

Council of Governors' Meeting: Public Session Thursday 16 June 2022 1415 h

Venue: Dame Margaret Barbour Building, Newcastle University

Agenda

| Item | Lead | Paper | Timing |
|---|---|----------------------|----------------------------|
| Business items | | | 14:15 – 14:30 |
| 1 | Apologies for absence and Declarations of interest | John Burn | Verbal |
| 2 | Minutes of the meeting held on 17 February 2022 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 | Vicky McFarlane-Reid | Attached |
| Quality & Patient Safety; Performance & Delivery | | | 14:30 – 14:50 |
| 6(i) | Integrated Board Report – Quality, People & Finance | Angela O'Brien | Attached |
| 6(ii) | Performance Report | Vicky McFarlane-Reid | Attached |
| Refreshments Break | | | 14:50 – 15:00 |
| Discussion Topic | | | |
| 7 | Making Mental Health Everyone's Business | Dr Sarah Brown | Presentation 15:00 – 15:20 |
| Governor Reports | | | 15:20 – 15:40 |
| 8.1 | Lead Governor Update | Pam Yanez | Attached |
| 8.2 | Quality of Patient Experience (QPE) WG | Poonam Singh | 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 | John Burn | Attached 15:40 – 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 update | Caroline Docking | Attached 15:50 – 15:55 |
| 10.3 | Items approved at the private workshop on 21 April 2022: | John Burn | Attached 15:55 – 15:57 |

- (i) Governor Working Groups Terms of Reference; and
- (ii) Membership Strategy.

| | | | | |
|------|--|-----------|--------|---------------|
| 10.4 | Any other business | John Burn | Verbal | 15:57 – 16:00 |
| 10.5 | Date and time of next meeting: Thursday 18 th August 2022, 13.30 | | | |

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

Professor Sir John Burn, Chairman

Mrs Vicky McFarlane-Reid, Director for Business, Development and Enterprise

Mrs A O'Brien, Director of Quality and Effectiveness

Dr Sarah Brown, Consultant Psychiatrist

Mrs Pam Yanez, Lead Governor

Mrs Poonam Singh, Staff 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 Caroline Docking, Assistant Chief Executive

COUNCIL OF GOVERNORS' MEETING: PUBLIC SESSION**DRAFT MINUTES OF THE MEETING HELD THURSDAY 17 FEBRUARY 2022**

- 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 Graeme Chapman, NED
Mr Steven Morgan, NED
Mrs Jill Baker, NED
Mrs Steph Edusei, NED
Dame Jackie Daniel, Chief Executive Officer (CEO)
Mr Andy Welch, Medical Director/Deputy Chief Executive Officer (MD/DCEO)
Dr Victoria McFarlane-Reid, Executive Director of Business, Development and Enterprise (EDBDE)
Mrs Dee Fawcett, Human Resources Director (HRD)
Mr Graham King, Chief Information Officer (CIO)
Mr Ian Joy, Deputy Chief Nurse (DCN)
Ms Joanne Mason, Assistant Finance Director - Financial Planning (AFD)
Mrs Odeth Richardson, Head of Occupational Therapy (HOT) (For agenda item 22/04 only)
Mrs Kelly Jupp, Trust Secretary (TS)
Mrs Fay Darville, Deputy Trust Secretary (DTS)
- Secretary:** Miss Lauren Brotherton Governor and Membership Engagement Officer (GMEO)

Note: *The minutes of the meeting were written as per the order in which items were discussed. Further an additional agenda item was discussed in the Public Session after the CEO report, having moved from the Private Session, being 'Access to acute hospital care for people with learning disabilities and/or autism'.*

22/02 PUBLIC AGENDA**BUSINESS ITEMS:****i) Apologies for Absence and Declarations of Interest**

The Chairman welcomed attendees.

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Apologies for absence were received from Mrs C Docking, Assistant Chief Executive, Ms M Cushlow, Executive Chief Nurse, Mrs A Dragone, Finance Director and Non-Executive Directors Mr J Jowett, Mr B Macleod and Associate Non-Executive Director, Professor D Burn.

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

It was resolved: to **record** the apologies for absence and to **note** that there were no additional declarations of interest made.

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 has now commenced the process for recruiting an additional Trust Non-Executive Director (NED) and following a procurement exercise, Hunter Healthcare Resourcing Ltd was appointed to lead the recruitment search on behalf of the Trust.
- During November and December, the Chairman led virtual 'Spotlight on Services' meetings both with Dental Services and Human Resources Teams.

The risks and challenges were highlighted during Dental Services journey throughout the pandemic as a supporting service across the Trust.

The recruitment challenges were noted and the positive work that the Human Resource Team have carried out during the COVID-19 pandemic.

- A Board Development Session was held in December which included an update on the latest developments in system working and the impact for Newcastle Hospitals; a briefing on the well-led framework and themes from the recent Care Quality Commission (CQC) inspections; and strategic estates developments.
- At the 27 January 2022 Board of Directors meeting, Board members expressed their gratitude to Jackie Thompson, RVI Hotel Services manager, in advance of her forthcoming retirement. Jackie has given almost 47 years' service to the NHS.
- A meeting took place with the Chairman and Sir Liam Donaldson to discuss progress with the development of the Integrated Care System (ICS).
- Dame Jackie and the Chairman met with Jamie Driscoll, Mayor of the North of Tyne Combined Authority, and it's Managing Director Dr Henry Kippin. The discussion centred on the shared ambitions of sustainability and net-zero, digital innovation and collaborative work.
- Pam Smith was welcomed as a new Trust Associate NED.

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

v) Chief Executive's Report

The Chief Executive Officer (CEO) presented the report, noting the following:

- The report was previously considered by the Board of Directors at their meeting on 27 January 2022.
- The Government have outlined its intention to move to a 'living with COVID' society and the NHS will now focus on the impact of this going forward.
- The national COVID-19 Pandemic Public Inquiry will commence in spring 2022, chaired by Baroness Heather Hallett, DBE.
- The Government recently published two white papers. The levelling up paper was published on 2 February 2022, followed by the health and social care integration paper shortly after. It was anticipated that the NHS Long Term Plan would also be refreshed.
- In the Trust currently there were 25 COVID-19 inpatients, 3 of which being care for in the Intensive Treatment Unit (ITU). Staff absence due to COVID-19 had significantly improved since January 2022 and was currently sitting at 6.7%.
- The Trusts focus on recovery of elective waiting times has remained. There are 190,000 patients waiting for treatment within the region.
- A new Elective Treatment Centre was currently under construction at the Freeman Hospital site and would consist of four new theatres, a day case assessment suite and a recovery area. The centre will allow the Trust to carry out circa 8,500 cases per year, of which 1,500 will be additional cases and will therefore assist in reducing waiting times for patients. **[ACTION01]** A Governor tour to be arranged once the building is complete.
- Preparations for the establishment of the ICS continue, with the expected commencement in July 2022, subject to passage of the Health & Care Bill through Parliament. Meetings have continued to take place with Sir Liam Donaldson, Chair Designate of the ICS, and Sam Allen, Chief Executive Designate of the ICB. Ms Allen began her new role on 31 January 2022, and is currently recruiting into the ICB Executive Director positions.
- In January, a number of meetings took place with Pam Smith, the new CEO of Newcastle City Council, regarding Collaborative Newcastle plans for the year ahead.
- The Trust's exciting new six-part TV series, Geordie Hospital aired in January 2022 on Channel 4. The Chairman thanked all involved in the production of the Geordie Hospital documentary.

It was resolved: to receive the report.

ii) Minutes of the Meeting held on 2 December 2021 and Matters Arising

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

It was resolved: to approve the minutes of the previous meeting.

- **Access to acute hospital care for people with learning disabilities and/or autism**

The Deputy Chief Nurse, DCN provided a verbal update and noted the following key points:

- Significant work had been undertaken across the organisation by the Learning Disability Liaison Team (LDLT) to improve the health and experience of patients with

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learning disabilities through the delivery of tailored, appropriate care. This has included reviewing and updating policies, training and procedures.

- The Trust is committed to ensuring that services to patients with learning disabilities and/or autism improve their health and wellbeing, as well as demonstrating a positive and safe experience.
- The Trust Quality Account includes a priority on improving the quality of services for patients with learning disabilities.
- The Trust has a multi-disciplinary Learning Disability Steering Group in place which provides advice and guidance to staff and promotes the initiatives to improve patient experience. The Group is linked into the Learning Disability Network and associated workstreams.
- The Trust is working closely with Primary Care to ensure that the patient record includes a learning disabilities 'flag' to ensure that the patient receives the care they need. Once a record is flagged then patients enter into a Virtual Ward for further support.
- The Trust has Learning Disability champions within Wards who receive dedicated training on all aspects related to caring for patients with learning disabilities.
- A bi-monthly Learning Disability Forum takes place within the Trust to share knowledge from high profile cases locally and nationally to bring out the key learning points and this helps the Trust improve services.
- The Trust has piloted Diamond Standards in the Great North Children's Hospital (GNCH) training to ensure it is fit for purpose before it is rolled out Trust-wide. This is local to the North East and North Cumbria.
- Work is underway with Higher Education Institutions to develop a learning disability simulation package.

Mrs Singh noted that the number of patients with a learning disability is increasing and queried whether further funding would be made available. The DCN explained that the Trust has undertaken a workforce review within the LDLT to look at current delivery and horizon planning. Further work is required, particularly in relation to delivery of education and awareness sessions.

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

[The CEO left the meeting at 2.41pm]

22/03 QUALITY & PATIENT SAFETY; PERFORMANCE & DELIVERY

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

The Medical Director/Deputy Chief Executive Officer (MD/DCEO) presented the report from December 2021. He noted that bed occupancy and staff absence was at its highest in January 2022 as a consequence of the Omicron COVID-19 variant, however the position had improved during February.

The MD/DCEO noted the following key points:

- The Trust had 0 cases of MRSA bacteraemia in December 2021 however the Infection Prevention Control (IPC) data shows a slight increase in MSSA and

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C.difficile. The MD/DCEO explained that C.difficile cases are now counted differently and therefore this had resulted in an increase in reported cases.

- In relation to COVID-19, the Trust was working on the basis of a 30-40 bed requirement for the foreseeable future.
- There were 32 Serious Incidents (SIs) reported in December 2021. The Trust actively encouraged the reporting of SIs to enhance patient safety. The MD/DCEO confirmed that patients who develop COVID-19 as an outbreak within the Trust are included in the SI numbers.
- 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. Challenges had been experienced in discharging patients back to their 'base' hospital or into care in the community.
- The Trust PTL size was 93,350 in December with 4,277 patients waiting over 52 weeks. 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.
- December's performance against the 18 week wait target (92%) declined slightly to 69.3%, 1.5% below November's level of performance. Dermatology, Spinal Surgery and Orthopaedics continue to have high volumes of >52 week waiters. The Dermatology 2ww position has improved due to the introduction of a tele-dermatology pathway with GPs now sending images to the Trust alongside referrals.
- The Trust's 62 Day compliance has improved for 2 consecutive months, but remains low compared to other Trusts following a year of consistent decline prior to that. Urology performance had been impacted by higher than expected nurse staffing absence, insufficient CT capacity from Radiology, a lack of anaesthetic staff and limited theatre capacity for surgery. Numerous initiatives are 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 Trust performance was 66% in November against the new 75% 28 Day Faster Diagnosis Standard. Improving skin cancer pathways should increase Trust level performance against this standard in future months and a validation exercise was conducted to ensure high data quality.

Professor Home referred to the increase in MSSA and C.difficile cases and asked whether ward staff were fully aware of the increase. The MD/DCEO explained that the best way to reduce such cases was through good handwashing and basic hygiene techniques. He confirmed that the Trust has reinforced the importance of good hand hygiene through communications to staff. The DCN advised that the Trust does review the processes and that reviews are undertaken when infections are identified to identify any key learnings.

Mr Warner asked about whether the Trust pharmacy would be issuing any of the newly identified drugs that can be given to patients that are susceptible to COVID-19 to improve outcomes. The MD/DCEO explained that there is a system in place currently whereby vulnerable patients can be prescribed an antiviral or monoclonal antibodies. He highlighted that further evidence is required to demonstrate the efficacy of such new drugs. He advised that the Clinical Commissioning Groups (CCG) and the Medical Directors in the region are gathering data to identify those patients who are deemed as 'vulnerable'.

Dr Wilson asked if a demographic profile of the population in the North East could be circulated to the Governors which The GMEO agreed to ascertain **[ACTION02]**.

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

22/04 DISCUSSION TOPIC

i) Trust Processes and Management of Loan Equipment

Mrs Odeth Richardson, Head of Occupational Therapy, delivered a presentation. The following key points were noted:

- The service was a jointly funded service between Newcastle Hospitals and Newcastle City Council.
- Newcastle staff were working together with Newcastle residents to help them to remain at, or return to, their homes.
- The team process in excess of 35,000 items a year, and items include hoisting, toileting, pressure relief, walking, seating, bed and bathing equipment.
- The team look after equipment funded via the Individual Funding Request (IFR) process and manage all continuing healthcare funded equipment on behalf of the Clinical Commissioning Group (CCG).
- In July 2021 the Trust adopted 'elms 2' software to support the efficient management of the community equipment service. Requisitioning staff are now able to view and book delivery slots directly.
- Service leads from Health and Local Authority work alongside each other and meet at least fortnightly to discuss possible approval of non-stock orders.
- The team recycle items where possible and have worked to reduce their impact on the environment through reductions in duplicate visits, reducing reliance on chemicals and cleaning products and reusing parts from non-recyclable items.
- Services included Planned Preventative Maintenance (PPM) and acknowledging and reacting to Field Safety Notices and product recalls.
- A number of challenges were evident, including supply chain issues due to COVID-19 and Brexit and increased demand for equipment at home.
- There are opportunity areas, including to increase the use of digital technology and to work more collectively on projects via Collaborative Newcastle.

The Chairman asked if the equipment is labelled with a QR code to ensure that service users know where to return it. Odeth Richardson confirmed that the department now have the software to embed QR codes on equipment, linked to the elms 2 software.

Mrs Davison asked if the process for weekly orders had changed and noted concerns in relation to the timeliness of the issue of special orders for paediatric patients. Mrs Richardson confirmed that the service has improved as the meetings used to be every other week and the panel now review urgent requests weekly.

Mr Gibson asked who undertook the testing of the equipment to which Mrs Richardson explained that the Trust has technicians who are trained to undertake appropriate testing.

It was resolved: to receive the report.

22/05 GOVERNOR REPORT

i) Lead Governor Update

Mrs Yanez presented the above report, noting that:

- Following recent feedback, and building on from the work of the recent Task and Finish Group, improvements have been made in relation to process for agreeing the Council of Governor meeting agenda and the scheduling of meetings to enable better engagement and involvement of Trust Governors, with the Chairman and Corporate Governance Team members.
- Going forwards the minutes from the formal Council of Governors meetings will be received in advance of the Informal Governor Meetings, which now take place before the agenda setting session. This allows for any Governor queries to be answered promptly. Recent feedback has evidenced that promptly responses were received in relation to queries regarding the Dental Hospital and visiting restrictions.
- The regular updates from the Governor and Membership Engagement Officer continued to be well received.

It was resolved: to receive the report.

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

Mrs Errington presented the above report, noting that:

- Governors continue to attend panels such as Complaints Panel and Clinical Audit and Guidelines Group (CAGG).
- Mr Chapman, NED, has now taken over as chair of the Quality Committee. A meeting was held between Mr Chapman and Mrs Errington to discuss the role of the Quality Committee and the QPE WG.
- Mrs Yanez provided a useful presentation in relation to her Charity work.
- Mrs Errington and Dr Lucraft, Chair and Vice Chair will have completed three terms of office in May 2022 and therefore will be leaving the QPE WG at that time.
[ACTION03] The TS and GME0 to pick up succession planning arrangements.

It was resolved: to receive the report.

iii) Business and Development (B&D) WG

Dr Valentine presented the report, noting that:

- The EDBDE provided an update on the progress of the construction of the Elective Treatment Centre.
- At the December meeting, Cameron Waddell from external audit (Mazars) gave an update on their work and the group were assured that work is proceeding well. Stuart Smith, Assistant Finance Director will provide a presentation to the March 2022 B&D WG meeting on the external audit contract arrangements.

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- At the January meeting, Ivan Bradshaw, Fraud Specialist Manager, gave a comprehensive update in relation to Counter Fraud and the difficulties during COVID-19.
- Gavin Evans, Deputy Director of Estates presented a broad fire safety update at the February meeting.
- Bill Macleod, NED, gave an update on the Audit Committee and Dr Valentine confirmed that the communication between the Non-Executive Directors/Governors continued to work well.

Dr Valentine highlighted challenges with low attendance at B&D WG meetings and requested that members try to attend the meetings where possible or provide apologies in advance to ensure that quorum can be maintained.

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

iv) People, Engagement and Membership (PEM) WG

Mrs Carrick presented the report, noting that:

- The updated Membership Materials have now been approved and printed, and are now ready to be disseminated. Mrs Carrick has drafted a covering letter to be sent out with the posters and the group will prioritise engaging with 16 – 19 year olds to improve membership amongst the 16 – 19 age cohort.
- Progress was underway in arranging a Virtual Members Event in March 2022.
- Discussions have taken place in relation to further developing communications regarding Members Events and promoting awareness of the Lead Governor mailbox.

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

22/06 ITEMS TO APPROVE

i) Nominations Committee Report

The Trust Secretary (TS) presented the report and provided an update on NED recruitment. She advised that the dates for the Non-Executive Director (NED) recruitment, longlisting and shortlisting interviews are currently being finalised.

Committee members reviewed a number of documents and agreed that no changes be made to the following:

- The remuneration level for NEDs, including the new NED to be appointed, remains the same;
- The NED Terms and Conditions;
- The NED and Chair expenses guidance; and
- The Chair/NED appointments and reappointments process, and Trust's Succession Policy.

It was resolved: to (i) **note** the contents of the report.

Note there were no items to approve on this occasion.

22/07 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

i) Updates from Committee Chairs

Charity Committee

Mrs Baker provided an update, noting that the May Committee will focus on the strategy and grants. The following key points were noted in relation to the previous Committee meeting:

- Katie Hickman, Arts Programme Manager, attended to discuss the 12 month pilot Arts Programme across the Trust. The Arts Programme Manager post had now been fully embedded on a permanent basis within the Trust structure.
- A detailed discussion took place in relation to grant applications. Mrs Baker referred to application reference number 8034 regarding the creation of a Nursing, Midwifery, and Allied Health Professional (NMAHP) Researcher Development Institute and confirmed that the ECN is supportive of this application.
- An update was provided on the work undertaken in the Charity Governance Working Group.

People Committee

The report was received. The Chairman confirmed that an update will be given by the People Committee Chair at the next Council of Governors meeting.

Quality Committee

Mr Chapman provided an update, noting that the last Quality Committee took place on 18 January 2022. A detailed discussion took place in relation to staffing levels and the work undertaken within Maternity Services in response to the Ockenden and Continuity of Carer requirements.

Audit Committee

Mr Chapman provided an update, noting that detailed discussions took place in relation to the Board Assurance Framework (BAF), the Risk Register and Information Governance (IG) developments.

Finance Committee

Mr Chapman provided an update, noting that the Committee received a detailed update on capital discussions and progress in developing the 2022/23 financial plan.

Mr Gibson asked if there is a dedicated team to look at income generation, including commercial income. The EDBDE advised that the Trust has a Commercial Team in place. She highlighted that the Trust was operating in a block envelope environment and there was limited funding available for development opportunities, particularly on a recurrent basis.

Mr Chapman highlighted that a Trust Commercial Strategy Group was set up.

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

ii) Elections Report

The Deputy Trust Secretary (DTS) presented the report, with the following key points to note:

- 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 vacancies within the Council for the 2022 election round were highlighted, which include five public seats and two staff seats, being;
 - The five public seats are within the Newcastle upon Tyne constituency (two seats) and the Northumberland and Tyne and Wear (excluding Newcastle) constituency (three seats).
 - In addition to the one staff seat outlined within the report for the Medical and Dental staff class, a further seat had been identified in the Health Professional 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 were outlined, with actions to fill these vacancies underway.

The DTS asked the Council of Governors for approval to resume the original timetable for the Elections. She confirmed that terms of office will end on 31 May 2022 and that the new Governors will start on 1 June 2022. The DTS advised that the People, Engagement and Membership Working Group will be assisting with engagement activities.

It was resolved: to (i) **receive** the report and (ii) **approve** the resumption of the original timing of the election cycle, as outlined in section 2.1 of the report.

iii) Any other business

The Chairman referred to the Task and Finish Group email circulated to Governors and asked if anyone further would like to attend, to contact the Corporate Governance Office.

iv) Date and Time of Next Meeting

The Council of Governors will next meet on Thursday 21 April 2022 at 4pm for a private workshop, venue to be confirmed.

The next formal meeting of the Council of Governors will be held on 16 June 2022.

There being no further business, the meeting closed at 16:00hrs.

GOVERNORS' ATTENDANCE – 17 FEBRUARY 2022 PUBLIC

| | Name | |
|---|--------------------------------|-----------|
| S | Mrs Glenda Bestford | YES |
| 1 | Mr David Black | YES |
| 2 | Mr Graham Blacker | APOLOGIES |
| S | Miss Genna Bulley | YES |
| 1 | Mrs Judy Carrick | YES |
| 1 | Dr Alexandros Dearges-Chantler | YES |
| 1 | Jill Davison | YES |
| 2 | Mrs Madeleine Elliott | YES |
| 2 | Mrs Carole Errington | YES |
| 1 | Mrs Aileen Fitzgerald | YES |
| S | Mr Gary Gibson | YES |
| 2 | Mrs Catherine Heslop | NO |
| 2 | Prof Philip Home | YES |
| 2 | Mr David Hughes | YES |
| S | Mrs Fiona Hurrell | YES |
| 2 | Dr Helen Lucraft | YES |
| A | Prof Tom Lawson | YES |
| 2 | Mr John McDonald | YES |
| 1 | Mrs Susan Nelson | YES |
| 2 | Prof Pauline Pearson | YES |
| S | Mrs Kate Pine | YES |
| 3 | Mr Neville Coulthard Shaw | YES |
| S | Mrs Poonam Singh | YES |
| 3 | Mr Thomas Smith | NO |
| A | Mrs Norah Turnbull | YES |
| 1 | Dr Eric Valentine | YES |
| 1 | Ms Emma Vinton | NO |
| 3 | Mr Michael Warner | YES |
| 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. <u>09/06/22</u> - LB emailed Rachel Wilkins from HealthWatch to arrange a time. | |
| 103 | ACTION01 | 22/02 BUSINESS ITEMS v) Chief Executive's Report | 17-Feb-22 | A Tour for the Governors of the Day Treatment Centre to be arranged once to building is complete [ACTION01] . | L Brotherton | <u>09/06/22</u> - The building is on track for completion/opening in August 2022 therefore the tour will be scheduled for August 2022. LB emailed to arrange slots for Governors to visit. | |
| 104 | ACTION02 | 22/03 QUALITY & PATIENT SAFETY; PERFORMANCE & DELIVERY i) Integrated Board Report - Quality, Performance, People & Finance | 17-Feb-22 | Dr Wilson asked for a demographic profile of the population in the North East to be circulated to the Governors [ACTION02] . | L Brotherton | <u>11/03/22</u> - L Brotherton circulated document from Newcastle City Council to the Governors on 04/03/2022. | |
| 105 | ACTION03 | 22/05 DISCUSSION TOPIC - GOVERNOR REPORT ii) Quality of Patient Experience (QPE) Working Group (WG) | 17-Feb-22 | The Trust Secretary and Governor & Membership Engagement Officer to pick up succession planning arrangements for the Chair of the QPE Working Group [ACTION03] . | K Jupp / L Brotherton | <u>09/06/22</u> - A voting process was arranged in April with Poonam Singh accepting the role as Chair of the QPE Working Group and Alexandros Dearges-Chantler as vice Chair. | |

Key:

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

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|--|
| 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

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|-------------------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of meeting | 16 June 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"> • Governor Activity including: <ul style="list-style-type: none"> ○ Virtual Members Event; ○ Governor Elections; ○ Meeting with the Lead Governor and Working Group Chairs; ○ Chairing a Governor Task & Finish Group; and ○ Chairing a Council of Governors Workshop. • Board Development Sessions. • Recruitment of a new Trust Non-Executive Director. • Spotlight on Services – Urology. • Attendance at one of our Strategic Leadership Programme cohorts. • Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives. | | | | | | |
| 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:

- Governor Activity including:
 - Virtual Members Event;
 - Governor Elections;
 - Meeting with the Lead Governor and Working Group Chairs;
 - Chairing a Governor Task & Finish Group; and
 - Chairing a Council of Governors Workshop.
- Board Development Sessions.
- Recruitment of a new Trust Non-Executive Director.
- Spotlight on Services – Urology.
- Attendance at one of our Strategic Leadership Programme cohorts.
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives.

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

CHAIRMAN'S REPORT

I am writing my report today following a wonderful extended weekend in celebration of our Queen's Platinum Jubilee. She came to the throne on the day of my birth when her father died. As a result, my arrival sadly coincided with a period of national mourning.

Since my last report earlier in the year my activity has been varied although a lot has been undertaken virtually due to having contracted COVID-19 from my wife; I am pleased to say we have made a rapid and full recovery.

There has been considerable Governor activity since our last meeting:

- **Virtual Members Event** - On 22 March, I chaired the first virtual members' event, supported by the Trust Secretary and our new Governor and Membership Engagement Officer, Lauren Brotherton, and accompanied by Judy Carrick and Pam Yanez, Chair of our People, Engagement and Membership Group and the Lead Governor respectively. Judy reported 40 new public members, perhaps stimulated by the excellent Channel 4 TV series 'Geordie Hospital' and I highlighted that we had changed our Constitution during 2021 so that all new staff became Trust members on an opt out rather than opt in basis.

We enjoyed three excellent presentations; Reverend Katie Watson, Head of Chaplaincy, gave us an insight into the amazing work of the chaplaincy under her leadership through the two dark years of the pandemic, Consultant Paediatrician Dr Jen Townshend and Specialist Nurse Sally Hails explained how BReATHE – Beating Regional Asthma Through Health Education - achieved a remarkable reduction in asthma morbidity and mortality earning a national Health Service Journal (HSJ) award in 2019 among other accolades and finally Claire Pinder, EPOD Directorate Manager, and Assistant Directorate Manager Dani Colvin Laws, walked us through the ground-breaking development of the Cataract Centre which has transformed our care for people disabled by this common cause of visual impairment. It was a fitting end to the event as they had come from the 200-year celebration of the Newcastle Eye Infirmary

- **Governors Elections** - Our annual round of Governor elections has recently concluded. Voting closed at 5.00pm on Monday 30 May 2022 and I am pleased to welcome both new and re-elected Governors as noted below:
 - **Newcastle upon Tyne:** Judy Carrick and David Forrester
 - **Northumberland Tyne and Wear (excluding Newcastle):** Bob Wadell, Claire Watson and David Evans
 - **Staff Medical and Dental:** John Hanley
 - **Staff Health Professional Council:** Elizabeth Rowen
- **Lead Governor and Working Group Chairs** - I have met with the Lead Governor and Chairs of the People Engagement and Membership, Business and Development and Quality of Patient Experience Working Groups who provided an update from their respective areas.

Agenda Item 4

- **Task and Finish Group** - I joined a number of Governors and Non-Executive Directors where we discussed the valuable relationship between the two Groups and how we can further improve the positive interaction in the future.
- **Council Of Governors Workshop** - We held our first Council of Governors Workshop of 2022 in April, and it was wonderful to finally welcome our Governors to attend in person. We were joined by a number of Board colleagues who delivered comprehensive presentations on a number of areas, including Operational and Financial Planning for 2022/23, as well as an update on our workforce including recruitment, retention, and challenges.

