



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

Council of Governors' Meeting: Public Session

Thursday 17 February 2022 14:15 h

Venue: Via Microsoft Teams

Agenda

Item	Lead	Paper	Timing	
Business items				
1	Apologies for absence and Declarations of interest	John Burn	Verbal	14:15 – 14:35
2	Minutes of the meeting held on 2 December 2021 and Matters arising	John Burn	Attached	
3	Meeting action log	John Burn	Attached	
4	Chair's report	John Burn	Attached	
5	Chief Executive's report	Dame Jackie	Attached	
Quality & Patient Safety; Performance & Delivery				
6	Integrated Board Report – Quality, Performance, People & Finance	Andy Welch	Attached	14:35 – 14:50
Refreshment Break				
				14:50 – 15:00
Discussion Topic				
7	Trust Processes and Management of Loan Equipment	Odeth Richardson	Presentation	15:00 – 15:20
Governor Reports				
8.1	Lead Governor Update	Pam Yanez	Attached	15:20 – 15:35
8.2	Quality of Patient Experience (QPE) WG	Carole Errington	Attached	
8.3	Business and Development (B&D) WG	Eric Valentine	Attached	
8.4	People, Engagement and Membership (PEM) WG	Judy Carrick	Attached	
Items to Approve				
9	Nominations Committee Report	Kelly Jupp	Attached	15:35 – 15:45
Items to receive and any other business				
10.1	Updates from Committee Chairs	Committee Chairs	Attached	15:45 – 15:50
10.2	Elections Report	Fay Darville	Attached	15:50 – 15:55
10.3	Any other business	John Burn	Verbal	15:55 – 16:00
10.4	Date and time of next meeting: Thursday 21 st April 2022, 16.00 (Workshop)			

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 Odeth Richardson, Head of Occupational Therapy

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

Mrs Kelly Jupp, Trust Secretary

Mrs Fay Darville, Deputy Trust Secretary

Miss Lauren Brotherton, Governor and Membership Engagement Officer

COUNCIL OF GOVERNORS MEETING - PUBLIC

DRAFT MINUTES OF THE MEETING HELD 2 DECEMBER 2021

Present: Professor Sir John 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: Professor Kath McCourt, Non-Executive Director (NED)
Mr Bill MacLeod, NED
Mr Graeme Chapman, NED
Mr Andy Welch, Medical Director/Deputy Chief Executive Officer (MD/DCEO)
Ms Maurya Cushlow, Executive Chief Nurse (ECN)
Dr Victoria McFarlane-Reid, Executive Director of Business, Development and Enterprise (EDBDE)
Mr Graham King, Chief Information Officer (CIO)
Ms Teri Bayliss, Charity Director (CD)
Mr Jon Goodwin, Head of Grant Programmes (HoGP)
Mrs Kelly Jupp, Trust Secretary (TS)
Ms Emma Nichol, Corporate Governance Administrator

Secretary: Mrs Fay Darville, Deputy Trust Secretary (DTS)

21/18 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

The Chairman welcomed attendees.

Apologies for absence were received from Governors Mrs C Errington, Ms G Bulley, Mrs G Bestford, Mrs J Davison, Mrs J Carrick, Mr M Warner, Mr N Coulthard-Shaw, Mrs S Nelson, Professor T Lawson, Mrs G Bestford and Mr T Smith.

Apologies were also received from Dame J Daniel, Chief Executive Officer, Mr M Wilson, Chief Operating Officer, Mrs A Dragone, Finance Director, Mr R Smith, Director of Estates, Mrs D Fawcett, Director of Human Resources, and Non-Executive Directors Ms J Baker, Mr J Jowett, Mrs S Edusei, Mr S Morgan, and Associate Non-Executive Director, Professor D Burn.

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 21 October 2021 and Matters Arising

The minutes were agreed to be an accurate record of the meeting, subject to a required amendment to capitalise 'FIT' testing on page 5 and to replace the reference to 'speed the process up' with 'in order to ensure effective triaging of patients'.

It was resolved: to **receive** the minutes and **note** the required amendment.

iii) Meeting Action Log

The action log position was received.

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

iv) Chair's Report

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

- The Trust was shortlisted and highly commended in two categories at the recent Health Service Journal (HSJ) awards, being the Acute/Specialist Trust of the Year and category and the NENC ICS for the 'Connecting Service and Information Award'. The Trust was also a finalist for two further awards, being the Provider Collaboration of the Year and the Great North Care Record (GNCR). Along with Newcastle City Council, the Trust was successful in receiving the Health and Local Government Partnership award for Collaborative Newcastle.
- The Chairman hosted the FH League of Friends Celebration held on 27 September 2021 at Daft as a Brush House and turned on the festive light display at the same venue.
- The Chairman advised that he participated in the NHS England/Improvement (NHSE/I) regional roadshow. The challenges ahead were discussed, along with the need to maintain the vaccination programme and tackle the growing waiting lists. The skill, determination, and resilience of all NHS staff was acknowledged.
- The Chairman also attended the Asian Business Connexions (ABC) 12th Anniversary Dinner and Awards Ceremony. He highlighted the aim of ABC was to connect, support, and promote the Asian and wider community.
- A recent 'Spotlight on Services' to the Integrated Laboratory Medicine (ILM) was undertaken, which included Blood Sciences, Cellular Pathology/Cytology, Mortuary Services, Microbiology and Virology, and the Genomics Laboratory hub.
- The Chairman was a panellist at the Life Sciences and Healthcare event on 12 November 2021 which brought together both the public and private sector and academia to explore how key economic sectors across the region were responding to the environmental crisis.

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

v) Chief Executive's Report

The MD/DCEO provided a verbal report on behalf of the CEO, with the following key points noted:

Agenda item 2

- The recent Health Service Journal (HSJ) awards were referenced, as highlighted earlier by the Chairman.
- The Trust had been under significant pressure from COVID-19 for nearly two years. It was anticipated that the recovery stage would now be able to commence and it had been reported that whilst the omicron variant was more transmissible, it was less severe. Symptoms of the variant included tiredness, sore throat, and a cough. Initial indications were that the variant did not appear to impact the older population as severely.
- Weekly Type One Emergency Department (ED) attendances were up to one third higher than before the pandemic and patients were presenting at ED with increasingly complex cases. The MD/DCEO described challenges across the region in relation to 'ambulance stacking', which was not the approach taken at Newcastle Hospitals.
- The Trust's staff sickness position was outlined with an increase in COVID related absence observed. This was as a result of COVID-19 isolation requirements, care responsibilities for school age children with COVID-19, as well as increased absence for stress and anxiety. Absence was currently at 7%, and was around 4% ordinarily.
- There were circa 90,000 vacancies across the NHS and a national shortage of clinically qualified staff. The Trust had recruited 300 nurses this month, some as part of international recruitment campaigns.

The COO outlined the ETC which was to be built on FH site and would assist the Trust in accelerating its recovery activity. The COO provided a summary of the Newcastle Plan, the Trust's plan for recovering elective activity post pandemic.

[The CD and HoGP joined the meeting at 14:30pm]

- Further detail from the report was outlined, including the appointment of the CEO to the Integrated Care System, the CEO's visit to COP26, and an update on the new specialist hospital building plans.

Dr Home queried whether staff retention was monitored on a routine basis to which the MD/DCEO noted was monitored weekly.

Dr Home further queried the Trust's proposed plan for the mandatory vaccination of NHS staff due to take effect in April. The ECN advised that the Trust was awaiting further guidance on the matter however advised that there had been good overall uptake of the vaccine across the organisation.

Regarding retention, the ECN also advised that staff retention remained an organisational priority and was regularly considered by the Trust's People Committee. She added that nurse staffing rates were just below 8% which was positive in comparison to other Trusts.

The ECN further noted the impact of the vaccination programme on staff retention, with a large proportion of staff working on the programme having fixed term contracts. The longer term impact of COVID-19 on staff retention was currently unclear. The Trust's retention rates remained good when compared with others in the region and in the Shelford Group.

Agenda item 2

The MD/DCEO added that it was likely that some staff may reconsider their career/early retirement options as a consequence of the pandemic, however this was yet to be observed within the Trust.

The Chairman noted the mandatory vaccination position undertaken across Europe.

The MD/DCEO advised that a higher proportion of COVID-19 patients currently being treated in the Intensive Care Unit were not fully vaccinated.

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

21/19 QUALITY & PATIENT SAFETY: PERFORMANCE & DELIVERY

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

The MD/DCEO presented the report, noting the following key points:

- The number of inpatient COVID-19 cases had decreased to 30-35 patients, with 2-3 patients on ventilators. The position had remained stable for a number of weeks.
- Staffing challenges remained which had a potential impact on patient safety.
- An increase in c.difficile cases had been observed. The Infection Prevention and Control (IPC) team were looking at the causal factors and were reiterating the importance of handwashing across the Trust.

Funding was being sought to strengthen the IPC team. Two new quality and patient safety clinical directors were to be appointed, specifically to address sepsis, the deteriorating patient, and the management of serious incidents.

- The Trust, as with the wider NHS, was under increased maternity service scrutiny in relation to the Ockenden Report. No areas of concern had been raised in relation to this however the Trust was aware of the challenges presented by the age and space constraints of the estate. The Trust continued to work in collaboration with the local maternity system.
- Trust mortality rates were lower than expected. The mortality rate during the COVID-19 pandemic had been lower by half than the rest of the country. Tribute was paid in particular to perioperative and Intensive Care Unit (ICU) staff.
- An update on the newly introduced Medical Examiner role at the RVI and Freeman Hospital.

Mrs Yanez referenced the two maternal deaths outlined within the report and queried whether they were COVID-related. The MD/DCEO confirmed that this was not the case, advising that both patients had been transferred to Newcastle Hospitals acutely unwell from other Trusts and had sadly died shortly after arrival into Trust premises.

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

[The EDBDE, the ECN, and Mr Blacker left the meeting at 14:52pm].

21/20 DISCUSSION TOPIC**i) Trust Charity Developments**

Ms Teri Bayliss, Newcastle Hospitals Charity (NHC) Director and Mr Jon Goodwin, HoGP, delivered the presentation. The following key points were noted:

- The charity developments for 2021 and 2022 were outlined, which included:
 - The publication of the charity strategy to 2026;
 - The work undertaken to raise the profile of, and engagement with, the charity within the Trust and within the region;
 - The assessment of impact, through grant making and other activities;
 - The charity's role with NHS Charities Together (CT); and
 - The way in which people, including the governors, can get involved in the charity's work.
- The context in which the charity was currently operating in was described, which included the history of the charity, the collaboration with Fenwick on the COVID-19 window and tote bag, and the legacy of the NHS CT funding beyond the pandemic.
- The charity was registered as one single charity in 2016. This included a number of large funds, including the Sir Bobby Robson Foundation, Charlie Bear for Cancer Care, and the Great North Children's Hospital Foundation. The Board of Directors acted as the corporate trustee and oversight was maintained by the Charity Committee. A number of groups were in operation to advise on grant making. Over £4m had been raised over the last five years and between £3.5-£4m was distributed each year.
- The current charity position was outlined, noting the focus in the wake of the pandemic on reducing health inequalities in the region. NHC was committed to working in collaboration with the Trust and partners to support a reduction in health inequalities.
- Development of the Trust strategy commenced in 2019 when a recommendation to invest in the charity team was agreed, along with agreement to commission a strategic review.
- The main aim of NHC was to be an enabler in the improvement of the health and wellbeing of patients, people and the wider communities of Newcastle Hospitals.
- The initial goals of NHC were outlined, as well as the strategic aims which were aligned to the Trust's strategy. The delivery priorities were summarised, being to assist in the organisation's recovery, particularly in those areas that NHS funding could not support.
- A number of specific deliverables were outlined, being supporting those patients and staff in financial difficulty, the arts programme, and providing key support to the Collaborative Newcastle programme.
- The NHC strategic priorities for 2021/22 were articulated, which included increased visibility, profile and understanding of the charity, the effective use of technology and systems, and strategic grant making.
- The charity team was committed to better engaging with supporters and improving the charity's online presence (both for giving and retail). The HoGP would be undertaking a full review of grant processes.
- An update on the charity's profile and engagement was provided. A number of the key campaigns were outlined and the need to make these more visible both internally and

Agenda item 2

externally, noting that Great Ormond Street Hospital routinely fundraise in the region but are London based.

- The charity team had commenced measurement of engagement and had seen a 14% increase in e-communications subscribers per month and a 12.9% increase in social media per month.
- A number of the recent campaigns were highlighted, including the engagement with corporate sponsors for the festive illuminations, the NHS Big Tea event (with over 13,000 staff taking part), and the London to Glasgow cycle for COP26.
- A number of the grants awarded were outlined. These included £726,500 to enhance the patient experience and environment, and £157,000 to support the health, wellbeing, and professional development of staff. A number of smaller grants totalling £372,000 were awarded to support Trust staff health and wellbeing and to support patients.
- The Trust received circa £580,000 in grants during 2020/21 from NHS CT. This included psychiatric support to staff and providing the fruit and vegetable stall at the FH.
- NHC was leading the NHS CT community partnerships COVID-19 response grant programme on behalf of NENC. This totalled £1.5m for eight two-year community partnership projects that would be delivered by a number of partners from within the NHS, community organisations, and the charity sector. This would be an important opportunity to collaborate with partners across the region.
- The CD outlined the ways in which the governors could further support the charity, including signing up to regular communications, getting involved with seasonal campaigns (such as festive socks and the Easter treasure hunt), and becoming regular donors.

Mr Gibson queried the process for how large grants were awarded. The CD explained the three stage process as:

- For applications up to £5,000, an online process was undertaken and countersigned by the applicant's directorate manager.
- For applications between £5,000 and £25,000, a more detailed application was required which included assessments which would depend on the theme of the application. For these, the sign off of two executives within the Trust was required. For example, the MD/DCEO would review clinical applications.
- For applications over £25,000, a fuller and more rigorous application was required prior to approval at the charity committee which was attended by three NEDs, the MD/DCEO and the Finance Director. The CD confirmed that a robust assessment was undertaken and the award rate was approximately 70%.

Mr Chapman queried how the charity was likely to change over time, particularly with inequalities having a broader remit than just healthcare. The CD explained the challenges in engaging with the community. The charity's governance structure was currently being considered by a working group which would assess how it would be managed going forward and how to build on strength and knowledge. One outcome could potentially be to support projects that stop admittance or re-admittance for certain patients, such as the impact of damp housing on paediatric respiratory patients.

The HoGP noted the work currently underway in the Zone West and Collaborative Newcastle programmes.

Dr Dearges-Chantler queried the long term vision for the charity and whether this would be as an enabler/convener/advocate in solving health inequalities. The HoGP advised that the NHC could be utilised to commission ideas and to work with others outwith the hospital.

Mrs Hurrell queried whether there would be scope to assist those with long term conditions and connect them with other agencies. The CD noted that the NHC vision aligned to that of the Trust in relation to its position as an anchor organisation and able to link in with other agencies.

Mrs Yanez noted that a number of other smaller charities operated within the Trust, such as those linked to transplantation that were not affiliated with NHC. She queried what NHC was doing to work in collaboration with these charities. The CD advised that there was an open forum in the planning to meet with these charities to highlight the role of NHC and look for opportunities to collaborate.

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

21/21 **GOVERNOR REPORTS**

i) **Lead Governor Update**

Mrs Yanez provided a verbal update, noting that she had recently joined the Nominations Committee as Vice Chair. The following key points were highlighted:

- It was requested that the agenda setting meetings for the Council of Governors took place after the Governor Informal Meetings. This would allow governors the opportunity to assist in having input into the agenda and ensure actions were discussed before the agenda was finalised.
- The work of the Task and Finish group was described, which resulted in an amended agenda and new format utilised for this meeting.
- Further contact had been made with the Newcastle Improvement team, to ensure ongoing involvement for governors in a personal capacity.
- Involvement in the recent governor induction sessions, which were also supported by Judy Carrick and Carole Errington. There had been interest in reviving the governor 'buddy' system, with new governors asked to get in contact if interested.

Mrs Yanez thanked the TS for organising the recent Council meeting as an in person meeting.

It was resolved: to (i) **receive** the report.

ii) **Quality of Patient Experience (QPE) Working Group**

Dr Lucraft presented the report, in Mrs Errington's absence. The following key points were noted:

- Meetings continued to take place monthly. Attendance was low at the last meeting therefore attendance from the wider council was encouraged.

Agenda item 2

- Ms Riddell, Nurse Specialist, provided a presentation to the group on the management of conflict between families and healthcare staff.
- Ms Coates, Head of Podiatry Service, delivered an informative talk on the management of foot care at Newcastle Hospitals.
- Tracy Scott, Head of Patient Experience, presented an update in relation to Patient Experience.
- The report detailed the other Trust groups attended by Working Group members.
- Both Mrs Errington and Dr Lucraft were approaching the end of their 9-year terms as Trust Governors and therefore discussions had commenced in relation to the appointment of a new Chair and Vice Chair of the Group.

The Chairman suggested ward visits be replaced by a programme of virtual service spotlights, akin to the NED programme.

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

iii) Business and Development (B&D) Working Group

Dr Valentine presented the report, noting that:

- He had recently taken over as Chair of the Group from Mrs Yanez, with Jill Davison having taken on the role of Vice Chair.
- The group continued to meet monthly, with the recent meeting being a hybrid face to face and virtual meeting.
- He had recently observed both the Audit and the Finance Committee meetings.
- Angela Dragone, Finance Director, had provided a briefing to him directly on the present financial position and the forecasted future financial arrangements, including the impact of COVID-19.
- A virtual meeting with Steven Morgan, NED and Chair of the Finance Committee, had taken place.
- A number of presentations were received, including:
 - The EDBDE and Lisa Jordan, Assistant Director - Business Strategy & Planning, had presented on the H2 planning guidance.
 - The EDBDE and COO delivered a presentation on the ICS and the COVID-19 recovery plan. The COO provided an overview of the plans for the ETC which would assist the Trust's recovery programme.

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

iv) People, Engagement and Membership (PEM) Working Group

Mrs Heslop presented the report, noting that:

- Following discussion, the group was in favour of the plan to allow for automatic staff membership of the Trust, with staff having the option to opt-out as members thereafter.
- Progress was underway in the formulation of the engagement action plan.
- Discussions took place in relation to the production of the new membership materials and it was agreed that Karen Pearce, Head of Equality, Diversity and Inclusion (EDI), would attend a future meeting to focus on diversity.

Agenda item 2

- Jill Baker, NED, was scheduled to attend the Group meeting in January.

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

21/22 ITEMS TO APPROVE

i) Nominations Committee Report

The TS presented the report, noting that three minor changes had been made to the Terms of Reference for the Committee, as detailed within the report.

Governors were asked to approve the suggested amendments to Mr Chapman's objectives, following his appointment to Chair of the Quality Committee and to approve that the existing objectives for the Newcastle City Council Associate Non-Executive Director be passed to the new Chief Executive of Newcastle City Council on appointment.

The TS explained that the Committee considered, and supported, a request made to appoint one additional Non-Executive Director. The Council of Governors were therefore requested to approve the recruitment of one additional NED.

The Chairman explained that, according to the Trust constitution, the Trust was permitted to have up to nine NEDs and there were currently seven. This was due to the implementation of the ANED role, which the Chairman noted was non-voting and unremunerated. It was highlighted that the recruitment of one additional NED would result in a cost in terms of the recruitment process and the NED remuneration.

The TS confirmed that the Trust procurement process would be followed.

The Chairman noted the challenges in place, and in particular the expanding remit of NEDs, such as the new requirements associated with the Ockenden Report. The matter had been discussed in detail with the Committee and with Board members, particularly in relation to the skills to be sought.

The Council **agreed** to that one additional NED be recruited.

It was resolved: to (i) **receive** the report and (ii) approve the recommendations within the report.

21/23 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

i) Updates from Committee Chairs

The following updates were noted:

Quality Committee

Agenda item 2

Mr Chapman noted that he had resumed chairing responsibility of the committee from Professor McCourt in November, and commended her for the successful chairing of the committee previously.

Mr Chapman advised that the committee received:

- An update relating to the Trust's response to the Ockenden Report recommendations, which included a progress update on the implementation of an electronic record for maternity services.
- A 'deep dive' into staffing levels and harm free care was undertaken at the last meeting. The committee noted the importance of registered nursing levels being closely monitored due to the direct correlation between nursing levels and the quality of care.

Audit Committee

Mr MacLeod noted that:

- An Internal Audit update was provided by Audit One. It was advised that the completion of some audits had been delayed slightly however a number of actions had been taken to ensure the core elements of the programme would be completed in order to deliver the Head of Internal Audit Opinion.
- The Fraud Specialist Manager presented the quarterly report, which included both the fraud response log and the activity report. A member of the Trusts Fraud Team had been seconded into a national role.
- Mazars LLP, the Trust's external auditor, provided an update which included the outcome of the audit work undertaken in the year to date, the management letter (ISA260) relating to the Newcastle Hospitals Charity accounts and the Auditors Annual Report.
- An update relating to the Charity Accounts was provided by the Finance Director, a Clinical Audit update was given by the Trust Secretary and the Committee agreed some small amendments to the Trust's Scheme of Delegation.

Finance Committee

Mr MacLeod noted that an extraordinary meeting of the Finance Committee took place on 27 October 2021. The meeting was convened to discuss the Trust's Financial Plan for the second half of the 2021/22 financial year, which was published on 30 September 2021.

A formal meeting of the Finance Committee took place on 24 November 2021. The Month 7 finance report, activity plan for the second half of 2021/22, tenders and business cases and the Board Assurance Framework were presented. Discussions took place in relation to financial constraints, the Trust's capital spend and the challenges regarding the availability of recurrent funding. The committee were advised that there may be an underspend at the year end.

People Committee

Professor McCourt provided the update, noting that the committee received a presentation from Ian Forrest, Deputy Director of Medical Education, on the outcome of the General Medical Council (GMC) survey results. In addition, the Director of HR provided an update on the staff survey, workforce engagement, the people dashboard and on recruitment and retention.

In addition, the committee received a number of update reports on the following items:

- An Employee Relations and Legal Update;
- The Board Assurance Framework Report;
- The Guardian of Safe Working Report; and
- The Sustainability Update.

Charity Committee

Mr Chapman advised that the next meeting would take place the following day, the first since August, and an update would be provided at the next Council meeting.

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

ii) Any Other Business

There was no further business at this time.

The DTS requested agreement regarding timing of the April 2022 workshop, given the suggestion to hold the meeting later in the day. All agreed that the April meeting be scheduled to start at the later time of 4pm as a trial, with feedback to be sought after the meeting in relation to the commencement time.

iii) Date and Time of Next Meeting

The next Council of Governors Meeting was scheduled for Thursday 17 February 2022 at 1.30pm-4pm via MS Teams.

There being no further business, the meeting closed 15:54pm.

GOVERNORS' ATTENDANCE – 2 DECEMBER 2021

	Name	
S	Mrs Glenda Bestford	APOLOGIES
1	Mr David Black	YES
2	Mr Graham Blacker	YES
S	Miss Genna Bulley	NO
1	Mrs Judy Carrick	APOLOGIES
1	Dr Alexandros Dearges-Chantler	YES
1	Jill Davison	NO
2	Mrs Madeleine Elliott	APOLOGIES
2	Mrs Carole Errington	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	APOLOGIES
2	Mr John McDonald	YES
1	Mrs Susan Nelson	APOLOGIES
2	Prof Pauline Pearson	YES
S	Mrs Kate Pine	APOLOGIES
3	Mr Neville Coulthard Shaw	APOLOGIES
S	Mrs Poonam Singh	YES
3	Mr Thomas Smith	APOLOGIES
A	Mrs Norah Turnbull	YES
1	Dr Eric Valentine	YES
1	Ms Emma Vinton	APOLOGIES
3	Mr Michael Warner	APOLOGIES
1	Dr Ian Wilson	YES
1	Mrs Pam Yanez	YES

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Council of Governors Meetings Actions - Public

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. <u>10/02/22</u> - Presentation on agenda for February 2022 meeting.	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 AFD provide a detailed presentation to the B&D working group at a future meeting [ACTION03] .	S Smith	<u>23/11/21</u> - Update requested. <u>10/02/22</u> - Item on agenda for B&D working group meeting in March 2022.	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

Council of Governors

Date of meeting	17 February 2022						
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 of Governors meeting, including:</p> <ul style="list-style-type: none"> • Chaired virtual Spotlight on Services Sessions for: <ul style="list-style-type: none"> ○ The Dental Directorate and; ○ The Trust Human Resources Department; • Trust Board Development Session held on 16 December 2021 and the Trust Board of Directors meetings held on 27 January 2022; • Meetings with: <ul style="list-style-type: none"> ○ Professor Sir Liam Donaldson, Chair Designate for the Integrated Care Board for the North East and North Cumbria (NENC) Integrated Care System (ICS); ○ Jamie Driscoll, Mayor & Henry Kippin, MD of the North of Tyne Combined Authority; • Chairs and Chief Executives of the North Integrated Care Partnership; • Attendance at the North East & Yorkshire Elective Recovery Task Force event for Chairs and Chief Executives; • Attendance at an NHS Confederation Seminar focussing on health inequalities; and • Meeting with the Chair of NHS Resolution. 						
Recommendation	The Council of Governors is 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 the Chairman's activity and key areas of focus since the previous Council of Governors meeting, including:

- Chaired virtual Spotlight on Services Sessions for:
 - The Dental Directorate and;
 - The Trust Human Resources Department;
- Trust Board Development Session held on 16 December 2021 and the Trust Board of Directors meetings held on 27 January 2022;
- Meetings with:
 - Professor Sir Liam Donaldson, Chair Designate for the Integrated Care Board for the North East and North Cumbria (NENC) Integrated Care System (ICS);
 - Jamie Driscoll, Mayor & Henry Kippin, MD of the North of Tyne Combined Authority;
- Chairs and Chief Executives of the North Integrated Care Partnership;
- Attendance at the North East & Yorkshire Elective Recovery Task Force event for Chairs and Chief Executives;
- Attendance at an NHS Confederation Seminar focussing on health inequalities; and
- Meeting with the Chair of NHS Resolution.

