

Council of Governors' Meeting: Public Session Thursday 2 December 2021 1415 h

Venue: Newcastle United Football Club, St James Park, Newcastle upon Tyne, NE1 4ST

Agenda

Item	Lead	Paper	Timing	
Business items				
1	Apologies for absence and Declarations of interest	John Burn	Verbal	14:15 – 14:20
2	Minutes of the meeting held on 21 October 2021 and Matters arising	John Burn	Attached	
3	Meeting action log	John Burn	Attached	
4	Chair's report	John Burn	Attached	14:20 – 14:25
5	Chief Executive's report	Andy Welch deputising	Attached	14:25 – 14:35
Quality & Patient Safety; Performance & Delivery				
6	Integrated Board Report – Quality, Performance, People & Finance	Andy Welch	Attached	14:35 – 14:50
Refreshments			14:50 – 15:00	
Discussion Topic				
7	Trust Charity Developments	Teri Bayliss	Presentation	15:00 – 15:20
Governor Reports				
8.1	Lead Governor Update	Pam Yanez	Verbal	15:20 – 15:25
8.2	Quality of Patient Experience (QPE) WG	Carole Errington	Attached	15:25 – 15:30
8.3	Business and Development (B&D) WG	Eric Valentine	Attached	15:30 – 15:35
8.4	People, Engagement and Membership (PEM) WG	Catherine Heslop	Attached	15:35 – 15:40
Items to Approve				
9	Nominations Committee Report	Kelly Jupp	Attached	15:40 – 15:45
Items to receive and any other business				
10.1	Updates from committee chairs	Committee Chairs	Attached	15:45 – 15:55
10.2	Any other business	John Burn	Verbal	15:55 – 16:00
10.3	Date and time of next meeting: Thursday 17 February 2022, 13.30			

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

Professor Sir John Burn, Chairman,
Dame Jackie Daniel, Chief Executive Officer
Mr Andy Welch, Medical Director/Deputy Chief Executive Officer
Ms Maurya Cushlow, Executive Chief Nurse
Dr Vicky McFarlane-Reid, Executive Director of Business, Development & Enterprise
Mr Martin Wilson, Chief Operating Officer
Mrs Angela Dragone, Finance Director
Mrs Dee Fawcett, Director of Human Resources
Mrs Pam Yanez, Lead Governor
Mrs Carole Errington, Public Governor and Chair of the Quality of Patient Experience (QPE) Working Group
Dr Eric Valentine, Public Governor and Chair of the Business & Development (B&D Working Group
Mrs Judy Carrick, Public Governor and Chair of the People, Engagement and Membership (PEM) Working Group
Ms Teri Bayliss, Charity Director
Mrs Kelly Jupp, Trust Secretary

COUNCIL OF GOVERNORS MEETING

DRAFT MINUTES OF THE MEETING HELD 21 OCTOBER 2021

- Present:** Professor Sir J Burn [*Chair*], Chairman
 Public Governors (Constituency 1 – see below)
 Public Governors (Constituency 2 – see below)
 Public Governors (Constituency 3 – see below)
 Staff Governors (see below)
 Appointed Governors (see below)
- In attendance:** Dame J Daniel, Chief Executive Officer (CEO)
 Ms J Baker, Non-Executive Director (NED)
 Mr J Jowett, NED
 Professor K McCourt, NED
 Mr B MacLeod, NED
 Mr G Chapman, NED
 Ms M Cushlow, Executive Chief Nurse (ECN)
 Mrs C Docking, Assistant Chief Executive (ACE)
 Mrs D Fawcett, Director of Human Resources (HRD)
 Mr G King, Chief Information Officer (CIO)
 Mrs M Gray, Deputy Chief Operating Officer (COO)
 Mr S Smith, Assistant Director of Finance (ADF)
 Mrs K Jupp, Trust Secretary (TS)
 Dr G Jones, Clinical Director – Northern Centre of Cancer Care (NCCC)
 Mr S Volpe, Health Reporter
- Secretary:** Mrs F Darville, Deputy Trust Secretary (DTS)

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

21/11 **BUSINESS ITEMS**

i) Apologies for Absence and Declarations of Interest

The Chairman welcomed attendees, noting that a number of locations were being utilised across the Trust to ensure social distancing could be maintained.

Apologies were received from Governors Dr A Dearges-Chantler, Professor A Fisher, Ms G Bulley, Mrs G Bestford, Dr I Wilson, and Mrs K Pine.

Apologies were also received from Mr A Welch, Medical Director/Deputy Chief Executive, (Dr G Jones in attendance to deputise), Dr V McFarlane Reid, Executive Director of Business, Development, and Enterprise, Ms S Edusei, Non-Executive Director and Professor D Burn, Associate Non-Executive Director.

There were no additional declarations of interest made at this time.

It was resolved: to (i) **note** the apologies received and (ii) **note** that no further declarations of interest were made.

ii) Minutes of the Meeting held on 17 June 2021 and Matters Arising

The minutes were agreed to be an accurate record of the meeting.

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

iii) Action Log

The action log position was noted. The Healthwatch presentation (action log number 102) would be scheduled for 2022 to allow for the current focus of presentations to remain related to the pandemic.

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

iv) Chairman's Report

The Chairman presented the report, with the following key points to note:

- A summary of the recent private Governor workshop held in August was provided, which included presentations from Sintons LLP on the latest developments regarding Integrated Care Systems (ICS) and the implications on the organisation; Mazars LLP on the Annual Report and Accounts; and Professor Neil Watson, Director of Pharmacy, on the success of the Trust's vaccination programme.
- The recent 'Spotlight on Services' virtual visits, undertaken by the Chairman and the NEDs, were noted which took place with Facilities and the Trust's Plastic Surgery department, part of the Ear, Nose, and Throat, Plastics, Ophthalmology and Dermatology (EPOD) directorate. The Chairman highlighted the circa 35,000 'cleans' undertaken by Facilities which had positively impacted the low level of COVID-19 acquisition within the Trust. He also noted how the Plastics team adapted to conversion of wards to care for COVID patients.
- The launch of the Trust's Clinical Research strategy was outlined.
- The Chairman noted the recent celebration event for the League of Friends (LoF), and paid tribute to Norah Turnbull, former chair of LoF and current Public Governor, for the work of the organisation over many years.

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

v) Chief Executive's Report

The CEO provided a report, with the following key points:

- The Trust continued to be challenged in managing high levels of activity, particularly from patients requiring urgent and emergency care. The impact on staff was noted. Tribute was

Agenda item 2

paid to teams across the organisation, particularly those within the emergency department.

In order to provide further support to Trust urgent and emergency care services, the opening hours for Walk In Centre facilities had been extended and the use of different professional roles within the department were being explored to complement the existing team.

- Up until recent weeks the Trust was caring for around 50 patients with COVID-19 each day, however the number had increased to over 70. This mirrored the national position and whilst the CEO explained that this was not cause for alarm, it was impacting the Trust's ability to undertake other activity such as elective activity.

- Work continued on developing the 'Newcastle Plan' for recovery post-pandemic over the next 1-2 years.

The aim being to both reduce the number of patients waiting, and to shorten the length of time in which patients were waiting for treatment. Plans were being developed to build a new day case facility at the Freeman Hospital. The facility would require a significant number of staff to be recruited.

- Collaborative work and transformation projects were progressing well, both across the system/region and within the Trust. A number of areas were being explored including undertaking further digital transformation and artificial intelligence.
- An update regarding the ICS was provided with the CEO recruitment now complete. The announcement regarding the CEO was anticipated in the coming weeks.
- The CEO noted that the Trust had been successful in its bid to deliver Objective Structured Clinical Exams (OSCEs), with gratitude expressed to the teams involved.

The ECN provided further detail, noting that the Nursing and Midwifery Council (NMC) had invited bids nationally for a number of OSCE centres to be established. Newcastle Hospitals had worked in partnership to develop a bid with Northumbria University and Newcastle City Council. She explained that the Trust, amongst others in the country, had an active international recruitment programme. Internationally recruited nurses required some additional training and were mandated to undertake a structured clinical exam. Previously, there were only a small number of sites that could deliver OSCEs. As such, the Nursing and Midwifery Council invited the bids in order to increase the throughput of international nurses.

The ECN outlined Northumbria University's undergraduate nursing programmes and their long history of working internationally. The Trust's own strong retention rate for internationally recruited nurses at 98.5% further contributed to the strength of the bid. The impact of increasing the number of nurses undertaking the exam and the provision of further training would have a positive economic impact on the City.

Professor McCourt commended the ECN and all involved, noting that the Trust's international recruitment programme was seen as exemplar across the wider NHS and highlighted that this would have a positive impact on the local workforce.

It was resolved: to receive the report.

21/12 QUALITY & PATIENT SAFETY, PERFORMANCE & DELIVERY

i) Integrated Board Report – Quality, Performance, People & Finance

The report was presented with the following key points to note:

Quality

The Clinical Director for the Northern Centre for Cancer Care (NCCC) noted:

- The increase in activity within the Trust was as a result of more patients requiring treatment within the organisation, and the increased acuity of such patients.
- COVID-19 continued to impact the organisation and the way in which activity for non COVID-19 patients could be facilitated.
- Staffing challenges were highlighted as a result of increased sickness as well as fatigue as a consequence of the pandemic.
- Infection Prevention and Control (IPC) continued to be a significant priority for the organisation, with transmission of COVID-19 in the hospital setting remaining low as a result of this focus. Changes in relation to personal protective equipment (PPE) guidelines were anticipated.

The onset of Winter has resulted in cases of flu and norovirus being reported and a key area of focus going forward for the IPC team would be on reducing gram negative bacteraemia and C.difficile rates.

The breadth of work related to IPC was acknowledged, with tribute paid to the Trust's teams.

- The challenges with achieving the national cancer targets were outlined, which reflected the pressures experienced by the wider system. Skins and dermatology were highlighted as identifying innovative solutions to improve services such e.g. the use of teledermatology. Performance associated with lower GI was also noted, with work underway with primary care to consider referral routes and ensure appropriate triaging was undertaken for a number of services.
- The high levels of activity within the wider Trust also impacted diagnostic performance across the region. Work continued within the Northern Cancer Alliance (NCA) to ensure that patients had the same access to care and were triaged appropriately. The Trust continued to offer surgical treatment to patients from elsewhere in the region as part of the active regional hub for cancer surgery.

The Deputy Chief Operating Officer (COO) provided further analysis, noting that:

- Progress since April 2020 was outlined, with the Trust undertaking circa 88% of pre-pandemic day case activity and 76% of elective activity.
- Over the last 3-4 months, an unprecedented increase in the numbers of attendances in the emergency department had been seen and these had subsequently resulted in admissions into a wide range of subspecialties.
- Generally, referrals continued to be lower than expected levels.
- Whilst cancer performance had dropped slightly, good progress to improve the position and keep patients safe from harm continued.
- In relation to lower GI, access to endoscopy was highlighted as a challenge which was being mitigated through work with the NCA and the recruitment of an Advanced

Agenda item 2

Nurse Practitioner for triage. Work was also underway with GPs for fit testing to be undertaken in advance of coming to the Trust in speed the process up.

- The increased attendances in the emergency department equated to circa 23 extra patients per day.

The Chairman noted the need to ensure that the transformational developments implemented during the pandemic, such as the fit testing described in relation to lower GI, should be retained as routine practice going forward.

The HRD presented the People element of the report with the following key points noted:

- The pressures associated with the pandemic and the overall increase in activity has impacted staffing, with increased sickness and fatigue observed. It was noted that this position was being experienced across the wider NHS.
- The reasons for non-COVID sickness absence related predominantly to mental health, gastro, and musculoskeletal. In addition maternity accounted for a significant volume of absence and noted that as a result of COVID-19, pregnant staff members were not able to undertake clinical care after 28 weeks. The Trust was considering ways that pregnant staff could work differently away from the clinical front line.
- The Trust continued to make progress against its key aim of being both an inclusive and diverse organisation, by increasing representation of staff with protected characteristics. The Trust had been recognised in this regard for the Integrated COVID Hub North East (ICHNE) recruitment strategy.
- The Trust's overall workforce continued to expand, with a headcount approaching 18,000.
- The Trust continued to recognise the importance of caring for staff wellbeing, with the range of support outlined. Staff continued to be encouraged to take their leave entitlement.

The ADF presented the Finance element of the report, noting that:

- Progress in relation to the Trust's financial envelope for the second half of the financial year was detailed, noting that the external guidance had been released in late September 2021.
- The Trust financial allocation had been issued, which included funding for the 3% pay award for staff. In addition a further efficiency requirement of 0.82% had been introduced.
- Additional funding would be available based on performance through the Elective Recovery Fund (ERF). The ERF was previously based on elective activity but this had now been changed to Referral to Treatment (RTT) activity.
- Financial planning was currently only possible for the remainder of the financial year, with the allocations and requirements for 2022/23 unknown.
- It was anticipated that the Trust would achieve a break even position at the financial year end.

Mrs Yanez queried to what percentage of the two week waits related to dermatology. The Deputy COO advised that the dermatology figure equated to over 30% of the total and if dermatology was removed from the figures, compliance rates would be improved to over 50%.

Agenda item 2

In relation to the Trust's COVID-19 inpatients, Mrs Elliott queried the proportion of which were unvaccinated. The Deputy COO advised that vaccine status was recorded and the numbers of unvaccinated were relatively low however it was clear that vaccinations continued to be fundamental in managing COVID-19.

The CEO advised that the Trust would continue to do what it could to ensure that patients, visitors, and staff remained protected and would communicating with staff and patients about the importance of social distancing, wearing masks and hand hygiene. Staff continued to be engaged in both the COVID booster and flu vaccination programmes, where uptake continued to be good.

The Chairman noted recent feedback from neighbouring organisations regarding increasing reports of abuse against staff and whether this had been experienced within Newcastle Hospitals. The ACE advised that this had been reported by front line and reception staff who advised that they had been subjected to an increase in aggression and poor behaviour. A significant work programme had commenced, which included refreshing the information sent out to patients who were coming into hospital, undertaking risk assessments and offering further training to staff on managing conflict.

Mrs Heslop queried whether there had been an increase in children admitted to the Trust with COVID-19 to which the Deputy COO advised that in the first two waves of the pandemic, very few under children under the age of ten were admitted however this had increased in the third and fourth waves but not significantly.

It was resolved: to receive the report.

21/13 **PRESENTATION****i) Recovery Programme**

The Deputy COO delivered the presentation, with the following points noted:

- The recovery programme within the Trust continued to progress well with a good project management structure in place.
- A Delivery Board for the Newcastle Plan has been established, chaired by the Chief Executive, which meets every 3 weeks.
- The Trust's Operational Board, chaired by the Deputy COO and Dr McFarlane Reid, Executive Director of Business, Development and Enterprise, fed into the Delivery Board and considered the transformational schemes to aid recovery within directorates which required funding. The group also monitored the progress of schemes that had commenced over the last 12-18 months.
- The success of the Newcastle Cataract Centre was outlined, the Centre having which had been established at the Centre for Ageing and Vitality site. The centre comprised three mobile theatre suites and became fully operational in April 2021. It has resulted in improved activity levels within ophthalmology, reduced waiting lists and positive patient experience.
- Seven day chemotherapy services were due to go live in the next week. This would assist in reducing waiting times.

Agenda item 2

- Investment had been made in recruiting advanced nurse practitioners within endoscopy to respond to the increasing number of referrals in lower GI.
- A number of imaging hubs had been commissioned which would allow glaucoma patients to be seen virtually.
- As referred to earlier, a new day case treatment facility would be developed, with work underway on the design and pathway transformation with the Newcastle Improvement team.

Mrs Carrick queried how the Trust proposed to manage those patients who were waiting over 52 weeks for treatment. The Deputy COO advised that referrals halted at the start of the pandemic and once reintroduced, a surge in referrals was experienced. The Trust continued to carefully monitor those patients with waits of over a year, with the majority relating to ophthalmology, spinal (complex cases such as deformity), and dermatology specialties.

Ms Hurrell queried the supply chain difficulties experienced in the community regarding the provision of home equipment for the safe discharge of patients. The Deputy COO explained that this was being managed through the Trust's Emergency Preparedness, Resilience and Response team.

The ECN noted that in relation to discharge equipment, appropriate prescribing needed to be ensured. Other work was ongoing to encourage families to return equipment when no longer required.

Mrs Heslop queried the process for returned equipment and noted that she was aware anecdotally that people had attempted to return equipment but was not accepted. The ECN recommended that a presentation on the management of loan equipment be delivered by Odeth Richardson, Head of Therapy Services. The TS agreed to facilitate **[ACTION01]**.

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

[The CEO left the meeting at 2:30pm]

21/14 REPORTS FROM GOVERNOR WORKING GROUPS

i) Quality of Patient Experience Working Group

Mrs Errington presented the report, noting that meetings continued to take place virtually each month. Ward visits remained suspended due to COVID-19 restrictions within hospitals.

The thanks of the group were extended to outgoing members Mrs McCalman and Mr Forrester, who were unsuccessful in the latest election round, for their contributions.

The group received a number of presentations at recent meetings, relating to the Women's Health Unit, Estates and an update on Patient Experience.

It was suggested that the group's checklist utilised for ward visits be sent to NHS Providers as an example of good practice.

It was also suggested that male toilets should have a receptacle for the disposal of pads. The ECN agreed to progress this action.

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

ii) Business and Development Working Group

Mrs Yanez presented the report, advising that meetings continued to take place each month. The thanks of the group were extended to outgoing Governor members Dr Hammond and Dr Murthy who completed their terms of office in August. As such, a vacancy had arisen for a Vice Chair of the working group.

Mrs Yanez highlighted the recent Governor Induction and extended the invitation to new Governors to join the working group on a permanent or ad hoc basis.

The group received a number of presentations at recent meetings, including updates relating to Planning Guidance, Trust Procurement, and the Trust's Estates Strategy. In September, the group also received a presentation from Finance relating to the revised system funding for both COVID-19 and recovery.

Mrs Yanez advised that following her recent appointment as Lead Governor, she had taken the decision to stand down as chair of the working group. The group sought nominations for this and the vacant vice chair position. Dr Valentine was nominated as Chair, and Ms Davison as Vice Chair. The Council ratified this decision.

It was resolved: to (i) **receive** the report and (ii) **ratify** Dr Valentine and Ms Davison as chair and vice chair respectively of the working group going forward.

iii) People, Engagement and Membership Working Group

Mrs Carrick presented the report, noting that suggestions for future Governor related content for the CEO's blog were being sought. The group continued to work to improve and diversify Trust membership and encouraged new Governors to join the group.

Future meetings of the group would welcome Ms Edusei, NED, to consider diversity in membership and the ACE to consider member communications.

The Chairman noted the recent amendment to the Trust constitution regarding automatic staff membership by default from December 2021.

The Chairman also noted that the recent Governor task and finish group recommended consideration be given to a potential change in the Council of Governors meeting start time over the summer months.

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

21/15 ITEMS TO APPROVE

i) Nominations Committee Report

The Chairman presented the report, noting that all NEDs had completed their formal appraisal process. The proposed NED and Chair objectives were included in the report's appendix for the Council's endorsement.

Nomination Committee members considered the reappointment of Professor McCourt and Mr Morgan as Trust NEDs whose terms of office were due to conclude in late 2021. It was agreed that Professor McCourt be reappointed from 1 December 2021 for a one year period (up to a maximum of three years subject to annual review), and Mr Morgan be reappointed from 1 October 2021 for a second three year term. This decision was approved by the Governors at their private workshop in August 2021.

It was noted that there were currently two vacant seats on the Nominations Committee for Public Governors following the recent round of elections. Public Governors were asked to contact the Trust Secretary with expressions of interest by 1 November 2021.

[Mrs Fitzgerald left the meeting at 2:55pm]

Mr Hughes queried how Governors held the NEDs to account in practice for the performance of the Trust and asked about how the NEDs measured the performance of the Executive Team. The TS highlighted the role of the Appointments and Remuneration Committee in relation to Executive Team performance. Mr Jowett, Non-Executive Director, noted the difficulty in assigning metrics to performance in relation to leadership behaviour. He added that NED attendance at Board and Council of Governor meetings was included in the Trust's Annual Report and evidence of contribution recorded in the meeting minutes.

It was resolved: to (i) **receive** the report and (ii) **endorse** the Chairman and NED objectives as outlined in Appendix A.

21/16 ITEMS TO RECEIVE AND ANY OTHER BUSINESS**i) Updates from Committee Chairs**

The following updates were noted:

Charity Committee

Ms Baker noted that the committee met on two occasions, in June and August. A small contingent of committee members and attendees, supported by Mr MacLeod as Audit Committee Chair, had formed a governance working group to ensure that the charity governance remained robust and in line with best practice.

The committee continued to review progress against the strategy, particularly in relation to recruitment. Grant applications continue to be received and approved and the aspiration to raise more funds and spend more on applications was noted, both within the Trust and in the wider community to reduce inequalities.

Agenda item 2

The recent 'Big Tea' fundraising event was noted, which over 13,000 staff participated in. A grant application from the charity on behalf of the ICS to the NHS Charities Together for £1.4m was awarded and would go towards projects for those disproportionately impacted by the pandemic.

The DTS agreed to share the links to the recent press articles regarding the NHS Charities Together award **[ACTION02]**.

People Committee

Mr Jowett highlighted the two meetings that had taken place since the last formal meeting of the committee, and highlighted the broad remit of the Committee. A number of deep dives into hot topics had been received, including those relating to equality, diversity, and inclusion, education and training, and staff turnover.

The committee also considered the automatic staff membership proposal and was content to recommend its adoption.

Quality Committee

Professor McCourt noted the key areas from the recent meetings of the committee. The quality and performance elements of the Integrated Board Report, which include cancer activity, emergency department, and IPC, continue to be scrutinised. Updates relating to the Trust's progress in achieving the Ockenden Report requirements were reported at each meeting and a deep dive into the Trust's mortality review/learning from deaths was received at the July meeting.

Professor McCourt noted that Mr Chapman, NED, would take over chairing responsibilities from the next meeting.

Finance Committee

Mr MacLeod provided the update in the absence of the committee's chair Mr Morgan. A 'deep dive' into the Trust's Commercial Enterprise Unit was received in the September meeting. The delay in receiving the financial allocation and associated planning guidance for the second half of the financial year was noted, therefore an extraordinary meeting of the committee would take place on 27 October to discuss further following the settlement notification.

Audit Committee

Mr MacLeod noted that the Committee met on a quarterly cycle and therefore had not met since July, with the reports received outlined. The next meeting would take place on 26 October. He added that he had taken over chairing responsibilities from Mr David Stout, who stood down at the end of his term of office as NED in July. Focus for the committee going forward would include cyber security and information governance.

It was resolved: to receive the updates.

ii) Governor Elections Update

The DTS presented the report, which outlined the results of the recent election round, progress regarding the new Governor induction programme, mandatory training and the

Agenda item 2

current and impending Governor vacancies. The Chairman noted that the Governor induction programme content had been refreshed and would be further refined following feedback received.

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

iii) Any Other Business

There was no further business at this time.

iv) Date and Time of Next Meeting:

The next meeting of the Council was scheduled for Thursday 2 December 2021 at 1:30pm.

The public part of the meeting closed at 15:12pm.

DRAFT

GOVERNORS' ATTENDANCE – 21 OCTOBER 2021

	Name	
S	Mrs Glenda Bestford	Apologies
1	Mr David Black	Yes
2	Mr Graham Blacker	Yes
S	Miss Genna Bulley	Apologies
1	Mrs Judy Carrick	Yes
1	Dr Alexandros Dearges Chantler	Apologies
1	Jill Davison	Yes
2	Mrs Madeleine Elliott	Yes
2	Mrs Carole Errington	Yes
A	Professor Andrew Fisher	Apologies
1	Mrs Aileen Fitzgerald	Yes
S	Mr Gary Gibson	Yes
2	Mrs Catherine Heslop	Yes
S	Mr John Hill	Yes
2	Prof Philip Home	Yes
2	Mr David Hughes	Yes
S	Mrs Fiona Hurrell	Yes
2	Dr Helen Lucraft	Yes
A	Prof Tom Lawson	Yes
2	Mr John McDonald	Yes
1	Mrs Susan Nelson	Yes
2	Prof Pauline Pearson	Yes
S	Mrs Kate Pine	Apologies
3	Mr Neville Coulthard Shaw	Yes
S	Mrs Poonam Singh	Yes
3	Mr Thomas Smith	Yes
A	Mrs Norah Turnbull	Yes
1	Mr Eric Valentine	Yes
1	Ms Emma Vinton	Yes
3	Mr Michael Warner	Yes
1	Dr Ian Wilson	Apologies
1	Mrs Pam Yanez	Yes

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Council of Governors Meetings Actions

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
102	ACTION04	20/06 ITEMS TO RECEIVE AND ANY OTHER BUSINESS ii) Matters arising from the Informal Governors Meeting	20-Feb-20	It was recommended that a presentation be given to the full Council from Newcastle Healthwatch following the recent presentation to the Business and Development Working Group. The Deputy Trust Secretary agreed to facilitate [ACTION04] .	F Darville	<u>16/04/20</u> - Contact details requested. <u>09/10/20</u> - Response awaited. <u>01/12/20</u> - Representative contacted to arrange presentation for 2021. <u>07/04/21</u> - Presentation provisionally scheduled for April has been deferred following Governor requests to include updates on COVID-19 specific topics during the April Council meeting. Presentation deferred to October. ACTION ON HOLD. <u>14/10/21</u> - Due to continuing focus on COVID-19 and activity recovery, presentation postponed to 2022.	Grey
107	ACTION01	21/12 PRESENTATION i) Recovery Programme	21-Oct-21	Mrs Heslop queried the process for returned equipment and noted that she was aware anecdotally that people had attempted to return equipment but was not accepted. The ECN recommended that a presentation on the management of loan equipment be delivered by Odeth Richardson, Head of Therapy Services. The Trust Secretary agreed to facilitate [ACTION01] .	K Jupp	<u>23/11/21</u> - Head of Therapy Services contacted to schedule presentation.	Amber
108	ACTION02	21/16 ITEMS TO RECEIVE AND ANY OTHER BUSINESS i) Updates from Committee Chairs	21-Oct-21	The DTS agreed to share the links to the recent press articles regarding the NHS Charities Together award [ACTION02] .	F Darville	<u>23/11/21</u> - Links shared in Governor Update email.	Green
109	ACTION03	21/15 ITEMS TO APPROVE ii) External Audit Contract	21-Oct-21	Mr Hughes agreed with the outcome however noted the need to have the pricings confirmed as soon as possible and requested that a procurement plan be undertaken in good time going forward. The Chairman agreed and suggested the ADF provide a detailed presentation to the B&D working group at a future meeting [ACTION03] .	S Smith	<u>23/11/21</u> - Update requested.	Amber

Key:

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

Future presentations/discussion topics
Patient Experience - February 2022
Emergency Care System - April 2022
Ockenden Update - TBC
Command Centre - TBC
Healthwatch Newcastle - TBC
Estates Developments - TBC



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	2 December 2021						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elsener, PA to Sir John Burn						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The content of this report outlines a summary of the Chairman's activity and key areas of focus since the previous Council meeting, including:</p> <ul style="list-style-type: none"> • Attendance at the HSJ 2021 Awards Ceremony. • Chaired the Annual Members Meeting; • Attendance at the League of Friends Celebration held on 27 September 2021; • Led the Induction Programme for newly elected Governors in collaboration with the Trust Lead Governor and the Chairs of the Governor Working Groups; • Opened our 'Volunteer Appreciation Event'; • Participation in the NHS England/Improvement (NHSE/I) Regional Roadshow on 17 September 2021; • Updates from meetings of the regional Foundation Trust Chairs and the North Integrated Care Partnership; • Guest attendance to the Asian Business Connexions 12th Anniversary Dinner & Awards Ceremony; • The Spotlight on Services Session on Integrated Laboratory Medicine (ILM); • Participation in a visit to the Trust by two Non-Executive Directors from NHSE/I; and • Panellist on a Life Sciences & Healthcare event. 						
Recommendation	The Council of Governors are asked to note the contents of the report.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>Pioneers – Ensuring that we are at the forefront of health innovation and research.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

CHAIRMAN'S REPORT

EXECUTIVE SUMMARY

The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Council meeting, including:

- Attendance at the HSJ 2021 Awards Ceremony.
- Chaired the Annual Members' Meeting.
- Attendance at the League of Friends Celebration held on 27 September 2021:
 - The League of Friends has a comprehensive history and consists of a group of committed and generous individuals who continue to support the Trust, and our efforts in dealing with the pandemic.
- Induction Programme for newly elected Governors:
 - The induction programme was refreshed following feedback from our Governors and was delivered in collaboration with the Trust Lead Governor and Chairs of our Governor Working Groups.
- Opened our 'Volunteer Appreciation Event'.
- Participation in the NHSE/I Regional Roadshow on 17 September 2021:
 - Amanda Pritchard, NHS Chief Executive and Mark Cubbon, Interim NHS Chief Operating Officer joined the session.
- Updates from meetings of the regional Foundation Trust Chairs and the North Integrated Care Partnership.
- Guest attendance to the Asian Business Connexions 12th Anniversary Dinner & Awards Ceremony.
- The Spotlight on Services session on Integrated Laboratory Medicine (ILM).
- Visit to the Trust by two Non-Executive Directors from NHSE/I.
- Panellist on a Life Sciences & Healthcare event.