In terms of Board activity in February and April, I chaired Board Development Sessions virtually which included:

- Discussions on the latest developments in system work and the impact for Newcastle Hospitals.
- A discussion to consider and agree the Trust priorities regarding climate change and how we will prioritise actions/solutions to progress.
- Receiving a briefing on Trust Charity developments.
- A discussion on the current Trust position in relation to the Well-Led Framework Key Line of Enquiry 5: Are there clear and effective processes for managing risks, issues and performance? We discussed the Trust Board Assurance Framework, the Risk Management Policy and risk management processes in place.
- A briefing on the headlines from the final Ockenden Report issued in March 2022 and feedback from recent Royal College Reviews.

Rounding off the April session was a Leadership Walkabout to our new Day Treatment Centre currently under construction at the Freeman Hospital site which I was unfortunately unable to join due to adhering to COVID-19 isolation requirements.

We had a successful Board meeting on 31 May attended by a number of governors in the Public session. I was able to announce to the Board that, following a robust recruitment process including our Lead Governor and members of the Nominations Committee, we have appointed Liz Bromley as a Non-Executive Director. Liz came along as an observer ahead of the start of her tenure on 1 June. She is Chief Executive Officer of NCG (formerly Newcastle College Group), one of the UK's largest national Further Education College Groups. Throughout her career, Liz has led on a number of significant change programmes and service restructures and has a strong background in leadership and other professional development. She is a passionate advocate of education as the force behind genuine social mobility and cultural capital.

As part of our Spotlight on Services, I chaired a virtual meeting with the Urology Team. Jo Noble, Directorate Manager, Urology and Renal Services and Institute of Transplantation was joined by her colleagues Caroline Wroe, Clinical Director of Renal and Urology, Toby Page, Consultant Urologist and Sally Ridley, Matron; they delivered a comprehensive presentation via Teams covering:

Agenda Item 4

- An overview of Newcastle Urology;
- Areas of excellence/key achievements;
- Key risks/issues; and
- Priorities for now and future development.

This was followed by a physical Leadership Walkabout to the Urology Department based at the Freeman Hospital visiting the Lithotripsy Unit, Emergency Assessment Unit as well as the Urology Treatment Suite. It was very clear from the Walkabout that there was a positive team culture within the Directorate with a strong multidisciplinary team approach. It was evident how staff have responded to the pandemic and adapted services to support the patient pathways, with new ways of working.

I was delighted to be invited to attend the Strategic Leadership Programme currently running for our Senior Managers and spoke alongside Graeme Chapman, Non-Executive Director. Upon completion the programme aims to enable participants to be able to apply new frameworks, mindsets, leadership behaviours and tools to lead advancement of Trust-wide priorities, take part in and lead collaborative coaching as well as planning how to incorporate NHS-wide changes into a local context. I was asked to share an element of my own leadership journey.

At a regional level, I continue to engage with both Foundation Trust Chairs and Chairs of the Integrated Care Partnership (ICP). We bid a virtual farewell to Alan Foster former CEO of the ICS at the end of March and welcomed Sam Allen as the new Chief Executive ahead of the ICS becoming a statutory organisation. Sam brings a wealth of experience which will be invaluable as we work together to tackle the issues that matter to our communities and deliver a shared ambition to reduce longstanding health inequalities, support people to live healthier lives, and deliver the highest standards of care.

Our meeting held in May, where we were joined by Local Authority and Voluntary Sector representatives, focused on ICS progress, Urgent Care Services as well as receiving a stakeholder update on the North East Transport Plan 2021-2035. Sam Allen joined our most recent ICP meeting with Foundation Trust Chairs held on 6 June where we discussed, among other issues, the importance of capturing accurate data across the North East and North Cumbria to find ways to minimise variation and achieve economies. I drew to her attention the fact that Newcastle University hosts the National Innovation Centre for Data linked the excellent academic team in their School of Computing.

I also had the pleasure of welcoming with Ms Allison Thompson, newly appointed Chair of South Tyneside and Sunderland NHS Foundation Trust, to a meeting at the Freeman Hospital. We hope to increase interaction between our organisations as part of the move to greater regional integration.

Our Trust leads one of England's seven Genomic Laboratory Hubs. I am pleased to continue to provide expert guidance in this area where I play a national and international role. This includes having agreed to be the Vice President Elect of the Human Genome Organisation (HUGO). I am now a trustee of the European wing of this charitable organisation, headquartered in the United States. I have recently attended and helped to lead its annual

Agenda Item 4

meeting held in Tel Aviv. The charity is working to ensure global access to the health benefits of genomic medicine, addressing educational and ethical aspects, and are seeking to engage the World Health Organisation and UNESCO in these efforts.

RECOMMENDATION

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

Report of Professor Sir John Burn

Chairman

8 June 2022

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COUNCIL OF GOVERNORS

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|--|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Date of meeting | 16 June 2022 | | | | | | |
| Title | Chief Executive's report | | | | | | |
| Report of | Dame Jackie Daniel, Chief Executive Officer | | | | | | |
| 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"> • An overview of the Trust's current performance and planning for 2022/23; • Work being carried out to support leadership, research and innovation; and • Headlines from key areas, including the Chief Executive's networking activities, our awards and achievements. | | | | | | |
| Recommendation | The Council of Governors are asked to note the contents of this report. | | | | | | |
| 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. This report was presented to the Trust Board on 31 May 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 finalisation and submission of plans for the 2022/23 financial year;
- An update on the delivery and performance of emergency and elective care;
- The economic and financial situation facing the Trust, its staff and patients;
- Work to develop and support leadership;
- National research funding applications;
- Networking and communication activity; 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

Planning and performing

Since the last Board meeting, the Trust has made steady progress in both developing our plans for the 2022/23 year and beginning to deliver upon them for the patients and population that we serve.

Like all other NHS organisations, we have now made our formal planning submissions outlining the waiting times, activity, and financial delivery we expect to see every month until March 2023. I want to thank everyone involved for their work in developing these alongside the work they do to care for our patients every day.

The last two months have still had periods of significant operational pressure within them – not least in late March and over Easter – but our services have been resilient and continued to offer good access to urgent and emergency care throughout. At a time when there has been a national and regional focus on ensuring timely handovers of patients from ambulances into Accident and Emergency (A&E), I am proud that this is something we have always consistently delivered for our patients at Newcastle.

We have also continued to make steady progress in reducing elective waiting times. In January, we had around 250 patients waiting more than 104 weeks for treatment, but we now have less than 80 patients in this situation, nearly all of whom are for highly specialist spinal procedures. We will continue to see the number of long waiting times fall as we mobilise the new investment in our spinal services that we have agreed with NHS England's Specialised Commissioners. We are also continuing to implement our plans to open the new Day Treatment Centre at the Freeman Hospital later in the year.

A key component of aligning the work of the organisation for the year ahead are the breakthrough objectives that we set ourselves to help achieve the strategic ambitions that we set out in our Trust strategy. We agreed this year's objectives by looking at the key areas that our patients and staff have highlighted as important to them, alongside what we need to do to deliver the goals that the Government sets for the NHS as a whole. The objectives we set have a laser focus on patient safety and quality, while also prioritising providing the best environment for our staff to work in. Each objective has specific, measurable deliverables but they are summarised as:

- **Patients:** We will continue to improve the quality of care that we offer to our patients;
- **People:** We will continue to improve our staff experience;
- **Partnerships:** We will continue to develop the anchor role for Newcastle Hospitals whilst developing a strong partnership with the Integrated Care Board;
- **Pioneers:** We will enhance patient pathways; and
- **Performance:** We will continue to deliver outstanding performance.

Financial pressures and support

No-one is unaffected by the current economic situation, and as a Trust we are particularly conscious of the impact that high inflation is having on patients and staff. We have taken action to provide further support to staff where we can, temporarily increasing mileage rates to recognise the current high cost of petrol and providing a discount on public transport passes. These measures sit alongside our existing offers of financial wellbeing guidance and support.

We also know from listening to staff that having consistent access to good, affordable food across all shifts is very important. Because of arrangements linked to the Private Finance Initiative (PFI) funded New Victoria Wing, consistent access to food has not always been available at the Royal Victoria Infirmary (RVI) site – a situation which has been a source of frustration to many staff. I am delighted to now report that our new Leazes Wing Bistro for staff has opened which provides much better facilities for staff and will soon offer 24-hour catering.

The current difficult economic situation also has implications for the organisation and NHS as a whole, with cost pressures impacting on the price of the goods and services we buy. After two years of financial arrangements and funding centred around responding to COVID-19, a new NHS financial regime and settlement is in place this year, and this requires all NHS organisations to identify and deliver efficiencies as part of their plan.

In the last month I am delighted we have appointed Jackie Bilcliff as the Trust's new Chief Financial Officer, who will join us at the end of the summer to replace Angela Dragone following her retirement. Jackie joins us from Gateshead Health NHS Foundation Trust, where she is Group Director of Finance and Deputy Chief Executive. To provide additional support at a time of financial transition, we have also recently welcomed Bill Boa who has joined as Interim Strategic Financial Advisor, with a particular focus on helping to identify and structure the efficiencies we need to deliver this year.

Leadership

Meeting the varied challenges that we face – from improving quality of care, to reducing waiting times or working more efficiently – requires the key ingredient of collective leadership.

Last month, the NHS England Chief Executive Amanda Prichard gathered Trust and Integrated Care System Chief Executives in London for the first in-person NHS national leadership meeting since the start of the pandemic. It was wonderful to reconnect with colleagues that I had only seen virtually for such a long time. Coming together was an opportunity to talk about how we can make the NHS that we collectively lead fit for the future, and how we would work together to meet shared responsibilities we have for the nation's care and treatment.

A key part of Flourish, the Trust's cornerstone programme to support staff to liberate their full potential, is our work to develop our leaders. Our opportunities to do this by bringing leaders together have increased with the lessening of pandemic restrictions, and I have

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been delighted to hear positive feedback from a range of leadership programmes that we are running with support from partners such as the Institute of Health Improvement (IHI).

Our new Strategic Leaders Programme has been giving our senior leaders time together to reflect, recover and look ahead to new and different ways of working in the NHS, while also ensuring the leaders have the tools required to lead successfully in the future. This programme adds to the wider leadership offer we already have in place, such as the Leading an Empowered Organisation (LEO) programme for nurses, midwives and allied health professionals, and our Developing our Talent programme, which helps managers to maintain resilience while supporting their teams and deliver results.

Developing our leaders and embedding positive leadership behaviours is crucial because we know that well-led, supported and engaged people deliver better outcomes to patients. We will continue to focus on developing and strengthening leadership in the months ahead.

Research and Innovation

Developing our world-class research and innovation continues to be a priority, and since the last Board meeting a particular focus of my work has been in supporting Newcastle bids for National Institute for Health and Care Research (NIHR) funding. Alongside other Trust and Newcastle University colleagues, I was interviewed in London as part of the assessment of our Biomedical Research Centre (BRC) and Patient Safety Research Collaborative (PSRC) applications. The experiences were positive and showed the strength of Newcastle's collective partnerships and expertise in fields such as Long-Term Conditions. These funding processes are always very competitive, and we hope to hear the outcomes soon.

I am also delighted to report that funding has been confirmed from the Academic Health Science Network for the North East and North Cumbria (AHSN NENC) to continue the work of the North East Innovation Lab in assessing and validating the next generation of diagnostic testing. The Innovation Lab was originally set up as part of the Integrated Covid Hub North East (ICHNE) which looked at detecting and containing Coronavirus. The Innovation Lab is attracting national attention as a unique facility, and we expect it will continue to develop relationships and funding streams from industry partners as it plans for ongoing sustainability.

2. NETWORKING ACTIVITIES

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

Diabetes Service Visit

Last month I had the pleasure of visiting our fantastic Diabetes team at the Campus for Ageing and Vitality (CAV). I met with some remarkable patients who have lived with type-1 diabetes for decades and who, during the pandemic, volunteered to take part in an NHS

Agenda item 5

England pilot study to trial innovative hybrid closed loop technology to manage their diabetes differently.

I heard how the development of technology has changed their experience of living with diabetes, meaning they no longer need to undergo the finger prick tests to measure blood glucose but are now monitored continually with automatic adjustments to the amount of insulin given through a pump, resulting in improvements in control of blood sugar levels.

There was an overwhelming sense of admiration and gratitude to the staff who helped them be 'part of the team' managing their own care. This was a great example of how we can combine care, expertise and innovation to enhance the quality of life for our patients.

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

I have continued to meet with system colleagues across the North East and North Cumbria in a variety of forums ahead of the formal establishment of the Integrated Care Board (ICB) on 1 July.

Discussions have included the system's combined plan for finance, activity and performance in the year ahead, how we can collectively improve both waiting lists and emergency care access, as well as how we secure the future workforce we need in shortage specialties such as oncology.

We were delighted to welcome Sam Allen, the Chief Executive (Designate) of the ICB to our Trust at the beginning of April for a visit programme that included regional services such as children's cardiac, cancer, intensive care and maternity services. I and members of the Executive Team have also had discussions with Sam and her new team about the future approach to working at place, using learning from our experience through Collaborative Newcastle, as well as the ICB's future approach to population health and workforce.

National events and influencing

I have held a number of engagements with and on behalf of the Shelford Group, including welcoming Will Warburton, the new Managing Director, on his two-day introductory visit to Newcastle Hospitals earlier this month. With Shelford colleagues I also met with Roz Champion, the new Director of the Office for Life Sciences. We outlined the track record and capability of Shelford Trusts as a partner to government and industry, and discussed where best we could collaborate in the coming months.

In the last two months I have been involved in a number of meetings with Amanda Pritchard, CEO of NHS England, including one with Shelford colleagues where we discussed the respective future roles of Foundation Trusts, Provider Collaboratives and Integrated Care Systems. A further meeting with Amanda convened by NHS Providers discussed the approach to urgent and emergency care and post-Covid elective recovery.

Since my last Board report, I am proud to have been appointed as Vice-Chair and Trustee of the NHS Confederation, a role which will officially begin in July. I am currently undertaking several induction meetings with the rest of the Confederation board. I am sure this new role

Agenda item 5

will give new opportunities to contribute to and influence national policy, and I look forward to ensuring the continued national prominence of our Trust, its services and expertise.

3. RECOGNITION AND ACHIEVEMENTS

Our staff continue to provide the very best services for our patients, with many innovations and examples of excellence recognised at regional and national level.

Major grant for antibiotic research – Dr Tom Hellyer, an honorary intensive care consultant and part of the Newcastle University Translational and Clinical Research Institute, has been awarded a £1.9million grant to determine whether antibiotic exposure in critically ill patients with sepsis can be safely reduced by shortening the duration of the initial course.

The funding - part of the Health Technology Assessment (HTA) grant from the NIHR - will deliver a large trial recruiting over 2,000 patients from 50 critical care units in the UK.

Digital excellence – Congratulations to our IT team and everyone who worked with them to help the Trust achieve HIMSS stage 6 accreditation across all our sites, becoming one of only eight NHS organisations to have achieved this level or higher. The Trust has also been officially accredited as a Global Digital Exemplar (GDE) for fulfilling our commitments as part of the GDE programme with NHS England.

200th anniversary – Newcastle Eye Infirmary – In March we marked 200 years since the Newcastle Eye Infirmary first opened its doors and I would like to thank all of our team, who currently perform around 65,000 procedures a year, as well as everyone who has contributed and developed these services.

Contenance Nurse of the Year awards – The Newcastle Specialist Contenance Service won at this year's British Journal of Nursing Awards for their Light Urinary Incontinence Project (LiP) with a core focus on good bladder healthcare and reducing the reliance on continence products whilst improving quality of life for patients and their loved ones.

Student Nursing Times Awards – Members of our Practice Education Team were finalists in this year's awards in recognition of their work with the North East and North Cumbria Covid vaccination hubs to rapidly create a unique placement allowing students to be involved in the response to the pandemic through the vaccination programme.

Transformational leader – Congratulations to our Non-Executive Director, Steph Edusei, who was awarded the Transformational Leader award at the Northern Power Women Awards. Steph leads the way in promoting equal rights, ensuring the voices of BME women are heard nationally and strategically.

National appointment – Head of occupational therapy, Odeth Richardson, has been elected as the new Chair of the British Association of Occupational Therapists (BAOT)/Royal College of Occupational Therapists (RCOT). Odeth will become the 21st Chair of BAOT/RCOT Council when she takes over from Professor Diane Cox at the end of June.

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Heart transplants – Our cardiothoracic team have been part of the Joint Innovative Fund (JIF) UK wide DCD (donation after circulatory death) heart pilot, which has resulted in 56 patients nationally (including 15 in Newcastle which had higher numbers than most centres) receiving a transplant after donor death within the time criteria.

Prior to this trial, none of these organs could have been donated for transplantation for patients on the waiting list. This is a remarkable achievement for the team and, of course, we must acknowledge those patients – and their families – who made the decision to give the gift of life to others.

VAD nursing team – Congratulations also to our VAD (ventricular assisted devices) nursing team who were runners up in the ‘Best Thoracic NAHP Team of the Year’ category of the Society for Cardiothoracic Surgery Awards.

4. RECOMMENDATION

The Board of Directors are asked to note the contents of this report.

Report of Dame Jackie Daniel

Chief Executive

31 May 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

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|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of meeting | 16 June 2022 | | | | | | |
| Title | Integrated Board Report | | | | | | |
| Report of | Martin Wilson – Chief Operating Officer, Angela O’Brien- Director of Quality and Effectiveness, Dee Fawcett-Director of Human Resources. | | | | | | |
| Prepared by | Louise Hall- Deputy Director of Quality and Safety, Peta Le Roux- Business Analysis and Information Manager, Jane Neasham-Senior Workforce Information Analyst. | | | | | | |
| 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, People and Finance. | | | | | | |
| Recommendation | For assurance. | | | | | | |
| Links to Strategic Objectives | Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Supported by flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential. 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 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 on 31 May 2022. | | | | | | |

INTEGRATED BOARD REPORT

EXECUTIVE SUMMARY

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

1. The Trust had 0 cases of MRSA bacteremia attributed in April 2022. Therefore, no cases have been recorded since April 2020.
2. There were 23 Serious Incidents (SIs) reported in April 2022. An 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, there were 2 further Never Events in March.
3. There were 2,270 responses to the Friends and Family Test from the Trust in February 2022 (published April 2022) compared to 1,815 in the previous month.
4. The Trust received a total of 29 formal complaints in April 2022, a decrease of 24 on last months opened complaints.
5. Overall sickness absence (including Covid related sickness) is 6.13% which is up from end of February 2022 position of 5.90% (%FTE Time Lost).
6. Staff turnover has increased from 9.4% in April 2021 to 12% in April 2022, against a target of 8.5%.
7. Retention for staff over 1 year service is 86%, an increase from 84% in February 2021. (Excluding ICHNE and COVID Vaccination staff this is 87%).
8. The Trust submitted a financial plan to NHSE for 2022/2023 in April, along the lines of the request from the ICP/ICS to achieve a break-even position. However, the current plan has a deficit of £5.5m for the year.

The Council of Governors is asked to receive the report.

Integrated Board Report

Quality, People and Finance

May 2022



Healthcare at its best
with people at our heart

Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of Quality, 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, low volume of COVID inpatients requiring significant interventional support, and April additionally witnessed a notable decline in the overall COVID inpatients volume compared to March. There are still significant pressures being placed on the Trust's bed base, with high numbers of beds remaining closed due to reduced staffing levels, COVID outbreaks and IPC requirements, but the overall situation has improved throughout the month.

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 April 2022**. Therefore no cases have been recorded since April 2020.
2. There were 23 **Serious Incidents (SIs) reported in April 2022**. An 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, there were 2 further Never Events in March.
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Contents: May 2022

Quality

- Healthcare Associated Infections
- Harm Free Care – Pressure Damage
- Harm Free Care - Falls
- Incident Reporting
- Serious Incidents & Never Events
- Serious Incident Lessons Learned
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity

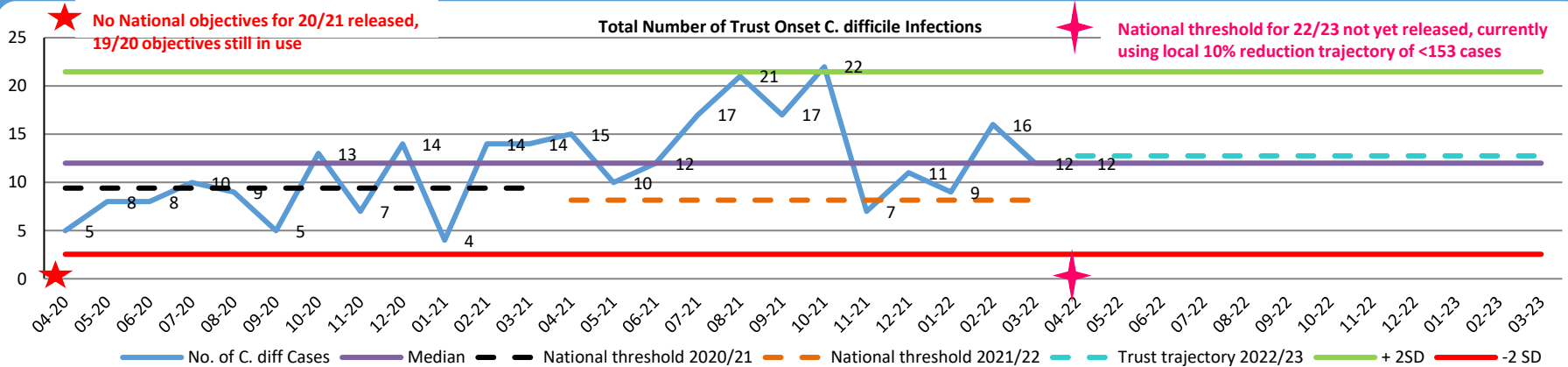
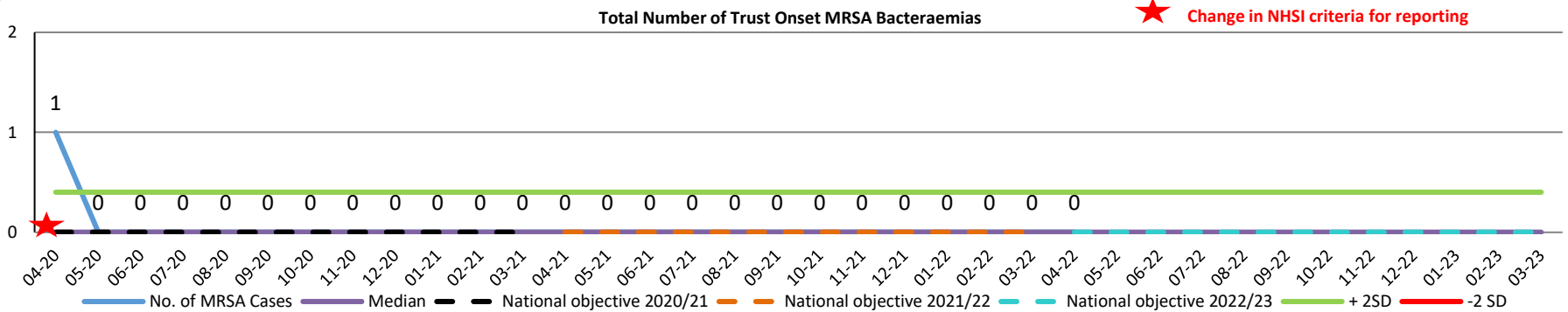
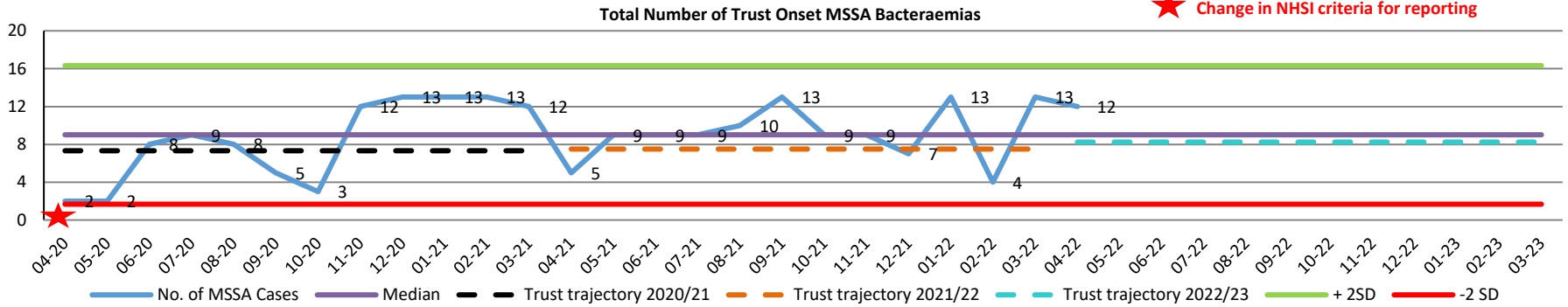
People

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

Finance

- Overall Financial Position

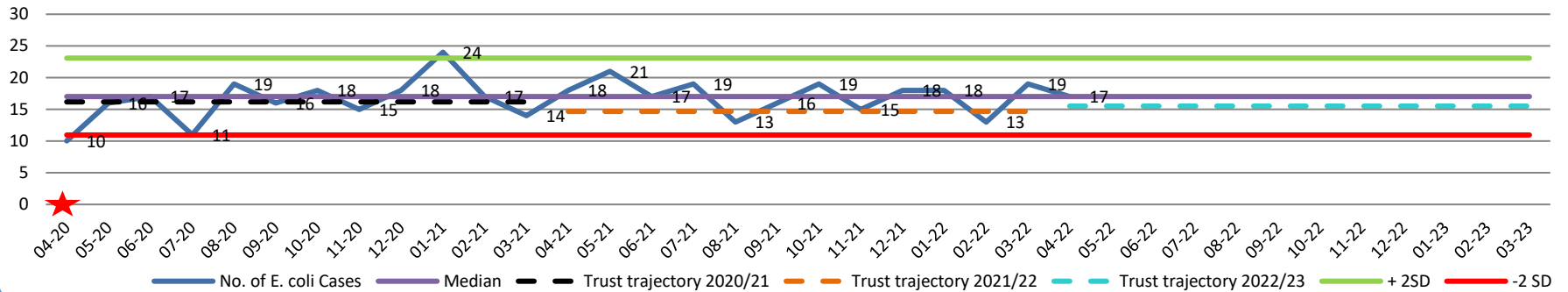
Quality: Healthcare Associated Infections 1/2



Quality: Healthcare Associated Infections 2/2

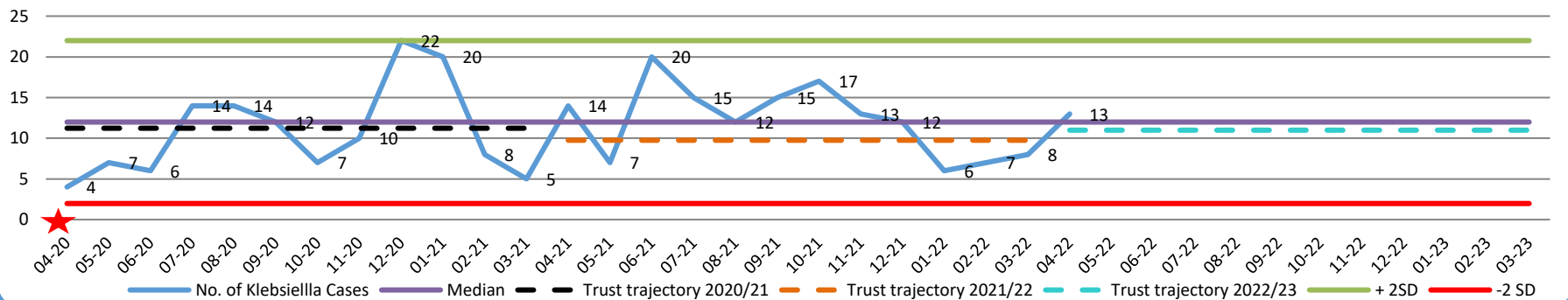
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



