






Council of Governors

15 October 2020, 13:30 to 15:50
Starleaf Spotlight

Agenda

1.	Council of Governors Meeting Agenda	Attached Chair
	 0 CoG Agenda 15 Oct 20 FD.pdf (3 pages)	
2.	Business Items	40 minutes
2.1.	Apologies for Absence and Declarations of Interest	Verbal Chair
2.2.	Minutes of the previous meetings and matters arising:	Attached SID
2.2.1.	Formal Meeting held on 20 August 2020	
	 2(i) Council of Governor - 20 AUG 20 CONFIRMED DRAFT.pdf (15 pages)	
2.2.2.	Extraordinary meeting held on 7 September 2020 [confidential]	
2.3.	Meeting Action Log	Attached Chair
	 3 CoG Action Log OCT 20 DRAFT.pdf (2 pages)	
2.4.	Chairman's Report	Attached Chair
	 4 Chairman report October 2020.pdf (4 pages)	
2.5.	Chief Executive's Report	Attached & Verbal CEO
	 5 CEO Board Report OCT 20.pdf (9 pages)	
2.6.	Planning Update	Attached
	Lisa Jordan, Acting Assistant Director of Business Strategy and Planning, to dial in to present this item	Acting Assistant Director of Business Strategy and Planning



3.	Presentations		25 minutes
3.1.	COVID-19 Update, including Patient Experience update		Presentation Executive Chief Nurse
3.2.	Ethnic Pay Presentation		Presentation
	Mr Surash Surash, Consultant Neurosurgeon, and Mrs Karen Pearce, Head of Equality, Diversity and Inclusion (People) to attend to present		Consultant Neurosurgeon & Head of Equality, Diversity and Inclusion
4.	Refreshments Break 2:35 - 2:45pm		10 minutes
5.	Reports from Governor Working Groups		35 minutes
5.1.	Nominations Committee Report		Attached Chair
	8(i) Nominations Committee Update Oct 20.pdf	(4 pages)	
5.2.	Quality of Patient Experience Working Group		Verbal Working Group Chair
5.3.	Business and Development Working Group		Verbal Working Group Chair
5.4.	People, Engagement and Membership Working Group		Verbal Working Group Chair
6.	Quality & Patient Safety/Performance & Delivery		15 minutes
6.1.	Integrated Board Report - Quality, Performance, People & Finance		Attached Medical Director/Deputy CEO, Chief Operating Officer & Finance Director
	9 Integrated Board Report Cover Sheet OCT.pdf	(1 pages)	
	9 Integrated Board Report OCT 20.pdf	(28 pages)	
7.	Items to Approve		5 minutes
7.1.	Extension to External Audit Service Contract		Attached Finance Director
	10 External Audit Contract Proposed Extension CONFIDENTIAL.pdf	(4 pages)	
8.	Items to Receive and Any Other Business		10 minutes
8.1.	Updates from Committee Chairs		Attached Committee Chairs
	11(i) Update from Committee Chairs OCT 20.pdf	(5 pages)	
8.2.	Any Other Business		Verbal All

8.3. Date and Time of Next Meeting

Formal Council Meeting: Thursday 10 December 2020

Verbal

Chair

2021 Meetings:

18 February [Private Governor Workshop]

15 April

17 June

19 August [Private Governor Workshop]

21 October

9 December

COUNCIL OF GOVERNORS MEETING

Thursday 15 October 2020 via Starleaf Spotlight
Start time 1:30pm

Agenda				
Item		Lead	Paper	Timing
Business Items				
1	Apologies for Absence and Declarations of Interest	Chair	Verbal	1:30pm – 1:40pm
2	Minutes of: i) the formal meeting held on 20 August 2020, and ii) the Extraordinary meeting held on 7 September [Confidential]; and Matters Arising	SID SID	Attached Attached	
3	Meeting Action Log	Chair	Attached	
4	Chairman’s Report	Chair	Attached	1:40pm – 1:45pm
5	Chief Executive’s Report	Chief Executive	Attached & Verbal	1:45pm – 1:55pm
6	Planning Update <i>[Lisa Jordan to dial in to present this item]</i>	Acting Assistant Director of Business Strategy and Planning	Attached	1:55pm – 2:10pm
Presentations				
7(i)	COVID-19 Update, including Patient Experience update	Executive Chief Nurse	Presentation	2:10pm – 2:20pm
7(ii)	Ethnic Pay Presentation <i>[Mr Surash Surash, Consultant Neurosurgeon and Mrs Karen Pearce, Head of Equality, Diversity and Inclusion (People) to attend at 2:20pm to present]</i>	Consultant Neurosurgeon & Head of Equality, Diversity and Inclusion (People)	Presentation	2:20pm – 2:35pm
<i>Refreshments break 2.35pm - 2.45pm</i>				

Item		Lead	Paper	Timing
Reports from Governor Working Groups				
8(i)	Nominations Committee Report	Chair	Attached	2:45pm – 2:50pm
8(ii)	Quality of Patient Experience Working Group	Working Group Chair	Verbal	2:50pm – 3:00pm
8(iii)	Business and Development Working Group	Working Group Chair	Verbal	3:00pm – 3:10pm
8(iv)	People, Engagement and Membership Working Group	Working Group Chair	Verbal	3:10pm – 3:20pm
Quality & Patient Safety Performance & Delivery				
9	Integrated Board Report – Quality, Performance, People & Finance	Medical Director/Deputy CEO, Chief Operating Officer & Finance Director	Attached	3:20pm – 3:35pm
Items to Approve				
10	Extension to External Audit Service Contract [Confidential]	Finance Director	Attached	3:35pm – 3:40pm
Items to Receive and Any Other Business				
11(i)	Updates from Committee Chairs	Committee Chairs	Attached	3:40pm – 3:50pm
11(ii)	Any Other Business	All	Verbal	
11(iii)	Date and Time of Next Meetings: <ul style="list-style-type: none"> • 10 December 2020 • 18 February 2021 [Private Governor Workshop] • 15 April 2021 • 17 June 2021 • 19 August 2021 [Private Governor Workshop] • 21 October 2021 • 9 December 2021 	Chair	Verbal	

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COUNCIL OF GOVERNORS

DRAFT MINUTES OF MEETING HELD ON 20 AUGUST 2020

- Present:** Mr K Godfrey, Non-Executive Director (Chair)
 Dame J Daniel, Chief Executive *[until 14:25pm]*
 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:** Ms J Baker, Non-Executive Director
 Mr S Morgan, Non-Executive Director *[until 13:55pm]*
 Mr D Stout, Non-Executive Director *[via starleaf]*
 Mr Bill Macleod, Non-Executive Director *[via starleaf]*
 Mr G Chapman, Non-Executive Director *[via starleaf]*
 Mrs M Cushlow, Executive Chief Nurse *[until 14:35pm]*
 Dr V McFarlane-Reid, Director of Enterprise & Development *[via starleaf]*
 Mr A Welch, Medical Director/Deputy Chief Executive *[via starleaf][until 14:35pm]*
 Mr I Bestford, Project Director, Financial Improvement *[via starleaf]*
 Mr M Wilson, Chief Operating Officer *[From 14.15]*
 Mr G King, Chief Information Officer *[via starleaf]*
 Mrs K Jupp, Trust Secretary
 Mrs T Scott, Head of Patient Relations [Agenda item 20/08(i)] only *[from 13.55pm until 14.20pm] [via starleaf]*
 Mr C Waddell, Managing Director, Mazars [Agenda item 20/08(ii)] only *[from 13:37pm until 14.35pm]*
- Secretary:** Mrs A Waterfall, Corporate Admin Manager (*Minutes*)

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

20/07 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies were **received** from Governors, Professor A Wathey, Miss D Colvin-Laws, Mr D Stewart-David, Mr J Hill, Mr M Warner, Ms R Hudson and Ms F Hurrell.

Further apologies were **received** from Professor Sir J Burn, Professor K McCourt, Non-Executive Director, Mr J Jowett, Non-Executive Director, Mrs A O'Brien, Director of

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Quality & Effectiveness, Mrs A Dragone, Finance Director and Mr R Smith, Estates Director.

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

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

ii) **Minutes of the Meeting held on 20 February 2020 and Matters Arising. Summary notes from the Council workshop held on 18 June 2020 and Matters Arising from the Council papers circulated in the electronic format on 17 April 2020 [for the cancelled 23 April 2020 meeting]**

The minutes of the meetings were **agreed** as an accurate record.

It was resolved: to **accept** the minutes of the previous meetings.

iii) **Meeting Action Log**

The action log was **received** and progress noted.

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

iv) **Chairman's Report**

Mr Godfrey presented the report on behalf of the Chairman.

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

v) **Chief Executive's Report**

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

- Responding to the COVID-19 pandemic had been the principal operational and strategic priority for the Trust.
- The majority of Trust non-COVID clinical services had restarted, although in a very different way to pre COVID-19. A number of new considerations were required to ensure services were resumed safely, such as what changes to the physical environment were needed to ensure social distancing and how best to test patients for COVID-19 prior to admission. The impact of the changes being that the Trust was unable to treat the same volume of patients as would have been treated pre-COVID.
- Activity levels were steadily increasing across the board, from around 50% on average in May 2020 to around two-thirds at present. In addition, referral rates had increased, although they remain lower than expected. Performance was being monitored weekly.

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- Cancer Services have continued as much as possible during the pandemic, with some restrictions in place with regard to the volume and nature of planned surgery.
- A key part of the restart, reset and recovery (3R's) programme was to provide services in a different, transformative way. One of the largest changes had been to outpatient and other planned appointments, where approximately 50% were now being conducted virtually each month. Outpatient activity is now at 88% of pre-COVID levels.

[Mr Waddell joined the meeting].

- Inpatient surgical activity was just over 80% of the pre-COVID level.
- Nationally, it was recognised that waiting lists had increased as a consequence of the COVID-19 pandemic, resulting in longer waiting times for patients. The Trust was proactively reviewing all waiting lists and exploring all avenues to reduce patient waiting times where possible. NHS England had commissioned additional private sector capacity to assist with reducing waiting times for patients.
- Significant focus had been placed on working closely with key stakeholders, particularly during the pandemic. The Collaborative Newcastle work had resulted in improvements to services and ways of working, with all sectors working together. One example being the good relationships established with the care home sector in the roll out of testing for care home staff and patients across Newcastle.
- Newcastle Health Innovation Partners (NHIP) was successfully awarded Academic Health Science Centre (AHSC) status. Work had been steadily progressing to develop the Centre.
- In order to maintain engagement with staff during the pandemic, the traditional walkabouts had been replaced with socially distanced focus groups. In addition, a number of support tools had been rolled out to support staff mental health and wellbeing.
- The Trust had submitted a bid to the Department of Health and Social Care, in conjunction with Newcastle City Council, Newcastle University and Public Health England to establish an Integrated COVID-19 Test and Trace Hub for Newcastle and the region. If successful, the hub would create significant employment for the region, improve testing capacity and create a dedicated research and innovation facility.

Mr Cranston asked if the test and trace hub would be linked to the national test and trace operation to which the Chief Executive advised that part of the bid included a coordination and response centre.

Dr Murthy queried the timeline as to when the bid outcome would be communicated to which the Chief Executive highlighted that the outcome was expected to be communicated within 24 hours. Dr Murthy then went on to ask when the Hub would become operational to which the Chief Executive advised it was anticipated the hub would become operational in late October/early November 2020.

It was resolved: to receive the report.

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ii) Any Other Business

Update from Committee Chairs

Finance Committee

Mr Morgan provided the update, **noting:**

- The NHS finance regime had changed as a result of COVID-19 to a temporary reimbursement model.
- The costs incurred by the Trust on the establishment of the Nightingale Hospital North East (NHNE) were expected to be reimbursed in full.
- The financial position for June was that of breakeven.
- The Committee considered the financial risks and associated mitigating actions.
- An update on the financial impact of COVID-19, as well as the 3R's programme was received by the Committee.
- An exercise had been undertaken by the Trust Finance Team to review and update Directorate and Department budgets in light of COVID-19.
- Committee members consider two procurement requests.

Dr Murthy queried whether there was a risk regarding insufficient reimbursement of expenditure in relation to the NHNE to which Mr Morgan advised that the Finance Director had provided assurance that sufficient documentation had been maintained for all expenditure incurred. The Chief Executive highlighted that it was likely that a routine, national review, would be undertaken to review NHS spending in relation to COVID-19.

[Mr Morgan left the meeting].

[The Head of Patient Relations joined the meeting via Starleaf].

20/08 PRESENTATIONS

i) Patient Experience during COVID-19 Presentation

The Head of Patient Relations provided a presentation, with the following key points **noted:**

- During the pandemic, patient feedback had been generally positive despite a number of changes having to be made to the way in which care was delivered. Consultations were carried out virtually or via telephone rather than face to face.
- In the first stages of the pandemic, some challenges were experienced in relation to communication and escalation of communication for example appointments being cancelled at short notice and associated uncertainties regarding the rescheduling of appointments.
- Feedback included:

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- Concerns from patients about using video conference facilities, conducting consultations via telephone calls, social distancing, use of PPE and visiting restrictions.
- In maternity, concerns were raised as to partners not being able to accompany expectant mothers to appointments and during the full labor period. Significant work was undertaken by the Womens' Services Directorate to enable partners to be present during labour.
- Inaccurate perceptions which negatively impacted patient's views, for example in relation to the level of cleaning of equipment.
- A number of support tools were implemented during the pandemic, including
 - The implementation of a COVID patient experience helpline to help address queries in relation to shielding and other concerns.
 - The establishment of virtual visiting using iPads donated to wards.
 - The creation of 'keeping in touch' email addresses for all Wards to provide a forum for relatives to email the wards to get updates on patients.
 - Increased interpretation and translation services.
 - Updating equality analyses to reflect changes in services.
 - Increased use of volunteers to establish a chat line for patients, delivery of items to wards and to support the Trust's Chaplaincy. The work of the volunteers and Trust Chaplaincy was commended.
- The launch of the new Friends and Family Test was postponed in April as the use of paper forms was not viable in a pandemic situation. Different methods were utilized to seek feedback such as the use of text messages after appointments, emailing or posting surveys or phone call follow ups.
- The Parliamentary and Health Service Ombudsman (PHSO) recommended complaints work be halted to enable staff time to be redirected to support the COVID-19 response. The Trust considered the recommendation and agreed not to halt the complaints process but to advise those wishing to complain that the process would be subject to delay due to the primary focus being on responding to COVID-19.
- Virtual resolution meetings were currently being piloted.
- A PHSO review was undertaken previously, with Newcastle Hospitals referenced as a good case study.
- Regular contact was maintained with Trust community groups through virtual engagements.
- A strategic framework was developed to recognise the importance of the patient voice. This resulted in the creation of the Newcastle Hospitals patient ambitions.

[The Chief Operating Officer joined the meeting].

Mr Chapman queried visiting arrangements going forward to which the Head of Patient Relations advised that the Trust would consider any changes in national guidelines and would consult with members of the Advising on the Patient Experience group to direct the visiting policy.

The Executive Chief Nurse advised that visiting arrangements had been reviewed last week following support from staff and patients. It had been agreed to trial one visitor per

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patient for one hour, for two weeks across the whole Trust and review with Ward Sisters and Charge Nurses.