CHAIRMAN'S REPORT

Christmas is upon us as I prepare to switch on the festive light display at the Daft As A Brush headquarters. Yesterday I chaired our Board meeting and was very pleased to welcome three of our governors as observers. It was an excellent meeting with an uplifting digital story from one of our patients Tom, who shared his very positive experience of having cataract surgery at our new Newcastle Westgate Cataract Centre.

We also reported the outcome of the national Health Services Journal (HSJ) awards for 2021 which I was pleased to attend in November with a small team to represent the Trust.

Newcastle Hospitals was highly commended for two awards, the first being the 'Acute or Specialist Trust of the Year', and the second was a joint commendation with the North East and North Cumbria Integrated Care Service (NE&NC ICS) for the 'Connecting Services and Information Award'. In addition we were finalists for the Provider Collaboration of the Year – The Great North Care Record on behalf of the NE&NC ICS and we were successful in receiving the Health and Local Government Partnership award for Collaborative Newcastle. This award was given for working together to improve health, wealth and wellbeing: Care Home Support during Covid.

Below is my Chair's report to the Board yesterday if you haven't already seen it.

September saw our second virtual Annual Members' Meeting which was well attended and included a wonderful video compilation of our Review of the Year 2020/21.

I was delighted to be asked to speak at the Freeman Hospital League of Friends Celebration held on 27 September 2021 and present a special award to Norah Turnbull for her long service. Throughout the most challenging days of the pandemic, the League of Friends volunteers continued to support our shop at the Freeman Hospital, and have raised more than £8m for the Trust over the years, for which we will always be grateful. Sadly, they have decided to hand over their responsibilities to the Newcastle Hospital Charity.

We held a successful Induction Programme for our newly elected Governors on 4 October 2021. The induction programme was refreshed following feedback from our Governors and was delivered in collaboration with our Lead Governor and the Chairs of our Governor Working Groups. The well attended session provided an overview of the Role of Governors in the context of existing and future NHS structures.

I am also pleased to welcome Mrs Pam Yanez as our new Lead Governor. Pam was among more than 120 volunteers who attended our Volunteer appreciation event on Sunday 10 October where I joined colleagues in thanking them for their huge contribution to our response to the pandemic.

Since the start of the pandemic just under 400 volunteers from all over the North East and North Cumbria have been recruited. As a volunteer service, we were in awe of the outpouring of generosity and support from the people within our communities, and during

Agenda Item 4

times when COVID-19 infection rates were at their highest, and the nation were advised to stay at home, people still came and registered to volunteer.

A Governor Task & Finish Group has also been established following feedback from Trust Governors to consider how we can refresh and further improve the format and content of both the agenda and supporting papers for Council of Governor meetings.

I was pleased to participate in the NHSE/I Regional Roadshow hosted by Dr Amanda Doyle OBE, North West Regional Director, and Richard Barker, North East Regional Director, held on 17 September 2021. In addition, Amanda Pritchard, NHS Chief Executive, and Mark Cuban, Interim NHS Chief Operating Officer, both joined the roadshow. We discussed the challenges ahead, as we deal with significant pressures while maintaining the vaccination programme and tackle our growing waiting lists. We also acknowledged the skill, determination and resilience that NHS staff have shown in the face of the greatest challenge in NHS history.

I continue to attend meetings of the region's Foundation Trusts Chairs, and the Chief Executives and Chairs of the health and care organisations across both the "North" Integrated Care Partnership and the wider North East and North Cumbria Integrated Care System (ICS), including being a panel member for the interviews of the Chief Executive to the Integrated Care Board resulting in the successful appointment of Ms Sam Allen. Ms Allen joins the ICS from Sussex Partnership NHS Foundation Trust where she has been Chief Executive since March 2017.

I was delighted to attend the Asian Business Connexions (ABC) 12th Anniversary Dinner & Awards Ceremony. ABC aims to connect, support and promote the Asian and wider community. It has helped to deliver employability programmes, education initiatives and community activities in an effort to improve life choices for all our people in the North East.

In October 2021, as part of our Spotlight on Services programme, I chaired a virtual meeting of our Integrated Laboratory Medicine (ILM). Mr Ahktar Husain, Clinical Director of Integrated Laboratory Medicine led the session together with David Bourn, Laboratory Head, John Hardy and Jennifer Collins, Laboratory Managers, Julie Samuel, Consultant Microbiologist, and Katrina Wood and Nigel Cooper, Consultant Cellular Pathologists.

A comprehensive presentation was delivered covering a number of areas including Blood Sciences, Cellular Pathology/Cytology, Mortuary Services, Microbiology and Virology, and the Genomics Laboratory hub.

Our Board Development Session was held in October 2021 which included discussions on:

- The latest developments in system work and the impact for Newcastle Hospitals.
- Trust performance in relation to the Newcastle Plan, and how a key strategic enabler (the development of Newcastle Improvement) will support delivery of the Plan.
- The Trusts strategic ambitions regarding health inequalities.

Agenda Item 4

I was also part of the contingent that welcomed two Non-Executive Directors from NHSE/I. This was an opportunity to showcase recent developments, including the new Westgate Cataract Centre, as well as highlighting the ongoing challenges faced by the Trust.

On the 12 November 2021, I was a panellist at the Life Sciences & Healthcare event in the University. The event brought together both the public and private sector, and academia, to explore how key economic sectors across our region are responding to the environmental crisis. The event highlighted both the City's and the Trust's significant contribution towards environmental sustainability. Examples I was able to highlight included the UK's first baby to be delivered by climate-friendly gas and air and introduction of ZMOVE pharmacy courier delivering medication to patients homes using electric vehicles and courier bikes hub, saving around 36,000 patient journeys so far. 99% staff stating sustainability is important. To date circa 1,000 staff have signed up and taken 15,000 actions to support the Trusts climate change ambitions via the SHINE (Sustainable Healthcare in Newcastle) Rewards programme.

RECOMMENDATION

The Council of Governors are asked to note the contents of the report.

Report of Professor Sir John Burn
Chairman
17 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	2 December 2021						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer (CEO)						
Prepared by	Caroline Docking, Assistant Chief Executive Lewis Atkinson, Principal Advisor Alison Greener, Executive PA to the CEO						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • An update on the pressures facing the Trust and the plan to respond to these; • Work with partners including the emerging Integrated Care System and Provider Collaborative; and • Headlines from key areas, including the Chief Executive Officer's networking activities, our awards and achievements. 						
Recommendation	The Council of Governors are asked to note the contents of this report which was presented to the Trust Board on 25 November 2021.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	This is a high level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report, previously considered by the Board of Directors on 25 November 2021.						

CHIEF EXECUTIVE'S REPORT

EXECUTIVE SUMMARY

The content of this report outlines a summary of Chief Executive activity and key areas of focus since the previous Council meeting, including:

- Pressure on our services and our response to this;
- The Newcastle Plan to support staff and increase our physical and workforce capacity;
- The development of the emerging North East and North Cumbria Integrated Care System (ICS) and Provider Collaborative;
- The COP26 climate change conference and the Trust's sustainability leadership;
- Planning permission application for the 'New Specialist Hospital / Richardson Wing' development;
- Networking and communication activity including recent BBC coverage; and
- Recognition of key awards and achievements of staff, including the HSJ awards.

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

CHIEF EXECUTIVE'S REPORT

1. CHIEF EXECUTIVE OFFICER (CEO) OVERVIEW AND SUMMARY

This organisation and the whole NHS continues to face persistent and unprecedented demand pressures. In the last two months, our leadership focus has been on working to develop our Newcastle Plan to provide a sustainable response. The plan will reduce elective waits for our patients while delivering high standards of emergency care and maintaining a particular focus on supporting our staff.

The first phase of the plan covering the period to March 2022 has now been submitted to NHS England. It builds on the work that leaders at every level are doing with their teams across the Trust to provide immediate headroom and breathing space wherever possible, alongside managing the immediate pressures. The pressures that we have been facing in the last two months have included:

- Weekly Type 1 Accident & Emergency (A&E) attendances up to one third higher than before the pandemic;
- Caring for around 75 Covid inpatients every day: two thirds of which were not fully vaccinated; and
- Community nursing contacts up 16% from pre-Covid levels.

The combination of these demands on our Trust alongside those across the wider health and care system create what we have been describing as a 'wicked wheel' or perfect storm of pressures. For example ambulance delays may contribute to patients being more unwell when they arrive at hospital, leading in turn to increased pressures in A&E and the wider hospital.

Our staff continue to respond magnificently, but we know that everyone has been affected by Covid and the strains of the last 19 months. It is clear that the underpinning constraint across the NHS and care sector is workforce. Across the NHS there are 90,000 vacancies and a national shortage of clinically qualified staff, so even though Trusts now have additional funding in budgets, it is very difficult to recruit. As Chris Gibbins, our Clinical Director for Medicine and Emergency Care, told the BBC when they visited last week: *'There's only so many extra shifts you can ask anyone to do, there's only so much overtime anyone can pick-up'*. That's why we must maintain an unrelenting focus on both supporting staff now and ensuring we have a good supply of new recruits for the future.

A key part of the Newcastle Plan is therefore improving staffing levels. Despite the challenges, our senior nursing and Allied Health Professionals (AHP) team have continued to explore collaborative solutions to increase the number of available staff. This work includes recruiting 74 international nurses who will arrive by Christmas, joining 200 newly qualified nurses who have begun work with the Trust this autumn. Increasing nurse staffing will increase our resilience in all areas.

Since the last Board meeting [in September], work has also begun on another key part of our plan - a new multi-specialty elective treatment centre at the Freeman Hospital. This will be a new purpose built facility which will include four theatres to enable an additional 1,500 day cases and infusion treatments to take place. It will help us to not only tackle our waiting

Agenda item 5

lists for high volume specialties, but also frees up existing theatres for more complex spinal work. This £18million investment will support patients from across the city and the wider region and will be completed in the early summer of 2022.

Investing in our facilities and our staff is essential and goes alongside our focus on improvement – making small changes that help support staff and improve efficiency. For example, since the start of the pandemic our Orthopaedic clinical team has redesigned the fracture clinic pathway so every patient now gets same day specialist review, reducing the need for patients to return the next day. This saves 4,000 clinic appointments a year, allowing staff time to be spent on other priorities. We need to continue and support this sort of improvement work across the whole Trust as a core part of our approach.

Our plan puts us in the best possible position for what will be a difficult winter. We will need to continue to develop and iterate it over the months ahead in light of the evolving situation and our work with partners across the system.

North East & North Cumbria Integrated Care System (ICS) & Provider Collaborative

The Health & Care Bill is continuing its passage through Parliament, with the continued expectation that ICSs will come into being as statutory organisations from 1 April 2022. Preparations for the establishment of the ICS have been accelerating in the last two months, and these have included the appointment of Sam Allen as its Chief Executive designate.

I chaired the provider stakeholder panel that met with candidates as part of the Chief Executive appointment process and was hugely impressed by Sam. She will begin work in the North East and North Cumbria at the end of January 2022 and brings with her an excellent reputation from her work as the Chief Executive of Sussex Partnership NHS Foundation Trust. I look forward to working with her and welcoming her to Newcastle in due course.

In a further preparatory step for the ICS its Chair-designate, Sir Liam Donaldson, convened a series of design sessions which I contributed to along with other NHS and Local Authority leaders. These discussed options for the ICS' governance and working arrangements, including the composition of its Boards and how it might work at local authority place level. I expect formal proposals on these areas to follow in the months ahead.

In parallel with the development of the ICS, we have also continued to develop the North East and North Cumbria Provider Collaborative which is made up of all 11 NHS Trusts in this geography. As co-Chair of the Collaborative, I led the process that appointed our founding Managing Director, Matt Brown. Matt has worked across the North East and North Cumbria NHS for 17 years in a variety of settings. His key initial priorities when he starts in January 2022 will include establishing the infrastructure of the collaborative and driving its delivery of collaborative programmes on behalf of the Trusts and the wider system.

Sustainable Healthcare & COP26

The Trust's leading work on sustainable healthcare has again been in the spotlight recently in a series of events scheduled around COP26: the United Nations Climate Change Conference 2021 in Glasgow.

Agenda item 5

In advance of the Conference, we had the pleasure of welcoming NHS England and Improvement's new Chief Executive Officer, Amanda Pritchard, to the Trust. She saw examples of the great work we do here at Newcastle Hospitals as part of our response to the climate emergency.

In addition to hosting Amanda, I carried out a range of media and speaking engagements to raise awareness that the climate emergency is a health emergency, and to highlight the progress we've made along with the challenges that we face in continuing to reduce our emissions – for example the urgent need to decarbonise how we heat our hospitals. These engagements included giving a keynote address to the NHS Scotland Sustainability Conference which you can watch here (<https://www.youtube.com/watch?v=XfM966u-GvM>).

To raise awareness of the impact of air pollution on health, three of our staff joined a group of paediatric healthcare professionals on a 'Ride for their lives' cycle of 800 miles from London to COP26 in Glasgow. We welcomed them to Newcastle at the conclusion of one of their legs along with a 'pollution pod' which simulated the air quality of some of the most polluted cities on the planet. In the UK over 40,000 people a year die prematurely because of air pollution. It was a privilege to attend COP26 and discuss this issue with Rosamund Adoo Kissi-Debrah. Rosamund founded the Ella Roberta Foundation following the tragic death of her nine year old daughter Ella in 2013 from a series of severe asthma attacks linked to air pollution.

At COP26 I also spoke to a number of international leaders, including Dr Tedros Adhanom Ghebreyesus, World Health Organisation Director General, about the work we are doing in Newcastle and what more we need to do. I returned inspired to continue and further the leadership we're providing on air pollution and the climate emergency and I look forward to updating the Board further about this in future meetings.

Estates developments

As part of our major ten-year programme of strategic estates improvements to ensure we continue to deliver safe, high quality care to our patients, we are currently sharing our plans – and ambition – to construct a new, iconic, purpose built home for many of our specialist services on the Royal Victoria Infirmary (RVI) site.

In the coming weeks we will submit planning and listed building consent applications to the City Council asking for permission for the construction of our New Specialist Hospital Building and have also shared the plans with our immediate neighbours to give them the opportunity to give us their views on the proposed building. As mentioned in previous Board reports, we have applied to the Government for funding for the project through the 'New Hospitals Programme' and expect to hear news about this application in the New Year. You can find more information about the proposals here [Estate strategy - Newcastle Hospitals NHS Foundation Trust \(newcastle-hospitals.nhs.uk\)](https://www.newcastle-hospitals.nhs.uk/estate-strategy).

2. NETWORKING ACTIVITIES

In the last two months, I have continued a busy programme of meeting colleagues within and outside the organisation to maximise our collective understanding, reach and influence. I have also continued to visit a variety of clinical areas across the Trust when it has been safe to do so.

I was delighted to visit our Paediatric Emergency Department and Intensive Care Unit earlier this month. I was able to see first-hand the huge pressures that this unit, amongst others within our Trust, are currently having to deal with. I was also able to see how creative they have been and how working as a team and being able to support each other has enabled them to continue to provide the first class care for our patients and support for their families.

In October, our Leadership Congress met to consider the next steps in our Flourish programme and particularly our plans to listen and respond to staff more effectively. We have asked the Institute for Healthcare Improvement to support us in our drive to improve staff experience, and I was delighted that they could join the session to help us understand and analyse some of the feedback we have received from staff and to consolidate the high impact actions we can take together.

The Shelford Group held its annual event in October where I officially stood down as co-Chair following the completion of my term of office. I was delighted that we were able to launch the new Shelford strategy at the event, and to host a discussion session with former Secretary of State Alan Milburn. Alan reminded us that when the NHS brought waiting lists down in the early 2000s, it was through a combination of reform and investment in services. There was recognition throughout the Conference that we are going to need to use the technology of the 2020s to improve health and transform services in the coming years.

As part of a series of visits the NHS England Non-Executive Directors were undertaking, I welcomed Susan Kilsby and Jeremy Townsend to our Trust in November. We were able to discuss the challenges of providing care at this time and what NHS England could do as a commissioner of specialised services to support tertiary centres like ours. They took the opportunity whilst they were here to meet some of our clinical staff involved with our elective recovery programme, within our Major Trauma Centre and working on our Collaborative Newcastle health improvement programmes.

This month we invited BBC health editor Hugh Pym and the Today Programme into the Trust to talk about the current challenges and pressures we're facing and the fantastic way that staff are responding. We hope to continue to tell our story – and the progress we make – with the BBC over the winter to help the public understand the bigger picture for the health service as well as encouraging them to do their bit to help – particularly getting vaccinated against flu and Covid.

We've had some excellent feedback about the coverage and on behalf of all the Board, I'd like to thank all the teams who took part and everyone who helped to facilitate the visits.

3. AWARDS AND ACHIEVEMENTS

Despite the current challenges and pressures facing our organisation, our staff and teams continue to innovate and harness ideas to bring about real and sustainable change across Newcastle Hospitals to provide the very best services for our patients and staff, many of which are recognised at regional and national level.

- **Lighthouse laboratory** – Our 800-strong lab team – part of the Integrated Covid Hub North East - have now processed more than 5million Covid tests, with samples coming in from the region and beyond – a fantastic achievement!
- **Research** – We're delighted to be sponsoring the world's largest organ donation study, SIGNET (Statins for Improving orGaN outcomE in Transplantation) that will look at improving the quality of donated organs. Organ donors involved in the trial will be prescribed a single dose of simvastatin, a commonly used statin, which could help reduce inflammation and improve organ quality. If successful, the trial could boost organ recipients' chance of survival.

Also a huge congratulations to orthopaedic consultants Andrew Bowey and David Fender who performed a world-first operation as part of an international clinical trial. The operation was performed as part of the BRAIVE IDE study which will test the effectiveness of a new device to treat children with scoliosis. The trust also recruited the first patient to the trial.

- **Great North Run** – Thank you to everyone who took part in the 40th Great North Run and chose to support our Newcastle Hospitals Charity. As part of the 40th anniversary celebrations, Sister Jade Trewick, was one of four 'NHS heroes' to officially start the event. Jade has been key to the success of ward 49 – a respiratory support unit which provides both intensive care and step-down care for Covid positive patients.

I was also delighted to see that Catriona Johnston, an advanced clinical pharmacist at the Freeman Hospital, joined as an Elite in the Women's Wheelchair racing and achieved a fantastic time!

Awards

- We were proud to be shortlisted for a number of HSJ Awards, including in the Connecting Services and Information / Provider Collaboration of the Year category for The Great North Care Record (on behalf of North East and North Cumbria ICS).

When the awards were revealed, we were delighted that the Trust was 'Highly Commended' in the Acute/Specialist Trust of the year category, and that Collaborative Newcastle won the Health & Local Government partnership award. Such national recognition is due to the hard work and commitment of all staff in the most difficult of years.

- Congratulations to a number of teams and individuals who have also been recognised through awards in their fields of work including:
 - Dr Karen Marshall who has been named as the next President of the North of England Thoracic Society. Her internationally recognised expertise around

Agenda item 5

Cognitive Behavioural Therapy (CBT) for Chronic Obstructive Pulmonary Disease (COPD) has benefitted hundreds of patients.

- Our HR team who have been shortlisted in two categories – Best recruitment and workforce planning team of the year and HR team of the year - in the HR Excellence Awards. The winners will be announced on 1 December 2021.
- The E-rostering team have been shortlisted for the “Operational Roster Excellence” award in the Allocate Awards 2021.
- Consultant orthopaedic surgeon Kenneth Rankin is shortlisted in the Bone Cancer Research Trust’s Bone Idols for the use of fluorescence in surgical research to inform and improve accuracy and effectiveness.
- Dr Graham Burns was appointed as one of the first national specialty advisers for long Covid with NHS England. This is a key role in helping the NHS meet the demand for ongoing care for people with long-term effects of the virus.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel

Chief Executive

17 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	2 December 2021						
Title	Integrated Board Report – November 2021						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Stephen Lewis – Senior Business Development Manager (Performance)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Council of Governors on the Trust’s performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets.						
Reports previously considered by	Regular report – previously presented at the November meeting of the Board of Directors						

Integrated Board Report

Quality, Performance, People and Finance

November 2021



Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of **Quality, Performance and Finance** in order that the Board can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider.

Restart, Reset and Recovery (3Rs) / Recovery Plus

- In light of the COVID-19 pandemic and the new environment in which NuTH now operates, the **3Rs Cell** focusses on the Trust's ability to:
 - **Restart** and deliver services which were paused at the height of activity reduction;
 - **Reset** services which need small transformation changes to deliver services in an altered model; and
 - **Recovery** to the 'new normal' in which the Trust will operate and work through its waiting list backlog.
- As we are now into the third phase (recovery), **the 3Rs programme has now transitioned into a Recovery Plus programme** across the Trust with sub-groups continuing to meet and maintain their current momentum, reporting into the Delivery Board, with delivery governed through the Operational Board and Performance Recovery groups.

Current Operating Environment

- The Trust is now operating within an environment which contains a steady volume of COVID inpatients. This is adding significant pressure to the Trust's currently reduced bed base (due to reduced staffing levels). Staff absences from COVID, self-isolation and stress / anxiety continue to impact on the ability to recovery Trust performance, whilst maintaining priority surgery and cancer operations:
 - prior to the rise in cases **NuTH were exceeding recovery targets** set by NHSE/I, outstripping the ERF Upper Threshold;
 - due to staff absences a number of beds have been closed and operations postponed, **priority surgery and cancer operations continue to be maintained and protected.**

Report Highlights

1. The Trust **had 0 cases of MRSA bacteremia attributed in October 2021**, therefore no cases have been recorded since April 2020.
2. There were 24 Serious Incidents (SIs) reported in October 2021. The increase in the numbers of SIs in May 2021 and October 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust.
3. The Trust did not achieve **the 95% A&E 4hr standard in October, with performance of 83.7%**. Type 1 attendances remain above pre-COVID levels.
4. The **Trust PTL size was 92,919 in October with 5,069 patients waiting over 52 weeks. RTT Compliance was 70.6%**.
5. The Trust **achieved 2 of the 8 Cancer Waiting Time standards in September**, which was more than in the previous month (1).