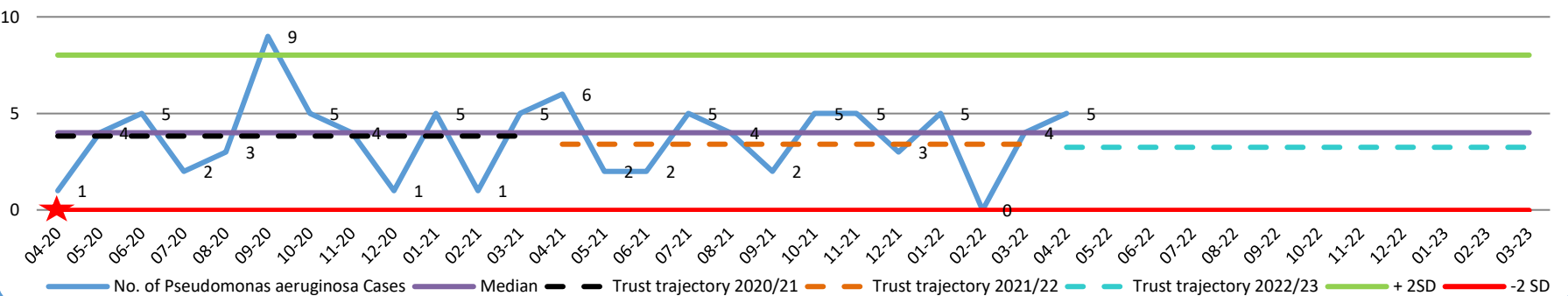
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

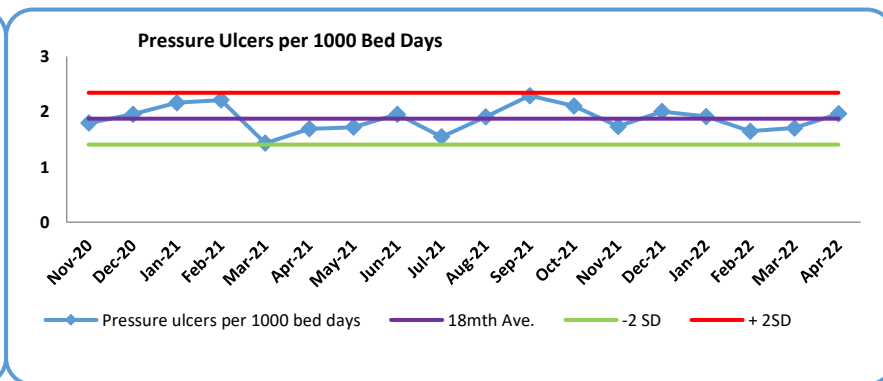
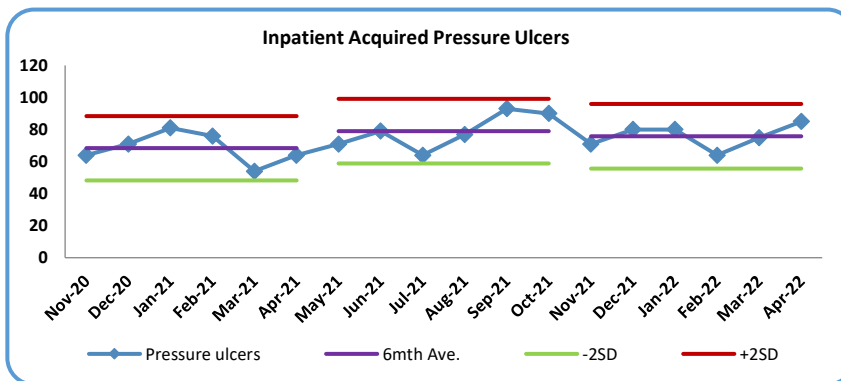
★ Change in NHSI criteria for reporting



Quality: Harm Free Care – Pressure Damage

The graphs below illustrate that in the last 18 months incidence of pressure ulcers have been on an upward trajectory, with the exception of the period between March to July 2021, November 2021, February and March 2022. It is noted that there was an increase again in April 2022. 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.

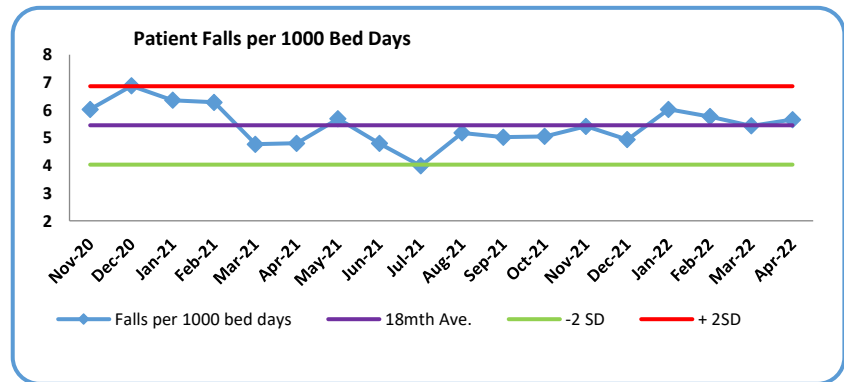
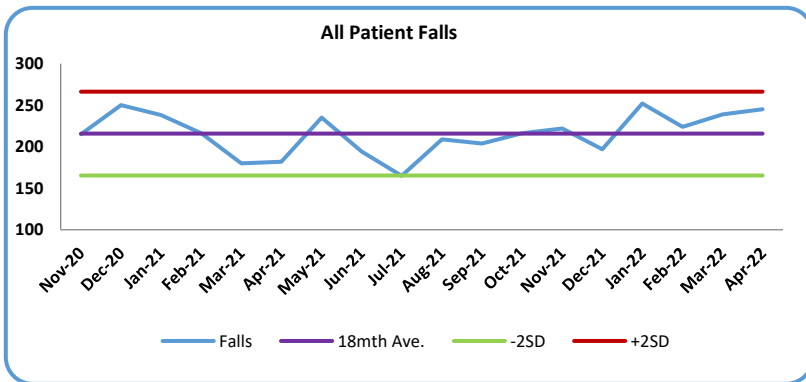
These increases are not concentrated in one particular area, but rather spread across the Trust. However, there have been some successes in the last year in some areas, particularly in those areas of high input from the Tissue Viability and podiatry team to provide education and support, increasing awareness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



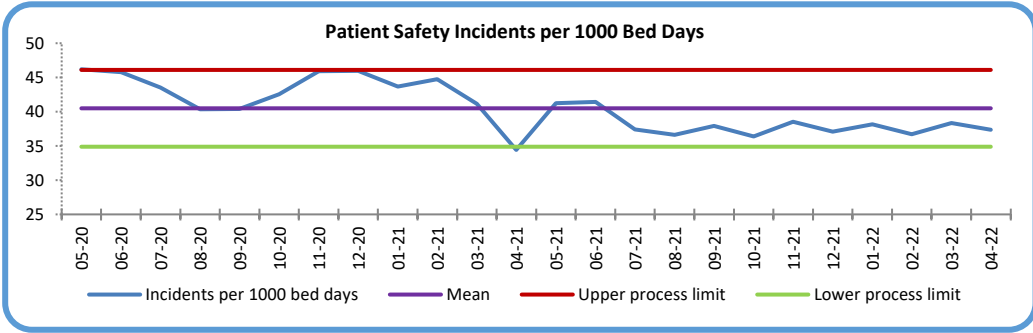
Quality: Harm Free Care - Falls

Overall there has been a reduction in inpatient falls over the past 18 months, with the exception of peaks in December 2020 through to February 2021, then again in May and November 2021. Since January 2022 we have been experiencing a further peak in falls. This reflects previous years, however also draws a parallel with periods of a surge in Covid activity. 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 did lead 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.

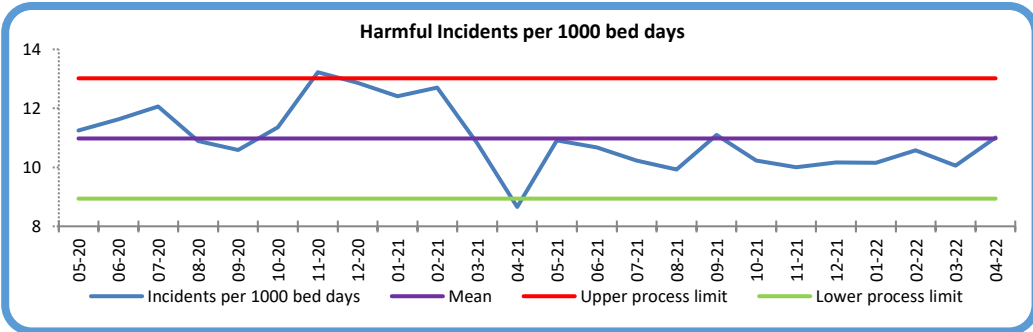
The Falls Coordinator continues the work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust continue to report less incidents resulting in serious injury.



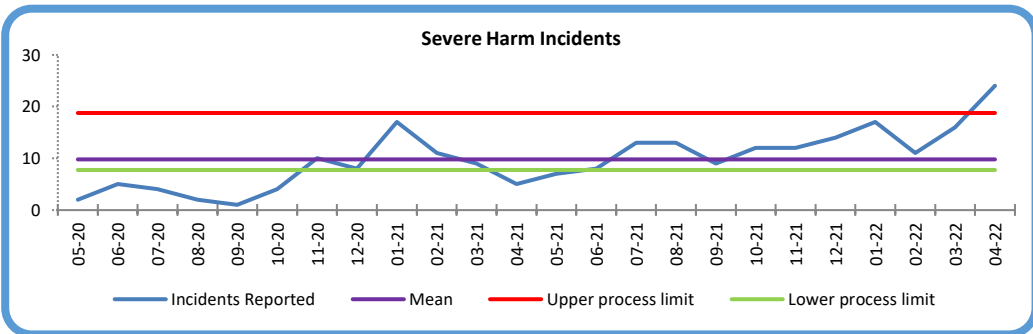
Quality: Incident Reporting



All patient incidents: There has been a slight decrease in the rate of patient incidents reported between June 2021 – April 2022, demonstrating a continued shift below the mean. This however remains within the expected common cause variation.

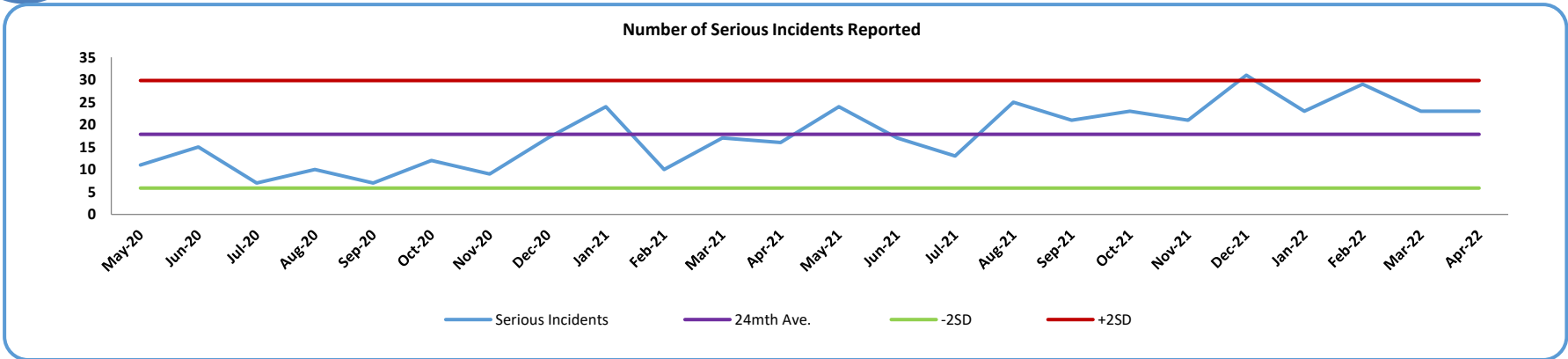


Harmful incidents: There has been a slight increase, back towards the mean, in the number of *harmful patient safety incidents per 1000 bed days. This remains within the common cause variation expected.
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted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

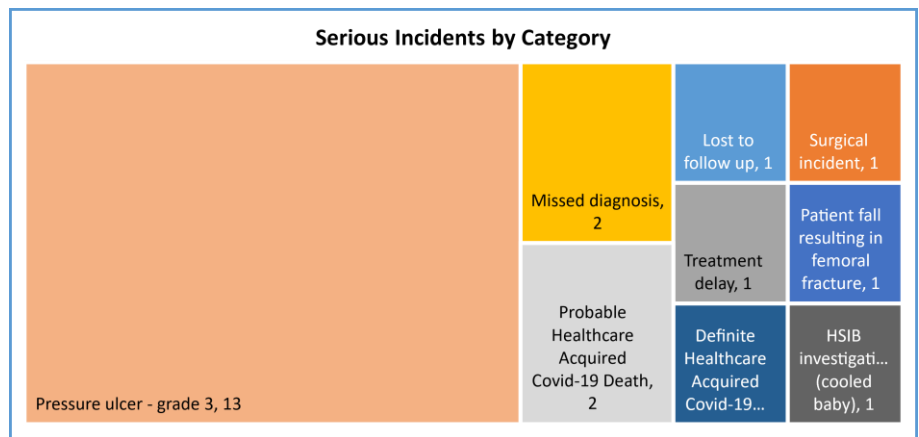
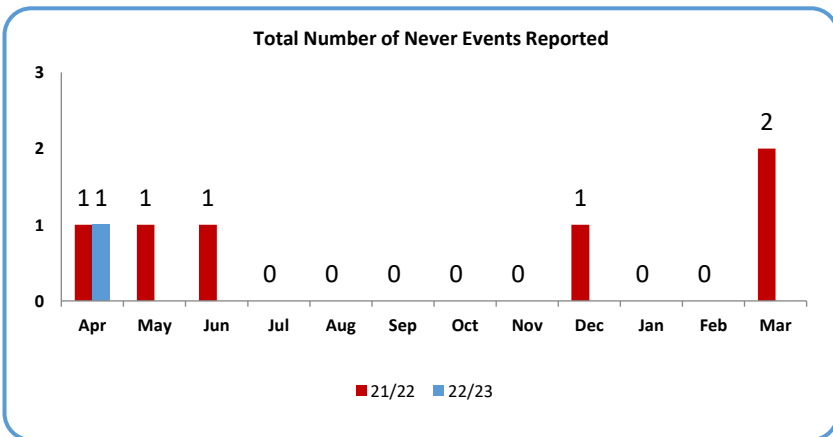


Severe harm incidents: There were 24 patient safety incidents reported which resulted in severe harm in April 2022. This is a significant increase which may in part be due to the short time period between reporting of the incident and the publication of this data. This is because severity grading may be modified following investigation and is therefore subject to change in future reports.

Quality: Serious Incidents & Never Events



There were 23 Serious Incidents (SIs) reported in April 2022. 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 and an increase in Covid-19 prevalence. 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 April 2022.



*The Trust started reporting patients who have died with definite or probable hospital onset Covid-19 as serious incidents from 1st January 2021. This is following new NHSE reporting guidance which aims to standardise reporting by all trusts nationally.

** 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: Serious Incident Lessons Learned (1/2)

Learning identified from Serious Incident (SI) & Never Event (NE) investigations completed between 01.01.2022 – 30.04.2022

The following section outlines key learning from the 18 SI investigations completed between January 1st 2022 to April 30th 2022. This data excludes information on falls, pressure ulcers, deaths as a result of definite or probable hospital acquired Covid-19 and any SI cases subsequently de-registered during this period.

Delayed diagnosis: 2 cases

- Enhanced governance processes including implementation of a robust audit schedule and creation of a dedicated waiting list officer role.
- Improved processes to support communication between clinical and administrative teams.
- Strengthened clinical pathway including the development of a robust standard operating procedure.

Medication error: 2 cases

- Review of e-Record functionality to support safe prescribing of high-risk medications.
- Enhanced mechanism implemented for the communication of clinical advice between different teams.
- Consideration of enhanced 'best practice' or mandatory training for all appropriate staff groups to improve understanding of medication safety in use of high-risk medications.

Missed Diagnosis: 2 cases

- Strengthened processes including implementation of a clinical protocol to support patient management and a robust audit schedule to monitor compliance and patient outcomes.
- Exploration of digital solutions to improve communication between clinical teams.
- Development of a regional task and finish group to strengthen referral and triage processes across the region.

Complication of treatment

- Decision making aids strengthened to support staff when caring for patients at risk of complications, including amendment and promotion of the relevant Trust policy.
- Strengthened governance processes in relation to record keeping practices, via the use of monthly audit.

Communication error

- Strengthened care pathways to support staff in the management of medication overdose and facilitate clear communication across teams.

Procedure Error

- Review of safety-checking process in line with pre-pandemic national guidance.
- Development of a standard operating procedure to support staff in care delivery during times of national emergency.

Quality: Serious Incident Lessons Learned (2/2)

Never Event: Wrong-site surgery

- Strengthened speciality safety-checking process as part of procedural checklist
- Review of alternative working patterns undertaken to maximise capacity across the department.

Patient self-harm

Explore strengthening electronic patient record functionality to:

- Increase the visibility of current mental health screening questions
- Enable the details of more than one next of kin to be accessible to staff, enabling timely communication with families.

Complication following interventional procedure: 2 cases

- Robust safety processes implemented prior to staff undertaking procedure including; discussion with appropriate Consultant and a competency based assessment and training package.
- A comprehensive review of the medical device undertaken, clinical teams made aware of the requirement for operators using this device to be aware of the potential risks associated with its use in complex patients.

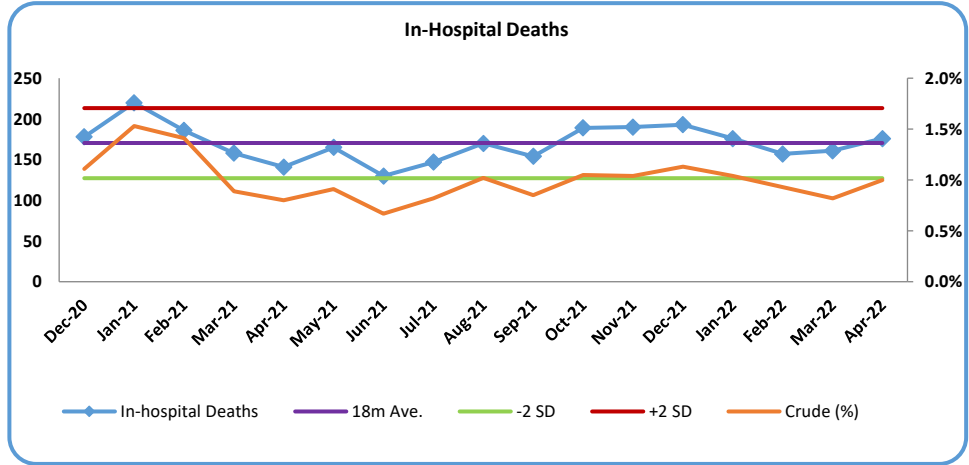
Maternity reportable cases: 5 cases - 4 cases 'Each Baby Counts'* reportable

- Strengthened clinical skills in recognition of deterioration and sepsis, using training which includes scenarios for learning.
- Local processes strengthened in-line with national guidance with robust audit of compliance.
- Robust review of monitoring equipment used across maternity to enable rapid recognition of maternal and infant deterioration.
- Robust processes implemented to ensure all parents have access to senior clinical review post-delivery and on discharge.

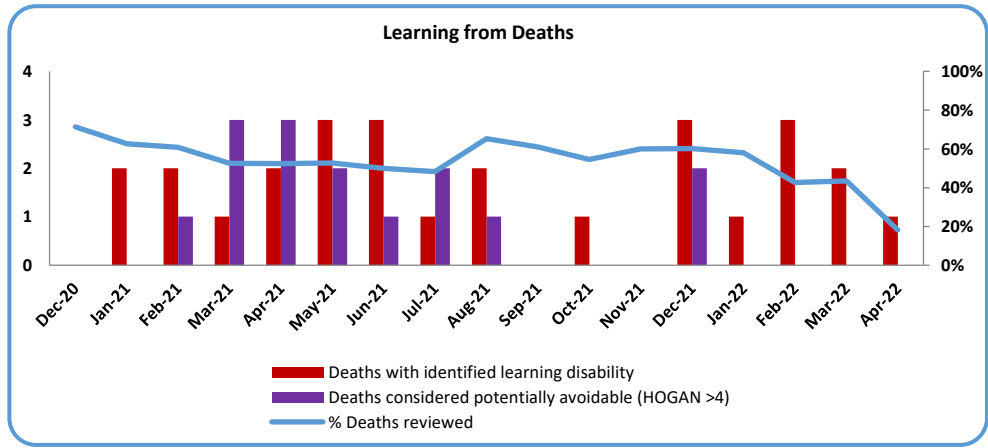
**Incidents involving babies are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. This agreement is that all cases reported to the Royal College of Obstetrics & Gynaecology (RCOG) as fulfilling the criteria for the 'Each Baby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

Quality: Mortality Indicators 1/2

In-hospital Deaths: In total there were 176 deaths reported in April 2022, which is higher than the amount reported 12 months previously (n=141). Crude death rate is 1%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.

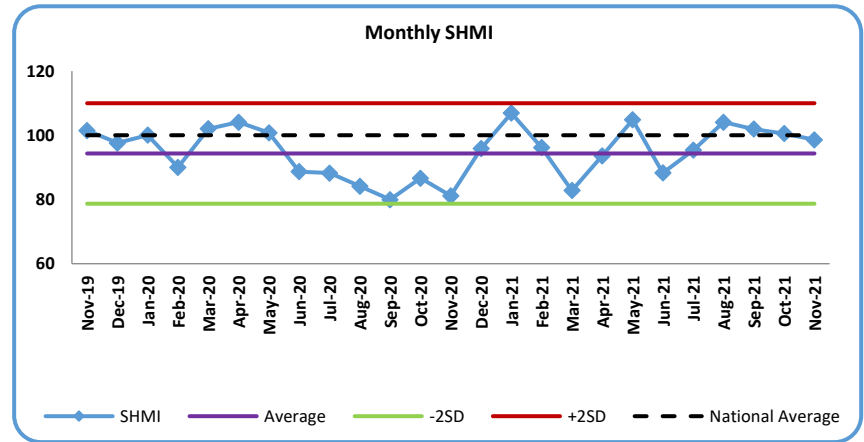
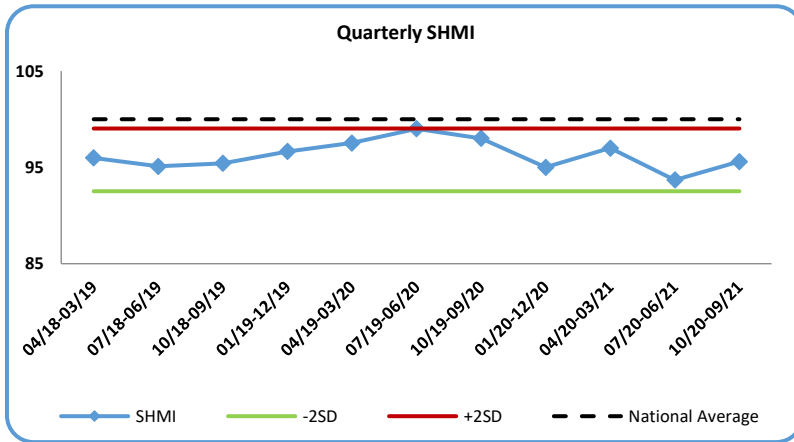


Learning from Deaths: Out of the 176 deaths reported in April 2022, 32 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings held over the forthcoming months and figures will continue to be monitored and modified accordingly.

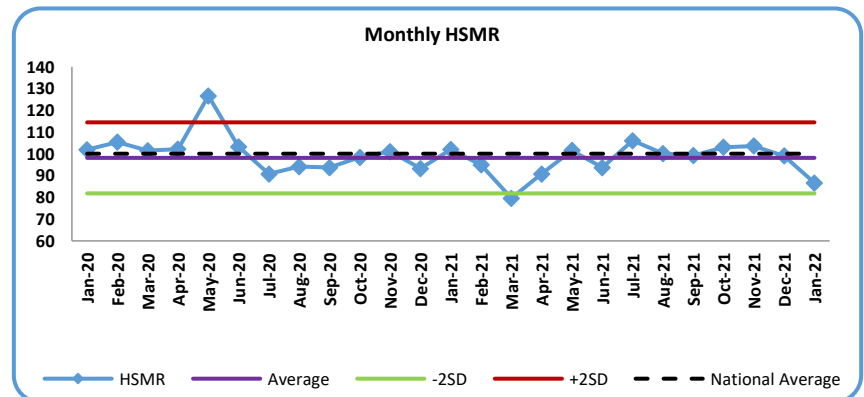
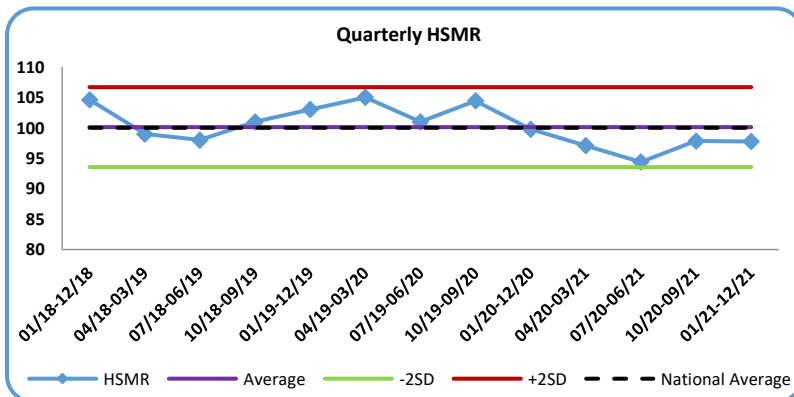


Quality: Mortality Indicators 2/2

SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 96 from months October 2020 – September 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 January 2022, and is showing to be below the national average, however this number may rise or fall as the percentage of discharges coded increases. All figures will continue to be monitored and modified accordingly.



Quality: FFT and Complaints

Inpatients and day cases

98% (94%)
2% (3%)



Outpatients

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



Maternity

100% (94%)
0% (4%)



Community Health

98% (94%)
2% (3%)



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

93% (77%)
4% (15%)

Friends and Family Test

The published data shows that there were 2,270 responses to the Friends and Family test from the Trust in February 2022 (published April 2022) compared to 1,815 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 2022-23

The Trust received a total of 29 (29 with identified patient activity) formal complaints in April 22, an decrease of 24 on last month's opened complaints.