[The Chief Executive left the meeting].

Mr Connolly summarised his own experience as a volunteer for the volunteer chat line initiative. The Head of Patient Relations highlighted that the service was not as well utilised as had been expected but that virtual visiting had been very successful.

Dr Hammond queried whether one iPad per Ward was sufficient to which the Head of Patient Experience confirmed that no negative feedback had been received regarding the number of iPads and some Wards advised that they did not require an iPad. The position was being revisited to ascertain whether any further iPads were required.

It was resolved: to receive the presentation.

[The Head of Patient Relations left the meeting].

ii) Annual Audit Letter 2019/20

Mr C Waddell, Managing Partner at Mazars LLP, provided a presentation, with the following key points **noted**:

- Mazars LLP, as the Trust external auditors, give an opinion on the Trust annual accounts as to whether they show a fair and balanced view of the Trust financial position. Draft accounts generally require submission by the end of April with the final audited accounts to be submitted by the end of May.
- Due to COVID-19, the deadline for the submission of the final audited accounts was delayed and the work on the Quality Report was suspended.
- The external audit work also included:
 - A review of the Trust arrangements to deliver economy, efficiency and effectiveness.
 - A report to the NAO on the Trust consolidation schedules.
 - A review of the Trust Board meeting minutes and the Annual Report, including the Annual Governance Statement.
- The Trust met the required deadlines despite a number of challenges, including responding to COVID-19 and implementing a new financial ledger at short notice. The external audit work on the accounts was completed 2.5 weeks early.
- The quality of the Trust accounts was very good, with few amendments and one low risk recommendation identified in relation to access rights to the new financial ledger. Measures had already been implemented to address the recommendation raised.
- The 2019/20 external audit was the second year of the work being undertaken by Mazars. Mr Waddell highlighted that the Trust's team were very cooperative which made the year end process run very smoothly and results in an unqualified audit report.
- There was no evidence that proper arrangements were not in place to secure economy, efficiency and effectiveness and therefore an unqualified conclusion was

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issued. In year performance was considered, as well as a high level review of COVID-19 expenditure.

- Appropriate assurance was provided to the National Audit Office (NAO) on the Trust's consolidation schedules by the agreed deadline.
- There were no material findings arising from the external audit work on any of the key audit matters and/or areas of significant risk, being:
 - Management override of controls;
 - Revenue recognition;
 - Valuation of land and buildings; and
 - Value for money arrangements.
- Planning for the 2020/21 financial year would commence shortly.
- A new Code of Audit Practice was recently ratified by Parliament and would take effect in 2020/21. The implications of the new Code would be discussed with the Trust Finance Team as part of the planning visit.

Mr Stout commended the work of Mazars and the Trust's Finance Team.

[Mr Waddell left the meeting].

[The Executive Chief Nurse and the Deputy Chief Executive/Medical Director left the meeting].

20/09 REPORTS FROM GOVERNOR WORKING GROUPS

i) Nominations Committee Report

Dr Murthy presented the report, **noting**:

- Following the successful Non-Executive Director (NED) interviews, Mr Chapman and Mr MacLeod commenced formally as Trust NEDs on 30 July 2020 for their first three-year term of office.
- Regarding Committee membership, as Dr Valentine was unsuccessful in gaining re-election as a Trust Governor, expressions of interest were sought and a ballot undertaken, with Mrs Judy Carrick being successful in the ballot and joining the Committee from 28 July 2020.
- All Chair and NED appraisal meetings had now been undertaken with positive performance noted. The proposed Chair and NED objectives for Council endorsement are included in Appendix A to the report.
- The process for consideration of the reappointment of the Trust Chairman had been successfully undertaken. The Committee recommended that the Trust Chair be reappointed for a second term of office.
- The report outlined the further work of the Committee, including the Annual Report of the Committee.
- Committee members received feedback on participation in the Gatenby Sanderson Insight Programme. In conclusion, the programme had been well received and another candidate was due to commence with the Trust later in the year.
- A debrief had been undertaken in relation to the recent NED recruitment process with lessons learned identified for the next recruitment round.

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- Committee members had undertaken an annual review of NED and Chair remuneration in accordance with the NHS England and NHS Improvement guidance and concluded that no changes be recommended at this time.
- Committee members expressed their gratitude to Mr Godfrey for his time as Trust Senior Independent Director.

It was resolved: to (i) **receive** the report and (ii) **approve** the renewal of Professor Sir John Burn's second term of office as Trust Chairman for three years from 1 December 2020; and (iii) **endorse** the Chairman and NED objectives as outlined in Appendix A of the report.

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

Mrs Errington gave a brief overview of the Quality of Patient Experience (QPE) Working Group for the new Trust Governors, **noting** in particular:

- The Group generally meets on the 1st Tuesday of each month. Meetings had been placed on hold due to COVID-19 however the use of video conference facilities was being considered.
- The Head of Patient Relations provided an update on Patient Experience and a presentation on a Trust service was included on the agenda for every meeting.
- Verbal reports were received from the Governor members who were also members of other groups.
- A copy of the group meeting minutes was shared with the Deputy Trust Secretary for information.
- Group members undertake informal, unannounced, Ward and Department visits. Such visits have been paused due to the pandemic. Members provide a verbal report on the outcome of the visits they have undertaken to the Group. The PA to the Chief Nurse was then informed as to when the visits would be undertaken and by whom.
- Following every Ward/Department visit, a standard report was shared with the nurse in charge to check for factual accuracy, and then the final report shared with the PA to the Chief Nurse.
- Recommendations arising from the visits were followed up and the Group received an update twice a year.

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

iii) Business Development (BD) Working Group Report

Mrs Yanez gave a brief overview of the Business and Development (B&D) Working Group **noting** in particular:

- Membership of the Group had reduced significantly to four Governors following the outcome of recent Governor elections. A meeting of the Group had been scheduled for next week and the Trust Secretary agreed to send out the meeting details to all Governors to identify whether any Governor would like to join the Group **[ACTION01]**.

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- Mrs Yanez was currently acting Chair and future Chairpersonship of the Group would be considered at the next meeting.
- A Group Work Plan had been developed. This had been shared with the Trust Secretary who had provided feedback for consideration.

It was resolved: to receive the update.

iv) People, Engagement and Membership Working Group

Mrs Carrick gave a brief overview of the People, Engagement and Membership (PEM) Working Group, **noting** in particular:

- The Group met recently, having been joined by two new members being Mr McDonald and Mr Hill.
- The meeting focused upon a discussion regarding membership and communication needs.
- A 'survey monkey' was being developed in order to seek feedback from members.
- The Group were exploring the use of focus groups and video conferencing.
- Challenges were noted regarding mailboxes.
- Group members had drafted some performance indicators to align to the Terms of Reference. These were subject to further discussion and agreement.

It was resolved: to receive the update.

20/10 QUALITY & PATIENT SAFETY/PERFORMANCE & DELIVERY

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

The Chief Operating Officer presented the report and **noted** the following salient points:

- Performance standards had changed as a consequence of the COVID-19 pandemic.
- Patient care activity across the Trust was significantly reduced at the start of the COVID-19 pandemic due to:
 - the halting of non-urgent non-face-to-face elective outpatient and inpatient activity to release capacity to care for COVID patients;
 - a partly unexpected significant reduction in emergency patients calling 999/attending A&E; and
 - reductions in referrals from GPs.
- As the number of patients with COVID had decreased, the NHS was looking to restart elective activity.
- Cancer Services were challenged as a consequence of reduced capacity. Performance against the two week wait cancer performance indicator had deteriorated and work was underway to address the increasing waiting list.
- A 'Talk before you Walk' initiative had been developed to alleviate pressure on Emergency Services through encouraging users to consult their GPs in their first instance, followed by 111 who would utilise booked appointment slots at A&E if

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required. The North East Ambulance Service NHS Foundation Trust were currently recruiting additional experienced call handlers.

- The Trust had transitioned to a significant number of virtual appointments and consideration was being given to whether this had a positive or negative impact on patient health.
- Significant collaboration had been undertaken with other Trusts to reconsider service delivery during the pandemic.

Dr Murthy referenced page 11 of the report regarding the National Heart Failure Audit, highlighting the low target and queried what work was being undertaken to address this to which the Chief Operating Officer agreed to obtain a response and feedback **[ACTION02]**.

Dr Murthy asked why the response rate to the COVID-19 Staff Wellbeing Survey was low at 13.58% to which the Chief Operating Officer advised that the survey had been initiated to acknowledge that staff had been asked to work differently to respond to COVID-19. The Trust had invested in a Wellbeing Programme, with a specific Wellbeing group set up to explore/analyse the survey results. It was noted that some comments demonstrated that some staff were unhappy and therefore further work was required to improve staff wellbeing. As reported earlier, the Chief Executive continued to meet with groups of staff and psychological support was being made available to staff. The Chief Operating Officer agreed to provide an update at the next Council meeting **[ACTION03]**.

Mrs Yanez referred to the 'Talk before you Walk' initiative and queried whether any performance indicators would be developed and published to which the Chief Operating Officer agreed to share the performance indicators **[ACTION04]**.

Mrs Yanez referred to an example of using the service and agreed to feedback her own experience directly to the Chief Operating Officer.

Mr Godfrey queried whether there was an anticipated 'ceiling' regarding elective recovery to which the Chief Operating Officer advised a challenging target would be to achieve 90% of pre-COVID levels.

Mr Godfrey asked whether private hospitals were being utilised for waiting list activity to which the Chief Operating Officer confirmed that nationally, NHS England have contracted and bought out 75% of Independent Sector capacity across the country to the end of March 2021. The Trust was utilising capacity at the Newcastle Nuffield and the Ramsay Day Case unit at North Tyneside.

Mrs Nelson queried what changes had been implemented for community staff regarding safeguarding referrals to which the Chief Operating Officer advised a more detailed response would be obtained from the Executive Chief Nurse **[ACTION05]**. The Chief Operating Officer went on to advise that there had been a general increase in safeguarding concerns and that this was expected to increase later in the calendar year as a consequence of economic pressures and other factors. Preparations were underway to respond to increased referrals.

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

20/11 ITEMS TO APPROVE

i) Lead Governor Ballot Result

The Trust Secretary advised that three candidates who met the Lead Governor role description criteria had expressed an interest in becoming Lead Governor and therefore a voting paper was circulated to Governors. Governors were therefore asked to vote by close of play on 19 August.

The Trust Secretary confirmed that the votes had been counted and Dr Hammond had received the most votes and would therefore commence in the Lead Governor role from 1 September 2020.

A minor change was requested to the Lead Governor Role Description to specify that the one years' experience as a Governor must be as a Trust Governor.

It was resolved: to (i) **receive** the report; and (ii) **approve** a minor change to the Lead Governor Role Description to specify that the one years' experience as a Governor must be as a **Trust** Governor.

20/12 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

i) Non-Audit Services Policy

The Trust Secretary highlighted that the policy described the approach the Trust would adopt when considering the provision of non-audit services by its external audit partner that falls outside its statutory audit responsibilities.

The policy was approved by the Audit Committee in April 2020 and approved via electronic circulation to Trust Governors thereafter. The document was therefore presented in its final form for information.

It was resolved: to **note** that the Policy had been approved.

ii) Any Other Business

Update from Committee Chairs

Charitable Funds Committee

Mr Godfrey provided the update, **noting:**

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- The Committee had met on a number of occasions since the previous Council meeting. Additional extraordinary meetings had been scheduled to consider the use of Charitable Funds to aid with support to staff and patients during the COVID-19 pandemic.
- The Committee considered a number of large grant applications, as well as receiving a summary of the lower value applications granted.
- Minor changes to the Terms of Reference were agreed.
- An update on the development of the Trust Charity website was received.
- The Trust Investment Fund managers attended a meeting and provided an overview of investment performance.

Quality Committee

Mr Godfrey provided the update, **noting:**

- A number of quality matters were discussed.
- A presentation on the Paperlite programme was received.
- A briefing on the development of a Quality Improvement Faculty was received and supported.
- The Deputy Chief Executive provided an overview of the latest COVID-19 position regarding patient numbers.
- The Committee received updates from each of the Management Group Chairs, as well as routine reports on Mortality and Learning from Deaths, the HCAI Annual Report, the IPC Board Assurance Framework and the Integrated Quality and Performance Report.

Audit Committee

Mr Stout provided the update, **noting:**

- Two meetings of the Audit Committee had been held since the previous Council meeting.
- The extraordinary meeting consider the Annual Report and Accounts for 2019/20. As reported earlier, these were submitted before the deadline with a clean audit opinion, despite significant challenges regarding the implementation of a new ledger and working differently as a consequence of COVID-19.
- The Head of Internal Audit provided a 'good' assurance conclusion for 2019/20.
- Two internal audit reports were reported with a limited assurance rating which required action, being risk management at Directorate level and Fire Safety. Mitigating actions were in place and being progressed.
- Reference was made to the revised risk management arrangements and the refreshed Committee structure which had now been in place for one year. The arrangements were working well however further refinements to the risk management reporting arrangements were requested and the Assistant Chief Executive agreed to update at the next Committee meeting.
- The performance of the Trust counter fraud service had been reviewed with no concerns to note. The Trust had received a routine visit from the NHS Counter Fraud Authority, with feedback from the visit very positive.

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- The Committee received the Annual Counter Fraud report, as well as regular reports on any breaches and waivers, losses and special payments.

People Committee

Ms Baker provided the update, **noting:**

- The April Committee meeting was cancelled as a consequence of COVID-19 therefore the last meeting of the Committee was held in June 2020.
- The Committee considered a deep dive into the management of short term sickness absence as well as the Trust response to COVID in relation to the provision of education and training, recruitment, communications and support for staff. In addition an update on the workforce plans and model for the NHNE was discussed.
- The Committee received and considered the People Dashboard.
- Committee members received the Annual Report and reviewed the Committee Terms of Reference and Schedule of Business.

Mr Godfrey advised that Mr Andy Balmbra had resigned as Staff Governors on 9 July 2020 and therefore there was a Staff Governor vacant seat.

It was resolved: to receive the updates

iii) Date and Time of Next Meeting

The next meeting of the Council of Governors would be held on **Thursday 15 October 2020** in Function Rooms 137 and 138, Education Centre, Freeman Hospital. *[Subsequently amended to a Video Conference meeting to ensure adherence to local restrictions regarding COVID-19].*

There being no further business the meeting closed at 3.36pm.