CHAIRMAN'S REPORT

Despite the pandemic, I hope you have all managed to spend some quality time with your friends and family over the festive period and have managed to keep safe and well as we head into the remaining winter months of this year.

Since our last meeting of the Council of Governors held on 2 December 2021 we have now commenced the process for recruiting an additional Trust Non-Executive Director (NED). A sub-group of our Nominations Committee met in January to evaluate a number of organisations who had tendered their services to assist us in the recruitment of an additional NED. I am pleased to inform you that Hunter Healthcare Resourcing Ltd was awarded the contract. Our Nominations Committee met on 3 February where we were joined by a member of the team from Hunter Healthcare to agree the recruitment process to be undertaken. Further detail regarding the work of our Nominations Committee is included within agenda item 9.

In terms of Board activity, during November and December, as part of our Spotlight on Services, I chaired virtual meetings both with Dental Services and Human Resources Teams:

- **Dental Services**

Graham Walton, Clinical Director, introduced Andy Pike, Directorate Manager and Lorraine Olsen, Dental Nurse Manager. They delivered a comprehensive presentation giving an insight into the 'hospital within a hospital' highlighting the risks and challenges experienced during their journey through the pandemic as a supporting service across the Trust in multidisciplinary teams including cancer, cleft, paediatrics, cardiothoracic, plastics, ENT and dermatology.

- **Human Resources**

Rachel Cockburn, Human Resources Manager for Recruitment delivered a comprehensive presentation highlighting the areas of recruitment activity over the last 12 months. As an impact of the pandemic it was noted that 32% of recruitment was attributed to either the vaccination programme or to the Integrated Covid Hub North East.

Some of the recruitment challenges in other areas were outlined, which included a candidate driven market, the calibre of candidates, skills shortages and the length of the whole recruitment process. As such changes have been made in terms of effective advertising methods, collaborative working and the Trust 'brand' offering.

In December, I chaired a Board Development Session which included discussions on:

- The latest developments in system work and the impact for Newcastle Hospitals;
- A briefing on the well-led framework where the Board heard an overview of the requirements of a well-led review as well as considering common pitfalls, insights and themes from recent Care Quality Commission (CQC) inspections. The Board then considered the Trust's current position against the eight Key Lines of Enquiry in the well-led framework as well as identifying key actions to undertake; and

Agenda Item 4

- Strategic estates developments.

At our Board meeting held in January we were delighted to welcome a presentation from Mr John Thompson, Head of Facilities who provided an overview of the role of Hotel Services within our Royal Victoria Infirmary (RVI) that enables a clean and safe environment for our patients, staff and visitors. Most importantly, it acknowledges the part Jackie Thompson plays in the role as RVI Hotel Services manager who has given almost 47 years' service to the NHS. I am sure you will agree this is an outstanding achievement and you will join me in thanking Jackie and to wish her well in her forthcoming retirement.

At a regional level I met with Sir Liam Donaldson to discuss progress with the development of the Integrated Care System. With Dame Jackie, I met with Jamie Driscoll, Mayor of the North of Tyne Combined Authority, and its Managing Director Dr Henry Kippin. Discussion centred on our shared ambitions of sustainability and net-zero, digital innovation and collaborative work. I took part in a Yorkshire and North East recovery meeting and attended a meeting of the region's Foundation Trusts Chairs, and the Chief Executives and Chairs of the Health and Care organisations across the "North" Integrated Care Partnership.

Along with a number of our Non-Executive Directors I attended a virtual conference arranged by the NHS Confederation who have developed a programme of health inequalities improvement seminars. This particular seminar focused on how we can investigate the specific challenges of our community and to take effective leadership action.

At a national level, I spent an hour with the Chair of NHS Resolution. NHS Resolution manages the annual budget of around £84 billion paid by the government for liabilities relating to health care claims. Around two thirds is accounted for by birth injuries. Our Trust is a high performer and has, as a consequence, a comparatively low annual payment. Nevertheless, the system is in need of review. We discussed the different approaches undertaken in countries such as Japan and Sweden, who have moved to a no fault compensation scheme for all families whose child is born with disability, avoiding the need for many difficult and lengthy legal claims currently faced by clinicians and families.

RECOMMENDATION

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

Report of Professor Sir John Burn

Chairman

3 February 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 February 2022						
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 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"> • The Trust's response to Omicron and NHS winter pressures; • An update on plans supporting the reduction of elective waiting times; • Work with partners including the emerging Integrated Care System and Collaborative Newcastle; 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 27 January 2022.						
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 27 January 2022.						

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:

- The Trust's response to Omicron and winter pressures, including the work of the Integrated COVID Hub North East (ICHNE) and the vaccination programme;
- An update on the development of a daycase elective treatment centre at the Freeman Hospital;
- The development of the emerging North East and North Cumbria Integrated Care System (ICS) and Provider Collaborative;
- Welcoming Newcastle Council's new Chief Executive, and ongoing work with Collaborative Newcastle partners;
- Networking and communication activity including the broadcast of 'Geordie Hospital'; and
- Recognition and awards for staff.

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

CHIEF EXECUTIVE'S REPORT

1. OVERVIEW

Coronavirus and Winter Response

The rapid emergence of the Omicron variant of Coronavirus, on top of the normal winter challenges which impact the NHS, has led to significant pressures on the Trust and other health and care services in the last two months.

In December, Omicron spread rapidly through the North East and we were able to monitor this in close to real-time, thanks to the capability offered by our Integrated COVID Hub North East (ICHNE). Through ICHNE's Lighthouse Laboratory, which has now processed over seven million COVID tests, we had direct visibility of the emergence of Omicron in the North East as positive samples were reported. Our Coordination and Response Centre provided the region's twelve local authority public health teams with bespoke analysis and support, and the Innovation Laboratory provided access to specialist facilities to evaluate the effectiveness of new COVID testing technologies.

As England moved to 'Plan B' in response to the risks from the variant, the urgency of the vaccination booster programme was further increased. The vaccination programme across the North East and North Cumbria again responded magnificently to the changing situation, ensuring that all adults were offered a booster vaccination by the end of December, with significant numbers of appointments offered over the Christmas period. I was pleased to be able to visit the Vaccination Centre at the Centre for Life to mark one year since the first vaccination was given in the region, and to thank our vaccinators for helping to give over 6 million vaccine doses.

By the New Year, the continuing increase in infection rates led to a sharp rise in the number of patients in hospital with Coronavirus, reaching levels equivalent to those we had during January 2021. Thankfully, the data suggests there is a lower risk of becoming seriously ill from this variant, especially for those who have been vaccinated. As a result, despite very high infection levels the Trust has had fewer critically ill patients to treat. However pressures have still been really significant, particularly due to levels of staff absence up to 12%, higher than at any other time during the pandemic. This has required intensive daily management to keep services running despite absences. I want to pay tribute to the commitment and flexibility of all staff during this time for everything they have done to deliver the best care for patients despite all the challenges.

As the Omicron wave hopefully recedes and the Government outlines its intentions to move to a 'living with COVID' society, we must all ensure that we maximise learning from the last two years. It has been confirmed that the national COVID-19 Pandemic Public inquiry will commence in Spring 2022, chaired by Baroness Heather Hallett, DBE. As a key NHS provider, the Trust played a significant part in the national response and therefore must be ready to participate in the inquiry. As a result, the Corporate Risk and Assurance and Business Continuity Teams have attend several preparatory webinars hosted by legal advisors, NHS England and NHS Providers. The Medical Director/Deputy Chief Executive and Assistant

Agenda item 5

Chief Executive will lead the Trust's response and convene a public inquiry group with representatives from relevant teams. Regular updates will be provided to the Board as the inquiry progresses.

Elective recovery and daycase unit development

While the Omicron variant and winter pressures have been the most urgent operational priority since my last report, our focus on delivering recovery in elective waiting times has also remained. The Newcastle Plan Delivery Board, which I chair, continues to meet on a fortnightly basis to oversee all elements of our plan. I am also regularly participating in regional and national conversations about the approach to elective recovery, including discussions with partner Trusts about how we can best use our collective capacity.

In previous reports, I have outlined our intention to build a new day surgery treatment centre at the Freeman Hospital in order to provide additional capacity to support a reduction in elective waiting times and backlogs caused by the COVID-19 pandemic. It will include four new theatres as well as a day case assessment and a recovery area, enabling our teams to carry out 8,500 low complexity procedures a year in specialties such as MSK, urology and general surgery. The centre will also allow us to free up space in our existing theatres for more complex inpatient work, such as spinal surgery, to reduce waits for those patients too.

I am pleased to update that the construction and mobilisation of this centre is rapidly progressing. After a series of conversations with the Provider Collaborative and NHS England, capital funding has been allocated to support the scheme and a Directorate Manager has now been appointed to lead the service mobilisation. As we work towards a target completion in August 2022, there will be more opportunities for local residents and partners to provide input about the scheme.

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

Preparations for the establishment of the ICS continue and this is now expected in July 2022, subject to passage of the Health & Care Bill through Parliament. I have continued to meet with Sir Liam Donaldson, Chair Designate of the ICS, and contribute to conversations about the governance and composition of the ICS' formal bodies, the Integrated Care Board (ICB) and Integrated Care Partnership (ICP). Sam Allen, Chief Executive Designate of the ICB, begins her new role on 31 January, and we are looking forward to working with her and her new team in the months ahead.

My term of office as co-Chair of the North East and North Cumbria Provider Collaborative came to an end at the turn of the year. I helped bring the Collaborative together in the early months of the Coronavirus pandemic, and have been pleased to help guide its development. With arrangements in place to put the Collaborative on a formal footing and its first Managing Director now in place, it was the right time for officers to rotate in line with the principles of distributed leadership that we need to support system working. Ken Bremner, CEO of South Tyneside and Sunderland NHS Foundation Trust is new the Chair of the Collaborative, with Lyn Simpson, CEO of North Cumbria Integrated Care NHS Foundation Trust the Vice-Chair. I look forward to continuing to contribute fully to the Collaborative as a member.

Agenda item 5

I firmly believe that it is in the interests of patients across the North East and North Cumbria that all NHS provider organisations work together to maximise our collective capability and resilience. I know Newcastle Hospitals has a significant further contribution to make as part of this, sharing our expertise in genuine partnership with other organisations.

Collaborative Newcastle

This month it has been a pleasure to have a number of early meetings with Pam Smith, the new CEO of Newcastle City Council, where we have discussed our shared commitment to partnership working and priorities for the future. Pam will also serve as an Associate Non-Executive Director of the Trust, and I know Board colleagues will give her a warm welcome.

We have continued work in recent months to deepen our collaborative working and governance arrangements between partners in Newcastle. At our Collaborative Newcastle Joint Executive Group (JEG) meetings in December and January, we discussed how to implement our partnership's ambitions in the context of the new ICS structures. We are reviewing the existing Collaborative Newcastle partnership agreement, and being clear that we aspire in time to become a joint committee of the ICB, so that decision making about Newcastle health services takes place locally. Our partnership ambitions go beyond locally exercising functions of the ICB and include continuing to join up health and care services in the city and tackling health inequalities. To help do this we want to support and further the work of the recently established joint directors team, comprised of directors from across health and care organisations of the city.

A key element of the City's health service is primary care. In December I met with the GP Clinical Directors of the city's primary care networks, who have also now become Directors of Newcastle GP Services (NGPS), the GP federation for the City. The progress that primary care colleagues have made in developing their working arrangements is hugely impressive, especially given the significant service and workforce pressures that they have been under.

It was great to hear primary care colleagues' ideas about practical ways in which pathways and working arrangements between local GPs and the Trust could be made easier, and I am grateful to Dr Chris Dipper, Associate Medical Director, for his work in leading on the joint improvements on behalf of the Trust. As there are such fundamental co-dependencies between our work, it is vital that we work together to collectively manage service pressures and to improve population health. I am pleased that in the future a NGPS Director will join the JEG to further enhance our partnership working.

Ofsted Inspection

Towards the end of last year Ofsted carried out a formal inspection of our apprenticeship service. I'm delighted that the final report shows that our apprenticeship service has been rated as Good. Our apprentices are an important and valued part of our workforce and I was extremely pleased to see that the hard work of our staff was reflected in the report.

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.

Agenda item 5

I have also continued to visit a variety of areas across the Trust when it has been safe to do so.

Trust visits

In the week between Christmas and New Year I took some time to walk the floor at both the Freeman Hospital and Royal Victoria Infirmary (RVI) to meet staff on duty in a number of areas and thank them for their hard work.

In early December, I was delighted to visit our Human Resources (HR) and Information Management & Technology (IM&T) teams at Regent Point and meet a wide range of staff.

In HR I spoke to the team who have managed our workforce supply and recruitment, especially vital over this past 18 months, as well as those supporting employee relations. The team were recently presented with a National Award at the HR Excellence awards for the Best Recruitment and Workforce Planning strategy for work supporting the mobilisation of ICHNE. The innovative approach to recruitment delivered not just the large number of staff required in a short space of time (nearly 700), but was also actively designed to increase the diversity of our workforce.

I also had the opportunity to speak to those in the staff engagement teams who have recently been focussed on encouraging responses to our staff survey. In addition I met with staff responsible for our wellbeing approach, our Equality, Diversity and Inclusion (EDI) activity, and heard how we've maintained our focus on Project Choice and its students.

In IM&T I met up with the Great North Care Record (GNCR) team who were recently highly commended at the Health Service Journal (HSJ) awards. I also spoke with the Project Management and Digital Health Teams, as well as those who work to provide the Health Information Exchange (HIE) technology that securely connects patient information between different organisations across the region.

Our corporate services teams provide crucial support to the services we deliver to patients and ensure we stay compliant with all relevant requirements. We keep such requirements constantly under review. This month, the Executive Team agreed updated arrangements for data security including new reporting arrangements through the Executive Risk Group and Audit Committee, and new Senior Information Risk Officer (SIRO) arrangements in response to changing requirements set out by NHS Digital. The Chief Information Officer and Assistant Chief Executive will in the future manage SIRO responsibilities jointly, supported by the Information Governance and IT Security Teams.

Civic University Network

Over the last year I have chaired a number of roundtable discussions between University and NHS colleagues across the country as part of the Civic University Network's work to encourage partnerships between our sectors. That work culminated in the production of a report, ['Reimagining the relationship between universities & the NHS'](#). I was pleased to speak at the launch of this report alongside Matthew Taylor, Chief Executive of the NHS Confederation.

Agenda item 5

I place the highest importance on the strong relationships and partnerships we have with our universities. We can have such a significant impact when we work together, for example through Newcastle Health Innovation Partners (NHIP), our Academic Science Centre. I look forward to continuing to showcase our partnerships in this area and using them to influence national policy.

Civic leaders

As part of our regular engagement with local and regional Civic leaders, in the last month I have met with our Newcastle Members of Parliament (MPs): Chi Onwurah, Catherine McKinnell and Nick Brown to update them on the work of the Trust and our plans for the future. I am grateful for the continued support they offer to the Trust and our staff.

With the Chairman, I also met with Jamie Driscoll, Mayor of the North of Tyne Combined Authority, and its Managing Director Dr Henry Kippin. We discussed our shared ambitions on net-zero, digital innovation, public transport and the potential for further devolution in the North East.

3. RECOGNITION 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.

Geordie Hospital – This month marked the start of our exciting new six-part TV series Geordie Hospital on Channel 4. Our aim in taking part in this series was to depict our unique spirit and to capture the enterprise, compassion and joy of our staff at Newcastle Hospitals.

If you watched the first episode you will see this isn't a series about COVID-19 - instead it focusses on some of the remarkable work that our surgeons, nurses, therapists and support teams do every day. I hope that both our patients and staff featured, and those watching, will take pride and joy in the amazing work we do and a huge thank you to everyone who was involved in making this series.

Innovation Lab – This month marked the first anniversary since our Innovation Lab opened. The lab, based at The Biosphere in Newcastle Helix, was set up to accelerate the development of the next generation of virus testing.

Hosted by our trust, it brings together a partnership of local universities, healthcare organisations and industry, with the aim of bringing new approaches and technology to mainstream use. Since launching in January 2021, the lab has engaged with over 70 organisations across the globe from the USA to Australia – with 58 based in the UK – and has 21 contracts in place with 12 companies.

Awards

- **2022 New Year Honours** – I was delighted to see that David Nicholson, was awarded an OBE for Services to Hospital Radio Broadcasting and to the community. The chair of Radio Tyneside is being honoured for running Tyneside's Hospital radio station and has

Agenda item 5

been involved with the station for almost 50 years, making countless hospital visits more pleasant experiences.

- **Bright Ideas in Health Awards** – Congratulations to our two winners, out of three shortlisted teams, in these awards which are organised by the Academic Health Science Network for the North East and North Cumbria to celebrate the achievements of individuals and teams working within the NHS, industry and academia. Nurse specialist Melissa Burnside and the team won the Digital Innovation in Health and Social Care award for their Deterioration ALERT innovations, while the RELIEVE-IBSD virtual trial, led by Professor Yan Yiannakou and team at the Patient Recruitment Centre, Newcastle, won the Research Impact Award.
- **Batten Disease Award** – The team at our Great North Children’s Hospital were awarded a Batten Disease Family Association Health Award in recognition of their commitment and dedication to getting complex arrangements in place for patients to receive the specialist care they needed much closer to home.
- **Sustainability Partnerships Procurement Award** – Our procurement team won the Sustainability Partnerships Procurement Award for the development of their innovative 5 step process to support suppliers from the largest to the smallest on the collective journey to Net Zero Carbon by 2040.
- **HR Excellence Awards** – Our HR team were awarded Best Recruitment and Workforce Planning Strategy for their ‘recruiting for diversity’ campaign for the Integrated COVID Hub North East. Not only did they significantly increase our ethnic minority appointment rate, they also achieved this across the diversity strands of disability and LGBT+.
- **Health Business Awards** – Collaborative Newcastle was awarded the NHS Collaboration Award at the Health Business awards for our Joint System Leadership Programme with colleagues across the city.
- **North East & Yorkshire Regional Awards apprentice of the year awards** – The estates apprentices were awarded in three out of the four categories:
 - First Year apprentice of the Year – Albert Venables.
 - Third Year apprentice of the year – Christopher Barnett.
 - Fourth Year Apprentice of the Year – Liam Padgett.
- **KF Gould Awards 2021** – These annual awards have been introduced in microbiology and virology in memory of Professor Gould who died in March 2020. Winners of this year’s awards are listed below:
 - Newcomer award for dedication to professional development – Nathan Carroll
 - Healthcare science associate rising star – Mark McEwen
 - Healthcare science assistant rising star – Susan Proud
 - Team leader contribution to service delivery – Dave Saunders
 - Life-long contribution to microbiology/virology – Christine Lees & Steven Peart
 - Microbiology & virology services individual of the year – Michelle Permain

Congratulations to all of our award winners

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
18 January 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 February 2022						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Joey Barton – Senior Performance Manager						
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. This report was presented to the Trust Board of Directors at the 27 January 2022 meeting.						

INTEGRATED REPORT – 17 FEBRUARY 2022

EXECUTIVE SUMMARY

This report provides an integrated overview of the Trust's position across the domains of Quality, Performance, People and Finance. In summary:

- The Trust had 0 cases of MRSA bacteremia attributed in December 2021. Therefore no cases have been recorded since April 2020.
- There were 32 Serious Incidents (SIs) reported in December 2021. The increase in the numbers of SIs since July 2021 can be attributed to a return to pre-pandemic bed occupancy alongside the higher acuity of patients in the Trust. In December the Trust reported its first Never Event since June 2021.
- The Trust did not achieve the 95% Accident and Emergency (A&E) 4hr standard in December, with performance of 85.3%. Type 1 attendances remain above pre-COVID levels.
- The Trust Patient Tracking List (PTL) size was 93,350 in December with 4,277 patients waiting over 52 weeks. Referral to Treatment (RTT) Compliance was 69.3%.
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in November, having achieved 2 of the 8 standards in the previous month.

Integrated Board Report

Quality, Performance, People and Finance

January 2022



Executive Summary

Purpose

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

Current Operating Environment

The Trust is now operating within an environment which contains a steady volume of COVID inpatients, with late December actually seeing a sharp rise in the COVID inpatients volume. This is adding significant and increased pressure to the Trust's currently reduced bed base, with high numbers of bed closed during the past 3 months due to reduced staffing levels, COVID outbreaks and Infection Prevention and Control (IPC) requirements. Staff absences from COVID, self-isolation and stress / anxiety continue to impact on the ability to recover Trust performance.

The Newcastle Plan

- In light of the COVID-19 pandemic and the commitment to address extended waits the Trust has developed The Newcastle Plan, and an overarching Delivery Board chaired by the Chief Executive.

Report Highlights

1. The Trust **had 0 cases of MRSA bacteremia attributed in December 2021**. Therefore no cases have been recorded since April 2020.
2. There were **32 Serious Incidents (SIs) reported in December 2021**. The increase in the numbers of SIs since July 2021 can be attributed to a return to pre-pandemic bed occupancy alongside the higher acuity of patients in the Trust. In December the Trust reported its first Never Event since June 2021.
3. The Trust did not achieve **the 95% A&E 4hr standard in December, with performance of 85.3%**. Type 1 attendances remain above pre-COVID levels.
4. The **Trust PTL size was 93,350 in December with 4,277 patients waiting over 52 weeks. RTT Compliance was 69.3%**.
5. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in November**, having achieved 2 of the 8 standards in the previous month.