The Trust has received an average of 29 new formal complaints per month, which is 17 complaints per month lower than the 46 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 Cardiothoracic and NCCC with 0.04% (4 per 10,000 contacts) The lowest complaint percentages are within Community, Urology & Renal, Musculoskeletal, Dental & ePOD who are all yet to receive a complaint.

| Directorates | 2022-21 | | | | 21-22 Ratio (Full Year) |
|--|------------|-------------------|----------------------|---------------|-------------------------|
| | Complaints | Activity | Patient % Complaints | Ratio (YTD) | |
| Cardiothoracic | 3 | 8,009.00 | 0.037% | 1:2670 | 1:3128 |
| Children's Services | 1 | 5,916.00 | 0.017% | 1:5916 | 1:3275 |
| Community | 0 | 5,880.00 | 0.000% | 1: | 1:4546 |
| Dental Services | 0 | 7,849.00 | 0.000% | 1: | 1:10120 |
| Medicine | 5 | 14,108.00 | 0.035% | 1:2015 | 1:3053 |
| Medicine (ED) | 2 | 16,454.00 | 0.012% | 1:8227 | 1:4866 |
| ePOD | 0 | 30,080.00 | 0.000% | 1: | 1:7356 |
| Musculoskeletal Services | 0 | 8,887.00 | 0.000% | 1: | 1:3505 |
| Cancer Services & Clinical Haematology | 4 | 11,386.00 | 0.035% | 1:2847 | 1:6347 |
| Neurosciences | 1 | 8,137.00 | 0.012% | 1:8137 | 1:3067 |
| Patient Services | 6 | 3,267.00 | 0.184% | 1:545 | 1:1934 |
| Peri-operative & Critical Care | 1 | 2,864.00 | 0.035% | 1:2864 | 1:3499 |
| Surgical Services | 2 | 6,328.00 | 0.032% | 1:3164 | 1:1698 |
| Urology and Renal Services | 0 | 5,426.00 | 0.000% | 1: | 1:3090 |
| Women's Services | 4 | 11,504.00 | 0.035% | 1:2876 | 1:3341 |
| Trust (with activity) | 29 | 146,095.00 | 0.020% | 1:5038 | 1:3994 |

"Communication" is the highest primary subject area of complaints at 24% of all the subjects Trust wide.

Quality: Health and Safety

Overview

There are currently 1,209 health and safety incidents recorded on the Datix system from the 1st May 2021 to 30th April 2022 this represents an overall rate per 1,000 staff of 70.2. The Directorate with the highest number of incidents is Peri-operative & Critical Care reporting 145 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (480) NHS COVID Vaccination Programme (314), Supplies (170), Peri-operative & Critical Care (99.3) and Women’s Service (83.6).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 968 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st May 2021 to 30th April 2022 - this represents an overall rate per 1,000 staff of 61.4 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (298), Musculoskeletal Services (171.6), Urology/Renal (125.5), Surgical (123) and Community Services Directorate (111.7).

Sharps Incidents

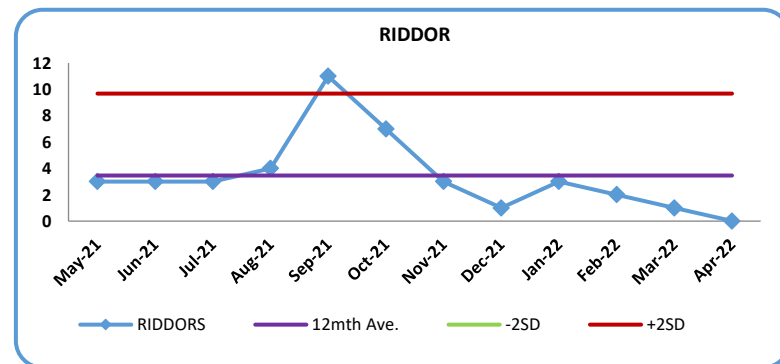
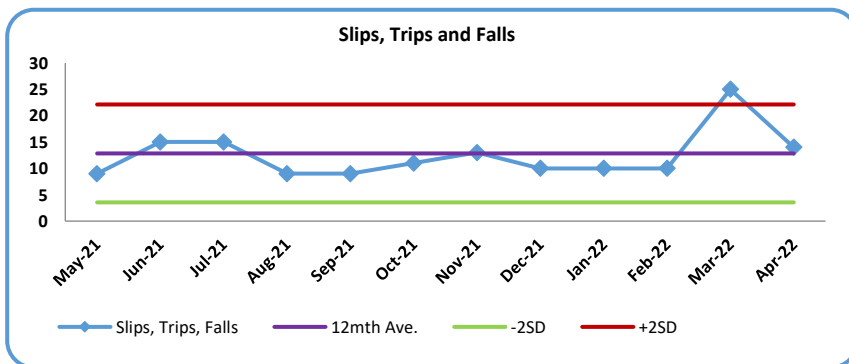
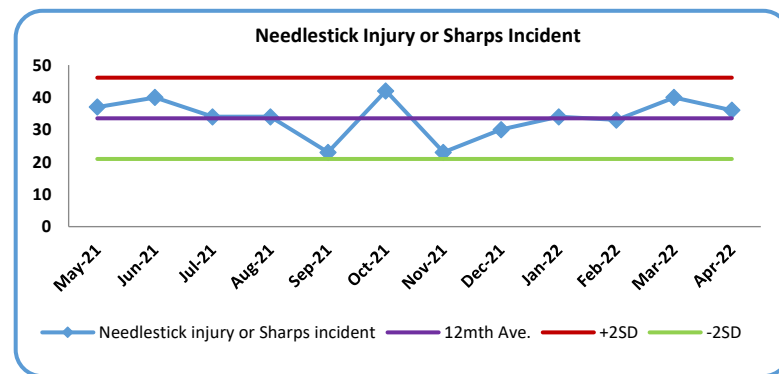
The average number of all sharps injuries per month is 34 between 1st May 2021 to 30th April 2022 based on Datix reporting, with 23% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 23 per month.

Slips, Trips and Falls

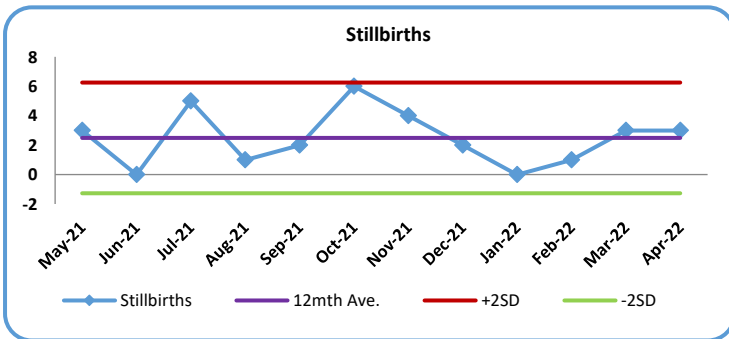
Slips on wet surface, fall on level ground and tripped over an object collectively account for 58.6% of falls between 1st May 2021 to 30th April 2022. Fall from height; fall up or down stairway and falls from a chair account for 9.4% of the incidents recorded.

RIDDOR

There have been 44 RIDDOR incidents reported between 1st May 2021 to 30th April 2022. The most common reasons of reporting accidents and incidents to the HSE within the period are Moving and Handling (12), Accidents (involving staff, visitors etc.) (10), Slips, Trips and fall (9) and Aggression & Violence (8), and These account for 87% of reportable accidents over the period.



Quality: Maternity (1/3)

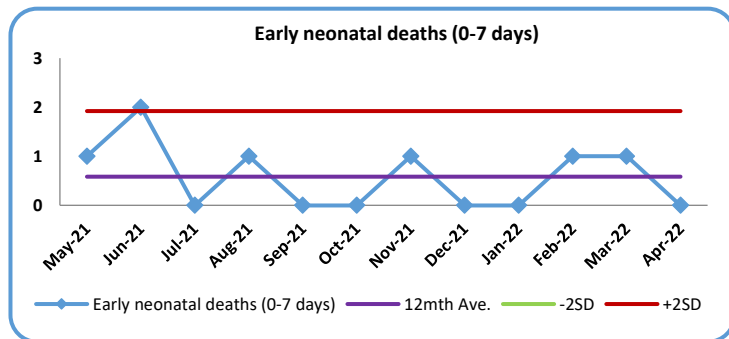


Perinatal deaths

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

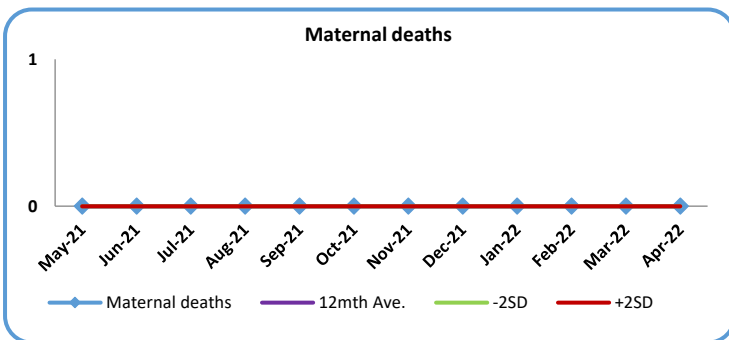
Stillbirths

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

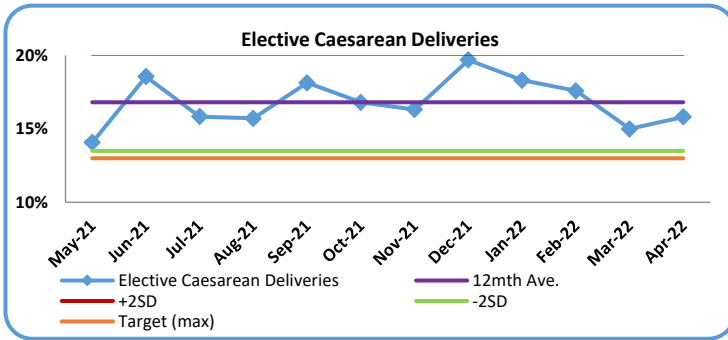
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually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

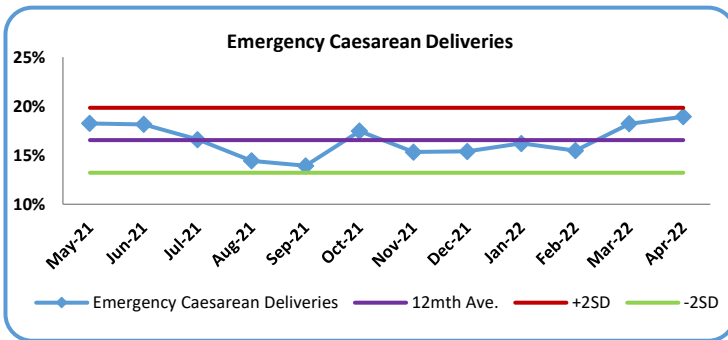
Quality: Maternity (2/3)



Elective Caesarean section

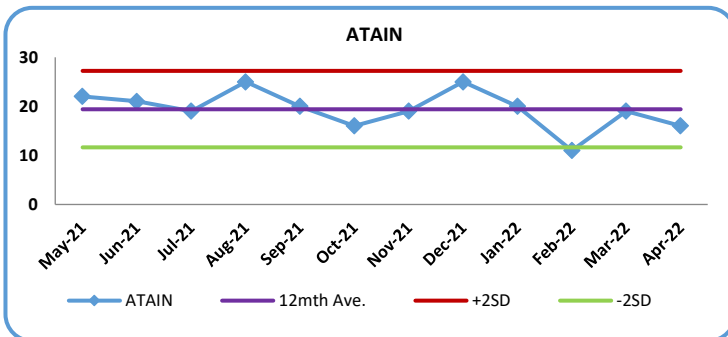
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK.

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.

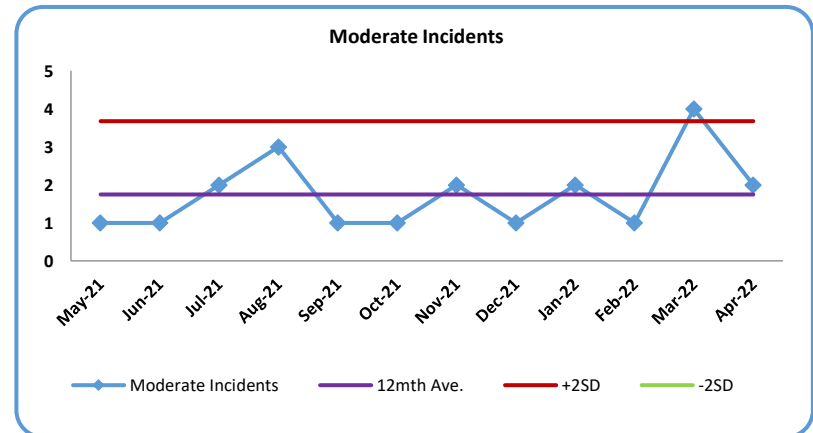
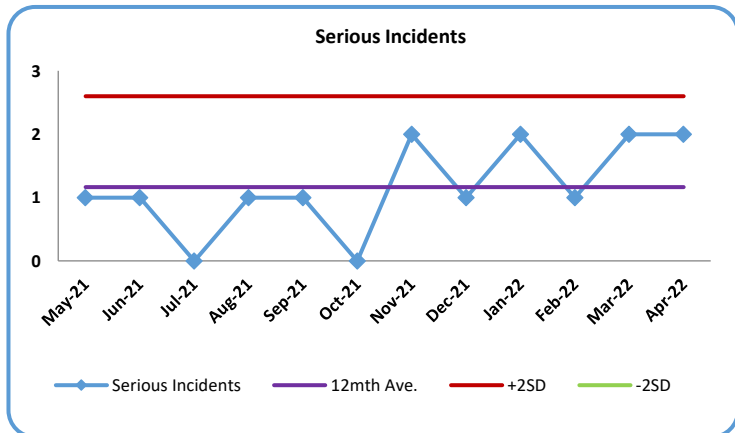
Quality: Maternity (3/3)

Serious Incidents

There have been 14 incidents escalated as Serious Incidents to the Trust in the past 12 months. These include 8 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 2 neonatal deaths, 1 baby fall, 1 bowel injury and 2 intrapartum stillbirths. The HIE and Intrapartum Stillbirth cases were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. A summary of the HSIB cases will be presented to the Serious Incident Panel in May .

Moderate incidents

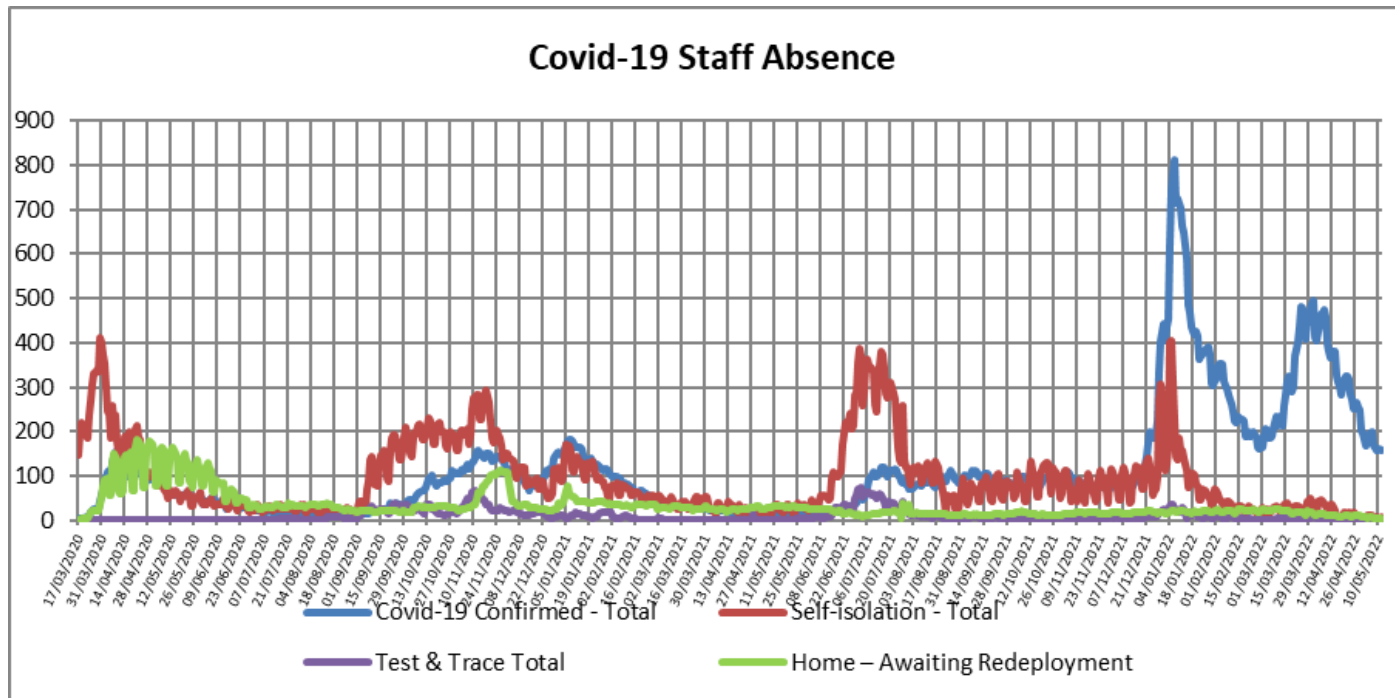
All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (48hr report). In the past 12 months the majority of the moderate graded incidents were babies that needed to receive ‘therapeutic hypothermia’ in order to minimise the 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. Both cases this month were referred to HSIB – 1 neonatal death and 1 Intrapartum Stillbirth. Both were rejected (1 maternal choice/ 1 did not fit the criteria as did not labour). Moderate incidents will be investigated as a Serious Learning Event and involve parental input to the investigation and follow up with a Consultant and Senior Midwife 6-8 weeks after the incident.



People – Covid-19

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 30th April 2022. Some staff may have had more than one episode of COVID-19 related absence during this period.



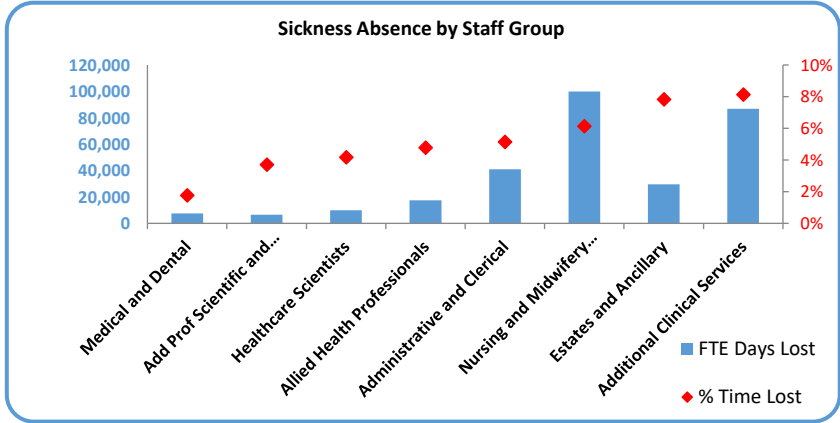
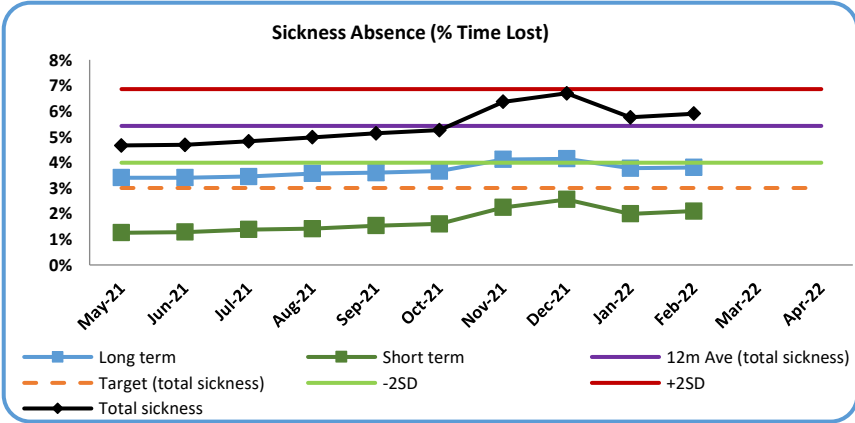
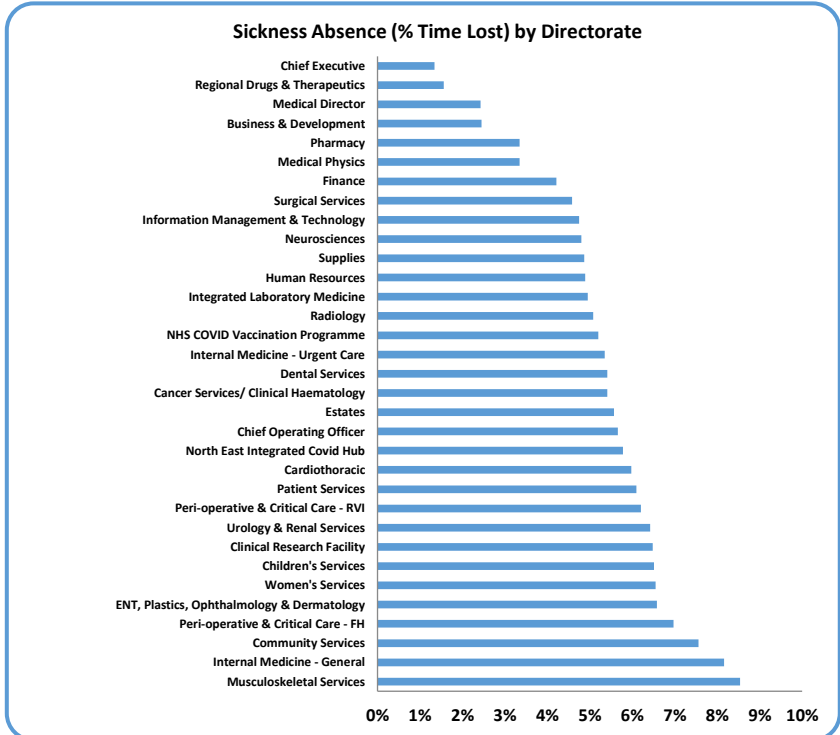
- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.

People – Sickness Absence 1/2

- Year to year comparison for sickness absence (including Covid related sickness (rolling 12 months):

| | Apr-21 | Apr-22 | |
|------------|--------|--------|---|
| Long-term | 3.41% | 3.89% | ↑ |
| Short-term | 1.13% | 2.24% | ↑ |
| Total | 4.55% | 6.13% | ↑ |

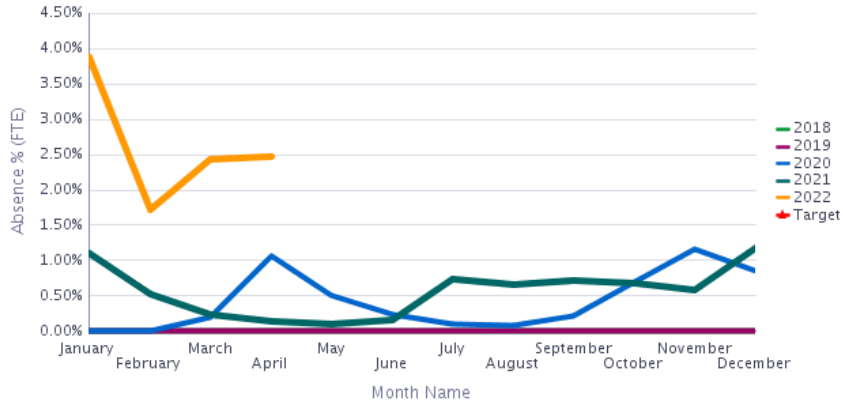
- 323,532 FTE working days were lost due to sickness (including Covid related sickness) in the year to April 2022, compared to 230,260 for the previous year, 30% increase.
- Overall sickness absence (including Covid related sickness) is 6.13%, which is up from end of Feb 2022 position of 5.90% (% FTE Time Lost).
- The top three reasons for non-Covid related sickness absence are Anxiety/stress/depression/other psychiatric illnesses (30.19%) Gastrointestinal problems (8.9%), and other musculoskeletal (11.3%).
- The top reason for “Other” absences is Maternity Leave (49% of total absence).
- Nursing and Midwifery have the highest number of Maternity Leave at 4% (%FTE Lost).



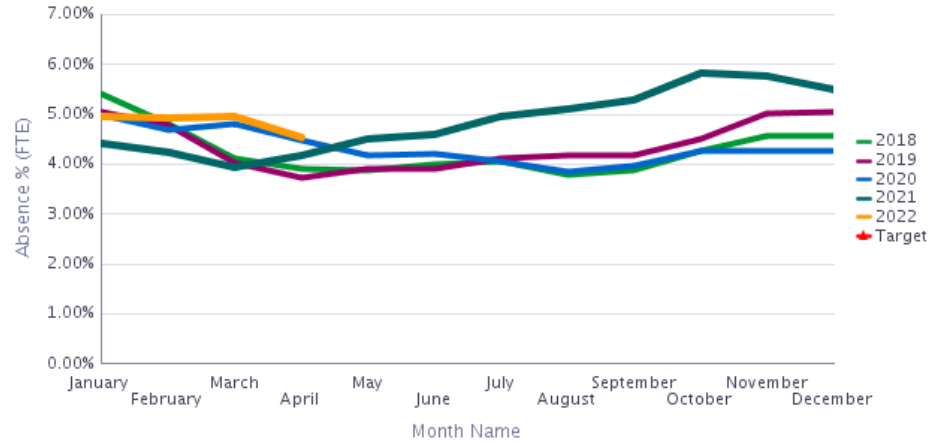
*COO Directorate includes Outpatients / ABC Service

People – Sickness Absence 2/2

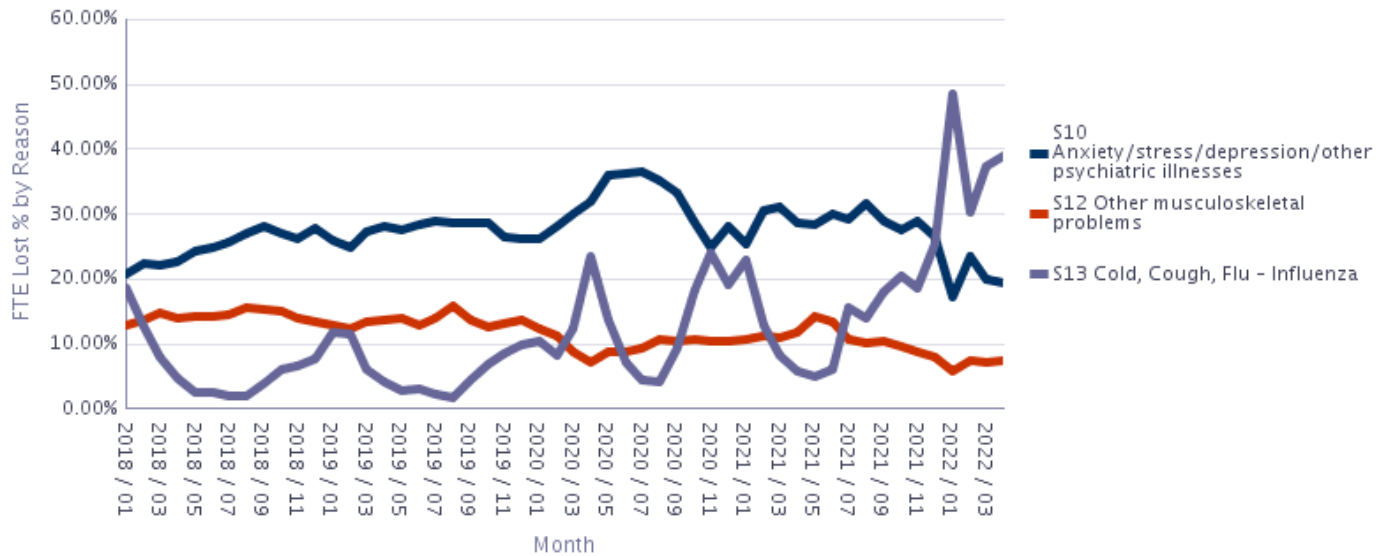
Covid Related Sickness Jan 2018 - Apr 2022 (%FTE)



