by removing the 2 week wait standard and combining the 28 day faster diagnosis standard, the 31 day pathways and the 62 day pathways. Where the standard has been met this is shown in green, and where the standard has not been achieved it is shown in red.

Cancer standards	Standard	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Cancer 28 day combined	75%	72.1	69.2	78.1	77.4	77.6	76.0	76.8	78.5	80.3	76.0	83.0	81.0
Cancer 31 day combined	96%	100.	99.5	100	100	99.6	99.5	100.	99.4	99.4	99.5	99.5	97.9
Cancer 62 day combined	March 24 - 70%	73.3 8	72.6 9	69.6 3	69.1 1	73.4 9	70.3 5	68.5 6	69.9 6	64.5 9	72.9 2	70.5 3	74.1 4
62 day backlog PTL	Actual	64	68	52	59	43	55	58	52	39	50	41	45
	Plan	65	61	64	69	67	70	60	55	59	62	59	55

The expectation for the faster diagnosis standard is that 75% of patients will have a confirmation of a cancer diagnosis or cancer being ruled out within 28 days of referral. The faster diagnosis standard for those patients has been achieved for the latter 10 out of 12 months of the year.

The standard of 96% of patients waiting 31 days or less from the decision to treat to receiving first definitive treatment was achieved every month throughout the year.

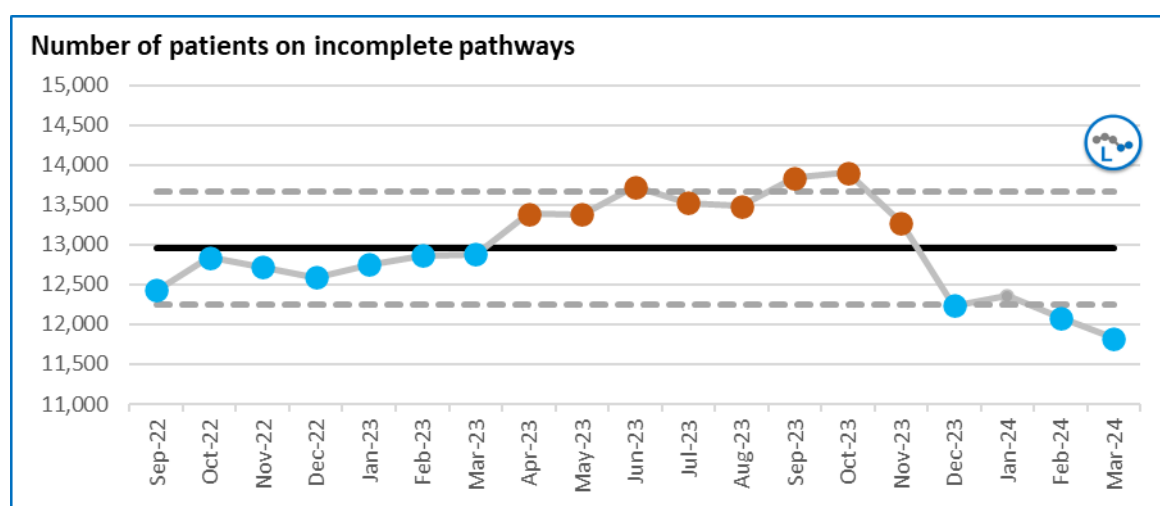
The 62-day standard for 2023/24 aims to achieve 70% of patients waiting 62 days or less from referral to initial treatment for cancer. Challenges continue along these pathways, particularly where services are provided by multiple trusts and treatments are delivered at other hospital sites - lung and urology in particular. We have continued to support the provision of gynaecological oncology across the ICS.

Cancer screening programmes continued during 2023/24 delivering breast screening services for Gateshead and bowel screening services across the North East.

The patients waiting on a GP suspicious of cancer referral, 62 day pathway are also monitored and we had a target to achieve no more than 55 patients waiting at the end of March 2024. For eleven months of the year the position against plan had been met, with the year-end position of 45 below the March 2024 planned position of 55.

#### *Referral to Treatment Times: 18 weeks*

There has been significant progress in reducing waiting times for patients. Overall in 2023/24 our waiting list reduced by 12% from 13,389 waiting in April 2023 to 11,825 waiting at the end of March 2024.



Throughout the year no patients waited over 104 weeks for treatment and by year end we had no patients waiting over 64 weeks. Our 52 week waiters were in line with re-forecast figures following industrial action with 76 patients waiting over 52 weeks at year end.

The Trust continues to achieve the national validation target of over 90% of RTT patients waiting over 12 weeks validated, which was required by 31 December 2023. The year-end position was 92.3% against an average for our region of 69.7%.

#### **Financial performance**

The financial framework for 2023/24 was broadly the same as 2022/23 whereby we received a block payment allocation for the vast majority of services from the commissioners of NHS services. However, whilst the financial framework remained relatively stable the funding available to us was less than that received during the COVID years with the Group returning a deficit in 2023/24 inclusive of QE Facilities and our Charitable Funds. The returned deficit was below our approved 2023/24 planned deficit.

Emphasis on the achievement of overall financial breakeven for the North East and North Cumbria Integrated Care System (NENC ICS) was a priority.

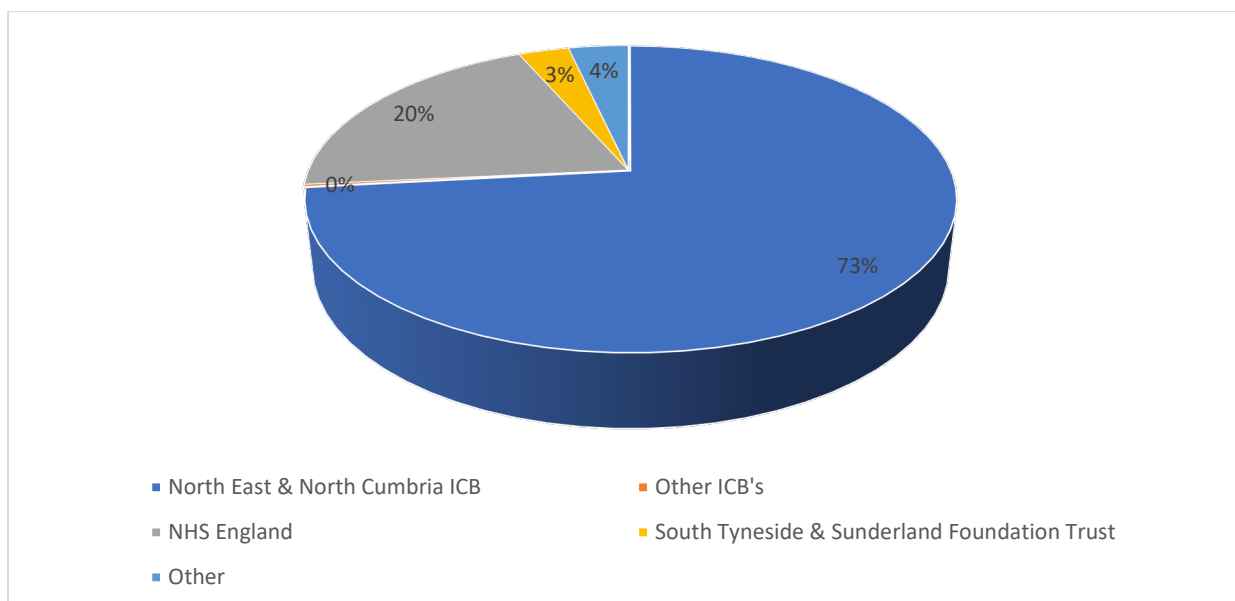
The Trust and NHS England focus on the non-GAAP (Generally Accepted Accounting Principles) measure of surplus / (deficit) for the year, excluding impairments, revaluations and movements in charitable funds, as being the primary financial Key Performance Indicator (KPI), and against this measure the Group reported a deficit of £7.890m.

	<b>Group £'000</b>
Income	400,859
Expenditure	(406,680)
<b>Operating Surplus</b>	<b>(5,821)</b>
Net Finance Costs	(2,046)
Other Gains and Losses	0
Corporation Tax	(994)
<b>Surplus/(Deficit) for the Financial Year</b>	<b>(8,861)</b>
I&E impairments/(reversals)	668
<b>Surplus/(deficit)before impairments and transfers</b>	<b>(8,193)</b>
Impact of DEL I&E reversals/(impairments)	0
Capital Donations/Grants	255
Consumables donated from other DHSC bodies	48
<b>Surplus/(Deficit) for the year before impairments, revaluations and charitable funds</b>	<b>(7,890)</b>

We prepare the accounts under International Financial Reporting Standards (IFRS) and in line with the HM Treasury Financial Reporting Manual, Annual Reporting Manual and approved accounting policies. The Group accounts include QE Facilities, as it is a wholly owned subsidiary, as well as the Trust's Charitable Funds.

#### *Income*

We received £400.859m of total income for 2023/24, with income for patient care services amounting to £366.710m, of which £351.126m (95.7%) came directly from commissioners of NHS services including NHS England for specialised and public health screening contracts and North East & North Cumbria Integrated Care Board for secondary and community care. An analysis of the total income received in 2023/24 is shown in the following chart.



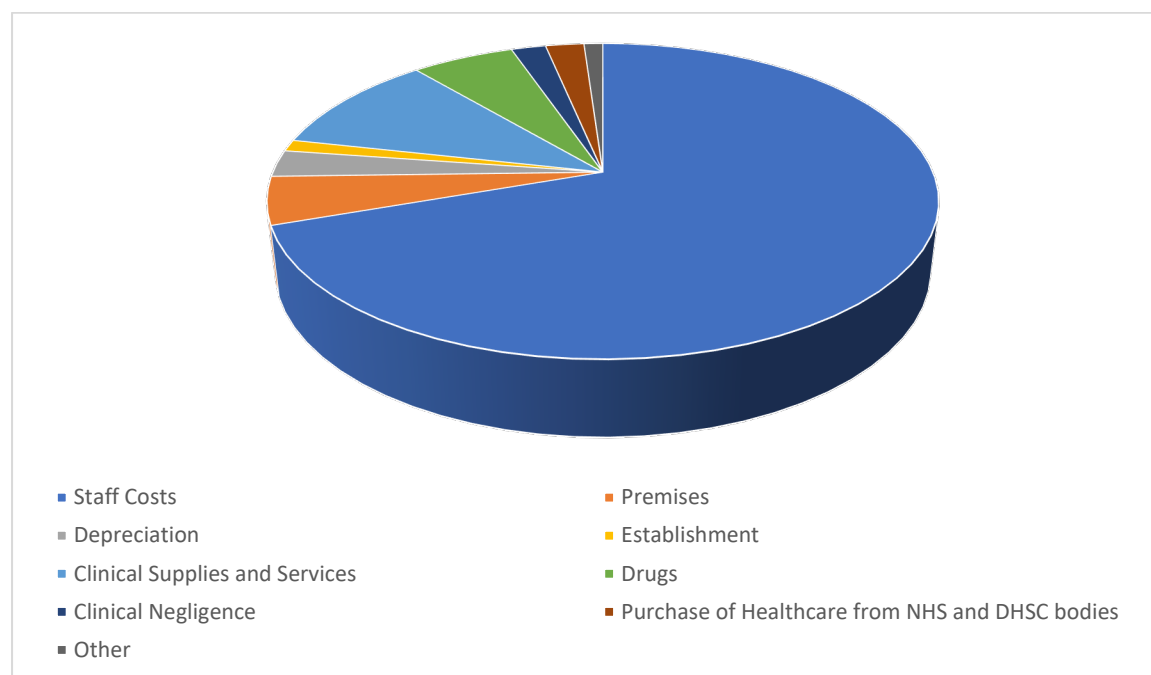
For 2023/2024 our income from private sources stood at 0.16% of total income, marginally lower than previous years. Section 43(2A) of the NHS Act 2006 (as amended by the Health



and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. We met this requirement.

#### *Expenditure*

Total expenditure for the year was £406.678m. By far the largest proportion was spending on pay and related expenses for our staff; this amounts to £268.572m (66%) of the total. Other material items of expenditure include medical and surgical consumables and drugs, amounting to £65.826m and premises costs of £18.867m. The following chart shows the full range of expenditure.



We complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance. This is relevant to areas such as Payment by Results, the mechanism by which we receive some of our income from commissioners and the production of the annual Reference Cost Return.

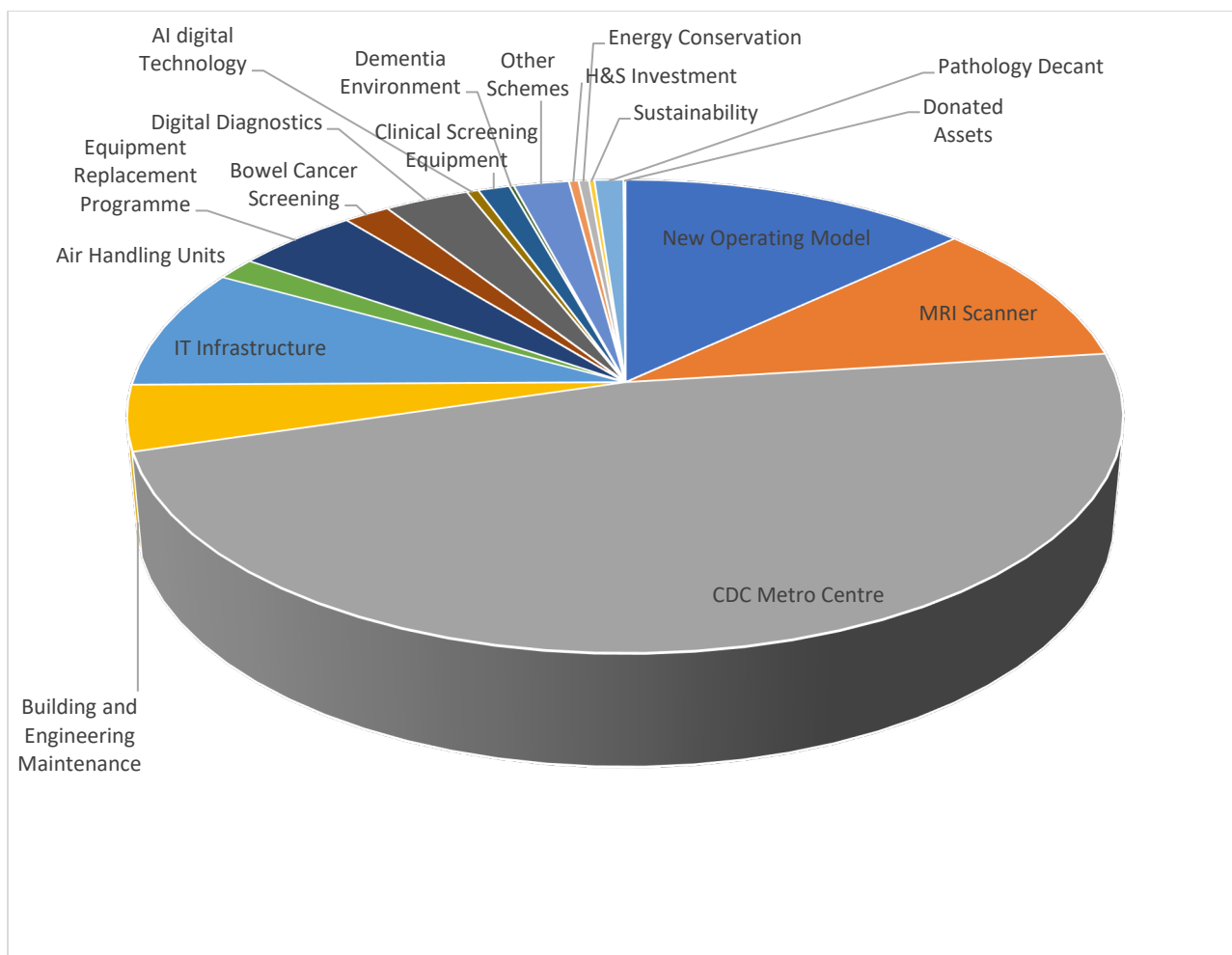
Fees and charges levied by the Group did not exceed £1m and were not otherwise material to the accounts. The total amount of any liability to pay interest which accrued by virtue of failing to pay invoices within the 30-day period where obligated to do so was £4k, although the total amount of interest actually paid in discharge of any such liability was nil.

We continue to work towards compliance with the Better Payment Practice Code which requires the Trust to aim to pay all valid invoices by the due date of within 30 days of receipt of goods or a valid invoice. In 2023/24 92.9% of invoices (96.7% of value) met this standard. Detailed performance against the code can be found in note 3.3 to the financial statements.

#### *Capital expenditure*

Capital expenditure for the year was £24.008m. Funding for the capital programme was made available from internal depreciation, cash, charitable funds, grant income and external funding of £14.768m. The breakdown of the capital programme is shown in the following chart.





### *Audit of the accounts*

The full accounts are included at the end of this report. They have been prepared under the Direction issued by NHS England under the National Health Service Act 2006.

The accounts have been fully audited, and the appropriate certificate is included within the body of the accounts.

The Board of Directors acknowledge their responsibilities for the financial statements included in this report. All of the accounting records have been made available to the auditors for the purpose of their audit and all transactions undertaken by the Trust have been properly reflected and recorded in the accounting records. All other relevant records and related information has been made available to the auditors.

The Board is also satisfied that there are no issues arising since the balance sheet date that would materially affect the 2023/24 accounts.

### **QE Facilities**

As outlined earlier in this report, QE Facilities Ltd provides non-clinical services to the Trust and other clients, with the aim of generating financial contributions to aid our overall sustainability, as well as supporting innovation and improvement.

The **Transport and Logistic Services Team** have continued to work with partner organisations across the country to support the collection and delivery of Human

Papillomavirus (HPV) samples to the regional testing hubs whilst also supporting Coventry and Warwickshire Pathology Services.

Responsible for the management of all Medical Devices the **Medical Engineering Team** successfully maintained both their ISO9001 (Quality Management) and ISO14001 (Environmental Management) accreditations as part of the independent audit process, continuing to evidence the high quality service they provide in support of patient care.

The **QE Facilities Outpatients Pharmacy** dispensed over 87,000 prescriptions in 2023/24, freeing up hospital resources to focus on inpatient care.

This year we also ran the 'Chemo at Home' pilot. This joint project between **QE Facilities Pharmacy Homecare** and the Chemo-Day Unit aims to provide patients with a choice to receive some cancer treatments at home. The principal benefits are the enhanced patient choice, care closer to home and operational efficiencies.

In September 2023 **QE Facilities Pharmacy Wholesale** accepted Cumbria Medical Services as a new customer for the wholesale supply of medicines. Cumbria Medical Service are CQC registered to provide primary care services to patients in Cumbria. They are a GP managed service with a specialist interest in minor surgery, dermatology and ophthalmology, supported by consultants.

In February 2024 we accepted FSNE Medical Ltd as a new wholesale customer for the supply of medicines. FSNE are CQC registered to provide ambulance services and medical cover for all types of events across the UK.

**The Estates Team** have worked closely with the Trust to support key work streams, including the construction of the 14-bedroom orthopaedic ward in the Peter Smith Surgery Centre, an expansion of the bowel cancer screening department, and the addition of a second MRI scanner.

In partnership with Newcastle Upon Tyne Hospitals NHS Foundation Trust and Gateshead Health NHS Trust QE Facilities are also managing the construction of the Community Diagnostic Centre (CDC) in the Metro Centre providing greater access to diagnostic imaging for the people of the North East as part of the national Community Diagnostic Centres Programme.

With regards to the **Central Sterile Services Department (CSSD)**, the autoclaves in the Centre for Pathology have been replaced under life cycle with decarbonisation ready technology supporting the group's commitment to reduce carbon emissions.

In order to support the on-going demands of the theatre service, including the newly implemented robot technology, an additional washer was installed in the Central Sterile Services Department increasing the capacity and throughput of the facility.

The department continues to retain its ISO13485 accreditation and Institute of Healthcare Engineering and Estate Management (IHEEM) endoscopy certification, which feeds in to the Trust's wider Joint Advisory Group (JAG) accreditation.

## Environmental matters

We are committed to ensuring that the care we provide our patients has minimal impact on the environment to ensure a healthy future for current and future generations.

The Group Sustainability Committee is comprised of leaders and experts from across the Trust, bringing together our ambitions and plans to meet our sustainability and net zero objectives.

Our Green Plan 2022 - 2025 was launched in April 2022 detailing our vision, which is to be a leader in sustainable healthcare within the NHS, to the benefit of our local community.

Our objectives to support this vision are:

- To have an educated and engaged workforce who embed sustainability in their everyday actions;
- To improve local air quality through reducing and eliminating (where possible) emissions from vehicles;
- To achieve net zero of our NHS Carbon Footprint by 2040 and NHS Carbon Footprint Plus by 2045 (this is aligned to NHS “Delivering a ‘Net Zero’ Health Service” Report); and
- To ensure that our activities and care benefit the wider local community.

The Green Plan identifies actions to be taken to deliver our vision and objectives across nine key areas:

1. Workforce System & Leadership
2. Sustainable Models of Care
3. Digital Transformation
4. Travel & Transport
5. Estates & Facilities
6. Medicines
7. Supply Chain & Procurement
8. Food & Nutrition
9. Adaptation

The Group maintains its commitment to attaining the NENC ICS’s target of becoming the greenest region in England by 2030. Some of the measures that we have taken in the last year is the removal of desflurane medical gas that is a significant contributor to the levels of CO<sub>2</sub>e. In 2022/23, we produced 3.5 tonnes of CO<sub>2</sub>e by using this gas, which is the equivalent of driving 8,900 miles in an average size petrol powered car. We have introduced 4 metred dose inhaler bins across the Trust to encourage patients and staff to divert their old used inhalers to a more sustainable route.

Our Sustainability Committee are progressing actions on our 2025 Green Plan objectives to further enhance our commitment to being net zero by 2040 for the NHS Carbon Footprint and net zero by 2045 for the NHS Carbon Footprint Plus but we anticipate having to accelerate our interventions, where it is possible, to beat these targets and help be part of England’s greenest region in our ICS.

The Group is committed to reducing emissions that we directly control and as such our commitment to having at least 90% of the fleet vehicles being either ULEV or zero emission vehicles by 2025 with all transport drivers having undertaken fuel efficient driver training as part of their role. We have introduced several successful schemes that have included the introduction of EV charging points, two cycle to work schemes with one offering electric bikes. There are over fifty cycle spaces onsite with the recent addition of three extra cycle sheds installed and a further two more planned to be installed in the coming months.

We actively encourage the use of digital technologies for not only patient appointments but data collections that can be uploaded from their device. Staff are also encouraged to use Microsoft Teams meetings to reduce the need to travel to meetings.

As a part of the regional waste consortium we are actively involved in looking for solutions to a reuse scheme that involves multiple trusts. As part of our Green Plan we are prioritising reusing equipment and stock across the organisation and have an “Item Exchange” page on the intranet where colleagues can share their available and wanted items. Our Medical Engineering department services and repairs 1000s of pieces of equipment every year and we have contracts with third parties for the repair and servicing of equipment that the manufacturer deems to be obsolete, thus preserving the life of usable equipment.

Where it is viable, our procurement department are sourcing and switching from single use plastics and single use items to reusable items to reduce the burden of the environmental impact that single use items have.

We have rolled out recycling bins across the Trust and actively encourage staff to think before they dispose of their waste. We are actively recruiting Green Champions / ambassadors at department level. The role is designed to support the staff member’s respective department on any sustainability issues that may arise.

We have completed our Heat Decarbonisation plan using a “whole building approach” methodology, and are working closely and collaboratively with the Local Authority around the potential of extending the Gateshead decarbonised district heating system up to the Queen Elizabeth Hospital site. The feasibility design has been completed and we are exploring funding opportunities to take the feasibility through to detailed design.

Below is a brief snapshot of our biggest contributors of greenhouse gases.

Financial Year	2023/24	2023/24
	Volume (kWh)	Emissions (tCO2e)
<b><u>Energy</u></b>		
Electricity - other consumed (kWh)		0
Electricity - green electricity consumed (kWh)	13,172,653	3,621
Gas consumed (kWh)	25,738,714	5,486
<b>Total</b>	38,911,367	9,107

	Volume (tonnes)	Emissions (tCO2e)
<b><u>Waste</u></b>		
Incineration (clinical waste) volume (Tonnes)	18	16.7
Alternative Treatment (clinical waste) volume (Tonnes)	308	110.7
Offensive waste volume (Tonnes)	258	5.5
Domestic waste (recycling) volume (Tonnes)	122	2.6
Domestic waste (incineration) volume (Tonnes)	495	10.5
Confidential waste volume (Tonnes)	49	1
<b>Total</b>	1,251	147

	Volume (m³)	Emissions (tCO2e)
<b>Water</b>		
Water volume (including borehole) (m³)	118,855	21
Sewerage (m³)*	95,084	19
<b>Total</b>	213,939	40

\*For Greener NHS reporting, a sewerage volume of 80% of water volume is assumed

	2023/24
<b>Total emissions</b>	9,285

We are currently on target for the clinical waste segregation target of 20:20:60 having reduced our alternative treatment waste from 59% in 2022/23 to 52.6% in 2023/24 and offensive waste has increased from 37.2% in 2022/23 to 44.2% in 2023/24. High temperature incineration has remained at 3%. These figures stand us in good stead for the coming year and we remain on course to hit our target.

For the year 2023/24 the organisation produced 1,251 tonnes of waste and this converts to 147,000 tCO2e.

#### *Task force on climate-related financial disclosures (TCFD)*

NHS England's NHS foundation trust Annual Reporting Manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures relate to the Board's oversight of climate-related issues and the role of management in assessing and managing climate-related issues. Information pertaining to these disclosures is already available within our Green Plan, which can be found here [XQE0171-JH-Green-Plan-2022-25.pdf](#) ([gatesheadhealth.nhs.uk](https://gatesheadhealth.nhs.uk))

#### Emergency preparedness, resilience and response

It is a requirement that all NHS providers submit an annual self-assessment statement of assurance against Emergency Preparedness, Resilience and Response (EPRR) core standards to their Board of Directors.

The purpose of the EPRR annual assurance process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR core standards.

<https://www.england.nhs.uk/ourwork/epr/gf/#annual-process>

The overall EPRR assurance rating is based on the percentage of core standards the organisation can self-assess as fully compliant. This is explained in more detail below:

Organisational rating	Criteria
<b>Fully compliant</b>	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
<b>Substantial compliance</b>	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
<b>Partial compliance</b>	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
<b>Non- compliant</b>	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

For 2023, the NHS England (NHSE) North East and Yorkshire EPRR Regional Team outlined to the NENC Integrated Care Board (ICB) a revised process for the 2023 EPRR Assurance Process. As a consequence, NHS providers within NENC were asked to submit physical evidence via a national portal that was reviewed by NHSE against newly issued EPRR Assessment Guidelines.

An initial internal self-assessment of the EPRR core standards and evidence submission resulted in a primary and secondary evidence review by NHSE and a check and challenge process with the NENC ICB. This resulted in a final Gateshead Health position of **77% - partial compliance**.

Our priority areas in 2024 include:

- A review of recommendations provided as part of the Check and Challenge;
- A focus on training and exercising across the domains;
- Implementation of a business continuity software solution;
- Continued review of plans, frameworks and protocols to strengthen our arrangements;
- A strengthened process for assessment and coordination of impacts;
- Assurance and demonstration of embedding organisational learning in our arrangements; and
- A refresh and review of our internal governance to enable successful delivery of our work-programme for 2024.

To oversee the delivery of our priority areas, Gateshead Health has enhanced our governance structures and implemented a new Business Resilience Group. This will ensure there is organisational visibility and responsibility for EPRR, an effective governance structure and an assurance mechanism.

Our aim is to place ourselves in the best possible position for the 2024 NHSE Core Standards programme, and an intention to achieve substantial compliance.

The Trust's annual assurance report for 2023, including the NHSE Core Standards final submission, was presented to Gateshead Health Board of Directors in January 2024 (item 4): <https://www.gatesheadhealth.nhs.uk/resources/board-papers-january-2024/>

### Addressing health inequalities

We are committed to addressing health inequalities within our local community. Our aim is that the people of Gateshead will live more years in good health, closing the gap in healthy

life expectancy between people living in the most and least disadvantaged communities in Gateshead. We are seeking to ensure that people's experience of using services will be better. Our staff will be working in a way that embraces our organisation's core values and beliefs, ensuring our planned care reflects what is affordable and sustainable to meet the health needs for the community of Gateshead.

Our Health Inequalities Board continued to meet during the year to monitor our progress in tackling health inequalities. The Board includes representatives from across the Trust, as well as our partners in public health.

As an NHS provider we report progress against [NHS England's statement on information on health inequalities](#). The NHS England statement was published in November 2023 and provides information on how powers should be exercised in connection with health inequalities. The statement requires NHS bodies to report the extent to which they have exercised their functions in addressing health inequalities.

We collect, analyse and publish internally the indicators for trusts in relation to elective recovery, urgent and emergency care and smoking cessation as outlined in the NHS England statement. We recognise the value of data in better understanding the needs of our communities and that a lack of data can be a barrier to actively progressing and addressing needs.

In 2023/24 we have progressed a number of data-driven workstreams to support us to understand the make up of key data such as waiting list data by ethnicity and the Index of Multiple Deprivation (IMD). We have taken actions to mitigate against digital exclusion, including measuring our face to face and remote service offerings by IMD and profiling high Did Not Attend (DNA) specialities by protected characteristics and health inequalities.

The following table sets out the wider programme/workstreams, the metric, the overall trend, whether the inequality is measured against deprivation and/or ethnicity, and the trend of that inequality. The table represents movement from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024.

Health & Health Inequalities: Summary Table		Data Collection	Source	Leads	Trust Level	Indicator trend	Inequality by Deprivation	Trend In Inequality by Deprivation	Inequality by Ethnicity	Trend In Inequality by Ethnicity
Elective Recovery	Size & Shape of waiting list: for those waiting longer than: 18 weeks, 52 weeks, 65 weeks	Yes	IP WL		✓	↓	↔	↓	↔	↓
	Size & Shape of waiting list: for those waiting longer than: 62 Days	Yes	Cancer		✓	↓	↔	↓	↔	↓
	Elective Activity v Pre-Pandemic Levels <18s and >18s	Yes	SUS		✓	↓	↔	↓	↔	↓
	DNA Rates	Yes	SUS		✓	↑	↑	↑	↑	↑
	UEC	Yes	SUS		✓	↓	↔	↔	↔	↔
Respiratory	Emergency Admissions < 18 year olds	Yes	SUS		✓	↓	↔	↔	↔	↔
Cancer	Reduce Emergency Admissions due to acute COPD exacerbations	Yes	SUS		✓	To Review in priority plan				
	Percentage of patients diagnosed at stage 1 and stage 2 case mix adjusted for cancer site, age at diagnosis, sex	Yes	SUS		✓	Cancer BI work Plan - Business Case				
Tobacco	Smoking at Booking	Yes	MAT		✓	↓				
	Smoking at Delivery	Yes	MAT		✓	↓				
	Co testing at Booking	Yes	MAT		✓	↑				
	Co testing at Delivery	Yes	MAT		✓	↑				
	Proportion of maternity inpatient settings offering smoking cessation services									
Alcohol	Reduce alcohol related emergency admissions by 20%	Yes	CDS							
Maternity & Neonatal	Pre-term births < 37 weeks	Yes	MAT		✓	↑				
	% of women on Continuity of Care Pathway	Yes	MAT		✓	↔				

**KEY:** Arrow indicates direction of travel and green indicates positive movement, red indicates a deterioration, Amber is static or very little change.

Many of the metrics have demonstrated improvement compared with the baseline position and although inequalities remain, a reduction has been reported. The top three metrics to highlight as demonstrating improvement are:

- RTT waiting lists have reduced significantly and in quarters 3 and 4 of 2023/24;
- We achieved our 62 day cancer back-log targets across the year of 2023/24; and
- Whilst the ratios of deprived and ethnic statuses have remained the same, the waiting list has reduced equitably in year.

Emergency admissions of patients under 18 years old demonstrated no change compared to the baseline, although the volume of admissions for children has reduced.

A number of metrics did not demonstrate a positive change compared with the baseline position in both overarching figures and inequalities. There are three key areas of focus for us here:

- Increasing DNA rates;
- Higher DNA rates from the most deprived areas in respect of specialities including gastroenterology, diabetic medicine, pain management and cardiology;



- Higher DNA rates for Global Ethnic Majority (GEM) patients compared to non-GEM patients; and
- High DNA rates for patients with learning disabilities.

These findings will inform the health inequalities work for 2024/25 and we are committed to ensuring that health inequalities is high on our business intelligence agenda for further development, enabling us to utilise timely data to support clinical teams in data driven decision-making.

### Social, community, anti-bribery and human rights issues

We recognise the importance of developing strong links with the communities we serve and working collaboratively with our partners to ensure that we are not only responsive, but proactive in our approach to meeting current healthcare and community needs.

In 2023/24 we continued to work closely with Citizens' Advice Gateshead (CAG) to support the social welfare needs of both our patients and our people. We work alongside CAG to ensure our cancer service patients receive easy, direct access to social welfare advice, information and advocacy services.

In respect of anti-bribery, there is a Counter-Fraud, Bribery and Corruption Policy in place with regular updates on activity and investigations provided to the Group Audit Committee. The Local Counter Fraud Specialist ensures that fraud awareness is communicated and promoted to Trust colleagues through regular articles in the weekly staff newsletter.

We are fully committed to meeting our obligations in respect of human rights, equality, diversity and inclusion (EDI). Our Human Rights and EDI Programme Board continued to oversee several workstreams and help us to progress in this area.

### Equality of service delivery

As an NHS organisation, we aim to provide our services to all groups equally. We are subject to the Public Sector Equality Duty, which was introduced as part of the Equality Act 2010 and requires NHS organisations to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

We have continued to meet our obligations in respect of the Public Sector Equality Duty by:

- Gathering specific and relevant data as per the EDI metrics for both the Workforce Race and Disability Standards (WRES /WDES);
- A specific detailed EDI action plan in respect of these metrics has been produced and has measurable outcomes; and
- A Human Rights Equality Diversity and Inclusion Programme Board meets on a six weekly basis.

We have four staff networks within the Trust – our Global Ethnic Majority (GEM) network, our D-Ability network for disability equality, our LGBT+ (Lesbian, Gay, Bisexual and Transgender) network and our Women's network. Our staff networks gave valuable input into the Equality Strategy, which was approved by the Trust. This strategy and the associated EDI action plans underpin the priorities in the short, medium and longer term.

We have continued to deliver a three-day Managing Well training programme aimed at managers. One of the programme sessions is focussed on EDI. The sessions are also interactive, and the programme (including the EDI session) has evaluated well amongst participants.

EDI is also part of the induction programme for all new employees. A bespoke EDI session is also offered to all our international nurses.

A number of bespoke EDI training sessions have been delivered across services. We signed up to the Anti Racism Charter and on the back of this we have commissioned an external training company, who have delivered 25 sessions around Show Racism the Red Card, which have evaluated well. Further bespoke training around this agenda is being looked at.


We ensure that colleagues have access to appropriate learning and development opportunities in respect of EDI. This ensures that we can support the needs of our service users with protected characteristics.

Following the Health and Care Act 2022, the Government introduced a requirement for CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. This is to ensure health and social care workforce have the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability. We have taken steps to address this and further work is planned in 2024/25.

Some of our achievements in relation to EDI are as follows:

- A competition was held by the Learning Disability Nurse around reasonable adjustments where all wards/departments/teams were asked to create the best advertisement of reasonable adjustments for patients or staff to emphasis the importance of adjusting the care we give to our patients to reduce health inequalities;
- The D-Ability network were instrumental in raising the Neurodiversity flag at the Trust;
- A number of drop-in sessions around disability were held and more are planned for the coming year;
- There was strong promotion of Disability History Month;
- The GEM network contributed in ensuring we celebrated Black History Month, both on an individual basis as well as joining in the regional seminars hosted by the ICB;
- The GEM network has been proactively working with colleagues in how to relay the message around zero tolerance;
- Members of the LGBTQ+ group were involved in the local Pride events;
- LGBT History Month was celebrated with a breakfast meeting which was well attended;
- The vice chair of the LGBTQ Network wrote an article for the QT digital media platform for the North East around the LGBTQ experience of members;
- The Board held a development session with all of the Network Leads to hear the views of the Networks and discuss collaborative working; and
- An EDI session was held for all Governors and further sessions around specific pieces of work around EDI are being planned.

Gateshead has a significant Jewish community, and we work closely with volunteers from the community who help us to ensure that we are respectful of strict cultural practices and provide tailored support to our patients. Further information on our commitment to EDI can be found in the Staff Report section.

A handwritten signature in black ink, appearing to read 'Trudie Davies', with a stylized, cursive script.

Trudie Davies  
Chief Executive  
26 June 2024

# Accountability Report

## Directors' Report

The Board of Directors is responsible for the overall leadership and strategic direction of the Trust. The Board is comprised of Executive and Non-Executive Directors.

The Board operates a committee structure, with each committee responsible for seeking assurance on matters within its remit. The Board delegates some of its powers to a committee of Directors or to an individual Executive Director and these are set out in the Trust's scheme of delegation. Decision making for the operational running of the Trust is delegated to the Executive Team.

Our Chair and Chief Executive have complementary roles in leadership. Our Chair, Alison Marshall, leads the Board of Directors and ensures its effectiveness. The Chair of the Board also chairs our Council of Governors. The Chair is supported by the Deputy Chair and Senior Independent Director, Mike Robson. Our Chief Executive, Trudie Davies, leads the Executive Team and the organisation. 2023/24 marked Trudie Davies' first full year as Chief Executive, having joined the Trust in March 2023.

All Directors are required to comply with the requirements of the fit and proper persons test and make an annual declaration of compliance in this regard. All Directors also have a responsibility to declare relevant interests, as defined within our Constitution and conflicts of interest policy. A copy of the register of interests is available on request from the Company Secretary (contact details are contained at the end of the Annual Report).

## Board composition

The Board of Directors has a range of skills and experience gained from the public, private and voluntary sectors that complement our service delivery. This includes a wealth of senior experience in the NHS, finance, legal, people and organisational development and senior clinical experience and expertise. The Board of Directors is well-balanced and appropriately experienced and qualified to lead the Trust.

Our Non-Executive Directors bring strong, independent oversight to the Board and all our Non-Executive Directors are independent.

During 2023/24 there were several changes in the composition of the Trust Board. With regards to our Non-Executive Directors Dr Ruth Bonnington and Councillor Martin Gannon left the Board in June 2023, having both completed their second terms at the end of June 2023. The Board welcomed Adam Crampsie and Martin Hedley as Non-Executive Directors in July 2023 for a term of three years.

Adam Crampsie is a clinician by background and brings a wealth of experience, having spent 18 years working in healthcare. He is the Chief Executive of Everyturn Mental Health, a charity that delivers specialist mental health services across the North East and beyond. He is also a trustee of the Terrence Higgins Trust.

Martin Hedley has extensive experience in transformation and change management, having delivered global change programmes for major global banking institutions and airlines. Martin Hedley is the Managing Director of Vision Achievement Limited, which delivers specialised recruitment, learning and development services. He is also a Non-Executive Director at Royal Surrey NHS Foundation Trust and a Governor at Gateshead College.

From an Executive Director perspective, Chief Operating Officer Joanne Baxter retired in Autumn 2023 after 36 years in the NHS. Joanne Baxter joined the Trust in 2020 and played a key role in the Trust's response to the pandemic. Joanne Halliwell was appointed to the substantive position of Chief Operating Officer in November 2023, having previously been the interim Chief Operating Officer since September 2023. Joanne is a registered nurse with a wealth of experience in operational and leadership roles. At her previous trust, Mid Yorkshire Hospitals NHS Trust, she held several key positions including Deputy Chief Operating Officer.

Our Executive Director of People and Organisational Development, Lisa Crichton-Jones, left the Trust in June 2023, having joined the Trust in 2020. Amanda Venner, Deputy Director of People and Organisational Development, was appointed as interim Director initially and then substantively appointed following a competitive recruitment process. Prior to joining Gateshead in 2021 Amanda had held senior workforce positions in the ICS and at Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

In March 2024 Medical Director Andy Beeby retired after nearly 30 years working in the Trust and an NHS career of 38 years. Andy Beeby was appointed as Medical Director in 2016 and also continued to deliver care to our patients as a consultant obstetrician and gynaecologist. At the year end, Neil Halford, Medical Director of Operations, was appointed as interim Medical Director whilst the recruitment process for the substantive position was progressed.

With regards to the QE Facilities Board of Directors we welcomed a new chair, Maggie Pavlou, whose appointment was approved by the Trust Board for a period of one year commencing on 1 October 2023. Maggie Pavlou had previously been appointed as a Non-Executive Director on the QE Facilities Board and continues to hold her position on the Trust Board, as well as the QE Facilities Board.

Hilary Parker was previously the Chair of QE Facilities and had stood down from this position although expressed a willingness to remain on the Board to support continuity following the transition to a new Chair. Following Maggie Pavlou's appointment as Chair, expressions of interest were sought for an internally-appointed Non-Executive Director for a period of one year. Hilary Parker was appointed to the Non-Executive Director position.

As outlined in last year's report, Steven Harrison was appointed as Interim Managing Director for QE Facilities, commencing in post in April 2023 and Philip Glasgow's appointment of Director of Finance was confirmed in early 2023/24.

During the year the recruitment process for the substantive Managing Director position took place and we were pleased to welcome Gavin Evans to the role of Managing Director in February 2024. Gavin has significant estates and facilities experience in the NHS and joined QE Facilities from Newcastle-upon-Tyne Hospitals NHS Foundation Trust where he was the Deputy Director of Estates.

The Trust and QE Facilities' Boards would like to formally record their sincere thanks to all Board colleagues who left the Trust and QE Facilities in 2023/24.

The Trust Board held 17 meetings in total in 2023/24 (counting public and private Board meetings separately). Where Board Members were not eligible to attend certain meetings, an adjusted denominator is shown (for example private Council of Governors' meetings or where a Board Member served on the Board for only part of the year).

<b>Name and Position</b>	<b>Background</b>	<b>Board</b>	<b>Group Audit Committee</b>	<b>Group Remuneration Committee</b>	<b>Council of Governors</b>
		<b>17 meetings in total</b>	<b>5 meetings in total</b>	<b>6 meetings in total</b>	<b>7 meetings in total</b>
<b>Executive Directors</b>					
<b>Trudie Davies, Chief Executive</b>	Trudie joined the Trust in March 2023 from Mid Yorkshire Hospitals NHS Trust where she had held the role of Deputy Chief Executive and Chief Operating Officer. Originally training as a nurse, Trudie has significant operational management experience and system leadership experience.	16 of 17	N/a	6 out of 6	3 of 4
<b>Dr Gillian Findley, Deputy Chief Executive / Chief Nurse</b> and Professional Lead for Midwifery and AHPs	Gill trained as a Registered General Nurse and a Registered Sick Children's Nurse at Great Ormond Street in London. Since qualifying Gill has held various clinical, managerial and Board-level positions in both providers and commissioners.	17 of 17	4 of 5	N/a	4 of 4

<b>Name and Position</b>	<b>Background</b>	<b>Board</b>  <b>17 meetings in total</b>	<b>Group Audit Committee</b>  <b>5 meetings in total</b>	<b>Group Remuneration Committee</b>  <b>6 meetings in total</b>	<b>Council of Governors</b>  <b>7 meetings in total</b>
<b>Joanne Halliwell, Chief Operating Officer</b> ( <i>interim from September 2023 and substantively appointed from November 2023</i> )	Joanne Halliwell is a registered general nurse with a wealth of experience in various operational and leadership roles. She previously held the position of Director of Operations (Medicine) at the Trust from June to September 2023. Prior to this, she worked at Mid Yorkshire Hospitals NHS Trust, where she held several key positions including Deputy Chief Operating Officer and a number of Director level positions.	10 of 12	N/a	N/a	3 of 3
<b>Kris Mackenzie, Group Director of Finance and Digital</b>	Kris joined the Trust in 2018 as Assistant Director of Finance, having previously held the position of Senior Finance Lead at NHS Improvement. Kris became Deputy Director of Finance in 2019, was Acting Group Director of Finance during the 2021/22 financial year and substantively appointed to the role in September 2022.	17 of 17	5 of 5	N/a	3 of 4
<b>Amanda Venner, Director of People and Organisational Development</b> ( <i>interim from July 2023 and substantively appointed from November 2023</i> )	Amanda Venner is a Chartered CIPD professional. Previously, she held the position of Deputy Director of People and Organisational Development at the Trust, where she was the senior operational lead for the function, overseeing the full range of services. Prior to this role, Amanda held senior workforce positions in the ICS and at Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust,	13 of 15	N/a	3 out of 4	2 of 3
<b>Joanne Baxter, Chief Operating Officer</b> ( <i>retired</i> )	Joanne joined the Trust in June 2020 as the Chief Operating Officer. She is an experienced Executive Director having worked at Executive level since 2013	1 of 4*	N/a	N/a	1 of 1

Name and Position	Background	Board  17 meetings in total	Group Audit Committee  5 meetings in total	Group Remuneration Committee  6 meetings in total	Council of Governors  7 meetings in total
September 2023)	and brings a wealth of experience from over 30 years in the NHS.  <i>*Lower denominator due to a period of absence</i>				
<b>Andy Beeby, Medical Director</b> (retired March 2024)	Andy has been a consultant obstetrician and gynaecologist for the Trust since 1995 and Trust Medical Director since 2016. He is the Trust's Caldicott Guardian responsible for overseeing the appropriate use of personal information.	8 of 17	N/a	N/a	3 of 4
<b>Lisa Crichton-Jones, Executive Director of People and Organisational Development</b> (left June 2023)	Lisa joined the Trust in October 2020 as Executive Director of People and OD. She is an experienced NHS HR Director, having worked at Executive Level since 2012 and in the NHS since 1999.	2 of 4	N/a	2 out of 2	1 of 1
<b>Non-Executive Directors</b>					
<b>Alison Marshall, Chair</b> (second term ends 30 September 2025)	Alison Marshall has been Chair since October 2019, having previously been a non-executive director at Northumbria Healthcare NHS Foundation Trust. Before working in the NHS, Alison was a partner in a large law firm specialising in regulatory law and dispute resolution advising clients from both the public and private sector.	13 of 17	N/a	5 out of 6	7 of 7
<b>Mike Robson, Deputy Chair and Senior Independent Director</b> (second term ends 30 June	Mike is a public sector accountant. He worked in the NHS for over 34 years having been Director of Finance and Corporate Governance and Deputy Chief Executive at South	17 of 17	N/a	6 out of 6	4 of 5



Name and Position	Background	Board  17 meetings in total	Group Audit Committee  5 meetings in total	Group Remuneration Committee  6 meetings in total	Council of Governors  7 meetings in total
2024 – reappointed for a one year extension to 30 June 2025)	Tyneside NHS Foundation Trust. He previously carried out a similar role at the Royal Victoria Infirmary, Newcastle.				
<b>Dr Ruth Bonnington</b> (left at the end of her second term on 30 June 23)	Ruth has been a GP in Gateshead since 1995 and works in a small practice in Bensham. She joined the Trust Board in 2017 and chaired of the People and OD Committee as well as being health and wellbeing guardian.	4 of 4	N/a	1 out of 2	1 of 1
<b>Councillor Martin Gannon</b> (left at the end of his second term on 30 June 23)	Martin joined the Trust Board in 2017. Martin was elected as a member of Gateshead Council in 1984 and served in various roles including Deputy Leader for six years, before being elected as Leader of the Council in May 2016.	3 of 4	N/a	2 out of 2	1 of 1
<b>Hilary Parker</b> (second term to 30 June 2026)	Hilary joined the Trust Board in July 2020. She joined the Board of QE Facilities in October 2020. She has a wide experience in both the public and private sectors. She was a partner in a solicitors' practice for 30 years and was also a non-executive director of the Newcastle Hospitals NHS Foundation Trust for many years.	15 of 17	4 of 5	3 out of 3	3 of 4
<b>Andrew Moffat</b> (second term to 30 June 2026)	During his executive career, Andrew has gained experience in the water, telecommunications and ports sectors, occupying senior financial, commercial and strategic roles both in	15 of 17	5 of 5	5 out of 6	4 of 4

Name and Position	Background	Board  17 meetings in total	Group Audit Committee  5 meetings in total	Group Remuneration Committee  6 meetings in total	Council of Governors  7 meetings in total
	the UK and internationally. He was Strategy Director at Orange, Chief Finance Officer at Three (Italy), CFO at Three (UK) and after joining the Port of Tyne as Finance and Commercial Director in 2007 became Chief Executive for 10 years until 2018. He has sat on several regional regeneration Boards including the North East LEP, where he also chaired its Investment Board.				
<b>Anna Stabler</b> <i>(reappointed for a second term commencing on 1 July 2024)</i>	Anna has worked in the NHS for over 35 years and has worked clinically as a nurse, midwife and health visitor. Anna has worked in senior leadership positions across the NHS in commissioning, regulation and provider services. Her most recent role was as the Executive Chief Nurse in Cumbria. She maintains her registration as a nurse and midwife.	15 of 17	4 of 5	6 out of 6	3 of 4
<b>Maggie Pavlou</b> <i>(reappointed for a second term commencing on 1 October 2024)</i>	Maggie joined the Trust in October 2021. Maggie is a qualified HR professional with extensive experience operating at Board level. Most recently Maggie was the Chief People Officer for Parkdean Resorts. Maggie also has significant experience of non-executive director and trustee roles and was the first female president and chair of the North East Chamber of Commerce. Maggie joined the Board of QE Facilities on 1 October	14 of 17	3 of 5	5 out of 6	2 of 4

Name and Position	Background	Board  17 meetings in total	Group Audit Committee  5 meetings in total	Group Remuneration Committee  6 meetings in total	Council of Governors  7 meetings in total
	22 and became Chair on 1 October 2023.				
<b>Martin Hedley</b> <i>(first term commenced 1 July 2023)</i>	Martin Hedley is the Managing Director of Vision Achievement Limited, a company which delivers specialised recruitment, learning and development services. He has extensive experience in transformation and change management, having delivered global change programmes for companies such as Citibank, Chase Manhattan Bank, and American Airlines. He is an experienced NHS Non-Executive Director in his final year at Royal Surrey NHS Foundation Trust and is also a Governor at Gateshead College.	12 of 14	N/a	0 out of 1	3 of 3
<b>Adam Crampsie</b> <i>(first term commenced 1 July 2023)</i>	Adam Crampsie is a clinician by background. He has spent 18 years working in healthcare, starting in the NHS before moving into corporate healthcare, then becoming the Commercial and Clinical Development Director of Nuffield Health and now serves as the Chief Executive of Everyturn Mental Health, a charity that delivers specialist mental health services across the North East and England. He is also a Trustee of The Terrence Higgins Trust.	10 of 14	N/a	0 out of 1	1 of 3

### Board appointments and performance

The appointment, re-appointment and, if appropriate, removal of the Chair and Non-Executive Directors is the responsibility of the Council of Governors. The Council of Governors delegates responsibility to its Governor Remuneration Committee to oversee these processes and make recommendations to the full Council of Governors. Chair and

Non-Executive Director appointments are made based on three-year terms, with appointees serving no more than two terms unless exceptional circumstances arise.

Executive Directors are appointed by the Board's Remuneration Committee. The Committee was historically chaired by the Board Chair with all Non-Executive Directors being members. This changed in July 2023 to align with recommendations from an independent review of remuneration and associated governance. From July 2023 the Committee has been chaired by the Senior Independent Director with the Non-Executive Director Board Committee Chairs and the Board Chair being members. The Executive Director of People and Organisational Development acts as the professional advisor to the Committee, which is also routinely attended by the Chief Executive (except during discussions on her own remuneration). Further information about the Remuneration Committee can be found within the Remuneration Report section.

A robust appraisal process is in place for all Directors. The Chair appraises the Chief Executive, and the Chief Executive carries out performance reviews of the other Executive Directors.

The Chair undertakes the performance review of Non-Executive Directors, and the outcomes of these appraisals are reported to the Council of Governors. During 2023/24, as in previous years, the performance review of the Chair was led by the Senior Independent Director in accordance with a process agreed by the Council of Governors (which aligns with the Code of Governance for Providers). The outcome was then reported to the Council by the Senior Independent Director.

### Group Audit Committee

The Group Audit Committee is a formal committee of the Board with delegated responsibility to conclude upon the adequacy and effective operation of the overall internal control system including an effective system of integrated governance and risk management. The Audit Committee is a Group Audit Committee, overseeing the controls, governance and risk environment of Gateshead Health NHS Foundation Trust and QE Facilities.

The Committee receives the internal and external audit work plans and reports, as well as the counter-fraud work plan, updates and reports.

The Committee also routinely reviews and approves the schedule of losses and special payments, as well as receiving updates on the work of the Group's Executive Risk Management Group.

In 2023/24 the Committee:

- Reviewed the annual report, Annual Governance Statement, financial statements and other year-end submissions for the Trust and the Charitable Fund before making recommendations to the respective Boards on the approval of these key documents;
- Reviewed the year-end accounts for QE Facilities, which had been submitted following the approval of the QE Facilities Board;
- Sought assurance over the robustness of risk management processes including the Board Assurance Framework (BAF), with regular update reports from the Executive Risk Management Group. This also helped to provide assurance over the work of the Board committees;

- Reviewed Internal Audit updates throughout the year, including providing input on the draft plans presented at the beginning of the year. Progress in implementing audit recommendations was reviewed at each meeting;
- Approved the counter fraud annual work plan and received progress updates as well as updates on ongoing investigations;
- Reviewed the external audit reports in respect of the 2022/23 year-end;
- Approved the losses and special payment reports;
- Received the Managing Conflicts of Interest policy compliance report;
- Received a report on the approach to valuing the Trust and QE Facilities' property applying an alternative site approach to the modern equivalent asset;
- Reviewed the Standing Orders for the Board of Directors, Trust Standing Financial Instructions (SFIs) and Scheme of Delegation, and the QE Facilities' SFIs and Scheme of Delegation before referring them to the Board for approval and adoption;
- Received an update on compliance with the Non-Audit Services Policy;
- Received a report providing assurances on the process in place for the management of clinical audit across the organisation and the clinical audit annual report, seeking assurance over the processes and controls in place to develop and deliver the plan;
- Reviewed the effectiveness of internal audit, external audit, counter-fraud and the effectiveness of the Committee itself. This was undertaken in a multi-disciplinary way with the aim of identifying good practice and any areas for consideration going forwards; and
- Considered a proposal to reappoint Forvis Mazars LLP at the external auditors for a further period of two years (as permitted under the contract framework) and made a recommendation to the Council of Governors in respect of this.

Forvis Mazars LLP are the Trust's external auditor, as appointed by the Council of Governors. The audit of the 2023/24 accounts is the third year of an initial three year contract. Forvis Mazars LLP's fee for the core audit work for 2023/24 was proposed to be £79,552.

Forvis Mazars LLP also undertake the audit of QE Facilities and a fee of £15,925 is proposed for 2023/24.

In February 2024 the Council of Governors approved the Group Audit Committee's recommendation to extend the external audit contract with Forvis Mazars LLP for a further two years.

In line with the previous year Robson Laidler completed the 2022/23 audit of the Charitable Fund before the statutory deadline of 31 January 2024. The fee for this work was £5,400. Robson Laidler will undertake the 2023/24 audit for the same fee.

During the year no non-audit services were provided, with the exception of the audit of the subsidiary company, QE Facilities. The audit of the subsidiary company is excluded from the National Audit Office's 70% threshold for non-audit services work.

The internal audit function for the Trust and QE Facilities continues to be provided by the NHS Audit Consortium AuditOne. AuditOne also provide the counter-fraud service to the Trust.

### Council of Governors

The Council of Governors is the accountability forum between the Board of Directors and the Trust's stakeholders. It represents local interests and holds Non-Executive Directors to account as well as exercising its statutory powers.

The Council is comprised of elected Governors and appointed Governors, who are all volunteers. Elected Governors (public and staff constituencies) may hold office for a period of up to three years, and may stand for re-election twice. After nine years in the role, elected Governors must leave the Council of Governors.

There are 31 members of the Council of Governors, plus the Chair. The composition of the Council is as follows:

- Seven public governors representing the Central Gateshead constituency;
- Six public Governors representing the Western Gateshead constituency;
- Three public Governor representing the Eastern Gateshead constituency (and three vacant positions at the year-end);
- One public Governor representing the Patient / Out-of-Area constituency;
- Six staff Governors representing the views and interests of the colleagues; and
- Five appointed Governors representing the Trust's key stakeholders and partners (and three vacancies at the year-end).

The Council of Governors has several important statutory duties, including appointing and re-appointing the Chair and the Non-Executive Directors, determining their remuneration and terms of service, and approving the appointment of the Chief Executive.

The Council of Governors represents the interests of Foundation Trust public and staff members within the constituencies served, the public and more generally the interests of the stakeholders who hold a position at the Council.

The Council of Governors also holds the Non-Executive Directors to account for the performance of the Board. In setting the Trust's strategy and annual plans, the Board have regard for the views of the Council of Governors.

All Governors are required to comply with the Code of Conduct for Governors and to declare any interests which may result in a potential conflict of interest in their role. A copy of the register of interests can be obtained from the Company Secretary using the contact details at the end of the Annual Report.

The Council of Governors met four times in public and three times in private during the year. The Council received regular email communications to inform Governor colleagues of the latest updates and developments throughout the year. A number of Governor committees are in place to support and advise the Council.

The Governance and Development Committee is chaired by the Lead Governor. The Committee meets quarterly and all Governors are considered to be members and therefore receive invitations to attend. The Committee seeks to review a range of governance-related items on behalf of the Council and makes recommendations to the Council where appropriate. It is also responsible for working with the Company Secretary to develop a training / development programme for Governors. During the year the Committee reviewed and endorsed amendments to modernise the Council of Governors' Standing Orders, the new Governor Code of Conduct, endorsed changes to the Constitution in relation to Appointed Governors, commenced the development and review of the new Governor Handbook and reviewed the results of the Council of Governors' effectiveness survey. The Committee also received the first iteration of the report to review the attendance rates of the Council of Governor meetings as highlighted in the updated Terms of Reference and cycle of business.

The Governor Remuneration Committee is responsible for making recommendations to the Council of Governors on the appointment of the Chair and Non-Executive Directors, having satisfied itself that its recommendations fulfil the Trust's needs in terms of skills and experience. It also sets the remuneration, allowances and terms of appointments of the Chair and Non-Executive Directors. The Committee works with the Senior Independent Director and the Chair to agree the process for the evaluation of the Chair and Non-Executive Directors and then subsequently reviews the outcomes of the performance appraisals, which inform remuneration and benefits decisions. The Committee has a defined membership of one appointed Governor (who chairs the Committee), three public Governors and three staff Governors. The Committee met three times during the year to consider items within its remit, including Chair and Non-Executive Director remuneration, the re-appointment and recruitment of Non-Executive Directors and the Chair and Non-Executive Director appraisal process. The Committee made recommendations to the Council of Governors on these items. Further information on the work for the Committee can be found in the Remuneration Report section.

Information on the Membership Strategy Group is included in the *Foundation Trust membership* section.

During 2023/24 the Council of Governors considered a range of items, which included:

- Ratifying the re-appointment of two Non-Executive Directors for a second three-year term – Anna Stabler and Maggie Pavlou;
- Ratifying the re-appointment of Mike Robson, Non-Executive Director, for a period of one year following the completion of his second term (noting the high Board turnover and current financial challenges, which were deemed to be sufficiently exceptional to warrant this extension beyond two terms);
- Approving the appointment of two new Non-Executive Directors – Adam Crampsie and Martin Hedley;
- Approving the appointment of the Lead Governor and Deputy Lead Governor;
- Providing valuable input into the Quality Account for 2023/24;
- Approving constitutional amendments to remove the clause which prevents Board members from serving on more than one NHS board: and proposed changes to the make-up of the appointed Governor positions on the Council;
- Receiving Board committee presentations from each Non-Executive Director chair, supporting the Council in its role of holding Non-Executive Directors to account;
- An overview of the Trust's response to the North East and North Cumbria Integrated Care Board Joint Forward Plan;
- Engaging in the annual planning process and providing feedback on the draft plans;
- Assurance of the progress being undertaken by the Trust relating to equality, diversity and inclusion including achievements against the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES);
- Reviewing the outcome of the Council of Governors' effectiveness survey to shape future ways of working; and





- Receiving an assurance report on the outcome of the Chair and Non-Executive Director appraisals, with Governor input into the process via the Lead Governor.

#### *Governor elections 2023/24*

Elections in both public and staff constituencies are undertaken on behalf of the Trust by Civica Election Services who are engaged to act as the Returning Officer and Independent Scrutineer for the election process of Gateshead Health NHS Foundation Trust.

Elections were held for seven public Governor positions and three staff Governor positions. Contested elections were held for our Western Gateshead and Patient/Out of Area constituencies, with Central Gateshead and Staff seats unopposed. Two vacancies remained in Eastern Gateshead, but all other seats were filled. The terms for our elected Governors commenced on 5 January 2024.

We welcomed three new Governors:

- Michael Looe, Public Governor for Central Gateshead;
- Adaeze Okereke, Staff Governor; and
- Dr Lakkur Murthy, Public Governor for Western Gateshead.

We welcomed back Public Governor for Central Gateshead Karen Tanriverdi, and Staff Governors Helen Adams and Lynsey Curry for a further term.

A further candidate for Western Gateshead was successfully elected, but did not complete the induction and on-boarding process and therefore did not progress to become a Public Governor.

Some Governors left the Council in January 2024 at the end of their terms including Marceline Ndam, Mick Lamport, Geoffrey Riddell and Mark Learmouth and we would like to record our sincere thanks and appreciation to these Governors for their commitment and contributions to the Council and Trust.

In early 2024/25 we will be welcoming two new appointed Governors to the Council – Sasha Ban (Assistant Professor of Nursing, Midwifery and Health) representing Northumbria University and Councillor Dorothy Burnett representing Gateshead Council.

We were saddened to hear the news that one of our Eastern Gateshead Public Governors, Des Costello, sadly passed away in November 2023. Des was a valued colleague and friend to many and dedicated so much time to supporting our patients and the Gateshead Community, for which we are very grateful.

The table below shows the composition of the Council during the 2023/24 financial year, including the term dates of Governors and their attendance at the Council of Governors meetings. Where Governors were not eligible to attend certain meetings, an adjusted denominator is shown (for example where a Governor served on the Council for only part of the year). Those Governors shown in italics were no longer part of the Council of Governors on 31 March 2024.



Constituency	Governor	Term	Council of Governors meetings attended (maximum of 7)
<b>Central</b>			
	John Bedlington	First term: 5 January 2019 – 4 January 2022 Second term: 5 January 2022 – 4 January 2025	6 of 7
	Steve Connolly	Term as a staff Governor – 5 January 2021 – 2 October 2022 (due to constitutional change affecting the categorisation of volunteers as staff Governors) Current term: 5 January 2023 – 4 January 2026	5 of 7
	Helen Jones	First term: 5 January 2017 – 4 January 2020 Second term: 5 January 2020 – 4 January 2023 Third term: 5 January 2023 – 4 January 2026	7 of 7
	<i>Mark Learmouth</i>	<i>First term: 5 January 2023 – 4 January 2024</i>	<i>2 of 5</i>
	Michael Loome	First term: 5 January 2024 – 4 January 2027	2 of 2
	Abe Rabinowitz	First term: 5 January 2017 – 4 January 2020 Second term: 5 January 2020 – 4 January 2023 Third term: 5 January 2023 – 4 January 2026	5 of 7
	Karen Tanriverdi	First term: 5 January 2018 – 4 January 2021 Second term: 5 January 2021 – 4 January 2024 Third term: 5 January 2024 – 5 January 2027	7 of 7
	Brenda Webb	First term: 5 January 2022 – 4 January 2025	0 of 7
<b>Western</b>			
	Les Brown	First term: 5 January 2020 – 4 January 2023 Second term: 5 January 2023 – 4 January 2026	7 of 7
	Ray Dennis	First term: 5 January 2023 – 4 January 2026	6 of 7
	<i>Michael Lamport</i>	<i>First term: 5 January 2018 – 4 January 2021 Second term: 5 January 2021 – 4 January 2024</i>	<i>0 of 5</i>

Constituency	Governor	Term	Council of Governors meetings attended (maximum of 7)
	Gordon Main	First term: 5 January 2023 – 4 January 2025	5 of 7
	Dr Lakkur Murthy	First term: 5 January 2024 – 4 January 2027	2 of 2
	Ged Quinn	First term: 5 January 2022 – 4 January 2025	1 of 7
	<i>Geoffrey Riddell</i>	<i>First term: 5 January 2021 – 4 January 2024</i>	3 of 5
<b>Eastern</b>			
	<i>Des Costello</i>	<i>First term: 5 January 2020 – 4 January 2023</i> <i>Second term: 5 January 2023 – 4 January 2026</i>	0 of 2
	<i>2 vacancies remain</i>		
<b>Patient / Out of Area</b>			
	Agatha Kanyangu	First term: 5 January 2022 – 4 January 2024 Second term: 5 January 2024 – 4 January 2027	0 of 7
<b>Staff</b>			
	Helen Adams	First term: 5 January 2022 – 4 January 2024 Second term: 5 January 2024 – 4 January 2027	6 of 7
	Lynsey Curry	First term: 5 January 2023 – 4 January 2024 Second term: 5 January 2024 – 4 January 2027	3 of 7
	Andrew Lowes	First term: 5 January 2022 – 4 January 2025	4 of 7
	Richard Morrell	First term: 5 January 2022 – 4 January 2025	0 of 7
	<i>Marceline Ndam</i>	<i>First term: 5 January 2021 – 4 January 2024</i>	0 of 5
	Adaeze Okereke	First term: 5 January 2024 – 4 January 2027	0 of 2
	Kiran Singiseti	First term: 5 January 2023 – 4 January 2026	1 of 7
<b>Appointed</b>			
Northumbria University	<i>Professor Debbie Porteous</i>	Retired January 2024	0 of 7
Newcastle University	<i>Dr Laura Ternent</i>	<i>Resigned August 2023</i>	0 of 2
Newcastle University	Dr Gemma Frances Speirs	From September 2023	3 of 5
Gateshead College	Chris Toon		2 of 7

Constituency	Governor	Term	Council of Governors meetings attended (maximum of 7)
Gateshead Jewish Community	Aron Sandler		1 of 7
Gateshead Voluntary Organisation	Douglas Hunter	From September 2023 Resigned January 2024	1 of 2
Gateshead Diversity Forum	Vacancy		
Gateshead Youth Assembly	Vacancy		
Gateshead Council	Vacancy		

#### *Governor training and development*

During 2023/24 we provided our Governors with a number of training and development opportunities. Governor workshops were held in April 2023, June 2023, July 2023, October 2023, and January 2024. This included opportunities to engage in the development of the Quality Account for 2023/24 and Quality Account priorities for 2024/25; the annual plan for 2024/25; as well as receiving updates from services including Patient-Led Assessments of the Care Environment (PLACE), Equality, Diversity and Inclusivity; and the Patient Experience Team.