GOVERNORS' ATTENDANCE 20 AUGUST 2020

2	Ian Armstrong	N
A	Mr Derrick Bailey	N
S	Mrs Glenda Bestford	N
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	Apologies
S	Mrs Rachael Hudson	Apologies
S	Mrs Fiona Hurrell	Apologies
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	N
2	Miss Claire Sherwin	N
3	Thomas Smith	Y
1	Mr David Stewart-David	Apologies
A	Mrs Norah Turnbull	Y
1	Emma Vinton	Y
3	Mr Michael Warner	Apologies
A	Professor Andrew Wathey	Apologies
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 [ACTION04] .	F Darville	<u>16/04/20</u> - Contact details requested. <u>09/10/20</u> - Response awaited.	
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 [ACTION01] .	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.	
105	ACTION01	20/09 REPORTS FROM GOVERNOR WORKING GROUPS iii) Business & Development Working Group Report	20-Aug-20	Membership of the Group had reduced significantly to four Governors following the outcome of recent Governor elections. A meeting of the Group had been scheduled for next week and the Trust Secretary agreed to send out the meeting details to all Governors to identify whether any Governor would like to join the Group [ACTION01] .	K Jupp	<u>09/10/20</u> - Action complete. Details of meeting shared with wider Governors.	
106	ACTION02	20/10 QUALITY AND PATIENT SAFETY/PERFORMANCE & DELIVERY	20-Aug-20	Dr Murthy referenced page 11 of the report regarding the National Heart Failure Audit, highlighting the low target and queried what work was being undertaken to address this to which the Chief Operating Officer agreed to obtain a response and feedback [ACTION02] .	M Wilson	<u>09/10/20</u> - An update will be provided to the October meeting of the Council.	
107	ACTION03	20/10 QUALITY AND PATIENT SAFETY/PERFORMANCE & DELIVERY	20-Aug-20	Dr Murthy asked why the response rate to the COVID-19 Staff Wellbeing Survey was low at 13.58% to which the Chief Operating Officer advised that the survey had been initiated to acknowledge that staff had been asked to work differently to respond to COVID-19. The Trust had invested in a Wellbeing Programme, with a specific Wellbeing group set up to explore/analyse the survey results. It was noted that some comments demonstrated that some staff were unhappy and therefore further work was required to improve staff wellbeing. As reported earlier, the Chief Executive continued to meet with groups of staff and psychological support was being made available to staff. The Chief Operating Officer agreed to provide an update at the next Council meeting [ACTION03] .	M Wilson	<u>09/10/20</u> - An update will be provided to the October meeting of the Council.	
108	ACTION04	20/10 QUALITY AND PATIENT SAFETY/PERFORMANCE & DELIVERY	20-Aug-20	Mrs Yanez referred to the 'Talk before you Walk' initiative and queried whether any performance indicators would be developed and published to which the Chief Operating Officer agreed to share the performance indicators [ACTION04] .	M Wilson	<u>09/10/20</u> - An update will be provided to the October meeting of the Council.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
109	ACTION05	20/10 QUALITY AND PATIENT SAFETY/PERFORMANCE & DELIVERY	20-Aug-20	Mrs Nelson queried what changes had been implemented for community staff regarding safeguarding referrals to which the Chief Operating Officer advised a more detailed response would be obtained from the Executive Chief Nurse [ACTION05] .	M Cushlow	09/10/20 - An update will be provided to the October meeting of the Council.	

Key:

- Red = No update/Not started
- Amber = In progress
- Green = Completed

Future Presentation Topics:

- Gender Pay and Ethnic Pay Report - October
- Command Centre - TBC
- Healthwatch Newcastle - TBC



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 October 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 the Chairman's activity and key areas of focus since the previous meeting.						
Recommendation	The 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 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

September saw our first virtual Annual Members' Meeting. It passed off without incident and included a wonderful video compilation of the Trust's year. I know many governors were connected but those who were not able to join are encouraged to watch it via <https://vimeo.com/463075900>.

This month marks the beginning of Jonathan Jowett's term as Senior Independent Director. This means he will deputise for me as chair of the Council of Governors when needed. Professor David Burn, the Pro Vice Chancellor of the Medical Faculty at Newcastle University has now become our second Associate Non-Executive Director. He will attend the Public and Private Board meetings but will not vote on the rare occasions this is needed. The move means that he will not be expected to take part in other Trust committees and events in recognition of the major burden of his existing role.

David will continue to work closely with Trust executives in his new role as Chair of Newcastle Health Innovation Partners, the official name for our Academic Health Science Centre (AHSC). This prestigious status makes us one of eight AHSCs across the country. We hope and expect this award to boost our clinical translational research.

I have taken part virtually, in my capacity as Chair, in a range of events involving NHS Providers, NHS Confederation, regional Foundation Trust Chairs and the Integrated Care System; exploring ways to sustain services and support staff has been a consistent theme. It is clear that our local laboratory capacity for rapid COVID-19 testing has been, and will continue to be, a major asset. The NHS Providers event included an update on strategic and policy issues, an interactive discussion of possible legislative developments and an update on the NHS Test and Trace service.

When speaking with the regional chairs, I took the opportunity to share our first comprehensive review, the Surash Pearce report, looking into the pay gaps and career progression experiences by our Black, Asian and Minority Ethnic (BAME) staff.

Governors are aware that I recused myself from the decision process relating to the creation of the Integrated Covid Hub North East in view of my longstanding involvement with local medical device company QuantuMDx Ltd which is developing technical responses to the pandemic. I will continue to declare this work to avoid any possibility of conflict of interest in the future.

Due to the importance of adhering to COVID-19 regulations, paying visits to hospital teams remains on hold and is likely to remain so for some time. In July we launched a new style replacement for leadership walkabouts called "Spotlight on Services". The first event involved Jonathan Jowett and myself paying a virtual visit to our Pharmacy Production Unit. Yan Hunter Blair, Assistant Director of Production and Preparation, was able to take us on a virtual tour and took us through the clear opportunities for innovation and business

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development. We are organising a programme of virtual Spotlight “visits” which will allow our Non-Executive Directors to engage with other teams more regularly.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
15 October 2020

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COUNCIL OF GOVERNORS

Date of meeting	15 October 2020						
Title	Chief Executive’s report						
Report of	Dame Jackie Daniel, Chief Executive Officer						
Prepared by	Caroline Docking, Assistant Chief Executive Alison Greener, Executive PA to the CEO Andrew Edmunds, Principal Adviser						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> • An update covering the Trust’s response to the coronavirus outbreak since the last Council of Governors meeting. • Headlines from key areas, including the Chief Executive Officer’s networking activities, our awards and achievements. 						
Recommendation	The Council of Governors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	This is a high level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report.						

CHIEF EXECUTIVE’S REPORT

1. CEO OVERVIEW

With an increasing number of Covid cases locally, and a tightening of local restrictions to combat these – including those announced on 17 September 2020 across seven of the local authorities whose populations we serve – it is clear that the coming months will continue to be challenging. As it has been the case since the start of the pandemic, everyone in Newcastle Hospitals is clear that they will do everything they can to protect and care for our patients, staff and the public.

Since the 30 July 2020 Public Board meeting, and as set out later in this report, there have been some significant interventions and publications at a national level, and developments at a local level. As ever these have been undertaken and driven forward by the efforts of our teams and people in Newcastle Hospitals.

The summer months have be very different to what people would normally expect, with holidays and interaction with friends and families very different to previous years. Across our teams and management structures we have ensured that staff have been able to take their planned leave, relax, rest and recuperate as much as possible. This is particularly important given the extraordinary lengths our people have gone to during the pandemic, and as we continue to restore services and look ahead to the winter.

NHS People Plan

The NHS People Plan for 2020/21, *We are the NHS: action for us all*¹, was published on 30 July 2020. This important document has been published in the context of the scale and pace of change seen in the NHS-wide response to Covid-19. Importantly, the plan sets out what our NHS people can expect from their leaders and each other, focussing on how we must look after each other, foster a culture of inclusion and belonging, as well as action to grow and train our workforce. The plan is underpinned by ‘our NHS people promise’:



¹ <https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/>

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At the heart of this is a recognition that all of us need to work together differently to deliver patient care, and there are a number of strong commitments that organisations across the NHS will make. The Plan is an important step towards better supporting our people across the entirety of the NHS, building on the excellent work that many trusts – Newcastle Hospitals included – have already begun. I am grateful for the leadership of Prerana Issar, NHS Chief People Officer, in making this plan a reality.

The Staff Survey for 2021 will be redesigned to align with ‘our NHS people promise’, with early movements made towards this in the 2020 survey which launches in October. Organisations and systems are also being encouraged to develop their own, local people plans and Newcastle Hospitals will be both doing this for our organisation, and feeding into the plan across the North East and North Cumbria Integrated Care System (ICS). Our local plan will be driven by our cornerstone ‘Flourish at Newcastle Hospitals’ programme to ensure that as well as the promise above, we can liberate the potential of staff across our organisation. Further information can be found in agenda item A7.

Moving into ‘Phase 3’

On Friday 31 July 2020, Sir Simon Stevens and Amanda Pritchard, Chief Executive Officer and Chief Operating Officer of NHS England and NHS Improvement, wrote to all NHS organisation about the next steps in the national response to the pandemic². This letter outlined the expectations and priorities for ‘phase 3’ of the pandemic and followed the letter on 29 April 2020 around the second phase. Specifically the letter:

- Updated colleagues on the latest Covid national alert level;
- Set out the priorities for the rest of 2020/21; and
- Outlined the financial arrangements heading into autumn as agreed with Government.

The national alert level was confirmed at reducing from a level 4 (national) incident to a level 3 (regional). This shifted direction away from national routes of command and control to provide more local flexibility and decision making, albeit retaining national oversight given the international element of the pandemic.

A significant area of focus the letter set out for phase 3 concerned the restoration of non-Covid health services and preparation for winter, with specific focus on:

- Restoring full operation of all cancer services, covering diagnostics and endoscopy capacity, surgical activity, and reducing the number of patients waiting for diagnostics and/or treatment;
- Recovering the maximum elective activity possible, with specific targets for inpatient and outpatient activity, procedures and waiting list management;
- Restoring service delivery in primary care, community services, mental health services and services for people with learning disability and/or autism; and
- Preparing for winter alongside a possible Covid resurgence, including following guidance on infection prevention and control and PPE, and sustaining current staffing, beds and capacity levels.

² <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>

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Within the Trust, work against these areas has been the focus of our restart, reset and recovery programme. Whilst reaching the ambitions outlined in the phase 3 letter will be stretching, thanks to the hard work and proactive approach of our clinical and operational teams across the trust at present we are well placed across these requirements. Specifically, our figures for August show that we are providing a level of activity compared to our pre-Covid average of over 80% for inpatient spells and over 90% for outpatient attendances. Levels of referrals for care in Newcastle Hospitals 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. Further detail on our operational position will be covered in the consolidated performance report by the Chief Operating Officer and Finance Director.

Finally, the letter also confirmed that new financial arrangements and framework for the NHS would be forthcoming in the latter part of 2020/21 – we are still awaiting confirmation of these, but the letter signalled they will simplify arrangements for payment and contracting, but with a greater focus on system partnership and the restoration of elective services. Funding envelopes are expected to be issued at a system level, and have a mixture of block contract, top-up payment, and blended approaches. Specialised and other directly commissioned services will continue to be nationally calculated and contracted. Block contract payments for August and September were confirmed to be at the same level as for July. The latest position will be presented verbally by the Trust Finance Director under agenda item A9(i).

Across the operational and financial areas, the letter requested draft plans to be submitted by 1 September 2020, with final plans following by 21 September 2020. Our plans have been drawn up, discussed and agreed with our colleagues across the North Integrated Care Partnership (ICP), and North East and North Cumbria Integrated Care System (ICS).

Testing – North East Integrated Covid Hub

A significant development for the Trust and the North East was the announcement of a new 'Lighthouse' laboratory and testing hub on 17 September 2020. The 'North East Integrated Covid Hub' (NEICH), commissioned by Department of Health and Social Care, will be hosted by Newcastle Hospitals and operationalised in partnership with Newcastle City Council building on their status as an 'Exemplar Council' for local test and trace. As well as dramatically increasing our local resilience to combat the ongoing pandemic, it will provide a significant employment boost by creating 1,100 new jobs.

As an integrated hub it will bring a 'whole system' approach bringing together our expertise from our existing NHS and Public Health England (PHE) laboratories with test and trace functions and capability at a local level, and regional arms of the newly formed National Institute for Health Protection. The high-volume, rapid-turnaround laboratory, once operational, will have the capacity to process up to 80,000 tests a day. Alongside this, an 'innovation lab' will develop innovative new approaches to testing and pathology more broadly, and ongoing preparedness and response for the next stage of any future Covid-19 outbreaks, and future infectious disease risks. The delegated authority for the Executive to authorise the proposal was approved at an Extraordinary Private Board meeting on 27 August 2020 and the Council of Governors on 7 September 2020.

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The NEICH will be centred around the Helix site in Newcastle, with the large scale laboratory housed at Baltic Park in Gateshead. The laboratories will supplement and work closely with existing NHS laboratories across the North East, Yorkshire and Humber to optimise capacity and rapid turnaround of results. The hub will be initially operational from mid-November.

This is both a substantial undertaking for the Trust and recognition of the role we can play in responding to the pandemic. It clearly shows the world-class expertise that we have within our organisation and wider region, and how we can work in partnership with colleagues across the city and region to improve health, wealth and wellbeing.

Collaborative Newcastle

Work continues to finalise and agree the formal collaboration agreement that will underpin Collaborative Newcastle. The Chief Executives of the organisations involved met on 31 August 2020 to agree next steps, which are to present the finalised agreement to their respective Boards and Governing Bodies in October and November.

The Newcastle City Futures Board met on 22 July and 17 September 2020. The focus of this Board, which meets in public, is to drive forward and strengthen the response across local arms of government, health and care on our collective response to the ongoing pandemic. It is also denoted as the Council's 'Covid Control Board', which is a part of the Council's 'exemplar' status for driving the learnings from local test and trace. We recognise the important part that our organisation and its teams will play in this and, in turn, it has provided some helpful direction and amendments to our day-to-day work and Collaborative Newcastle agenda.

Climate Change

In recognition of our leadership across the NHS in declaring a climate emergency and progress to limit and reverse climate change, I have been asked – in my membership of the NHS Net Zero Expert Panel – to lead engagement with leaders across the system to support the delivery of the NHS-wide net zero ambition. This 'Greener NHS' programme was launched in January 2020 and sets out action to reduce the environmental impact of the NHS, including:

- Immediate action to cut emissions, including new measures in the Standard Contract;
- Development of a plan for how the NHS can reach net zero as fast and safely as possible overseen by the NHS Net Zero Expert Panel; and
- A campaign to engage staff, stakeholders and the public.

The Expert Panel met on 15 September 2020, and talked through the emerging priorities for the NHS-wide net zero ambition. These will be outlined in more detail in a report later in the autumn. Our own experience highlights that supportive, inclusive and confident leadership, at all levels across an organisation, are crucial to engage and empower staff at all levels to take action. In support of this, the group that I will chair will explore opportunities for exemplar regions or trusts to go further, faster to deliver net zero. We will identify and share best practices in delivering on the net zero agenda, and explore opportunities and

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enablers from colleagues across the NHS that have supported successful delivery against this agenda.

I had the opportunity to join two external climate change events, held virtually. On 19 August 2020 I was part of the keynote panel at the HSJ Sustainability Event, alongside Nick Watts the Chair of the NHS Net Zero Expert Panel and other colleagues to talk about the importance of this agenda and the positive example Newcastle Hospitals is leading. On 9 September 2020 I chaired a roundtable hosted by the NHS Confederation as part of their NHS Reset agenda. Myself, and the expert colleagues who joined, talked through the importance of recognising the positives and negatives from the pandemic on our climate change mission, and how we could learn from these to embed and drive a green reset.