Contents: November 2021

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Serious Incidents Lessons Learned
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity
- 3Rs Programme / Recovery Plus
- Monthly Performance Dashboard
- A&E Access and Performance
- Bed Occupancy and Stranded Patients
- Diagnostic Waits
- 18 Weeks Referral to Treatment
- Cancer Performance
- Other Performance Standards

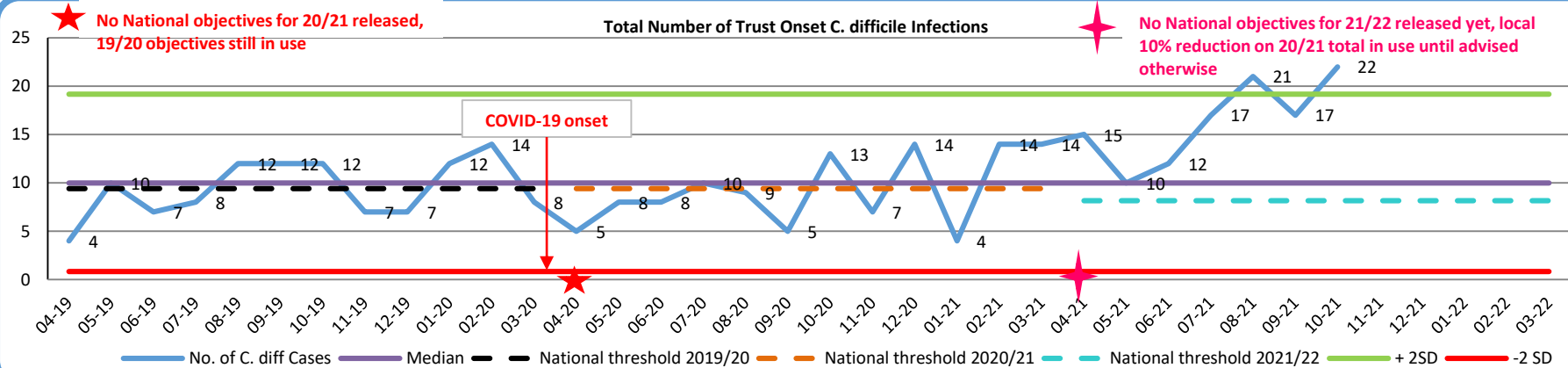
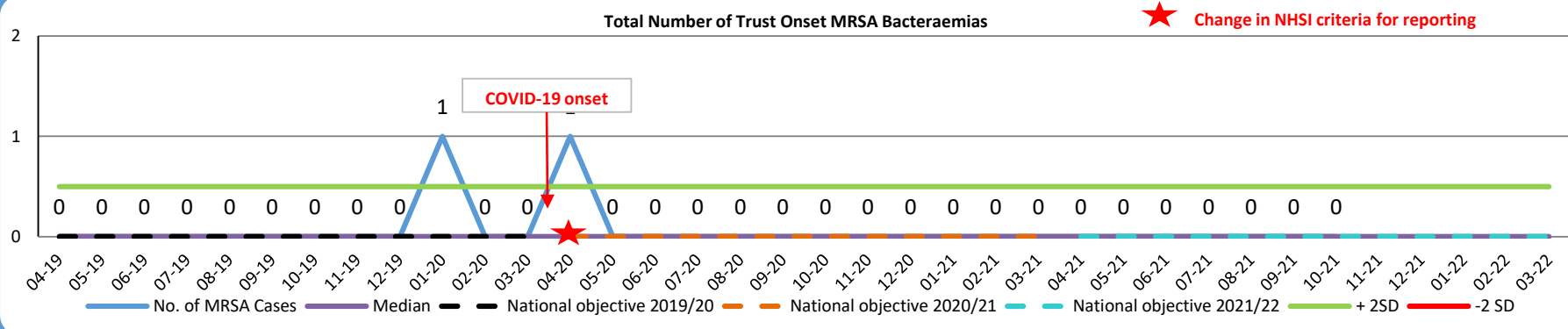
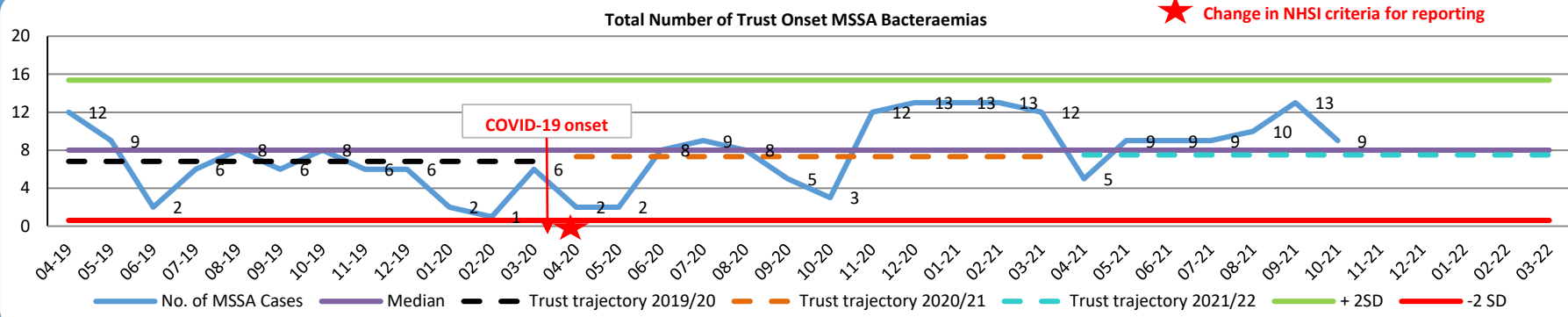
People

- Covid-19
- Well Workforce
- Sustainable Workforce Planning
- Excellence in Training and Education
- Equality and Diversity

Finance

- Overall Financial Position

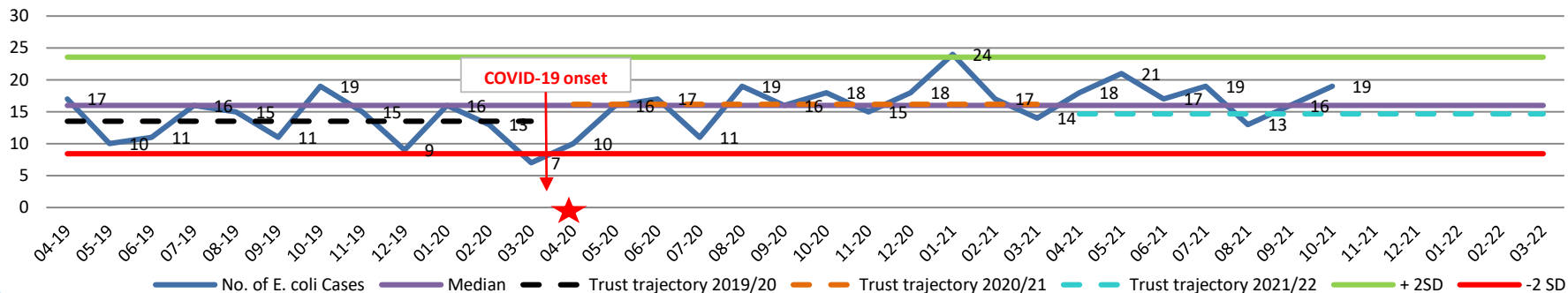
Quality and Performance: Healthcare Associated Infections



Quality and Performance: Healthcare Associated Infections

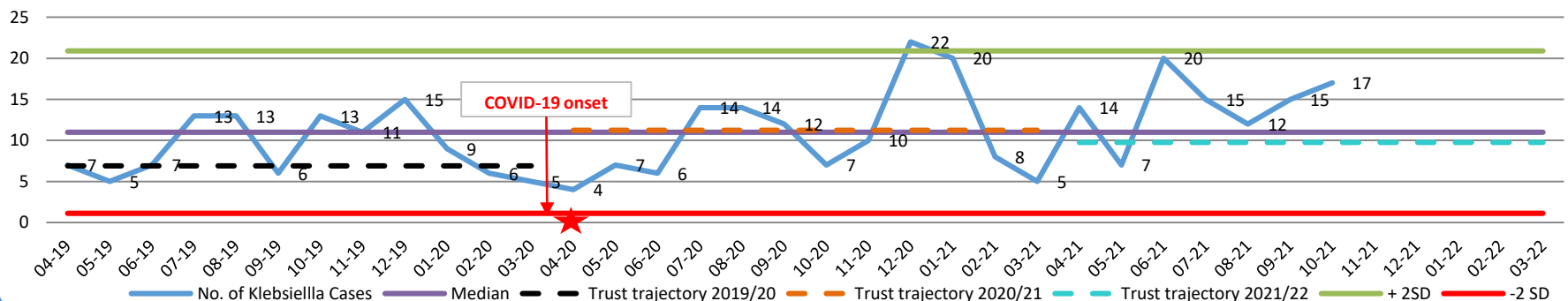
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



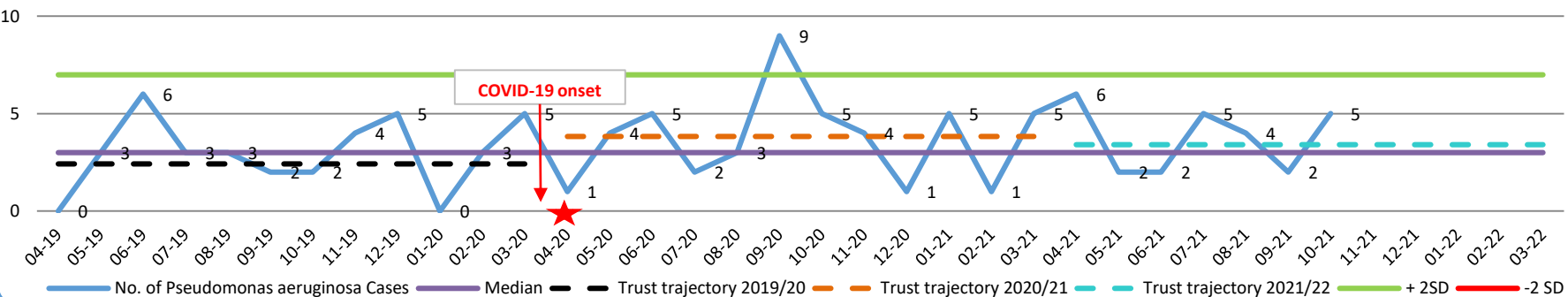
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

★ Change in NHSI criteria for reporting



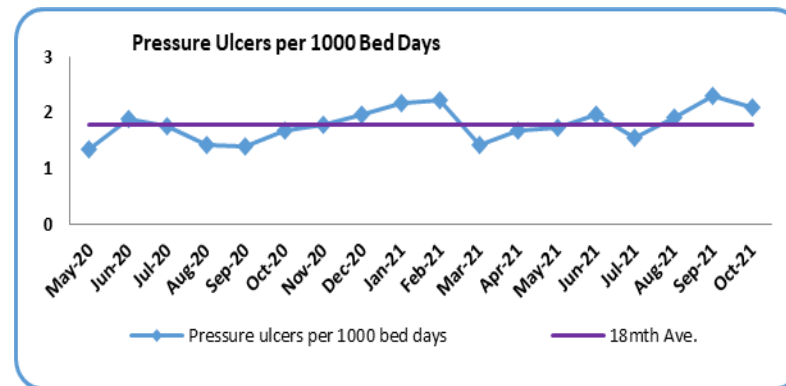
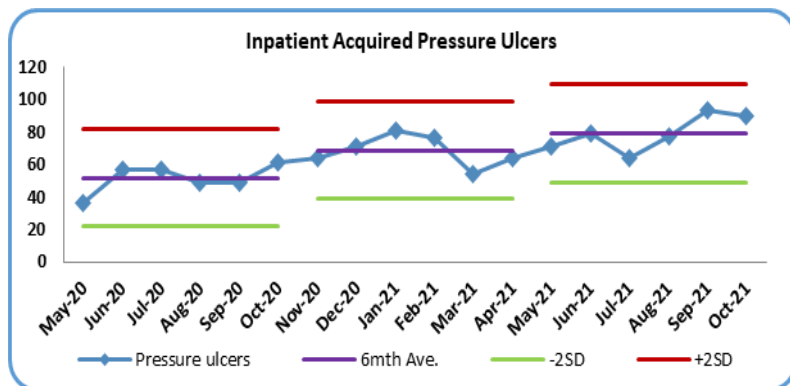
Quality and Performance: Harm Free Care 1/2

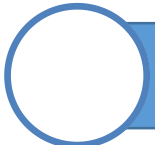
Incidence of pressure ulcers have been on an upward trajectory since November 2020, particularly between October 2020 – February 2021. This is consistent with other winter periods in previous years, however with the added impact of the pandemic this year we have seen an additional increase.

This directly correlates with the Trust safe care data, in that the acuity of patients has increased, this is consistent with other Trust's in the Shelford group. From March to July this did reduce, however remained higher than pre-pandemic figures.

Since July numbers have increased, this is reflected in The Trust safe care data, where by the acuity of patients is significantly higher than pre-pandemic levels, there is also an increase in patient presenting to the Trust with significant existing damage, or at risk of skin deterioration. This is consistent with the national picture.

These increases are not concentrated in one particular area, but rather spread across the Trust. However, there have been some successes in the last year in some areas, particularly in those areas of high input from the Tissue Viability and podiatry team to provide education and support, increasing awareness of risk.





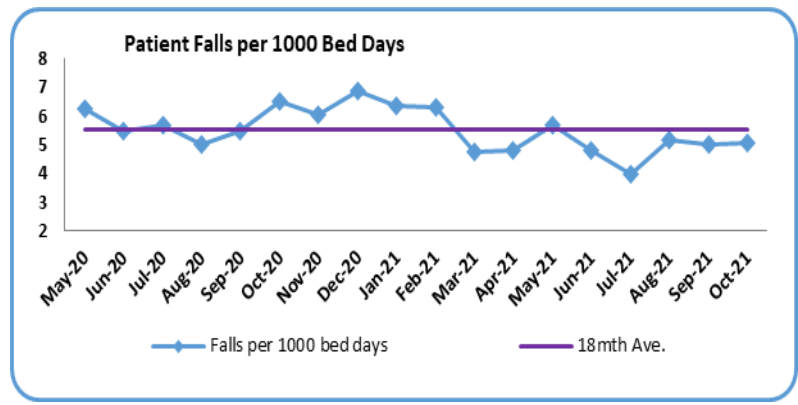
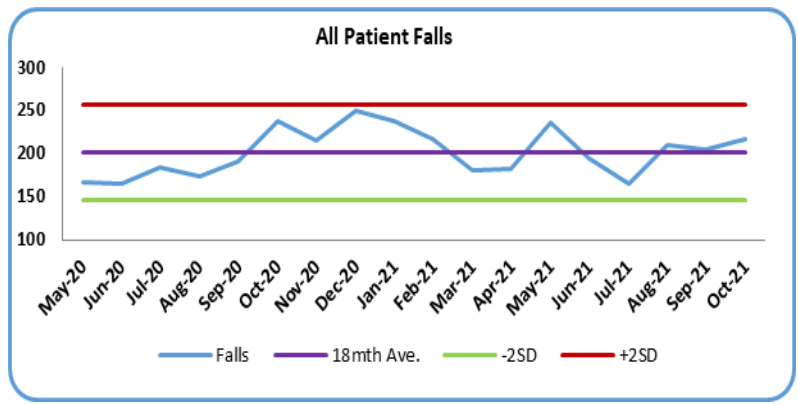
Quality and Performance: Harm Free Care 2/2

Until October 2020 a significant reduction in inpatient falls was evident, however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1,000 bed days. In December and January, a significant increase is evident, this is consistent with an increase in acuity of patients, as seen with PU.

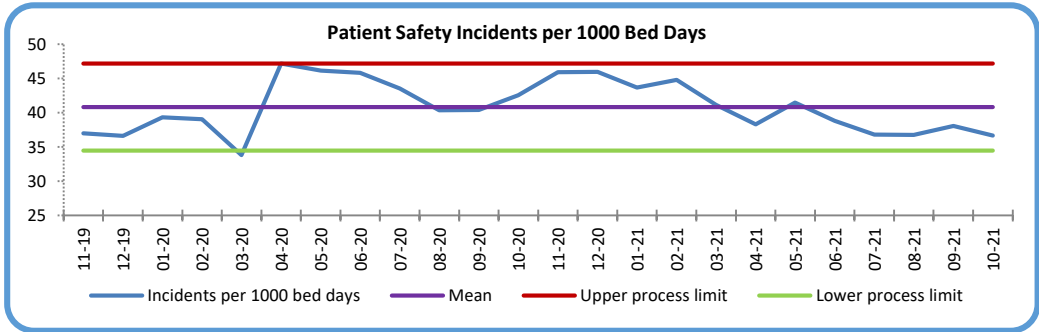
Within the Trust there was a significant rise in Covid-19 patients, and many surgical wards have converted to medicine in order to increase capacity. Medical patients tend to be of a higher risk of falls and therefore this can explain the increase, in addition to this evidence indicates, Covid 19 patients suffer a sudden deconditioning which puts them at a heightened risk of falls.

From February onwards these numbers have began to decrease to pre-pandemic levels. With the exception of May 2021 where a slight increase is evident, incidence of falls are on a downward trajectory. In August again there has been a significant increase in medical patients, with surgical ward again being converted to medicine, an increase in falls is again evident.

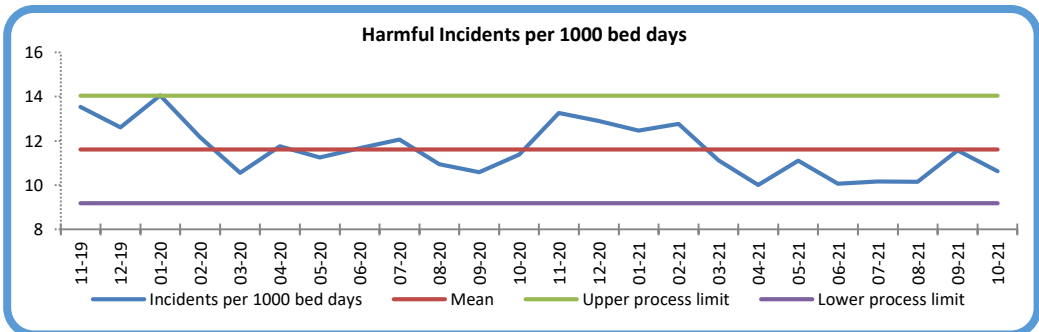
The Falls Coordinator has commenced work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust continue to report less incidents resulting in serious injury.



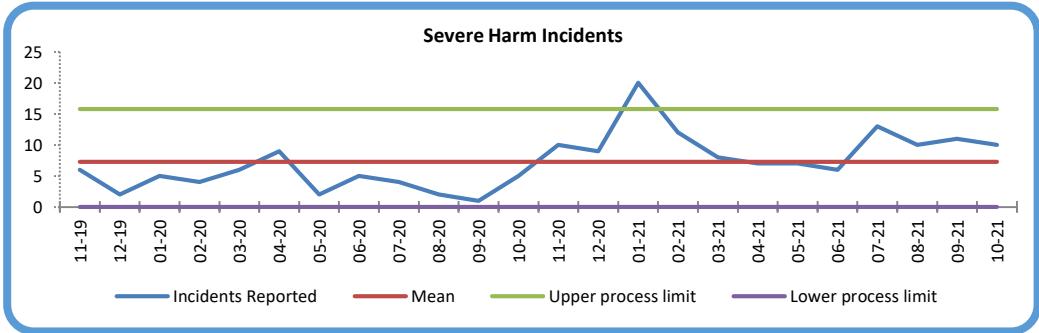
Quality and Performance: Incident Reporting



All patient incidents: There has been a slight decrease in the rate of patient incidents reported between June - October, indicating a shift back towards the mean. However, this remains within the expected common cause variation.



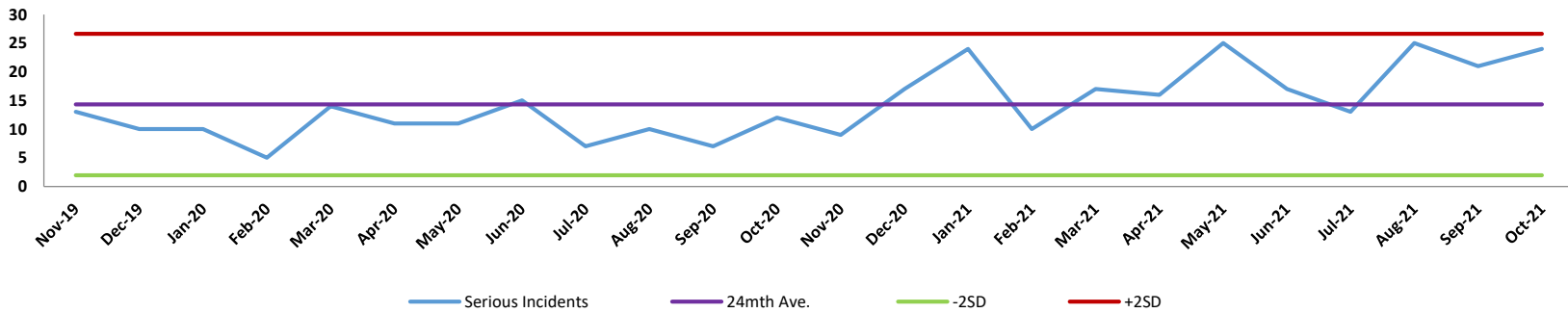
Harmful incidents: There has been a slight decrease, back towards the mean, in the number of *harmful patient safety incidents reported per 1000 bed days. This remains within the common cause variation expected.
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*



Severe harm incidents: There were 10 patient safety incidents reported which resulted in severe harm in October 2021. This monthly data is subject to change in future reports as severity grading may be modified following investigation. The January-February 2021 increase was in part related to new NHSEI Covid-19 reporting requirements; this included all patient deaths or patients with severe harm, and confirmed definite or probable hospital-onset Covid-19.

Quality and Performance: Serious Incidents & Never Events

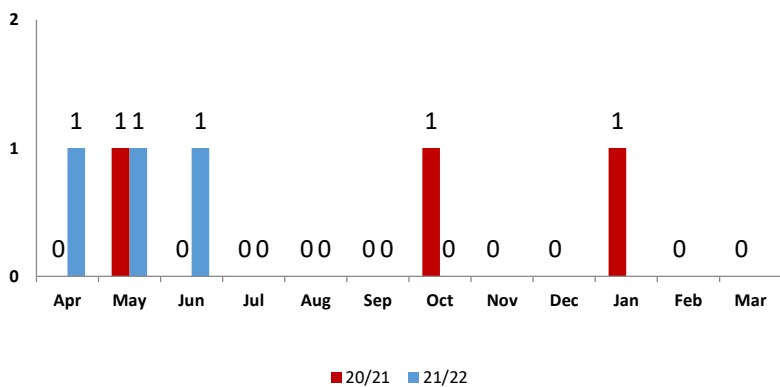
Number of Serious Incidents Reported



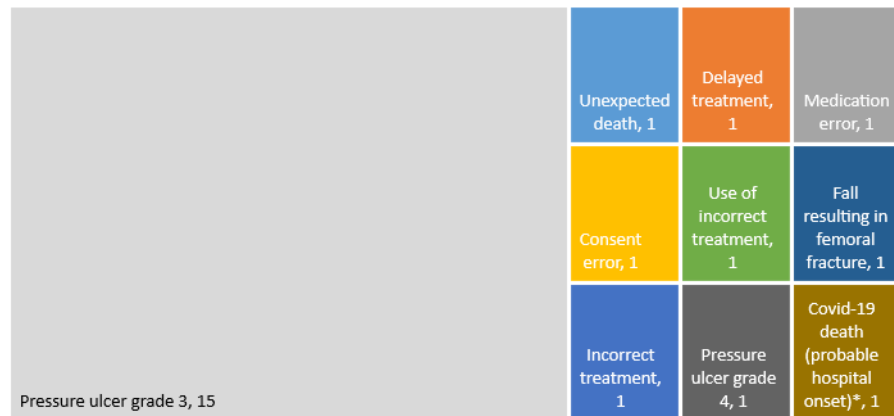
There were 24 Serious Incidents (SIs) reported in October 2021. The increase in the numbers of SIs in May 2021 and October 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust.

The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death and requires the Trust to be open and transparent with patients and their families. The DoC process has been initiated in all cases reported in October 2021.

Total Number of Never Events Reported



Serious Incidents by Category



*Due to new NHSEI Covid-19 reporting guidance which aims to standardise reporting by all trusts nationally, the Trust has reported all patient deaths or with severe harm due to definite or probable hospital onset Covid-19 as SIs, from 1st December 2020.

Quality and Performance: Serious Incident Lessons Learned 1/2

Learning identified from Serious Incident (SI) & Never Event (NE) investigations completed since June 2021

The following section outlines key learning from SI investigations that have been completed since June 1st 2021. This data excludes information on falls, pressure ulcers and SI cases subsequently de-registered.

Maternity reportable cases (2 cases - 1 case 'Each Baby Counts'* reportable)

- Strengthened emergency skills & resuscitation training to include scenarios for learning.
- Emergency alarms placed near to resuscitaires to make it easier for staff to escalate concerns.
- Record keeping audits undertaken to ensure clear, complete documentation and clarity of roles & responsibilities.
- Learning from case review shared to promote agreed protocol for management of pre-term labour.

Delayed recognition of deterioration

- Enhanced staff NEWS2 and leadership training to promote best practice and improved communication.
- Electronic white board placed to be more visible and to better align to work as done in practice.

Missed referrals (2 cases)

- Referral pathway reviewed & updated in difficult to diagnose patients.
- Processes for reviewing results strengthened to include specialist nurse support to prevent reliance on single member of staff on One-stop Clinic.

Lost to follow up ophthalmology (7 cases)

- Trust ophthalmology improvement work commenced, with enhanced governance, to include establishing a robust and reliable electronic system to ensure patients receive appropriate follow-up.
- Robust processes adopted to ensure that patients are given a reliable contact number to raise appointment concerns and that all communication with patients is logged and acted upon.

**Incidents involving babies are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. This agreement is that all cases reported to the Royal College of Obstetrics & Gynaecology (RCOG) as fulfilling the criteria for the 'Each Baby Counts' national quality-improvement initiative should (by default) be notified as Serious Incidents.*

Quality and Performance: Serious Incident Lessons Learned 2/2

Learning identified from SI & NE investigations completed since June 2021 (continued)

Lost to Follow Up (Surgery)

- Strengthened processes implemented for endoscopy referral, including the development of an electronic request form to reduce the risk of misplaced paper referrals.

Never Events - retained swabs (2 cases)

- Clear handover developed, as essential in enabling a safe plan of care for patients transferred between care providers.
- Strengthened local processes, including the creation of a protocol for junior doctors to escalate concerns relating to patients boarded on outlying wards.
- Audit programme of count procedures commenced to gain ongoing assurance of best practice.

Complication of interventional procedure

- Formal multi-disciplinary team meetings to align themselves to national and international guidance to ensure the needs of all patients are appropriately met. To include clear documentation of clinical decision-making and the consent process required as essential in understanding plans in relation to patient management.

Referral delay

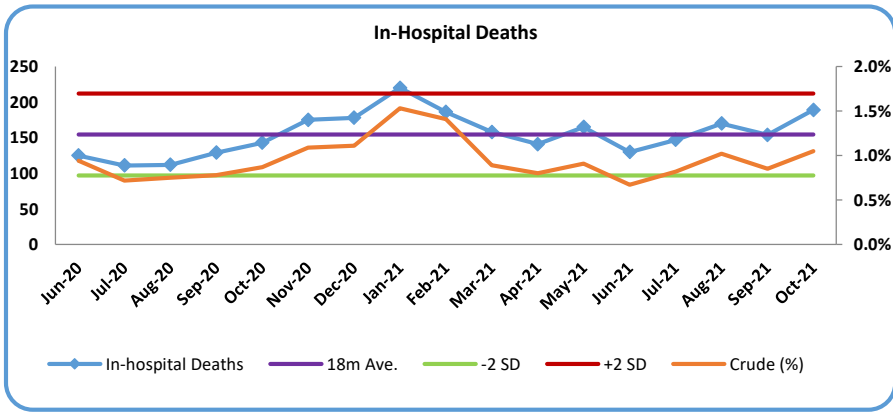
- Robust local process put in place to ensure the outcome of MDT meetings are effectively communicated.
- Local and regional processes strengthened, including generic email Inboxes, to reduce the risk of email referrals being lost or delayed.
- Implementation of cross-speciality education in regards to adjuvant chemotherapy referrals.

Incorrect planning of treatment

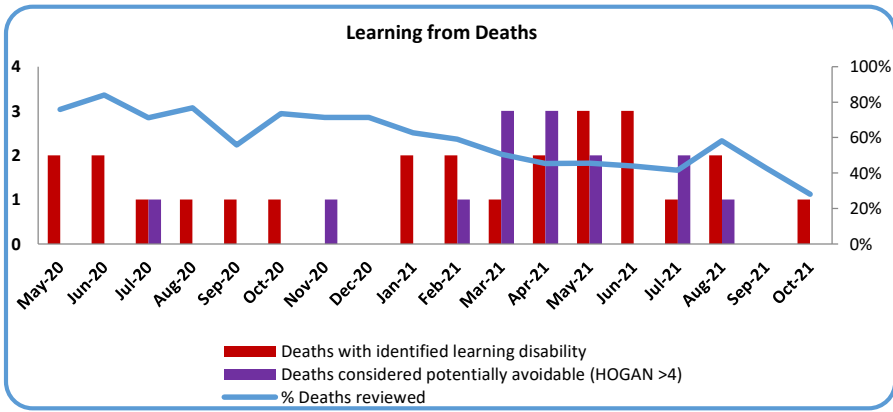
- Local improvement work to provide a robust process of treatment planning, including the implementation of safety nets between systems and clinicians.
- Local audit programme to be implemented to provide ongoing assurance.

Quality and Performance: Mortality Indicators 1/2

In-hospital Deaths: In total there were 189 deaths reported in October 2021, which is higher than the amount reported 12 months previously (n=143). This can be explained with the introduction of elective procedures in 2021 after the temporary closure due to the pandemic. Crude death rate is 1.05%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.