Quarterly Governor workshops are diarised throughout 2024/25 to protect time for further training, development and engagement out-with the Council meetings.

#### *Lead and Deputy Lead Governors*

The Council of Governors appoints a Lead Governor and a Deputy Lead Governor on an annual basis. In 2023/24 the Council appointed Abe Rabin as the Lead Governor for a further year and Steve Connolly was appointed as the new Deputy Lead Governor. Both posts were effective from 19<sup>th</sup> May 2023.

The process for appointing the Lead and Deputy Lead Governors for 2024/25 commenced in February 2024 and prior to the year-end it was confirmed that Steve Connolly, current Deputy Lead Governor and Public Governor for Central Gateshead, had been voted the new Lead Governor. The nomination and voting period for the Deputy Lead Governor was underway at the year-end, with subsequent confirmation that Michael Looe, Public Governor for Central Gateshead would take up post from 19<sup>th</sup> May 2024.

### *The Board's relationship with the Council of Governors*

The Board of Directors and the Council of Governors work together closely throughout the year. All Board Members are invited to attend all meetings of the Council of Governors. Non-Executive Directors are also invited to attend quarterly Governor workshops.



There are two Governor observers appointed to attend specific Board committees. The Governor observers have an opportunity to meet with the Non-Executive Director chairs of the committees to share feedback following the meeting. The Governor observers also share feedback privately with Governor colleagues, supporting them to discharge the role of holding Non-Executive Directors to account.

The Standing Orders detail the procedure through which the Council of Governors can raise concerns about the Board of Directors, as required by the Code of Governance for NHS Provider Trusts.

### *Foundation Trust membership*

Foundation Trust membership seeks to give local people and staff a greater influence on how our services are provided and developed. As part of the development of the annual plan, our Governors are invited to share the views of their communities and members through a series of workshops with the Board.

There are several different constituencies to which our members belong. Those eligible to become public members are people over the age of 16 who live in Gateshead and the immediate surrounding area which is divided into three constituencies: Western; Central; and Eastern Gateshead. We also have an Out-of-Area constituency, which was broadened this year to be coterminous with the geographical boundaries of the North East and North Cumbria Integrated Care System (NENC ICS). Previously this had included County Durham, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland. Broadening the constituency to align with the NENC ICS boundaries fits with the role of the Board and Council to now consider the public at large across the entire ICS when decisions are made and operate for the greatest benefit of people living within the ICS.

People over 16 years of age, living in these areas who wish to become a public member of Gateshead Health NHS Foundation Trust, must complete and have accepted a membership application form. Members can vote to elect Governors for their constituency and can choose to be nominated to stand for election as a Governor.

Patient membership is available to individuals who live outside constituency areas but who have used any of the Trust's services within the seven years immediately preceding the date of their application for membership. Patient members are included in the Out of Area constituency.

### *Membership profile*

As of 31st March 2024, the total number of public members was 12,438, compared to 12,958 at 31<sup>st</sup> March 2023. Our public membership profile as at 31st March 2024 was as follows:

Population/Public Membership Ratio at 31st March 2024				
	Western	Central	Eastern	Out of Area
<b>Population</b>	77,471	92,828	41,615	Unknown
<b>Membership</b>	3,227	6,531	2,151	499
<b>%</b>	<b>4.2</b>	<b>7.0</b>	<b>5.2</b>	Unknown

We are committed to ensuring that NHS Foundation Trust membership is representative of the whole community. An analysis of membership shows that ethnic makeup is higher than that of the Gateshead demographics. The membership is over represented by people aged over 60 and is under represented in all other age groups.

	Population Demographics	Membership Demographics
<b>Gender</b>		
Male	49.1%	33.4%
Female	50.9%	62.4%
Unspecified		4.2%
<b>Age</b>		
Under 16*	17%	n/a
16 – 19	5%	0%
20 – 29	11%	4.1%
30 – 59	40%	35.0%
60 – 74	16%	25.7%
75 and over	10%	29.7%
Age unknown		5.5%
<b>Ethnic Breakdown</b>		
White	98.4%	86.3%
Global Ethnic Majority	1.6%	2.4%
Black		0.5%
Mixed		0.3%
Asian		0.9%
Other		0.6%
Unspecified		7.2%

Staff directly employed by the Trust or its subsidiary, QE Facilities, are automatically Foundation Trust members for the duration of their employment, unless they choose to 'opt out'. Employees of the Trust cannot be public members.

Staff whose services are contracted for by the Trust and staff not employed by the Trust but who in effect work in and with the Trust for most of their time are given the same status as staff, if they wish, provided they have worked with the Trust for a minimum of one year.

The number of staff members as at 31<sup>st</sup> March 2024 was 5,373 (compared to 5,179 members as at 31<sup>st</sup> March 2023).

The Council of Governors represents the views of members and helps to shape the way our services are delivered. The Governor Membership Strategy Group is a sub-committee of the Council of Governors which helps to ensure that our membership represents the communities we serve and that we seek and represent their views effectively through engagement programmes. It is chaired by a Governor (currently Steve Connolly, Public Governor for Central Gateshead and Deputy Lead Governor) and meets on a quarterly basis. All Governors are considered to be members and the pace of progress has increased during 2023/24 with a number of ongoing initiatives including the recommencement of Medicine for Members events and opportunities for Governors to meet members and prospective members.

During the year the Group has overseen the development of the Membership newsletters for October 2023 and February 2024; reviewed and endorsed amendments to modernise the Membership Strategy for 2024-2027 and were provided with assurance over the effective running of the nomination and election processes.

The Trust had its first Medicine for Members event in recent times on Monday 5<sup>th</sup> December 2023 and were delighted to be joined by some of our members who had the opportunity to meet with the Trust's Governors before receiving a presentation from the Trust's Research and Development team. This was an informative presentation outlining some of the trials undertaken by the team as well as plans to further develop research in Gateshead, focusing on future studies that the Trust will offer patients, as well as getting more patients and staff involved.



A further event took place on Monday 11<sup>th</sup> March 2024 which focussed on our community services and the support available to keep people safe at home. There was the opportunity to meet some of the teams to showcase services including Rapid Response; the Virtual Frailty Ward; services being delivered from the Sister Winifred Laver Promoting Independence Centre; and our palliative care service, Hospice at Home.

The Membership Strategy Group have agreed a timetable of events and will be held on a quarterly basis throughout the year.

#### *Get in touch*

To find out more about becoming a Governor or to contact a Governor, please send your enquiry to: [ghnt.governors@nhs.net](mailto:ghnt.governors@nhs.net), alternatively you can submit your query to: Corporate Services Office, FREEPOST NAT14353, Gateshead Health NHS Foundation Trust, Queen Elizabeth Hospital, Sheriff Hill, Gateshead NE9 5BR

You can also visit <https://www.gatesheadhealth.nhs.uk/>



### Mandatory declarations

The Directors consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

### Well-led arrangements

The Board has demonstrated due regard to well-led principles and the well-led framework throughout the year. An independent review of compliance with the well-led framework was conducted by Good Governance Improvement (GGI) towards the end of the previous financial year, with the report being received in March 2023. The GGI has no declarable connections with the Trust or individual directors.

The Board commissioned an internal thematic review to identify key themes, learnings and actions arising from an analysis of key documents (including the Good Governance Improvement diagnostic well-led review report; the NHS staff survey; a consultant staff survey from February 2023; and anonymous letters received into the Trust) and verbal feedback from a number of different staff groups. The thematic review was presented to our public Board meeting in May 2023, as well as being shared with our Clinical Strategy Group, Council of Governors and the ICB. Nine key themes were identified from the thematic review, including:

- Strategy, planning and performance – an opportunity to strengthen our strategic response and increase the focus on pro-active longer term planning;
- Clinical engagement – a need to strengthen clinical engagement and enhance the clinical voice in decision-making to ensure we become a clinically-led and management supported organisation;
- Unitary function and governance – given the significant changes at Board-level there was an identified need to focus on development and unitary function;
- Freedom to Speak Up and organisational culture – an opportunity was identified to enhance the role and function of the Freedom to Speak Up Guardian, supported by a cultural improvement programme that embeds Just Culture and organisational learning; and
- QE Facilities – developing a shared vision and ensuring that governance processes between the Trust and QEF are fit for purpose.

The thematic review closely aligned with the key principles of the well-led framework and a comprehensive action plan was developed, with progress reported regularly to the Board and Board committees during the year.

A number of other reviews and workstreams resulted from the thematic review findings. This included an external review of the communications capacity and resource within the Trust, a comprehensive review of the meeting governance structure and an independent review of subsidiary governance. The actions arising from these reviews seek to strengthen the governance and controls in place and support the Group in ensuring that there is compliance with well-led principles.

There are no material inconsistencies between the annual governance statement, other parts of the annual report and reports arising from CQC inspections.

## Patient care

Continuously improving the quality and safety of our services for patients is one of five strategic aims - providing high quality and compassionate care is at the heart of everything we do.

### *Overview of performance against key quality targets*

The Quality Governance Committee and the Board of Directors monitor performance against several key quality targets through the Leading Indicators report. This aligns to the strategic objectives of the Trust. Trust performance is measured against a mixture of nationally mandated indicators and locally determined measures.

The Quality Governance Committee and Board of Directors also receive a dedicated maternity integrated oversight report, which includes detailed quality and performance information on our maternity services. This report is presented by the Head of Midwifery.

In addition, the Quality Governance Committee receives a suite of other reports providing assurance against key quality targets, including patient safety reports, patient experience reports, safeguarding reports, health inequalities reports and learning from deaths reports.

A proportion of our income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed through the Commissioning for Quality and Innovation (CQUIN) payment framework. A monetary total of £3.656million of our income in 2023/24 was allocated to CQUIN. However, changes to the arrangements for CQUIN meant that this amount was paid in full despite the Trust not being fully compliant in all areas requested by the CQUIN framework.

Our performance against a range of quality metrics is outlined in this section, although our Quality Account for 2023/24 provides more detail on our performance against a wider range of key quality targets across the three domains of patient safety, clinical effectiveness and patient experience.

The Summary Hospital-level Mortality Indicator (SHMI) reports death rates (mortality) at a Trust level across the NHS in England and is regarded as the national standard for monitoring of mortality. The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than would be expected. Whilst the HSMR continues to be monitored, regulators such as the CQC and other organisations such as the North East Quality Observatory (NEQOS) no longer report on the HSMR, with the SHMI being the key metric monitored nationally.

Since October 2011 the mortality of the Trust in respect of the SHMI has been banded as at least 'as expected'. The Trust reviews cases for individual diagnosis groups where the SHMI demonstrates more deaths than expected or an alert is triggered for a diagnosis group. In response to a mortality alerts, and concerns from the medical examiner office, extraordinary Mortality Councils have been set up to review certain patient cohorts, for example heart failures death and frailty / end of life care.



Measure	2021/22	2022/23	2023/24	Target
SHMI	1.01	0.87	0.96	<=1
SHMI Period	April 21 to March 22	April 22 to March 23	December 22 to November 23	
SHMI Banding	As expected	Lower than expected	As expected	As expected or lower than expected

With regards to key safety metrics:

- The rate of harm falls per 1,000 bed days was 2.68, above the threshold of 2.25, and the ratio of harm to no harm falls increased from 24% in 2022/23 to 34.5% in 2023/24. We recognise the importance of reducing the rate of harm falls and this is one of the identified workstreams within the Patient Safety Incident Response Plan (PSIRP) for 2024/25;
- Our overall rate of falls per 1000 bed days reduced from 9.03 in 2022/23 to 7.77 in 2023/24, below the threshold of 8.5;
- We reported one never event in 2023/24 compared to zero in the previous year;
- Our patient incidents per 1,000 bed days reduced to 37 compared to 38.3 in the previous year;
- We saw a reduction in the number of medication errors across the no harm, moderate harm and severe harm categories;
- There were no MRSA bacteraemia apportioned to the Trust post-48 hours of admission; and
- There was a reduction in clostridium difficile infections post 72 hours of admission from 40 to 37, although this breached the threshold of 23. The threshold is calculated by Public Health England (PHE) from November to October and was reduced by 28% for 2023/24 which made a challenging target. Internal reviews of all healthcare associated cases are undertaken to identify learnings and required actions.

With regards to patient experience, our Friends and Family test scores continued to be high, with 92.6% of responses being positive as at March 2024.

#### *Monitoring quality compliance*

A robust monitoring plan has been enacted to ensure CQC compliance and quality of care. Two assessment tools were in place during 2023/24, the first is the corporate / business unit self-assessment using the Trust's CQC Fundamental Standards compliance tracker (against the Fundamental Standards and regulations) this is managed by the CQC Compliance and Monitoring Manager who updates this on a regular basis. The second is a newly developed Quality Improvement Plan which was developed to support the monthly Leading Indicator report and is monitored via the Trust's Senior Management Team Meeting.

Our Maternity Service was rated "good" overall following a CQC visit in February 2023 where they carried out an unannounced focused inspection as part of their new maternity inspection programme. CQC highlighted the following outstanding practice:

- A grab bag for those fleeing domestic violence;
- The diabetes specialist midwives creating an educational session for Gestational Diabetes Mellitus (GDM) and offering one-on-one sessions to non-English speaking women and birthing individuals with interpreting services;

- Implementation of postnatal contraception; and
- Pre-conceptive advice on tobacco dependency, alcohol misuse, positive mental health, nutrition, and physical activity, with antenatal clinics to support women.

The report showed that the service is managed by capable leaders who possess the necessary skills and abilities to address its priorities and issues. The report also highlighted how well the maternity team work together for the benefit of women and birthing people. Our team continues to be dedicated to delivering excellent care to families.



#### *Service developments*

We have continued to develop and enhance our services during the year to ensure that we provide the best possible care to our patients.

As part of our strategic ambition to become a centre of excellence for women's health, we secured a £250,000 investment to help to develop one-stop-shop services in GP practices, pharmacies, pop-up sites and community venues. The **women's health hub** will have an initial focus on gynaecology, sexual health and breast services, it will bring together care for several issues including menstrual health, bladder and bowel care, HRT, screening services and breast pain. By working together, we see this women's health hub as an opportunity to bring partners together to improve access and outcomes for women and girls, using digital support wherever possible.



Our paediatric department was awarded the **Gold Standard for Autism Acceptance** from the North East Autism Society. We are the first paediatric department in the region to receive this honour after tailoring care for neurodivergent children. The team introduced a range of activities designed to make autistic and neurodivergent patients more comfortable in their visits to the hospital. One of the initiatives to help children is distraction packs, which were introduced for children visiting the Accident and Emergency (A&E) department and are now used across the hospital.



We opened our **frailty virtual ward** in September 2023. The ward aims to help patients who are frail to stay at home during a period of acute illness such as chest infections, urine infections or constipation alongside conditions such as dementia or delirium. The ward offers an alternative to a hospital stay and this can be a 'step down' enabling an earlier discharge or a 'step up' avoiding hospital admission. Referrals to the frailty virtual ward come from

GPs, community nurse practitioners, rapid response teams, and from frailty nurses and doctors in the hospital. Patients can be admitted to the ward for up to fourteen days. The frailty team can refer patients to many other services to help people remain in their own homes including rapid access to a team which can provide short-term packages of care for up to six weeks.



Our endoscopy department received **Joint Advisory Group (JAG) accreditation** during 2023/24. JAG accreditation is awarded to endoscopy services that have demonstrated they meet best practice quality standards. With this accreditation, we are ensuring that our patients receive a high standard of care when they come to our endoscopy department.

In addition, following regional investment we were able to convert one of our existing treatment rooms into a fully functioning

endoscopy suite, increasing our capacity up to 5 suites in May 2023. This has provided more flexibility in the list schedule, efficient use of our endoscopy workforce, and increased the delivery of regional endoscopy training, enhancing our reputation as a regional training centre.

We have continued to develop and progress our **screening services** during the year. In October 2023 we were awarded the AAA screening service North East and North Cumbria contract for a further five years, having delivered this service since 2011.

In 2023 we have continued age extension for our screening programme across South of Tyne which is offered every 2 years to men and women aged 60 to 74 years. Evidence has suggested that screening people from a younger age will enable bowel cancers to be discovered earlier, improving the efficiency of treatment and a patient's chance of survival. Incrementally we have reduced from 60 years to 54 years old, with plans to reduce to 50 years in 2024.

With support from our charity, Gateshead Health, we purchased a new digital device to revolutionise the recovery process for patients in critical care. The device called **Rehabilitation and Interactive Therapy Activities (RITA)** is specifically designed for bedside delirium prevention and cognitive rehabilitation support with the aim to enhance the wellbeing and communication of patients and their carers in Critical Care (ITU). This state-of-the-art equipment offers a comprehensive suite of interactive activities and therapy tools that stimulate patients, improve their mood and promotes overall wellbeing, all accessible from the comfort of their bedside.

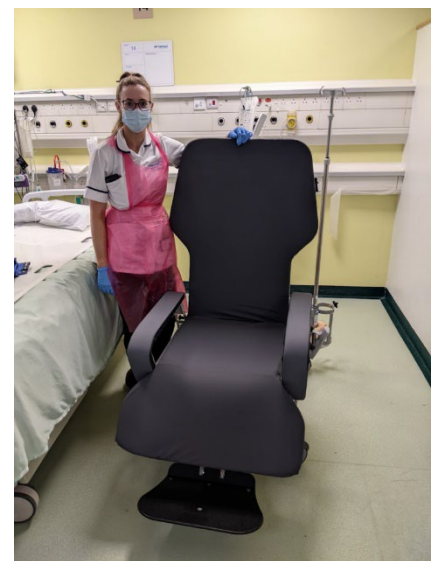
In 2023/24 we launched a new innovative **digital patient engagement service** to improve patient experience and reduce costs linked to the physical mailing of letters. The new patient engagement platform is designed to reduce our reliance on paper mailing by providing patients with a quick and easy way to accept, cancel or amend an appointment, view appointment correspondence and find helpful information relevant to their appointment and care. It also offers email and SMS notifications to remind patients of their appointments and reduce non-attendance. The platform was developed in partnership with Health Call, an NHS-owned digital health company.



During the year we pioneered a unique **dietetics service for patients living with cancer**. Diet and nutrition play a vital role in ensuring the effectiveness of cancer therapies and Macmillan Cancer Support dietitians are seeing better outcomes through improved nutrition extending both the length and quality of life for patients. Collaboration between dietitians and the rest of the team is the key to a successful outcome for patients. Malnutrition within oncology can often be managed with additional supplementation through oral or enteral (tube fed) means to achieve the best clinical outcomes.



We became the first trust in Europe to collaborate with Seating Matters on an innovative new solution for critical care patients. Our Critical Care Rehabilitation team worked with the company to develop an **innovative new chair** to take patients from lying flat to being fully seated. The team's involvement has ensured that it has all the features needed to benefit our patients. Critical care patients at Gateshead Health can now benefit from this innovation as the Trust has invested in two of the chairs. The Sydney GoFlat can form part of the initial process of getting patients out of bed, helping in both the physical and emotional rehabilitation of critical care patients.



Our **breast surgery team** have implemented a number of service developments during the year. They have successfully implemented a novel technique of pre-pectoral implant-based reconstruction, offering a single-stage immediate breast reconstruction procedure for suitable patients. This has resulted in 95-100% of cases being performed as day cases. By minimising the emotional impact of breast loss and enhancing the quality of life, patients experience shorter recovery periods and improved overall wellbeing.

In addition the team continue to explore the use of artificial intelligence (AI) to support the diagnostic process in partnership with Kheiron Medical. This work positions the service well to respond to any future implementation of AI to support breast screening activity. The Brevera integrated biopsy system - a pioneering and unique solution combining vacuum-assisted acquisition, real-time imaging, instant verification post-biopsy and automated post-biopsy specimen handling – has been introduced to reduce procedure time, boost productivity and transform the patient experience.

We established a new service in partnership with Gateshead Council's Public Health team. The 14 week **Strength and Balance classes** are provided for over 65 year olds living with mild to moderate frailty and a history of falls, reduced confidence, independence or social isolation. Excellent feedback has been received from participants.

Our **Gastro team** received some excellent feedback as part of a IQILS (Improving Quality in Liver Services) visit in 2023/24. The team demonstrated clinical and managerial commitment to improvement and innovation in care delivery.

Our **diabetes team** won an award for their innovative work in a joint project to support children and young people to access new diabetes technologies. The project seeks to support children from low-income families maximise their diabetes management. The project involves working in collaboration with the North East and North Cumbria Children and Young Persons' Diabetes Network.



The Trust donated mobile phones and laptops, that had come to the end of their life within the NHS, to be repurposed for use by children and young people living with Type 1 Diabetes in the NENC region. As of August 2023, six months into the project, 160 families had been provided with a suitable device, with 70% of these families living in areas that are ranked as being in the top 30% of the most deprived areas in the country. Feedback on the scheme has been overwhelmingly positive and it has been recognised by NHS Providers as a best practice case study for addressing health inequalities.

The **maternity team** were commended by the Director for Public Health in Gateshead for their continued work to reduce smoking at the time of delivery. There has been a reduction across the North East and North Cumbria, with Newcastle and Gateshead reporting to be at 9.7%, which is below the regional average.

We received a **National Joint Registry (NJR) Quality Data Provider certificate** which recognises our successful completion of a national programme of local data audits. The registry collects high quality orthopaedic data in order to provide evidence to support patient safety, standards in quality of care, and overall value in joint replacement surgery.

Following a successful pilot project, **Pharmacy Technicians** are now embedded within the discharge lounge. Supported by the Pharmacy Robot, the average turnaround time for discharge prescriptions through the pharmacy dispensary is one of the best in the region, taking approximately sixty minutes for standard prescriptions and approximately one hundred minutes for medicines dispensed into a 7 day bespoke blister pack. The pharmacy team within the discharge lounge help to co-ordinate the supply of medicines for patients being discharged from hospital, to ensure the medicines are safe, effective and correctly dispensed. They provide advice and information to patients about their medicines and ensure that patients are able to take their medicines safely when they go home. The Pharmacy Technicians also confirm that any critical monitoring appointments, such as anticoagulation blood tests are in place prior to discharge. This service helps to ensure the discharge process is as fast, safe and efficient as possible.

Our **pathology** service have entered into a managed service contract with Roche, this will involve a full equipment refresh for pathology services. This will ensure that patients in Gateshead, South Tyneside and Sunderland areas have access to accurate and timely laboratory medicine.

We successfully bid for the Asymptomatic Faecal Immunochemical Test (FIT) service for Shropshire Telford and Wrekin. This service went live in April 2023 and we now process around two thousand FIT requests annually for this area. When GPs make a request for a FIT test, Gateshead receives an electronic copy of this request and sends out a home

testing kit to the patient with packaging to support a postal return for testing in our laboratories. Results are returned to the GP electronically by our laboratory.

We have implemented a **partial booking system** for outpatient clinic appointments. This enables appointments slots to be booked up to six weeks in advance from the partial booking list of patients for each speciality clinic. The patients are booked in referral order, which allows for a clearer view of patients waiting for appointment, more flexibility in accommodating unexpected clinic cancellations, and a reduction in did not attend (DNA) rates. The implementation is forecast to be complete by July 2024.

The latter part of 2023/24 has seen the successful first steps in our **outpatient modernisation** project. This has seen the successful consolidation of outpatient department estate which has enabled the repurposing of the Tranwell Unit, the development of a digital booking process that records activity and allows the recycling of cancelled clinic space.

#### *Service user feedback*

Listening to the views of our patients, carers and members of the public is important to us. We use this feedback to help us to continually improve our services and the care we provide.

Each weekday our Patient Experience Volunteers visit the wards and spend time talking to patients with the aim of enhancing the experience of our patients during their time in hospital. If a patient raises any concerns, the volunteers feed this back to the ward managers and / or the patient experience team with any issues logged for early resolution.

One of our quality priorities for 2023/24 was to strengthen our partnership working with collaborative patient forums to enhance patient engagement and involvement. We have re-engaged with Gateshead Carers Partnership and representatives from Gateshead Council and Gateshead Carers are invited to forums such as the Patient Experience Group.



We have re-introduced the 15 Steps Challenge to promote a positive patient experience. The 15 Step Challenge focuses on seeing care through a patient's eyes and exploring their first impressions. The challenge helps staff to listen to patients and their carers, understand what is working well and where services can be improved. Our volunteers and Governors here at Gateshead have supported the re-introduction of the challenge and are a vital part of the team.

Some valuable service user feedback is collated through external sources, such as CQC surveys. An example of this is the CQC maternity survey which invited people aged 16 or above that had given birth at an NHS trust in January and February 2023 to take part. The report ranks maternity care at the Queen Elizabeth Hospital as fifth best out of 61 units across the country. This prestigious recognition, based on the annual CQC survey, reflects the dedication and compassion of our maternity team in providing exceptional care to pregnant people and their families. We achieved outstanding scores in key areas including antenatal support, labour and birth and postnatal care.

### *Improvements in patient and carer information*

We are continually seeking to improve the information that we provide to our patients and their carers.

In October 2023 we entered a contract with a new interpreting and translation service to improve our communication with patients. The service provides face to face interpretation, video interpreting services, telephone interpreting, translation of documents and British Sign Language (BSL). We have provided wards and departments with carts where they have access immediately to a BSL interpreter.

During the year we have worked closely with teams across the Trust to ensure our Patient Information Leaflets are up-to-date and following best practice in information design. This work remains ongoing.

We have been trialling the Patient Engagement Portal which is a digital patient engagement portal that offers appointment notifications, waiting list validation, Patient Initiated Follow-up and NHS App integration. This has been trialled since October 2023 from listening to patient concerns regarding booking and cancellation of appointments. Since the trial we have seen a 37% decrease in patient concerns relating to appointment issues.

### *Complaints handling*

Feedback from patients and visitors is invaluable in helping us ensure that the services provided meet the expectations and needs of our patients through a constructive review.

For the year 2023/24 we received a total of 353 formal complaints. Promoting a culture of openness and truthfulness is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of healthcare systems. It involves apologising and explaining what happened to patients who have been harmed as a result of their healthcare treatment when inpatients or outpatients of the Trust. It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers, our colleagues and visitors and makes sure that openness, honesty and timeliness underpins responses to such incidents.

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

<b>Complaints Performance Indicators</b>	<b>2023/24</b>	<b>2022/23</b>
Complaints received	353	299
Acknowledged within three working days	353	299
Complaints closed	303	311
Closed within agreed timescale (eight weeks)	172	117
Number of complaints upheld	248 (70%)	238 (80%)
Concerns received by PALS	635	782



Complaints Performance Indicators	2023/24	2022/23
Number of closed complaints re-opened	57	34
Number of closed complaints referred to the Parliamentary and Health Service Ombudsman	19	13

The table demonstrates that there has been an 18% increase in complaints received and a decrease of 18% in respect of PALS concerns. All complaints were acknowledged within three days and 48% of complaints were closed within the agreed timescales. Whilst this is an improvement from 37% in the previous year, we still want to deliver much more timely responses for our patients and this is an area of focus in 2024/25.

We note that there has been a 10% reduction in the number of complaints upheld in 2023/24. The top five main reasons for a formal complaint remain in relation to:

- Communications;
- Clinical treatment – general medical group;
- Clinical treatment – surgical group;
- Clinical treatment – accident and emergency; and
- Values and behaviour (staff).

We are committed to learning from complaints and concerns raised and several initiatives have been implemented during the year including:

- Following the concern raised regarding the administration of a patient's nebuliser, we recognised that we had a training gap. We have since implemented further training and development for our colleagues to ensure all qualified staff are competent in the administration of nebulisers; and
- Improved signage at clinical ward entrances to inform patients and visitors of key information required for the department / ward.

#### *Stakeholder relationships*

During the year we worked closely with our partners and stakeholders to develop and deliver core services for our patients and colleagues. We recognise the importance and value of collaborating to ensure that we are able to provide the best quality responsive services to the population of Gateshead and beyond. This is reflected in the decision-making of the Board of Directors, where the interests of the wider system and place are an important consideration.

We have continued to work closely with our partners in the **NENC ICS** and the **Provider Collaborative**, with our Chief Executive, Trudie Davies, leading the workforce corporate programme of work for the Collaborative. In July 2023 the Board of Directors reviewed the NENC Joint Forward Plan, providing feedback and seeking assurance that the strategic ambitions and priorities for Gateshead would compliment and support the delivery of the Joint Forward Plan.



The Newcastle upon Tyne Hospitals NHS FT, Gateshead Health NHS FT, Northumbria Healthcare NHS FT and North Cumbria Integrated Care NHS FT have signalled their intentions to work together as the **Great North Healthcare Alliance**. The aim is to formally establish the Alliance early in 2024/25. The Trusts believe that there is huge potential to work together to deliver significant benefits to our patients and staff within our own organisations and in the wider region. The partners have agreed guiding principles which include a recognition that each Trust will retain its independent identity and integrity as a separate entity, and each Trust has the right to opt in or out of proposals, or move at the pace, phasing and degree that is appropriate to their organisation and their communities.

At the end of March, the Alliance held its first conference for Emergency Care to share ambitions and to understand how working together more closely could help all Trusts.

During the year we announced our ambition and strategic intent to become a **Northern Centre of Excellence for Women's Health**. This ambition was supported by the NENC ICB.

Set within the context of the Women's Health Strategy for England and the 6 point plan that was published in August 2022 and with a backdrop of the 2022 Gateshead Director of Public Health report '*Mind the Gap – Women and Health Inequalities*' our strategy focuses and builds on the excellent work of our clinical teams. These include our regional gynaecology service, our regional screening services (breast, cervical, colposcopy, lung and bowel) supported by our regional pathology centre, our CQC-rated 'Good' maternity services, our IVF service, osteoporosis and many other services (acute and community).

Part of our sustainability plan, our intention is to build on our strengths and work as an anchor institution with partners at Gateshead Place and beyond to raise awareness of women's health issues (physical and mental) to change behaviours, improve access and outcomes so that women and girls in Gateshead and the North East and North Cumbria can live healthy and prosperous lives, to reach their full potential. As a major employer with a female staff of over 78% (excluding locum, bank and honorary staff) many of whom are residents of Gateshead, we recognise the part we play in population health.

We led on the submission of a bid for funding to the ICB for Gateshead Place as part of the national women's health hub investment plan to support our collective ambition and were delighted to secure £250k to support this work as outlined earlier in the report. We have a multi-agency steering group overseeing development of the hub.

In last year's annual report we referenced our partnership with Newcastle-upon-Tyne Hospitals NHS Foundation Trust to develop a **Community Diagnostic Centre** (CDC) at the Metrocentre in Gateshead. It will provide imaging, respiratory investigations and cardiac investigations, improving access to screening and diagnostic services outside of a hospital setting across Gateshead and Newcastle. The building work commenced in 2023/24 and the CDC is set to open later in 2024. In support of this, the interim CDC at Blaydon started an ultrasound service for the benefit of patients in both Gateshead and Newcastle. When the CDC opens it will offer 145,000 appointments per year, creating 134 jobs.

As outlined in the service development section of the report, there are a number of other service-specific examples which demonstrate collaboration with our partners during the year. Some further examples of collaboration are outlined here.

A shared service model has been developed between Gateshead and Northumbria Healthcare NHS FT to provide **specialist women's pelvic health physiotherapy services**

across both areas. The service is designed around a sustainable workforce development model that allows existing physiotherapist employees to rotate through the women's pelvic health physiotherapy service. This not only makes the service more robust and sustainable during times of staff movement, but also adds variety and learning opportunities to our physiotherapy team, giving us a broader audience for future workforce recruitment.

We are part of the core membership of the project board for the Provider Collaborative work to build a new **Medicines Manufacturing Centre** at Seaton Delaval. This project is supported by capital investment from NHS England to establish a regional aseptic manufacturing unit that make large batches of a range of common injectable products, chemotherapy and over-labelled packs of medicines. This will be the largest NHS unit of this kind in England and is scheduled to go-live in early 2026 subject to receiving all required approvals.

A Specialist Pharmacy Technician has been appointed to co-ordinate the medicines management work around **clinical trials and research**. This is a collaboration with the National Institute for Health and Care Research (NIHR) and helps to expand our capacity and ability to host clinical trials and research.

#### *Consultation with local groups, our patients and the local community*

We are regular attendees of Gateshead's Care, Health and Wellbeing Overview and Scrutiny Committee. Throughout the year we have collaborated with partners to provide updates on health services as well as the maternity CQC inspection results, hospital discharges and the work that is being undertaken around women's health.

At the end of March 2024, we invited members of the public to have their say to help us to share future services such as menopause, contraception and gynaecology to help support improving access to women's health services offered to people in Gateshead.

As part of the NHS 75 birthday, we held an open day for the Gateshead community, which was an opportunity to go behind the scenes of the local hospital and invited members of the public to join us in celebrating the NHS 75<sup>th</sup> birthday. The open days hosted information stalls run by staff, where visitors can learn all about the work of their local NHS teams. The open day included stalls from many different departments including maternity, cancer services, community services and Foundation Trust membership.

Dr Andy Lowes, Staff Governor and Consultant in Anaesthetics and Critical Care, chairs our Organ Donation Committee. In 2023/24 Andy worked closely with local schools to encourage pupils to develop artwork to



raise awareness of organ donation. Andy dedicated a significant amount of his own time to make this happen, delivering an amazing display of artwork. Governors and colleagues were invited to vote and the winning artwork is now displayed in the Trust.

Following this competition, in February 2024 we unveiled an incredible bespoke piece of artwork created by XP Gateshead school. 'Being Human' is displayed near the Windy Nook entrance of the hospital.

A handwritten signature in black ink, appearing to read 'Trudie Davies', with a stylized flourish at the end.

Trudie Davies  
Chief Executive  
26 June 2024

# Remuneration Report

The Trust has in place two remuneration committees:

- In accordance with legislation, the Board has a Group Remuneration Committee which is responsible for approving Executive Director appointments and determining their remuneration, allowances and other terms and conditions of office. It is also responsible for approving recommendations on the composition and remuneration of the QE Facilities' Board of Directors; and
- The Governor Remuneration Committee approves the remuneration, allowances and other terms and conditions for the Chair and Non-Executive Directors. The Committee formulates recommendation regarding appointments for the consideration of the Council of Governors.

Our subsidiary company, QE Facilities, also has its own Remuneration Committee. This makes recommendations to the Group Remuneration Committee on appointment, remuneration and terms and conditions of QE Facilities' Board Members.

Within this report the term 'senior manager' is used. Guidance issued by NHS England defines senior managers as *'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS Foundation Trust'*. The guidance states that the Board of Directors should be treated as senior managers as a matter of course. As this report is prepared on a group basis, this also includes members of the QE Facilities' Board of Directors. No other members of staff are defined as senior managers for the purposes of this report in the context of Gateshead Health NHS Foundation Trust.

In accordance with the NHS Foundation Trust Annual Reporting Manual 2023/24 this remuneration report is divided into three parts:

- **Annual Statement on Remuneration**, which sets out the major decisions on senior managers' remuneration as well as any substantial changes to senior managers' remuneration which were made during the year and the context in which those changes occurred and decisions have been taken;
- **Senior Managers' Remuneration Policy**, which sets out information about our policy; and
- **Annual Report on Remuneration**, which includes details about the directors' service contracts and other related matters.

## Annual Statement on Remuneration

The remuneration committees aim to ensure that both Non-Executive and Executive Directors' remuneration is set appropriately, taking into account relevant market conditions. As Senior Independent Director, I chair the Group Remuneration Committee (from July 2023, having previously been chaired by the Trust Chair).

I attend the Governor Remuneration Committee when required to make recommendations in relation to the remuneration and appointment of the Trust Chair, whilst the Chair of the Trust routinely attends and makes recommendations in relation to the Non-Executive Directors. The Governor Remuneration Committee is chaired by Chris Toon, Appointed Governor from Gateshead College.

## Non-Executive Directors

The Governor Remuneration Committee met twice during 2023/24. Early in the year the Committee received an update on the previously approved recruitment process for two Non-Executive Directors. Committee members played a key role in the process itself, including shortlisting candidates and forming the voting members on the interview panel. NRG were commissioned to support the recruitment process and it is confirmed that the company are independent of the Trust. The Committee provided the panel with delegated authority to recommend the appointments of the Non-Executive Directors to the Council of Governors in June 2023. In July 2023 Adam Crampsie and Martin Hedley commenced in post.

In January 2024 the Committee met to undertake its annual review of Chair and Non-Executive Director remuneration. The Committee recommended to the Council that current remuneration be maintained whilst an update to the NHS England guidance on this is awaited.

The Committee also provided feedback on the proposed plan to formally split the Senior Independent Director and Deputy Chair roles into roles which could be undertaken by two separate Non-Executive Directors. This recognises the different responsibilities of the two roles and the increased development opportunities this would provide to Non-Executive Directors. The Committee approved the proposed enhancements for both roles (equally splitting the current enhancement across the two roles, resulting in no additional remuneration costs overall) and recommended them to the Council. These changes will take effect from July 2024.

The Committee considered recommendations to re-appoint Anna Stabler and Maggie Pavlou for a second three-year term, commencing on 1 July 2024 and 1 October 2024 respectively. The Committee considered the annual performance appraisal outcomes, time commitment, the turnover of the Board, the length of tenure, independence and fit and proper person compliance as part of the decision-making. The Committee recommended the re-appointment to the Council of Governors and this was approved.

The Committee also considered a proposal to re-appoint Mike Robson for a period of one year following the end of his second three-year term on 30 June 2024. This is permitted by the Code of Governance in exceptional circumstances. Given the level of Board turnover and the financial challenges facing the Trust, the Committee supported the proposal acknowledging the benefits of maintaining organisational memory at this time. The Committee recommended the re-appointment to the Council of Governors and this was approved.

## Executive Directors

The Group Remuneration Committee met six times during 2023/24. At the beginning of the year the Committee considered the output of an independent review of executive pay, which had been completed by Korn Ferry. Executive pay had not been subject to an independent review for a number of years. The review was commissioned to support the Committee in developing its remuneration policy based on robust independent assessment of suitable pay ranges and conditions to attract and retain high calibre individuals.

The Committee reviewed and approved the remuneration policy (which was developed following the independent review), moving away from a 3 point pay scale for each position to pay ranges. The ranges were set with reference to the Korn Ferry report and benchmarking data, with three pay zones within the ranges enabling remuneration to be set dependent upon experience and proven ability.

The Committee utilised the newly approved remuneration policy to provide clear governance and structure to the setting of remuneration for Executive Director recruitment during the year.

The Committee also reviewed the NHS England Very Senior Manager (VSM) recommended 5% annual pay increase for 2023/24 and considered its application in respect of each Executive Director post.

The Committee's responsibilities during the year in relation to recruitment and appointment included:

- Approving interim arrangements for the QE Facilities' Managing Director, Group Director of People and OD, Group Chief Operating Officer and Group Medical Director;
- Approving the remuneration and recruitment process for the substantive appointments to the these roles, providing delegated authority to the Chair and Chief Executive to deliver the process;
- Ratifying the appointments: of Philip Glasgow, QE Facilities Director of Finance; Amanda Venner, Group Director of People and OD, Joanne Halliwell, Group Chief Operating Officer; and Gavin Evans, QE Facilities' Managing Director.

GatenbySanderson were commissioned to support the recruitment of the Group Chief Operating Officer and Group Director of People and OD positions. NRG were commissioned to support the recruitment of the QE Facilities' Managing Director post. It can be confirmed that both companies are independent of the Trust and QE Facilities.

The Committee also approved the re-appointment of Dr Gillian Findley, Chief Nurse, as Deputy Chief Executive for a period of two years.

With regards to subsidiary governance, the Group Remuneration Committee approved the amendment of Executive Director job descriptions to clearly articulate their group responsibilities. The Committee also approved the proposal from the QE Facilities' Board of Directors to recruit an additional external Non-Executive Director to bring additional skills and experience aligned to the work of the company.

The Committee also reviewed the first iteration of succession plans for each Executive Director role, following the appointment of a number of new Executive Directors.

From a governance perspective the Committee's terms of reference and cycle of business were fully reviewed and refreshed in line with the recommendations from the Korn Ferry review. This resulted in the Senior Independent Director taking over as Committee Chair from July 2023 with a reduced membership of Non-Executive Directors (previously all Non-Executive Directors were members). All Non-Executive Director committee chairs remained members of the Committee, along with the Trust Chair.

### **QE Facilities' Remuneration Committee**

The QE Facilities' Remuneration Committee met three times during 2023/24.

The Committee formally approved the appointment of Philip Glasgow as Director of Finance and recommended this to the Group Remuneration Committee.

The Committee reviewed proposals in relation to the remuneration and appointment of the QE Facilities Managing Director, making recommendations to the Group Remuneration Committee.

In January 2024 the Committee considered a proposal to increase the size of the QE Facilities Board of Directors by recruiting an external Non-Executive Director with commercial skills. The Committee supported this proposal and recommended it to the Group Remuneration Committee.



Mike Robson  
Chair of the Group Remuneration Committee  
26 June 2024

### Senior Managers' Remuneration Policy

The table below sets out the component parts of our remuneration package for senior managers, excluding Non-Executive Directors.

Component	Specific to:	Strategic Link	Maximum Possible	Description
Salary	All senior managers	To attract and retain suitably qualified individuals to lead and direct the Trust's activities.	Dependent on salary scale, mindful of the need to attract and retain suitable individuals, subject to periodic benchmarking and retention considerations.	Senior managers, clinical and non-clinical will attract an Agenda for Change / Medical and Dental nationally agreed salary. Executive Directors are subject to a pay range for each post, which includes three pay zones dependent on experience.
Performance bonus	All senior managers	To attract and retain suitably qualified individuals to lead and direct the company's activities.	Not defined	There is no bonus scheme in place although the Committee reserves the right to award a bonus for exceptional performance as recommended by the Chief Executive or Chair. This is subject to an exceptional appraisal and all core skills training being up to date.
Lease car scheme	All staff	To attract and retain suitably qualified	Not defined	We operate a salary sacrifice / salary deduction



Component	Specific to:	Strategic Link	Maximum Possible	Description
		lead and direct the company's activities.		There is no longer a car allowance payment for postholders.
Pension	All staff	To attract and retain suitably qualified individuals to lead and direct the Trust / company's activities.	In line with NHS pensions  In line with Nest scheme for QEF staff	NHS pension scheme and set contribution rates  Nest pension scheme
Expenses	All staff	Reimbursement of necessary business expenses	No limit	Reimbursed in line with the Trust's travel and subsistence policy and national terms and conditions.
On call allowance	Senior managers	To attract and retain suitably qualified individuals to lead and direct the Trust / company's activities.	None	There is no financial on-call allowance above and beyond the two days leave incorporated into the annual leave allowance.
Additional duties enhancement	Senior managers	To attract and retain suitably qualified individuals to lead and direct the Trust's activities.	Discretionary – usually no more than £10k per annum	To recognise additional temporary responsibilities

The policy in respect of the Non-Executive Directors and Chair is reviewed annually by the Governor Remuneration Committee. The Committee sets remuneration having regard for benchmarking information and guidance issued by NHS England, as outlined in the Group Remuneration Committee Chair's statement on remuneration. The key components are set out in the below table:

Component	Specific to:	Strategic Link	Maximum Possible	Description
Fees	Chair and Non-Executive Directors	To attract and retain suitably qualified individuals to Non-Executive Director positions	As determined by the Council of Governors based on national guidance and local benchmarking.	The fees are set by the Council of Governors having regard to guidance issued by NHS England and local benchmarking.



Component	Specific to:	Strategic Link	Maximum Possible	Description
				Non-Executive Directors do not participate in any performance-related schemes, nor do they receive any pension or private medical insurance or taxable benefits.
Other fees payable to Non-Executive Directors or items considered to be remuneration in nature	Chair and Non-Executive Directors	To attract and retain suitably qualified individuals to Non-Executive Director positions	Deputy Chair / Senior Independent Director - £3,165 (when the roles are held by one individual)  Group Audit Committee Chair - £3,165	Enhancements were applied on appointment to the additional role.
QE Facilities fees	QE Facilities Non-Executive Directors including the Chair	To attract and retain suitably qualified individuals to Non-Executive Director positions	Salary levels determined by independent benchmarking	Additional payment to reflect company Non-Executive Director role

During the year two senior managers of the Trust and its subsidiary were paid more than the threshold set by the Civil Service (the Prime Minister's ministerial and parliamentary salary). The policy on very senior manager pay is reviewed and benchmarked regularly. Pay ranges are set with reference to publicly available, independently produced, sector specific benchmarking information, taking into account the local market too. This ensures that the Trust can offer salaries to recruit and retain the best candidates for these important roles which are proportionate to the market place.

All posts are permanent and may be terminated by mutual agreement, resignation or dismissal. The notice period for Executive Directors is six months. The Trust currently has no provision for compensation for early retirement or payments for loss of office (subject to audit). No payments were made to past senior managers.

In setting the remuneration policy for senior managers, consideration was given to the pay and conditions of employees on Agenda for Change and relevant national guidance. In determining non-incremental pay uplift for executive directors and other senior managers, consideration is given to any national pay award decisions and to appropriate national guidance.

We are committed to the principles of diversity and inclusion, and we recognise the importance of having a Board that is reflective of the population that we serve. We recognise that there are no Board Members from the GEM community and this remains an area of

focus. Our recruitment processes encourage the emergence of candidates from diverse backgrounds, and we ensure that diversity and inclusion are taken into consideration when evaluating the skills, knowledge and experience needed for each Board-level vacancy. This is in line with our wider recruitment processes for the Trust. We have engaged with a number of diversity networks as part of Board recruitment during 2023/24 to encourage applications from a wide range of candidates, including those with protected characteristics. We will continue to do this as part of any forthcoming recruitment to seek to ensure that the Board is representative of the population served.

### Annual report on remuneration

The attendance statistics for those Board Members who are members / regular attendees at the Group Remuneration Committee are shown in the table within the Directors' Report section of the Accountability Report. As outlined the Chair of the Committee's statement the composition of the Committee changed during the year in response to the independent review of remuneration.

The Governor Remuneration Committee met twice times during 2023/24 and the Governor membership and attendance can be seen in the below table:

Member	Number of meetings attended (out of a maximum of 2)
Chris Toon – Appointed Governor and Committee Chair	2
Abe Rabin – Lead Governor and Public Governor for Central Gateshead	0
Les Brown – Public Governor for Western Gateshead	2
Agatha Kanyangu – Public Governor for Out of Area	2
Lynsey Curry – Staff Governor	1
Adaeze Okereke, Staff Governor (joined the Committee in January 2024)	0 out of 1

The QE Facilities' Remuneration Committee met three times during the year and was attended by all of its members on each occasion – Hilary Parker (QE Facilities Non-Executive Director), Maggie Pavlou (QE Facilities Chair of the Board) and Trudie Davies (Group Chief Executive).

### Director and Governor expenses

There were 22 Governors in post at 31 March 2024 (compared to 25 as at 31 March 2023) and 1 Governors claimed expenses totalling £35.40 during the year (compared to no Governor claiming expenses in 2022/23).

As at 31 March 2024 there were 16 Board Members on the Trust and QE Facilities' Boards (noting that 2 individuals sit on both Boards and are only counted here once). This is the same number as at 31 March 2023. 4 Directors claimed expenses totalling £5,070.24 compared to 11 Directors claiming expenses totalling £2,535.15 in the previous year.

### Remuneration tables (subject to audit)

The remuneration tables on the following pages are subject to audit.

2022/23						Name and Title	2023/24					
Salary and fees	Expense payments & BiK	Performance Bonus	Long Term Performance Bonus	Pension-related Benefits	Total		Salary and fees	Expense payments & BiK	Performance Bonus	Long Term Performance Bonus	Pension-related Benefits	Total
(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000		(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
50 - 55	0	0	0	0	50 - 55	Mrs AR Marshall Chairman	50 - 55	0	0	0	0	50 - 55
15 - 20	100	0	0	0	15 - 20	Mrs T Davies Chief Executive (from 1st March 2023) *	195 - 200	10,400	0	0	185.0 – 187.5	390 - 395
210 - 215	0	0	0	55 - 60	270 - 275	Mrs YA Ormston Chief Executive (left 31st March 2023)	N/A	N/A	N/A	N/A	N/A	N/A
145 - 150	0	0	0	70 - 75	215 - 220	Mrs J Baxter Chief Operating Officer (left 2nd October 2023)	125 - 130	0	0	0	0	125-130
N/A	N/A	N/A	N/A	N/A	N/A	Mrs J Halliwell, Chief Operating Officer (from September 2023)	75 - 80	4,400	0	0	60.0 - 62.5	140 - 145
65 - 70	300	0	0	0	0	Mrs J Bilcliff Group Director of Finance / Acting Chief Executive (left 4th Sept 2022)	N/A	N/A	N/A	N/A	N/A	N/A
125 - 130	1000	0	0	50 - 55	175 - 180	Mrs K Mackenzie Director of Finance & Digital	145 - 150	1,200	0	0	87.5 - 90	235 - 240
140 - 145	0	0	0	90 - 95	230 - 235	Mrs L Crichton-Jones Director of People & OD (left 30th June 2023)	35 - 40	100	0	0	0	35 - 40
N/A	N/A	N/A	N/A	N/A	N/A	Mrs A Venner Director of People & OD (from 12th June 2023)	120 - 125	600	0	0	122.5 - 125.0	250 - 255
130 - 135	700	0	0	165 - 165	295 - 300	Mrs G Findley, Chief Nurse and Deputy Chief Executive	145 - 150	0	0	0	90.0 - 92.5	235 - 240
225 - 230	1,000	0	0	0	225 - 230	Mr AJ Robson Managing Director QE Facilities Ltd (left 31st March 2023)	N/A	N/A	N/A	N/A	N/A	N/A
100 - 105	300	0	0	0	100 - 105	Mr B Walker, Finance Director QE Facilities Ltd (left 31st October 2022)	N/A	N/A	N/A	N/A	N/A	N/A

2022/23						Name and Title	2023/24					
Salary and fees	Expense payments & BiK	Performance Bonus	Long Term Performance Bonus	Pension-related Benefits	Total		Salary and fees	Expense payments & BiK	Performance Bonus	Long Term Performance Bonus	Pension-related Benefits	Total
(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000		(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
N/A	N/A	N/A	N/A	N/A	N/A	Mr P Glasgow Finance Director QE Facilities Ltd (from 1st April 2023)	105 - 110	0	0	0		105 - 110
N/A	N/A	N/A	N/A	N/A	N/A	Mr G Evans Managing Director QE Facilities Ltd (from 1st March 2024)	10 - 15	0	0	0	0	10 - 15
N/A	N/A	N/A	N/A	N/A	N/A	Mr S Harrison Managing Director QE Facilities Ltd (from 11th April 2023, left 17th March 2024)	120 - 125	0	0	0	0	120 - 125
0 - 5	0	0	0	0	0 - 5	Mr HJE Robinson Non Executive Director (left 30th Sep 2022)	N/A	N/A	N/A	N/A	N/A	N/A
10 - 15	0	0	0	0	10 - 15	Dr R Bonnington Non Executive Director (left 30th June 2023)	0 - 5	0	0	0	0	0 - 5
10 - 15	0	0	0	0	10 - 15	Cllr M Gannon Non Executive Director (left 30th June 2023)	0 - 5	0	0	0	0	0 - 5
15 - 20	0	0	0	0	15 - 20	Mr M Robson Non Executive Director	15 - 20	0	0	0	0	15 - 20
N/A	N/A	N/A	N/A	N/A	N/A	Mr M Hedley Non Executive Director (from 1st July 2023)	10 - 15	0	0	0	0	10 - 15
15 - 20	0	0	0	0	15 - 20	Mr A Moffat Non Executive Director	15 - 20	100	0	0	0	15 - 20
15 - 20	0	0	0	0	15 - 20	Mrs H Parker Non Executive Director and QEF Non-Executive Director (was QEF Chair until 30 <sup>th</sup> September 2023)	15 - 20	0	0	0	0	15 - 20
0 - 5	0	0	0	0	0 - 5	Dr M Sani Non Executive Director (left 31st May 2022)	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	Mr A Crampsie Non Executive Director (from 1st July 2023)	10 - 15	0	0	0	0	10 - 15

2022/23						Name and Title	2023/24					
Salary and fees	Expense payments & BiK	Performance Bonus	Long Term Performance Bonus	Pension-related Benefits	Total		Salary and fees	Expense payments & BiK	Performance Bonus	Long Term Performance Bonus	Pension-related Benefits	Total
(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000		(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
10 - 15	0	0	0	0	10 - 15	Ms A Stabler Non Executive Director	10 - 15	0	0	0	0	10 - 15
10 - 15	0	0	0	0	10 - 15	Ms M Pavlou Non Executive Director plus QEF Chair from 1st Oct 2023 (formerly QEF Non-Executive Director until being appointed Chair)	15 - 20	0	0	0	0	15 - 20
110 - 115 **	0	0	0	0	0	Mr AR Beeby Medical Director (left 31st March 2024)	150 - 155**	0	0	0	27.5 - 30.0	180 - 185

\* Mrs T Davies commenced the Chief Executive role on 1st March 2023. Following a change to the discount rate used for public service pension schemes that HM Treasury announced on 30 March 2023, the factors used to calculate transfer values (including Greenbury) will change. Until such time as the new factors are available we have been asked to suspend cash equivalent transfer value (CETV) calculations.

\*\* £30k - £35k relates to Mr A Beeby's role as a consultant (2022/23 = £20k - £25k)

Benefits in Kind (BiK) relate to lease car payments made by the Trust.

No other remuneration or pensions contributions are paid to/for these senior managers.

There were no golden hellos or compensation for loss of office.

*Pension entitlements (subject to audit)*

Name and title	Real increase in pension at pension age	Real increase in lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 1 April 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	£000
Mrs T Davies, Chief Executive	5.0 - 7.5	70.0-72.5	65.0 - 70.0	175.0 – 180.0	874	434	1,420	0
Mrs J Baxter, Chief Operating Officer ( to 2 October 2023)	Nil	Nil	50.0 - 55.0	150.0 - 155.0	1,137	0	0	0
Mrs J Halliwell, Chief Operating Officer (from September 2023)	0.0 - 2.5	0.0 - 2.5	50.0 - 55.0	135.0 - 140.0	998	32	1,175	0
Mrs K Mackenzie, Group Director of Finance	2.5 - 5.0	37.5 - 40.0	35.0 - 40.0	95.0 - 100.0	451	233	747	0
Mrs L Crichton-Jones, Director of People & OD (to 30 June 2023)	Nil	7.0-7.5	40.0 - 45.0	115.0 – 120.0	793	22	980	0
Mrs A Venner, Director of People & OD (from 12 June 2023)	2.5 - 5.0	27.5 - 30.0	20.0 - 25.0	50.0 - 55.0	221	156	457	0
Mrs G Findley, Chief Nurse and Deputy Chief Executive	5.0 - 7.5	2.5 - 5.0	80.0 - 85.0	110.0 - 115.0	1,148	256	1,540	0

Mr G Evans is not included as he participates in a defined contribution scheme not a defined benefit scheme.

Mr AR Beeby left the NHS pension scheme prior to 22/23 and started participating into a defined contribution scheme, details of which are not disclosed above as it is not a defined benefit scheme.

Mr P Glasgow is not included as he participates in a defined contribution scheme not a defined benefit scheme.

Mr S Harrison is not included as he participates in a defined contribution scheme not a defined benefit scheme.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their

purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Name and title	Real increase in pension at pension age	Real increase in lump sum at pension age	Total accrued pension at pension age at 31 March 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 1 April 2022	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	£000
Mrs Y Ormston, Chief Executive (to March 2023)	2.5 - 5.0	0.0 - 2.5	90.0 - 95.0	260.0 - 265.0	2,096	0	91	0
Mrs T Davies, Chief Executive * (from March 2023)	Nil	Nil	Nil	Nil	607	0	0	0
Mrs J Baxter, Chief Operating Officer	2.5 - 5.0	2.5 - 5.0	55.0 - 60.0	135.0 - 140.0	1,009	76	1,137	0
Mrs J Bilcliff, Group Director of Finance (to September 2022)	Nil	Nil	30.0 - 35.0	30.0 - 35.0	2,921	0	551	0
Mrs K Mackenzie, Group Director of Finance (from September 2022)	0.0 - 2.5	0.0 - 2.5	30.0 - 35.0	55.0 - 60.0	391	12	451	0
Mrs L Crighton-Jones, Director of People & OD	5.0 - 7.5	5.0 - 7.5	45.0 - 50.0	80.0 - 85.0	671	82	793	0
Mrs G Findley, Chief Nurse	7.5 - 10.0	10.0 - 12.5	65.0 - 70.0	100.0 - 105.0	956	144	1,148	0

\* Mrs T Davies commenced the Chief Executive role on 1st March 2023. Following a change to the discount rate used for public service pension schemes that HM Treasury announced on 30 March 2023, the factors used to calculate transfer values (including Greenbury) will change. Until such time as the new factors are available we have been asked to suspend cash equivalent transfer value (CETV) calculations.

Mr B Walker is not included as he participated in a defined contribution scheme not a defined benefit scheme.

Mr AR Beeby left the NHS pension scheme prior to 22/23 and started participating into a defined contribution scheme, details of which are not disclosed above as it is not a defined benefit scheme.

Mr AJ Robson, Managing Director of QE Facilities Limited, received no pension contributions in the year but does have previous benefits accrued. However no disclosure has been made as to the total of these benefits as the Trust have been informed by the NHS Pension Agency that the information cannot be provided for individuals who did not contribute to the NHS Pension Scheme in year.

*Fair pay multiple (subject to audit)*

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2023/24 was £195k - £200k (in 2022/23 it was £225k - £230k). This is a decrease between years of -13.9%.

Total remuneration includes salary, non-consolidated performance-related pay and taxable benefits. It does not include severance payments, employer pension contributions (including payments in lieu of benefits) and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2023/24 was from £15k - £20k to £350k - £355k (in 2022/23 the range was £15k - £20k to £245k - £250k). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 7%, due to pay awards and additional enhancements being paid. Seven employees received remuneration in excess of the highest-paid director in 2023/24, this compares with four in 2022/23.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2023/24	25th Percentile	Median	75th Percentile
Salary component of pay	£25,465	£34,074	£43,868
Total pay and benefits excluding pension benefits **	£25,465	£34,074	£43,868
Pay and benefits excluding pension: pay ratio for highest paid director	7.7:1	5.8:1	4.5:1

\* No ratios for "total salary (which includes any benefits in kind and performance pay)" have been disclosed, on the grounds that the 'salary only' ratios are not significantly different to the ratios for total salary – as the Trust does not have material benefits in kind or performance pay.

There are no material difference between salary component of pay and total pay and benefits excluding pension benefits as there is no significant BIK and no performance pay

The median pay in 2023/24 is £34,074 (in 2022/23 it was £32,670). This is a change between years of +4.3% and is a result of a pay awards. The median is 5.8 times the



remuneration of the highest director, a decrease from 7.1 times in 2022/23.

A handwritten signature in black ink, appearing to read 'Trudie Davies', with a stylized, cursive script.

Trudie Davies

Chief Executive  
26 June 2024

## Staff Report

Under our corporate strategy one of our strategic aims is '*We will be a great organisation with a highly engaged workforce*'. We recognise the importance of looking after our people and making our Trust a great place to work. It has been proven that a supportive and positive working environment for NHS colleagues has a direct impact on patient care and experience. We have placed significant focus on health and wellbeing, growing and developing our workforce and developing our culture to be the best in the NHS.

2023/24 continued to be a challenging year for our people as we continued to manage the impact of Industrial action from our nursing, junior doctors, consultants and ambulance colleagues.

We understand how challenging this has been personally and professionally for our colleagues - for those colleagues who took part in the strike, the colleagues helping to keep services running and keep patients safe during these periods and for those involved in the complex and dynamic planning and risk assessments for every strike period. We recognise that the dispute has not been directly with the Trust and we remain supportive of all of our people who have exercised their legal right to strike.

We continue to look to improve the health and wellbeing of our workforce via various ways. During the past year, the health and wellbeing team has become more embedded within our Occupational Health team, helping provide a more holistic and comprehensive support offer to staff.

During the last year, targeted work has been done to support colleagues impacted by the cost of living crisis – ranging from new partnerships and offers to the provision of free sanitary products for staff. The #GHMoneyMatters Guide to Financial Wellbeing brings together all of the benefits, savings, free goods, discounts, support offers, grants and more available to help colleagues manage their finances and continues to be updated regularly.



Elsewhere and after colleagues told the organisation they'd like to see more physical wellbeing support offers, we have worked to introduce staff health checks, physical activity groups, an on-site fruit & vegetable stall and more. Mental health also continues to be an active area of focus, with a newly-trained network of Mental Health First Aiders set to continue growing throughout 2024.

### Key headlines – recruitment, retention and absences

Recruitment, retention, and absence remain a key priority, with the Board setting a target of group sickness absence of less than 5%, and a vacancy rate of less than 5% by the end of the 2023/24 financial year.

In March 2023 our vacancy rate was 4.7% and sickness absence was 5.3%. By March 2024 the vacancy rate had dropped to 2.3% which is a fantastic achievement however, the sickness absence increased to 5.6%.

International recruitment was a focus throughout 2022/23 in which the first 50 internationally recruited nurses were appointed. Our international nurses have been supported by a dedicated International Nursing Team. The nurses have a broad on-boarding and pastoral

programme before attending wards with the team supporting access to the hospital computer systems. The team help them with many of the practical things for settling into a new country, such as opening bank accounts and finding accommodation. There is an extensive comprehensive teaching programme, delivered by the practice development team. We were successful in a bid to recruit a further 100 nurses which took place throughout 2023/24. To date, the programme has been a success, recruiting 150 international nurses, and retaining 100% of those recruited. As the nursing headcount has reached stable levels and we have filled all of our nursing vacancies, this programme of work concluded in March 2024.

As part of our domestic recruitment we are engaging with local schools and colleges to educate young people about the different career opportunities available to them in the Trust and QE Facilities. We have also supported 116 colleagues through apprenticeship programmes, with around 38 different types of apprenticeship available across the Trust and QE Facilities.

During 2023/24 we have been working with our partners at place on development opportunities for our local population. This involves collaborative working with Gateshead Council, CBC Health, local colleges and other partners. There have been successful cohorts of Getting in to Care programmes, as well as two summer schools that saw a number of young people from the local areas attending programmes to help develop their understanding of the health and care sector, with exciting simulation sessions ran within the Queen Elizabeth Hospital. The Gateshead Cares Workforce partnership continues to work collaboratively, and further opportunities are being scoped into 2024/25.

We believe that retention is just as important as recruitment and have taken a number of steps to support our colleagues and encourage them to continue their careers with us. This includes increasing our health and wellbeing offering, as described at the beginning of this section, as well as enhancing our learning offerings. During 2023/24 we introduced legacy mentors. We were observing a high turnover of nursing and midwifery colleagues at the 18 to 24 months of service stage - legacy mentors provided an opportunity to discuss progression and have 'itchy feet' conversations on a one-to-one basis. This scheme saw turnover with this group reduce by 8%. Throughout 2024/25 we want to expand the success of these scheme to other staff groups.

As mentioned earlier in this report our target for sickness was for this to be below 5%, but by March 2024 sickness was at 5.6%. Our continued focus on health and wellbeing is an important part of supporting our colleagues to be well enough to remain at work. We undertook some focussed work between People and OD colleagues and our business units to support colleagues in appropriately managing absences. It is identified that there is further work to do in this area to reduce sickness throughout 2024/25 to bring sickness absence down to a manageable level. This is one of our strategic objectives for 2024/25.

Information on sickness absence is collated nationally by NHS Digital and can be found at the following link <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>.

The latest information about our staff turnover can also be found on the NHS Digital website: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

### Analysis of staff costs and numbers (subject to audit)

An analysis of our average staff numbers for the year is shown below (in respect of whole-time equivalent numbers). The 'other' category includes apprentices.

	Group				Foundation Trust			
	2023/24 total number	Permanently employed number	Other number	2022/23 total number	2023/24 total number	Permanently employed number	Other number	2022/23 total number
Medical and dental	499	482	17	466	499	482	17	466
Ambulance staff	0	0	0	0	0	0	0	0
Administration and estates	1,021	997	24	996	845	829	16	831
Healthcare assistants and other support staff	1,075	1,064	10	1,033	596	588	7	545
Nursing, midwifery and health visiting staff	1,443	1,343	100	1,349	1,443	1,343	100	1,349
Healthcare scientists	391	384	7	391	381	374	7	450
Scientific, therapeutic and technical staff	482	478	5	450	482	478	5	381
Other	21	21	0	19	8	8	0	7
<b>Total</b>	<b>4,932</b>	<b>4,769</b>	<b>163</b>	<b>4,704</b>	<b>4,253</b>	<b>4,102</b>	<b>152</b>	<b>4,029</b>

\*Note that the table does not cast due to minor rounding differences

As at 31 March 2024 the gender split of the workforce was as follows (this table is not subject to audit):

	Male	Female
Directors	7	9
Other senior managers	67	159
Employees	1103	4005

An analysis of our staff costs for the year is shown in the following table (subject to audit):

	Group				Foundation Trust			
	2023/24 total	Permanently employed	Other	Total 2022/23	2023/24 total	Permanently employed	Other	2022/23
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	209,733	201,773	7,960	199,431	187,780	180,890	7,880	180,083
Capitalised salaries and wages	989	989	0	606	989	989	0	606
Social security costs	20,980	20,046	933	18,902	19,064	18,131	933	17,148
Apprenticeship levy	1,048	1,007	41	934	934	894	40	846
Pension costs - defined contribution plans. Employers' contributions to NHS Pensions	22,221	21,218	1,004	19,873	21,471	20,417	1,054	19,088
Pension cost – employer contributions paid by NHSE on provider's behalf (6.3%)	9,693	9,315	378	8,711	9,362	8,959	403	8,363
Pension costs – other	343	343	0	393	56	56	0	151
External bank	1,490	0	1,490	1,728	1,490	0	1,490	1,728
Agency / contract staff	4,266	0	4,266	8,933	3,230	0	3,230	7,619
NHS Charitable Funds staff	0	0	0	0	0	0	0	0
Termination benefits	143	143	0	93	143	143	0	93
<b>Total</b>	<b>270,905</b>	<b>254,833</b>	<b>16,072</b>	<b>259,604</b>	<b>244,519</b>	<b>229,490</b>	<b>15,029</b>	<b>235,725</b>

\*Note that the table does not cast due to minor rounding differences

## Staff equality, diversity and inclusion

At Gateshead Health we are passionate about equality, diversity and inclusion (EDI) and we have continued to take steps to ensure that EDI considerations are part of everything that we do. Our Board Members are committed to equality, diversity and inclusion.