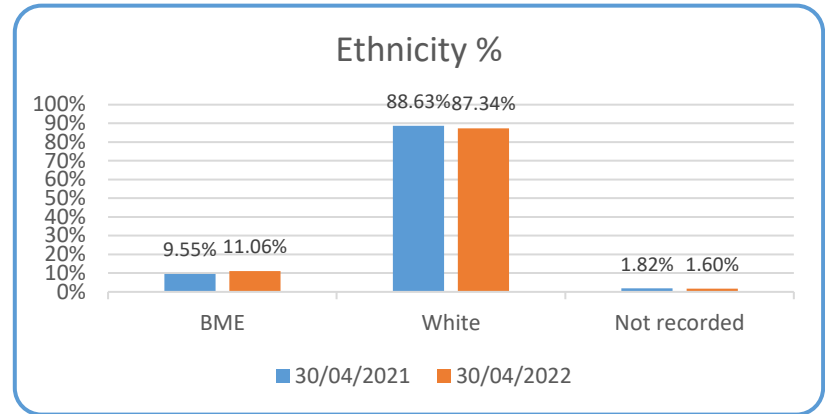
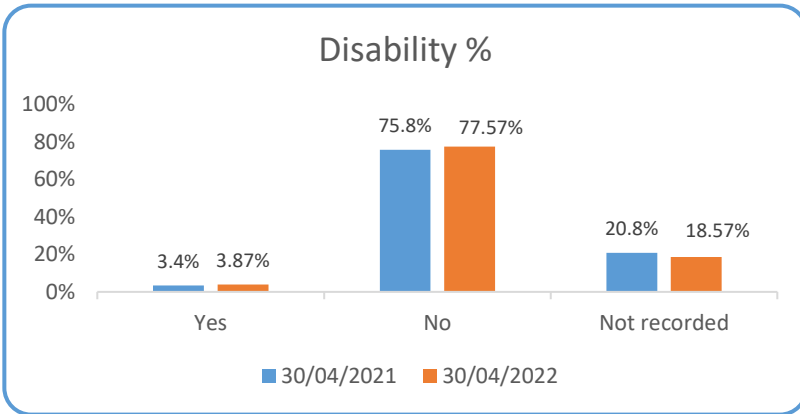
Non-Covid Related Sickness Jan 2018 - Apr 2022 (%FTE)



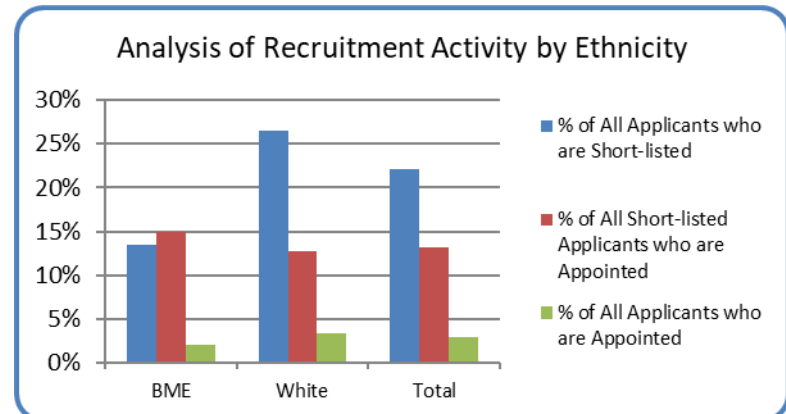
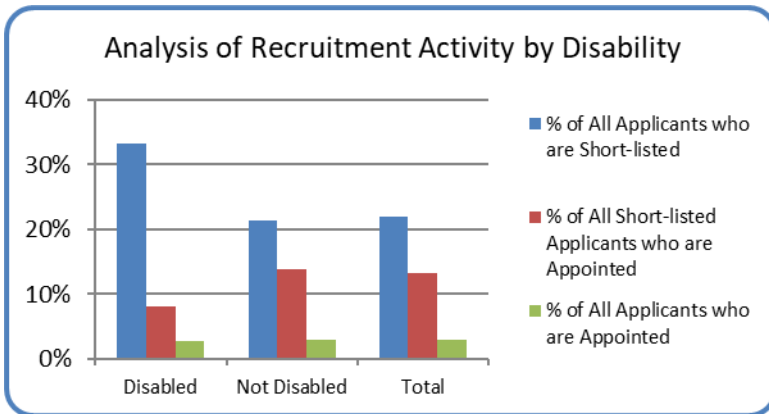
Top 3 Sickness Reasons Jan 2018 - Apr 2022 (%FTE)



People – Equality and Diversity 1/2



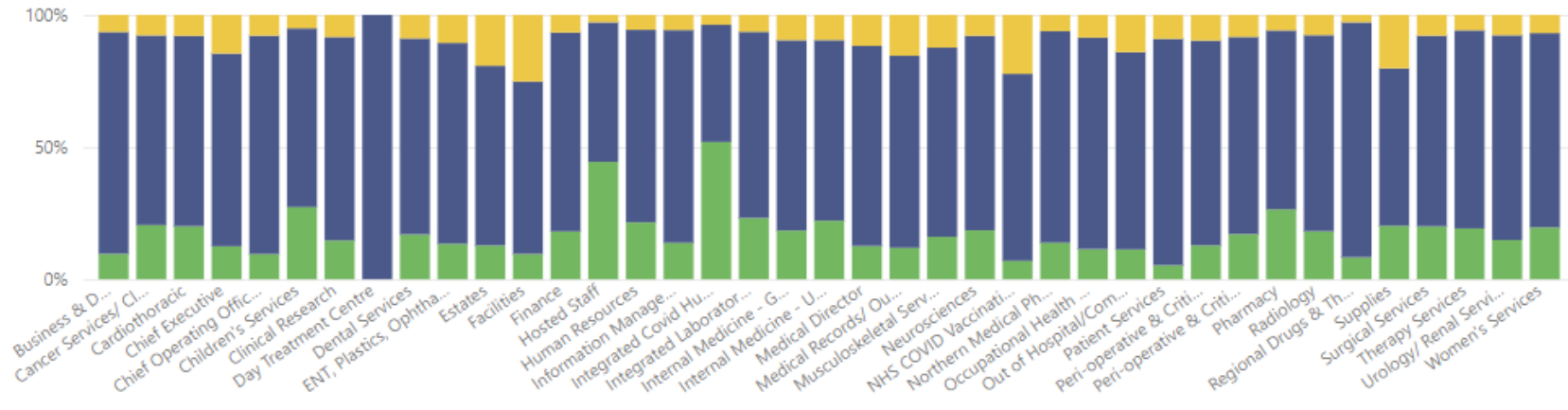
- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending April 2022.



- The graphs above identify, by headcount, the percentage of staff in post in April 2021 and April 2022 by disability and ethnicity. The percentage of staff employed disclosing a disability has improved from 3.50% to 3.92% and the percentage of BAME staff has increased from 9.58% to 11.16%.

People – Equality and Diversity 2/2

Age Band 2 ● 16-29 ● 30-59 ● 60 plus

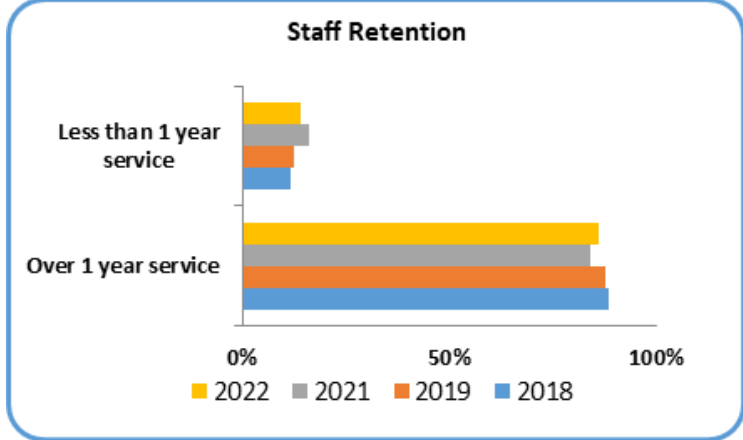
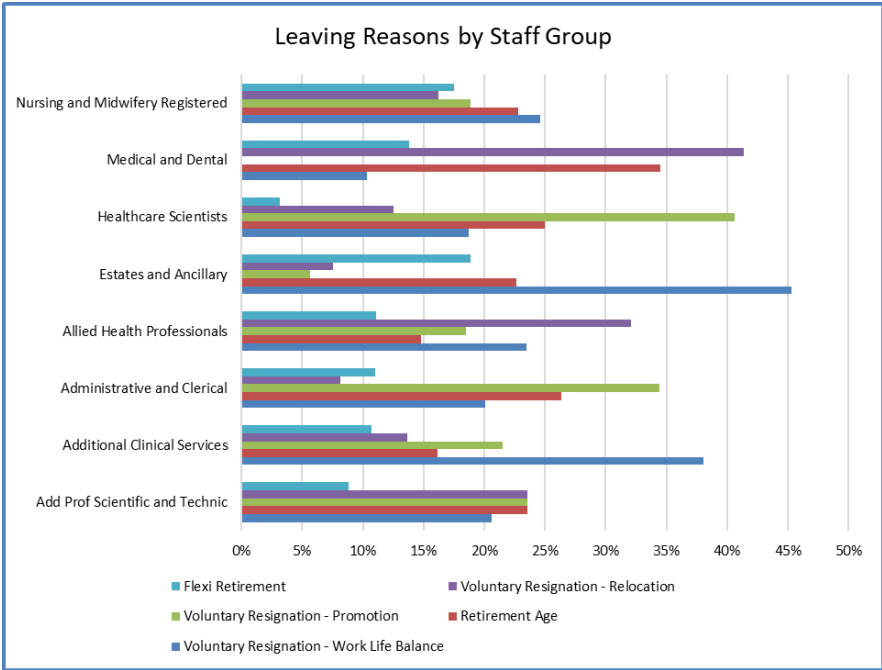
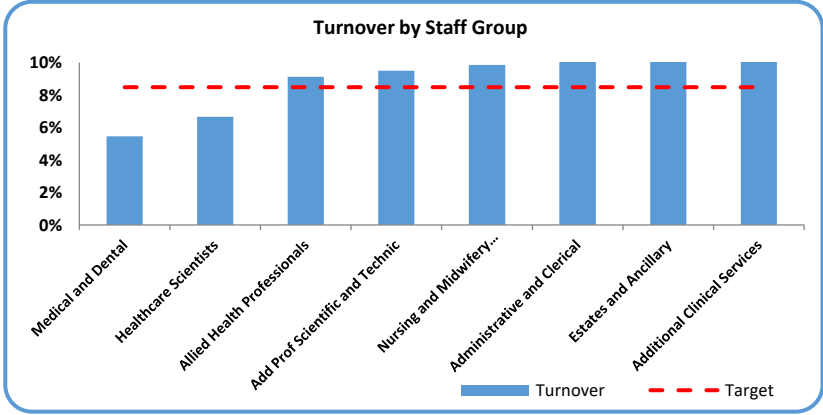
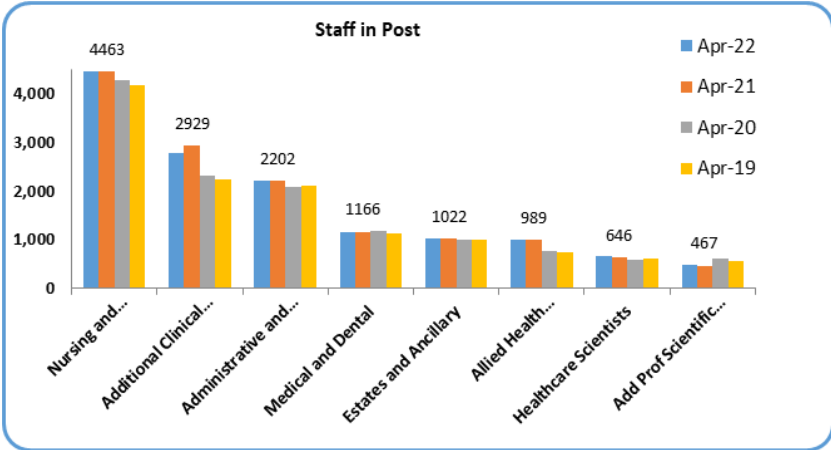


Age Band 2 ● 16-29 ● 30-59 ● 60 plus



- Estates and Ancillary have the highest proportion of staff aged 55 and over (45%).
- Medical and Dental have 20% of staff aged 55 and above and 7% of staff aged 60 and above.

People – Workforce 1/4



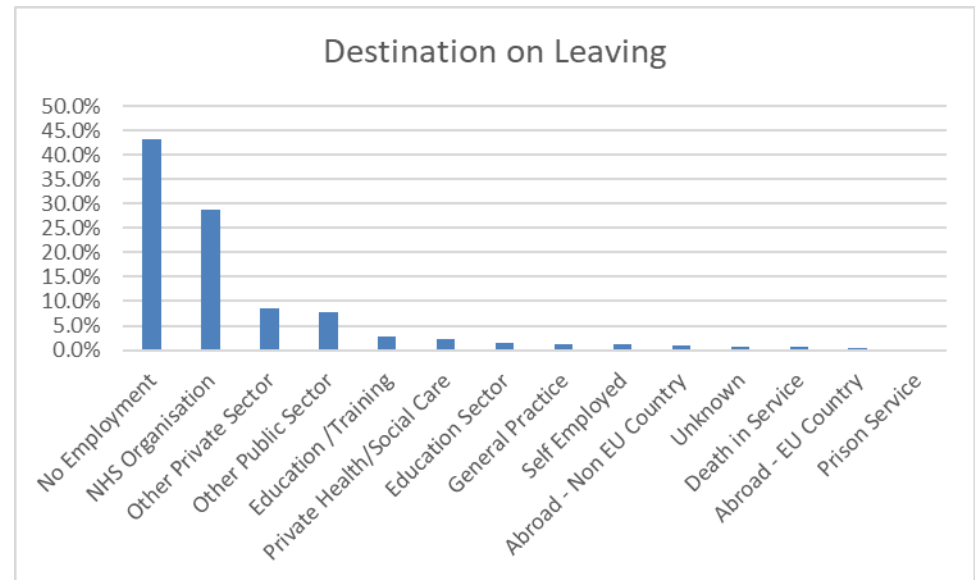
- Staff in post has increased by 9.3% since April 2019. The staff groups with the largest increase are Additional Clinical Services and Allied Health Professionals.
- Staff turnover has increased from 9.4% in April 2021 to 12% in April 2022, against a target of 8.5%.
- The total number of leavers in the period May 2021 to April 2022 was 1,950.
- Retention for staff over 1 year service is 86%, an increase from 84% in February 2021. Excluding ICHNE and COVID Vaccination staff this is 87%.

People – Workforce 2/4

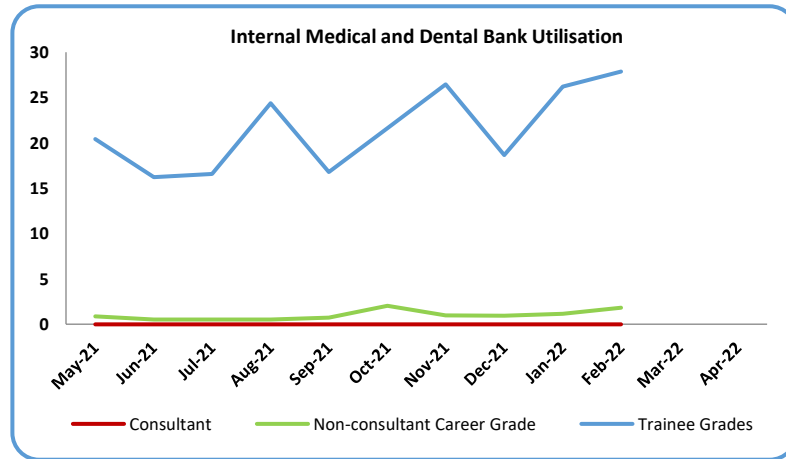
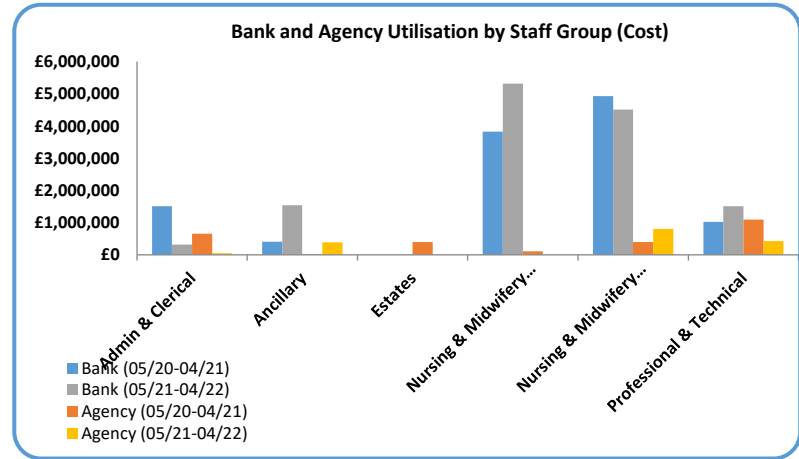
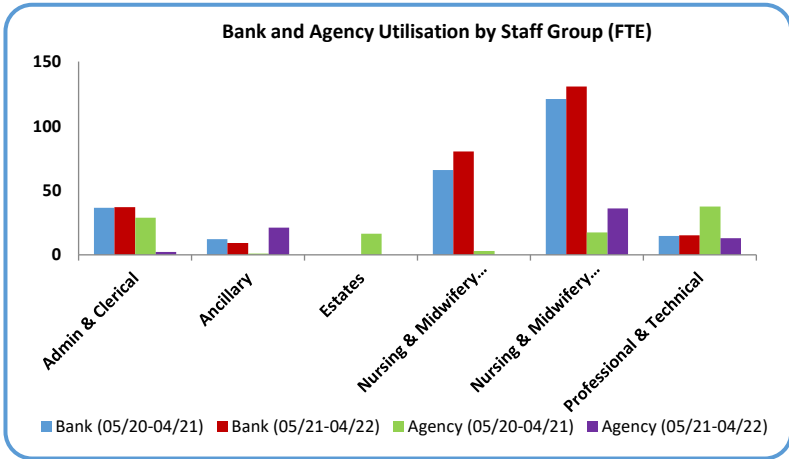
Turnover by Directorate

| | |
|--|--------|
| Day Treatment Centre | 0.00% |
| Chief Executive | 6.72% |
| Neurosciences | 7.13% |
| Urology & Renal Services | 7.79% |
| Cancer Services/ Clinical Haematology | 8.16% |
| Musculoskeletal Services | 8.19% |
| Surgical Services | 8.20% |
| Peri-operative & Critical Care - FH | 8.75% |
| Peri-operative & Critical Care - RVI | 9.10% |
| Internal Medicine - Urgent Care | 9.11% |
| Medical Physics | 9.52% |
| Cardiothoracic | 9.57% |
| Medical Director | 9.66% |
| Integrated Laboratory Medicine | 9.77% |
| ENT, Plastics, Ophthalmology & Dermatology | 10.31% |
| Women's Services | 10.65% |
| Chief Operating Officer | 10.84% |
| Information Management & Technology | 11.07% |
| Radiology | 11.21% |
| Children's Services | 11.31% |
| Internal Medicine - General | 11.38% |
| Pharmacy | 11.53% |
| Clinical Research | 11.80% |
| Dental Services | 11.89% |
| Community Services | 12.17% |
| Supplies | 12.64% |
| Finance | 12.66% |
| Business & Development | 13.11% |
| Patient Services | 13.15% |
| Estates | 13.24% |
| Regional Drugs & Therapeutics | 14.08% |
| Human Resources | 17.86% |
| North East Integrated Covid Hub | 22.43% |
| NHS COVID Vaccination Programme | 70.40% |

- The NHS Covid Vaccination Programme have had the highest turnover between April 2021 and April 2022, with an average staff in post of 277 and a total of 195 leavers.
- Only 29% of leavers across the Trust disclosed they were going to another NHS organisation.

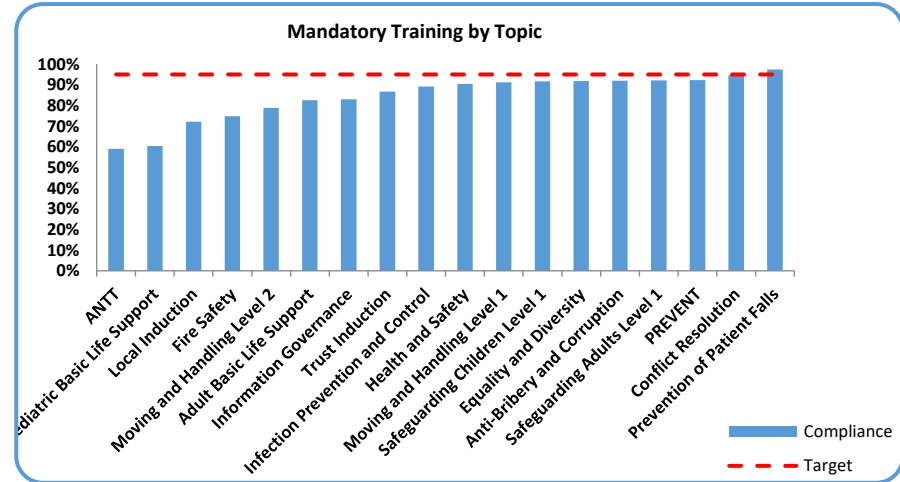
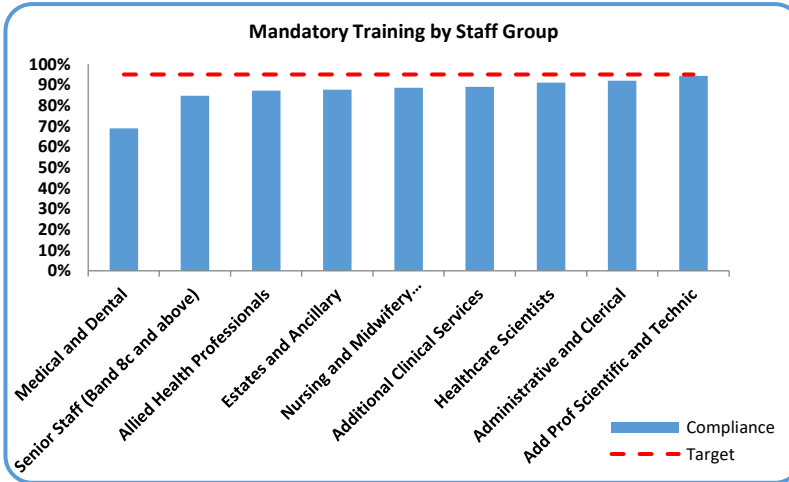


People – Workforce 3/4

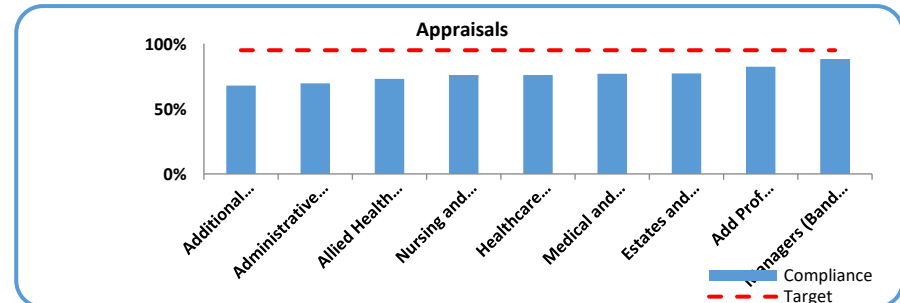
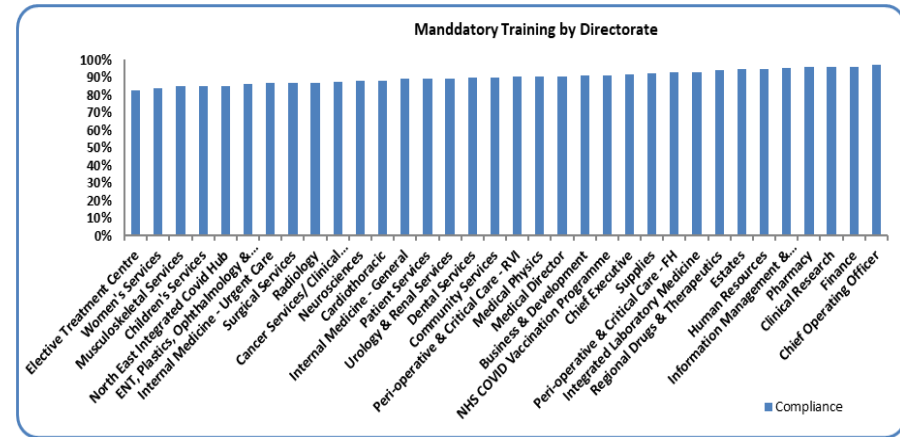


- Comparing the periods May 20 – April 21 to May 21 – April 22 , overall bank utilisation has increased from 249 wte to 273 wte and agency utilisation has decreased from 92 wte to 79 wte.

People: Delivering Excellence in Education & Training



- Mandatory training compliance stands at 87.5% at end of April 2022, against an end of year target of 95%. The April 2021 position was 88.9%.
- Medical and Dental are the staff group with the lowest training compliance at 69.6% in April 2022 compared to 72.8% in April 2021.
- Appraisal compliance stands at 72%, at end of April 2022, against an end of year target of 95%. The April 2021 position was 79.5%. Interventions are in hand to improve this.



Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 30th April 2022.

The Trust submitted a financial Plan to NHSE for 2022/23 in April, along the lines of the request from the ICP/ICS to achieve a break-even position, however, the current plan is a deficit of £5.5m for the year. There are a number of assumptions made, including the delivery of a challenging Cost Improvement Programme, delivery of the Elective Recovery Plan and reducing long waits.

In the period to 30th April 2022 the Trust incurred expenditure of £108.2 million, and accrued income of £160.6 million on mainstream budgets and incurred expenditure of £0.8 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a deficit of £1.6 million. ICHNE is being treated on an 'Agent Basis' and is excluded for both income and expenditure, the figure is £2.2 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 30th April the Trust had spent £5.2 million capital, £2.1 million behind Plan.

| Overall Financial Position | | | |
|---|-------------------------|-------------------------|------------------------------|
| | Month 1 Budget £'000 | Month 1 Actual £'000 | Month 1 Variance £'000 |
| Income | 109,518 | 106,634 | (2,884) |
| Expenditure | 109,907 | 108,194 | (1,713) |
| I & E position (excl impairment) - Deficit/(Surplus) | 389 | 1,560 | 1,171 |
| Capital Programme | 7,361 | 5,251 | (2,110) |

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COUNCIL OF GOVERNORS

| | | | | | | | |
|-------------------------------------|---|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of meeting | 16 June 2022 | | | | | | |
| Title | Trust Performance Report | | | | | | |
| Report of | Martin Wilson – Chief Operating Officer, Vicky McFarlane-Reid – Director of Business, Development & Enterprise & Angela O’Brien - Director of Quality and Effectiveness | | | | | | |
| Prepared by | Elliot Tame – 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 on the Trust’s elective recovery progress as well as performance against NHS England (NHSE) priorities for 2022/23 and key operational indicators. It provides an overview of Quality, 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Details compliance against NHSE plan priorities for 2022/23. Details compliance against national access standards which are written into the NHS standard contract. | | | | | | |
| Reports previously considered by | Standard report and new performance report presented to the Trust Board on 31 May 2022. | | | | | | |

Trust Performance Board Report

May 2022



Healthcare at its best
with people at our heart

Contents

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Executive Summary

Purpose

This report provides an overview of the Trust's continuing recovery of elective activity as well as performance against both contracted national access standards and the priorities for the year outlined by NHSE as part of the 2022/23 planning round. It has been established as a standalone report to provide more comprehensive scrutiny and accountability of operational performance as the Trust continues to strive to deliver higher volumes of treatments, reduce and eliminate the longest waits and transform the ways in which it delivers outpatient care. An overarching Delivery Board chaired by the Chief Executive also meets regularly to review and support further elective recovery and performance improvement.

