Agenda item A1(e)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	27 November 2026		
Title	Committee Triple A Reports		
Report of	Hassan Kajee, Chair of the Digital and Data Committee Anna Stabler, Chair of the Quality Committee Joanne Race, Chair & Wendy Balmain, Vice Chair of the People Committee Judith McKenna, Chair of the Finance and Performance Committee David Weatherburn, Chair of the Audit, Risk and Assurance Committee Jeff Perring, Chair of the Research, Commercial and Innovation Committee		
Prepared by	Lauren Thompson, Corporate Governance Manager/Deputy Trust Secretary		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☒	☐
Summary	**Assure** The following Committee Triple A Reports/Chairs Logs are included since the last Public Trust Board meeting in September 2026: • Digital & Data Committee – 12 November 2026 • Quality Committee – 22 October & 19 November 2026 • People Committee – 17 November 2026 • Finance & Performance Committee – 26 October & 23 November 2026 • Audit, Risk & Assurance Committee – 24 November 2026 • Research, Commercial & Innovation Committee – 16 November 2026 The individual Triple A reports list out any alerts, advise or assure matters arising from the Committee meetings. <u>Alerts are outlined for ease as below:</u> Quality Committee 22 October 2026 – • A deep dive report into **Duty of Candour compliance** was presented to the committee. It was noted due to recent audit and improvement in Duty of Candour compliance reporting; previous compliance was not fully accurate of actual position. The most recent compliance as noted in the Integrated Board Report is accurate and demonstrates further work is required to ensure compliance with statutory requirements. An improvement plan is in place and oversight by the Quality Committee will also remain. Finance & Performance Committee 26 October 2026 – • **Cancer Performance Deep Dive** – Cancer performance remains challenging against the 31-day and 62-day standards, particularly within breast, lung, urology and upper/lower gastrointestinal (GI) pathways, largely due to workforce and capacity constraints within radiotherapy. Recovery actions are in place, including recruitment, additional capacity and requests for regional support, with robust clinical oversight of patients experiencing delays. Clinical harm reviews continue to be completed for patients experiencing delays.		

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- **Emergency Department (ED) update** - Emergency care performance remains under pressure due to rising demand, estate constraints and ongoing corridor care challenges. The Urgent Treatment Centre (UTC) link project remains on track to complete in late December and is expected to improve patient flow and ambulance offloading. While mitigating actions including the opening of a Frailty Same Day Emergency Care (SDEC) expansion, ambulatory pathways, enhanced triage and targeted workforce investment are beginning to have an impact, risks remain until additional capacity, and longer-term service improvements are fully delivered.

Research, Innovation & Commercial (RIC) Committee 16 November 2026 -

- **Research Performance** - Committee members agreed that the principal escalation to the Trust Board remains the risk associated with research study set-up performance and achievement of the national 90-day target. Current improvement trajectories did not yet provide assurance that required performance levels would be achieved and a more detailed recovery plan was requested.

People Committee 17 November 2026 –

- **Integrated Board Report (IBR)** - The Committee noted that workforce performance remains challenged, with workforce numbers above plan, sickness absence remaining high, and appraisal compliance below target. Whilst improvement programmes are in place, there has been no sustained improvement in key indicators, particularly long-term absence associated with stress, anxiety and depression. Continued oversight and targeted action are therefore required.

Finance and Performance Committee 23 November 2026 –

- **Capital** – The Trust's Capital programme, including external funding, now equals £87.9m. While outturn is projected to be just ahead of this, Capital Management Group are looking at reserve schemes and other measures to manage a risk of in-year underspend. The Finance and Performance Committee were also briefed on some specific projects which were at risk of running late or dependent on external factors. The Committee considered the operational consequences in discussion with the Executive Team.
- **Integrated Board Report (IBR) including Emergency Department (ED) / Winter Plan update** – ED performance declined to 76.1% in September. Ongoing construction work associated with the Urgent Treatment Centre (UTC) link corridor has required temporary changes to patient flow and the closure of some clinical capacity within Adult and Paediatric ED's. Corridor care, ambulance handover delays and patient flow challenges, remain a significant operational risk and despite significant improvement activity, performance recovery has not yet been realised.

Audit, Risk and Assurance Committee 24 November 2026 –

- **Grant Thornton Well-Led Review** – The well-led actions relating to the overarching Leadership Development offer (the Developing Excellence Programme) were noted to be behind plan, with an alert raised to seek assurance on programme delivery and expected completion dates.

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<tr><td>Recommendation</td><td colspan="6">The Trust Board is asked to note the contents of the Committee Triple A Reports/Chairs Logs.</td></tr>
<tr><td rowspan="2">Links to Strategic Priorities</td><td colspan="2">Joining up care</td><td colspan="2">Advancing care</td><td colspan="2">Supporting great care</td></tr>
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<tr><td>Impact</td><td>Quality</td><td>Legal</td><td>Finance</td><td>Human Resources</td><td>Equality & Diversity</td><td>Sustainability</td></tr>
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(please mark as appropriate)	☒	☐	☒	☒	☐	☐
Link to Board Assurance Framework [BAF]	Detailed in the individual Committee Triple A Reports/Chairs Logs.					
Reports previously considered by	Public Board meeting in September 2026.					

The Newcastle upon Tyne Hospitals NHS Foundation Trust

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Escalation and Assurance Report

Name of Committee / Group:	Digital and Data Committee
Date of Committee / Group:	12 November 2026
Chair of Committee / Group:	Hassan Kajee, Non-Executive Director

Alert
(matters of significant concern requiring escalation for further action or to bring to the attention of the full Board / Committee / Group e.g. breaches in legal or regulatory requirements, fraud, significant negative inspection/audit findings, unmitigated risks rated 20+, major changes in funding/commissioning, industrial action or risks to business continuity/emergency preparedness)

No alerts noted.