Contents: January 2022

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

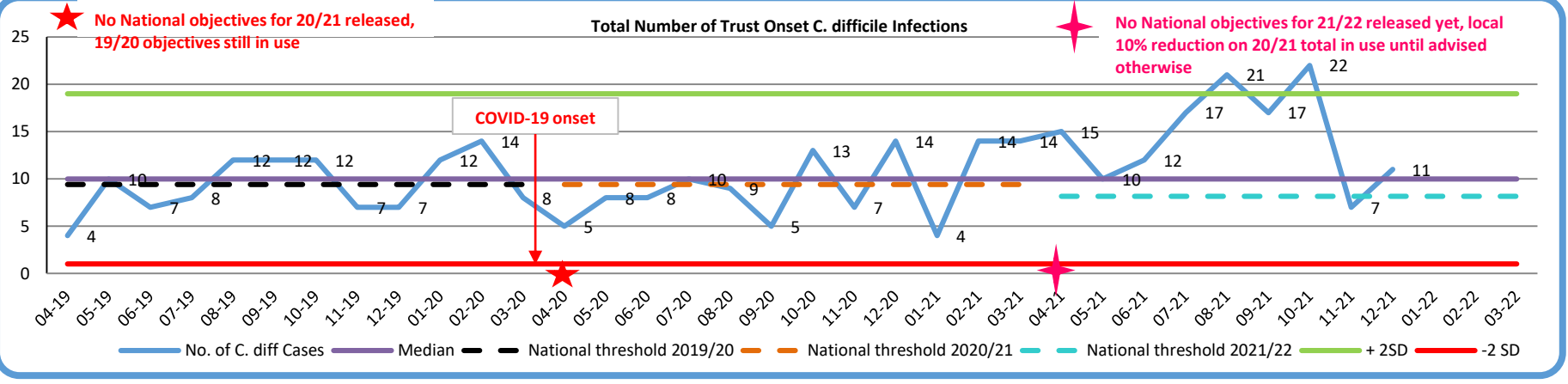
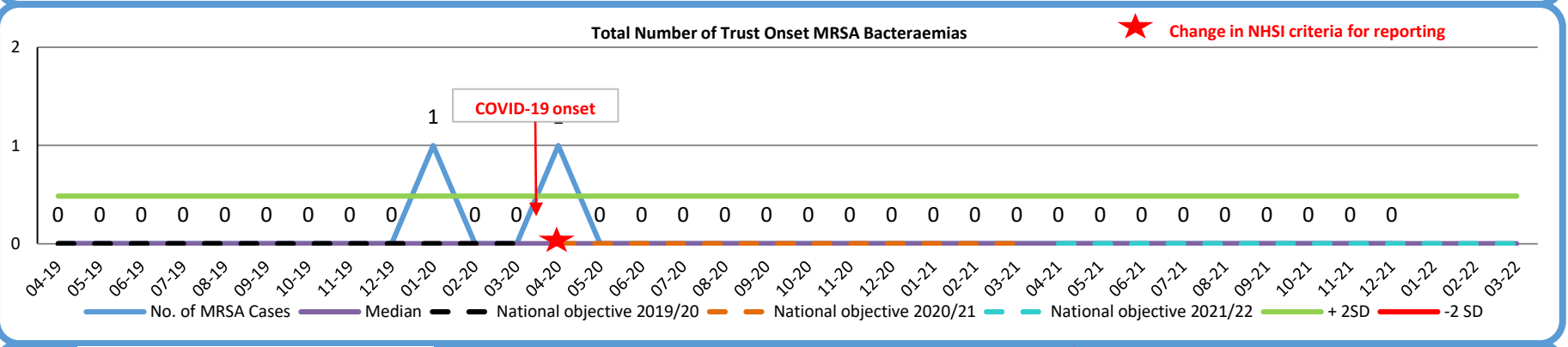
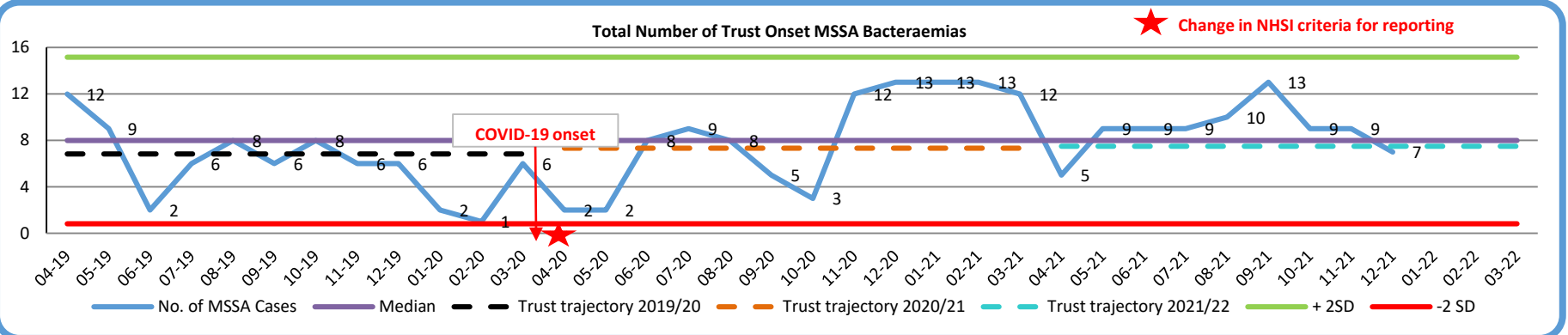
People

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

Finance

- Overall Financial Position

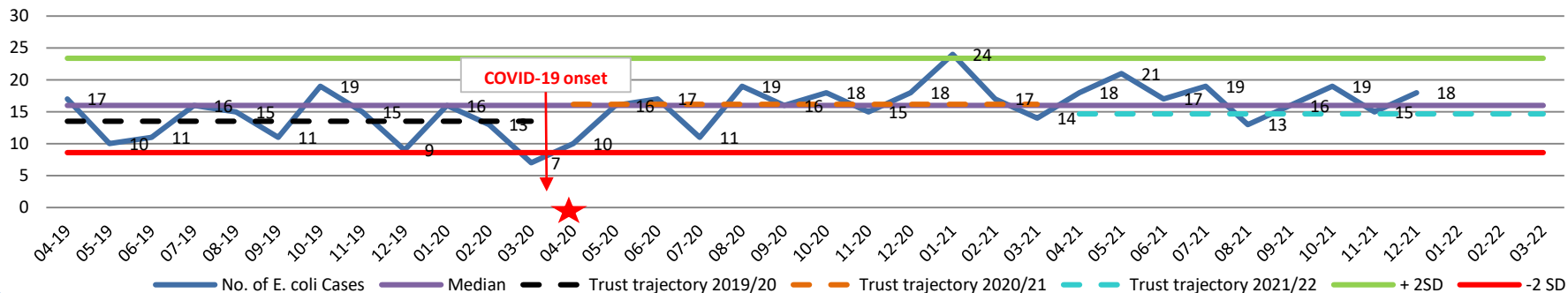
Quality and Performance: Healthcare Associated Infections



Quality and Performance: Healthcare Associated Infections

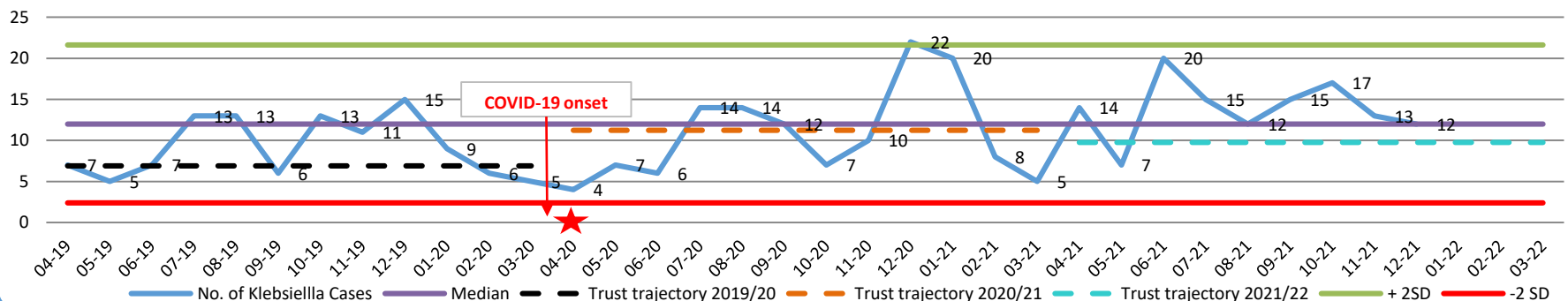
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



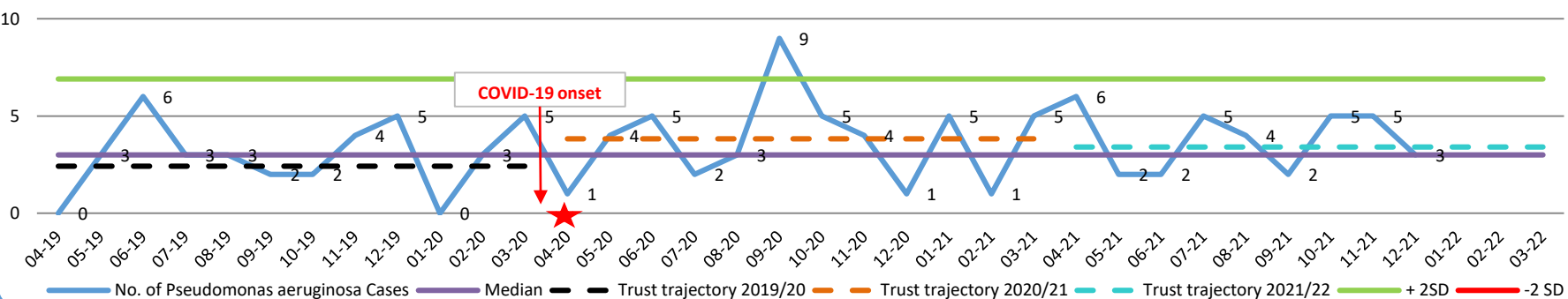
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

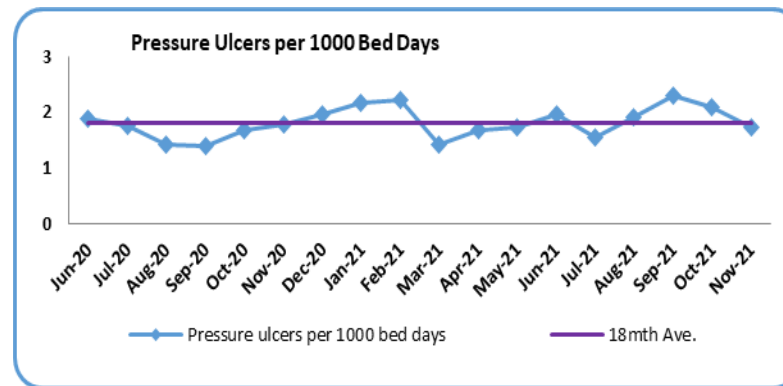
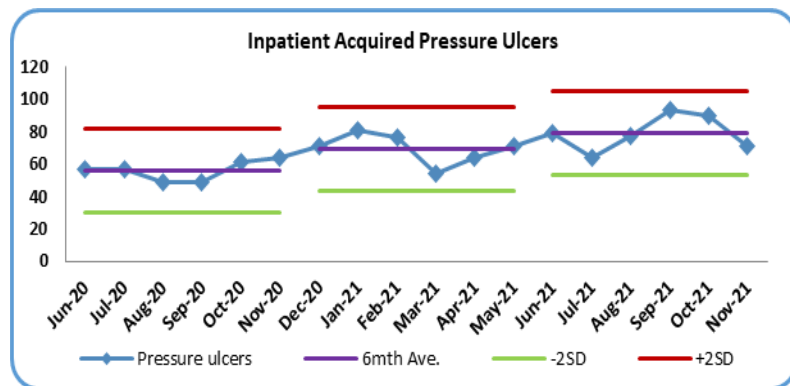
★ Change in NHSI criteria for reporting



Quality and Performance: Harm Free Care 1/2

The graphs below illustrate that in the last 18 months incidence of pressure ulcers (PU) have been on an upward trajectory, with the exception of the period between March to July 2021. This is consistent with previous years, whereby incidents of Trust acquired pressure damage reduce over the Summer months, however rates remained higher than pre-pandemic levels. From August through to October 2021 a steep increase is evident, this directly correlates with surges in COVID activity. This is also apparent in October 2020 through to February 2021, whereby waves two and three occurred. The Trust safe care data illustrates the acuity of patients is significantly higher than pre-pandemic levels. In addition there has been an increase in patients presenting to the Trust with significant existing damage, or at risk of skin deterioration. This is consistent in both other Trusts in the Shelford Group and indeed 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.

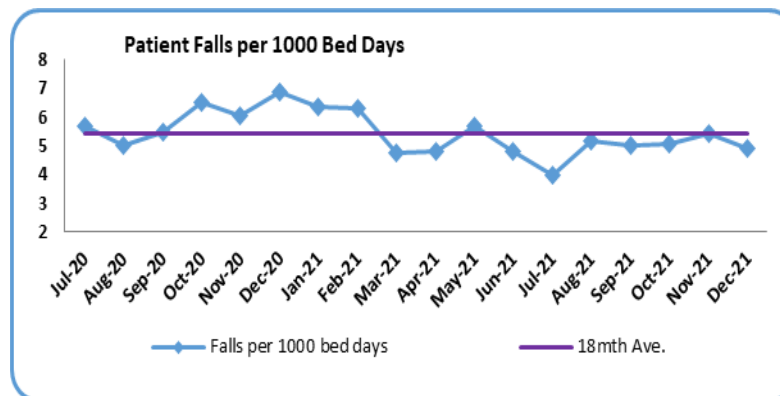
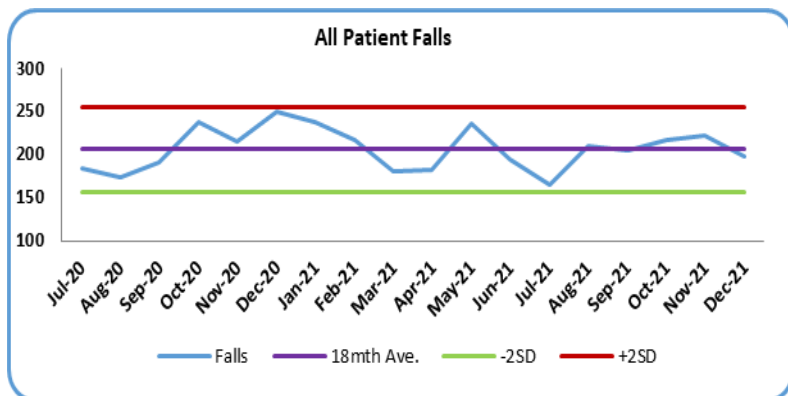


Quality and Performance: Harm Free Care 2/2

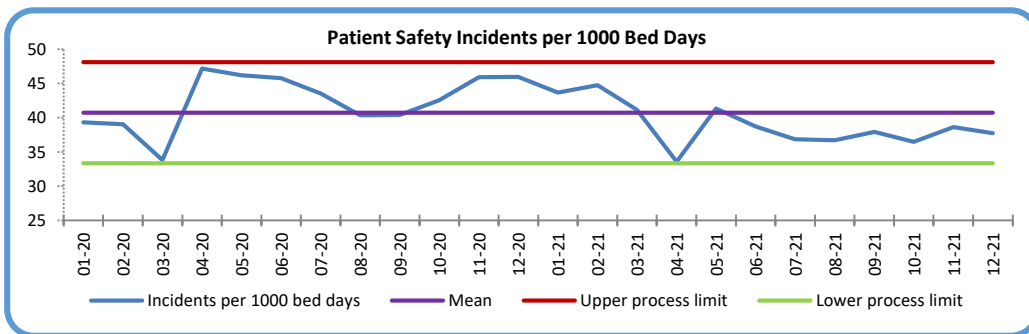
Until October 2020 a significant reduction in inpatient falls was evident, however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1,000 bed days. In December through to February a significant increase is evident, as seen in incidents of PU, this is consistent with surges in covid activity and reflected in the Trust safe care data.

This year the Trust has experienced significant pressures, particularly in relation to bed occupancy levels, which have remained high throughout. Significant increases in the cohort of Medical patients, particularly those over 65 are evident and have led to the requirement to convert many Surgical Wards to Medicine. Evidence produced by the National Falls Audit (2021) illustrates rates of deconditioning in our elderly population as a result of periods of lockdowns and Covid 19 infection, has led to significant increases in both levels of patients at risk and incidents of falls. Incidents within the Trust reflect this, whereby a high proportion of falls occur in our patients who are over 65.

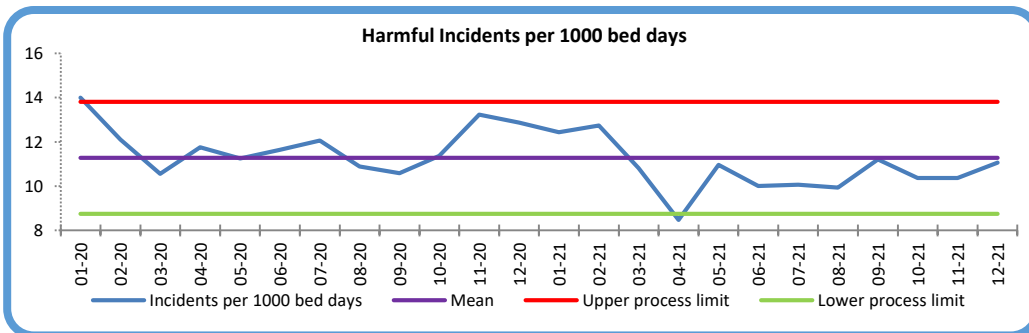
The Falls Coordinator has commenced work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust continue to report less incidents resulting in serious injury.



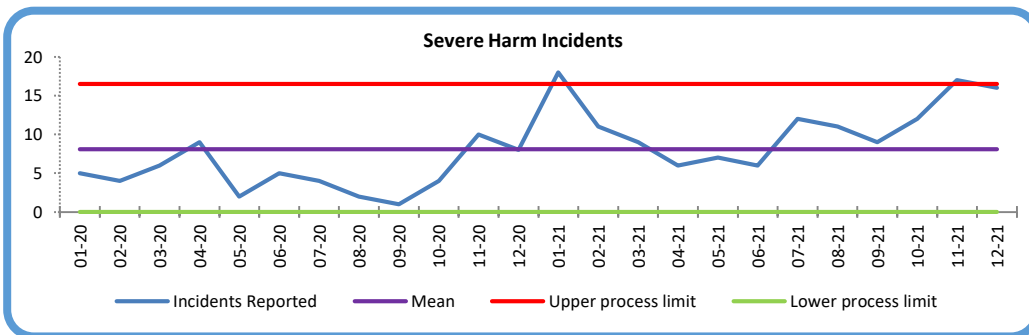
Quality and Performance: Incident Reporting



All patient incidents: There has been a slight decrease in the rate of patient incidents reported between June - December, demonstrating a continued shift below the mean. This however remains within the expected common cause variation.



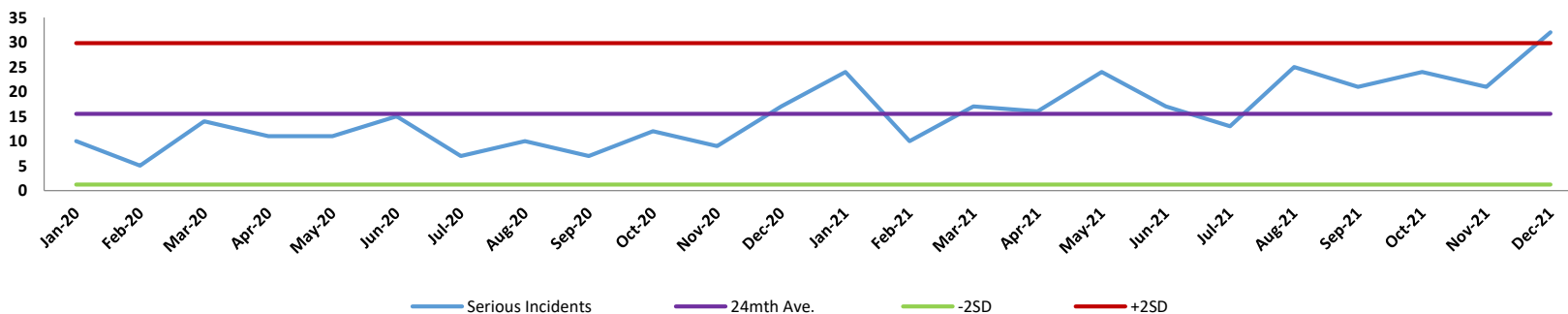
Harmful incidents: There has been a slight increase, back towards the mean, in the number of *harmful patient safety incidents per 1000 bed days. This remains within the common cause variation expected.
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted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



Severe harm incidents: There were 16 patient safety incidents reported, that were graded as severe harm in December 2021. Within these incidents, 7 are attributable to NHSEI Covid-19 reporting requirements; this includes all patient deaths confirmed as definite or probable hospital-onset Covid-19. Whilst this remains towards the upper process limit for this month, the data is subject to change in future reports as severity grading may be modified following investigation.

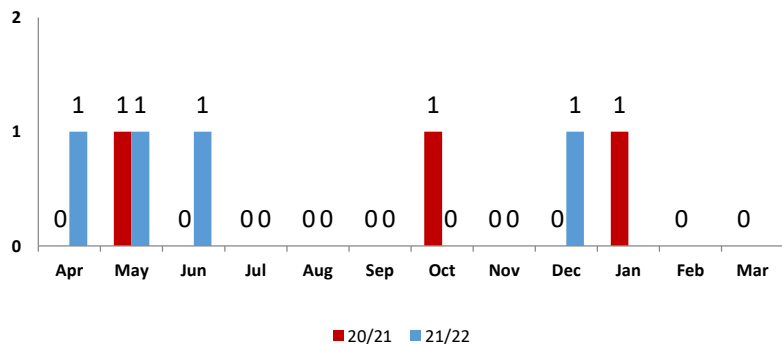
Quality and Performance: Serious Incidents & Never Events

Number of Serious Incidents Reported

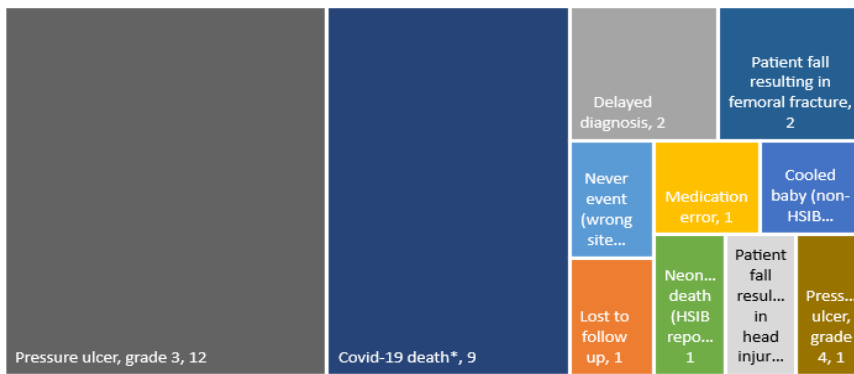


There were 32 Serious Incidents (SIs) reported in December 2021. The increase in the numbers of SIs since July 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust. This figure includes 9 Covid-19 deaths due to definite or probable hospital onset Covid 19*. 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 December 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.

** 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. Since April 2019 all 'Each Baby Counts' reportable cases are now externally investigated by the Healthcare Safety Investigation Branch (HSIB) as part of their national programme.

Quality and Performance: Serious Incident Lessons Learned 1/2

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

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

Self-Harm

Support given to staff when caring for patients at risk of self-harm, including promotion of the Trust 'Enhanced Observation' policy, in addition to provision of Mental Health and suicide awareness sessions.

Strengthened processes to support communication between Acute and Mental Health Trust clinicians at all levels.

Never Event – Ophthalmology

Robust safety processes in theatre implemented, supporting a human factors design.

Speciality safety theatre checklist reviewed and updated.

Procedural Error

Amendment of procedure consent form to support clinicians to view pertinent information at the earliest opportunity.

Updated referral pathway including a dedicated email to receive referrals, enabling timely screening and action by the clinical team.

Strengthened safety-checking process at the booking and procedure stage.

Medication Errors (two cases)

The development of a medication acuity tool to support clinical pharmacy review

Learning from case review shared to promote clinical guidelines and Trust policy concerning medicines management.

Consider e-Record functionality to support safe prescribing of high-risk medications.

Quality and Performance: Serious Incident Lessons Learned 2/2

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

Unexpected Complication

A comprehensive review of the medical device undertaken, including risk assessment and updated best practice guidance.

Reporting Error

Strengthened governance processes including implementation of a robust audit schedule and change control surveillance.

Strengthened communication at all levels including development of a communication strategy and team briefing templates.

Hospital Acquired Infection

Enhanced infection prevention control measures implemented including a risk assessment process for visitors, refreshed guidance posters and enhanced screening surveillance.

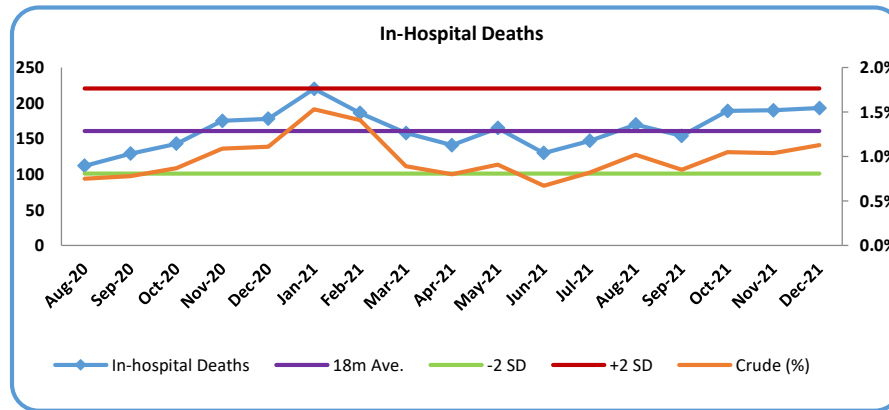
Lost to follow up

Trust improvement work commenced, with enhanced governance, to include establishing a robust and reliable electronic system to ensure patients receive appropriate follow-up.

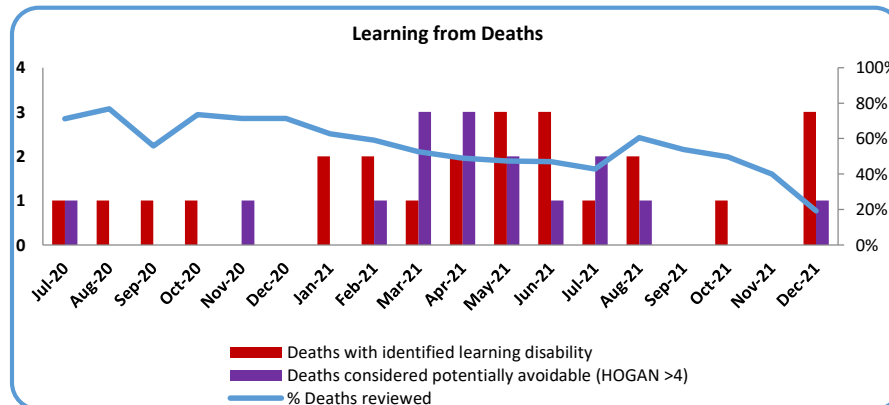
Standardised verbal and written information provided to patients to ensure awareness of the need to self-refer if condition deteriorates.

Quality and Performance: Mortality Indicators 1/2

In-hospital Deaths: In total there were 193 deaths reported in December 2021, which is higher than the amount reported 12 months previously (n=178). Regionally more deaths are being recorded within acute settings in the past few months with primary care deaths lowering. Crude death rate is 1.13%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.