2. NETWORKING ACTIVITIES

Where it has been safe to do so with social distancing, I continue to meet with different groups of staff to speak openly with them about how they are feeling, their experiences and thoughts, and the opportunities for the months ahead. Since my update to the 30 July 2020 Public Board meeting I have met with staff from some of the Great North Children's Hospital services, the laboratories, clinical psychology, emergency department and infection prevention and control teams.

I heard first-hand about how each of these teams have been affected by the pandemic, and the ongoing challenges it is still presenting. Across all the teams they outlined how their roles and teams had changed, and the new ways in which they continued to deliver outstanding care to patients, and protect and support our staff. The personal impacts from these are a clear reminder of the importance of looking out and improving staff welfare in any way we can.

These meetings make clear all the exceptional work from staff across the organisation, and how they pulled together as teams to respond to the challenges from the pandemic. I appreciate the open and honest discussion we have had, and the inputs they are making to informing our #FlourishAtNewcastleHospitals programme and our local People Plan.

At the NHS Assembly meeting on 10 September 2020, chaired by Clare Gerada and Chris Ham, we discussed the restoration of NHS service in phase 3 of the pandemic, and how we can improve our engagement with people and communities in responding to local outbreaks. I referenced the excellent work that had been going on as part of Collaborative Newcastle, and how we were linking up with Newcastle City Council as an 'Exemplar' Council to support local test and trace operations.

My activities through chairing the Shelford Group have also continued. We have had conversations with national leaders, including:

- No10 Health Taskforce – a team set up to support the Prime Minister and Chancellor of the Exchequer about policy options for future reform of health and care. Myself and other CEO colleagues provided advice on the options for outlining, organising and strengthening accountabilities between the range of local service providers.
- Beneficial Changes – a programme from NHS England and NHS Improvement corralling together the many beneficial changes that have arisen from our COVID

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response. I specifically talked about our staff testing example, and close relationships with our civic partners – in particular those involved in Collaborative Newcastle – in our response at a regional level.

- Sir Chris Wormald and David Williams, Permanent Secretary and Director General of Finance at the Department of Health and Social Care. These discussions centred on the contribution and example that Shelford Group organisations can provide to support all tiers of local health and care provision.

As ever, it was very useful to engage with colleagues and identify where our collective strengths as large NHS anchor organisations with high levels of research and innovation expertise can support and inform national policy.

3. AWARDS AND ACHIEVEMENTS

Awards and Achievements

Our staff and teams continue to innovate and harness ideas to bring about real and sustainable change across Newcastle Hospitals to provide the very best services for our patients and staff, many of which are recognised at Trust-wide, regional and national level. Recent awards and achievements include:

- The team at the Great North Children’s Hospital won the ‘Pharmacy and Medicines Optimisation Award’ in the HSJ Values Awards for their ‘kidzmed project’ which teaches children to swallow. The judges described this as a ‘Brilliant and impressive project which has something so simple but so life-changing at its centre.’
- The HR team have been shortlisted in the ‘Best Use of Benefits to Support the Employee Experience’ in the Employee Benefits Awards.
- Janis Bloomer – paediatric clinical nurse specialist for cystic fibrosis – was second place in the ‘Year of the Nurse’ category in the British Journal of Nursing’s Virtual Awards.
- Laura Arthur has been awarded the first ever Graham Teasdale Medal from the Royal College of Physicians and Surgeons of Glasgow. Laura is a general surgery trainee at the RVI and received the award for excellence in the Fellowship of the Royal College of Surgeons General Surgery Exam.
- Dr Nicola Leech, Consultant in Diabetes and Metabolic Medicine and her team were runners-up in the prestigious Rowan Hillson Inpatient Safety Awards for their work in reducing pre-operative overnight admissions for poorly controlled diabetes patients leading which, in turn, lead to a reduction in insulin errors and hypoglycaemia.
- We had the first winners of our newly launched ‘People at our Heart’ awards through which we recognise and celebrate the outstanding efforts of those amongst our people who make us proud.
 - Sue Bentley – a senior sister on Ward 7 Freeman Hospital was nominated by the family of a patient for going above and beyond. They said: “Sue’s level of care,

compassion and commitment to each patient, and their loved ones, is a credit to the nursing profession.”

- Catherine Burn, a staff nurse on Ward 9 Freeman Hospital, was also nominated for the exceptional care she provided for a patient and his wife, during his final days before dying. The nomination said: “The care and compassion she showed is second to none and for that we are grateful.”
 - The team on Ward 48 were nominated for maintaining exceptional standards of care. “As a patient with complex physical and psychological needs, I have never before received such an excellent standard of care as I have from the staff on this ward, particularly the ward sisters.”
- Since the launch of Greatix in November 2016, staff and patients across the Trust have shown their appreciation for colleagues and teams who have demonstrated excellence and to share the learning from what we do well.

Earlier this summer, we gave out our 5,000th Greatix award after Sister Lynn Watson on ward 16 at the RVI put forward staff nurses Gwen Arthur and Helen Todd after the pair were redeployed there as part of our COVID preparations. Sister Watson told how both nurses straightaway became part of the team and helped to support their colleagues during a difficult couple of months.

This nomination was just one of many received over the past five months relating to redeployment to different wards and departments during the pandemic and is a true testament to team working at its best.

Finally can I thank everyone who took part and completed the Great North Run Reimagined this month, especially those who ran for our Newcastle Hospitals Charity and other charities which support the Trust. While we weren't all on the start line together and couldn't cheer people across the finish line, almost 17,000 people took part in this virtual half marathon across 57 countries and six continents. A great achievement.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel

Chief Executive

17 September 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 October 2020						
Title	Planning Update						
Report of	Vicky McFarlane Reid, Director for Enterprise & Business Development						
Prepared by	Lisa Jordan, Acting Assistant Director of Business Strategy and Planning						
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 Paper describes the 2020-21 NHS planning requirements and The Newcastle upon Tyne Hospitals NHS Foundation Trust response.</p> <p>The Trust submitted activity plans for August 2020 – March 2021 to NHS England & Improvement on 21 September. A workforce plan and accompanying narrative was also required. All plans were submitted as an Integrated Care System, rather than individual organisation plans as in previous years.</p> <p>The Trust activity plans fall short of the national requirement to return to 100% of 2019-20 activity levels for outpatients and 90% of elective / day case and outpatient procedure activity.</p> <p>The Trust is developing plans to increase activity levels with additional investment but remains on a block payment arrangement for the remainder of 2019-20.</p>						
Recommendation	The Council of Governors are asked to note the content of this report.						
Links to Strategic Objectives	Performance, being outstanding, now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	New report.						

PLANNING UPDATE

1. BACKGROUND

The 2020-21 planning round has been different to previous planning rounds, largely due to the global pandemic we are currently experiencing. This report describes the 2020-21 NHS planning requirements and The Newcastle upon Tyne Hospitals NHS Foundation Trust response.

1.1 Phase 3 planning requirements

On 31 July NHS England and NHS Improvement (NHS E&I) wrote to NHS Organisations and outlined the “Phase 3” Planning requirements. “Phase 3” refers to the third phase of the NHS response to Covid-19.

The Phase 3 letter set out the priorities for the remainder of 2020-21, which were:

“A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the ‘window of opportunity’ between now and winter

B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.

C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention”.

There were many actions described within the letter for the NHS to achieve the priorities outlined above. Specifically, NHS organisations have been asked to return to 100% of outpatient activity, based on the previous year, and 90% of elective/day case and outpatient procedures activity. The funding envelope and block payment is based on us achieving these levels of activity, if we achieve less than this our funding will be reduced.

2. PHASE 3 PLANNING RESPONSE

2.1 Activity levels

The Trust submitted activity plans for August 2020 – March 2021 to NHS England & Improvement on 21 September. All plans were submitted as an “Integrated Care System” (ICS), rather than individual organisation plans as in previous years. Newcastle Hospitals is part of an integrated care system covering the North East and Cumbria. A workforce plan and accompanying narrative was also required at ICS level.

At this stage NHS Organisations have not been asked to return any financial information related to the activity and workforce plan as part of this national return.

Agenda item 6

The Trust is working closely with Directorates to achieve the most appropriate levels of activity balancing both patient and staff safety with high quality care. It is also developing plans to increase activity levels with additional investment but remains on a block payment arrangement for the remainder of 2019-20.

The Trust activity plans are considered to be achievable but fall short of the national requirements in relation to day case/elective and OP procedures (79% compared to the 90% target). This is mostly due to projected under performance in relation to OP procedures (see below). OP activity is likely to be in line with last year and the national requirements. There is a challenge in delivering the same amount of activity due to social distancing, infection prevention control measures and use of personal protective equipment. This also means the cost to the Trust of delivering the same activity is higher than pre-Covid.

The final activity return submitted by Newcastle Hospitals was the trajectory we could achieve without any further investment i.e. could be delivered within existing resources.

2.2 Barriers to achieving pre-Covid activity levels

The main challenge for all areas to return to 2019-20 levels of activity are the necessary infection prevention control and social distancing measures required to be in place. These measures ultimately reduce the space that services can use without freeing up any clinical time.

This challenge can be overcome to some extent within outpatients with the use of virtual (telephone and video) consultations where this is appropriate.

The largest shortfall area for returning to 2019-20 activity levels is for outpatient procedures (OPPROCS). These are usually high volume services, often with a large amount of patients who would be considered particularly vulnerable to Covid-19, e.g. cataracts. The Trust would normally undertake large numbers of OP procedures in ENT, Plastics, Ophthalmology and Dermatology (EPOD) and Dental. Dental is a particular problem with the space restrictions, and the large amount of aerosol generating procedures they carry out.

The Directorates with the biggest shortfall in activity have been asked to consider ways they could increase activity if investment were to be available and a number of potential schemes have been identified.

The Trust is seeking investment to support these schemes.

2.3 Financial plans

As explained above, there has been no formal request for individual organisations financial plans as part of the Phase 3 planning process. As of 1 April 2020 all NHS Trusts contracts were suspended and a block payment arrangement was introduced to cover routine expenditure. In addition to this Trusts were able to access 'top-up' funding for Covid related expenditure.

This arrangement was in place until 30 September 2020. The new financial arrangement is still being worked through by Directors of Finance and their teams within the ICS. The Trust

Agenda item 6

will remain on a block payment arrangement but payment will be performance dependent from October 2020 to March 2021.

If an ICS delivers the levels of activity requested in the Phase 3 letter they will receive their full financial allocation. If they underperform there will be a marginal reduction to the block payment, similarly for any over performance there will be a marginal increase to the block.

The Trust is working through the financial implications of this arrangement which poses a financial risk; even with the identified investment the activity levels in the Phase 3 letter may still not be achieved.

3. FUTURE PLANNING

The Trust activity levels will be monitored against the submitted plan and Phase 3 requirements and any barriers to achieving the predicted levels will be identified and addressed as quickly as possible.

The plans submitted to NHS E&I on the 21 September are based on the assumption that there would be no second wave of Covid-19 activity which would impact on these plans. There has since been a significant increase in Covid-19 cases nationally and regionally and the Trust has seen an increase in Covid admissions in the last few weeks which could have an impact on delivering the non-Covid services as planned.

There may be future requests from NHS E&I to revise the activity targets and for the Trust to look for ways to maintain non-Covid health services alongside the Covid activity.

4. RECOMMENDATION

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

Report of Vicky McFarlane-Reid
Director for Enterprise and Business Development
7 October 2020

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 October 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 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 August 2020.						
Recommendation	The Council of Governors are asked to note the content of the report.						
Links to Strategic Objectives	Learning and continuous improvement is embedded across the organisation. Our partnerships provide added value in all that we do. We maintain financial strength and stability.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 20 August 2020. The next Committee meeting is scheduled for 19 November 2020 and agenda items will include a review of succession planning arrangements, particularly to consider Non-Executive Director (NED) terms of office which are scheduled to end in 2021.

2. NON-EXECUTIVE DIRECTOR UPDATE

Governors will recall that Mr Graeme Chapman and Mr Bill MacLeod commenced formally as Trust NEDs on 30 July 2020 for their first three-year term of office. Mr Chapman and Mr MacLeod have attended a number of induction meetings with key individuals and have completed both their corporate and local inductions. A training session has also been scheduled for Mr Chapman and Mr MacLeod on 20 October (1pm) to cover:

- Safeguarding
- Safe Staffing
- HFC including IPC
- End of life care
- Patient Experience & Involvement
- Finance & Contracting
- An overview of 'Operations'

Any Governor interested in joining the training session virtually can do so by contacting the Trust Corporate Governance Team.

Mr Keith Godfrey's term of office as a Non-Executive Director concluded on 29th September 2020. The gratitude of the Council of Governors and Trust Board was expressed to Mr Godfrey at the virtual Annual Members' Meeting on the same date.

As communicated previously with Governors, Mr David Burn has now transitioned from a substantive NED to an Associate NED from Newcastle University, with effect from 1 October 2020.

3. COMMITTEE MEMBERSHIP

Governors will recall that a ballot was undertaken for a new Trust Lead Governor, with Dr Vanessa Hammond being the successful candidate. Dr Hammond commenced as Lead Governor on 1 September 2020.

In addition, Governors were consulted on the appointment of a new Senior Independent Director (SID) and from the responses received, all were unanimously in favour of Mr Jonathan Jowett undertaking the SID role. Mr Jowett therefore formally commenced as Trust SID on 5 October 2020.

Agenda item 8(i)

Both Dr Hammond and Mr Jowett will therefore join the Nominations Committee, with the new membership of the Committee as follows:

Membership as per the Committee Terms of Reference:	Member name:
The Trust Chair	Professor Sir John Burn
Designated Public Governor Vice Chair	David Stewart-David
Lead Governor	Vanessa Hammond
Four Public Governors	<ul style="list-style-type: none"> • Lakkur Murthy • Catherine Heslop • Judy Carrick • Vacant post*
One Staff Governor	Fiona Hurrell
The Trust SID (or nominated NED in their absence)	Jonathan Jowett

* As 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 23 October 2020. 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.

**Report of Professor Sir John Burn
Nominations Committee Chair
6 October 2020**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 October 2020						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Stephen Lowis – Senior Business Development Manager - Performance						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Council of Governors on the Trust’s performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets. Contains key HR metrics. Provides an overview of the current financial position.						
Reports previously considered by	Regular report.						

Integrated Board Report

Quality, Performance, People and Finance

September 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** focuses 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 non-face-to-face elective outpatient and inpatient activity for 3 months** to release capacity to care for COVID patients and to reduce 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 has decreased, the NHS has looked to increase its elective activity once 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, such as **social distancing** beds, patients and staff, adding air settle time between cases etc. This has **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 August**, therefore the total number of cases attributed to the Trust YTD is 1 (April).
2. The percentage **of incidents that resulted in severe harm or death reported in August 2020 is 0.1%**. Nationally we report fewer incidents resulting in severe harm or death than other similar providers.
3. The Trust **achieved the 95% A&E 4hr standard in August 2020, with performance of 96.4%**. A&E attendances continue to increase following a significant drop in attendances during the COVID-19 pandemic but remain below pre-COVID levels.
4. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in July** which is an improvement from the previous month where 0 of the 8 standards were met.
5. Activity levels for the **latest weekly activity levels are 59% (Day Case, Elective & Outpatient Procedures) and 94% (Outpatients)** vs the same time period in the previous year.
6. **All Healthcare Contracting and Performance have been suspended during 1st April 2020 to the 30th September 2020**, as we are operating under an emergency COVID-19 financial regime. Further guidance is expected which will cover the remainder of the year.