We operate within a legislative framework which is underpinned by the Equality Act 2010, which means we need to comply with a range of different requirements, including but not limited to:

- Public Sector Equality Duty;
- Human Rights – Mental Health Code of Practice;
- Equality Delivery System (EDS2);
- Workforce Race Equality Standard (WRES);
- Workforce Disability Standard (WDES);

- Gender Pay Gap; and
- Accessible Information Standard.

Ensuring equality for all is a core part of our organisational culture and compassionate leadership approach. Our policies help us to ensure that we embrace equality, diversity and inclusion both in service delivery and employment with the Trust. As part of policy review and development, all policies must be accompanied by an equality and quality impact assessment (EQiA). The EQiA is reviewed by the Trust's dedicated Policy Review Group and signed off by the EDI and Engagement Manager prior to a policy being approved. This ensures that there are no unintended negative consequences of a policy for anyone with a protected characteristic.

We have four staff networks in place within the Trust, as outlined earlier in the report – our GEM network, D-Ability network, Women's network and LGBT+ network. The networks help us to understand the views of members of staff who share an affiliation with a protected characteristic and support us to shape our services and working environment to ensure that we are as inclusive and equitable as we can be, embracing the value of diversity.

Our four staff networks provide an invaluable space for mutual peer support, networking and opportunities for personal and professional development of members. Our networks provide a safe space where information, knowledge and experiences can be shared. Their activity helps us to support organisational and cultural development in positive and innovative ways.

Our staff networks played an integral role in helping us to promote and celebrate key occasions with events, celebrations and training. These included:

- Our D-Ability network supported a number of different national awareness weeks with stalls in our canteen, including Eating Disorders Awareness Week and Neurodiversity Celebration Week;
- Our LGBT+ network supported the Transgender Day of Remembrance and Non-Binary Peoples' Day; and
- The LGBT+ network has also been undertaking work with our clinical teams to develop transgender and non-binary policies.



#### *Workforce Disability Equality Standard (WDES)*

The WDES was developed to help NHS organisations make a positive impact for all disabled colleagues working in the NHS. The WDES aims to inform year-on-year improvements in reducing those barriers that impact most on the career opportunities and workplace experiences of disabled staff.

The D-Ability network has been integral to this work and has helped us to develop a greater understanding of the experiences of disabled staff. A detailed action plan for the Trust has been developed and this will enable us to measure our progress in this area.

Our latest staff survey results shows that three out of five questions that have a year-on-year comparison have improved in respect of the WDES, with work still to do in relation to bullying and harassment at work, and feeling pressure from managers to come to work. This will form part of our cultural development work with our people to ensure that we provide a supportive and inclusive workplace for all our colleagues.



Our D-Ability Group and the Trust's Human Rights and EDI Programme Board continue to be focussed on the WDES results and improvement actions, but we recognise that it is the responsibility of every member of staff to embrace this.

We are a Disability Confident Level 2 employer which means that we are recognised for actively attracting and recruiting disabled people to help fill opportunities, providing a fully inclusive and accessible recruitment process and we offer guaranteed interviews to disabled people who meet the minimum criteria for roles. We are flexible when assessing applicants to give disabled applicants the best opportunity to demonstrate that they can fulfil the role and we commit to proactively offering and making reasonable adjustments.

#### *Workforce Race Equality Standard (WRES)*

The WRES was developed with similar principles in mind, helping to ensure that NHS organisations make a positive impact for colleagues from the Global Ethnic Majority (GEM).

In respect of the WRES indicators in the NHS staff survey 2023 we saw:

- The percentage of staff experiencing harassment, bullying or abuse from patient's relatives or public in the last 12 months increased from 20.3% to 25.6%;
- The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months also increased from 19.1% to 29.4; and
- The percentage of staff experiencing discrimination at work from a manager / team leader or other colleagues rose from 11.4% to 14.6%.



On a positive note, the figure for our staff believing that the Trust provides equal opportunities for career progression, increased from 47% to 52.5%. Detailed analysis is being undertaken to understand why there has been an increase in the percentage of our GEM colleagues experiencing these unacceptable behaviours compared to the previous year. Discussions are taking place as to the best way of incorporating our Cultural Ambassadors into the disciplinary and grievance processes.

Collectively on a regional basis there are discussions around running a recruitment fair for GEM and disabled communities, to help members of these communities feel comfortable to work in NHS organisations. We routinely capture information around who has been successful in applying and being recruited within the Trust and are using this information to address and understand how we are reflective of the diverse communities we serve.

We have implemented practices to assess where the pitfalls are for candidates in respect of their protected characteristics using the data available. We tackle conscious and unconscious bias in the recruitment process within the recruitment and selection training that is offered to our managers. We are also reviewing the assessment methods and scoring systems used by hiring managers to ensure reasonable and fair decisions are being made during the selection process.

In terms of gender pay gap reporting, in 2023/24 78% of our workforce was female. Women occupied 73.2% of the highest paid jobs and 76.2% of the lowest paid jobs. The gender pay median was 12% which is consistent with the previous year.

Further information on gender pay gap reporting can be found on the Cabinet Office website: [Find and compare gender pay gap data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/gender-pay-gap)

Further information on our approach to EDI can be found on our website via the following link:

<https://www.gatesheadhealth.nhs.uk/about/trust/equality-diversity>

### Communicating, consulting and engaging with our colleagues

We actively encourage our colleagues to become involved in identifying improvements and shaping our performance and operations.

We have several consultative forums in place. Our Joint Consultation Committee and Local Negotiation Committee are the most formal arenas for consultation with staff side colleagues. They are also supported by several sub-committees (such as policy sub-committee and working groups for example the Medical Workforce Group). In addition, there are forums such as Junior Doctor Forum. Staff side colleagues are involved in our staff network groups.

We have developed an improvement strategy which aims to ensure that we create a culture of improvement where we strive to **Improve Patient Care Together** ensuring our staff have the skills and techniques to deliver continuous improvement.

The strategy sets out the key activities we will carry out to ensure that we create an environment for continuous improvement and high performance so that we can respond to today's challenges, deliver better care for patients and give better outcomes for our community

Throughout 2023/24 there has been continued development and progression of the transformation programme and portfolio during the year. The delivery of transformation programmes involves collaboration and key contributions from those colleagues who work in and understand these areas the most. Our transformation team facilitate a wide range of improvement and support activity including:

- Improvement and transformation advice and support;
- Training and development (project, programme management, Lean leaders, process mapping);
- Kaizen events;
- Rapid Process Improvement Workshops (RPIWs); and
- Improvement workshops

Recent RPIWs have included audiology referral processes, ICE results filing processes and continuing work with outpatients. In addition to leading RPIWs the team ran a further three cohorts of training for Certified Leaders in Lean Methodology to further enhance our capacity to increase our improvement activity across the organisation. In addition we have developed a portfolio of teaching sessions of varying levels aimed at reaching as many of the colleagues as possible with a view to thinking about transformation, all of which are available via the learning prospectus.

Further RPIWs are planned for 2024/25 in line with our upcoming priorities and to consolidate staff skills who have been through their Certified Leader training. We aim to train more colleagues to be certified leaders, further increasing our capacity to facilitate these important engagement and improvement events as well as increasing the capability and resilience of the organisation, supporting an improvement culture.



The Communications and Involvement Strategy for 2023/24 to 2025/26 is ongoing and was originally developed following engagement with our people. It sets out our key priorities for communications and involvement and how this will support our achievement of our overall corporate strategy. Our key communications priorities are:

- Maintain positive and effective communication with colleagues;
- Raise the profile of the Trust and proactively promote its work, performance and reputation;
- Demonstrate the Trust's development as an organisation in regard to equality, diversity and inclusion;
- Share proactive and positive stories about patient care that highlight the quality and safety of our services;
- Support and empower senior leaders across the organisation to communicate and engage effectively; and
- Work in partnership with communication professionals to support our patients across Gateshead and wider within the North East and North Cumbria area and beyond.

We communicate with our colleagues using several different channels, with over 50% of the workforce agreeing that corporate communication is effective in the recent staff survey. This will be used as a baseline with work to review the internal communication strategy ongoing for 2024/25. The key internal communication channels include the weekly newsletter, Gateshead Health Weekly, the weekly Chief Executive's update and the re-developed intranet (StaffZone) so that colleagues can now access this on any device. This year we have also introduced further engagement with 'Tea and Chat', an opportunity for any colleagues to raise any questions or issues with an Executive Director, continued with live Q&A sessions for Facebook Live and used Team Brief as part of engaging with senior leaders within the organisation.

### Freedom to Speak Up

All NHS providers are required to have a Freedom to Speak Up Guardian (FTSUG). We are committed to achieving the highest possible standards for our patients and people and as such we are committed to promoting an open and transparent culture to ensure that all members of staff feel safe and confident to speak up.

The FTSUG is employed by the Trust but is independent and works alongside Trust leadership teams to support this goal. The FTSUG reports to the Board, the People and OD Committee and Quality Governance Committee twice per year, as well as continuing to report to the National Guardian's Office on a quarterly basis. Our FTSUG supports the delivery of the Trust's corporate strategy and vision as encapsulated in our values.

As well as via the FTSUG, staff may also raise concerns with their trade union or professional organisations as per our Freedom to Speak Up Policy. When concerns are raised via the FTSUG, the Guardian commissions an investigation and feeds back outcomes and learning to the person who has spoken up. The FTSUG reports directly to the Deputy Chief Executive and has regular meetings with the Executive Director of People and OD and the Non-Executive Director responsible for FTSU.

In 2023/24 there has been a significant change to the FTSUG service with funding from the Trust for a full-time post holder. The position underwent competitive recruitment procedure as per National Guardians Office guidelines and a full-time post holder was appointed. This has allowed the service to be developed over the last 6 months since this appointment.

The FTSUG is actively engaged in raising the profile of FTSU across the Trust including developing several educational packages for all levels of staff incorporating information about the role, Just Culture, and development of a learning culture, which are delivered at various formal and informal training sessions. The FTSUG is working closely with the POD

team on all aspects of the culture programme. Being an active member of the culture programme the FTSUG is supporting the identification of themes which have been raised from our staff to drive the culture workstreams developing educational programs, policy changes to support positive cultural changes for the staff and patient safety. This includes our



zero tolerance / Show Racism the Red Card and our “It’s not ok” campaigns.

In 2022/23 there was a campaign to recruit some FTSU Champions to support our Guardian and enhance the profile and visibility of the FTSU across the Trust.

These are our current Champions from our first intake, with a further ten set to join in early 2024/25.

The FTSUG has also been working to ensure we are compliant with the requirements of NHS England following the Lucy Letby case. We have adopted the National FTSU Policy, and we are currently working on the development of a local Standard Operational Plan to support the delivery of the Policy. The future programmes for the FTSUG service will also include the development of an interactive intranet resource page for colleagues, a FTSUG electronic reporting system for ease of reporting, as well as the development of the FTSUG Service Strategy in line with the National Patient Safety Strategy Framework (PSIRF).

Alongside the proactive work the FTSUG has also continued with supporting the staff who have raised concerns. In 2023/24 we have seen a total number of 59 cases, which is a 68.5% increase in reporting compared to the prior year. 44% of concerns raised related to behaviours (bullying and harassment), with 20% linking to patient safety or quality. We welcome that more of our colleagues are feeling able to speak up and tell us when things are not right. This provides us with an opportunity to address the issues raised and develop a positive and supportive culture for our colleagues, which ultimately links to patient care and experience.

The FTSU service will continue to develop with the vision of speaking up, listening up, and following up becoming business as usual.

## Health and safety performance

We are committed to ensuring the health, safety and wellbeing of our people, patients, contractors and members of the public who are in any way affected by the activities of the Trust or QE Facilities across all locations.

We ensure the provision of appropriate resources, including staff, finance and equipment in a timely manner so as to conduct our activities in accordance with all statutory and regulatory requirements, seeking to exceed such requirements wherever reasonably practicable.

Our key objectives are to:

- prevent accidents and cases of work-related ill health;
- manage health and safety risks in our workplace;
- provide clear instructions and information, and adequate training, to ensure our people are competent to do their work;
- provide suitable personal protective equipment;
- consult with our people on matters affecting their health and safety;
- provide and maintain safe plant and equipment;
- ensure safe handling and use of substances;
- maintain safe and healthy working conditions;
- implement emergency procedures, including evacuation in case of fire or other significant incident;
- review and revise the Health & Safety Policy on a regular basis;
- maintain a culture of co-operation, communication, competency and control for health and safety; and
- protect patients and people other than those at work against risks to their health and safety arising out of work activities.

The Board has identified and assigned roles and responsibilities to management, specialist support subject matter experts and individual staff members including bank and volunteering colleagues across the Group's organisational structure, to ensure the aims and objects of our Group Health & Safety Policy are achieved and maintained.

In delivering these aims, we expect all staff, bank staff, students and contractors to always conduct themselves in line with the policy and to fully engage in all identified health & safety initiatives to deliver continual health & safety improvements.

Assurance on all matters relating to health & safety continued to be achieved through the Group Health & Safety committee meetings and team structure.

As part of the Trust's drive for continued improvement we continue to run our Safer Working Practices Groups which provide additional assurance and governance into the Group Health & Safety Committee. They include the Water Safety, Medical Gas, Violence Reduction, Medical Devices Steering Group, Infection Prevention Control, CERA, internal Compliance Auditing, PLACE Auditing & Radiation Protect groups.

The Group Health & Safety Committee is well attended across the year, with members representing staff from across the Group, our union colleagues across all locations and all levels of management including our Trust Board accountable Health & Safety lead.

We continue to promote and drive a safe working culture by providing additional education and awareness of shared learnings via internal communications, newsletters and staff social media forums.

### Occupational health & Wellbeing

The Occupational Health and Wellbeing team began the year with a RPIW, that focussed on ways to improve our management referral process. The outcomes of this have included improved use of the current estate, a new online referral form, streamlined report processes

and an improved welcome for clients. All of these improvements are aimed at enhancing our offer to staff and ensuring the best possible service is available to all those who work at Gateshead.

The team once again successfully delivered the 2023/24 flu and covid booster vaccination programme and whilst we saw lower than expected take-up rates, this was a common theme across the region and work is underway to understand the reasons why, which will be incorporated into the 2024-25 campaign plan, which is currently underway.

Our Physiotherapy service continues to go from strength to strength, with over 500 colleagues being referred into the service in the last 12 months. Client feedback remains extremely positive, with both the EQ5D (a widely-used instrument for assessing health-related quality of life and OREBRO (a musculoskeletal pain screening questionnaire) scores demonstrating the positive impact the service is having from a clinical effectiveness perspective and on long-term absence.

Demand on all services continues to rise, with 8 to 12 week waits for many of our services. The team continue to look for ways to support those colleagues in most need, as quickly as possible, whilst also considering longer term solutions. It is hoped that service demand may be helped by the Occupational Health and Wellbeing Scaling Up programme, of which the team are active members, and sees Occupational Health and Wellbeing teams from across the region come together to find ways to work more collaboratively.

The Health & Wellbeing team achieved the Better Health at Work Gold standard this year, which is a fantastic achievement and highlights the fantastic work being done to support the health and wellbeing of colleagues at Gateshead. The team are also closely involved in the development of a post-incident support hub for those who experience bullying, harassment, discrimination, and abuse. This forms part of the Trust wide, zero-tolerance programme, supporting the 'It's Not Ok' campaign.

As we move into the new year, the team are preparing for the SEQOHS (Safe, Effective, Quality Occupational Health Service) revalidation, which assesses the services against 6 key domains; Governance & Finance; Resources and Processes; Outputs and Outcomes; Information and Communication; Quality Assurance and Improvement; and Sector Specific Standards.

### Countering fraud and corruption

Local Counter Fraud Specialist Services (LCFS) were provided under contract arrangements with AuditOne. As referred to in the *Performance Report* a Counter-Fraud, Bribery and Corruption Policy is in place with regular updates on activity and investigations provided to the Group Audit Committee. The Trust's Conflicts of Interest policy also includes reference to bribery. The Local Counter Fraud Specialist ensures that fraud awareness is regularly communicated and promoted to Trust colleagues through regular articles in the weekly staff newsletter.

### Trade union facility time

The tables below outline the facilities we have provided for trade union colleagues during the year and collectively they constitute our facility time report for 2023/24.

Relevant union official:

Number of employees who were relevant union officials during the relevant period	Full Time Equivalent (FTE)
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7	6.8
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Percentage of time spent on facility time:

Percentage of Time	Number of Employees
0%	3
1%-50%	3
51%-99%	0
100% of their working time	1

Percentage of pay bill spent on facility time

<b>Total Pay Bill</b>	£269,827,000
<b>Total cost of facility time</b>	£26,994.84
<b>Percentage of the total pay bill spent on facility time, calculated as:</b>  <b>(Total cost of facility time / total Pay Bill x 100</b>	0.01%

Paid trade union activities

<b>Time spent on paid trade union activities as a percentage of total paid facility time hours</b>	100%
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Here in Gateshead, whether providing support to individual colleagues, to teams going through changes, or by playing a valuable role in contributing to Trust-wide agendas (for example via Joint Consultative Committees or our Supply Group) we recognise that the participation of trade union representatives supports our partnership approach and our values of openness, respect and engagement.

### Expenditure on consultancy

The Group spent £0.956m on consultancy during 2023/24 (2022/23: £1.021m).

## Exit packages (subject to audit)

Exit packages during 2023/24 are detailed in the following table. All payments made were due to contractual or legal obligations.

	2023/24 Group			2022/23 Group				
Exit package cost band	Number of compulsory departures agreed	Cost of compulsory departures agreed £000	Number of other departures agreed £000	Cost of other departures agreed £000	Number of compulsory departures agreed	Cost of compulsory departures agreed £000	Number of other departures agreed £000	Cost of other departures agreed £000
<£10,000	0	0	0	0	2	14	0	0
£10,001 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	1	79
£100,001 - £150,000	1	143	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>143</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>14</b>	<b>1</b>	<b>79</b>
Redundancy	1	143	0	0	2	14	1	79
Voluntary Severance Scheme	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>143</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>14</b>	<b>1</b>	<b>79</b>

## Off-payroll transactions

The Trust makes every effort to minimise the use of off-payroll arrangements, which are only used as a last resort, for example where recruitment has failed for critical posts. Only in very exceptional circumstances would off-payroll engagements be undertaken for highly paid staff. When off-payroll engagements arise we strictly apply NHS England requirements to ensure proper protocols are followed and disclosures made.

The following table shows all off-payroll engagements as of 31 March 2024:

Number of existing arrangements as of 31 March 2024	0
Of which:	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

The following table shows all new off-payroll engagements, or those that reached six months in duration, in between 1 April 2023 and 31 March 2024, for more than £245 per day that last longer than six months.

Number of existing arrangements as of 31 March 2023	0
Of which:	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

There were no off-payroll engagements of Board Members and / or senior officials with significant financial responsibility between 1 April 2023 and 31 March 2024, as shown by the following table.

Number of off-payroll engagements of Board Members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'Board Members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	21

## Staff survey report

### Statement of approach

Increasing staff engagement remains a priority for the Trust and following the 2022 staff survey we ensured that we responded to the survey findings and took clear actions which outlined the value that we place on listening to our colleagues. In addition, through our thematic review (referred to earlier in the report), we brought together a number of feedback sources (both internal and external) and used these to set out a number of improvement actions throughout the year. We shared the thematic review widely with colleagues and sought feedback and input throughout the process.

The 2023 staff survey saw a completion rate of 50% across the Group, with the largest increase in participation seen within QE Facilities who achieved a 59% completion rate overall.

### NHS staff survey

The survey questions align to the seven elements of the NHS 'People Promise'. We have seen year on year increase across all 7 People Promises, with Morale and Engagement also seeing an improving picture.



Indicators	2023/24		2022/23		2021/22	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:						
We are compassionate and inclusive	7.5	7.3	7.5	7.2	7.4	7.2
We are recognised and rewarded	6.1	6.0	5.9	5.7	5.9	5.8
We each have a voice that counts	6.9	6.7	6.8	6.6	6.9	6.7
We are safe and healthy	6.2	6.1	6.0	5.9	6.0	5.9
We are always learning	5.9	5.6	5.5	5.4	5.1	5.2
We work flexibly	6.4	6.3	6.1	6.0	6.0	5.9
We are a team	6.8	6.8	6.8	6.6	6.6	6.6
Staff engagement	7.0	6.9	6.9	6.8	6.9	6.8
Morale	6.0	5.9	5.8	5.7	5.9	5.7

One of the Trust's Leading Indicators focuses on Staff Engagement, and seeing an improvement in this score aligns with our strategic direction. This continues to be an area of focus for 2024-25 and our aim is to see this increase again in 2024.

The results of the 2022 survey saw us focus on 3 key areas; Freedom to Speak Up; appraisal quality and bullying & harassment. In each of these 3 areas we have seen encouraging movement, with Freedom to Speak Up maintaining its position at 67% for the Trust and increasing by 3% for QE Facilities to 64%.

Appraisal completion for the Trust was reported at 88% and 81% for QE Facilities. Both are significantly above the Picker average and demonstrate the targeted work, particularly within QE Facilities, on the importance of the appraisal conversation. We have also seen a positive trajectory in those questions relating to the quality of the appraisal process.

The Trust continues to score positively in relation to instances of bullying, harassment, and physical violence at work however, when we examine this through the lens of our Staff Networks, we can see that the experiences differ for GEM colleagues, those who report a disability and our LGBTQ population. This will be picked up in more detail, along with the WRES and WDES results, within the EDI section, but it's worth noting that this has triggered an organisational focus on zero-tolerance and the creation of our It's Not Ok campaign. We have also seen a slight reduction in the reporting of incidents, and this is being addressed through the zero-tolerance working group.

Some of the activity that has taken place as a result of the 2022 staff survey results can be seen below:



#### *Priorities areas for 2024-25*

We have identified some priority areas following the 2023 Staff Survey including:

- Continued focus on bullying, harassment, discrimination and abuse via the Zero-Tolerance Working Group;
- Appropriate reporting of incidents;
- Developing the 'We Are a Team' People Promise through the promotion of civility and respect and living in line with our values;
- Continuing to promote a culture of speaking up and taking action as a result of feedback from colleagues. This is being championed by our new Freedom to Speak Up Guardian;
- Continue with our commitment to the NHS Equality, Diversity and Inclusion Improvement Plan, using this to enhance the experience of those who identify with our staff networks;
- Increasing opportunities for conversation between our Staff Networks and the Board, to encourage better understanding through the sharing of lived experiences and challenges;
- A continued focus on flexible working and making this an option for everyone; and
- Continuing to increase clinical engagement on results, themes and actions, helping to ensure we are truly clinically led, and management supported.

## Code of Governance for NHS Provider Trusts

Gateshead Health NHS Foundation Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a comply or explain basis. The Code of Governance was published in October 2022 and became applicable on 1 April 2023. It replaces the previous NHS Foundation Trust Code of Governance.

The Code sets out a common over-arching framework for the corporate governance of NHS providers.

### Mandatory disclosures

Code Section Ref	Code of Governance – Mandatory Disclosure Requirements – Schedule A	Annual Report Section Reference
A 2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	This is referred to in the Performance Report and also within the Stakeholder Relationships section
A 2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	This is referred to within the Staff Report section – specifically in the Staff Survey and Freedom to Speak Up sections.
A 2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance	This is referred to within the Stakeholder Relationship section.

Code Section Ref	Code of Governance – Mandatory Disclosure Requirements – Schedule A	Annual Report Section Reference
	processes oversee its collaboration with other organisations and any associated risk management arrangements.	
B 2.6	<p>The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:</p> <ul style="list-style-type: none"> <li>• has been an employee of the trust within the last two years</li> <li>• has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust</li> <li>• has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme</li> <li>• has close family ties with any of the trust's advisers, directors or senior employees</li> <li>• holds cross-directorships or has significant links with other directors through involvement with other companies or bodies</li> <li>• has served on the trust board for more than six years from the date of their first appointment</li> <li>• is an appointed representative of the trust's university medical or dental school.</li> </ul> <p>Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.</p>	This is referred to in the Board composition section
B 2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	This is referred to in the Board composition and Directors' report section. Individual attendance statistics are provided for

<b>Code Section Ref</b>	<b>Code of Governance – Mandatory Disclosure Requirements – Schedule A</b>	<b>Annual Report Section Reference</b>
		those committees which the Code mandates must exist.
B 2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	This is included in the Board's Relationship with the Council of Governors section
C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors	This is included in the Annual Statement on Remuneration
C 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	This is included in the Council of Governors section of the Directors' Report, as well as in the Annual Statement on Remuneration. The terms of reference for the Governor Remuneration Committee are available on the Trust's website as part of the Council of Governors' papers.
C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience	This is referred to in the Board composition table in the Directors' report section.
C 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors	This is referred to in the Well-led Arrangements section of the Directors' Report
C 4.13	The annual report should describe the work of the nominations committee(s), including: <ul style="list-style-type: none"> <li>the process used in relation to appointments, its approach to succession planning and how both</li> </ul>	This is included in the Annual Statement on Remuneration and Senior Managers' Remuneration Policy sections.

Code Section Ref	Code of Governance – Mandatory Disclosure Requirements – Schedule A	Annual Report Section Reference
	<p>support the development of a diverse pipeline</p> <ul style="list-style-type: none"> <li>• how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition</li> <li>• the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives</li> <li>• the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served</li> <li>• the gender balance of senior management and their direct reports.</li> </ul>	
C 5.15	<p>Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.</p>	<p>This is included in the Foundation Trust Membership section.</p>
D 2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> <li>• the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed</li> <li>• an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans</li> <li>• where there is no internal audit function, an explanation for the absence, how internal assurance is</li> </ul>	<p>This is included in the Group Audit Committee section within the Directors' Report.</p>

Code Section Ref	Code of Governance – Mandatory Disclosure Requirements – Schedule A	Annual Report Section Reference
	<p>achieved and how this affects the external audit</p> <ul style="list-style-type: none"> <li>an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services</li> </ul>	
D 2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy	This is included in the Audit of the Accounts section of the Performance Report
D 2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	This is included in the About Us – Our Strategic Objectives and Risks section of the Performance Report, as well as being covered in the Annual Governance Statement.
D 2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	This is included in the About Us – Our Strategic Objectives and Risks section of the Performance Report, as well as being covered in the Annual Governance Statement.
D 2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	This is included in the Going Concern section of the Performance Report.
E 2.3	Where a trust releases an executive director, eg to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	No Executive Directors have been released to serve as a Non-Executive Director elsewhere.



<b>Code Section Ref</b>	<b>Code of Governance – Mandatory Disclosure Requirements – Schedule A</b>	<b>Annual Report Section Reference</b>
Appendix B 2.14	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	This is included in the Council of Governors section of the Directors' Report
Appendix B 2.14	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	This is included in the Foundation Trust Membership section of the Directors' Report
Appendix B 2.15	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, eg through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	This is included in the Board's Relationship with the Council of Governors section of the Directors' Report
FT ARM	If, during the financial year, the Governors have exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012	Governors have not exercised this power and therefore no disclosure is required.

### Comply or explain

We have complied with the “comply or explain” disclosures of the Code of Governance.

## NHS Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a. objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
- b. additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

### Segmentation

As at 31 May 2024 the Trust was positioned in segment 3, compared to its placement in segment 2 at the end of 2022/23. Segment 3 is described in the NHS Oversight Framework as requiring significant support needs against one or more of the five national oversight themes. The driving factor for the move from segment 2 to segment 3 relates to our underlying financial deficit.

We have met regularly with NHS England and shared our financial sustainability plans. No enforcement action has been taken against the Trust.

Current segmentation information for NHS trusts and Foundation Trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>

# Modern Slavery and Human Trafficking Act 2015 Annual Statement 2023/24

Gateshead Health NHS Foundation Trust offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain.

Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains and in any part of its own business or supply chain.

## *The Organisation*

Gateshead Health NHS Foundation Trust provides secondary care, community and older persons' mental health services to a local population of approximately 200,000. Wider populations are served for specialist screening services, gynaecology-oncology services and some breast services, including South of Tyne, Northumberland, Humberside, Cumbria and Lancashire. Our annual turnover is around £400m and we have a workforce of around 5,100 people.

## *Our Commitment*

The Trust considers the potential social impact and effect of its supply chain prior to the commencement of a procurement. It is committed to ensuring its suppliers adhere to the highest standards of ethics and undertakes due diligence when considering new suppliers as well as regularly reviewing existing suppliers.

The Trust recognises that it has a responsibility to take a robust approach preventing and addressing any concerns to slavery and human trafficking.

The organisation is committed to preventing slavery and human trafficking in its corporate activities and to ensuring that its supply chains are free from slavery and human trafficking.

We are committed to acting ethically and with integrity and transparency in all business dealing and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business of our supply chain.

## *Training*

Advice and training regarding modern slavery and human trafficking is available to staff through our safeguarding children and adults training programmes, our safeguarding policies and procedures and our safeguarding lead.

Although specific training has not been undertaken for staff, Trust staff undertake safeguarding training as part of core training which references Modern Day Slavery and informs staff how to raise concerns regarding any vulnerable adult.

Members of the Procurement senior team are Chartered Institute of Purchasing and Supply (CIPS) qualified and abide by the CIPs code of professional conduct.

## *The Trust's Policy Framework*

The Trust has several policies in place which support this agenda including-

- a Recruitment and Selection policies
- b Safeguarding policies
- c Raising Concerns – Freedom to Speak Up

## d Managing Conflicts of Interest

### *Our Due Diligence*

As part of our efforts to monitor and reduce the risk of slavery and human trafficking occurring within our supply chain we have taken the following steps:

- Gathered information from the business concerning existing suppliers;
- Identified tier 1 suppliers to our business; and
- Sought confirmation from those suppliers of their own compliance with the Modern Slavery Act (where appropriate) and their commitment to ethical business practices and transparency in their own supply chains.

These steps have been taken to enable us to:

- Establish and assess areas of potential risk in our business and supply chains;
- Monitor potential risk areas in our business and supply chains;
- Train our employees on what to look for (the signs of modern slavery);
- Reduce the risk of slavery and human trafficking occurring in our business and supply chains;
- Provide adequate protection for whistle blowers.

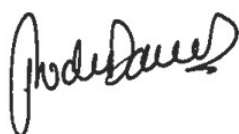
As a result, we undertake a process of due diligence to provide assurance to all relevant interested parties (ie our staff and our customers) that we work alongside reputable organisations.

We also confirm the identities of all new employees and their right to work in the United Kingdom in line with NHS employment check standards within our recruitment and selection practices and pay all our employees above the National Living Wage.

Our core values give staff a platform for our employees to raise concerns about poor working practices or behaviours not in line with those expected.

### *Risk and Compliance*

The Trust has taken steps to evaluate the nature and extent of its exposure to the risk of modern slavery occurring within our supply chain, measured against legislative and regulatory requirements.



Trudie Davies  
Chief Executive  
26 June 2024

## Statement of Accounting Officer's Responsibilities

### **Statement of the chief executive's responsibilities as the accounting officer of Gateshead Health NHS Foundation Trust**

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require Gateshead Health NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Gateshead Health NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

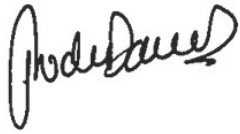
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance;
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy; and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

A handwritten signature in black ink, appearing to read 'Trudie Davies', with a stylized flourish at the end.

Trudie Davies  
Chief Executive  
26 June 2024

# Annual Governance Statement

## Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Gateshead Health NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Gateshead Health NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

### Risk management leadership

As Accounting Officer, I have ultimate accountability and responsibility for leading our risk management arrangements on behalf of the Board of Directors. Executive leadership for risk management is delegated to the Chief Nurse, as outlined within our risk management framework. The Chief Nurse is responsible for providing leadership for the development and implementation of the Group's risk management strategy, ensuring that we constantly monitor and evaluate the effectiveness of our systems of internal control. This includes ensuring that there is central support in terms of resource and systems in place to deliver the risk management strategy. The Chief Nurse, along with the Medical Director, also leads on all aspects of clinical risk.

Each executive director has responsibility for leadership in respect of risks relating to their own portfolio areas. As an example, the Chief Operating Officer had specific responsibility for operational risk, performance, planning and Emergency Preparedness, Resilience and Response (EPRR)-related risks in 2023/24.

Professional support in respect of the implementation of the risk management strategy and risk systems is provided by the Head of Risk and Patient Safety (who reports to the Chief Nurse), with the Company Secretary providing support in relation to the Board Assurance Framework (BAF).

The Executive Risk Management Group is a dedicated group within our governance structure which seeks assurance over the effective risk management within both the Trust and its wholly-owned subsidiary, QE Facilities (which provides a range of functions including estates, facilities, transport and procurement). During the year the Group was chaired by the Chief Executive, which demonstrates the importance placed on risk management by the senior leadership team.



The Group met 11 times during the year and reviewed the Organisational Risk Register (ORR) at each meeting, as well as the risk registers for each business unit (corporate and operational) and QE Facilities on a cyclical basis. The work of the Group provides constructive challenge and debate on the completeness of risk registers, the appropriateness of risk scores and the frequency and robustness of risk review. The Group formally reports into the Group Audit Committee, with assurance reports provided to every meeting of the Committee to demonstrate the impact of the Group and provide an insight into the risk management control environment.

The work of the Group also informed the risk reporting to other key forums within the governance structure, with the full ORR presented at every Senior Management Team meeting for review, as well as the relevant extracts being presented to the Board committees throughout the year (alongside the BAF extracts). The ORR was presented in full to the Board of Directors at every Board meeting held in public throughout the year, with the BAF presented three times.

### Risk management training

We ensure through our management structures that we provide training and support on the delivery of risk management activities.

Our statutory and mandatory training programme supports staff in risk identification and assessment through subject-specific modules including health and safety, fire safety, moving and handling and falls training, for example. It is recognised that the pandemic has had an impact on training compliance rates, although note that compliance improved during the year.

The Group risk management policy (which applies to the Trust and QE Facilities) provides detailed information on risk reporting, risk register usage, risk review and risk escalation. The Trust's intranet includes additional guidance and information on how to implement the policy.

The Corporate Risk Manager has also delivered one-to-one and group training throughout the year as well as holding bespoke risk review sessions with risk owners.

The Board has received a number of sessions on risk management during the year. In April 2023 a Board development session was held to re-align the risks on the Board Assurance Framework to the new strategic objectives. The Company Secretary provided a training session for Board Members to aid the effectiveness and utilisation of the BAF at Board and committees.

In December 2023 the Board also held a development session to begin to consider the review and refresh of the risk appetite and risk management maturity of the Trust. A further session was held in early 2024/25.

### The risk and control framework

The Trust's risk management policy sets out the framework for the management of risk including how risks are being identified, evaluated and controlled. The risk management strategy for the Group was reviewed and approved by the Board of Directors in May 2023.

The policy describes how we use the National Patient Safety Agency (NPSA) risk matrix as a tool to assist in assigning a consequence and likelihood level to risks (using a 5x5 matrix). A standardised approach to risk assessment, scoring and grading is used, with risks being assigned an initial, current and target score. Our response to risk is in proportion to the level of risk identified and in accordance with the risk appetite and tolerance levels set by the Board of Directors.

The Board of Directors set an escalation level of 15, which means that any risks with a current risk score of 15 or above are reported to the Executive Risk Management Group to be considered for inclusion on the ORR. The risk management policy includes a full risk management governance framework to outline how risks escalate from ward to Board. During 2023/24 it was agreed that it would be beneficial to enhance the visibility of risks with a current score of 12 or above at Executive Risk Management Group. These risks scored at 12 or above on business unit or corporate risk registers are now shared with the Group for completeness and information, alongside the risks of 15 or above. This enables assurance to be sought regarding the consistency of the application of risk scores across the Group.

Another key part of the risk and control framework is the BAF. The BAF provides a method for seeking assurance over the management of the principal strategic risks to meeting the Trust's strategic objectives. The BAF identifies key controls and assurances, as well as any gaps and corresponding action plans. Each of the Board's committees has responsibility for seeking assurance over the delivery of specific Board-priority strategic objectives and consequently reviews the related BAF extracts at every committee meeting. During the year committees have tracked the actions taken to address control and assurance gaps, which helped to mitigate risks which may have impacted upon the ability to deliver the strategic objectives.

The detailed reviews of the committees informed the Board's review of the full BAF document during year.

Our internal auditors undertake an annual review of risk management and the BAF. The 2023/24 review of Trust arrangements concluded that *'governance, risk management and control arrangements provide a good level of assurance that the risks identified are managed effectively. A high level of compliance with the control framework was found to be taking place'*. This provides good external assurance around the risk and control framework in place during 2023/24.

It is noted that internal audit also conducted a review of risk management arrangements in QE Facilities and provided a conclusion of substantial assurance for 2023/24, the highest assurance rating that can be awarded.

### Governance processes and structures

Our broader governance processes and structures help to ensure that there are effective controls and escalation mechanisms in place to support decision-making and risk management.

Our Board of Directors is supported by the work of six Board committees:

- Group Audit Committee;
- Finance and Performance Committee;
- Quality Governance Committee;
- People and Organisational Development Committee;
- Group Remuneration Committee; and
- Digital Committee.

Each committee has delegated authority from the Board to review matters outlined with the terms of reference. The committees are chaired by Non-Executive Directors and are assurance-focussed committees. Key assurances, decisions, risks and any matters for escalation are reported to the Board of Directors. The Trust's subsidiary, QE Facilities, reports into the Finance and Performance Committee in respect of performance against its contract with the Trust. Following a review of subsidiary governance, the reporting

mechanisms between the QE Facilities Board of Directors and the Trust Board of Director have been improved, with the Chair of QE Facilities now presenting an assurance report to every Trust Board meeting. In addition QE Facilities also provides six monthly reports on performance directly to the Board of Directors to provide a more in-depth overview of strategic developments and performance.

The Board committees themselves are supported by a series of sub-groups, which undertake detailed work / seek assurance on specific matters and are accountable to the Board committees.

The Group Audit Committee has a key role in seeking assurance over the effectiveness of systems of internal control within both the Trust and QE Facilities. It therefore has an important and different role to play in respect of the governance structure.

The Executive Team seeks to ensure that items presented to Board committees have been subject to thorough review and scrutiny prior to consideration at Board committee-level, enabling clear articulation of assurances, risks and well-formulated action plans.

As referred to earlier within the annual report, the Board has demonstrated due regard to well-led principles and the well-led framework throughout the year. This included the Board commissioning an internal thematic review to identify key themes, learnings and actions arising from an analysis of key documents (including the Good Governance Improvement diagnostic well-led review report from March 2023; the NHS staff survey; a consultant staff survey from February 2023; anonymous letters received into the Trust) and verbal feedback from a number of different staff groups. The thematic review was presented to our public Board meeting in May 2023, as well as being shared with our Clinical Strategy Group, Council of Governors and the ICB. Nine key themes were identified from the thematic review, including:

- Strategy, planning and performance – an opportunity to strengthen our strategic response and increase the focus on proactive longer term planning;
- Clinical engagement – a need to strengthen clinical engagement and enhance the clinical voice in decision-making to ensure we become a clinically-led and management supported organisation;
- Unitary function and governance – given the significant changes at Board-level there was an identified need to focus on development and unitary function;
- Freedom to Speak Up and organisational culture – an opportunity was identified to enhance the role and function of the Freedom to Speak Up Guardian, supported by a cultural improvement programme that embeds Just Culture and organisational learning; and
- QE Facilities – developing a shared vision and ensuring that governance processes between the Trust and QEF are fit for purpose.

The thematic review closely aligned with the key principles of the well-led framework and a comprehensive action plan was developed, with progress reported regularly to the Board and Board committees during the year.

A number of other reviews and workstreams resulted from the thematic review findings. This included an external review of the communications capacity and resource within the Trust, a comprehensive review of the meeting governance structure and an independent review of subsidiary governance. The actions arising from these reviews seek to strengthen the governance and controls in place and support the Group in ensuring that there is compliance with well-led principles.

The appetite of the Board to commission these reviews and act upon their findings demonstrates a commitment to continuous improvement and good governance. Ensuring that we have effective governance in place enables our Board to be assured over the services we provide to our patients and the working environment we provide for our people.

Having an effective governance structure supports in the identification and management of principal risks to compliance with the NHS provider licence section 4 (FT governance). The thematic review itself enabled the identification of risks to compliance with this licence section. Where we have identified potential control weaknesses or opportunities for improvement during the year, we have proactively commissioned reviews – for example the review of our communications resource. The independent reviews undertaken and the actions implemented as a result support our compliance with this licence condition. The following actions taken during the year are examples of the actions we have taken to mitigate risks to compliance:

- Reviewing the governance structure and taking steps to implement a refreshed structure in 2024/25 to ensure effective and clear assurance, risk management, escalation and decision-making processes are in place;
- Reviewing subsidiary governance, including the governance processes between the Trust and QE Facilities, resulting in a number of changes. This included clarification on the 'group' role of Executive Directors; reviewing the composition of the QE Facilities' Board of Directors and revising core governance documents including the Standing Financial Instructions and Scheme of Delegation;
- Reviewing the senior leadership structure in place to ensure that there is sufficient organisational leadership in place. This resulted in increased medical, strategy and planning resource; and
- Development of the leading indicators report for the Board and its committees. This has supported the Board to increase the degree and rigour of oversight it has over performance, clearly linking this to the strategic objectives of the Trust.

As well as formal governance processes and structures, culture is key to ensuring that risk management principles are embedded into the everyday activity of the Trust. Risk management is also embedded into the activity of the organisation through incident reporting and there has been a significant focus on the transition to the Patient Safety Incident Response Framework (PSIRF) during the year.

We are committed to complying with the general and specific duties of the Public Sector Equality Duty and monitoring risks and the potential impact on people with protected characteristics. There was a significant focus on the completion of Equality and Quality Impact Assessments (EQIAs) for service changes and policy reviews, which again demonstrate an important focus on the wider aspects of risk. We work closely with our staff networks in assessing EDI-related risks and mitigating action plans to help us to continue to improve our services and offerings for both patients and colleagues.

### Quality governance

The Quality Governance Committee leads on seeking assurance over all aspects of the quality of clinical care; quality and clinical governance systems; clinical risk issues; research and development; and compliance with regulatory standards of quality and safety.

Groups which report into the Quality Governance Committee include our Safeguarding Committee, SafeCare Risk and Safety Council, Group Health and Safety Committee and our Mortality and Morbidity Steering Group.

The quality of performance information is assessed through a rolling multi-year programme of audit, data quality spot checks and reviews against updated guidance.

The Care Quality Commission (CQC) last fully inspected the Trust in April 2019, when the Trust received an overall rating of 'good'. The Quality Governance Committee monitored the resulting action plan on behalf of the Board. During 2023/24 our maternity service received a 'good' rating from the CQC. CQC carried out an unannounced focussed inspection as part of their new maternity inspection programme.

Corporate and service-level self assessments of CQC compliance were undertaken during the year. In addition a Quality Improvement Plan was developed to support the monthly Leading Indicator report and progress against this has been monitored through our Senior Management Team meetings.

### Key risks during 2023/24

Our key risks during 2023/24 as recorded on our Organisational Risk Register as at 31 March 2024 and where relevant referred to in our BAF were:

Theme	Key risk	Score at year-end	Mitigating actions
Quality outcomes	Risk of no MRI facility being available in the hospital due to essential refurbishment, leading to delays and a potential risk of harm	12	<ul style="list-style-type: none"> <li>Procurement of an on-site mobile scanner</li> <li>Increased scanning capacity at alternative Trust locations</li> </ul>
Quality outcomes	Delayed transfers of care result in increased lengths of stay, which can have a negative impact on patient health	8	<ul style="list-style-type: none"> <li>Close daily working with the local authority to examine and manage out of hospital capacity.</li> <li>Collaborative working with the local authority on discharge capacity and requirements longer term.</li> <li>Escalation process in place for patients requiring social services and community support.</li> <li>Medically optimised patient meeting held twice a week</li> <li>Weekly stranded patient meeting established</li> </ul>
Quality outcomes	A risk that people may lose trust and confidence in the services due to reports and incidents which may impact on reputation.	12	<ul style="list-style-type: none"> <li>Thematic review completed and delivery plan in place to mitigate risks.</li> <li>Transparent and regular discussions with the ICB on potential / emerging issues, enabling a 'no surprises' approach.</li> </ul>
Quality outcomes	A risk that emergency	15	<ul style="list-style-type: none"> <li>Pre-assessment process at place with elective patients who are likely to require</li> </ul>

Theme	Key risk	Score at year-end	Mitigating actions
	treatment is delayed for maternity patients due to the location of maternity in a separate building to critical care.		<p>critical care following their procedure are operated on in the main theatres.</p> <ul style="list-style-type: none"> <li>• Protocols are in place for major haemorrhages.</li> <li>• Full estates review being completed.</li> <li>• Risk mitigated to the extent that is within the capital resources available</li> </ul>
Quality outcomes	Risk of quality failures in patient care due to external causes such as delayed discharges and other external pressures	8	<ul style="list-style-type: none"> <li>• Daily reports in place for all delayed discharges.</li> <li>• Regular meetings in place with social care.</li> <li>• Discharge liaison staff available to support wards and facilitate earlier discharge.</li> <li>• Winter plan implemented.</li> </ul>
Quality outcomes	Risk of significant and unprecedented service disruption due to industrial action	16	<ul style="list-style-type: none"> <li>• Industrial action working group in place with detailed plans focussing on planning, response and recovery.</li> <li>• Business continuity planning command and control structure in place.</li> <li>• Partnership working with staff-side and trade unions.</li> <li>• Lessons learned captured after each period of industrial action and used to inform future planning.</li> </ul>
Regulation and compliance	Risk of potential non-compliance with current legislation and guidance as a result of policies not being up to date	16	<ul style="list-style-type: none"> <li>• Policy Review Group established as a dedicated forum for policy approvals.</li> <li>• Overdue policy list reviewed at Policy Review Group, Senior Management Team and the Compliance Group.</li> <li>• Revised policy on policies in place to provide clear guidance on the process for reviewing and updating policies.</li> </ul>
People and resources	Risk of not having clearly agreed workforce plans for the next 3, 5 and 10 years	16	<ul style="list-style-type: none"> <li>• Strategic workforce planning approach is under development.</li> <li>• Strategic workforce plan submitted as part of the annual planning round.</li> <li>• Plans in place to align workforce planning to the Trust's strategic intent.</li> <li>• A focus on retention through enhanced training and development offering and a focus on organisational culture.</li> </ul>
People and resources	Risk of exposure to incidents of violence and aggression in the Emergency Care Centre	15	<ul style="list-style-type: none"> <li>• Policies in place to support colleagues.</li> <li>• Training provided.</li> <li>• Reporting tools in place to monitor incidents, identify themes, trends and learnings.</li> <li>• Zero tolerance campaign in place</li> </ul>

Theme	Key risk	Score at year-end	Mitigating actions
People and resources	Increased risk of incivility and disrespectful behaviours being reported as the Group promotes an environment that encourages speaking up and creating a psychologically safe culture	12	<ul style="list-style-type: none"> <li>• Zero tolerance campaign in place.</li> <li>• Training and support provided to enable colleagues to identify and respond to bullying, harassment and discrimination</li> <li>• Increased Freedom to Speak Up resource through a full-time Guardian and expanded network of champions.</li> </ul>
Finance and efficiency	Risk to ongoing business continuity of service provision due to the ageing estate	12	<ul style="list-style-type: none"> <li>• Clinically-led estates strategy developed.</li> <li>• Estates prioritisation exercise completed</li> <li>• Full external estates review has been commissioned</li> </ul>
Finance and efficiency	Risk that activity is not delivered in line with planned trajectories, leading to a reduction in income	16	<ul style="list-style-type: none"> <li>• In-depth monitoring of activity information is in place.</li> <li>• Access and performance clinics are held to review activity and forecasts on a timely basis.</li> <li>• A review of counting and coding is underway.</li> </ul>
Finance and efficiency	Risk of ineffective and inefficient management of services due to the availability and access to appropriate and timely business intelligence	12	<ul style="list-style-type: none"> <li>• Suite of new reports have been produced in relation to activity monitoring and key performance and recovery reporting.</li> <li>• Planning and Performance team co-ordinated the manual compilation and review of data for the development of key reports such as the Leading Indicator report.</li> <li>• Additional capacity secured with the appointment of an Associate Director of Business Intelligence.</li> </ul>
Finance and efficiency	A risk that efficiency requirements are not met	16	<ul style="list-style-type: none"> <li>• Delivery closely monitored as part of month end reporting.</li> <li>• Efficiency planning and workshops in place to address underlying financial sustainability.</li> <li>• Regular discussions held with the ICB on financial efficiency and sustainability.</li> </ul>
Regulation and compliance	A risk that that we fail to deliver the operational plan of no 52 week waits by March 2024	12	<ul style="list-style-type: none"> <li>• Performance clinics established to support overall delivery plans, recovery actions and future projections.</li> <li>• Weekly access and performance meetings in place.</li> </ul>



Theme	Key risk	Score at year-end	Mitigating actions
			<ul style="list-style-type: none"> <li>Theatre roadmap aligns capacity and productivity to the delivery plan</li> </ul>
Regulation and compliance	There is a risk that data is not accessed appropriately, leading to misuse or inappropriate disclosure	16	<ul style="list-style-type: none"> <li>Policies, procedures, guides, materials and tools are in place to support the effective use and management of data and information.</li> <li>Staff training programmes are in place.</li> <li>Controls tested through the internal audit plan and the information governance spot check process.</li> </ul>
Regulation and compliance	There is a risk that there is an inability to comply with legislation and support best practice associated with records management	16	<ul style="list-style-type: none"> <li>Plans are in place to establish the scope and procurement options for a new electronic patient record system.</li> </ul>

A number of these risks will remain live into 2024/25 with the implementation of mitigating actions to reduce the risks down to their target scores, in line with our risk appetite. Our most significant risks will continue to be reported and monitored at every Board committee and Board of Directors meeting.

### Safe staffing

We adhere to the principles of safe staffing, as defined in the national guidance, Developing Workforce Safeguards. We use evidence-based tools and data such as the Safer Nursing Care tool, Birthrate Plus, eRostering and Model Hospital. Alongside this we use professional judgement and other key forms of information (such as patient and staff feedback) to ensure workforce planning is responsive to need and proactive in relation to forward planning.

Nurse staffing is reported to the Board of Directors at every meeting and reported to the Quality Governance Committee on those months when a Board meeting is not held. This ensures that there is Non-Executive Director scrutiny on a monthly basis.

The People and Organisational Development Committee oversees our wider workforce planning, metrics and talent management. The Committee has received regular updates on supply during 2023/24 and this will continue in 2024/25.

### Data security

The Digital Committee receives assurance on data security as part of key reports presented throughout the year. In 2023/24 the Digital Assurance Group and Digital Transformation Group supported the work of the Committee. The Committee receives a key performance indicator (KPI) report at every meeting which provides assurance over several indicators, including those relating to information governance and data security. The Trust's Chief Digital Information Officer is also the Senior Information Risk Officer (SIRO). At the year-end the Chief Digital Information Officer post was vacant. Interim support arrangements were in place to mitigate risks and the Group Director of Finance and Digital was appointed as the interim SIRO.

The Trust has an Information Security Specialist to assist the IT department and the SIRO in identifying gaps in processes, monitoring and management, gaps in security and risk reporting and to be a point of contact for advice, guidance and to monitor progress and action plans.

### Mandatory disclosures

The Foundation Trust is fully compliant with the registration requirements of the CQC.

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The foundation trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

### Review of economy, efficiency and effectiveness of the use of resources

We have robust arrangements in place for ensuring that resources are used economically, efficiently and effectively. In 2023/24 these included:

- Approval of annual budgets by the Board;
- Approval of the annual plan by the Board;
- Approval of the strategic objectives by the Board, with in-year monitoring and reporting to the Board Committees and the Board;
- Reporting to Board committees and the Board of Directors on key aspects of performance via the Leading Indicator report and other supporting reports. This enabled triangulation of performance across several different metrics and areas;
- Monthly group financial reporting to the Finance and Performance Committee, enabling close monitoring and scrutiny of performance against revenue and capital plans;
- Reporting on financial performance at every Board meeting;
- Monthly oversight meetings were held to enable a holistic review of all aspects of business unit performance, including financial performance;
- A full review and refresh of the Standing Financial Instructions and Scheme of Delegation, ensuring clear structures and controls are in place for procurement and financial decision-making;
- The Trust's transformation programme was in place, including a focus on demonstrating efficiencies and value for money;

- A business case review process was in place with a Business Case Review Group held to support the prioritisation of business cases in accordance with their linkages to strategy and outputs; and
- Effective use of external reviews and internal audit to seek independent assessments of control environments, enabling actions to be taken to strengthen controls and streamline our governance and processes.

### Information governance

Four data incidents occurred in 2023/24 which were deemed to meet the threshold of risk and required reporting to the Information Commissioner's Office (ICO). We were informed by the ICO that no further action would be taken as a result of the incidents.

### Data quality and governance

We recognise that all our decisions – whether clinical, managerial or financial – should be based on information which is of the highest quality.

Information and performance data published at Board level is provided with a star rating to indicate whether the data has been fully validated or represents a snapshot, real-time position which may be subject to change.

Processes are in place to validate our performance data and external monitoring returns. Business units and the information team work closely to review exceptions and validate data. The Trust has scored above the national average on the Data Quality Maturity Index (DQMI) throughout the year. A data quality strategy is in place with Digital Committee receiving data quality reports aligned to the strategy for assurance. Significant work has also been undertaken around the accuracy of counting and coding of data, alongside waiting list validation during the year.

Internal audit also undertake a number of audits each year which provide an independent assessment of data quality processes and controls. In 2023/24 this included an audit of the performance targets aligned to the System Oversight Framework. The audit received a good assurance rating, providing independent assurance over data quality in this area.

### Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Group Audit Committee and Executive Risk Management Group and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Maintaining and reviewing the effectiveness of the system of internal control has been undertaken with consideration of the following:

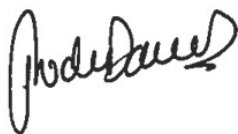
- The BAF provides evidence of the effectiveness of controls and assurances in respect to the principal risks to the achievement of our strategic objectives. The Board committees review the BAF extract at every meeting and the Board reviews the BAF three times a year;

- The Board and Board committees advise me of key assurances, risks and issues, which enable actions to be taken to address identified weaknesses;
- Our corporate governance structure and meeting calendar is planned to enable timely escalation of issues;
- Clinical audit processes are a key element of maintaining and reviewing the effectiveness of the system of internal control. We have an annual clinical audit programme, and the Quality Governance Committee reviews the content and outcomes of the programme throughout the year. The Group Audit Committee has a key role in seeking assurance over the process for developing and delivering the programme;
- Internal audit deliver an annual plan for the group, which is developed in conjunction with the Group Audit Committee and Executive Directors with a goal of seeking assurance over controls and processes across several key areas and systems;
- The Group Audit Committee, with full support of executive management, plays a key role in monitoring the implementation of audit recommendations, holding owners to account to ensure that recommendations (which ultimately should strengthen the control environment);
- Two core internal audits undertaken in 2023/24 gave limited assurance – senior medical staff job planning and the Data Security and Protection Toolkit final assessment audit. Implementation of the recommendations arising from these audits are progressing as a priority in line with the timescales agreed with internal audit;
- The independent reviews commissioned by the Board support us in strengthening our controls and processes. This has demonstrated the importance that the Board places on controls and governance and good progress has been made in implementing the recommendations from these reviews.

Whilst recognising that there are areas for us to improve on, the Head of Internal Audit Opinion for the period 1 April 2023 to 31 March 2024 provides 'good assurance' in respect of the systems of internal control.

### Conclusion

Taking into account the above, my review confirms no significant control issues have been identified.



Trudie Davies  
Chief Executive  
26 June 2024

# Independent auditor's report to the Council of Governors of Gateshead Health NHS Foundation Trust

## Report on the audit of the financial statements

### Opinion on the financial statements

We have audited the financial statements of Gateshead Health NHS Foundation Trust ('the Trust') and its subsidiaries ('the Group') for the year ended 31 March 2024 which comprise the Trust and Group Statement(s) of Comprehensive Income, the Trust and Group Statement(s) of Financial Position, the Trust and Group Statement(s) of Changes in Taxpayers' Equity, the Trust and Group Statement(s) of Cash Flows, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2023/24 as contained in the Department of Health and Social Care Group Accounting Manual 2023/24, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust and Group as at 31 March 2024 and of the Trust's and the Group's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust and Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's or the Group's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

### Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our

knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in these regards.

### **Responsibilities of the Accounting Officer for the financial statements**

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2023/24 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust and Group to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust and Group, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the Trust and the Group is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust and the Group which were contrary to applicable laws and regulations, including fraud.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, significant one-off or unusual transactions and the risk of fraud in revenue recognition.



Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risks of fraud through management override of controls by performing journal entry testing, year-end accruals and provisions testing; and
- addressing the risk of fraud through revenue recognition by testing a sample of revenue around the year-end and testing receivables.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in February 2023.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## **Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources**

### **Matter on which we are required to report by exception**

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in this respect.

### **Responsibilities of the Accounting Officer**

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

### **Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in May 2024.

## **Report on other legal and regulatory requirements**



## Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023/24; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2023/24; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and Group and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

## Use of the audit report

This report is made solely to the Council of Governors of Gateshead Health NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

## Certificate

We certify that we have completed the audit of Gateshead Health NHS Foundation Trust and Gateshead Health NHS Foundation Trust Group in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



James Collins (Jun 28, 2024 10:07 GMT+1)

James Collins, Audit Director

For and on behalf of Forvis Mazars LLP

Forvis Mazars LLP  
The Corner  
Bank Chambers  
26 Mosley Street  
Newcastle upon Tyne  
NE1 1DF

28 June 2024

## **FOREWORD TO THE ACCOUNTS**

### **Gateshead Health NHS Foundation Trust**

These accounts for the year ended 31 March 2024 have been prepared, on a going concern basis, by Gateshead Health NHS Foundation Trust under Schedule 7 (paragraphs 24 and 25) of the National Health Service Act 2006 in a form which NHSIE has, with the approval of the Treasury, directed.



Trudie Davies  
Chief Executive

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED  
31 March 2024**

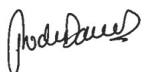
		Group 2023/24	Foundation Trust 2023/24	Group 2022/23	Foundation Trust 2022/23
	Note	£000	£000	£000	£000
<b>Revenue</b>					
Operating Income from patient care activities	2	366,710	366,710	356,974	356,626
Other operating income	2	34,414	21,789	35,323	23,757
Operating expenses	3	(406,942)	(398,556)	(388,942)	(379,734)
<b>Operating (deficit)/surplus from continuing operations</b>		<b>(5,818)</b>	<b>(10,057)</b>	3,355	649
<b>Finance Costs</b>					
Finance income	6	2,371	2,076	1,024	989
Finance expense - financial liabilities	6.1	(681)	(1,796)	(551)	(1,549)
PDC Dividends payable		(3,669)	(3,669)	(3,150)	(3,150)
<b>Net Finance Costs</b>		<b>(1,979)</b>	<b>(3,389)</b>	<b>(2,677)</b>	<b>(3,710)</b>
Other Gains/ (Losses)		0	0	(12)	0
Corporation tax (expense)/income	5.0	(994)	0	(698)	0
<b>(Deficit)/Surplus from continuing operations</b>		<b>(8,791)</b>	<b>(13,446)</b>	<b>(32)</b>	<b>(3,061)</b>
Surplus / (Deficit) of discontinued operations		0	0	0	0
<b>Surplus/(Deficit)for the financial year</b>		<b>(8,791)</b>	<b>(13,446)</b>	<b>(32)</b>	<b>(3,061)</b>
<b>Other comprehensive income</b>					
Impairments	7.0	0	0	0	0
Revaluations	7.0	3,385	3,385	0	0
Other recognised gains and losses		0	0	0	0
Actuarial gains/(losses) on defined benefit pension schemes		0	0	0	0
Other reserve movements		92	0	(47)	0
<b>Total Comprehensive (Expense)/Income for the year</b>		<b>(5,314)</b>	<b>(10,061)</b>	<b>(79)</b>	<b>(3,061)</b>

The notes on pages 131 to 174 form part of these accounts.