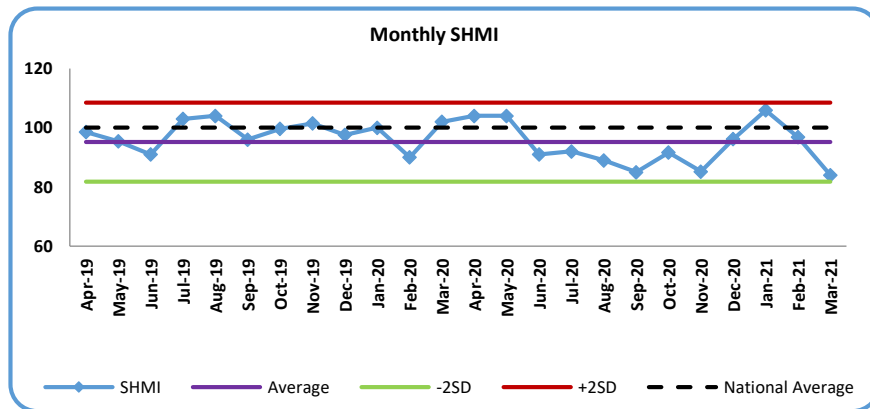
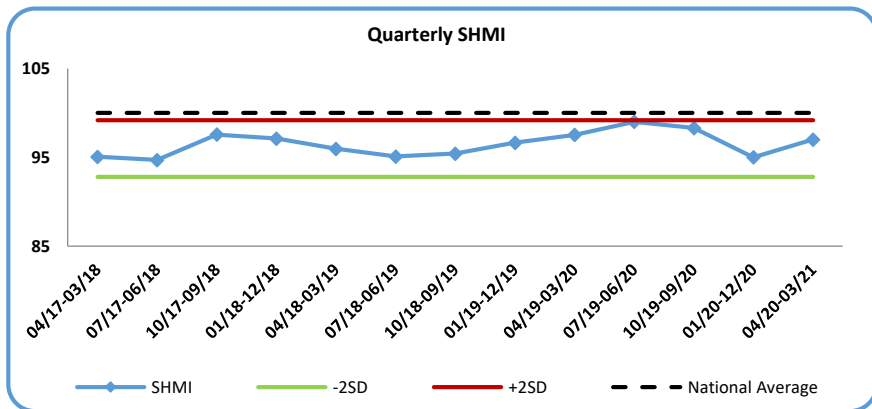


Learning from Deaths: Out of the 189 deaths reported in October 2021, 53 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months and this will continue to be monitored and modified accordingly.

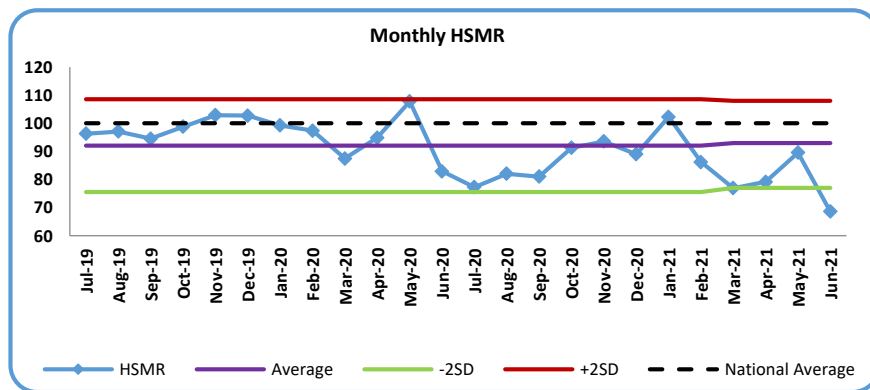
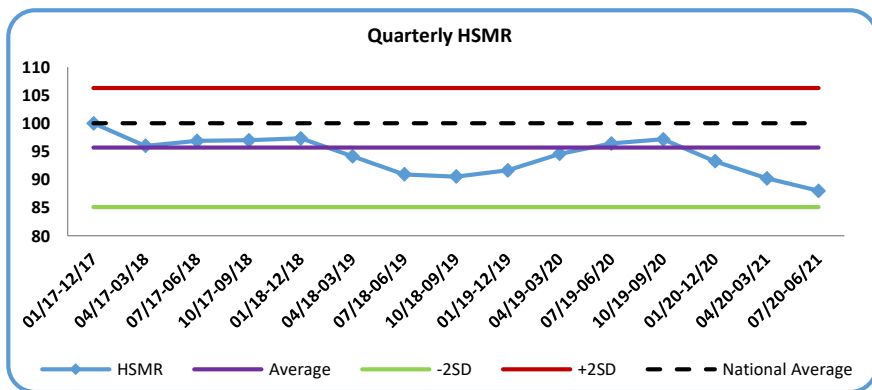


Quality and Performance: Mortality Indicators 2/2

SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 97 from months April 2020 – March 2021, this is below the national average and is within the "as expected" category. Monthly SHMI shows the Trust to be within expected limits.



HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Monthly HSMR data is available up to June 21 and is well below the national average with a fall below the positive indicator in June 21, however this number may rise as the percentage of discharges coded increases.



Quality and Performance: FFT and Complaints

Inpatients and day cases

97% (94%)
2% (3%)



Outpatients

97% (92%)
1% (4%)



Maternity

100% (92%)
0% (5%)



Community Health

95% (94%)
1% (3%)



A&E, walk-in centre and minor injury units

84% (75%)
13% (17%)

Friends and Family Test

The Trust has now submitted FFT data for nine months to NHS England. The published data shows that there were 1,767 responses to the Friends and Family test from the Trust in September 2021 (published 14th November 2021) compared to 1,656 in the previous month. The following infographic shows the proportion of responses that reflect a positive or negative experience from the feedback provided by our patients. The national average results are shown in brackets.

All data is available at:

www.england.nhs.uk/fft/friends-and-family-test-data/

*numbers too small to publish

Trust Complaints 2021-22

The Trust received a total of 334 (309 with identified patient activity) formal complaints up to the end of October 21, an increase of 71 on last month's opened complaints.

The Trust has received an average of 48 new formal complaints per month, which is 9 complaints per month higher than the 39 per month average for the last full financial year 2020-21.

Taking into consideration the number of patients seen and areas with patient contact, the highest percentages of patients complaining to date are within Surgery with 0.06% (6 per 10,000 contacts) The lowest complaint percentages are within Dental and ePOD with 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 62% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 21% of all subjects raised within complaints, with the remaining 17% covering a wide range of issues.

Directorates	2021-22				20-21 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	28	64,823.00	0.043%	1:2315	1:3733
Children's Services	18	48,197.00	0.037%	1:2678	1:2523
Community	10	38,759.00	0.026%	1:3876	1:3134
Dental Services	5	62,821.00	0.008%	1:12564	1:5411
Medicine	38	101,039.00	0.038%	1:2659	1:4129
Medicine (ED)	30	132,925.00	0.023%	1:4431	1:3416
ePOD	30	215,804.00	0.014%	1:7193	1:7606
Musculoskeletal Services	19	71,939.00	0.026%	1:3786	1:2610
Cancer Services / Clinical Haematology	18	115,592.00	0.016%	1:6422	1:6118
Neurosciences	22	62,406.00	0.035%	1:2837	1:3299
Patient Services	19	27,665.00	0.069%	1:1456	1:2003
Peri-operative and Critical Care	7	25,377.00	0.028%	1:3675	1:51990
Surgical Services	25	44,422.00	0.056%	1:1777	1:1313
Urology and Renal Services	15	43,516.00	0.034%	1:2901	1:4013
Women's Services	25	86,380.00	0.029%	1:3455	1:2742
Trust (with activity)	309	1,141,665.00	0.027%	1:3695	1:3583

Quality and Performance: Health and Safety

Overview

There are currently 1226 health and safety incidents recorded on the Datix system from the 1st November 2020 to 30th October 2021 this represents an overall rate per 1,000 staff of 71.2. The Directorate with the highest number of incidents is Patient Services reporting 159 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (346) Peri-operative & Critical Care Services (108), Women’s Service (97) and Internal Medicine (79).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 942 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st November 2020 to 30th October 2021 - this represents an overall rate per 1,000 staff of 55 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (407), Musculoskeletal Services (70), Community (67), Patient Services (54), and Neurosciences (39).

Sharps Incidents

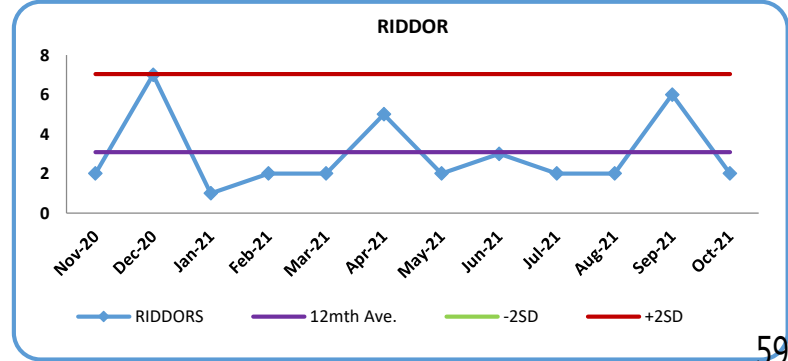
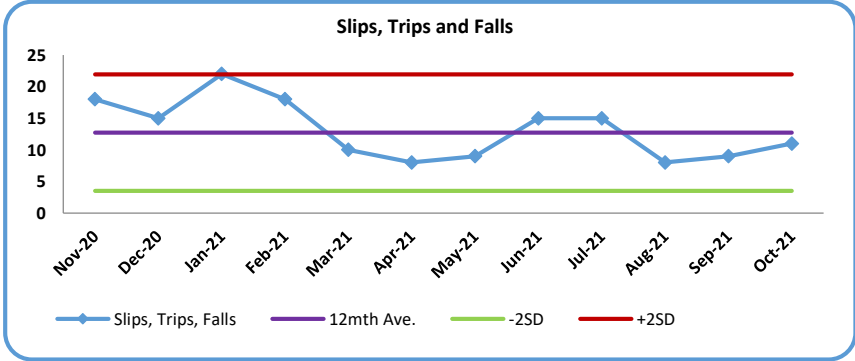
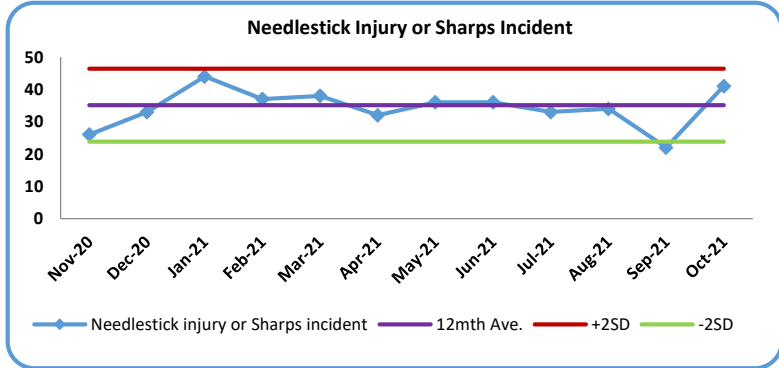
The average number of all sharps injuries per month is 34 between 1st November 2020 to 30th October 2021 based on Datix reporting, with 19.1% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 24.5 per month.

Slips, Trips and Falls

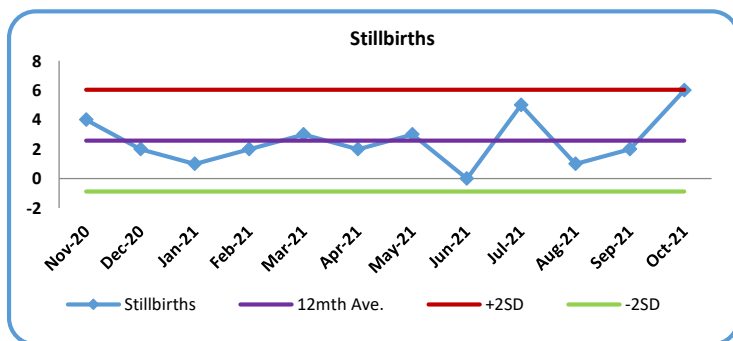
Slips on wet surface, fall on level ground and tripped over an object collectively account for 58.4% of falls between 1st November 2020 to 30th October 2021. Fall from height; fall up or down stairway and falls from a chair account for 17% of the incidents recorded.

RIDDOR

There have been 38 RIDDOR incidents reported between 1st November 2020 to 30th October 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (11), Aggression & Violence (6), COVID (5) Exposure to Hazards (1). These account for 61% of reportable accidents over the period.



Quality and Performance: Maternity (1/3)

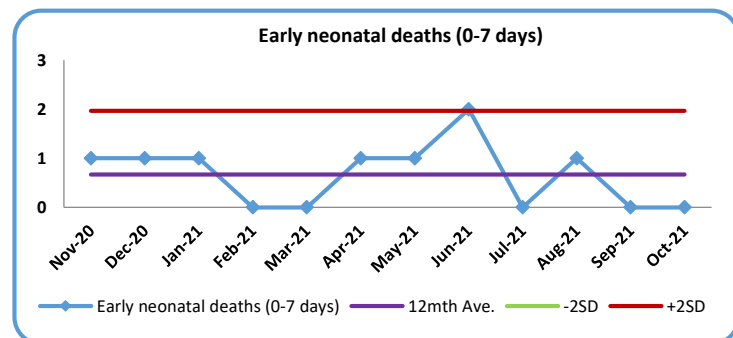


Perinatal deaths

All Perinatal deaths (Stillbirths and Neonatal Deaths) are reported to MBRRACE-UK who produce an annual National report which includes our local data.

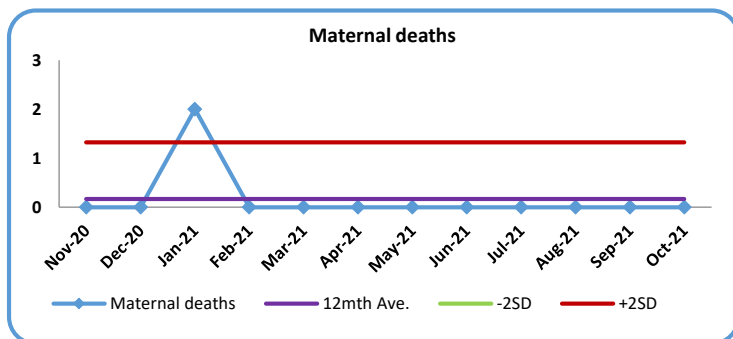
Stillbirths

As we are a tertiary referral Fetal Medicine Unit often complex cases are referred to us from other units within the region and the women opt to deliver here rather than return to their local unit. All cases undergo an initial local review and then a more detailed review including external input, once we have the investigation results. Of the 6 Stillbirths in October, 2 babies were known to have an abnormality, 1 baby sadly demised whilst the mother was extremely unwell, 2 were found to have complications that were unable to be detected in-utero. None of these tragic cases identified modifiable factors that would have changed the outcome.



Early Neonatal Deaths

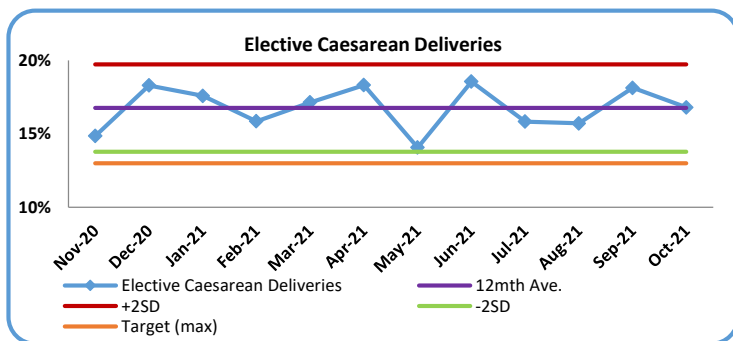
These figure are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner.



Maternal Deaths

Maternal deaths are reported to MBRRACE-UK and a national report is provided annually. Maternal deaths can be categorised as Direct or Indirect. It is rare to have a direct Maternal death in Newcastle and we do believe that having access to specialist services across a range of departments at any time of the day or night has helped us avoid such deaths. A specific Covid-19 morbidity review took place at the start of the pandemic which MBRRACE published in May 2020. A more detailed report 'Saving Lives, Improving Mothers' Care' was published in December 2020. A detailed review of this report was undertaken and a gap analysis presented to the Board level Safety Champions in August.

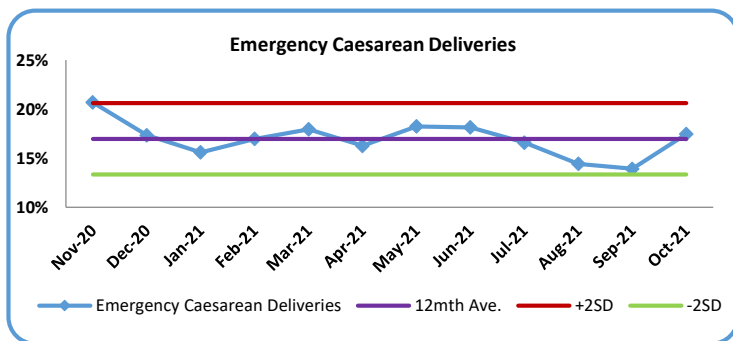
Quality and Performance: Maternity (2/3)



Elective Caesarean section

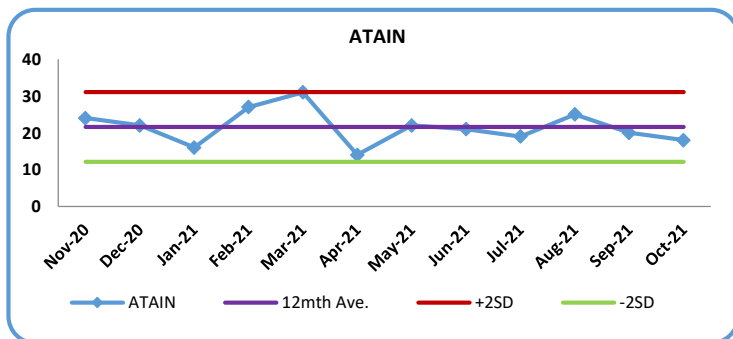
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK.

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



Emergency Caesarean section

The emergency Caesarean section rate is comparable to other Trusts. Maternity is a consultant led service with 98 hour dedicated consultant sessions for Delivery Suite (8am-10pm daily), twice daily consultant ward rounds and consultant obstetricians being involved with all decisions for emergency Caesarean section.



ATAIN

All unplanned admissions of term babies (37 – 41 weeks) into the neonatal unit are reviewed at a weekly Multi-disciplinary meeting and a quarterly report is produced and shared. Some of these cases will be reviewed in more detail if they have been identified as a Serious Incident. An annual audit report is presented at the Directorate Audit meeting with lessons learnt/ key themes/ change to practice being shared across obstetrics and neonatology.

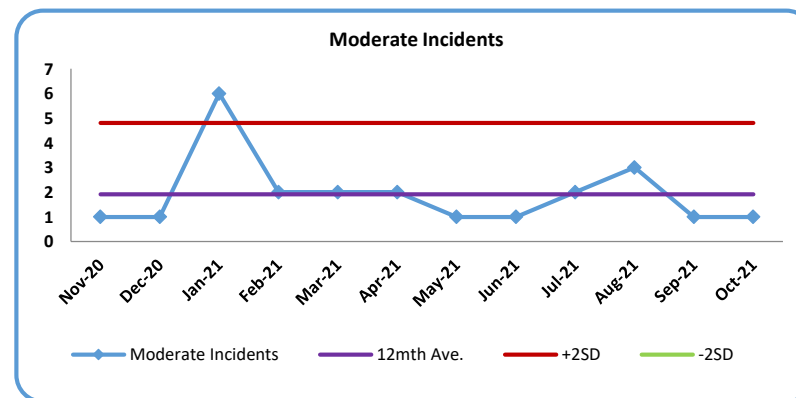
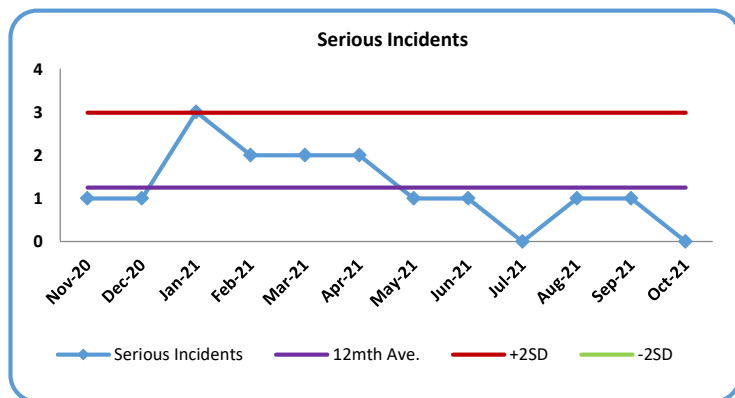
Quality and Performance: Maternity (3/3)

Serious Incidents

There have been 15 incidents escalated as Serious Incidents to The Trust in the past 12 months. These include 8 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 2 unexpected Stillbirths, 1 neonatal death, 2 maternal deaths, 1 major obstetric haemorrhage and 1 baby fall. The HIE cases were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. Once these reports are available a joint report with action plan is written by The Directorate. As a result of the Ockenden report, lessons learnt from Serious Incidents have been shared with the LMS (Local Maternity System) from 31st October 2021.

Moderate incidents

All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (48hr report). In the past 12 months the majority of the moderate graded incidents were babies that needed to receive 'therapeutic hypothermia' in order to minimise the risk of a brain injury. Although graded moderate these babies may have no long term injury but they require a two year follow up in order to assess their neurological status. Moderate incidents will be investigated as a Serious Learning Event and involve parental input to the investigation. Lessons learnt from these incidents are shared in a weekly update 'Sharing is Caring'.



Quality and Performance: Restart, Reset and Recovery (3Rs) / Recovery Plus

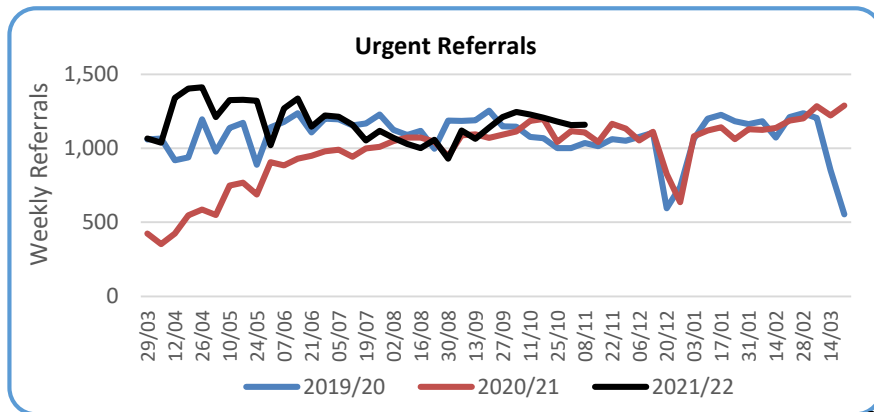
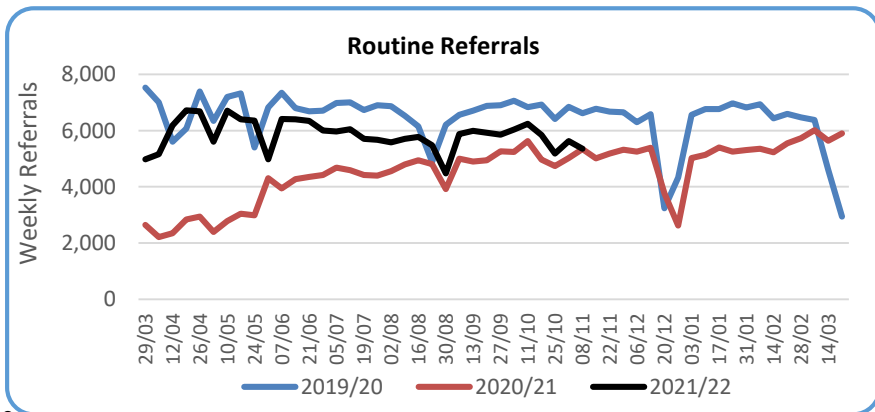
- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective Surgery.**
 - Led by the sub-groups, a number of new frameworks and standard operating procedures have been produced and maintained to provide guidance for Directorates to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways.
- **Due to the second and third COVID waves, groups were reinvigorated** with a focus on maintaining safety, rescheduling any displaced treatments / assessments and maximizing any remaining elective capacity.
 - As well as necessary immediate actions, performance recovery initiatives will be directed through these subgroups once the third wave is navigated.
- **Now firmly in the third recovery phase of the programme** the firm focus is now on recovering activity levels and reducing waiting times. The programme is ultimately governed by the Trust’s Delivery Board, and operationalised via the Trust’s Operational Board and Performance Recovery groups. Recovery work streams, initiatives and investments come through these groups in order to adequately support operational teams to deliver safe recovery of waiting times and backlog reduction, whilst ensuring services are delivered safely and efficiently.
- **Examples of monitoring and schemes include:**

Key Schemes

- Cataract surgical centre
- Mobile MRI imaging unit
- Chemotherapy Day Unit moving to 7 day working
- Additional sessions within Endoscopy
- Additional sessions within Dermatology

Key Measures

- Referral rates
- DNA rates
- Activity levels
- Waiting list growth
- TCI bookings