Advise
(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee / Group is seeking assurance over and list any decisions made/approvals)

Tier 2 Committee Governance – The Director of Digital proposed four Tier 2 groups and the terms of reference for each group were shared. The proposed groups are intended to move operational detail away from the Digital and Data Committee while preserving strategic assurance within the Committee. Committee members approved the structure, terms of reference and agreed to a six month review.

Integrated Clinical Environment (ICE) Upgrade – The Chief Digital Information Officer reported that the Trust had held a direct discussion with the supplier senior management about the issues which occurred during the upgrade. Updates will continue to be shared at future meetings along with clear documentation of the lessons learned.

Patient-Reported Outcome Measures (PROMs) Data – The Director of Digital informed the group that the PROMs application was paused due to assurance required over data security, with initial findings identifying no evidence of a cyber incident or inappropriate data exposure. The formal report will inform next steps, alongside wider work to strengthen governance for innovation, intellectual property and commercial arrangements.

Cybersecurity Resilience and Capacity – The ongoing cyber position, increasing threats and capacity pressures were noted. The Trust is shifting its focus towards resilience and recovery planning, supported by a cyber assessment and business case. Current cyber insurance arrangements will also be reviewed to ensure adequate recovery and forensic support.

Information Services Capacity - The Director of Performance and Governance reported that Information Services is managing increasing demand while prioritising statutory and strategic work. Copilot, automation and a governed data platform could improve efficiency and self-service, supporting the Trust's 2030 ambition for data-driven decision making.

Synovus – Committee members were briefed on the matter. The risk is currently considered low, pending further information, with the Data Protection Officer (DPO) to provide an update at the next meeting.

Assure
(key assurances received and any highlights of note such as best practice or innovation)

Apex Upgrade - The Apex upgrade for the Laboratory Information Management System (LIMS) has been completed and was reported to be successful with several minor issues but no significant issues reported/impact. The upgrade also moved the organisation onto a supported software version.

Information Commissioners Office (ICO) Audit Report - The ICO audit provided assurance, with a mandatory action to formalise consultation regarding high residual data-protection risks. The findings provide a useful baseline for existing improvement work, with the detailed a response to be progressed through the Digital and Data Governance Group.

Risks (any new risks / proposed changes to risk scores – include risk ID where known)

No new risks noted

Cross-referrals to other Committees / Executive Director Leads

Research, Innovation and Commercial (RIC) Committee
Committee members discussed commercial income, and a potential risk regarding product development advice being given to external companies without a formal arrangement. The Associate Director Commercial Enterprise agreed to take this to the RIC and feedback to this committee.

Agreed actions	Responsibility / timescale
1. To provide a standing agenda verbal update on significant Tier 2 governance changes and ensure AAA reporting is used to shape future committee agendas.	Director of Digital / Chair of Digital and Data Committee, Ongoing
2. To produce a report describing generalise responses process for PHP (a programming language) vulnerabilities and share with the committee.	Chief Digital Information Officer Next committee meeting on 14 January 2027
3. The formal report on the assessment of the PROMs data will be shared with the Committee.	Director of Digital, Timescale to be confirmed
4. To review the Trust's commercial cyber insurance arrangements to confirm that they support practical incident response and recovery,	Director of Digital / Associate Director Commercial Enterprise, Timescale to be confirmed

including out-of-hours forensic capability.	
5. To share an update on the Synovus matter.	The Director of Performance and Governance, Next committee meeting on 14 January 2027

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Escalation and Assurance Report

Name of Committee / Group:	Quality Committee
Date of Committee / Group:	22 October 2026
Chair of Committee / Group:	Anna Stabler, Non-Executive Director

Alert

(matters of significant concern requiring escalation for further action or to bring to the attention of the full Board / Committee / Group e.g. breaches in legal or regulatory requirements, fraud, significant negative inspection/audit findings, unmitigated risks rated 20+, major changes in funding/commissioning, industrial action or risks to business continuity/emergency preparedness)

- A deep dive report into Duty of Candour compliance was presented to the committee. It was noted due to recent audit and improvement in Duty of Candour compliance reporting; previous compliance was not fully accurate of actual position. The most recent compliance as noted in the Integrated Board Report (IBR) is accurate and demonstrates further work is required to ensure compliance with statutory requirements. An improvement plan is in place and oversight by the Quality Committee will also remain.

Advise

(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee / Group is seeking assurance over and list any decisions made/approvals)

- Infection Prevention Control Improvement Group report demonstrated engagement is evident across Clinical Boards, with improvement plans in place and operational management of current infection control challenges. Concerns remain regarding inconsistent reporting, delays in data, and ongoing Methicillin-resistant Staphylococcus aureus (MRSA) performance issues. Further evidence of sustained improvement and delivery of actions is required before a higher level of assurance can be provided and the improvement group can be de-escalated.
- The Committee noted generally stable performance outlined in the IBR. There were positive improvements in key quality indicators, including reductions in both Clostridioides difficile (C. difficile) and Methicillin-sensitive Staphylococcus aureus (MSSA) rates, alongside sustained performance in harm-free care metrics. Assurance was strengthened by improved triangulation of formal complaints data and progress in complaint response times. No alerts were identified.
- The Perinatal Quality Surveillance Report demonstrated good assurance regarding oversight of operational, strategic challenges and mitigating actions. Work remains in progress to address key challenges relating to obstetric theatre capacity, obstetric ultrasound capacity due to recent sickness absence and foetal medicine services.
- In relation to Quality Priority 3 – Reduction in Lung Cancer Wait Times, the Committee noted significant improvement in performance against the 28-day Faster Diagnosis Standard. However, ongoing risks remain within the lung cancer pathway, particularly against the 31- and 62-day standards, due to radiotherapy capacity, surgical pathway challenges and reliance on continued funding. Further updates are being presented to the Finance and Performance Committee.