**STATEMENT OF FINANCIAL POSITION AS AT  
31 March 2024**

		Group 31 March 2024	Foundation Trust 31 March 2024	Group 31 March 2023	Foundation Trust 31 March 2023
	Note	£000	£000	£000	£000
<b>Non-current assets</b>					
Property, plant and equipment	8.1-8.4	162,396	161,227	142,854	141,597
Right of Use Assets	9	8,760	2,102	11,296	3,712
Investment Property	8.5	80	0	80	0
Investments in Subsidiaries	8.9	0	16,824	0	16,824
Loans to Subsidiaries	8.9	0	2,988	0	7,403
Other Investments (Charitable)	22	1,364	0	1,233	0
Trade and other receivables	10.1	2,337	1,494	1,960	1,146
<b>Total non-current assets</b>		<b>174,937</b>	<b>184,635</b>	<b>157,423</b>	<b>170,682</b>
<b>Current assets</b>					
Inventories	11.1	5,410	2,352	4,756	2,277
Trade and other receivables	10.1	21,529	22,204	26,507	27,025
Non-Current assets for Sale and Assets in disposal Groups		0	0	0	0
Cash and cash equivalents	12	40,764	34,977	50,565	46,704
<b>Total current assets</b>		<b>67,703</b>	<b>59,533</b>	<b>81,828</b>	<b>76,006</b>
<b>Current liabilities</b>					
Trade and other payables	13.1	(50,609)	(50,195)	(54,601)	(54,657)
Borrowings	14.1	(4,714)	(2,154)	(4,652)	(2,981)
Provisions	15	(5,306)	(4,673)	(3,509)	(2,931)
Other liabilities	13.2	(7,162)	(6,758)	(7,673)	(7,323)
<b>Total current liabilities</b>		<b>(67,791)</b>	<b>(63,780)</b>	<b>(70,435)</b>	<b>(67,892)</b>
<b>Total assets less current liabilities</b>		<b>174,849</b>	<b>180,388</b>	<b>168,816</b>	<b>178,796</b>
<b>Non-current liabilities</b>					
Trade and other payables		0	0	0	0
Borrowings	14.1	(16,499)	(52,868)	(19,947)	(56,080)
Provisions	15	(2,387)	(2,386)	(2,279)	(2,279)
Other Liabilities	13.2	(1,769)	(293)	(1,849)	(304)
<b>Total non-current liabilities</b>		<b>(20,655)</b>	<b>(55,547)</b>	<b>(24,075)</b>	<b>(58,663)</b>
<b>Total assets employed</b>		<b>154,194</b>	<b>124,841</b>	<b>144,741</b>	<b>120,133</b>
<b>Financed by taxpayers' equity</b>					
Public Dividend Capital		164,536	164,536	149,768	149,768
Revaluation reserve		13,180	13,180	9,795	9,795
Charitable Fund Reserve		2,499	0	2,338	0
Other Reserves		99	99	99	99
Income and expenditure reserve		(26,120)	(52,974)	(17,259)	(39,529)
<b>Total taxpayers' equity</b>		<b>154,194</b>	<b>124,841</b>	<b>144,741</b>	<b>120,133</b>

The financial statements on pages 125 to 174 were approved by the Board on: and signed on its behalf by:



Trudie Davies  
Chief Executive

## STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Group						Foundation Trust					
	Total	Public Dividend Capital	Revaluation Reserve	Charitable Fund Reserve	Other Reserves	Income and Expenditure Reserve	Total	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Taxpayers' Equity at 1 April 2023</b>	<b>144,741</b>	<b>149,768</b>	<b>9,795</b>	<b>2,338</b>	<b>99</b>	<b>(17,259)</b>	<b>120,134</b>	<b>149,768</b>	<b>9,795</b>	<b>99</b>	<b>(39,528)</b>	
<b>Changes in taxpayers' equity for 2023/24</b>												
Impact of implementing IFRS 16 on 1 April 2023	0					0	0				0	
Retained surplus/(deficit) for the year	(8,791)	0	0	70	0	(8,861)	(13,446)	0	0	0	(13,446)	
Impairments	0	0	0	0	0	0	0	0	0	0	0	
Transfer from Revaluation Reserve to I & E reserve	0	0	0	0	0	0	0	0	0	0	0	
Revaluations Property, Plant and Equipment	3,385	0	3,385	0	0	0	3,385	0	3,385	0	0	
Asset disposals	0	0	0	0	0	0	0	0	0	0	0	
Other Recognised gains / losses	0	0	0	0	0	0	0	0	0	0	0	
Other reserve movements	91	0	0	91	0	0	0	0	0	0	0	
	<b>139,426</b>	<b>149,768</b>	<b>13,180</b>	<b>2,499</b>	<b>99</b>	<b>(26,120)</b>	<b>110,073</b>	<b>149,768</b>	<b>13,180</b>	<b>99</b>	<b>(52,974)</b>	
Public Dividend Capital received	14,768	14,768	0	0	0	0	14,768	14,768	0	0	0	
Public Dividend Capital repaid	0	0	0	0	0	0	0	0	0	0	0	
<b>Taxpayers' Equity at 31 March 2024</b>	<b>154,194</b>	<b>164,536</b>	<b>13,180</b>	<b>2,499</b>	<b>99</b>	<b>(26,120)</b>	<b>124,841</b>	<b>164,536</b>	<b>13,180</b>	<b>99</b>	<b>(52,974)</b>	

## STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Group						Foundation Trust					
	Total	Public Dividend Capital	Revaluation Reserve	Charitable Fund Reserve	Other Reserves	Income and Expenditure Reserve	Total	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Taxpayers' Equity at 1 April 2022</b>	<b>140,523</b>	<b>145,471</b>	<b>9,795</b>	<b>2,344</b>	<b>99</b>	<b>(17,186)</b>	<b>118,898</b>	<b>145,471</b>	<b>9,795</b>	<b>99</b>	<b>(36,467)</b>	
<b>Changes in taxpayers' equity for 2022/23</b>												
Impact of implementing IFRS 16 on 1 April 2022	0			0		0	0				0	
Retained surplus/(deficit) for the year	(32)	0	0	41	0	(73)	(3,061)	0	0	0	(3,061)	
Impairments	0	0	0	0	0	0	0	0	0	0	0	
Transfer from Revaluation Reserve to I & E reserve	0	0	0	0	0	0	0	0	0	0	0	
Revaluations Property, Plant and Equipment	0	0	0	0	0	0	0	0	0	0	0	
Asset disposals	0	0	0	0	0	0	0	0	0	0	0	
Other Recognised gains / losses	0	0	0	0	0	0	0	0	0	0	0	
Other reserve movements	(47)	0	0	(47)	0	0	0	0	0	0	0	
	<b>140,444</b>	<b>145,471</b>	<b>9,795</b>	<b>2,338</b>	<b>99</b>	<b>(17,259)</b>	<b>115,837</b>	<b>145,471</b>	<b>9,795</b>	<b>99</b>	<b>(39,528)</b>	
Public Dividend Capital received	4,297	4,297	0	0	0	0	4,297	4,297	0	0	0	
Public Dividend Capital repaid	0	0	0	0	0	0	0	0	0	0	0	
<b>Taxpayers' Equity at 31 March 2023</b>	<b>144,741</b>	<b>149,768</b>	<b>9,795</b>	<b>2,338</b>	<b>99</b>	<b>(17,259)</b>	<b>120,134</b>	<b>149,768</b>	<b>9,795</b>	<b>99</b>	<b>(39,528)</b>	

**STATEMENT OF CASHFLOWS FOR THE YEAR ENDED  
31 March 2024**

	Note	Group		Foundation Trust	
		2023/24	2022/23	2023/24	2022/23
		£000	£000	£000	£000
<b>Cash flows from operating activities</b>					
Operating surplus /(deficit) from continuing operations		(5,818)	3,355	(10,057)	649
Operating surplus /(deficit) of discontinued operations		0	0	0	0
		(5,818)	3,355	(10,057)	649
<b>Non-cash or non-operating income and expense:</b>					
Depreciation and amortisation		10,525	11,376	10,436	11,282
Impairments and Reversals		668	(64)	668	(64)
Non Cash Donations credited to Income		0	(504)	0	(504)
Change in Trade and Other Receivables		4,801	(4,987)	7,636	(860)
Change in Inventories		(655)	(178)	(75)	(264)
Change in Trade and other Payables		(8,158)	2,212	(5,210)	4,070
Change in Other Liabilities		(591)	(635)	(576)	(588)
Change in Provisions		1,862	(1,126)	1,806	(1,428)
Corporation Tax (paid)/received		(1,006)	(694)	0	0
Other movements in operating cash flows		(7)	(3)	(79)	(482)
NHS Charitable Funds - working capital adjustments	22	(105)	8	0	0
<b>Net cash (outflows)/inflows from operating activities</b>		<b>1,516</b>	<b>8,760</b>	<b>4,549</b>	<b>11,811</b>
<b>Cash flows from investing activities</b>					
Interest received		2,304	989	2,076	989
Purchase of Property, Plant and Equipment		(19,760)	(13,738)	(24,008)	(13,577)
Proceeds From the Sale of Property, Plant and Equipment		0	64	0	0
Initial direct costs or up front payments in respect of right of use assets (lessee)		0	0	0	0
Receipt of cash lease incentives (lessee)		0	0	0	0
Lease termination fees paid (lessee)		0	0	0	0
Receipt of cash grants/donations to purchase capital assets		18	504	0	504
Finance lease receipts (principal and interest)		60	61	60	61
NHS Charitable Funds - net cash flow from investing activities	22	0	0	0	0
<b>Net cash outflow from investing activities</b>		<b>(17,378)</b>	<b>(12,120)</b>	<b>(21,872)</b>	<b>(12,023)</b>
<b>Net cash (outflow) / inflow before financing</b>		<b>(15,862)</b>	<b>(3,360)</b>	<b>(17,323)</b>	<b>(212)</b>
<b>Cash flows from financing activities</b>					
Public dividend capital received		14,768	4,297	14,768	4,297
Public dividend capital repaid		0	0	0	0
Movement in Loans from the DHSC		(999)	(999)	(999)	(999)
Capital element of lease liability payments		(3,190)	(2,911)	(1,607)	(1,507)
Interest element of lease liability		(156)	(78)	(31)	(35)
Movement in Finance Lease		0	0	(721)	(697)
Loan Interest paid		(483)	(518)	(483)	(518)
Finance Lease Interest		0	0	(1,452)	(1,476)
PDC Dividend paid		(3,879)	(2,668)	(3,879)	(2,668)
<b>Net cash inflow / (outflow) from financing activities</b>		<b>6,061</b>	<b>(2,877)</b>	<b>5,596</b>	<b>(3,603)</b>
<b>(Decrease)/Increase in cash and cash equivalents</b>		<b>(9,801)</b>	<b>(6,237)</b>	<b>(11,727)</b>	<b>(3,815)</b>
<b>Opening Cash and Cash equivalents at 1 April 2023</b>		<b>50,565</b>	<b>56,802</b>	<b>46,704</b>	<b>50,519</b>
<b>Closing Cash and Cash equivalents at 31 March 2024</b>		<b>40,764</b>	<b>50,565</b>	<b>34,977</b>	<b>46,704</b>



## Notes to the Accounts

### 1 Accounting policies and other information

#### Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and certain financial assets and financial liabilities.

#### Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

In summary following our assessment, these accounts have been prepared on a going concern basis, in accordance with the definition as set out in section 4 of the DHSC Group Accounting Manual (GAM) which outlines the interpretation of International Accounting Standard 1 (IAS1) 'Presentation of Financial Statements' as "the anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents".

The Directors have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the North East and North Cumbria Integrated Care System (NENC ICS). The Integrated Care Strategy for the North East and North Cumbria was published in December 2022 as a joint plan between the region's local authorities, the NHS and other partners. No circumstances were identified within the strategy that would cause the Directors to doubt or question the continued provision of NHS services by the Trust.

This year the Trust excluding the charity returned a deficit of £8.861m as reported in the Trusts Statement of Comprehensive Income.

2024/25 sees a continuation of the previous year's financial framework. This is blended tariff approach which consists of fixed and variable payments, with most services being on a fixed payment. For those services on a variable tariff income will be earned based on volume of activity at national tariff and is consistent with the historic PbR (payment by results) funding model. The Trust has planned to achieve variable income based on a volume of activity aligned to published activity trajectories. We recognise achievement of activity trajectories and consequently planned income targets is potentially uncertain but as it amounts to less than 2% of income to the Trust, we regard this as immaterial to the Going Concern assessment.

The Trust has produced its financial plans based on these assumptions which have been approved by the Trust Board.

The Trust has prepared a cash forecast modelled on the 2024-25 financial plan assumptions for funding during the going concern period to June 25. The cash forecast shows sufficient liquidity for the Trust to continue to operate during that period and there is no expectation of cash support being required, although that option remains available to Foundation Trusts.

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

## Accounting policies and other information (continued)

### Consolidation

#### NHS Charitable Fund

The Foundation Trust is the corporate trustee to Gateshead Health NHS Foundation Trust Charitable Fund. The Foundation Trust has assessed its relationship to the Charitable Fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the Charitable Fund and has the ability to affect those returns and other benefits through its power over the fund.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Foundation Trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

#### Other subsidiaries

QE Facilities Limited is a wholly owned subsidiary of the Trust. Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines.

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation. The primary statements and notes to the accounts are presented with separate Group and Trust columns.

#### Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimates is revised if the revision affects only that period or in the period of revision and future periods if the revision affects both current and future periods.

#### Critical judgements in applying accounting policies

The following are critical judgements, apart from those involving estimations (below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the Financial statements.

The Trust has made critical judgements, based on accounting standards, in the classification of leases and arrangements containing a lease. The Trust's view in accounting for leases is that when a lease is in place and no definition of term is in place, it is reasonable to assume that the Trust will occupy the property for the next five years as it needs to deliver its services in a local area and there is no intention for these services to be withdrawn. The Trust will review this each year with a view to immediately altering this approach where adjustments are known.

Under IFRS 16 and per the GAM, subsequent measurement of the ROU asset should be consistent with the principles for subsequent measurement of property, plant and equipment set out in IAS 16 as adapted by the FReM. Accordingly, the right of use assets should be measured at either fair value or current value in existing use. Where market data is not readily available a regular valuation is expected to be required to estimate the current value in existing use, although noted that there is a practical expedient in place for the cost model to be used where it results in a reliable proxy for current value. The Trust has made the judgement that the cost model is appropriate to use as the basis for representing the right of use assets current value.

The Trust has made critical judgements in relation to the Modern Equivalent Asset (MEA) revaluation as at 31st March 2024. Cushman & Wakefield as the Trust's valuer carries out a professional valuation of the modern equivalent asset required to have the same productive capacity and service potential as existing Trust assets. Judgements have been made by the Trust in relation to floor space, bed space, garden space, car parking areas and all areas associated with the capacity required to deliver the Trust's services as at 31st March 2024.

## 1 Accounting policies and other information (continued)

### Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The Trust's revaluations of land and buildings are based upon the professional valuations provided by Cushman & Wakefield on a Modern Equivalent Asset basis and include estimates relating to the use of BCIS indices by the valuer which can fluctuate year on year. Impairments are recognised on the basis of these valuations.

### Consolidation

#### Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

#### Revenue from NHS Contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

In 2023/24 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts. Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2023/24 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

## Accounting policies and other information (continued)

### Elective Recovery Fund (ERF)

The ERF enables providers to earn income linked to the achievement of recovery trajectories and weighted activity.

### Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

### Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

## Expenditure on employee benefits

### Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

### Pension costs

#### *NHS Pension Scheme*

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as though it is a defined contribution scheme; the cost to the Trust is taken as equal to the employer's contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment. The scheme is subject to a full actuarial valuation every four years and an accounting valuation every year.

#### *Other Pension Schemes*

The group also operates a defined contribution workplace pension scheme which is the National Employment Savings Trust Scheme (NEST). The amount charged to the Statement of Comprehensive Income represents the contributions payable to the scheme in respect of the accounting period.

### Ill Health Retirements

There were four ill health retirements in 2023/2024 at a cost of £596,716

### Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that, they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

**Accounting policies and other information (continued)****Discontinued operations**

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

**Property, plant and equipment****Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
  - it is probable that future economic benefits will flow to, or service potential be provided to, the trust
  - it is expected to be used for more than one financial year and
  - the cost of the item can be measured reliably; and
- assets individually have a cost of at least £5,000, or collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

**Subsequent expenditure**

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

**Measurement****Valuation**

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

Land and non-specialist buildings - market value for existing use

Specialist buildings - depreciated replacement cost on a modern equivalent asset basis

For specialist assets, current value in existing use is interpreted as the present value of asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the local requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors and adopted by the Trust states that valuations are performed net of VAT where the VAT is recoverable by the entity.

## **Accounting policies and other information (continued)**

### **Property, plant and equipment (continued)**

#### *Depreciation*

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

#### *Revaluation gains and losses*

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historical cost where the assets have short useful lives or low values or both, as it is not considered to be materially different from current value in existing use.

## Accounting policies and other information (continued)

### Property, plant and equipment (continued)

#### *Impairments*

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

#### *De-recognition*

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

#### ***Donated, government grant and other grant funded assets***

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt.

### **Investment property**

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, to support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.



## Accounting policies and other information (continued)

### Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and any overdraft balances are recorded at current values.

### Inventories

Inventories are valued at the lower of cost and net realisable value. Inventories are valued on a first in first out basis by reference to supplier information.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

### Financial assets and financial liabilities

#### *Recognition*

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS. This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which performance occurs, i.e. when receipt or delivery of the goods or services is made.

#### *Classification and measurement*

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets), except where the asset or liability is measured at fair value through income and expenditure. The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

## Accounting policies and other information (continued)

### ***Impairment of financial assets***

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

### ***De-recognition***

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

## **Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

### ***The Trust as lessee***

#### ***Recognition and initial measurement***

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

### ***Operating leases***

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

### ***Leases of land and buildings***

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

## Accounting policies and other information (continued)

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

### *Subsequent measurement*

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

### **The Trust as lessor**

#### ***Finance leases***

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

#### ***Operating leases***

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

### **Initial application of IFRS 16 in 2022/2023**

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

### ***The Trust as lessee***

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

### ***The Trust as lessor***

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

## Accounting policies and other information (continued)

### Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

#### **HM Treasury's discount rates effective for 31 March 2023**

Up to 5 years nominal rate 4.267% (2023: (3.27%))

After 5 years up to 10 years nominal rate 4.03% (2023: 3.27%)

After 10 years up to 40 years nominal rate 4.72% (2023: 3.51%)

Exceeding 40 years nominal rate 4.40% (2023: 3.00%)

#### **Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 15 but is not recognised in the Trust's accounts.

#### **Non-clinical risk pooling**

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

### Contingencies

Contingent liabilities are not recognised, but are disclosed in note 16.3, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

## **Third party assets**

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

## **Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

## **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and remunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

## **Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. The Secretary of State can issue new PDC to, and require repayment of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>. In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

## **Value added tax**

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## **Corporation tax**

QE Facilities Limited is a wholly owned subsidiary of Gateshead Health NHS Foundation Trust and is subject to corporation tax on its profits.

Tax on the profit or loss for the year comprises current and deferred tax. Tax is recognised in the income statement except to the extent that it relates to items recognised directly in equity or other comprehensive income, in which case it is recognised directly in equity or other comprehensive income. Current tax is the expected tax payable or receivable on the taxable income or loss for the year, using tax rates enacted or substantively enacted at the balance sheet date, and any adjustment to tax payable in respect of previous years. Deferred tax is provided on temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the amounts used for taxation purposes. The following temporary differences are not provided for: the initial recognition of goodwill; the initial recognition of assets or liabilities that affect neither accounting nor taxable profit other than in a business combination; and differences relating to investments in subsidiaries to the extent that they will probably not reverse in the foreseeable future. The amount of deferred tax provided for is based on the expected manner of realisation or settlement of the carrying amount of assets and liabilities, using tax rates enacted or substantively enacted at the balance sheet date. A deferred tax asset is recognised only to the extent that it is probable that future taxable profits will be available against which the temporary difference can be utilised.

The Finance Act 2021, was enacted in May 2021 and included the increase to the main rate of corporation tax to 25% from April 2023. As a result of this, closing deferred tax balances at 31 March 2023 and 31st March 2024 have been measured at this increased cost.

## **Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

## **Standards, amendments and interpretations in issue but not yet effective or adopted**

### **IFRS 17**

IFRS 17 establishes the principles for the recognition, measurement, presentation and disclosure of insurance contracts within the scope of the standard. The objective of IFRS 17 is to ensure that an entity provides relevant information that faithfully represents those contracts. This information gives a basis for users of financial statements to assess the effect that insurance contracts have on the entity's financial position, financial performance and cash flows.

IFRS 17 was issued in May 2017 and applies to annual reporting periods beginning on or after 1 January 2023. We do not expect this to have a material impact in the Group accounts.

## Note 1.1 Segmental analysis

The Foundation Trust operates within a single reportable segment i.e. healthcare. This primarily covers the provision of a wide range of healthcare related services to the community of Gateshead and additionally the provision of an increasing range of more specialised services to patients outside of the area.

The Board of Directors/Chief Executive acts as the Chief Operating Decision Maker for the Foundation Trust and the monthly financial position of the Foundation Trust is presented/reported to them as a single segment.

	Group		Foundation Trust	
	2023/24 Total £000	2023/24 Healthcare £000	2023/24 Total £000	2023/24 Healthcare £000
<b>Income</b>				
Income from activities	366,625	366,625	366,625	366,625
Other operating income	34,357	34,357	21,789	21,789
<b>Total Operating Income</b>	<b>400,982</b>	<b>400,982</b>	<b>388,414</b>	<b>388,414</b>

The majority of the Trust's total income from activities is received/derived from Integrated Care Boards and NHS England. Of the £366,710k reported in 2023/24 (2022/23: £356,974k), an amount of £351,126k i.e. 95.75% was attributable to Integrated Care Boards and NHS England (2022/23: £341,445k i.e. 95.65%)

	Group		Foundation Trust	
	2022/23 Total £000	2022/23 Healthcare £000	2022/23 Total £000	2022/23 Healthcare £000
<b>Income</b>				
Income from activities	356,974	356,974	356,626	356,626
Other operating income	35,323	35,323	23,757	23,757
<b>Total Operating Income</b>	<b>392,297</b>	<b>392,297</b>	<b>380,383</b>	<b>380,383</b>



**Note 2. Income****2.1 Operating Income from activities by classification**

	Group	Foundation Trust	Group	Foundation Trust
	2023/24 £000	2023/24 £000	2022/23 £000	2022/23 £000
Aligned payment & incentive (API) income - Fixed (not variable based on activity)	253,828	253,828	279,118	279,118
Aligned payment & incentive (API) income - Variable (based on activity)	44,744	44,744		
High Cost Drug Income from Commissioners	19,886	19,886	17,097	17,097
Other NHS Clinical income*	13,858	13,858	13,461	13,461
Community Income	22,819	22,819	22,153	22,153
Additional Income for the delivery of healthcare services	311	311	124	124
Private patient income	574	574	630	630
Elective Recovery Fund	0	0	6,315	6,315
Pay award central funding	159	159	8,049	8,049
Additional pension contribution central funding	9,693	9,693	8,711	8,363
Other clinical income	838	838	1,316	1,316
<b>Total Income from Activities</b>	<b>366,710</b>	<b>366,710</b>	<b>356,974</b>	<b>356,626</b>
Research and Development	1,185	1,185	961	961
Education and training	11,262	11,164	10,758	10,664
Charitable and other contributions to expenditure	50	50	0	0
Non-patient care services to other bodies	10,971	2,684	10,286	2,838
Re-imbursement & Top Up Funding	0	0	2,798	2,798
Other income	8,310	4,585	7,303	3,723
Profit on disposal of other tangible fixed assets	0	0	0	0
Profit on disposal of land and buildings	0	0	0	0
Rental revenue from finance leases	0	0	0	0
Income in respect of staff costs	911	911	854	854
Notional Income from Apprentice Fund	940	940	746	746
Donated Equipment from DHSC for Covid response non cash	0	0	0	0
Contributions to expenditure - inventory donated by NHSE for Covid response	0	0	0	0
Contributions to expenditure - inventory donated by DHSC for Covid response	270	270	481	481
Donation/Grant of Physical Assets	0	0	34	34
Cash Grants for the Purchase of Physical Assets	0	0	470	470
Rental revenue from operating leases	250	0	355	188
NHS Charitable Funds Incoming resources excluding investment income	265	0	277	0
	<b>34,414</b>	<b>21,789</b>	<b>35,323</b>	<b>23,757</b>
<b>Total Operating Income</b>	<b>401,124</b>	<b>388,499</b>	<b>392,297</b>	<b>380,383</b>

All services are commissioner requested except private patients

**2.1.1 Private patient income**

	Group	
	2023/24 £000	2022/23 £000
Private patient income	574	630
Total patient related income	366,710	356,974
<b>Proportion (as percentage)</b>	<b>0.16%</b>	<b>0.18%</b>
	Foundation Trust	
	2023/24 £000	2022/23 £000
Private patient income	574	630
Total patient related income	366,710	356,626
<b>Proportion (as percentage)</b>	<b>0.16%</b>	<b>0.18%</b>

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. The Foundation Trust has met this requirement.

**2.2 Operating lease income**

	Group & Foundation Trust	
	2023/24 £000	2022/23 £000
Rents recognised as income in the period	250	355
<b>Total</b>	<b>250</b>	<b>355</b>
Future minimum lease payments due		
- not later than one year	388	355
- later than one year and not later than two years	78	77
- later than two years and not later than three years	78	77
- later than three years and not later than four years	78	78
- later than four years and not later than five years	78	78
- later than five years	1,457	1,539
<b>Total</b>	<b>2,157</b>	<b>2,204</b>

## 2.3 Income from activities by source

	Group	Foundation Trust	Group	Foundation Trust
	2023/24	2023/24	2022/23	2022/23
	£000	£000	£000	£000
NHS Foundation Trusts	13,858	13,858	13,458	13,458
NHS Trusts	0	0	0	0
Integrated Care Boards and NHS England	351,126	351,040	341,445	341,097
Local Authorities	311	311	124	124
Department of Health - grants	0	0	0	0
Department of Health - other	0	0	0	0
Department of Health - social care	3	3	3	3
NHS Other	0	0	0	0
Non-NHS Private patients	574	574	630	630
Non-NHS Overseas patients (non-reciprocal)	170	170	74	74
NHS injury scheme	527	527	557	557
Non NHS other	141	142	683	683
Additional Income for the delivery of healthcare services	0	0	0	0
<b>Total Income from continuing Activities</b>	<b>366,710</b>	<b>366,625</b>	<b>356,974</b>	<b>356,626</b>

Injury cost recovery income is subject to a provision for impairment of receivables of 23.07% to reflect expected rates of collection

## 2.4 Other Operating Income

	Group	Foundation Trust	Group	Foundation Trust
	2023/24	2023/24	2022/23	2022/23
	£000	£000	£000	£000
Research and development	1,185	1,185	961	961
Education and Training	11,262	11,164	10,758	10,664
Charitable and other contributions to expenditure	50	50	0	0
Non-patient care services to other bodies	10,971	2,684	10,286	2,838
Re-imburement and Top-Up funding	0	0	2,798	2,798
Rental revenue from operating leases	250	0	355	188
Income in respect of staff costs	911	911	854	854
Notional Income from Apprentice Fund	940	940	746	746
Charitable Funds NHS income excluding investing	265	0	277	0
Donated Equipment from DHSC for Covid response non cash	0	0	0	0
Contributions to expenditure - inventory donated by DHSC for Covid response	0	0	0	0
Contributions to expenditure - inventory donated by NHSE for Covid response	270	270	481	481
Cash donations for the purchase of capital assets received from NHS Charities	0	0	34	34
Cash Grants for the Purchase of Physical Assets	0	0	470	469
Car Parking	1,207	1,207	774	774
Pharmacy Sales	176	2	187	6
Creche Services	29	29	45	45
Clinical Test Services	316	316	400	400
Catering	813	0	730	0
Other (note 2.4.1)	5,769	3,031	5,167	2,499
<b>Total Other Operating income</b>	<b>34,414</b>	<b>21,789</b>	<b>35,323</b>	<b>23,757</b>

### 2.4.1 Other Operating Income - Other

	Group	Foundation Trust	Group	Foundation Trust
	2023/24	2023/24	2022/23	2022/23
	£000	£000	£000	£000
Central Sterile Supplies Dept.	7	0	7	0
Salary sacrifice	602	599	589	585
Other	5,160	2,432	4,571	1,914
<b>Total Other Operating Income - other</b>	<b>5,769</b>	<b>3,031</b>	<b>5,167</b>	<b>2,499</b>

### Note 3. Expenses

Notes to the Accounts

#### 3.1 Operating expenses comprise:

	Group 2023/24 £000	Foundation Trust 2023/24 £000	Group 2022/23 £000	Foundation Trust 2022/23 £000
Purchase of healthcare from NHS and DHSC Bodies	8,505	8,504	7,154	7,201
Purchase of healthcare from non NHS Bodies	4,177	4,174	3,590	3,564
Purchase of Social Care	0	0	0	0
Staff and Executive Director Costs	268,403	243,006	257,733	233,853
Employee Expenses - Non-executive directors	169	168	172	164
Supplies and services - clinical (excluding drugs costs)	39,914	42,519	37,734	41,364
Supplies and services - consumables donated from DHSC group bodies for Covid response	310	310	521	521
Supplies and services - general	2,875	(72)	3,145	27
Supplies and services - general: notional cost of equipment donated from DHSC for Covid response below capital threshold	0	0	0	0
Supplies and services - general notional cost of equipment donated from NHSE for Covid response below capital threshold	0	0	0	0
Establishment	4,571	3,223	4,037	2,699
Research and development - (not included in employee expenses)	40	31	19	19
Research and development - (included in employee expenses)	1,096	1,096	932	932
Change in Provisions discount rates	(97)	(97)	(561)	(561)
Provisions arising / released in year	2,562	2,562	0	0
Transport (Business travel only)	850	808	753	691
Transport (Other)	792	3,872	895	3,786
Premises	18,867	39,319	18,034	36,696
Increase/(decrease) in bad debt provision	(103)	(84)	28	(29)
Drugs Inventories consumed	22,726	22,342	21,718	21,446
Inventories written down (consumables donated from DHSC group bodies for Covid response)	8	8	0	0
Operating Lease Expenditure Net	0	0	0	0
Depreciation on property, plant and equipment	10,525	10,436	11,376	11,282
Net Impairments/(Revaluations) of Property, Plant & Equipment	668	668	(64)	(64)
Audit fees				
* audit services- statutory audit	111	95	147	117
Other auditors' remuneration				
Other services	0	0	0	0
Audit Fees payable to external auditor of charitable funds accounts	5	0	5	0
Clinical negligence	7,645	7,645	7,923	7,923
Legal Fees	124	109	231	157
Consultancy Costs	956	870	1,021	511
Internal Audit costs - (not included in employee expenses)	259	189	240	170
Training, courses and conferences	2,407	2,246	2,704	2,531
Lease expenditure - short term leases <= 12 months	493	(1,276)	1,720	(742)
Car parking & Security	139	21	141	0
Voluntary Severance Payments	0	0	0	0
Redundancy	143	143	93	93
Insurance	526	241	503	249
Other Services	4,208	4,209	4,616	4,563
NHS Charitable funds other resources expended	256	0	267	0
Protective Clothing	0	0	0	0
Professional Fees	0	0	0	0
Other	2,812	1,271	2,115	571
	<u>406,942</u>	<u>398,556</u>	<u>388,942</u>	<u>379,734</u>

\* Forvis Mazars LLP There is no limitation on auditor's liability for external audit work carried out for the financial years 2023/24 and 2022/23

Statutory audit fees are shown as inclusive of VAT for the Trust and net of VAT for the subsidiary

### 3.2 The Late Payment of Commercial Debts (Interest) Act 1998/ Public Contract Regulations 2015

	2023/24 £000	2022/23 £000
Total liability accruing in the year under this legislation as a result of late payments	4	60

No claims were made against the Foundation Trust during the accounting period under this legislation. No compensation was paid to cover debt recovery under this legislation.

### 3.3 Better Payment Policy

	2023/24		2022/23	
	Number	£000	Number	£000
Total bills paid in the year	32,360	206,109	35,395	178,608
Total bills paid within target	30,071	199,363	30,617	171,572
Percentage of bills paid within target	92.9%	96.7%	86.5%	96.1%

The Better Payment Practice Code recommends the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, with the exception of small to medium sized businesses which, under the recommendation of central government, are paid within 10 days of receipt of goods and services wherever possible. The Group met the required standard by paying 96.7% of value of invoices (standard 95%) within 30 days.

#### Note 4. Employee expenses, numbers and benefits

##### 4.1 Employee expenses (Including Executive Directors' Costs)

	Group		Foundation Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Salaries and wages	209,733	199,431	187,780	180,083
Capitalised Salaries and wages	989	606	989	606
Social Security Costs	20,980	18,902	19,064	17,148
Apprenticeship levy	1,048	934	934	846
Pension costs - defined contribution plans	22,221	19,873	21,471	19,088
Employers' contributions to NHS Pensions				
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	9,693	8,711	9,362	8,363
Pension costs - Other	343	393	56	151
External bank	1,490	1,728	1,490	1,728
Agency/contract staff	4,266	8,933	3,230	7,619
NHS Charitable Funds staff	0	0	0	0
Termination Benefits	143	93	143	93
<b>Total Gross Staff Costs</b>	<b>270,906</b>	<b>259,604</b>	<b>244,519</b>	<b>235,725</b>

##### 4.2 Number of persons employed at 31st March

(The figures shown represent the Average Whole Time Equivalent as opposed to the number of employees)

	Group				Foundation Trust			
	2023/24 Total Number	Permanently Employed Number	Other Number	2022/23 Total Number	2023/24 Total Number	Permanently Employed Number	Other Number	2022/23 Total Number
Medical and dental	499	482	17	466	499	482	17	466
Ambulance staff	0	0	0	0	0	0	0	0
Administration and estates	1,013	997	16	996	845	829	16	831
Healthcare assistants and other support staff	1,074	1,064	10	1,033	595	588	7	544
Nursing, midwifery and health visiting staff	1,443	1,343	100	1,349	1,443	1,343	100	1,349
Healthcare scientists	391	384	7	391	381	374	7	450
Scientific, therapeutic and technical staff	483	478	5	450	483	478	5	381
Other *	21	21	0	19	7	7	0	7
<b>Total</b>	<b>4,924</b>	<b>4,769</b>	<b>155</b>	<b>4,704</b>	<b>4,253</b>	<b>4,101</b>	<b>152</b>	<b>4,028</b>

\* Other relates to Apprentices employed by the Trust

##### 4.3 Staff Exit Packages

Exit package cost band	2023/24 Group				2022/23 Group			
	Number of compulsory departures agreed	Cost of compulsory departures agreed £000s	Number of other departures agreed	Cost of other departures agreed £000s	Number of compulsory departures agreed	Cost of compulsory departures agreed £000s	Number of other departures agreed	Cost of other departures agreed £000s
< £10,000	0	0	0	0	2	14	0	0
£10,001 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	1	79
£100,001 - £150,000	1	143	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
> £200,001	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>143</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>14</b>	<b>1</b>	<b>79</b>
Redundancy	1	143	0	0	2	14	1	79
Voluntary Severance Scheme	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>143</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>14</b>	<b>1</b>	<b>79</b>

**5. Corporation Tax**

	Group	Group
	2023/24 £000	2022/23 £000
UK corporation tax expense	994	698
Adjustments in respect of prior years	0	0
Current tax expense	994	698
Origination and reversal of temporary differences	0	0
Change in tax rate	0	0
Adjustment in respect of previous years	0	0
Deferred tax charge/(credit)	0	0
<b>Total corporation tax expense in Statement of Comprehensive Income</b>	<b>994</b>	<b>698</b>

The Foundation Trust has no corporation tax expense (2022/23 £nil)

**Reconciliation of effective tax rate**

	2023/24 £000	2022/23 £000
Surplus for the year	4,587	2,989
Total tax expense	994	698
	<b>5,581</b>	<b>3,687</b>
Tax using the UK corporation tax rate of 19% (2020:19%)	1,395	701
Adjustments to current tax charge in respect of prior years	0	0
Tax exempt revenues	0	0
Recognition of previously unrecognised deferred tax asset	0	0
Change in tax rate	0	0
Other	(401)	(3)
Total tax (income)/expense	<b>994</b>	<b>698</b>

	Group	Foundation Trust	Group	Foundation Trust
	2023/24 £000	2023/24 £000	2022/23 £000	2022/23 £000
Interest received on commercial bank accounts	2,305	2,076	989	989
NHS Charitable Funds Investment Income	66	0	35	0
Intragroup Loan Interest	0	0	0	0
	<b>2,371</b>	<b>2,076</b>	<b>1,024</b>	<b>989</b>

**6. Finance Income**

	Group	Foundation Trust	Group	Foundation Trust
	2023/24 £000	2023/24 £000	2022/23 £000	2022/23 £000
<b>6.1 Finance Expense</b>				
Finance Leases - external	0	0	0	0
Finance Leases - inter group	0	1,115	0	998
Loan Interest	681	681	551	551
	<u>681</u>	<u>1,796</u>	<u>551</u>	<u>1,549</u>

	Group & Foundation Trust	
	2023/24 £000	2022/23 £000
7. Impairment / Revaluation of Assets		
Gross Impairment	0	0
Gross Revaluation	0	(64)
(Reversal of Impairment)/Impairment SOCI Charge	(668)	0
Increase/(Decrease) in valuation of assets	3,385	
Total (Impairment) / Revaluation in OCI	<u>2,717</u>	<u>0</u>

In 2023/24 £0.668m has been charged to operating expenses and £3.385m credited as a revaluation in other comprehensive income.

The Foundation Trust had no recorded intangible assets at the Statement of Financial Position date nor in the prior period.

## Notes to the Accounts

## 8.1 Property, plant and equipment 2023/24 - Group

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>2023/24</b>									
<b>Cost or valuation at 1 April 2023</b>	182,036	4,806	119,043	0	2,325	33,374	406	21,821	261
Additions purchased	23,990	0	5,536	0	14,370	1,241	0	2,843	0
Additions donated	18	0	18	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	2,325	0	(2,325)	0	0	0	0
Revaluations	(598)	(312)	(286)	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
<b>Cost or valuation at 31 March 2024</b>	<b>205,446</b>	<b>4,494</b>	<b>126,636</b>	<b>0</b>	<b>14,370</b>	<b>34,615</b>	<b>406</b>	<b>24,664</b>	<b>261</b>
<b>Accumulated Depreciation at 1 April 2023</b>	39,182	89	45	0	0	21,740	181	16,866	261
Provided during the year	7,183	0	3,330	0	0	2,180	35	1,638	0
Impairments	668	0	668	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	(3,983)	0	(3,983)	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
<b>Accumulated Depreciation at 31 March 2024</b>	<b>43,050</b>	<b>89</b>	<b>60</b>	<b>0</b>	<b>0</b>	<b>23,920</b>	<b>216</b>	<b>18,504</b>	<b>261</b>
<b>Net book value - 31st March 2023</b>									
- Owned	141,353	4,717	118,472	0	2,325	10,659	225	4,955	0
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,501	0	526	0	0	975	0	0	0
<b>Total NBV at 31 March 2023</b>	<b>142,854</b>	<b>4,717</b>	<b>118,998</b>	<b>0</b>	<b>2,325</b>	<b>11,634</b>	<b>225</b>	<b>4,955</b>	<b>0</b>
<b>Net book value at 31st March 2024</b>									
- Owned	161,275	4,405	126,194	0	14,370	9,955	190	6,161	0
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,121	0	382	0	0	739	0	0	0
<b>Total NBV at 31 March 2024</b>	<b>162,396</b>	<b>4,405</b>	<b>126,576</b>	<b>0</b>	<b>14,370</b>	<b>10,694</b>	<b>190</b>	<b>6,161</b>	<b>0</b>

## 8.1 Analysis of tangible fixed assets

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value</b>									
- Protected assets at 31 March 2024	145,351	4,405	126,576	0	14,370	0	0	0	0
- Unprotected assets at 31 March 2024	17,045	0	0	0	0	10,694	190	6,161	0
<b>Total at 31 March 2024</b>	<b>162,396</b>	<b>4,405</b>	<b>126,576</b>	<b>0</b>	<b>14,370</b>	<b>10,694</b>	<b>190</b>	<b>6,161</b>	<b>0</b>



Notes to the Accounts

**Note 8. Property, plant and equipment**

**8.2 Property, plant and equipment 2023/24 - Foundation Trust**

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>2022/23</b>									
<b>Cost or valuation at 1 April 2023</b>	180,372	4,806	118,242	0	2,325	33,050	64	21,624	261
Additions purchased	23,990	0	5,536	0	14,370	1,241	0	2,843	0
Additions donated	18	0	18	0	0	0	0	0	0
Additions -transfer of assets from QEF Limited	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	2,325	0	(2,325)	0	0	0	0
Revaluations	(599)	(312)	(287)	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
<b>Cost or valuation at 31 March 2024</b>	<b>203,781</b>	<b>4,494</b>	<b>125,834</b>	<b>0</b>	<b>14,370</b>	<b>34,291</b>	<b>64</b>	<b>24,467</b>	<b>261</b>
<b>Accumulated Depreciation at 1 April 2023</b>	38,775	89	0	0	0	21,658	64	16,703	261
Provided during the year	7,095	0	3,316	0	0	2,148	0	1,631	0
Transfer of assets from QEF Limited	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	(3,316)	0	(3,316)	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
<b>Accumulated Depreciation at 31 March 2024</b>	<b>42,554</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23,806</b>	<b>64</b>	<b>18,334</b>	<b>261</b>
<b>Net book value - 31 March 2023</b>									
- Owned	140,096	4,717	117,716	0	2,325	10,417	0	4,921	0
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,501	0	526	0	0	975	0	0	0
<b>Total NBV at 31 March 2023</b>	<b>141,597</b>	<b>4,717</b>	<b>118,242</b>	<b>0</b>	<b>2,325</b>	<b>11,392</b>	<b>0</b>	<b>4,921</b>	<b>0</b>
<b>Net book value - 31 March 2024</b>									
- Owned	160,106	4,405	125,322	0	14,370	9,876	0	6,133	0
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,121	0	512	0	0	609	0	0	0
<b>Total NBV at 31 March 2024</b>	<b>161,227</b>	<b>4,405</b>	<b>125,834</b>	<b>0</b>	<b>14,370</b>	<b>10,485</b>	<b>0</b>	<b>6,133</b>	<b>0</b>
<b>8.2 Analysis of tangible fixed assets</b>									
	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value</b>									
- Protected assets at 31 March 2024	144,609	4,405	125,834	0	14,370	0	0	0	0
- Unprotected assets at 31 March 2024	16,618	0	0	0	0	10,485	0	6,133	0
<b>Total at 31 March 2024</b>	<b>161,227</b>	<b>4,405</b>	<b>125,834</b>	<b>0</b>	<b>14,370</b>	<b>10,485</b>	<b>0</b>	<b>6,133</b>	<b>0</b>

Property is deemed "protected" if it is required for the purposes of providing either the mandatory goods and services or the mandatory education and training as defined in the Terms of Authorisation of the Trust.

**8.3 Property, plant and equipment 2022/23 - Group Restated**

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>2022/23</b>									
<b>Cost or valuation at 1 April 2022</b>	223,283	4,806	166,444	0	0	32,012	351	19,409	261
Additions purchased	12,771	0	4,313	0	2,325	3,666	55	2,412	0
Additions donated	504	0	414	0	0	90	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	(52,052)	0	(52,052)	0	0	0	0	0	0
Disposals	(2,470)	0	(76)	0	0	(2,394)	0	0	0
<b>Cost or valuation at 31 March 2023</b>	<b>182,036</b>	<b>4,806</b>	<b>119,043</b>	<b>0</b>	<b>2,325</b>	<b>33,374</b>	<b>406</b>	<b>21,821</b>	<b>261</b>
<b>Accumulated Depreciation at 1 April 2022</b>	85,497	89	48,869	0	0	21,736	144	14,399	260
Provided during the year	8,195	0	3,292	0	0	2,398	37	2,467	1
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	(64)	0	(64)	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	(52,052)	0	(52,052)	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	(2,394)	0	0	0	0	(2,394)	0	0	0
<b>Accumulated Depreciation at 31 March 2023</b>	<b>39,182</b>	<b>89</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>21,740</b>	<b>181</b>	<b>16,866</b>	<b>261</b>
<b>Net book value - 31st March 2022</b>									
- Owned	136,538	4,717	117,575	0	0	9,091	207	4,948	1
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,248	0	0	0	0	1,185	0	63	0
<b>Total NBV at 31 March 2023</b>	<b>137,786</b>	<b>4,717</b>	<b>117,575</b>	<b>0</b>	<b>0</b>	<b>10,276</b>	<b>207</b>	<b>5,010</b>	<b>1</b>
<b>Net book value at 31st March 2023</b>									
- Owned	141,353	4,717	118,472	0	2,325	10,659	225	4,955	0
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,501	0	526	0	0	975	0	0	0
<b>Total NBV at 31 March 2023</b>	<b>142,854</b>	<b>4,717</b>	<b>118,998</b>	<b>0</b>	<b>2,325</b>	<b>11,634</b>	<b>225</b>	<b>4,955</b>	<b>0</b>

**8.1 Analysis of tangible fixed assets**

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value</b>									
- Protected assets at 31 March 2023	126,040	4,717	118,998	0	2,325	0	0	0	0
- Unprotected assets at 31 March 2023	16,814	0	0	0	0	11,634	225	4,955	0
<b>Total at 31 March 2023</b>	<b>142,854</b>	<b>4,717</b>	<b>118,998</b>	<b>0</b>	<b>2,325</b>	<b>11,634</b>	<b>225</b>	<b>4,955</b>	<b>0</b>

This prior period adjustment is to bring the financial statements in line with the GAM requirements (4.194) in relation to formal revaluations. On a formal revaluation, cumulative depreciation must be "zeroed" as an in-year movement. A corresponding adjustment must also be made to the "cost" lines to ensure that net book value is not distorted. Adjustments are made to the "revaluation" lines to effect the "zeroing".

This adjustment relates only to the information within the Property, Plant and Equipment notes and does not reflect anywhere else within the financial statements

Notes to the Accounts

8.3 Property, plant and equipment 2022/23 - Trust Restated

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings
2022/23	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Cost or valuation at 1 April 2022</b>	221,708	4,806	165,565	0	0	31,799	64	19,213	261
Additions purchased	12,609	0	4,318	0	2,325	3,555	0	2,411	0
Additions donated	504	0	414	0	0	90	0	0	0
Additions -transfer of assets from QEF Limited	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	(52,055)	0	(52,055)	0	0	0	0	0	0
Disposals	(2,394)	0	0	0	0	(2,394)	0	0	0
<b>Cost or valuation at 31 March 2023</b>	<b>180,372</b>	<b>4,806</b>	<b>118,242</b>	<b>0</b>	<b>2,325</b>	<b>33,050</b>	<b>64</b>	<b>21,624</b>	<b>261</b>
<b>Accumulated Depreciation at 1 April 2022</b>	85,182	89	48,837	0	0	21,686	64	14,246	260
Provided during the year	8,106	0	3,282	0	0	2,366	0	2,457	1
Transfer of assests from QEF Limited	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reversal of impairments	(64)	0	(64)	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	(52,055)	0	(52,055)	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	(2,394)	0	0	0	0	(2,394)	0	0	0
<b>Accumulated Depreciation at 31 March 2023</b>	<b>38,775</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21,658</b>	<b>64</b>	<b>16,703</b>	<b>261</b>
<b>Net book value - 31 March 2022</b>									
- Owned	135,278	4,717	116,728	0	0	8,928	0	4,904	0
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,248	0	0	0	0	1,185	0	63	0
<b>Total NBV at 31 March 2022</b>	<b>136,526</b>	<b>4,717</b>	<b>116,728</b>	<b>0</b>	<b>0</b>	<b>10,113</b>	<b>0</b>	<b>4,967</b>	<b>0</b>
<b>Net book value - 31 March 2023</b>									
- Owned	140,096	4,717	117,716	0	2,325	10,417	0	4,921	0
- Finance lease	0	0	0	0	0	0	0	0	0
- Donated	1,501	0	526	0	0	975	0	0	0
<b>Total NBV at 31 March 2023</b>	<b>141,597</b>	<b>4,717</b>	<b>118,242</b>	<b>0</b>	<b>2,325</b>	<b>11,392</b>	<b>0</b>	<b>4,921</b>	<b>0</b>
	£000	£000	£000	£000	£000	£000	£000	£000	£000

8.2 Analysis of tangible fixed assets

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value</b>									
- Protected assets at 31 March 2023	125,284	4,717	118,242	0	2,325	0	0	0	0
- Unprotected assets at 31 March 2023	16,313	0	0	0	0	11,392	0	4,921	0
<b>Total at 31 March 2023</b>	<b>141,597</b>	<b>4,717</b>	<b>118,242</b>	<b>0</b>	<b>2,325</b>	<b>11,392</b>	<b>0</b>	<b>4,921</b>	<b>0</b>

Property is deemed "protected" if it is required for the purposes of providing either the mandatory goods and services or the mandatory education and training as defined in the Terms of Authorisation of the Trust.

This prior period adjustment is to bring the financial statements in line with the GAM requirements (4.194) in relation to formal revaluations. On a formal revaluation, cumulative depreciation must be "zeroed" as an in-year movement. A corresponding adjustment must also be made to the "cost" lines to ensure that net book value is not distorted. Adjustments are made to the "revaluation" lines to effect the "zeroing".

This adjustment relates only to the information within the Property, Plant and Equipment notes and does not reflect anywhere else within the financial statements

## 8.5 Investment property

<b>Valuation</b>	£000
At 1 April 2023	80
At 31 March 2024	80
<b>Net Book Value</b>	
at 31 March 2023	80

### Group

	2023/24	2022/23
	£000	£000
Carrying value at 1 April	80	80
Carrying value at 31 March	80	80

## 8.6 Economic life of property, plant and equipment

### Group & Foundation Trust

	Min Life Years	Max Life Years
Buildings excluding dwellings	1	88
Plant & Machinery	5	6
Transport Equipment	5	7
Information Technology	5	5
Furniture & Fittings	5	5

## 8.7 Profit /loss on disposal of fixed assets

	2023/24 £000	2022/23 £000
Profit / Loss on the disposal of fixed assets is made up as follows:		
Profit / Loss on disposal of Property, Plant & Equipment	0	(12)
	0	(12)

## 8.8 Revaluation reserve - property, plant and equipment

Group & Foundation Trust	Total £000
Revaluation reserve at 1 April 2023	9,795
Impairments	0
Revaluations	3,385
Other reserve movements	0
<b>Revaluation reserve at 31 March 2024</b>	<b>13,180</b>

Revaluation reserve at 1 April 2022	9,795
Impairments	0
Revaluations	0
Other reserve movements	0
Revaluation reserve at 31 March 2023	9,795

## 8.9 Investments in subsidiary undertakings

	Foundation Trust 2023/24 £000	Foundation Trust 2022/23 £000
Shares in subsidiary undertakings	16,824	16,824
Loans to subsidiary undertakings > 1 Year	2,988	7,403
	19,812	24,227
Loans to subsidiary undertakings < 1 Year	4,415	4,265
	24,227	28,492

The shares in the subsidiary company QE Facilities Limited comprises a 100% holding in the share capital consisting of 16,824,382 ordinary £1 shares.

The principal activity of QE Facilities Limited is to provide estate management and facilities services.

## Note 9.1 Right of use assets Group - 2023/24

Group	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
<b>Valuation/gross cost at 1 April 2023 - brought forward</b>	<b>6,398</b>	<b>7,243</b>	<b>702</b>	<b>14,343</b>	<b>2,250</b>
Recognition of Right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	-	-	-	-	-
Transfers by absorption	-	-	-	-	-
Additions	-	343	462	805	-
Remeasurements of the lease liability	-	-	-	-	-
Movements in provisions for restoration / removal costs	-	-	-	-	-
Impairments	-	-	-	-	-
Reversal of impairments	-	-	-	-	-
Revaluations	-	-	-	-	-
Reclassifications	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-
<b>Valuation /gross cost 31 March 2024</b>	<b>6,398</b>	<b>7,586</b>	<b>1,164</b>	<b>15,148</b>	<b>2,250</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>565</b>	<b>2,204</b>	<b>278</b>	<b>3,047</b>	<b>450</b>
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	-	-	-	-
IFRS 16 implementation - adjustments for existing subleases	-	-	-	-	-
Transfers by absorption	-	-	-	-	-
Provided during the year	531	2,453	357	3,341	531
Impairments	-	-	-	-	-
Reversal of impairments	-	-	-	-	-
Revaluations	-	-	-	-	-
Reclassifications	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-
<b>Accumulated depreciation at 31 March 2024</b>	<b>1,096</b>	<b>4,657</b>	<b>635</b>	<b>6,388</b>	<b>981</b>
<b>Net book value at 31 March 2024</b>	<b>5,302</b>	<b>2,929</b>	<b>529</b>	<b>8,760</b>	<b>1,269</b>

Group	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation/gross cost at 1 April 2022 - brought forward	0	0	0	0	0
Recognition of Right of use assets for existing operating leases at start of period for new FTs	2,825	6,824	387	10,036	2,250
Transfers by absorption	0	0	0	0	0
Additions	3,573	989	315	4,877	0
Remeasurements of the lease liability	0	0	0	0	0
Movements in provisions for restoration / removal costs	0	0	0	0	0
Impairments	0	0	0	0	0
Reversal of impairments	0	0	0	0	0
Revaluations	0	0	0	0	0
Reclassifications	0	0	0	0	0
Disposals / derecognition	0	(570)	0	(570)	0
<b>Valuation /gross cost 31 March 2023</b>	<b>6,398</b>	<b>7,243</b>	<b>702</b>	<b>14,343</b>	<b>2,250</b>

Accumulated depreciation at 1 April 2022 - brought forward	0	0	0	0	0
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	0	0	0	0	0
IFRS 16 implementation - adjustments for existing subleases	0	0	0	0	0
At start of period for new FTs	0	0	0	0	0
Transfers by absorption	0	0	0	0	0
Provided during the year	565	2,338	278	3,181	450
Impairments	0	0	0	0	0
Reversal of impairments	0	0	0	0	0
Revaluations	0	0	0	0	0
Reclassifications	0	0	0	0	0
Disposals / derecognition	0	(134)	0	(134)	0
<b>Accumulated depreciation at 31 March 2023</b>	<b>565</b>	<b>2,204</b>	<b>278</b>	<b>3,047</b>	<b>450</b>
<b>Net book value at 31 March 2023</b>	<b>5,833</b>	<b>5,039</b>	<b>424</b>	<b>11,296</b>	<b>1,800</b>

Net book value of right of use assets leased from other NHS providers

Net book value of right of use assets leased from other DHSC group bodies

**Note 9.2 Right of use assets Trust - 2023/24**

Trust	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which:
					leased from DHSC group bodies £000
<b>Valuation/gross cost at 1 April 2022 - brought forward</b>	-	-	-	-	-
Recognition of Right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2023	624	4,623	-	5,247	624
Transfers by absorption	-	-	-	-	-
Additions	-	-	-	-	-
Remeasurements of the lease liability	-	-	-	-	-
Movements in provisions for restoration / removal costs	-	-	-	-	-
Impairments	-	-	-	-	-
Reversal of impairments	-	-	-	-	-
Revaluations	-	-	-	-	-
Reclassifications	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-
<b>Valuation /gross cost 31 March 2024</b>	<b>624</b>	<b>4,623</b>	<b>-</b>	<b>5,247</b>	<b>624</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>125</b>	<b>1,410</b>	<b>-</b>	<b>1,535</b>	<b>125</b>
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	-	-	-	-
IFRS 16 implementation - adjustments for existing subleases	-	-	-	-	-
Transfers by absorption	-	-	-	-	-
Provided during the year	118	1,492	-	1,610	-
Impairments	-	-	-	-	-
Reversal of impairments	-	-	-	-	-
Revaluations	-	-	-	-	-
Reclassifications	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-
<b>Accumulated depreciation at 31 March 2024</b>	<b>243</b>	<b>2,902</b>	<b>-</b>	<b>3,145</b>	<b>125</b>
<b>Net book value at 31 March 2024</b>	<b>381</b>	<b>1,721</b>	<b>-</b>	<b>2,102</b>	<b>499</b>

Net book value of right of use assets leased from other NHS providers

Net book value of right of use assets leased from other DHSC group bodies

**Note 9.3 Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the statement of financial position.

A breakdown of borrowings is disclosed in note 14.1

	Group 2023/24 £000s	Trust 2023/24 £000s
<b>Carrying Value at 31 March 2023</b>		
IFRS 16 implementation - adjustments for existing operating leases	11,566	3,740
At start of period for new FTs		
Transfers by absorption	-	-
Lease additions	805	-
Lease liability remeasurements	-	-
Interest charge arising in year	156	31
Early terminations	-	-
Lease payments (cash outflows)	(3,346)	(1,639)
Other changes	-	-
<b>Carrying Value at 31 March 2024</b>	<b>9,181</b>	<b>2,132</b>

**Note 9.4 Maturity analysis of future lease payments at 31 March 2024**

	Group		Trust	
	Of which leased from DHSC group bodies:		Of which leased from DHSC group bodies:	
	Total 31-Mar-24 £000s	31-Mar-24 £000s	Total 31-Mar-24 £000s	31-Mar-24 £000s
<b>Undiscounted future lease payments payable in:</b>				
- not later than one year;	3,695	469	1,714	130
- later than one year and not later than five years;	4,874	1,406	425	390
- later than five years.	2,700	0	0	0
<b>Total gross future lease payments</b>	<b>11,269</b>	<b>1,875</b>	<b>2,139</b>	<b>520</b>
Finance charges allocated to future periods	(2,088)	(465)	(7)	(119)
<b>Net lease liabilities at 31 March 2016</b>	<b>9,181</b>	<b>1,410</b>	<b>2,132</b>	<b>401</b>
<b>Of which:</b>				
- Current	3,695	469	1,714	130
- Non-Current	5,486	941	772	271

## Note 9.5 Initial Application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

### Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2023

	Group 1 April 2022 £000s	Trust 1 April 2022 £000s
<b>Operating Lease commitments under IAS 17 at 31 March 2022</b>	<b>7,744</b>	<b>2,450</b>
Impact of discounting at the incremental borrowing rate	(118)	(37)
	<b>7,626</b>	<b>2,413</b>
<b>IAS 17 operating lease commitment discounted at incremental borrowing rate</b>		
Less:	-	-
Commitments for short term leases	(2,763)	-
Commitments for leases of low value assets	-	-
Commitments for leases that had not commenced as at 31 March 2015	-	-
Irrecoverable VAT previously included in IAS 17 commitment	-	-
Services included in IAS 17 commitment not included in the IFRS 16 liability	-	-
<b>Other adjustments:</b>		
Differences in the assessment of the lease term	4,954	2,292
Public sector leases without full documentation previously excluded from operating lease commitments	-	-
Variable lease payments based on an index or rate	-	-
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	219	178
Amounts payable under residual value guarantees	-	-
Termination penalties not previously included in commitment	-	-
Finance lease liabilities under IAS 17 as at 31 March 2015	-	-
Other adjustments	-	-
<b>Total lease liabilities under IFRS 16 as a 1 April 2022</b>	<b>10,036</b>	<b>4,883</b>



## Notes to the Accounts

**Note 10. Receivables****10.1 Trade and other receivables**

	31st March 2024	Financial assets	Non-financial assets	31st March 2023
	£000	£000	£000	£000
<b>Current - Group</b>				
NHS Contract Receivables *	2,642	2,642	0	14,319
Other receivables with related parties	8,299	8,299	0	2,832
Provision for impaired receivables	(1,408)	(1,208)	(200)	(1,598)
Prepayments	4,025	0	4,025	4,456
Accrued Income	2,691	2,691	0	1,378
Other receivables	5,280	850	4,430	5,120
<b>Total Current Trade and Other Receivables</b>	<b>21,529</b>	<b>13,274</b>	<b>8,255</b>	<b>26,507</b>
<b>Current - Foundation Trust</b>				
NHS Contract Receivables *	2,335	2,335	0	12,786
Other receivables with related parties	6,469	6,469	0	2,832
Provision for impaired receivables	(1,365)	(1,162)	(203)	(1,534)
Prepayments	3,467	0	3,467	3,533
Accrued Income	1,831	1,831	0	345
Loan repayments from QEF Limited (note 8.9)	4,415	0	4,415	4,265
Other receivables	5,052	0	5,052	4,798
<b>Total Current Trade and Other Receivables</b>	<b>22,204</b>	<b>9,473</b>	<b>12,731</b>	<b>27,025</b>
* The majority of NHS receivables are with Integrated Care Board and NHS England, as commissioners for NHS patient care services. NHS receivables that are neither past due date nor impaired are expected to be paid within their agreed terms.				
<b>Non-Current Group</b>				
NHS Contract Receivables *	1,528	1,528	0	0
Provision for impaired receivables	(379)	(179)	(200)	(306)
Deferred tax	784	0	784	814
Other receivables	404	0	404	1,452
<b>Total Non Current Trade and Other Receivables</b>	<b>2,337</b>	<b>1,349</b>	<b>988</b>	<b>1,960</b>
<b>Non-Current Foundation Trust</b>				
NHS Receivables *	588	588	0	0
Provision for impaired receivables	(379)	(176)	(203)	(306)
Other receivables	1,285	405	880	1,452
<b>Non current trade and other receivables (excluding loans)</b>	<b>1,494</b>	<b>817</b>	<b>677</b>	<b>1,146</b>
Loan repayments from QEF Limited (note 8.9)	2,988	2,988	0	7,403
<b>Total Non Current Trade and Other Receivables</b>	<b>4,482</b>	<b>3,805</b>	<b>677</b>	<b>8,549</b>

## Notes to the Accounts

**Note 10.2 Allowances for Credit Losses - 2023/2024****Group & Foundation Trust**

	Receivables and contract assets	All other
	£000's	£000's
At 1 April 2023 brought forward	<b>1,904</b>	0
Transfers by absorption	<b>0</b>	0
New allowances arising	<b>604</b>	0
Changes in existing allowances	<b>128</b>	0
Reversals of allowances	<b>(836)</b>	0
Utilisation of allowances (write offs)	<b>(14)</b>	0
Changes arising following modification of contractual cash flows	<b>0</b>	0
Foreign exchange and other changes	<b>0</b>	0
<b>At 31 March 2024</b>	<b>1,786</b>	0
Loss/(gain) recognised in expenditure	<b>(103)</b>	

**Note 10.2 Allowances for Credit Losses - 2022/2023**

	1,897
At 1 April 2022 brought forward	
Transfers by absorption	0
New allowances arising	829
Changes in existing allowances	(643)
Reversals of allowances	(157)
Utilisation of allowances (write offs)	(22)
Changes arising following modification of contractual cash flows	0
Foreign exchange and other changes	0
<b>At 31 March 2023</b>	<b>1,904</b>
Loss/(gain) recognised in expenditure	<b>28</b>

**Note 10.4 Deferred Tax Asset****Recognised deferred tax assets**

Deferred tax assets are attributable to the following:

	<b>Group</b> <b>2023/2024</b> £000	Group 2022/2023 £000
Property, plant and equipment	<b>685</b>	794
Temporary tax differences	<b>99</b>	20
Total deferred tax asset	<b>784</b>	814

**Movement in deferred tax during the year**

	<b>2023/2024</b> £000	2022/2023 £000
Recognised in income	<b>6</b>	86
Property, plant and equipment	<b>0</b>	0
Prior Year Adjustment	<b>24</b>	(1)
	<b>30</b>	85

**Note 11. Inventory****Note 11.1 Inventory Balances**

	<b>Group</b>		<b>Foundation Trust</b>	
	<b>31 March</b>	31 March	<b>31 March</b>	31 March
	<b>2024</b>	2023	<b>2024</b>	2023
	<b>£000</b>	£000	<b>£000</b>	£000
Drugs	2,306	1,914	1,402	1,323
Consumables	3,005	2,736	950	954
Energy	99	105	0	0
Work in Progress	0	0	0	0
<b>Total Inventories</b>	<b>5,410</b>	<b>4,756</b>	<b>2,352</b>	<b>2,277</b>

**Note 11.2 Inventories Recognised as an Expense**

	<b>Group</b>		<b>Foundation Trust</b>	
	<b>2023/2024</b>	2022/2023	<b>2023/2024</b>	2022/2023
	<b>£000</b>	£000	<b>£000</b>	£000
Inventories recognised in expenses	33,863	34,849	14,119	12,943
	<b>33,863</b>	<b>34,849</b>	<b>14,119</b>	<b>12,943</b>

**Note 12. Cash and cash equivalents**

	<b>Group</b>		<b>Foundation Trust</b>	
	<b>31 March</b>	31 March	<b>31 March</b>	31 March
	<b>2024</b>	2023	<b>2024</b>	2023
	<b>£000</b>	£000	<b>£000</b>	£000
<b>At 1 April</b>	<b>50,565</b>	56,803	<b>46,704</b>	50,519
Net change in year	(9,801)	(6,238)	(11,727)	(3,815)
<b>At 31 March</b>	<b>40,764</b>	<b>50,565</b>	<b>34,977</b>	<b>46,704</b>
Broken down into:				
Cash at commercial banks and in hand	5,787	3,861	0	0
Cash with Government Banking Service	34,977	46,704	34,977	46,704
Other current investments	0	0	0	0
<b>Cash and cash equivalents as in Statement of Financial Position</b>	<b>40,764</b>	<b>50,565</b>	<b>34,977</b>	<b>46,704</b>
Bank overdraft	0	0	0	0
<b>Cash and cash equivalents as in Statement of Cashflows</b>	<b>40,764</b>	<b>50,565</b>	<b>34,977</b>	<b>46,704</b>

## Notes to the Accounts

**Note 13. Payables and other Liabilities****13.1 Trade and other payables**

<b>Group</b>	<b>Total 31st</b>	<b>Financial</b>	<b>Non-financial</b>	<b>Total</b>
<b>Current</b>	<b>March 2024</b>	<b>liabilities</b>	<b>liabilities</b>	<b>31st March 2023</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
NHS payables and accruals	2,749	2,749	0	2,807
Trade Payables-Capital	4,249	4,249	0	0
Other payables	11,713	218	11,495	19,998
Corporation Tax	369	0	369	411
Accruals	31,529	31,529	0	31,385
<b>Total current trade and other payables</b>	<b>50,609</b>	<b>38,745</b>	<b>11,864</b>	<b>54,601</b>

<b>Trust</b>	<b>Total 31st</b>	<b>Financial</b>	<b>Non-financial</b>	<b>Total</b>
<b>Current</b>	<b>March 2024</b>	<b>liabilities</b>	<b>liabilities</b>	<b>31st March 2023</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
NHS payables and accruals	2,673	2,673	0	2,807
Trade Payables-Capital	0	0	0	(175)
Other payables	27,630	19,667	7,963	24,061
Accruals	19,892	19,892	0	27,964
<b>Total current trade and other payables</b>	<b>50,195</b>	<b>42,232</b>	<b>7,963</b>	<b>54,657</b>

**13.2 Other Liabilities**

	<b>Group</b>		<b>Foundation Trust</b>	
	<b>31st March 2024</b>	<b>31st March 2023</b>	<b>31st March 2024</b>	<b>31st March 2023</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Current</b>				
Deferred Income	7,162	7,673	6,758	7,323
<b>Total other current liabilities</b>	<b>7,162</b>	<b>7,673</b>	<b>6,758</b>	<b>7,323</b>
<b>Non-current</b>				
Deferred Income	1,769	1,849	293	304
<b>Total other non current liabilities</b>	<b>1,769</b>	<b>1,849</b>	<b>293</b>	<b>304</b>

**Note 14. Borrowings****14.1 Borrowings**

	<b>Group</b>		<b>Foundation Trust</b>	
	<b>31 March</b>		<b>31 March</b>	
	<b>2024</b>	31 March 2023	<b>2024</b>	31 March 2023
	<b>£000</b>	£000	<b>£000</b>	£000
<b>Current</b>				
Loans from Independent Trust Financing Facility	<b>1,019</b>	1,021	<b>1,019</b>	1,021
Revenue Support Working Capital Loans	<b>0</b>	0	<b>0</b>	0
Lease liabilities*	<b>3,695</b>	3,631	<b>389</b>	1,239
Obligations under finance leases	<b>0</b>	0	<b>746</b>	721
<b>Total current borrowing</b>	<b>4,714</b>	4,652	<b>2,154</b>	2,981
<b>Non-current</b>				
Loans from Independent Trust Financing Facility	<b>11,013</b>	12,012	<b>11,013</b>	12,012
Revenue Support Working Capital Loans	<b>0</b>	0	<b>0</b>	0
Lease liabilities*	<b>5,486</b>	7,935	<b>1,276</b>	2,743
Obligations under finance leases	<b>0</b>	0	<b>40,579</b>	41,325
<b>Total other non current liabilities</b>	<b>16,499</b>	19,947	<b>52,868</b>	56,080

The Trust Finance Leases have been accounted for in accordance with the GAM.

The £43m obligation under finance leases in the Foundation Trust arises from the arrangements between the Foundation Trust and its subsidiary undertaking, QEF Ltd, for the supply of operational healthcare facilities. This liability and the associated property have both been recognised in the balance sheet of the Foundation Trust following a detailed consideration of the lease terms and the risks and rewards of the arrangement.

\*The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 9

	<b>31 March</b>	31 March
	<b>2024</b>	2023
	<b>£000</b>	£000
<b>14.2 Finance lease obligations - Foundation Trust</b>		
Gross Lease Liabilities	<b>41,326</b>	42,046
Of which liabilities are due:-		
- Not later than one year	<b>2,173</b>	2,173
- Later than one year and not later than five years	<b>8,690</b>	8,690
- Later than five years	<b>87,041</b>	89,213
Finance charges allocated to future periods	<b>(56,578)</b>	(58,030)
Net Lease Liabilities	<b>41,326</b>	42,046
- Not later than one year	<b>746</b>	721
- Later than one year and not later than five years	<b>3,256</b>	3,146
- Later than five years	<b>37,324</b>	38,179
	<b>41,326</b>	42,046

The Group does not have any Finance Lease Obligations.

