

## Agenda

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### 13:30 - 13:30 **1. Council of Governors Agenda**

0 min

*Attached*      *Chair*

 0 CoG Agenda 10 DEC 20.pdf (3 pages)

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### 13:30 - 13:30 **2. Business Items**

0 min

#### **2.1. Apologies for Absence and Declarations of Interest**

*Verbal*      *Chair*

#### **2.2. Minutes of the meeting held on 15 October 2020 and Matters Arising**

*Attached*      *SID*

 2 Council of Governors Minutes -15 Oct 20 CONFIDENTIAL.pdf (17 pages)

#### **2.3. Meeting Action Log**

*Attached*      *Chair*

 3 CoG Action Log Dec 20.pdf (1 pages)

#### **2.4. Chairman's Report**

*Attached*      *Chair*

 4 Chairman Report Dec 20.pdf (5 pages)

#### **2.5. Chief Executive's Report**

*Verbal*      *Chief Executive*

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### 13:30 - 13:30 **3. Presentations**

0 min

#### **3.1. Restart, Reset and Recovery (3Rs) Programme Update**

*Presentation*      *Chief Operating Officer*

#### **3.2. Charity Strategy**

*Presentation*      *Charity Director*

#### **3.3. Climate Change Update**

*Presentation*      *Head of Sustainability*

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13:30 - 13:30  
0 min

## 4. Reports from Governor Working Groups

### 4.1. Nominations Committee Report

*Chair*      *Attached*

 7(i) Nominations Committee Update Dec 20 FINAL.pdf (5 pages)

### 4.2. Quality of Patient Experience Working Group

*Attached*      *Working Group Chair*

 7(ii) QPE Report DEC 20.pdf (4 pages)

### 4.3. Business and Development Working Group

*Attached*      *Working Group Chair*

 7(iii) B&D DEC 20.pdf (4 pages)

### 4.4. People, Engagement and Membership Working Group

*Verbal*      *Working Group Chair*

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13:30 - 13:30  
0 min

## 5. Quality & Patient Safety Performance & Delivery

### 5.1. Integrated Board Report - Quality, Performance, People and Finance

*Attached*      *Medical Director/Deputy CEO, Chief Operating Officer & Finance Director*

 8 IBR Cover Sheet DEC 20.pdf (1 pages)

 8 IBR DEC 20.pdf (28 pages)

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13:30 - 13:30  
0 min

## 6. Items to Approve

### 6.1. Council of Governors and Non-Executive Director Expenses Guidance

*Attached*      *Trust Secretary*

 9 CoG and NED Expenses Guidance DEC 20.pdf (9 pages)

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13:30 - 13:30  
0 min

## 7. Items to Receive and Any Other Business

### 7.1. Governor and NED Meetings Schedule

*Attached*      *Trust Secretary*

 10(i) CoG and NED Schedule DEC 20.pdf (7 pages)

### 7.2. Updates from Committee Chairs

*Attached*      *Committee Chairs*

 10(ii) Update from Committee Chairs NOV 20.pdf (5 pages)

### 7.3. Any Other Business

*Verbal*      *Chair*

#### **7.4. Date and Time of Next Meeting**

*Verbal*                      *Chair*

18 February 2021 [Private Governor Workshop]

**COUNCIL OF GOVERNORS MEETING**

Thursday 10 December 2020 via Microsoft Teams  
Start time 1:30pm

<b>Agenda</b>				
<b>Item</b>		<b>Lead</b>	<b>Paper</b>	<b>Timing</b>
<b>Business Items</b>				
1	Apologies for Absence and Declarations of Interest	Chair	Verbal	1:30pm – 1:40pm
2	Minutes of the meeting held on 15 October 2020 and Matters Arising	SID	Attached	
3	Meeting Action Log	Chair	Attached	
4	Chairman’s Report	Chair	Attached	1:40pm – 1:45pm
5	Chief Executive’s Report	Chief Executive	Verbal	1:45pm – 2:00pm
<b>Presentations</b>				
6(i)	Restart, Reset and Recovery Programme Update	Chief Operating Officer (COO)	Presentation	2:00pm – 2:10pm
6(i)	Charity Strategy	Charity Director	Presentation	2:10pm – 2:30pm
6(ii)	Climate Change Update	Head of Sustainability	Presentation	2:30pm – 2:45pm
<i>Refreshments break 2.45pm - 2.55pm</i>				
<b>Reports from Governor Working Groups</b>				
7(i)	Nominations Committee Report	Chair	Attached	2:55pm – 3:00pm
7(ii)	Quality of Patient Experience Working Group	Working Group Chair	Attached	3:00pm – 3:05pm
7(iii)	Business and Development Working Group	Working Group Chair	Attached	3:05pm – 3:10pm

<b>Item</b>		<b>Lead</b>	<b>Paper</b>	<b>Timing</b>
7(iv)	People, Engagement and Membership Working Group	Working Group Chair	Verbal	3:10pm – 3:15pm
<b>Quality &amp; Patient Safety Performance &amp; Delivery</b>				
8	Integrated Board Report – Quality, Performance, People & Finance	Medical Director/Deputy CEO, COO, Director of HR & Finance Director	Attached	3:15pm – 3:25pm
<b>Items to Approve</b>				
9	Council of Governors and Non-Executive Director Expenses Guidance	Trust Secretary	Attached	3:25pm – 3:30pm
<b>Items to Receive and Any Other Business</b>				
10(i)	Governor and NED Meetings Schedule	Trust Secretary	Attached	3:30pm – 3:40pm
10(ii)	Updates from Committee Chairs	Committee Chairs	Attached	3:40pm – 3:50pm
10(iii)	Any Other Business	Chair	Verbal	3:50pm – 4:00pm
10(iv)	Date and Time of Next Meeting:  18 February 2021 [Private Governor Workshop]	Chair	Verbal	

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## COUNCIL OF GOVERNORS

### DRAFT MINUTES OF MEETING HELD ON 15 OCTOBER 2020

- Present:** Professor Sir J Burn, Chairman  
Dame J Daniel, Chief Executive  
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 K McCourt, Non-Executive Director  
Mr J Jowett, Non-Executive Director  
Mr D Stout, Non-Executive Director  
Mr S Morgan, Non-Executive Director  
Mr G Chapman, Non-Executive Director  
Mr D Burn, Associate Non-Executive Director  
Mr A Welch, Medical Director/Deputy Chief Executive  
Mrs A Dragone, Finance Director  
Mr M Wilson, Chief Operating Officer  
Ms M Cushlow, Executive Chief Nurse  
Mrs D Fawcett, Director of HR  
Mr G King, Chief Information Officer  
Ms L Jordan, Acting Assistant Director of Business Strategy and Planning [*for agenda item 20/15 vi*]  
Mr S Surash, Consultant Neurosurgeon [*for agenda item 20/16 ii*]  
Mrs K Pearce, Head of Equality, Diversity and Inclusion (People) [*for agenda item 20/16 ii*]  
Mrs K Jupp, Trust Secretary  
Mrs A Waterfall, Corporate Services Administration Manager  
Miss K Waller, Corporate Governance Administrator
- Secretary:** Mrs F Darville, Deputy Trust Secretary (Minutes)

***Minutes of this meeting are written as per the order in which items were discussed, not as per the agenda, to reflect quoracy.***

#### 20/15 BUSINESS ITEMS

##### i) Apologies for Absence and Declarations of Interest

Agenda Item 2

Apologies for absence were received from Dr V MacFarlane Reid, Director for Enterprise and Business Development, Mr R C Smith, Estates Director, Non-Executive Directors Mr B MacLeod and Ms J Baker and Governors Mr M Warner, Miss D Colvin-Laws and Mrs G Bestford.

The Chairman reminded the Council that he had a declared interest in matters pertaining to COVID-19 testing due to his role as Vice Chair of QuantuMDx. Further, he explained that he would recuse himself of chairing responsibilities and leave the meeting when the confidential extraordinary meeting minutes and associated update were to be discussed (item 20/15 ii b). For these items, Mr Jonathan Jowett, the Trust's Senior Independent Director, would assume chairing responsibility.

No additional declarations of interest were made at this time.

**It was resolved:** (i) to **note** the apologies and (ii) that no further interests had been **declared**.

**iii) Action Log**

The action log was received and the following progress updates were noted:

- Action 106 (work undertaken to address the low target in the National Heart Failure Audit) – The Chief Operating Officer confirmed that the required information was provided to Dr Murthy via email. Action complete.
- Action 107 (query regarding the low response rate to the COVID-19 staff wellbeing survey) – The Director of HR clarified that the survey was designed as a 'pulse' survey available for a short period of time, to provide high level feedback from staff in advance of the larger scope NHS Staff Survey to be issued later in the year. Action complete.
- Action 108 (development of performance indicators for the 'Talk before you Walk' initiative) – The Chief Operating Officer advised that further detail had been shared with Mrs Yanez via email. Action complete.
- Action 109 (changes implemented for community staff regarding safeguarding referrals during the pandemic) – The Executive Chief Nurse advised that there had been no broad changes to the ways in which safeguarding referrals were being managed during COVID-19. Working practice continued to be strengthened with assurance provided to the Board of Directors in the Executive Chief Nurse Report. Action complete.

**It was resolved:** to (i) **receive** the action log and **note** the progress.

**iv) Chief Executive's Report**

The Chief Executive **provided** a verbal update in addition to the report presented. The following salient points were **noted**:

- A summary of the ways in which the Trust was managing the second wave of the COVID-19 pandemic was outlined.



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- As part of the Trust restart, reset and recovery programme, focus was concentrated on the restoration of non-COVID health services, reducing the backlog in activity that had arisen as a consequence of COVID-19 and preparation for winter. This aligned to the requirements specified within the NHS England and NHS Improvement (NHSE/NHSI) 'Phase 3' letter.
- Broadly, the Trust continued to manage activity well, on average the activity level being circa 89% of the previous year's figures.
- The Trust had worked hard to create the physical space and processes required to treat patients safely due to the pandemic in terms of social distancing and reducing unnecessary contacts. It was acknowledged however that in general appointments and theatre lists were taking longer as a consequence.
- More specifically, the level of Trust activity for August compared to the pre-COVID average of over 80% for inpatient spells and over 90% for outpatient attendances. Referral levels have also increased, with routine outpatient referrals at around 75% of their previous average, and corresponding numbers of around 100% and over 80% for urgent and two-week-wait referrals respectively.
- Regarding cancer services, the vast majority of such services had continued during the pandemic, with patients prioritised accordingly. It was evident that there had been a significant decrease in urgent suspected cancer referrals at the start of the pandemic which was of concern however referral numbers had increased in recent months.
- The number of patients waiting over 52 weeks for treatment had decreased considerably over the last month.
- The Trust's Accident and Emergency (A&E) department continued to be busy, with activity levels returning to near normal. It was evident that there had been a decline in the number of attendances from the 'worried well' who were now utilising more appropriate services such as 111. Conversely, this had meant that those A&E attendances had converted into a higher level of admissions.
- Regarding COVID-19, infection rates had increased nationally and particularly within the region and the Trust continued to work with academic partners from Newcastle University on modelling and predicting trajectories.
- Those requiring inpatient admissions for COVID-19 had decreased since the weekend and there had not been a requirement as yet to upscale Intensive Care Unit (ICU) capacity. Currently, there were 56 COVID-19 positive inpatients being cared for within the Trust, 13 of which required admission into ICU or the High Dependency Unit (HDU).
- The Trust continued to collaborate with and support other Trusts within the region.
- Staff were commended for their ongoing resilience, in both managing the pandemic and working to improve the elective activity levels.
- The programme of 'Chief Executive check in' sessions continued, which allowed for informal conversations to take place regarding staff health and wellbeing. The welfare of Trust staff would continue to be of paramount importance during the upcoming winter period.
- The Trust continued to work effectively with its regional partners, noting in particular the strong links with Newcastle City Council and Newcastle and Northumbria Universities. Reference was made to the live-streamed City Futures

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Board meetings and it was noted that the strong partner links would be particularly important as the Trust continued to establish the Integrated COVID Hub North East (ICHNE).

- The Nightingale Hospital North East (NHNE) facility remained on standby and would only be operationalised when deemed absolutely necessary, following agreement from all provider Chief Executives and after all in-hospital capacity had been fully utilised.
- Preparations were underway to plan for the event of a Covid vaccine(s) being approved for use. This included establishing processes for mass vaccination and Newcastle Hospitals' role in leading the programme for the storage and supply of the vaccine(s).

Dr Murthy voiced his appreciation and gratitude to all staff working within the Trust, particularly in relation to the recovery of activity, and suggested the inclusion of a message of thanks from the Governors be included in a future staff communication. The Chief Executive agreed to facilitate through the Assistant Chief Executive **[ACTION01]**.

Dr Hammond advised that during the informal session of the Governor meeting, concerns regarding staffing requirements were raised in connection to the potential for opening the NHNE whilst still seeking to meet the requirements of the Trust's recovery programme. Dr Hammond thanked the Chief Executive for the detailed update which addressed the concerns raised.

The Chief Executive advised that the Council would be apprised on developments regarding the NHNE, however reiterated that there were no immediate plans to open the site at this time.

*[The Chief Executive and the Chairman left the meeting at 13:55pm]*

*[Mr Jonathan Jowett, Senior Independent Director, took over chairing responsibilities.]*

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

ii) **Minutes of the Meeting held on:**

a. **The formal meeting held on 20 August 2020**

The minutes of the meeting were agreed.

b. **The Extraordinary meeting held on 7 September 2020 [confidential]**

This section has been redacted.

*[The Chairman re-joined the meeting at 14:14pm and resumed chairing responsibilities]*

Regarding the NHNE, the Chief Operating Officer advised that the site had moved into an active state of readiness however there was currently no indication that it would be required. It was noted that:

- There were currently circa 400 Covid-19 positive patients within the Integrated Care System (ICS) footprint which equated to around circa 7% of all hospital beds.
- It remained the collective decision of Chief Executives across the region to open the site, if hospital capacity was likely to be exceeded.

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- The Nightingale Operating Committee remained in place and met daily, with representatives from across the region and with NHSE/I.
- The clinical model remained the same as in the first wave – if the hospital were required, it would be for COVID-19 positive stable acute inpatients.
- Staffing for NHNE remained a key challenge however the staffing model had been updated to reflect agreed staffing ratios and training requirements.
- The Care Quality Commission (CQC) had been fully briefed.

*[The Chief Operating Officer left the meeting at 14:20pm]*

#### iv) Chairman's Report

The Chairman presented with the following points **noted**:

- Mr Derrick Bailey, Appointed Governor for the Advising on the Patient Experience (APEX) Group, had completed his full nine year term as Governor. An exercise to appoint a replacement APEX Appointed Governor was underway.
- Miss Claire Sherwin, Public Governor for Northumberland, Tyne and Wear (excluding Newcastle) had stood down from the Council in September 2020.
- The first virtual Annual Members Meeting had been held in late September 2020, with the meeting available to view in full via YouTube.
- Mr Jonathan Jowett had been appointed as the Trust's Senior Independent Director, taking over from Mr Keith Godfrey who stood down from the Board of Directors in September following the end of his term of office.
- Professor David Burn has been appointed as the Trust's second Associate Non-Executive Director, alongside Mrs Pat Ritchie.

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

#### vi) Planning Update

The Acting Assistant Director of Business Strategy and Planning presented the update with the following salient points to **note**:

- On 31 July, NHS E/I wrote out to organisations outlining the 'Phase 3' planning requirements. 'Phase 3' referred to the third phase of the NHS' response to the COVID-19 pandemic.
- The letter outlined three main requirements, being:
  - An accelerated return to 'near-normal' levels of non-COVID activity, utilising the window of opportunity prior to winter;
  - The preparation for winter demand, alongside vigilance around the potential for further spikes in COVID; and
  - Doing this accounting for lessons learnt during the first wave of the pandemic.
- NHSE/I asked that organisations return to 100% of the previous year's outpatient activity, along with 90% of both day case and inpatient activity.
- The Trust submitted activity plans to cover the period August 2020 to March 2021 to NHSI/E on 21 September. This also included a workforce plan with accompanying narrative required. Such plans were submitted as an ICS for the first time, rather than individual organisations as in previous years.

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- It was noted that the financial plan was not included as this would be managed separately due to the implementation of a block contract arrangement.
- The plan was populated in collaboration with Trust directorates and took into consideration patient and staff safety alongside the requirement to deliver high quality care.
- Whilst the plans were achievable, they fell short of the national requirements in relation to day case/elective and outpatient procedures (79% compared to the 90% target).
- The challenge in delivering the same activity levels as pre COVID were highlighted, given the requirements for social distancing, additional infection prevention and control measures and use of personal protective equipment. The delivery of ophthalmology services was highlighted as a particular challenge however the creation of a standalone 'pop up' clinic would assist in addressing the backlog. This clinic was not included in the plans submitted, highlighting the rapidly changing picture.
- Section 3 of the report detailed future planning and how activity levels would be monitored against the submitted plan and any barriers identified. Future planning requirements were currently uncertain due to the rapidly changing situation brought about by COVID-19.

Regarding the requirement to submit plans based on the ICS, Dr Murthy queried whether any weaknesses across the region had been identified and how these would be rectified. The Acting Assistant Director of Business Strategy and Planning advised that all organisations had individual challenges to sustaining activity levels, noting that these could be in relation to large throughput services such as Ophthalmology and Dental or those organisations with a single site.

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

*[The Acting Assistant Director of Business Strategy and Planning left the meeting at 14:33pm]*

## 20/16 PRESENTATIONS

### i) COVID-19 Update, including Patient Experience update

The Executive Chief Nurse provided a presentation with the following key points **noted**:

- As at 9am on 12 October, the Trust was treating 73 COVID-19 positive patients, with 13 in the ICU. At the time of the meeting, the Trust had 56 patients, with 13 patients across two ICUs at the Royal Victoria Infirmary (RVI).
- The Trust's COVID response continued to be operated in Command & Control. Daily 'Gold' (strategic) command planning meetings, chaired by the Trust Medical Director/Deputy Chief Executive, continued to facilitate rapid decision making.
- Daily 'Silver/Bronze' (tactical/operational) meetings also continued, chaired by the Deputy Chief Operating Officer, and attended by all key directorates to maintain awareness and operationalise strategic decisions.

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- There were currently four designated COVID wards at the RVI. COVID patients requiring ICU were currently cohorted to Wards 18 and 38 at the RVI. ICU capacity had been expanded to the RVI Ward 19 'Trexlar Unit' and Leazes Theatre Recovery to allow for non-COVID ICU patients to be accommodated.
- Some elective activity had been cancelled to allow theatre nurses to staff the expanded ICU capacity. This decision reviewed daily and was assessed on patient need.
- The Executive Chief Nurse advised that visiting was restricted to one visitor for one hour per day. The Trust was the only organisation in the North East to maintain some level of visiting during this second surge, with records maintained for Test and Trace. This decision would continue to be reviewed at the Gold Command meetings.
- The Trust had earmarked the conversion of a further RVI Ward for additional COVID-19 surge capacity if required.
- The refurbishment of Ward 49 at the RVI and Ward 12 at the Freeman Hospital (FH) were due to complete in early November which would provide further expanded capacity.
- A number of the support cells that were utilised within the first wave of the pandemic would be restarted to support staff welfare.

The Medical Director/Deputy Chief Executive provided further context, noting that Trust staff continued to perform well with a focus on safety and quality of care. The Trust continued to be in regular contact with Shelford Group counterparts to share learning and collaborate.

Mr Connolly queried whether if a patient being treated in the FH would be transferred to the RVI if they tested positive for COVID-19 to which the Medical Director/Deputy Chief Executive advised that this would be dependent on the particular set of circumstances however Covid positive patients were being treated on both sites.

Regarding visiting, Ms Davison queried whether there had been a change in the policy stating that there was one nominated individual able to visit paediatric patients to which the Executive Chief Nurse confirmed that this policy was still in place, noting in particular the challenge within wards and departments to safely manage visitor throughput. The Medical Director/Deputy Chief Executive advised that ward staff would continue to use discretion where visiting was concerned.

Mrs Heslop referred to feedback she had received from staff in other organisations who had been required to self-isolate with no pay to which the Executive Chief Nurse advised that this was not the policy within Newcastle Hospitals.

The Chairman queried the visiting arrangements within Maternity Services, to which the Executive Chief Nurse advised that visitors could accompany pregnant women to some scans and birth partners were permitted.

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

### ii) Ethnic Pay Presentation

The Consultant Neurosurgeon commenced the presentation by detailing that the review was undertaken following correspondence with the Chief Executive and Medical Director/Deputy Chief Executive. The report was produced using data from a number of sources such as the staff survey and the lived experience of staff.

The following highlights from the presentation were **noted**:

- The Workplace Race Equality Standard (WRES) indicator 6 related to inappropriate behaviour from Managers. The report found a higher percentage of Trust Black Asian and Minority Ethnic (BAME) staff had indicated that they had experienced inappropriate behaviour from Managers, particularly within the Medical & Dental, Healthcare Scientist, Estates & Ancillary and Admin & Clerical staff groups. Overall, the Trust still performed well in compared to its national comparators.
- In relation to inappropriate behaviour from colleagues, whilst the Trust performed well compared to the national comparator, a higher percentage of BAME staff detailed experiences of inappropriate behaviour from colleagues with a disproportionate number in Nursing & Midwifery, Additional Clinical Services and Healthcare Scientists staff groups noted.
- In relation to WRES indicator 8, the percentage of staff indicating they had personally experienced discrimination from managers, team leaders or colleagues, the experience of BAME staff was disproportionate to white staff in all areas. Significant differences across a number of staff groups were noted.
- The report considered objective data and included data relating to medical, nursing and senior non-clinical managers.
- 8.52% of the Trust's overall workforce was BAME. This increased to 23.9% for medical staff, 19.7% for consultant staff and 16.7% for senior medical managers. It was noted that approximately half of medical students identified as BAME and the downward trend escalated as seniority increased.
- In addition to the ethnicity pay gap, the disparity was further compounded for female staff.
- The award of Local Clinical Excellence Awards highlighted a difference between male and female consultant staff, which was further highlighted between BAME and white staff.
- As of 31 March 2020, the Trust employed circa 4,700 nursing staff. Of those, circa 10% of nursing staff were BAME. From the data, the 'glass ceiling' for BAME nursing staff was at Bands 6 and 7 with no BAME nursing staff at Band 8 and above.
- Within the Trust's senior non-clinical groups (which included the Executive Team and Very Senior Management), there were no BAME staff. This compared to nationally 6.9% for Very Senior Managers.

The Head of Equality, Diversity and Inclusion (People) continued the presentation with the following items **noted**:

- Despite the pandemic, the Trust continued to work to improve the experience of BAME staff. The Trust hosted its first BAME staff conference in October 2019 with a focus on ethnicity and engagement.



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- The Trust had circa 300 staff in its BAME staff network. Virtual meetings continued during the pandemic.
- Regarding representation, diversity on appointment panels for appointments of Band 8c and above had been implemented.
- The Trust was involved in the Gatenby Sanderson Insight Programme for aspiring Non-Executive Directors from under-represented backgrounds.
- A network of Cultural Ambassadors had been established. The network would be utilised to provide continual support in any disciplinary processes for BAME staff.
- 52 staff, including the Chief Executive, were involved in a reverse mentoring programme.
- The service had assisted in the development of a manager's guide for and supporting the implementation of COVID-19 risk assessments.
- Further targeted recruitment events were noted, including one in May 2021 to be held virtually, and noted the aspirations to diversify the recruitment for the ICHNE.