- The Committee noted improvements in the quality and depth of the Patient Experience reporting and recognised progress against national patient experience requirements. Concerns remain regarding the fragility and sustainability of the service due to workforce capacity pressures and the impact of reduced staffing levels on service delivery due to the temporary nature of funding. A substantive investment proposal is being drafted for consideration.
- The Committee received assurance that wards of concern are being effectively monitored, with no significant issues requiring escalation. Positive progress was also noted within the Accrediting Excellence (ACE) programme, with performance maintained or improved and rollout to outpatient and community services progressing. Ongoing oversight is required regarding workforce capacity and the programme's long-term sustainability.
- The Committee noted ongoing development of the Quality & Safety Peer Review process, including work to reduce duplication and improve consistency across services. Members were reassured that appropriate processes and oversight arrangements are in place, and that peer reviews are providing useful insight to support improvement. Areas of improvement were required and noted to ensure full compliance with expected standards and assurance gained regarding improvement plans. It was noted that further updates on care planning will be welcomed to provide additional assurance on the embedding and impact of the programme
- The Committee noted positive staff engagement and ongoing progress within the Facilities Management Change Programme, with some early improvements evident. However, catering remains a significant risk, particularly in relation to patient experience and food quality. While plans for equipment and service improvements are progressing, delivery is dependent on longer-term investment and implementation.
- The Committee received assurance that mortuary services continue to maintain appropriate standards of privacy, dignity and safeguarding, with no new access-related incidents reported. However, members were advised of a risk relating to delayed expansion works at the RVI mortuary, requiring temporary additional storage capacity over the winter period. Appropriate mitigations and oversight are in place, but ongoing monitoring is required until a permanent solution is delivered.

Assure
(key assurances received and any highlights of note such as best practice or innovation)

- The Committee was assured regarding the governance, oversight and delivery of maternity services, including progress against the 10-point improvement plan, delivery of the Maternity Incentive Scheme, and actions arising from the Thirlwall Report.

(any new risks / proposed changes to risk scores – include risk ID where known)

Cross-referrals to other Committees / Executive Director Leads

To note that the Commercial Trials audit is likely to transfer to Research, Innovation and Commercial Committee (RICC).

Agreed actions	Responsibility / timescale
1. Chair of the Committee to write on behalf of the Committee to congratulate the recipient of the national Infection Prevention and Control (IPC) Award.	1. Anna Stabler, Non-Executive Director – November 2026
2. IPC action plan for Family Health Clinical Board to be shared with the Committee.	2. Ian Joy, Executive Director of Nursing, Midwifery and Allied Health Professionals – November 2026
3. IPC report for January to include a trajectory of improvement by Clinical Board highlighting any outliers as well as Doctor ANTT (Aseptic Non-Touch Technique) and Fit Testing.	3. Lucia Pareja- Cebrian, joint medical Director – January 2027
4. VTE (Venous Thromboembolism) assessments undertaken within 24 hours of admission – learning from those Clinical Boards with highest compliance to be shared at Patient Safety Group.	4. Rachel Carter, Director of Quality & Safety.
5. Dates for Phase 3 of Medicines Reconciliation to be included in the relevant slide in the IBR.	5. Rachel Carter, Director of Quality & Safety. – November 2026.
6. Seek assurance that the current safeguarding training and education provide sufficient focus on the identification and escalation of safeguarding concerns in line with Thilrwall recommendations.	6. Ian Joy, Executive Director of Nursing, Midwifery and Allied Health Professionals – November 2026
7. To provide the roll out plan for the ACE programme over the next 12 months as an appendix to the next planned update.	7. Cheryl Teasdale, Associate Director of Nursing - November 2026
8. Following receipt of the final Clinical Research internal audit report, determine the most appropriate committee oversight arrangements and provide an update to the Committee.	8. Ian Joy, Executive Director of Nursing, Midwifery and Allied Health Professionals – November 2026

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Escalation and Assurance Report

Name of Committee / Group:	Quality Committee
Date of Committee / Group:	17 November 2026
Chair of Committee / Group:	Anna Stabler, Non-Executive Director (NED)

Alert

(matters of significant concern requiring escalation for further action or to bring to the attention of the full Board / Committee / Group e.g. breaches in legal or regulatory requirements, fraud, significant negative inspection/audit findings, unmitigated risks rated 20+, major changes in funding/commissioning, industrial action or risks to business continuity/emergency preparedness)

- There were no alerts.

Advise

(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee / Group is seeking assurance over and list any decisions made/approvals)

- **Improvement Group update – Deteriorating Child –** Committee members were advised on the progress with the deteriorating-child action plan, including metrics for the three programme pillars, staged paediatric critical-care outreach implementation, interim Paediatric Early Warning System (PEWS) monitoring and continuing education requirements. Assurance was sought regarding progress against key milestones in the action plan and updates provided.
- **Integrated Board Report (IBR) –** A comprehensive update was received on the quality and safety elements of the IBR. Committee members noted the increase in incident reporting and complaints across the Trust. Work is underway to better understand emerging themes and trends, ensure timely responses to complaints and investigate incident reports to confirm correct incident grading. Ongoing monitoring will continue through the committee
- **Six-month review of all Quality Account Priorities –** Progress continues across all six quality priorities, including improved timeliness of responses to complaints. Performance against the 28-day Faster Diagnosis Standard (FDS) for lung cancer remained marginally below the national target, despite significant overachievement in two reporting months. Ongoing improvement actions are in place to support sustained compliance and further enhance diagnostic performance. Some areas of digital support were required and it was agreed to share key themes with digital and data colleagues.
- **Quality Performance Reviews (QPRs) –** Committee members agreed that visibility of quality alerts, actions and assurance arising from QPRs is valuable, including where issues have been resolved before formal reporting. A review will be undertaken to identify the most effective reporting approach, taking account of the accountability framework and the need to minimise duplication while maintaining appropriate oversight and assurance.
- **Clinical Audit / Guidelines Report –** Several national clinical audits are currently undergoing assessment to confirm eligibility and participation. Appropriate governance arrangements are in place to review participation decisions and

associated risks where participation is not undertaken. Ongoing oversight and assurance will be provided through established clinical audit governance processes, with regular reporting on progress, risks and mitigating actions.