**Note 15. Provisions for liabilities and charges - Group**

	Current		Non Current	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Pensions early departure costs	137	136	843	972
Pensions injury benefits	116	107	1,139	1,306
Restructuring	0	0	0	0
Equal pay	0	0	0	0
Redundancy	0	0	0	0
2019/20 clinicians' pension reimbursement	0	0	405	0
Legal claims	62	73	0	(0)
Other	4,991	3,194	0	0
	<b>5,306</b>	<b>3,509</b>	<b>2,387</b>	<b>2,279</b>

	Pensions early departure costs £000	Pensions injury benefits £000	Legal claims £000	Restructuring £000	Equal Pay £000	Redundancy £000	Clinician's Pension £000	Other £000	Total £000
At 1 April 2023	1,108	1,414	73	0	0	0	0	3,193	5,788
Change in the discount rate	(28)	(69)	0	0	0	0	(89)	0	(186)
Arising during the year	142	6	30	0	0	0	498	3,496	4,172
Utilised during the year	(140)	(120)	(11)	0	0	0	0	(745)	(1,016)
Reclassified	0	0	0	0	0	0	0	0	0
Reversed unused	(121)	0	(30)	0	0	0	(23)	(961)	(1,135)
Unwinding of discount	19	24	0	0	0	0	27	0	70
At 31 March 2024	<b>980</b>	<b>1,255</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>413</b>	<b>4,983</b>	<b>7,693</b>

**Expected timing of cash flows:**

-not later than one year;	137	116	62	0	0	0	8	4,983	5,306
-later than one year and not later than five years;	513	438	0	0	0	0	18	0	969
-later than five years;	330	701	0	0	0	0	387	0	1,418
	<b>980</b>	<b>1,255</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>413</b>	<b>4,983</b>	<b>7,693</b>

	Pensions early departure costs £000	Pensions injury benefits £000	Legal claims £000	Restructuring £000	Equal Pay £000	Redundancy £000	Other £000	Total £000
At 1 April 2022	1,470	1,902	91	0	0	37	3,457	6,957
Change in the discount rate	(162)	(399)	0	0	0	0	0	(561)
Arising during the year	38	45	42	0	0	0	1,776	1,901
Utilised during the year	(140)	(109)	(12)	0	0	(37)	(265)	(563)
Reclassified	0	0	0	0	0	0	0	0
Reversed unused	(80)	0	(49)	0	0	0	(1,773)	(1,902)
Unwinding of discount	(19)	(25)	0	0	0	0	0	(44)
At 31 March 2023	<b>1,107</b>	<b>1,414</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,195</b>	<b>5,788</b>

**Expected timing of cash flows:**

-not later than one year;	136	107	72	0	0	0	3,195	3,510
-later than one year and not later than five years;	520	410	0	0	0	0	0	930
-later than five years;	451	897	0	0	0	0	0	1,348
	<b>1,107</b>	<b>1,414</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,195</b>	<b>5,788</b>

£65,741k is included in the provisions of the NHS Resolution at 31/3/2024 in respect of clinical negligence liabilities of the trust which are managed through the NHS risk pooling scheme on behalf of the Foundation Trust (31/3/2023 £69,745k).

i) Pensions relating to directors and other staff represents the present value of quarterly payments to the NHS Pensions Agency in respect of the unfunded element of the pensions of staff and directors who have taken early retirement. The provisions are uncertain to the extent that the period over which payments will be made is an estimate.

ii) Other Legal claims £62k relates to a provision for Employer Liability claims which are covered under the terms of the Trust's commercial insurance. The Trust is liable for excess payments against each claim under the terms of the commercial insurance.

iii) Pensions Injury Provisions £1,255k relate to Service Injury Benefit payments reimbursed to the NHS Pensions Agency in respect of former staff with service related injuries. The provision represents the present value of quarterly payments to the NHS Pensions Agency. The provisions are uncertain with regard to the value of the cash reimbursements and the period of time over which the contribution will be made.

**Note 15. Provisions for liabilities and charges - Trust**

	Current		Non Current	
	31 March 2024	31 March 2023	31 March 2024	31 March 2023
	£000	£000	£000	£000
Pensions early departure costs	137	136	843	972
Pensions injury benefits	126	107	1,130	1,307
Restructuring	0	0	0	0
Redundancy	0	0	0	0
2019/20 clinicians' pension reimbursement	0	0	413	0
Legal claims	62	73	0	0
Other	4,348	2,615	0	0
	<u>4,673</u>	<u>2,931</u>	<u>2,386</u>	<u>2,279</u>

	Pensions early departure costs £000	Pensions injury benefits £000	Legal claims £000	Equal Pay £000	Redundancy £000	Clinician's Pension £000	Other £000	Total £000
At 1 April 2023	1,108	1,414	73	0	0	0	2,614	5,209
Change in the discount rate	(28)	(69)	0	0	0	(89)	0	(186)
Arising during the year	142	7	30	0	0	498	2,608	3,285
Utilised during the year	(140)	(120)	(11)	0	0	0	(746)	(1,017)
Reclassified	0	0	0	0	0	0	0	0
Reversed unused	(121)	0	(30)	0	0	(23)	(128)	(302)
Unwinding of discount	19	24	0	0	0	27	0	70
At 31 March 2024	<u>980</u>	<u>1,256</u>	<u>62</u>	<u>0</u>	<u>0</u>	<u>413</u>	<u>4,348</u>	<u>7,059</u>

**Expected timing of cash flows:**

-not later than one year;	137	116	62	0	0	8	4,348	4,671
-later than one year and not later than five years;	513	438	0	0	0	18	0	969
-later than five years;	330	702	0	0	0	387	0	1,419
	<u>980</u>	<u>1,256</u>	<u>62</u>	<u>0</u>	<u>0</u>	<u>413</u>	<u>4,348</u>	<u>7,059</u>

	Pensions early departure costs £000	Pensions injury benefits £000	Legal claims £000	Equal Pay £000	Redundancy £000	Other £000	Total £000
At 1 April 2022	1,470	1,902	91	0	37	3,137	6,637
Change in the discount rate	(162)	(399)	0	0	0	0	(561)
Arising during the year	38	47	42	0	0	1,517	1,644
Utilised during the year	(140)	(109)	(12)	0	(37)	(265)	(563)
Reclassified	0	0	0	0	0	0	0
Reversed unused	(80)	0	(49)	0	0	(1,774)	(1,903)
Unwinding of discount	(19)	(25)	0	0	0	0	(44)
At 31 March 2023	<u>1,107</u>	<u>1,416</u>	<u>72</u>	<u>0</u>	<u>0</u>	<u>2,615</u>	<u>5,210</u>

**Expected timing of cash flows (restated):**

-not later than one year;	136	107	72	0	0	2,615	2,930
-later than one year and not later than five years;	520	410	0	0	0	0	930
-later than five years;	451	899	0	0	0	0	1,350
	<u>1,107</u>	<u>1,416</u>	<u>72</u>	<u>0</u>	<u>0</u>	<u>2,615</u>	<u>5,210</u>

£65,741k is included in the provisions of the NHS Resolution at 31/3/2024 in respect of clinical negligence liabilities of the trust which are managed through the NHS risk pooling scheme on behalf of the Foundation Trust (31/3/2023 £69,745k).

i) Pensions relating to directors and other staff represents the present value of quarterly payments to the NHS Pensions Agency in respect of the unfunded element of the pensions of staff and directors who have taken early retirement. The provisions are uncertain to the extent that the period over which payments will be made is an estimate.

ii) Other Legal claims £62k relates to a provision for Employer Liability claims which are covered under the terms of the Trust's commercial insurance. The Trust is liable for excess payments against each claim under the terms of the commercial insurance.

iii) Pensions Injury Provisions £1,256k relate to Service Injury Benefit payments reimbursed to the NHS Pensions Agency in respect of former staff with service related injuries. The provision represents the present value of quarterly payments to the NHS Pensions Agency. The provisions are uncertain with regard to the value of the cash reimbursements and the period of time over which the contribution will be made.

**16.1 Contractual capital commitments - Group and Foundation Trust**

Contractual capital commitments at 31 March 2024 not otherwise included in these financial statements:

	<b>31 March 2024 £000</b>	31 March 2023 £000
Property, plant and equipment	<b>7,015</b>	3,150
<b>Total</b>	<b><u>7,015</u></b>	<b><u>3,150</u></b>

**16.2 Events after the reporting period - Group and Foundation Trust****16.3 Contingent liabilities - Group and Foundation Trust**

	<b>31 March 2024 £000</b>	31 March 2023 £000
Gross estimated value of Non-Clinical Liabilities	0	0
Expected recoverable amount	0	0
<b>Net value contingent liabilities</b>	<b><u>0</u></b>	<b><u>0</u></b>



#### **16.4 Related Party Transactions - Group and Foundation Trust**

The Department of Health and Social Care is regarded as a related party. During the year the Group has had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent Department in addition to those in the public sector. These entities are listed below:-

NHS England  
North East and North Cumbria ICB  
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust  
South Tyneside and Sunderland NHS Foundation Trust  
The Newcastle upon Tyne Hospitals NHS Foundation Trust  
HMRC  
NHS Pension Scheme  
Gateshead Council

#### **16.5 Related Party Transactions - Group and Foundation Trust**

Gateshead Health NHS Foundation Trust is required under IAS 24 to disclose material transactions undertaken with a related party.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

The Foundation Trust has received revenue and capital payments from the Gateshead Health NHS Foundation Trust Charitable Fund. The Foundation Trust acts as the Corporate Trustee for the Charitable Fund.

The total value of Funds Held on Trust at 31st March 2024 was £2,499k. The Foundation Trust owed the Charity £0k and the Charity owed the Trust £72k.

On 18th January 2018, Gateshead Health NHS Foundation Trust were allocated 50 shares in Healthcall Solutions Limited (Company Number 10218146), with a further 100 shares allocated in March 2019 (total equity 150 shares; 20% shareholding). The controlling parents are County Durham and Darlington NHS Foundation Trust (20%), Gateshead Health NHS Foundation Trust (20%), The Newcastle Upon Tyne Hospitals NHS Foundation Trust (20%), North Tees and Hartlepool NHS Foundation Trust (20%), Northumbria Healthcare NHS Foundation Trust (6.67%), Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (6.67%) and South Tees Hospitals NHS Foundation Trust (6.66%). Unaudited results for Healthcall Solutions Limited year ended 31 December 2023 show turnover of £1.694m (2022: £2.226m), expenses of £2.093m (2022: £2.215m) and a loss of £394k (2022: £45k profit). The Trust has not incorporated these figures into the main accounts on the grounds of materiality as per the guidance within the group accounting manual.

## Note 17. Financial assets/liabilities - Group and Foundation Trust

### Note 17.1 Carrying Value of Financial Assets

Assets as per Statement of Financial Position	Group		Foundation Trust	
	Total £000	Loans and receivables £000	Total £000	Loans and receivables £000
Trade and other receivables excluding non financial assets - Note 10	14,623	14,623	13,277	13,277
Cash and cash equivalents at bank and in hand - Note 12	40,764	40,764	34,977	34,977
Charitable Fund Financial Assets - Note 22	1,443	1,443	0	0
<b>Total at 31 March 2024</b>	<b>56,830</b>	<b>56,830</b>	<b>48,254</b>	<b>48,254</b>
Trade and other receivables excluding non financial assets - Note 10	19,413	19,413	23,383	23,383
Cash and cash equivalents at bank and in hand - Note 12	50,565	50,565	46,704	46,704
Charitable Fund investments - Note 23	1,262	1,262	0	0
<b>Total at 31 March 2023</b>	<b>71,240</b>	<b>71,240</b>	<b>70,087</b>	<b>70,087</b>

### Note 17.2 Financial liabilities by category

Liabilities as per Statement of Financial Position	Group		Foundation Trust	
	Total £000	Other financial liabilities £000	Total £000	Other financial liabilities £000
Borrowings excluding Finance lease liabilities - Note 14	12,032	12,032	12,032	12,032
Obligations under leases - Note 14	9,181	9,181	42,990	42,990
NHS Trade and other payables excluding non financial liabilities - Note 13	38,745	38,745	42,232	42,232
Provisions under contract - Note 15	0	0	0	0
Charitable Fund Financial Liabilities	72	72	0	0
<b>Total at 31 March 2024</b>	<b>60,030</b>	<b>60,030</b>	<b>97,254</b>	<b>97,254</b>
Borrowings excluding Finance lease liabilities - Note 14	13,033	13,033	13,033	13,033
Obligations under finance leases - Note 14	11,566	11,566	46,028	46,028
NHS Trade and other payables excluding non financial liabilities - Note 13	42,694	42,694	47,535	47,535
Provisions under contract - Note 15	0	0	0	0
Charitable Fund Financial Liabilities	154	154	0	0
<b>Total at 31 March 2023</b>	<b>67,447</b>	<b>67,447</b>	<b>106,596</b>	<b>106,596</b>

### 17.3 Liquidity Risk

The Foundation Trust's net operating costs are incurred for the provision of services commissioned under the NHS standard contract with Integrated Care Boards and NHS England, which are financed from resources voted annually by Parliament. The Foundation Trust also finances its Capital expenditure from retained depreciation and accumulated surpluses. The Foundation Trust has a loan financed by the Independent Trust Financing Facility for £22m which partly funded the construction of the Emergency Care Centre. Deficit support loans totalling £12.235m were drawn in 2018/2019, these loans were converted to PDC in 2020/2021.

### 17.4 Interest rate risk

86% of the Foundation Trust's current financial assets consist of cash which carries a floating rate of interest.  
Finance Lease arrangements are subject to a fixed rate of interest.  
The current ITFF loan of £22m is subject to a fixed interest repayment rate of 3.78%

### 17.5 Foreign currency risk

The Trust has no foreign currency income or expenditure.

### 17.6 Credit Risk

Due to the continuing service provider relationship that the Trust has with local commissioning bodies and the way those bodies are financed, the NHS Foundation Trust is not exposed to the degree of financial risk faced by other business entities. No collateral is held as security and there are no other credit enhancements.

The carrying value of financial instruments held by the Trust is equal to their fair value and as such this represents the maximum exposure to risk as at the operating date.

Financial assets held by the Trust are made up of cash and other cash equivalents and trade receivables. As the majority of these trade receivables are due from related parties (mainly commissioning bodies) the Trust expects that all non-impaired financial instruments are fully recoverable.

**Note 18. Carrying Values - Group and Foundation Trust**

The Trust considers book value (carrying value) to be a reasonable approximation of fair value

**Note 18.1 Carrying values of financial assets**

<b>Group</b>				
	<b>31 March 2024 Book Value £000</b>	<b>31 March 2024 Fair value £000</b>	<b>31 March 2023 Book Value £000</b>	<b>31 March 2023 Fair value £000</b>
Cash & cash equivalents	40,764	40,764	50,565	50,565
Current Receivables	13,274	13,274	19,520	19,520
Non Current Receivables	a 1,349	1,349	(106)	(106)
Charitable Fund Financial Assets	1,233	1,233	1,233	1,233
<b>Total</b>	<b>56,620</b>	<b>56,620</b>	<b>71,212</b>	<b>71,212</b>

<b>Foundation Trust</b>				
	<b>31 March 2024 Book Value £000</b>	<b>31 March 2024 Fair value £000</b>	<b>31 March 2023 Book Value £000</b>	<b>31 March 2023 Fair value £000</b>
Cash & cash equivalents	34,977	34,977	46,704	46,704
Current Receivables	9,473	9,473	15,439	15,439
Non Current Receivables	a 817	817	542	542
Loan to Subsidiary	2,988	2,988	7,403	7,403
<b>Total</b>	<b>48,255</b>	<b>48,255</b>	<b>70,088</b>	<b>70,088</b>

**Note 18.2 Carrying values of financial liabilities**

<b>Group</b>				
	<b>31 March 2024 Book Value £000</b>	<b>31 March 2024 Fair value £000</b>	<b>31 March 2023 Book Value £000</b>	<b>31 March 2023 Fair value £000</b>
Provisions under Contract	0	0	0	0
Obligations under finance leases - Note 14	9,181	9,181	11,566	11,566
Trade & Other Payables	38,745	38,745	42,694	42,694
Loans	12,032	12,032	13,033	13,033
Charitable Fund Financial Liabilities	72	72	154	154
<b>Total</b>	<b>60,030</b>	<b>60,030</b>	<b>67,447</b>	<b>67,447</b>

<b>Foundation Trust</b>				
	<b>31 March 2024 Book Value £000</b>	<b>31 March 2024 Fair value £000</b>	<b>31 March 2023 Book Value £000</b>	<b>31 March 2023 Fair value £000</b>
Provisions under Contract	0	0	0	0
Obligations under finance leases - Note 14	42,990	42,990	46,028	46,028
Trade & Other Payables	42,232	42,232	47,535	47,535
Loans	12,032	12,032	13,033	13,033
<b>Total</b>	<b>97,255</b>	<b>97,255</b>	<b>106,596</b>	<b>106,596</b>

a This relates to a long term finance lease of a property to another NHS body.

**Note 18.3 Maturity of financial liabilities**

	<b>Group</b>	<b>Trust</b>	<b>Group</b>	<b>Trust</b>
	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>	<b>31 March</b>
	<b>2024</b>	<b>2024</b>	<b>2023</b>	<b>2023</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
In one year or less	<b>39,715</b>	<b>52,351</b>	47,962	50,176
In more than one year but not more than five	<b>10,269</b>	<b>8,527</b>	12,798	15,943
In more than five years	<b>10,718</b>	<b>44,341</b>	12,252	50,432
<b>Total financial liabilities</b>	<b><u>60,702</u></b>	<b><u>105,219</u></b>	<b><u>73,012</u></b>	<b><u>116,551</u></b>

**Note 19. Third party assets**

The Trust held £6,926.84 cash at bank and in hand at 31/03/24 (£5,545.96 at 31/03/23) which relates to monies held on behalf of patients. This has been excluded from the cash at bank and in hand figure reported in the accounts as the Trust holds no beneficial interest.

**Note 20. Public dividend capital dividend**

The Foundation Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The resulting calculation of PDC (Public Dividend Capital) dividend, totalling £3,669,000 was calculated on the average relevant net assets of £104,827,000.

**Note 21. Losses and special payments - Group and Foundation Trust**

NHS Foundation Trusts are required to follow the guidance issued by the Department of Health and Social Care in accounting for losses and special payments:

- These are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation.
- By their nature they are items that ideally should not arise.
- They are divided into different categories, which govern the way each individual case is handled.

**The number and value of losses and special payment cases:**

		1 April 2023 - 31 March 2024		1 April 2022 - 31 March 2023	
Ref.	Category of loss / special payment	Number of cases	Value of cases £000	Number of cases	Value of cases £000
<b>Losses</b>					
1a	Losses of cash due to theft, fraud etc.	0	0	0	0
1b	Losses of cash due to overpayment of salaries etc.	8	6	9	9
1c	Losses of cash due to other causes	0	0	0	0
2	Fruitless payments	0	0	0	0
3a	Bad debts and claims abandoned – private patients	0	0	15	4
3b	Bad debts and claims abandoned – overseas visitors	4	6	4	3
3c	Bad debts and claims abandoned – other	35	1	29	5
4a	Damage to buildings, loss of equipment and property due to theft, fraud etc.	0	0	0	0
4b	Damage to buildings, loss of equipment and property due to other causes	1	24	0	0
4c	Other	0	0	3	256
<b>Total Losses</b>		<b>48</b>	<b>37</b>	<b>60</b>	<b>277</b>
<b>Special Payments</b>					
5	Compensation under legal obligation	0	0	0	0
7a	Ex-gratia payments for loss of personal effects	15	9	19	8
7b	Clinical Negligence with advice	0	0	0	0
7c	Ex-gratia payments for personal injury with advice	0	0	0	0
7d	Other negligence and injury	0	0	0	0
7e	Other employment payments	0	0	0	0
7f	Patient Referrals outside the UK and EEA Guidelines	0	0	0	0
7g	Other	1	10	364	236
<b>Total Special Payments</b>		<b>16</b>	<b>19</b>	<b>383</b>	<b>244</b>
<b>Total Losses and Special Payments</b>		<b>64</b>	<b>56</b>	<b>443</b>	<b>521</b>

Payments made under category 7g in 2022/23 relate the reimbursement of lease car VAT refunds to individual employees.

The above values have been calculated on an accruals basis whereby expenditure is recognised in the period in which the associated liability was incurred.

**22 Charitable fund reserve**

The Trust is the corporate trustee to Gateshead Health NHS Foundation Trust Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary in accordance with IFRS 10, because the Trust has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff. Prior to 2013/14 the Treasury had directed that IFRS 10 should not be applied to NHS Charities, and therefore the FT ARM did not require the Trust to consolidate the charitable fund.

The main financial statements disclose the Foundation Trust's financial position alongside that of the group (which comprises the Foundation Trust, subsidiary and charitable fund).

**Gateshead Health NHS Foundation Trust Charity - Summary Statement of financial activities;**

	Year ended 31 March 2024 £000	Year ended 31 March 2023 £000
Donated income	153	174
Income from legacies	112	73
Investment income	66	35
Grant Income	0	30
Total incoming resources	<u>331</u>	<u>312</u>
Patients' welfare and amenities	201	177
Staff welfare and amenities	55	4
Medical research	0	51
Contributions to the Foundation Trust	0	34
Governance costs	5	5
Total outgoing resources	<u>261</u>	<u>271</u>
Unrealised gain/(loss) on investments	92	(48)
Net incoming/(outgoing) resources	<u>162</u>	<u>(7)</u>

**Gateshead Health NHS Foundation Trust Charity - Summary Statement of financial position;**

	Year ended 31 March 2024	Year ended 31 March 2023
Investments	1,364	1,233
Receivables	79	29
Cash	1,128	1,230
Payables	(72)	(154)
Total net assets	<u>2,499</u>	<u>2,338</u>
Represented by:		
Unrestricted funds	2,150	2,005
Restricted funds	281	271
Endowment funds	68	62
	<u>2,499</u>	<u>2,338</u>

The total funds are represented in the Group accounts as Charitable Funds Reserve.

Restricted funds are funds donated for a specific purpose. Unrestricted funds may be designated for a particular area but are not restricted on the purpose of expenditure. Endowment funds relate to capital funds where the charity does not hold the power to convert capital into income. The capital must generally be held indefinitely; the income generated by the investment of the funds can be used for charitable purposes at the discretion of the Trustee.

## Glossary of terms

AAA	Abdominal Aortic Aneurysm	EDI	Equality, Diversity and Inclusion
A&E	Accident and Emergency	EDS	Equality Delivery System 2
AI	Artificial Intelligence	EPRR	Emergency Preparedness, Resilience and Response
ARM	Annual Reporting Manual	EQiA	Equality and Quality Impact Assessment
BAF	Board Assurance Framework	ERF	Elective Recovery Fund
BAME	Black, Asian and Minority Ethnic	ESR	Electronic Staff Record
BSL	British Sign Language	EV	Electric Vehicle
CAG	Clinical Advisory Group	FFT	Friends and Family Test
CCG	Clinical Commissioning Group	FIT	Faecal Immunochemical Test
CDC	Community Diagnostic Centre	FTE	Full Time Equivalent
CERA	Clinical Environmental Risk Assessment	FTSU	Freedom to Speak Up
CETV	Cash Equivalent Transfer Value	FTSUG	Freedom to Speak Up Guardian
CIPS	Chartered Institute of Purchasing and Supply	GAAP	Generally Accepted Accounting Principles
CNTW	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	GAM	Government Accounting Manual
CQC	Care Quality Commission	GDM	Gestational Diabetes Mellitus
CQUIN	Commissioning for Quality and Innovation	GEM	Global Ethnic Majority
CSSD	Central Sterile Services Department	GGI	Good Governance Improvement
CT	Computerised Tomography Scan	GNHA	Great North Healthcare Alliance
DHSC	Department of Health and Social Care	HPV	Human Papillomavirus
DNA	Did Not Attend	HRT	Hormone Replacement Therapy
		HSMR	Hospital Standardised Mortality Ratio

IAS	International Accounting Standards	NEQOS	North East Quality Observatory Service
ICB	Integrated Care Board	NHSE	NHS England
ICO	Information Commissioner's Office	NIHR	National Institute for Health and Care Research
ICORE	Innovation, Caring, Openness, Respect, Engagement (Trust values)	NJR	National Joint Registry
		NOM	New Operating Model
ICP	Integrated Care Partnership	NPSA	National Patient Safety Agency
ICS	Integrated Care System		
ICU	Intensive Care Unit	OD	Organisational Development
IFRS	International Financial Reporting Standards	OPEL	Operational Pressures Escalation Levels
IHEEM	Institute of Healthcare Engineering and Estate Management	ORR	Organisational Risk Register
		PALs	Patient Advice and Liaison Service
IMD	Index of Multiple Deprivation	PbR	Payment by Results
IOR	Integrated Oversight Report	PDC	Public Dividend Capital
IQILS	Improving Quality in Liver Services	PHE	Public Health England
IVF	In Vitro Fertilisation	PIDMAS	Patient-Initiated Requests to Move Providers
JAG	Joint Advisory Group	PIFU	Patient-Initiated Follow-Up
KLOE	Key Lines of Enquiry	PLACE	Patient-Led Assessments of the Care Environment
KPI	Key Performance Indicator		
LCFS	Local Counter Fraud Specialist	POD	People and Organisational Development
LGBT	Lesbian, Gay, Bisexual and Transgender	PSED	Public Sector Equality Duty
		PSIRF	Patient Safety Incident Response Framework
MRI	Magnetic Resonance Imaging Scan	PSIRP	Patient Safety Incident Response Plan
MRSA	Methicillin-Resistant Staphylococcus Aureus	QEF	QE Facilities
NEAS	North East Ambulance Service NHS Foundation Trust	RITA	Rehabilitation and Interactive Therapy Activities
NENC	North East and North Cumbria	RPIW	Rapid Process Improvement Workshop

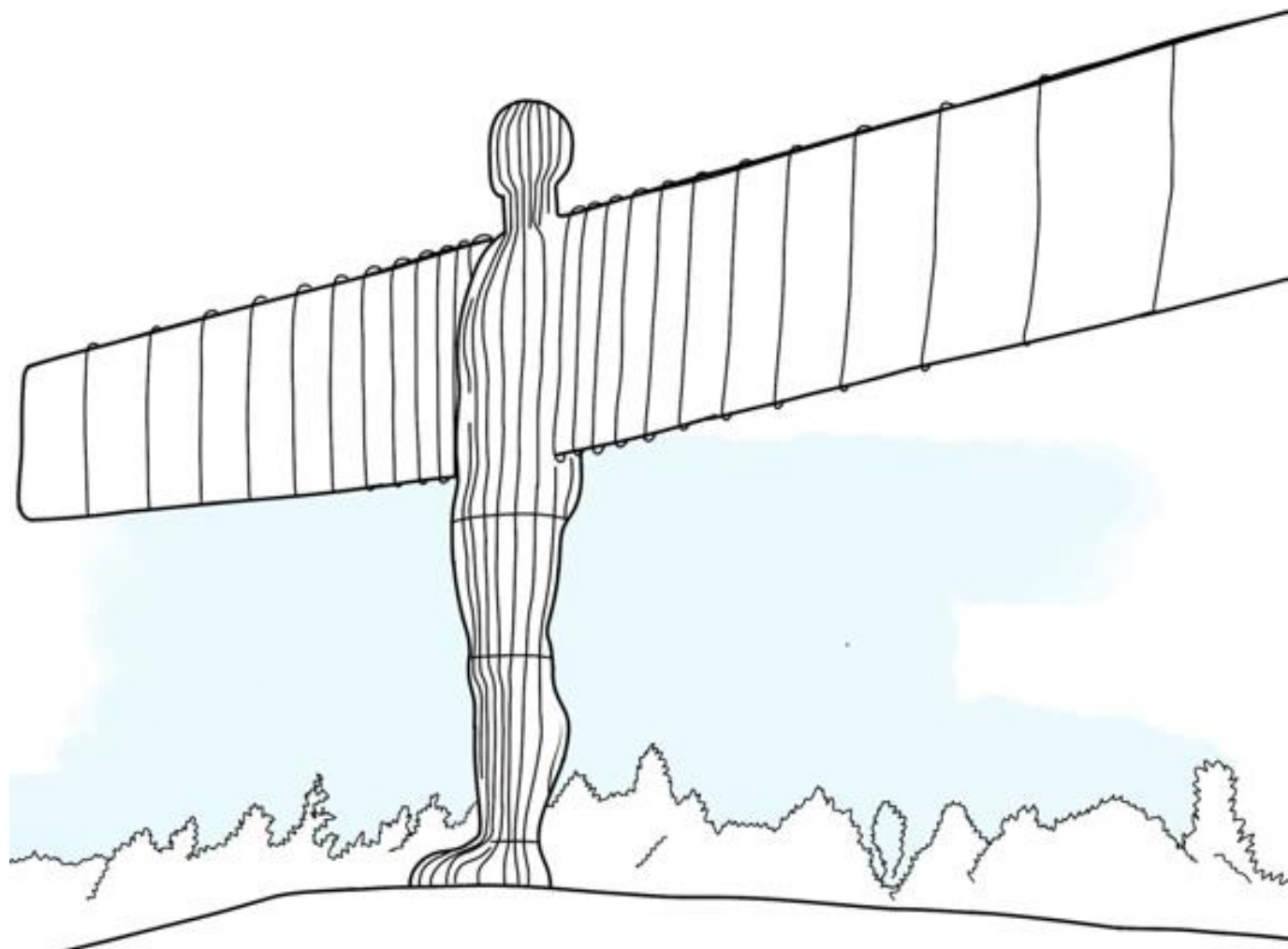


RTT	Referral to Treatment
SDEC	Same Day Emergency Care
SEQOHS	Safe Effective Quality Occupational Health Service
SHMI	Summary Hospital-level Mortality Indicator
SI	Serious Incident
SIRO	Senior Information Risk Officer
SOF	System Oversight Framework
TFCD	Task Force on Climate-Related Financial Disclosures
ULEV	Ultra Low Emissions Vehicle
VSM	Very Senior Manager
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard





**Gateshead Health**  
NHS Foundation Trust



# **Quality Account**

## **Gateshead Health NHS Foundation Trust 2023/24**

# Gateshead Health NHS Foundation Trust at a glance...



Local Population  
Over 200,000



Employ around  
4,500 staff

Inspected and rated

Good with  
Outstanding for Caring 



68,338 Inpatient Spells

249,640 Outpatient  
Attendances

1,892 Births



115,145 A&E Attendances



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# Part 1

## Quality Account – Chief Executive's Statement



# Statement on Quality from the Chief Executive

#HelloMyNameIs Trudie.

I am delighted to be able to present my second Quality Account as Chief Executive of Gateshead Health NHS Foundation Trust. Providing great care and achieving great outcomes for our patients, their families and carers is at the heart of everything we do. There is no doubt that 2023-24 has again been a challenging year for us here at Gateshead as well as across the wider NHS and social care system. Our improvement journey has seen us focus on what is best for our patients and staff and as a result we have begun to see some improvements in key areas. Our ambulance handover times have improved markedly freeing up ambulances and their crews to get to the sickest patients in the community. We focussed on how long patients stay in hospital and working with our social care colleagues, we have significantly improved how long people wait for a social care placement meaning that our patients get home to their loved ones more quickly. None of this would have been possible without the skill and care of our clinical teams and I am extremely grateful to each and every one of our staff for the outstanding care that they show to patients every day.

In this Quality Account, we share with you details about the quality of patient care we have provided over the past 12 months and our achievements as well as our quality priority areas for 2024-25. These incorporate the pillars of quality - patient experience, patient safety, clinical effectiveness and for us here at Gateshead, we also include staff experience as it is inextricably linked to the quality of care. Our biggest priority over the next 12 months is to ensure that we are a clinically led and management supported organisation. This means that we need to increase our opportunities for engaging with staff and we need to listen and act on the concerns that are raised. This year we welcomed our new full time Freedom to Speak Up Guardian and one of our priorities in this account is to improve staff access to the freedom to speak up programme by introducing a network of champions.

Gateshead Health NHS Foundation Trust is continuing the journey to further increase our partnership working. This year we have been part of a developing Great North Healthcare Alliance with colleagues in Newcastle upon Tyne NHS Foundation Trust, North Cumbria Integrated Care NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. I am committed to lead Gateshead Health with vision and clarity towards our common goal of achieving success and we will continue to do this through developing trusted relationships, being inclusive and respectful of others and ensuring that as a good partner, the standard of care delivered within the hospital and within Gateshead's community remains high. It is clear that in the current climate we can only be that successful partner by working closely with our neighbours and sharing best practice for the benefit of our patients and our people.

The last 12 months have seen exciting developments within the patient safety field. We have now embedded the national patient safety incident response framework and we are working through the detail of how we develop this for Gateshead. We have also welcomed a new lay patient safety partner to the team and our Integrated Care Board colleagues into our Quality Governance Committee to give a higher level of transparency that we have ever had before. This year we have also changed our incident reporting system so that we can give our people easier, faster access to information about patient safety at the point of care. The forthcoming year will be the time to let these new developments bed in whilst focusing on our priority areas to improve the safety of our patients.

I never cease to be grateful to our staff for the dedication and compassion that they show every day. It is therefore sad that we have had to include this year a campaign about “zero tolerance” to abuse of our staff. Our staff survey shows that a worrying number of staff (21.4%) have been exposed to harassment, bullying or abuse while at work from patients or members of the public. We have also experienced some distressing incidents where colleagues have been abused via social media. This is simply not something that we can tolerate, and we continue to work with our teams to identify where this has happened, to support them and to take whatever action we can to live our values of respect and care. On behalf of myself and our Trust Board, I would like to thank every member of staff, our governors, our volunteers and partners for their hard work and commitment during these challenging times and assure you of our commitment to keeping you safe at work.

To ensure that the Quality Account fairly presents our position, it has been reviewed by key stakeholders and by Trust board members, including our Non-Executive Directors. I can confirm, in accordance with my statutory duty, that to the best of my knowledge, the information provided in this Quality Account is accurate.

Signed

Date: 26.06.24



Chief Executive

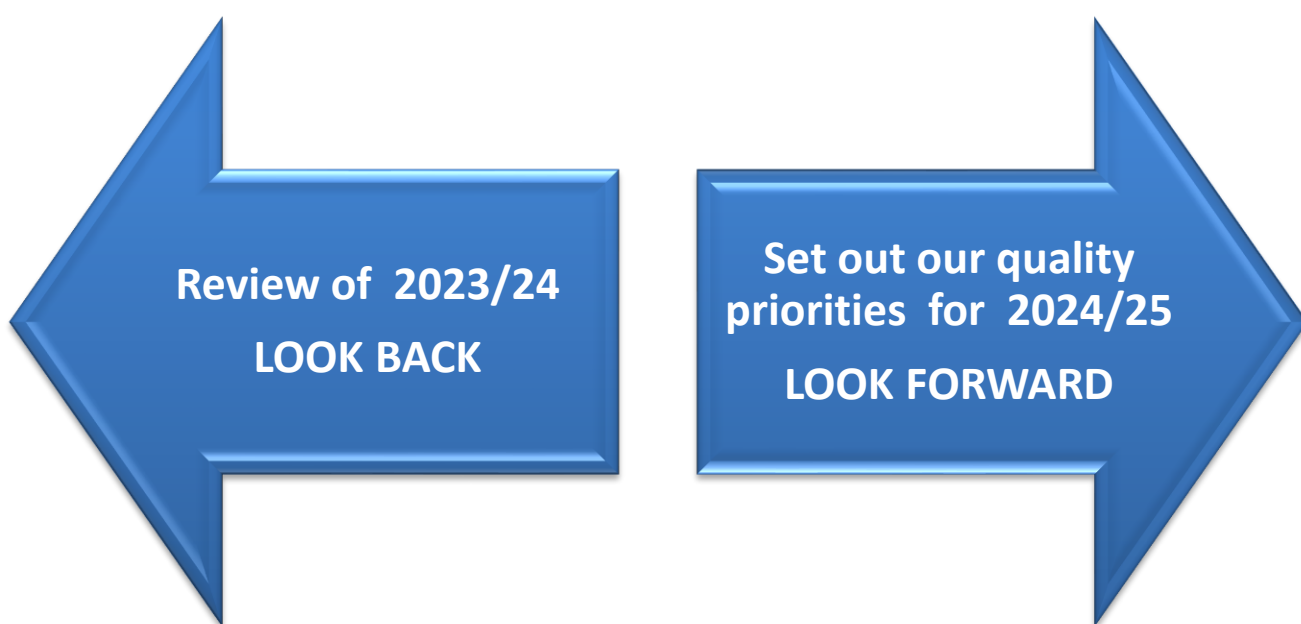


# What is a Quality Account?

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

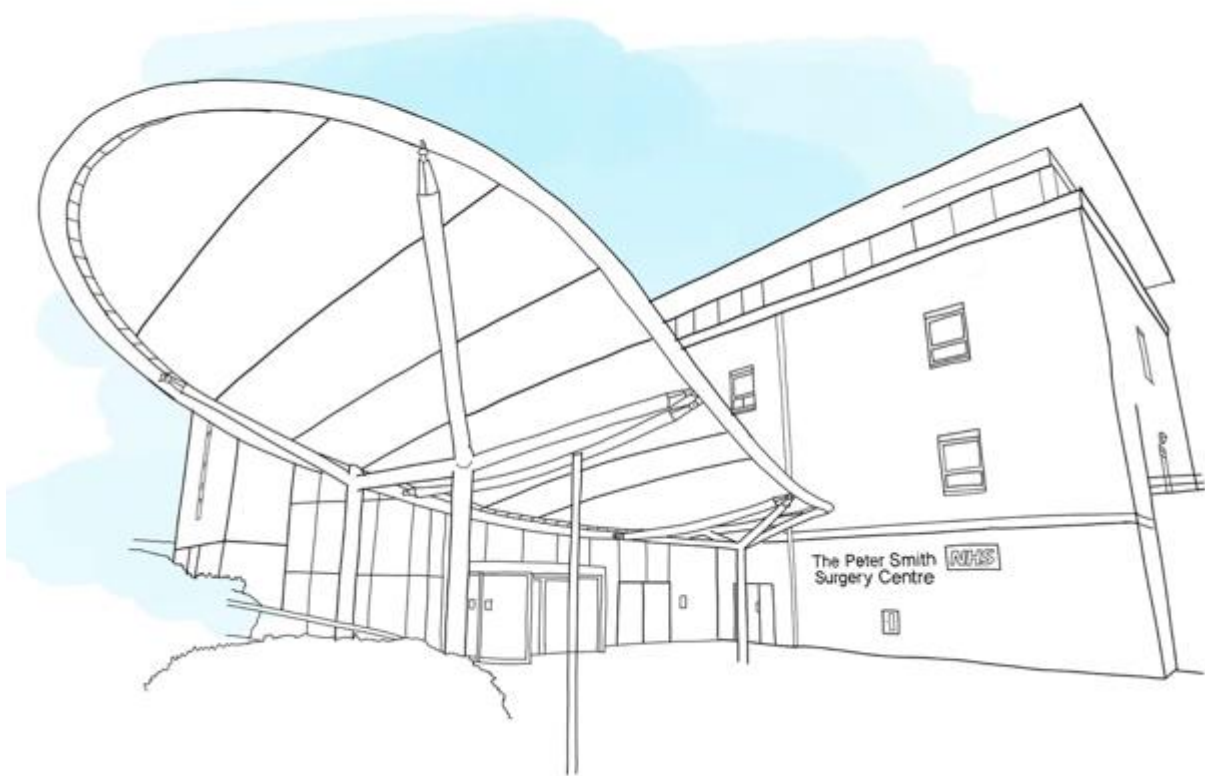
## The dual functions of a Quality Account are to:

- Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2023/24.
- Outline the quality priorities and objectives we set ourselves going forward for 2024/25.



# Part 2

## Quality Priorities



## 2. Priorities for Improvement

### 2.1 Reporting back on our progress in 2023/24

In our 2022/23 Quality Account we identified 13 quality priorities that we would focus on. This section presents the progress we have made against these.

#### PATIENT EXPERIENCE:

##### **Priority 1: We will work with our Volunteer Service to develop new roles**

Having an excellent volunteer service not only supports our patients and staff but also offers an opportunity for volunteers to experience the hospital environment and helps many into meaningful employment and therefore supports our strategic ambition of being an anchor institution in the Gateshead area.

##### **What did we say we would do?**

- We will develop new volunteer roles.

##### **➤ Did we achieve this?**

- We have achieved this.

##### **➤ How we achieved it:**

- Worked with palliative care team to support bid for a volunteer grant via charitable funds to support the funding of the volunteer coordinator post.
- Started initial conversations with People at The Heart, and our drug and alcohol team around lived experience volunteers. The purpose of this role is to add value to the existing patient experience role by connecting people who have shared experiences.
- The recruitment of volunteers is on-going and associated training continues. Volunteer profiles continue to be reviewed and strengthened.

##### **➤ Evidence of achievement:**

- Bid for volunteer coordinator post has been submitted.
- Volunteers continue to be invaluable in the running of our services.
- Volunteers are now involved in the 15 steps challenge.

##### **➤ Next steps:**

- Volunteer Strategy to be developed in consultation with patients, the public and staff.
- Using the strategic model of the organisation, we will focus upon three key areas for volunteers; support and development of women's health services, Community Diagnostic Centre and supporting patient's with long term conditions.



## **Priority 2: We will improve the way we learn and make improvements following complaints**

Complaints are a vital part of our patient experience metrics. Every complaint is reviewed by the Chief Nurse/Deputy Chief Executive and is taken very seriously to ensure that we are open and transparent with our patients. However, we do recognise that there is more work for us to do to ensure that learning from complaints is embedded throughout the organisation.

- **What did we say we would do?**
  - We will demonstrate learning and improvements made as a result of feedback from complaints.
- **Did we achieve this?**
  - We partially achieved.
- **How we achieved it:**
  - The feedback module which encompasses informal complaints, formal complaints, compliments, comments & feedback and information requests is now live on Inphase.
  - The Complaints Policy and Process has been reviewed and amended.
  - The Patient Advice and Liaison Service (PALS) has been reset as a rapid response service for patients and/or families. Work was undertaken by the Patient Experience Team and clinical staff to triage and streamline the processes and a monitoring process implemented.
- **Evidence of achievement:**
  - Funding has been sourced for complaints training to be carried out by an external provider. This will focus on the initial management of the complaint and composing of response letters.
  - Remodelled PALS with response times and >50% of enquires receiving a response within 24 hours.
- **Next steps:**
  - Complaints training to be finalised and offered to staff across the organisation.
  - Continue to improve the responsiveness of the PALS service.
  - Learning panel to receive monthly learning from complaints responses.

## **Priority 3: We will strengthen our partnership working with collaborative patient forums to enhance patient engagement and involvement**

We recognise that during the pandemic some of our opportunities for working with members of the public disappeared. Public involvement is such a vital part of our work that we have missed those opportunities and have therefore included this as a priority area for development.

- **What did we say we would do?**
  - We will develop and introduce new patient forums in collaboration with the North East and North Cumbria Integrated Care System (ICS).

- **Did we achieve this?**
  - We achieved this.
- **How we achieved it:**
  - We have re-engaged with Gateshead Carers Partnership and representatives from Gateshead Council and Gateshead Carers have been invited to Trust meetings e.g., the Patient Experience Group.
  - The previous patient experience group has been re-launched to include a wider range of stakeholders.
  - The 15 Steps Challenge restarted in January 2024 with volunteer support
- **Evidence of achievement:**
  - 15 steps challenge relaunched.
  - Patient Experience Group relaunched with wider representation from stakeholders.
- **Next steps:**
  - Ensure inclusive representation at the Patient Experience Group
  - Identifying priorities to determine the delivery plan
  - Ensure carers are supported and included within the work.

## STAFF EXPERIENCE:

### Priority 4: We will improve the way we listen, act upon and learn from concerns

We know that having staff who feel happy and safe at work leads to better patient outcomes. Unfortunately various national reports have demonstrated that staff need to have a mechanism to speak out that is independent of line management arrangements. We are committed to providing these opportunities for all our staff so that they can feel safe at work.

- **What did we say we would do?**
  - Develop supporting leaflets on Freedom to Speak Up (FTSU) for both staff and leaders in the organisation.
  - Update our FTSU Policy based on national guidance and local people strategy.
  - Refresh our approach to reporting on FTSU across the organisation.
  - Develop a communication plan to make staff aware of what FTSU is, communicate what the role involves and look to seek expressions of interest for additional FTSU Champions.
- **Did we achieve this?**
  - We have achieved this.
- **How we achieved it:**
  - Relaunched the FTSU service.
  - Introduced full time permanent FTSU Guardian.
  - Updated our FTSU policy in line with National Guardian Office Policy.



- Introduced a communications plan to ensure regular awareness and updates are available to staff.
- Introduction of the Trust Culture Board Program
- Increased education and training in number of different forums for FTSU
- Changed our data collection for FTSU to be able to identify key themes, trends, and hotspots to link into the Culture Board Program work streams.
- Recruitment and relaunch of FTSU Champions with wider representation from all areas across the Trust and staff forums.
- Working collaboratively with POD, Trade Unions, Senior Management Team, and staff forums.

➤ **Evidence of achievement:**

- Increased number of FTSU concerns reported in Q3 & 4.
- Culture Board program workstream outcomes; zero tolerance campaign- show racism the red card, and “it’s not ok” campaign.
- Changes in Trust Policies.
- Cross representation of Champions across the Trust.
- Training and education packages.
- Communications plan.
- More robust data collection and follow up
- Introduction of feedback for users of service and review for continuous improvement of service.
- Change in governance processes of reporting FTSU information.
- Realigned to patient safety.

➤ **Next steps:**

- Increase the number of FTSU Champions.
- Training for all champions.
- Network meetings for champions.
- Development of resources and information across different platforms- webpage, Facebook Page, Newsletter section.
- Continuation of Culture Board Program.
- Further education and training at middle manager level to support managers with FTSU.
- Further education and training opportunities to be explored with POD team.
- Development of listening up space for FTSU.
- Development of FTSU posters and leaflets to continue raising awareness.

## **Priority 5: We will listen to staff experience in relation to waste and duplication**

Not only are our staff our greatest asset for clinical care, but they can help us to see where there is waste and duplication within the system.

➤ **What did we say we would do?**

- We will listen to staff experience in relation to waste and duplication.

➤ **Did we achieve this?**

- We partially achieved this.

➤ **How we achieved it:**

- We carried out staff engagement events in the QE Hub, Bensham café and outside Costa asking people for their ideas and areas for improvement.



- We have completed three cohorts of certified leaders training and quality improvement training on managing well.
- In the last 12 months we have carried out Rapid Process Improvement Workshops (RPIW) with endoscopy, HR recruitment process, site resilience, Occupational Health, Audiology, and the discharge teams with community services.
- We have carried out service improvement events relating to, discharge lounge, lung cancer pathway, outpatients, procedure investigation unit, same day emergency care, emergency admissions unit, clinical coding, medical staffing, ward and board rounds on ward 22, hospice at home, podiatry, orthopedic diabetic pathway, autism referrals, rapid response, children's bowel and bladder, older persons mental health, children outpatients palliative care
- Well Organised Hospital, has included maternity, theatres, critical care, wards in scheme 3. This project has resulted in multiple areas of cost saving and waste reduction and reduction by reduction of overstocking and clearer relationship with the supplies team.

#### ➤ Evidence of achievement:

- We have more staff trained in improvement and lean approaches which focuses on identifying waste and duplication.
- We have a Well Organised Hospital programme running which has been working within clinical environments to ensure we have identified good stock management and environments organised to prevent duplication and waste in day-to-day processes.
- We continue to offer training and run RPIWs which have resulted in:
  - Reduction in length of time to onboard new starters
  - Increased number of induction days
  - Reduction in wait for management referral to occupational health
  - Electronic form for referral to occupational health
  - Better utilisation of space in occupational health
  - Reduction of waiting list for audiology patients
  - Reduction of did not attends (DNAs) in audiology
  - Standardisation of ICE results reporting across the organisation
  - Reduction of unfiled results
  - Creation of information sharing between the community, local authority and hospital for the management of patients requiring discharge.



#### ➤ Next steps:

- Continuing to roll out the Well Organised Hospital.
- A number of service improvement events are planned, including surgical preassessment, digital care planning, community services projects, outpatient projects, and the community diagnostic centre.
- Training continues in the managing well course and prospectus training.
- Web site is activated with the opportunity for staff to tell us their ideas and areas for improvement to continue to reduce waste in the organisation.



- Access for staff to the Quality Improvement information and tools to assist with Plan, Do, Study, Act (PDSA) cycles.

## Priority 6: We will focus on safe staffing including reducing the movement between clinical areas

Our staff have told us that one of their biggest frustrations is being moved between departments at short notice and being asked to work in an unfamiliar area. There is evidence that more accidents and incidents happen when staff are in unfamiliar environments, so we have therefore prioritised this as a development area.

### ➤ What did we say we would do?

- We will use approved tools for all clinical areas in line with national requirements, making sure we are assessing staffing appropriately e.g., Birthrate Plus, SNCT, Mental Health Optimal Staffing Tool (MHOST) etc.

### ➤ Did we achieve this?

- We partially achieved this. We have used the relevant staffing tools, but still have staff movement between clinical areas.

### ➤ How we achieved it:

- Over 2023/24 we have improved our overall vacancy position across the trust. We have successfully recruited 171 internationally educated nurses, introduced a four year apprentice program taking school leavers through an educational program from 'new to care' to qualified registered nursing while training on site. We have also continued to develop our healthcare support worker workforce, supporting them to complete higher level educational studies to become Nursing Associates or further to complete Registered Nurse training.
- The Head of Nursing for Workforce with clinical expertise in safe staffing has supported the organisation to further develop the safe staffing arrangements.
- Our annual safe staffing reviews have ensured safe staffing levels are monitored and reported to Trust Board on a biannual basis, making recommendations on amendments to establishments based on patient acuity levels in line with skills required to support care needs.
- Although we are unable to totally eradicate the need to move clinical staff between areas a substantial reduction in movement of staff is evident when reviewing metrics with staff only being moved to support critical shifts.

### ➤ Evidence of achievement:

- We have successfully improved the nursing staffing position across the organisation reducing the overall nursing vacancy rate from 9.0% (February 2023) to -1.3% (February 2024).
- Reduction in annual agency spend within the trust.

### ➤ Next steps:

- Ongoing work on retention, looking at ways to support experienced workforce to remain in healthcare positions after retirement retaining valuable skills and knowledge.
- Further work to improve safe staffing monitoring in non-inpatient based areas such as community, A&E and outpatients.



## PATIENT SAFETY:

### Priority 7: We will reduce length of stay for our inpatients

Every day that a patient is in hospital is a day that they are away from their loved ones. Also, there is evidence that being in hospital results in deconditioning for some patients potentially leading to an increase in falls and a decrease in function. It is therefore important that every day in hospital is a meaningful day when patients are actively being treated. Therefore, it makes sense for us to concentrate on reducing the length of stay for patients where it is safe to do so.

#### ➤ What did we say we would do?

- We will reduce length of stay for our inpatients.

#### ➤ Did we achieve this?

- We achieved this.

#### ➤ How we achieved it:

- Our monthly average length of stay decreased from 4.96 days to 4.83 days in 2023/24.
- We achieved this through a renewed focus on getting the patient to the right place for their care. This was done by collaborative working across the hospital, with community services, social care and GPs which formed part of our winter governance structures. A number of initiatives have been introduced to support earlier discharge including increased availability of social care, virtual ward arrangements for respiratory and frailty, a renewed focus on our weekly stranded patient meetings where any blocks to patients progressing home are identified and new site management arrangements to ensure that this is monitored and improved.
- The improvement in length of stay is set against an overall increase in patient attendances and acuity of patients.
- We recognise that although we have achieved this priority, there is minimal improvement and further work is required to maintain this achievement.

#### ➤ Evidence of achievement:

- Overall length of stay reduced from 4.96 days to 4.83 days.
- Evidence of closer working with primary and social care colleagues

#### ➤ Next steps:

- Reducing length of stay forms part of our improvement work in 24/25 with a target stay of an average of less than or equal to four days as agreed by the Trust Board.

### Priority 8: We will implement the Patient Safety Incident Response Framework (PSIRF) with further work streams on falls and civility

Last year we concentrated on implementing the new national patient safety incident response framework. This approach to incident management is a completely new way of investigating incidents and learning from them. Now we need to consolidate this approach and ensure that

the just and restorative approach to investigations is fully embedded throughout the organisation.

➤ What did we say we would do?

- We will create a project board and working group for PSIRF.
- We will strengthen our existing falls prevention group workstreams through improved engagement with business units.
- Understand the organisations current position with regards to civility and its impact on patient safety and staff wellbeing.

➤ Did we achieve this?

- We achieved this.

➤ How we achieved it:

- Fortnightly PSIRF working group meeting was established with all relevant stakeholders invited to enable effective co-production as part of PSIRF implementation.
- The Trust's patient safety improvement plan priorities has been developed with quarterly updates to the Learning Panel and the Quality Governance Committee.
- Patient Safety Lead involvement in discussions and plans for Culture Transformation Programme including Civility Saves Lives initiative as well as plan to review People and OD policies related to Just Culture principles.

➤ Evidence of achievement:

- The PSIRF project board and working group were operational for the duration of PSIRF implementation. The meetings are no longer deemed required following 'go-live' on 1 November 2023 and the Trust now being in the embedding phase.
- The Terms of Reference for the Falls Strategic Group (workstream) have been updated and the invite to attend has been more widely circulated to include Ward Managers and Matrons as well as Chief Matrons to ensure appropriate stakeholder involvement for system improvement.
- The Trust's Patient Safety Incident Response Plan was approved by the ICB in November 2023.
- The Civility Saves Lives initiative is part of the Trust's Culture Transformation Programme. This programme includes initiatives in line with the culture principles of the national Patient Safety Strategy and PSIRF.
- The Trust formally transitioned from the Serious Incident Framework to the PSIRF on 1<sup>st</sup> November 2023, meeting the majority of the PSIRF standards with some in development as expected/appropriate according to NHS England and CQC expectations.
- Falls Strategic Group meeting is now chaired by Deputy Chief Executive/Chief Nurse with improvement priorities and plans discussed and next steps agreed.

➤ Next steps:

- Work to become fully compliant with PSIRF standards will continue to develop as we embed the principles and work under the Framework.
- The Trust's PSIRP including the patient safety improvement priority areas and associated plans will continue to be developed and be updated as appropriate as the National Patient Safety Strategy and PSIRF are fully embedded and evolve over time.

## **Priority 9: We will undertake improvement work around the processing of clinical results**

The impact on patients of not having timely access to clinical results can be catastrophic. There are a number of failsafe mechanisms in place for results such as cancer, but we do still see incidents occurring where results have been filed incorrectly or have not been seen by the relevant clinical staff. While many aspects of clinical care have been improved by moving to electronic results reporting, we recognise that there is further work to do to ensure that all processes are consistently followed.

### ➤ What did we say we would do?

- Building on the workshop held in Q4 2022/23 we will hold a full rapid process improvement workshop (RPIW) to review the processes for managing all results on the ICE system with a view to developing a standard operating procedure

### ➤ Did we achieve this?

- We partially achieved this.

### ➤ How we achieved it:

- An improvement event took place from 4-6<sup>th</sup> December 2023.
- The workshop was attended representatives from general surgery, acute medicine, general medicine, surgery, systems team for RIS, PACS and ICE.
- Whilst a new process was developed this has failed to achieve the full improvement that we were looking for. This priority will therefore roll over to next year.

### ➤ Evidence of achievement:

- A trust level standard operating procedure was developed for requesting and reviewing tests on ICE, with departments to be asked to produce their own individual procedures to demonstrate how these indicators will be met. Guidance was produced on system use and closing the safety gaps. Options were proposed around efficiency of requests, including how to stop over requests and use of ICE mail and alerts and the potential to stop over reporting of results.
- Framework was developed for the engagement of clinical teams – first presentation for consultation took place at Clinical Strategy Group on 10<sup>th</sup> January 24.

### ➤ Next steps:

- Compliance with management of ICE results determined difficult to monitor – reports hard to access and interrogate – this is to be made simpler and made more readily accessible along with overview provided to Quality Governance Committee.
- Future developments include move to version 8 of ICE in the short term and in the longer term procurement of a fully integrated Electronic Patient Record.

## **Priority 10: We will implement a maternity and neonatal improvement plan**

A number of reports about failings in maternity in other organisations gives an insight into the impact on our patients when things go wrong. We therefore continue to focus on maternity to raise awareness of learning from other Trusts and to improve our standards where we can.

➤ What did we say we would do?

- Continue to give the Trust Board assurance around the Trust's compliance with the Immediate and Essential Ockenden actions (IEA).
- Review existing bodies of work that are running concurrently and incorporate into an overarching maternity and neonatal plan for the Trust. This will include the national Maternity and Neonatal Delivery Plan; any actions outlined by CQC in the latest Maternity inspection report as well as existing projects such as Birmingham Symptom Specific Obstetric Triage System (BSOTS) and cycles of audit.

➤ Did we achieve this?

- We achieved this.

➤ How we achieved it:

- Monthly reporting of agreed data, Maternity Incentive Scheme (MIS), Ockenden compliance to Trust board via separate Maternity Integrated Oversight Report (IOR).
- Good rating from CQC during recent inspection.
- Full compliance with the MIS.
- Individual compliance plans are embedded within governance processes.



➤ Evidence of achievement:

- Performance with all targets is now embedded into reporting processes.
- Full compliance with MIS confirmed by the ICB and Local Maternity and Neonatal System.
- CQC Good rating.

➤ Next steps:

- Complete and publish Midwifery strategy.
- Continue to achieve year 6 of the MIS.
- Implement learning from CQC inspections across the region
- Continue to work with our maternity voices partnership to improve the experience of our women.

## CLINICAL EFFECTIVENESS:

### Priority 11: We will embed a culture of research in the Trust and make “Research Everyone’s Business”

We know that being an organisation that is active in research gives patients better outcomes. Many patients wish to be part of research trials and so we continue to strive to have as many opportunities as possible available for patients and for our staff.

- What did we say we would do?
  - Offer every patient and member of staff the opportunity to “Be Part of Research”
- Did we achieve this?
  - We partially achieved this.
- How we achieved it:
  - We engaged in the “Your Path in Research” campaign and “The Associate Primary Investigator Scheme”. Patients can search for and join relevant active National Institute for Health Research portfolio research projects listed on the Be Part of Research database.
  - Promotion has also continued through annual events such as #Red4Research and International Clinical Trials Day.
  - The R&D Twitter page @QEHRResearch, continues to be very successful with over 450 followers so far.
  - We raised research awareness for staff via newsletters.
  - We extended our hosted research portfolio, especially in under-served clinical specialty areas and in areas of health inequality.
  - We ensured staff have a basic understanding of research through our “Introduction to Research” course.



- Evidence of achievement:
  - We have continued to manage and deliver a complex portfolio of research across the Trust recruiting over 1,600 participants into more than 50 studies in the last year. All research that is carried out in the Trust has appropriate ethical and regulatory approval.
  - The Patient Research Experience Survey (PRES) gives research participants the opportunity to feedback about their research experience via an online survey. This showed that in our Trust, 98% of participants recruited in 2023/24 would consider taking part in research again.
  - The number of hosted research studies has increased from last year.
  - R&D welcomed seven new Principal Investigators.

➤ **Next steps:**

- Encourage support for research to be embedded in clinical services, across all workstreams and recognised as part of direct clinical activity.
- Continue to actively promote research through annual events such as the Your Path In Research
- Continue to focus on enabling people to take part in research by increasing the number of active research studies; increasing the number of participants recruited to research studies and increasing the number of research active staff.

## **Priority 12: We will strengthen how we learn from deaths**

When someone dies in our care it is important that families have the opportunity to ask questions about their loved one's care. We need to be assured that we have done everything possible for that patient and that where we could have done better we learn from it. The medical examiner service allows us the opportunity to work with families and staff to ensure that we improve our care.

➤ **What did we say we would do?**

- Expand the medical examiner (ME) system to non-coronial deaths outside of the acute trust

➤ **Did we achieve this?**

- We partially achieved this.

➤ **How we achieved it:**

- The Lead Medical Examiner Officer has delivered presentations to GP practices either via Teams or in person to explain the new process, demonstrate how to refer into the service using generic proforma set up within EMIS community and answer any questions or concerns. Also attended the GP Fellows meeting to introduce service to GP trainees and attended the GP Timeout event in mid-March.

➤ **Evidence of achievement:**

- All 28 GP practices within the catchment area contacted:-
  - 20 GP practices are now referring into ME service on a regular basis.
  - Three practices have agreed in principle and await receipt of first referrals.
  - One practice has agreed a start date of 01.04.2024.
  - Seven practices, four of which are under one umbrella company, have either refused to engage or wish to wait until official 'go live' date of the legislation "Death Certification Reform and the Introduction of the Medical Examiner". The 'go live' date has been confirmed as 9<sup>th</sup> September 2024.
- Referrals into the ME service from GP practices have increased from approximately 10 per month to over 40 cases in February 2024.

➤ **Next steps:**

- From 'go live' date – 9<sup>th</sup> September 2024, all GP practices will be required to send completed Medical Certificate for the Cause Death (MCCDs) to ME office for sign off by the Duty ME before submission to Registrars.



### **Priority 13: We will work with our clinical effectiveness team to improve the experiences of people with a learning disability, mental health or autism**

We know that health outcomes and experiences for people with a learning disability and/or autism fall below that for other patients. Review of our incidents shows that we do not always offer the reasonable adjustments necessary for more vulnerable patients. Education of our staff is the key to raising the standards for our patients and that is why we chose this as a priority area for our quality accounts.

#### ➤ What did we say we would do?

- Raise awareness of learning disabilities and autism to improve the healthcare outcomes and reduce health inequalities for this group of patients

#### ➤ Did we achieve this?

- We partially achieved this.

#### ➤ How we achieved it:

- Raising awareness of learning disabilities and autism is a key priority across the NHS, following a drive for the introduction of national 'Oliver McGowan training'.
- We have provided the Diamond Standards training to our staff, for many years now and will continue to do so until the code of practice is available to Trusts.
- Our learning disabilities service aims to improve awareness of learning disabilities and autism and how we make reasonable adjustments to improve the healthcare outcomes
- Although throughout 2023/24 we have made substantial progress through training and education, further work is required to embed this learning.
- We review the care delivered by auditing both inpatient care and care prior to death to ensure the best possible care has been delivered.

#### ➤ Evidence of achievement:

- Diamond Care Standards training is provided across the trust for all clinical areas who currently come into care contact with patients who have a learning disability. This training is provided by our specialist nurse team for learning disabilities.
- The learning disabilities nurse and the palliative care team made a presentation to Trust Board about reasonable adjustments.
- We have participated in the Learning from Deaths reviews (LeDeR) for people with learning disabilities and/or autism.

#### ➤ Next steps:

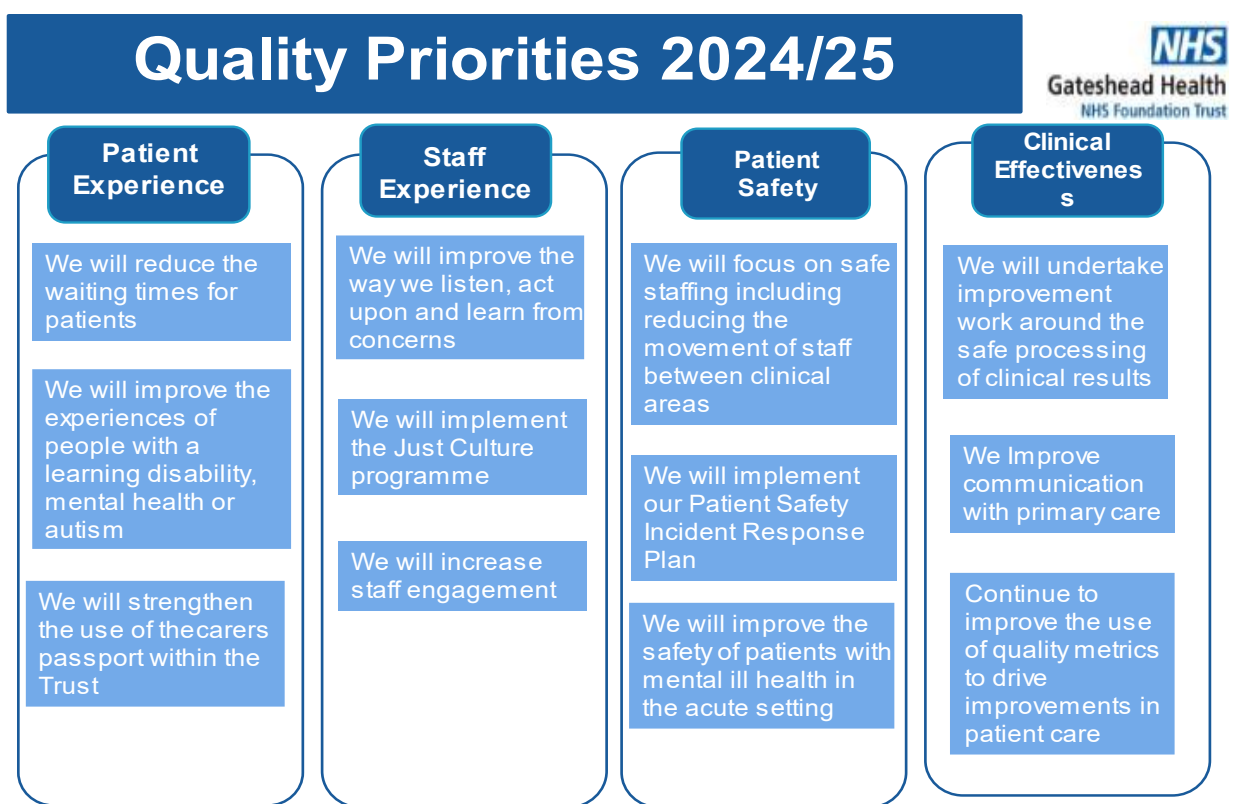
- Following the national requirement to introduce specific training, the trust is working with ICB partners to develop an enhanced training programme across the region.
- The service is currently reliant on one individual and the Trust will review options to strengthen this service.
- We will continue to review and audit the care given to our patients to improve services where we can.

## 2.2 Our Quality Priorities for Improvement 2024/25

We have engaged with our partners and stakeholders to understand what the quality account priorities should be for 2024/25. It was agreed that we should continue to define our priorities under the four headings of:

- Patient experience
- Staff experience
- Patient safety
- Staff experience

The table below shows the Quality Account Priorities for 2024/25 in summary form



Gateshead Health NHS Foundation Trust

#GatesheadHealth



The table below shows the quality account priorities in more detail detailing how they will be measured and monitored.