Quality and Performance: Monthly Performance Dashboard

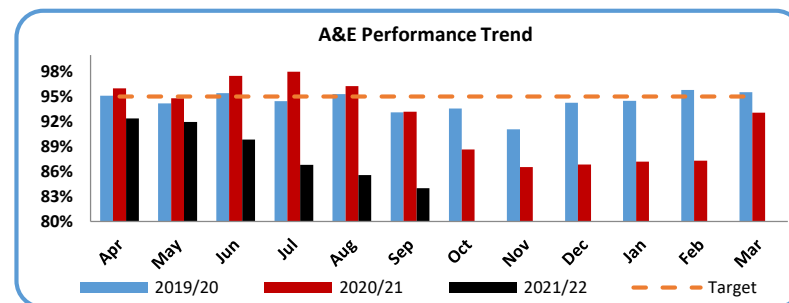
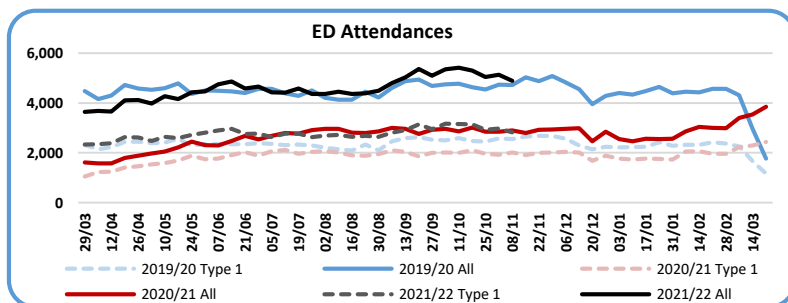
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month in 2019			
				w/e 10/10/2021	w/e 17/10/2021	w/e 24/10/2021	w/e 31/10/2021	Aug-21	Sep-21	Oct-21	
Front Door	Type 1 Attendances (Main ED)	2,377	2,917	133.4%	132.7%	132.2%	122.7%	122.2%	118.5%	124.1%	
	Ambulance Arrivals	635	615	105.2%	109.0%	100.8%	96.9%	Unavailable		105.6%	
	Eye Casualty Attendances	416	317	83.1%	84.1%	83.6%	76.2%	75.0%	82.4%	79.2%	
	Walk in Centre Attendances	1,419	1,534	118.9%	121.0%	113.8%	108.1%	94.4%	103.7%	113.1%	
	A&E 4hr performance (Type 1)	89.5%	73.3%	-13.5%	-15.8%	-19.4%	-16.2%	-14.3%	-13.8%	-15.5%	
	A&E 4hr performance (All Types)	94.3%	84.2%	-8.5%	-9.4%	-12.2%	-10.1%	-9.7%	-9.1%	-9.8%	
Admission & Flow	Emergency Admissions (All)	1,368	1,280	99.4%	101.5%	104.8%	93.5%	105.6%	103.0%	92.1%	
	G&A Bed Occupancy	80.8%	81.2%	81.7%	80.7%	83.5%	81.2%	80.3%	82.2%	81.6%	
RTT/Planned Care	Outpatient Referrals (All)	8,187	6,158	93.7%	95.1%	87.2%	75.2%	89.0%	89.6%	88.3%	*
	Elective Spells	2,721	2,065	88.8%	91.3%	92.5%	75.9%	78.0%	87.1%	84.8%	*
	Outpatient Activity	20,457	17,895	109.5%	114.7%	105.2%	87.5%	100.4%	97.9%	95.8%	*
	DNA Rates	7.2%	8.1%	8.0%	8.1%	8.1%	8.1%	8.3%	8.3%	8.4%	
	Incomplete Performance	87.3%	68.0%	69.3%	69.1%	68.4%	68.0%	72.8%	71.4%	70.6%	
	RTT >52 Week Waiters	18	5,188	5,295	5,308	5,175	5,188	5,050	5,113	5,069	
Cancer	2WW Appointments	482	454	104.1%	121.9%	109.3%	94.1%	88.8%	95.2%	96.0%	*
	All Cancer 2WW	No weekly performance recorded.						55.7%	61.1%	Reported one month in arrears.	
	Cancer 2WW Breast Symptomatic							57.1%	50.8%		
	Cancer 62 Days - Urgent							64.4%	51.3%		
	Cancer 62 Days - Screening							74.3%	64.3%		
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,805	99.7%	95.9%	96.6%	89.0%	91.9%	90.9%	94.3%	*
	Diagnostic Performance	No weekly performance recorded.						78.3%	77.3%	77.1%	

Data provided as 'Actual' figure rather than % comparison

*Working day adjustment

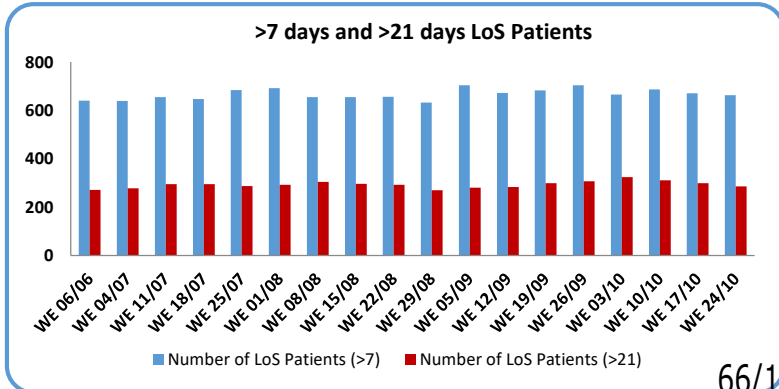
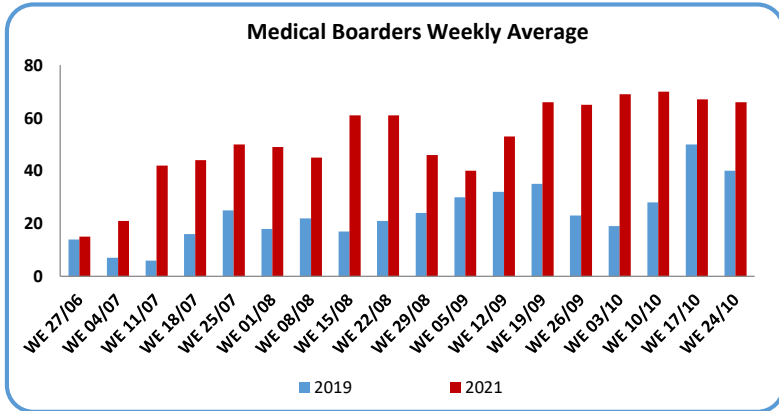
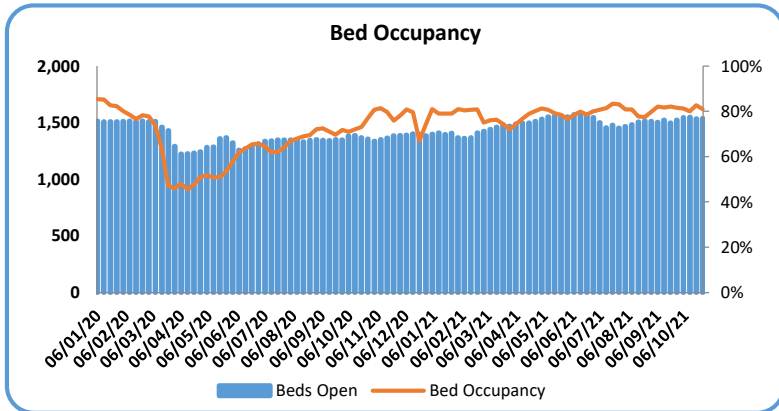
Quality and Performance: A&E Access and Performance

- In October A&E performance was 83.7% against the 95% 4hr standard. The standard has not been met for more than a year.**
 - This performance is 0.3% below September's level, and is the lowest seen at the Trust for many years.
 - Type 1 performance dropped to 72.6%. However, Type 2 Eye Casualty compliance (95.8%) exceeded 95% for the first time in 4 months.
 - Positively, NuTH's performance compares favourably to other Shelford Trusts and in September (84.0%) remained well above the national (75.2%) and regional (80.5%) averages. This is despite NuTH experiencing greater A&E activity growth than other Trusts in the region.
 - October saw 4 ambulance handovers >60 minutes, the highest level since the onset of COVID-19. NuTH also reported 1 trolley wait >12 hours.
- October was a record month for overall attendances (all types), with the total 12.4% higher than in October 2019 (83 more patients per day).**
 - Type 1 attendances reached unprecedented levels and mainly accounted for this growth (24% above October 2019's level).
 - Paediatric attendances have particularly grown since the new school term started with October 2021 paediatric attendances at 153% of October 2019's level. There has also been growth in the prominence of RSV in this patient group in the past 2 months,
 - In October the Trust received over 16% of the North East and North Cumbria region's ambulance arrivals. This is well below above pre-COVID levels and NuTH has seen its activity as a proportion of the region's ambulance conveyances rise for 9 months in a row.
 - Eye Casualty attendances are yet to return to pre-pandemic levels, with October 2021's total equating to 79% of October 2019's total.
 - The Trust's Urgent Treatment Centres (UTCs) saw over 7,000 attendances for the first time since October 2019. This attendance type recovered activity more slowly than Type 1 attendances during the first half of 2021, but has seen a 26% rise in attendances over the past 2 months.
 - Comparatively Ponteland Road is now seeing a greater proportion of these UTC attendances compared to pre-COVID levels.
 - GP Streaming activity also rose but remains 23% lower than pre-COVID levels. Work is ongoing to optimise how this resource is utilised.
- The Trust has faced exceptional difficulties in staffing levels and bed availability due to the high levels of COVID transmission in the past 4 months.**
 - October saw 2,200 breaches due to patients awaiting treatment/assessment. This is significantly more than in previous months and equates to around 60% of the Trust's total breaches. Additionally breaches due to unavailability of beds reached their highest level for many years.
 - The Trust accommodated a rising number of COVID inpatients throughout October, increasing from 58 to 80 patients during the month.
 - Multiple wards have converted elective to non-elective beds, with winter expected to further increase non-elective admissions.
 - The total number of bed days lost reached an unprecedented position in October, and was 24% higher than September's level.
 - Closures are due to COVID infections, norovirus outbreaks and staffing shortages prompting sizeable reductions to the overall bed base.
 - Staff sickness due to COVID-19 remains high, and October saw a considerable rise in self-isolation absences to their biggest levels since July.
 - Clinical uptake to cover dropped shifts has also diminished.
 - A Trustwide Urgent and Emergency Care (UEC) action plan has been developed corresponding to the national UEC 10 point plan.



Quality and Performance: Bed Occupancy and Long Length of Stay Patients

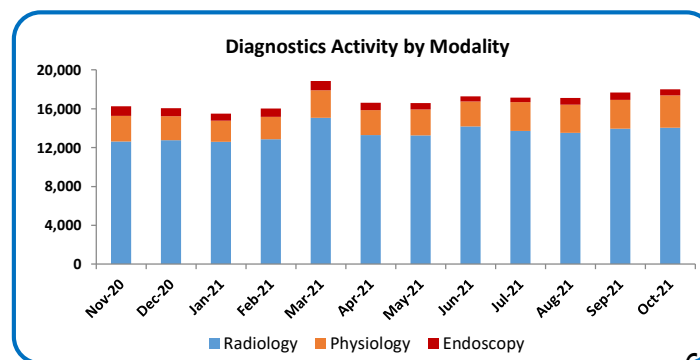
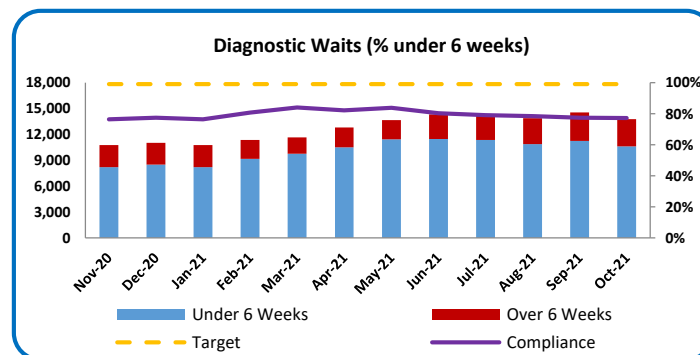
- **The Trust averaged 81% bed occupancy in October 2021, which was in line with September’s level, though slightly below October 2019’s position**
- **Weekly occupancy levels peaked at 83% in the penultimate week of the month. Factors impacting bed occupancy levels include:**
 - Increased levels of emergency admissions. Consequently, a much higher proportion of the Trust’s beds are occupied by emergency patients (rather than elective patients) compared to pre-COVID levels.
 - October saw the most ever bed closures (an average of 43 beds closed per day) due to COVID-19 outbreaks, with numerous wards impacted. Norovirus also caused further closures
 - Additionally, the Trust currently has twice as many beds closed for staffing shortages, as would usually be expected at this time of year (an average of 90 beds closed per day during October)
 - Whilst there are plans to reopen some of these beds during November through nursing staff recruitment, a number of beds are still expected to remain closed
 - Difficulties repatriating Northumberland and North Tyneside patients
 - The Trust accommodating a rising number of COVID inpatients, with the level exceeding 80 by the end of October (from 58)
- **Throughout 2021/22 the Trust’s level of medical boarders has risen consistently, with October seeing this trend continue, as the total reached record levels.**
 - Total medical boarders peaked at 70, with 67 patients on average
 - This level of medical boarders is in line with those seen at peak winter levels
 - This is partially caused by emergency patients taken up a higher proportion of bed occupancy compared to previous years – 80% vs 72% (Oct ‘21 vs Oct ‘19)
- **October saw similar volumes of long Length of Stay (LoS) patients compared to September, though this fluctuated throughout the month**
 - Actions are being taken to facilitate speedier discharges including greater MDT planning and cooperation with radiology. The impact of these actions will however be limited by staffing shortages
- **Due to the suspension of reporting to NHSE/I this report no longer contains information relating to Delayed Transfers of Care (DTCs)**
 - Processes remain in place to ensure this reporting can be restarted if required. Some discharge information is submitted nationally as part of the COVID SitRep submission, including providing reasons for any lost bed days



Quality and Performance: Diagnostic Waits

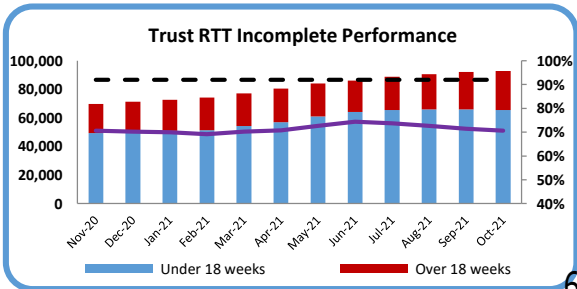
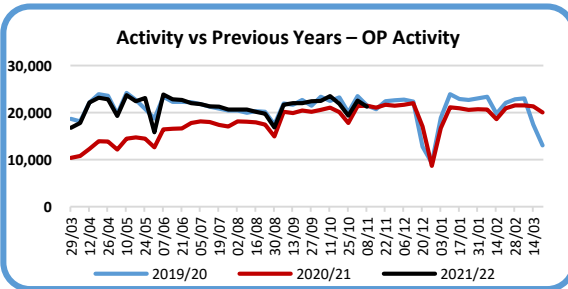
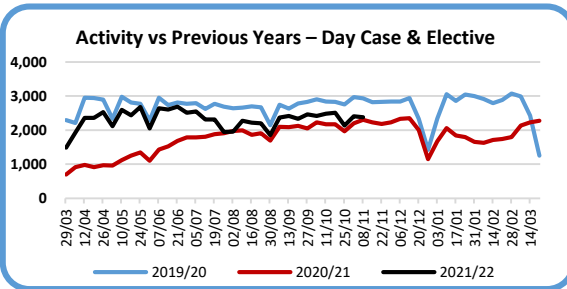
- At 77.1% against the 99% standard, diagnostic performance in October was the lowest recorded since January 2021 (-0.3% from September).**
 - Performance marginally improved across both Physiological Measurements (51.9%, +2.2%) and Endoscopy (59.8%, +7.4%), but a slight downturn within Imaging (85.2%, -0.5%), where the majority of our waiters reside, this resulted in a minor reduction in compliance at overall Trust level.
 - Positively, the total number of diagnostic long waiters (patients waiting greater than 13 weeks) reduced by 7% from September to a total of 973 patients. This cohort of patients make up 7.1% of the overall WL.
 - In September (latest NHSE data) NuTH's diagnostics performance (77.4%) remained above the national (73.9%) and regional (72.3%) positions.
- In October 18,010 tests were carried out by the Trust, the second highest monthly total since February 2020 and equating to 95.4% of the pre-pandemic 19/20 average.**
 - NuTH carried out 6.8% more examinations per day in October than September, contributed to in particular by the Echo service who further amplified their activity delivery levels by 24% from the previous month - facilitated through the optimisation of existing insourcing / outsourcing schemes.
 - There were also notable rises in the number of tests carried out within MRI and CT, with throughput increasing by 9-10% per day on average when compared to the previous month. Audiology activity also increased by 9% from September when adjusted for working days despite ongoing staffing pressures.
- The total reported Diagnostic WL size decreased by over 5% in October to 13,756 patients, the smallest volume of patients waiting since May 2021.**
 - The key drivers were significant reductions in both MRI (13%) and CT (8%) waiters, assisted in part by the expansion in accessible capacity at the Blaydon Community Diagnostic Hub currently being shared with Gateshead FT. This additional capacity has the potential to meaningfully contribute towards the reduction of our Imaging WL back to sustainable levels in the coming months.
 - That said, despite the reduction in WL size within MRI and CT, the total volume of breaching patients overall failed to reduce, resulting in falling compliance levels across both services. More positively, the number of DEXA patients breaching the six week target reduced by almost a third.
 - Despite the contraction recorded last month, the overall WL size is nonetheless 25% larger than it was at the end of 2020, having remained comparable to pre-pandemic levels through 2020.
- Opportunities to expand activity delivery continue to be explored, with recovery schemes approved for implementation via the Recovery Plus programme.**
 - MRI have accrued an additional mobile van to supplement existing capacity from January, whilst Endoscopy continue to work with Cobalt to maximise output. Work will also shortly begin on a fourth room at the RVI which will significantly boost our internal capacity upon completion.
 - Regular review of infection prevention and control regulations is also taking place to assess where throughput can safely be increased.

Overall Patients Treated Within Month	Oct-21	Sep-21	Difference (Actual)	Difference (%)
Imaging	14,042	13,936	106	0.8%
Physiological Measurement	3,314	2,979	335	11.2%
Endoscopy	654	744	-90	-12.1%
Trust Total	18,010	17,659	351	2.0%

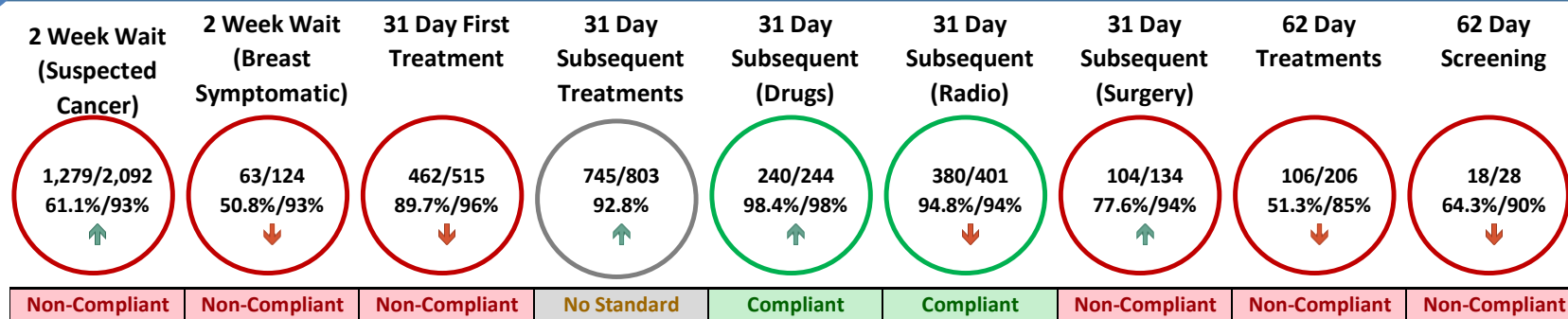


Quality and Performance: 18 Weeks Referral to Treatment

- **Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust’s RTT position continues to be significantly impacted. October’s performance against the 18 week wait target (92%) declined slightly to 70.6%, 0.8% below September’s level of performance.**
 - 27,304 patients have waited greater than 18 weeks, the fourth month in a row the volume of this cohort of waiters has increased.
 - 8,150 patients have waited more than 40 weeks, a reduction of almost 700 (7.7%) from the previous month and the lowest total in over a year.
 - The number of patients waiting >52 weeks minimally decreased by 44 patients (0.9%) to 5,069. Routine referrals in to the Trust throughout 2020 were consistently below the 19/20 average (~25%), compensating for a reduction in elective activity delivery as a consequence of the pandemic.
 - In September 5.5% of the Trust’s PTL were >52 week waiters, 0.3% above the national total but below the latest overall Shelford position (6.8%).
 - Consistent with the trend of recent months, in September 46% of the Trusts >52 week waiters were waiting for treatment within the Ophthalmology service (2,353). The Trust has a cataract modular theatre in operation to enhance patient flow and rapidly expand capacity to address this issue. Dermatology, Spinal Surgery and Orthopaedics continue to also have high volumes of >52 week waiters.
 - 196 patients have now waited >104 weeks, with the majority of these waiters sitting within Ophthalmology (81) and Spinal Surgery (59). One of the Trust’s key aims is to reduce this total as far as possible by the end of March 2022, with regular, active review of patients due to breach 104 weeks by the end of the financial year taking place - including providing TCI dates wherever possible. The longest current wait is 146 weeks.
- **As of September 2021 NuTH have the 8th largest PTL in the country and the highest level of compliance of the ten Trusts with the largest PTLs. National compliance in September stood at 66.5%, 4.1% below the NuTH position.**
 - The total number of outpatient referrals received by the Trust in September represented a 5.2% decrease from September, and equated to just 80.6% of the volume received in October 2019. Routine referrals remain below the levels received in the same month of 2019 for a fourth month in a row, however Urgent referrals were up 3% and 2ww referrals down 9% compared to the same month, a reversal of trend in both cases.
 - Whilst the Trust’s total PTL size continues to increase, the rate of growth has slowed in recent months and grew by less than 1% in October for the first time in over a year.
- **Recovery of elective activity, RTT performance and the treatment of long waiters remain key Trust priorities.**
 - During October activity delivery measured at 84.8% (Day Case & Elective) and 95.8% (Outpatient Activity) when compared to October 2019.
 - Monitoring of approved recovery schemes and the assessment of new opportunities to increase throughput and reduce long waits take place on a weekly basis via the Recovery Plus programme at the Trust’s Operational Board.
 - Current approved recovery schemes include additional sessions within numerous specialties, additional locum cover, expansion of radiology provision, the cataract delivery unit and a dedicated weekend day case ward pilot, amongst other initiatives.
- **Due to the staffing and bed situations described throughout the report, elective activity decreased during the summer, with cancer and urgent P1 and P2 work prioritised.**
 - The elective programme is in constant review with as much non-urgent elective work undertaken as can be safely delivered.



Quality and Performance: Cancer Performance (1/2)



The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'

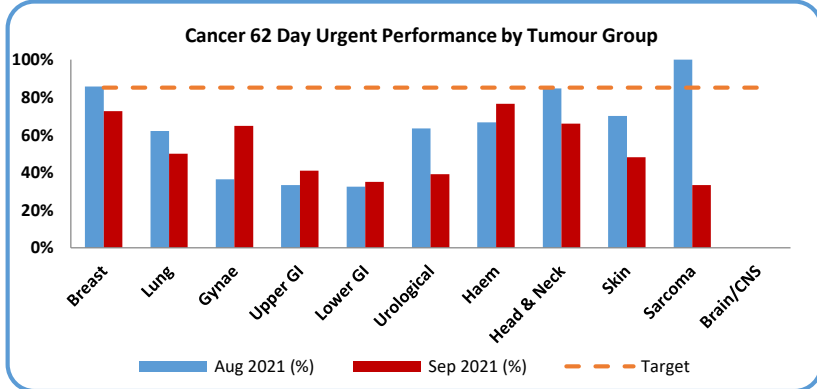
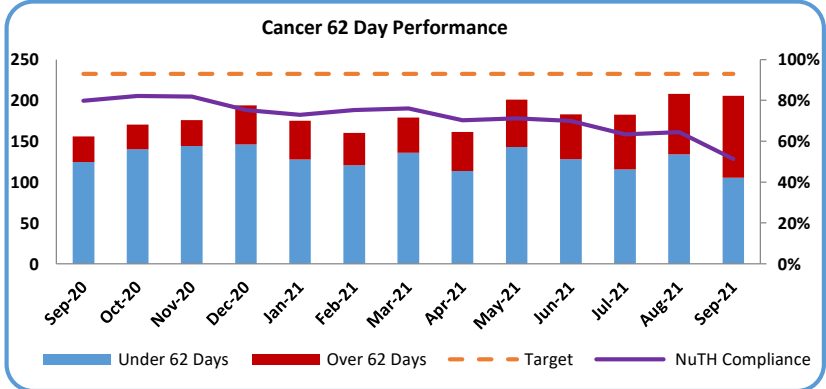
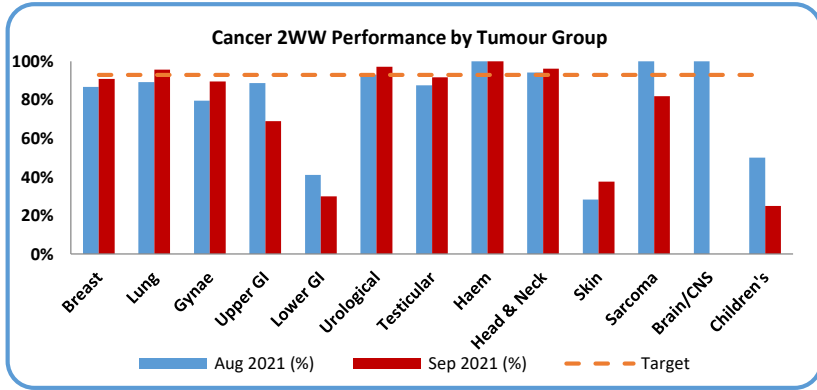
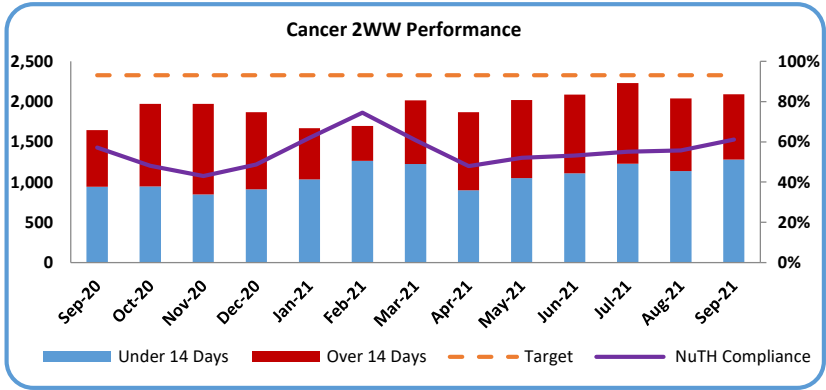
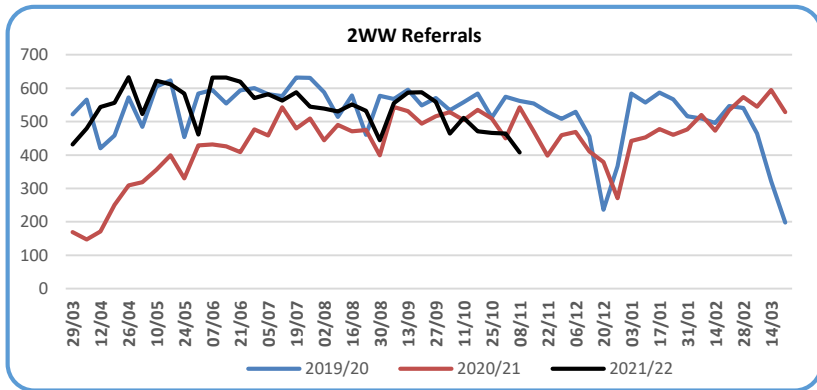
- The Trust achieved 2 of the 8 Cancer Waiting Time standards in September; 2 of the 8 standards were met in August.
- The nationally validated 2ww position remained low as expected due to issues previously raised relating to the Skins (37.5%) and Lower GI (29.9%);
 - Within the Skins pathway tele-dermatology has been introduced with GPs now sending images to NuTH alongside referrals, further education events are planned within primary care to ensure images received are of the highest quality. It is estimated that 50% of these reviews result in no face to face appointment being required within a cancer pathway.
 - Skins is the largest single tumour group for 2ww, accounting for approx. 40% of the overall volume meaning that the Skins compliance has a large impact on the overall Trust position.
 - The Lower GI service has now moved to an electronic solution to assist in the management of the referral and triage process; alongside actions to increase capacity and utilise the independent sector (for non-cancer work), further improvements are expected within the area.
 - GPs are now required to provide the result of the FIT before referral which will increase performance. Where this is not received first time this can add up to 5 days to a pathway.
 - A nurse endoscopist post has been funded through the Northern Cancer Alliance and other measures have been approved internally to increase capacity to the endoscopy service.
 - The Breast service (91% suspected, 51% symptomatic) have secured additional capacity to see risk stratified patients through a Young Person's Breast Clinic via the assistance of local practitioners.
- 62 Day compliance dropped from 64% to 51% due to drops in Skins (-22%), Urology (-24%), and Breast (-13%). Although the reasons behind the drops were multifactorial, a key theme was increased diagnostic turnaround for reporting times due to annual leave, as well as OP clinic capacity.
 - The Skins drop is due to the well documented issues at the front end of the pathway, and these patients now breaching 62 days when having further treatment.
- Due to COVID pressures, the Northern Cancer Alliance initiated a North and South Surgical Hub to capture details of patients requiring surgical intervention across the Cancer Alliance; cases are then discussed to ensure each organisation has capacity to take their own cases and support sought if not. Cases were redistributed during the Jan / Feb wave with NuTH providing significant surgical support during the period.
 - Both surgical hubs have resumed meeting to ensure that capacity is maintained, with chemotherapy capacity now discussed as well.
- The Northern Cancer Alliance met 2 of the 8 standards in September; 1 of the 8 standards were met in August.
 - 3 providers within the Northern Cancer Alliance achieved the 2ww target in September.
 - No providers within the Northern Cancer Alliance met the 62 day target in September.