Contents: September 2020

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Serious Incidents Lessons Learned
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- 3Rs – Data, Processes and Performance Work Stream
- Monthly Performance Dashboard
- A&E Access and Performance
- Delayed Transfers of Care and Stranded Patients
- Diagnostic Waits
- 18 Weeks Referral to Treatment
- Cancer Performance
- Other Performance Standards

People

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

Finance

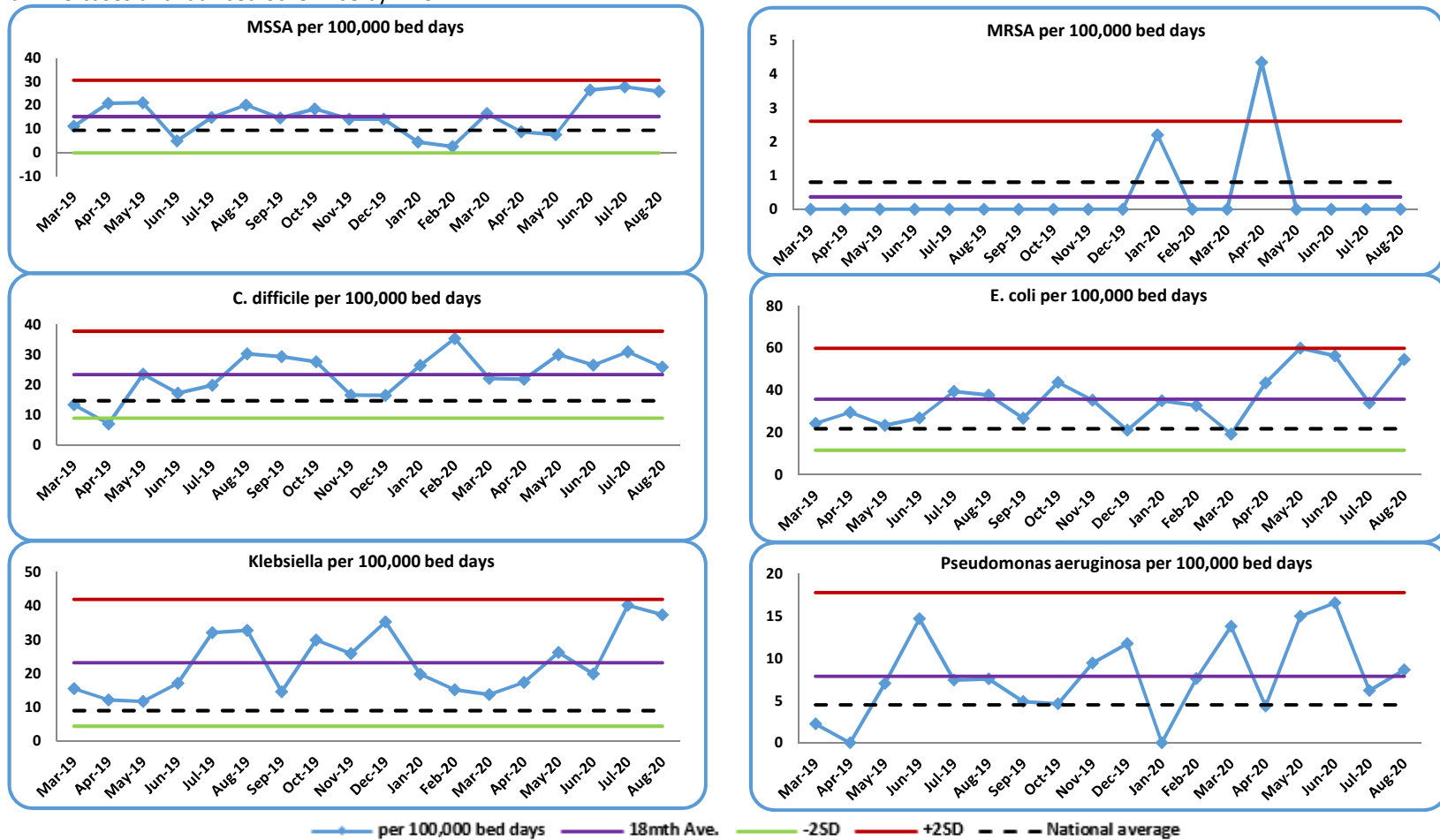
- Overall Financial Position

Quality and Performance: Healthcare Associated Infections

The 2020/21 NHS Contract has now included Community Onset Healthcare Associated (COHA) to all Blood Stream Infections (BSI) from 1 April 2020 and due to this change in guidance, we have set an internal objective for a 10% reduction based on an amended figure for last year's HCAI rate which would have included COHA definitions. Therefore MSSA bacteraemia cases has a new internal 10% to achieve ≤ 88 cases for 2020/21 and at the end of August there were 30 cumulative cases. There have been no further MRSA bacteraemia cases since April 2020.

The same internal reduction has been set for E. coli bacteraemia cases with the aim to achieve ≤ 194 cases ; August saw a total of 73 cases cumulatively. This has also been applied to Klebsiella bacteraemias (≤ 135 cases) and Pseudomonas aeruginosa bacteraemias (≤ 46 cases). By the end of August there were 43 cases of Klebsiella bacteraemias and 15 cases of Pseudomonas aeruginosa bacteraemia cumulatively.

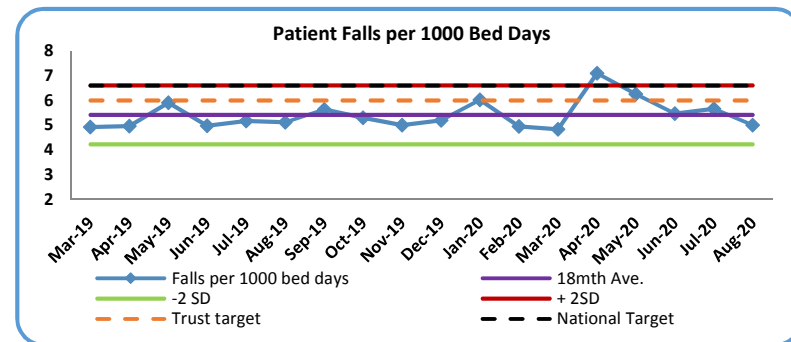
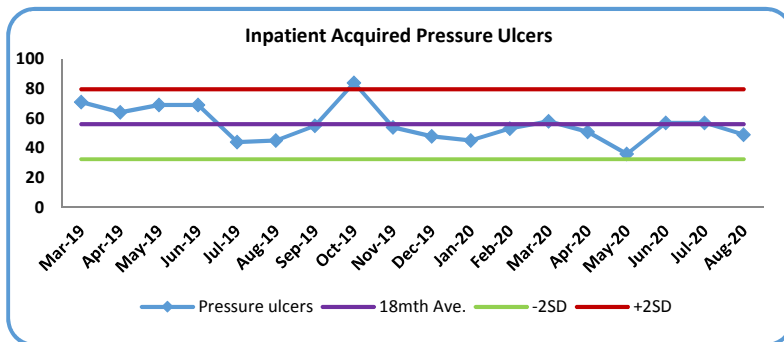
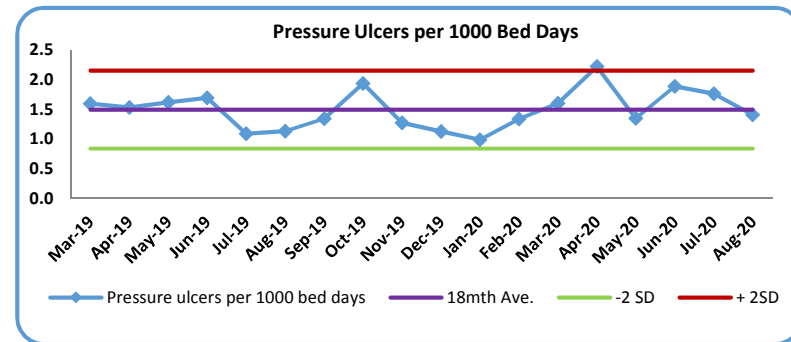
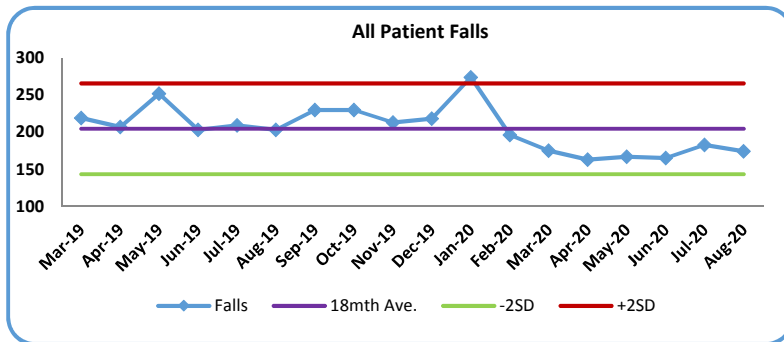
By the end of August 2020 we still have not received our nationally set trajectory for *C. difficile* infections so we are currently still using last year's objective of a total of no more than 113 cases until advised otherwise by NHSI.



Quality and Performance: Harm Free Care

The Acute Trust figures show a sustained reduction in the amount of pressure ulcers reported in August 2020. There has been a reduction in serious pressure damage in July and August. In the last month multiple ward areas have been presented with an award to recognise a reduction in incidents of pressure damage of at least 20%, some have reduced their rate by up to 80%. Work continues in the Tissue Viability team to prevent pressure damage and share this with ward areas to promote ownership of the pressure ulcers acquired within their own areas with an aim of prevention.

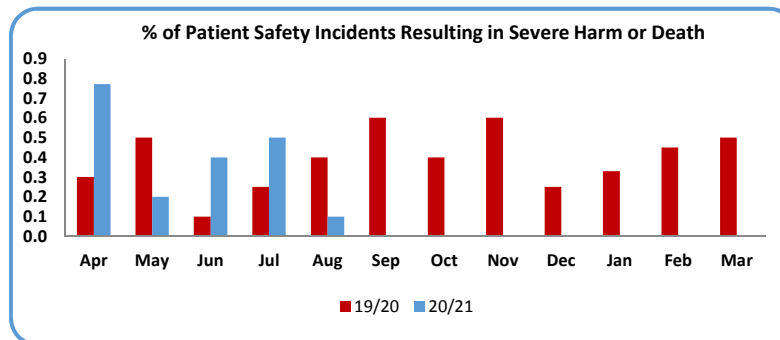
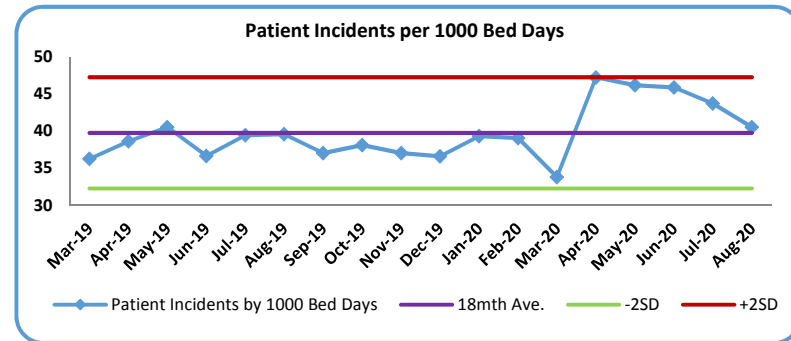
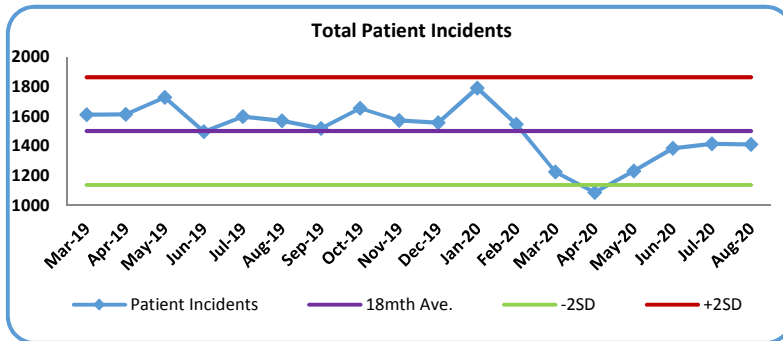
In relation to inpatient falls, the rate and total number of falls remain within normal levels of variation and although there was a slight increase in July, this is likely due to increased admissions following reduced occupancy during COVID-19 and increase in the acuity of these inpatients, therefore they have heightened risk factors. On average there has been a steady reduction in 2020. 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). The incidents and rates of falls and PU are monitored closely and any serious incidents undergo a robust Root Cause Analysis (RCA) process which assists in the identification of quality improvement work streams which to date have been successful.



Quality and Performance: Incident Reporting

The percentage of incidents that resulted in severe harm or death reported in August 2020 is 0.1%. Nationally we report fewer incidents resulting in severe harm or death than other similar providers.

The data is subject to change in future reports as severity is modified following investigation.

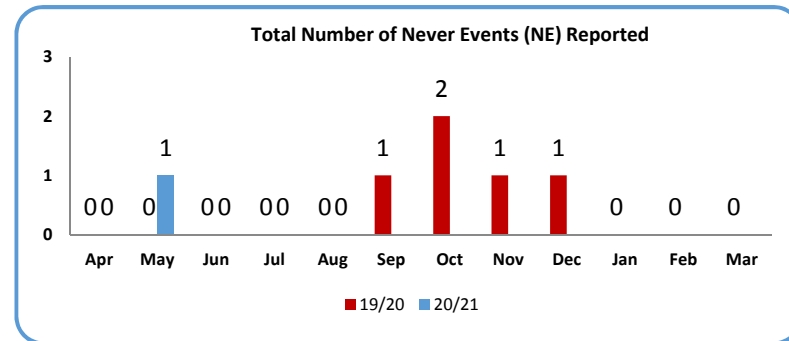
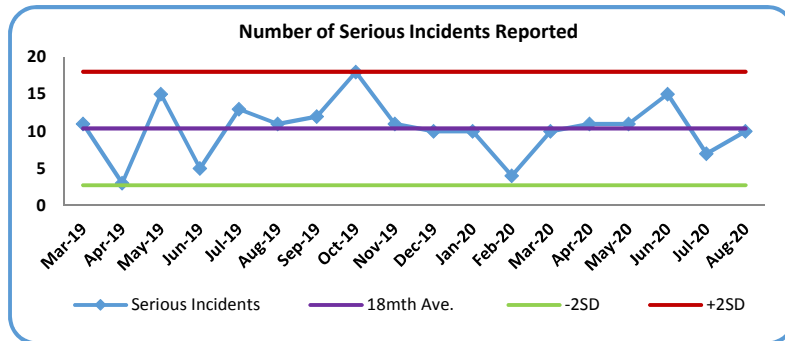


Quality and Performance: Serious Incidents & Never Events

Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death. It is a statutory requirement for the Trust to be open and transparent ensuring that patients/their families are informed about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences. The Duty of Candour has been initiated in nine cases and is under review for one case.