PATIENT EXPERIENCE				
Quality Priority	What will we do?	How will we do it?	Expected Outcome?	How will it be measured?
We will reduce the waiting times for patients	We will reduce the waiting time for people needing an elective operation so that no patient will wait more than 52 weeks *	Increased focus on validation of our lists and adherence to rules about seeing patient in chronological and clinical priority order	No patient will wait longer than 52 weeks for their elective operation by end of June 2024*	Waiting times for patient waiting for elective care
	We will reduce the waiting time for people in our emergency department *	Increased focus on flow through the department and seeing patients in clinical priority order	78% of patients in the emergency department will be seen within 4 hours	4 hour waiting time standard
	We will achieve 62 days' time to first treatment for patients with cancer for no less than 70% of patients	Increased focus on the standard with the introduction of the cancer group and the cancer clinical advisory group	70% of patients will start their first definitive treatment within 62 days of diagnosis	Cancer waiting times reports
We will work with our teams to improve the experiences of people with a learning disability, or neurodiversity	Raise awareness of learning disabilities and neurodiversity to improve the healthcare outcomes and reduce health inequalities for this group of patients.	Roll out of the GHFT mandatory level 1 learning disability and neurodiversity training. 85% of staff will receive this training by end September 2024.**	Increase staff awareness of learning disabilities and neurodiversity and their individualised needs	ESR reports  Evaluation pre and post training
		Develop a plan for the level 1 face to face, interactive training of staff in line with the mandatory training requirements from June 2024**	Increase in staff confidence when caring for patients with a learning disabilities or neurodiversity	

		Develop a plan to implement level 2 training for the staff that need this in line with the Oliver McGowen training requirements		
We will strengthen the use of carer's passports within the Trust	Ensure that carers who wish to use a carers passport can access the information relating to passports	Complete audit of the use of passports. Complete awareness raising campaign and reaudit the use of the passports	More carers will have access to the passports and will be using them within the Trust	Audits reported to patient experience group.

\*indicates a Leading Indicator

\*\* indicates a breakthrough indicator

STAFF EXPERIENCE				
Quality Priority	What will we do?	How will we do it?	Expected Outcome?	How will it be measured?
We will improve the way we listen, act upon and learn from concerns.	Develop a network of freedom to speak up champions across a diverse range of staff groups	Further campaigns to recruit more champions with a targeted approach to improve diversity of champions.	Increasing the number and diversity of FTSU Champions we have across the organisation.  Increasing staff awareness of what FTSU is and who the champions across the organisation are.	The number of active champions that we have across the trust  The number of concerns reported to the FTSU guardian and champions  Strategy is in place and being used
	Develop and share the FTSU vision and strategy across the	Develop the strategy and vision by working with the staff forums and meetings	Strategy is in place and understood by the organisation	

We will implement the culture programme	We will introduce a zero-tolerance campaign as part of the culture programme	Full campaign plan will be developed including communications and engagement plan.  Policy has been rewritten to include elements of this programme	Staff will be empowered to report incidents of incivility and aggression  Incidents will be managed swiftly and in line with the new policy	New policy is embedded.  Inphase incidents reported relating to violence, aggression, incivility and any form of racism or intolerance  Incidents are being managed in line with the policy
We will increase staff engagement*	We will review the structure of the organisation and the governance arrangements to ensure that the clinical voice is input at the correct levels through the organisation.	New structure has been developed following a significant engagement exercise and will be implemented following the appropriate consultation period.	New structure will provide the opportunity for staff voices to be heard at various levels of the organisation	New structure is fully implemented and embedded

\*indicates a Leading Indicator

\*\* indicates a breakthrough indicator

PATIENT SAFETY				
Quality Priority	What will we do?	How will we do it?	Expected Outcome?	How will it be measured?
We will focus on safe staffing, including reducing the movement of staff between clinical areas.	We will use approved tools for all clinical areas in line with national requirements, making sure we are assessing staffing appropriately e.g. Birthrate plus, SNCT, MHOST etc.	The appropriate staffing tools will be completed twice a year and reported to Trust Board in line with the national requirements	Report will be presented to Trust Board twice yearly	Review of Trust Board papers

	As vacancies in ward areas are filled, we will implement a system to monitor and record the level of movement between wards and departments	Implement systematic review of all staff movements	We will reduce the movement of staff between clinical areas.	Reports of staff movement between different areas
	We will look for opportunities to adapt the workforce to the requirements of the patients	Review the advanced practice roles across the organisation and align with national job profiles	Roles will be standardised in line with national profiles and benchmarking	Review of advanced practice will be completed
We will implement our Patient Safety Incident Response Plan **	We will develop the six identified workstreams (falls, pressure damage, digital, maternity, infection, prevention and control and medicines management)	Each workstream will have an agreed work programme with timescales and identified leads	Identified improvements will be made in each of the six areas in line with the work plans	Achievement of the targets identified within the workplans
		Workstreams will report into SafeCare Steering Group		
We will improve the safety of patients with mental ill health in the acute setting	We will identify a programme of work to improve our management of mental ill health, not just in our older persons' mental health team, but across the Trust	The violence reduction work will source a training programme covering better management of patients displaying challenging behaviours	Training programme will be attended by key individuals within the organisation	Reduction in the number of incidents relating to challenging behaviours and rapid tranquilisations
		Improve compliance with our Mental Capacity Act policy through training and audit**	Compliance with the policy will improve.	Better compliance with the Mental Capacity Act policy
		We will seek to reduce the	Reduction in the number of Rapid	

		number of rapid tranquilisations undertaken throughout the Trust	tranquilisation events in the Trust	
	Engage in national cultural work around mental health	Key members of GHFT staff will take part in the national programme	Improved understanding of improvement processes in mental health	QI programmes undertaken as a result of the programme

\*indicates a Leading Indicator

\*\* indicates a breakthrough indicator

### CLINICAL EFFECTIVENESS

Quality Priority	What will we do?	How will we do it?	Expected Outcome?	How will it be measured?
We will undertake improvement work around the safe processing of clinical results.	Building on the workshop held in 2023 we will undertake further work to review the processes for managing all results on the ICE system	Develop and monitor an improved standard operating procedure  Communication strategy to raise awareness of new process  Audit the effectiveness of previous changes	Reduction in incidents in relation to ICE reporting	Monitoring via incident management system  Mortality reviews
Improve communication with primary care partners	We will reduce the duplication of GP discharge letters	Develop a plan with software developers to reduce the number of duplicated discharge letters	Reduced reports of duplicated discharge letters going to GP practices	SIRMS reports
	Improve the efficiency and quality of discharge letters	Review systems providing discharge letters to primary care and ensure potential for missed letters are minimised	All discharge letters arrive in GP practices within 48 hours of discharge	System reports about delivery of discharge letters

Following the introduction of a suite of ward-based quality metrics <sup>#</sup> , we will continue to improve the use of data to drive improvements in patient care at the front line.	Develop the dashboard of quality metrics currently being used in ward areas to include community and other outpatient areas	We will review the metrics at every nurse professional forum and support teams where improvement plans are required	Quality metrics will be used to drive improvements within the Trust	Quality metrics report will be provided and published at each nurse professional forum
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\*indicates a Leading Indicator

\*\* indicates a breakthrough indicator

# ward based quality metrics are a suite of indicators including measures such as hand hygiene compliance, controlled drug checks, resus trolley checks, staff vacancy rates, patient falls, complaints and incidents used to assess the quality of care provided in ward areas.

## 2.3 Statements of Assurance from the Board

During 2023/24 the Gateshead Health NHS Foundation Trust provided and/or sub-contracted 30 relevant health services. The Gateshead Health NHS Foundation Trust has reviewed all the data available to them on the quality of care in 100% of these relevant health services. The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by Gateshead Health NHS Foundation Trust for 2023/24.

### Participation in National Clinical Audits 2023/24

During 2023/24, 35 National Clinical Audits and five National Confidential Enquiries covered relevant health services provided by Gateshead Health NHS Foundation Trust.

During that period Gateshead Health NHS Foundation Trust participated in 94% of National Clinical Audits and 100% of National Confidential Enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that Gateshead Health NHS Foundation Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit title	Participation	% of cases submitted/number of cases submitted
Case Mix Programme (CMP)	Yes	800 cases were submitted – no minimum requirement
Elective Surgery (National PROMs Programme)	Yes	256 cases – Hip 358 cases – Knee No minimum requirement
Mental Health (Self- Harm)	Yes	Data collection still ongoing
National Audit of Inpatient Falls (NAIF)	Yes	16 cases were submitted – no minimum requirement
National Hip Fracture Database (NHFD)	Yes	354 cases were submitted – no minimum requirement
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Yes	100% of cases were submitted
National Diabetes Inpatient Safety Audit (NDISA)	Yes	81 cases were submitted – no minimum requirement
National Pregnancy in Diabetes Audit (NPID)	Yes	To be confirmed
National Diabetes Core Audit	Yes	1250 cases were submitted – no minimum requirement
COPD Secondary Care	Yes	799 cases were submitted – no minimum requirement
Pulmonary Rehabilitation	Yes	166 cases were submitted – no minimum requirement
National Audit of Cardiac Rehabilitation	Yes	457 cases were submitted – no minimum requirement

Adult Asthma Secondary Care	Yes	117 cases were submitted – no minimum requirement
National Audit of Care at the End of Life (NACEL)	Yes	Data collection still ongoing
National Audit of Dementia (NAD)	Yes	78 cases were submitted – no minimum requirement
National Breast Cancer Audit	Yes	678 cases submitted – no minimum requirement
National Cardiac Arrest Audit (NCAA)	Yes	49 cases were submitted – no minimum requirement
National Heart Failure Audit (NHFA)	Yes	412 cases were submitted – no minimum requirement
National Audit of Cardiac Rhythm Management (CRM)	Yes	450 cases were submitted – no minimum requirement
Myocardial Ischaemia National Audit Project (MINAP)	Yes	296 cases were submitted – no minimum requirement
Audit of Blood Transfusion against NICE Quality Standard 138	Yes	36 cases were submitted – no minimum requirement
Bedside Transfusion Audit	Yes	Data collection still ongoing
National Emergency Laparotomy Audit (NELA)	Yes	124 cases were submitted – no minimum requirement
National Bowel Cancer Audit (NBOCA)	Yes	209 cases submitted – no minimum requirement
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	103 cases submitted – no minimum requirement
National Prostate Cancer Audit (NPCA)	Yes	151 cases submitted – no minimum requirement
National Lung Cancer Audit (NLCA)	Yes	234 cases submitted – no minimum requirement
National Joint Registry	Yes	605 cases were submitted – no minimum requirement
National Maternity and Perinatal Audit (NMPA)	Yes	100% of cases were submitted
National Neonatal Audit Programme (NNAP)	Yes	21 cases were submitted – no minimum requirement
National Audit of Seizures and Epilepsies in Children and Young People	Yes	To be confirmed
National Paediatric Diabetes Audit (NPDA)	Yes	134 cases were submitted – no minimum requirement
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	35 cases were submitted – no minimum requirement
Inflammatory Bowel Disease Audit IBD Registry	No	Benefits of the audit did not outweigh the cost to participate.
National Diabetes Footcare Audit (NDFA)	No	Due to clinical commitments at present the teams do not have the admin support to enable data submission.

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



The reports of 8 national clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2023/24 and Gateshead Health NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

#### **National Hip Fracture Database (NHFD)**

The Trust continues to input data into the NHFD which records a number of clinical parameters for patients admitted with a fracture of either the neck or shaft of Femur. For the year 2023 we continue to perform at a high standard being ranked third overall in the UK, and best in the North East of England, in terms of complete Best Practice Tariff (BPT) achievement which covers a number of key benchmark performance areas. We scored in the top quartile nationally for time to admission to the orthopaedic ward and prompt orthogeriatric assessment and while our overall performance fell from 91% to 87% this is reflected nationally with other trusts experiencing similar issues. Our main reason for failing BPT remains getting patients to theatre promptly but this is often due to factors outside our control such as the patient being too unwell initially. Every BPT failure is discussed in the Orthopaedic SafeCare Group with learning points identified and an InPhase report completed in each instance. Our incidence of inpatient hip fractures has fallen from 9% in 2002 to 5% in 2023 and each such case is reviewed as part of our participation in the National Audit of Inpatient Falls (NAIF). Our incidence of inpatient-sustained pressure damage (in which we have been an outlier in previous years) remains low and below the national average in this area. We have successfully appointed a second Orthogeriatric Speciality doctor this year which has significantly improved our coverage in this area and our governance of this service.

#### **Action Points:**

- We will continue to discuss all hip fracture cases that fail BPT in the Orthopaedic SafeCare Meetings and complete InPhase reports. We will continue our efforts in evaluating inpatient falls and monitoring for inpatient pressure damage. One area in which we scored in the third quartile was mobilising patients out of bed on the first day post-surgery and we will investigate whether this is a data anomaly or whether we can do anything to optimise our practice in this area.

#### **National Joint Registry (NJR)**

The Trust continues to contribute to the NJR. Data is entered regarding all hip, knee, ankle, elbow and shoulder replacement operations, enabling the monitoring of the performance of joint replacement implants and the effectiveness of different types of surgery.

In 2014 the NJR introduced annual data completeness and quality audits for hip and knee cases, with the aim of improving data quality. From 2020/21 the data quality audit was extended to include ankle, elbow and shoulder cases.

#### **Action Points:**

- The Trust will continue to contribute to these audits and was awarded the Gold Quality Data Provider Award for 2023.

#### **Myocardial Ischaemia National Audit Programme (MINAP)**

This audit reviews the quality of care and management of patients who present with pain chest that is deemed to be cardiac in origin (Acute Coronary Syndromes). We continue to contribute to this audit on a monthly basis ensuring that the targets set within the audit are achieved. This then ensures that patients receive the most appropriate care and that this is evidence based. This enables the Trust to continue to maintain a high level of performance in patient management across key standards. This is then measured against other trusts within England and Wales and the results are then made available to us and to the public.

Our aim is to continue to provide and maintain a high standard of care and more importantly, personalised care.

**Action Points:**

- We need to ensure consistency of input to the MINAP proformas, collaborating with the IT and the Medway system who advise of any concerns which are then reviewed. This is maintained by the Cardiology team and the value of this information can be cascaded to other members of the Cardiology team. The Cardiology Team within cardiology ward work hard to ensure smooth patient flow and appropriate placement within the hospital, thus ensuring appropriate evidenced based care. Information within the proformas is easily accessible to all and can therefore help with patient care. We will continue to participate in the annual data collection programme

**The Case Mix Programme (CMP)**

The CMP is an audit of patient outcomes from adult and general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales, and Northern Ireland. It is run by the Intensive Care Audit and Research Centre (ICNARC). Data is collected on all patients admitted to the Critical Care Unit. Data on various outcomes and process measures are then compared with the outcomes from other Critical Care Units in the UK.

In the past 12 months the Critical Care Unit has uploaded data on approximately 800 patients to the CMP. Data uploads (via Platform X) are being performed on an approximately weekly basis. CMP/ICNARC continue to publish Quarterly Quality Reports (QQR) for each individual critical care unit. ICNARC have made some changes to the QQR in the past year utilizing new data from the updated V4.0 data set which is being collected. These changes include the introduction of new quality measures including delayed admissions and potential mis-triage to the ward.

Our most recent QQR, including data for Q3 23/24 shows good performance in all areas, with no measures showing performance worse than comparable units, and strong performance in some areas including unplanned readmissions and delayed admissions. Our overall standardised mortality rate was slightly below what would have been expected (17.3% v 17.8%), and mortality for patients with a low predicted mortality was very low.

We continue to use Medicus software for data collection and this has been upgraded to the most recent version in the last month. A link for lab results to be directly transferred into Medicus should be established in the next couple of months.

Our data completeness is excellent, with around 100% data completeness for all quality measures and very high levels of completeness for patient data. The quality of our data submission has been highlighted by ICNARC, with QE selected as an exemplary site and invited to deliver a presentation on our data submission processes to the CMP Annual Conference in London.

**Action Points:**

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

### **National Paediatric Diabetes Audit (NPDA)**

Real time data is collected and reviewed locally three monthly by the diabetes team and six monthly by the NENC Regional Children and Young People's Diabetes Network. We have submitted data on 134 patients to the NPDA 2023-24: 129 of these patients had Type 1 diabetes; 77.8% are on insulin pump therapy; 22.2% are on an intensive multiple daily injection regime; 95% are on CGM (continuous glucose monitoring) with alarms; 63.5% are on HCL systems. 100% of patients had a HbA1C; 100% had a BMI; 94.7% had their thyroid function tests; 95.8% had a blood pressure; 94.4% had a urinary albumin; 87.3% had their feet examined; 94.7% were recommended influenza immunisation; 98.3% were given sick day rules advice; 95.7% had psychology screening. 100% new patients had thyroid screening and 100% had coeliac screening within 90 days diagnosis, 85.7% newly diagnosed patients had dietetic support with carbohydrate counting within 14 days diagnosis. The mean HbA1C was 60.9mmol/mol (median 59.5mmol/mol.) This is an ongoing improvement since the 2022/23 audit.

### **Action Points:**

- To continue to support Children and Young People (CYP) and their families and carers to improve or maintain optimal glucose levels measured by HbA1C and Time in Range to ensure CYP have the best possible health outcomes and life chances.
- Raised concerns at ICB, regional and trust senior management level re lack of dietitian on CYP diabetes MDT.
- There has been significant challenges within Paediatric Diabetes Specialist Nurse (PDSN) staffing. We are working with management teams to ensure that the PDSN staffing focuses on service delivery as per the best practice Tariff (BPT) and national paediatric diabetes workforce recommendations.
- We are proactively encouraging and facilitating retinal screening in all our eligible young people with diabetes. An audit of local retinal screening showed duration of diabetes to be the main risk factor for retinal abnormalities supporting the need for intensive management from diagnosis and importance of offering access to all new patients to available immunotherapy trials. This is ongoing and the new NICE hybrid closed loop (HCL) technology appraisal (TA) also has a retinal screening pathway and we are currently doing an audit to identify patients who require catch-up screening and have linked with the local NHS screening providers to ensure the appropriate screening can be offered going forward to those young people who have commenced HCL therapy.
- To ensure that diabetes MDT members are supported to access the appropriate training to enable safe and expert support for patients using diabetes technology in particular the implementation of the NICE HCL TA.
- To continue to deliver ward staff diabetes training to enable the staff to offer safe optimal care including use of diabetes technologies to newly diagnosed patients and known diabetes patients with a diabetes related admission or any other illness.
- To continue to work across multi agencies to support the significant number of CYP requiring local authority support, mental health/MDT psychology services and /or safeguarding.
- To continue to improve education for CYP and their carers/ families and school staff to enable them to use new technology and ensure CYP with diabetes are fully included in all aspects of school life and achieve their full potential.
- Ongoing review of the transition pathway and working with the adult service, primary care and young people to develop a dedicated young person (19-25 years) clinic within adult services with adult dietetic provision; a dedicated Young Person's Adolescent Diabetes Support Nurse (ADSN); psychology provision; to facilitate

access to age appropriate education programmes for those with Type 1 & Type 2 Diabetes; to improve engagement - as complex needs prevent regular clinic attendance and potentially results in Did Not Attends (DNAs) and effectively early discharge from the adult service. We have reinstated our transition meetings jointly with the adult diabetes team.

- There is a need for the MDT to continue to focus on timely and complete data entry into the dendrite clinical data base and the trust to invest in increased admin time in particular dedicated data analysis and diabetes technology administration plus IT support to ensure sustainable processes to ensure good quality data in the long term and access to technology for CYP living with diabetes. This is particularly important with the move to quarterly NPDA submissions commencing Q1 2024.
- We continue to value the voice of children and young people and their families in service delivery and improvements and are working towards an "Investing in children membership award"
- We are contributing to a pilot program supported by the Child Health and Well being network/ICB to support our children and young people living with Type 2 Diabetes or at high risk of developing Type 2 Diabetes to achieve a healthier weight and lifestyle.

### **PROMS National Audit**

The Trust have continued to ask patients having elective hip and knee replacement to complete health score questionnaires before surgery then three months after surgery. The difference in pre and post operative scores are compared with other trusts and data compared with the UK national average. For elective total hip replacement the health scores are slightly higher than the national average. For elective total knee replacement the health scores are higher than the national average.

#### **Action Points:**

- Continue to collect and submit data to the national proms audit programme
- Continue to share our data with relevant teams within the Trust

### **National Joint Registry (NJR)**

The Trust continues to contribute to the National Joint Registry. Data is entered regarding all hip, knee, ankle, elbow and shoulder replacement operations, enabling the monitoring of the performance of joint replacement implants and the effectiveness of different types of surgery. In 2014 the NJR introduced annual data completeness and quality audits for hip and knee cases, with the aim of improving data quality. For 2020/21 the data quality audit was extended to include ankle, elbow and shoulder cases. The Trust continues to contribute to these audits and was awarded the Gold Quality Data Provider Award for 2023.

#### **Action Points:**

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

### **National Cardiac Arrest Audit**

The Resuscitation Department is part of the National Cardiac Arrest Audit which is part of ICNARC. We collect data from all 2222 calls made by wards and departments. All calls are documented on our dynamic database which allows us to look at trends across the organisation, provide information for people who are involved in RCAs and provides valuable information for training purposes. Patients who are over the age of 28 days and have received chest compressions and or defibrillation are entered onto the national database. We receive quarterly and annual reports from this which is again useful for training and is also shared with Site Resilience, Cardiology and the Resuscitation and Deteriorating Patient

Committee meeting. The audit compares our cardiac arrest data with similar hospitals and also all participants.

#### Action Points:

- We continue to have more non shockable rhythms than other participants which suggest we are allowing patients to deteriorate to the point of cardiac arrest. Having said that, we are trying to resuscitate older, frailer patients than other hospitals. We have recognised this and have increased the numbers of HCA AIM (Acute Illness Management) courses which focus on recognition of the deteriorating patient and cardiac arrest prevention.
- We have also recently introduced Fluid Balance study sessions for HCAs to raise awareness of the importance of patient hydration.
- Continue to participate in this annual audit and supply the most accurate data we can

The reports of 12 local clinical audits were reviewed by Gateshead Health NHS Foundation Trust in 2023/24 and Gateshead Health NHS Foundation Trust intends to take actions to improve the quality of healthcare provided. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality of our services:

Business Unit	Speciality	Actions identified
Clinical Support and Screening	Adult Occupational Therapy (Acute)	<p><b>Occupational Therapy Acute Adult Team adherence to PP42 Work attire and Appearance Policy</b></p> <p>Training was required, Staff to be provided education on Trust work attire policy especially around jewellery to ensure increased adherence to PP42 Work attire and Appearance Policy. In service session planned for all Acute Adult OT staff and verbal communications was given at the latest team meeting. At the time of each staff member completing the audit they were verbally informed of the areas they need to improve on.</p> <p>An email was then sent to the entire team which had the Trust Policy included highlighting our areas for improvement.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• This email also notified the team a re-audit will be done in the near future.</li> <li>• A presentation was given to the full department about the audit results.</li> <li>• Reading the policy areas we need to improve on and verbally informing staff that a re-audit will be done soon to ensure the information has been taken on board and policy adhered to.</li> </ul>
Surgical Business Unit	Breast Screening	<p><b>Supervised Physiotherapy In Breast Cancer Patients</b></p> <p>The audit identified the gap in our service and has highlighted that we are now not adhering to NICE guidance.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• The SLM in physio has taken this on board, and is currently working on the business case in recruiting dedicated breast physio to fill this gap.</li> </ul>



Clinical Support and Screening	Interventional / Cardiovascular (Radiology)	<p><b>Compliance with IR(ME)R and the Employers Procedures with relation to the provision of and ICE request and the justification of all examinations in relation to the mini c-arm</b></p> <p>This audit highlighted the need for further audit will be carried out. We have had a meeting the matrons for theatres to escalate the lack of compliance. She has shared this information with the theatre RPS and the lead orthopaedic surgeon and disseminated to the staff. A working group meeting involving Radiology and the relevant staff within theatre.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Booking team, RPS, has been planned to review the processes and the work instructions to see if we can stream line or make any changes that will improve compliance.</li> </ul>
Clinical Support and Screening	Endoscopy	<p><b>Bowel prep audit</b></p> <p>The audit results showed we need to Improve staffs understanding of the Boston stool scale to reinforce score bowel prep after washing. The scoring system diagram is now displayed in all the rooms, this has been fully discussed at the departmental safe care.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Highlighted and reinforced the requirement to score bowel prep after washing.</li> <li>• Notices are now on display in rooms to remind staff to score bowel prep after washing.</li> </ul>
Clinical Support and Screening	Ultrasound (Radiology)	<p><b>Sonographer Neck Fine Needle Aspiration (FNA) Audit</b></p> <p>The department has spoken to with the relevant team at Newcastle for neck imaging and Dr Kallis is going to investigate getting more outpatients currently transferred to Newcastle for FNA procedures to be seen within Gateshead Trust instead.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• The audit for this year will be dependent on the outcome of his efforts, as numbers are currently too low to maintain skills.</li> </ul>
Surgical Business Unit	Maternity	<p><b>Emergency caesarean section (Grade 1 and Grade 2)</b></p> <p>The audit indicated that there is no one particular reason for the delays that have been documented and quite often there is a valid reason.</p> <p>Our badger system highlights that a reason for delay should be inputted if the timing of decision to delivery has not met the target time (note cannot be saved without an entry), but the reasons are quite vague and does include 'other' and this is then not expanded upon in the doctors documentation.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• We have discussed with our consultant lead and will continue to strive to find a way this can be addressed.</li> </ul>

Clinical Support and Screening	Plain Imaging / Mobiles (Radiology)	<p><b>An audit and re-audit to evaluate chest x-ray confirmation of nasogastric tube placement</b></p> <p>The first audit identified the issues and after a couple of teachings, through it was identified through feedback that staff were hesitant to remove NG tubes on their own if they misplaced unless there were clear guidelines.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• A re-audit was undertaken to check if there were improvements in the rest of the criteria,</li> <li>• The department are currently developing local guidelines for staff to follow, once this have been ratified and implemented a full review will take place again.</li> </ul>
Clinical Support and Screening	Plain Imaging / Mobiles (Radiology)	<p><b>Compliance with the Employers Procedures Regarding the Exclusion of Pregnancy in Plain Film X-ray</b></p> <p>This audit has identified that further training is required for staff following a substantial change in practice at the start of the year. Further training and communication is required to ensure that staff are working to the newest version of the Employers Procedures which include a new requirement to complete LMP documentation for those patients attending for imaging of their chest or knees.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• The audit results were presented to all staff within the department and highlight the shortfalls. All staff have been asked to re- familiarise themselves with the Employer procedures and that a re-audit will be undertaken.</li> </ul>
Medical Business Unit	Endocrinology	<p><b>A retrospective AUDIT to check compliance with management guidelines of euglycaemic Diabetic Ketoacidosis (DKA) in Adults patients on SGLT-2 inhibitors admitted to Queen Elizabeth hospital</b></p> <p>All patients on SGLT2 inhibitors who presented to the hospital unwell were appropriately identified, assessed and treated for DKA according to trust protocol. The results showed non-compliance with the trust guidelines with regards to administering long-acting insulin to patients who were on no insulin prior to admission. Ketones and blood gases were done in all patients.</p> <p>Infection was the main contributor to DKA in this category of patients, but we noticed poor documentation regarding patients' knowledge about sick day rules and this might be linked to the fact that none of the patients stopped SGLT inhibitor while unwell. Documentation needs improvement with regards to checking patients' knowledge and communication with other relevant specialties.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Audit presented included updated education around SGLT-2's, DKA risk and sick day rules.</li> <li>• Planned re-audit in 12 months' time to assess improvement after interventions</li> </ul>

Surgical Business Unit	Trauma and Orthopaedics (Medical)	<p><b>Ward 26 and 12; A Length of Stay (LOS) Audit.</b></p> <p>The audit underscores the need for another comprehensive audit focusing on specific pathologies that significantly prolong LOS, especially in low back pain patients and ankle fracture patients. Consideration of early intervention for specific patient groups to ensure early discharge such as: Earlier pain team input for back pain patients for an earlier discharge. Early surgical interventions for ankle fracture patients or reviewing such patients in SDEC for swelling checks. More frequent reviews by either orthopaedic practitioners or ward cover SHOs of patients boarded onto ward 3 or 4 to ensure more early discharges. Streamlining transfer processes and transferring appropriate patients.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• A newly appointed Consultant specialising in foot and ankle surgery has expressed an interest in implementing an ambulatory pathway for ankle fracture cases.</li> <li>• Currently, we are transferring a minimal number of neck of femur patients being admitted to ward 26. Instead, these patients are being managed in the larger ward 21, where they receive input from orthogeriatric specialists.</li> <li>• Furthermore, regional and local working groups are actively engaged in efforts to reduce the length of stay for patients experiencing back pain.</li> <li>• To enhance patient care and streamline discharge processes, a dedicated ward SHO has been assigned to ward 26.</li> </ul>
Nursing, Midwifery and Quality	Trust Wide	<p><b>NerveCentre DNACPR Tag Audit</b></p> <p>The total number of patients found to have a paper DNACPR was 123. The total number of patients with a matching DNACPR tag in Nervecentre was 68. The total number of patients with a paper DNACPR and no Nervecentre tag was 55. Compliance measured against the agreed standard was 55%.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Give nursing staff access to update DNACPR tag on Nervecentre. (Action complete)</li> <li>• Create SOP so staff understand the process (Action Complete)</li> <li>• Communicate with ward and department areas the change in process. (First round of comms and teaching complete, second round underway)</li> <li>• Raise the disparity with the Chief Nurse, Chief Clinical Information Officer and Chief Information Officer. (Matter has been discussed as EMT and agreement made to mitigate with the above actions and re-review)</li> <li>• Re-audit to measure the effectiveness of the above actions</li> </ul>



Surgical Business Unit	Maternity	<b>Maternal Postnatal Readmission Audit</b> The audit identified that Maternal postnatal readmissions doubled (2022-2023), Pain management main reason for readmission, there are inconsistencies in Take home medications. Sepsis 6 pathway not utilised on Badgernet and the golden hour not being achieved, Auditable standards were not achieved for Sepsis and Caesarean Birth <b>Actions:</b> The main action, following on from the review, was our postnatal ward now stock and offer stronger pain relief for post-operative women, for when they go home. <ul style="list-style-type: none"> <li>• We now, have less calls to our PAU and attendances/readmissions for post operative pain management.</li> <li>• Offer re-training of staff, for those not confident in cannulation.</li> <li>• Those reattending with raised BP, met the standards.</li> </ul>
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## Participation in National Confidential Enquiries 2023/24

Enquiry	Participation	% of cases submitted
Juvenile idiopathic arthritis study: Organisational questionnaire Clinical questionnaire	Yes	Completed 1/1 completed
Endometriosis: Organisational questionnaire Clinical questionnaire	Yes	Not yet completed 1/5 completed - overdue
Testicular Torsion study: Organisational questionnaire	Yes	Not yet completed
Community Acquired Pneumonia: Organisational questionnaire Clinical questionnaire	Yes	Not yet completed 0/8 completed - overdue
End of Life Care: Clinical questionnaire	Yes	1/5 submitted - overdue

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

## Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Gateshead Health NHS Foundation Trust in 2023/24 that were recruited during that period to participate in research approved by the Health Research Authority (HRA) was 1,688.

Recruitment by Managing Specialty	Total
Anaesthesia, Perioperative Medicine and Pain Management	134
Cancer	194
Cardiovascular Disease	5
Children	2
Critical Care	3
Dementias and Neurodegeneration	86
Diabetes	4
Gastroenterology	15
Genetics	2
Health Services Research	17
Hepatology	47
Infection	2
Mental Health	2
Metabolic and Endocrine Disorders	45
Musculoskeletal Disorders	1
Public Health	9
Reproductive Health and Childbirth	916
Respiratory Disorders	7
Stroke	33
Surgery	13
Trauma and Emergency Care	151
<b>Total</b>	<b>1,688</b>

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

### INGR1D2 INvestigating Genetic Risk for type 1 Diabetes (2)

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

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

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



### Evaluation of MCM5 in postmenopausal bleeding patients

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

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



### Evaluating the Saving Babies Lives Care Bundle Version 2 (eVOLVE)

The Saving Babies Lives Care Bundle Version 2. helps maternity providers improve the care that women and their babies receive throughout pregnancy and birth, with the goal of preventing deaths in and after pregnancy across England.

The study aims to find out how hospitals are using the Care Bundle and how this affects women's maternity care and birthing experience.



### POS-ARI-ER - Perpetual Observational Study of Acute Respiratory Infections presenting via Emergency Rooms and Other Acute Hospital Care Settings

POS-ARI-ER - is a perpetual, observational study (POS), designed to provide data for clinical characterisation of acute respiratory infections (ARIs) in adults presenting to hospital settings across Europe

Every year, respiratory infections such as colds, flu, pneumonia and now, Covid-19, affect millions of people globally and are one of the main reasons for needing hospital care. New or changing viral respiratory infections also have the potential to cause large outbreaks or pandemics. Understanding respiratory infections, and the best ways to diagnose and treat them in hospital, is therefore of high public health importance.



### SQUEEZE UK: Postoperative vasopressor usage: Relation to AF

The SQUEEZE UK study is investigating how commonly patients need medication to maintain their blood pressure or develop life-threatening heart rhythm disturbances during or after surgery.

SQUEEZE-UK will provide a unique insight into post-operative vasoplegia and perioperative AF in the UK. Whilst complications such as vasoplegia occur in a small proportion of patients, because of the large number of people undergoing surgery, this potentially affects thousands of patients each year in the UK alone. Understanding the relationship between vasoplegia, new AF and outcome is vital to developing new ways to improve the patient journey through surgery and reduce complications.



The R&D Team attended the NHS Research and Development Forum (RDF) Annual Conference which was hosted by Newcastle and held at the Glasshouse, Gateshead in May 2023.

The event was the biggest ever annual conference of the RDF and was attended by 850 people from across the UK and featured over 50 speakers.

The RDF connects, supports and represents those individuals working in R&D roles, who are working to benefit patients and the public by enabling healthcare research and innovation to happen in the UK.



The North East Region has long been recognised for its ground-breaking research and commitment to innovation. Angela Topping (Head of the Newcastle Joint Research Office and Chair of the RDF) said “that the conference provided a unique opportunity to showcase our diverse health and life sciences community and we are eager to engage with delegates from various backgrounds to collectively shape the future of health and care research.”

## Gateshead Nursing & Midwifery Conference

Ann Wilson and Bev McClelland attended the Gateshead Nursing and Midwifery Conference as representatives of the Research Nurses and Research Midwives within Gateshead Health NHS Foundation Trust.



The theme of the research stall was “**Research is Everyone’s Business**”. Bev and Ann were on hand to talk about the CNO’s Strategic Plan for Research and her ambition to “create a people-centred research environment that empowers Nurses and Midwives to lead, participate in and deliver research.”

Not everyone has the time or availability to be part of a Research Team and deliver research within the Trust, but there are other ways to get involved and everyone should be aware that the

Trust is research active and should have an awareness of what research is happening on their ward or in their speciality.

## Patient & Public Involvement (PPI) and the Make it Public Strategy

Patient and public involvement (PPI) in research means that patients or other people with relevant experience can contribute to how research is designed, conducted and disseminated.

Make it Public is a Health Research Authority (HRA) Strategy dedicated to research transparency about what research is going on, and what its findings are. It is important for patients and the public, as it builds trust and accountability. It’s also essential for professionals as it avoids duplication of effort and enables findings to be used to develop new and better treatments for patients and service users. It also helps improve the quality of research.

The DETERMIND Research Team - Research Nurse Christine Kirkup and Research Workers Mandy Grahamslaw and Jacob Douglass, attended the Dementia Action Week in May 2023 at Shipley Art Gallery. Dementia Action Week is an annual awareness raising campaign which encourages individuals and organisations across the UK to act on dementia.





The DETERMIND study is designed to address critical, fundamental, and as yet unanswered questions about inequalities, outcomes and costs following diagnosis with dementia.



Participants who had taken part in the MET-PREVENT study enjoyed an afternoon of tea and cake whilst they found out about the study results first-hand from researchers from Newcastle University, the Chief Investigator (CI) Professor Miles Witham and the Gateshead Health Research Team - Sam Kanakarajan, Dr Claire McDonald, Research Nurse Bryony Storey, Research Fellow Ian Sayers, Research Nurse Wendy Stoker and Head of Research & Development Alison Harvey.

The aim of the MET-PREVENT study was to determine whether the drug metformin, commonly used to treat diabetes, could improve physical function in older people living with frailty.

MET-PREVENT achieved successful recruitment with high retention rates, however metformin did not improve physical performance and was poorly tolerated with high rates of adverse events in older people with sarcopenia.



## Tea & Chat with CEO Trudie Davies

The R&D Team met with Trudie Davies (CEO) in June 2023 to discuss all things research including:-

- How staff still remain unaware that the Trust is research active despite the continuous promotion of research.
- How there is a need to embed research into everyday practice rather than research being seen as “in addition to”.

- How the Trust can best use research results to actively shape, improve and effectively change current clinical practices and/or services within the Trust.



The meeting went really well and it was good to hear from Trudie that research is regarded by the Trust as core business and features as a pillar in the Trust Framework – Research, Training and Innovation”.



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

A proportion of our income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed through the Commissioning for Quality and Innovation (CQUIN) payment framework. A monetary total of £3.656million of our income in 2023/24 was allocated to CQUIN. However, changes to the arrangements for CQUIN meant that this amount was paid in full despite the Trust not being fully compliant in all areas requested by the CQUIN framework.

### Registration with the Care Quality Commission (CQC)

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

The Care Quality Commission has not taken enforcement action against Gateshead Health NHS Foundation Trust during 2023/24.

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

There were no announced or unannounced inspections by the CQC during 2023/24. Following the focused Maternity Services inspection which took place in February 2023, the Trust received the outcome report in June 2023. The Maternity Service was rated “good” overall and CQC highlighted the following outstanding practices:

- A grab bag for those fleeing domestic violence
- Implementation of postnatal contraception
- Pre-conceptive advice on tobacco dependency, alcohol misuse, positive
- Mental health, postnatal contraception, nutrition, and physical activity
- GDM education sessions including 1:1 with an interpreter; waiting room brief intervention conversations with MSW and Dietician.”

The report showed that the service is managed by capable leaders who possess the necessary skills and abilities to address its priorities and issues. The report also highlighted how well the maternity team work well together for the benefit of women and birthing people. Our team continues to be dedicated to delivering excellent care to families.

There were no Mental Health Act (1983) Monitoring visits to either Cragside or Sunnyside in during 2023/24.

## Data Quality

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

Gateshead Health NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data is shown in the table below:

Which included the patient's valid NHS Number was:	Trust %	National %
Percentage for admitted patient care*	99.8%	99.7%
Percentage for outpatient care*	99.9%	99.8%
Percentage for accident and emergency care†	99.3%	97.1%

Which included the patient's valid General Medical Practice Code was:	Trust %	National %
Percentage for admitted patient care*	99.5%	99.8%
Percentage for outpatient care*	99.6%	99.5%
Percentage for accident and emergency care†	99.9%	99.0%

\* CDS Data Quality Dashboard - Based on the April-23 to February-24 Month 11 inclusion date

†ECDS DQ Dashboard from Wednesday, 1<sup>st</sup> March 2022 up to and including Saturday 30<sup>th</sup> March 2024.

### Key

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

## Information Governance Toolkit

Gateshead Health NHS Foundation Trust's Data Security and Protection Toolkit (DSPT) submission for 2022/23 was submitted 30/06/2023 as Standards Met. The baseline submission for 2023/24 was submitted on time on the 29/02/2024. This demonstrates the Trust is working towards its completion and the external audit of the Trust's DSPT progress will be conducted in April 2024 with an aim to maintain the previously achieved standards met.

## Standards of Clinical Coding

Gateshead Health NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.



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

The data quality strategy is now in place and the Trust is actively working to improve all areas of data quality and aligning this to the new corporate and meeting structures. It is worth saying that those percentages are extremely high, given the volumes of records we are talking about (well over 600k) and the shortfall is likely to be, predominantly, those who do not have a NHS Number e.g. overseas visitors.

## 2.4 Learning from Deaths

During 2023/24, there were 1,227 patient deaths within Gateshead Health NHS Foundation Trust. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 315 in the first quarter.
- 239 in the second quarter.
- 345 in the third quarter.
- 328 in the fourth quarter.

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

In early April 2024, 1,205 case record reviews and 23 investigations (Mortality Council reviews) have been carried out in relation to 1,227 of the deaths included above.

In 23 cases a death was subjected to both a case record review and an investigation.

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

- 314 in the first quarter.
- 238 in the second quarter.
- 334 in the third quarter.
- 319 in the fourth quarter.

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

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

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

170 case record reviews and 104 investigations were completed after 1st April 2023 which related to deaths which took place before the start of the reporting period. 0 death representing

0.0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

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

### **Summary of learning/Description of Actions:**

#### **Good practice identified:**

- Communication with family has been thorough and detailed in most areas.
- Referrals have been made to relevant community services for further support especially for patients who needed palliative care.
- The Dementia team have liaised with care homes to share good practice.
- Changes have been made to ensure that patients with autism are identified when they come into the hospital and are flagged on Nerve centre. All deaths in this group have come under the learning disability review.
- Handwritten documentation or discussions recorded in the electronic records are very clear and concise.
- Documentation of DNACPR discussion with patient and family very thorough in most areas
- Provision of hospital passports for patients with a learning disability has created clear pathways.
- Wedding vow renewal service arranged for terminally ill patients on St Bede's has been very welcome.
- Learning disability nurse involved in patient's care early in their journey, with implementation of reasonable adjustments has led to better care and awareness.
- Consent forms have been written in detail with risks and benefits clearly highlighted in most cases.

#### **Learning themes identified:**

- **Documentation**
  - Nerve centre is used in different ways in different specialties. A consistent method is required across the organisation.
  - Improvements in recording options discussed when taking consent are also required.
- **Clinical treatment**
  - Nasogastric tubes should be removed as soon as patients are able to eat and drink satisfactorily.
  - A gap was identified in terms the lack of written guidelines for the treatment of intermediate / sub-massive PEs. Particularly when there are cases where the risk of intracranial bleed or other secondary bleed can be as great as giving a high dose of tinzaparin. New guidelines were written for identification and management of this condition. These have been ratified by the VTE Committee and have been added to the guidelines.

- The AFLOAT tool will be used more uniformly in all clinical areas.
- Relevant neuro observations should be taken and recorded after a patient has fallen.
- Gap identified in terms of echo provision within 48 hours for inpatients
- Oxygen access in individual bathrooms on ward 2
- Pathway for urgent trauma and their prioritisation of admission needs to be developed.
- Clarification around the process to follow when patient is at risk of alcohol withdrawal.
- Guideline required for the management of neuro observations.

## • Organisational learning

- Ward moves should be recorded on Care flow as timely as possible.
- Multiple wards moves contributed to communication issues
- Consultant cover on wards 3 and 4 was not regular and some patients have been stepped down and did not have a senior review. (NOTE wards 3 and 4 are now closed)
- Lack of level 1 care provision has been identified in several mortality council reviews and has been highlighted to the executive team.
- Guidance required when supporting relatives when they are present at the time of a cardiac arrest.
- Family expressed concern around ECHP not being followed. This was not within the patient's notes.
- A pilot of the implementation of Treatment Escalation Plans had been carried out and these are now to be implemented across the organisation. There will be ongoing work to ensure that all patients have this documented in their records. This would assist with the prevention of patient's receiving treatment they do not necessary need or want.
- Inpatients with learning disability, MCA 1 and 2 and DoLs application should be completed for each separate admission.
- DNACPR discussions should be reviewed at each admission and clear documentation should be present in the paper or electronic forms.
- There have been cases where the decision to manage fluid and electrolyte abnormalities have been delayed. Although this has improved significantly in the last two years, occasional cases have occurred where electrolyte imbalance has not been treated promptly. There is now an AKI (acute kidney injury) bundle where there is a protocol for raising any AKI abnormalities to the treating team.
- Fluid prescription is still carried out on paper forms. This has led to inaccurate monitoring of intravenous fluid prescribing and fluid overload in a patient with low sodium.
- Patients waiting for prolonged periods in the discharge lounge without monitoring or meals while they have been waiting.
- Documentation of records made by the psychiatry liaison team are difficult to access because they use a different system used by CNTW. Clinical staff especially in A and E do not have easy access to this system.
- The provision of emergency ERCP under general anaesthesia for patients with biliary stones is cumbersome. The endoscopists do not have easy access to emergency lists in theatres and must go through the on-call team who will have to ensure than there is no other emergency case in theatres. The anaesthetic team also must be informed, and the image intensifier arranged. The image

intensifier is often also used by other surgical teams. This has led to delayed and cancelled ERCP in patients with biliary sepsis.

- Lack of ownership of ICE requests and delayed action on results especially 'red flags' has caused delays in treatment or 'missed cancers. Each department has its own system of acting and filing of reports and therefore a single method will not be applicable. This has been highlighted to all the business units so that they can ensure that consultants take ownership of ICE requests.
- Transfer of unwell patients from Craggside Tranwell and Sunnyside has been challenging as they are situated outside the acute hospital building, although in the same hospital compound. They must be discharged and then re admitted to the acute care setting. This has led to some delays in assessment.
- Delayed transfer of patients from A and E to the wards has created a back log in the 'front of house'. This is due to ward pressures and delayed discharges in the 'back of house' resulting in patients waiting in the acute wards for prolonged periods.

## 2.5 Seven Day Hospital Services

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

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

## 2.6 Freedom to Speak Up

As a result of Sir Robert Francis QC's follow up report to his Mid Staffs Report, all NHS Trusts are required to have a Freedom to Speak Up Guardian (FTSUG). Gateshead Health NHS Foundation Trust is committed to achieving the highest possible standards/duty of care and the highest possible ethical standards in public life and in all its practices. We are committed to promoting an open and transparent culture to ensure that all members of staff feel safe and confident to speak up. The FTSUG is employed by the Trust but is independent and works alongside Trust leadership teams to support this goal. The Trust has shown their commitment to FTSU by supporting the role as a full time permanent position.

The FTSUG reports to the following Trust boards / Committees, Board and the People and Organisational Development Committee, Quality Governance Committee, and Trust Board twice per year, as well as continuing to report to the National Guardian Office on a quarterly basis.

Our FTSUG supports the delivery of the Trust's corporate strategy and vision as encapsulated in our ICORE values. As well as via the FTSUG, staff may also raise concerns with their trade union or professional organisations as per our FTSU Policy. When concerns are raised via the

FTSUG, the Guardian commissions an investigation with the most appropriate manager / leader and feeds back outcomes and learning to the person who has spoken up. The FTSUG is actively engaged in profile raising and education in relation to this role and is an active member of the Trust's Culture Board Program. The FTSUG now reports directly to the Chief Nurse / Deputy Chief Executive and can escalate to Chief Executive Officer when required and has regular meetings with the Director of People and OD and the Non-Executive Director (NED) responsible for FTSU.

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

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

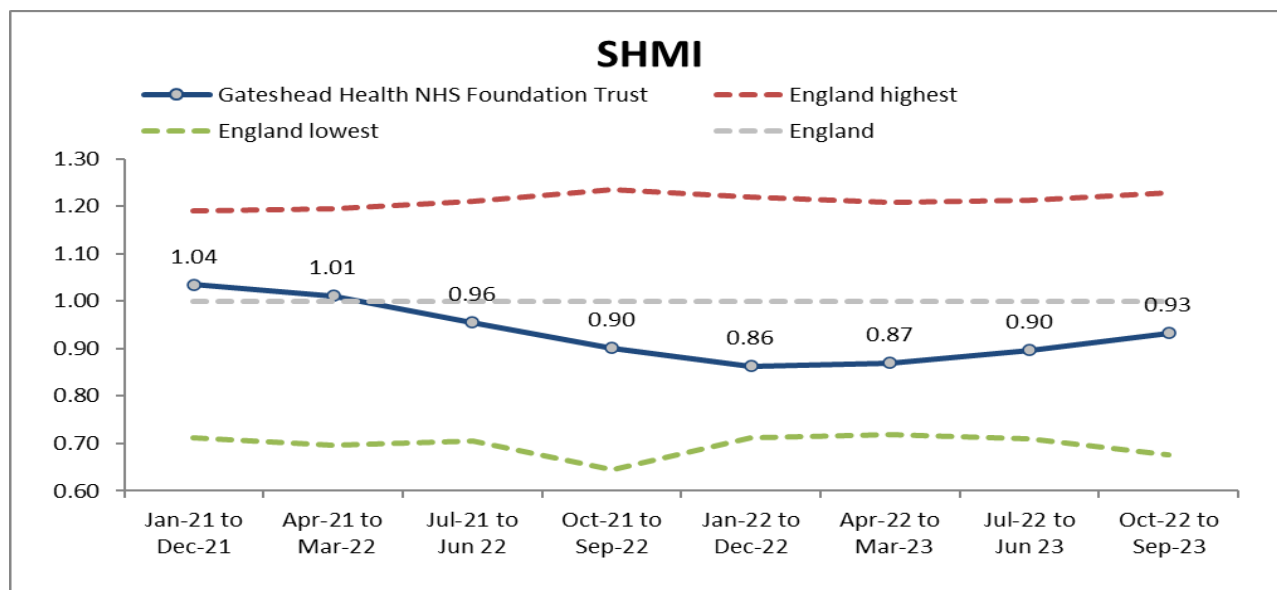
The Trust Board via the People and Organisational Development Committee receives an annual report from the Guardian of Safe Working which includes a consolidated report on rota gaps and actions taken by the Medical Workforce Group. This report is provided to the Local Negotiating Committee (LNC) by the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

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

## 2.8 Mandated Core Quality Indicators

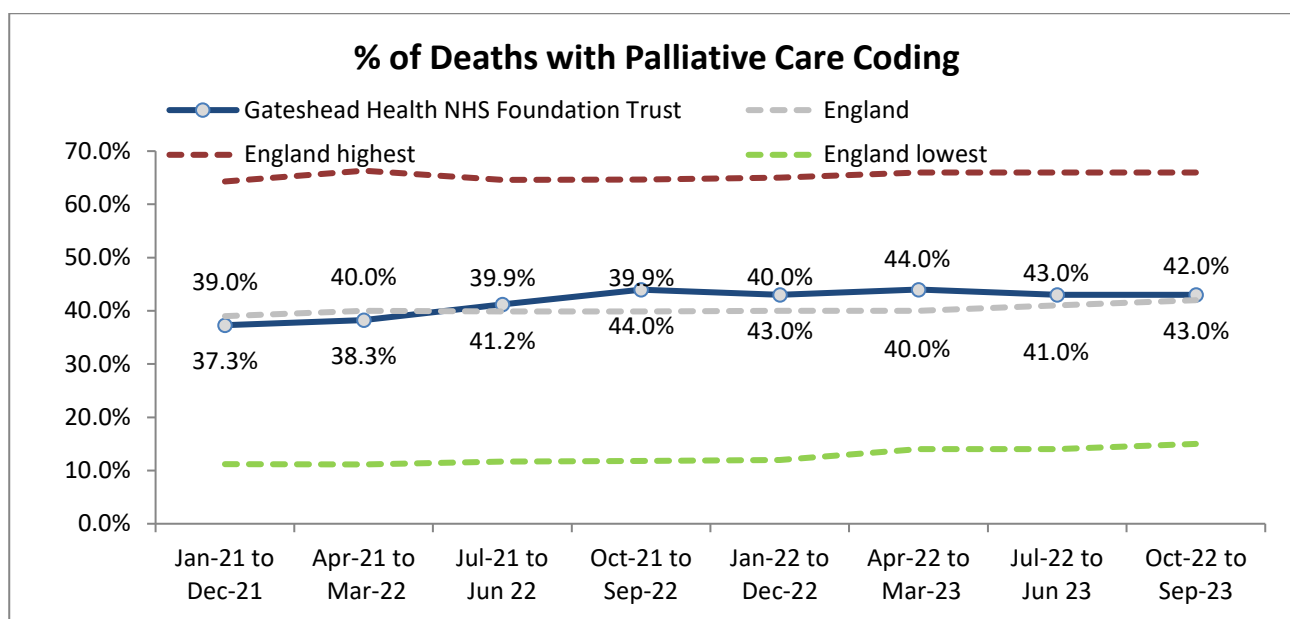
### (a) SHMI (Summary Hospital-level Mortality Indicator)

SHMI	Jan-21 to Dec-21	Apr-21 to Mar-22	Jul-21 to Jun 22	Oct-21 to Sep-22	Jan-22 to Dec-22	Apr-22 to Mar-23	Jul-22 to Jun 23	Oct-22 to Sep-23
Gateshead Health NHS Foundation Trust	1.04	1.01	0.96	0.90	0.86	0.87	0.90	0.93
England highest	1.19	1.19	1.21	1.23	1.22	1.21	1.21	1.23
England lowest	0.71	0.70	0.70	0.65	0.71	0.72	0.71	0.68
Banding	2	2	2	2	3	3	2	2



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

% Deaths with palliative coding	Jan-21 to Dec-21	Apr-21 to Mar-22	Jul-21 to Jun 22	Oct-21 to Sep-22	Jan-22 to Dec-22	Apr-22 to Mar-23	Jul-22 to Jun 23	Oct-22 to Sep-23
Gateshead Health NHS Foundation Trust	37.3%	38.3%	41.2%	44.0%	43.0%	44.0%	43.0%	43.0%
England highest	64.3%	66.3%	64.6%	64.6%	65.0%	66.0%	66.0%	66.0%
England lowest	11.2%	11.1%	11.7%	11.8%	12.0%	14.0%	14.0%	15.0%
England	39.0%	40.0%	39.9%	39.9%	40.0%	40.0%	41.0%	42.0%



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

- The Summary Hospital-level Mortality Indicator (SHMI) reports death rates (mortality) at a Trust level across the NHS in England and is regarded as the national standard for monitoring of mortality.
- For all SHMI calculations since October 2011, mortality for the Trust is banded 'as expected', and more recently a period of 'Lower than expected' deaths was observed. For the latest period the SHMI is 'as expected'.
- The Trust reviews its SHMI monthly at the Mortality and Morbidity Steering Group. The model will be closely monitored as forthcoming changes to the SHMI calculation are being introduced in the May 2024 publication.
- Also, from May 2024 onwards the Trust will move from recording Same Day Emergency Care (SDEC) activity from its Admitted Patient Care dataset (APC) to the Emergency Care Data Set (ECDS) as Type 5 A&E activity. The SHMI is calculated using APC data. Removal of SDEC activity from the APC data may impact a Trust's SHMI value and may increase it.

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

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



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

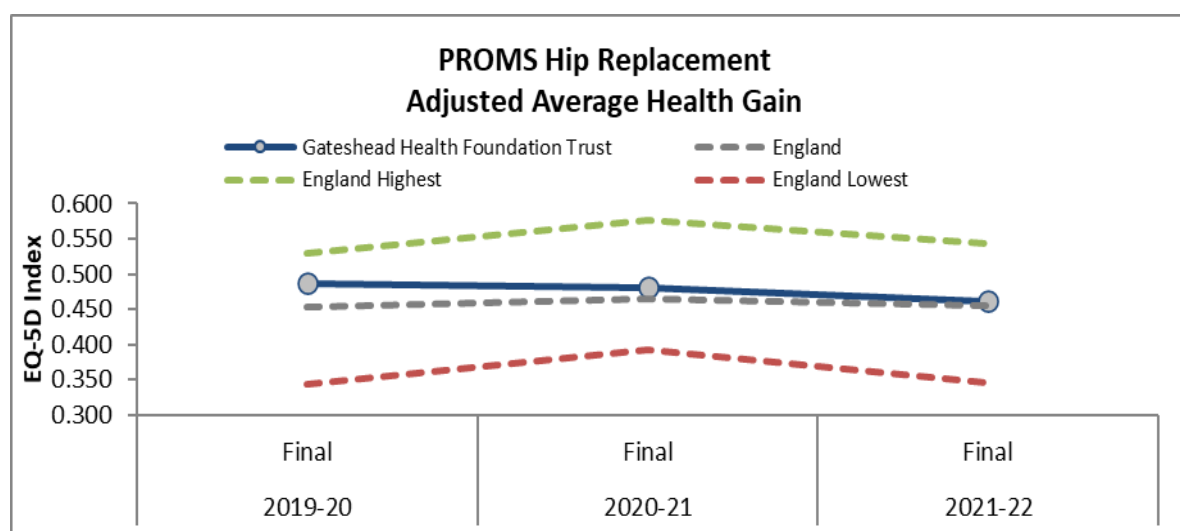
- In March 2020, the collection was suspended due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response. This indicator is not included because of the suspension and has not yet been reinstated.

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

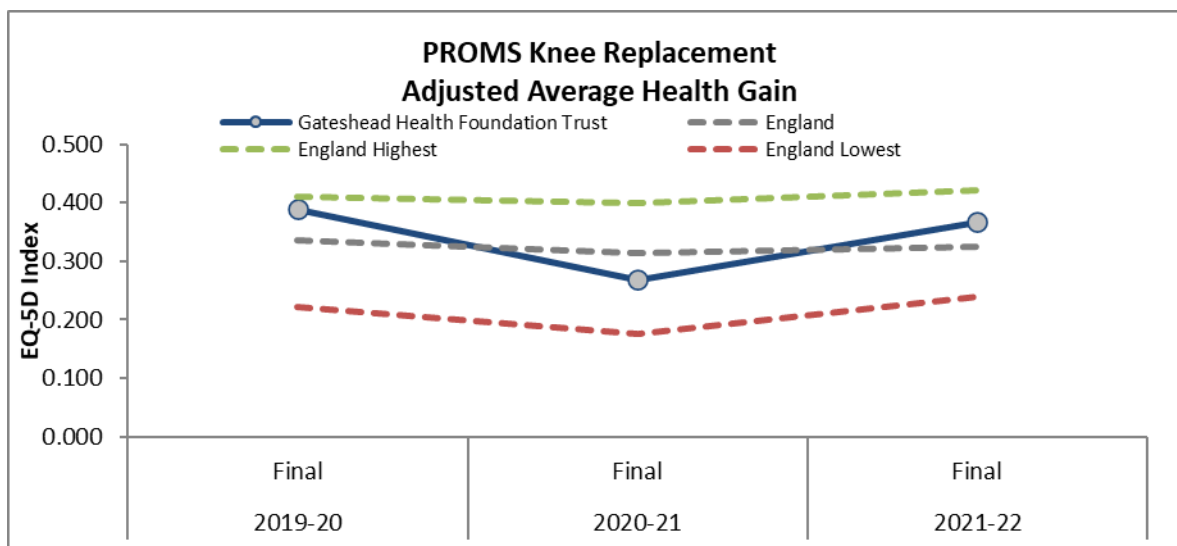
Hip Replacement Adjusted average health gain EQ-5D index	2019-20 Final	2020-21 Final	2021-22 Final
Gateshead Health Foundation Trust	0.487	0.481	0.461
England	0.453	0.465	0.456
England Highest	0.529	0.576	0.544
England Lowest	0.344	0.392	0.346

Knee Replacement Adjusted average health gain EQ-5D index	2019-20 Final	2020-21 Final	2021-22 Final
Gateshead Health Foundation Trust	0.389	0.268	0.367
England	0.335	0.315	0.324
England Highest	0.409	0.400	0.421
England Lowest	0.221	0.176	0.239

Source: <https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms>







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

- The Trust performance for PROMS score in 2021-22 remain above the national average for both hips and knees. The Trust scores are within common cause variation from the England average therefore neither statistically better nor worse.

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

- Data continues to be shared and discussed in the regional Orthopaedic Alliance group as part of a Getting it Right First Time (GIRFT) review across all regional providers.
- The trust is an integral part of the newly formed North-East and North Cumbria orthopaedic alliance as part of the pandemic recovery programme and is working within this group to achieve a centrally agreed shared data set for the group to develop shared learning and reductions in unwarranted variation.

### Emergency Readmissions within 30 Days

- Aged 0 – 15yrs

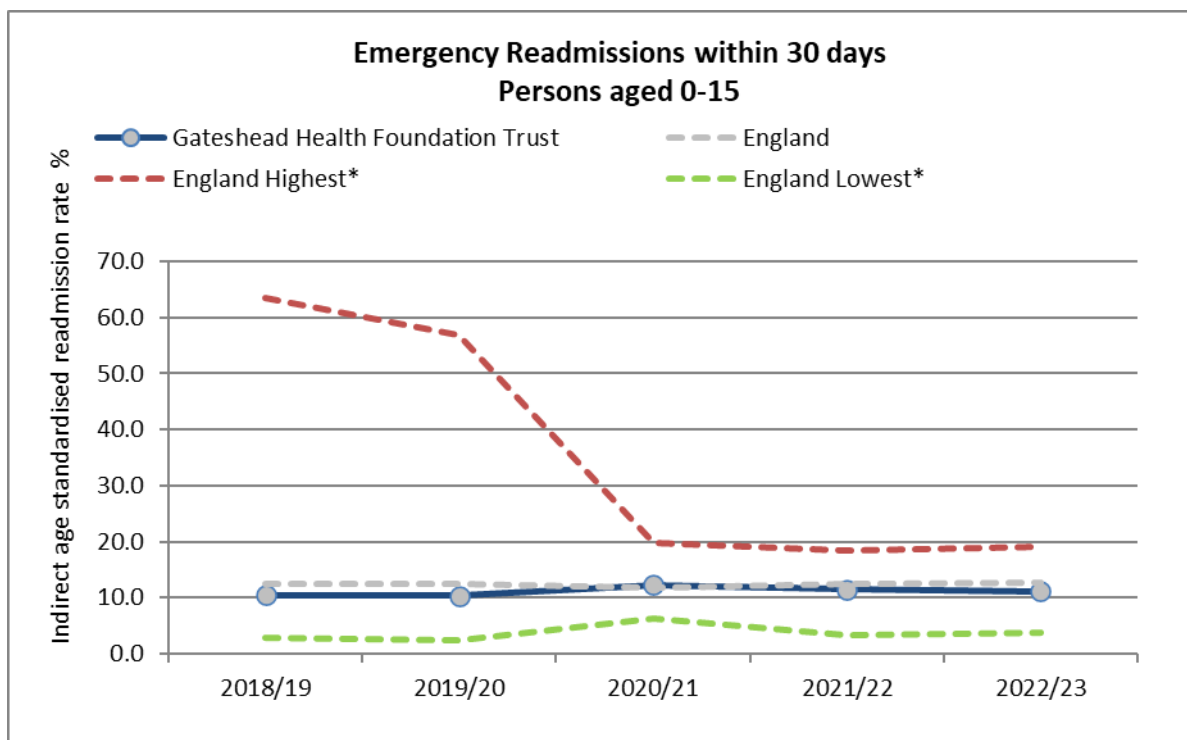
Emergency readmissions within 30 days of discharge from hospital Persons aged 0-15	2018/19	2019/20	2020/21	2021/22	2022/23
Gateshead Health Foundation Trust	10.5	10.4	12.3	11.5	11.2
Banding	B5	B5	W	W	W
England	12.5	12.5	11.9	12.5	12.8
England Highest*	63.5	56.8	19.7	18.4	19
England Lowest*	2.8	2.4	6.2	3.4	3.7

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

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

W = National average lies within expected variation (95% confidence interval)

\*Excluding caution in interpretation of data records. Numbers of patients discharged too small for meaningful comparisons (i.e. below 200).



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

- Emergency readmission rates have decreased slightly in 2022/23, remaining broadly static over the last five years, tracking 'Significantly lower' or within than the national average in each of the last five years. The readmission rate remains within the expected variation from the national average.

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

- The Trust will continue to monitor performance and undertake further investigations/actions should the rate increase.
- Aged 16 years or over

Emergency readmissions within 30 days of discharge from hospital Persons aged 16+	2018/19	2019/20	2020/21	2021/22	2022/23
Gateshead Health Foundation Trust	13.3	13.9	15.3	18.7	21.7
Banding	B1	B5	B5	A1	A1
England	14.5	14.6	15.9	14.6	14.4
England Highest*	22.9	24.5	30.6	18.7	21.7
England Lowest*	3.9	4.1	1	2.1	3.0

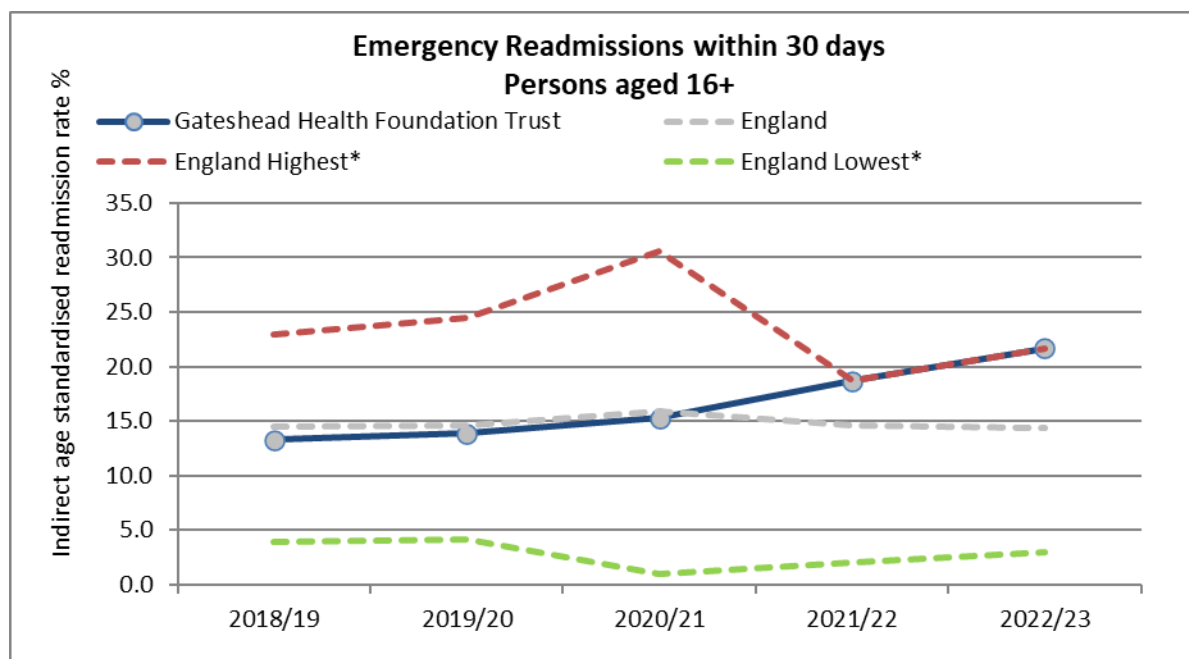
A1 = Significantly higher than the national average at the 99.8% level.