The Consultant Neurosurgeon concluded the presentation by highlighting the Trust's aspirations in this area which included challenging attitudes and changing behaviours.

The Chairman congratulated the Consultant Neurosurgeon and the Head of Equality, Diversity and Inclusion (People) for the work undertaken thus far.

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

*[The Consultant Neurosurgeon and The Head of Equality, Diversity and Inclusion (People) left the meeting at 15:03pm]*

## **20/17 REPORTS FROM GOVERNOR WORKING GROUPS**

### **i) Nominations Committee Report**

The Chairman presented the report, highlighted the Non-Executive Director induction programme and the work undertaken to align Governors to the working groups.

Governors were asked to contact the Trust Secretary to express an interest in attending the training session scheduled for 20 October. The session had originally been scheduled for the incoming Non-Executive Directors joining the Board but would be useful for Governors if they wished to attend.

Reference was made to the vacant position for a Public Governor on the Nominations Committee, any Public Governor interested in joining the Committee was asked to express their interest in writing or via email to the Trust Secretary by 23 October 2020.

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

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



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Mrs Errington advised that due to COVID-19, there had been no meetings of the working group. The first virtual meeting of the group would take place on 3 November, and any new Governor members were invited to attend if interested.

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

**iii) Business Development (BD) Working Group Report**

Mrs Yanez provided a verbal report, **noting:**

- Mrs Yanez and Dr Murthy had been confirmed as the new Chair and Vice Chair of the Group respectively.
- The working group met in person in August in accordance with government guidelines and had held a virtual meeting in October. The offer to attend the meeting was extended to newly appointed Governors.
- It was advised that the working group were drafting a plan for meetings to be held virtually over the coming months, with a schedule of business for the year ahead under development.
- A meeting had been held with the Acting Assistant Director of Business Strategy and Planning in September to discuss the Trust planning requirements, noting the challenges presented by the pandemic, the new ways of working and the potential impacts on the patient experience.
- An interesting presentation was received from the Associate Director of Commercial Enterprise at the 9 October virtual meeting.
- The group considered and supported the extension to the external audit contract which would be discussed further under agenda item 20/19 i.

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

**iii) People, Engagement and Membership Working Group**

Mr Cranston provided a verbal report, **noting.**

- The working group last met yesterday and was currently meeting virtually on the second Wednesday of each month.
- The working group discussed the progress regarding the production of the new Trust website.
- The Trust Secretary had re-confirmed that individual NHSmail email addresses would not be created for Governors and referred to the use of the Governor mailbox.
- Mr Cranston advised that he would be attending the People Committee to observe on 20 October.
- Challenges regarding the ongoing use of Starleaf were noted.

The Trust Secretary advised that the Trust was currently in a period of transition between Starleaf and MS Teams with the expectation being that MS Teams would be predominantly used from the start of November. Further, the Trust Secretary advised that

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the Corporate Governance Team would be on hand to provide support and guidance to Governors if required.

Dr Hammond noted that there was a small number of Governors who were not able to participate in the virtual meetings. The Deputy Trust Secretary advised that a number of communications had been issued requesting Governors make contact if they required help with the technology however there had been no response to date. It was further noted that the ability to 'dial in' to a virtual meeting using a telephone had also been communicated. Going forward, regular informal meetings with Governors would be scheduled to provide greater opportunities to become familiar with the technology. A review of attendance would take place in the New Year.

Dr Hammond further noted challenges with utilising video conferencing whilst also viewing the meeting papers. The Deputy Trust Secretary advised that printed packs could be made available upon request if required.

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

## 20/18 QUALITY AND PATIENT SAFETY/PERFORMANCE & DELIVERY

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

The Integrated Board Report, as considered at the September meeting of the Trust's Board of Directors, was presented.

#### *Quality*

The Executive Chief Nurse **noted** the following salient points:

- There were no MRSA Bacteraemia cases reported during the month of August, with the total for the year to date being one.
- To the end of August, 30 cases of MSSA bacteraemia had been reported. This was against an internal target of fewer than 88 cases for 2020/21.
- A sustained decline in the number of falls and pressure ulcers within the Trust had been observed, with this continuing as an area of focus within the organisation.
- Regarding incident reporting, the percentage of incidents that resulted in severe harm or death reported during August 2020 was 0.1%. Ten serious incidents were reported in August. When compared nationally, the Trust reported fewer incidents resulting in severe harm or death than other similar providers.
- One 'Never Event' was reported for the year to date which did not result in any harm to the patient.

#### *Performance*

The Medical Director/Deputy Chief Executive **noted** the following salient points:

- It was noted that the Trust continued to treat cancer patients in a timely manner however challenges remained in achieving all of the cancer targets.

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- The Trust continued to work hard to maintain current activity, noting both the impending challenges of the winter period as well as working to address the backlog.
- It was noted that the Trust achieved the 95% 4 hour Accident and Emergency performance target during the month of August at 96.4%.

*People*

The Director of HR **noted** the following salient points:

- Regarding the undertaking of the 'pulse' survey, it was noted that this was conducted to provide further insight regarding current and ongoing support to staff during the pandemic. Outline feedback had been positive, particularly in relation to communications.
- Staff absences related to COVID-19 were outlined on page 65, which highlighted those who were required to self-isolate and those that were shielding. The numbers of shielding staff absence reduced from 339 on 1 May 2020 to 8 on 31 August 2020 following a 'relaxation' of the shielding rules by the Government. Those staff have been supported in their return to work, with redeployment offered where appropriate.
- Risk assessments have been made available to all staff, with those categorised as 'high risk' undertaken as a priority. As of the end of August, all BAME staff and all 'high risk' staff have had a risk assessment completed with mitigating outcomes agreed where necessary.
- To support rest, health and wellbeing, all staff were positively encouraged to take at least 50% of their annual leave entitlement before the end of October.

*Finance*

The Finance Director **noted** the following salient points:

- All healthcare contracting and performance was suspended on 1 April 2020 to allow for organisations to focus on the management of the pandemic under an emergency COVID-19 financial regime. This regime continued until 30 September when a revised framework would be in operation.
- As such, all income would exactly match expenditure. Therefore in the period to 31 August 2020, the Trust incurred expenditure was matched by the equivalent in accrued income.
- All financial risk ratings, Provider Sustainability Funding (PSF) and Use of Resources metrics were suspended.
- To 31 August 2020, the Trust had spent £16.6m in capital, which was £2.7m behind Plan.

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

**20/19 ITEMS TO APPROVE**

Agenda Item 2

**i) Extension to External Audit Service Contract**

The Finance Director presented the report. It was **noted** that:

- In the 2017/18 financial year, a full tendering exercise was undertaken to appoint a new external auditor to audit the Trust's annual accounts, annual report and quality report.
- Following the conclusion of this exercise, Mazars LLP was awarded the contract for a three year period, with an option to extend this for an additional year.
- As the contract commenced in September 2018, it was noted that the three year period would conclude in the 2020/21 financial year. The fourth additional year would encompass the 2021/22 financial year.
- Mazars LLP's performance was outlined with the Finance Director noting that all audits had been undertaken smoothly, particularly during the 2019/20 financial year when audit work had to be undertaken remotely due to the COVID-19 pandemic, as well as the implementation of a new ledger in early 2020.
- The paper set out a recommendation that the Trust enact the one year contract extension for the 2021/22 financial year with Mazars LLP. The Finance Director noted that this was as a result of the positive experience with Mazars LLP over the last three years, as well as the additional pressures that undertaking a wholesale tender for a new supplier would bring.

Mrs Yanez advised that the Governor Business & Development working group had reviewed the proposal at the group's meeting on 8 October 2020 and supported the recommendation.

The Council of Governors **approved** the recommendation to extend the contract with Mazars LLP for a further year to cover the 2021/22 audit.

It was **resolved** to: **approve** the recommendation outlined.

**20/20 ITEMS TO RECEIVE AND ANY OTHER BUSINESS**

**i) Update from Committee Chairs**

The update report was received for information with the following additional points **noted**:

- Mr Jowett, chair of the People Committee, highlighted the positive work undertaken to date by Mr Andy Pike in his role as Freedom to Speak Up Guardian. It was noted that a network of volunteers was under development to further strengthen the availability of the service across the Trust, with around 50 applications received.
- Professor McCourt paid tribute to all clinical staff throughout the Trust, led by the Medical Director/Deputy Chief Executive and the Executive Chief Nurse for ensuring that quality of care to all patients remained at the forefront during the pandemic.
- The Chairman noted that Ms Baker would resume chairing responsibilities for the Charitable Funds Committee following the departure of Mr Keith Godfrey as Non-

## Agenda Item 2

Executive Director Chair in September. It was also noted that Mr Chapman would join the committee as an additional Non-Executive Director member.

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

ii) **Any Other Business**

No further business was discussed.

iii) **Date and Time of Next Meeting**

The next meeting of the Council of Governors would be held on Thursday 10 December 2020. *[Meeting scheduled to take place via MS Teams due to Tier 3 restrictions].*

The meetings for 2021 have been scheduled on the following dates:

- 18 February 2021 [Private Governor Workshop]
- 15 April 2021
- 17 June 2021
- 19 August 2021 [Private Governor Workshop]
- 21 October 2021
- 9 December 2021

**There being no further business the meeting closed at 15:43pm.**

### GOVERNORS' ATTENDANCE 15 OCTOBER 2020

2	Ian Armstrong	N
S	Mrs Glenda Bestford	Apologies
2	Mr Graham Blacker	N
1	Mrs Judy Carrick	Y
S	Miss Dani Colvin-Laws	Apologies
S	Mr Steve Connolly	Y
2	Mr Steven Cranston	Y
1	Ms Jill Davison	Y
2	Ms Madeleine Elliott	Y
2	Mrs Carole Errington	Y
A	Professor A Fisher [Newcastle University]	Y
1	Mr David Forrester	Y
1	Dr Vanessa Hammond	Y
2	Ms Catherine Heslop	Y
S	Mr John Hill	Y
S	Mrs Rachael Hudson	Y
S	Mrs Fiona Hurrell	Y
2	Dr Helen Lucraft	Y
3	Mr Christopher Matejak	N
2	Mr Matthew McCallum	Y
1	Mrs Jean McCalman	Y
2	Mr John McDonald	Y
3	Dr Lakkur Murthy	Y
1	Mrs Susan Nelson	Y
2	Prof Pauline Pearson	Y
A	Cllr Ann Schofield	Y
3	Thomas Smith	Y
1	Mr David Stewart-David	Y
A	Mrs Norah Turnbull	Y
1	Mrs Emma Vinton	Y
3	Mr Michael Warner	Apologies
A	Professor Andrew Wathey	Y
1	Mrs Pam Yanez	Y

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Council of Governors Meetings Actions

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
102	ACTION04	20/06 ITEMS TO RECEIVE AND ANY OTHER BUSINESS ii) Matters arising from the Informal Governors Meeting	20-feb.-20	It was recommended that a presentation be given to the full Council from Newcastle Healthwatch following the recent presentation to the Business and Development Working Group. The Deputy Trust Secretary agreed to facilitate <b>[ACTION04]</b> .	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.	
103	ACTION01	4. COVID-19 AND NHNE UPDATE	18-Jun-20 [Workshop]	It was agreed that a future visit to the Nightingale Hospital North East site for the Council of Governors would be arranged when it was safe to do so in accordance with Government guidelines <b>[ACTION01]</b> .	F Darville	<u>07/08/20</u> - Discussion took place at informal Governor meeting and Governors asked to email F Darville to gauge interest to ascertain potential numbers for a future visit to be organised (in accordance with Government guidelines when possible). <u>09/10/20</u> - A small number of responses had been received. Due to current restrictions, the potential for a visit has been temporarily paused with a view to revisiting in the coming months. ACTION ON HOLD.	
110	ACTION01	20/15 BUSINESS ITEMS iv) Chief Executive Report	15-okt.-20	Dr Murthy voiced his appreciation and gratitude to all staff working within the Trust, particularly in relation to the recovery of activity, and suggested the inclusion of a message of thanks from the Governors be included in a future staff communication. The Chief Executive agreed to facilitate through the Assistant Chief Executive <b>[ACTION01]</b> .	C Docking	<u>01/12/20</u> - F Darville liaised with Amanda Marksby, Head of Communications. A letter to be drafted by the Governors will be included in an upcoming Trust wide communication.	

Key:

	No update/Not started
	In progress
	Completed

Future Presentation Topics:

Sustainability - December
Trust Charity - December
Healthwatch Newcastle - TBC
Command Centre - TBC





The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	10 December 2020						
Title	Chairman’s Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Amanda Waterfall, 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	The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Council of Governors Meeting.						
Recommendation	The Council of Governors are asked to note the contents of 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. Pioneers – Ensuring that we are at the forefront of health innovation and research.						
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

This period began with our first virtual Annual Members Meeting which ran smoothly and was well received. The presentations were remarkable and reflected the high quality we have all come to expect from our Newcastle Hospitals team. In subsequent weeks, the team have wrestled with the rising tide of infection, the need to sustain routine work and the added challenge of developing both the Integrated Covid Hub North East and working with others to explore how the Covid-19 vaccination campaign will be rolled-out. Meanwhile, I have been occupied with the governance changes in the NHS landscape. It is hoped that the New Year will bring legislation to give formal authority to the Integrated Care System (ICS) covering the whole North East and North Cumbria region and the four component Integrated Care Partnerships (ICPs) where our Trust forms part of the North ICP.

I have interacted with the chairs of the other Foundation Trusts in the ICS as part of our regular group meeting and been actively working with colleagues in the broader ICS as we prepare to appoint a chair of the ICS. I have agreed to chair the appointment committee which will include representation from Trusts, Clinical Commissioning Groups, Primary Care Networks and Local Authorities. The recruitment process should conclude in December.

In addition to working closely with the fellow chairs in our ICP, I took part along with Dame Jackie in a facilitated meeting of Chairs and Chief Executives to help develop our ICP. I continue to work closely with Dame Jackie to ensure the efforts to integrate care at a city level and with our colleagues across the wider healthcare community are coherent and effective.

We were able to attract a cross party group of our region's Members of Parliament to a virtual meeting to discuss our urgent need for capital investment in the Royal Victoria Infirmary (RVI) site to ensure our Critical Care facilities and related regional services remain fit for purpose. We are heavily focussed on gaining support to attract those essential funds in the near future.

I represented the Trust at a meeting of the national Genomic Leaders Forum and took an active part in a meeting organised by the NHS Confederation to explore approaches to reducing health inequalities, a major challenge in the North. Our Board Development session at the end of October addressed important challenges including the plans to develop a new strategy for the Trust charity.

We launched our 'Spotlight on Services' with a virtual visit to our cataract surgery team attended by three of our Non-Executive Directors (NEDs) and presented by Matron Angela Harbottle, Senior Sisters Carol Hughes and Chris Fenwick and Consultant Ophthalmologist Mr Mustafa Kadhim. The new "pop-up" facility being established on the Campus for Ageing and Vitality site will allow larger numbers of patients awaiting cataract surgery to be treated. We learned that the extra constraints due to the pandemic had reduced the number of procedures which could be performed in the existing facility by more than half.

## Agenda Item 4

The new “pop-up” unit has attracted great support from ophthalmology staff and offers a glimpse of a future where we can adapt our structure and pathways to “build back better”.

On 24 November, I was joined by Bill McLeod, Graeme Chapman and Steven Morgan (NEDs) on a virtual visit to Sleep Services. The head of the team, Dr Sophie West, a Consultant Respiratory Physician, and the Head of Lung Function, Peter Close, described the remarkable work of their team treating patients with a variety of sleep disorders. A growing cause of ill health is Obstructive Sleep Apnoea, often caused excess weight. Repeated blocking of the upper airway leads to long episodes when the person is unable to breathe as the soft tissue of the tongue and neck compresses the airway. The result is severe snoring and disturbance of sleep as the person is partially woken dozens of times each night. This in turn leads to a variety of major medical complications in addition to causing people to fall asleep in the day time which can lead to fatal accidents. A positive pressure breathing aid delivering CPAP at home is curative and gives a major improvement in health. The Freeman Hospital team have almost 10,000 people on this treatment in our region.

On December 3, I joined the national Chairs and Chief Executive Webinar organised by NHS Providers. Topics covered included a presentation by Sir Simon Stevens on the forthcoming arrangements to formalise the Integrated Care Systems, the roll out of the Covid-19 vaccines, the impending challenges of Brexit and the plans to increase the workforce being developed by Health Education England.

I was delighted to hear that our flu vaccination programme was ahead of schedule and was pleased to have my own injection early when the programme launched in October. Hopefully, the distancing being enforced to control Covid-19 will also have a major impact on reducing Flu levels as was seen in Australia earlier in the year but there is no room for complacency. We must all play our part in recognising the importance, and supporting the use of, approved vaccinations in controlling pandemics.

Finally, I had the honour to be one of three guests on a BBC World Service radio programme about Henrietta Lacks who died of cancer in 1951. The billions of cells created from her unusually virulent tumour helped make possible all sorts of medical breakthroughs. These 'HeLa' cells gave us the first polio vaccine and gave rise to over 60,000 academic papers and a few Nobel prizes over the last 7 decades. I spoke alongside her grandson and the author Rebecca Skloot whose best-selling book documented these successes and the failure to get any consent from the family or even inform them until more than 20 years after she died. It's available in a podcast here:

**Henrietta Lacks: The woman whose cells changed medical history**

<https://www.bbc.co.uk/programmes/w3cszjwb>

**RECOMMENDATION**

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

**Report of Professor Sir John Burn**

Agenda Item 4

**Chairman**  
**27 November 2020**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### COUNCIL OF GOVERNORS

Date of meeting	10 December 2020						
Title	Nominations Committee Update						
Report of	Professor Sir John Burn, Nominations Committee Chair						
Prepared by	Kelly Jupp, Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in October 2020.						
Recommendation	The Council of Governors are asked to note the content of the report and approve the personal objectives included in Appendix 1 for Mr MacLeod and Mr Chapman.						
Links to Strategic Objectives	Learning and continuous improvement is embedded across the organisation. Our partnerships provide added value in all that we do. We maintain financial strength and stability.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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

### 1. COMMITTEE MEETINGS

The Committee has not met since the previous Council meeting held on 15 October 2020. The meeting scheduled for 19 November 2020 was cancelled as it was deemed that the small number of agenda items due for discussion could appropriately be deferred to the 9 February 2021 meeting.

### 2. NON-EXECUTIVE DIRECTOR UPDATE

Governors will recall that Mr Graeme Chapman and Mr Bill MacLeod commenced formally as Trust Non-Executive Directors (NEDs) on 30 July 2020 for their first three-year term of office. The personal objectives for Mr Chapman and Mr MacLeod were drafted and circulated to Nominations Committee members for consideration/comment via email. The final version of the objectives being attached in Appendix 1 for Council of Governor approval.

### 3. COMMITTEE MEMBERSHIP

As reported at the 15 October 2020 Council meeting, we currently have a vacant position for a Public Governor on the Nominations Committee. Any Public Governor who is interested in joining the Committee should do so by expressing their interest in writing or via email to the Trust Secretary by 4 January 2021. If more than one expression of interest is received then a ballot will be undertaken accordingly.

### 4. ACTIONS AND RECOMMENDATIONS

The Council of Governors are asked to note the content of the report and approve the personal objectives included in Appendix 1 for Mr MacLeod and Mr Chapman.

**Report of Professor Sir John Burn  
Nominations Committee Chair  
3 December 2020**

**Appendix 1****1. CORPORATE OBJECTIVES**

The agreed common corporate objectives are as follows:

- i) To support the Trust-wide vision and values and ensure that significant progress is made in delivering the Strategic Objectives through demonstrating an awareness of the Trust Strategy and the risks to the objectives as detailed in the Board Assurance Framework;
- ii) To exercise appropriate challenge at Board meetings and question whether Executive Directors are providing adequate, appropriate and timely information to the Trust Board. To be evidenced through the minutes of Trust Board and Board Committee meetings; and
- iii) To support the Trust's Breakthrough Objective of "Integrating services across Newcastle City" and the Collaborative Newcastle programme through demonstrating an understanding of the importance of the Programme and fostering a commitment to improve health, wealth and wellbeing in the city in a collaborative way.

**2. PERSONAL OBJECTIVES*****Bill MacLeod***

- i) Gain an in-depth understanding of the Trust over the next twelve months through completing all induction procedures on a timely basis – including online e-learning modules, as well as participating in virtual walkabouts and developing a close working relationship with all key individuals including, Executive Team members, fellow NEDs and Trust Governors.  
To be measured by attendance (at a minimum of 3 virtual walkabouts) and feedback from Executive Team members, peers and Business & Development Working Group Governors.
- ii) Build my knowledge of NHS finance through working closely with Angela Dragone (Finance Director) and David Stout (Deputy Chair and Trust Chair of the Audit Committee), joining the HFMA and undertaking background reading and research.  
To be measured by the quality of contributions in meetings based on feedback from Finance and Audit Committee members.
- iii) Shadow David Stout to ensure a smooth and effective handover of the Chair of the Audit Committee role in the summer of 2021. In addition, to work with David in support of the Audit Committee objectives as I build my knowledge of, and provide appropriate challenge in respect of, the Board Assurance Framework, the Risk Register, the Annual Report and all other matters considered by the Committee.  
To be measured by the quality of contributions in meetings, feedback from Audit Committee members and achievement of the Audit Committee objectives.
- iv) Build relationship with Steven Morgan, Finance Committee Chair, attend and be an active member of the Finance Committee. To be measured by attendance at meetings



## Agenda item 7(i)

and contributions made based on feedback from Finance Committee members. .

- v) Attend and be an active member of the Appointments and Remunerations Committee. To be measured by attendance at meetings and contributions made based on feedback from Committee members.
- vi) Chair the Strategic Oversight Group for the ICHNE and ensure that key strategic risks relating to ICHNE are managed appropriately. To be measured by attendance at meetings and contributions made based on feedback from Group members.

**Graeme Chapman**

- i) In the next 12 months, gain a depth of understanding of the Trust and its regional partners through completion of the Trust NED induction programme, attendance at virtual Trust walkabouts (Spotlight on Services) and participating in regional/national NED networking events/seminars.  
Contribution to be measured by attendance (at a minimum of 3 virtual walkabouts) and feedback from peers and Executive Team members.
- ii) Attend and contribute to all scheduled Board (Public, Private and Development Sessions) and Governor Meetings.  
Contribution to be measured through attendance and feedback from peers, Executive Team members and QPE Working Group Governors.
- iii) Continue to be an active participant in the Quality and Charity Committees.  
Contribution to be measured through attendance and feedback from the Quality and Charity Committee members.
- iv) Develop and build strong relationships with the Executive Team and where appropriate, agree a rhythm of engagement with the specific Executive Team members most closely aligned to my own areas of expertise (including the Chief Information Officer and the Director for Enterprise and Business Development).  
Contribution to be measured through Executive Team feedback.
- v) Use own expertise to provide feedback on innovation initiatives within the trust and region. These will include but will not be exclusive to Staff Experience, Data and Artificial Intelligence, Patient Experience and Business Development.  
Contribution to be measured through Executive Team and Non-Executive Director feedback.