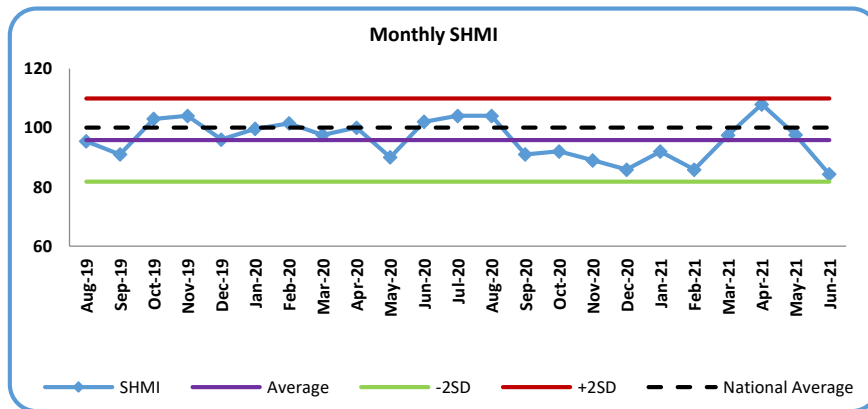
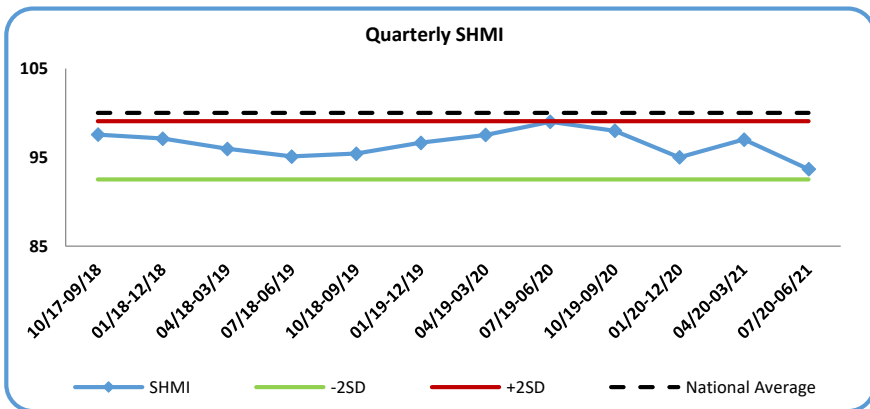


Learning from Deaths: Out of the 193 deaths reported in December 2021, 37 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months and this will continue to be monitored and modified accordingly.

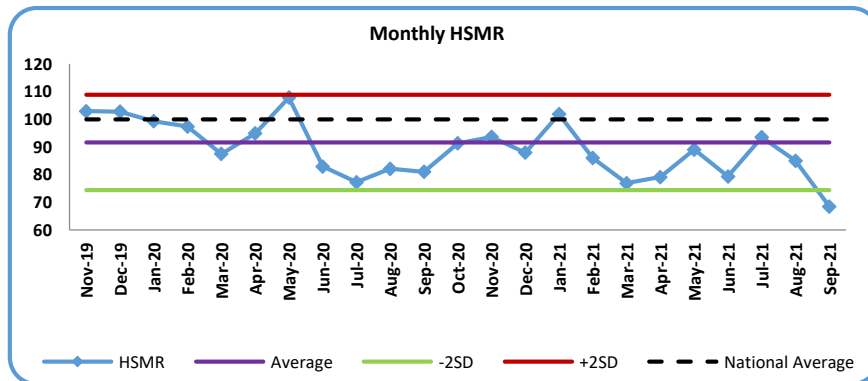
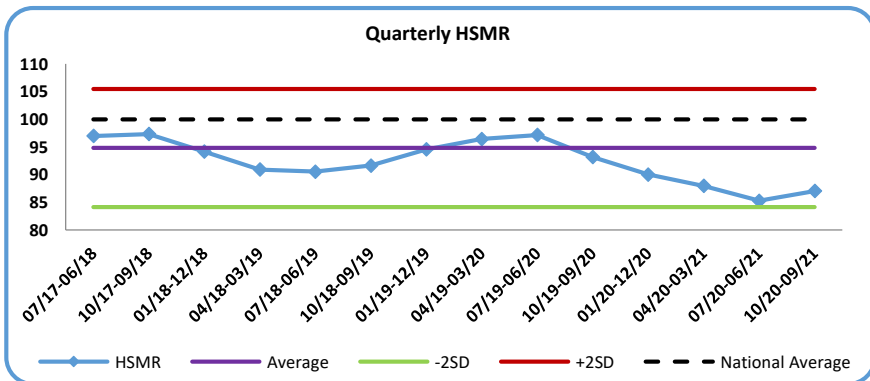


Quality and Performance: Mortality Indicators 2/2

SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 94 from months July 2020 – June 2021, this is below the national average and is within the "as expected" category. Monthly SHMI shows the Trust to be within expected limits. Covid data continues to be excluded from SHMI data published from NHS Digital.



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 September 21 and is below the national average with a fall below the positive indicator in June 21 and September 21, however this number may rise as the percentage of discharges coded increases.



Quality and Performance: FFT and Complaints

Inpatients and daycases

99% (94%)
0% (3%)



Outpatients

96% (93%)
1% (3%)



Maternity

100% (95%)
0% (3%)



Community Health

98% (93%)
0% (3%)



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

84% (77%)
12% (16%)

Friends and Family Test

The Trust has now submitted FFT data for ten months to NHS England. The published data shows that there were 1,909 responses to the Friends and Family test from the Trust in November 2021 (published 13th January 2022) compared to 2,120 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 420 (385 with identified patient activity) formal complaints up to the end of December 21, an increase of 45 on last month's opened complaints.

The Trust has received an average of 47 new formal complaints per month, which is 8 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%.

Directorates	2021-22				20-21 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	30	83,340.00	0.036%	1:2778	1:3733
Children's Services	22	62,028.00	0.035%	1:2819	1:2523
Community	12	49,917.00	0.024%	1:4160	1:3134
Dental Services	7	81,305.00	0.009%	1:11615	1:5411
Medicine	47	128,983.00	0.036%	1:2744	1:4129
Medicine (ED)	36	172,209.00	0.021%	1:4784	1:3416
ePOD	40	281,821.00	0.014%	1:7046	1:7606
Musculoskeletal Services	25	92,654.00	0.027%	1:3706	1:2610
Cancer Services / Clinical Haematology	23	143,833.00	0.016%	1:6254	1:6118
Neurosciences	29	80,289.00	0.036%	1:2769	1:3299
Patient Services	21	35,287.00	0.060%	1:1680	1:2003
Peri-operative and Critical Care	8	32,073.00	0.025%	1:4009	1:51990
Surgical Services	33	57,741.00	0.057%	1:1750	1:1313
Urology and Renal Services	19	55,920.00	0.034%	1:2943	1:4013
Women's Services	33	111,750.00	0.030%	1:3386	1:2742
Trust (with activity)	385	1,469,150.00	0.026%	1:3816	1:3583

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 59% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 22% of all subjects raised within complaints, with the remaining 19% covering a wide range of issues.

Quality and Performance: Health and Safety

Overview

There are currently 1,185 health and safety incidents recorded on the Datix system from the 1st January 2021 to 31st December 2021 this represents an overall rate per 1,000 staff of 70.1. The Directorate with the highest number of incidents is Patient Services reporting 160 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (360) NHS COVID Vaccination Programme (168), Women's Service (99) and Peri-operative & Critical Care (97.3).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 945 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st January 2021 to 31st December 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 (296.7), Musculoskeletal Services (159.2), Community (111.7), Radiology (84) and NHS COVID Vaccination Programme (64).

Sharps Incidents

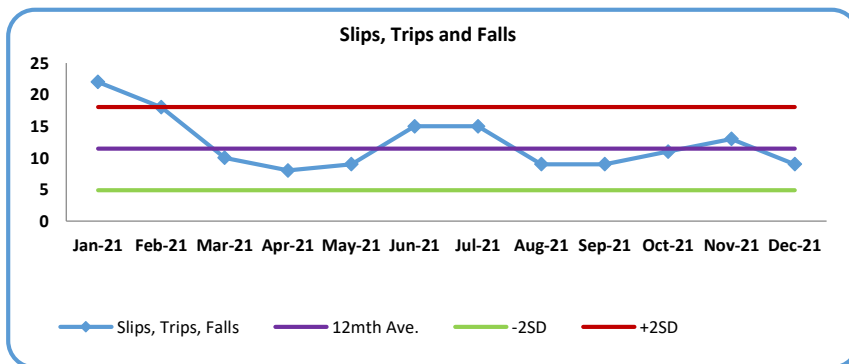
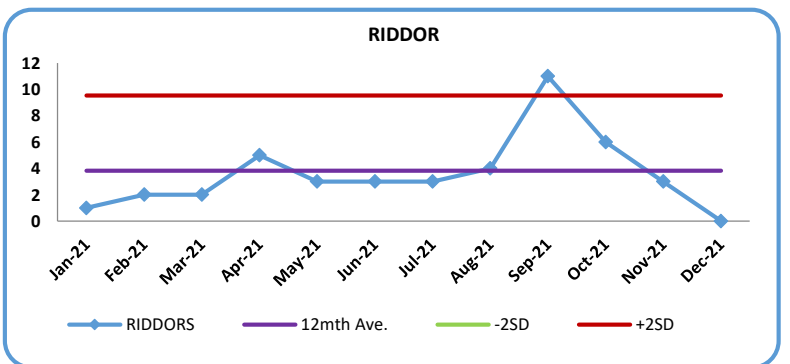
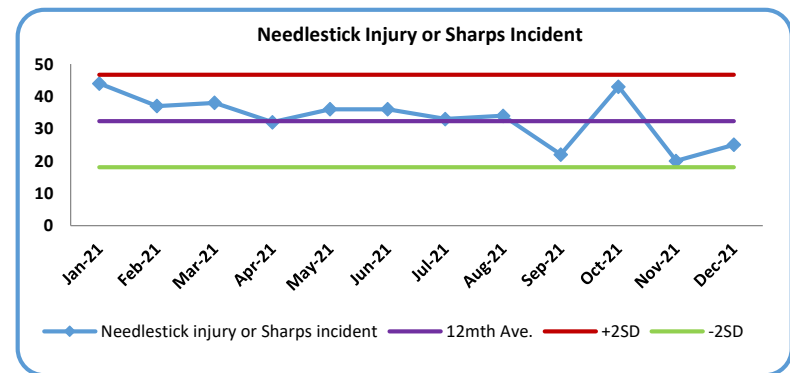
The average number of all sharps injuries per month is 33 between 1st January 2021 to 31st December 2021 based on Datix reporting, with 22% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 23 per month.

Slips, Trips and Falls

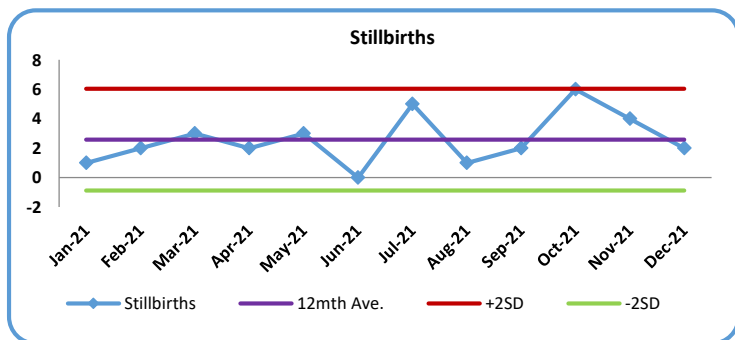
Slips on wet surface, fall on level ground and tripped over an object collectively account for 42% of falls between 1st January 2021 to 31st December 2021. Fall from height; fall up or down stairway and falls from a chair account for 10.8% of the incidents recorded.

RIDDOR

There have been 45 RIDDOR incidents reported between 1st January 2021 to 31st December 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (10), Moving and Handling (10), Aggression & Violence (8). These account for 62% of reportable accidents over the period.



Quality and Performance: Maternity (1/3)

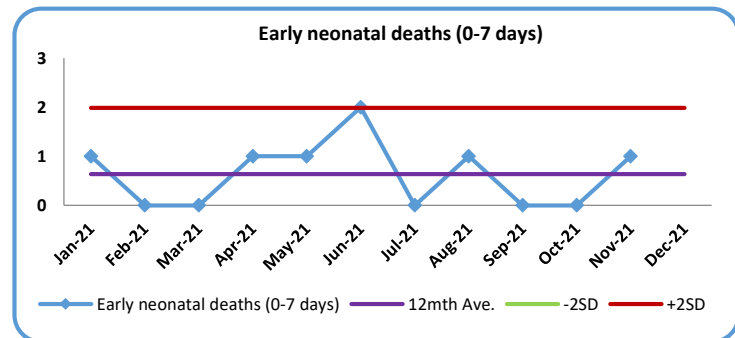


Perinatal deaths

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

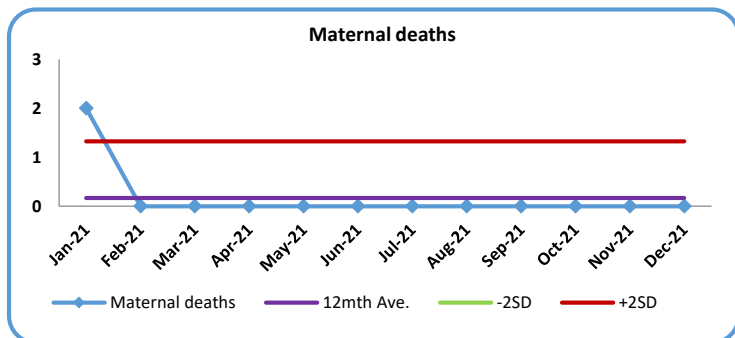
Stillbirths

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.



Early Neonatal Deaths

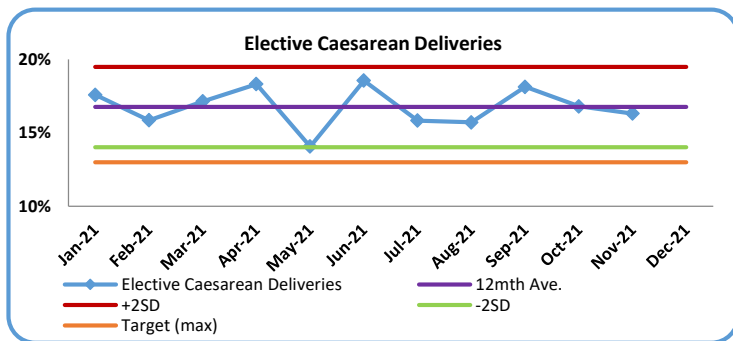
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner. A post mortem examination may be requested to try and identify the cause of death.



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.

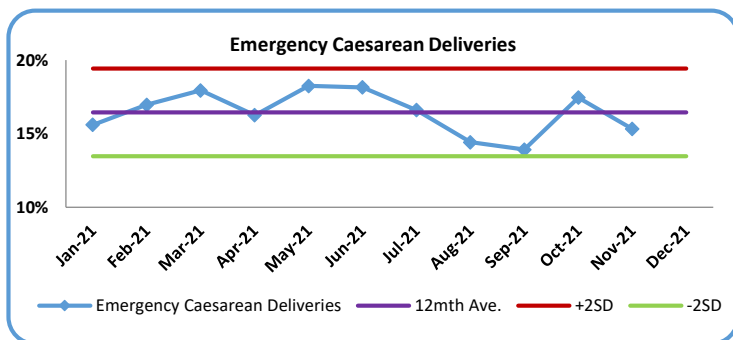
Quality and Performance: Maternity (2/3)



Elective Caesarean section

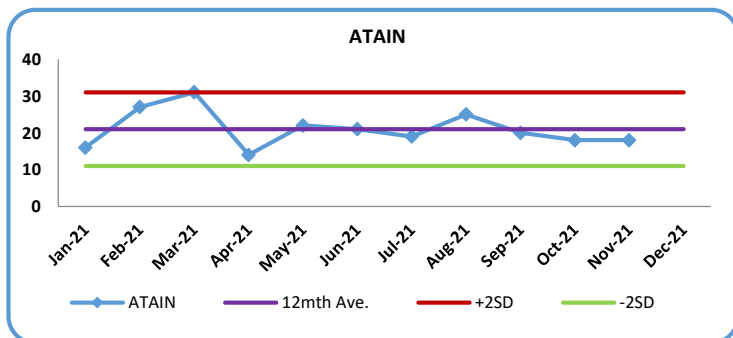
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK.

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.

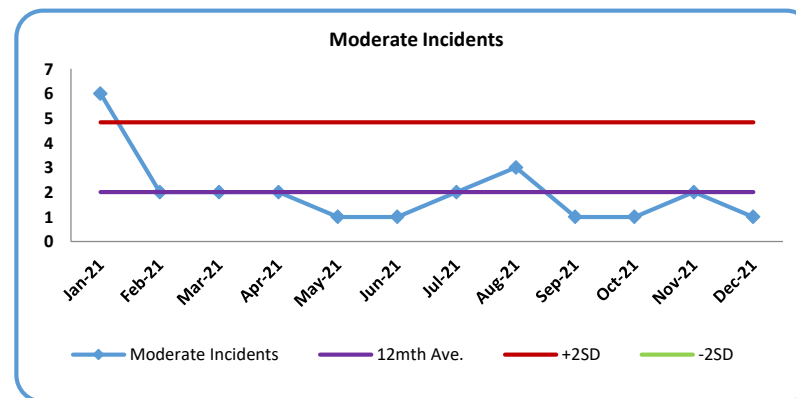
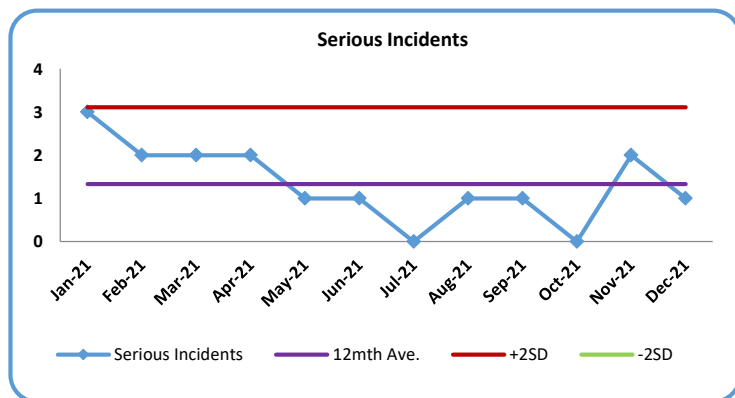
Quality and Performance: Maternity (3/3)

Serious Incidents

There have been 16 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, 2 neonatal deaths, 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. In the February report lessons learnt from Serious Incidents will be presented in detail.

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 bi-monthly Risky Business newsletter.



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

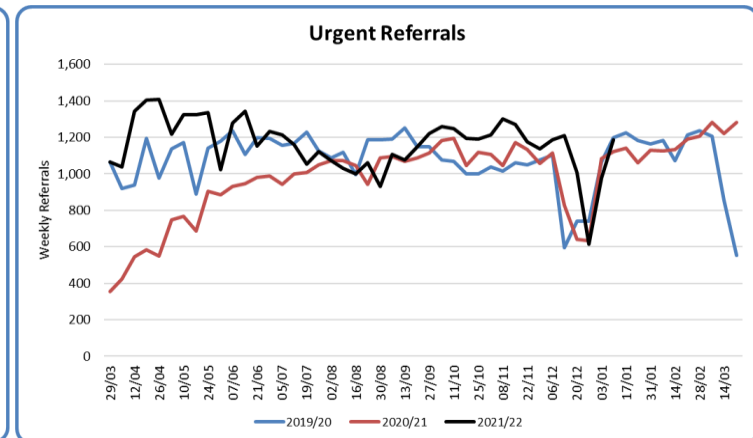
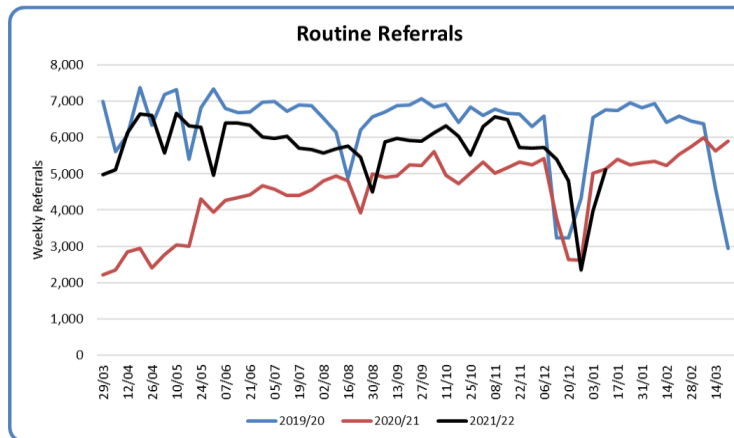
- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective 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 are now directed through these subgroups, whilst further COVID waves are simultaneously 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 and efficient services, recover waiting times and reduce backlogs. The Trust's Improvement team also input into these schemes and workstreams.
- **Examples of monitoring and schemes include:**

Key Schemes

- Cataract surgical centre
- Glaucoma Imaging Hub
- Mobile MRI imaging unit
- Chemotherapy Day Unit moving to 7 day working
- Additional sessions within Endoscopy, Dermatology and Echo

Key Measures

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



Quality and Performance: Monthly Performance Dashboard

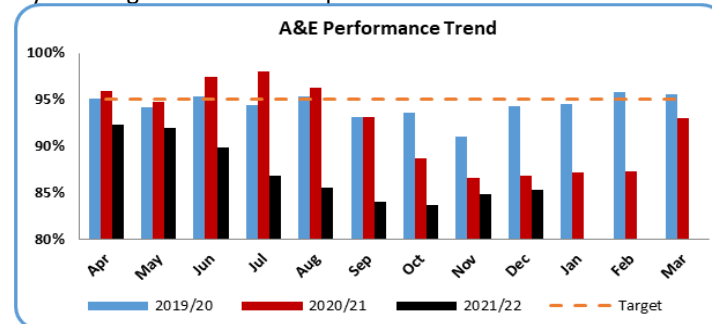
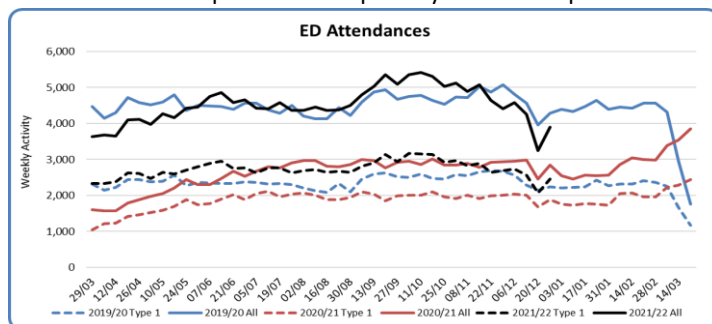
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)					Monthly Delivery as a % of Same Month in 2019			
				w/e 05/12/2021	w/e 12/12/2021	w/e 19/12/2021	w/e 26/12/2021	w/e 02/01/2022	Oct-21	Nov-21	Dec-21	
Front Door	Type 1 Attendances (Main ED)	2,377	2,459	113.2%	115.2%	108.2%	87.3%	103.5%	124.1%	108.2%	103.7%	
	Ambulance Arrivals	635	656	99.4%	101.0%	102.1%	88.5%	103.3%	105.6%	96.8%	95.5%	
	Eye Casualty Attendances	416	197	72.1%	76.2%	75.2%	56.9%	47.3%	79.2%	84.5%	74.4%	
	Urgent Treatment Centre Attendances	1,419	1,000	85.7%	90.7%	82.1%	55.9%	70.5%	113.1%	102.0%	73.5%	
	A&E 4hr performance (Type 1)	89.5%	80.3%	-10.4%	-18.8%	-14.1%	-4.5%	-9.2%	-15.5%	-9.9%	-12.8%	
	A&E 4hr performance (All Types)	94.3%	86.8%	-7.2%	-12.5%	-9.3%	-4.0%	-7.5%	-9.8%	-6.3%	-9.0%	
Admission & Flow	Emergency Admissions (All)	1,368	1,231	96.2%	99.2%	95.3%	80.0%	90.0%	92.1%	85.5%	84.9%	
	G&A Bed Occupancy	80.8%	73.0%	83.5%	85.4%	81.5%	67.9%	73.0%	81.6%	82.4%	78.1%	
RTT/Planned Care	Outpatient Referrals (All)	8,187	2,656	88.1%	87.2%	81.2%	70.9%	54.1%	91.7%	96.3%	81.4%	*
	Elective Spells	2,721	1,105	90.1%	94.7%	90.4%	78.9%	67.7%	85.5%	83.1%	85.2%	*
	Outpatient Activity	20,457	8,726	113.1%	111.2%	113.0%	85.4%	71.1%	98.1%	107.2%	100.3%	*
	DNA Rates	7.2%	7.5%	8.3%	8.8%	8.9%	9.0%	7.5%	8.4%	8.2%	8.7%	
	Incomplete Performance	87.3%	67.1%	68.0%	68.5%	68.2%	67.8%	67.1%	70.6%	70.8%	69.3%	
	RTT >52 Week Waiters	18	4,354	4,682	4,513	4,470	4,364	4,354	5,069	4,647	4,186	
Cancer	2WW Appointments	482	348	134.8%	89.6%	120.5%	97.0%	120.2%	96.0%	126.4%	117.1%	*
	All Cancer 2WW	No weekly performance recorded.		No weekly performance recorded.					69.3%	60.5%	Reported one month in arrears.	
	Cancer 2WW Breast Symptomatic								32.7%	23.1%		
	Cancer 62 Days - Urgent								51.7%	54.4%		
	Cancer 62 Days - Screening								72.4%	82.4%		
Diagnostics	Total Diagnostic Tests Undertaken	4,275	2,158	95.7%	101.4%	95.6%	77.8%	84.1%	94.3%	95.7%	97.4%	*
	Diagnostic Performance	No weekly performance recorded.		No weekly performance recorded.					77.1%	77.0%	75.9%	

Data provided as 'Actual' figure rather than % comparison

*Working day adjustment

Quality and Performance: A&E Access and Performance

- In December A&E performance was 85.3% against the 95% 4hr standard, which has not been met for over a year. Overall Q3 performance was 84.5%. NuTH's 2021/22 performance has however worsened at a less significant rate than almost all other Trusts within the regional ICS.**
 - Type 1 performance was 76.7%, with Type 2 Eye Casualty compliance at 94.0%.
 - NuTH's performance compares favourably to other Shelford Trusts and the national (73.3%) and regional (78.2%) averages. NuTH's performance has risen for 2 months in a row, contrasting with national and regional performance downturns during this period.
 - December saw 2 ambulance handovers >60 minutes and 0 trolley waits >12 hours in December.
- Overall attendances (all types) have fallen for 2 successive months with December's total 22% below the record level seen in October. This has reduced bed occupancy and will have contributed to performance against the 95% 4hr standard being 1.6% higher than in October, by reducing the volume of breaches associated with either bed unavailability or patients awaiting treatment/assessment.**
 - All types of attendances have seen attendances fall since October. Consequently, December's total attendances was 11% lower than in December 2019 – this is the first time since July that overall attendances in 2021 have been lower than during the corresponding month in 2019. Additionally December had the fewest ambulance arrivals per day since January 2021 and the lowest level of emergency admissions since February 2021. Despite this Type 1 attendance levels remain high, with December's volume 4% higher than December 2019. Consequently Type 1 attendances accounted for 61% of total attendances in December 2021, compared to just 52% in December 2019.
 - Eye Casualty attendances are yet to return to pre-pandemic levels, with December 2021's total equating to 75% of December 2019's total.
 - Attendances at Urgent Treatment Centres (UTCs) have dropped sharply in the past 2 months, with activity 31% lower than in October, and 26% below December 2019's level. This drop is due to a combination of increasing public nervousness due to the growing prominence of COVID-19, the temporary closure of Westgate UTC due to staffing shortages and the usual seasonality of Christmas holidays activity.
- The Trust faced increasing difficulties with staffing levels and bed availability throughout December due to the growing level of COVID transmission among both staff and inpatients. Sickness levels in the local region are currently particularly high compared to other regions.**
 - Multiple wards have converted elective to non-elective beds to accommodate the growth in emergency admissions and COVID-19 inpatients expected during winter. Whilst expanding non-elective bed capacity enhances emergency patient flow, it reduces elective capacity. This impacts RTT performance, particularly in the current context of record bed closures due to a combination of COVID outbreaks and staffing shortages.
- A Trustwide Urgent and Emergency Care (UEC) action plan has been developed corresponding to the national UEC 10 point plan. Key focuses include increasing staffing in both the short term and long term and expanding the opening hours of Same Day Emergency Care.**
 - The Emergency Department has successfully introduced a new clinical streaming app at the entrance to electronically triage patients and ensure they are directed to the right place for care, first time. Data shows this has enhanced both patient care and experience.
 - Winter Plan funding has been utilised to try and improve patient flow by implementing discharge lounges on both the RVI and Freeman sites, which will be open 12 hours per day in order to provide safe and timely discharge and transfer of patient care.