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

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

W = National average lies within expected variation (95% confidence interval)

\*excluding caution in interpretation of data records. Numbers of patients discharged too small for meaningful comparisons (i.e. below 200).



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

- Emergency readmission rates look to have risen significantly in 2021/22 and 2022/23 and are at a similar level to the highest nationally. However, this is largely due to a change in how the Trust records Same Day Emergency Care (SDEC). A new operating model was introduced in September 2021. Due to the data capture changes, an increase in readmissions was observed because of the follow-up care onto the unit. A further deep dive into the data revealed that the increase in readmissions is artificially inflated because of the clinical need of the SDEC reattenders. The true shift in average readmissions is circa 6 per month – the impact on percentage readmission rate is therefore minimal, demonstrating a slight drop in the average readmission rate overtime.

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

- Local monitoring of readmissions by ward and speciality to ensure that there is oversight of outlying areas.
- Reviews of readmissions that highlight failed / inappropriate discharges to better understand where practices can be improved and help ensure lessons are learned.
- Successfully appointed a number of Discharge Coordinators across the Trust to improve discharge arrangements for patients and more robustly ensure patients' needs are met on discharge.
- Remodel SDEC Follow-ups, deduct from Non elective admissions to determine true readmissions rate, and continue to monitor. Develop integrated flow across the integrated care model.
- SDEC activity to be recorded as Type 5 A&E attendances from Wednesday 1st May 2024.

## **Trust's responsiveness to the personal needs of its patients**

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

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

- Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed.

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

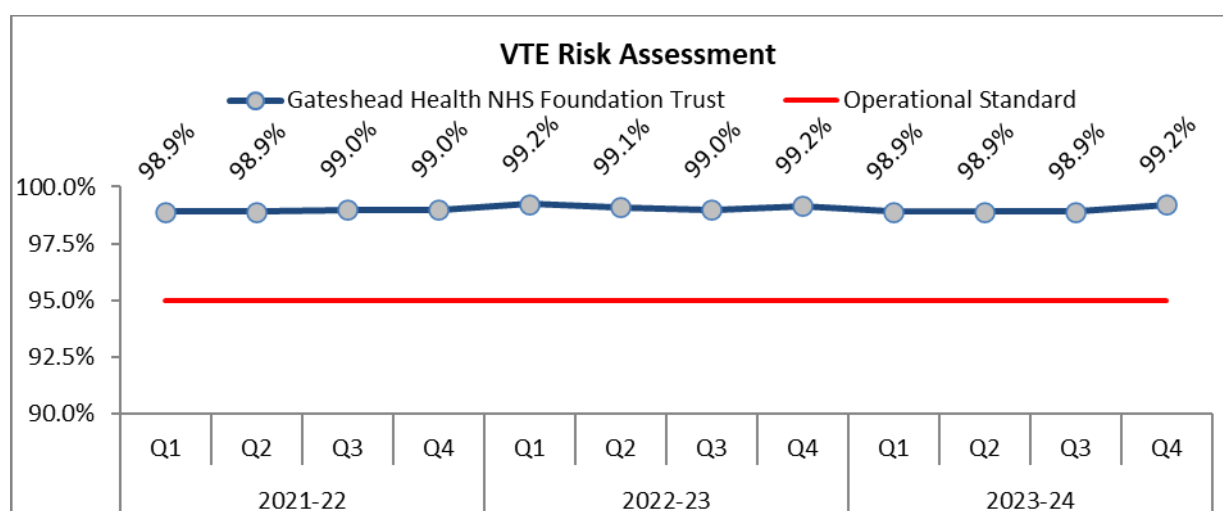
**The Gateshead Health NHS Foundation Trust considers that these percentages are as described for the following reasons:**

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

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

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

Year	Quarter	Gateshead Health NHS Foundation Trust	England Highest Acute Trust	England Lowest Acute Trust	Acute Trusts	Operational Standard
2021-22	Q1	98.9%	No published data: National VTE Collection suspended to release capacity to manage COVID-19. This collection is to be reinstated in April 2024			95%
	Q2	98.9%				95%
	Q3	99.0%				95%
	Q4	99.0%				95%
2022-23	Q1	99.2%				95%
	Q2	99.1%				95%
	Q3	99.0%				95%
	Q4	99.2%				95%
2023-24	Q1	98.9%				95%
	Q2	98.9%				95%
	Q3	98.9%				95%
	Q4	99.2%				95%



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

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

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

- A Venous Thromboembolism Committee meet regularly to update all guidelines and raise awareness of deep vein thrombosis and pulmonary embolism and the impact on health.

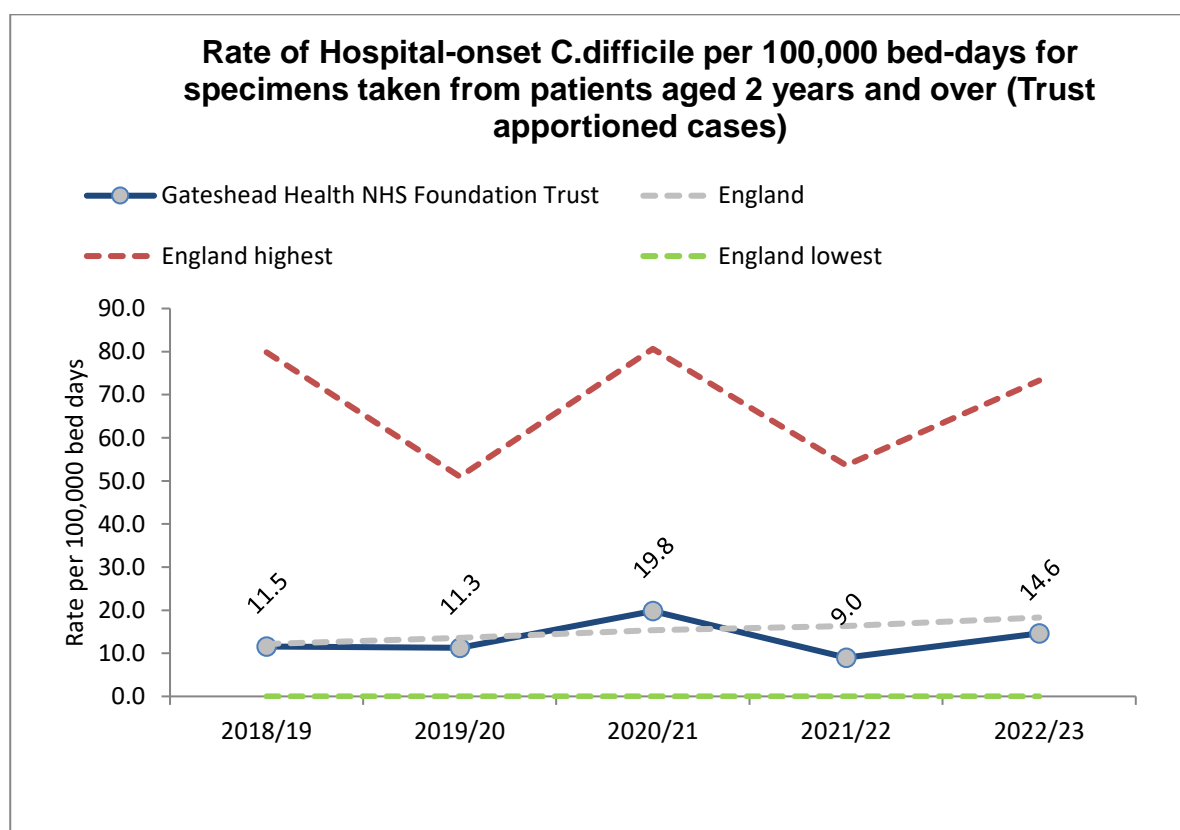
Education of junior doctors and nursing staff have been commenced with regular sessions in the Clinical Leads Nursing meeting and SafeCare meetings. The intranet has been updated with these guidelines and an e-learning module for this has been set up with the help of the Practice and Development Team.

- All new NICE guidelines are monitored on a monthly basis and the relevant updates sent to the respective teams.
- An abstract of the Trust's three-year audit on hospital acquired thrombosis has been accepted for presentation at the Thrombosis UK Conference and a poster has been submitted. This study has shown results which are at par with nationally agreed standards.
- The Trust hospital acquired thrombosis data is also shared with GIRFT.

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

Rate of Hospital-onset C.difficile per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	2018/19	2019/20	2020/21	2021/22	2022/23
Gateshead Health NHS Foundation Trust	11.5	11.3	19.8	9.0	14.6
England highest	79.8	51.0	80.6	53.6	73.3
England lowest	0.0	0.0	0.0	0.0	0.0
England	12.2	13.6	15.4	16.3	18.3

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



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

- Clostridium difficile infection (CDI) remains an unpleasant, and potentially severe or even fatal, infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment. Reduction of CDI continues to present a key challenge to patient safety across the Trust, therefore ensuring preventative measures and reducing infection is very important to the high quality of patient care we deliver.
- The Trust reports Healthcare associated CDI cases to PHE via the national data capture system against the following categories:
  - Hospital onset healthcare associated (HOHA): cases that are detected in the hospital 2 or more days after admission (where day of admission is day 1)
  - Community onset healthcare associated (COHA): cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 4 weeks.
- Nationally the financial sanctions for CDI have been removed and the 'appeals' process no longer in use, and the expectation that organisations will perform local review of cases.
- The Trust is required under the NHS Standard Contract 2022/23 to minimise rates of Clostridioides difficile (C. difficile) so that it is no higher than the threshold level set by NHS England and Improvement.
- For 2023/24 we reported thirty-seven (37) cases of healthcare associated CDI against the threshold of twenty-three (23). Twenty-seven (27) hospital onset healthcare associated, and ten (10) community onset healthcare associated cases.
- The Trust has reported a yearly reduction in CDI cases of 7.5% for 2022/23 in spite of increased activity compared to 2021/22. The threshold for CDI's, which is calculated by Public Health England (PHE) from November to October was reduced by 28% for 2022/23 which made a challenging target.

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

- An internal review is held for all healthcare associated CDI cases, supported by the PSIRF framework and internal safety triangulation review as necessary, where good practice and lessons learnt can be identified. The learning is then linked, if appropriate, to the key themes of sample submission, antimicrobial prescribing, documentation, patient management and human factors. The good practice and lessons learnt are then cascaded back through the internal safe care mechanisms.
- (PHE) publish thresholds for each trust on a yearly basis calculated from the previous twelve months from November to the following October for 2022/23 the trust was asked to reduce the cases of CDIs by nine (9) cases against the previous year, a reduction of 28%. An action plan was devised to help with this ambitious target, these included; education and awareness around hand washing, increased audit surveillance on clinical areas, clearer definitions on cleaning terminology, clearer signage on wards, refresh of IPC intranet page and implementation of PSIRF.
- Where there is an increased incidence of CDI associated with a particular clinical area, a multidisciplinary meeting will review all the cases collectively, consider if any cross infection may have occurred then formulate and enable an action plan to address any shortcomings identified.
- When there is an increased incidence of CDI cases associated with a particular clinical area Ribotyping can be arranged with the Clostridium difficile Ribotyping Network (CDRN) to determine if cross infection has taken place.

- The Diarrhoea Assessment Management Pathway (DAMP) tool provides guidance for clinical staff managing those patients experiencing loose stools, and has been assimilated into the suite of electronic documents available on Nerve Centre
- Enhanced personal protective equipment is worn when caring for patients with suspected infective diarrhoea.
- Patients are risk assessed and prioritised, ensuring those patients requiring a level of isolation are identified.
- To enhance antimicrobial stewardship Trust guidelines are developed to reflect the national five-year antimicrobial resistance strategy.

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

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

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

- NHS England have paused the annual publishing of this data while they consider future publications in line with the current introduction of the Learn from Patient Safety Events (LFPSE) service to replace the NRLS.



# Part 3

## Review of Quality Performance



# Review of quality performance

2023/24 has been a successful year in relation to the three domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

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

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

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

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

## 3.1 PATIENT SAFETY

### Reducing Harm from Deterioration:

Safe Reliable care	2021-22	2022-23	2023-24	Target
HSMR Period	Apr-21 to Mar-22	Apr-22 to Mar-23	Feb-23 to Jan-24	
HSMR	114.4	100.6	110.6*	<100
SHMI Period	Apr-21 to Mar-22	Apr-22 to Mar-23	Dec-22 to Nov-23	
SHMI	1.01	0.87	0.96	<=1

SHMI Banding	As Expected	Lower than expected	As Expected	As expected or lower than expected
SHMI - Percentage of provider spells with palliative care coding(contextual indicator)	2.1%	2.2%	2.3%	N/A
Crude mortality rate taken from CDS	1.83%	1.75%	1.79%	<1.99%
Number of calls to the CRASH team	164	176	134	N/A
Number of calls to the CRASH team that were cardiac arrests	164	61	51	N/A
Of the calls to the arrest team what percentage were actual cardiac arrests	40.2%	34.7%	38.1%	N/A
Cardiac arrest rate (number of cardiac arrests per 1000 bed days)	0.41	0.35	0.28	N/A
Hospital Acquired Pressure Damage (grade 2 and above)	87	127	183	Year on year Reduction
Community Acquired Pressure Damage (grade 2 and above)	1451	1469	1432	N/A
Number of Patient Slips, Trips and Falls	1525	1589	1344	N/A
Rate of Falls per 1000 bed days	9.51	9.03	7.77	Reduction (<8.5)
Number of Patient Slips, Trips and Falls Resulting in Harm	335	382	464	N/A
Rate of Harm Falls per 1000 bed days	2.09	2.17	2.68	Reduction (Less than <2.25)
Harm Falls Rate Change	10.3% Reduction	3.8% Increase	23.6% Increase	N/A
Ratio of Harm to No Harm Falls (i.e. what percentage of falls resulted in Harm being caused to the patient)	22.0%	24.0%	34.5%	Year on Year reduction

## Reducing Avoidable Harm:

Reducing Avoidable Harm		2021-22	2022-23	2023-24	Target
Medication Errors	No Harm	620	738	671	N/A
	Minimal Harm	84	129	139	N/A
	Moderate Harm	4	8	2	<8
	Severe	1	3	0	0
	Death	0	0	0	0
	Total	709	878	812	N/A
Never Events		0	0	1	0
Patient Incidents per 1,000 bed days		38.9	38.3	37.0	N/A
Rate of patient safety incidents resulting in severe harm or death per 100 admissions		0.15	0.13	0.11	N/A

Source: Trust incident reporting systems Datix & inPhase

## Infection Prevention and Control:

Infection Prevention & Control	2020-21	2021-22	2022-23	2023-24	2023-24 Threshold
MRSA bacteraemia apportioned to acute trust post 48hrs	0	0	0	0	0
MRSA bacteraemia rate per 100,000 bed days	0	0	0	0	0
NB: <b>Healthcare Associated</b> <i>Clostridium difficile</i> Infections (CDI) post 72hr cases	40	32	40	37	<23
<b>Healthcare Associated</b> <i>Clostridium difficile</i> Infections (CDI) rate per 100,000 bed days	29.59	19.68	24.56	22.84	-

Infection Prevention & Control	2020-21	2021-22	2022-23	2023-24
Hospital Onset Healthcare Associated C.difficile count	31	22	27	27
Hospital Onset Healthcare Associated C.difficile per 100,000 occupied overnight beds	23.6	14.15	17.37	17.32

Infection Prevention & Control	2020-21	2021-22	2022-23	2023-24
Community Onset Healthcare Associated C.difficile count	9	10	13	10
Community Onset Healthcare Associated C.difficile per 100,000 occupied overnight beds	5.99	5.53	7.19	5.52

## Other Indicators:

Other Indicators	2021-22	2022-23	2023-24	Target	Benchmark
Percentage of Cancelled Operations from FFCE's†	0.55%	0.41%	0.29%	0.80%	1.12%*
Percentage of Patients who return to Theatre within 30 days (Unplanned / Planned / Unrelated)	4.89%	5.00%	4.21%	Improve Year on Year	N/A
Fragility Fracture Neck of Femur operated on within 48hrs of admission / diagnosis	92.7%	90.1%	91.9%	90%	N/A
Proportion of patients who are readmitted within 28 days across the Trust**	14.33%	14.06%	13.78%	Improve year on year	N/A
Proportion of patients undergoing knee replacement who are readmitted within 30 days**	6.21% 10 Patients readmitted	8.43% 15 Patients readmitted	7.94% 15 Patients readmitted	Improve Year on Year	N/A

Proportion of patients undergoing hip replacement who are readmitted within 30 days**	9.83%	8.49%	9.13%	Improve Year on Year	N/A
	17 patients readmitted	18 patients readmitted	22 patients readmitted		

† FFCE's refer to First Finished Consultant Episodes. A patient's treatment or care is classed as a spell of care. Within this spell can be a number of episodes. An episode refers to part of the treatment or care under a specific consultant, and should the patient be referred to another consultant, this constitutes a new episode.

\* Q3 2023-24 national position [www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/](https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/)

\*\* Figures taken from Healthcare Evaluation data (HED) and provide full financial years for 2020-21, 2021-22, 2022-23, and April to December 2023

## Safeguarding Children and Adults

- The Adult and children's safeguarding teams are committed to ensuring that effective safeguarding arrangements are in place, to prevent and protect adults, young people and children from harm or abuse. Safeguarding is firmly embedded within the organisation as being everyone's responsibility. Leads for both adults and children ensure that a think family approach is evident across the Trust.
- Both safeguarding teams have worked in partnership with key partners to address safeguarding priorities in Gateshead.
- Within the quarterly Safeguarding Committee, we bring the lived experiences of service users by sharing patient stories and any learning at every meeting.
- The children and adult teams have worked together to further raise awareness of the trusts Safeguarding Exploitation Grooming and Risk Identifier tool (SEGRI) to include both vulnerable adults and children at risk sexual exploitation, criminal exploitation, and modern-day slavery.
- In response to what staff have told us the safeguarding children team have facilitated on site level 3 safeguarding training. This has been well received and compliance has improved. Training has been targeted at domestic abuse, county lines, substance use in children and knife crime.
- From the 1<sup>st</sup> February 2024 the safeguarding children team now use careflow and docstore to record children's safeguarding information. This allows pertinent information to be available to practitioners at the point of need.
- The Adults team continue to prioritise and deliver capacity training in line with Mental Capacity Act legislation.
- During the past twelve months the children and adult safeguarding teams have continued to deliver a comprehensive safeguarding service. Despite staffing pressures, the team have continued to support staff to safeguard some of the most vulnerable people in society.
- The joint adult and children Safeguarding Link Meetings have been successful and continue via MS Teams with an emphasis on promoting a "Think Family" approach to Safeguarding. This has proved to be a successful forum for education, sharing knowledge, and for staff to discuss individual safeguarding case studies.
- The adults and children's safeguarding teams continue to provide regular news bulletins within the QE Weekly providing valuable updates on current safeguarding issues and promoting training opportunities.
- The adult and children team have been working closely with patient safety to ensure a smooth migration from DATIX to InPhase, and we are now live on InPhase.
- Adult safeguarding concerns have continued to increase during the last 12 months with the main categories being Domestic Abuse, Neglect and Self-Neglect. This reflects the information shared from partner agencies. These concerns also include the community teams, where we continue to offer support and advice by telephone.

- The adult team continue to receive several provider concerns in relation to care homes and domiciliary care providers. These are currently shared with the Quality Lead nurse for ICB, Local Authority and within the provider Information sharing meetings.
- The adult team continue to receive high levels of complex domestic abuse referrals, including staff members. The team continue to work with departments and partner agencies to support and safeguarding people who are at risk of domestic abuse. This includes staff members, where they work closely with managers and HR to ensure the safety and wellbeing of staff.

## 3.2 CLINICAL EFFECTIVENESS

### Getting it Right First Time (GIRFT)

One deep dive visit took place during 2023/24, the outcome of which is below:

#### Adult Orthopaedic Trauma – Deep Dive Visit February 2024

##### Good practice identified

- Early discharge planning
- Efforts to ensure theatre efficiency
- Communication
- Achievement of neck of femur Best Practice Tariff
- Rationalisation of kit/equipment



##### Opportunities

- Provision of total hip replacement
- Theatre start times
- Consistent weekend trauma co-ordinator cover



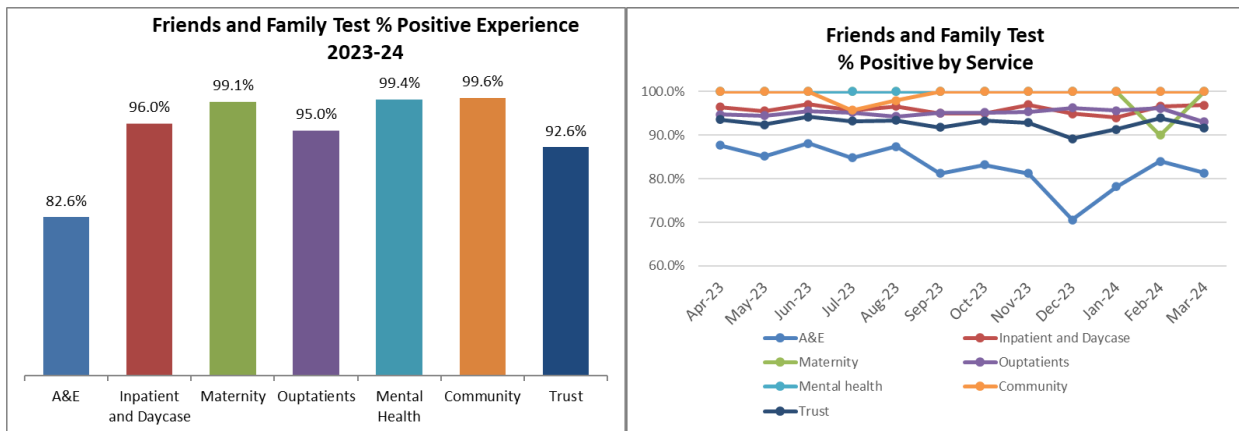
##### Recommendations

- There should routinely be an appropriate multidisciplinary representation at M&M and other meetings for all orthopaedic trauma patients.
- Management of pain in the orthopaedic trauma patient.
- Fracture prevention: I. Inpatient falls II. Secondary fracture prevention
- Orthogeriatric provision and medical cover for the injured frail.
- Continuity of care



### 3.3 PATIENT EXPERIENCE

#### Friends & Family Test

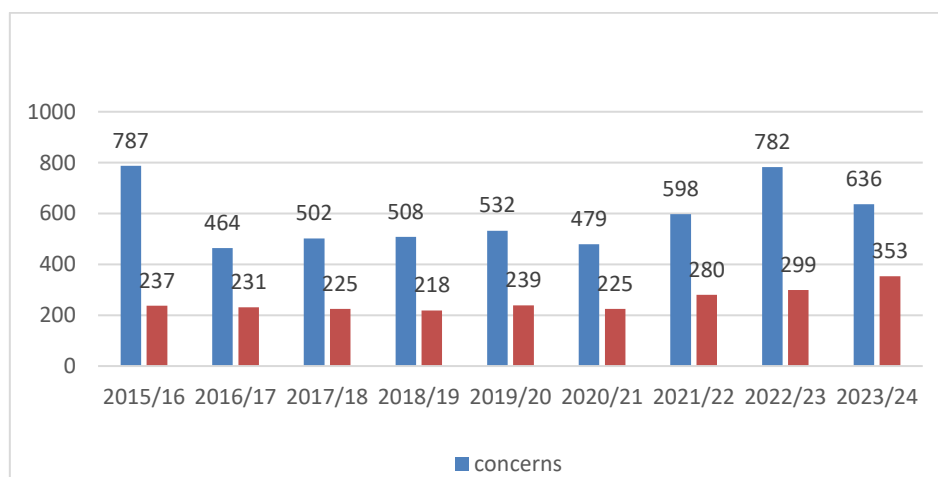


#### Listening to Concerns and Complaints, Compliments

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

For the year 2023/24 we received a total of 353 formal complaints. Promoting a culture of openness and truthfulness is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of healthcare systems. It involves apologising and explaining what happened to patients who have been harmed as a result of their healthcare treatment when inpatients or outpatients of the Trust. It also involves apologising and explaining what happened to staff or visitors who have suffered harm. It encompasses communication between healthcare organisations, healthcare teams and patients and/or their carers, staff and visitors and makes sure that openness, honesty and timeliness underpins responses to such incidents. The Patient Advice and Liaison Service (PALS) offer confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and carers.

#### Complaints and Concerns 2015 to 2024





Complaints Performance Indicators	Total 2022/23
Complaints received	353
Acknowledged within three working days	353
Complaints closed	353
Closed within agreed timescale (eight weeks)	175
Number of complaints upheld	301
Concerns received by PALS	636

Complaints Indicators	Total 2022/23
Number of closed complaints reopened	53*
Number of closed complaints referred to Parliamentary & Health Service Ombudsman	16

Outcome of complaints referred to Parliamentary & Health Service Ombudsman (PHSO)	Total 2022/23
Considering whether to investigate	4
Currently investigating	2
Complaints upheld	0
Part upheld	1
Declined to be investigated	9
Agreed actions with Trust (incl as a result of learning)	0

**\*Number of closed complaints reopened.**

In the year 2022/23 53 closed complaints were reopened. This compares to 34 in 2022/23. Reasons for reopening cases include where the complainant has additional questions/concerns.

During 2023/24 the top five main reasons to raise a formal complaint were in relation to:

- Communications
- Clinical Treatment – General Medical Group
- Values & Behaviours (Staff)
- Clinical Treatment – Surgical Group
- Clinical Treatment – Accident & Emergency

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

In response to a complaint relating to Ward 25 Care of the Elderly:

Following the concern raised regarding the administration of the patient's nebuliser, we have discussed this with staff and now recognise we have a training gap. We have since implemented further training and development for our staff to ensure all qualified staff are competent in the administration of nebulisers.

In response to a complaint relating to A&E:

As a result of this event, doctor will feedback to the wider medical team, your mother's case details, (in an anonymised way), to allow learning, especially around the themes of communication and complex drugs and where to find policy/ information regarding these drugs to aid with assessment and care.



Doctor has also contacted A&E Sister to communicate the wider feedback around staff commentaries about other patients. Doctor is aware that Sister has already done some work with the non-medical staff to highlight the importance of keeping conversations in the staff area professional. Doctor has also included the medical teams in this, as well as part of the learning theme regarding professionalism and especially as part of the wider Trust's ethos about getting back to doing basics well.

In response to a complaint relating to Medical Examiner:

We are setting up a session for the Matrons and Ward Managers to meet with the Medical Examiners and discuss their role so that other families do not find themselves in the same situation with incorrect information being given to families. We will also be monitoring our communication with families to see if there are other ways, we can improve our services.

ME explained she will develop an internet page to help signpost families on how to contact the Medical Examiners. Information is included in the bereavement pack and ME, together with the Bereavement Office Team will review the information to see how clear it is.

The team have sent out information on the Medical Examiner role to the nursing teams (including sisters and matrons) and PALS to make sure they are all aware of who the team is and how to contact them.

In response to a complain relating to General Surgery

Unfortunately, it is apparent that you were not sent a reminder for the liver reduction diet when you were then sent a date for surgery in November 2023. As a result of this, when information is collated and provided to patients prior to their surgery, we are looking to develop a checklist which will include checks to see if any information is required for pre-operative diets to ensure that this will not be missed moving forward. We have also shared your experience with the team in General Surgery in order that there are lessons learned, and so that the importance of communicating this information is emphasised.

### 3.4 Good News Stories

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

#### Teams recognised with awards

##### Children's unit becomes the first in the region to hit the gold standard for caring for neurodivergent children

The Children's department at the Queen Elizabeth Hospital in Gateshead has been awarded the 'Gold Standard for Autism Acceptance' from the North East Autism Society (NEAS). Gateshead Health is the first children's department in the region to receive this honour after tailoring care for neurodivergent children.



##### Awarded for commitment to patient safety by the National Joint Registry

Gateshead Health is celebrating after being named as a National Joint Registry (NJR) Quality Data Provider after successfully completing a national programme of local data audits.



##### Improving Quality in Liver Services – Deferred status

The Liver service is close to being accredited and has some actions we must take to meet the standards. We have up to 6 months to do this.

## Gateshead Health NHS wins Pastoral Care Award for international recruitment

The international recruitment team at Gateshead Health NHS Foundation Trust has been



awarded the NHS Pastoral Care Quality Award as part of NHS England International Recruitment Programme.

The award recognises commitment to providing high-quality pastoral care and the positive impact this has on staff wellbeing. The number one priority for embedding new people into the NHS is to provide safe onboarding, induction and pastoral support for new international recruits.

## Gateshead Health staff awarded Chief Nursing Officer awards

Three Gateshead Nurses receive special national recognition with Silver Chief Nursing Officer for England awards alongside nursing colleagues who have successfully become Professional Nurse Advocates.



## New initiatives implemented



### Frailty Virtual Ward offers patients an alternative to a hospital stay

The Frailty Virtual Ward at Gateshead Health NHS Foundation Trust first opened in September 2023. The ward aims to help patients who are frail to stay at home during a period of acute illness such as chest infections, urine infections or constipation alongside conditions such as dementia or delirium.



### **Building work underway on new community diagnostic centre**

Work to develop a new community diagnostic centre (CDC) at Metrocentre in Gateshead is now underway. Gateshead Health NHS Foundation Trust and Newcastle Hospitals are working in partnership on this exciting project which will create a modern, state-of-the-art environment for patients, carers and staff.



### **Partnered with Seating Matters....**

To become the first trust in Europe to collaborate with Seating Matters to create an innovative and award winning device to support critical care patients.

### **Helping families make the most of diabetes care**

Gateshead Health NHS Foundation Trust is supporting a partnership project which is helping young people and their families to make the most of technological innovation in diabetes care. New technologies have been proven to improve the health and quality of life outcomes of children and young people living with diabetes; however, as technology increasingly needs patients to have access to smartphones and laptops, this can be a barrier to people in more deprived communities.



### **Local School supporting Organ Donation**

Consultant and Clinical Lead for Organ Donation, Andy Lowes has been working closely with schools in the local community to produce artwork promoting organ donation and working at Gateshead Health.

Today we unveiled an incredible bespoke piece of artwork by XP School entitled 'Being Human'. The year 8 children have created artwork of different organs to help raise awareness of donation alongside a QR code that explains their learning experience.



### 3.5 Focus on staff

Under our new corporate strategy one of our strategic aims is *'We will be a great organisation with a highly engaged workforce'*. We recognise the importance of looking after our people and making our Trust a great place to work. It has been proven that a supportive and positive working environment for NHS colleagues has a direct impact on patient care and experience. We have placed significant focus on health and wellbeing, growing and developing our workforce and developing our culture to be the best in the NHS.

2023/24 continued to be a challenging year for our people as the Trust continued to manage the impact of Industrial action from our nursing, junior doctors, consultants and ambulance colleagues.

We understand how challenging this has been personally and professionally for our colleagues - for those colleagues who took part in the strike, the colleagues helping to keep services running and keep patients safe during these periods and for those involved in the complex and dynamic planning and risk assessments for every strike period. We recognise that the dispute has not been directly with the Trust and we remain supportive of all of our people who have exercised their legal right to strike.

We continue to look to improve the health and wellbeing of our workforce via various ways. During the past year, the health and wellbeing team has become more embedded within Occupational Health team, helping provide a more holistic and comprehensive support offer to staff.

During the last year, targeted work has been done to support colleagues impacted by the cost of living crisis – ranging from new partnerships and offers to the provision of free sanitary products for staff. The #GHMoneyMatters Guide to Financial Wellbeing brings together all of the benefits, savings, freebies, discounts, support offers, grants and more available to help colleagues manage their finances, and continues to be updated regularly.



Elsewhere and after colleagues told the organisation they'd like to see more physical wellbeing support offers, the organisation has worked to introduce staff health checks, physical activity groups, an on-site fruit & veg stall and more. Mental health also continues to be an active area of focus, with a newly-trained network of Mental Health First Aiders set to continue growing throughout 2024.

#### Key headlines – recruitment, retention and absences

Recruitment, retention, and absence remain a key priority, with the board setting a target of group sickness absence of less than 5%, and a vacancy rate of less than 5% also by the end of the 23/24 financial year.

In March 23 our vacancy rate was 4.7% and sickness absence was 5.3%, by March 24 the vacancy rate had dropped to 2.3% which is a fantastic achievement however, the sickness absence increased to 5.6%.

International recruitment was a focus throughout 22/23 in which the first 50 internationally recruited nurses were appointed. Our international nurses are supported by a dedicated International Nursing Team. The nurses have a broad on boarding and pastoral programme before attending wards with the team supporting access to the hospital computer systems. The team help them with many of the practical things for settling into a new country, such as opening bank accounts and finding accommodation. There is an extensive comprehensive teaching programme, delivered by the practice development team We were successful in a bid to recruit a further 100 which took place throughout 23/24. To date, the programme has been a success, recruiting 150 international nurses, and retaining 100% of those recruited. As the nursing headcount has reached stable levels, this programme of work will conclude in March 24.

As part of our domestic recruitment we are engaging with local schools and colleges to educate young people about the different career opportunities available to them in the Trust, as outlined earlier in the report. We have also supported 116 colleagues through apprenticeship programmes, with around 38 different types of apprenticeship available across the Trust and QE Facilities.



During 2023/24 we have been working with our partners at place on the development of Gateshead development opportunities for a variety of the local population. This involves collaborative working with Gateshead Council, CBC Health, local colleges and other partners. There have been successful cohorts of Getting in to Care programmes, as well as 2 summer schools, that saw a number of young people from the local areas attending programmes to help develop their understanding of the health and care sector, with exciting simulation sessions ran within the Queen Elizabeth Hospital. The Gateshead Cares Workforce partnership continues to work collaboratively, and further opportunities are being scoped into 24/25.

We believe that retention is just as important as recruitment and have taken a number of steps to support our colleagues and encourage them to continue their careers with us. This includes increasing our health and wellbeing offering, as described at the beginning of this section, as well as enhancing our learning offerings. During 2023/24 we introduced legacy mentors, we were observing a high turnover of Nursing and Midwifery colleagues at the 18-24 months of service stage, legacy mentors provided an opportunity to discuss progression, itchy feet conversations etc on a one to one basis, this scheme saw turnover with this group reduce by 8% Throughout 24/25 we want to expand the success of these scheme to other staff groups.

As mentioned above our target for sickness was for this to be below 5%, unfortunately by March 24 sickness was sat at 5.6%. Our continued focus on health and wellbeing is an important part of supporting our colleagues to be well enough to remain at work. We undertook some focussed work between People and OD colleagues and our business units to support colleagues in appropriately managing absences. It is identified that there is further work to do in this area to reduce sickness throughout 24/25 to bring sickness absence down to a manageable level.

Information on sickness absence is collated nationally by NHS Digital and can be found at the following link <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>.



The latest information about our staff turnover can also be found on the NHS Digital website: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

### **Staff equality, diversity and inclusion**

At Gateshead Health we are passionate about equality, diversity and inclusion (EDI) and we have continued to take steps to ensure that EDI considerations are part of everything that we do. Our Board Members are committed to equality, diversity and inclusion.

We operate within a legislative framework which is underpinned by the Equality Act 2010, which means we need to comply with a range of different requirements, including but not limited to:

- Public Sector Equality Duty;
- Human Rights – Mental Health Code of Practice;
- Equality Delivery System (EDS2);
- Workforce Race Equality Standard (WRES);
- Workforce Disability Standard (WDES);
- Gender Pay Gap; and
- Accessible Information Standard.

Ensuring equality for all is a core part of our organisational culture and compassionate leadership approach. Our policies help us to ensure that we embrace equality, diversity and inclusion both in service delivery and employment with the Trust. As part of policy review and development, all policies must be accompanied by an equality and quality impact assessment (EQiA). The EQiA is reviewed by the Trust's dedicated Policy Review Group and signed off by the EDI and Engagement Manager prior to a policy being approved. This ensures that there are no unintended negative consequences of a policy for anyone with a protected characteristic.

We have four staff networks in place within the Trust – GEM network, D-Ability network, Women's network and LGBT+ network. The Networks help to raise the concerns of members of staff who share an affiliation with a protected characteristic to ensure that concerns are listened to and inform our continued development.

Our four staff networks provide an invaluable space for mutual peer support, networking and opportunities for personal and professional development of members. Our networks provide a safe space where information, knowledge and experiences can be shared. Their activity helps us to support organisational and cultural development in positive and innovative ways.

Our staff networks played an integral role in helping us to promote and celebrate key occasions with events, celebrations and training. Our D-Ability network supported a number of different national awareness weeks with stalls in our canteen:

- Eating Disorders Awareness Week and Neurodiversity Celebration Week.
- LGBT+ network supported the Transgender Day of Remembrance and Non-Binary Peoples' Day.
- The LGBT+ network has also been undertaking work with our clinical teams to develop transgender and non-binary policies.





## **Workforce Disability Equality Standard (WDES)**

The WDES was developed to help NHS organisations make a positive impact for all disabled colleagues working in the NHS. The WDES aims to inform year-on-year improvements in reducing those barriers that impact most on the career opportunities and workplace experiences of disabled staff.

The D-Ability network has been integral to this work and has helped us to develop a greater understanding of the experiences of disabled staff. A detailed action plan for the Trust has been developed and this will enable us to measure our progress in this area.

Our latest staff survey results shows that three out of five questions that have a year-on-year comparison have improved in respect of the WDES, with work still to do in relation to bullying and harassment at work, and feeling pressure from managers to come to work. This will form part of our cultural development work with our people to ensure that we provide a supportive and inclusive workplace for all our colleagues.

Our D-Ability Group and the Trust's Human Rights and EDI Programme Board continue to be focussed on the WDES results and improvement actions, but we recognise that it is the responsibility of every member of staff to embrace this.

We are a Disability Confident Level 2 employer which means that we are recognised for actively attracting and recruiting disabled people to help fill opportunities, providing a fully inclusive and accessible recruitment process and we offer guaranteed interviews to disabled people who meet the minimum criteria for roles. We are flexible when assessing applicants to give disabled applicants the best opportunity to demonstrate that they can fulfil the role and we commit to proactively offering and making reasonable adjustments.

## **Workforce Race Equality Standard (WRES)**

The WRES was developed with similar principles in mind, helping to ensure that NHS organisations make a positive impact for colleagues from a Black, Asian or Minority Ethnic (BAME) background.

In respect of the four WRES indicators in the NHS staff survey 2023 in respect of our BAME staff:

- Percentage of staff experiencing harassment, bullying or abuse from patient's relatives or public in the last 12 months saw an increase - up from 20.3% to 25.6%.
- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months also an increase from 19.1% to 29.4%
- Percentage of staff experiencing discrimination at work from a manager / team leader or other colleagues rose from 11.4% to 14.6%

On a positive note, the figure for our staff believing that the Trust provides equal opportunities for career progression, increased from 47% to 52.5%. Detailed analysis is being undertaken to understand why there has been an increase from the previous year. Discussions are taking place as to the best way of incorporating our Cultural Ambassadors into the disciplinary and grievance processes.

Collectively on a regional basis there are discussions around running a recruitment fair for BAME and Disabled communities, to help members of these communities feel comfortable to work in NHS organisations. We routinely capture information around who has been successful in applying and being recruited within the Trust and are using this information to address and understand how we are reflective of the diverse communities we serve.

We have implemented practices to assess where the pitfalls are for candidates in respect of their protected characteristics using the data available. We tackle conscious and unconscious bias in the recruitment process within the recruitment and selection training that is offered to our managers. We are also reviewing the assessment methods and scoring systems used by hiring managers to ensure reasonable and fair decisions are being made during the selection process.

In terms of gender pay gap reporting, in 2022/23 77.6% of our workforce was female. Women occupied 73.8% of the highest paid jobs and 73.8% of the lowest paid jobs. The gender pay median was 12.7% which is consistent with the previous year.

Further information on gender pay gap reporting can be found on the Cabinet Office website: [Find and compare gender pay gap data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/find-and-compare-gender-pay-gap-data)

Further information on our approach to EDI can be found on our website via the following link: <https://www.gatesheadhealth.nhs.uk/about/trust/equality-diversity>

### **Communicating, consulting and engaging with our colleagues**

We actively encourage our colleagues to become involved in identifying improvements and shaping our performance and operations.

We have several consultative forums in place within the Trust. Our Joint Consultation Committee and Local Negotiation Committee are the most formal arenas for consultation with staff side colleagues. They are also supported by several sub-committees (such as policy sub-committee and working groups for example the Medical Workforce Group). In addition, there are forums such as Junior Doctor Forum. Staff side colleagues are involved in our staff network groups.

There has been further development and progression of the transformation programme and portfolio during the year which was referenced in last year's report following its relaunch. The delivery of transformation programmes involves collaboration and key contributions from those colleagues who work in and understand these areas the most. Our transformation team facilitate a wide range of improvement and support activity including:

- Improvement and transformation advice and support;
- Training and development (project, programme management, Lean leaders);
- Kaizen events; and
- Rapid Process Improvement Workshops (RPIWs).

Recent RPIWs have included recruitment processes, endoscopy and occupational health. In addition to leading RPIWs the team have trained a further eight colleagues as Lean leaders to further enhance our capacity to increase our improvement activity across the organisation.

Further RPIWs are planned for 2024/25 and we aim to train more colleagues to be certified leaders, further increasing our capacity to facilitate these important engagement and improvement events as well as increasing the capability and resilience of the organisation, supporting an improvement culture.

We communicate with our colleagues using several different channels. The key tools that we use to ensure information is cascaded is through Gateshead Health Weekly (a weekly staff newsletter), an internal staff Facebook group, Team Brief (managers' briefing), and the intranet (Staff Zone) plus other ad-hoc briefings that are distributed as required. Our Chief Executive, Trudie Davies, also sends out a personalised weekly update to all colleagues and we have recently introduced Facebook Live events, where colleagues can ask questions of our Executive Directors and Senior Management Team.

### **Occupational Health & Wellbeing**

The Occupational Health and Wellbeing team began the year with a RPIW (Rapid Process Improvement Workshop), that focused on ways to improve our Management Referral process. The outcomes of this have included improved use of the current estate, a new online referral form, streamlined report processes and an improved welcome for clients. All of these improvements are aimed at enhancing our offer to staff and ensuring the best possible service is available to all those who work at Gateshead. The team once again successfully delivery the 2023-24 flu and covid booster vaccination programme and whilst we saw lower than expected take-up rates, this was a common theme across the region and work is underway to

understand the reasons why, which will be incorporated into the 2024-25 campaign plan, which is currently underway.

Our Physiotherapy service continues to go from strength to strength, with over 500 colleagues being referred into the service in the last 12 months. Client feedback remains extremely positive, with both the EQ5D and OREBRO scores demonstrating the positive impact the service is having from a clinical effectiveness perspective and on long-term absence.

Demand on all services continues to rise, with 8-12 week waits for many of our services. The team continue to look for ways to support those colleagues in most need, as quickly as possible, whilst also considering longer term solutions. It is hoped that service demand may be helped by the Occupational Health and Wellbeing Scaling Up programme, of which the team are active members, and see's Occupational Health and Wellbeing teams from across the region come together to find ways to work more collaboratively.

The Health & Wellbeing team achieved the Better Health at Work Gold standard this year, which highlights the work being done to support the health and wellbeing of colleagues at Gateshead. The team are also closely involved in the development of a post-incident support hub for those who experience bullying, harassment, discrimination, and abuse. This forms part of the Trust wide, zero-tolerance programme, supporting the 'It's Not Ok' campaign.

As we move into the new year, the team are preparing for the SEQOHS revalidation, which assesses the services against 6 key domains; Governance & Finance; Resources and Processes; Outputs and Outcomes; Information and Communication; Quality Assurance and Improvement; and Sector Specific Standards.

### **Health and safety performance**

We are committed to ensuring the health, safety and wellbeing of our people, patients, contractors and members of the public who are in any way affected by the activities of the Trust or QE Facilities across all locations. We ensure the provision of appropriate resources, including staff, finance and equipment in a timely manner so as to conduct our activities in accordance with all statutory and regulatory requirements, seeking to exceed such requirements wherever reasonably practicable. Our key objectives are to:

- prevent accidents and cases of work-related ill health;
- manage health and safety risks in our workplace;
- provide clear instructions and information, and adequate training, to ensure our people are competent to do their work;
- provide personal protective equipment;
- consult with our people on matters affecting their health and safety;
- provide and maintain safe plant and equipment;
- ensure safe handling and use of substances;
- maintain safe and healthy working conditions;
- implement emergency procedures, including evacuation in case of fire or other significant incident;
- review and revise the Health & Safety Policy on a regular basis;
- maintain a culture of co-operation, communication, competency and control for health and safety; and
- protect patients and people other than those at work against risks to their health and safety arising out of work activities.

The Board has identified and assigned roles and responsibilities to management, specialist support subject matter experts and individual staff members including bank and volunteering colleagues across the Group's organisational structure, to ensure the aims and objects of our Group Health & Safety Policy are achieved and maintained.

In delivering these aims, we expect all staff, bank staff, students and contractors to always conduct themselves in line with the policy and to fully engage in all identified health & safety initiatives to deliver continual health & safety improvements.

Assurance on all matters relating to health & safety continues to be achieved through the Group Health & Safety committee meetings and team structure.

As part of the Trust's drive for continued improvement we continue to run our Safer Working Practices Groups which provide additional assurance and governance into the Group Health & Safety Committee. They include the Water Safety, Medical Gas, Violence Reduction, Medical Devices Steering Group, Infection Prevention Control, CERA, Internal Compliance Auditing, PLACE Auditing & Radiation Protect groups.

The Group Health & Safety Committee is well attended across the year, with members representing staff from across the Group, our union colleagues across all locations and all levels of management including our Trust Board accountable Health & Safety lead.

We continue to promote and drive a safe working culture by providing additional education and awareness of shared learnings via internal communications, newsletters and staff social media forums.

### **Staff Survey Report**

The 2023 Staff Survey saw a completion rate of 50% across the Group, with the largest increase in participation seen within QE Facilities who achieved a 59% completion rate overall. We have seen year on year increase across all 7 People Promises, with Morale and Engagement also seeing an improving picture.

One of the Trust's Leading Indicators focuses on Staff Engagement, and seeing an improvement in this score aligns with our strategic direction. This continues to be an area of focus for 2024-25 and our aim is to see this increase again in 2024.

### **Areas of Focus from 2022 Staff Survey**

The results of the 2022 survey saw us focus on 3 key areas; Freedom to Speak Up; Appraisal Quality and Bullying & Harassment. In each of these 3 areas we have seen encouraging movement, with freedom to speak up maintaining its position at 67% for the Trust and increasing by 3% for QE Facilities to 64%.

Appraisal completion for the Trust reported at 88% and 81% for QEF. Both are significantly above the Picker average and demonstrate the targeted work, particularly within QE Facilities on the importance of the appraisal conversation. We have also seen a positive trajectory in those questions relating to the quality of the appraisal process. The Trust continues to score positive in relation to instances of bullying, harassment, and physical violence at work however, when we examine this through the lens of our Staff Networks, we can see that the experiences differ for GEM colleagues, those who report a disability and our LGBTQ population. This will be picked up in more detail, along with the WRES and WDES results, within the EDI section, but it's worth noting that this has triggered an organisational focus on zero-tolerance and the creation of our It's Not Ok campaign. We have also seen a slight reduction in the reporting of incidents, and this is being addressed through the zero-tolerance working group.

Some of the activity that has taken place as a result of the 2022 staff survey results can be seen below:

Appointment of a full time Freedom to Speak Up Guardian	A new Trust prospectus to support personal development	Trust-wide learning needs analysis undertaken to better understand the development needs of teams and individuals	Appointment of a permanent Health and Wellbeing Manager
Culture programme launched with key workstreams focused on enhancing the culture at Gateshead including zero tolerance programme	More opportunities for colleagues to meet with the executive team in informal ways	Increased clinical input in decision making across the Trust	Introduction of a new appraisal form to improve the process
Increased communications around speaking up	Increased communications about discriminatory behaviour	Range of retention initiatives such as Legacy Nurses	Catering provision enhanced: - Out of hours - Fruit & Veg stall

### Priorities Areas for 2024-25

Areas of priority following the 2023 Staff Survey include:

- Continued focus on bullying, harassment, discrimination and abuse via the Zero-Tolerance Working Group.
- Appropriate reporting of incidents.
- Developing the 'We Are a Team' People Promise through the promotion of civility and respect and living in line with our values.
- Continuing to promote a culture of speaking up and taking action as a result of feedback from colleagues. This is being championed by our new Freedom to Speak Up Guardian.
- Continue with our commitment to the NHS Equality, Diversity and Inclusion Improvement Plan, using this to enhance the experience of those who identify with our staff networks.
- Increasing opportunities for conversation between our Staff Networks and the Board, to encourage better understanding through the sharing of lived experiences and challenges.
- A continued focus on flexible working and making this an option for everyone.
- Continuing to increase clinical engagement on results, themes and actions, helping to ensure we are truly clinically led, and management supported.



### 3.6 National targets and regulatory requirements

The following indicators are all governed by standard national definitions

Indicator		2021/22	2022/23	2023/24	Target	National Average / Benchmark
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway		78.6%	73.0%	68.8%	92.0%	58.1%*
A&E – maximum waiting time of four hours from arrival to admission / transfer / discharge		81.6%	73.3%	71.1%	76.0%	72.1%
Cancer Faster Diagnosis Standard	Faster diagnosis standard (FDS): Maximum 28-day wait to communication of definitive cancer/not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening	N/A	76.4%	77.3%	75.0%	72.5%*
	Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients	N/A	98.8%	99.6%	96.0%	89.9%*
	Maximum two-month (62-day) wait to first treatment from urgent GP referral (including for breast symptoms) and NHS cancer screening	N/A	61.4%	66.5%	70.0%	89.9%*
Maximum 6-week wait for diagnostic procedures		70.6%	81.3%	90.9%	99.0%	79.2%**

\*2023-24 YTD February 2024 position

\*\* February 2024 position

# Annex 1: Feedback on our 2023/24 Quality Account

## 4.1 Gateshead Overview and Scrutiny Committee

Based on Gateshead Care, Health, and Wellbeing OSC's knowledge of the work of the Trust during 2023-24 we feel able to comment as follows:

### **Quality Priorities for 2024-25**

OSC is supportive of the Trust's proposed Quality Priorities for Improvement.

### **Progress Against Quality Priorities for 2023-24**

OSC expressed its thanks to all the Trust's staff and volunteers for its excellent work in continuing to make some real improvements in quality and safety whilst still facing significant challenges. The OSC felt there were no omissions from the report.

### **Health and Wellbeing of Staff**

OSC commended the Trust's support of its staff, and stated that it was unacceptable that staff faced intolerance and abuse in the workplace. The Trust continues to support its staff and is aiming to tailor its staff health and wellbeing initiatives further so that staff can get the most from them.

## 4.2 Northeast and North Cumbria Newcastle Gateshead Integrated Care Board

### **Commissioner Statement from North East and North Cumbria Integrated Care Board (NENC ICB) Gateshead Health NHS Foundation Trust Quality Account 2023/24**

The North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from Gateshead Health NHS Foundation Trust (GHFT). NENC ICB is responsible for ensuring that the healthcare needs of the patients they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on the 2023/24 Quality Account for GHFT.

Firstly, the ICB recognises that 2023/24 remained a challenging year across the system due to increasing service demands and the impact of industrial action, with GHFT being no exception. The ICB acknowledges and appreciates the combined effort of all staff to deliver safe and effective care during this period, and their ongoing commitment to improve patient experience and drive to deliver continuous quality improvement to the services offered.

The ICB would like to thank the Trust for welcoming their attendance at a variety of committees and meetings to gain assurance and seek insight into the Board level oversight, challenge, safety culture and transparency within the organisation. These meetings will provide the ICB with assurance that the Trust provides safe, high quality health care and has effective internal review and governance processes in place.

The Trust's Quality Account provides an honest, comprehensive, and transparent appraisal of the quality improvements made over the past year and the aspirations for the coming twelve months. The ICB welcomes that safe and high quality-care has remained a priority and progression has been made towards achieving the 2023/24 quality priorities.

The Trust has made good progress in its quality priority to work with the Volunteer Service to develop new roles, which was partially achieved. It is positive to note that funding has been secured for a volunteer coordinator post. The initial discussions with People at The Heart and the drug and alcohol team about appointing volunteers with lived experience, demonstrates a proactive approach to diversifying roles. The ICB fully supports the Trust's plans to progress this work, including the intention to develop a Volunteer Strategy in consultation with patients, the public, and staff. Additionally, aligning volunteer initiatives with the organisational strategic model, with a particular focus on women's health services, the Community Diagnostic Centre, and supporting patients with long-term conditions, demonstrates a clear direction for future volunteer engagement.

The Trust has made good progress with the quality priority to improve the way they learn and make improvements following complaints. The implementation of the feedback module on Inphase reflects a proactive approach towards capturing and addressing patient concerns. The remodelling of the Patient Advice and Liaison Service (PALS) will hopefully result in an improved experience for patients and their families. Additionally, the review and amendment of the complaints policy and process demonstrates a commitment to refining internal procedures for better resolution outcomes. The allocation of funding for complaints training from an external provider is a positive step towards equipping staff with the necessary skills for effective complaint management. The planned dissemination of this training across the organisation demonstrates the Trust's commitment to fostering a culture of continuous improvement and excellence in complaint handling practices. The Trust has made good progress with the quality priority to strengthen partnership working with collaborative patient forums to enhance patient engagement and involvement. The re-engaging with Gateshead Carers Partnership and representatives from Gateshead Council, and subsequently inviting them to forums, reflects a proactive approach towards enhancing patient engagement. The 15 Steps Challenge is a powerful tool which highlights the importance of understanding what good quality looks and feels like from a patient and carer perspective. It is positive to see this was relaunched in January 2024 and visits have been planned for the whole year. The ICB supports the Trust's continued focus on this work and the next steps as outlined in the report, which will further enhance patient engagement and involvement.

The Trust is commended for the excellent progress made in the staff experience quality priority to improve the way they listen, act upon, and learn from concerns. Key achievements include updating the Freedom to Speak Up (FTSU) policy in line with national guidance and appointing a full-time permanent FTSU Guardian. Notable initiatives also include the relaunch of the FTSU service, increased education and training, the establishment of the Trust Culture Board Program, and improved data collection methods. The increased FTSU concerns reported in Quarters 3 and 4 indicates staff are increasingly more aware of this process and feel more confident in raising their concerns. The ICB acknowledges the Trust's continued commitment to this important work and fully support that this is continued as a quality priority in 2024/25.

The Trust has made good progress in the quality priority to listen to staff experience in relation to waste and duplication, including increasing the number of staff who are trained in improvement and lean approaches. It is positive to see the wide range of service improvements introduced as a result of the Rapid Process Improvement Workshops. The Well Organised Hospital Programme is an excellent initiative, with plans underway for its



wider implementation. It is encouraging to note the next steps outlined in the report, including planned service improvement events, ongoing staff training and the activation of a dedicated website to foster staff engagement in sharing ideas and identifying areas for improvement. This is to be commended as it demonstrates the Trust's commitment to fostering a culture of quality and service improvement, aimed at reducing waste and duplication.

The Trust is congratulated for the excellent progress made in its quality priority to focus on safe staffing, including reducing movement between clinical areas. The successful improvement in the nurse staffing position, reducing the overall vacancy rate from 9.0% to -1.3%, is a significant achievement. The recruitment of 171 internationally educated nurses is particularly welcomed, as they make a significant contribution to patient care in the NHS, with organisations benefitting from their expertise and the new knowledge and skills they bring. The learning opportunities offered by the Trust are commendable, including a four-year apprentice scheme for school leavers to become qualified registered nurses and the support for Healthcare Support Workers to advance to Nurse Associates or registered nurses. The ICB recognises and supports the Trust's ongoing commitment to this priority continuing in 2024/25, particularly in retaining experienced staff post-retirement and enhancing safe staffing monitoring in non-inpatient areas.

The Trust is commended for achieving its quality priority of reducing the overall length of stay, which decreased from 4.96 days to 4.83 days. This success is notably attributed to the collaborative efforts across the hospital, community services, social care, and GPs, which were integral to the Winter governance structure. It is positive to note the initiatives introduced to support earlier discharge, including increased social care availability, virtual ward arrangements, and weekly stranded patient meetings. The ICB fully supports the Trust's commitment to further reducing length of stay to 4 days or less as part of their quality improvement work in 2024/25.

The Trust has made significant progress with the implementation of the Patient Safety Incident Response Framework (PSIRF), with further workstreams on falls and civility. The Trust formally transitioned to PSIRF on 1 November 2023, following agreement with the ICB. Enhancing engagement within the Falls Strategic Group, including broader stakeholder participation, and developing the System Improvement Plan are positive achievements. The integration of the Civility Saves Lives initiative into the Culture Transformation Programme aligns well with national Patient Safety Strategy principles. The ICB fully supports the quality priority for 2024/25 to implement the Patient Safety Incident Response Plan and progress the agreed programmes of work for each of the six workstreams. The ICB looks forward to continuing to receive regular updates from the Trust as they continue to fully embed these programmes of work.

In 2023/24 there was a notable reduction in the overall incidence of patient falls per 1000 bed days, decreasing from 9.03 to 7.77. Whilst this indicates progress, it is a concern that there has been an increasing trend in falls resulting in harm. Specifically, there has been a 23.6% increase in the harm falls rate, with the rate of harm falls per 1000 bed days rising from 2.17 to 2.68 and the number of patient falls resulting in harm increasing from 382 to 464. Falls remain one of the leading causes of harm in the hospital setting and it is important that every effort is made to mitigate all falls, particularly those leading to harm. The ICB expects to see a further reduction in inpatient falls, particularly those which result in harm, as the Trust continues to implement their falls reduction improvement priorities during 2024/25.

Additionally, it is a concern to note the upward trend in the incidence of hospital acquired pressure damage (Category II and above). The number of cases has steadily increased over the past three years, rising from 87 in 2021/22, to 127 in 2022/23 and to 183 in

2023/24. Preventing pressure ulcers is an important patient safety issue and a key marker of good quality care. The ICB therefore expects to see a significant reduction in cases in 2024/25 as the Trust continues to implement and embed the agreed pressure damage improvement programme of work.

The Trust made good progress with its quality priority to undertake improvement work in the processing of clinical results, which was partially achieved. It is positive to note that an RPIW was held, resulting in Trust and departmental standard operating procedures being developed. It is acknowledged that compliance with the management of ICE results is difficult to monitor as reports are not easily accessible and difficult to interrogate, and work is ongoing to improve this. The ICB notes the future developments including moving to a newer version of ICE in the short term, and in the longer-term, procurement of a fully integrated Electronic Patient Record. The ICB fully supports this continuing as a quality priority in 2024/25, including implementing and monitoring the standard operating procedure, raising awareness of the new process, and auditing its effectiveness.

The Trust has made good progress in implementing the maternity and neonatal plan quality priority, which was partially achieved. This included monthly reporting of agreed data in the Maternity Integrated Oversight Report to the Trust Board, which is now fully embedded into reporting processes. It is positive to see that the Midwifery Strategy is in the final stages of development and plans are in place to complete and publish this. The ICB congratulates the Trust on achieving an overall rating of 'good' following the CQC inspection of Maternity Services in February 2023, which highlighted a number of outstanding practices. The Trust is also commended for the excellent results achieved from the CQC Maternity Services Survey (2023), which ranked GHFT as fifth best out of 61 Trusts in England, and only one of eight Trusts nationally who performed in the 'better than expected' category. This is an outstanding achievement and demonstrates the dedication and compassion of the maternity team in providing excellent care to pregnant women and their babies.

The ICB recognises the progress made with the quality priority to embed a culture of research in the Trust and make *'Research Everyone's Business'*, which included continued promotion of research and awareness raising with staff. It is positive that in the last year over 1,600 participants were recruited into more than 50 studies and the Patient Research Experience Survey showed that 98% of participants would consider taking part in research again. Clinical Research is a major driver of innovation and is central to NHS practice for maintaining and developing high standards of patient care and the Trust is commended for their continued commitment to this.

The Trust has made good progress with its quality priority of strengthening learning from deaths and expanding the Medical Examiner system to include non-coronial deaths outside of the Acute Trust. Notably, the Lead Medical Examiner Officer has engaged with the 28 GP practices in Gateshead to explain the new process. It is encouraging to note that 20 GP practices are now regularly referring into the service and the number of referrals received is increasing. It is noted that the confirmed 'go live' date is 9 September 2024 and all GP practices will be required to send completed Medical Certificate for the Cause Death to the Medical Examiner's Officer for sign off before submission to the Registrar.

The ICB recognises the progress made with the quality priority to improve the experiences of people with a learning disability, mental health, or autism, through education, training and promoting the role of the Learning Disability Nurse. It is encouraging to note that the Learning Disabilities Clinical Nurse Specialist Team is to be expanded to ensure the needs of patients and service users are met. Discussions are ongoing between the ICB and Trust partners to understand how the national requirement to introduce 'Oliver

McGowan' training will be rolled out across the region. The ICB acknowledges the Trust's ongoing commitment to improving the health outcomes and reducing health inequalities for people with a learning disability or neurodiversity and fully supports the continuation of this quality priority in 2024/25.

The emphasis the Trust gives to national clinical audits and confidential enquiries demonstrates that they are focused on delivering evidence-based best practice, noting participation in 91% of national clinical audits and 100% of national confidential enquiries. The ICB commends the Trust for their continued commitment to clinical research and for remaining a research active organisation to ensure patients have access to the latest treatments and technologies.

It is noted that in early April 2024, 1,205 case record reviews and 23 investigations had been carried out in relation to 1,227 patient deaths within GHFT during 2023/24. The ICB commends the Trust's commitment to learning from patients' deaths and applying learning from these difficult experiences to drive future improvements in high quality care, as highlighted in the report.

Despite extensive improvement work across the Trust, compliance with the nationally assigned C. Difficile threshold was not met. GHFT reported 37 cases (27 hospital onset healthcare associated and 10 community onset healthcare associated cases) against the national threshold of 23. The continued focus on reducing harm associated with health care associated infections remains central to patient safety and it is essential that a system wide focus is maintained, as the increasing rates of C. Difficile infection remain a significant challenge both nationally, regionally and within the Trust. The Trust's quality improvement approach to infection, prevention, and control in line with PSIRF, will hopefully result in a reduction in cases.

The Trust reported one never event in 2023/24 and the ICB is assured that appropriate learning will be identified as a result of this incident. All never events are managed through the Trust's internal patient safety incident investigation processes. The ICB will continue to work with the Trust to identify learning and appropriate actions in response to never events, gaining assurance through the attendance at the Trust's monthly Patient Safety Learning Panel.

The ICB acknowledges and wholeheartedly supports the Trust's approach to and continued commitment to caring for its workforce and the various initiatives to support staff wellbeing, as highlighted in the report. The Trust is congratulated on the positive results from the NHS Staff Survey which showed a year-on-year increase across all seven people promises, with morale and engagement also seeing an improvement. It was positive to note that 74.4% of staff said they would be happy with the standard of care provided if a friend or relative needed treatment, and 67.4% of staff would recommend the Trust as a place of work, both of which were both improved scores compared to the 2022 survey.

However, as highlighted in the Chief Executive's statement, it is concerning that the staff survey showed a worrying number of staff had been exposed to abuse at work. The ICB is reassured to see that the Trust has identified a number of priority areas to address this. The ICB fully supports the three staff quality priorities for 2024/25, particularly the implementation of the culture programme to introduce a zero-tolerance campaign and empowering staff to report incidents of aggression and incivility.

It is fully acknowledged that ongoing system pressures and industrial action have continued to impact on the Trust's performance across several key national. However, it is positive to note that the Trust achieved two of the three cancer targets: the 28 day faster diagnostic standard and 31-day decision to treat. Consequently, the ICB fully supports the

new quality priority for 2024/25 to reduce waiting times for patients, with a specific emphasis on reducing waiting times for those needing an elective operation so that no one waits more than 52 weeks, reducing waiting times in the emergency department and achieving the 62-day time to treatment cancer target.

The ICB was impressed by the good news stories and quality improvements initiatives the Trust has implemented over the past year, as set out in the report. These are all fantastic achievements, and the ICB would again like to thank the Trust and all its staff for their continued hard work and commitment in delivering high quality, effective and compassionate care to patients.

The Quality Account clearly defines the key priorities for 2024/25, which are aligned to the four domains of clinical effectiveness, patient safety, patient experience, and staff experience. They include detailed explanation of how progress will be measured to deliver safe, clinically effective services and to improve patient and staff experience. The ICB welcomes and fully supports these quality priorities as appropriate areas to target for continuous evidence-based quality improvement, which link well with the commissioning priorities.

The ICB can confirm that to the best of their ability the information provided within the Annual Quality Account is an accurate and fair reflection of the Trust's performance for 2023/24. It is clearly presented in the format required and contains information that accurately represents the Trust's quality profile and is reflective of quality activity and aspirations across the organisation for the forthcoming year.

The commissioners look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2024/25.



**Richard Scott**  
**Director of Nursing (North)**  
**NENC ICB**

May 2024

#### 4.3 Gateshead Healthwatch



**Response from Healthwatch Gateshead**  
**Gateshead Health NHS Foundation Trust**  
**Annual Quality Account 2023/24**  
*10th June 2024*

Healthwatch Gateshead welcome this year's Quality Account as it shows that Gateshead Health NHS Foundation Trust (GHFT) have continued to focus their approach and they

are working to achieve their ambitions. We welcome the continual review they are undertaking to ensure that resources are used effectively, and we support their continued vision to deliver outstanding and compassionate care to our patients and communities.

We welcome the endeavours taken by GHFT to achieve the priorities it set for 2022/23. Healthwatch Gateshead especially welcomes the work done following on how they learn from deaths, improving the safe processing of clinical results, strengthening collaborative patient forums and listening to staff's experiences. Healthwatch Gateshead would like to commend GHFT for their work in this year. Healthwatch Gateshead welcomes the priorities chosen by GHFT for 2024/25 that cut across all the four quality domains.