- **Allied Health Professionals (AHP) update –** Emerging workforce challenges across the AHP workforce were highlighted, including increasing turnover in some professions and recruitment pressures within Podiatry and Therapeutic Radiography. Progress continues with implementation of AHP job planning, providing greater visibility of workforce capacity and deployment. Workforce development, education and planning activities remain in place to support service sustainability, while collaborative approaches across Clinical Boards are strengthening service integration and workforce resilience in key areas.
- **Quarter 2 reports:**
  - **Safeguarding –** An overview of safeguarding activity was noted, including challenges regarding the implementation of the Child Protection Information Sharing (CP-IS) programme, safeguarding training, and improvements relating to Children in Care and Mental Capacity Act compliance. Ongoing workforce and service pressures continue to be managed through established improvement plans and governance processes. Revised Safeguarding Committee Terms of Reference were approved.
  - **Learning Disability –** Committee members noted ongoing progress in improving services for people with learning disabilities and autism, including work to strengthen reasonable adjustments, improve care planning, enhance staff training, and review processes affecting access to care. Further improvements and assurance activity are ongoing to support patient experience, safety and equitable access to services. Additional audit detail was requested in future reports.
- **Six-month nurse staffing review deep dive –** Ongoing operational workforce pressures were noted across a number of clinical areas, driven by patient acuity, enhanced observation requirements and seasonal staffing challenges. Mitigating actions are in place, including targeted workforce initiatives and service reviews, and pressures continue to be closely managed to support safe patient care. The bi-annual staffing report was discussed in detail.
- **Board Assurance Framework (BAF) –** The BAF was ratified for Trust Board approval. It was noted that the failure to achieve compliance with national maternity standards assurance rating has moved from amber to green. Additional work was agreed relating to review of actions behind plan and the process for the confirmation of revised target dates.
- **Realignment of Tier 2 Committees -** A proposal to revise Quality Committee governance arrangements was considered to improve alignment with strategic priorities, the BAF, and to reduce duplication across reporting structures. Committee members supported the overall direction of travel but highlighted the need to maintain appropriate visibility of key priorities, within the revised arrangements. Further refinement of the proposals will be undertaken before being brought back for consideration.

Assure
(key assurances received and any highlights of note such as best practice or innovation)

- **Perinatal Quality Surveillance Report, including Maternity Incentive Scheme (MIS) update –** Assurance was provided that maternity and neonatal services continue to perform well, with progress against the MIS, strong neonatal audit outcomes, and compliance with safeguarding training requirements. While challenges remain relating to capacity, workforce, estates and implementation of national recommendations, appropriate mitigations, risk assessments and improvement plans are in place with risks being actively managed.
- **End of Life and Palliative Care –** Committee members noted continued progress in delivering the priorities of the Palliative Care Service, including greater integration of palliative and end of life care within wider system planning, development of service provision, workforce planning and digital improvements. Assurance was received of the high-quality care delivery through positive audit outcomes and patient feedback, while ongoing work continues to address future service needs and equitable access to care.
- **Six-month nurse staffing review deep dive -** The Committee received assurance regarding nurse staffing governance, staffing establishments and monitoring processes, supported by positive findings from a recent NHS England Assurance Review. Staffing risks and quality indicators continue to be subject to robust oversight, with areas of concern actively monitored through established governance arrangements.

(any new risks / proposed changes to risk scores – include risk ID where known)

No new risks.

Cross-referrals to other Committees / Executive Director Leads

- **Perinatal Quality Surveillance Report, including Maternity Incentive Scheme update** – Progress against the maternity equity and inclusion priority continues to be affected by limitations in QR-code functionality and the wider ability to provide communications in appropriate languages. The issue will be considered by the Digital and Data Committee as part of a broader organisational approach to accessible communications.
- **Safeguarding Quarter Report** – Domestic abuse affecting Trust staff was highlighted as an area requiring further consideration. The matter will be referred to the People Committee and relevant Tier 2 groups to better understand the scale and complexity of need, and to consider whether additional support arrangements are required.
- **Board Assurance Framework (BAF)** – For information to the Audit, Risk and Assurance Committee that all risks under the Quality Committee remit remain outside of the risk appetite tolerance.

Agreed actions	Responsibility / timescale
1. Improvement Group update – Deteriorating Child - Future updates to include monitoring and reporting of training uptake for both new and existing staff to provide assurance on	1. Raja Abouelella, Consultant Paediatric Intensivist / February 2027

implementation and compliance across the organisation.	
2. Safeguarding Quarter 2 Report - A verbal update on local improvement plans and trajectory against level 3 safeguarding training compliance will be provided at the next Committee meeting.	2. Ian Joy, Executive Director of Nursing, Midwifery & AHPs, & Helga Charters, Associate Director of Nursing / January 2027
3. Learning Disability Quarter 2 Report – Future reports to include relevant compliance and performance data, alongside a summary of the resource implications, identified gaps, expected benefits and anticipated outcomes associated with the Oliver McGowan Mandatory Training programme.	3. Ian Joy & Helga Charters / March 2027
4. End of Life and Palliative Care – To consider Children's Palliative Care reporting.	4. Ian Joy / January 2027
5. Realignment of Tier 2 Committees - Further refinement of the proposed governance arrangements, including the reporting format and review schedule, will be undertaken before the revised proposal is brought back to the Committee for consideration.	5. Rachel Carter, Director of Quality & Safety / February 2027
6. Patient Safety Group Triple A Report - Examples of cultural themes identified across the organisation will be considered through the People Programme Board to support ongoing discussion, learning and continuous improvement. Key themes and any resulting actions will be reported to the People Committee.	6. Ian Joy / January 2027