The report is split into three sections, the first of which details the key access and delivery requirements highlighted by NHSE as national priorities for the forthcoming year as the NHS continues its operational recovery following the COVID-19 pandemic, alongside the Trust's trajectory responses. This is followed by a dashboard detailing current compliance with these requirements and subsequent narrative providing context for current performance against these metrics.

The second section provides an overview of the Trust's current performance against our contractual access standards and successive slides outlining the current position, underlying issues and actions being undertaken in relation to key waiting time standards within referral to treatment emergency care, cancer care and diagnostic pathways. The report concludes with current delivery against a list of metrics to provide additional operational context.

Report Highlights

- NHS England operational planning guidance for 2022/23 is target focused, with NuTH submitting trajectories including reducing the number of >104WW to 30 by the end of March 2023, the return of cancer patients waiting >62 days to February 2020 levels and promising substantial progress on the transformation of outpatients throughout 2022/23.
- Provisional data suggests NuTH delivered day case activity equivalent to 93% of April 2019 volumes, with overnight elective activity slightly lower at 85%. Outpatient activity as a whole was delivered at 101% of the levels recorded in April 2019.
- No ambulance handovers greater than 60 minutes have been recorded for two months, whilst the Trust was compliant with the <2% 12 hour ED waits requirement in April. However the Trust did not achieve the 95% A&E 4hr standard in March, with performance of 82.5%.
- The 28 day FDS for cancer care has been comfortably exceeded in the past two months, but seven of nine cancer standards fell short of target in March 2022.
- At the end of April the Trust still had 84 patients waiting >104 weeks, but this represented a 28% reduction from the previous month. RTT Compliance was 69.4%.
- Directorates are currently engaging in a round of Activity Plan meetings throughout April and May, focused on the support and transformation required to bridge the remaining gap to pre-pandemic activity delivery levels. They have also drawn up initial ideas to help contribute to the required reduction in review appointments.

NHSE Plan Requirements 22/23 (1/4)

2022/23 NHSE Plan Requirements

During the winter of 2021/22, NHS England released their 2022/23 operational planning guidance illustrating their priorities for the year ahead. Planning for 2022/2023 is target focused, with an ambition to deliver over 10% more completed pathways than prior to the pandemic through the delivery of >104% value based activity, as well as reduce and eliminate long waits. Specific targets established include:

- Eliminate waits of over 104 weeks by July 2022 and maintain this position through 2022/23 (except where patients choose to wait longer).
- Eliminate waits of over 78 weeks by April 2023, except where patients choose to wait longer or in specific specialties.
- Develop plans that support an overall reduction in 52 week waits where possible, in line with ambition to eliminate them by March 2025.
- Accelerate progress already made towards a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023.
- Return the number of cancer patients waiting over 62 days to levels observed in February 2020.

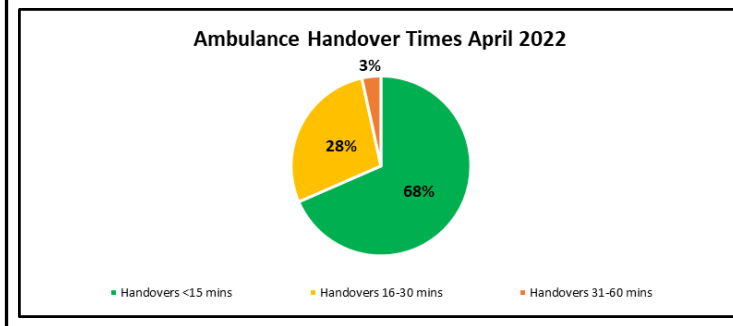
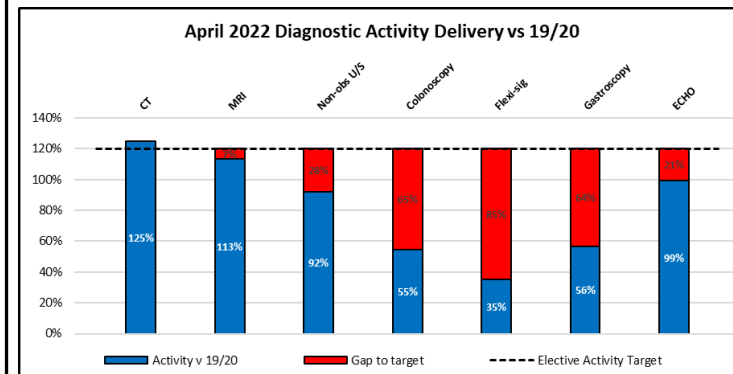
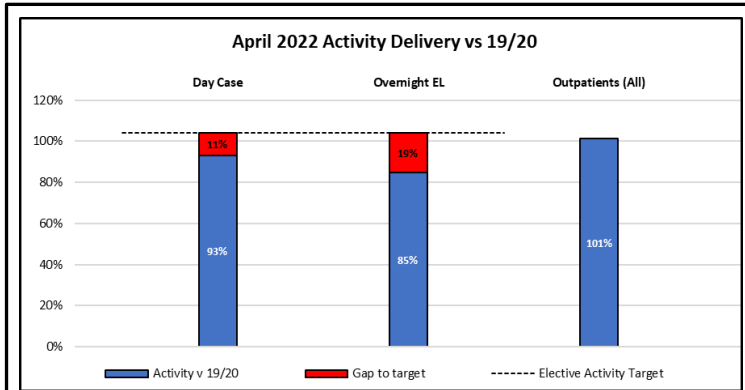
To support these ambitions, diagnostic activity should increase to a minimum of 120% of pre-pandemic levels across 2022/23 (for a specific group of tests). Overall activity should be delivered at 104% of 2019/20 levels, weighted for equivalent financial case mix value and with outpatient reviews capped at 85% of 2019/20 volumes. Overachievement against the 104% standard will deliver additional elective recovery fund finances to the ICS and in turn the Trust.

NHSE Plan Requirements 22/23 (2/4)

| Metric | Requirement | RAG Rating | | Jan-22 | Feb-22 | Mar-22 | Apr-22 | Trendline |
|------------------------------------|--|----------------------|--------|--------|--------|--------|--------|-----------|
| | | Trajectory | Target | | | | | |
| Activity Delivery | | | | | | | | |
| Day Case | 104% of 19/20 levels combined (Reviews fixed at 85% of 19/20) | | | 87.5% | 88.7% | 91.7% | 93.0% | |
| Elective Overnight | | | | 76.6% | 71.0% | 69.2% | 84.8% | |
| Outpatient New | | | | 111.9% | 101.6% | 105.4% | 101.4% | |
| Outpatient Procedures | | | | 103.5% | 99.2% | 101.1% | | |
| Outpatient Reviews | | | | 103.7% | 102.3% | 103.0% | | |
| Total (Value based) | | | | TBC | TBC | TBC | TBC | |
| Completed Treatments | | 110% of 19/20 levels | | | TBC | TBC | TBC | TBC |
| Diagnostics* | 120% of 19/20 levels | | | 107.6% | 102.2% | 101.0% | 103.3% | |
| Emergency Care | | | | | | | | |
| Ambulance Handovers | >=65% under 15 mins | N/A | | 66.8% | 66.5% | 67.5% | 68.5% | |
| | >=95% under 30 mins | | | 96.2% | 96.9% | 95.9% | 96.6% | |
| | 100% under 60 mins | | | 99.9% | 99.9% | 100.0% | 100.0% | |
| A&E Arrival to Admission/Discharge | <2% over 12 hours | | | | 0.2% | 0.1% | 0.3% | 0.5% |
| Cancer Care | | | | | | | | |
| >62 Day Cancer Waiters | Reduce to <=213 by e/o Mar-23 | | | 334 | 318 | 289 | 385 | |
| 28 Day Compliance | >=75% | | | 71.0% | 84.8% | 83.4% | TBC | |
| Elective Care | | | | | | | | |
| >104 Week Waiters | Zero by e/o Jun-22 | | | 226 | 193 | 117 | 84 | |
| >78 Week Waiters | Zero by e/o Mar-23 | | | 989 | 806 | 662 | 722 | |
| >52 Week Waiters | Reduction (Zero by e/o Mar-25) | | | 3,829 | 3,730 | 3,535 | 3,636 | |
| Outpatient Transformation | | | | | | | | |
| Specialist Advice Requests | 16 in every 100 New OP atts. | N/A | | 7.0% | 8.5% | 7.5% | TBC | |
| Virtual Attendances | >=25% Non-F2F | | | 20.9% | 19.2% | 18.6% | 18.5% | |
| PIFU Take-up | >=5% of all OP atts. by e/o Mar-23 | | | N/A | N/A | N/A | 0.1% | |
| Outpatient Reviews | <=75% of 19/20 | | | 96.3% | 104.5% | 109.7% | TBC | |

* Applicable to CT, MRI, Non-obs Ultrasound, Gastroscopy, Colonoscopy, Flexi-sigmoidoscopy and ECHO.

NHSE Plan Requirements 22/23 (3/4)



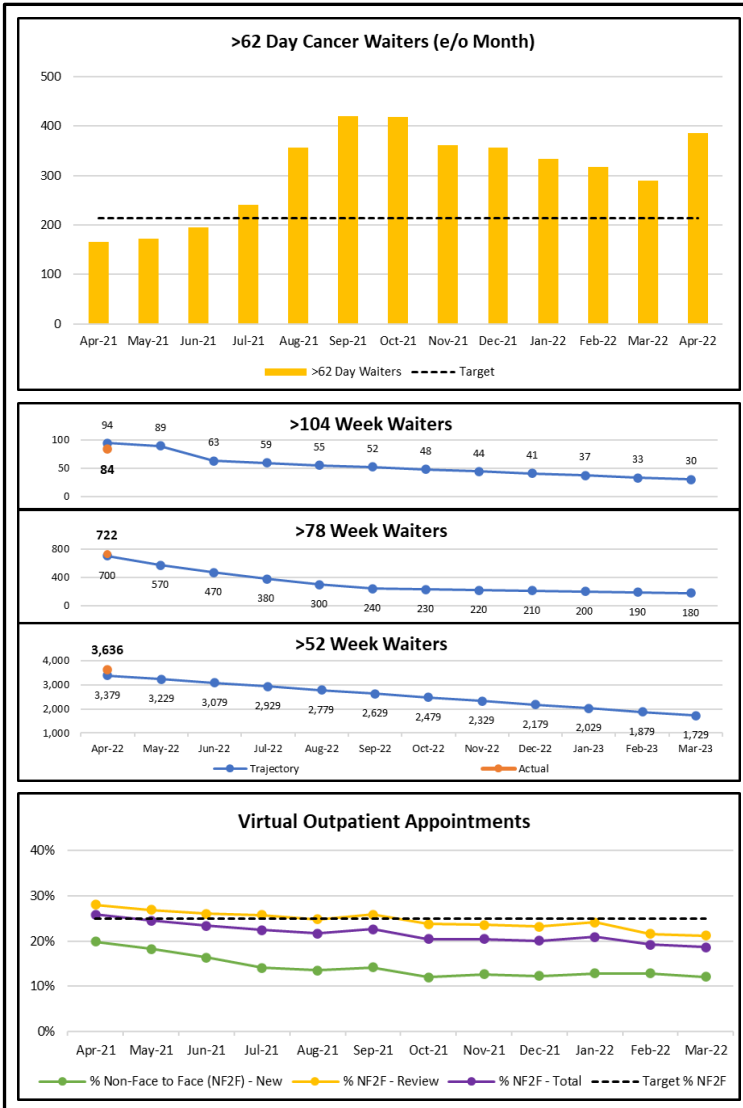
Activity Delivery

- Provisional data suggests NuTH delivered day case activity equivalent to 93% of April 2019 volumes, with overnight elective activity slightly lower at 85%.
- Due to internal issues with outpatient activity data, we are currently unable to split outpatient procedure activity from new or review appointments. However for outpatient activity as a whole the Trust delivered 101% of the levels recorded in April 2019. These issues are anticipated to be resolved ahead of the next report.
- Activity delivery in both day case and overnight settings represent an improvement on previous months, whilst outpatient recovery has consistently been above 100% recently.
- Due to the aforementioned data issues we cannot state any indicative performance against the 104% value activity target at this time, however the data available is sufficient to be sure that the Trust did not achieve this overall requirement in April.
- Diagnostic activity has been at over 100% of pre-COVID levels for months, but continues to fall short of the 120% target. Whilst the extra capacity afforded by the Community Diagnostic Centre in Blaydon has helped increase activity, even the potential expansion to the Metro Centre is unlikely to provide sufficient capacity to consistently deliver the volume of tests as required by NHSE.
- Directorates are currently engaging in a round of Activity Plan meetings throughout April and May, led by the Chief Operating Officer and supported by the wider Executive team. These reviews have focused on scrutiny of current elective recovery achievement at specialty level, with discussions on the support and transformation required to bridge the remaining gap as well as tackle elective and cancer long waits.

Emergency Care

- All ambulance handover targets have been consistently met by the Trust in recent months. There are some data quality issues concerning handover times recorded by the North East Ambulance Service (NEAS) affecting all acute Trusts in the region, and NUTH's emergency care team continue to raise these.
- The 12 hour ED wait is a new target measuring time from arrival to admission/discharge, and different to the 12 hour trolley wait target also monitored and for which breaches are very rare for the Trust (the last one was in October 2021). 12 hour ED waits averaged three per day in April but NuTH were nonetheless compliant with the <2% target.

NHSE Plan Requirements 22/23 (4/4)



Cancer Care

- Progress had been made in reducing the >62 day backlog in early 2022, largely due to reductions in skin cancer waiters through the use of teledermatology and weekend WLIs. However the April >62 day backlog snapshot saw a significant increase, impacted by bank holidays and high staff sickness levels.
- The 28 day standard has been comfortably exceeded in the past two months with performance above the Northern Cancer Alliance (NCA) average. Performance against this standard has also benefitted from the aforementioned skin cancer developments.

Elective Care

- The total number of >104WW reduced to 84 by the end of April, ahead of trajectory. Only 12 of these patients were in non-Spinal services, where there are anticipated to be zero waiters in this band by the end of June 2022.
- A business case as been agreed with commissioners to fund an expansion in capacity of Spinal services, which had been severely lacking prior to the pandemic.
- >78WW volumes increased for the first time in months to 722, slightly above trajectory, as did the total number of >52WW.

Outpatient Transformation

- Virtual attendances as a percentage of all outpatient attendances started 2021/22 at greater than 25%, but this incrementally declined throughout the year and stood at 18.5% for April. At 0.1%, PIFU take-up was below trajectory (0.25%), however such outcomes only became recordable mid-month and it is anticipated that figures will increase as services capture encounters where PIFU was already being delivered in all but name.
- All Directorates have drawn up initial plans and ideas to help contribute to the required reduction in review appointments, including wider adoption of advice and guidance provision and one stop clinics.

Operational Standards

| Metric | Standard | RAG Rating | Jan-22 | Feb-22 | Mar-22 | Apr-22 | Trendline |
|--|-------------------------|------------|--------|--------|--------|-----------------------------------|-----------|
| Emergency Care | | | | | | | |
| Ambulance Handovers | Zero >60 mins | Green | 2 | 1 | 0 | 0 | |
| A&E Arrival to Admission/Discharge | 95% <4 hours | Red | 84.8% | 85.6% | 82.2% | 82.5% | |
| | <2% over 12 hours | Green | 0.2% | 0.1% | 0.3% | 0.5% | |
| Cancer Care | | | | | | | |
| Two Week Wait (Suspected Cancer) | 93% | Red | 82.8% | 92.0% | 84.1% | Cancer data runs one month behind | |
| Two Week Wait (Breast Symptomatic) | 93% | Red | 24.8% | 37.2% | 38.0% | | |
| 28 Day FDS | 75% | Green | 71.0% | 84.8% | 83.4% | | |
| 31 Days (First Treatment) | 96% | Red | 85.0% | 85.2% | 86.9% | | |
| 31 Days (Subsq. Treat. - Surgery) | 94% | Red | 59.1% | 73.6% | 66.7% | | |
| 31 Days (Subsq. Treat. - Drugs) | 98% | Red | 94.1% | 96.8% | 96.4% | | |
| 31 Days (Subsq. Treat. - Radiotherapy) | 94% | Green | 96.1% | 97.9% | 99.5% | | |
| 62 Days (Treatment) | 85% | Red | 54.6% | 50.3% | 60.2% | | |
| 62 Days (Screening) | 90% | Red | 69.0% | 71.4% | 81.0% | | |
| Elective Care | | | | | | | |
| 18 Weeks RTT | 92% | Red | 69.4% | 70.0% | 70.1% | 69.5% | |
| >104 Week Waiters | Zero | Red | 226 | 193 | 117 | 84 | |
| >6 Weeks Diagnostic Waiters | 1% | Red | 25.0% | 19.4% | 18.2% | 16.9% | |
| Cancelled Ops. Rescheduled >28 Days | Zero | Red | 2 | 10 | 10 | 7 | |
| Urgent Ops. Cancelled Twice | Zero | Green | 0 | 0 | 0 | 0 | |
| IAPT | | | | | | | |
| Wait to First Appointment | 75% <=6 weeks | Green | 98.4% | 99.2% | 98.8% | 98.5% | |
| | 95% <=18 weeks | Green | 100.0% | 99.4% | 99.0% | 98.7% | |
| Movement to Recovery (Overall) | 50% | Red | 37.8% | 40.5% | 43.7% | 44.0% | |
| Other | | | | | | | |
| Duty of Candour | Zero | Green | 0 | 0 | 0 | 0 | |
| Mixed Sex Accommodation Breach | Zero | Green | 0 | 0 | 0 | 0 | |
| MRSA Cases | Zero | Green | 0 | 0 | 0 | 0 | |
| C-Difficile Cases | <=113 (FY cumulative) | Green | 141 | 157 | 169 | 12 | |
| VTE Risk Assessment | 95% | Green | 95.0% | 96.5% | 95.9% | 95.6% | |
| Sepsis Screening Treat. (Emergency) | 90% (of sample) <1 hour | Green | 90.0% | | | TBC | |
| Sepsis Screening Treat. (All) | | Red | 60.0% | | | TBC | |

Other Metrics

| Metric | Jan-22 | Feb-22 | Mar-22 | Apr-22 | Trendline |
|-----------------------------------|--------|--------|--------|--------|-----------|
| Emergency Care | | | | | |
| Ambulance Arrivals | 2760 | 2699 | 2970 | 2749 | |
| Type 1 Performance (A&E 4 hour) | 76.2% | 77.0% | 71.4% | 71.0% | |
| Type 1 Attendances (Main ED) | 11,077 | 10,998 | 13,035 | 11,716 | |
| Type 2 Attendances (Eye Casualty) | 1,257 | 1,417 | 1,563 | 1,446 | |
| Type 3 Attendances (UTC) | 4,538 | 4,693 | 5,670 | 5,880 | |
| Patient Flow | | | | | |
| Covid Inpatients (average) | 113 | 36 | 74 | 80 | |
| Emergency Admissions | 5,540 | 5,293 | 6,087 | 5,571 | |
| G&A Bed Occupancy | 84.0% | 85.0% | 86.0% | 86.0% | |
| Critical Care Bed Occupancy | 72.0% | 73.0% | 74.8% | 79.1% | |
| Bed Days Lost (average) | 301 | 109 | 143 | 114 | |
| Medical Boarders | 73 | 56 | 66 | 53 | |
| Length Of Stay >7 Days | 684 | 740 | 741 | 775 | |
| Length Of Stay >21 Days | 303 | 339 | 318 | 346 | |

Other Metrics

| Metric | Jan-22 | Feb-22 | Mar-22 | Apr-22 | Trendline |
|--------------------------------|--------|--------|--------|--------|-----------|
| Cancer Care | | | | | |
| 2WW Appointments | 1,907 | 1,898 | 2,403 | 2,120 | |
| Cancer First Treatments | 477 | 447 | 467 | 541 | |
| Planned Care | | | | | |
| Outpatient Referrals (2WW) | 2,189 | 2,472 | 2,733 | 2,209 | |
| Outpatient Referrals (Urgent) | 5,489 | 5,298 | 6,286 | 5,068 | |
| Outpatient Referrals (Routine) | 24,166 | 25,505 | 28,004 | 23,390 | |
| Day Case Activity | 9,083 | 9,112 | 10,754 | 8,976 | |
| Elective Activity (Overnight) | 1,518 | 1,608 | 1,883 | 1,661 | |
| New Outpatient | 27,672 | 25,210 | 30,225 | 91,560 | |
| Review Outpatient | 70,573 | 67,827 | 77,977 | | |
| Outpatient Procedures | 15,775 | 15,499 | 18,077 | | |
| Diagnostic Tests | 17,872 | 17,623 | 20,659 | 16,837 | |
| DNA Rate | 9% | 8% | 8% | 8% | |
| RTT WL Size | 94,495 | 97,270 | 97,447 | 96,321 | |

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COUNCIL OF GOVERNORS

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|-------------------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Date of meeting | 16 June 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 17 February 2022. | | | | | | |
| 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 on 17 February 2022.

UPDATE FROM THE LEAD GOVERNOR

1. UPDATE

I have been continuing to attend the cycle of meetings which lead up to the Council of Governor meetings/Workshops. These meetings include the bi-monthly Governor Informal Meetings which ensure that items raised by Governors are responded to as part of the Council of Governors meeting held on the following month. The agenda setting meetings also form part of this planning and are attended by Professor Sir John Burn, Chairman, Kelly Jupp, Trust Secretary, Lauren Brotherton, Governor and Membership Engagement Officer, and myself. I trust that Governors feel that this planning has improved our discussions.

I have also attended the Nominations Committee Meetings and was part of the interview panel for the recently appointed Non- Executive Director. The Governors present were very involved in this process and represented the majority of Panel members.

The Governor Working Groups are of importance, and I attend as many of these as possible. I feel these groups are making significant progress in ensuring that we gain assurance on the Trust's activities.

The Governors Workshop in April and Members Evening in March were successful events. It is a joy to return to "normality" and have increasing interaction with our colleagues and Trust Members.

I meet regularly with Lauren Brotherton, Sir John Burn and Kelly Jupp along with the Working Group Chairs and also as specific issues arise. The Task and Finish Group to examine and develop the relationship between the Non-Executive Directors and Governors held in April has started a deeper understanding of how the two groups can work together for the benefit of the Trust and its patients.

I manage the Governor email box, monitoring it regularly. Following the promotion of the role of the Governor in Dame Jackie's Blog, there has been some communication through the email box. I am due to meet with Dame Jackie Daniel, Chief Executive at the end of June on the Councils behalf.

On Friday 10 June I will be part of the team involved in the induction of our new Governors and hope that I can assist them as they settle into their new role.

It is a privilege for me to hold the position of Lead Governor and I assure Governors that I will continue to do my best to represent you.

2. RECOMMENDATION

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

Report of Pam Yanez

Lead Governor

8 June 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

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|--|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 16 June 2022 | | | | | | |
| Title | Quality of Patient Experience (QPE) Working Group Report | | | | | | |
| Report of | Poonam Singh, Chair of QPE Working Group | | | | | | |
| Prepared by | Carole Errington, Chair of the QPE Working Group until May 2022 Lauren Brotherton, Governor and Membership Engagement Officer Poonam Singh, Chair of QPE Working Group from May 2022 | | | | | | |
| 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 during the period January to May 2022. It provides a summary of:

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

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP (WG) REPORT

1. INTRODUCTION

The QPE WG continues to meet monthly.

Mr Graeme Chapman, Non-Executive Director and Chair of the Trust Quality Committee Trust attended the January meeting and was very supportive of the work of the WG.

2. GROUP ACTIVITIES

Complaints Panel

The Complaints Panel did not meet in January however at the February meeting, Tracy Scott (TS), Head of Patient Experience, and Fardeen Choudhury (FC), Equality, Diversity and Inclusion Manger (Patient Services), attended to give an update on the work of the Patient Relations Team.

TS explained that the Patient Relations department is very busy, primarily due to increased patient demand as a consequence of the focus on improving patient activity levels as part of the Trust Recovery Programme.

FC introduced himself as the new Trust Equality, Diversity and Inclusion Manager for patients and explained that he is currently looking at the interpretation and translation services that are available for patients to access. He is keen to receive feedback from our deaf patients and is looking into the use of virtual interpreters.

FC advised that Newcastle Carers have a project ongoing for the Carer's Network. He noted that there are further improvements to be made within the Trust in relation to accessible information standards and that work would be undertaken in conjunction with Disability North.

Carole Errington (CE), Chair of the QPE WG attend the March Panel meeting and advised that Andrew Watson, Directorate Manager, attended the Panel to give an update on Peri Op and Critical Care complaints.

In April, Philip Home, QPE member, attended the Panel. He informed the WG that TS had explained the work of the Patient Relations team to improve the experience of deaf patients. Newcastle Hospitals is leading the Health Navigator Service for patients that are deaf or hard of hearing, working collaboratively with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. The Trust is working with DeafLink and has a process in place whereby patients can make direct contact to query whether a BSL interpreter is available at appointments.

Work is underway on the Trust Patient Experience Strategy, with Governors invited to attend the sessions to have input into the refresh of the Strategy.

At the May Panel meeting, CE explained that a decrease in complaints was reported.

Clinical Audit and Guidelines Group (CAGG)

In January Dr Helen Lucraft (HL), QPE member, attended the CAGG meeting, in which the findings from the clinical audit of Epilepsy. 12 National Clinical Audit of Seizers for Children and Young People were discussed. The Trust performed better than the National Average. In addition the group discussed inpatient falls, with the Trust being compliant with national recommendations.

Trust performance on Local Clinical Guidelines was also discussed. Work is planned to align the Local Clinical Guidelines with the BMJ Best Practice Guidelines which will then be uploaded onto e-record to be accessible to all clinical staff.

HL attended the February CAGG meeting in which the National Clinical Audit results of Pulmonary Hypertension treatment were discussed. The Trust is compliant with national guidelines. The Group also discussed updates to NICE guidance, safety matters, introducing new standards of care and updating expired clinical guidelines.

Mr David Black (DB), QPE member, attended the March meeting and highlighted the Q Factor meeting held on 22 March 2022 for Directorates to present their Quality Improvement projects.

In April / May: No update to receive as Governors were not available to attend the meetings held.

Patient Safety Group

In January Mrs Pam Yanez (PY), QPE member, attended the Patient Safety Group where Community Services, Urology and Renal services gave their annual reports. Other areas of discussion included staff appointment, resuscitation, Infection Control, blood product availability and Venous Thromboembolism.

In February PY attended the meeting, which included a discussion on risks and Duty of Candour processes.

In March / April / May: No update to receive. Governors were not available at the meeting to give an update.

3. PRESENTATIONS

In January, Mr Ian Joy, Deputy Chief Nurse, gave a presentation on International Nursing Recruitment with the following key points noted:

- The trust has recruited international nurses since the late 1990s and since 2015 this has been undertaken regularly.
- Recruitment Agencies, both national and international, are utilised undertake recruitment campaigns on behalf of the Trust.
- Nurses who are registered in their own country are interviewed remotely and are well supported throughout the recruitment process.
- Once in the UK the international nurses have to complete and pass a 10-part examination (OSCE), with support provided, before they can register with the Nursing and Midwifery Council. Each Trust must satisfy themselves of the quality standard of each recruit.
- Pastoral care is vitally important and the Trust takes great pride in providing such support to international nurses.
- The Trust ensures that accommodation is secured and a welcome pack is provided containing e.g. basic toiletries and tinned food/ Also, local information on GPs, dentists, shops etc is provided, along with details on access to the Trust chaplaincy staff, staff networks, library facilities, Unison, and members of the local international community with online meet and greets organised.
- A city orientation tour is arranged with volunteers and members of the previous cohort in attendance.
- Post OSCE feedback is requested to help inform the Trust of any improvements which may be needed.
- International nurses are introduced to their respective wards and are super-numeri for two weeks while they orientate themselves and are introduced to the Trust electronic patient record system, E-record.
- Each internal nurse recruited has a ward-based mentor to help with clinical issues and a preceptor.
- Recent recruitment cohorts have been undertaken in India and the Philippines and retention among these recruits is excellent.
- Further strengthening of pastoral support for recruits are planned.
- Circa 300 international nurses are planned to be recruited in the next 18 months.