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	10 December 2020						
Title	Quality of Patient Experience (QPE) Working Group Report						
Report of	Carole Errington, Chair of QPE						
Prepared by	Carole Errington, Chair of QPE, 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 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

### 1. INTRODUCTION

The QPE Governors have now held their first virtual meeting since March 2020. It was well attended and members appreciated being able to meet together again.

### 2. GROUP ACTIVITIES

The Governors have started to resume a number of their duties, such as attendance at a variety of groups and panels. Dr Lucraft attended the Clinical Audit and Guidelines Group meeting and Mrs Errington attended the Complaints Panel. Dr Lucraft provided a verbal report to group members.

Due to the ongoing pandemic, ward and department visits have been suspended.

### 3. PRESENTATIONS

Mrs Scott, Head of Patient Experience, attended to provide an update on the complaints process during the pandemic. The department worked as normal, albeit using telephone, virtual consultations and a survey link was installed so that patient experience could be monitored. Staff also telephoned complainants a week after contact to ensure that they were satisfied with the quality of their experience.

Mrs Scott said she and her staff had been particularly concerned about the role of carers during the pandemic, specifically during lockdown, and had approached a charity for assistance. The charity provided some funding to develop a new role to ensure that carers were cared for with a view to filling the role by January. The post was initially for one year and would be evaluated following this period.

A further area of concern to the team was the difficulties experienced by those patients with hearing impairments and work was underway with those impacted to ensure they were able to effectively communicate with the Trust.

Mrs Scott commended Trust staff for endeavouring to respond to complaints despite the increasingly challenging environment. She also commended the organisation for the tremendous support given to staff during this difficult time.

### 4. ONGOING AREAS OF FOCUS

Mrs Carrick suggested that the Governors consider the ways in which they could independently measure the patient experience. It was agreed that whilst the Governors were assured of the mechanisms in place, this would be considered by the group going forward.

Agenda item 7(ii)

Governor members also agreed that once visits could resume safely, the remit would be extended beyond visits to Trust wards and departments.

## **5. RECOMMENDATIONS**

The Council of Governors are asked to receive the report.

**Report of Carole Errington  
Chair of the QPE Working Group  
4 December 2020**

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**COUNCIL OF GOVERNORS**

Date of meeting	10 December 2020						
Title	Business and Development (B&D) Working Group Report						
Report of	Pam Yanez, Chair of the B&D Working Group						
Prepared by	Pam Yanez, Chair of the B&D Working Group 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The content of this report outlines the activities undertaken by the working group since the last meeting of the Council of Governors.						
Recommendation	The Council of Governors are asked to receive the 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	Outlined within the report.						
Reports previously considered by	Standing agenda item.						

## **BUSINESS AND DEVELOPMENT (B&D) WORKING GROUP REPORT**

### **1. INTRODUCTION**

This report details the activities of the Business and Development (B&D) Working Group since the last meeting of the Council of Governors on 15 October 2020.

### **2. ATTENDANCE AT BOARD COMMITTEE MEETINGS**

Members of the Group have recently attended both the Audit and Finance Committee meetings virtually. Mrs Yanez attended the Audit Committee meeting on 27 October 2020 and Dr Murthy attended the Finance Committee meeting on 25 November 2020. The purpose of attendance at these meetings is to observe the interactions of the Non-Executive Directors and the overall functioning of the meeting. Feedback on this was presented to members at the subsequent B&D Group meeting.

### **3. TERMS OF REFERENCE PURPOSE ASSURANCE AND PLAN FOR 2020/21**

The plan for 2020/21 was discussed and agreed and submitted to the Corporate Governance Team for information and to seek assistance with the organisation of virtual meetings and liaising with requested speakers. The plan would be reviewed at each meeting.

### **4. PRESENTATIONS**

#### **4.1 Update on the Restart, Reset and Recovery to Return to Business as Usual and Current Operational Challenges**

Margaret Gray, Deputy Chief Operating Officer, attended the meeting and provided a comprehensive update on the current plans to deliver care in the current pandemic. Key points included:

- The Group were reassured in respect of the continuation of critical services including cancer and transplantation during both waves of the pandemic. Diagnostic investigations were available to ensure no delay to treatment.
- Plans to address the backlog of patient activity in certain specialties were being progressed, in particular for cataract surgery.
- The current screening of patients for COVID-19 prior to admission for elective treatment was noted.
- The current rate of occupation of the Critical Care Units and Wards were highlighted. Some wards changed their function to increase capacity for COVID patients, and bays which usually accommodate 6 patients had been reduced to 4 to enhance social distancing.
- Outpatient capacity had returned to near normal, with approximately 36% of appointments taking place face to face.



Agenda item 7(ii)

- The management of staff in terms of support given was also discussed. Support was provided by a multi-disciplinary team and readily available to all staff.

## **5. GOVERNOR ATTENDANCE AT VIRTUAL WORKING GROUP MEETINGS**

The Group highlighted its concern about members who were having difficulty in joining virtual meetings.

Whilst the Trust has offered assistance, the group will also contact these members to visit options to improve communication and involvement.

## **6. RECOMMENDATION**

The Council of Governors are asked to receive the report.

**Report of Pam Yanez  
Chair of B&D Working Group  
29 November 2020**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	10 December 2020						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Joey Barton – Performance Manager						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Council of Governors on the Trust’s performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets. Contains key HR metrics. Provides an overview of the current financial position.						
Reports previously considered by	Regular report. This report was presented to the Board of Directors on 26 November 2020.						

# Integrated Board Report

Quality, Performance, People and Finance

November 2020



# Executive Summary

## Purpose

This report provides an integrated overview of the Trust's position across the domains of Quality, Performance, People and Finance in order that the Board can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider. Updates from the Trust's Restart, Reset and Recovery (3Rs) cell will also flow through this paper.

## Restart, Reset and Recovery (3Rs)

- In light of the COVID-19 pandemic and the new environment in which NuTH now operates, the **3Rs Cell** focusses on the Trust's ability to:
  - **Restart** and deliver services which were paused at the height of activity reduction;
  - **Reset** services which need small transformation changes to deliver services in an altered model; and
  - **Recovery** to the 'new normal' in which the Trust will operate and work through its waiting list backlog.

## New Operating Environment

- Patient care **activity across the Trust significantly reduced as the COVID-19 pandemic first hit**. This was due to:
  - a rapid intentional **pausing of non-urgent face-to-face elective outpatient and inpatient activity for 3 months** to release capacity to care for COVID patients and to reduce the risk of transmitting COVID to non-COVID patients in hospital.
  - (Partly unexpected) significant **reduction in emergency patients** calling 999 and/or attending A&E as an emergency.
  - changes in primary care activity and delivery meant very **few patients were referred from GPs** to hospitals for elective care.
- As the number of patients with COVID decreased following the peak in April, the NHS looked to increase its elective activity again. However, due to the need to protect the safety of patients and staff, it is necessary to follow rigorous infection prevention and control arrangements. This is particularly pertinent in the context of an increasing prevalence of COVID within hospitals and the community in recent weeks. Actions include **social distancing of beds, patients and staff** and adding air settle time between cases. These actions have **reduced the number of patients who can be cared for each day**.

## Report Highlights

1. The Trust **had no cases of MRSA bacteraemia attributed in October**, therefore the total number of cases attributed to the Trust YTD is 1 (April).
2. The number of **harmful incidents per 1,000 bed days continues to be around or under the lower expected limit** which reflects a combination of both the increased accuracy in grading of harm and an overall reduction in incidents resulting in harm.
3. The Trust did not achieve **the 95% A&E 4hr standard in October, with performance of 88.7%**. A&E attendances remain below pre-COVID levels.
4. The **Trust PTL size was 70,629 for October, with 2,045 patients waiting over 52 weeks**.
5. The Trust **achieved 3 of the 8 Cancer Waiting Time standards in September** which is the same as the previous month where 3 of the 8 standards were also met.

# Contents: November 2020

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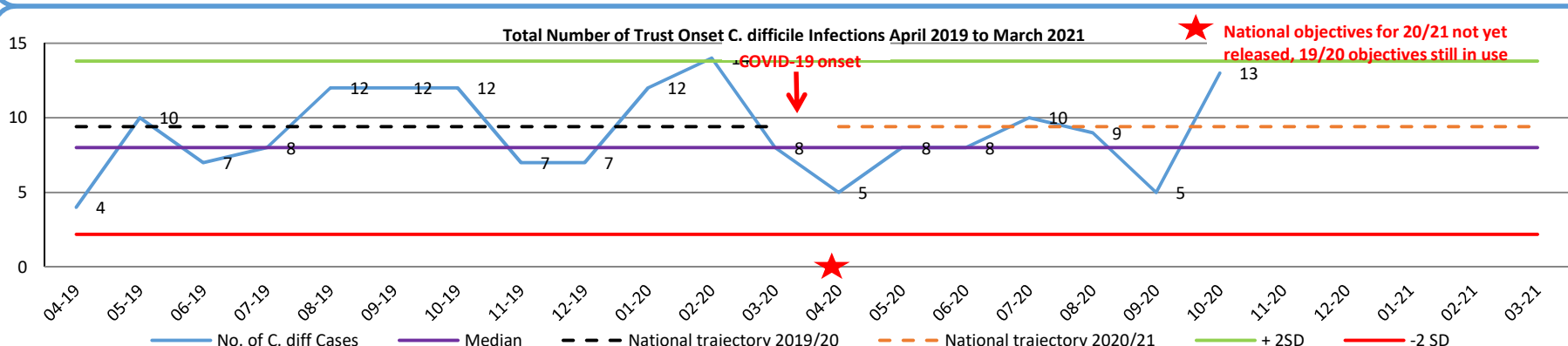
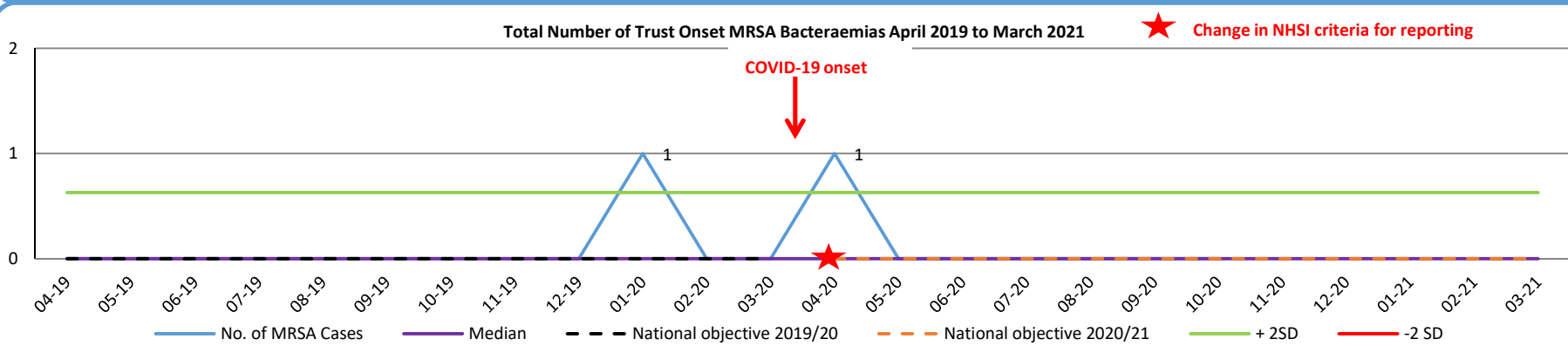
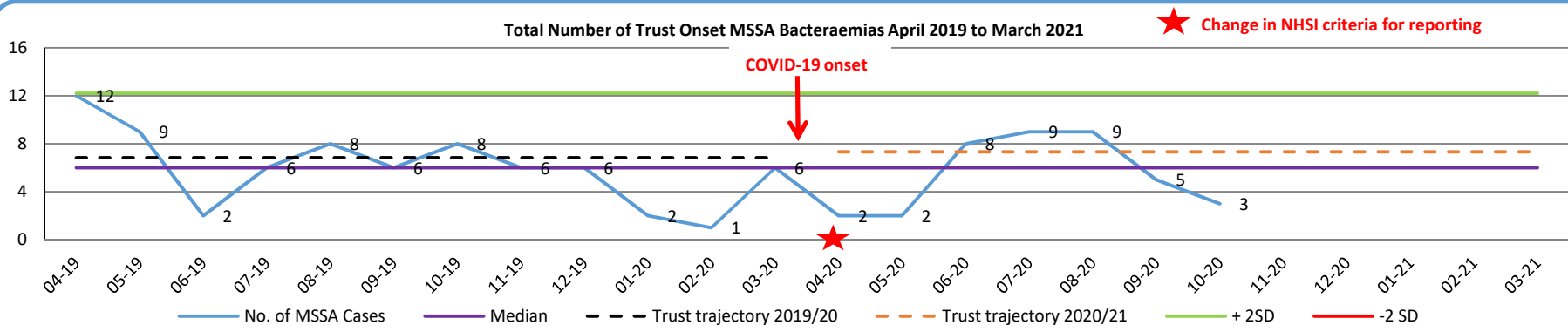
## People

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

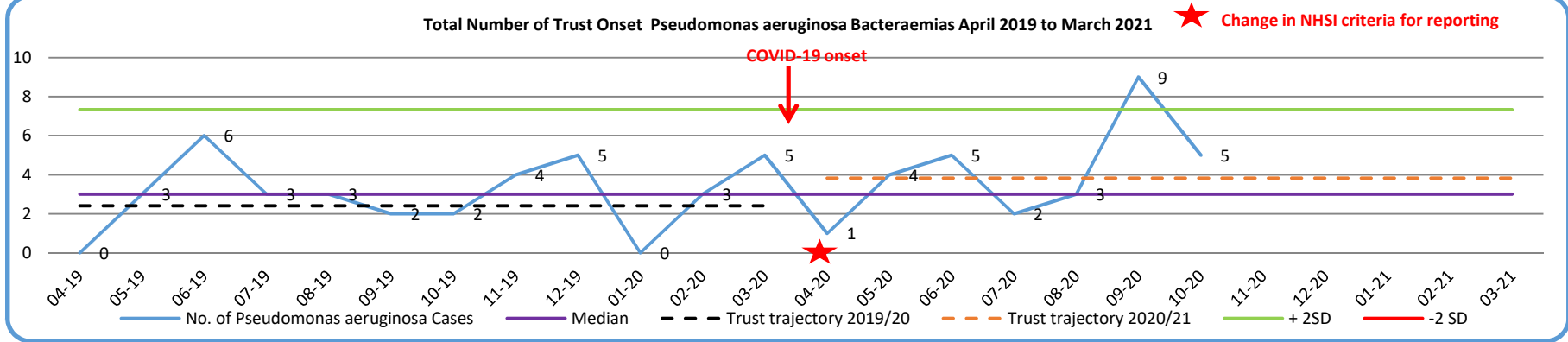
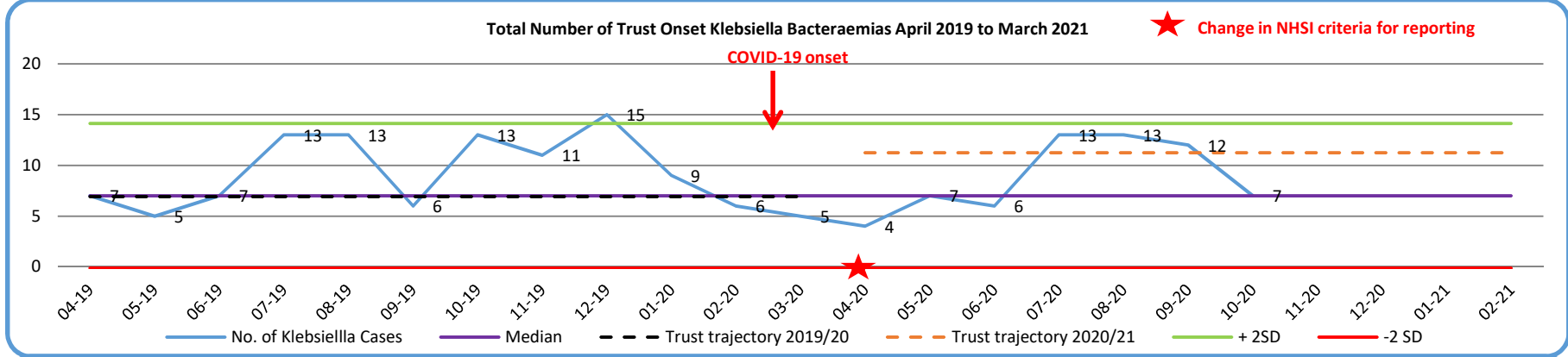
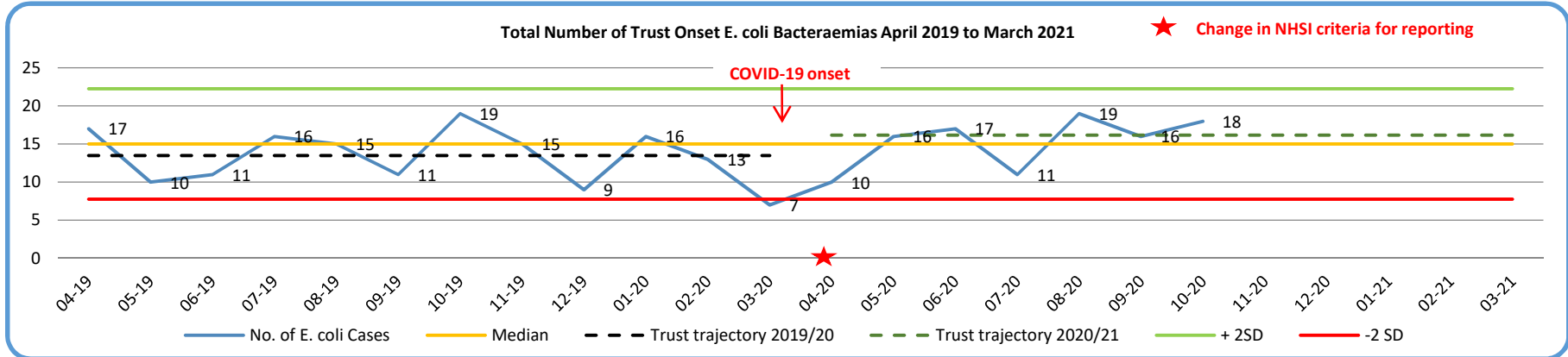
## Finance

- Overall Financial Position

# Quality and Performance: Healthcare Associated Infections



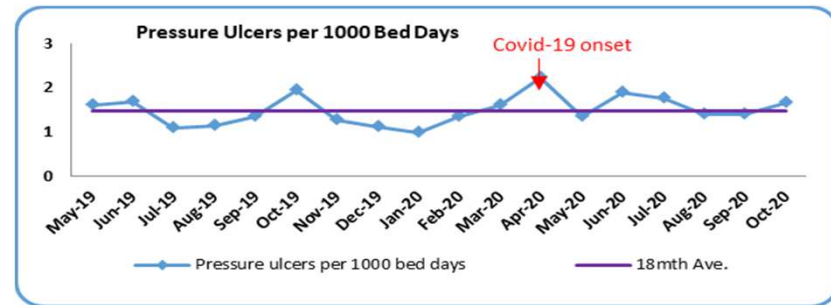
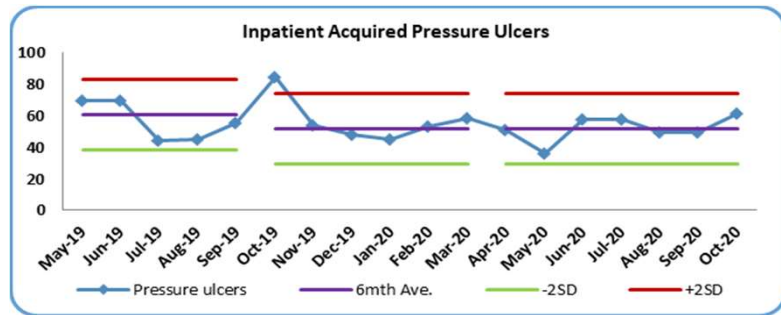
# Quality and Performance: Healthcare Associated Infections



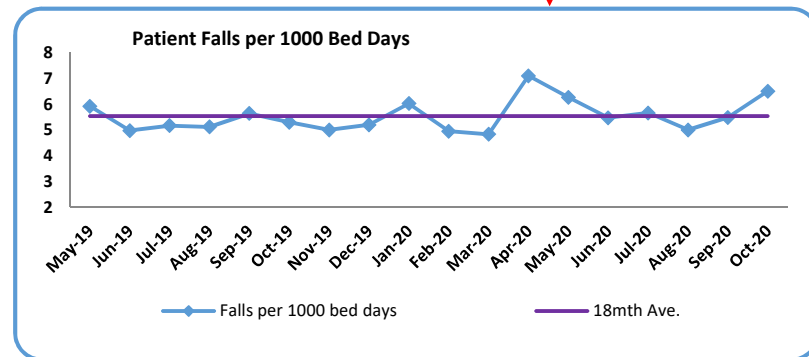
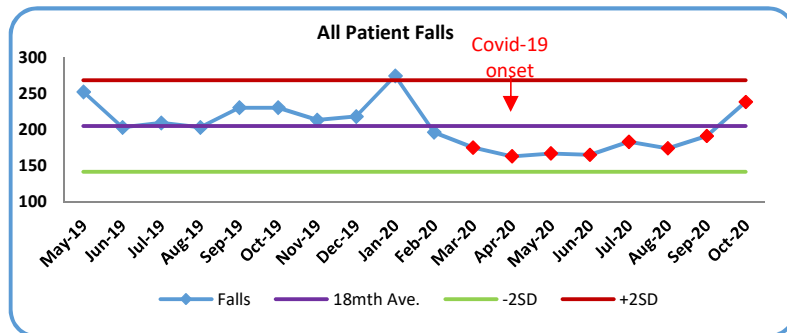


# Quality and Performance: Harm Free Care

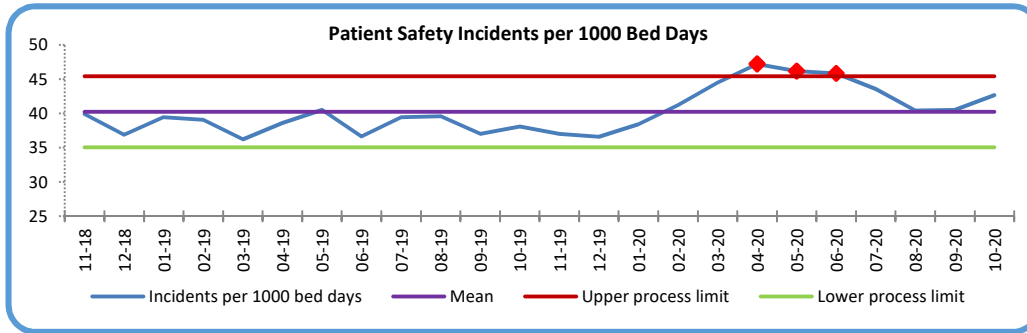
There has been a gradual reduction in the average number of pressure ulcers (PU) since May 2019. Whilst not demonstrated on the charts below, there has also been a reduction in serious harm from pressure damage. In October 2020 an increase in the number of PU was reported but this remains within the normal levels of variation and is consistent with previous years where we have also seen an increase in October. This can be explained by a possible increase in the acuity of patients. Work continues in the Tissue Viability team to prevent pressure damage including the promotion of ownership and understanding of data at ward level with the aim of monitoring the improvement. This has been built upon further with education structured into the Tissue Viability team working day with job plans focusing on specifically chosen wards. November 19 was the Global Stop the pressure ulcer day. The Tissue Viability and podiatry Team have planned events to promote in clinical areas.