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

Escalation and Assurance Report

Name of Committee / Group:	People Committee
Date of Committee / Group:	17 November 2026
Chair of Committee / Group:	Joanne Race, Non-Executive Director (NED)

Alert

(matters of significant concern requiring escalation for further action or to bring to the attention of the full Board / Committee / Group e.g. breaches in legal or regulatory requirements, fraud, significant negative inspection/audit findings, unmitigated risks rated 20+, major changes in funding/commissioning, industrial action or risks to business continuity/emergency preparedness)

- **Integrated Board Report (IBR)** - The Committee noted that workforce performance remains challenged, with workforce numbers above plan, sickness absence remaining high, and appraisal compliance below target. Whilst improvement programmes are in place, there has been no sustained improvement in key indicators, particularly long-term absence associated with stress, anxiety and depression. Continued oversight and targeted action are therefore required.

Advise

(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee / Group is seeking assurance over and list any decisions made/approvals)

- **Fairer Deal for Nursing** – The Committee received assurance that the national job evaluation programme is progressing in line with required timescales, with appropriate governance and staff engagement arrangements in place. Whilst compliance requirements are being met and early progress has been achieved, the Committee noted ongoing risks relating to organisational capacity, workforce engagement and the potential financial impact of review outcomes. These risks will continue to be monitored as the programme progresses.
- **Board Assurance Framework (BAF) –** The BAF was considered and ratified for Trust Board approval.
- **Updated People Committee Terms of Reference –** One minor amendment to the People Committee Terms of Reference was approved to add an Allied Health Professionals representative to the Committee membership.
- **Guardian of Safe Working (GoSW) Report –** The Committee received and noted the content of the report.

Assure

(key assurances received and any highlights of note such as best practice or innovation)

- **Welcome to the People Business Partners including NHS Staff Standards –** Committee members welcomed the new People Business Partners. Arrangements are in place to support the embedding of the new model, and the Committee was assured that appropriate governance, communication and oversight arrangements are in place to support successful implementation.

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• **Proud People, Great Care overview and action plan tracker –** An update was provided on the development of the People Strategy and its alignment with the Trust's ambition to deliver great care through its people. Committee members were assured that appropriate governance arrangements are in place through the People Programme Board and noted plans for further staff engagement, communication and regular progress reporting. • **Feeling well, Staff Psychology support services –** The Committee welcomed the positive impact of the Staff Psychology Service and noted that uptake has been in line with expectations, including amongst harder-to-reach staff groups. The service is working effectively in partnership with Clinical Boards and People Services, with a continued focus on prevention, staff wellbeing and support for those returning from long-term sickness absence. Further evaluation work is underway to measure impact and inform the long-term development of the service. • **Integrated Board Report (IBR) –** Committee members were assured that significant work is underway, including the implementation of new people initiatives, policies and support arrangements.	
Risks (any new risks / proposed changes to risk scores – include risk ID where known)	
• No new risks or proposed changes to risk scores.	
Cross-referrals to other Committees / Executive Director Leads	
• No new cross-referrals.	
Agreed actions	**Responsibility / timescale**
1. Workforce Reduction Group update – Update to be received at the January 2027 Committee on next steps.	1. Vicky McFarlane-Reid, Executive Director of People and Commercial Innovation & Sue Hillyard, Interim Executive Director of Operations / January 2027
2. Welcome to the People Business Partners including NHS Staff Standards – An interim review will be presented to the Committee in March, with a full evaluation of the model and its benefits realisation scheduled for consideration by the Committee in July 2027.	2. Amy Callow, Director of People and Organisational Development (OD) / March 2027
3. People Programme Board updates to be added to the People Committee schedule of business on a quarterly basis.	3. Lauren Thompson, Corporate Governance Manager & Deputy Trust Secretary / November 2026
4. Guardian of Safe Working Report – The Executive Summary on the cover sheet to be updated prior to	4. Lucia Pareja-Cebrian, Joint Executive Medical Director / November 2026

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Public Trust Board with further information.	

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Agenda item A1(e)

Escalation and Assurance Report

Name of Committee / Group:	Finance and Performance Committee
Date of Committee / Group:	26 October 2026
Chair of Committee / Group:	Judith McKenna, Non-Executive Director (NED)

Alert

(matters of significant concern requiring escalation for further action or to bring to the attention of the full Board / Committee / Group e.g. breaches in legal or regulatory requirements, fraud, significant negative inspection/audit findings, unmitigated risks rated 20+, major changes in funding/commissioning, industrial action or risks to business continuity/emergency preparedness)

- **Cancer Performance Deep Dive –** Cancer performance remains challenging against the 31-day and 62-day standards, particularly within breast, lung, urology and upper/lower gastrointestinal (GI) pathways, largely due to workforce and capacity constraints within radiotherapy. Recovery actions are in place, including recruitment, additional capacity and requests for regional support, with robust clinical oversight of patients experiencing delays. Clinical harm reviews continue to be completed for patients experiencing delays.
- **Emergency Department (ED) update -** Emergency care performance remains under pressure due to rising demand, estate constraints and ongoing corridor care challenges. The Urgent Treatment Centre (UTC) link project remains on track to complete in late December and is expected to improve patient flow and ambulance offloading. While mitigating actions including the opening of a Frailty Same Day Emergency Care (SDEC) expansion, ambulatory pathways, enhanced triage and targeted workforce investment are beginning to have an impact, risks remain until additional capacity and longer-term service improvements are fully delivered.