In August there were 10 cases reported as Serious Incidents (SIs).

- Four pressure ulcers - DoC in progress
- One unexpected death - DoC in progress
- Delayed treatment - DoC in progress
- Three each baby counts - DoC in progress
- One potential reputational impact - Under review



Quality and Performance: Serious Incident Lessons Learned (1/2)

Learning from SIs & NE (March 2020 – June 2020)

The following section outlines key learning from SI investigations to date; any outstanding learning from March 2020 – June 2020 will be shared once investigations have been complete. This data excludes information on falls, pressure ulcers and SI cases subsequently de-registered.

Child administered wrong dose of medication based on incorrect weight

Weight is now electronically recorded when weight measured & electronic system prompts staff to re-measure weight every 2 weeks.
Confirmation of accurate weight when prescribing for paediatrics.

Child received incorrect dose of anticoagulants

Process regarding out-patient review of medications revised.
Highlighted importance of prescriber consultation with patient/parent when prescribing medication.

Incorrect gestation led to incorrect decision regarding pregnancy

Gestation should be directly clarified with patient prior to investigation rather than relying on documentation only.
Awareness raising on correct pathway to be followed.

Patients (3) lost to follow up for treatment (same speciality)

Recruitment of 2 failsafe officers to ensure patients reliably receive follow up appointments.
Communication processes under review with support of the Service Improvement Team.

Patient with suspected lost to follow up on discharge

Discharge process from ward, including letter to patient and GP reviewed.
Discharge checklist from Endoscopy reviewed.
Awareness raising on formal referral process.
Review of cancer diagnosis trigger an alert to relevant MDT.

Patient not prescribed anticoagulation and subsequently developed a DVT

Review of ward processes to ensure surgeons instructions are followed during the post-operative period.
Directorate VTE prophylaxis guidelines implemented.

Learning from SI's & NE (November 19 – February 2020)

The following outlines key learning from SI investigations which were incomplete at the time of the May 2020 report.

Delay in hip screening

Failsafe steps introduced post identification of issue and regular audit to be undertaken.

Patient on indomethacin developed ulcer and life threatening haemorrhage

Earlier GI teaching for junior doctors.
Indomethacin inclusion/exclusion guidelines reviewed.
Endoscopy referral process reviewed.

Quality and Performance: Serious Incident Lessons Learned (2/2)

Learning from SI's & NE (July 19 – October 2019)

The following outlines key learning from SI investigations which were incomplete at the time of the May 2020 report.

Child had a respiratory arrest related to opioid administration

New guidance produced regarding administration of pain medication.

Awareness raising on Fentanyl infusions and ventilated patients.

Patient suffered an avoidable PE pending investigation results

New process for follow up of TPN patients on therapeutic heparin introduced.

Radiology to develop information regarding average scan request and reporting times.

Patient died at home 6 weeks following surgery due to a rare but recognised post-surgical complication

No learning identified.

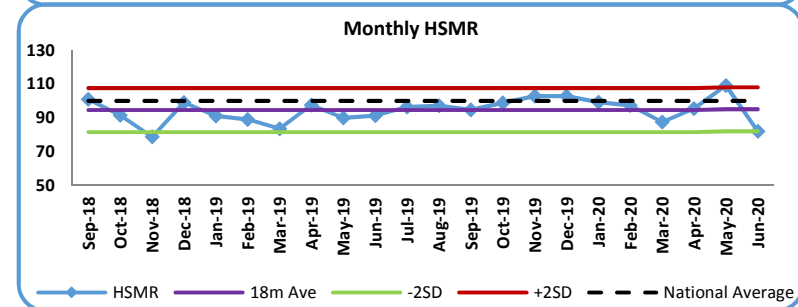
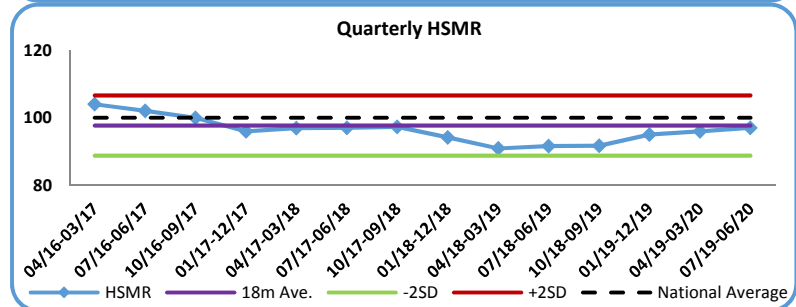
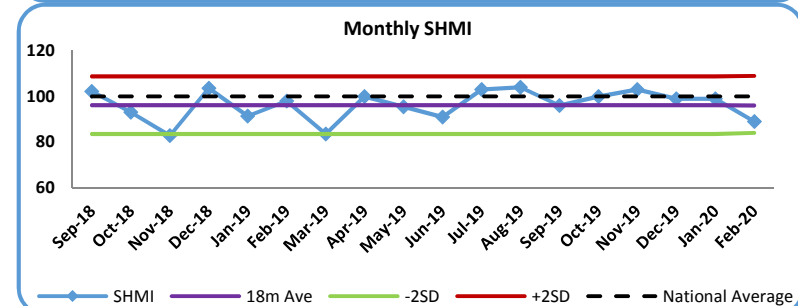
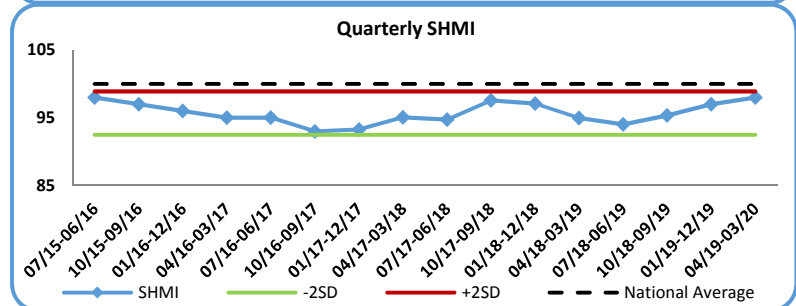
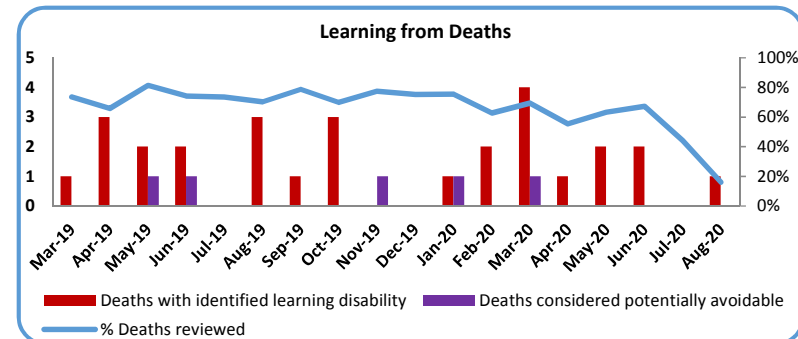
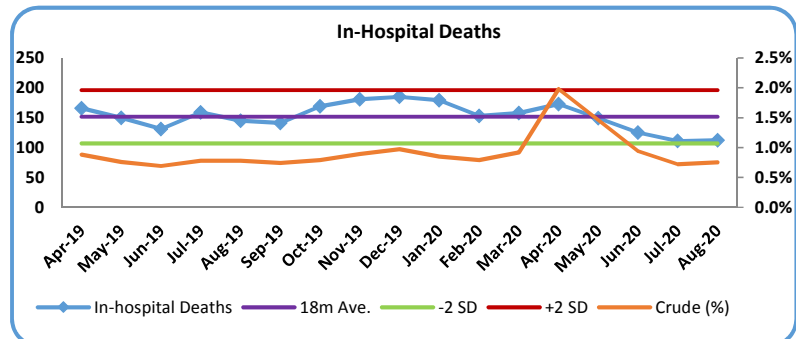
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 112 deaths reported in August 2020, which is lower than the amount of deaths reported 12 months previously (n=145). Crude data shows 0.75% which is slightly lower than reported crude data 12 month previously (n=0.78%). Although crude data has continuously shown to be under 1%, there was a rise during April-May 2020 due to discharge numbers being dramatically low during this period.

Learning from Deaths: In August 2020, 112 deaths were recorded within the Trust and to date, out of the 112 deaths, 18 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 98 from months April 2019 – March 2020, this continues to be lower than the national average and is within the "as expected" category. The latest monthly SHMI data retrieved from external database CHKS is currently published up to February 2020.

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 June 2020. This number may rise as the percentage of discharges coded increases.



Quality and Performance: FFT and Complaints

Friends and Family Test (FFT)

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 1st 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 179 (163 with patient activity) formal complaints up to the end of August 20, with 57 complaints received in August, an increase by 19 on last months received complaints.

The Trust is receiving an average of 36 new formal complaints per month, which is 17 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 June are within Surgical Services with 0.12% (12 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 65% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 18% of all subjects raised within complaints.

Directorates	2019-20				19-20 Ratio (Full Year)	18-19 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)		
Cardiothoracic	10	30,590.00	0.033%	1:3059	1:1873	1:2770
Children's Services	14	29,846.00	0.047%	1:2132	1:1753	1:2778
Out of Hospital/Community	4	8,395.00	0.048%	1:2099	1:6027	1:3505
Dental Services	7	24,040.00	0.029%	1:3434	1:6857	1:9392
Internal Medicine/ED/COE	18	63,088.00	0.029%	1:3505	1:2552	1:2996
Internal Medicine/ED/COE (ED)	14	43,893.00	0.032%	1:3135	1:3817	1:4091
ePOD	8	82,229.00	0.010%	1:10279	1:6745	1:8799
Musculoskeletal Services	16	30,822.00	0.052%	1:1926	1:2080	1:2849
Cancer Services / Clinical Haematology	5	50,425.00	0.010%	1:10085	1:7908	1:7235
Neurosciences	11	43,104.00	0.026%	1:3919	1:2373	1:2543
Patient Services	5	18,781.00	0.027%	1:3756	1:3819	1:3415
Peri-operative and Critical Care	3	15,379.00	0.020%	1:5126	1:2640	1:3080
Surgical Services	28	24,042.00	0.116%	1:859	1:1310	1:1607
Urology and Renal Services	6	23,849.00	0.025%	1:3975	1:2406	1:2668
Women's Services	14	50,552.00	0.028%	1:3611	1:3114	1:3307
Trust (with activity)	163	539,035.00	0.030%	1:3307	1:3241	1:3834

Quality and Performance: Health and Safety

Overview

There are currently 1,013 health and safety incidents recorded on the Datix system from the 1st September 2019 to 31st August 2020; this represents an overall rate per 1,000 staff of 63. The Directorate with the highest number of incidents is Patient Services reporting 148 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Internal Medicine (91.6), Peri-operative & Critical Care Services (94.3), Women's Service (77), and Patient Services (64).

Incidents of Aggression on Staff

In addition to the health and safety incidents, there are 746 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st September 2019 to 31st August 2020 this represents an overall rate per 1,000 staff of 46.3. Directorate rates per 1,000 staff over this period for the highest reporting services of aggressive behaviour are Neuroscience (135) Directorate of Medicine (131), Community (90), Patient Services (76) Musculoskeletal Services (69) and Urology/Renal Services (62).

Sharps Incidents

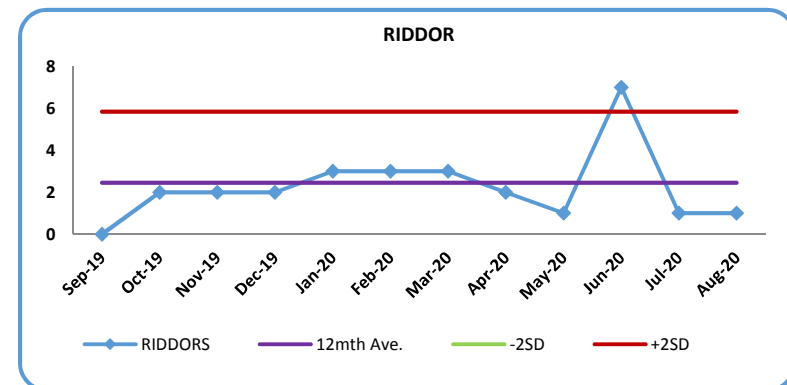
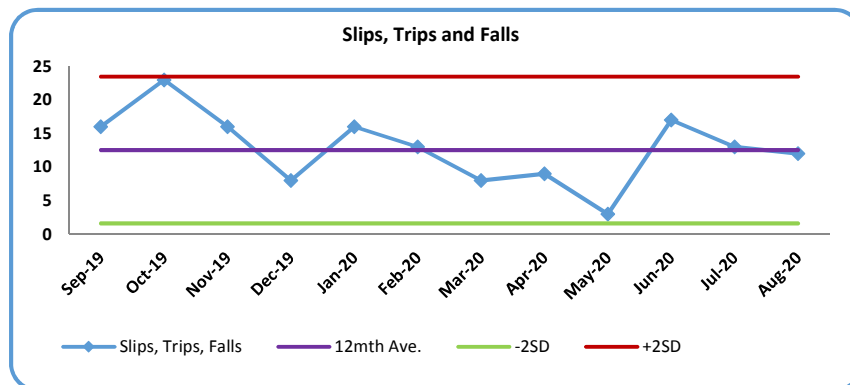
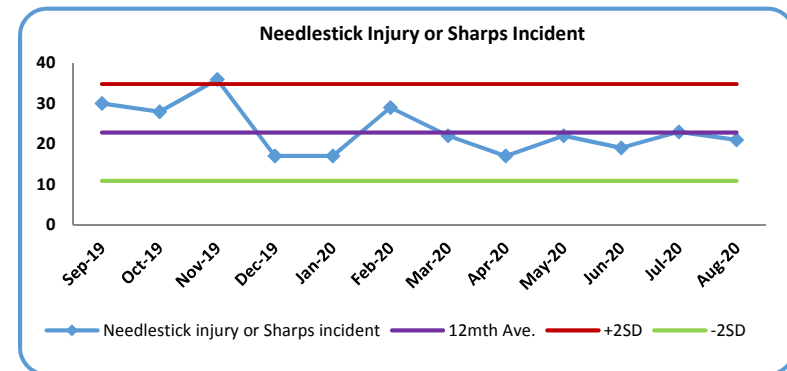
The average number of all sharps injuries per month is 23 between 1st September 2019 to 31st August 2020 based on Datix reporting, with 19.6% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 17.4 per month.

Slips, Trips and fall

Slips on wet surface, fall on level ground and tripped over an object collectively account for 62% of falls between 1st September 2019 to 31st August 2020. Fall as a result of a faint, fit or other similar event, fall up or down stairway and falls from a chair account for 22% of the incidents recorded.