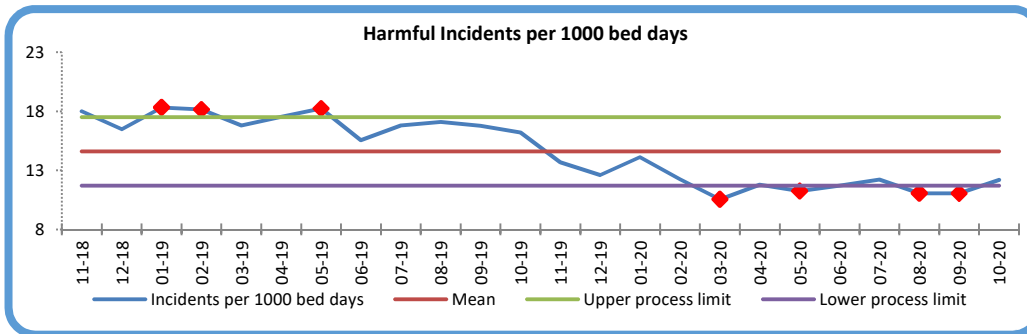
There was a significant reduction in inpatient falls between February and September 2020. However this has not been sustained into October where there has been a slight increase, which again remains within the normal levels of variation and is consistent with an increase in acuity of patients, as seen with PU. Within the Trust there has been a significant rise in Covid-19 patients and there is evidence that due to sudden deconditioning of these patients this puts them at a heightened risk of falls. Work has commenced to disseminate this to Clinical teams. In addition the Trust continues to have a reduced bed base to facilitate adequate social distancing and therefore 1000 bed days are arguably skewed. There has been success in relation to reducing serious harm from falls, as the Trust have reported 30% less incidents resulting in serious injury compared to the same period last year (a total of 26 incidents 2019/20 Vs. 37 incidents 2018/19 April – September inclusive).



# Quality and Performance: Incident Reporting

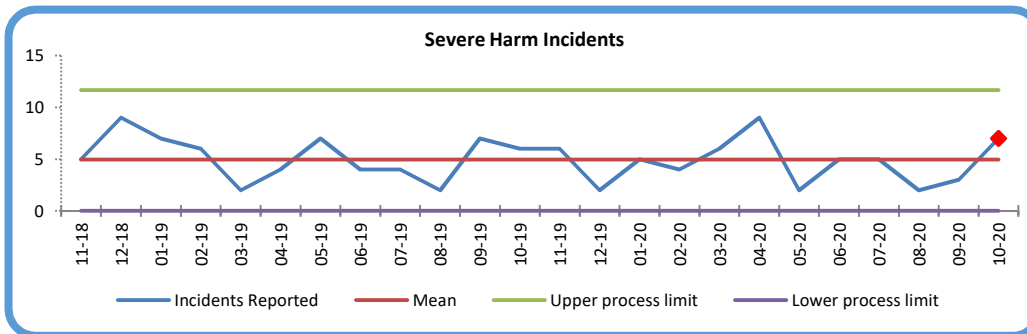


**All patient incidents:** The number of patient incidents per 1000 bed days reported during August 2020 - October 2020 is trending back towards the mean as per pre COVID-19 pandemic levels, as would be expected during the Trust's Reset and Recovery phase.



**Harmful incidents:** There is an improvement shift demonstrated, starting with a downward trend in the number of \*harmful patient safety incidents per 1000 bed days from May 2019 to October 2020. This reflects a combination of increased accuracy in grading of harm from patient safety incidents and a overall reduction in incidents resulting in harm.

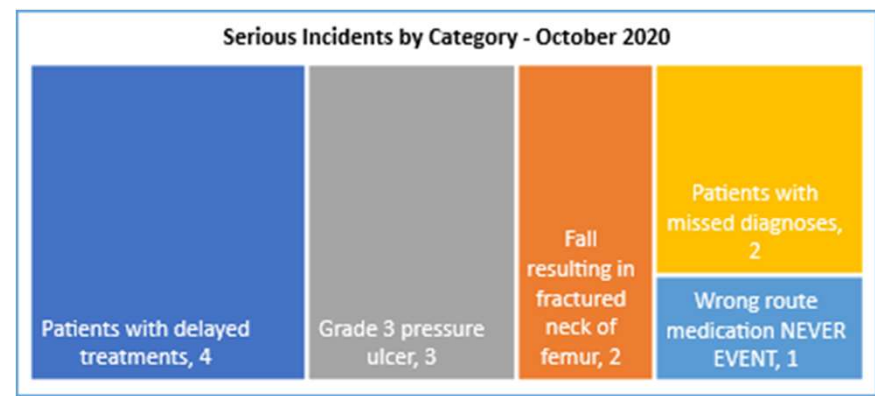
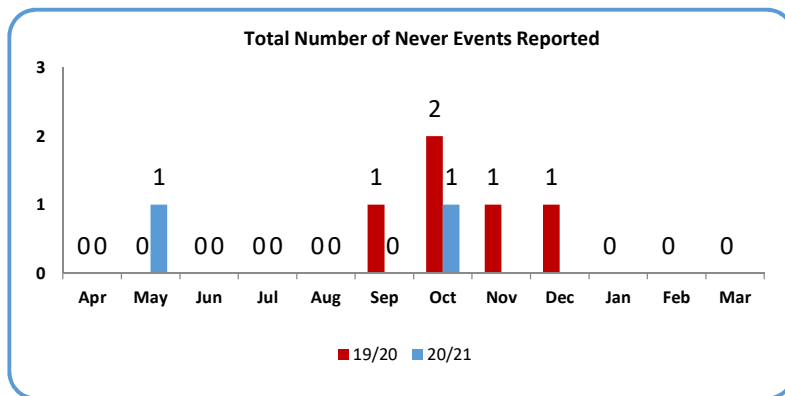
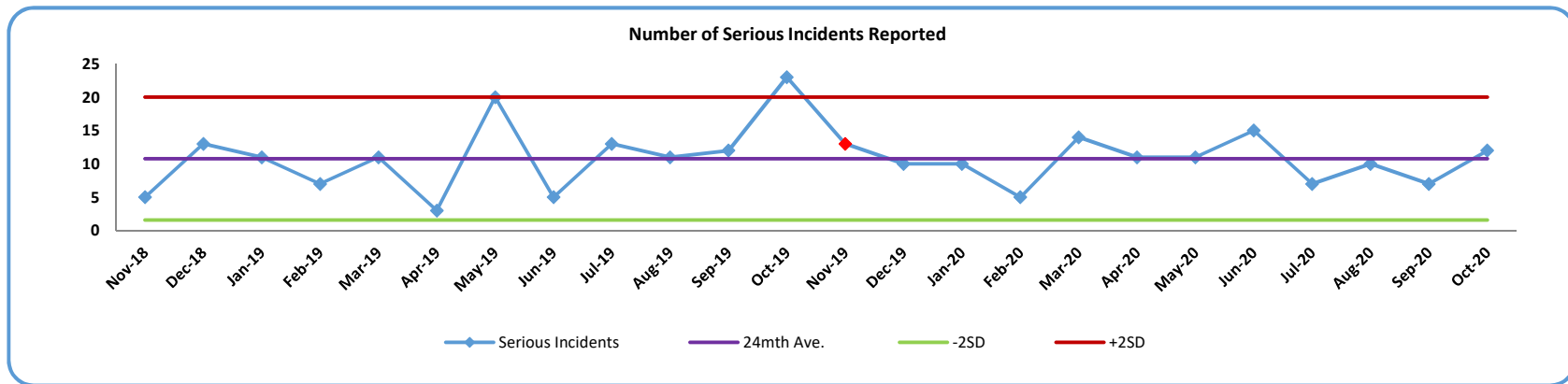
*\*includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*



**Severe harm incidents:** There were 7 patient safety incidents which resulted in severe harm in October 2020. This data is subject to change in future reports as severity grading may be modified following investigation.

# Quality and Performance: Serious Incidents & Never Events

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 Duty of Candour process has been initiated in all serious incidents reported in October 2020.



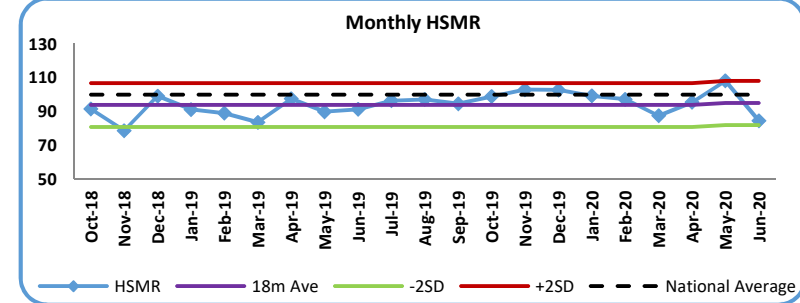
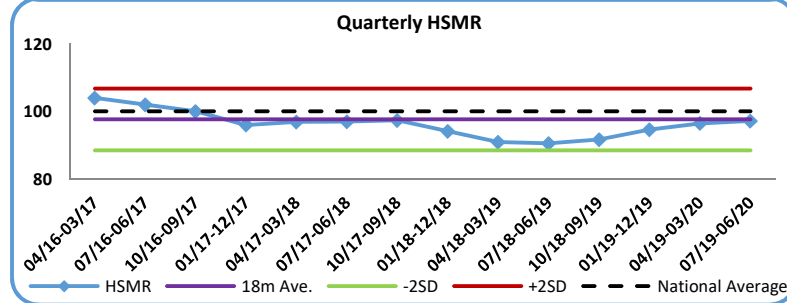
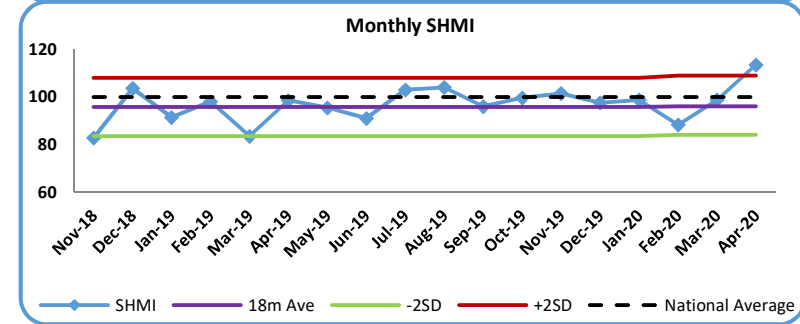
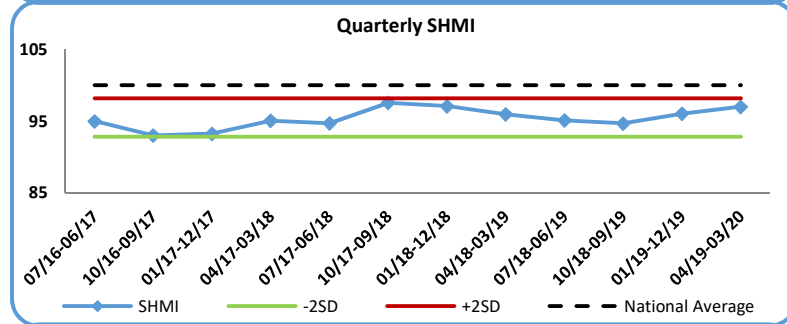
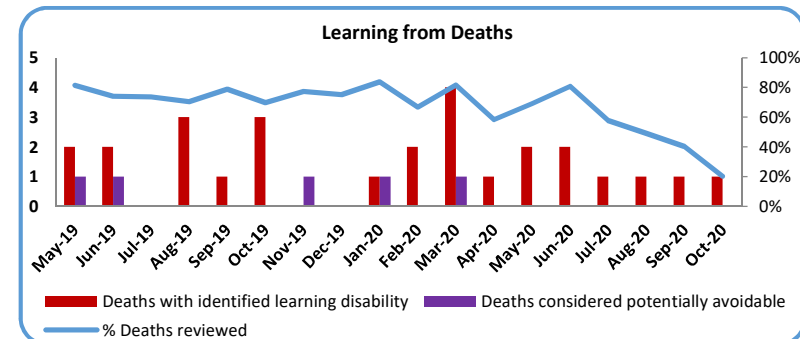
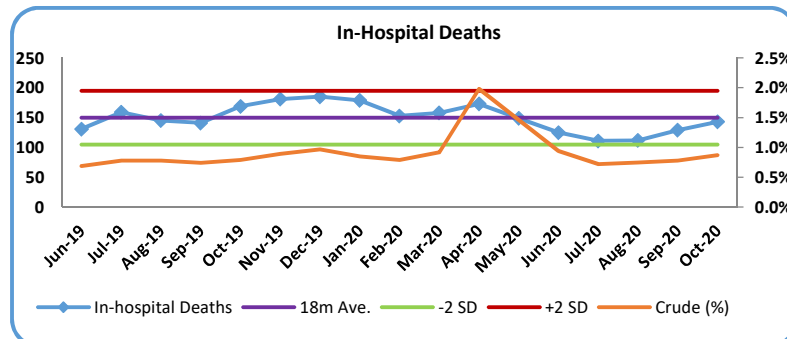
# Quality and Performance: Mortality Indicators

**In-hospital Deaths:** In total there were 143 deaths reported in October 2020, which is lower than the amount of deaths reported 12 months previously (n=169). Crude data shows 0.87% which is higher than the reported crude data 12 months previously (n= 0.79%). Although crude data has continuously shown to be under 1%, there was a rise during April-May 2020 due to discharge numbers throughout the Trust being dramatically low during this period.

**Learning from Deaths:** In October 2020, 143 deaths were recorded within the Trust and to date, out of the 143 deaths, 29 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.

**SHMI:** The most recent published SHMI data from NHS Digital shows the Trust has scored 97 for months April 2019 – March 2020, this continues to be lower than the national average and is within the "as expected" category. A rise in April 20 is reflected by the elevated crude data.

**HSMR:** The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Quarterly HSMR data is available up to June 2020 and is below the national average. Monthly data is available until July 2020. This number may rise as the percentage of discharges coded increases.



# Quality and Performance: FFT and Complaints

## Friends and Family Test

The collection and reporting of data was postponed in March by NHS England.

The launch of the new FFT guidance which was due to start on the 1<sup>st</sup> of April has also been postponed and a provisional date of December 2020 has been advised for this to begin.

## Trust Complaints 2020-21

The Trust received a total of 270 (255 with patient activity) formal complaints up to the end of October 20, with 55 complaints opened, an increase by 19 on last months opened complaints.

The Trust is receiving an average of 39 new formal complaints per month, which is 16 complaints per month lower than the 53 per month average for the last full financial year.

Taking into consideration the number of patients seen, the highest percentages of patients complaining up to the month of September are within Surgical Services with 0.10% (10 per 10,000 contacts) and the lowest are within ePOD and Cancer Services at 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 66% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 16% of all subjects raised within complaints.

Directorates	2019-20				19-20 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	15	47,459.00	0.032%	1:3164	1:1873
Children's Services	21	44,056.00	0.048%	1:2098	1:1753
Out of Hospital/Community	5	12,893.00	0.039%	1:2579	1:6027
Dental Services	11	37,843.00	0.029%	1:3440	1:6857
Internal Medicine/ED/COE	27	113,199.00	0.024%	1:4193	1:2552
Internal Medicine/ED/COE (ED)	18	64,929.00	0.028%	1:3607	1:3817
ePOD	17	133,473.00	0.013%	1:7851	1:6745
Musculoskeletal Services	26	49,232.00	0.053%	1:1894	1:2080
Cancer Services / Clinical Haematology	12	85,014.00	0.014%	1:7085	1:7908
Neurosciences	20	58,657.00	0.034%	1:2933	1:2373
Patient Services	6	25,879.00	0.023%	1:4313	1:3819
Peri-operative and Critical Care	4	24,201.00	0.017%	1:6050	1:2640
Surgical Services	35	36,781.00	0.095%	1:1051	1:1310
Urology and Renal Services	9	36,610.00	0.025%	1:4068	1:2406
Women's Services	29	75,445.00	0.038%	1:2602	1:3114
<b>Trust (with activity)</b>	<b>255</b>	<b>845,671.00</b>	<b>0.030%</b>	<b>1:3316</b>	<b>1:3241</b>

# Quality and Performance: Health and Safety

## Overview

There are currently 1,032 health and safety incidents recorded on the Datix system from the 1st November 2019 to 31st October 2020; this represents an overall rate per 1,000 staff of 64. The Directorate with the highest number of incidents is Patient Services reporting 150 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Peri-operative & Critical Care Services (95.7), Internal Medicine (95.3), Women's Service (80.7) and Patient Services (65.1).

## Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 776 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st November 2019 to 31st October 2020. This represents an overall rate per 1,000 staff of 48.1 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (175.1), Neuroscience (139.5), Community (85.5), Musculoskeletal Services (85) and Surgical Services (68.7).

## Sharps Incidents

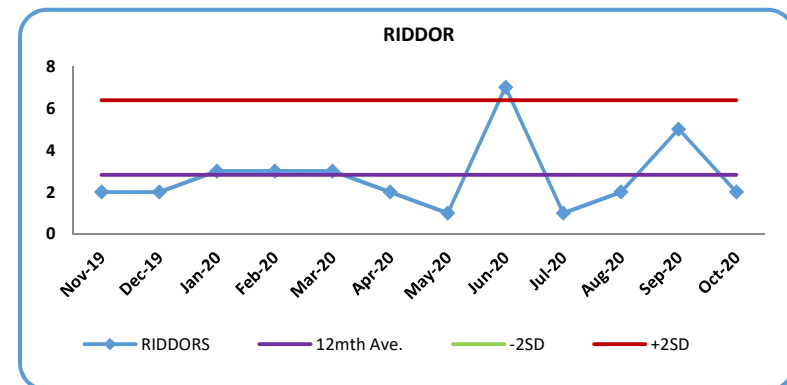
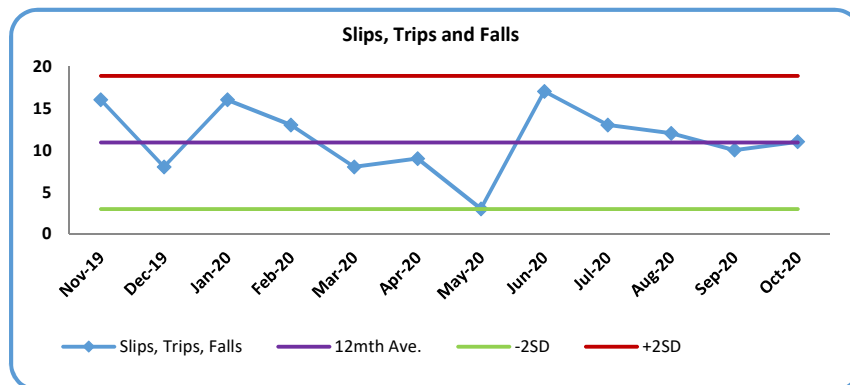
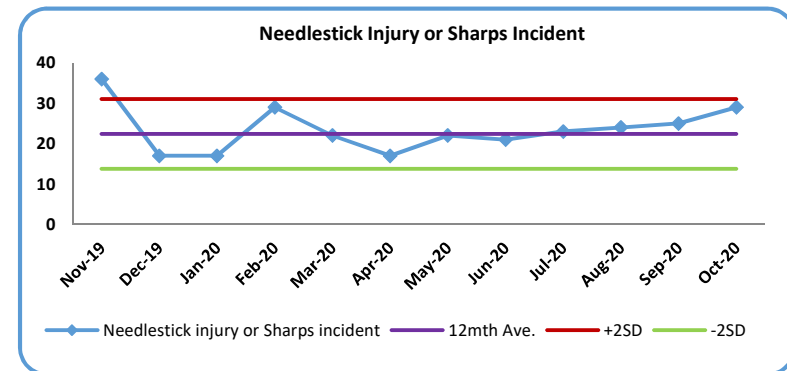
The average number of all sharps injuries per month is 23 between 1st November 2019 to 31st October 2020 based on Datix reporting, with 18.1% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 17.3 per month.

## Slips, Trips and Falls

Slips on wet surface, fall on level ground and tripped over an object collectively account for 63% of falls between 1st November 2019 to 31st October 2020. Fall as a result of fall from height; fall up or down stairway and falls from a chair account for 13.9% of the incidents recorded.

## RIDDOR

The most common reasons of reporting accidents and incidents to the HSE within the 1st November 2019 to 31st October 2020 are Slips and falls (11) and moving and handling (8) Exposure to Hazards (3). These account for 68.7% of reportable accidents over the period.