Advise

(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee / Group is seeking assurance over and list any decisions made/approvals)

- **Peri-op and Critical Care Clinical Board –** At Month 6, the financial position is 0.1% overspent year-to-date (£90k adverse variance) including Cost Improvement Programme (CIP) delivery, with an underlying £850k underspend excluding CIP. Financial pressures remain, primarily linked to CIP delivery and workforce vacancies, however, activity is on plan and mitigating actions, including vacancy management, theatre utilisation improvements and productivity initiatives, continue to support delivery of the revised financial forecast.
- **Month 6 Financial reporting including –**
  - **Revenue / Cash / Provider Assurance Model (PAM) -** The Trust continues to forecast a breakeven year-end position; however, delivery remains dependent on achieving CIP targets and planned activity levels. Cost improvement delivery is behind plan and is being supported by non-recurrent mitigations. While the risk position has improved and cash performance

remains strong, the underlying deficit and reliance on one-off measures require continued close monitoring.
    - **Capital –** The Capital Programme remains broadly on track, with expenditure slightly behind plan but managed back to a breakeven position. Key risks relate to delivery of major schemes, which continue to be closely monitored.
    - **Mid-year review letter -** A draft response to the findings from the mid-year review has been prepared and will be considered by the Trust Board prior to submission. The issues raised are already being addressed through existing work programmes, and no new significant risks or concerns were identified for escalation.
- **Integrated Board Report (IBR) –** Diagnostic and elective recovery performance remains challenged, particularly within echocardiography and audiology. Recovery plans, including additional capacity, are being implemented. Elective recovery remains focused on reducing 18-week breaches, with progress made in reducing the number of patients waiting > 18 weeks for their first outpatients' appointment, although further improvement is required. ED and Cancer performance were discussed under their own agenda items.
- **Cash Group Terms of Reference (ToR) –** The ToR were subject to minor amendments to which the Committee approved.
- **Revenue Management Group ToR –** The ToR were subject to minor amendments to which the Committee approval.
- **Two procurement reports were approved.**
- **Service reviews -** An update on two service reviews was received and noted by the Committee. Both reviews will be presented to the Private Trust Board in the coming months.

Assure
(key assurances received and any highlights of note such as best practice or innovation)

- **Procurement update –** Procurement is supporting delivery of efficiency savings through commercial optimisation, supply chain improvements, collaborative working across the Alliance, and enhanced inventory management. Work is also underway to strengthen procurement capability and maximise value for money, with regular oversight of opportunities and contract activity.
- **Transformation Governance and approach to reporting -** Strengthened governance and oversight arrangements have been established for the Trust's major transformation programmes, with clear performance measures, milestone tracking and regular reporting through the Finance and Performance Committee to ensure alignment with strategic objectives. The Committee reviewed and approved the proposed approach.

Risks (any new risks / proposed changes to risk scores – include risk ID where known)

No new or proposed changes to risks noted.

Cross-referrals to other Committees / Executive Director Leads

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No cross-referrals discussed.	
Agreed actions	**Responsibility / timescale**
1. Transformation Governance and approach to reporting – to discuss future agenda items for the Schedule of Business for transformation.	1. Sue Hillyard, Interim Executive Director of Operations and Jackie Bilcliff, Acting Deputy Chief Executive & Executive Director of Finance / November 2026
2. Service Review – six monthly updates to be added to the Schedule of Business.	2. Lauren Thompson, Corporate Governance Manager/Deputy Trust Secretary / November 2026

The Newcastle upon Tyne Hospitals NHS Foundation Trust

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Escalation and Assurance Report

Name of Committee / Group:	Finance and Performance Committee
Date of Committee / Group:	23 November 2026
Chair of Committee / Group:	Judith McKenna, Non-Executive Director (NED)

Alert

(matters of significant concern requiring escalation for further action or to bring to the attention of the full Board / Committee / Group e.g. breaches in legal or regulatory requirements, fraud, significant negative inspection/audit findings, unmitigated risks rated 20+, major changes in funding/commissioning, industrial action or risks to business continuity/emergency preparedness)

- **Capital –** The Trust's Capital programme, including external funding, now equals £87.9m. While outturn is projected to be just ahead of this, Capital Management Group are looking at reserve schemes and other measures to manage a risk of in-year underspend. The Finance and Performance Committee were also briefed on some specific projects which were at risk of running late or dependent on external factors. The Committee considered the operational consequences in discussion with the Executive Team.
- **Integrated Board Report (IBR) including Emergency Department (ED) / Winter Plan update –** ED performance declined to 76.1% in September. Ongoing construction work associated with the Urgent Treatment Centre (UTC) link corridor has required temporary changes to patient flow and the closure of some clinical capacity within Adult and Paediatric ED's. Corridor care, ambulance handover delays and patient flow challenges, remain a significant operational risk and despite significant improvement activity, performance recovery has not yet been realised.