In February, Ms Poonam Singh (PS), Lead Nurse Specialist for complex termination of pregnancy (TOP) within Women's Health Directorate and cultural ambassador for the Trust gave a presentation.

PS advised that Newcastle is one of four centres in the country and the Trust receives many referrals from different areas including Ireland. Newcastle's aim is for a safe, timely and user-friendly abortion service for the need of the patients. She explained that there is a range of services provided with strict guidelines to follow and highlighted that workload has increased.

A discussion took place in relation to the current guidelines and PS explained that the service has had to adapt to new ways of working during the COVID-19 Pandemic. She advised that telephone appointments were taking place and that a significant number of

patients received information and advice over the phone, adhering to the Strategy of care, compassion, communication, courage, competence, and commitment.

In March Dr Henrietta Dawson, Guardian of Safe Working gave a presentation in relation to her role as Guardian of Safe Working and working with the Junior Doctors. Dr Dawson explained that in 2016, a new contract for Junior Doctors was agreed and released following negotiations. The contract stated that the employer and/or host organisation must appoint a guardian of safe working hours to assure the safety of junior doctors.

Dr Dawson noted the following key elements of the role of the guardian of safe working hours:

- Act as the champion of safe working hours for doctors in approved training programmes;
- Provide assurance to doctors and employers that junior doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of the terms and conditions of service;
- Receive copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service;
- Escalate issues in relation to working hours, raised in exception reports, to the relevant director, where these have not been addressed at departmental level;
- Require intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk;
- Require a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed;
- Have the authority to intervene in any instance where the guardian considers the safety of patients and / or doctors is compromised, or that issues are not being resolved satisfactorily; and
- Distribute monies received as a consequence of financial penalties to improve the training and service experience of doctors.

Further discussions took place in relation to processes and what the role does not include.

In April, Professor Annette Hand (AH), Clinical Academic Professor of Nursing attended to give an update on her role. AH advised that her current role is a joint clinical academic role with Newcastle Hospitals and Northumbria University. She explained that in her clinical Trust role she works within the Older Peoples Service, and in the Clinical Aging Research Unit and also supports the Nursing, Midwifery and Allied Health Professional research team.

AH explained that the team have been successful in securing funding from the Newcastle Hospitals Charity for £3.2m over 5 years to support nursing, midwifery and allied health care professionals to support their research career development. These funds will support staff at all stages of their research career, including internships, fellowships and funding for Masters and Doctoral programmes.

In May Julie Raine (JR), Deputy Head of Workforce attended to present the Education and Workforce Development Annual Report for 2020/21 noting that the report will be

further updated this year. Julie explained key points from the report and advised that there have been challenges due to COVID-19 which included space, curriculum, staffing, widening participation, information technology, policies, and finance. JR noted that the Trust has worked closely with local primary and secondary schools to look at work experience provision, which had not yet returned back to pre-COVID-19 levels. Virtual work experience has been carried out for example within surgery where students could ask questions as the surgery was happening. JR noted that policies and procedures had been revised to ensure that they were more responsive and reactive.

A new education facility was under development at Eldon Court which will have Trust IT and training facilities.

4. ONGOING AREAS OF FOCUS

A discussion was held between members of the WG regarding the appointment of the QPE Chair and Vice Chair positions due to the current Chair and Vice Chair reaching the end of their 9 years tenure. An expressions of interest/voting process was undertaken with Poonam Singh receiving the highest votes to become QPE Chair and Alexandros Dearges-Chantler accepting the role of Vice Chair. Various Groups will also require new members in the future such as the Complaints Panel, Clinical Audit and Guidelines Group and Nutrition Group due to the end of Governor tenures occurring and changes following the Governor elections.

Governor ward/department visits will be re-commenced following the pause undertaken during the pandemic. Carole Errington and Lauren Brotherton (LB), Governor and Membership Engagement Officer met with Ian Joy to discuss the process going forward. It was agreed that visits would start in mid-June with a clear process in place due to some restrictions still being in place. All visits will be coordinated through the PA to Executive Chief Nurse.

The Terms of Reference for the QPE WG were reviewed, updated and approved at the Council of Governors Workshop in April.

A meeting between PS, PY, LB and the Trust Secretary took place to discuss the Working Group areas of focus going forward.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report and ratify the appointment of Poonan Singh as Chair of QPE and Alexandros Dearges-Chantler as Vice Chair.

Report of:

Carole Errington, Chair of the QPE Working Group until May 2022

Lauren Brotherton, Governor and Membership Engagement Officer

Poonam Singh, Chair of QPE Working Group from May 2022

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COUNCIL OF GOVERNORS

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|-------------------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Date of meeting | 16 June 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) in February 2022. | | | | | | |
| 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 WORKING GROUP

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Business and Development (B&D) Working Group since the last meeting of the Council of Governors in February 2022.

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

1. INTRODUCTION

Meetings have been held monthly via Teams and in-person 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 three meetings (no report was given at the last CoG as this was a Private Workshop) including:

a) Mazars External Audit update

Mr Stuart Smith (SS), Assistant Director of Finance, attended to present a report on the Trusts external audit contract extension and associated fees.

SS confirmed that going forward that this report will be regularly reported through the B&D Working Group prior to the main Council of Governors meeting.

SS advised that the proposed audit fees have increased which is reflective of the increase in work associated with NHS Audits due to additional requirements. For example, he noted that the 2022/23 fee includes an additional amount for the work associated with the implementation of a new accounting standard, being International Financial Reporting Standard (IFRS) 16 on lease accounting which is a highly complex area.

SS explained that reviews have been undertaken to compare the audit fees for other organisations that are of a similar size within the Shelford Group and advised that there continued to be significant pressures in the audit market, resulting in difficulties for NHS organisations in appointing external auditors and in fees remaining competitive.

A detailed report is included within the Private papers for the Council of Governors meeting (see agenda item B).

b) Trust draft activity plan submission

Ms Lisa Jordan (LJ), Assistant Director of Business Strategy and Planning, presented an update on the final version of the Trust activity plan.

Agenda item 8.3

LJ attended the WG in February to discuss the Operational Planning Guidance version two that was published on 14 January 2022 and the key dates and priorities for the Trust.

LJ explained at the time of the meeting that the Integrated Care System (ICS) was due to sign off the final version of the Trust plan on 22 April 2022 and that the national submission is on 28 April 2022.

LJ noted the following NHS England (NHSE) Plan requirements:

- Eliminate waits of over 104 weeks as a priority by July 2022 and maintain this position through 2022/23 (except where patients choose to wait longer)
- Eliminate waits of over 78 weeks by April 2023, except where patients choose to wait longer or in specific specialties.
- Develop plans that support an overall reduction in 52-week waits where possible, in line with ambition to eliminate them by March 2025, except where patients choose to wait longer or in specific specialties
- Accelerate the progress we have already made towards a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 and going further where possible.
- Return the number of people waiting for longer than 62 days to the level in February 2020 (based on the national average in February 2020); and
- Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23 to support these ambitions and meet local need.

LJ explained the changes made to the draft plan to date e.g. removal of advice and guidance from new outpatient activity as this activity is now being reported at ICS level and highlighted the importance of producing a plan that was realistic in terms of achievability.

LJ explained that work continued to refine the plan ahead of the ICS submission deadline of 14 April, including to review any recovery schemes which could further improve activity levels and to review each case whereby a patient had waited over 104 weeks for treatment to ascertain when they could be seen.

The new Day Treatment Centre will allow for additional day case patients to be seen and the associated activity is reflected in the Trust plan.

The current performance regarding diagnostic activity was discussed in light of the NHSE requirements. LJ advised of the plans for a new Community Diagnostic Centre to be opened during 2022/23 which would improve activity however the timescales are still to be agreed and therefore the associated activity is not reflected in the Trust plan.

LJ explained the cancer targets and the activity plans in relation to these. The 28-day faster diagnosis standard is expected to be met from April 2022.

c) Public Health Update

Ms Balsam Ahmad (BA), Consultant in Public Health, attended to update the Working Group on Public Health.

Agenda item 8.3

BA introduced herself, explained her professional experience and outlined her current role. She summarised the remit of her role within the Trust which includes working on health improvement, health care inequalities, public health prevention, care pathway design, health intelligence and health protection.

BA described the people that are most at risk of facing health inequalities and the 7 domains of deprivation. She advised that in the North East Region, circa 3 in 10 people (31%) live in the most deprived areas.

BA described the work carried out in relation to COVID-19 vaccination outreach in deprived communities the life expectancy variances in deprived areas of England between 2010 and 2018.

BA noted the following priorities for the National Health Inequality Improvement programme:

- Priority 1: Restore NHS services inclusively with a focus on ethnicity and deprivation;
- Priority 2: Mitigate against digital exclusion;
- Priority 3: Ensure datasets are complete and timely continuing to improve the collection and recording of ethnicity data in all health settings;
- Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes including a culturally competent approach to COVID & flu vaccination delivery, Continuity of Carer in maternity for targeted groups, a focus on LTCs and health checks for people with a LD and/or SMI; and
- Priority 5: Strength leadership and accountability including system Health Inequality SRO.

BA referred to the Core20 plus 5 and explained that this is an initiative designed to drive targeted health inequality improvements in the following areas:

- Maternity;
- Early Cancer Diagnosis;
- Serve Mental Health Illness;
- Chronic respiratory disease; and
- Hypertension case-finding.

BA confirmed the following progress has been made in relation to the Trust health inequality and health improvement agenda:

- A Trust Health Inequalities Group is in place, chaired by the Chief Operating Officer;
- Appointment of a Consultant in Public Health and Clinical Directors / Leads on health inequalities;
- Training: A health inequality event is being held on 24 May for all current and previous participants of the award-winning Collaborative Newcastle Joint System leadership programme. A Trust-wide clinical showcasing day is being planned for autumn 2022;
- Duplication to Personalisation Project;
- Waiting Well initiative: Newcastle Hospitals and primary care pre-operative optimisation of patients with uncontrolled diabetes; and
- Establishment of an Alcohol Care Team and recovery navigators in the Emergency Department.

Agenda item 8.3

- Good progress made in treating tobacco dependency.

BA explained that the Trust is making good progress to address health inequalities and prevent ill health however there are further improvements to be made and actions planned.

3) WORKING GROUP EFFECTIVENESS REVIEW

A draft Working Group effectiveness review has been prepared and will be presented to the next WG meeting for discussion.

4) RECOMMENDATION

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

**Report of Eric Valentine
Working Group Chair
6 June 2022**

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COUNCIL OF GOVERNORS

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|-------------------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 16 June 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 Objectives | Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. | | | | | | |
| Impact (please mark as appropriate) | Quality | Legal | Finance | Human Resources | Equality & Diversity | Reputation | Sustainability |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Impact detail | Outlined within the report. | | | | | | |
| Reports previously considered by | Regular reports on the work of this Working Group are provided to the Council of Governors. | | | | | | |

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP REPORT

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the People, Engagement and Membership (PEM) Working Group since the last meeting of the Council of Governors in February 2022.

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

1. INTRODUCTION

The People, Engagement and Membership Group works to monitor and increase membership and representation as well as communicating with members. They also consider the Trust communications as representatives of the public and are aligned to the Trust People Committee.

2. GROUP ACTIVITIES

The PEM WG:

- Plans and delivers Membership activities, including members' events, briefings, newsletters and recruitment materials;
- Seeks to increase representation by engaging a broad spectrum of our community and adding to our membership numbers; and
- Contributes quarterly to Dame Jackie's Blog and seeks to increase our platforms for communication.

3. ONGOING AREAS OF FOCUS

3.1 Communication

PEM is working on its first newsletter for several years. Principles have been agreed, and a list of items for inclusion has been initiated based on a classic newsletter sketch-and-point format.

PEM has opened communications with the Associate Director of Nursing for Children and Young People to reach a broader age range. Contact has already been made with Disability North, Haref and the Trust's BAME Network. In addition, the PEM WG plans to make contact with the Trust chaplaincy team to explore communication

PEM have prepared two brief communications, one for public members and one for staff members, welcoming new Governors and has begun regular updates with the Trust Communications Team. PEM will provide feedback on the strategy and work with the Communications Team on a series of two-minute videos to engage our wider/under-represented communities.

3.2 Membership

An August Members' Event has been planned to focus on the Trust's sustainability and green activities.

Agenda item 8.4

Membership materials will be further disseminated, with social media and online platforms fully utilised.

PEM is coordinating the attendance of some youth advisors to the July meeting to help provide further advice to the WG on the best methods/approaches to recruit and engage the 16-19 age group and to provide young people with an outlet for representation and experience of our local healthcare systems.

4. RECOMMENDATIONS

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

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

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COUNCIL OF GOVERNORS

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|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of meeting | 16 June 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 February 2022. | | | | | | |
| Recommendation | <p>The Council of Governors are asked to note the contents of this report, and specifically;</p> <ul style="list-style-type: none"> i) the appointment of Ms Liz Bromley from 1 June 2022 for her first 3-year term of office as a Trust NED and the reappointment of Ms J Baker from 1 July 2022 for her second 3-year term as a Trust NED; ii) that a private paper has been presented to the Council of Governors to consider the Chair remuneration; and iii) that expressions of interest are sought from Staff Governors to fill the vacancy in the Staff Governor membership of the Nominations Committee. | | | | | | |
| Links to Strategic Objectives | <p>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.</p> | | | | | | |
| 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 February 2022.

The Committee last met on 27 April 2022. The following matters were considered:

- Shortlisting of the applications for the Non-Executive Director (NED) recruitment process.
- 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.

In addition to the meeting held on 27 April, a subgroup of the Committee met on 12 April to undertake longlisting for the NED recruitment exercise and NED interviews were held on 5 May.

This report provides further detail on the matters listed above.

The Council of Governors are asked to note the contents of this report, and specifically;

- iv) the appointment of Ms Liz Bromley from 1 June 2022 for her first 3-year term of office as a Trust NED and the reappointment of Ms J Baker from 1 July 2022 for her second 3-year term as a Trust NED;
- v) that a private paper has been presented to the Council of Governors to consider the Chair remuneration; and
- vi) that expressions of interest are sought from Staff Governors to fill the vacancy in the Staff Governor membership of the Nominations Committee.

NOMINATIONS COMMITTEE UPDATE

1. COMMITTEE MEETINGS

Committee members last met on 27 April 2022 to discuss:

- Shortlisting of the applications for the Non-Executive Director (NED) recruitment process.
- 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.

In addition to the meeting held on 27 April, a subgroup of the Committee met on 12 April to undertake longlisting for the NED recruitment exercise and NED interviews were held on 5 May.

2. NED RECRUITMENT UPDATE

Since the previous Council meeting, interviews were held on 5 May 2022 to recruit a new Non-Executive Director (NED) with workforce expertise. Five candidates were shortlisted for interview and the interviews were undertaken by a subgroup of Nomination Committee members, with Governors in the majority.

An extraordinary Private Council of Governors meeting was convened on 12 May 2022, with a detailed report presented. The Council of Governors were asked to approve the appointment of Ms Liz Bromley as a Trust Non-Executive Director with effect from 1 June 2022, subject to satisfactory completion of the Fit and Proper Persons requirements, adequate references being obtained and proof of qualifications/membership of the Trust. The Council approved the appointment.

The Corporate Governance Team is currently working on the induction programme for Ms Bromley which will involve attending the mandatory staff induction, attending a local induction and introductory meetings with Board members and other key stakeholders.

3. CHAIR REMUNERATION REVIEW

Nomination Committee members considered a review of the Chair Remuneration and a private paper has been included within the Private session of the Governors meeting for consideration.

4. SUCCESSION PLANNING/NED REAPPOINTMENT

At the extraordinary Private Council of Governors meeting held on 12 May 2022, the Nominations Committee made a recommendation to appoint Ms Jill Baker, NED, for a second 3-year term of office from 1 July 2022. The Council of Governors agreed the recommendation.

5. ANNUAL COMMITTEE REVIEW

The Nominations Committee considered and approved a report drafted by the Trust Secretary outlining:

- Committee responsibilities and achievements for 2021/22;
- Committee membership and meetings; and
- Key areas to revisit during 2022-23.

Specific sections of the report will be included in the Trust Annual Report for 2021/22 as mandated.

6. FUTURE COMMITTEE BUSINESS

The Committee will next meet on 15 August 2022 to consider the following:

- The reappointment of two Non-Executive Directors whose terms of office are due to conclude in October and November 2022;
- Annual review of Deputy Chair arrangements; and
- The Chair/NED appraisal outcomes and objectives for the year ahead.

7. NOMINATIONS COMMITTEE MEMBER VACANCY

The Nominations Committee has a vacancy for a Staff Governor following the departure of Ms F Hurrell at the end of her term of office in May 2022. Any Staff Governor interested in joining the Committee are asked to express an interest to the Governor and Membership Engagement Officer in writing/via email by 30 June 2022. If more than one expression of interest is received, then a voting process will be established.

8. RECOMMENDATIONS

The Council of Governors are asked to note the contents of this report, and specifically;

- vii) the appointment of Ms Liz Bromley from 1 June 2022 for her first 3-year term of office as a Trust NED and the reappointment of Ms J Baker from 1 July 2022 for her second 3-year term as a Trust NED;
- viii) that a private paper has been presented to the Council of Governors to consider the Chair remuneration; and
- ix) that expressions of interest are sought from Staff Governors to fill the vacancy in the Staff Governor membership of the Nominations Committee.

Report of Kelly Jupp
Trust Secretary
10 June 2022

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COUNCIL OF GOVERNORS

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|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 16 June 2022 | | | | | | |
| Title | Update from Committee Chairs | | | | | | |
| Report of | Non-Executive Director Committee Chairs | | | | | | |
| Prepared by | Kelly Jupp, Trust Secretary Lauren Brotherton, Governor and Membership Engagement Officer Gillian Elsander, Corporate Governance Administrator and PA to Chairman and 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 in February 2022:</p> <ul style="list-style-type: none"> • People Committee – 15 February 2022 and 19 April 2022; • Finance Committee – 30 March 2022, 22 April 2022 (Extraordinary) and 25 May 2022 (Ordinary); • Audit Committee – 26 April 2022; • Charity Committee – 4 March 2022 and 6 May 2022; and • Quality Committee – 22 March 2022 and 17 May 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 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 February 2022.

UPDATE FROM COMMITTEE CHAIRS

1. PEOPLE COMMITTEE

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 update relating to the people implications of COVID-19 was received. This included the Integrated COVID Hub North East (ICHNE), vaccination hub, and vaccination as a condition of deployment (VCOD).
- The Associate Director of Sustainability and Environment provided the Shine Annual Report, and provided updates on the people elements of the Trust's sustainability programme.
- The Deputy Chief Nurse outlined the nursing and midwifery safe staffing for winter 2020/21.
- The Head of Workforce Engagement and Information provided an update on the preliminary results of the 2021 NHS Staff Survey and the draft engagement plan.
- An update on the Trust's 'Flourish at Newcastle Hospitals' initiative and the Institute for Healthcare Improvement (IHI) 'What Matters To You' programme was provided to the Committee.
- A recruitment deep dive was provided, including an update on recruitment for the Day Treatment Centre (DTC).
- The Committee received the Guardian of Safe Working quarterly report, the Board Assurance Framework (BAF) quarterly report and a Legal Update.
- The Head of Equality, Diversity and Inclusion – People presented the Gender Pay Report, which is included for Board approval under agenda item A7(e)ii.
- The Director of HR provided a leadership development update.

A formal meeting of the People Committee took place on 19 April 2022. During the meeting, the main areas of discussion to note were:

- A detailed update was provided regarding the people impact of the termination of the Integrated COVID Hub (ICHNE) contract.
- A COVID-19 update was received in relation to the vaccination hub and vaccination as a condition of deployment.
- An update on the Flourish programme was received including:
 - 2021 final staff survey results;
 - Education and workforce development including statutory and mandatory training action plan; and
 - Flourish/What matters to you.
- The people dashboard was received and discussed.
- The Assistant Chief Executive provided an update on the Trust communication strategy.
- The Committee received the Guardian of Safe Working quarterly report and a legal update.

The next formal meeting of the Committee will take place on 23 June 2022.

2. FINANCE COMMITTEE

A formal meeting of the Finance Committee took place on 30 March 2022. During the meeting, the main areas of discussion to note were:

- The Month 11 finance report was received and discussed.
- The financial plan for 2022/23 was presented and areas of risk outlined. The capital programme for 2022/23 was also presented.
- An update on the Day Treatment Centre was provided.
- The Executive Director of Business, Development, and Enterprise presented the planning contracting and finance position for 2022/23.
- The Procurement and Supply Chain Director presented an update.
- The quarterly BAF report was received and discussed.
- Tenders and business cases were reviewed.
- An update on capital projects was provided.

An extraordinary meeting of the Finance Committee took place on 22 April 2022. During the meeting, the main areas of discussion included:

- Month 12 and the year-end position.
- An update on the financial plan for 2022/23, with key risks highlighted.
- Key headlines from the draft Annual Accounts for 2021/22.
- The Trust Capital Programme.
- Agreement that future meetings would include deep dives on CIP and capital projects.

A formal meeting of the Finance Committee took place on 25 May 2022. During the meeting, the main areas of discussion included:

- An update on the draft Annual Accounts 2021/22.
- The Month 1 finance report and key risks.
- An update on the commercial strategy and the Commercial Enterprise Unit I&E.
- The Executive Director of Business, Development and Enterprise presented the activity for Month 1 2022/23.
- The Head of Corporate Risk and Assurance presented the Board Assurance Framework (BAF) report.
- Tenders and Business Cases presented for approval.
- An update from the Procurement and Supply Chain Director.
- The Committee Annual Report was received and approved.

The next extraordinary meeting of the Committee will take place on 17 June 2022, to approve the final accounts and annual report. The next ordinary meeting of the Committee will take place on 27 July 2022.

3. AUDIT COMMITTEE

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

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- Committee Chairs provided updates relating to risk and assurance in relation to each of their committee's remit.
- The Head of Corporate Risk and Assurance presented the Board Assurance Framework Risk Management Annual Report.
- The Finance Director presented the draft annual accounts for 2021/22 and going concern statement for 2021/22.
- An update was received on the clinical audit process.
- AuditOne provided a progress report on the Trust's Internal Audit programme and Counter Fraud provided an update on the Trust's annual plan and annual fraud self-review tool.
- Mazars LLP provided an update on the Trust and Charity's external audit strategy memorandum.
- The Trust Secretary presented the Draft TCWG response, self-assessment checklist and the proposed updated terms of reference and schedule of business, which were approved.
- The Head of Corporate Risk and Assurance presented the draft annual governance statement.
- The Committee received a number of reports including:
 - Review of schedule of approval of single tender action and waivers exception report;
 - Review of debtors and creditors balances;
 - Review of schedule of losses and compensation;
 - Annual review of special severance payments/settlement agreements;
 - Information Governance update; and
 - Cyber update.

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

4. CHARITY COMMITTEE

A formal meeting of the Charity Committee took place on 4 March 2022. During the meeting, the main areas of discussion to note were:

- The Charity Director provided a comprehensive update on progress against the charity strategy. This included an update on recruitment, financial processes and plans for 2022/23.
- The Chair provided an update on the progress of the Charity Governance Working Group. This included a charity BAF report.
- The skills audit for committee members was received and discussed.
- An update on Charity grant-making was provided, including an overview of the approach being taken and plans for the future.
- A number of grants were considered for approval. Successful grants totalled circa £1.3m and included:
 - Support for the development of the Trust's mental health strategy;
 - A 'Long COVID' service delivered by Healthworks Newcastle;
 - A Great North Children's Hospital project co-ordinator employed by Newcastle United Foundation;

Agenda item 10.1

- A Robotic Urology fellowship programme;
- An arts and wellbeing centre in Leazes Park;
- A green gym co-ordinator employed by the Centre for Sustainable Healthcare;
- Support for the work of Newcastle Carers in Newcastle Hospitals;
- A child bereavement service delivered by Newcastle City Council;
- A Sustainability Fellowships pilot project in the Children's Services and Cancer Services directorates;
- Support for Children's Cancer North and the Wolfson Childhood Cancer Research Centre;
- Psychological support for staff in critical care teams; and
- Social cinema screenings at the Medicinema in the RVI.
- The summary of grants approved up to £25,000 made since the last meeting of the committee was received.
- A number of finance reports were received, including the summary of investments.

A formal meeting of the Charity Committee took place on 6 May 2022. During the meeting, the main areas of discussion to note were:

- The Charity Director provided an update on the operating cost benchmarking, charity risk statement and dashboard.
- The annual review of the Committee and schedule of business was received and approved.
- The Deputy Trust Secretary presented the charity audit strategy memorandum.
- A number of grants were considered for approval. Successful grants totalled circa £1.2m and included:
 - The purchase of Neonatal Bedside Resuscitation Equipment (Women's Services);
 - The purchase of Neonatal Delivery suite ventilators (Hamilton C1) (Women's Services);
 - Funding for a Haematology Clinical Trial Fellow (Cancer Services and Clinical Haematology);
 - Funding for support staff for the Enhanced Recovery programme in Abdominal Transplantation (Renal Services);
 - Imaging software and associated costs (Cardiothoracic Services) – Approved in principle pending confirmation of one matter;
 - Funding to provide open access to the Hospedia TV's for cancer patients (Cancer Services and Clinical Haematology);
 - Funds for EIDO Healthcare Informed Consent Patient Information leaflets (Patient Services);
 - Funding for a Physicians Associate Preceptorship in partnership with Health Education England (Cardiothoracic Services);
 - Funds for a clinical specialist physiotherapy in Children's Cancer (Children's Services) – Approved in principle pending agreement of the fund to be utilised;
 - Funding for a patient engagement in Continuous Improvement and Transformation project (Patient Services);
 - Funds for two Sir Bobby Robson Foundation training posts (Cancer Services / Clinical Haematology); and

Agenda item 10.1

- Funding for a project called 'Establishing Effective Transition from Children's to Adult Services and Developing an 'Outreach' Service for Young People (YP) outwith GNCH' (Patient Services).
- A summary of grants approved since the last meeting was received.
- A number of finance reports were received, including a summary of investment report.

The next formal meeting of the Committee will take place on 02 September 2022.

5. QUALITY COMMITTEE

A formal meeting of the Quality Committee took place on 22 March 2022. During the meeting, the main areas of discussion to note were:

- The Ockenden Report update was provided by the Executive Chief Nurse.
- The Head of Projects provided an update on the implementation of the BadgerNet electronic patient record system in maternity services.
- The maternity CNST quarterly report was received.
- The integrated quality and performance report was received and discussed.
- The chairs of the Clinical Outcomes and Effectiveness Group, the Compliance and Assurance Group, and the Patient Experience and Engagement Group provided their report on activity and progress.
- The Head of Corporate Risk and Assurance attended the meeting to present the quarterly BAR report.
- Committee members received a deep dive presentation on the management of serious incidents in the Trust.
- The bi-annual clinical research report was received.
- Quarter three reports for safeguarding, learning from deaths, and learning disability were received.

A formal meeting of the Quality Committee took place on 17 May 2022. During the meeting, the main areas of discussion to note were:

- An update on the Ockenden report and Maternity Incentive Scheme was provided.
- The integrated quality and performance report was received and discussed.
- A Royal College reviews update was provided.
- The chairs of the Patient Safety Group and Patient Experience & Engagement Group provided their report on activity and progress.
- Quarter four annual reports were received for Safeguarding, Learning Disability and Learning from Deaths.
- An end of life and palliative care biannual report was received.
- A Newcastle Improvement biannual report was received.
- An update on the leadership walkabout/spotlight on services was provided.