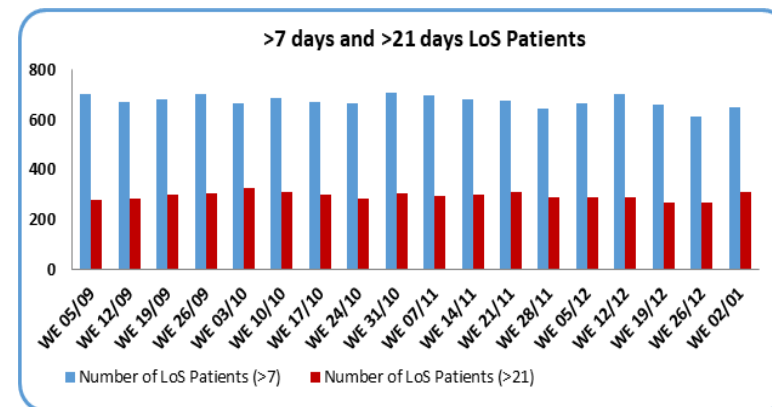
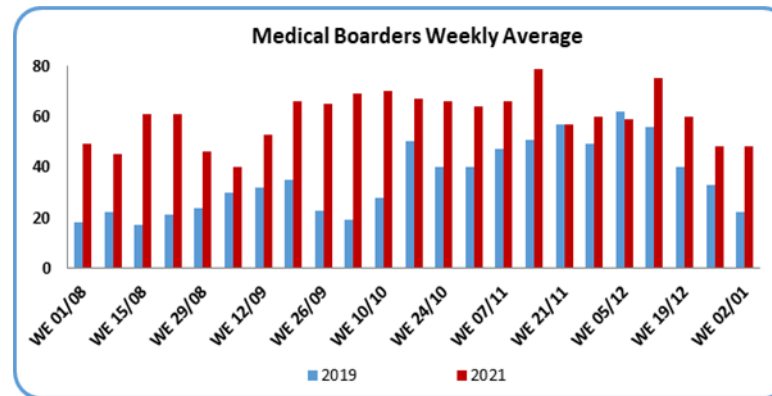
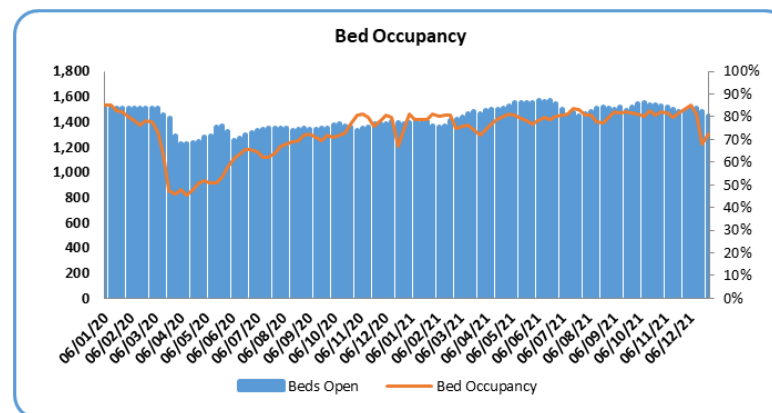


Quality and Performance: Bed Occupancy and Long Length of Stay Patients

- In December, the Trust averaged 78% bed occupancy. Whilst this was lower than in preceding months, the level was in line with December 2019's position.**
 - Weekly occupancy peaked at 85.4% in early December, the highest occupancy since the onset of the COVID-19 pandemic.
 - In line with usual seasonality bed occupancy fell significantly over Christmas and New Year, dropping to a low of 67.9% in w/e 26/12/21, with occupancy falling particularly within Surgical beds due to less elective activity being scheduled.
- At the end of December, the Trust had its lowest number of open beds since March.**

Factors impacting this include:

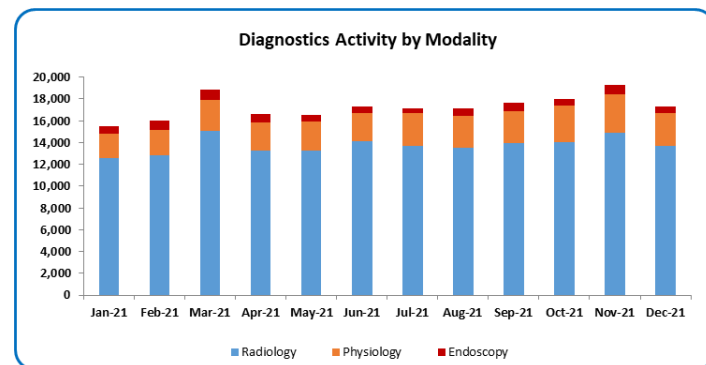
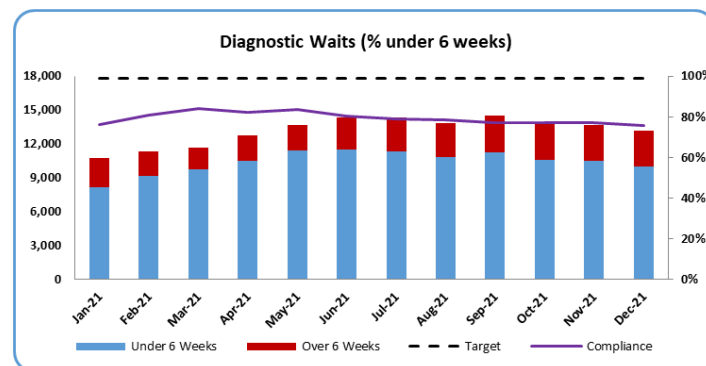
 - Especially high numbers of beds closed in the past 3 months due to COVID-19 outbreaks, with numerous wards impacted (average of 44 beds closed per day). The level of COVID inpatients more than doubled during December from 35 to 85. Consequently an additional ward was converted to Medicine beds to meet demand. Positively no beds have been closed due to Norovirus since October.
 - Additionally, staffing shortages, particular of nursing staff, closed an average of 62 beds per day during December, which was more than 4 times higher than in December 2019. These closed beds were mainly due to staff sickness or self isolation and have impacted surgical capacity, particularly within Urology and Neurosurgery. This has triggered an increased staffing escalation process to plan how beds can safely be open. Actions include regular senior management review of the staffing position, some nurses being redeployed to the wards from non-ward based roles and ongoing nursing staff recruitment throughout the winter.
 - Seasonal reduction in elective activity over the Christmas period.
- Throughout 2021/22 medical boarders have been consistently high, with the total reaching 75 in w/e 12/12/21. Although the level dropped in late December this is likely only due to the reduced bed occupancy associated with the Christmas period.**
 - This consistently high level of medical boarders is partially caused by emergency patients taking up a higher proportion of bed occupancy compared to previous years – 82% vs 75% (Dec'21 vs Dec'19).
 - Consequently, plans are being explored to accommodate some medical boarders on the Freeman site, in order to support the RVI site with the rising level.
- December saw a fluctuating level of long Length of Stay (LoS) patients, peaking in mid December at 702 patients with a LoS >7 days and 291 >21 days. This was followed by a reduction during w/e 26/12/21 to 612 patients >7 days and 270 patients >21 days.**
 - The Trust successfully discharges a higher proportion of its patients who do not meet the criteria to reside than most other Trusts in the local ICS.
 - Additionally, the Trust loses relatively few bed days due to Long LOS patients compared to other Trusts in the region.



Quality and Performance: Diagnostic Waits

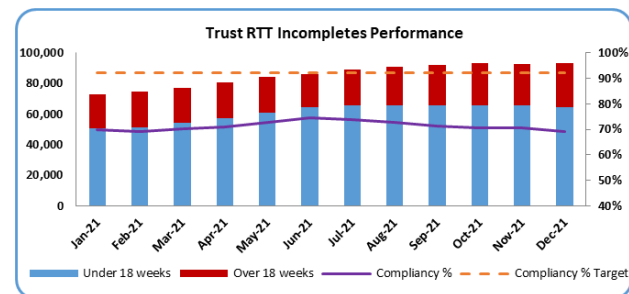
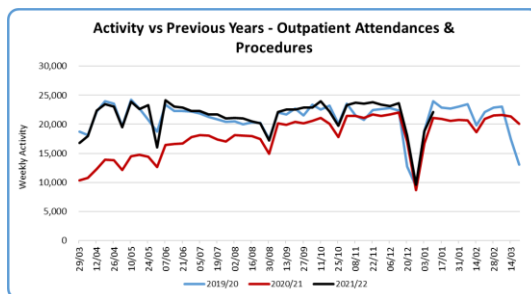
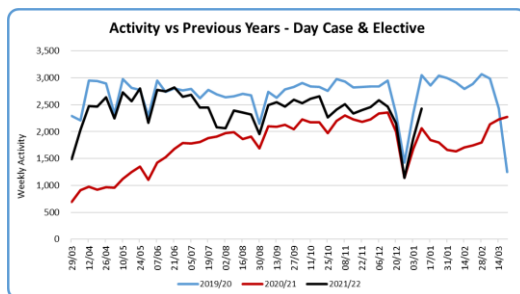
- **At 75.9% against the 99% standard, diagnostic performance in December was the lowest recorded since September 2020 (1.1% down from November).**
 - Performance improved across Imaging (89%, +1%) but declined within Physiological Measurements (44%, -5%) and Endoscopy (47%, -4%).
 - The total number of diagnostic long waiters (patients waiting greater than 13 weeks) increased by 7.5% from November to a total of 976 patients. This cohort of patients make up 7.4% of the overall WL.
 - In November (latest NHSE data) NuTH's diagnostics performance (77.0%) remained above the national (75.0%) and regional (74.9%) positions.
- **In December 17,336 tests were carried out by the Trust, the lowest monthly total in four months but nonetheless equating to 102.3% of the December 2019 total.**
 - For the second month in a row monthly activity exceeded the same month in 19/20 (pre-Covid). However, NuTH carried out 6% less examinations per working day in December compared to November.
 - Adjusted for working days, almost all modalities saw reduced diagnostic delivery although MRI (94%), CT (98%) and Non-obs Ultrasound (98%) maintained levels close to November 2021 despite the traditional lull in activity that tends to occur over the holiday period.
- **Despite lower levels of activity, the total reported Diagnostic WL size decreased by 3.6% (493 patients) throughout December to 13,177, the smallest volume of waiters since April 2021.**
 - Small increases were seen within CT and Audiology (where staffing shortages have been significant) but elsewhere there were reductions across the board, suggesting a reduced level of referrals which would be in line with recent outpatient care trends.
 - Notable reductions included within the high demand services of MRI (-5.4%) and Non-obs Ultrasound (-7.2%) but also within some Endoscopy services as well as Echo (-5.1%) who delivered high levels of in/outsourced activity in December despite an expectation that capacity may dip due to the holiday season. The ongoing reduction of non-appointed referrals continues at pace.
 - December saw a marginal increase in the number of >6 week wait breaches (3,176, +0.9%). MRI breaches reduced by a further quarter this month (from 671 to 505), whilst Echo also saw a reduction, but these were negated by increases within Audiology (970, +17%) and CT (304, +37%).
- **Opportunities to expand activity delivery continue to be explored, with recovery schemes approved for implementation via the Recovery Plus programme.**
 - CT and MRI have accrued additional mobile vans 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	Dec-21	Nov-21	Difference (Actual)	Difference (%)
Imaging	13,727	14,890	-1,163	-7.8%
Physiological Measurement	2,993	3,564	-571	-16.0%
Endoscopy	616	856	-240	-28.0%
Trust Total	17,336	19,310	-1,974	-10.2%

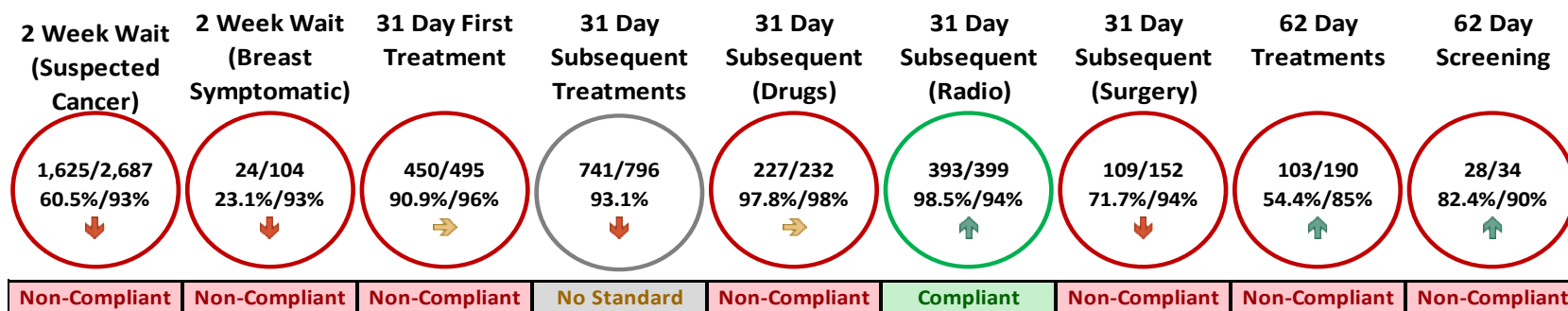


Quality and Performance: 18 Weeks Referral to Treatment

- **Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. December's performance against the 18 week wait target (92%) declined slightly to 69.3%, 1.5% below November's level of performance.**
 - 28,664 patients have waited greater than 18 weeks, a small increase in this cohort of waiters following a rare reduction recorded last month.
 - 7,779 patients have waited more than 40 weeks, an increase of 179 (2.4%) from the previous month.
 - More positively, the number of patients waiting >52 weeks decreased by a further 8% to 4,277. Routine referrals to the Trust through 2020 were consistently below the 19/20 average (~25%), compensating to a degree for the reduction in elective activity as a consequence of the pandemic.
 - In November 5.0% of the Trust's PTL were >52 week waiters, 0.1% below the national total and 1.8% below the overall Shelford position.
 - In December 38% of the Trust's >52 week waiters were waiting for treatment within the Ophthalmology service (1,612). The Trust has a cataract modular theatre in operation to enhance patient flow and expand capacity to address this issue, with Ophthalmology long waiters reducing by a further 18% from November. Dermatology, Spinal Surgery and Orthopaedics continue to also have high volumes of >52 week waiters.
 - 241 patients have now waited >104 weeks, with the majority of these waiters sitting within Spinal Surgery (93) and Ophthalmology (77). 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 155 weeks.
- **As of November 2021 NuTH have the 9th largest PTL in the country and the highest level of compliance of the ten Trusts with the largest PTLs by a significant margin. National compliance in November stood at 65.5%, 5.3% below the NuTH position.**
 - The total number of outpatient referrals received by the Trust in December represented a 20% decline from November (when adjusted for working days), equating to 81% of the volume received in December 2019. Routine referrals remain below the levels received in the same month of 2019 as has been the case for many months (79%), whilst Urgent referrals continue to exceed the same benchmark (106%).
 - Having decreased in November for the first time in over a year, the Trust's total PTL size increased again in December, albeit by just 0.8%. The total number of under 18 week waiters has remained between 64,000 and 66,000 for seven consecutive months.
- **Recovery of elective activity, RTT performance and the treatment of long waiters remain key Trust priorities.**
 - During December activity delivery measured at 85.2% (Day Case & Elective) and 100.3% (Outpatient Activity) when compared to December 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.



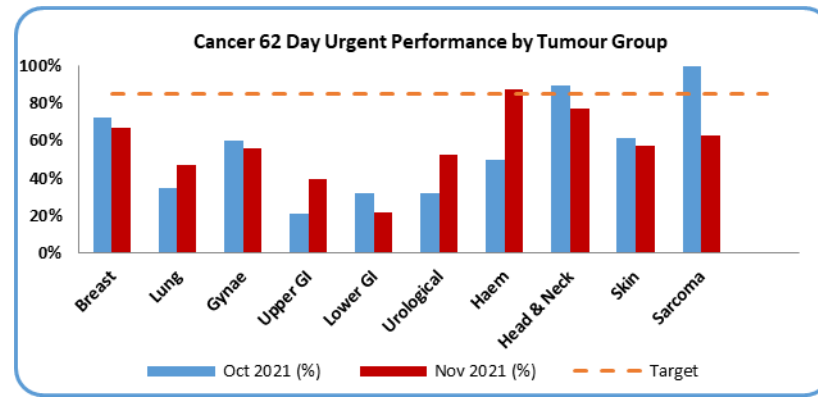
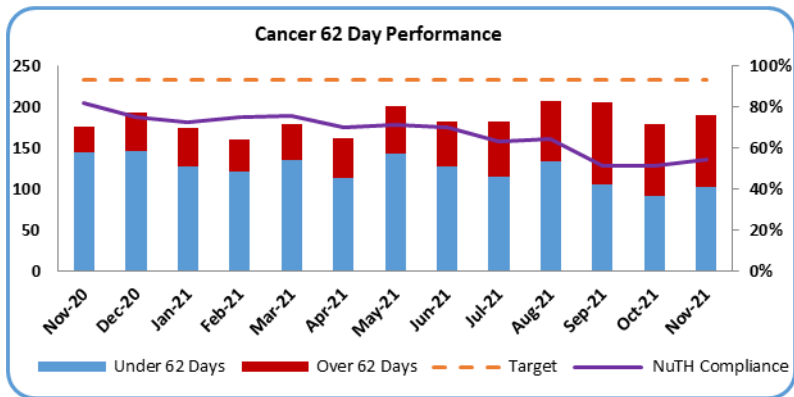
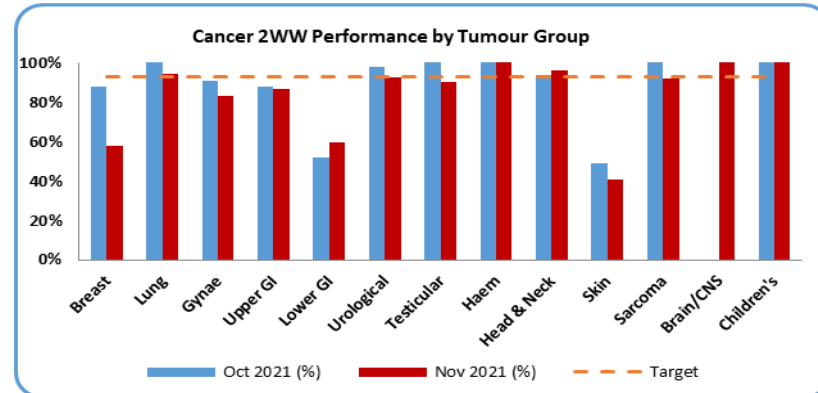
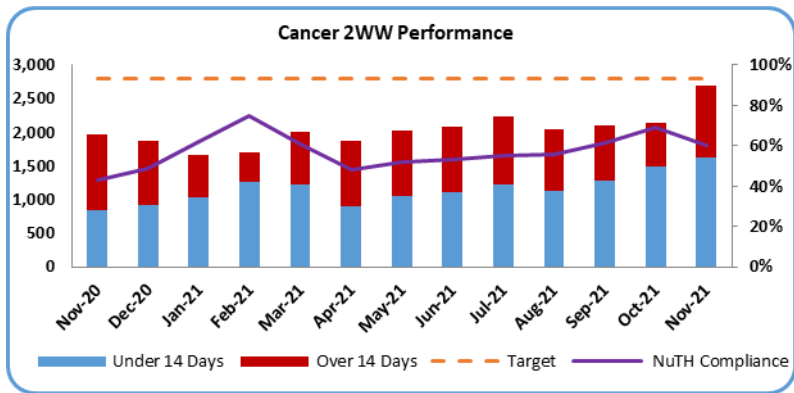
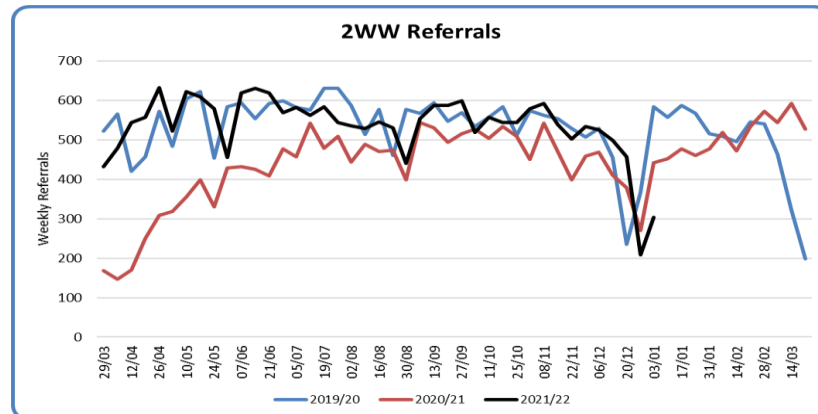
Quality and Performance: Cancer Performance (1/2)



- The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in November; 2 of the 8 standards were met in October.
 - Corporate staff have held detailed discussions with tumour group leads to develop performance recovery trajectories.
 - The Northern Cancer Alliance (NCA) met 2/8 standards in November. 2 providers in the NCA met the 2ww target, but none met the 62 day target.
 - The 2ww position has steadily improved during 2021/22 since being 48% in April 2021. Despite this, performance remains low within Skins (40.7%), Breast (57.6%) and Lower GI (59.5%) which is keeping overall Trust performance well below the 93% standard.
 - Skins is the largest single tumour group for 2ww, accounting for approx. 45% of the overall November volume. Reductions in their backlog and ASI volumes suggest performance should improve in future months, as melanoma patients are now being seen and having their image reviewed within 7 days. These improvements follow the introduction of a tele-dermatology pathway with GPs now sending images to NuTH alongside referrals. Weekend Waiting List Initiatives and additional digital clinics have also increased capacity. Dermatologist recruitment is hoped to expand the capacity of the service further and improve performance. Skins also accounts for approx. 1/3 of 62 day volumes, as it is the largest tumour group. The actions being implemented at the front end of the pathway should lead to improvements in the Skin 62 day performance.
 - There are numerous initiatives underway to develop the Lower GI and Upper GI pathways including FIT testing by GP before referral, straight to test, nurse led triage and endoscopy pathway improvements to maximise outputs. FIT testing is resulting in reduced colonoscopy demand.
 - The Breast service have secured additional capacity to see risk stratified patients through a Young Person's Breast Clinic.
 - The Trust's 62 Day compliance has improved for 2 successive months, but remains low compared to other Trusts in the NCA following a year of consistent decline prior to that. November performance was particularly low in Lower GI (21%), Upper GI (39%), Lung (47%) and Urology (53%).
 - Urology were restricted by high nurse staffing absence, insufficient CT capacity from Radiology, a lack of anaesthetic staff and limited theatre capacity for surgery. The service have also seen both stage migration, resulting in bladder cases requiring more complex treatment on average compared to pre-COVID, and a number of late referrals of patients from other Trusts. Cancer surgery continues to be prioritized, especially for bladder and kidney patients, within the Urology theatre capacity which is available.
 - The Trust has reallocated some theatre sessions from other specialties to Urology to try and address these performance issues.
 - A Urology deep dive in January will explore options for improving performance including streamlining links with spoke hospitals.
 - Chemotherapy capacity has expanded from November onwards through the implementation of 7 day working. Plans are also being explored to increase community chemotherapy capacity at Cramlington Manor Walks and within Lloyds Pharmacies.
 - Trust performance was 66% in November against the new 75% 28 Day Faster Diagnosis Standard. Improving skin cancer pathways should improve Trust level performance against this standard in future months. A recent validation exercise was conducted to ensure high data quality. The NCA actually achieved this target in November with compliance of 76.1%.