Advise

(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee / Group is seeking assurance over and list any decisions made/approvals)

- **Family Health Clinical Board update -** The Clinical Board highlighted ongoing financial and operational pressures, including nursing and midwifery staffing costs, continued reliance on bank staffing to support sickness absence and workforce gaps, and gynaecology activity remaining below plan due to consultant vacancies and capacity constraints. Recovery actions are in place, however delivery of planned activity and associated income will require continued oversight to achieve forecast performance by year end.
- **Month 7 Financial reporting including –**
  - **Revenue / Cash / Provider Assurance Model (PAM) -** The Trust remains on plan at Month 7, forecasting a breakeven position and maintaining a strong cash balance. However, delivery risks remain, including £10.4m of Cost Improvement Programme (CIP) slippage, pressures from medicines

expenditure, and activity levels below plan, which may impact income. These risks are currently being mitigated through non-recurrent measures, although the underlying financial position remains challenged and continued oversight is required to support delivery of the year-end financial plan.
    - **Capital** – Capital expenditure at Month 7 was £28.2m against a planned £31.9m, and delivery of the programme will continue to be monitored to ensure expenditure remains aligned with planned trajectories and funding requirements.
- **IBR –** Referral to Treatment (RTT) performance remained below target at 72.6% in September, with the waiting list increasing slightly to 88,160 patients. Performance continues to be affected by activity delivery challenges in a number of specialties, particularly Dermatology where reduced clinical capacity has impacted service delivery. Mitigating actions are being explored to support recovery. The Trust achieved the 28-day Faster Diagnosis Standard (FDS) in September, with performance of 82.8%, reflecting sustained improvements across cancer pathways. A deep dive into Children and Young People (CYP) and Community waiting lists was undertaken.
- **Major Change Programme: Delivery update –** The Committee received an update on the outpatient transformation programme, including work to standardise clinical processes, improve referral management through single points of access, and strengthen collaboration with primary care. Progress has been made in several specialties, although delivery remains at an early stage and further work is required to realise benefits at scale. A longer-term programme of optimisation, digitisation and service redesign is being developed to improve access, productivity and patient experience across outpatient services.
- **Board Assurance Framework (BAF) –** The BAF was reviewed and ratified for Audit, Risk and Assurance Committee and Trust Board approval.
- **Capital Management Group Terms of Reference (ToR) –** The updated ToR were approved.
- **A procurement report and a business case were approved.**

Assure
(key assurances received and any highlights of note such as best practice or innovation)

- **Family Health Clinical Board update -** The Clinical Board reported a small underspend overall and remains on track to deliver its CIP, with a year-end position currently forecast to exceed the £6.1m target. Financial performance is supported by robust monitoring arrangements, a good understanding of key cost pressures, and recovery plans to address areas of reduced activity and performance. Significant work continues to improve productivity, manage workforce costs, and support recovery of elective services.
- **Productivity update -** The Committee received assurance that a structured approach is being developed to strengthen productivity across the Trust. Plans are in place to align productivity reporting with operational, workforce and financial planning, supported by tailored information for Clinical Boards and enhanced performance monitoring.

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Risks (any new risks / proposed changes to risk scores – include risk ID where known)
No new or proposed changes to risks noted.
Cross-referrals to other Committees / Executive Director Leads
No cross-referrals discussed.

Agreed actions	Responsibility / timescale
1. Major Change Programme: Delivery update – a private item at the January Digital and Data Committee was proposed to discuss transformational requirements.	1. Hassan Kajee, NED & Lauren Thompson, Corporate Governance Manager/Deputy Trust Secretary / January 2027
2. Procurement report – Future updates to include further detail on value for money benchmarking that has taken place.	2. Owen O'Reilly, Head of Procurement and Operations / January 2027

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

Escalation and Assurance Report

Name of Committee / Group:	Audit, Risk and Assurance Committee (ARAC)
Date of Committee / Group:	24 November 2026
Chair of Committee / Group:	David Weatherburn, Non-Executive Director (NED)

Alert

(matters of significant concern requiring escalation for further action or to bring to the attention of the full Board / Committee / Group e.g. breaches in legal or regulatory requirements, fraud, significant negative inspection/audit findings, unmitigated risks rated 20+, major changes in funding/commissioning, industrial action or risks to business continuity/emergency preparedness)

- **Grant Thornton Well-Led Review –** The well-led actions relating to the overarching Leadership Development offer (the Developing Excellence Programme) were noted to be behind plan, with an alert raised to seek assurance on programme delivery and expected completion dates.

Advise

(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee / Group is seeking assurance over and list any decisions made/approvals)

- **Trust Strategy Update** – Good progress was noted in implementing the Trust Strategy, with 42 of 62 objectives on track and positive progress across the supporting Strategic Delivery Plans. Further development of reporting, including an impact dashboard, would strengthen assurance and demonstrate the effectiveness of Strategy delivery.
- **Grant Thornton Well-Led Review** –Committee members noted continued progress against the Well-Led Review action plan, with several actions completed. The committee supported revised timescales for one action.
- **Board Assurance Framework (BAF)** – Committee members welcomed the considerable progress made in the development of the Board Assurance Framework. It was noted, however, that six of the ten strategic risks remained outside of the risk appetite and continued focus was required to ensure actions were appropriately targeted and effective in mitigating strategic risks.
- **Internal Audit Progress Report** – Whilst good progress in responding to outstanding recommendations had been made, some historic outstanding recommendations had not yet been completed regarding the Waiting List Initiative (WLI) audit actions. The revised WLI policy had now been agreed with implementation to be progressed.
- **Draft Charity Annual Report and Accounts including External Audit Management Letter** - The Committee approved the Charity Annual Report and Accounts for 2025/26 and supported their onward submission to the Board, noting the unmodified external audit opinion.