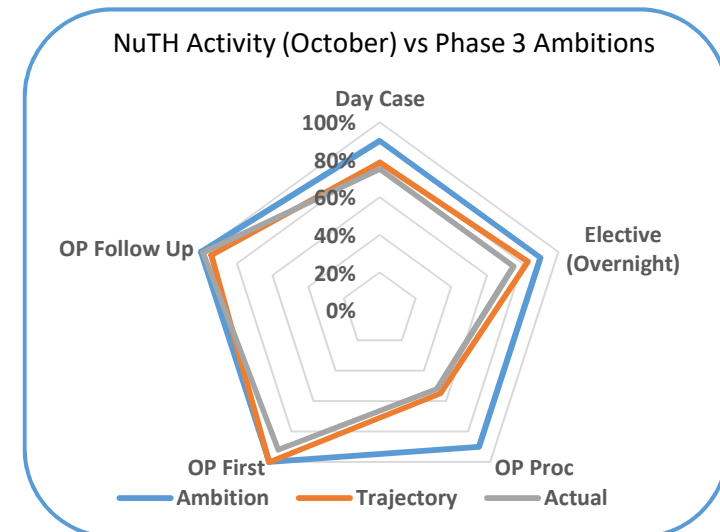
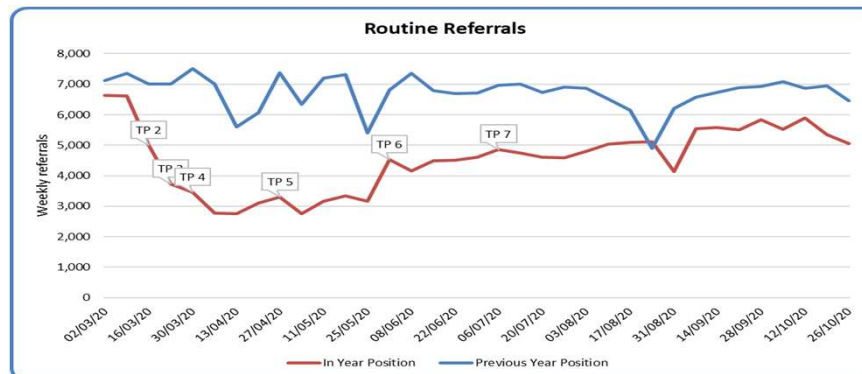


# Quality and Performance: Clinical Audit

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Lung Cancer Audit	January – December 2018 (published August 2020)	<ul style="list-style-type: none"> <li>• 80.5% of Trust patients were assessed by a specialist nurse compared to the national average of 73.4%.</li> <li>• 62.9% of all Trust patients (unadjusted) received anti-cancer treatment (surgery, radiotherapy systemic treatment) compared to national average of 58.2%.</li> <li>• 90.2% of Trust patients (unadjusted) with a Performance Status (PS) 0-1 had anti-cancer treatment compared to national average of 84.9%.</li> <li>• 71.7% of Trust patients (adjusted) with non-small cell lung cancer Stage 3B/4 PS 0-1 had systemic anti-cancer treatment compared to national average of 66.1% and standard of 65%.</li> <li>• 75.4% of Trust patients (adjusted) with small cell lung cancer had chemotherapy compared to national average of 68.7% and standard of 70%.</li> <li>• 97% of Trust patients had disease stage recorded compared to national average of 95.6%.</li> <li>• 87.1% of Trust patients had their performance status recorded.</li> </ul>	<ul style="list-style-type: none"> <li>• 64.6% of Trust patients (unadjusted) had a pathological confirmation of cancer compared to the national average of 69.5%.</li> <li>• 75.7% of Trust patients (adjusted) in Stage I-II, PS 0-1 had their cancer pathologically confirmed compared to national average of 85.6% and national standard of 90%.</li> <li>• 13.6% of Trust patients (adjusted) had surgery for non-small cell lung cancer compared to national average of 18.3% and standard of 17%.</li> <li>• 38.3% of Trust patients survived to 1 year compared to national average of 38.7%.</li> </ul>	Discussed at October 2020 Clinical Audit and Guidelines Group

## Quality and Performance: 3Rs – Data, Processes and Performance Work Stream

- **As part of the Trust response to COVID-19 through the Restart, Reset and Recovery Cell (3Rs) the Trust continues to take actions to ensure it has robust processes in place for managing referrals and patients relating to Outpatients and RTT.**
  - Led by the sub-groups, a number of new frameworks and standard operating procedures were produced to provide guidance for directorates and to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways.
  - Particular focus was given through the 3R workstreams to establish how directorates would deal with individual referrals, with consultants continuing to make appropriate clinical decisions in order to achieve safe and effective outcomes. Measures include:
    - Face-to-face appointments only where necessary with large scale uptake of telephone and virtual appointments.
    - An increase in advice and guidance services in conjunction with GPs.
    - Patient being discharged back to their GP where appropriate.
- **Although cells were originally set up to ensure that services were stepped down and stepped back up safely during the first COVID wave they have evolved into their Reset and Recovery phases which are more transformation focused.**
  - Cells continue to meet and operate with this altered focus but remain agile and responsive to the challenges of COVID and other external factors to safely and efficiently meet the challenges of service delivery.
  - Key monitoring data is reviewed by each of these sub-groups in relation to their specialist area – e.g. theatres, cancer, outpatients, as well as overall monitoring of routine performance and access indicators.
- **Key measures are tracked through the 3Rs programme and investigated further where necessary. Key measures which are regularly taken through the groups include DNA rates, referral rates (by priority type), activity levels and waiting list positions.**
  - Additional Recovery Schemes (ARS) have been approved through work within the 3Rs and planning programmes and will continue to be monitored through these groups once ready for delivery. Examples include:
    - Cataract surgical centre
    - Mobile MRI imaging unit
    - Chemotherapy Day Unit moving to 7 day working
    - Additional sessions within Endoscopy
    - Additional sessions within Dermatology





# Quality and Performance: Monthly Performance Dashboard

Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)					Monthly Delivery as a % of Same Month Previous Year		
				w/e 04/10/20	w/e 11/10/20	w/e 18/10/20	w/e 25/10/20	w/e 01/11/20	Aug-20	Sep-20	Oct-20
Front Door	Type 1 Attendances (Main ED)	2,377	1,962	84.0%	84.3%	84.2%	88.5%	82.6%	90.5%	80.5%	81.5%
	Ambulance Arrivals	635	541	93.7%	92.3%	91.1%	84.9%	85.2%	Data unavailable due to historical recording issues.		
	Eye Casualty Attendances	416	231	58.6%	56.9%	55.0%	60.1%	55.5%	55.3%	55.8%	56.4%
	Walk in Centre Attendances	1,419	467	36.8%	36.2%	35.0%	35.7%	32.9%	38.0%	36.6%	34.5%
	A&E 4hr performance (Type 1)	89.5%	79.0%	-3.6%	-8.0%	-5.0%	-0.5%	-10.5%	+3.4%	+3.0%	-4.3%
	A&E 4hr performance (All Types)	94.3%	85.2%	-3.9%	-6.9%	-5.2%	-2.2%	-9.1%	+1.1%	+0.1%	-4.9%
Admission & Flow	Emergency Admissions (All)	743	645	101.1%	93.4%	93.1%	89.4%	86.8%	99.0%	97.2%	84.1%
	Bed Occupancy	80.8%	76.6%	71.8%	71.4%	72.4%	73.2%	76.6%	68.1%	71.4%	73.1%
RTT/Planned Care	Outpatient Referrals (All)	8,115	6,159	86.4%	84.3%	88.3%	82.1%	75.9%	76.1%	80.5%	79.5%
	Elective Spells	2,721	1,970	75.4%	82.1%	80.0%	80.0%	72.4%	73.3%	76.4%	76.2%
	Outpatient Attendances	20,457	17,491	98.2%	100.2%	102.6%	97.2%	85.5%	89.3%	89.8%	87.7%
	DNA Rates	7.2%	8.5%	9.0%	8.9%	9.2%	9.0%	8.5%	8.1%	8.7%	8.9%
	Incomplete Performance	87.3%	66.5%	65.6%	65.8%	65.9%	66.2%	66.5%	58.3%	66.4%	68.8%
	RTT >52 Week Waiters	18	2,014	1,547	1,625	1,767	1,872	2,014	1,041	1,426	2,045
Cancer	2WW Appointments	482	443	86.5%	95.4%	100.3%	87.7%	91.8%	76.3%	74.5%	85.2%
	All Cancer 2WW	No weekly performance recorded.							57.0%	57.2%	Reported one month in arrears.
	Cancer 2WW Breast Symptomatic								93.8%	86.9%	
	Cancer 62 Days - Urgent								82.7%	79.8%	
	Cancer 62 Days - Screening								33.3%	87.5%	
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,408	86.5%	86.6%	87.4%	85.9%	79.7%	86.7%	86.2%	
	Diagnostic Performance	No weekly performance recorded.							70.1%	75.7%	76.6%

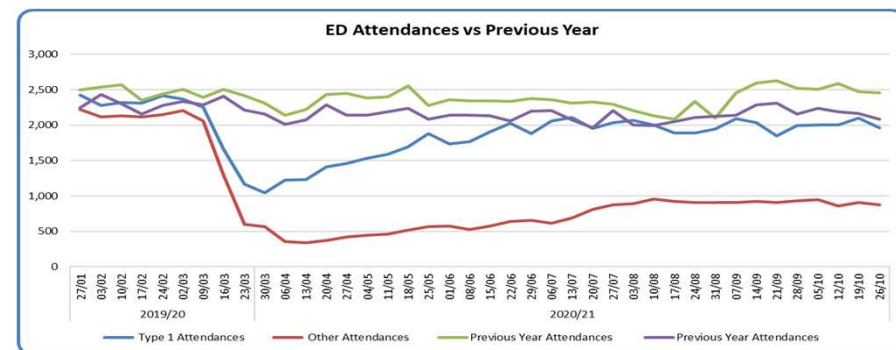
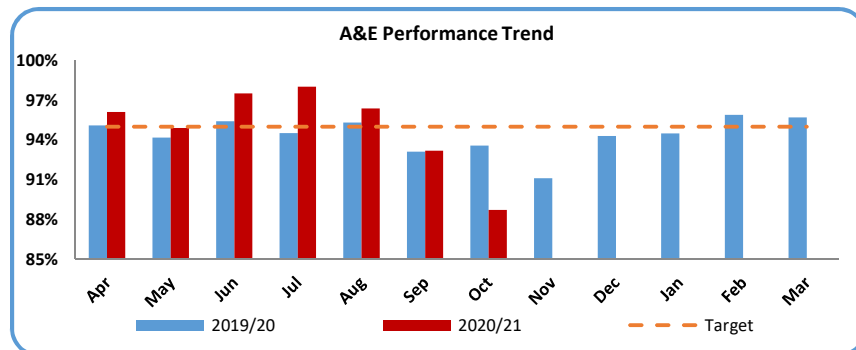
Data provided as 'Actual' figure rather than % comparison

Several of the following graphs have Time Points (TPs) indicated to highlight key dates throughout the COVID-19 pandemic.

They indicate the following events: TP 1 = First UK COVID-19 Case, TP 2 = Internal Cancellation of Non-Critical Activity, TP 3 = UK Lockdown, TP 4 = Switch Off of Routine Referrals, TP 5 = NHSE Launch of Phase 2, TP 6 = Switch on of Routine Referrals, TP 7 = Further Relaxation of UK Lockdown.

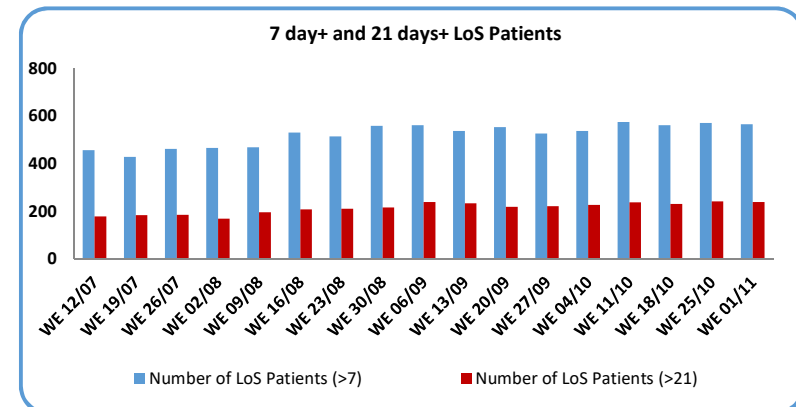
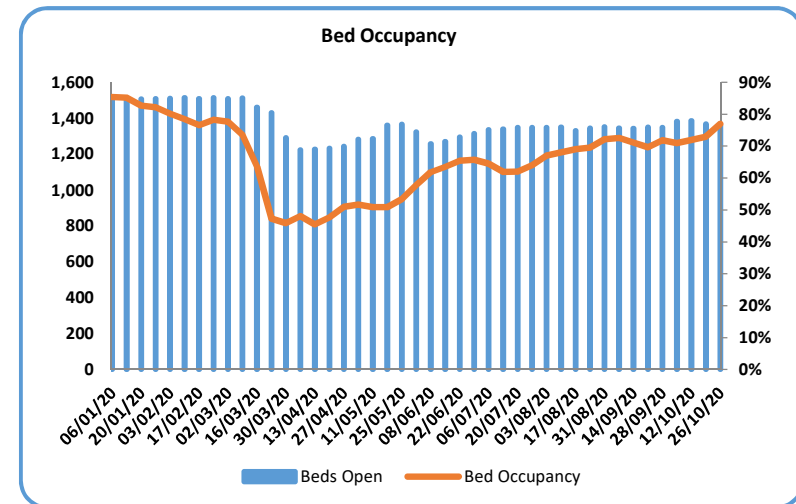
# Quality and Performance: A&E Access and Performance

- In October the monthly A&E 4hr standard (95%) was not met as performance dropped to 88.7%**, the lowest overall performance for many years.
  - This was a drop of 4.5% from September's level, and 4.9% below October 2019's performance.
  - NuTH's performance remained above the national average which fell by 2.9% to 84.4% in October. Performance across Cumbria and the North East was 88.6%, in line with the Trust's level.
  - It should be noted that Type 1 attendances now account for a much higher proportion of the overall attendances with 69% of overall attendances being Type 1 in October 2020, compared to just 53% in October 2019.
- Factors which contributed to performance dropping in October include:**
  - The number of breaches due to 'No Beds Available' was more than double September's total and 14 times higher than in July 2020.
  - Higher levels of COVID-19 admissions and a sharp rise in bed closures due to COVID outbreaks, which both present patient flow difficulties.
  - Bed occupancy rose significantly during the second half of the month, with a growing number of beds occupied by Long Length of Stay patients (>7 days or >21 days).
  - October saw the highest number of ambulance handover delays >30 minutes in the past 4 months.
- Performance has dropped again in November and is currently 86.2%** against the 95% standard as at 17/11.
  - This continued fall in performance has followed a further significant rise in bed occupancy, partly due to the closure of some beds for staffing reasons for the first time in many months. Additionally, there continues to be high levels of COVID-19 admissions across the region, and consequently the Trust has received ambulance divers from other local Trusts, which places extra pressure upon the Emergency Department.
- Attendances across all types have remained fairly static during the past 3 months.** Despite volumes stabilising, they remain well below pre-COVID levels and in October were 37% lower than the number of attendances seen in October 2019.
  - Type 1 attendances have risen most quickly and therefore account for a much higher proportion of overall attendances than they did prior to COVID, with this trend replicated nationally. As a result the drop in overall attendances has largely been seen among lower acuity patients.
  - Having stayed fairly static over the past 4 months, Eye Casualty attendances remain low at around 57% of the pre-COVID average.
  - The Trust's Walk-in Centres have seen very low attendance levels in recent months, as Westgate and Molineux Walk-in Centres have been closed since early April (due to COVID-19).



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

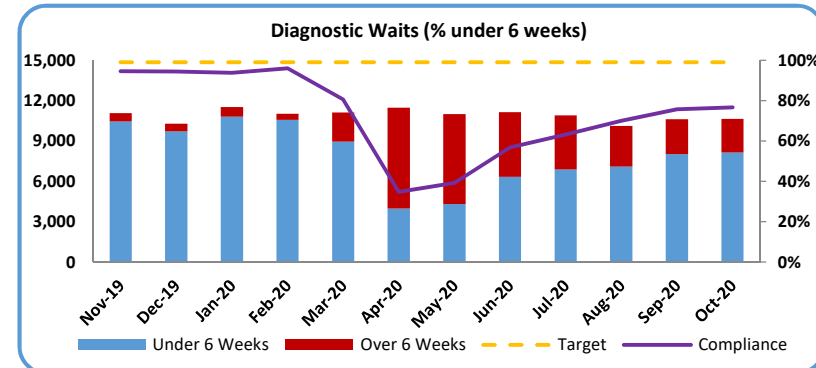
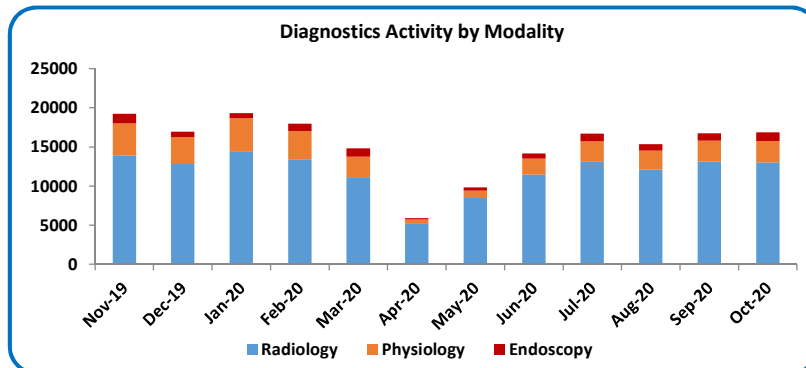
- **Due to the suspension of reporting to NHSE/I this report will no longer contain information relating to Delayed Transfers of Care (DTOCs) for the remainder of 2020/21.**
  - Processes remain in place to ensure this reporting can be restarted in April 2021 in line with the proposed national timescales.
  - In order to assist with patient flow and to optimise patient outcomes, NuTH's Patient Services team will continue to monitor DTOC patients who require repatriation or packages of care.
- **Bed occupancy increased significantly from 70% in the last week of September to 77% by the end of October.**
  - Reasons for this increase in October include:
    - More elective inpatient admissions in the past 2 months as part of the response to the NHSE Phase 3 activity targets.
    - Growing numbers of Long Length of Stay (LoS) patients (>7 days and >21 days).
    - High numbers of COVID admissions.
    - A large rise in the number of beds closed within the Trust, following a significant increase in closures due to COVID outbreaks and staffing levels.
  - Bed occupancy could have risen even further if not for a fall in the overall emergency admissions compared to September.
  - Higher bed occupancy contributed to a significant increase in the number of medical boarders, which creates patient flow difficulties. Between April and August 2020 there had been record low levels of medical boarders. Solutions are being explored to increase medical bed capacity across sites.
- **Reporting against the Long Length of Stay (LoS) metrics has resumed as the necessary data quality concerns have been addressed.**
  - The average number of patients with a LoS >7 and >21 days was higher in October than in preceding months, although the level did stabilise in the second half of the month.
  - By the end of October, there were 566 patients with a LoS >7 days, an increase of 21% compared to the position 3 months ago.
  - The number of patients with a LoS >21 days has increased even more significantly and stands at 238, 40% higher than at the end of July.



# Quality and Performance: Diagnostic Waits

- In October Diagnostics performance was 76.6% against the 99% standard. This continues the upward trend seen since April, but reflects a reduction in the rate of month on month improvement, with a 0.9% increase on September performance. Activity marginally increased on the previous month to the highest level since February, whilst the overall waiting list remained virtually static.**
  - During October, performance improved across Radiology (87%) and Endoscopy (45%) but saw a very slight decline in Physiological assessments (47%) as the existing backlog of long waiters continues to be worked through.
  - In September (latest available national NHSE data) NuTH’s diagnostics performance (76%) was above the national (67%) and regional (66%) positions, largely due to the quicker recovery of Radiology activity.
- In October 16,864 tests were carried out, a 0.7% increase on September and equivalent to 89% of the average monthly activity carried out between April 2019 and February 2020.**
  - Endoscopy saw significant growth in October with a 19.6% increase in activity delivered compared to September. This was the highest amount of monthly tests delivered since November 2019. This is largely due to the provision of extra clinics which will continue over the coming months.
  - Efforts continue to increase activity across all settings as hospital occupancy continue to rise, with social distancing and the additional settle times required continuing to pose significant challenges.
- In October the total waiting list (WL) size (10,631 patients) increased by just 20 patients, reflecting continuing stability in the number of overall waiters despite the reduced diagnostic capacity available since the onset of the pandemic in March 2020.**
  - In September, the overall national waiting list was 24.4% higher than in September 2019 (latest available national NHSE data), whilst the comparative increase in NuTH’s waiting list was only 4.9%. Physiological Measurement saw a slight increase in WL size in October, whilst Endoscopy saw a small decrease, though both changes were minimal. Radiology numbers remained constant.
  - The biggest increases in WL size during October were seen within Non-obstetric ultrasound (+214) and MRI (+119). In Audiology both the proportion of those waiting >13 weeks and the total WL size remained stable, whilst the number of tests conducted increased by 29% from September following the appointment of two additional audiologists.
  - Overall, the number of patients on the diagnostics WL who have waited over 13 weeks (10.6%) decreased again in October. Echocardiography (54%), Urodynamics (48%) and Flexi Sigmoidoscopy (48%) have the highest proportions of patients who have waited over 13 weeks.

Overall Patients Treated Within Month	Current Month	Previous Month	Difference (Actual)	Difference (%)
Imaging	13,035	13,146	-111	-0.8%
Physiological Measurement	2,707	2,663	44	1.7%
Endoscopy	1,122	938	184	19.6%
<b>Trust Total</b>	<b>16,864</b>	<b>16,747</b>	117	0.7%



# Quality and Performance: 18 Weeks Referral to Treatment

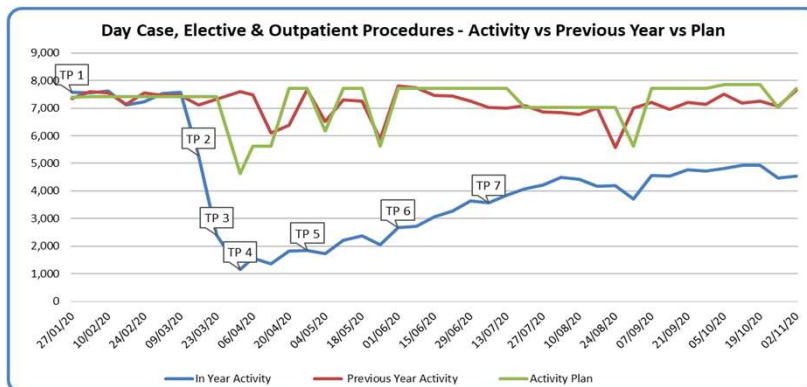
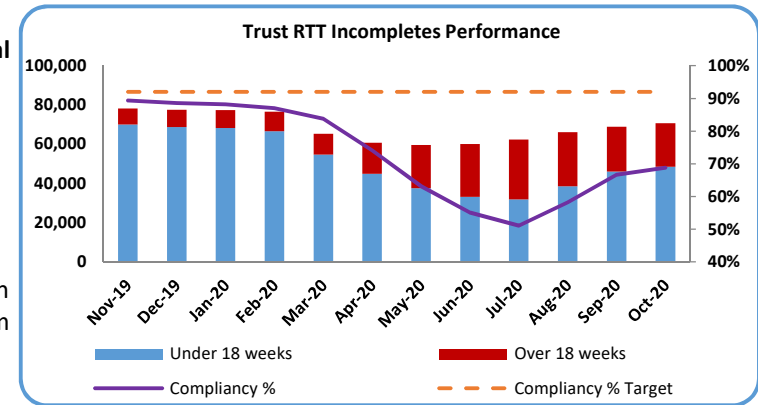
- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position has taken a major hit with 18 week performance only starting to recover from August onwards. Performance improved again in October with achievement of 68.8% against the 92% standard. However, the number of patients waiting 52 weeks or more for first treatment continues to rise, standing at 2,045 patients.
  - 5 specialties met the 92% standard in October, the same number as in September.
  - 22,066 patients have now waited above 18 weeks, with 8,186 of those having waited over 40 weeks.
  - NuTH have the 6<sup>th</sup> largest PTL in the country (September reporting).
  - Nationally RTT compliance rose from 54% in August to 61% in September.
  - Harm reviews continue to be carried out for all patients over 52 weeks.

- This drop in RTT performance is replicated nationally and is a key focus of the Trust's 3Rs recovery work streams – with dedicated sub groups focusing on elective surgical restart, outpatient transformation and RTT / outpatient process issues.

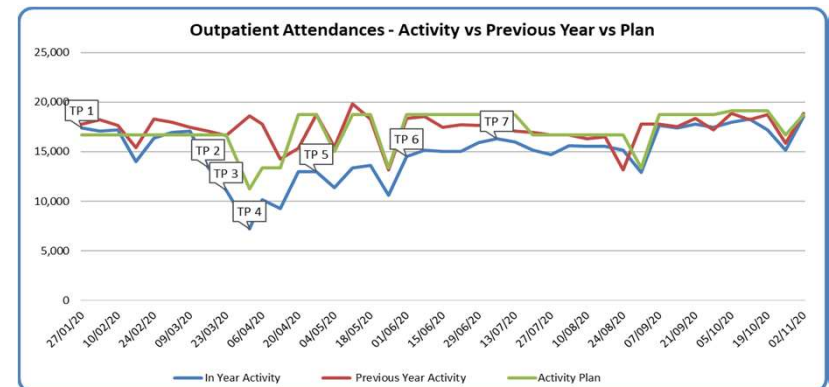
- Having dropped significantly following the immediate onset of the COVID-19 pandemic the Trust waiting list size has now grown for 5 successive months. The total PTL size is 70,629 which is an increase of 1,729 patients (2.5%) from September's level.