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

6. RECOMMENDATIONS

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

Report of Kelly Jupp, Trust Secretary

Lauren Brotherton, Governor and Membership Engagement Officer

Gillian Elsender, Corporate Governance Administrator and PA to Chairman and Trust Secretary

09 June 2022

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COUNCIL OF GOVERNORS

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|-------------------------------------|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 16 June 2022 | | | | | | |
| Title | Governor Elections Update | | | | | | |
| Report of | Caroline Docking, Assistant Chief Executive Kelly Jupp, Trust Secretary | | | | | | |
| Prepared by | Lauren Brotherton, Governor and Membership Engagement Officer | | | | | | |
| 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 report provides an update on the outcome of the recent election to the Council of Governors elections which concluded in May 2022. | | | | | | |
| Recommendations | The Council of Governors is asked to receive the report and approve the proposal outlined in section 2.4 of this 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 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 | Regular report – previous report considered by the Council of Governors on 21 October 2021. | | | | | | |

GOVERNOR ELECTION UPDATE

EXECUTIVE SUMMARY

The report provides an update on the outcome of the recent election to the Council of Governors which concluded on 30 May 2022. Key points include:

- The newly elected Governors are outlined in section 2.1 of the report, along with the outgoing Governors;
- Progress to date in relation to the new Governor induction programme; and
- Current Governor vacancies.

The Council of Governors is asked to receive the report and approve the proposal outlined in 2.4.

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 Results

The 2022 round of elections have now concluded, with the results announced on 31 May 2022. The following Governors were elected into the following public constituencies and staff classes:

| Constituency/Class | Elected Governor(s) | Turnout percentage |
|--|--|--------------------|
| Newcastle upon Tyne (2) | Judy Carrick David Forrester | 14.23% |
| Northumberland, Tyne, and Wear (excluding Newcastle) (3) | Bob Waddell Claire Watson David Evans | 14.33% |
| Staff – Medical and Dental | Dr John Hanley | 33.46% |
| Staff – Health Professionals Council* | Elizabeth Rowen | N/A |
| Appointed Governors | Councillor Ian Tokell, Newcastle City Council Professor Justin Durham, Newcastle University | N/A |

* These constituencies/classes were elected unopposed.

Governors who were elected commenced their term of office on 1 June 2022 and would run to 31 May 2025.

The Corporate Governance Team will undertake some analysis to identify whether the additional communications undertaken during the 2022 election resulted in a higher turnout. Governor feedback would be most welcomed for future engagement.

Mrs Judy Carrick is commencing her second consecutive term of office and Mr Forrester is also commencing his second term of office following a one-year gap. All remaining Governors listed were newly elected.

Mrs Susan Nelson was unsuccessful in gaining re-election to the Council and Mrs Fiona Hurrell opted not to seek re-election. Mrs Carole Errington and Dr Helen Lucraft completed

Agenda Item 10.2

their third three-year term in May 2022 and were therefore ineligible to stand for re-election. The thanks of the Chairman and the Board of Directors are extended to the outgoing Governors for their service to the Council.

Mr John Hill, Staff Governor for Medical and Dental, advised of his intention to step down from the Council of Governors from 31 December 2021. The thanks of the Chairman and the Board of Directors are extended to Mr J Hill for his dedication to the Council.

During the election process it became apparent that 16 members across the Newcastle and Northumberland, Tyne and Wear (excluding Newcastle) constituencies did not receive their voting information prior to the voting deadline. This was due to a previously unknown problem with the report used to extract the list of members eligible for voting.

Two of the sixteen had contacted UK Engage prior to the deadline and were able to cast a vote, and this alerted us to a larger problem

The Corporate Governance Team have investigated the matter thoroughly and can confirm that this would not have impacted the election results as a significant proportion of the 14 individuals had registered with ineligible email accounts.

2.2 New Governor Induction

The newly elected Governors undertook their Governor induction in early June. The session was facilitated by Professor Sir John Burn, Chairman, Kelly Jupp, Trust Secretary, Pam Yanez, Lead Governor and the Chairs of the Governor Working Groups. The session was also attended by some of the Trust Non-Executive Directors.

A small number of new Governors were unable to attend this session and an alternative date is being sourced.

Corporate induction and mandatory training was undertaken in early June, with follow up sessions being scheduled for late Summer.

2.3 Governor Vacancies

Mr Neville Coulthard-Shaw, Public Governor for the North East stood down from the Council in April 2022. As this was after the ballot papers had been issued, the vacancy will be carried forward until the 2023 election round.

A number of vacancies exist within the Appointed Governors, namely for the Advising on the Patient Experience Group and Charity both which are being reviewed.

2.4 Proposal

Mrs Glenda Bestford, Staff Governor for Nursing and Midwifery and Mr John McDonald, Public Governor for Northumberland, Tyne & Wear (excluding Newcastle) were elected in February 2020 due to a higher number of vacancies in Governor seats at that time. As such their terms of office will run out on 31 January 2023. The Council is asked to approve a short extension to the terms of office for both individuals to align with the usual election cycle in

Agenda Item 10.2

May. This would mean that the terms would end on 31 May 2023 and would allow the seats to be included in the May 2023 elections.

3. RECOMMENDATION

The Council of Governors is asked to receive the report and approve the proposal outlined in 2.4.

**Report of Lauren Brotherton
Governor and Membership Engagement Officer
8 June 2022**

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COUNCIL OF GOVERNORS

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|-------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Date of meeting | 16 June 2022 | | | | | | |
| Title | Working Group Terms of Reference | | | | | | |
| Report of | Kelly Jupp, Trust Secretary | | | | | | |
| Prepared by | Lauren Brotherton, Governor and Membership Engagement Officer, and 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 type="checkbox"/> | | | |
| Summary | The content of the report includes the updated Terms of Reference for the People, Engagement and Membership, Quality of Patient Experience and Business and Development Working Groups. | | | | | | |
| Recommendation | The Council of Governors are asked to receive and note the Working Group Terms of Reference that were approved at the 21 April 2022 Workshop. | | | | | | |
| Links to Strategic objectives | Our partnerships provide added value in all that we do. We are recognised as a national exemplar in all that we do. | | | | | | |
| 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 | Working Group terms of reference are approved at the Council of Governors on a bi-annual basis. | | | | | | |

WORKING GROUP TERMS OF REFERENCE REPORT

EXECUTIVE SUMMARY

The content of the report includes the updated Terms of Reference for the People, Engagement and Membership, Quality of Patient Experience and Business and Development Working Groups.

The Working Group Terms of Reference have been reviewed and updated by the Trust Secretary, Deputy Trust Secretary and each of the Working Groups.

The following minor amendments were made:

- Changes to reflect the tasks undertaken by the new Governor and Membership Officer within the Trust. Therefore all three sets of the Working Group Terms of Reference have been amended from 'Trust Secretary' to 'Governor and Membership Engagement Officer' as appropriate;
- The Membership Strategy and Membership Materials are now specified in the People, Engagement and Membership Terms of Reference;
- The reference to 'the quality of food served to Trust patients' point has been removed as this is included in point 2.4 under 'patient experience' in the Quality of Patient Experience Terms of Reference;
- The reference to 'performance against its Cost Improvement Programme (CIP)' has been removed in point 5.3.1 of the Business and Development Terms of Reference as such updates are covered through the Plan updates; and
- Adding in references to 'virtual' meetings and to detail that the Governor and Membership Engagement Officer is now providing admin support, including taking notes in the Group meetings.

The Council of Governors approved the Working Group Terms of Reference at the Workshop on 21 April 2022.

TERMS OF REFERENCE – PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP

1. Constitution of the Group

The PEM Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the Trust membership; this includes the recruitment and retention of a membership that seeks to reflect the population the Trust serves, engagement and communication with members regarding the activities of the Trust, the oversight of Member Events and membership materials.

2. Purpose and function

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

- 2.1 on the effectiveness of communications and engagement, with internal and external stakeholders, local communities and partners, with the People Committee acting as the oversight Committee;
- 2.2 that the Trust membership is diverse, inclusive and representative of the population it serves; and meets the minimum levels prescribed within the Trust Constitution;
- 2.3 that the processes are in place for improving communications and engagement with members to ensure that the views of members are considered, including the scheduling of Members Events up to four times a year; and
- 2.4 in relation to effective liaison and communication between Governors and Members.

3. Authority

The Group is:

- 3.1. a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;
- 3.2 authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Governor and Membership Engagement Officer, to provide information by request at a meeting of the Group to support its work, as and when required; and
- 3.3 authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).
- 3.4 the Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

4. Membership

4.1 Group Composition and Attendance

- 4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff), with at least one member of the Group being a Staff Governor and one member of the group being a Public Governor.
- 4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Governor and Membership Engagement Officer and will serve a term of three years as Chair of the Group (or until the Governor term of office ends).
- 4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.
- 4.1.4 The Chair of the Council of Governors, the Trust Secretary and the Governor and Membership Engagement Officer shall not be members of the Group, but may be in attendance.
- 4.1.5 Other than as specified above, members of the Group have the right to participate in Group meetings however other Governors are welcome to attend and contribute. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.
- 4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.
- 4.1.7 Members are able to attend Group meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.1.8 Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.
- 4.1.9 The Governor and Membership Engagement Officer shall provide support as necessary for example in arranging Group agendas, meeting presentations, taking meeting notes and maintaining an action log.

4.2 Quorum

- 4.2.1 The quorum necessary for the transaction of business shall be three members, one of which being a Staff Governor, as defined in 4.1.1 above, including the Chair or Vice Chair.
- 4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

5. Duties

5.1 Cycle of Business

The Group will:

- 5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

5.2 Membership Communications & Engagement

The Group will:

- 5.2.1 review the coherence and comprehensiveness of the ways in which the Trust engages with existing and potential members; and
- 5.2.2 development of the Trust's membership strategy and review the effectiveness of internal communications and engagement.
- 5.2.3 refresh the Membership Strategy when due and submit for approval by the Council of Governors.
- 5.2.4 provide input into the updating of Membership Materials as and when required for example membership posters, membership forms, the welcome letter from the Chair of the Working Group and certificate received when becoming a member of the Trust.

6. Reporting and Accountability

- 6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement may be needed.

7. Committee Administration

- 7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Governor and Membership Engagement Officer, shall require.
- 7.2 The Chair may at any time convene additional meetings of the Group to consider additional business or business that requires urgent attention.
- 7.3 The agenda will be set in advance by the Chair, with the Governor and Membership Engagement Officer, reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.
- 7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.
- 7.6 The Governor and Membership Engagement Officer shall note the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes will be filed by the Governor and Membership Engagement Officer.
- 7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

Procedural control statement: 11 February 2022

Date approved: 21 April 2022

Approved by: Working Group and Council of Governors

Review date: January 2024

TERMS OF REFERENCE – QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP

1. Constitution of the Group

The QPE Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the quality of care to the Trust's patients, specifically in relation to patient experience.

2. Purpose and function

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

- 2.1 that the Trust Board has appropriate quality governance structures, systems, processes and controls in place to achieve consistently safe high-quality care and to meet the Trust's legal and regulatory obligations;
- 2.2 that any shortcomings in the quality and safety of care identified as part of a Governor Site Visit (in person or virtual) or through complaints raised directly to Trust Governors are addressed in a systematic and effective manner;
- 2.3 that the local performance indicator selected by the Group for inclusion in the Annual Trust Quality Account if required is accurate and any recommendations arising from any external auditor work on the indicator are progressed accordingly; and
- 2.4 on the effectiveness of mechanisms used for the involvement of patients and the public, Governors, staff, partners and other stakeholders in improving the patient experience.

3. Authority

The Group is:

- 3.1. a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;
- 3.2 authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Governor and Membership Engagement Officer, to provide information by request at a meeting of the Group to support its work, as and when required; and
- 3.3 authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).
- 3.4 The Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

4. Membership

4.1 Group Composition and Attendance

- 4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff).
- 4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Trust Secretary and will serve a maximum term of three years as Chair of the Group (or until the Governor term of office ends).
- 4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.
- 4.1.4 The Chair of the Council of Governors, the Trust Secretary and the Governor and Membership Engagement Officer shall not be members of the Group, but may be in attendance from time to time.
- 4.1.5 Other than as specified above, members of the Group have the right to participate in Group meetings however other Governors are welcome to attend and contribute. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.
- 4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.
- 4.1.7 Members are able to attend Group meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.1.8 Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.
- 4.1.9 The Governor and Membership Engagement Officer, shall provide support as necessary for example in arranging Group agendas, meeting presentations, taking meeting notes and maintaining an action log.

4.2 Quorum

- 4.2.1 The quorum necessary for the transaction of business shall be three members, as defined in 4.1.1 above, including the Chair or Vice-Chair.
- 4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

5. Duties

5.1 Cycle of Business

The Group will:

- 5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

5.2 Strategy

The Group will:

- 5.2.1 agree the local performance indicator for inclusion in the Trust Quality Accounts (where required) and consider any reports provided by the Trust external auditor on the Quality Account; and
- 5.2.2 review the Trust's Quality Strategy and Quality Account, and provide feedback to the Council on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact.

5.3 Learning and communication

The Group will:

- 5.3.1 develop and oversee a programme of Site Visits (in person or virtual) to engage members directly in quality assurance processes and to ensure that such processes include the establishment of a procedure to review, distil and implement the learning from the visits; and
- 5.3.2 be assured of the effectiveness of communication, engagement and development activities designed to support patient safety and improve clinical governance.

5.4 Patient and public engagement

The Group will:

- 5.4.1 be assured of the effectiveness of a credible process for assessing, measuring and reporting on the 'patient experience' in a consistent way over time, including the appropriateness and effectiveness of processes for patient engagement in support of the Trust's strategic goals and programmes of work.

6. Reporting and Accountability

- 6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

7. Committee Administration

- 7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Governor and Membership Engagement Officer, shall require.
- 7.2 The Chair may at any time convene additional meetings of the Group (or a subgroup) to consider additional business or business that requires urgent attention.
- 7.3 The agenda will be set in advance by the Chair, with the Governor and Membership Engagement Officer, reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five

working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

- 7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.
- 7.6 The Governor and Membership Engagement Officer notes the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes will be filed by the Governor and Membership Engagement Officer.
- 7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

Procedural control statement: 03 February 2022

Date approved: 21 April 2022

Approved by: Working Group and Council of Governors

Review date: January 2024

TERMS OF REFERENCE – BUSINESS AND DEVELOPMENT (B&D) WORKING GROUP

1. Constitution of the Group

The B&D Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the Trust business and development activities, including Trust strategy development, Trust financial sustainability and the audit arrangements in place.

2. Purpose and function

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

- 2.1 that the Trust Board has appropriate governance and risk management structures, systems, processes and controls in place to achieve financial sustainability, as considered by the Trust Audit Committee, and to meet the Trust's associated legal and regulatory obligations;
- 2.2 that the Trust financial performance and value for money is scrutinised appropriately through assurances received from the Finance Committee;
- 2.3 that an external auditor is appointed, following a robust appointment process, in order to undertake the audit of the Trust Annual Report and Accounts, and to receive external audit updates/feedback;
- 2.4 that the Trust Annual Operational Plan has been robustly prepared, assumptions have been adequately challenged and the financial implications of business and developments included have been fully considered; and
- 2.5 that the Trust overarching Strategy and associated key strategies e.g. Estates Strategy, has been developed through an appropriate engagement approach to consider the views of key stakeholders.

3. Authority

3.1 The Group is:

- 3.1.1 a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;
 - 3.1.2 authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Governor and Membership Engagement Officer, to provide information by request at a meeting of the Group to support its work, as and when required; and
 - 3.1.3 authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).
- 3.2 The Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

4. Membership

4.1 Group Composition and Attendance

- 4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff).
- 4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Governor and Membership Engagement Officer and will serve a term of three years as Chair of the Group (or until the Governor term of office ends).
- 4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.
- 4.1.4 The Chair of the Council of Governors, the Trust Secretary and the Governor and Membership Engagement officer shall not be members of the Group, but may be in attendance.
- 4.1.5 Other than as specified above, members of the Group have the right to participate in Group meetings however other Governors are welcome to attend and contribute. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.
- 4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.
- 4.1.7 Members are able to attend Group meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.
- 4.1.8 Members of the group may serve a term of up to three years (dependent on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.
- 4.1.9 The Governor and Membership Engagement Officer, shall provide support as necessary for example in arranging Group agendas, meeting presentations, taking meeting notes and maintaining an action log

4.2 Quorum

- 4.2.1 The quorum necessary for the transaction of business shall be three members, as defined in 4.01 above, including the Chair or Vice Chair.
- 4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

5. Duties

5.1 Cycle of Business

The Group will:

- 5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

5.2 Strategy

The Group will:

- 5.2.1 provide input through the Council of Governors into the development of the Trust's overarching Strategy – Vision, Values and Objectives as part of the Strategy engagement and development process; and
- 5.2.2 receive a briefing on the development of the Trust Annual Operational Plan, including key assumptions included within and provide feedback to the Council of Governors.

5.3 Financial Performance and Sustainability

The Group will:

- 5.3.1 receive regular updates on progress and performance against the approved Trust Operational Plan and the Trust financial position.

5.4 External Audit

The Group will:

- 5.4.1 oversee the appointment process for the Trust external auditor, in conjunction with representatives from the Trust's Finance and Procurement Teams, as well as the Trust Secretary; and
- 5.4.2 make a recommendation to the Council of Governors on the Trust's appointment of the Trust external auditor.

6. Reporting and Accountability

- 6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement may be needed.

7. Committee Administration

- 7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Governor and Membership Engagement Officer, shall require.
- 7.2 The Chair may at any time convene additional meetings of the Group to consider additional business or business that requires urgent attention.
- 7.3 The agenda will be set in advance by the Chair, with the Governor and Membership Engagement Officer reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.
- 7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.

- 7.6 The Governor and Membership Engagement Officer shall note the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes will be filed by the Governor and Membership Engagement Officer
- 7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

Procedural control statement: 10 February 2022

Date approved: 21 April 2022

Approved by: Working Group and Council of Governors

Review date: January 2024

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COUNCIL OF GOVERNORS

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|-------------------------------------|--|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of meeting | 16 June 2022 | | | | | | |
| Title | Membership Strategy | | | | | | |
| Report of | Judy Carrick, Chair of PEM WG, Lauren Brotherton, Governor and Membership Engagement Officer, and Kelly Jupp, Trust Secretary | | | | | | |
| Prepared by | Lauren Brotherton, Governor and Membership Engagement Officer, Kelly Jupp, Trust Secretary, and 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 | The content of the report includes the renewed Membership Strategy for 2022 – 2024. The People, Engagement and Membership Working Group considered and provided feedback on the Strategy. The Council of Governors subsequently approved the Membership Strategy at the Workshop on 21 April 2022. | | | | | | |
| Recommendation | The Council of Governors are asked to receive the final approved Strategy for information. | | | | | | |
| Links to Strategic Objectives | We are recognised as a national exemplar in all that we do. | | | | | | |
| 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 | Redesigned Membership Strategy which has been approved at the Council of Governors Workshop on 21 April 2022. | | | | | | |

MEMBERSHIP STRATEGY REPORT

EXECUTIVE SUMMARY

This report provides the refreshed Membership Strategy which the People, Engagement and Membership Group considered and the Council of Governors approved on 21 April 2022.



THE NEWCASTLE UPON TYNE HOSPITALS

NHS FOUNDATION TRUST

MEMBERSHIP STRATEGY

2022 - 2024

MEMBERSHIP STRATEGY 2022 – 2024

At Newcastle Hospitals, our members are an essential part of both our present and our future. We hope that thousands of people will want to become involved with our work by becoming members of The Newcastle upon Tyne Hospitals NHS Foundation Trust. Members might even decide to stand in the election to our Council of Governors.

All of us will need high quality, safe healthcare in our lives. The Newcastle upon Tyne Hospitals NHS Foundation Trust is proud to provide an outstanding service to the entire community. Our patients, the public, our staff, our governors, our members, and our partner organisations all help provide a broad representation of our local community, reflecting a variety of different views.

We are committed to ensuring that our membership is reflective of the community we serve and are keen to ensure that all voices are represented.

This Strategy builds on previous Trust Membership Strategies.

What membership means to the Trust

Becoming a member of the Trust provides ways in which people, and in particular local people from Newcastle and the surrounding area, can contribute to the Trust's success. We seek to achieve this through an active public and staff membership and a Council of Governors that builds and sustains a wide consensus about the services we provide.

Not all members will be able to or wish to serve on our Council of Governors but many more will expect to have some tangible involvement in the affairs of the Trust. Our strategy seeks to ensure that members are enabled to participate at the level they feel is most appropriate. To ensure a wide variety of voices are included, we will continue to regularly engage with a range of both internal and external groups to ensure that the breadth of our membership is accurately represented.

The benefit to public and staff members is they have a role in the way the hospital is governed by:

- Involving themselves and having a say;
- Voting in the elections for the Council of Governors;
- Standing for election to the Council of Governors; and
- Influencing proposed changes to services and future plans for the development of our sites.

It's an exciting time to be joining the Trust as a member as we look to review how we engage with our membership as we emerge from the COVID-19 pandemic. The People, Engagement and Membership Working Group, made up of a cohort of Governors coordinates member engagement and activities. The Working Group is keen to hear suggestions from members as to how Governors can keep them informed.

All public members aged 16 and over can stand as a Governor or vote in the Governor election. Governors have a statutory duty to represent the interests of the members of the Trust as a whole

and the interests of the public. It is important therefore that NHS Foundation Trusts (FTs) have a membership that represents their patients and communities.

The Governor Role in Member Engagement

Members are a group of people who have already expressed an interest in our organisation so in turn are more likely to want to share their views on service developments and issues relevant to Newcastle Hospitals. Engagement with members should build on our engagement work with staff, patients and the public.

We are keen to hear about our members' particular areas of interest so that we can identify those members who may like to be actively engaged in discussions and consultations. Options could include via emails to the Lead Governor mailbox, surveys, or written communication to seek feedback on key issues.

The Trust also organises meetings and members' events to support this engagement and communication. Governors are expected to attend and support members' events, where possible, and talk with their constituents in attendance.

All Governors have a duty to engage with members and represent their views on the Council of Governors. The Trust should seek Governors' views on how best the organisation can support them with that duty and we do this during our Governor induction programme.

The Trust is committed to continuing to develop and support Governors to enable them to carry out their role and contribute fully to the work of the Council of Governors. Our Governors attend a comprehensive induction, participate in developments days and attend national NHS Providers training and awareness sessions.

Our Governors and members are welcome to attend our Public Board meetings and annually the Governor Working Group Chairs observe our main Board Committees, giving them the opportunity to see how our Non-Executive Directors fulfil their roles.

About our members

Public members

All NHS Foundation Trusts (FTs) must have at least one public constituency. The area of the public constituency is defined on the basis of one or more local government electoral areas and is defined in the Trust's Constitution. People who reside within a defined public constituency area are eligible to become members of the NHS FT for that public constituency. As of 05 April 2022, the Trust has a total of 5,731 Public members.

Staff members

In order to be a staff member, staff must:

- Be employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months;
- Have been continuously employed under a contract of employment with the Trust for at least 12 months; or
- Work on behalf of a voluntary organisation within the meaning of the 2006 Act or a registered volunteer at the Trust and in either case have continuously exercised functions for the Trust for at least 12 months and whose place of work is at the Trust and who are acknowledged in writing by the Trust as being eligible for membership.

Following a change made to our Trust Constitution during 2021, all new staff now become members automatically on commencement of employment and can choose to opt out if they wish to do so. Staff in post pre 1 December 2021 are welcome to become members of the Trust at any time in their employment.

Employees of the Trust cannot also be public members. As of 05 April 2022, the Trust has a total of 2,455 staff members. Our Staff Constituency is divided into a number of Classes as defined in the Trust Constitution.

Staff are welcome to amend their membership to public should they leave the Trust.

Membership register

A register of public and staff members is maintained by the Trust. The membership information is held on a secure and confidential database, which is managed in accordance with the General Data Protection Regulation (GDPR) 2018. The register is managed by the Governor and Membership Engagement Officer.

The register will be used as the data source for contacting members to provide them with information and opportunities to engage in our activities. All contacts with members will be managed by the Trust's Corporate Governance Office through the Trust Secretary and the Governor and Membership Engagement Officer.

Delivering the Strategy

The core elements of our Strategy are to:

- 1) Recruit and retain members through:
 - Targeted recruitment drives;
 - Revisiting and refining recruitment materials; and
 - Holding Members Events.
- 2) Communicate effectively with members:
 - Continue to contribute regularly to Trust newsletters which promote the work of the Trust;
 - Provide opportunities for members to meet our governors and encourage use of the governors' mailbox as a forum for members to contact our Lead Governor;

- Construct welcome materials for new members; and
- Utilise surveys, focus groups, consultations, and other forums to promote two-way communication.

In order to deliver this Strategy we have identified a number of actions to take. These are set out in Appendix 1.

Evaluation of the Strategy

A progress report will be delivered annually to the Council of Governors so that progress can be monitored and effectiveness evaluated to support continuous improvement.

Appendix 1: Membership Strategy Action Plan

| Objectives | What we will do to deliver the objective |
|---|---|
| We will increase our membership | We will deliver this objective by: <ul style="list-style-type: none"> • Undertaking two virtual members’ events during 2022. In person events will be scheduled when possible as pandemic restrictions allow; • Refreshing the Trust’s membership posters and application forms for both public and staff; • Updating and maintaining the membership and governor pages of the Trust website and intranet, with useful, up to date information and an ‘explainer’ of the role of governors and members; • Creating a welcome letter and certificate for all new members. Updating the members section of the Trust website with useful information and explaining the role of a member; and • Targeting 10,000 for public members and 5,000 for staff members. |
| Work towards a membership that reflects the age and diversity of our population | We will deliver this objective by: <ul style="list-style-type: none"> • Focussing recruitment materials primarily on 16-19 year olds in further education establishments; • Maintain networks and links to the community in order to receive, to explain and to promote Trust membership; • Actively working with diverse community groups within our catchment area; • Working closely with the Trust’s Equality, Diversity & Inclusion Manager (Patient) and Head of Equality, Diversity & Inclusion (People) to improve diversity; and • Review progress regularly to ensure we are improving diversity of the Trust membership. |
| Target membership drives with the above aim | We will deliver this objective by: <ul style="list-style-type: none"> • Utilising social media to promote members events; • Focussing on youth drives to engage younger members; and • Using membership materials to promote membership awareness and recruit new members. |

| | |
|--|--|
| <p>Promote the work of the Trust and its Governors</p> | <p>We will deliver this objective by:</p> <ul style="list-style-type: none"> • Recording a video to explain the role of the Governors to be shared both internally and via the Trust’s social media pages; • Publishing a quarterly newsletter for members with information, updates, and events via email and/or post; • Sharing the link to the ‘Chief Executive’s Blog’ and any details regarding TV programmes about the Trust with members via email; and • Increasing staff communications around governors and membership, via the weekly ‘In Brief’ and the staff intranet. |
| <p>Identify platforms for two-way communication with members and the wider community to ensure that members views/needs are heard and responded to appropriately</p> | <p>We will deliver this objective by:</p> <ul style="list-style-type: none"> • Ensuring members have access to the Lead Governor mailbox for any queries or issues; • Sending out regular surveys to members to ask for preferences and options such as timings of members’ events and feedback on communication platforms; • Refreshing Trust leaflets/welcome packs to ensure methods to contact governors are clear; • Investigate and reach constitutions through multiple platforms; • Explore how a wider range of communication channels can be offered and tailored to member needs; • Providing updates to members via social media or with useful information and events; and • Sharing news items and updates regarding developments/areas of interest when available. |

Version number: V9

Date: 14.04.2022

Drafted by: Governor and Membership Engagement Officer, Trust Secretary & Deputy Trust Secretary

Date approved: 21.04.2022

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