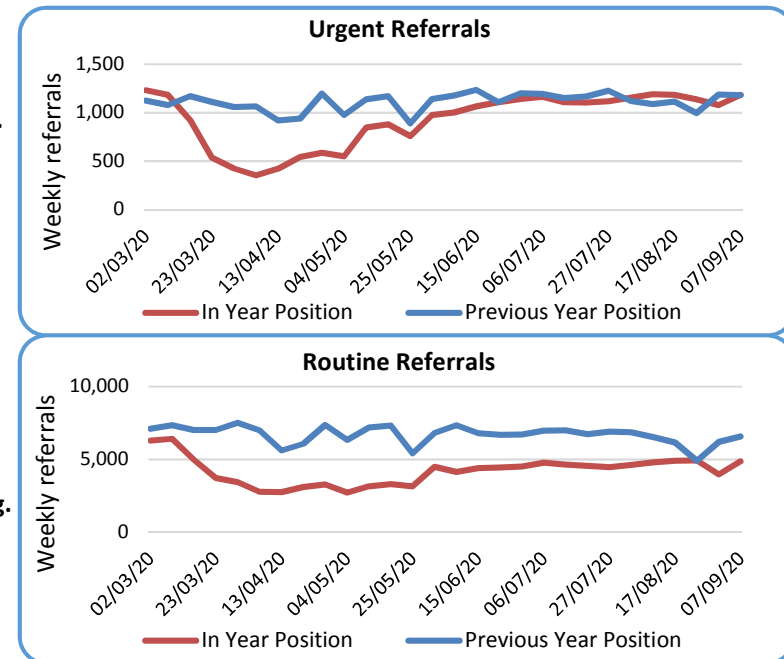
RIDDOR

The most common reasons of reporting accidents and incidents to the HSE within the 1st September 2019 to 31st August 2020 are Slips and falls (9) and moving and handling (7). These account for 59% of reportable accidents over the period.



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.**
 - As the Trust continues to move forwards into the second and third phases of its 3Rs cell, and into business as usual activity, the focus of the individual sub-groups will move into maximizing current available capacity, solidifying current transformational changes and focusing on longer term transformation objectives.
- **The Trust began re-acceptance of routine GP referrals from 1st June, having agreed with local commissioners to halt routine referrals during April and May.**
 - The Trust has worked alongside commissioners to manage this process of reopening to routine referrals and this follows national NHSE/I instruction that the NHS had moved into the second phase of response to COVID-19.
 - Routine referrals remain under previous levels but have remained steady since the re-acceptance of GP referrals (1st June) at approx. 79% of previous levels.
 - Urgent referrals have now recovered to above 100% of previous levels.
- **Processes have been put in place for safely restarting services, including addressing any environmental concerns, for example linked to social distancing. Consideration is being given to different patient cohorts when restarting activity including patients who are currently shielding, or those not wanting to attend hospital, due to the COVID-19 pandemic.**
- **There are various outcomes for how directorates are dealing with individual referrals, with consultants making clinical decisions about the most appropriate outcome:**
 - Face-to-face appointments (as many appointments as possible are being converted to telephone and video appointments, and on-site face-to-face outpatient appointments are only taking place where absolutely necessary).
 - Telephone or Video appointments.
 - Advice and Guidance.
 - Patient discharged back to their GP.
- **As part of the Trust's response to COVID-19, a framework and a number of standard operating procedures have been produced to provide guidance for directorates to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways.**



Quality and Performance: Monthly Performance Dashboard

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 02/08/20	w/e 09/08/20	w/e 16/08/20	w/e 23/08/20	w/e 30/08/20	Jun-20	Jul-20	Aug-20
Type 1 Attendances (Main ED)	2,377	1,886	85.5%	86.9%	84.4%	79.5%	79.4%	79.4%	84.8%	90.5%
Ambulance Arrivals	635	582	96.7%	90.7%	86.8%	87.1%	91.7%	Data unavailable due to historical recording issues.		
Eye Casualty Attendances	416	260	57.4%	56.9%	56.5%	64.4%	62.5%	50.1%	53.5%	55.3%
Walk in Centre Attendances	1,419	498	33.2%	34.0%	38.8%	34.4%	35.1%	27.4%	30.8%	38.0%
A&E 4hr performance (Type 1)	89.5%	93.5%	+7.5%	+3.9%	+4.6%	+6.3%	+4.0%	+5.1%	+7.4%	+3.4%
A&E 4hr performance (All Types)	94.3%	96.6%	+3.6%	+1.1%	+1.6%	+2.7%	+2.3%	+2.1%	+3.5%	+1.1%
Emergency admissions (All)	743	722	91.7%	103.2%	92.7%	95.4%	97.2%	86.6%	89.9%	99.0%
Bed Occupancy	80.8%	69.6%	64.1%	66.5%	68.3%	69.2%	69.6%	62.5%	63.5%	68.1%
Outpatient Referrals (All)	8,115	5,949	74.6%	76.1%	79.0%	79.7%	73.3%	67.0%	71.4%	79.3%
Elective Spells	2,721	1,966	72.4%	75.3%	75.8%	70.2%	72.3%	55.4%	69.3%	75.6%
Outpatient Attendances	20,457	17,355	82.8%	88.6%	91.5%	89.2%	84.8%	71.8%	81.0%	90.6%
DNA Rates	7.2%	8.2%	7.6%	8.0%	8.1%	8.4%	8.2%	6.1%	7.1%	8.1%
Incomplete Performance	87.3%	57.2%	51.3%	51.6%	53.4%	55.3%	57.2%	55.1%	51.1%	58.3%
RTT >52 Week Waiters	18	1,038	758	828	905	988	1,038	354	730	1,041
2WW Appointments	482	397	77.7%	90.0%	80.6%	92.7%	82.3%	65.8%	75.6%	76.4%
All Cancer 2WW	No weekly performance recorded.							83.4%	74.5%	Reported one month in arrears.
Cancer 2WW Breast Symptomatic								81.8%	92.3%	
Cancer 62 Days - Urgent								76.4%	76.0%	
Cancer 62 Days - Screening								3.2%	5.4%	
Total Diagnostic Tests Undertaken	4,275	3,449	80.1%	84.7%	85.4%	86.8%	80.7%	69.3%	83.3%	86.7%
Diagnostic Performance	No weekly performance recorded.							56.9%	63.2%	70.1%

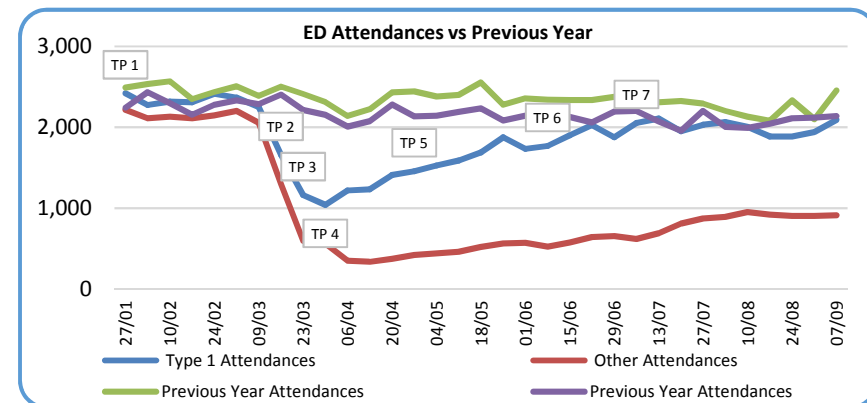
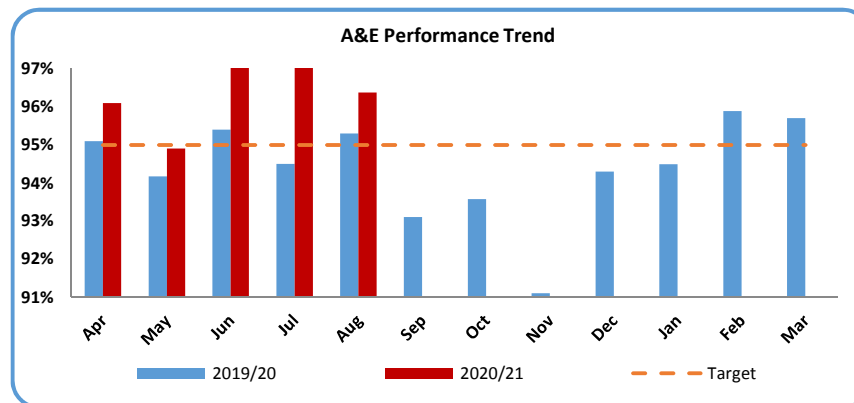
Data provided as 'Actual' figure rather than % comparison

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 August the Trust met the monthly A&E 4hr standard (95%) with excellent performance of 96.4%.**
 - This is the third month in a row (and 6th time in the past 7 months) that the Trust has met the target.
 - In August the Trust's performance placed it 8th in the whole of England out of 118 Trusts (NHSE data excludes 14 Trusts piloting the new A&E metrics) with NuTH consistently placing within the top 10 Trusts nationally. NuTH's high performance contrasted against a 2.8% decline in the national average to 89.3%.
 - STP data shows this strong performance in comparison to the national position was replicated across Cumbria and the North East, with overall regional performance of 93.4% in August; the 6th highest STP performance out of 42 STPs.
 - September performance is currently 94.2% against the 95% standard as at 14/09. This slight downturn in performance compared to previous months has followed an increase in the number of Type 1 attendances and emergency admissions over the past fortnight, which has led to a rise in the bed occupancy level across the Trust.
- Factors which contributed to the high performance in August include:**
 - The Trust has not had any beds closed for either D&V or staffing reasons since March. This has helped combat a reduction in the Trust's bed capacity caused by new infection prevention and control regulations associated with COVID-19.
 - A significant reduction in the number of ambulance handover delays in July and August compared to previous months.
 - As at the end of July 2020 (awaiting confirmation of August figures), the Trust has not received any ambulance divers in 2020/21. This is a significant change from April-July 2019 when the Trust received 51 divers, and will reflect lower bed occupancy levels across the region.
- Attendances across all types combined were 7% higher in August than in July, and have consistently grown during the past 4 months. This was still well below pre-COVID levels and a 32% reduction from the number of attendances seen in August 2019.**
 - Type 1 attendances have risen most quickly and equated to 90% of August 2019's level. Nationally, Type 1 attendances have also increased quickest.
 - Having stayed fairly static during August, Eye Casualty attendances remain low at around 58% 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: Delayed Transfers of Care and Long Length of Stay Patients

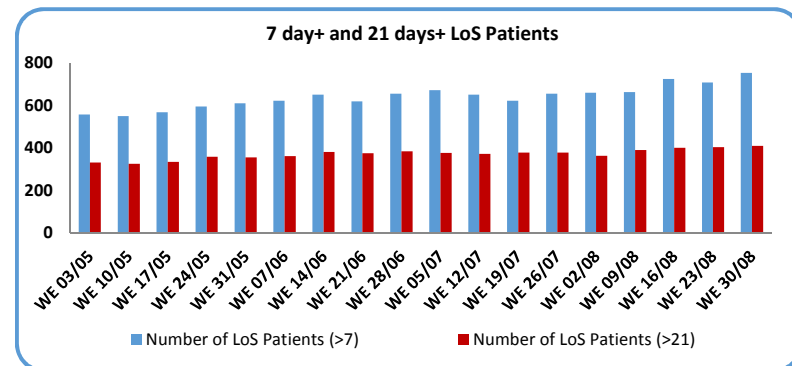
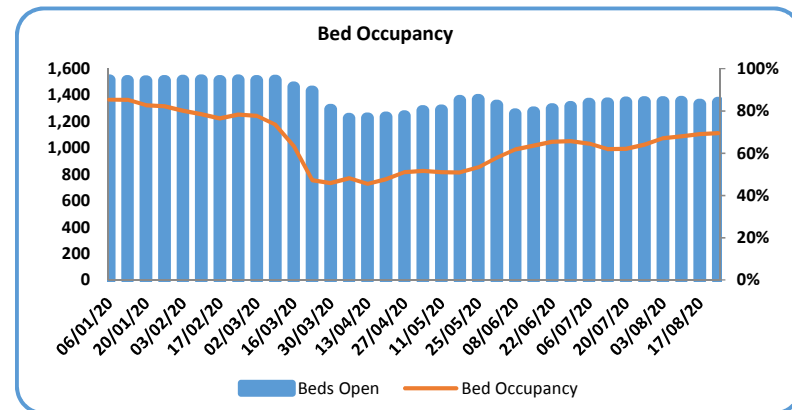
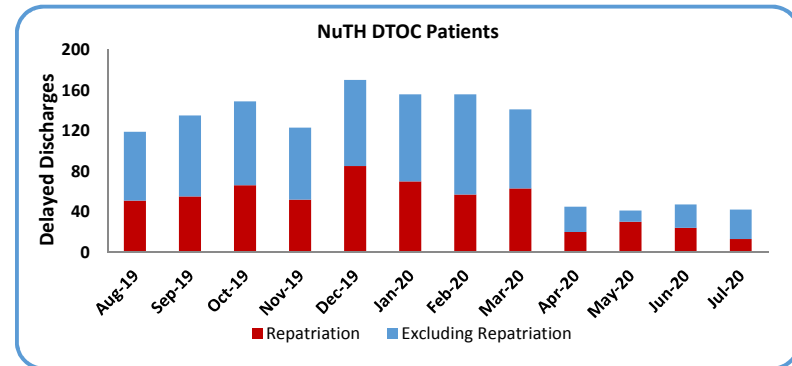
- The number of patient discharges delayed due to Delayed Transfers of Care (DTOCs) has been consistently very low since April 2020 compared to pre-COVID levels.**

 - July saw 42 delayed discharges, which is less than 1/3rd of March's level and also less than half the total seen in July 2019.
 - The Trust has only reported data in relation to this metric up until the end of July 2020. This is due to the previous reporting of this metric being stood down due to other similar reporting through the COVID sitrep. A new reportable metric is expected to follow in September.
- Having remained fairly static throughout July at around 63%, bed occupancy increased significantly during August to reach 70% by the end of the month. This is partly due to the level of A&E attendances and emergency admissions rising, alongside the continued growth in elective admissions.**

 - The number of beds open within the hospital has significantly decreased since the beginning of the COVID-19 pandemic due to social distancing measures. The total overnight bed stock reduced by 237 beds towards the end of March and additional ward reconfigurations are currently underway.
- The number of 7 day+ and 21 days+ Length of Stay (LoS) patients has followed a similar trend to bed occupancy, with the stable levels seen throughout July, having been followed by a significant increase during August.**

 - The number of 7 day+ LoS patients was 753 at week ending 30/08, a sharp rise from the figure of 655 during week ending 26/07. The August position is additionally an increase of 67% compared to the level seen in week ending 05/04.
 - The number of 21 days+ LoS patients also grew last month to reach 409 in week ending 30/08. This was a 13% increase from the position at the beginning of August.
 - This is the total number of patients within this category and does not contain any exclusions for patient categories such as paediatrics.
- To maintain lower Length of Stay (LoS) in patients approaching discharge, and to maintain low bed occupancy levels, the Trust has been following enhanced NHSE/I discharge guidelines such as;**

 - Daily discharge meetings to discuss patients who are medically fit.
 - Using a nurse assessor from the CHC team to assist with check listing patients (freeing up time for ward staff).
 - Having a MDT approach which enables staff to have conversations quickly which may previously have taken hours longer.