Quality and Performance: Cancer Performance (2/2)

Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels. Referrals have reached close to previous levels with some reduction in Urology, Lung and Head and Neck tumour groups.

Summer months saw a significant increase in referrals within the Skins tumour group, carrying on growth trends from the past several years.

Recent weeks have seen an increase in Breast cancer referrals following high profile cases in the news.



Quality and Performance: Other Performance Requirements

- **Since June 'last minute' cancelled operations have consistently been at their highest levels since the onset of COVID-19, with 47 reported in October.**
 - This is still below the pre-COVID monthly average of 62 and is in part a consequence of the increasing elective inpatient activity being scheduled as the Trust looks to recover activity levels. For the 11th month in a row Cardiothoracic Services (31) was the largest directorate contributor to the Trust total. The primary reason for cancellations this month was the lack of available ITU beds, followed by overrunning theatre lists.
 - The Trust reported 5 breaches against the standard to treat within 28 days following last minute cancellations in October, all of which were within Cardiothoracic Services. This total remains in line with pre-COVID average levels and one higher than the number recorded in September.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in October.**
 - Performance against the referral metric was 100% and has been at this level of compliance for over a year.
 - The low proportion of patients who have been asked the dementia case finding question in recent months is partly due to the increased staffing pressures across the Trust caused by the high prevalence of COVID-19 and increased numbers of emergency admissions. In response, the dementia care team are providing support to Assessment Suite to aid with the screening of patients entering hospital.
 - Compliance with the requirement to conduct dementia diagnostic assessments has been low throughout 2021 but did slightly improve in October. The dementia care team have increased their support to clinical teams completing the assessment in an attempt to further improve performance.
- **The proportion of people who have depression and/or anxiety receiving psychological therapies increased slightly October (1.31%), but remains below both pre-COVID average levels and the monthly target (1.58%). This is partially due to lower referral rates to IAPT services across the region.**
 - Operational service leads and finance teams have modelled current and projected models of service access and provision, and are corresponding with commissioners about this. It is hoped this will facilitate an increase in access levels.
 - Funding for both additional step 3 CBT trainee posts and extra CBT online provision has facilitated a 24% reduction in the CBT waiting list size since April, and consequently waiting times have also decreased.
 - The service has undertaken a successful transition to using telephone and video consultations. These virtual sessions are now a common method of delivery and will continue to be offered to patients, as feedback suggests virtual service provision has been very helpful for many patients. Concurrently, the service are exploring methods of increasing levels of face to face provision through sourcing additional clinic space.
- **In October performance against the IAPT 'moving to recovery' standard decreased to 34.3%, and the 50% target has not been met since June 2020. This is partly due to long waits for Step 3 therapy, which adversely affects recovery rates, and consequently the service is working to address this.**
 - Positively, the IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 95.1% and 100%, high levels of compliance in comparison to recent months. However, there are sometimes long waits for second appointments.

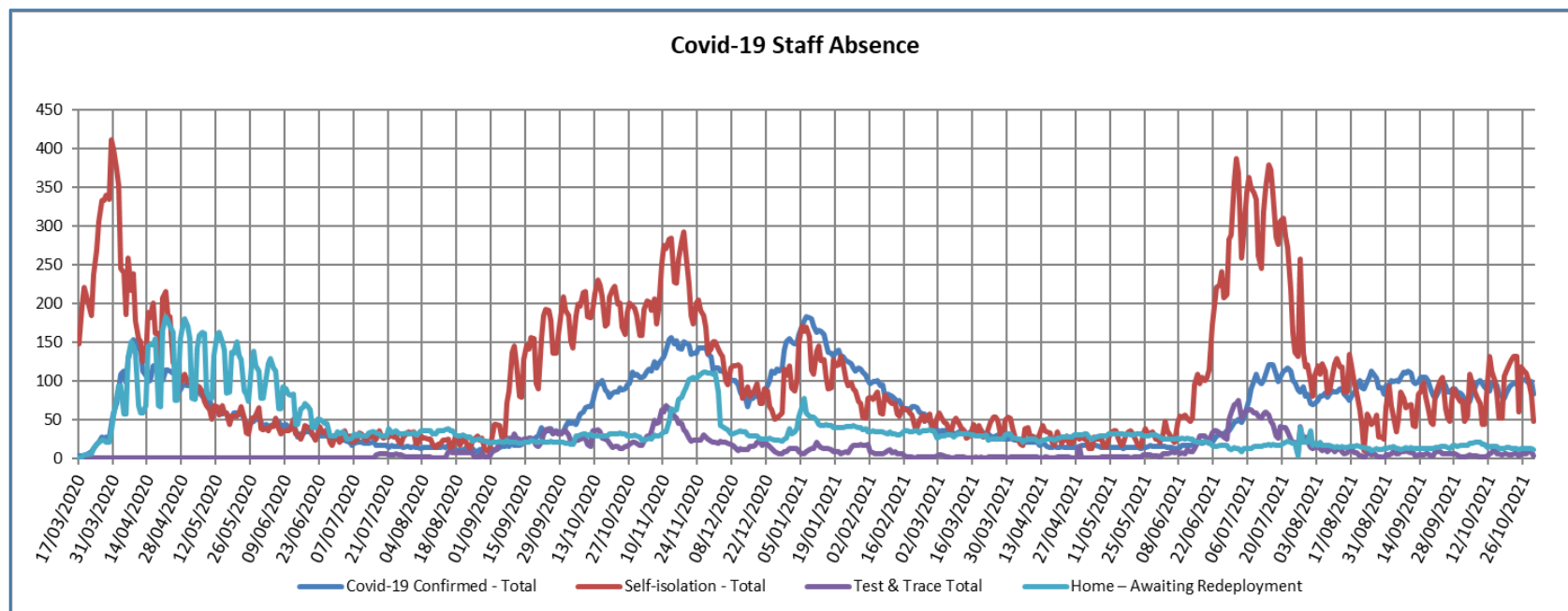
Reportable Cancelled Operations	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Last minute cancelled operations	30	30	14	19	16	7	24	34	56	52	45	45	47
Number of 28 day breaches	2	0	0	5	0	0	0	3	1	6	9	4	5
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
% asked the dementia case finding question within 72 hours of admission.	36%	43%	42%	47%	49%	52%	49%	35%	57%	44%	49%	49%	39%
% reported as having had a dementia diagnostic assessment including investigations.	38%	36%	26%	24%	15%	14%	17%	30%	18%	27%	17%	14%	25%
% who are referred for further diagnostic advice in line with local pathways.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

People

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 17th March 2020 and 31st October 2021. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Confirmed COVID-19 instances peaked at 183 on 7th January 2021 and climbed again to 121 on 16th July 2021.



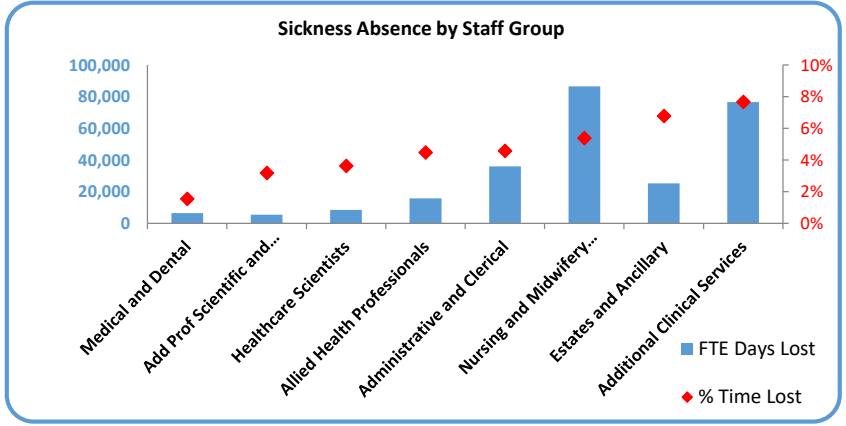
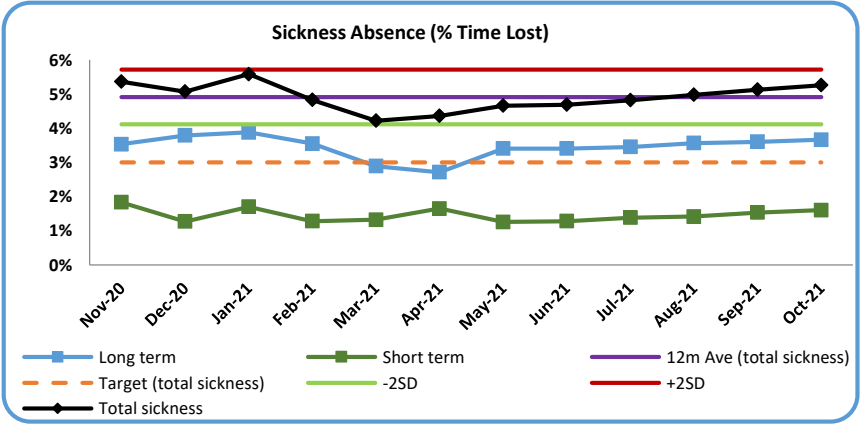
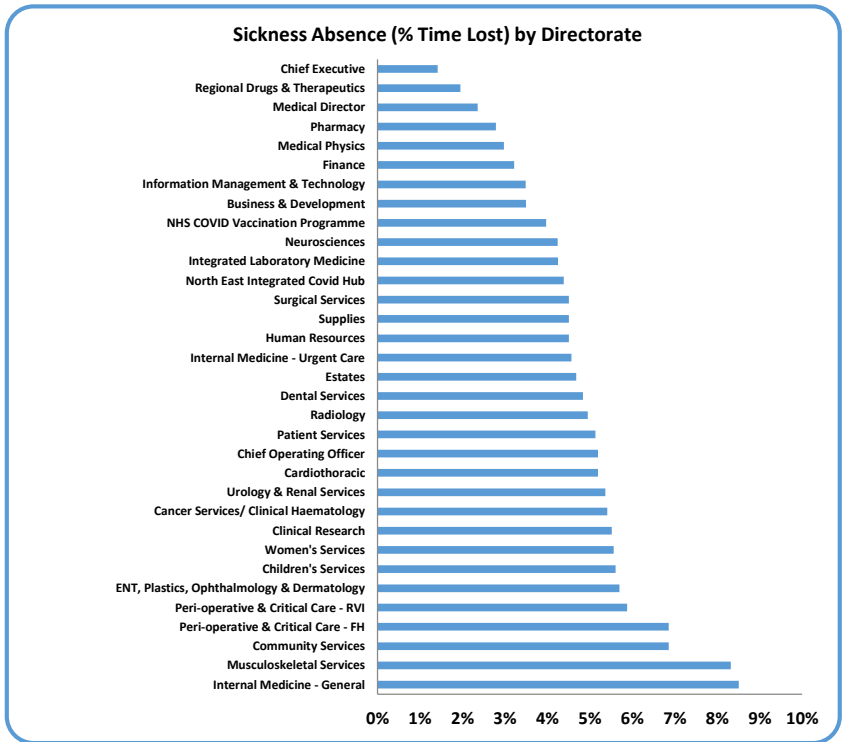
- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.

People

- Year to year comparison for sickness absence (including Covid related sickness) :

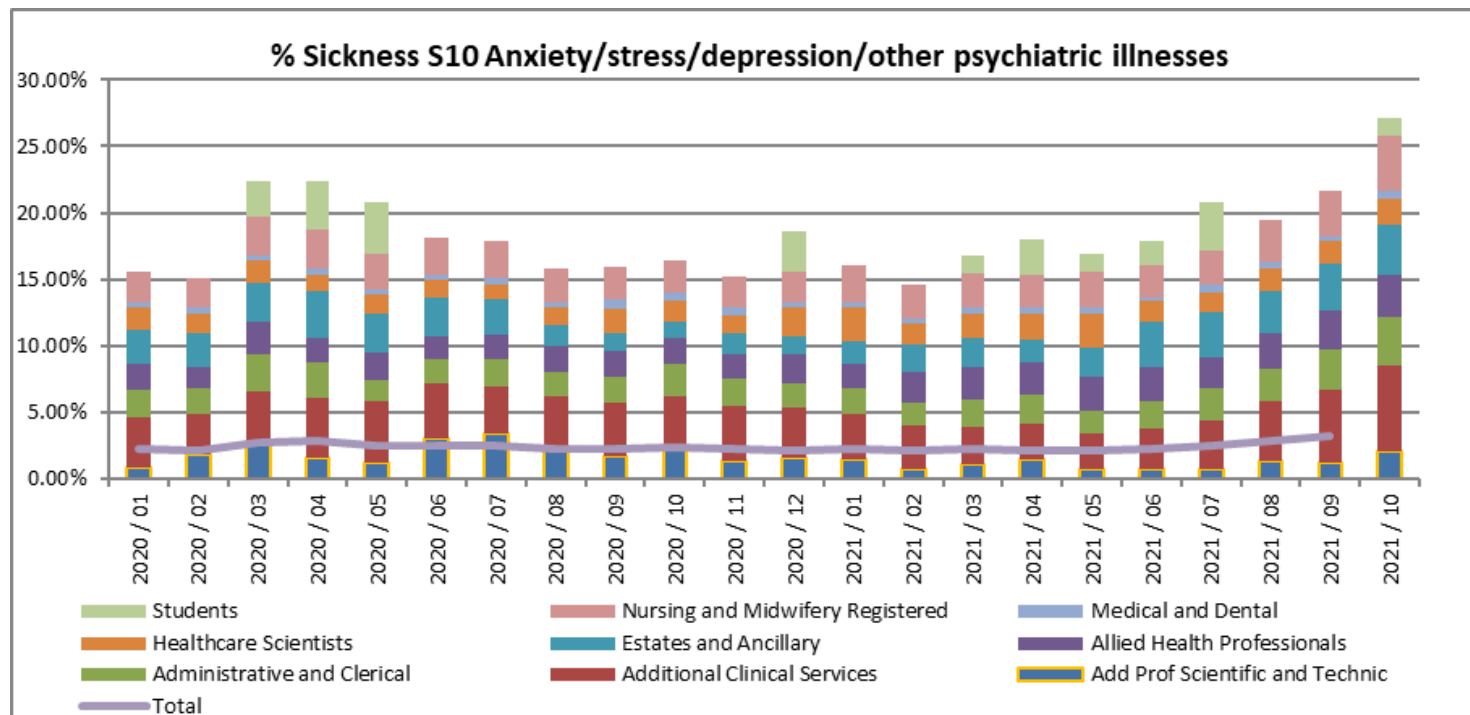
	Oct-20	Oct-21	
Long-term	3.39%	3.66%	↑
Short-term	1.37%	1.60%	↑
Total	4.75%	5.26%	↑

- 260,278 FTE working days were lost due to sickness (including Covid related sickness) in the year to October 2021, compared to 224,803 for the previous year.
- Overall sickness absence (including Covid related sickness) is 5.26%, which is up from the end of March 2021 position of 4.69% - (% FTE Time Lost).
- The top three reasons for non-Covid related sickness absence are anxiety/ stress/ depression (29% of total absence), cold, cough and flu (18% of total) and other musculoskeletal problems (10% of total). For the previous 12 months the top three reasons were anxiety/ stress/ depression, gastrointestinal problems and other Cold, Cough, Flu - Influenza.



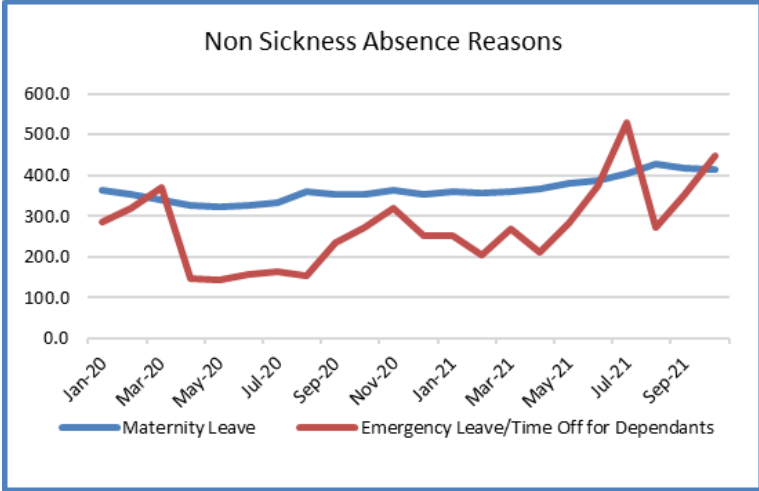
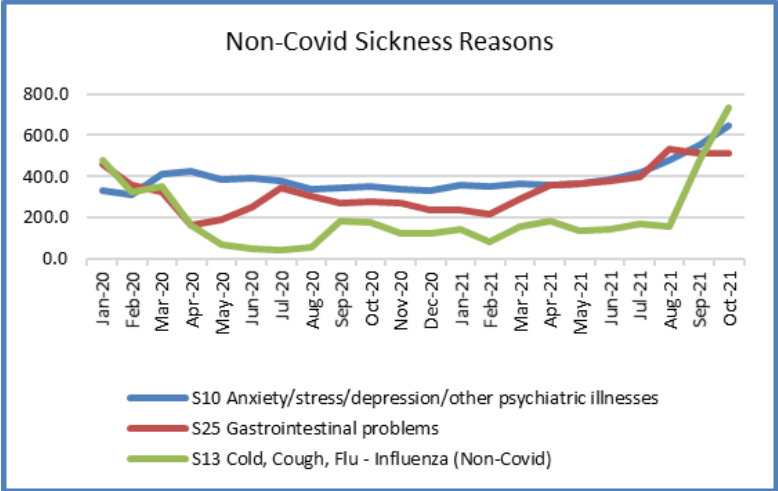
*COO Directorate includes Outpatients / ABC Service

People



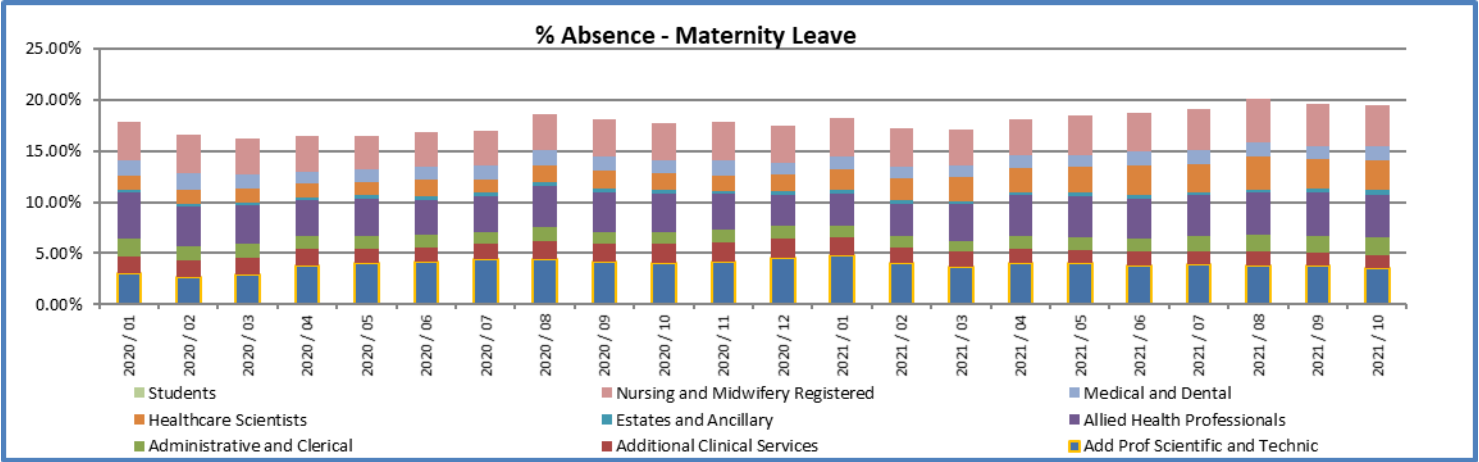
- The graph identifies % sickness absence for anxiety/stress.
- The % sickness absence across the Trust for anxiety and stress has increased from 2.18% in January 2020 to 3.85% in October 2021
- The 3 staff groups with highest % sickness for stress/anxiety in October 2021 are Additional Clinical Services (6.44%), Nursing and Midwifery (4.11%) and Estates and Ancillary (3.185%)

People



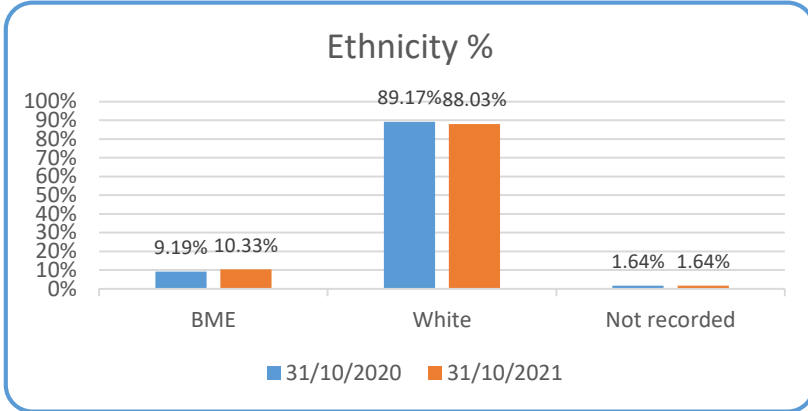
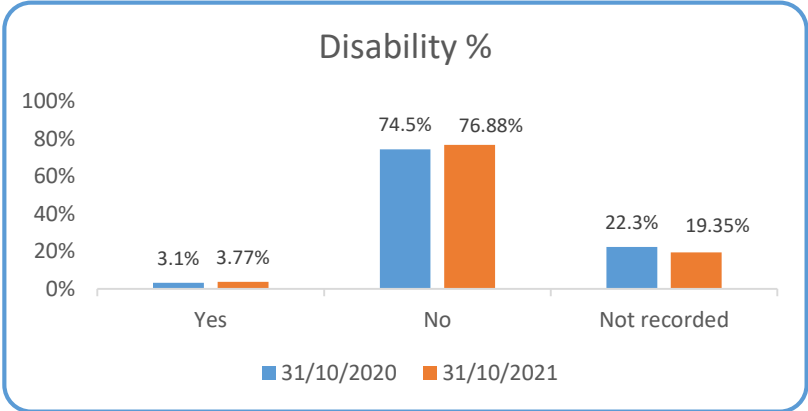
- The graph above identifies the number of staff absent due to non-Covid sickness for the for the top 3 reasons up to the end of October 2021

- The graph above identifies the number of other non-sickness absence reasons up to the end of October 2021, (excluding Covid 19).