- The volume of referrals received in October '20 was 80% of the volume seen in October 2019.
- 19% of the total PTL and 36% of patients waiting > 40 weeks reside within Ophthalmology.

- Although the most recent activity position is shown in the graph below, there will be an additional coding catch up for the most recent two weeks which will move activity from OP Attendances to OP Procedures. **The most recent position without any expected movements shows delivery of 63% against the same point in the previous year (Day Case, Elective & Outpatient Procedures) and 96% (Outpatient Attendances).**

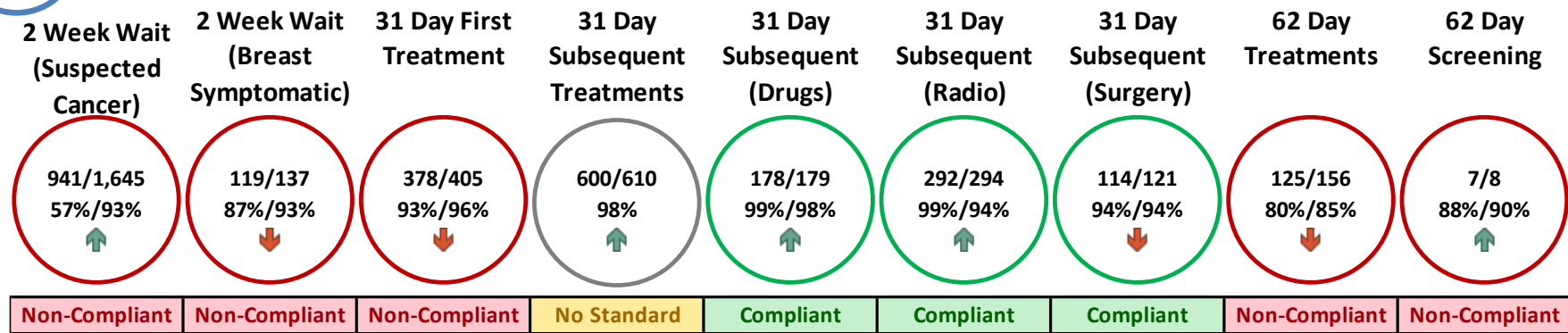


NHSE Phase 3 ambitions are to achieve 80% of DC, EL and OP Proc activity in September and 90% from October onwards.



NHSE Phase 3 ambitions are to achieve 100% of Outpatient Attendances activity from September onwards.

# Quality and Performance: Cancer Performance (1/2)



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

- **The Trust achieved 3 of the 8 Cancer Waiting Time standards in September; 3 of the 8 standards were met in August.**
  - **The 31 Day Subsequent Treatments – Drugs standard was met** in September with performance of 99%.
  - **The 31 Day Subsequent Treatments – Radiotherapy standard was met** in September with performance of 99%.
  - **The 31 Day Subsequent Treatments – Surgery standard was met** in September with performance of 94%.
- **The 2ww position stabilised** at 57%, the same position as August. The low performance is predominantly due to an issue within Skin cancer (12%), which will carry on in October and November. Lower GI performance also dipped to 12% from 16% following previously sustained improvements over previous months.
  - **The Skins service has been unable to maintain pre-COVID capacity primarily due to social distancing measures.**
    - Additional responses have been put into place including weekend clinics, reduced RTT clinics and utilising Plastic Surgery capacity for some Dermatology patients.
    - Agreement has been reached with local commissioners to introduce tele-dermatology consultations for 2ww cancer clinics. This service is due to commence shortly and is forecast to have a positive impact on the position.
  - **The Lower GI service is currently suffering from reduced consultant capacity due to vacancies and sickness.**
    - Alternative recruitment strategies and endoscopy rotas are being explored and implemented to address the situation.
    - Following the introduction of FIT testing on receipt of referral this is resulting in some additional waits at the start of the pathway. Despite this the introduction is a very positive step which has resulted in less endoscopies with the FIT result ruling out potential cancer.
- **The 2 Week Wait Breast Symptomatic standard was not met** in September with compliance of 87%, having met the standard in August for the first time since October 2018.
  - As reported last month additional referrals had come into the system during September which have had a negative impact onto performance. The additional referrals were received from the South of the region but this issue has since remedied itself. Increased referrals have now been received via local GPs during October which will have an impact on compliance; October is Breast Cancer Awareness Month.
- **The Northern Cancer Alliance met 4 of the 8 standards in September; 2 of the 8 standards were met in August.**
  - 2 providers within the Northern Cancer Alliance achieved the 2ww target in September.
  - 1 provider within the Northern Cancer Alliance met the 62 day target in September.

*Please see additional charts and referral information contained on the next page*

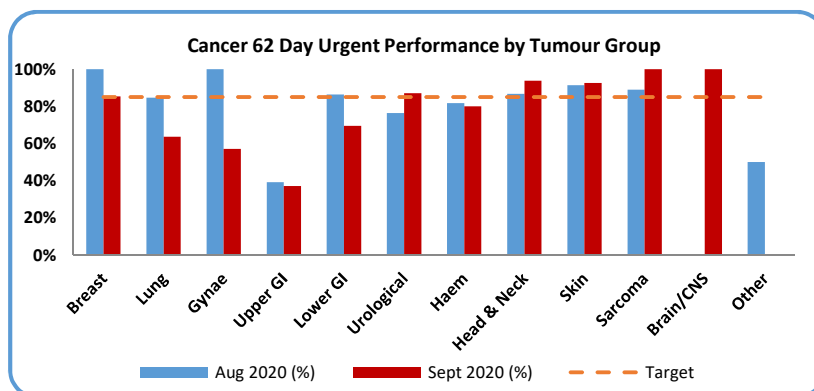
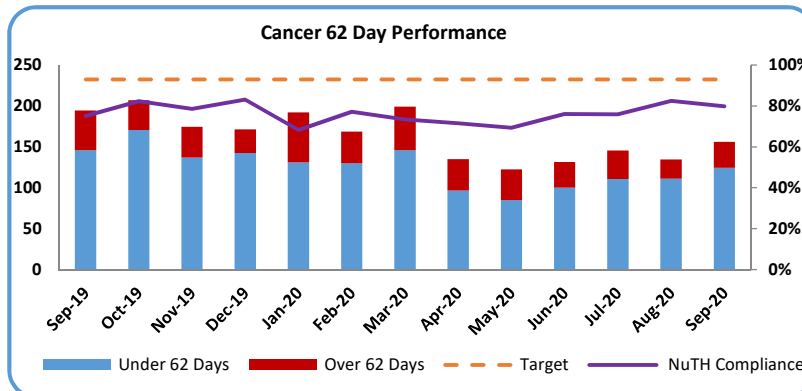
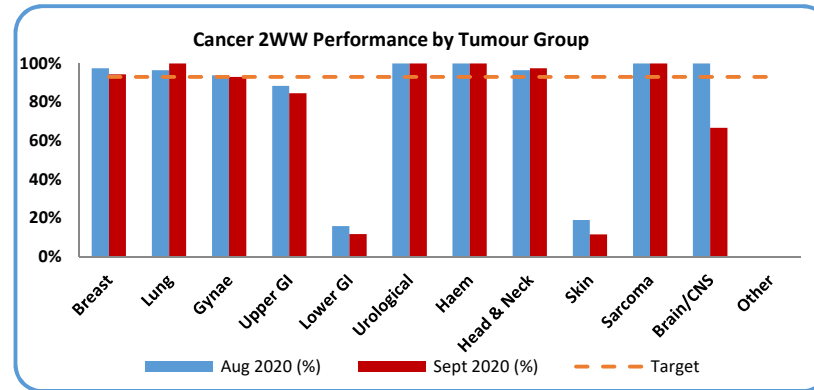
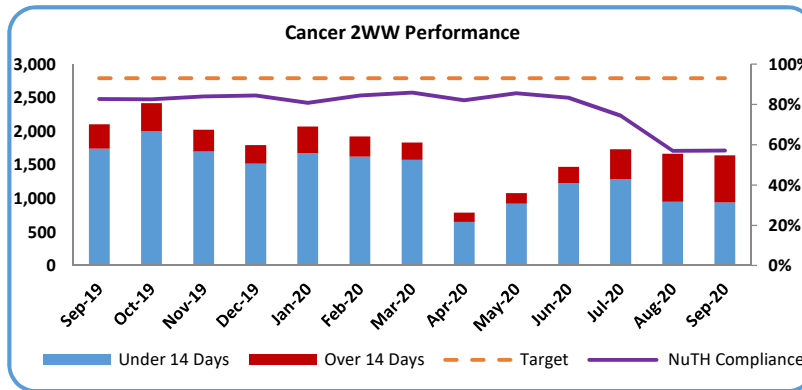
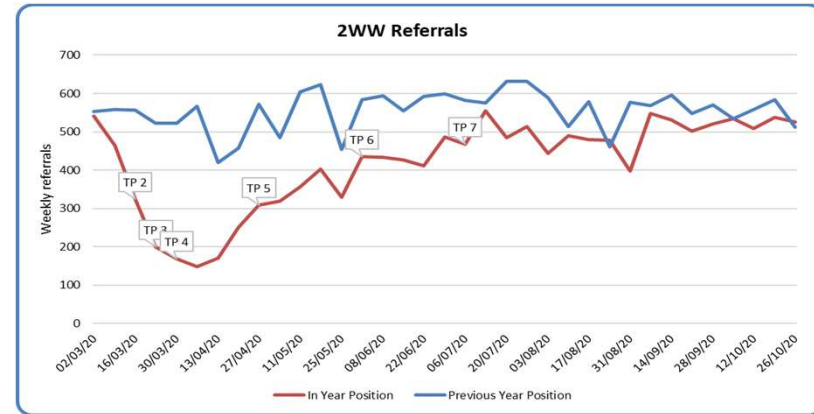


# Quality and Performance: Cancer Performance (2/2)

Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels. However, in October referrals were at around 94% of October 2019 levels.

There is often a lag in the latest weekly position for referrals.

Anecdotally referral levels across the region have been reflective of the NuTH position including the increase in Breast referrals mentioned on the previous page.



# Quality and Performance: Other Performance Requirements

- **The Trust reported 30 'last minute' cancelled operations in October 2020.**
  - This is the lowest level for 4 months, despite elective inpatient activity within the Trust continuing to increase. The total is less than half the pre-COVID monthly average of 62.
  - The most frequent cancellation reason in October was 'Theatre List Over Ran'. Positively, there was a significant reduction in the number of cancellations for either 'Emergency Surgery Took Precedence' or 'No ITU Bed Available'. This resulted in a particular fall in cancellations within the Neurosciences directorate.
  - For the first time since May, NuTH reported breaches (2) against the standard to treat within 28 days following last minute cancellations. The breaches were within the Cardiothoracic and Dental directorates.
  - Despite a reduction in 'last minute' cancellations, there was an increase in October in the level of planned operations cancelled in advance. This was primarily due to ITU bed capacity being limited as a consequence of COVID admissions.
- **In line with previous months, the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in October.**
  - Performance against the referral metric was 100% and this is the 15<sup>th</sup> month in a row when this target has been met.
  - Further amendments have been made to the dementia and delirium screening tool, which are hoped will improve compliance against the other 2 metrics. The dementia care team are providing training for the teams on Assessment Suite in using the updated screening tool.
- **The proportion of people who have depression and/or anxiety receiving psychological therapies has been very low in the past 6 months. October's performance was 1.01% (against the 1.58% target), a further slight drop compared to September's level.**
  - UK lockdown in March led to a sharp decline in the number of referrals, and they are yet to return to pre-COVID levels. The service have undertaken an audit of referrals, showing the drop has been proportionally similar across different genders and ethnicities. Additionally the audit showed that the acuity of referrals to the service has been largely unchanged by COVID.
- **In October, performance against the IAPT 'moving to recovery' standard (50% target) dropped to 33.9%, the lowest rate for many years. This drop was partly due to waiting list validation resulting in the discharge of a number of patients who had not contacted the service.**
- **IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 95.9% and 99.5%.**
  - The overall waiting list size has fallen in recent months due to lower referral levels and waiting list validation by the service. There was been a particular fall in the number of patients waiting for CBT.
  - The team have acted rapidly to adjust service delivery, in order to enable the service to remain fully open throughout the COVID pandemic. Responsiveness should improve further from January 2021, following the successful recruitment of some new therapists. This should ensure the waiting time targets continue to be met, even once referrals start to increase as expected from the current low levels.
  - With Collaborative Newcastle's support, the service is embarking on some transformational work and early meetings have been constructive.

Reportable Cancelled Operations	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Last minute cancelled operations	54	60	52	48	51	70	7	15	16	45	40	34	30
Number of 28 day breaches	4	1	4	5	3	4	3	6	0	0	0	0	2
Urgent operations cancelled for a 2 <sup>nd</sup> or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	0

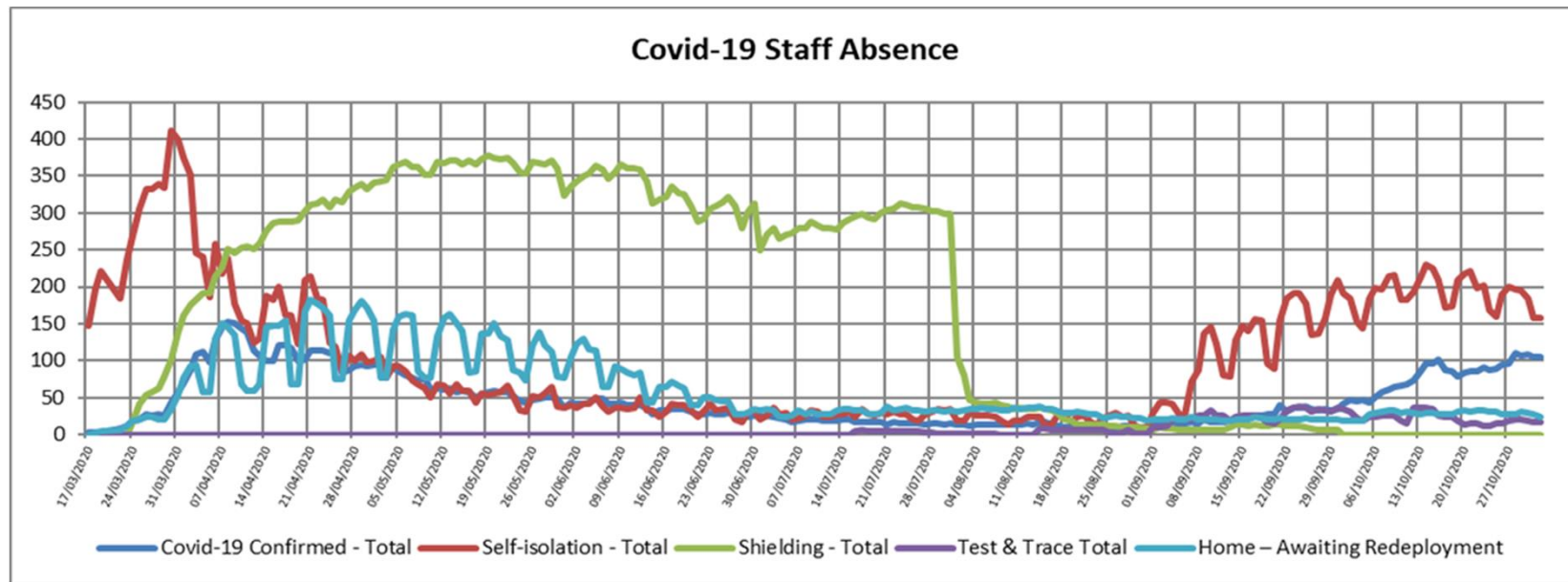
Standards	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
% asked the dementia case finding question within 72 hours of admission.	39%	36%	36%	35%	42%	39%	42%	37%	36%	28%	39%	38%	36%
% reported as having had a dementia diagnostic assessment including investigations.	57%	59%	61%	55%	69%	72%	67%	65%	67%	62%	71%	64%	38%
% who are referred for further diagnostic advice in line with local pathways.	100%	100%	96%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%



## People: Flourish – ‘Shaping the Best Place to Work’

### Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 18 March and 31 October. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Number of Self Isolation cases dropped towards the end of October to 158 this was a combination of a reduction in cases and it being the end of the week where there is usually a drop in volumes. November's volume was 284 as at the 13/11
- At Home Awaiting Redeployment reduced down to 27 as of the end of October. However as of the 13/11 this was up to 64 instances. The increase is likely due to the Clinical/ Extremely Vulnerable letters that have been issued to staff.



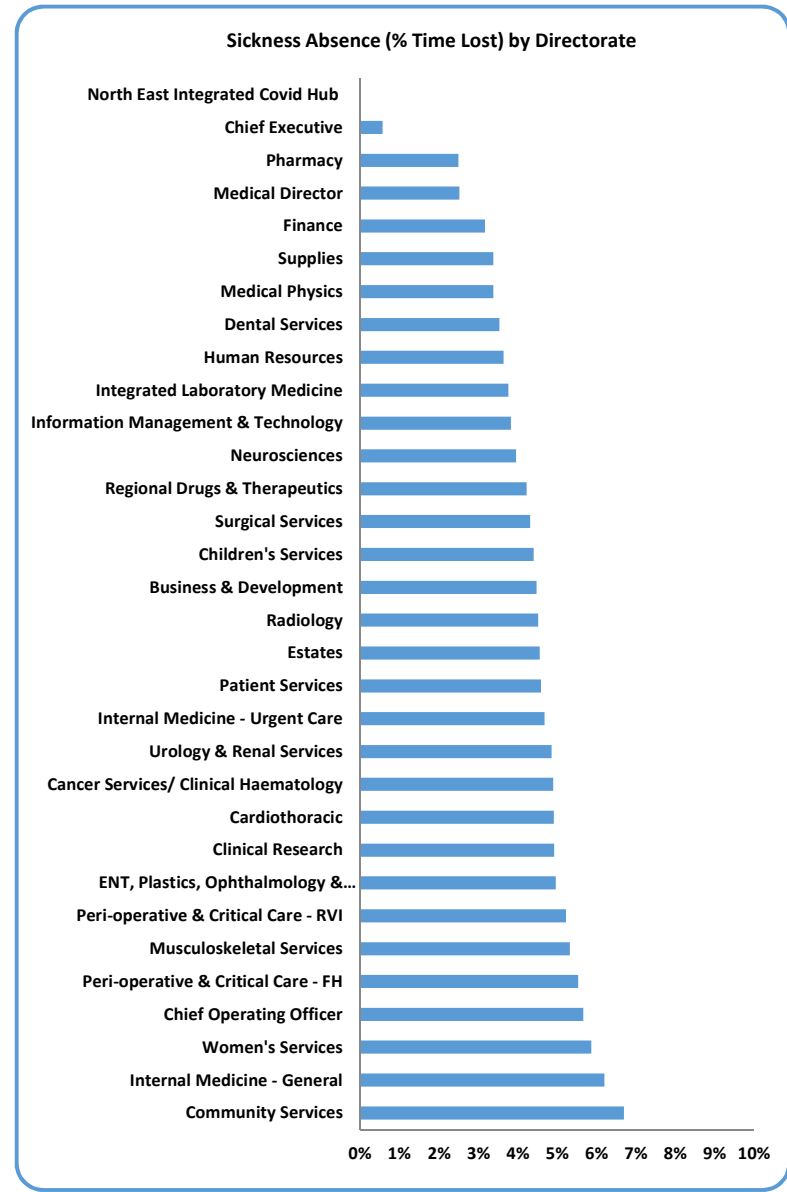
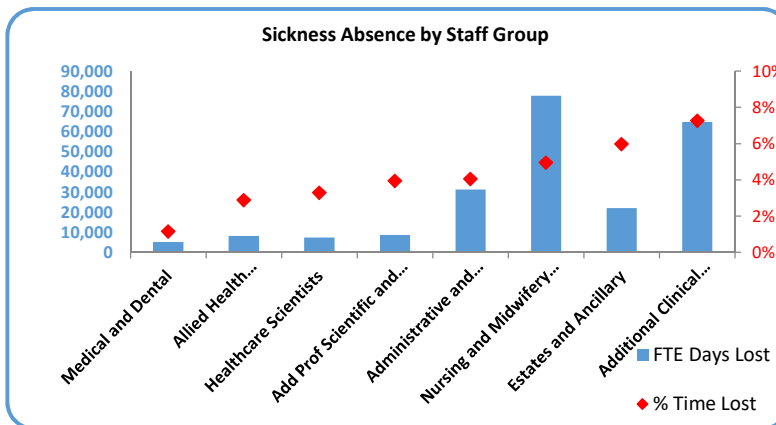
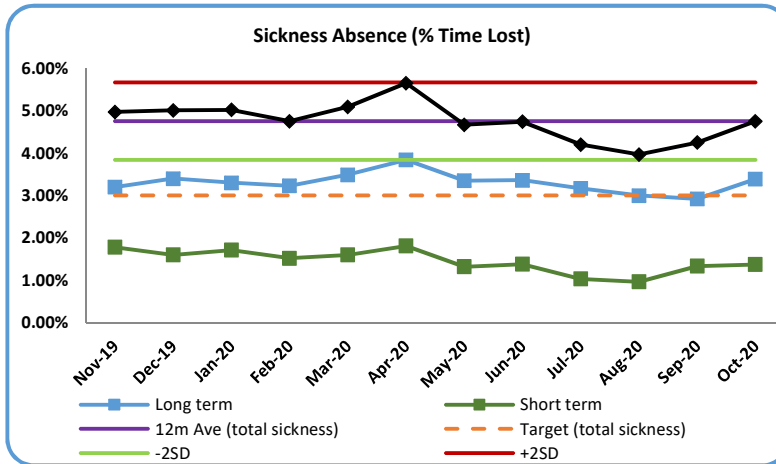
- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.
- As of 17<sup>th</sup> November 2020 98.38% of LET Doctors on placement have had a Risk assessment with mitigating outcomes agreed where necessary.