Quality and Performance: Cancer Performance (2/2)

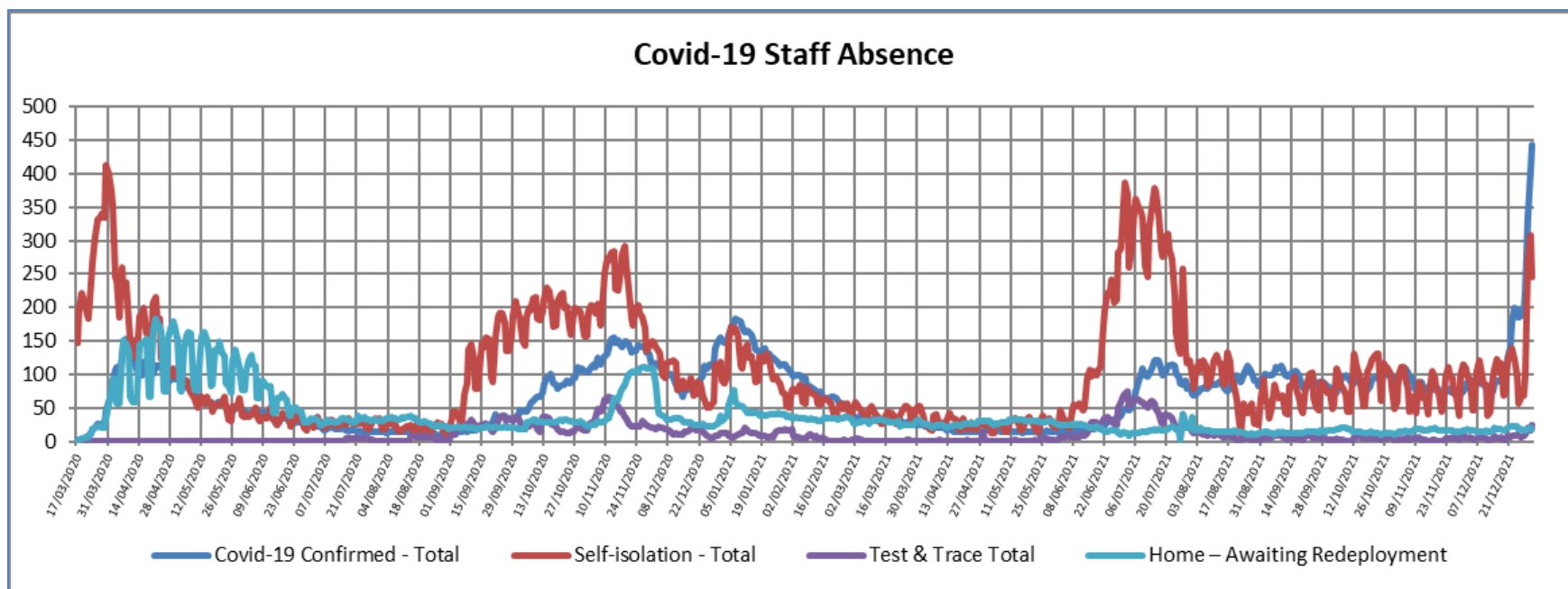
Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels. However, referrals exceeded pre-COVID levels in November and December, with Breast and Gynaecology particularly contributing to the high referral levels. The increase in Breast cancer referrals has been seen following high profile cases in the news and has led to a rise in Breast Symptomatic ASIs at NuTH.



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 December 2021. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Confirmed COVID-19 instances has increased rapidly in December and peaked at 442 on 31st December 2021.



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

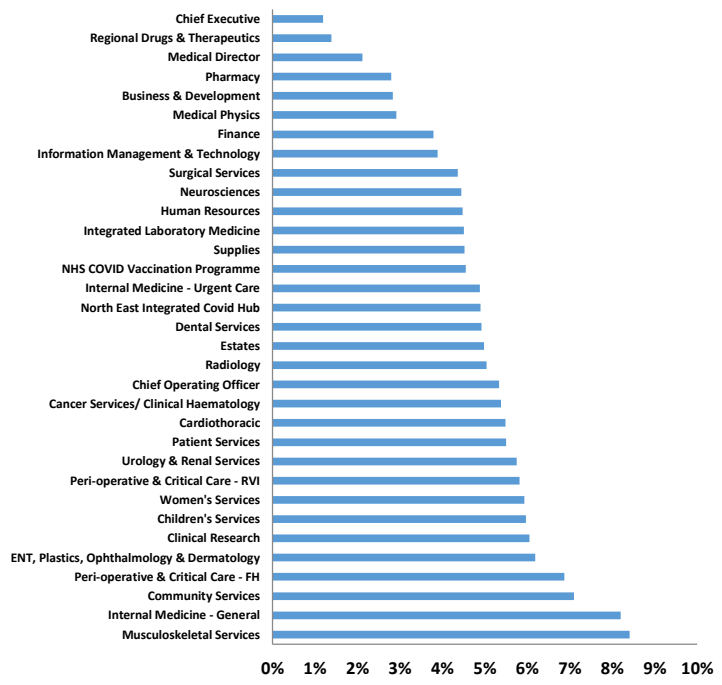
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- Year to year comparison for sickness absence (including COVID related sickness) :

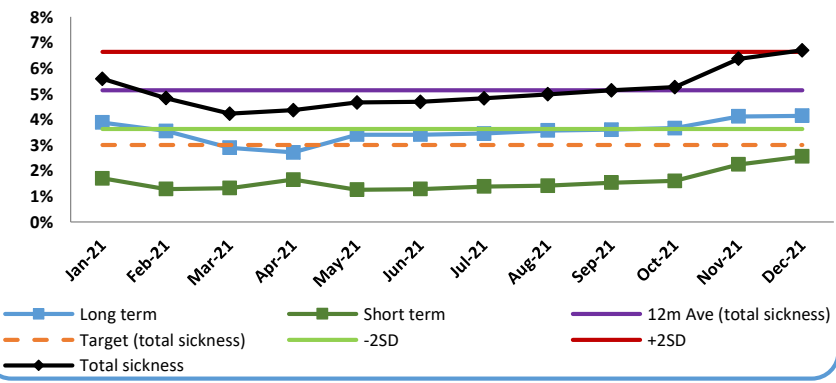
	Dec-20	Dec-21	
Long-term	3.40%	3.79%	↑
Short-term	1.38%	1.68%	↑
Total	4.79%	5.47%	↑

- 274,457 FTE working days were lost due to sickness (including COVID related sickness) in the year to December 2021, compared to 226,772 for the previous year.
- Overall sickness absence (including COVID related sickness) is 6.69%, 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 Gastrointestinal problems (19% of total absence), Cold, Cough, Flu - Influenza (Non-COVID) (14% of total) and Anxiety/stress/depression/other psychiatric illnesses (11% of total). For the previous 12 months the top three reasons were Gastrointestinal problems, Cold, Cough, Flu - Influenza (Non-COVID) and Anxiety/stress/depression/other psychiatric illnesses

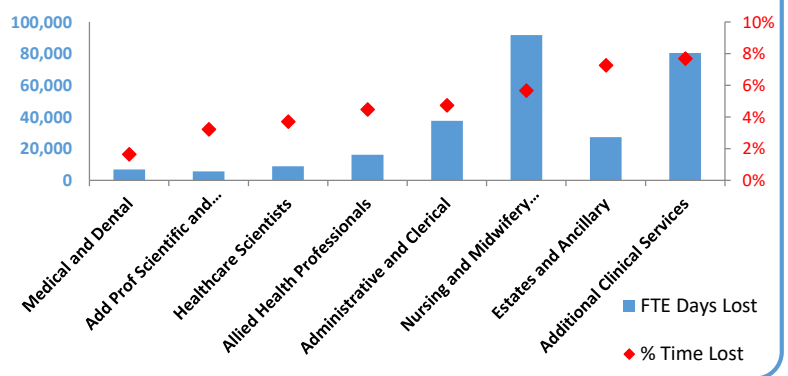
Sickness Absence (% Time Lost) by Directorate



Sickness Absence (% Time Lost)

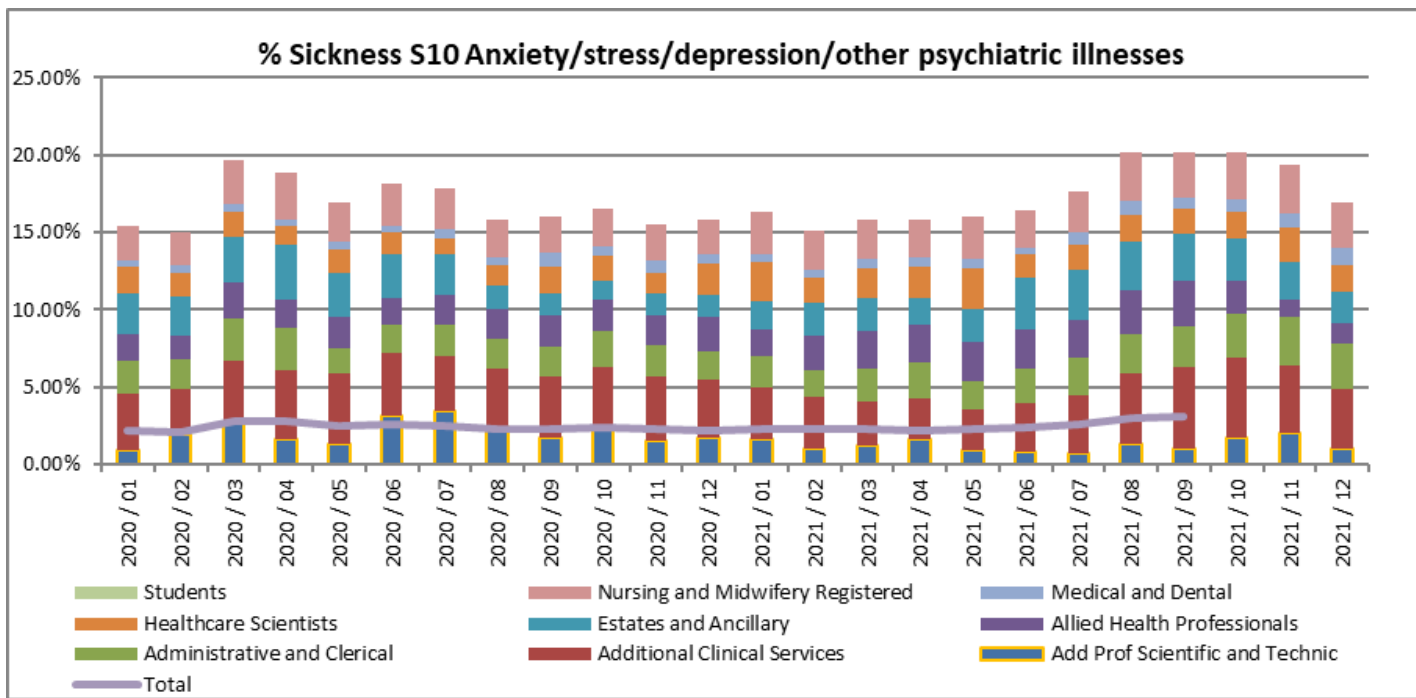


Sickness Absence by Staff Group

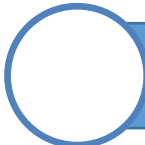


*COO Directorate includes Outpatients / ABC Service

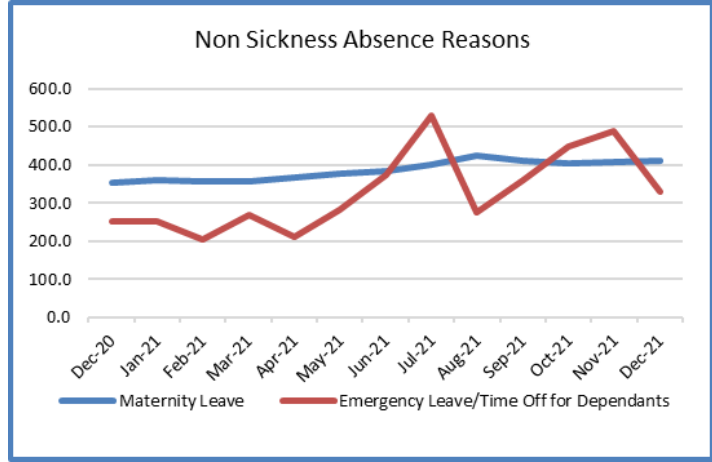
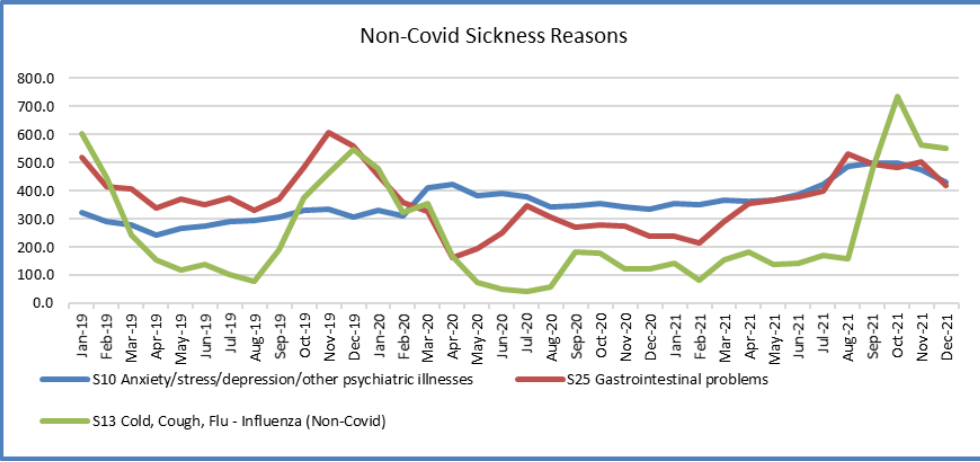
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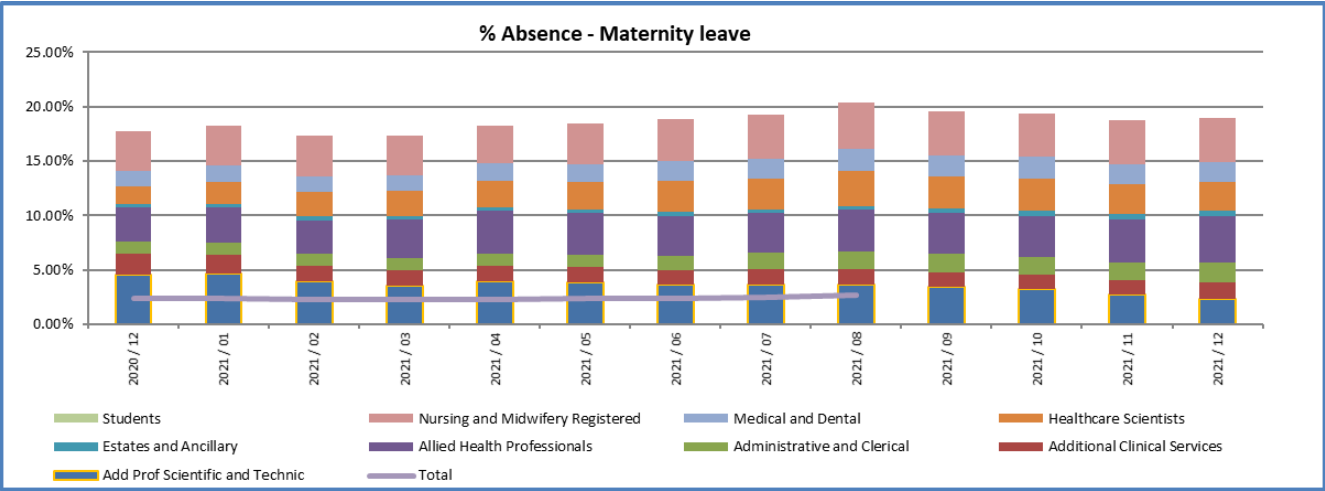
- The graph identifies % sickness absence for anxiety/stress.
- The % sickness absence across the Trust for anxiety and stress has increased from 2.2% in January 2020 to 2.7% in December 2021
- The 3 staff groups with highest % sickness for stress/anxiety in December 2021 are Additional Clinical Services (3.9%), Nursing and Midwifery (3%) and Administrative and Clerical (2.9%)



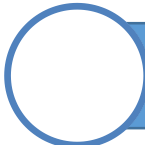
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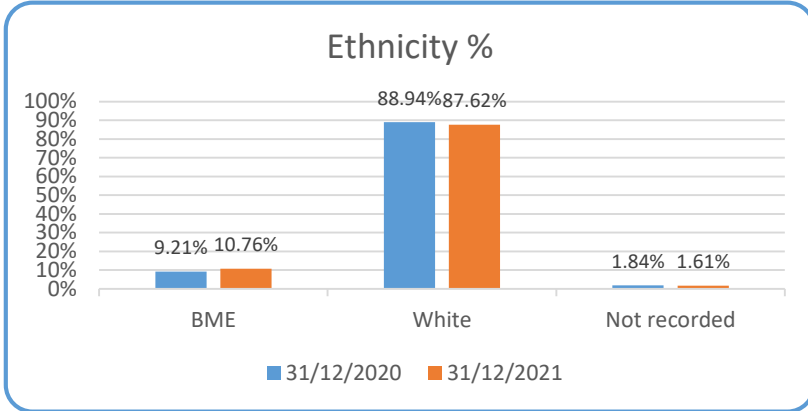
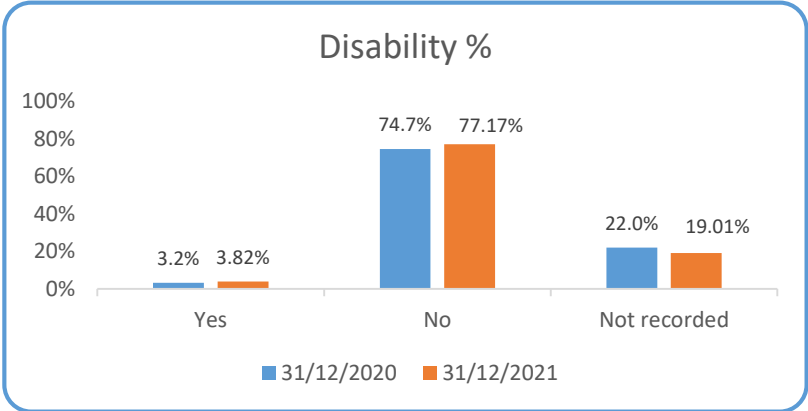
- The graph above identifies the number of staff absent due to non-COVID sickness for the for the top 3 reasons up to the end of December 2021
- The graph above identifies the number of other non-sickness absence reasons up to the end of December 2021, (excluding COVID 19).



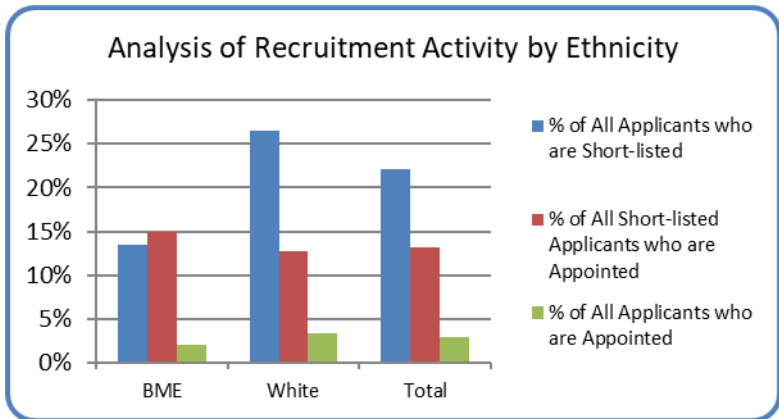
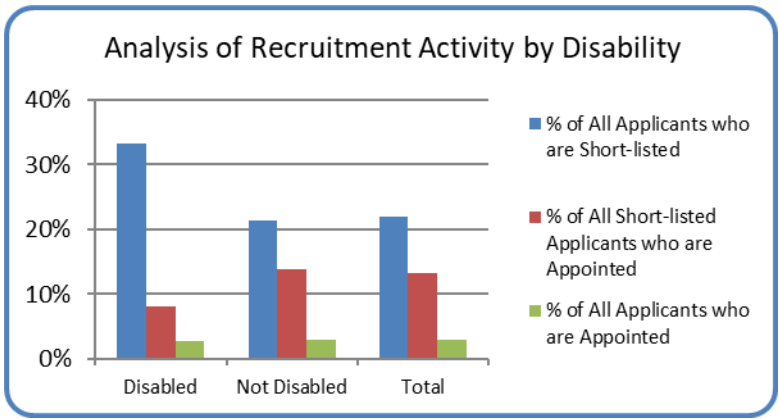
- There has been a 0.22% increase in maternity leave overall from December 2020 to December 2021.
- Maternity leave absence in Nursing and Midwifery has increased by 0.34%, from December 2020 (3.63%) to December 2021 (3.97%)



People

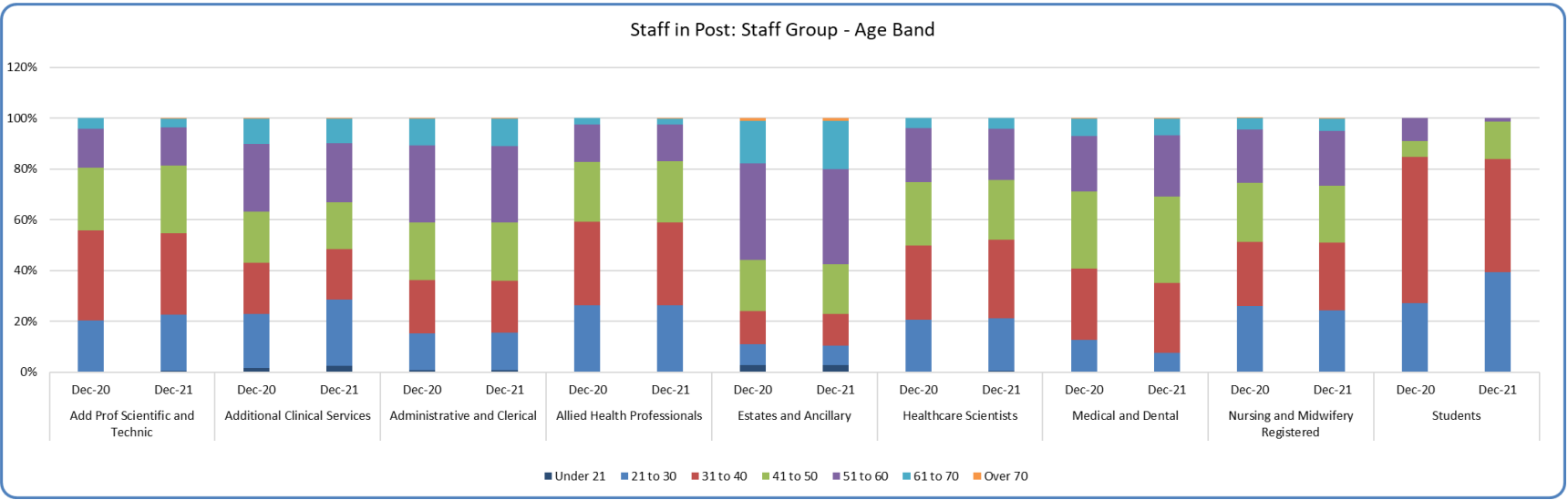
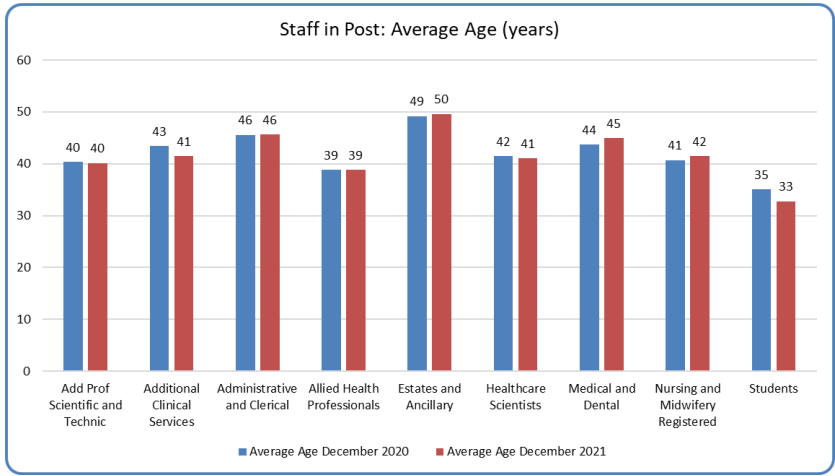
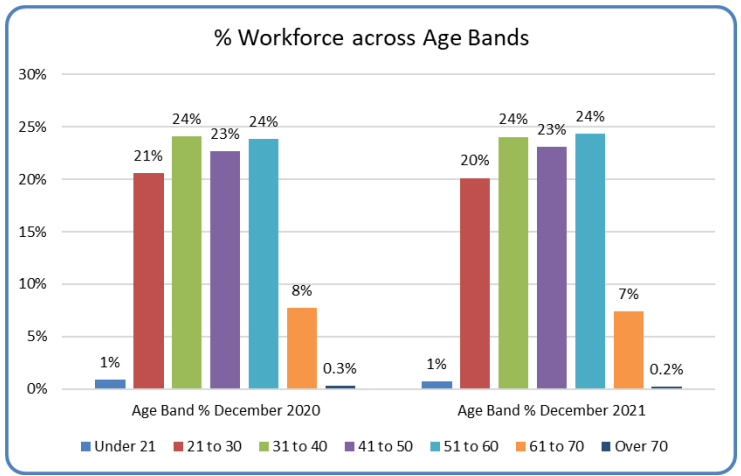


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending December 2021.