Assure

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(key assurances received and any highlights of note such as best practice or innovation)
• **BAF** – The Committee was assured by the strengthened BAF process and oversight through Tier 1 and Tier 2 Committees, including improved alignment with delivery of the Trust Strategy. • **Risk Report** - The Committee was assured by the continued strengthening of Trust-wide risk management and oversight, including timely risk reviews, effective scrutiny through the Risk Validation Group and increased movement within the risk profile. Improved alignment between operational risks, the BAF and Trust Strategy was also welcomed. • **Emergency Preparedness, Resilience and Response (EPRR) Report** - The Committee was assured by the robust EPRR arrangements and positive progress regarding business continuity planning and CBRN (Chemical, Biological, Radiological, and Nuclear) preparedness, with no specific concerns identified through the recent NHS England review. Remaining actions, principally relating to training, continued to progress towards full compliance. • **Internal Audit Progress Report –** The Committee was assured by the strength and robustness of the Internal Audit process, with delivery of the Audit Plan remaining broadly on track. • **Counter Fraud Report** - The Committee remained assured that robust counter-fraud processes and controls were in place and operating effectively, supported by the new fraud risk assessment framework and proactive review activity. The positive level of fraud prevention was noted, alongside continued oversight of emerging risks, particularly recruitment fraud, and ongoing work regarding controls. • **Legal Claims** - The Committee was assured that robust arrangements remained in place for the management and oversight of legal cases, with the overall position remaining broadly stable. Continued focus was being given to ensuring learning from legal cases is shared and embedded across the organisation.
Risks (any new risks / proposed changes to risk scores – include risk ID where known)
No new risks identified.
Cross-referrals to other Committees / Executive Director Leads
No cross-referrals identified.

Agreed actions	Responsibility / timescale
1. Next iteration of the Trust Strategy update to include monitoring dashboard.	Patrick Garner, Director of Performance & Governance – March 2027
2. Next iteration of the Trust Strategy update to include greater clarity on the rationale for any delays or changes to delivery timescales in relation to the clinical effectiveness objective.	Rachel Carter, Director of Quality & Safety – March 2027

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3. Chair of the People Committee to be informed of ARAC's decision to escalate the leadership development offer as an Alert.	David Weatherburn, ARAC Chair / Kelly Jupp, Trust Secretary – 27 November 2026
4. Timing of recommendation/action reporting for Internal Audit would be reviewed to ensure future reports reflected the most up-to-date position.	Natalie Yeowart – Associate Director of Compliance, Governance & Risk, and Linsey Raine, AuditOne – January 2027
5. Proactive review of Estates purchase orders report would be supplemented to provide greater clarity regarding the scale, context and intent associated with the findings.	Ivan Bradshaw - Fraud Specialist Manager – January 2027
6. Future Counter Fraud report to separately identify recruitment-related fraud values and clarify the methodology used to calculate fraud prevented.	Ivan Bradshaw - Fraud Specialist Manager – January 2027
7. The audit report and annual accounts for Newcastle Hospitals Pharmaservices would be circulated to ARAC members to recommend for approval by Trust Board.	Chris Haynes - Assistant Finance Director, Financial Services – December 2026

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

Escalation and Assurance Report

Name of Committee / Group:	Research, Innovation & Commercial (RIC) Committee
Date of Committee / Group:	16 November 2026
Chair of Committee / Group:	Jeff Perring, Non-Executive Director (NED)

Alert

(matters of significant concern requiring escalation for further action or to bring to the attention of the full Board / Committee / Group e.g. breaches in legal or regulatory requirements, fraud, significant negative inspection/audit findings, unmitigated risks rated 20+, major changes in funding/commissioning, industrial action or risks to business continuity/emergency preparedness)

- **Research Performance -** Committee members agreed that the principal escalation to the Trust Board remains the risk associated with research study set-up performance and achievement of the national 90-day target. Current improvement trajectories did not yet provide assurance that required performance levels would be achieved and a more detailed recovery plan was requested.

Advise

(areas subject to ongoing monitoring where some assurance has been noted / further assurance sought or emerging developments that the Committee / Group is seeking assurance over and list any decisions made/approvals)

- **Innovation** – Committee members received an update on progress relating to the NHS Clinical Entrepreneur Programme and the NHS InSites Programme. Examples of staff innovation projects being supported through the Trust's innovation pathway were shared, along with how participation in the programme provided access to mentorship, investment and commercialisation opportunities. Further work was required on available options and case studies illustrating different commercialisation routes.

- **Commercial** – An update was provided regarding Data Partnership Enterprise, Alliance work and the Newcastle Hospitals company shareholding. Additional information on current value and performance of shareholdings was requested. A future proposal on commercialisation models and shareholding strategy would be brought back to the Committee for consideration.

- **Research Integration** - Committee members received an update regarding discussions on closer integration of research activity within Clinical Boards. The importance of maximising benefits to patients was emphasised.

- **Medical Director Structure –** Committee members were advised on forthcoming recruitment to a senior leadership role that would formally combine research and innovation leadership arrangements.

- **Newcastle Hospitals Charity Research Funding** – An update was received from Newcastle Hospitals Charity on future research funding arrangements for the Research Pump-Prime and Research Impact Programmes.
  Committee members welcomed the development of a formal governance framework and noted the proposal to establish a Research Advisory Panel to assess applications and make recommendations to the Charity Committee.

Assure
(key assurances received and any highlights of note such as best practice or innovation)

- No items for assure were notified.

Risks (any new risks / proposed changes to risk scores – include risk ID where known)

- No new risks.

Cross-referrals to other Committees / Executive Director Leads

- No cross-referrals.

Agreed actions	Responsibility / timescale
1. Review options to enhance the Trust approach to intellectual property governance, contracts and staff obligations, including examples from other sectors.	1. Charlotte Fox, Innovation and Intellectual Property Lead / January 2027
2. Present case studies illustrating the lifecycle of spin-outs and commercialisation arrangements.	2. Charlotte Fox, Innovation and Intellectual Property Lead / January 2027
3. Develop proposals for future commercialisation and company shareholding strategy, including assessment of current value and returns.	3. Wayne Elliott, Associate Director Commercial Enterprise / January 2027
4. Continue development of Alliance federated data strategy and provide progress update.	4. Wayne Elliott, Associate Director Commercial Enterprise / January 2027

5.	Provide detailed recovery trajectory and assurance plan for achieving national 90-day study set-up targets that extends into 2027 and beyond.	5.	Jo Noble, Associate Director Clinical Research / January 2027

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