# People: Flourish – ‘Shaping the Best Place to Work’

- Year to year comparison for sickness absence :

	Oct-19	Oct-20	
Long-term	3.03%	3.39%	↑
Short-term	1.38%	1.37%	↓
Total	4.41%	4.75%	↑

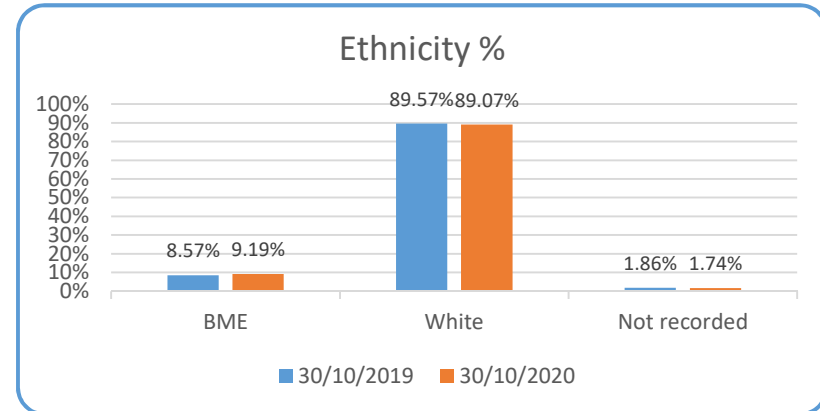
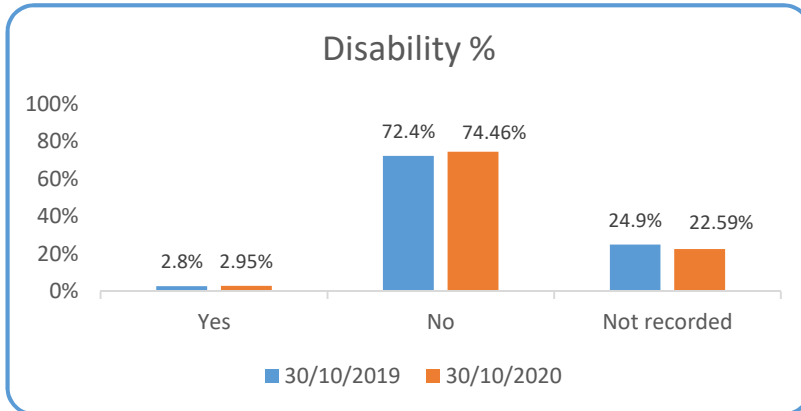
- Cost of absence £19.8m compared to £16.3m in October 2019.
- Overall sickness absence is 4.75% , which is up from the end of March 2020 position of 4.48% .



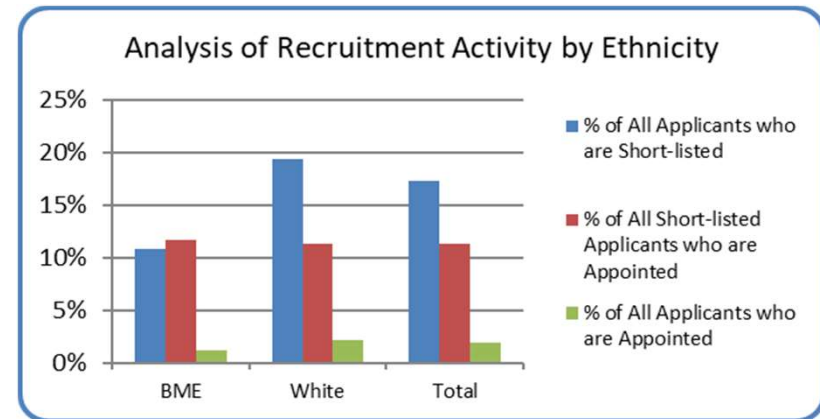
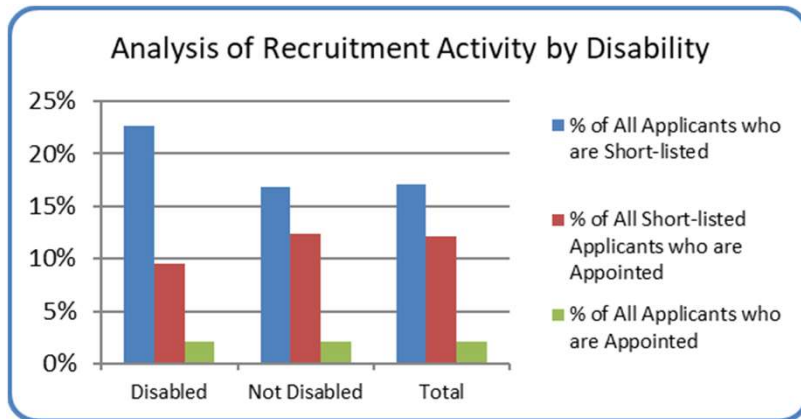
\*COO Directorate includes Outpatients / ABC Service

# People: Flourish – ‘Shaping the Best Place to Work’

- The graphs below identify, by headcount, the percentage of staff in post in October 2019 and 2020 by disability and ethnicity. The percentage of staff employed with a disability has increased from 2.77% to 2.95% and the percentage of BAME staff has increased from 8.57% to 9.19%.

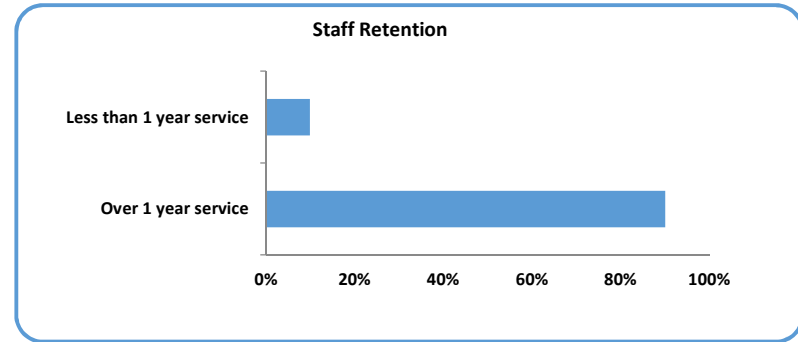
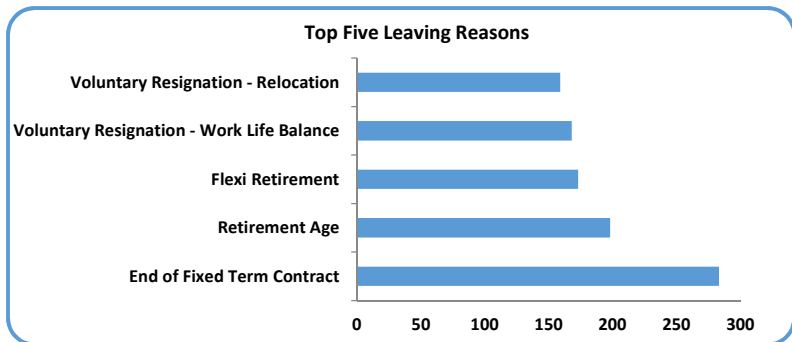
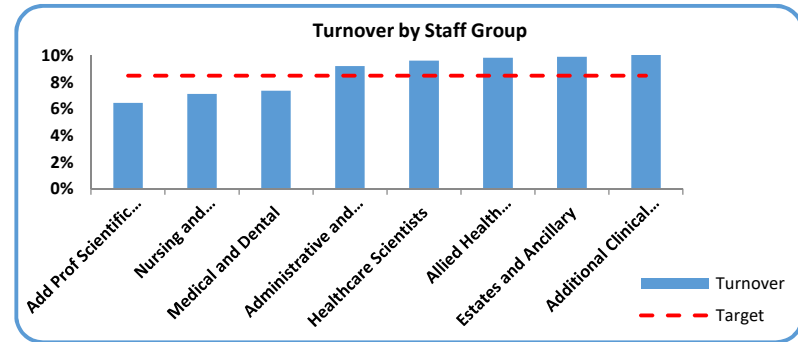
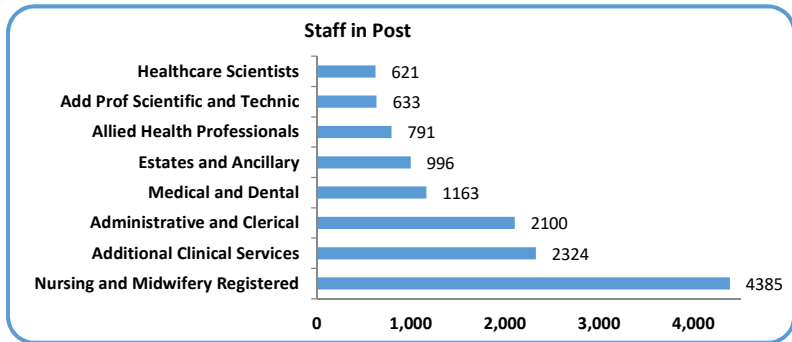
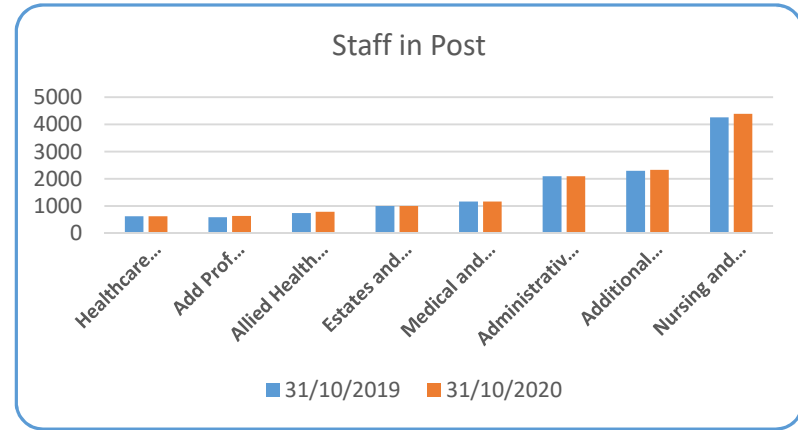


- The graphs below identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending October 2020.



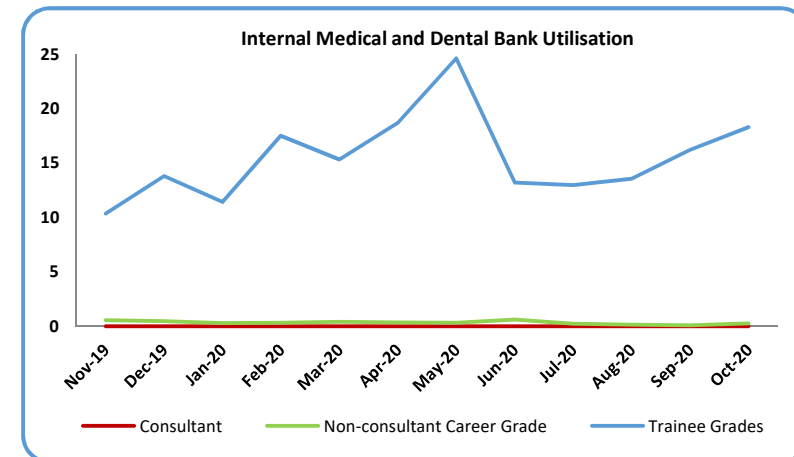
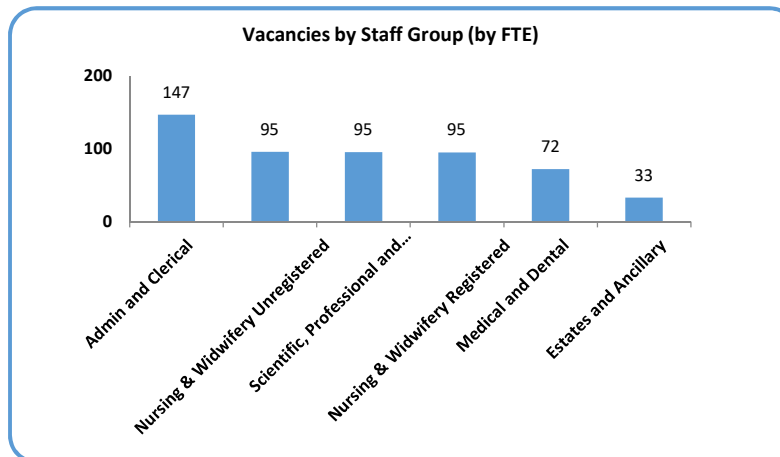
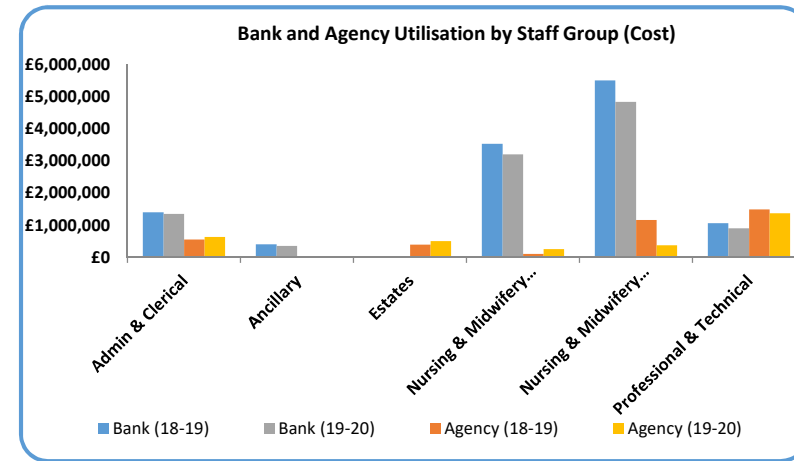
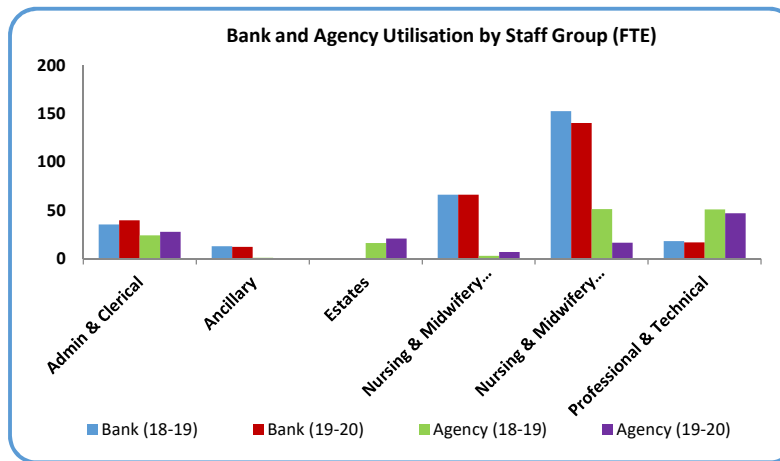
# People: Flourish – ‘Shaping the Best Place to Work’

- Staff in post at October 2020 is 13,014 wte compared to 12,781 in October 2019; Headcount is 15,039.
- Staff turnover has increased from 8.91% in October 2019 to 9.58% in October 2020, against a target of 8.5%.
- The total number of leavers in the period November 2019 to October 2020 was 1,553.
- Staff retention for staff over 1 year service stands at 90.08%, which is a slight increase from 88.86% in October 2019.



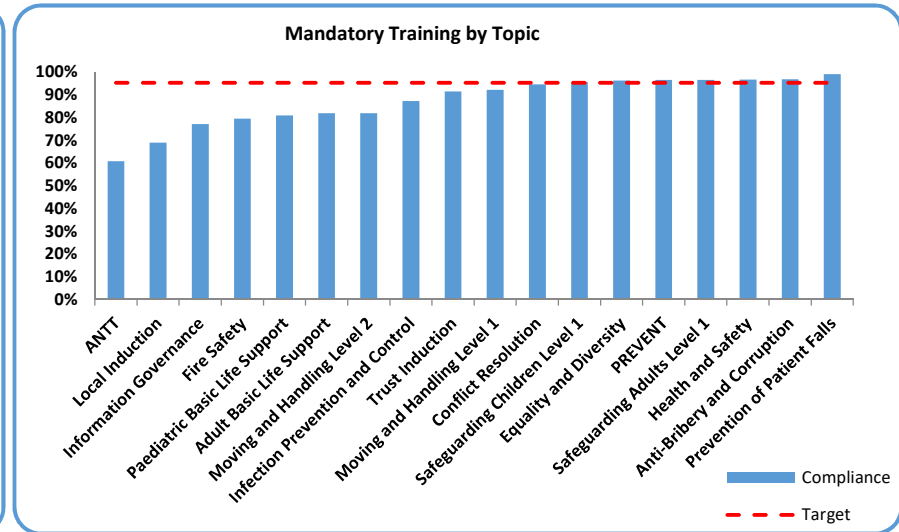
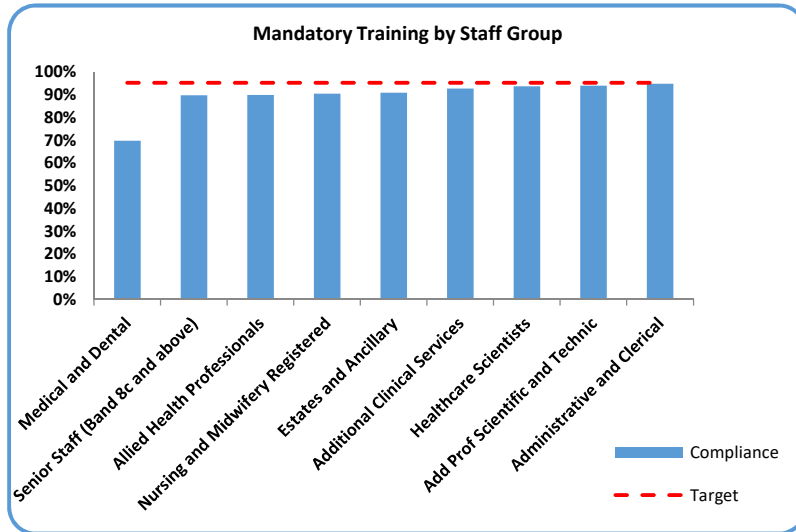
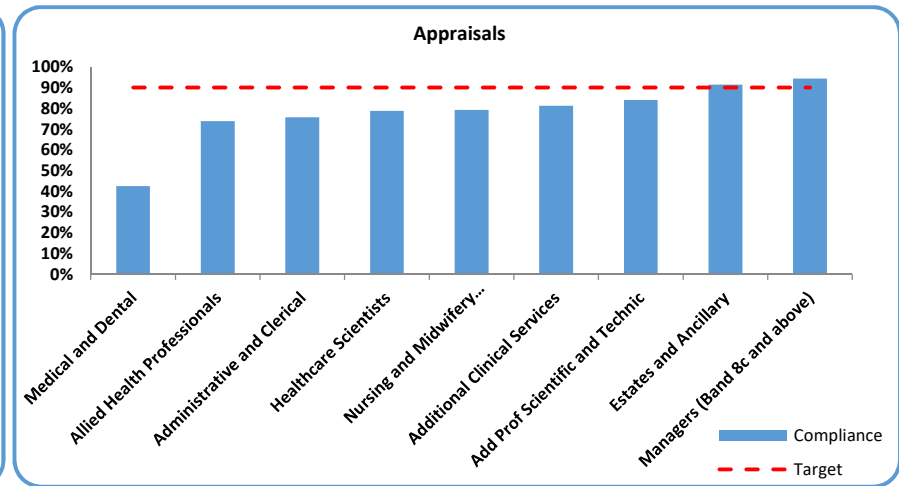
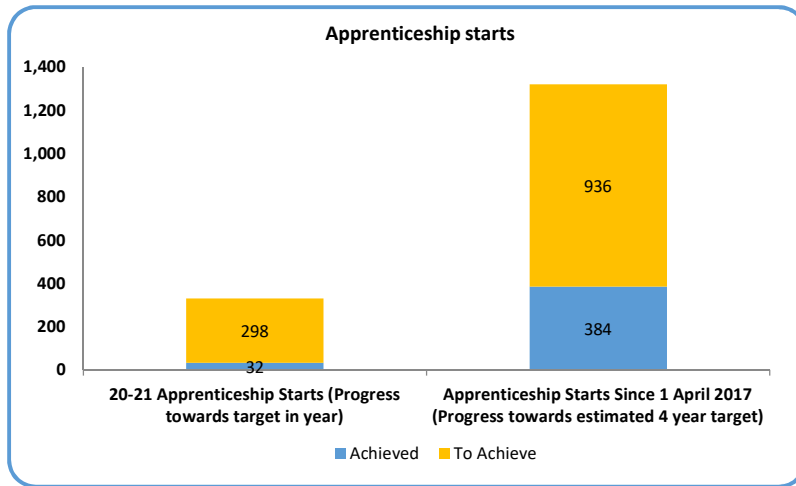
# People: Flourish – ‘Shaping the Best Place to Work’

- Comparing the periods November 2018 – October 2019 to November 2019 – October 2020, overall bank utilisation has decreased from 286 wte to 275 wte and agency utilisation has decreased from 146 wte to 119 wte.



# People: Delivering Excellence in Education & Training

- Appraisal compliance stands at 77.44% , against an end of year target of 95%. The October 2019 position was 76.90%. Interventions are in hand to improve this.
- Mandatory training compliance stands at 89.83% at end of October 2020, against a Q2 target of 85% and end of year target of 95%. The October 2019 position was 87.03%



## Finance: Overall Financial Position

This paper summarises the financial position of the Trust for the period ending 31<sup>st</sup> October 2020.

The income to 31<sup>st</sup> October includes all retrospective top up received months April to September (1 – 6) and assumed income in month 7 to match programmes outside the block envelope for schemes such as Nightingale, ICHNE, and COVID. It should be noted that all financial risk ratings, Provider Sustainability Funding (PSF), and use of resources metrics are not in operation.

In the period to 31<sup>st</sup> October 2020 the Trust had incurred expenditure of £706.6 million, and accrued income of £702.1 million, leading to a deficit of £4.5million, which is in line with the Revised Plan.

To 31<sup>st</sup> October the Trust had spent £23.7 million capital, £2.5 million behind Plan.

<b>Overall Financial Position</b>			
	Month 7 Budget £'000	Month 7 Actual £'000	Month 7 Variance £'000
Income	698,361	702,093	3,732
Expenditure	702,891	706,623	3,732
I & E position (excl impairment)	4,530	4,530	0
Capital Programme	26,099	23,583	(2,516)



**COUNCIL OF GOVERNORS**

Date of meeting	10 December 2020						
Title	Non-Executive Director and Governor Expenses						
Report of	Kelly Jupp, Trust Secretary						
Prepared by	Fay Darville, Deputy Trust Secretary and Amanda Waterfall, 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Summary	<p>Guidance detailing the process for the reimbursement of expenses for the Council of Governors has been developed following previous queries raised by Governors in relation to the claiming of Governor expenses.</p> <p>In addition, a minor amendment to the Non-Executive Director Expenses Guidance is proposed which requires the approval of the Council of Governors. The amendment proposed is in relation to mileage in section 3.1, to remove the reference to ‘and is restricted to the geographic boundary of the North East and Cumbria Integrated Care System footprint’ to recognise that some of the Trust Non-Executive Directors live outside of the Integrated Care System footprint.</p>						
Recommendation	The Council of Governors are asked to (i) endorse the Council of Governors expenses guidance and (ii) approve the amendment to the Non-Executive Director expenses guidance.						
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Ensuring that both Governor and Non-Executive Director expenses are managed appropriately, with clear and transparent processes in place to represent good value for money.						
Reports previously considered by	The Council of Governors expenses guidance is newly drafted. The Non-Executive Director expenses guidance was approved at the Council of Governors meeting on 21 November 2019.						



## **COUNCIL OF GOVERNORS AND NON-EXECUTIVE DIRECTOR EXPENSES GUIDANCE**

### **1. INTRODUCTION**

The Council of Governors will recall that at its meeting on 21 November 2019, guidance regarding the reimbursement of Non-Executive Director expenses was approved.

Following this, it was agreed that similar guidance pertaining to the Council of Governors was required following a number of queries raised by Governors previously. This guidance is contained within Appendix 1 of this report.

An amendment is proposed to the Non-Executive Director guidance to remove the reference in section 3.1 regarding restrictions to the geographic boundary of the North East and North Cumbria Integrated Care System footprint. The revised guidance is contained within Appendix 2 of this report.