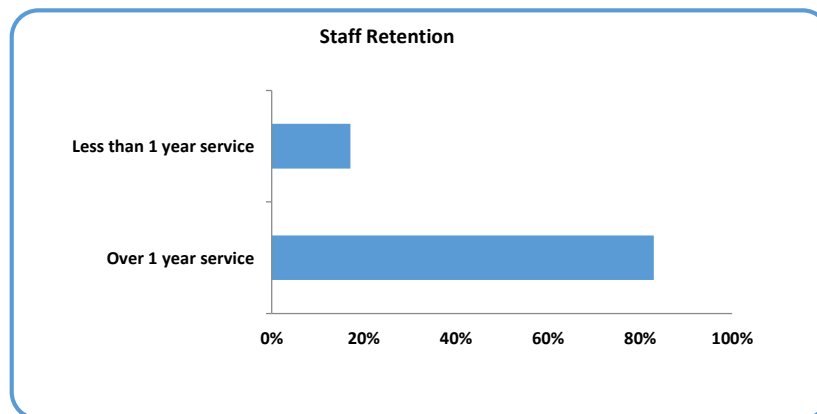
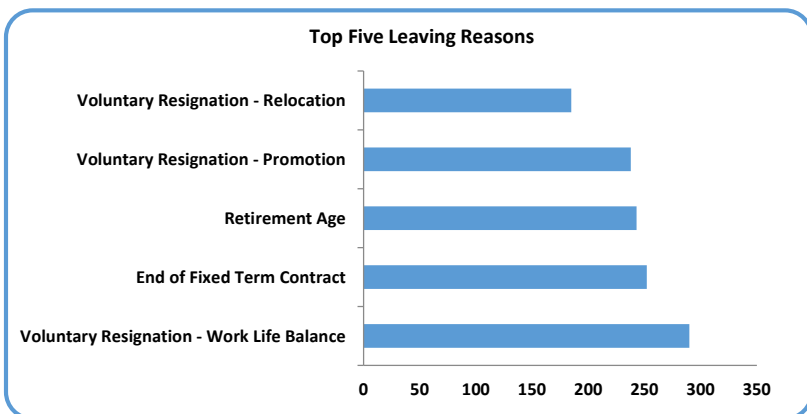
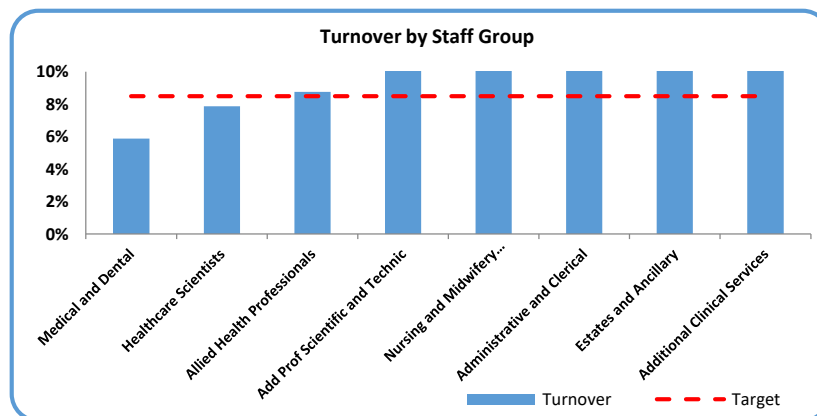
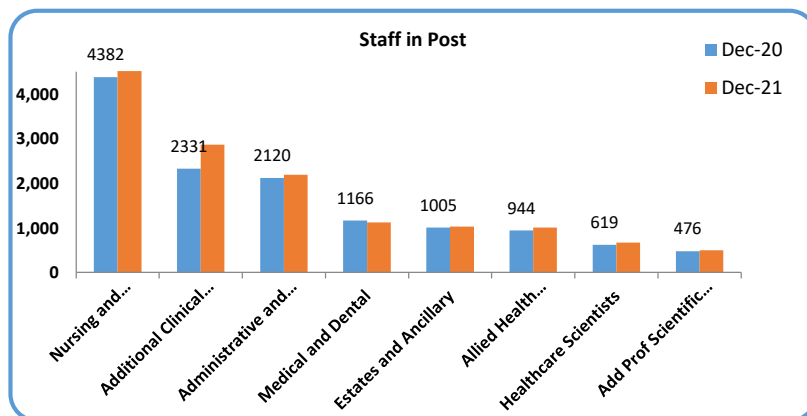
- The graphs above identify, by headcount, the percentage of staff in post in December 2020 and December 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 3.24% to 3.82% and the percentage of BAME staff has increased from 9.21% to 10.76%.

People



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

People



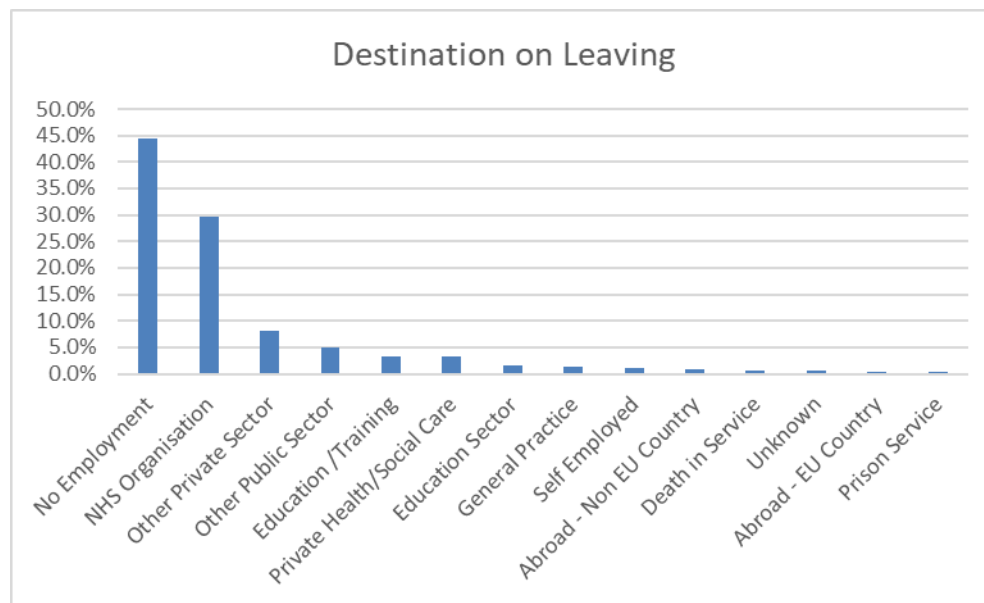
- Staff in post at December 2021 is 13,900 wte (16,090 headcount) compared to 13,041 in December 2020 (15,193 headcount). These numbers exclude bank staff, LET doctors and honorary contract holders.
- Staff turnover has increased from 9.62% in December 2020 to 11.04% in December 2021, against a target of 8.5%.
- The total number of leavers in the period January 2021 to December 2021 was 1,707.
- Staff retention for staff over 1 year service stands at 82.94%, which is a decrease from 88.76% in December 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.

People

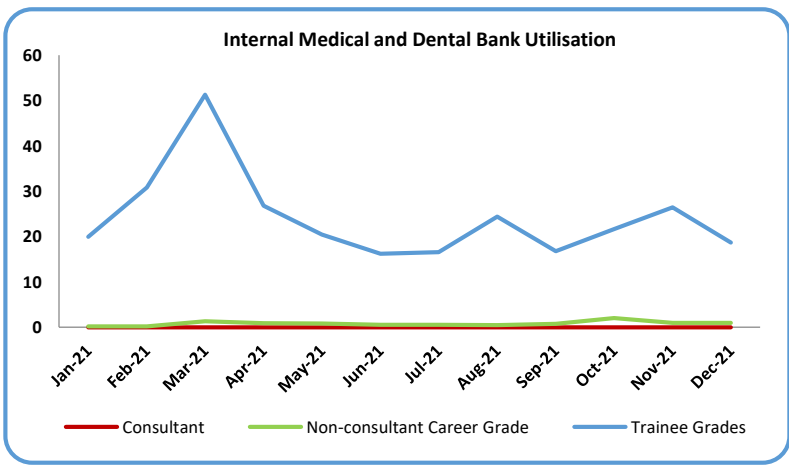
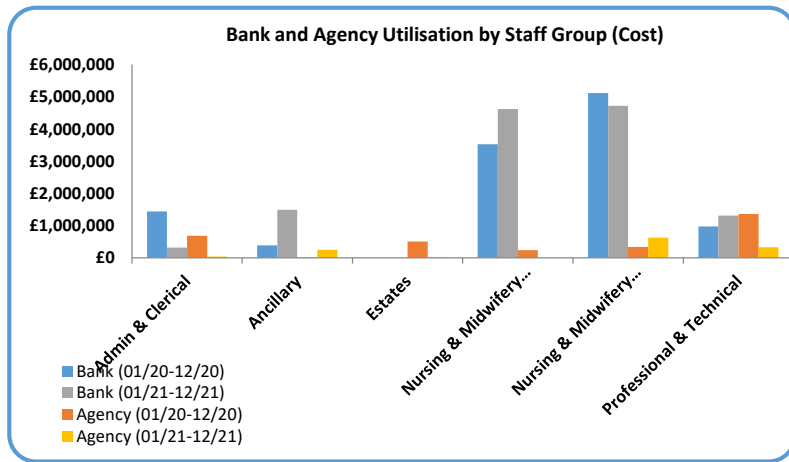
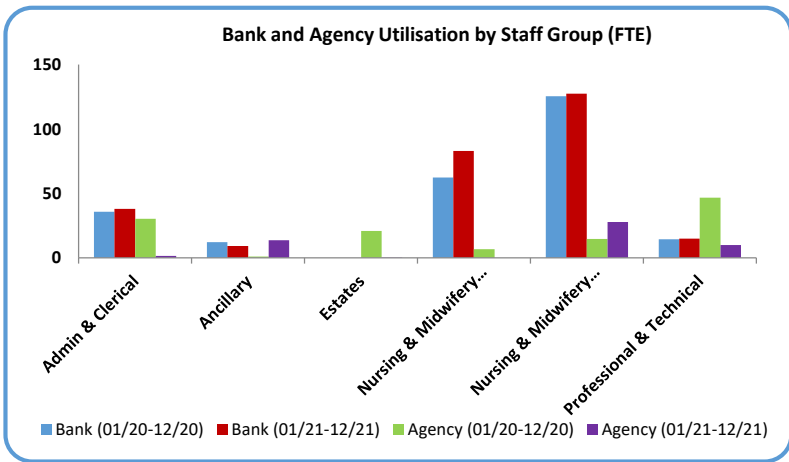
Turnover by Directorate

Staff Group	Turnover
NHS COVID Vaccination Programme	88.13%
North East Integrated Covid Hub	30.79%
Finance	13.56%
Estates	13.07%
Clinical Research	12.77%
Community Services	12.82%
Patient Services	12.68%
Dental Services	10.94%
Supplies	9.82%
Pharmacy	10.84%
Women's Services	10.44%
Human Resources	9.61%
Chief Operating Officer	10.50%
Medical Physics	8.87%
Cancer Services/ Clinical Haematology	7.81%
Information Management & Technology	9.39%
Peri-operative & Critical Care - RVI	8.69%
Cardiothoracic	8.63%
Children's Services	9.93%
Integrated Laboratory Medicine	8.86%
Neurosciences	8.65%
Peri-operative & Critical Care - FH	8.11%
Internal Medicine - Urgent Care	8.28%
Chief Executive	8.77%
Urology & Renal Services	6.98%
Radiology	8.39%
ENT, Plastics, Ophthalmology & Dermatology	8.56%
Internal Medicine - General	9.68%
Medical Director	8.96%
Musculoskeletal Services	6.08%
Surgical Services	6.54%
Regional Drugs & Therapeutics	11.11%
Business & Development	7.02%
Grand Total	11.04%

- The NHS COVID Vaccination Programme have had the highest turnover between December 2020 and December 2021, with an average staff in post of 160 and a total of 141 leavers.
- Only 30% of leavers across the Trust left to go to another NHS organisation



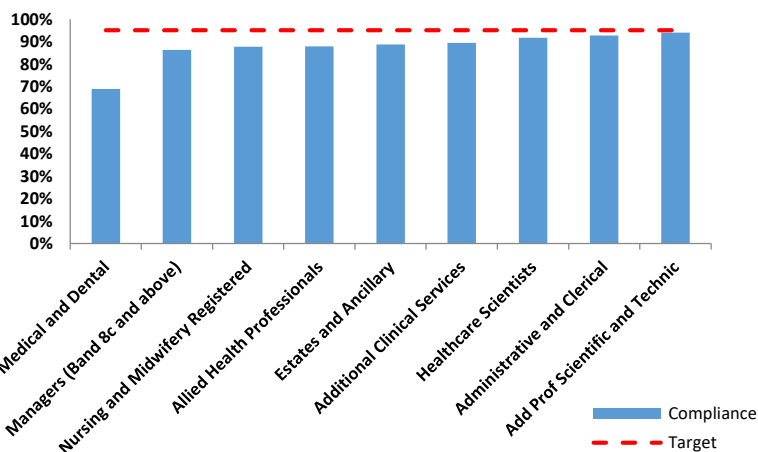
People



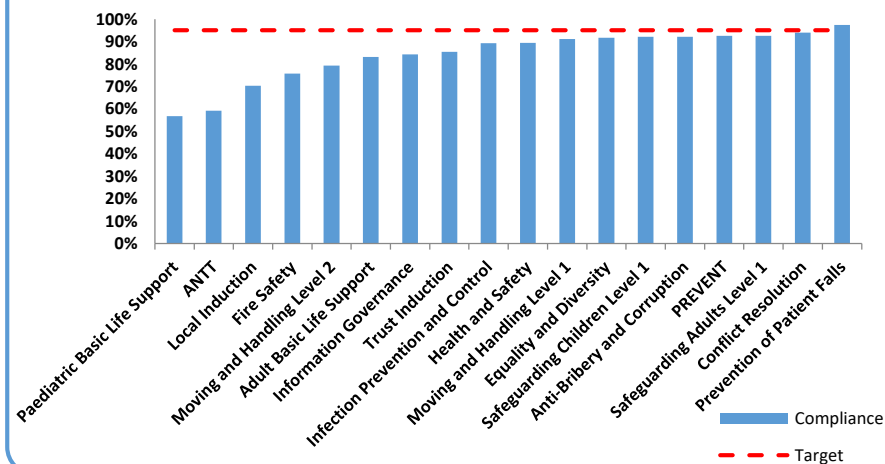
- Comparing the periods January 2020– December 2020 to January 2021 – December 2021, overall bank utilisation has increased from 250 wte to 272 wte and agency utilisation has decreased from 120 wte to 53 wte.

People: Delivering Excellence in Education & Training

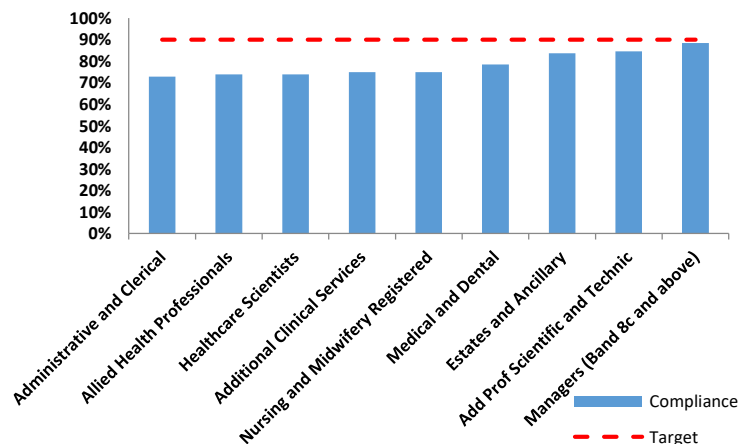
Mandatory Training by Staff Group



Mandatory Training by Topic



Appraisals



- Appraisal compliance stands at 76.09%, at end of December 2021, against an end of year target of 95%. The December 2020 position was 77.42%. 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 90.82% at end of December 2021, against a Q1 target of 80% and end of year target of 95%. The October 2020 position was 87.77 %.

Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 31st December 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 December 2021 the Trust incurred expenditure of £1,005 million, and accrued income of £1,005 million on mainstream budgets and incurred expenditure of £14.5 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 being treated on an 'Agent Basis' and is excluded for both income and expenditure, the figure is £99.7 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 December the Trust had spent £29.7 million capital, £2.7 million behind Plan.

Overall Financial Position			
	Month 9 Budget £'000	Month 9 Actual £'000	Month 9 Variance £'000
Income	1,008,231	1,005,092	(3,139)
Expenditure	1,008,231	1,005,092	(3,140)
I & E position (excl impairment)	(0)	0	(0)
Capital Programme	32,369	29,663	(2,706)

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COUNCIL OF GOVERNORS

Date of meeting	17 February 2022						
Title	Update from the Lead Governor						
Report of	Pam Yanez, Lead Governor						
Prepared by	Pam Yanez, Lead Governor						
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 updates on the work of the Lead Governor since the last meeting of the Council of Governors on 2 December 2021.						
Recommendation	The Council of Governors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives							
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	Regular report.						

UPDATE FROM THE LEAD GOVERNOR

EXECUTIVE SUMMARY

This report provides an update to the Council for the period since the last meeting of the Council of Governors in December 2021.

UPDATE FROM THE LEAD GOVERNOR

1. UPDATE

The past two months have required the majority of meetings to return to be held virtually. The face to face Council of Governors (CoG) held on 2 December 2021 at St James' Park was a welcomed opportunity to facilitate discussion between all attendees, but in particular between Governors and the Non-Executive Directors (NEDs). A Task and Finish Group to discuss the development of Non-Executive Director and Governor interaction is to be set up.

I have attended the three Governor Working Groups where Governors are contributing in a very positive way to the Trust's business. As Lead Governor I also attend the Nominations Committee and look forward to assisting in the appointment of a new Non-Executive Director.

Our preparation for the Council of Governor meetings and bi-annual Governor Workshops has improved with a clear cycle of involvement of all Governors (through the Governors Informal meetings), agenda setting meetings comprising of the Chairman, Trust Secretary, Governor and Membership Engagement Officer, and myself. The cycle will be enhanced by the proposed circulation of the Council of Governor minutes within three weeks of the previous meeting.

The alternate monthly Governor Informal meetings have been well attended with much discussion and ideas for topics for future Council of Governor meetings and workshops. Issues are raised which could elicit an early resolution have been progressed by the Governor and Membership Engagement Office and myself. The aforementioned will meet on a regular basis going forward.

The assistance from the Governor and Membership Engagement Officer has been very much appreciated by the Working Group Chairs in terms of preparation for, and noting of the meetings.

Newly appointed Governors were offered the option of a buddy. Whilst only one identified this requirement, and has been allocated a buddy, I am confident that this offer will have increased take up once face to face meetings return.

2. RECOMMENDATION

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

Report of Pam Yanez
Lead Governor
8 February 2022

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COUNCIL OF GOVERNORS

Date of meeting	17 February 2022						
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 7 December 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

On 7 December 2021, Dr Lucraft attended the Clinical Audit and Guidelines Group (CAAG) meeting. The last CAGG meeting was in September. CAGG meetings and audit activity were suspended in the Trust in October and November due the pressures on clinical services from the ongoing Covid-19 pandemic and the need to focus on recovery of services. The December meeting concentrated on assessing and prioritising the Audit and Guidelines work programme for 2022. In addition the following topics were also discussed: National Clinical Audits (NCA), NICE Guidelines, Trust Clinical Guidelines and Directorate Annual Reports.

3. PRESENTATIONS

3a. PATIENT EXPERIENCE UPDATE

At November's Working Group meeting, Mrs Scott, Trust 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. Often patients just want someone to listen to their feedback and do not want to make a formal complaint.

The following information was shared by Mrs Scott:

- The Flourish programme has provided significant support to staff throughout the pandemic. However it is evident that staff have experienced an increase in poor behaviour exhibited by patients/visitors/carers both in person and during telephone conversations, potentially as an impact of the pandemic. As a consequence of this some staff have asked that a zero-tolerance approach be adopted to address the increase in poor behaviours exhibited by patients/carers/visitors. This has been discussed, with the Patient Experience team advising that a cautious and measured approach be taken.
- Some funding has been secured to invest in the team with the aim of reducing the backlog of complaints.
- A Case Review following feedback from a young adult with physical disabilities has been undertaken. The review was open and transparent, ensuring the patient's voice was embedded throughout. This was held with junior members of the ward team which included nurses and physiotherapists. The review clearly identified that staff

Agenda item 8.2

would appreciate some training on how best to support patients with complex physical disabilities. An application to charity was successful and the PE team are working with Disability North to co-produce an online training video.

- Work has progressed in improving the patient experience for deaf patients, however there are still further opportunities to improve. Cumbria, Northumberland, Tyne and Wear NHS FT, Newcastle Hospitals and Northumbria Healthcare NHS FT are all working in collaboration and funding a joint project to work with Deaf Link on a navigation system. The project will cover a one-year trial and will commence in early 2022.
- Work is ongoing to improve the experience of carers within the Trust. Funding for one year has been allocated to help support carers and staff. The scheme is being used by ward staff who are referring patients who have a carer.

In December Mrs Errington gave an update to the Group on the Complaints Panel. An update on Women's Services Directorate performance was given to the Complaints Panel by Dr. Paul Moran, Clinical Director, and Stella Wilson, Directorate Manager. Complaints in the Directorate were noted to be increasing although no specific themes were identified. The Directorate has focussed heavily on addressing complaints in a timely manner.

The Musculoskeletal (MSK) Directorate have seen a significant reduction in the number of complaints that have been raised during the Covid pandemic, partly due to reduced activity levels. However there has been a notable change in the complexity of the complaints which have been received.

3b. CHARITY INVOLVEMENT

In December Mrs Yanez, Lead Governor, gave an excellent presentation about her Charity involvement. The following key points were noted:

- Circa 3 million people in the UK have chronic kidney disease, 63,000 are being treated for kidney failure and 30,000 people are on dialysis.
- Individuals from Black, Asian and Minority Ethnic groups are 5 times more likely to develop chronic kidney disease, with diabetes and hypertension being major causes.
- Approximately 3,000 kidney transplants take place annually, with circa 5,000 people on the waiting list with an average waiting time of 2.5 years.
- Haemodialysis is undertaken three times a week either at home, at a satellite unit or in hospital.
- Peritoneal dialysis is completed overnight, seven nights per week.
- The Northern Counties Kidney Research Fund (NCKRF) is based in Newcastle and awards grants to researchers across the region. The charity is run by volunteers and receives a large proportion of its income from bequests. The Fund was established over 30 years ago and grants are applied for by local research teams via a two-step approach. Grant applications are considered by the scientific committee of NCKRF which includes a diverse membership including medical staff, finance, patient representatives and others.
- One area of research undertaken was in relation to aHUS - atypical haemolytic uraemic syndrome. Treatment for families who have a genetic disease who can now have

treatment and undergo transplants has led to Newcastle becoming a national centre for this condition.