- Clinical effectiveness

Healthwatch Gateshead welcomes the activities that GHFT are developing to embed the safe processing of clinical results and to use quality metrics to drive improvements in patient care.

- Patient experience

Healthwatch Gateshead supports the implement of the Patient Safety Incident Response Plan and the aim to improve the safety of patients with mental ill health in the acute setting.

- Patient safety

Healthwatch Gateshead supports the priorities to reduce the waiting times for patients, improve the experiences of people with a learning disability, mental health or autism and strengthening the carers passport.

- Staff experience

Healthwatch Gateshead supports GHFT priority to improve the way they listen, act upon and learn from concerns, and intend to increase staff engagement.

Overall we welcome the priorities for 2024/5 and the clear focus on service user experience throughout. Alongside patient experience, we strongly encourage the trust to continue to improve how families and carers views are heard and involved. We encourage the trust to work with partners, such as Healthwatch, to understand the experience of patients, families, carers and the wider community, in addition to the internal mechanisms you are implementing. Patients tell us that it is the holistic view of their care and support that is important to them.

We know timely care is a key priority for our residents and they are increasingly concerned about delays within the NHS. This applies across all services including urgent and emergency care services as well as community and clinical pathways. Waiting times continue to be highlighted as a particular concern from our residents. A key element of this is communications with those on waiting lists so that they don't 'feel forgotten about'. This includes timely sharing of test results.

We have heard concerns from residents about the transition between different services and are surprised that this isn't more of a focus within your priorities. This includes handovers between ambulances to the emergency department, GP referrals and



handovers to social care/community support when people are leaving hospital. Patients tell us that it is the holistic view of their care that is important to them.

The inclusion of strengthening the Carers Passport within the Trust as a priority is most welcomed. As the identification of carers and connecting carers to appropriate support is also an issue we hear a lot about, particularly connecting carers to support in their local communities.

Healthwatch Gateshead thank you for sharing the draft quality account for our comment. We would like to thank everyone at GHFT for their continuing commitment to provide a quality and safe service to the communities and we look forward to further working in partnership with GHFT over the next twelve months.

*Michael Brown*  
*Chair of Healthwatch Gateshead*

#### **The role of Healthwatch Gateshead.**

Healthwatch Gateshead is an independent, not-for-profit service. We help people of all ages and from all backgrounds have their say about social care and health services in Gateshead. This includes every part of the community, so we give a voice to people who sometimes struggle to be heard. We also offer free, confidential and independent information about social care and health services in the area.

Healthwatch Gateshead is one of 153 Healthwatch groups in England and each local authority is linked to a Healthwatch for their area. We have statutory powers under the Health and Social Care Act 2012, including the ability to:

- Request information from commissioners and service providers (they have to respond within 20 days).
- Visit publicly funded health or social care services to see how they are working (known as 'enter and view' visits).
- Represent the views of the public on the Gateshead Health and Wellbeing Board.

Healthwatch Gateshead works to make sure that the people who plan and run social care and health services are listening to their service users. When people's voices can be heard, we can make positive change. Together, we can create services that cater to what real people actually need and want.

## **4.4 Council of Governors**

The Council of Governors had the opportunity to partake in two dedicated workshops on the development of the Quality Account and quality priorities on TBC and TBC. In addition, the completed draft of the Quality Account was shared with all Governors as part of the consultation process. We have used our knowledge of the Trust gained through attendance at meetings and other engagement opportunities during 2023/24 to determine whether the content of the document presents a fair reflection of the achievements, challenges, risks and opportunities experienced during the year, as well as whether the quality priorities for 2024/25 are focussed on what we feel are the key areas.

In general, we believe the document is well presented, concise, comprehensive and informative. However, we do feel that it is difficult to provide a full comprehensive feedback on the draft document as there is some data missing particularly within the priorities for 2024/25.

We also shared a number of specific points for consideration:

- Inclusion of the Council of Governors and their role within the organisation would be welcomed; we understand this has subsequently been added to the Glossary of Terms.
- Volunteers Service development is positive, however would like to see further roles developed as many areas of the hospital would benefit from the support of volunteers;
- A number of last's year priorities are still ongoing, with the addition of the new priorities, concerned whether all of these are achievable;
- Addition of further positive initiatives that have taken place throughout the year e.g. Improvement Quality in Liver Services 'deferred' status and engagement with local schools in the promotion of Organ Donation would be welcomed.

We also expressed concern around the tight deadline that was given to provide feedback on such a comprehensive document.



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

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

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

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

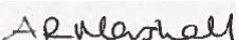
- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2021/22 and supporting guidance.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2023 to March 2024
  - papers relating to quality reported to the board over the period April 2023 to March 2024
  - feedback from Northeast and North Cumbria Newcastle Gateshead Integrated Care Board dated – 22/05/2024
  - feedback from governors dated – 15/05/2024
  - feedback from local Healthwatch organisations dated – 10/06/2024
  - feedback from Overview and Scrutiny Committee dated – 07/06/2024
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 – not yet published
  - the 2023 national patient survey – March 2024
  - the 2023 national staff survey – March 2024
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated – May 2024
  - CQC inspection report dated CQC Inspections and rating of specific services dated – 14/08/2019
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts

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


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

By order of the board

Date: 26.06.24

Chairman: 

Date: 26.06.24

Chief Executive: 

# Glossary of Terms

## Care Quality Commission (CQC)

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

## Clinical Audit

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

## *Clostridium difficile* infection (CDI)

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

## Commissioning for Quality and Innovation (CQUIN)

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

## Commissioners

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

## Council of Governors

Our Council of Governors represent our staff, stakeholders and our local communities in the running of the Foundation Trust, under the terms of the Trust's constitution. The Council of Governors' statutory duty include the appointment and removal of the Chairman and Non-Executive Directors, the appointment of the Trust's auditors and the approval of changes to the constitution of the Trust. They also hold to account the Trust Board for its management of the Trust. The Council of Governors are involved in a number of initiatives within the organisation, including 15 steps challenge visits and PLACE visits.

## Datix

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

## Foundation Trust

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

### **Friends and Family Test (F&FT)**

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

### **Getting It Right First Time (GIRFT)**

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

### **Hospital Standard Mortality Ratio (HSMR)**

The HSMR is an indicator of healthcare quality that measure whether the death rate at a hospital is higher or lower than would be expected.

### **Healthwatch**

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

### **Healthcare Evaluation Data (HED)**

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

### **Hospital Episode Statistics (HES)**

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

### **Integrated Care Board (ICB)**

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

### **Integrated Care System (ICS)**

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

### **Joint Consultative Committee (JCC)**

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

### **Just Culture**

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

### **Methicillin Resistant *Staphylococcus aureus* (MRSA)**

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

### **National Confidential Enquiries**

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

### **National Confidential Enquiry into Patient Outcome and Death (NCEPOD)**

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

### **National Patient Survey**

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

### **Nervecentre**

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

### **NHS England (NHSE)**

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

### **Overview and Scrutiny Committee**

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

### **Patient Advice and Liaison Service (PALS)**

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

### **Pressure Ulcers**

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

### **Research**

Clinical research and clinical trials are an everyday part of the NHS and are often conducted by medical professionals who see patients. A clinical trial is a particular type of research that

tests one treatment against another. It may involve people in poor health, people in good health or both.

### **Risk**

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

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### **Special Review**

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

### **Standard Operating Procedure**

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

### **Trust Board**

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





# Auditor's Annual Report

## Gateshead Health NHS Foundation Trust – year ended 31 March 2024

28 June 2024



# Contents

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# 01

Introduction

# Introduction

## Purpose of the Auditor’s Annual Report

Our Auditor’s Annual Report (AAR) summarises the work we have undertaken as the auditor for Gateshead Health NHS Foundation Trust (‘the Trust’), including its group, for the year ended 31 March 2024. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the NHS Act 2006 and the Code of Audit Practice (‘the Code’) issued by the National Audit Office (‘the NAO’). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.



### Opinion on the financial statements

We issued our audit report on 28/06/2024. Our opinion on the financial statements was unqualified.



### Value for Money arrangements

We did not identify any significant weaknesses in the Trust’s arrangements to secure economy, efficiency and effectiveness in its use of resources. Section 3 provides our commentary on the Trust’s arrangements.



### Wider reporting responsibilities

In line with group audit instructions issued by the NAO, on 28/06/2024 we reported that the Trust’s consolidation schedules were consistent with the audited financial statements.

## Audit of the financial statements

# Audit of the financial statements

## Our audit of the financial statements

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs). The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust’s financial position as at 31 March 2024 and of its financial performance for the year then ended. Our audit report, issued on 28<sup>th</sup> June 2024 gave an unqualified opinion on the financial statements for the year ended 31 March 2024.

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined in Appendix A. In this appendix we also outline the uncorrected misstatements we identified and any internal control recommendations we made.

## Other reporting responsibilities

Reporting responsibility	Outcome
Annual Report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the Governance Statement had been prepared in line with Department of Health and Social Care (DHSC) requirements.
Annual Governance Statement	We did not identify any matters where, in our opinion, the governance statement did not comply with the guidance issued by NHS Improvement.
Remuneration and Staff Report	We report that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.

Our work on Value for Money  
arrangements

# VFM arrangements

## Overall Summary








# VFM arrangements – Overall summary

## Approach to Value for Money arrangements work

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

 **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services.

 **Governance** - How the Trust ensures that it makes informed decisions and properly manages its risks.

 **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

Our work is carried out in three main phases.

### Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding of arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information
- Information from internal and external sources including regulators
- Knowledge from previous audits and other audit work undertaken in the year
- Interviews and discussions with staff and directors

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

### Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

We outline the risks that we have identified and the work we have done to address those risks on page 13.

### Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.




We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements** - We make these recommendations for improvement where we have identified a significant weakness in the Trust arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.
- **Other recommendations** - We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant but which still require action to be taken.

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

# VFM arrangements – Overall summary

## Overall summary by reporting criteria

Reporting criteria		Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Other recommendations made?
	Financial sustainability	12	No	No	Yes – see commentary on page 13
	Governance	16	No	No	No
	Improving economy, efficiency and effectiveness	19	No	No	No

# VFM arrangements

## Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services



# VFM arrangements – Financial Sustainability

## Overall commentary on Financial Sustainability

### Background to the NHS financing regime in 2023/24

In 2020/21, NHS England (NHSE) established Integrated Care Systems (ICSs) as statutory partnerships to plan, purchase and provide health and care services in their geographical areas. The 42 ICSs continue as the lead entities for funding and planning services and have the overall aims of encouraging greater collaboration and collective responsibility for financial performance.

The Covid-19 pandemic necessitated the implementation of interim 'block' allocations to ensure that systems had sufficient resource to respond to the pandemic. 2022/23 was the first full year in which programme funding allocations were reset to move back towards a 'fair share' distribution of resource. The results of this exercise were used to adjust 2023/24 allocation baselines.

NHSE has updated fair share allocations in line with the recommendation of the Independent Advisory Committee for Resource Allocation and policy updates. These allocations also include an updated approach, using a nationally consistent methodology to reflect the excess financing costs of historical private finance initiative (PFI) contracts on trusts. Historic PFI support payments were, therefore, wrapped up into system funding envelopes for 2022/23 onwards.

Funding for elective recovery has operated on a new basis during 2023/24. Each commissioner was set an individual elective activity target that recognised the level of elective activity delivered in 2022/23 by its contracted trusts. Commissioners were then required to agree contracts with their providers. For trusts, almost all contracts were based on aligned payment and incentive contracts with a fixed and variable element. The fixed element covered funding for the expected level of activity for all services apart from those identified in the variable element. The variable element funded elective activity paid at 100% of the NHS Payment Scheme unit price.

Resource allocations for primary medical care services and running cost allocations remained broadly consistent with previous years, reflecting demographics of the serviced populations and broader economic factors.

Consistent with previous arrangements, systems were required to achieve a breakeven position. This continued to necessitate further collaboration through the planning process, as individual organisations worked together to achieve system-level outcomes.

### Overall responsibilities for financial governance

We have considered the Trust's governance framework, including review of Trust Board and Audit Committee minutes, the Annual Governance Statement, and Annual Report and Accounts to confirm the Trust has arrangements to meet its responsibility to make the best use of financial resources in delivering its services.

Overall responsibility for financial supervision and control sits with the Trust Board. The Board is responsible for the financial strategy and approving budgets. As detailed in the Constitution the Board has established an Audit Committee which is responsible for oversight of the internal control framework. Our review of reports and minutes of both the Trust Board and Audit Committee, and attendance at meetings provides assurance that financial governance arrangements have been in operation throughout 2023/24.

The Trust's financial planning and monitoring arrangements

For the financial year 2023/24, the Trust had planned to deliver an overall deficit position of £12.6m. This was subsequently adjusted in the year following receipt of additional income from the North East and North Cumbria Integrated Care Board to £8m. As detailed in the 2023/24 annual accounts the Trust delivered a financial deficit of £8.772m (group position). Adjusting for impairments and donations the adjusted financial position was £7.8m deficit. Therefore the Trust reported delivery against its revised plan. The Trust reported delivery of £13.2m cost reduction programme (CRP) against a planned CRP of £15.9m. Delivery was based on higher than planned non-recurring savings which the Trust recognises puts pressure on future financial years.

We confirmed through review of Board minutes there was regular reporting of the Trust's financial position, including delivery of the CRP, during the year. Reports contained a summary of the Trust's performance and provided explanation of variances against budget. Reporting to the Board in the year is consistent with the year end position.

We confirmed through review of minutes that Trust's operational performance was regularly reviewed and reported to the Trust Board and sub-committees. The reports included detail of performance in year and, where applicable, performance against targets and actions to be taken to address any under-delivery. We observed detailed reports presented at Board level.



# VFM arrangements – Financial Sustainability

## Overall commentary on the Financial Sustainability reporting criteria – continued

The Trust’s Statement of Financial Position has strengthened slightly during 2023/24 when compared to the prior year, which can be demonstrated by total assets employed increasing to £124.841m compared to a prior year position of £120.133m. The Group position also increased to £154.211m as at 31 March 2024, compared to £144.741m as at 31 March 2023. The increase is attributable to an increase in property, plant and equipment balances (Trust position has increased from £141.597m to £161.227m) although the Trust’s cash position has decreased in year (Trust position has decreased from £46.704m to £34.977m) as at 31 March 2024. Liabilities, current and non current, reduced by £4.1m at Trust and £6.1m at Group at 31 March 2024.

We confirmed the Finance and Performance Committee continues to receive monthly finance updates. This is a sub committee of the Trust Board who’s responsibility include monitoring financial performance and risks. This Committee assists with the Trust’s understanding of the financial information available and to inform decision making. Per discussions with officers and through review of minutes, we have confirmed that meetings have taken place throughout 2023/24. The meetings were used to track financial performance for 2023/24 and assist with planning for future periods.

We confirmed the arrangements for the 2024/25 planning through discussion with officers and review of minutes. Since the National Planning Guidance was issued in March 2024, there have been two iterations of the financial plan. We have reviewed the Trust’s 2024/25 financial plan, submitted to NHSE in May 2024. The plan is a deficit of £12m . The plan is based on a number of key assumptions including: 24/25 pay award, cost reduction targets as well as uplifts for prices and minimum growth targets. The Trust recognises several risks within the plan such as activity delivery and receipt of available funding. The plan includes a challenging Cost reduction Programme of £22m which is 6.1% of expenditure. While this is a significant challenge, it is consistent with other providers in the North East and North Cumbria Integrated Care Board (ICB) locality and nationally. At this stage not all saving plans have been identified or completely agreed, and the Trust is currently working with budget holders to identify savings to mitigate the gaps. Reporting to Board confirms that the 2024/25 projected deficit is mainly driven by a reduction in income flowing to the Trust which is the result of a loss of non-recurrent financial support which was provided during 2023/24, much of which was required to mitigate historic cost increases. The Trust also recognises reliance historically on non recurrent cost savings means there needs to be a focus and drive to deliver recurrent savings.

Review of minutes and discussions with officers confirms the Trust is closely monitoring the progress against plan to date, is fully aware of where the gaps lie and continues to identify mitigating actions to bridge the funding gap. We acknowledge the Trust has made progress towards its 2024/25 efficiency target and

expects to deliver its financial plan. However delivery in 2024/25, like previous years, is challenging and could be a potential risk to the financial position for 2024/25. While we have not identified a significant weakness in arrangements, we recognise the challenge associated with delivering this target and we therefore raise the following 'other recommendation':

Other recommendation	
<p>The Trust has a challenging 2024/25 Cost Reduction Programme (CRP) of £22m. The Trust is working on plans and it expects to deliver its target efficiencies.</p> <p>However delivery is expected to be challenging and could be a potential risk to achieving the agreed financial position in 2024/25.</p>	<p>The Trust should:</p> <ul style="list-style-type: none"><li>• identify and agree any remaining un-costed efficiency saving targets required to deliver the 2024/25 financial plan; and</li><li>• ensure scrutiny arrangements, to monitor and deliver its efficiency savings plan are robust throughout 2024/25.</li></ul>

The Trust approved capital programme for 2024/25 is £16.6m (£28m in 2023/24). The Trust’s capital spending limit totals £9.8m in 24/25. As in the prior year the capital allocations have been delegated by the ICB to the Trust. As with any capital programme of this size, the Trust will need to ensure it has sufficient resources to project manage and achieve programme delivery, while mitigating inherent risks present in delivery of its programmed work.

### The Trust’s arrangements for the identification, management and monitoring of funding gaps and savings

Based on review of minutes and discussions with officers we are not aware of any significant issues that were included in the end of year position that had not already been highlighted to the Board through in-year reporting. Owing to its planned deficit the Trust moved into segment 3 of the NHSE’s Single Oversight Framework. This means it is subject to higher level of scrutiny and support locally. We confirmed through discussion with officers that the Trust has worked with the ICB and NHSE to identify actions to address the matters raised. As noted above we have raised another recommendation which recognises the financial pressures faced by the Trust.

# VFM arrangements – Financial Sustainability

## Overall commentary on the Financial Sustainability reporting criteria – continued

Based on our audit work we are not aware of any unusual or inappropriate one off accounting measures employed by the Trust to deliver financial performance in the short term. As part of our audit work, we held discussions with officers to understand if there were any unusual proposed provisions or similar one-off accounting entries. No significant matters raised in these discussions with management.

The Trust continues with its Transformation Programme . This was overseen by a Transformation Programme Board which reported into the Finance and Performance Committee. We confirmed through minutes review the Finance and Performance Committee report to the Trust Board. The Transformation Programme Board was stood down in 2023/24 as the trust moves towards a focus on productivity and efficiency. Transformation work is now led by the Trust's Chief Operating Officer.

Overall risk management arrangements are consistent with prior years. Risk arrangements include consideration of the Trust's Finances. The Board Assurance Framework 2023/24 was approved at the Board meeting in July 2023. The most recent version of the Operational Risk Register (ORR) includes the following risks:

- '3102 – Activity is not delivered in line with planned trajectories, resulting in the Trust having reduced access to core funding'
- '3103 – Efficiency requirements are not achieved'
- '3127 – There is a considerable risk that the trust will not be able to meet the planned trajectory of £12.588m adjusted deficit. Contributory risks include delivery of planned elective activity limiting access to income, delivery of CRP, impact of inflation, realisation of mitigations and cost of ongoing service pressures resulting from unscheduled care activity and further periods of industrial action.
- '3186 - There is a risk to maintaining business continuity of services and recovery plans due to the estate infrastructure, age and backlog maintenance requirements which exceed the Trusts capital allocation.

Recognised actions include continued reporting on financial position, including continued divisional finance reporting as well as additional detail regarding non-recurrent spending and mitigations actions.

**Based on the above considerations, we are satisfied there is not a significant weakness in the Trust's arrangements in relation to financial sustainability. We have, however, raised an other recommendation associated with the delivery of the 2024/25 financial plan and risk this poses to the Trust's financial sustainability.**

# VFM arrangements

## Governance

How the body ensures that it makes informed decisions and properly manages its risks





# VFM arrangements – Governance

## Overall commentary on Governance

### The Trust's risk management and monitoring arrangements

The Trust's Constitution along with other documents, detail the governance structure of the Trust. We confirmed that the Trust Constitution is in place and, along with other documents, details the governance structure of the Trust. In March 2024 the Board approved the latest Corporate Governance Manual which incorporates the Standing Orders of the Board of Directors, Standing Financial Instructions and Reservation and Delegation of Powers. Based on review we confirmed corporate governance includes clear and defined decision making and internal controls within the Trust and its subsidiaries.

The Board of Directors met formally at regular intervals during the year to discharge its duties. The Council of Governors met on a regular basis to discharge its duties. The Trust has several subcommittees of the Board including the Group Audit Committee, Finance and Performance Committee, Quality Governance Committee and People and Organisational Development Committee. Terms of reference setting out their responsibilities and reporting channels are in place. Our review has not identified any matters to suggest a significant weakness in the committee structure of the Trust. Review of Board minutes confirms regular reporting from Committees into the Trust Board during 2023/24.

The committee structure includes a Group Audit Committee which is attended and chaired by Non-Executive Directors. We attended Audit Committee meetings held in the year. The Committee's terms of reference have been reviewed and are considered appropriate. The functions of the Committee include seeking assurance in respect of risk management, control and governance systems and anti-fraud controls. The Committee has these responsibilities for the whole Group. The Group Audit Committees Annual Report is due to be presented to the September 2024 Audit Committee. In September 2023 the Group Audit Committee reported a 'Review of Effectiveness and Terms of Reference'. We have reviewed this document and identified no significant matters to indicate a weakness in arrangements. A further review will be reported in September 2024.

The Trust has a Board Assurance Framework (BAF), which "reflects the aims and priority objectives agreed by the board, as well as the strategic risks to these that were identified". The 2023/24 BAF was presented to the Board for review in May 2023. The 2023/24 Board Assurance Framework (BAF) was updated on a quarterly basis and we confirmed through minutes review it was presented to the Board for review and assurance during the year. The Group Audit Committee at its March 2024 meeting considered the development, review and monitoring of the BAF throughout 2023/24. No matters were identified to indicate a significant weakness in arrangements. As detailed in the previous section the Trust maintain an Operational Risk Register (ORR) which we confirmed is reported to the Board on a regular basis during the year. Reports highlight any new or rerated risks. Each identified risk is given a current risk level, mitigating actions along with due dates and owners for each action, plus a progress rating. Through attendance of Group Audit Committee throughout the year, we observed that risks are monitored and progress on the actions taken against each risk

is reported regularly. The Executive Risk Management Group (ERMG) continued to meet in the year and reported to the Group Audit Committee. The ERMG responsibilities include monitoring the Organisational Risk Register.

Internal audit completed an annual review of risk management and the BAF. The 2023/24 review of Trust's arrangements concluded that governance, risk management and control arrangements provide a 'good level of assurance' which was consistent with findings in the previous year.

As in previous years, the Trust's internal auditor, AuditOne, provide an opinion that the Trust's system of internal control, the governance and risk management are designed to meet the Trust's objectives, and that controls are being applied consistently. We confirmed a comprehensive Internal Audit Plan was developed for the 2023/24 financial year. The 2024/25 plan was approved by the Group Audit Committee at its March 2024 meeting. The Internal Audit Plan covers the Trust and QE Facilities. Through our attendance at Audit Committees we confirmed that progress against the Internal Audit Plan and detailed findings reports were regularly reported to Group Audit Committee. Internal Audit Report also detail responses to recommendations including those which have passed the agreed completion date. We observed Committee members providing scrutiny and challenge on findings and recommendations.

The Head of Internal Audit opinion for 2022/23 was presented to Group Audit committee in June 2024, and provides *'good assurance that there is a sound system of internal control, governance and risk management designed to meet the organisation's objectives and that controls are generally being applied consistently'*. No matters noted to indicate a significant weakness in internal control environment.

The Trust has a comprehensive fraud risk assessment that is continually reviewed and influences the annual fraud work plan. The Trust have a dedicated Fraud Team with robust processes, reporting and assurance in place. We confirmed Counter Fraud Reports are presented to each Group Audit Committee meeting. The Counter Fraud Annual Report is scheduled to be presented at the September 2024 Audit Committee. Based on our attendance at the Group Audit Committee meetings we have observed appropriate actions are taken where deemed to be necessary and no matters have been identified to indicate a significant weakness in arrangements.

No matters have been identified from our review of the above monitoring arrangements which suggest a weakness in arrangements.

# VFM arrangements – Governance

## Overall commentary on the Governance reporting criteria - continued

### The Trust's arrangements for budget setting and budgetary control

From our review of minutes, we have confirmed that the Trust carried out regular review and monitoring of the 2023/24 financial plan with revisions and updates to assumptions made as soon as the information became available. As detailed in the previous section the Trust has developed a detailed Financial Plan for 2024/25. This was submitted as part of the local Integrated Care Systems (ICS) plan in May 2024. We have observed evidence that the 2024/25 plan has been produced and submitted in line with NHSE requirements. This includes working with local partners to develop an overall ICS plan.

Sufficient evidence has been seen through review of minutes and attendance at Group Audit Committee throughout the year to provide assurance that the budget setting and monitoring processes are reported frequently and in sufficient detail that allows for effective review and challenge at senior leadership and Board level. Based on discussion with officers and review of documentation the Trust is clear in the financial pressure it faces and the challenges in future financial years.

Strategic objectives are reflected in the Annual Plan and Budget with performance against budget monitored monthly through the centre and departmental structures. This information is consolidated and reported to Board with a monthly return submitted centrally to NHSE. Reporting includes the Trust's subsidiary company, QE Facilities Limited. This financial information supports the year end process with corrective action on performance escalated and approved by Board. Financial governance arrangements are managed within the corporate governance framework which includes Standing Orders, Standing Financial Instructions and a Scheme of Delegation.

The Trust's performance is monitored by the Finance and Performance Committee. We have confirmed the Committee met regularly during the year and that the Committee reported into the Trust Board on a regular basis. Performance data is included in Leading Indicators Report. These reports illustrate the pressures faced by the Trust in delivery of performance targets. Consistent with other Trusts, we have noted activity levels did not achieve pre pandemic levels and that the Trust is not meeting all performance standards. The Trust is aware of its pressures and have plans to address. Reports were presented in a consistent manner and provided detail on the direction of travel and explanations for the reported position.

### The Trust's decision-making arrangements and control framework

The Trust has an established governance structure, which was in place during 2023/24 as set out within its Annual Governance Statement.

This is supported by the Trust's Constitution, which is available on the Trust's website. The Trust Constitution includes details of clearly defined delegation of powers and decision making groups/individuals. Executive Directors have clear responsibilities linked to their roles and the Board Sub-Committee structure in place at the Trust allows for effective oversight of the Trust's operations and activity. Decisions are based on value for money principles.

The Trust structure includes committees and groups that undertake a governance and risk approach, such as Trust Board and the Group Audit Committee. We have reviewed the minutes of these meetings as part of our work and are satisfied that there is effective review and challenge of the Trust's activity. Furthermore, from our attendance at Group Audit Committee we have not identified evidence of a failure to challenge or hold officers to account.

The Trust has standards of business conduct process, reporting and governance in place to manage and gain assurance that the Trust meet regulatory requirements. Appropriate checks are taken to ensure the declarations are managed effectively, that Fit and Proper persons checks are carried out and reporting of such is made effectively to the Group Audit Committee. The Trust has a comprehensive policy in place to detail the Trust approach to Standards of Business Conduct.

**Based on the above considerations, we are satisfied there is not a significant weakness in the Trust's arrangements in relation to governance.**

# VFM arrangements

## Improving Economy, Efficiency and Effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services





# VFM arrangements – Improving Economy, Efficiency and Effectiveness

## Overall commentary on Improving Economy, Efficiency and Effectiveness

### The Trust's arrangements for assessing performance and evaluating service delivery

The Trust monitors performance in four categories, financial, operational (i.e. national indicators such as wait times), workforce (i.e. staff numbers and training) and quality (i.e. deaths, infections and complaints). Key performance measures for each are reported to Board committees with both current performance and trends reviewed and challenged. Review of Trust Board minutes indicate regular reporting, including assurance from Board Committees took place during 2023/24. This included an opportunity for the Committees to escalate matters to the Trust Board where they felt it necessary.

We have reviewed the Trust's Annual Report and Annual Governance Statement and found them to be consistent with the performance reported during the financial year.

### The Trust's arrangements for effective partnership working

The Trust has well-developed mechanisms for engagement with third party bodies at all levels across the organisation. We have confirmed through review of minutes that there has been regular engagement with partners during the year. As detailed in the previous sections the Trust has engaged with Integrated Care System (ICS) partners and in the North East and North Cumbria Provider Collaborative. The Trust has worked with its ICS partners in the financial planning submission. This required the Trust to work with ICS partners in developing a financial plan within the funding allocated to the ICS.

Nine positions on the Council of Governors are allocated to partner organisations to ensure that partners are able to feed into the Trust's strategic and operational plans. A further 6 positions are allocated to staff representatives and other positions are elected by members (who may be staff, local residents or patients). Governors receive regular financial and operational reporting and are able to challenge management, through the non-executive directors, on performance.

The Trust signed up to the Gateshead Cares Alliance agreement in April 2021. The agreement and associated documents reported to the Board confirms the overarching framework for the strengthening of place-based collaborative arrangements for health and care provision in Gateshead and replaces the memorandum of understanding that was already in place for the partners who were already working together as 'Gateshead Cares'. The Trust is an active partner in the "Gateshead Cares" system board, which is used by the organisations involved to discuss how they can work differently to improve care.

Our review of Board reports confirms that the Board is regularly briefed on the Trust's engagement with System partners and any emerging issues. We have not identified any evidence of a significant weakness in the Trusts arrangements for working with partners.

### The Trust's arrangements for commissioning services

Based on discussions with management, services are not usually outsourced, but where this is required the procurement is usually managed by the Trust's subsidiary QE Facilities Limited (QEF) as part of the facilitated healthcare agreement between the two parties. Group management receive regular reporting on the activities of QEF from QEF management and financial and operational performance reporting considered above is usually for the Group as a whole. This was confirmed via review of Board minutes throughout the year.

We have confirmed that QEF follow the Group's Standing Orders (SOs) and Standing Financial Instructions (SFIs), including procurement processes. The SFIs includes a specific section on tendering and procurement procedures "21. Tendering and Contracting Procedure". As noted in the previous section QEF is subject covered by the Trust Internal Audit Plan and reports are presented to the Group Audit Committee. There is a KPI report that is presented to QEF Board. The Trust has representatives that sit on the QEF Board so have sight of QEF performance.

Trust employees are obliged to declare any actual or potential conflicts of interest with suppliers and this information is reviewed and published on an annual basis. We have confirmed this during our review of the related party disclosures in our audit opinion work. The Trust's policies are designed to meet the 'Managing Conflicts of Interest in the NHS' guidance.

We confirmed that Trust employees are obliged to declare any actual or potential conflicts of interest with suppliers. This information is reviewed and published on an annual basis. Our consideration of related party transactions confirmed this. The Trust's policies are designed to meet the Managing Conflicts of Interest in the NHS guidance. Registers of declared interests are available on the Trust website.

**Based on the above considerations, we are satisfied there is not a significant weakness in the Trust's arrangements in relation to improving economy, efficiency and effectiveness.**

# VFM arrangements

Identified significant weaknesses in arrangements and our recommendations



## VFM arrangements - Identified significant weaknesses and our recommendations

### **Identified significant weaknesses in arrangements and recommendations for improvement**

As a result of our work we have identified no evidence of a significant weaknesses in the Trust's arrangements to secure economy, efficiency and effectiveness it its use of resources.

## Other reporting responsibilities and our fees



# Other reporting responsibilities and our fees

## Other reporting responsibilities

### Public interest reports

Auditors have the power to make a report if they consider a matter is sufficiently important to be brought to the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not make a report in the public interest during 2023/24.

### Schedule 10 referrals

Under Schedule 10 of the NHS Act 2006, auditors of a Foundation Trust have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be reported to the relevant NHS regulatory body.

We have not reported any such matters.

### Reporting to the National Audit Office (NAO)

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. The NAO also included the Trust in its sample of component bodies for the purpose of its audit of the DHSC group.

We reported to the NAO that consolidation data was consistent with the audited financial statements. We also reported to the NAO in line with its group audit instructions.

## Fees for our work as the Trust’s auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented issued in April 2024. Having completed our work for the 2023/24 financial year, we can confirm that our fees are as follows:

Area of work	2023/24 fees	2022/23 fees
Planned fee in respect of our work under the Code of Audit Practice	£79,552	£79,552
Additional fees in respect of IFRS 16	£0	£5,000
Total fees	£79,552	£84,552

## Fees for other work

We confirm that we have not undertaken any non-audit services for the Trust in the year.

# Appendices

A: Further information on our audit of the financial statements

# Appendix A: Further information on our audit of the financial statements

## Significant risks and audit findings

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
<p><b>Management Override of Controls</b></p> <p>In all entities, management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur, we consider there to be a risk of material misstatement due to fraud and thus a significant risk on all audits.</p>	<p><b>How we addressed this risk</b></p> <p>We addressed this risk through performing audit work over:</p> <ul style="list-style-type: none"><li>• Enquiries of senior officers involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments;</li><li>• Recording the Trust's financial reporting processes and controls over journal entries and other adjustments and performing a walkthrough of such controls;</li><li>• Determining risk-based fraud characteristics for journals and testing such journals;</li><li>• Testing journals made by the Trust in the preparation of the financial statements and post-closing journals;</li><li>• Critically reviewing accounting estimates and the judgements and decisions made by management in arriving at estimates to ensure there has been no manipulation of results;</li><li>• Considering any significant transactions outside the normal course of business; and</li><li>• Critically reviewing the selection and application of accounting policies.</li></ul> <p><b>Audit Conclusion</b></p> <p>Our work has provided the assurance we sought in each of these areas and has not highlighted any material issues to bring to your attention.</p>

# Appendix A: Further information on our audit of the financial statements

## Significant risks and audit findings - continued

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
<p><b>Revenue Recognition</b></p> <p>The risk of fraud in revenue recognition is presumed to be a significant risk on all audits due to the potential to inappropriately shift the timing and basis of revenue recognition as well as the potential to record fictitious revenues or fail to record actual revenues.</p> <p>For the Trust we deem the risk to relate specifically to the timing of income recognition, and in relation to judgements made by management as to when income has been earned. The pressure to manage income to deliver forecast performance in a challenging economic environment increases the risk of fraudulent financial reporting leading to material misstatement and means that we are unable to rebut the presumption.</p> <p>This does not imply that we suspect actual or intended manipulation but that we approach the audit with due professional scepticism</p>	<p><b>How we addressed this risk</b></p> <p>We addressed this risk through performing audit work over:</p> <ul style="list-style-type: none"><li>• We completed a range of substantive procedures including:</li><li>• Evaluating the Trust’s accounting policy in respect of revenue recognition to ensure that it was in line with the requirements of the Group Accounting Manual (GAM).</li><li>• Testing revenue transactions that are recorded by journal entries. Journals were selected for testing on the basis of meeting one or more fraud risk indicators that we determined to be applicable to the revenue recognition significant risk.</li><li>• Testing a sample of revenue around the year end by agreeing the transactions to appropriate source documentation and obtaining assurance that each item was recorded in the correct financial year and at the correct value.</li><li>• Testing a sample of year end receivables by agreeing the transactions to appropriate source documentation and obtaining assurance that each item was recorded in the correct financial year and at the correct value.</li><li>• Considering information provided by the Department of Health and Social Care in respect of year end intra-NHS transactions. We considered any significant differences between the Trust’s position and that of the counterparty and obtained assurance that the Trust’s position is supported by appropriate evidence.</li></ul> <p><b>Audit Conclusion</b></p> <p>Our work has provided the assurance we sought in each of these areas and has not highlighted any material issues to bring to your attention.</p>

# Appendix A: Further information on our audit of the financial statements

## Significant risks and audit findings - continued

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
<p><b>Valuation of property, plant and equipment</b></p> <p>Land and building are the Trust’s highest value assets. Management engage Cushman and Wakefield, as an expert, to assist in determining the current values of property to be included in the financial statements. Changes in the value of property may impact on the Statement of Comprehensive Income depending on the circumstances and the specific accounting requirements of the Group Accounting Manual</p>	<p><b>How we addressed this risk</b></p> <p>We addressed this risk through performing audit work over:</p> <ul style="list-style-type: none"><li>• Obtaining an understanding of the skills, experience and qualifications of the valuer, and considering the appropriateness of the instructions to the valuer from the Trust.</li><li>• Obtaining an updated understanding of the basis of valuation applied by the valuer in the year. This included understanding and challenging the methodology applied to the estimate the gross replacement cost of the Trust’s operational land and buildings on a modern equivalent asset basis. We evaluated the Trust’s application of a ‘single-site’ valuation methodology which covered its existing hospital sites.</li><li>• Sample testing the completeness and accuracy of underlying data provided by the Trust and used by the valuer as part of their valuations.</li><li>• Testing the accuracy of how valuation movements are presented and disclosed in the financial statements.</li><li>• Using relevant market and cost data to assess the reasonableness of the valuation as at 31 March 2024.</li></ul> <p><b>Audit Conclusion</b></p> <p>Our work has provided the assurance we sought in each of these areas and has not highlighted any material issues to bring to your attention.</p>

# Appendix A: Further information on our audit of the financial statements

## Unadjusted misstatements

Management has assessed the misstatements in the table below as not being material, individually or in aggregate, to the financial statements and does not plan to adjust. We only report to you unadjusted misstatements that are either material by nature or which exceed our reporting threshold.

Details of adjustment	SOCI		SOFPI	
	Dr (£ '000)	Cr (£ '000)	Dr (£ '000)	Cr (£ '000)
Dr: Provisions  Cr: Expenditure  As recorded in Section 04 of the Audit Completion Report. The Trust have recognised provisions totalling £1.2m. In our view no obligations existed at 31 March 2024 and as such the provision is not appropriate per IAS 37 – Provisions, Contingent Liabilities and Contingent Assets.		1,172	1,172	
Dr: Trade and Other Payables – Accruals  Cr: Expenditure  As part of our Trade and Other Payables testing, errors were identified which led to an over-accrual of Trade and Other Payables expenditure held within the accounts in 2023-24. The error of £57k was then extrapolated to a balance totalling 424k		424	424	
Aggregate effect of unadjusted misstatements	0	1,596	1,596	0

We will obtain written representations confirming that, after considering the unadjusted misstatements, both individually and in aggregate, in the context of the financial statements taken as a whole, no adjustments are required.

# Appendix A: Further information on our audit of the financial statements

## Internal control observations

### Deficiencies in internal control

In our view, the deficiencies in internal control set out in this section result in a potential for financial loss, damage to reputation, or a loss of information. This may have implications for the achievement of business strategic objectives. Our recommendations should be considered for immediate action.

#### Description of deficiency

IT General Control Environment - As part of the IT General Controls (ITGC) testing, it was discovered that the periodic check of leavers had not been performed by the relevant personnel at the client. Therefore, there were leavers who had left within 2023/24 who were still active on the Oracle NEP GL system.

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#### Potential effects

There is a risk of material misstatement caused by leavers having continued access to this system, further checks were performed to ensure this risk has been mitigated.

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#### Recommendation

We recommend regular (monthly/quarterly) user access reviews being carried out at the Trust to ensure that all leavers are removed from the GL system in a periodic manner after their leaving date

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#### Management response

Accepted. Management will conduct quarterly user access reviews to control and manage access to the Oracle NEP GL system.

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# Appendix A: Further information on our audit of the financial statements

## Follow up on previous years recommendations

### Deficiencies in internal control

In our view, the deficiencies in internal control set out in this section result in a potential for financial loss, damage to reputation, or a loss of information. This may have implications for the achievement of business strategic objectives. Our recommendations should be considered for immediate action.

#### Description of deficiency

Payroll Contracts - Our sample testing of employees to contracts has identified that personal files are not maintained for all employees. This meant the Trust found it difficult to provide details of contracts or letters of employment for individuals included in our sample. We note that no records could be provided for 23 of the 35 employees sampled.

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#### Potential effects

The Trust is unable to confirm that employees are being paid in line with contracts.

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#### Recommendation

Responsibility for maintaining staff records should be considered and allocated.

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#### 2023/24 update

From the sample of employees tested as part of our audit work in 2023/24, we noted that only 20 of the 30 contracts requested were provided, therefore the recommendation remains outstanding.

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# Appendix A: Further information on our audit of the financial statements

## Follow up on previous years recommendations

### Deficiencies in internal control

In our view, the deficiencies in internal control set out in this section result in a potential for financial loss, damage to reputation, or a loss of information. This may have implications for the achievement of business strategic objectives. Our recommendations should be considered for immediate action.

#### Description of deficiency

Lease Agreements - All leases recognised in the accounts should be supported by lease/tenancy agreements. Two of our samples per our lease testing had a tenancy at will document rather than a formal lease agreement.

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#### Potential effects

This makes valuation more subjective and increases the risk of differences of opinion with lessors regarding the terms of the lease including; lease term, frequency of rent reviews and rental increases.

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#### Recommendation

The Trust should negotiate formal lease agreements for all the property leases that it holds and ensure that they are signed, with clear commencement and termination dates by 31 March 2024.

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#### 2023/24 update

From the sample of leases tested as part of our audit work in 2023/24, we noted that only 2 of the 5 leases had formal lease agreements, therefore the recommendation remains outstanding. Discussions with management of the Trust indicates that arrangements are being made to update all formal lease and other agreements in line with our previous recommendations.

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# Council of Governors' Annual Report 2023/24

Covering the period 1 April 2023 to 31 March 2024

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## Introduction

This annual report describes the main activities undertaken by the Council of Governors over the past year on behalf of their members who elected them or the partner organisations who appointed them. It demonstrates how the Governors have fulfilled their general or statutory duties.

## Council of Governors

The Council of Governors is the accountability forum between the Board of Directors and the Trust's stakeholders. It represents local interests and holds Non-Executive Directors to account as well as exercising its statutory powers.

The Council is comprised of elected Governors and appointed Governors, who are all volunteers. Elected Governors (public and staff constituencies) may hold office for a period of up to three years, and may stand for re-election twice. After nine years in the role, elected Governors must leave the Council of Governors.

There are 31 members of the Council of Governors, plus the Chair. The composition of the Council is as follows:

- Seven public governors representing the Central Gateshead constituency;
- Six public Governors representing the Western Gateshead constituency;
- Three public Governor representing the Eastern Gateshead constituency (and three vacant positions at the year-end);
- One public Governor representing the Patient / Out-of-Area constituency;
- Six staff Governors representing the views and interests of the colleagues; and
- Five appointed Governors representing the Trust's key stakeholders and partners (and three vacancies at the year-end).

The Council of Governors has several important statutory duties, including appointing and re-appointing the Chair and the Non-Executive Directors, determining their remuneration and terms of service, and approving the appointment of the Chief Executive.

The Council of Governors represents the interests of Foundation Trust public and staff members within the constituencies served, the public and more generally the interests of the stakeholders who hold a position at the Council.

The Council of Governors also holds the Non-Executive Directors to account for the performance of the Board. In setting the Trust's strategy and annual plans, the Board have regard for the views of the Council of Governors.

All Governors are required to comply with the Code of Conduct for Governors and to declare any interests which may result in a potential conflict of interest in their role. A copy of the register of interests can be obtained from the Company Secretary using the contact details at the end of the Annual Report.

The Council of Governors met four times in public and three times in private during the year. The Council received regular email communications to inform Governor colleagues of the latest updates and developments throughout the year. A number of Governor committees are in place to support and advise the Council.

The Governance and Development Committee is chaired by the Lead Governor. The Committee meets quarterly and all Governors are considered to be members and therefore receive invitations to attend. The Committee seeks to review a range of governance-related items on behalf of the Council and makes recommendations to the Council where appropriate. It is also responsible for working with the Company Secretary to develop a training / development programme for Governors. During the year the Committee reviewed and endorsed amendments to modernise the Council of Governors' Standing Orders, the new Governor Code of Conduct, endorsed changes to the Constitution in relation to Appointed Governors, commenced the development and review of the new Governor Handbook and reviewed the results of the Council of Governors' effectiveness survey. The Committee also received the first iteration of the report to review the attendance rates of the Council of Governor meetings as highlighted in the updated Terms of Reference and cycle of business.

The Governor Remuneration Committee is responsible for making recommendations to the Council of Governors on the appointment of the Chair and Non-Executive Directors, having satisfied itself that its recommendations fulfil the Trust's needs in terms of skills and experience. It also sets the remuneration, allowances and terms of appointments of the Chair and Non-Executive Directors. The Committee works with the Senior Independent Director and the Chair to agree the process for the evaluation of the Chair and Non-Executive Directors and then subsequently reviews the outcomes of the performance appraisals, which inform remuneration and benefits decisions. The Committee has a defined membership of one appointed Governor (who chairs the Committee), three public Governors and three staff Governors. The Committee met three times during the year to consider items within its remit, including Chair and Non-Executive Director remuneration, the re-appointment and recruitment of Non-Executive Directors and the Chair and Non-Executive Director appraisal process. The Committee made recommendations to the Council of Governors on these items.

Information on the Membership Strategy Group is included in the *Foundation Trust membership* section.

During 2023/24 the Council of Governors considered a range of items, which included:

- Ratifying the re-appointment of two Non-Executive Directors for a second three-year term – Anna Stabler and Maggie Pavlou;
- Ratifying the re-appointment of Mike Robson, Non-Executive Director, for a period of one year following the completion of his second term (noting the high Board turnover and current financial challenges, which were deemed to be sufficiently exceptional to warrant this extension beyond two terms);
- Approving the appointment of two new Non-Executive Directors – Adam Crampsie and Martin Hedley;
- Approving the appointment of the Lead Governor and Deputy Lead Governor;
- Providing valuable input into the Quality Account for 2023/24;
- Approving constitutional amendments to remove the clause which prevents Board members from serving on more than one NHS board: and proposed changes to the make-up of the appointed Governor positions on the Council;
- Receiving Board committee presentations from each Non-Executive Director chair, supporting the Council in its role of holding Non-Executive Directors to account;
- An overview of the Trust's response to the North East and North Cumbria Integrated Care Board Joint Forward Plan;



- Engaging in the annual planning process and providing feedback on the draft plans;
- Assurance of the progress being undertaken by the Trust relating to equality, diversity and inclusion including achievements against the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES);
- Reviewing the outcome of the Council of Governors' effectiveness survey to shape future ways of working; and
- Receiving an assurance report on the outcome of the Chair and Non-Executive Director appraisals, with Governor input into the process via the Lead Governor.

## Governor elections 2023/24

Elections in both public and staff constituencies are undertaken on behalf of the Trust by Civica Election Services who are engaged to act as the Returning Officer and Independent Scrutineer for the election process of Gateshead Health NHS Foundation Trust.

Elections were held for seven public Governor positions and three staff Governor positions. Contested elections were held for our Western Gateshead and Patient/Out of Area constituencies, with Central Gateshead and Staff seats unopposed. Two vacancies remained in Eastern Gateshead, but all other seats were filled. The terms for our elected Governors commenced on 5 January 2024.

We welcomed three new Governors:

- Michael Loome, Public Governor for Central Gateshead;
- Adaeze Okereke, Staff Governor; and
- Dr Lakkur Murthy, Public Governor for Western Gateshead.

We welcomed back Public Governor Karen Tanriverdi, and Staff Governors Helen Adams and Lynsey Curry for a further term.

A further candidate for Western Gateshead was successfully elected, but did not complete the induction and on-boarding process and therefore did not progress to become a Public Governor.

Some Governors left the Council in January 2024 at the end of their terms including Marceline Ndam, Mick Lampert, Geoffrey Riddell and Mark Learmouth and we would like to record our sincere thanks and appreciation to these Governors for their commitment and contributions to the Council and Trust.

In early 2024/25 we will be welcoming two new appointed Governors to the Council – Sasha Ban (Assistant Professor of Nursing, Midwifery and Health) representing Northumbria University and Councillor Dorothy Burnett representing Gateshead Council.

We were saddened to hear the news that one of our Eastern Gateshead Public Governors, Des Costello, sadly passed away in November 2023. Des was a valued colleague and friend to many and dedicated so much time to supporting our patients and the Gateshead Community, for which we are very grateful.

The table below shows the composition of the Council during the 2023/24 financial year, including the term dates of Governors and their attendance at the Council of Governors meetings. Where Governors were not eligible to attend certain meetings, an adjusted denominator is shown (for example where a Governor served on the Council for only part of the year). Those Governors shown in italics were no longer part of the Council of Governors on 31 March 2024.



Constituency	Governor	Term	Council of Governors meetings attended (maximum of 7)
<b>Central</b>			
	John Bedlington	First term: 5 January 2019 – 4 January 2022 Second term: 5 January 2022 – 4 January 2025	6 of 7
	Steve Connolly	Initial term – 5 January 2016 to 4 January 2019 Term as a staff Governor – 5 January 2021 – 2 October 2022 (due to constitutional change affecting the categorisation of volunteers as staff Governors) Current term: 5 January 2023 – 4 January 2026	5 of 7
	Helen Jones	First term: 5 January 2017 – 4 January 2020 Second term: 5 January 2020 – 4 January 2023 Third term: 5 January 2023 – 4 January 2026	7 of 7
	<i>Mark Learmouth</i>	<i>First term: 5 January 2023 – 4 January 2024</i>	<i>2 of 5</i>
	Michael Loome	First term: 5 January 2024 – 4 January 2027	2 of 2
	Abe Rabinowitz	First term: 5 January 2017 – 4 January 2020 Second term: 5 January 2020 – 4 January 2023 Third term: 5 January 2023 – 4 January 2026	5 of 7
	Karen Tanriverdi	First term: 5 January 2018 – 4 January 2021 Second term: 5 January 2021 – 4 January 2024 Third term: 5 January 2024 – 5 January 2027	7 of 7
	Brenda Webb	First term: 5 January 2022 – 4 January 2025	0 of 7
<b>Western</b>			
	Les Brown	First term: 5 January 2020 – 4 January 2023 Second term: 5 January 2023 – 4 January 2026	7 of 7
	Ray Dennis	First term: 5 January 2023 – 4 January 2026	6 of 7
	<i>Michael Lamport</i>	<i>First term: 5 January 2018 – 4 January 2021</i>	<i>0 of 5</i>

Constituency	Governor	Term	Council of Governors meetings attended (maximum of 7)
		<i>Second term: 5 January 2021 – 4 January 2024</i>	
	Gordon Main	First term: 5 January 2023 – 4 January 2025	5 of 7
	Dr Lakkur Murthy	First term: 5 January 2024 – 4 January 2027	2 of 2
	Ged Quinn	First term: 5 January 2022 – 4 January 2025	1 of 7
	<i>Geoffrey Riddell</i>	<i>First term: 5 January 2021 – 4 January 2024</i>	3 of 5
<b>Eastern</b>			
	<i>Des Costello</i>	<i>First term: 5 January 2020 – 4 January 2023</i> <i>Second term: 5 January 2023 – 4 January 2026</i>	0 of 2
	<i>2 vacancies remain</i>		
<b>Patient / Out of Area</b>			
	Agatha Kanyangu	First term: 5 January 2022 – 4 January 2024 Second term: 5 January 2024 – 4 January 2027	0 of 7
<b>Staff</b>			
	Helen Adams	First term: 5 January 2022 – 4 January 2024 Second term: 5 January 2024 – 4 January 2027	6 of 7
	Lynsey Curry	First term: 5 January 2023 – 4 January 2024	3 of 7
	Andrew Lowes	First term: 5 January 2022 – 4 January 2025	4 of 7
	Richard Morrell	First term: 5 January 2022 – 4 January 2025	0 of 7
	<i>Marceline Ndam</i>	<i>First term: 5 January 2021 – 4 January 2024</i>	0 of 5
	Adaeze Okereke	First term: 5 January 2024 – 4 January 2027	0 of 2
	Kiran Singiseti	First term: 5 January 2023 – 4 January 2026	1 of 7
<b>Appointed</b>			
Northumbria University	<i>Professor Debbie Porteous</i>	Retired January 2024	0 of 7
Newcastle University	<i>Dr Laura Ternent</i>	<i>Resigned August 2023</i>	0 of 2
Newcastle University	Dr Gemma Frances Speirs	From September 2023	3 of 5
Gateshead College	Chris Toon		2 of 7

Constituency	Governor	Term	Council of Governors meetings attended (maximum of 7)
Gateshead Jewish Community	Aron Sandler		1 of 7
Gateshead Voluntary Organisation	Douglas Hunter	From September 2023 Resigned January 2024	1 of 2
Gateshead Diversity Forum	Vacancy		
Gateshead Youth Assembly	Vacancy		
Gateshead Council	Vacancy		

## Governor training and development

During 2023/24 we provided our Governors with a number of training and development opportunities. Governor workshops were held in April 2023, June 2023, July 2023, October 2023, and January 2024. This included opportunities to engage in the development of the Quality Account for 2023/24 and Quality Account priorities for 2024/25; the annual plan for 2024/25; as well as receiving updates from services including Patient-Led Assessments of the Care Environment (PLACE), Equality, Diversity and Inclusivity; and the Patient Experience Team.

Quarterly Governor workshops are diarised throughout 2024/25 to protect time for further training, development and engagement out-with the Council meetings.

## Lead and Deputy Lead Governors

The Council of Governors appoints a Lead Governor and a Deputy Lead Governor on an annual basis. In 2023/24 the Council appointed Abe Rabin as the Lead Governor for a further year and Steve Connolly was appointed as the new Deputy Lead Governor. Both posts were effective from 19<sup>th</sup> May 2023.

The process for appointing the Lead and Deputy Lead Governors for 2024/25 commenced in February 2024 and prior to the year-end it was confirmed that Steve Connolly, current Deputy Lead Governor and Public Governor for Central Gateshead, had been voted the new Lead Governor. The nomination and voting period for the Deputy Lead Governor was underway at the year-end, with subsequent confirmation that Michael Looe, Public Governor for Central Gateshead would take up post from 19<sup>th</sup> May 2024.

## The Board's relationship with the Council of Governors

The Board of Directors and the Council of Governors work together closely throughout the year. All Board Members are invited to attend all meetings of the Council of Governors. Non-Executive Directors are also invited to attend quarterly Governor workshops.

There are two Governor observers appointed to attend specific Board committees. The Governor observers have an opportunity to meet with the Non-Executive Director chairs of the committees to share feedback following the meeting. The Governor observers also share feedback privately with Governor colleagues, supporting them to discharge the role of holding Non-Executive Directors to account.



The Standing Orders detail the procedure through which the Council of Governors can raise concerns about the Board of Directors, as required by the Code of Governance for NHS Provider Trusts.

## Foundation Trust membership

Foundation Trust membership seeks to give local people and staff a greater influence on how our services are provided and developed. As part of the development of the annual plan, our Governors are invited to share the views of their communities and members through a series of workshops with the Board.

There are several different constituencies to which our members belong. Those eligible to become public members are people over the age of 16 who live in Gateshead and the immediate surrounding area which is divided into three constituencies: Western; Central; and Eastern Gateshead. We also have an Out-of-Area constituency, which was broadened this year to be coterminous with the geographical boundaries of the North East and North Cumbria Integrated Care System (NENC ICS). Previously this had included County Durham, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland. Broadening the constituency to align with the NENC ICS boundaries fits with the role of the Board and Council to now consider the public at large across the entire ICS when decisions are made and operate for the greatest benefit of people living within the ICS.

People over 16 years of age, living in these areas who wish to become a public member of Gateshead Health NHS Foundation Trust, must complete and have accepted a membership application form. Members can vote to elect Governors for their constituency and can choose to be nominated to stand for election as a Governor.

Patient membership is available to individuals who live outside constituency areas but who have used any of the Trust's services within the seven years immediately preceding the date of their application for membership. Patient members are included in the Out of Area constituency.

## Membership profile

As of 31st March 2024, the total number of public members was 12,438, compared to 12,958 at 31<sup>st</sup> March 2023. Our public membership profile as at 31st March 2024 was as follows:

Population/Public Membership Ratio at 31st March 2024				
	Western	Central	Eastern	Out of Area
<b>Population</b>	77,471	92,828	41,615	Unknown
<b>Membership</b>	3,227	6,531	2,151	499
<b>%</b>	<b>4.2</b>	<b>7.0</b>	<b>5.2</b>	Unknown

We are committed to ensuring that NHS Foundation Trust membership is representative of the whole community. An analysis of membership shows that ethnic makeup is higher than that of the Gateshead demographics. The membership is over represented by people aged over 60 and is under represented in all other age groups.

	Population Demographics	Membership Demographics
<b>Gender</b>		
Male	49.1%	33.4%
Female	50.9%	62.4%
Unspecified		4.2%
<b>Age</b>		
Under 16*	17%	n/a
16 – 19	5%	0%
20 – 29	11%	4.1%
30 – 59	40%	35.0%
60 – 74	16%	25.7%
75 and over	10%	29.7%
Age unknown		5.5%
<b>Ethnic Breakdown</b>		
White	98.4%	86.3%
Global Ethnic Majority	1.6%	2.4%
Black		0.5%
Mixed		0.3%
Asian		0.9%
Other		0.6%
Unspecified		7.2%

Staff directly employed by the Trust or its subsidiary, QE Facilities, are automatically Foundation Trust members for the duration of their employment, unless they choose to 'opt out'. Employees of the Trust cannot be public members.

Staff whose services are contracted for by the Trust, staff not employed by the Trust but who in effect work in and with the Trust for most of their time are given the same status as staff, if they wish, provided they have worked with the Trust for a minimum of one year.

The number of staff members as at 31<sup>st</sup> March 2024 was 5,373 (compared to 5,179 members as at 31<sup>st</sup> March 2023).

The Council of Governors represents the views of members and helps to shape the way our services are delivered. The Governor Membership Strategy Group is a sub-committee of the Council of Governors which helps to ensure that our membership represents the communities we serve and that we seek and represent their views effectively through engagement programmes. It is chaired by a Governor (currently Steve Connolly, Public Governor for Central Gateshead and Deputy Lead Governor) and meets on a quarterly basis. All Governors are considered to be members and the pace of progress has increased during 2023/24 with a number of ongoing initiatives including the recommencement of Medicine for Members events and opportunities for Governors to meet members and prospective members.

During the year the Group has overseen the development of the Membership newsletters for October 2023 and February 2024; reviewed and endorsed amendments to modernise the Membership Strategy for 2024-2027 and were provided with assurance over the effective running of the nomination and election processes.

The Trust had its first Medicine for Members event in recent times on Monday 5<sup>th</sup> December 2023 and were delighted to be joined by some of our members who had the opportunity to meet with the Trust's Governors before receiving a presentation from the Trust's Research and Development team. This was an informative presentation outlining some of the trials undertaken by the team as well as plans to further develop research in Gateshead, focusing on future studies that the Trust will offer patients, as well as getting more patients and staff involved.



A further event took place on Monday 11<sup>th</sup> March 2024 which focussed on our community services and the support available to keep people safe at home. There was the opportunity to meet some of the teams to showcase services including Rapid Response; the Virtual Frailty Ward; services being delivered from the Sister Winifred Laver Promoting Independence Centre; and our palliative care service, Hospice at Home.

The Membership Strategy Group have agreed a timetable of events and will be held on a quarterly basis throughout the year.

## Get in touch

To find out more about becoming a Governor or to contact a Governor, please send your enquiry to: [ghnt.governors@nhs.net](mailto:ghnt.governors@nhs.net), alternatively you can submit your query to: Corporate Services Office, FREEPOST NAT14353, Gateshead Health NHS Foundation Trust, Queen Elizabeth Hospital, Sheriff Hill, Gateshead NE9 5BR

You can also visit <https://www.gatesheadhealth.nhs.uk/about/governors/>



# Report Cover Sheet

# Agenda Item: 6ii

<b>Report Title:</b>	<b>Constitutional Amendment</b>			
<b>Name of Meeting:</b>	Annual General Meeting / Annual Members' Meeting			
<b>Date of Meeting:</b>	25 September 2024			
<b>Author:</b>	Jennifer Boyle, Company Secretary			
<b>Sponsor:</b>	Alison Marshall, Chair			
<b>Report presented by:</b>	Steve Connolly, Lead Governor Jennifer Boyle, Company Secretary			
<b>Purpose of Report</b> <i>Briefly describe why this report is being presented at this meeting</i>	<b>Decision:</b> <input checked="" type="checkbox"/>	<b>Discussion:</b> <input type="checkbox"/>	<b>Assurance:</b> <input type="checkbox"/>	<b>Information:</b> <input type="checkbox"/>
	To approve the proposed constitutional amendments on the recommendation of the Council of Governors and Board of Directors.			
<b>Proposed level of assurance – to be completed by paper sponsor:</b>	<b>Fully assured</b> <input checked="" type="checkbox"/> <i>No gaps in assurance</i>	<b>Partially assured</b> <input type="checkbox"/> <i>Some gaps identified</i>	<b>Not assured</b> <input type="checkbox"/> <i>Significant assurance gaps</i>	<b>Not applicable</b> <input checked="" type="checkbox"/>
<b>Paper previously considered by:</b> <i>State where this paper (or a version of it) has been considered prior to this point if applicable</i>	Governance and Development Committee – August 2023 and January 2024 Council of Governors – February 2024 Board of Directors – March 2024			
<b>Key issues:</b> <i>Briefly outline what the top 3-5 key points are from the paper in bullet point format</i>  <i>Consider key implications e.g.</i> <ul style="list-style-type: none"> <li>• Finance</li> <li>• Patient outcomes / experience</li> <li>• Quality and safety</li> <li>• People and organisational development</li> <li>• Governance and legal</li> <li>• Equality, diversity and inclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Constitutional changes which impact on the powers or role of the Council of Governors are required to be approved by members, as well as the Board of Directors and Council of Governors.</li> <li>• Two constitutional amendments were approved by the Board and Council in the last 12 months which have an impact on Governors.</li> <li>• The changes were enacted during the year but will be reversed should members withhold their approval.</li> </ul>			
<b>Recommended actions for this meeting:</b> <i>Outline what the meeting is expected to do with this paper</i>	The Board of Directors and Council of Governors recommend that members formally approve the following amendments:			



	1. Removal of the Clinical Commissioning Group (CCG) seat from the composition of the Council; and  2. Removal of the Code of Conduct and Governor Standing Orders as appendices of the Constitution.				
<b>Trust Strategic Aims that the report relates to:</b>	<b>Aim 1</b> <input type="checkbox"/>	We will continuously improve the quality and safety of our services for our patients			
	<b>Aim 2</b> <input checked="" type="checkbox"/>	We will be a great organisation with a highly engaged workforce			
	<b>Aim 3</b> <input type="checkbox"/>	We will enhance our productivity and efficiency to make the best use of resources			
	<b>Aim 4</b> <input type="checkbox"/>	We will be an effective partner and be ambitious in our commitment to improving health outcomes			
	<b>Aim 5</b> <input type="checkbox"/>	We will develop and expand our services within and beyond Gateshead			
<b>Trust corporate objectives that the report relates to:</b>	All – indirectly through ensuring Governors are supported to enact their roles.				
<b>Links to CQC KLOE</b>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>	Effective <input type="checkbox"/>	Safe <input type="checkbox"/>
<b>Risks / implications from this report (positive or negative):</b>					
<b>Links to risks (identify significant risks and DATIX reference)</b>	-				
<b>Has a Quality and Equality Impact Assessment (QEIA) been completed?</b>	<b>Yes</b> <input type="checkbox"/>		<b>No</b> <input type="checkbox"/>		<b>Not applicable</b> <input checked="" type="checkbox"/>

## **Constitutional Amendment**

### **1. Introduction**

- 1.1. The Constitution is one of the key governing documents of the Trust and sets out key requirements for how the Board of Directors and Council of Governors should operate.
- 1.2. Any amendment to the Constitution requires approval by both the Council of Governors and Board of Directors. Amendments require more than half of the Governors voting to approve the amendment and more than half of the Board of Directors voting to approve the amendment.
- 1.3. Where an amendment is made in relation to the powers or duties of the Council of Governors it also requires members to vote on whether they approve the amendment. The amendment can be enacted before the Annual General Meeting / Annual Members' Meeting on the understanding that it would require reversal should members not approve the amendment.
- 1.4. Two amendments approved by the Board and Council within the last 12 months fall into this category and are therefore presented to Members for approval.

### **2. Amendment 1: Appointed Governor Composition**

- 2.1. The Trust's Constitution details the composition of the Council of Governors. This includes the organisations which are requested to provide an appointed Governor representative at the Council of Governors.
- 2.2. The composition of the appointed Governor element of the Council had not been reviewed for some time and one of the seats was allocated to the Clinical Commissioning Group (CCG). CCGs were dissolved in the NHS in July 2022, with their duties being taken over by Integrated Care Systems (ICSs).
- 2.3. The Board and Council passed an amendment to remove this seat from the composition of the Council. No other trust in the region had replaced their CCG seat with a seat for the ICS. As the Trust has many contact points with the ICS, it was not felt that this would add anything additional to the representation and accountability structures already in place.
- 2.4. As the Trust had comparatively more appointed Governors than its peers when compared to the total size of the Council it was agreed that it was not necessary to replace the CCG seat with an alternative stakeholder organisation. This therefore reduced the size of the Council of Governors by one seat.
- 2.5. All references to the CCG seat were removed from the Constitution.

### **3. Amendment 2: Core Governance Documents**

- 3.1. A number of core governance documents have been subject to review during the year, including the Governor Code of Conduct and the Council of Governors' Standing Orders. Both are standalone documents, but were also appended to the Constitution.
- 3.2. As both documents were separate and distinct from the Constitution with their own processes for approval, it was recommended that they were both removed

as appendices from the Constitution. This avoids confusion over their approval processes, ensuring they remain distinct from the approval process for the Constitution itself.

- 3.3. The Board of Directors and Council of Governors approved the proposal to formally separate the Code of Conduct and Council of Governors Standing Orders from the Constitution. References to these appendices were updated in the Constitution.

#### **4. Recommendation**

- 4.1. The Board of Directors and Council of Governors recommend that members formally approve the following amendments:
  3. Removal of the CCG seat from the composition of the Council; and
  4. Removal of the Code of Conduct and Governor Standing Orders as appendices of the Constitution.
- 4.2. More than half the members voting must approve the amendments for the amendments to continue to have effect, otherwise they cease to have effect and the Trust must take such steps as are necessary to reverse the changes.