### **2. RECOMMENDATION**

The Council of Governors are asked to (i) endorse the Council of Governors expenses guidance and (ii) approve the amendment to the Non-Executive Director expenses guidance.

**Report of Kelly Jupp**  
**Trust Secretary**

**Fay Darville**  
**Deputy Trust Secretary**

**Amanda Waterfall**  
**PA to Professor Sir John Burn**

**4 December 2020**

**APPENDIX ONE****COUNCIL OF GOVERNORS EXPENSES GUIDANCE****1. Introduction**

1. The position of Governor on the Council of Governors is voluntary and it is a guiding principle of Foundation Trust status that members of the Council of Governors do not receive any form of salary for being a Governor.
- 1.2 Within this context however, the Trust recognises that reimbursement for reasonable out-of-pocket expenses in relation to their activities should be provided to members of the Council of Governors.

**2. Trust Principles**

- 2.1. Governors are permitted to claim expenses when incurred as part of Trust business. The Trust's Travel and Expenses Policy seeks to reimburse any 'out of pocket' expenses which are reasonably, wholly, exclusively and necessarily incurred in the performance of duties for the Trust.
- 2.2. Regarding Trust related travel, the Trust policy specifies that travel should be by the most cost effective and environmentally friendly effective means, having regard for:
  - time and duration of journeys (and connecting travel);
  - requirement for flexibility of itinerary;
  - our commitment to reduce carbon emissions; and
  - booking as early as possible to attract discounts.
- 2.3 The Trust will reimburse the following expenses for Governors:
  - i. **Travel expenses** to attend:
    - All Council of Governors Meetings, Annual Members' Meetings, Members' Events and Council of Governors Seminars/Workshops/Development sessions;
    - Any activity that is within the scope of the duties of a Governor (including observation of the Public Board of Directors meetings and Committee meetings);
    - All Governors Working Groups as required by the relevant Terms of Reference; and
    - Governor training sessions as agreed with the Trust Secretary.

Where travel by public transport is not possible or feasible, then mileage will be reimbursed.

**ii. Parking expenses**

- Governors are encouraged to utilise public transport to attend onsite meetings however where this is not possible, Governors will be able to seek reimbursement for onsite parking costs incurred as part of Trust business. Trust wide car parking permits are available only in exceptional circumstances, following discussion with the Corporate Governance Office and Trust Travel Team.

### **3. Travel Expenses**

- 3.1 For a Public Governor, home is their 'office' and where the majority of their preparation for Trust meetings takes place, and is restricted to the geographic boundary of the public constituency to which they belong:
- Newcastle upon Tyne;
  - Northumberland, Tyne and Wear (excluding Newcastle upon Tyne); and
  - North East.
- 3.2 For Staff and Appointed Governors, their base location is their 'office' and where the majority of their preparation for Trust meetings takes place.
- 3.3 The Trust will pay expenses, including home to Trust mileage, at the same rates as for staff as included in the online Trust expenses system.
- 3.4 For rail travel, journeys at the Trust's expense should normally be standard class.
- 3.5 For taxis, where the use of a taxi is agreed, these should be pre-booked by calling the Corporate Governance Office on 0191 2231285. Reference should be made to the Trust Taxi Policy prior to any booking being requested. If the taxi is required outside of the Newcastle area, a local taxi should be used and costs reclaimed in accordance with this policy, supported with an original receipt. The policy is available upon request via the Corporate Governance office.
- 3.6 The Trust will not reimburse expenses incurred by a spouse or partner accompanying an individual on business travel.
- 3.7 Expenses incurred outside of the region as highlighted in section 3.1 will not be reimbursed. This does not include attendance at training sessions held outside of the region arranged via the Corporate Governance office, where such sessions are deemed as necessary to fulfil a particular requirement of the Governor role.

### **4. Submission of Claims**

- 4.1 Claimants remain responsible for the accuracy and appropriateness of their claims and ensuring that the claim complies with the guidelines outlined above for reimbursement of reasonable expenses. Claim forms are available from, and will be processed by, the Corporate Governance office.
- 4.2 All claims are to be presented to and approved by the Trust Secretary. Should there be any anomaly, the Assistant Chief Executive retains the discretion to permit the payment in exceptional cases.

### **5. Receipts**

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- 5.1 The Trust's policy requires that, when claiming for expenses other than mileage, all receipts must be included with the claim. Further, all claims must be completed, certified and submitted within twelve weeks of the date the costs were incurred.
- 5.2 Payment will be made by BACS direct into the claimant's nominated bank account at the earliest opportunity.

**6. Review and monitoring**

- 6.1 This guidance will be provided to all Governors as part of the induction process. The Trust Secretary and the Corporate Governance Team will provide support on the implementation of the guidance.

*Drafted by: PA to Professor Sir John Burn, 4 December 2020*

*Approved by: [Approval date TBA]*

## APPENDIX TWO

### NON-EXECUTIVE DIRECTOR EXPENSES GUIDANCE

#### 1. Introduction

- 1.1 The annual cost of the Chair and Non-Executive Director (NED) expenses is included in the Trust's Annual Report as part of the wider Board reporting requirements in line with Monitor's (now NHS Improvement) Code of Governance.
- 1.2 This document sets out the guidelines under which the Trust Chair and NEDs may be reimbursed for expenses incurred in the course of their duties. This is in addition to the remuneration levels as set out in the Trust's Annual Report.

#### 2. Trust Principles

- 2.1 Trust staff are permitted to claim expenses when incurred as part of Trust business. The Trust's Travel and Expenses Policy seeks to reimburse any 'out of pocket' expenses which are reasonably, wholly, exclusively and necessarily incurred in the performance of duties for the Trust.
- 2.2 Regarding Trust related travel, the Trust policy specifies that travel should be by the most cost effective and environmentally friendly effective means, having regard for:

- time and duration of journeys (and connecting travel);
- requirement for flexibility of itinerary;
- our commitment to reduce carbon emissions; and
- booking as early as possible to attract discounts.

- 2.3 The Trust will reimburse the following expenses for the Trust Chair and NEDs (and Associate NEDs):

##### i. **Travel expenses** to attend:

- All Board of Directors' Meetings, Annual Members' Meetings and Board Seminars/Workshops/Development sessions;
- All Board Committee Meetings as required by the relevant Terms of Reference;
- External Chair/NED training sessions as agreed with the Trust Secretary; and
- Any other meeting or event that the Chair or NEDs attend as part of their duties as a Board Member of this Trust.

Where travel by public transport is not possible or feasible, then mileage will be reimbursed.

##### ii. **Parking expenses**

- If required, NEDs will be provided with a Trust-wide car parking permit. The provision of a parking permit will be managed through the Trust Travel Team.

##### iii. **Subsistence allowance/overnight accommodation**

The Trust policy will be followed with reimbursement for the necessary extra costs of

## Agenda item 9

meals, accommodation and travel arising as a result of official duties away from the Trust.

Any costs incurred for meals, incidental expenses, night allowances etc., whilst on Trust business will be reimbursed at the level of actual expenditure but no more than the maximum rates detailed in the appropriate section of the relevant NHS Terms and Conditions of Service Handbook. All costs must be accompanied by associated receipts, actual costs (up to the maximum rates) will be reimbursed.

In general, the booking of hotels and travel is undertaken by the Corporate Services Team in consultation with the relevant NED and the Trust Secretary.

Under no circumstances will claims for alcohol be reimbursed.

### **3. Travel Expenses**

- 3.1 For a NED, home is their office and where the majority of their preparation for Trust meetings takes place.
- 3.2 The Trust will pay expenses, including home to work mileage, at the same rates as for staff as detailed in the appropriate section of the NHS Terms and Conditions of Service Handbook.
- 3.3 For rail travel, journeys at the Trust's expense should normally be standard class.
- 3.4 For taxis, where the use of a taxi is agreed, these should be pre-booked using the Trust's taxi provider on the Trust account by calling 0191 2231818. Reference should be made to the Trust Taxi Policy prior to any booking being requested. If the taxi is required outside of the Newcastle area, a local taxi should be used and costs reclaimed via this policy, supported with an original receipt.
- 3.5 The Trust will not reimburse expenses incurred by a spouse or partner accompanying an individual on business travel.

### **4. Submission of Claims**

- 4.1 Claimants remain responsible for the accuracy and appropriateness of their claims and ensuring that the claim complies with the guidelines outlined above for reimbursement of reasonable expenses. Expenses should be claimed using the online Trust Expenses system, details of which are included in Appendix 1 to this guidance.
- 4.2 All claim forms are to be submitted to and approved by the Trust Secretary. Should there be any anomaly the Assistant Chief Executive retains the discretion to permit the payment in exceptional cases.
- 4.3 Travel and expenses claims made by the Chair and NEDs are publicly available and this should be considered when making any claim. Every effort must be made to minimise both financial cost and the environmental impact of travel arrangements.

**5. Receipts**

- 5.1 The Trust's policy requires that, when claiming for expenses other than mileage, all receipts must be submitted with the claim form. Further, all claims must be completed, certified and submitted within twelve weeks of the date the costs were incurred.
- 5.2 Payment will be made by BACS direct into the claimant's nominated bank account at the earliest opportunity.

**6. Review and monitoring**

- 6.1 The Council of Governors' Nominations Committee will in future review the guidelines every two years along with the Terms and Conditions for the Chair and NEDs.

*Drafted by: Trust Secretary, 24<sup>th</sup> September 2019*

*Approved by:*

- 1. Nominations Committee – 15<sup>th</sup> October 2019*
- 2. Council of Governors – 21<sup>st</sup> November 2019*

*[Amendment to section 3.1 proposed 10 December 2020 – date of approval to be inserted]*

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	10 December 2020						
Title	Council of Governors and Non-Executive Director Meeting Schedule						
Report of	Kelly Jupp, Trust Secretary						
Prepared by	Fay Darville, Deputy Trust Secretary and Amanda Waterfall, PA to Professor 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>This report contains all of the meeting dates for 2021 for the following:</p> <ul style="list-style-type: none"> <li>• Board of Directors;</li> <li>• Board Committees;</li> <li>• Council of Governors;</li> <li>• Council of Governor Working Groups;</li> <li>• Non-Executive Director Committee Chair attendance at Council of Governor Working Groups;</li> <li>• Council of Governor Working Group Chair attendance at Board Committees; and</li> <li>• Informal meetings of the Non-Executive Director Committee Chairs and Council of Governor Working Group Chairs.</li> </ul>						
Recommendation	The Council of Governors are asked to receive the report and note the contents.						
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Links to all.						
Reports previously considered by	New report.						

## **COUNCIL OF GOVERNORS AND NON-EXECUTIVE DIRECTOR MEETING SCHEDULE**

### **1. INTRODUCTION**

This report has been produced to provide the Council of Governors with a summary of the key Governor and Non-Executive Director (NED) interaction points during the calendar year 2021. The meetings listed in section 2 below will provide Trust Governors with the opportunity to gain assurance over the performance of the Non-Executive Directors and the Trust Board as a whole, through observation and participation in such meetings.

This schedule includes the dates for the following meetings:

- Board of Directors;
- Board Committees;
- Council of Governors;
- Council of Governor Working Groups;
- Non-Executive Director Committee Chair attendance at Council of Governor Working Groups;
- Council of Governor Working Group Chair attendance at Board Committees; and
- Informal meetings of the Non-Executive Director Committee Chairs and Council of Governor Working Group Chairs.

Governors are reminded that on occasion, meetings are subject to change and therefore updates regarding any such amendments would be provided throughout the year.

Meetings will take place virtually going forward while the restrictions and social distancing guidelines continue to be in place during the COVID-19 pandemic.

### **2. MEETING SCHEDULE**

#### **2.1 Board of Directors**

Formal meetings of the Board of Directors take place bi-monthly on the last Thursday of the month.

- Thursday 28 January 2021
- Thursday 25 March 2021
- Thursday 27 May 2021\*
- Thursday 29 July 2021
- Thursday 30 September 2021
- Thursday 25 November 2021

\*The meeting scheduled in May will consider the approval of the Annual Report and Accounts for the financial year 2020/21.

Governors are reminded that they are invited to attend the public session of the Board of Directors meeting. This should be arranged via the Corporate Governance office.

## **2.2 Board Committees**

Committees of the Board of Directors, chaired by Non-Executive Directors, are scheduled to take place routinely throughout the year, in keeping with the frequency set out in their Terms of Reference.

### **2.2.1 Appointments and Remuneration Committee**

The Appointments and Remuneration Committee is scheduled to meet once per year in accordance with its terms of reference however additional meetings have been scheduled to ensure member availability, with a decision as to whether they are required taken by the Chairman. Committee meetings have been scheduled for:

- 25 February 2021
- 29 April 2021
- 24 June 2021
- 28 October 2021
- 16 December 2021

### **2.2.2 Audit Committee**

The Audit Committee meets five times per year for formal meetings. A meeting is scheduled in May/June to approve the contents of the Annual Report and Accounts. Committee meetings will take place on the following dates:

- 26 January 2021
- 27 April 2021
- TBC May/June 2021
- 27 July 2021
- 26 October 2021

### **2.2.3 Charity Committee**

The Charity Committee is scheduled to meet four times per year as per its terms of reference, however an additional two extraordinary meetings have been scheduled in early 2021 to allow for further discussion on and agreement of the Charity Strategy. Committee meetings will take place on the following dates:

- 29 January 2021
- 26 February 2021
- 26 March 2021
- 28 May 2021
- 27 August 2021
- 3 December 2021

### **2.2.4 Finance Committee**

The Finance Committee is scheduled to meet six times per year, on a bi-monthly basis, according to its terms of reference. Committee meetings have been scheduled to take place on the following dates:

Agenda item 10(i)

- 27 January 2021
- 24 March 2021
- 26 May 2021
- 28 July 2021
- 29 September 2021
- 24 November 2021

### **2.2.5 People Committee**

The People Committee is scheduled to take place six times per year, on a bi-monthly basis, in accordance with its terms of reference. Committee meetings have been scheduled to take place on the following dates:

- 16 February 2021
- 20 April 2021
- 15 June 2021
- 17 August 2021
- 19 October 2021
- 14 December 2021

### **2.2.6 Quality Committee**

The Quality Committee is scheduled to take place four times per year, in accordance with its terms of reference. Committee meetings have been scheduled to take place on the following dates:

- 23 February 2021
- 18 May 2021
- 24 August 2021
- 16 November 2021

## **2.3 Council of Governors**

Meetings of the Council of Governors take place six times per year, on a bi-monthly basis. Four are formal meetings and two are private workshops. Meetings have been scheduled to take place on the following dates:

- 18 February 2021 [Private Workshop]
- 22 April 2021
- 17 June 2021
- 19 August 2021 [Private Workshop]
- 21 October 2021
- 9 December 2021

Included as a standing agenda item at every Council of Governors meeting is an update from the Board Committee Chairs.

## **2.4 Council of Governor Working Groups**

### **2.4.1 Business & Development (B&D) Working Group**

Agenda item 10(i)

Meetings of the B&D Working Group for 2021 will take place on the following dates:

14 January 2021	8 July 2021
11 February 2021	12 August 2021
11 March 2021	9 September 2021
8 April 2021	7 October 2021
13 May 2021	11 November 2021
10 June 2021	16 December 2021

#### **2.4.2 People, Engagement and Membership (PEM) Working Group**

Meetings of the PEM Working Group for 2021 will take place on the following dates:

13 January 2021	14 July 2021
10 February 2021	11 August 2021
10 March 2021	8 September 2021
14 April 2021	13 October 2021
12 May 2021	10 November 2021
9 June 2021	8 December 2021

#### **2.4.3 Quality of Patient Experience (QPE) Working Group**

Meetings of the QPE Working Group for 2021 will take place on the following dates:

5 January 2021	6 July 2021
2 February 2021	[No meeting in August]
2 March 2021	7 September 2021
6 April 2021	5 October 2021
4 May 2021	2 November 2021
1 June 2021	7 December 2021

The Chairs of the Governor Working Groups, along with the Lead Governor, also meet regularly with the Trust Chairman and the Trust Secretary.

#### **2.5 Non-Executive Director Chair Attendance at Working Groups**

Non-Executive Director Chairs of Committees will attend the corresponding Council of Governors Working Group meetings once a year on the following dates:

- David Stout (Chair of the Audit Committee) will attend the B&D meeting on 14 January 2021.
- Jonathan Jowett (Chair of the People Committee) will attend the PEM meeting on 10 February 2021
- Steven Morgan (Chair of the Finance Committee) will attend the B&D meeting on 11 March 2021.
- Kath McCourt (Chair of the Quality Committee) will attend the QPE meeting on 2 February 2021.

Agenda item 10(i)

Please note: Reporting arrangements for the Charity Committee are under review.

## **2.6 Working Group Chair Attendance at Board Committee**

As agreed previously, Council of Governor Working Group Chairs will attend to observe a meeting of the corresponding Board Committee once a year on the following dates:

- Carole Errington (Chair of the QPE Working Group) will attend the Quality Committee on 24 August 2021.
- Lakkur Murthy (Vice Chair of the B&D Working Group) will attend the Finance Committee on 29 September 2021.
- Pam Yanez (Chair of the B&D Working Group) will attend the Audit Committee on 26 October 2021.
- Steven Cranston (Chair of the PEM Working Group) will attend the People Committee on 14 December 2021.

The Committee meeting agenda is shared in confidence with the Governor observing the meeting.

Please note: Reporting arrangements for the Charity Committee are under review.

## **2.7 Non-Executive Director Committee Chair and Working Group Chair Meetings**

The Non-Executive Director Committee Chairs and their Working Group Chair counterparts will meet informally twice a year. The following meetings have been scheduled with the remainder in progress:

- Quality Committee/QPE – Kath McCourt and Carole Errington will meet on 14 April 2021 and 8 November 2021.
- Audit Committee/B&D – Pam Yanez and David Stout will meet on 13 April 2021, with the second meeting to be confirmed.
- Finance Committee/B&D – Pam Yanez and Steven Morgan will meet on 14 April 2021 and 9 November 2021.
- People Committee/PEM – Meetings to be confirmed.

## **3. RECOMMENDATIONS**

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

**Report of Kelly Jupp**  
**Trust Secretary**

**Fay Darville**  
**Deputy Trust Secretary**

**Amanda Waterfall**  
**PA to Professor Sir John Burn**  
4 December 2020

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### COUNCIL OF GOVERNORS

Date of meeting	26 November 2020						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Council on 15 October 2020:</p> <ul style="list-style-type: none"> <li>• People Committee – 20 October 2020;</li> <li>• Audit Committee – 27 October 2020;</li> <li>• Quality Committee – 20 November 2020; and</li> <li>• Finance Committee - 25 November 2020.</li> </ul>						
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Standing verbal agenda item.						



## UPDATE FROM COMMITTEE CHAIRS

### 1. INTRODUCTION

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 on 15 October 2020.

### 2. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 20 October 2020. During the meeting, the main areas of discussion to note were:

- An update on COVID-19 was received, which detailed the particular impacts on Trust staff. The ongoing recruitment exercise for the Integrated Covid Hub North East (ICHNE) was highlighted.
- Dr Henrietta Dawson, Guardian of Safe Working (GoSW), attended the meeting to provide the quarter 2 GoSW report. A detailed discussion on the ongoing impact of the pandemic on Junior Doctors took place.
- The Director of HR provided an update on the NHS People Plan and the development of a local action plan.
- An update on the Trust's 'Flourish' programme was provided, which included revisions to Flourish branding, a staff wellbeing report and an update on the 2020 NHS Staff Survey.
- An in-depth report into Education and Workforce Development was provided, which included updates on Apprenticeships and Medical Education, as well as Leadership Development and the Clinical Skills Academy.
- The Head of Workforce Engagement and Information gave a verbal update on flexible working across the Trust, highlighting in particular the impact of the pandemic.
- The People Dashboard for September 2020 and the Board Assurance Framework (BAF) People Committee Assurance Report were received and scrutinised.

The next meeting of the Committee is scheduled to take place on 15 December 2020.

### 3. AUDIT COMMITTEE

A formal meeting of the Audit Committee took place on 27 October 2020. During the meeting, the main areas of discussion to note were:

- Updates (by exception) from Committee Chairs on the management of risk and assurance pertinent to their areas of focus were provided.
- The Corporate Risk and Assurance Manager presented the Quarterly BAF Audit Committee Report, along with the associated Risk Register.
- Both Internal Audit and External Audit delivered a progress update, with the Audit Completion Report presented for the Trust Charity.

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- The Fraud Specialist Manager provided a comprehensive Counter Fraud Activity Report.
- The Committee approved an amendment to the Trust's Scheme of Delegation in relation to the ICHNE and Nightingale Hospital North East (NHNE).
- The Committee received and discussed a number of reports including:
  - The Breaches and Waivers Exception Report;
  - The Review of Debtors and Creditors Balances; and
  - The Review of the Schedule of Losses and Compensation.
- The Committee received the Charity Accounts for the 2019/20 financial year.

The next meeting of the Committee is scheduled to take place on 26 January 2021.

#### **4. QUALITY COMMITTEE**

A formal meeting of the Committee took place on 20 November 2020. During the meeting, the main areas of discussion to note were:

- The Committee received a COVID-19 update, as well as an update on the Trust's Flu Vaccination Programme.
- The Chairs of the following management groups presented updates to the Committee, providing assurance on their specific areas of focus:
  - Patient Safety Group;
  - Patient Experience & Engagement Group;
  - Clinical Outcomes & Effectiveness Group;
  - Compliance and Assurance Group; and
  - Research & Innovation.

The Committee also received copies of the management group minutes.

- A number of quarterly reports were received, including Safeguarding, Learning Disability and Infection Prevention & Control.
- The Quality Account Bi-Annual Report and the Learning from Deaths Report were received and scrutinised prior to inclusion in the Board of Directors meeting papers. In addition, the Quality and Performance sections of the Integrated Board Report were also considered.
- An update on the Restart, Reset and Recovery Programme, focussing on elements impacting quality of patient care, was considered.
- The BAF Quality Committee Assurance Report was discussed.
- An update on the continuation of Leadership Walkabouts, through the creation of 'Spotlights on Services', was provided and an update on the Trust's Care Quality Commission Action Plan was received.

The next meeting of the Committee is scheduled to take place on 23 February 2021.

#### **5. FINANCE COMMITTEE**

A formal meeting of the Committee took place on 25 November 2020. During the meeting, the main areas of discussion to note were:

- The Month 7 Finance Report was received and discussed.

Agenda item 10(ii)

- Verbal updates on the latest position in relation to non-NHS income, the NHNE/Lighthouse Lab/Vaccine Hub and the 2021/22 future financial regime were provided.
- The Finance Director delivered a presentation on the Trust's Capital Programme and Cash position.
- An update on the Restart, Reset and Recovery programme, from a financial perspective, and an update on the Trust's Commercial Enterprise Unit were provided.
- The Corporate Risk and Assurance Manager presented an update to the BAF Finance Committee Quarterly Report.
- Minutes from the following groups were received:
  - Capital Management Group;
  - Strategy, Planning & Capital Investment Group; and
  - Supplies & Services Procurement Group.

The next meeting of the Committee is scheduled to take place on 27 January 2021.

## **6. RECOMMENDATIONS**

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

**Report of Fay Darville**  
**Deputy Trust Secretary**  
20 November 2020

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