- Another area of research performed was regarding warm perfusion of kidneys for transplantation. This new technique which warms the kidney to body temperature to assess how well it's working before a decision on transplantation is made. The technique was pioneered by Professor Mike Nicholson from the University of Cambridge who is working closely with the team at Newcastle Hospitals' Institute of Transplantation to increase the supply of donor kidneys for transplantation. This advance was made possible by funding from Kidney Research UK, Northern Counties Kidney Research Fund and the National Institute for Health Research (NIHR).
- The Transplant Patients Trust is a small charity which was created 30 years ago by Mr Ross Taylor. The charity is linked to Transplant Sport with surplus from British Transplant Games. The charity offers grants to patients on the waiting list waiting for a transplant or having had a transplant. All the grants are applied for by a Social Worker who is based within the transplant unit. If the applications are successful, the grant is paid to the patient/carer within 48 hrs of the application and this is a lifeline for many patients. Annual grants are £4-5k in total for the year.
- The Transplant Patients Holiday Fund Charity run to provide holidays for local kidney patients (pre-dialysis, dialysis and transplant) and is run from Freeman Renal Unit. Bookings made through the administrator who organises all holidays for patients (UK other units, overseas etc.). There is a caravan which can be utilised and has been funded by small donation from patient/charity. There is minimal costs to run the charity.

4. ONGOING AREAS OF FOCUS

The WG were informed that Mrs Errington, Chair of the WG, and Dr Lucraft, Vice Chair of the WG, will have completed their three terms of office as a Trust governor and will be leaving the Trust in May 2022. The Group members were asked to consider expressing an interest in taking on these roles from March 2022, while Mrs Errington and Dr Lucraft were still available to assist if needed. Mrs Errington agreed to circulate details regarding the responsibilities of the two roles to WG members. The issue was discussed at the January 2022 meeting.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

**Report of Carole Errington
Chair of the QPE Working Group
February 2022**



COUNCIL OF GOVERNORS

Date of meeting	17 February 2022						
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 2 December 2021.						
Recommendation	The Council of Governors are asked to note the contents of this report.						
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 (B&D) WORKING GROUP (WG)

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 December 2021.

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

1. INTRODUCTION

Meetings have been held monthly via Teams with the topics covered relating to the WG Terms of Reference.

There are presently 11 members within the WG. The WG always welcomes any new Governors who would like to join the Group, as well as Governors who may wish to attend a specific meeting.

2. PRESENTATION TOPICS

The WG has discussed a number of matters in the previous two meetings including:

a) Elective Treatment Centre

Following a briefing given at our November WG meeting, an update on the new Elective Treatment Centre (ETC) was sent to our December meeting by Vicky McFarlane-Reid, Executive Director for Business, Development and Enterprise. The briefing included the following key points:

- The Trust is progressing with plans to build an ETC on the Freeman Hospital site, in front of the Cardio block.
- The building will have four theatres and will mainly be for day case treatments, with no overnight accommodation for patients.
- The purpose of the building is to provide additional capacity to address the backlog of patients who have been waiting considerably long times for treatment due to the pandemic. Specialities with the longest waiting lists, i.e. musculoskeletal, surgery and urology will all have dedicated sessions in the new centre.
- The Trust is seeking capital funding from NHS England, from funding that has been identified to aid the NHS with recovery. We will be seeking commissioner support to fund the ETC and a full business case is in development.
- A Strategic Oversight Group (SOG) has been established, chaired by one of the Trust Non-Executive Directors.
- The expected opening date for the centre is September 2022.

b) Report From Cameron Waddell, Partner Mazars LLP and James Collins, Engagement Manager Mazars LLP to the December Meeting

Currently Mazars are planning the Annual Audit of the Trust Annual Report and Accounts for the financial year ended 31 March 2022, and undertaking some initial planning audit activities. As external auditors they ensure to keep up to date with new developments and changes in the NHS e.g. Integrated Care System developments.

Mazars provided Group members with an overview of areas that they look at during their audit which includes:

- Valuation of the Trust estate;
- Revenue recognition i.e. where the money has come from;
- Expenditure i.e. what the money is spent on;
- Going concern considerations i.e. reserves, in-year 'surplus/deficit' and cash;
- Key audit and accounting risks applicable to all Trusts e.g. the risk of management override of controls (are managers making the accounts look better (or worse) than they should) and the financial sustainability of the Trust.

Other matters discussed included:

- That auditors have a duty to display professional scepticism when auditing.
- The good working relationship between the Trust and Audit team members.
- Future reporting arrangements with the Trust Annual Report and Accounts due for submission on 22 June 2022.
- The requirement for the auditors to examine the Trust's arrangements in place regarding value for money.

c) Update from Ivan Bradshaw, Fraud Specialist Manager to the January WG Meeting

At the January B&D meeting Ivan gave an overview of his role and reporting arrangements within and outside the organisation. He explained how policy changes have impacted on the role. The Fraud Team have the power to conduct criminal investigations, including interviewing individuals suspected of fraud and now have to carry out risk assessments in advance of conducting the interviews. They must record every piece of information including phone messages and texts.

Ivan is also the Trust's Counter Fraud Champion, and all of this work is overseen by the Finance Director and Audit Committee.

The Government Functional Standards: Counter Fraud (GovS:013) is a 13-point assessment. At present, overall, the Trust has self-assessed the majority of the standards as green with a small number of amber areas. Ivan briefed the WG on the amber areas, with further actions to be taken with the aim of moving towards a green rating by the end of the year.

The Government Functional Standards: Counter Fraud (GovS:013) are in place and the associated metrics places a requirement in that all fraud related activity conducted by the Fraud Team must be measurable. £400m in fraud savings are to be achieved nationally over a three year period by the NHS.

Positively, staff awareness of the fraud policy has increased, as well as staff knowledge regarding who to report suspected frauds to. The Trust is 4th in the country for the level of referrals to the fraud department in relation to the number of staff.

Ivan explained the new challenges Covid had brought including:

- Individuals working from home and appropriate time management;

Agenda item 8.3

- Validity of vaccination passes;
- Personal Protective Equipment (PPE) contracting;
- Employment of staff on temporary contracts;
- Governance processes e.g. changes made to staff log in/out arrangements as an alternative to hand-scanning; and
- Awareness raising/education events – many of which were placed on hold as a consequence of the pandemic.

3) RECOMMENDATION

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

Report of Eric Valentine
Working Group Chair
7 February 2022

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COUNCIL OF GOVERNORS

Date of meeting	17 February 2022						
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	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	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 2 December 2021.

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP (WG) REPORT

1. INTRODUCTION

The People, Engagement and Membership Working Group (PEM) has met on 11 January and 11 February 2022. We have welcomed input from Jill Baker, Non-Executive Director (NED) who told us about her role and offered valuable suggestions about increasing the membership diversity, specifically ideas for recruiting members from younger age groups.

These suggestions and support build on the help we have received from Stephanie Edusei, NED, and Karen Pearce, Head of Equality, Diversity and Inclusion – People, in recruiting a more ethnically diverse membership. All suggestions have been considered and await the materials rollout. Further work has been done to consider the layout of the aforementioned materials and providing feedback to the Trust.

Finally there was consideration of the first of the post-pandemic Member Events. Perhaps most importantly, the PEM WG began working with Miss Lauren Brotherton, Governor and Membership Engagement Officer, in her new role.

2. GROUP ACTIVITIES

As mentioned in section 1 above, the PEM WG has met twice since December's Council of Governors. In January 2022 we signed off the new membership materials for production and discussed distribution tactics. The PEM WG hopes that the entire Council of Governors will support us in disseminating these materials and engaging a broader membership to represent more fully the community we serve. A second discussion focused on a March/April membership event and looked at themes.

In February 2022 we revisited our Terms of Reference and our effectiveness documentation, updating these as required for acceptance by the Council of Governors at a future meeting. This review stimulated further discussion on how best to communicate regularly with the membership and how we can work better with the Trust to ensure that this is a priority.

The WG also registered the need for two-way communication and discussed how we can listen better and reflect our community better. As systems working comes into force, it will become increasingly important to communicate and engage with fellow Governors across the Integrated Care System (ICS). This will be highlighted at the Council of Governors for discussion at a future meeting.

3. ONGOING AREAS OF FOCUS

Our overarching themes continue to be improving communication with the members, the Trust and our community. Also building and maintaining a membership which reflects that community. We do this through member events, the Governor "mailbox" and through

printed and online materials.

3.1 Communication

The PEM WG contributed to a winter update in Dame Jackie's Blog which gave an example of activity across each of the Governors' responsibilities to show not only what we do but how the Governor role fits into the Trust structure. Jill Baker, NED recommended that we hold a joint event with the NEDs to show the Trust how our roles as Governor and NED's work, as well as how our interactions support the working of the Trust. The Chair of the WG raised this at the recent Informal Council meeting. A further spring update on Governor work is planned to follow the April Council workshop.

The PEM WG raised a more pressing communication need in the review of our Terms of Reference. This mandates us to communicate effectively with the membership. We proposed better advertising for our active webpage (Ask a governor) mailbox, providing reminders at each event and in every newsletter. We agreed that the oversight of communication with members should include a regular newsletter for members as our neighbouring trusts provide, regular events and further use of social media.

3.2 Membership

Events: We decided to re-open our events by looking forward from COVID-19: how lessons learned during the pandemic will serve us well in the post-pandemic era. The suggested theme to be centred around: "We Do Things Differently Now". Possible contributors were discussed, such as the Paediatric Asthma Service, Outpatients, My Skin Selfie and the new Cataract Centre. The Governor and Membership Engagement Officer is investigating use of videos combining these areas. This will allow the event to be shared as widely as possible.

Further to input from Jill Baker, the WG Chair raised the idea of a Task and Finish Group to engage with younger people to increase our membership of at the informal Council of Governors (CoG) Meeting in January. We have received several expressions of interest from Governors in taking this forward and will raise the subject at full CoG on 17 February 2022 so that others may also express interest. The Governor and Membership Engagement Officer will liaise with interested parties to arrange a meeting.

4. RECOMMENDATIONS

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

**Report of Judy Carrick
Chair of the PEM Working Group February 2022**

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COUNCIL OF GOVERNORS

Date of meeting	17 February 2022						
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 December 2021.						
Recommendation	The Council of Governors are asked to note the contents of this report.						
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 December 2021.

The Committee last met on 3 February 2022. The following matters were considered:

- The recruitment approach and timeline to recruit one additional Trust Non-Executive Director (NED); and
- NED remuneration – including the NED Terms and Conditions, the NED and Chair expenses guidance, the Chair/NED appointments and reappointments process, and the Trust's Succession Policy.

This report provides further detail on the matters listed above.

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

NOMINATIONS COMMITTEE UPDATE

1. COMMITTEE MEETINGS

Committee members last met on 3 February 2022 to discuss:

- The recruitment approach and timeline to recruit one additional Trust NED; and
- NED remuneration – including the NED Terms and Conditions, the NED and Chair expenses guidance, the Chair/NED appointments and reappointments process, and the Trust's Succession Policy.

A sub-group of Committee members also met on 11 January 2022 in order to review the tenders received for a recruitment firm to lead on the recruitment of a new NED. Hunter Healthcare were the successful tenderer.

2. NED RECRUITMENT UPDATE

Committee members considered a number of matters in relation to the NED recruitment exercise and discussed/agreed the following:

- After reviewing the composition of the Board and the breadth of skills of the current NEDs, committee members discussed and agreed that a new NED be sought with workforce expertise.
- The recruitment process will commence in February and it is estimated to cover a 2-3 month timeline. As mentioned in section 1 above, Hunter Healthcare will lead the recruitment exercise for a new NED on behalf of Newcastle Hospitals.
- Diversity of applicants was an important consideration and therefore a number of actions would be taken throughout the recruitment exercise in order to meet the Trust's ambitions in relation to this.
- The recruitment approach will consist of longlisting, shortlisting, and interviews. The approach to be utilised is consistent with the approach taken in previous NED recruitment exercises.

3. NED REMUNERATION AND ASSOCIATED MATTERS

Committee members considered NED remuneration in light of the recruitment of a new NED and revisited the NHS England/Improvement (NHSE/I) guidance issued in September 2019 entitled 'a new remuneration framework for Chairs and Non-Executive Directors' during the consideration of NED remuneration. It was agreed that no changes be recommended to be made to the Council of Governors in relation to the remuneration level for a new NED.

Committee members also reviewed the NED Terms and Conditions, the NED and Chair expenses guidance, the Chair/NED appointments and reappointments process, and Trust's Succession Policy and agreed that no changes were required.

4. FUTURE COMMITTEE BUSINESS

Further Committee meetings are currently being scheduled in order to align to the NED recruitment progress timeline.

Governors are asked to note that a potential extraordinary Council of Governors meeting may be required to approve the appointment of a new NED depending on the timing of the associated interviews.

In addition to the NED recruitment exercise, Committee members will also consider the following matters at the next formal Committee meeting:

- A review of the Chair Remuneration;
- Succession Planning for NEDs whose terms of office are due to end in 2022; and
- The Annual Committee self-assessment/review of effectiveness.

5. RECOMMENDATIONS

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

**Report of Kelly Jupp
Trust Secretary
7 February 2022**

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COUNCIL OF GOVERNORS

Date of meeting	17 February 2022						
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 2 December 2021:</p> <ul style="list-style-type: none"> • Charity Committee – 3 December 2021; • People Committee – 14 December 2021 and 15 February 2022; • Quality Committee – 18 January 2022; • Audit Committee – 25 January 2022; and • Finance Committee – 26 January 2022. 						
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 checked="" 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 on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Council of Governors in December 2021.

UPDATE FROM COMMITTEE CHAIRS

1. CHARITY COMMITTEE

A formal meeting of the Charity Committee took place on 3 December 2021. During the meeting, the main areas of discussion to note were:

- The Charity Annual Report and Accounts were received and approved.
- The Charity Director provided a comprehensive update, which included a summary of progress to date against the strategy, the operational key performance indicators, and the approach to realising asset gains.
- Katie Hickman, Arts Programme Manager, delivered an informative update on her activity to date.
- The Chair provided an update on the progress made by the Charity Governance Working Group and Natalie Yeowart, Head of Corporate Risk and Assurance, attended the meeting to present the Charity Risk Statement.
- Jon Goodwin, Head of Grant Programmes, attended the meeting to provide a general overview of the charity's grant making approach. He also presented a number of grants for committee approval. Ten grants were considered by the Committee – seven approved, two deferred and one rejected. The approved grants totalled circa £4m and included projects such as:
 - Supporting Transition to Living with a Chronic Disease – Enhanced Service Provision;
 - Embedding physical activity within the healthcare system: A pilot of an Active Hospitals approach to improving the health and wellbeing of Newcastle Hospitals patients;
 - Staff support and supervision for the Great North Childrens Hospital (GNCH) / Community 0-19 service;
 - Establishment of an Abdominal Normothermic Regional Perfusion (ANRP) service in Newcastle;
 - Nursing, Midwifery, and Allied Health Professional (NMAHP) Researcher Development Institute;
 - 2021 Newcastle Occupational Health Service Post-COVID Service Renewal; and
 - Hub @ Newcastle Hospitals.
- The Deputy Finance Director presented the finance reports, as well as the summaries of investments up to September 2021.

The next formal meeting of the Committee will take place on 4 March 2022.

2. PEOPLE COMMITTEE

2.1 December Meeting

A formal meeting of the People Committee took place on 14 December 2021. During the meeting, the main areas of discussion to note were:

Agenda item 10.1

- An update on the Integrated COVID Hub North East (ICHNE) and the Vaccination Hub was provided by the Chief Operating Officer.
- Maurya Cushlow, Executive Chief Nurse, and Ian Joy, Deputy Chief Nurse, provided a comprehensive update on NMAHP staffing, including the international recruitment campaign.
- The Head of Workforce Engagement and Information provided an update on the 2021 NHS Staff Survey.
- The Associate Director of Education and Workforce Development provided a comprehensive report, with a focus on the Trust's Leadership Offer.
- The Head of Equality, Diversity, and Inclusion presented a report on the Trust's involvement in Project Choice, a supported internship programme for young adults with learning difficulties, disabilities or autism (LDDA).
- A 'deep dive' into the Trust's workforce age profile and demographics was delivered, as well as an update on recruitment and retention across the Trust.
- The Director of HR shared the recently published NHS Futures Report.

The next formal meeting of the Committee took place on 15 February 2022.

2.2 February meeting

A formal meeting of the People Committee took place on 15 February 2022. During the meeting, the main areas of discussion to note were:

- A comprehensive COVID-19 update was provided, which included detail on the ICHNE, the vaccination centres, and the latest position regarding vaccination as a condition of deployment.
- The Associate Director for Sustainability and Environment presented the Shine Report, an update on the Trust's sustainability programme.
- The Deputy Chief Nurse reported on nurse and midwifery staffing.
- The draft engagement plan for the output of the 2021 NHS staff survey was outlined.
- The 'Flourish at Newcastle Hospitals'/'What Matters to You' organisational development update was provided.
- A number of reports were considered, including:
 - The Recruitment and Retention Update;
 - The Guardian of Safe Working Quarterly Report;
 - The Board Assurance Framework Quarterly Report;
 - The Employee Relations and Legal Update; and
 - The Gender Pay Report.

The next formal meeting of the Committee will take place on 19 April 2022.

3. QUALITY COMMITTEE

A formal meeting of the Quality Committee took place on 18 January 2022. During the meeting, the main areas of discussion to note were:

Agenda item 10.1

- A comprehensive update on the Trust's progress against the requirements set out in the Ockenden Report was provided. This included an update on the implementation of the electronic record.
- The Director of Infection Prevention and Control, the Director of Quality and Effectiveness, and the Chief Operating Officer presented the quality and performance elements of the Integrated Board Report.
- The Chairs of the Patient Safety Group and the Patient Engagement and Experience Group provided an update on the work of the groups.
- The Director of Quality and Effectiveness delivered a presentation on the National Patient Safety Strategy.
- The Committee considered a number of reports, including:
 - CQC Action Plan Update;
 - Legal Update;
 - Patient Safety and Quality Peer Reviews; and
 - A Risk Briefing, in relation to Research Passports.
- The Committee approved the revised schedule of business for the committee, which was ratified by the Board at the January meeting.

The next formal meeting of the Committee will take place on 22 March 2022.

4. AUDIT COMMITTEE

A formal meeting of the Audit Committee took place on 25 January 2022. During the meeting, the main areas of discussion to note were:

- Committee Chairs provided updates relating to risk and assurance in relation to their specific areas of focus.
- The Assistant Chief Executive presented the Board Assurance Framework and Risk Register Quarterly Report, as well as a progress report on Information Governance.
- AuditOne provided a progress report on the Trust's Internal Audit programme and Mazars LLP provided an update on the Trust's external audit annual plan.
- The committee agreed some minor amendments to the Trust Scheme of Delegation and Standing Financial Instructions.
- Committee members considered proposed changes to the Trust delegation of powers for authorised signatories for the Joint Research Office and agreed that further work be undertaken.
- The committee received a number of reports, including:
 - A Supplies Update;
 - The review of the schedule of approval for Single Tender Action and Breaches and Waivers exception report;
 - The review of debtors and creditors balances;
 - The review of the schedule of losses and compensation;
 - The annual report and accounts timetable for 2021/22;
 - A verbal corporate records update; and
 - A report detailing the changes in Accounting Standards for 2022/23 in relation to lease accounting.

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

5. FINANCE COMMITTEE

A formal meeting of the Finance Committee took place on 26 January 2022. During the meeting, the main areas of discussion to note were:

- Committee members considered the Month 9 Finance Report and the forecast outturn position.
- The Finance Director delivered a 'deep dive' into capital departmental expenditure limits and recovery schemes.
- An update on the financial plan and activity projections for 2022/23 was provided.
- An update on the Elective Treatment Centre project was provided.
- The committee received an update on activity and the recovery programme, as well as the capital programme.
- The committee considered a number of tenders and business cases for approval.
- The committee received an update on charitable funds investment.

The next formal meeting of the Committee will take place on 30 March 2022.

6. RECOMMENDATIONS

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

Report of Fay Darville
Deputy Trust Secretary
07 February 2022

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COUNCIL OF GOVERNORS

Date of meeting	17 February 2022						
Title	Council of Governors Elections Update						
Report of	Fay Darville, Deputy Trust Secretary						
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The report provides an update regarding the Council of Governors elections. Key points to note:</p> <ul style="list-style-type: none"> • Governors are requested to approve the resumption of the traditional election timings; • Preparations for the procurement exercise for the elections are underway; • The vacancies for the 2022 election are outlined; • The current vacancies amongst appointed governors are noted; and • Next steps are outlined. 						
Recommendations	<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> receive the report; and to approve the resumption of the original timing of the election cycle, as outlined in section 2.1. 						
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 type="checkbox"/>	<input checked="" 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	Annual report – the previous report regarding Governor elections was presented in April 2021.						

COUNCIL OF GOVERNORS ELECTION UPDATE

EXECUTIVE SUMMARY

This report provides an update on a number of areas related to the 2022 election round for the Council of Governors:

- The report proposes a resumption of the historic timing/schedule of governor elections within the Trust and requests Council approval that this be undertaken.
- The need to undertake a procurement exercise to appoint an election provider is outlined, with work underway.
- The vacancies within the Council for the 2022 election round are outlined, which include five public seats and one staff seat, being:
 - The five public seats are within the Newcastle upon Tyne constituency (two seats) and the Northumberland, Tyne, and Wear (excluding Newcastle) constituency (three seats).
 - The one staff seat is within the Medical and Dental staff class.
 - There are no vacancies within the North East constituency or the remaining staff classes and therefore no election will take place for those members.
- Both Mrs Carole Errington and Dr Helen Lucraft will be completing their third and final three-year term of office as Governors.
- The current vacancies within the appointed governors are outlined, with actions to fill these vacancies underway.

The Council of Governors is asked to:

- i) receive the report; and
- ii) to approve the resumption of the original timing of the election cycle, as outlined in section 2.1.

COUNCIL OF GOVERNORS ELECTION UPDATE

1. INTRODUCTION

This report provides an update to the Council of Governors regarding the 2022 round of Governor Elections.

2. GOVERNOR ELECTIONS

2.1 Election Timing

Governors will recall that the elections in 2021 were delayed for a period of three months. This was in keeping with the guidance issued at the time by NHS England/Improvement to allow for the Trust's resources to focus on the management of the pandemic.

It is proposed however that the 2022 elections resume the standard scheduling, with the election process to take place during the spring and the elections complete by the end of May. This is in keeping with the end of outgoing governors terms of office which conclude on 31 May 2022 and allow for incoming governors to commence their term of office on 1 June 2022.

The Council of Governors is asked to approve the resumption of the original timing of the election cycle.

2.2 Election Provider

Work has commenced to undertake a procurement exercise for the election provider. The Governor and Members Engagement Officer, supported by the Deputy Trust Secretary, is currently undertaking a review of the Trust's requirements and will work in conjunction with the Procurement Team to complete this.

2.3 Election Vacancies

For the 2021 election round, seats within the following constituencies/classes will be included:

Constituency/Class:	Number of Seats
Public: Newcastle upon Tyne [1]	2
Public: Northumberland, Tyne and Wear (excluding Newcastle) [2]	3
Public: North East [3]	0
Staff: Medical and Dental	1

2.4 Governor Terms of Office

Agenda item 10.2

A number of those seats to be included in this election round are currently occupied by the following Governors:

Governor	Current Term
<i>Newcastle upon Tyne [1]</i>	
Judy Carrick	1 st Term
Susan Nelson	2 nd Term
<i>Northumberland, Tyne and Wear (excluding Newcastle) [2]</i>	
Carole Errington	3 rd Term
Helen Lucraft	3 rd Term

Governors will note that both Carole Errington and Helen Lucraft have now completed their third and final term of office and are therefore ineligible to stand for further re-election. All remaining Governors detailed above are eligible to stand for re-election.

Gratitude is expressed to both Carole and Helen for their service to the Council over their three terms of office.

In addition, the following seats have become available following Governor resignations since the previous election round:

Constituency/Class	Date vacated
<i>Public: Northumberland, Tyne and Wear (excluding Newcastle) [2]</i>	
Seat previously held by Steven Cranston	Seat vacated in April 2021
<i>Staff:</i>	
Medical and Dental seat previously held by John Hill	Seat vacated in December 2021

There are no vacancies within the North East constituency or the remaining staff classes and therefore, no election will take place within this constituency/classes.

2.5 Appointed Governors

Further vacancies remain for the following appointed governor seats:

Appointed Governor seat	Date vacated
<i>Newcastle City Council:</i> Seat previously held by Cllr Ann Schofield	Seat vacated in February 2021
<i>Charity:</i> Seat previously held by Norah Turnbull	Seat vacated in May 2021
<i>Advising on the Patient Experience (APEX):</i> Seat previously held by Derrick Bailey	Seat vacated in June 2021
<i>Newcastle University:</i> Seat previously held by Prof Andy Fisher	Seat vacated in December 2021

Agenda item 10.2

Work is underway within the Corporate Governance team to progress these vacancies through consulting with the Appointing Organisations.

3. NEXT STEPS

Following the completion of the procurement exercise and agreement of the election timetable, a communications plan, both internal and external, will be enacted to both encourage new members to join the Trust to be eligible to both vote and stand for nomination and to encourage existing members to use their vote. This will be undertaken in collaboration with the People, Engagement, and Membership Working Group, and supported by the use and distribution of the refreshed membership posters and forms.

An update on progress with the elections will be provided at the next meeting of the Council in April.

4. RECOMMENDATIONS

The Council of Governors is asked to:

- i) receive the report; and
- ii) to approve the resumption of the original timing of the election cycle, as outlined in section 2.1.

Report of Fay Darville
Deputy Trust Secretary
4 February 2022

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