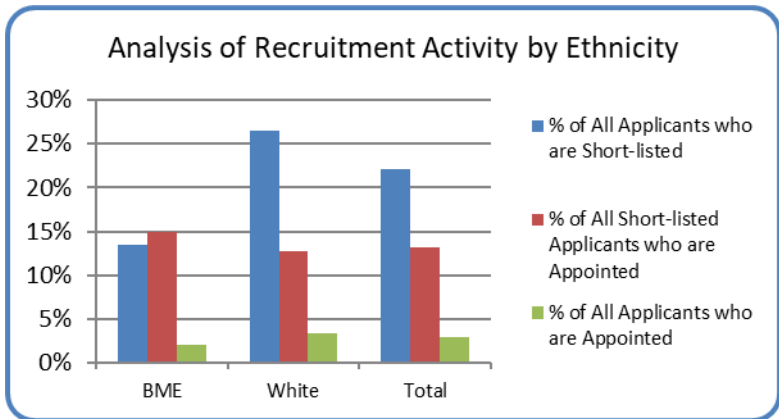
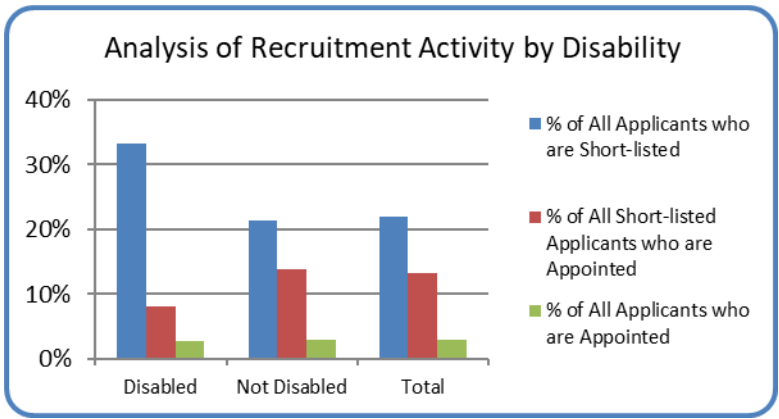


- There has been a 0.03% increase in maternity leave overall from January 2020 to October 2021.
- Maternity leave absence in Nursing and Midwifery has increased by 0.29%, from January 2020 (3.75%) to October 2021 (4.04%)

People

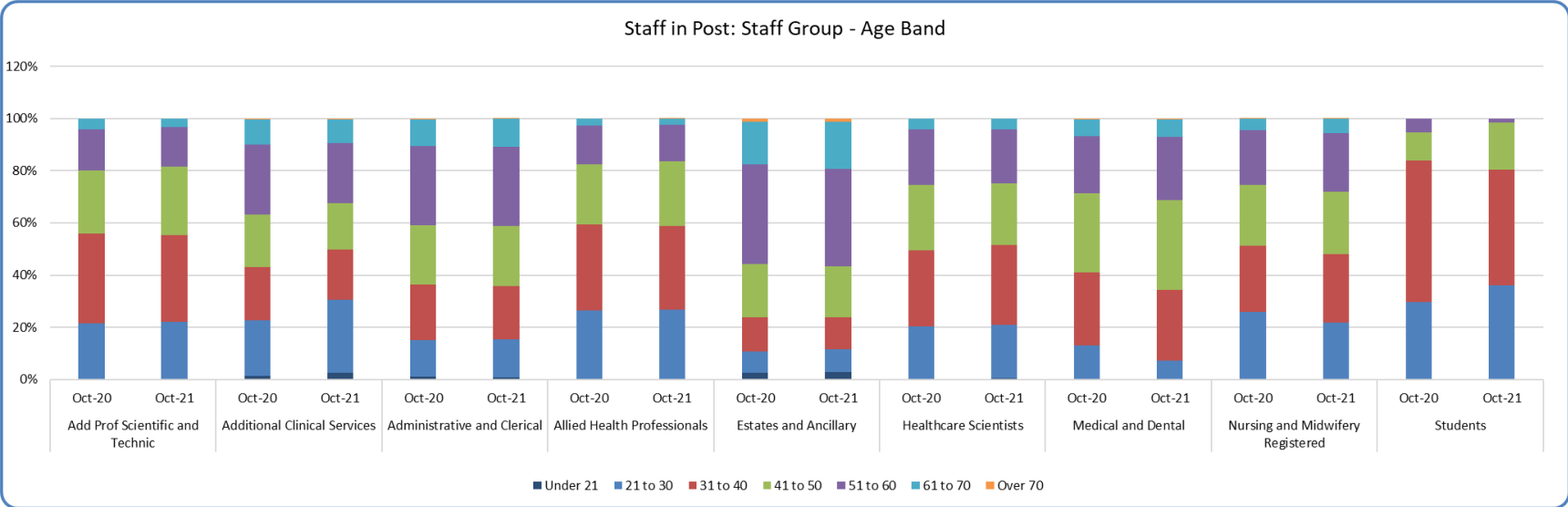
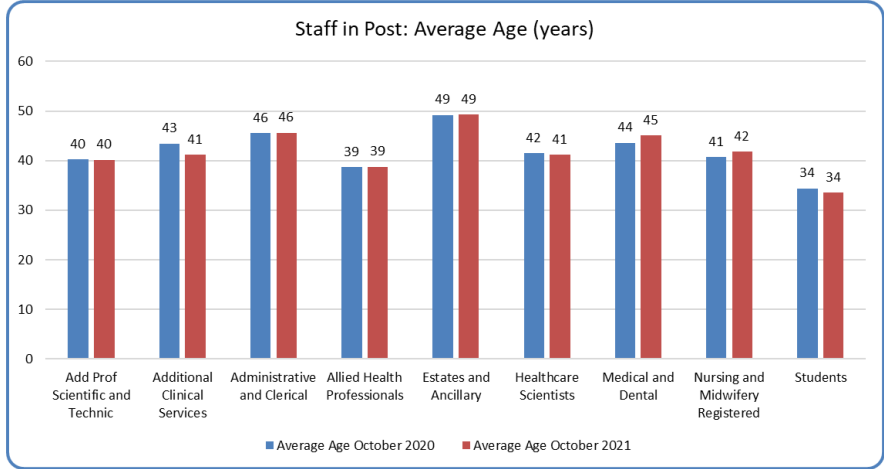
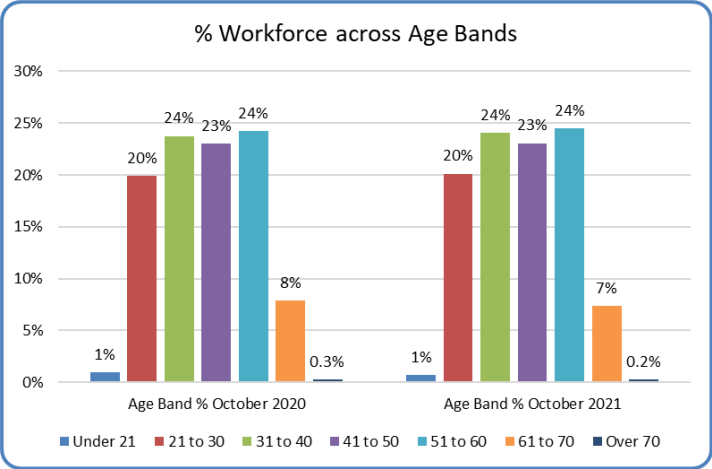


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending October 2021.



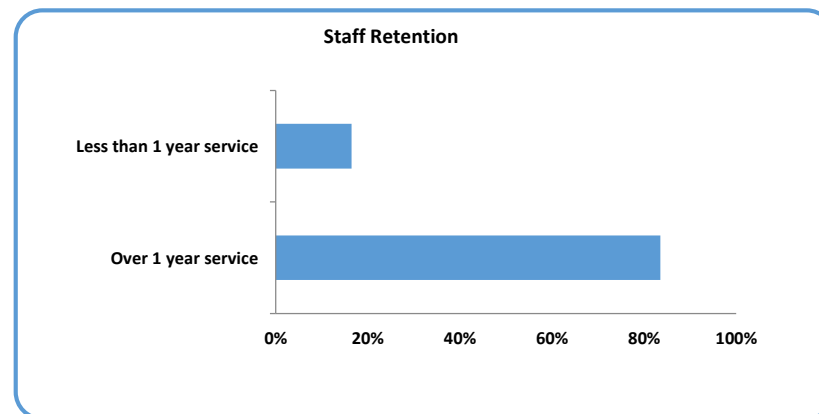
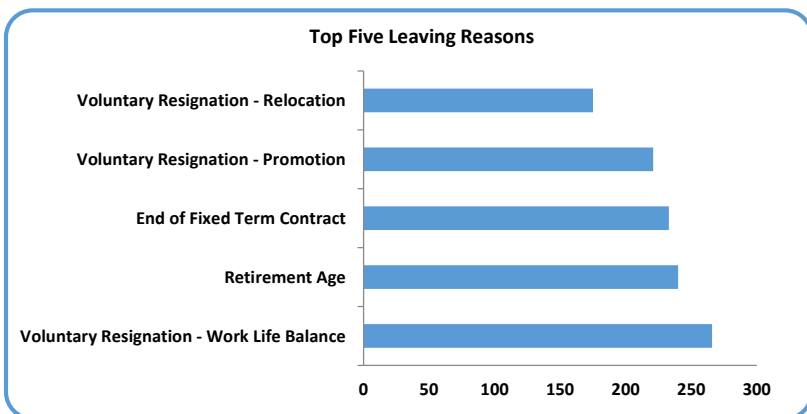
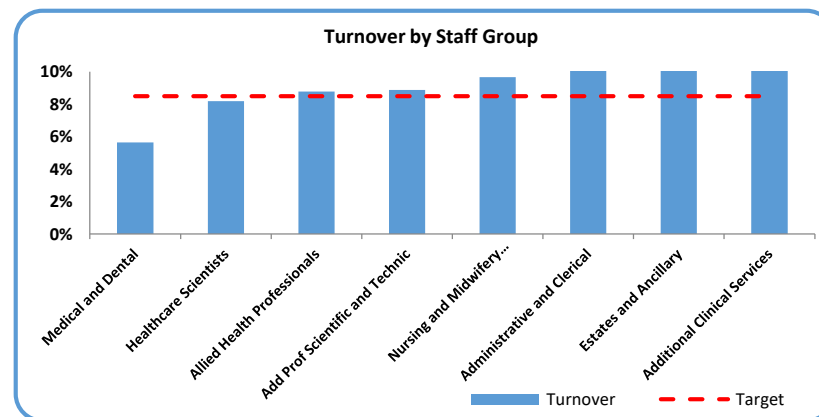
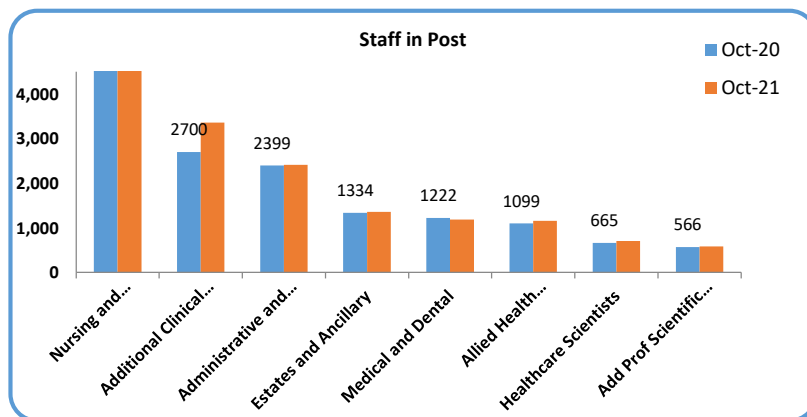
- The graphs above identify, by headcount, the percentage of staff in post in October 2020 and October 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 3.14% to 3.77% and the percentage of BAME staff has increased from 9.19% to 10.33%.

People



The graphs above identify that staff in post across aged bands has remained similar between October 2020 and October 2021.

People



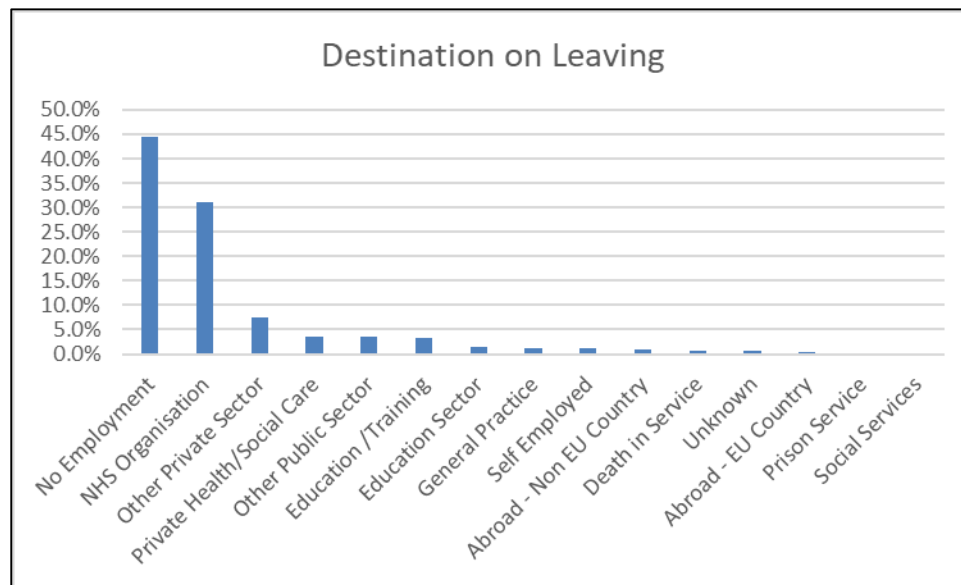
- Staff in post at October 2021 is 13,885 wte (16,086 headcount) compared to 13,014 in August 2020 (15,033 headcount). These numbers exclude bank staff, LET doctors and honorary contract holders.
- Staff turnover has increased from 9.85% in October 2020 to 10.53% in October 2021, against a target of 8.5%.
- The total number of leavers in the period November 2020 to October 2021 was 1,622.
- Staff retention for staff over 1 year service stands at 83.54, which is a decrease from 88.78% in October 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.

People

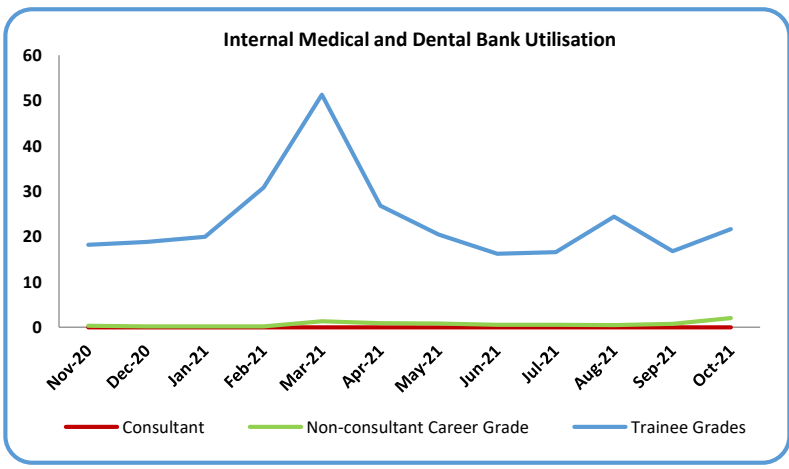
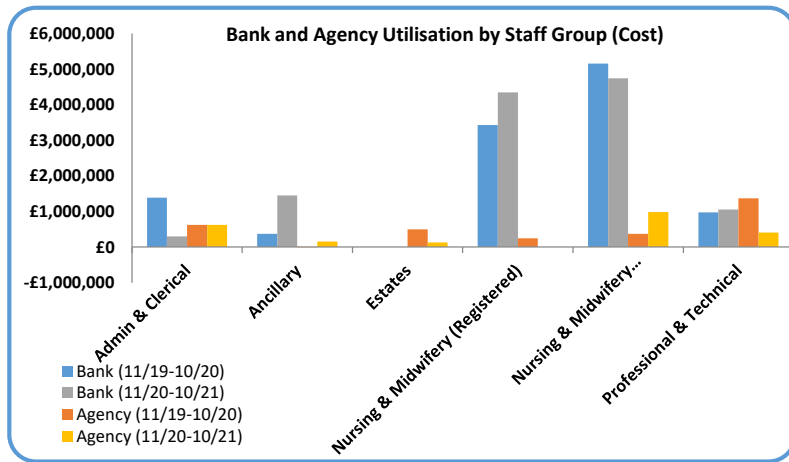
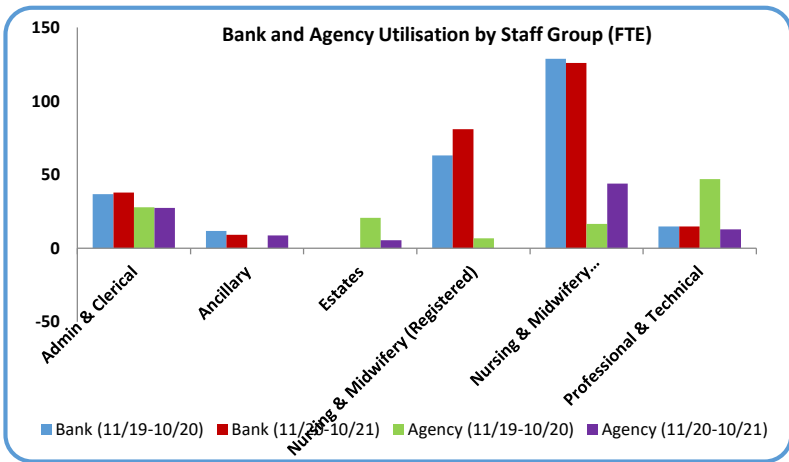
Turnover by Directorate

Directorate	Turnover
NHS COVID Vaccination Programme	78.96%
North East Integrated Covid Hub	27.36%
Finance	14.88%
Estates	13.36%
Clinical Research	13.20%
Community Services	12.79%
Patient Services	12.32%
Dental Services	11.66%
Supplies	11.32%
Pharmacy	10.22%
Women's Services	9.64%
Human Resources	9.59%
Chief Operating Officer	9.51%
Medical Physics	8.94%
Cancer Services/ Clinical Haematology	8.90%
Information Management & Technology	8.75%
Peri-operative & Critical Care - RVI	8.57%
Cardiothoracic	8.55%
Children's Services	8.54%
Integrated Laboratory Medicine	8.46%
Neurosciences	8.33%
Peri-operative & Critical Care - FH	8.16%
Internal Medicine - Urgent Care	8.11%
Chief Executive	8.08%
Urology & Renal Services	7.80%
Radiology	7.73%
ENT, Plastics, Ophthalmology & Dermatology	7.72%
Internal Medicine - General	7.47%
Medical Director	7.25%
Musculoskeletal Services	7.09%
Surgical Services	7.07%
Regional Drugs & Therapeutics	5.41%
Business & Development	3.51%
Grand Total	10.53%

- The NHS Covid Vaccination Programme have had the highest turnover between October 2020 and October 2021, with an average staff in post of 154 and a total of 122 leavers.
- Only 31% of leavers across the Trust left to go to another NHS organisation



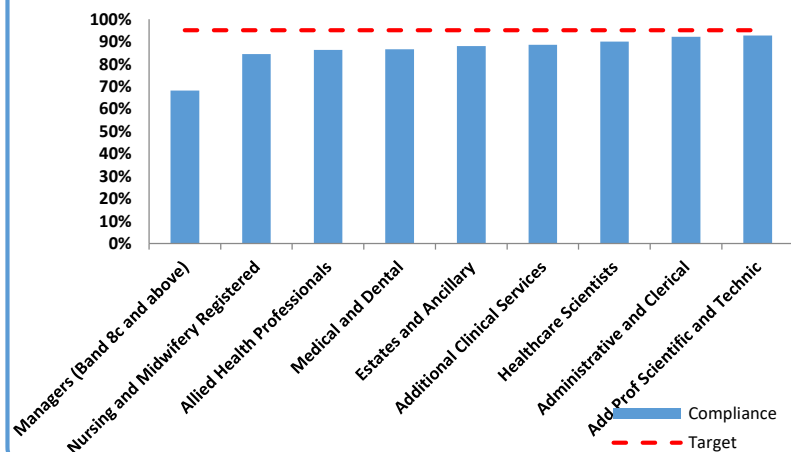
People



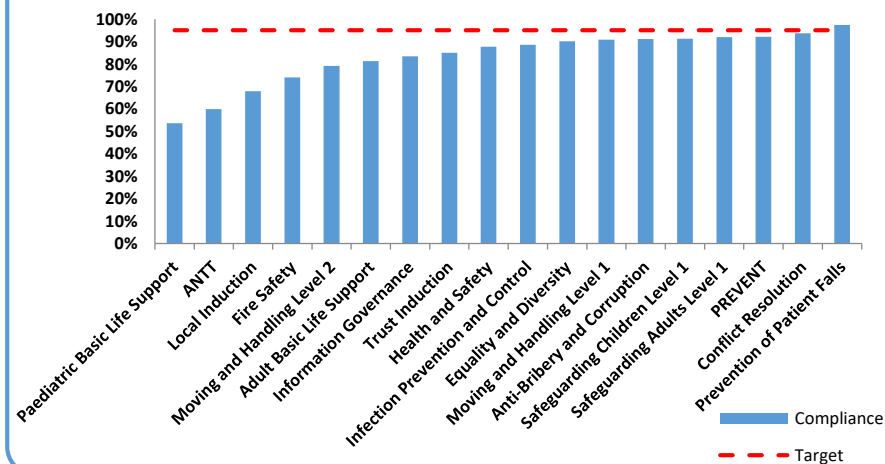
- Comparing the periods November 2019 – October 2020 to November 2020 – October 2021, overall bank utilisation has increased from 286 wte to 275 wte and agency utilisation has decreased from 146 wte to 119 wte.

People: Delivering Excellence in Education & Training

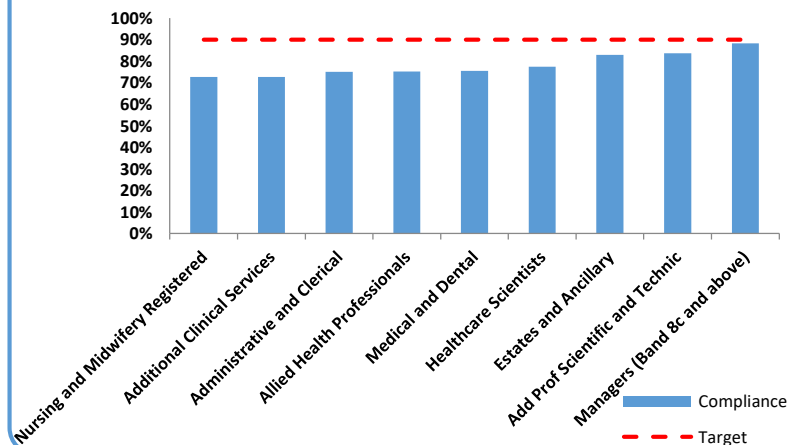
Mandatory Training by Staff Group



Mandatory Training by Topic



Appraisals



- Appraisal compliance stands at 75.24%, at end of October 2021, against an end of year target of 95%. The October 2020 position was 77.44%. Interventions are in hand to improve this. Medical appraisals for revalidation was paused for six months during the pandemic and restarted in October 2020. 353 medical staff had 'approved missed appraisals' during this six month hiatus.
- Mandatory training compliance stands at 86.83% at end of October 2021, against a Q1 target of 80% and end of year target of 95%. The October 2020 position was 89.83%.

Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 31st October 2021.

NHSE has issued a new finance regime to operate to 30th September - NHSE are using the term H1 to mean the first half of 2021/22. The financial regime guidance has been issued for the second half of the year. The Trust submitted a financial Plan to NHSE for H1 at the end of May, and a Financial Plan is required to be submitted for the second half of the year (H2) in early November.

In the period to 31st October 2021 the Trust incurred expenditure of £780.8 million, and accrued income of £780.8 million on mainstream budgets and incurred expenditure of £11.5 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a break even. The Trust expenditure is exactly matched by income from NHSE and other commissioners and is therefore I & E neutral for the Trust. ICHNE is now being treated on an 'Agent Basis' and is excluded for both income and expenditure, the figure is £79.3 million.

It should be noted that all financial risk ratings and use of resources metrics have been suspended for the COVID period and are not reported here.

To 31st October the Trust had spent £23.6 million capital, £2 million behind Plan.

Overall Financial Position			
	Month 7 Budget £'000	Month 7 Actual £'000	Month 7 Variance £'000
Income	785,546	780,780	(4,766)
Expenditure	785,546	780,780	(4,766)
I & E position (excl impairment)	(0)	0	0
Capital Programme	23,649	21,631	(2,018)

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	2 December 2021						
Title	Quality of Patient Experience (QPE) Working Group Report						
Report of	Carole Errington - Chair of the QPE Working Group						
Prepared by	Carole Errington - Chair of the QPE Working Group						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	The content of this report outlines the activities undertaken by the working group.						
Recommendation	The Council of Governors are asked to receive the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Outlined within the report.						
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.						

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP REPORT

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the work of the Quality of Patient Experience (QPE) Working Group since the last meeting of the Council of Governors on 21 October 2021. It provides a summary of:

- Group activities;
- Presentations received; and
- Ongoing areas of focus.

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP REPORT

1. INTRODUCTION

The QPE continue to hold monthly meetings virtually. Mrs Errington welcomed new governors to the QPE group.

2. GROUP ACTIVITIES

In October 2021 Mrs Yanez attended the Patient Safety Experience Group where the following were discussed: Duty of Candour, Resuscitation, Sepsis and the deteriorating patient, Discharge, Infection Control, Medical Devices Training and the Supply of Goods.

In November, Mrs Errington attended a Quality update virtual meeting with Professor Kath McCourt, Non-Executive Director (NED).

3. PRESENTATIONS

In October Claire Riddell, Nurse Specialist gave a talk on Managing Conflict between families and healthcare staff. Conflict between patients, their families and hospital staff has been an increasing problem in recent years sometimes resulting in recourse to the law. Conflict is upsetting and stressful for all involved.

Three areas within the Great North Children's Hospital (GNCH) are involved in a research study looking at the effect of training staff in conflict resolution and management. The study is led by the Medical Mediation Foundation (MMF) which is a not-for-profit organisation supporting patients, families and professionals to manage and resolve conflicts about care, treatment and communication through mediation, conflict coaching and training. The study is jointly funded by the Newcastle Hospitals Charity and The True Colours Trust. The 3 areas taking part in the study are the Paediatric Intensive Care Unit (PICU) and GNCH wards 1A and 2A. The aim of staff training is to resolve conflict as far as possible and to avoid conflict escalating. So far 220 staff, including 90 doctors, have received Level One training in 2 half day on-line sessions on Conflict recognition and a Structured conflict management programme.

At the end of the 3 year project "educators" will be identified to become mentors and trainers. They will attend a 2 day training programme and periodic training updates so that the training programme will become self-sustaining within the trust. A multidisciplinary support hub has been set up to support health professionals involved in conflict situations.

A flow chart has been developed to assist staff with identifying when conflicts can escalate and the different support available. Assessing the outcome of the study by the MMF involves sending questionnaires to participants at various stages and gathering feedback. Claire gave several examples of positive feedback, including lessons learnt on how to listen effectively and better engagement between doctors and patients/their families.

In November Nicola Coates, Head of Service – Podiatry, gave QPE governors a very informative talk about managing foot care in Newcastle. The aim of the service is to improve foot health, mobility and independent quality of life. They have circa 12,500 patients and last year there were 30,000 patient consultations. The department has 26 staff including 7 podiatry assistants and a dedicated admin team. The team do approximately 250 home care visits but also see a number of patients in clinics. They work closely with the Newcastle Diabetes Centre. There are 6 community clinics as patients are seen predominantly in the community, especially low risk patients. The team work in small teams of podiatrists, podiatry assistants, clinical support staff and dedicated admin staff, delivering integrated care in conjunction with colleagues in Diabetes, Vascular, Infectious diseases, Orthopaedics, Rheumatology, TIMS and Older peoples medicine.

The Newcastle podiatry team offers a range of services including:

- Urgent referrals for foot ulceration;
- When a patient has diabetes and preventative treatment is required;
- Managing risk factors with regular podiatry treatment and advice;
- Patients with lower limb musculoskeletal problems e.g. Plantar Fasciitis;
- Gait analysis;
- Biomechanical assessment – stretches and orthotics;
- Toenail problems e.g. ingrown toenail requiring nail surgery; and
- Pathological foot lesions requiring a podiatry assessment.

54% of patients requiring podiatry have diabetic foot disease. This consists of reduced circulation and sensation to the feet, with such patients being more likely to have foot infections and foot deformities. They often have other contributory factors making it difficult to care for feet e.g. poor eyesight.

The team also treat Diabetic foot disease by assessing for foot risk factors, give advice regarding general foot care and footwear, treat any lesions such as corns, callus, nail deformities and try to prevent reoccurrence of any lesions with foot protection service. In some instances, consideration is given to surgical options to reduce the possibility of foot lesions leading to ulceration and to manage any foot ulceration with the multidisciplinary team (MDT) without delay. To keep patients safe, the team risk assess the caseload, use in-patient pressure ulcer data, work using clinical pathways & guidelines, have ongoing training and rotations and use the Diabetes Network. Diabetic patients need long-term care of their feet to prevent problems.

To provide effective care, the team carries out departmental audits, takes part in the National Diabetic foot audit and Public Health England foot care activity profiles. Root Cause analysis is also undertaken in relation to major amputations.

Staff also do personal audits e.g. radiological investigation, have a robust appraisal system and have live supervision. Learning from compliments & complaints is an important consideration for staff.

Low risk patients attend community clinics but high-risk patients need to have care in hospital. In Newcastle 77% of patients are seen quickly thus improving outcomes.

Agenda item 8.2

During the pandemic high-risk patients were seen in clinics but low risk patients were offered telephone/virtual appointments or provided with advice and guidance to assist in the management of conditions. Waiting lists have increased and discussions are underway with commissioners on recovering the back-log.

The Vascular ward funds a podiatrist which is a great benefit to the patients, however the post is vacant at the moment. Dialysis patients may also benefit from a ward podiatrist.

The governors found the entire presentation to be very informative and it certainly helped our understanding of the role of the podiatrist.

Tracy Scott, Head of Patient Experience, gave governors a Patient Experience Update. Complaints enquiries regarding waiting times, treatment delays and poor communication have shown a steady increase with the increase in activity. Some patients just want someone to listen and do not want to make a complaint. Work undertaken as part of the Flourish programme has supported staff throughout the pandemic.

Some staff have experienced negative behaviour from patients or their friends/families and the Trust has communicated with staff on the support arrangements in place and the approach to be taken.

The patient experience team have secured some funding from to help reduce the backlog of complaints.

A case review was discussed with the governors. This related to the experience of an individual with complex disabilities, particularly regarding how staff supported the individual's physical difficulties with movement and ease of access to food. A Case Review which was open and transparent was held in which junior members of the ward team were invited. Disability North attended and ways to improve care for patients with complex disabilities was explored to the benefit of all.

The experience for deaf patients, while improving, still requires further work. Mental Health organisations, Newcastle Hospitals and Northumbria Healthcare NHS Foundation Trust are working in collaboration and funding a joint project to work with Deaf Link. A new navigation system for a one-year trial will start after Christmas and will help with practical issues.

Ways to improve the experience of carers is ongoing. Funding for one year has been allocated to support carers and staff. This will help the carer to be supportive to the patient and staff when the patient is in hospital. Also, when the carer has to go into hospital themselves the patient will be supported. The scheme is being used by ward staff who are referring relevant patients.

4. ONGOING AREAS OF FOCUS

Governors have received some feedback from a small number of patients with orthopaedic problems regarding not having direct access to the orthopaedic service and being routed to

Agenda item 8.2

physiotherapy services in the first instance. This feedback will be shared with the appropriate staff member within the Trust for further consideration.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

**Report of Carole Errington
Chair of the QPE Working Group
25 November 2021**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	2 December 2021						
Title	Report of the Business and Development Working Group						
Report of	Eric Valentine, Chair of the Governors Business and Development Working Group						
Prepared by	Eric Valentine, Chair of the Governors Business and Development Working Group						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	This report details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) on the 21 October 2021.						
Recommendation	The Council of Governors are asked to: (i) Members are asked to note the contents of this report; and						
Links to Strategic Objectives	Performance- Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impact detailed within the report.						
Reports previously considered by	Standing agenda item.						

REPORT OF THE BUSINESS AND DEVELOPMENT WORKING GROUP

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Business and Development (B&D) Working Group since the last meeting of the Council of Governors in October 2021.

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

1. INTRODUCTION

Meetings have been held monthly. Since the last report, the membership of the group has changed substantially. There are now 11 members. Andrew Fisher's term as the Appointed Governor for Newcastle University has come to end. Others are welcome to attend.

Our meetings have been a combination of attendance by face to face and via Teams. The meeting held on 11 November was the first face-to-face meeting for some time. Three members attended via MS Teams. This was the first meeting with Eric Valentine as chair and Jill Davison as vice-chair.

A meeting on 1 November of the incoming chair and vice-chair was held with Pam Yanez by way of a hand-over. Pam having stepped down as chair will remain as a member of the Business and Development Working Group.

Topics covered relate to our Terms of Reference.

2. BRIEFINGS TO THE CHAIR OF THE BUSINESS AND DEVELOPMENT WORKING GROUP

- 26 October, 2021 – Eric Valentine as chair of the B&D WG observed the Audit Committee meeting chaired by Non-Executive Director, Bill McLeod. This was a very informative and inclusive meeting.
- 5 November, 2021 – Angela Dragone, Finance Director, briefed the WG Chair via MS Teams on the present complex financial situation due to COVID-19. This discussion ranged widely across many issues, including the NHS Capital Departmental Expenditure Limit (CDEL), risks associated with staffing and the new financial regime. This was an extremely helpful discussion for the incoming chair.
- 12 November, 2021 – As part of the series of one-to-one meetings between the chairs of Working Groups and the Chairs of the Board Committees, a meeting via MS Teams was held with Steven Morgan, Non-Executive Director and Chair of the Trust Finance Committee. There are many challenges in the business and development area and the future will require considerable efforts in how the organisation tackles these.

3. PRESENTATION TOPICS

We have had the following speakers:

- 2 November, 2021 – Vicky McFarlane-Reid (Executive Director Business, Development & Enterprise) and Lisa Jordan (Assistant Director - Business Strategy & Planning) briefed seven group members via MS Teams as part of the governance trail on H2

Agenda item 8.3

Planning Guidance. This was subject to a tight timetable on the present financial environment.

- 11 November, 2021 – Martin Wilson (Chief Operating Officer) and Vicky McFarlane-Reid made a presentation to the group on ICS (Integrated Care Systems) and the Covid recovery plan.

Martin and Vicky explained to us how the Trust is prioritising the recovery of patients awaiting treatment and the priority categorisation system in place. Elective patients were categorised as P1-P6 patients with P1 being the higher priority and P5 and P6 patients being those that at present do not want to come into hospital for treatment. Currently the proportion of non-elective and elective patients being treated is circa 80% for Emergency patients and 20% Elective patients. Compared to some other hospitals we have a higher rate of elective patients. There has been an increased number of emergency patients, with the reasons being multifactorial, many as a consequence of the pandemic. Waiting times have increased nationally, patients are attending later with more advanced health needs, bed occupancy is challenging and staffing levels are lower due to increased sickness and maternity leave.

The hospital is trying to increase capacity by increasing recruitment and physical capacity by using the independent sector to increase theatre space for which the government are funding until the end of March.

An elective day-case centre is planned to be built at the front of the Freeman Hospital to assist with the Trusts Recovery Programme. This presentation prompted broad questions and discussion.

4. RECOMMENDATION

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

Report of Eric Valentine
Working Group Chair
22 November 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	2 December 2021						
Title	People, Engagement and Membership (PEM) Working Group Report						
Report of	Judy Carrick – Chair of the PEM Working Group						
Prepared by	Judy Carrick – Chair of the PEM Working Group						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The content of this report outlines the activities undertaken by the working group.						
Recommendation	The Council of Governors are asked to receive the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Outlined within the report.						
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.						

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP REPORT

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the People, Engagement and Membership (PEM) Working Group since the last meeting of the Council of Governors on 21 October 2021.

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP REPORT

1. INTRODUCTION

The PEM continues to hold meetings monthly via Teams. The group considers standing items of improving communication with the Membership and public, with the Trust and with the Council of Governors. A second standing item is membership.

2. GROUP ACTIVITIES

Progress was mapped against our Engagement Action Plan. This progress included a further update on governor roles and activity for Dame Jackie's blog. This season's update was structured to focus on the three statutory governor activities, citing examples for representation, challenge and assurance. Further progress against the plan included additions to the Engagement/Membership tracker and the input of Karen Pearce, the Trust Head of Equality, Diversity & Inclusion (EDI) – People, who has agreed to look at the new membership materials with regards to EDI and to support our work as we continue to support the Trust's engagement strategy.

3. ONGOING AREAS OF FOCUS

3.1 Communication

A second update on Governor activity was created by the group and has been forwarded to the Trust Communications Team for inclusion in an upcoming blog. The group has fed into the Council of Governors (CoG) Task and Finish group that we would like governors to receive an update on the Newcastle Hospitals' communication and engagement strategy, particularly with reference to Trust membership.

3.2 Membership

Now that the Trust constitution provides opt-out membership status for staff, it is more important than ever to balance this growth with increased and increasingly diverse community membership. This strategy was discussed with Karen Pearce and with Non-Executive Director (NED) Professor Kath McCourt at the meeting. Virtual events were discussed as a way to include those who could not travel to events for reasons of distance, cost or caring responsibilities. Videos showing how the diversity within the Trust makes it an inclusive environment for any interested person were also discussed, as were visits with community groups. Access for disabled membership was agreed to be a further strand to the group's work. The PEM meet again on 10 December, joined by new NED Stephanie Edusei - any governor is welcome to attend.

The group is still awaiting the Trust membership materials in order to help disseminate these.

4. RECOMMENDATIONS

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

**Report of Judy Carrick
Chair of the PEM Working Group
25 November 2021**

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COUNCIL OF GOVERNORS

Date of meeting	2 December 2021						
Title	Nominations Committee Update						
Report of	Professor Sir John Burn, Nominations Committee Chair						
Prepared by	Kelly Jupp, Trust Secretary						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in October 2021.						
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> (i) Note the contents of this report; (ii) Approve the updated objectives for one Trust Non-Executive Director (NED); (iii) Approve the Committee recommendations: <ul style="list-style-type: none"> a. that the existing objectives for the Newcastle City Council Associate NED are passed to the new Chief Executive of Newcastle City Council on appointment; and b. that one additional Trust NED be recruited. 						
Links to Strategic Objectives	Learning and continuous improvement is embedded across the organisation. Our partnerships provide added value in all that we do. We maintain financial strength and stability.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Regular report.						

NOMINATIONS COMMITTEE UPDATE

EXECUTIVE SUMMARY

The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in October 2021.

The Committee last met on 22 November 2021. The following matters were considered:

1. The remaining associate Non-Executive Director (NED) appraisal;
2. NED Succession Planning; and
3. The Committee Terms of Reference and Schedule of Business.

This report provides further detail on the three matters listed above.

The Council of Governors is asked to:

- i) Note the contents of this report;
- ii) Approve the updated objectives for one Trust Non-Executive Director (NED);
- iii) Approve the Committee recommendations:
 - a. that the existing objectives for the Newcastle City Council Associate NED are passed to the new Chief Executive of Newcastle City Council on appointment;
and
 - b. that one additional Trust NED be recruited.

NOMINATIONS COMMITTEE UPDATE

1. COMMITTEE MEETINGS

Committee members last met on 22 November 2021 to discuss:

1. The remaining associate Non-Executive Director (NED) appraisal;
2. NED Succession Planning; and
3. The Committee Terms of Reference and Schedule of Business.

2. NON-EXECUTIVE DIRECTOR (NED) APPRAISAL UPDATE

Committee members received positive feedback on the remaining appraisal undertaken with Mrs Pat Ritchie (Associate NED), prior to her leaving her position as Chief Executive Officer (CEO) at Newcastle City Council. Committee members recommended that the existing objectives for the Newcastle City Council Associate NED are passed to the new Chief Executive of Newcastle City Council on appointment. The objectives being:

1. *Continue to be a member of the Joint Executive Group involving the Trust CEO, and supporting efforts to integrate Trust and local Council ambitions in meeting the broader healthcare needs of the population through the Collaborative Newcastle Project.*
2. *Alert the Trust Board to developments of mutual interest such as changes in transport infrastructure.*
3. *Contribute to the Healthy Ageing agenda by liaising with the Trust on future council initiatives in this area to encourage alignment with Trust activities.*

Mr G Chapman, NED, has recommended some minor changes to his annual objectives to reflect him chairing the Trust Commercial Strategy Group, as well as becoming the Chair of Quality Committee and joining the Trust Finance Committee. The proposed changes are highlighted in italic font below:

1. Remain cognisant of the corporate objectives and aim to attend and contribute to all Board meetings and Board development workshops. To be measured by contributions made and attendance at such meetings.
2. To commence as Chair of Quality Committee during Quarter 3 of 2021/22 after serving as Deputy Chair, to ensure that the Committee receives the required assurances in relation to quality of care. Contribution to be measured by meeting attendance, completion of the Annual Report of the Committee and minuted records of engagement.
3. Continue to be an active participant in the Charity Committee, contributing effectively to the refresh of charity governance arrangements. Contribution to be measured through attendance and feedback from the Charity Committee members.
4. *Chair the Trust Commercial Strategy Group (CSG) and continue to interact with the Commercial Enterprise Unit team to share specialist knowledge in the areas of informatics and artificial intelligence. Contribution to be measured by Executive Team feedback and from the Executive Director of Business, Development & Enterprise as Executive Lead for the CSG.*

5. Support the Chair and Senior Independent Director in ensuring regular effective communications between the Corporate Governance Team, Governors, the Chair and NEDs.
6. *Manage the transition to becoming Chair of the Quality Committee, working with Kath McCourt as the outgoing Chair and acting as the Representative to the Audit Committee. In addition to become an active member of the Finance Committee. Contribution to be measured by record of meetings.*

Governors are requested to approve the changes to Mr Chapman's objectives for 2021/22.

3. NED SUCCESSION PLANNING

Committee members discussed the current composition of Trust NEDs in terms of skillset, length of tenure and the additional responsibilities/emerging requirements being placed on NHS NEDs, including new roles such as the NED Wellbeing Guardian, as well as the additional requirements as part of the Ockenden Report.

In light of the increasing demands in terms of NED roles and responsibilities, Committee members agreed to recommend to the Council of Governors that an additional NED be recruited. This would provide greater resilience to the NED complement and allow any further new requirements to be shared more proportionally.

The Trust Constitution permits the recruitment of one additional NED as specifies that the number of NEDs remain within the range of a minimum of 7 and a maximum of 9.

4. TERMS OF REFERENCE AND SCHEDULE OF BUSINESS

A review of the Committee Terms of Reference and Schedule of Business was undertaken. Three very minor amendments were agreed, being:

- i) To consolidate and remove a duplicated reference in relation to the authority of the Committee to investigate or appoint investigators to investigate any activity within its Terms of Reference.
- ii) To list the Lead Governor as the Vice Chair of the Committee and reference the composition as five public governors (with the associated quorum reference being updated).
- iii) To add in a reference to the Trust NED and Chair Appointment and Reappointment Process.

The updated Terms of reference have been appended to this report.

5. FUTURE COMMITTEE BUSINESS

A Committee meeting is being scheduled to meet in February to:

- Consider, subject to Council of Governor approval to recruit one new NED, Committee members will discuss and agree the recruitment process and timeline; and

Agenda item 9

- Review the Chair/NED Remuneration, Expenses Guidance and Terms and Conditions.

6. COMMITTEE MEMBERSHIP

A ballot was undertaken for two new Public Governor Committee members in November. Three expressions of interest were received, with Ian Wilson and David Black becoming new members of the Committee from 17 November 2021.

As the Trust Lead Governor, Pam Yanez also joined the Committee in September following her commencement of the Lead Governor role.

7. RECOMMENDATIONS

The Council of Governors is asked to:

- iv) Note the contents of this report;
- v) Approve the updated objectives for one Trust Non-Executive Director (NED), being Mr G Chapman;
- vi) Approve the Committee recommendations:
 - a. that the existing objectives for the Newcastle City Council Associate NED are passed to the new Chief Executive of Newcastle City Council on appointment; and
 - b. that one additional Trust NED be recruited.

**Report of Kelly Jupp
Trust Secretary
23 November 2021**

Terms of Reference – Nominations Committee

1. Constitution of the Committee

The Nominations Committee is a formal Committee established by the Council of Governors to make recommendations to the Council of Governors on the appointment, remuneration and allowances, and other terms and conditions of office, of the Chair and Non-Executive Directors of the Trust and on plans for their succession.

2. Purpose and function

2.1 The purpose and function of the Committee is to gain assurance, on behalf of the Council of Governors:

- i) that the requirements of the Foundation Trust Constitution are adhered to in regards to the recruitment of the Trust Chair and Non-Executive Directors;
- ii) that appropriate mechanisms are put in place to specify, search for, select for interview, interview and recommend formally to the Council of Governors candidates for the posts of Trust Chair and Non-Executive Directors, as the need arises; and
- iii) to make recommendations to the Council of Governors on the appointment, remuneration and allowances, and other terms and conditions of office, of the Trust Chair and Non-Executive Directors of the Trust, and on plans for their succession.

3. Authority

The Committee is:

3.1 A formal Committee of the Council of Governors, and has no executive powers, other than those specifically delegated in these Terms of Reference.

3.2 Authorised by the Council of Governors to:

- i) investigate any activity within its Terms of Reference or appoint investigators to investigate any activity within its terms of reference;
- ii) seek any information it requires from any officer of the Trust;
- iii) invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required; and
- iv) secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary and/or Director of Human Resources).

3.3 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Council of Governors. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Council of Governors.

3.4 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups, must be approved by the Council of Governors and reviewed on an annual basis.

4. Membership and quorum

Membership

4.01 The Committee will comprise:

- The Trust Chair (to be appointed as Chair of the Committee);
- Lead Governor (as Vice Chair of the Committee);
- Five Public Governors;
- One Staff Governor; and
- The Trust Senior Independent Director (SID), or a nominated Non-Executive Director in their absence.

4.02 The Trust Vice Chair may also attend in a non-voting capacity.

4.03 Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Chief Executive and external advisers may be invited to attend for all or part of any meeting, as and when appropriate.

4.04 The Trust Secretary and Human Resources Department will be available to provide support as and when necessary.

4.05 Conditions of membership:

- i) Governors shall be in the voting majority at any meeting of the Committee.
- ii) Governors shall serve a term of up to three years (dependent upon the remaining term of their Governorship), after which the Council of Governors shall consider whether re-appointment be granted (subject to condition (iv) below).
- iii) Governors who have already served on the Committee may stand again.
- iv) No Governor may serve more than three consecutive terms.
- v) Should there be more applications than vacancies on the Committee; the Trust Secretary shall conduct a secret ballot of all Public Governors or Staff Governors (as appropriate) to determine which applicants shall be appointed to the Committee.
- vi) Meetings of the Committee shall be arranged by the Secretary of the Committee at the request of the Chair of the Committee.

4.06 A member of the Committee shall not disclose any matter to a third party if the Council of Governors or Committee resolves that it is confidential.

4.07 Members are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

- 4.08 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee.
- 4.09 In the absence of the Trust Chair, the Committee Vice-Chair shall chair the meeting. Further the Committee Vice Chair will also Chair the meeting when there is a potential conflict of interest involving the Trust Chair.
- 4.10 Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.
- 4.11 The Trust Secretary, or their designated deputy, shall act as the Committee Secretary. The Trust Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, shall attend all meetings of the Committee.
- 4.12 All members of the Committee shall receive training and development support before joining the Committee, if required, and on a continuing basis to ensure their effectiveness as members.

Quorum

- 4.13 A minimum four members are required to be present for the meeting to be quorate, two of which being Public Governors, one being the Trust Chair or SID and one being the Vice Chair of the Committee/Lead Governor.
- 4.14 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

5. Duties

- 5.01 The Committee shall, taking into account the composition of the Board and the likely needs of the Trust at the relevant time, prepare selection criteria for the Non-Executive Directors and Trust Chair.
- 5.02 To draw up or review as necessary the job description and person specification for the following posts, as they fall vacant:
- Non- Executive Directors, including where required a person with a Finance background, who shall then also Chair the Audit Committee of the Board.
 - The Trust Chair and Vice Chair.
- 5.03 To develop a search strategy to identify potential candidates who are strong matches to the applicable person specification and to publicly advertise the posts to be filled.
- 5.04 To develop an appointments structure which a) abides by the principles set out in Monitor's Code of Governance and b) will allow a shortlist of candidates for each post to be recommended to the Council of Governors for approval. The Committee will ensure that any recruitment process considers candidates from a wide range of backgrounds and will assess applicants on merit against objective criteria.

Further the Committee will utilise open advertising and/or the services of external providers to facilitate the search for candidates for appointment.

- 5.05 Annually review the structure, size and composition (including the skills, knowledge and experience) required of the Trust Board and make recommendations with regard to any changes.
- 5.06 Give full consideration to succession planning for the Trust Chair and Non-Executive Directors in the course of its work, taking into account the challenges and opportunities facing the Trust, and what skills and expertise are therefore needed on the Board in the future. Further to consider the balance between the need for continuity and the need to progressively refresh the Board when re-appointing/commencing new appointments.
- 5.07 Keep under review the Non-Executive leadership needs of the organisation with a view to ensuring the continued ability and sustainability of the organisation.
- 5.08 Ensure that on appointment to the Board, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment and committee service.
- 5.09 Ensure that an annual appraisal exercise is conducted for the Trust Chair and Non-Executive Directors.
- 5.10 To recommend remuneration arrangements and related terms and conditions for the Trust Chair and Non-Executive Directors.
- 5.11 Ensure that the Trust Chair and other Non-Executive Directors are recommended to conduct an initial term of office of three years (subject to satisfactory annual appraisal by the Committee) and may be recommended for reappointment for a second term of three years, subject to satisfactory annual appraisal. Any further extensions to terms of office should be subject to a comprehensive review taking into account the principles detailed within the Monitor Code of Governance as well as the Trust Non-Executive Director and Chair Appointment and Reappointment Process.
- 5.12 The Committee will set an annual plan for its work and will comply with Monitor's "Code of Governance" and Monitor's "Your statutory duties: a reference guide for NHS FT governors."

6. Reporting and accountability

- 6.1 The Nomination Committee will be accountable directly to the Council of Governors.
- 6.2 The minutes of all the Nomination Committee meetings shall be formally recorded and confidentially stored by the Trust Secretary. The Committee Chair shall report to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 6.3 Any changes to these terms of reference must be approved by the Committee meeting in quorum.
- 6.4 The Committee shall make a statement in the Annual Report about its activities and the process used to make appointments. The Committee shall report to the Council of

Governors annually on its work in support of the Annual Report. The Annual Report shall also set out clearly how the Committee is discharging its responsibilities.

- 6.5 The Annual Committee Report shall include an assessment of compliance with the Committee's Terms of Reference and a review of the effectiveness of the committee.

7. Committee Administration

Frequency of meetings

- 7.1 The Committee will meet at least twice a year and as necessary to fulfil these terms of reference.

Responsibility of members and attendees

- 7.2 Members of the Committee have a responsibility to:
- read all papers beforehand;
 - disseminate information as appropriate;
 - identify agenda items, for consideration by the Chair at least 12 days before the meeting;
 - prepare and submit papers for a meeting, at least 5 days before the meeting;
 - if unable to attend, send their apologies to the Trust Secretary prior to the meeting; and
 - when matters are discussed in confidence at the meeting, to maintain such confidences.

Declarations of interest

- 7.3 The Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda which may impact on their ability to be objective, it should be declared at the meeting and recorded in the minutes. On the basis of the interest declared, the Committee Chair (or Vice Chair if the interest relates to the Committee Chair) will make a decision as to whether it is appropriate or not for this member to remain involved in considering the agenda item in question.

Review

- 7.4 The Terms of Reference will be reviewed at a frequency of no less than every two years to ensure efficient performance of the Committee's work. The Committee will produce a report to the Trust Council of Governors annually setting out the work of the Committee, key risks and actions taken, combined with a self-assessment of the Committees effectiveness.

Administration

- 7.5 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of meetings and business, which is agreed each year to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.6 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

- 7.7 Committee papers shall include an outline of their purpose and key points, in line with the Trust's Committee protocol, and make clear what actions are expected of the Committee.
- 7.8 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.
- 7.9 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee.

Procedural control statement: 16 November 2021

Approved by: Nominations Committee – 22 November 2021

Review date: November 2022

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COUNCIL OF GOVERNORS

Date of meeting	2 December 2021						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Council of Governors on 21 October 2021:</p> <ul style="list-style-type: none"> • Audit Committee – 26 October 2021; • Finance Committee – 27 October 2021 [EXTRAORDINARY] and 24 November 2021; • People Committee – 4 November 2021; and • Quality Committee – 16 November 2021. 						
Recommendation	The Council of Governors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Regular report.						

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Council in October 2021.

UPDATE FROM COMMITTEE CHAIRS

1. AUDIT COMMITTEE

A formal meeting of the Audit Committee took place on 26 October 2021. During the meeting, the main areas of discussion to note were:

- The Head of Corporate Risk and Assurance presented the quarterly Board Assurance Framework and Risk Register Reports.
- AuditOne, the Trust internal auditor, presented the Internal Audit Progress Update.
- The Fraud Specialist Manager presented the quarterly report, which included both the Fraud Response Log and the Activity Report.
- Mazars LLP, the Trust's external auditor, provided an update. This included the outcome of audit work undertaken in the year to date, the management letter (ISA260) relating to the Newcastle Hospitals Charity accounts and the Auditors Annual Report.
- The Committee considered an update pertaining to the Charity Accounts from the Finance Director, a Clinical Audit Update from the Trust Secretary and agreed some amendments to the Trust's Scheme of Delegation.
- The Committee also received a number of items, including:
 - A Procurement Update;
 - The Schedule of Approval of Single Tender Action;
 - The Breaches and Waivers Exception Report;
 - The Review of Debtor and Creditor Balances; and
 - The Schedule of Losses and Compensation

The next formal meeting of the Committee will take place on 25 January 2022.

2. FINANCE COMMITTEE

An extraordinary meeting of the Finance Committee was convened on 27 October 2021. The meeting was predominantly required to discuss the Trust's Financial Plan for the second half of the 2021/22 financial year. In addition, the Committee also considered:

- The Month 6 Finance Report;
- The 'Newcastle Plan' Activity and Recovery Update;
- Updates to the Trust Intellectual Property Policy were approved; and
- An update on the Procurement Plan was received which included detail on the Trust Capital Procurement Schemes.

A formal meeting of the Finance Committee took place on 24 November 2021. During the meeting, the main areas of discussion to note were:

- The Finance Director presented the Month 7 Finance Report and Forecast Outturn, and outlined the 2021/22 risks.
- The Activity Plan for the second half of the 2021/22 financial year was outlined.
- The Committee considered a number of tenders and business cases for approval.
- The Committee also reviewed the Board Assurance Report.

The next formal meeting of the Committee will take place on 26 January 2022.

3. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 4 November 2021. During the meeting, the main areas of discussion to note were:

- Ian Forrest, Deputy Director of Medical Education, attended the meeting to present the outcome of the General Medical Council (GMC) Training Survey.
- The Head of Workforce Engagement and Information provided an update on the NHS Staff Survey.
- The Committee considered the People Dashboard which focussed on staff absence and an update on Recruitment and Retention.
- The Committee received a number of items, including:
 - An Employee Relations and Legal Update;
 - The Board Assurance Framework Report;
 - The Guardian of Safe Working Report; and
 - The Sustainability Update.

The next formal meeting of the Committee will take place on 14 December 2021.

4. QUALITY COMMITTEE

A formal meeting of the Quality Committee took place on 16 November 2021. During the meeting, the main areas of discussion to note were:

- The Committee received a comprehensive update relating to the Trust's response to the Ockenden Report recommendations. This included the implementation of an electronic record for Maternity Services.
- The Committee received the Integrated Quality and Performance Report.
- The Director of Infection Prevention and Control (IPC) provided a detailed presentation of the Trust's IPC improvement projects.
- The Director of Quality and Effectiveness presented the Mortality/Learning from Deaths Quarter 2 Report.
- The Committee received the End of Life and Palliative Care Bi-Annual Report.
- The Committee considered:
 - A Legal Update;
 - The Quality account 6 Month Review; and
 - The Quality Committee Board Assurance Framework Report.
- The Committee also received the Quarter 2 Reports relating to:
 - Patient Experience;
 - Learning Disability; and
 - Safeguarding.

The next formal meeting of the Committee will take place on 18 January 2022.

5. RECOMMENDATIONS

The Council of Governors are asked to (i) receive the update and (ii) note the contents.

Report of Fay Darville
Deputy Trust Secretary
18 November 2021

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