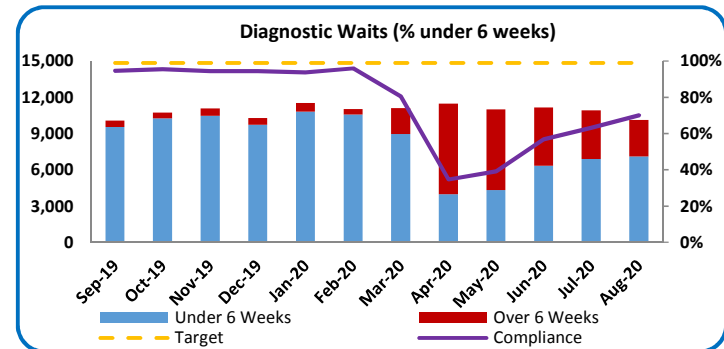
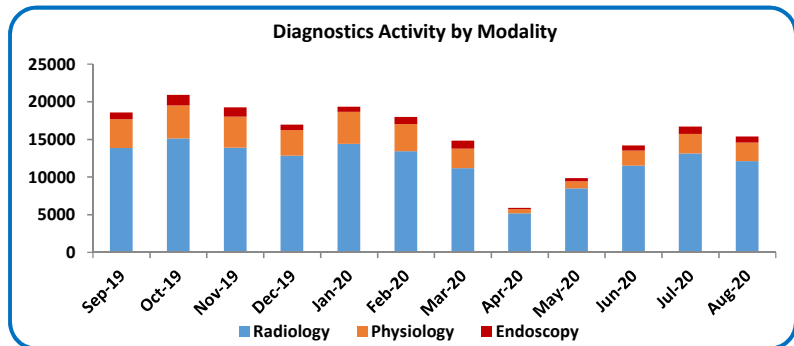
Quality and Performance: Diagnostic Waits

- In August Diagnostics performance was 70.05% against the 99% standard, which continues the positive upward trend since April. Despite less activity in August, activity still outstripped referrals with the overall waiting list reducing by 775 patients.**
 - Performance improved within Radiology during August (80%), but fell slightly within Endoscopic (36%) and Physiological (41%) assessments as the existing backlog is worked through.
 - 25% of patients waiting for Audiology Assessments have now waited for 13 weeks or more, down from 92% in June and 43% in July.
 - In July (latest available national NHSE data) NuTH’s performance (63%) was in line with the national (60%) and regional (64%) positions.
 - All patients waiting for non-urgent tests have been validated and are being scheduled in for tests according to clinical need.

- In August 15,360 tests were carried out, which is 8% lower than in July, and equivalent to 82% of the average monthly activity carried out during September '19 to February '20.**
 - Efforts continue to increase activity across all settings as hospital occupancy and activity levels continue to rise.
 - Social distancing restrictions continue to be a major obstacle to further increasing diagnostic activity to pre-COVID levels, with additional settle time needed between cases in order to meet Infection Prevention and Control regulations, and fewer patients allowed within waiting areas.

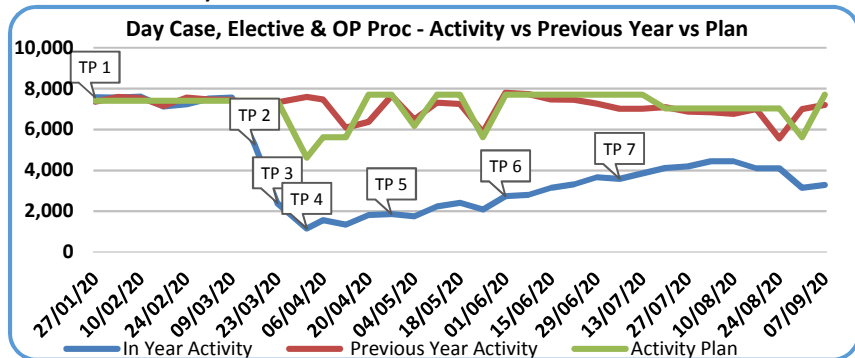
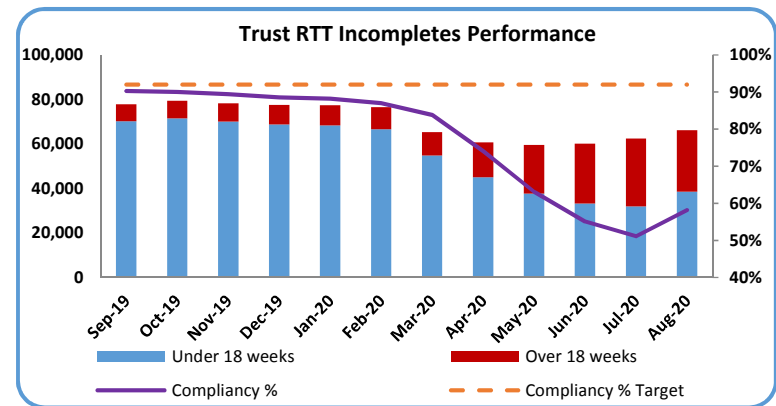
- In August the total waiting list (WL) size (10,130 patients) actually dropped by 775 patients but overall continues to remain relatively stable despite reduced diagnostic capacity.**
 - Radiology saw their WL size decrease again in August due to higher activity levels with the biggest reduction within non-obstetric ultrasound.
 - The Audiology Assessments WL shrunk by 134 patients having risen in July, staffing problems still exist which exacerbate the capacity shortages caused by COVID-19. Some assessments have been conducted via video or telephone but this conversion to non face-to-face appointments has only been possible for a small number of patients.
 - The number of patients on the waiting list who have waited over 13 weeks decreased significantly again in August. 15% of the total waiting list now sits above 13 weeks, down from 33% in June and 24% in July.
 - Where patient diagnostic tests are cancelled or deferred, the waiting time clock for these patients will continue.

Overall Patients Treated Within Month	Current Month	Previous Month	Difference (Actual)	Difference (%)
Imaging	12,113	13,106	-993	-7.6%
Physiological Measurement	2,436	2,626	-190	-7.2%
Endoscopy	811	977	-166	-17.0%
Trust Total	15,360	16,709	-1,349	-8.1%

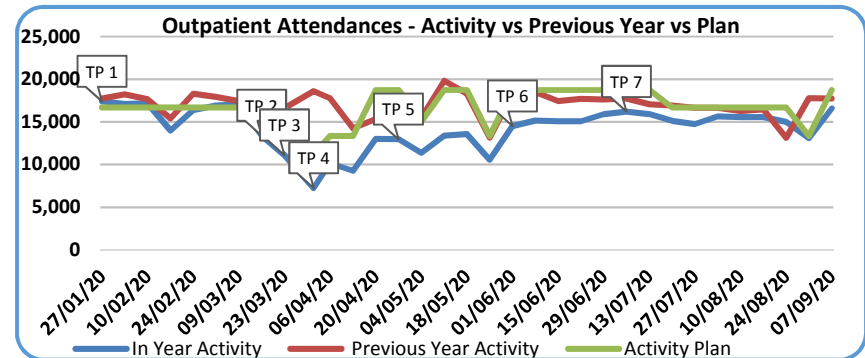


Quality and Performance: 18 Weeks Referral to Treatment

- **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 this month. In August the Trust recorded performance of 58.2% against the 92% standard, and recorded 1,041 patients waiting 52 weeks or more for first treatment.**
 - All specialties with the exception of Neurology (92%) failed the 92% standard.
 - Over 38,000 patients have now waited above 18 weeks, with just over 5,500 of those having waited over 40 weeks.
 - NuTH have the 7th largest PTL in the country (July reporting).
 - NuTH have the 2nd largest PTL in the country (July reporting) for Ophthalmology (11,469) behind Moorfields Eye Hospital.
 - Nationally RTT compliance fell to 47% in July from 52% in June.
 - Harm reviews are being 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, RTT / outpatient process issues.**
- **Having primarily dropped since the COVID-19 pandemic the Trust waiting list size grew by 3,826 patients in August having reopened to routine GP referrals from 01/06/20, with the total PTL size now sitting at 66,193.**
 - The volume of referrals received in August '20 was 79% of the volume that would usually be expected.
 - 18% of the total PTL and 32% 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 59% against the same point in the previous year (Day Case, Elective & Outpatient Procedures) and 94% (Outpatient Attendances).**

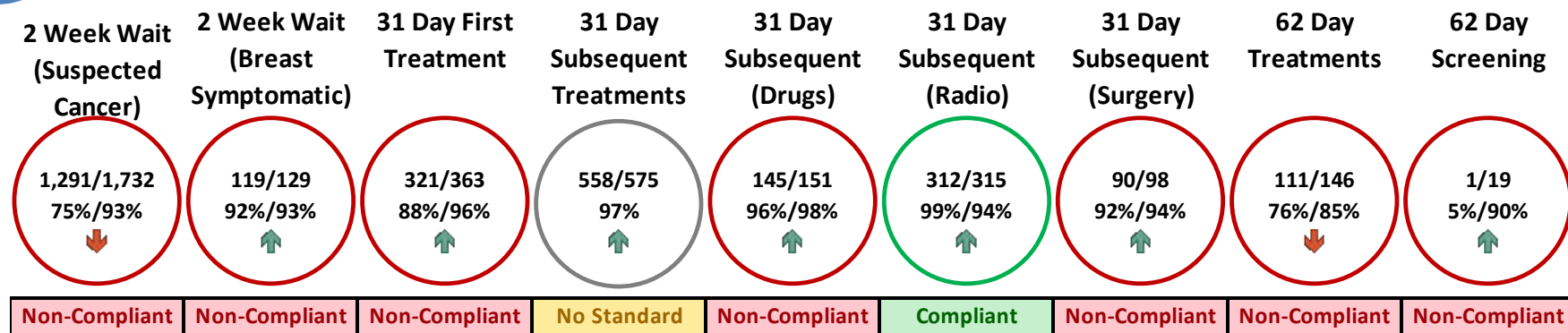


NHSE Phase 3 ambitions are to achieve 80% and 90% of DC, EL and OP PROC activity in September and October onwards respectively.



NHSE Phase 3 ambitions are to achieve 100% of Outpatient Attendances activity in September and 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 1 of the 8 Cancer Waiting Time standards in July; 0 of the 8 standards were met in June.**
 - The 31 Day Subsequent Treatments – Radiotherapy standard was met in July with performance of 99%.
 - Breast Symptomatic performance was just below the 93% standard, and would have achieved compliance if just one more patient had been treated within time – this is a fantastic achievement given Breast Symptomatic performance over the past 12 months. Suspected Breast cancer achievement for 2ww was 97.7%.
 - **An increase has been seen within out of area referrals for Breast services.**
 - The 2ww position has declined from 83% to 75%. This is predominantly due to an issue within Skin cancer, which will carry on in August and September. Positively Upper GI performance increased significantly from 87% to 99%.
 - **Due to the high volume of referrals received, a growing number of appointment slot issues (ASIs) have been present within the Skins tumour group, with the service unable to maintain pre-COVID capacity due to social distancing.**
 - The most challenged tumour groups in July for 62 Day performance were Upper GI at 45% (72% in June) and Urological at 65% (61% in June). Positively Lung performance improved from 47% in June to 70% in July.
- **The Northern Cancer Alliance also met 1 of the 8 standards in July; 0 of the 8 standards were met in June.**
 - Two providers within the Northern Cancer Alliance achieved the 2ww target in July.
 - Three providers within the Northern Cancer Alliance met the 62 day target in July.
- **Despite cancer treatments being prioritised during the COVID pandemic the number of 62 day treatments has declined since March (199).**
 - Although the drop in treatment numbers is in line with the number of referrals received there has also been a lengthening in the time taken to complete patient pathways due to decreased surgical and diagnostic capacity.

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

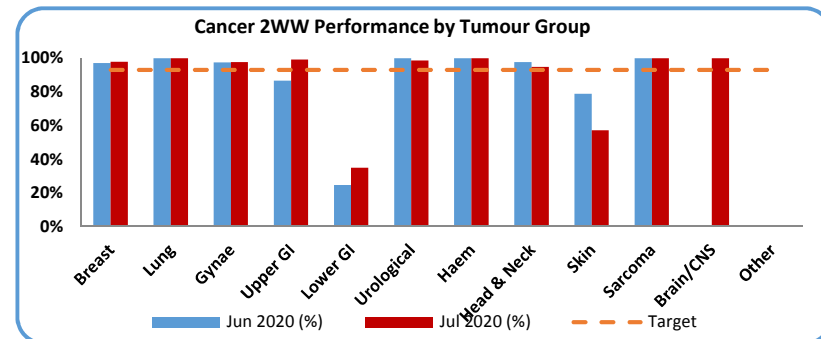
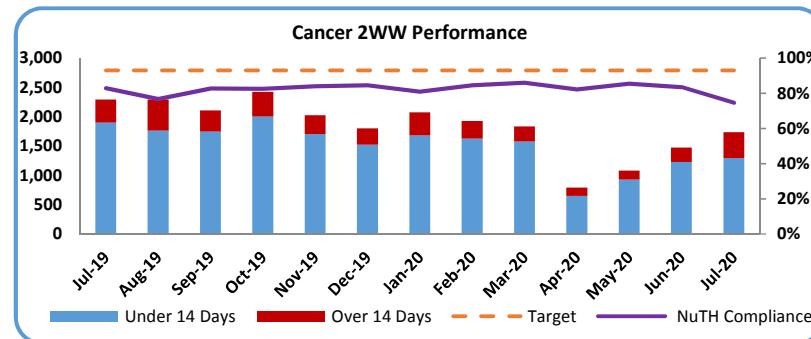
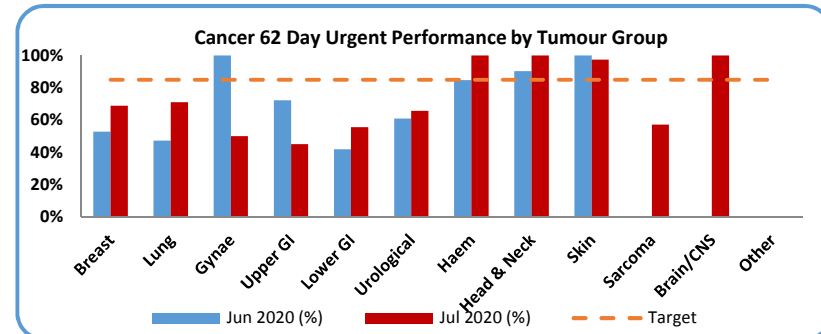
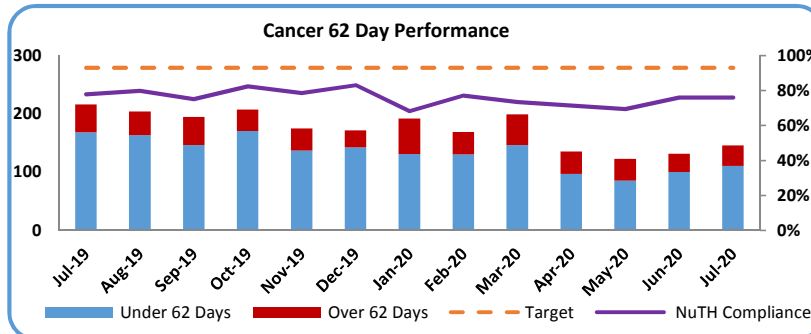
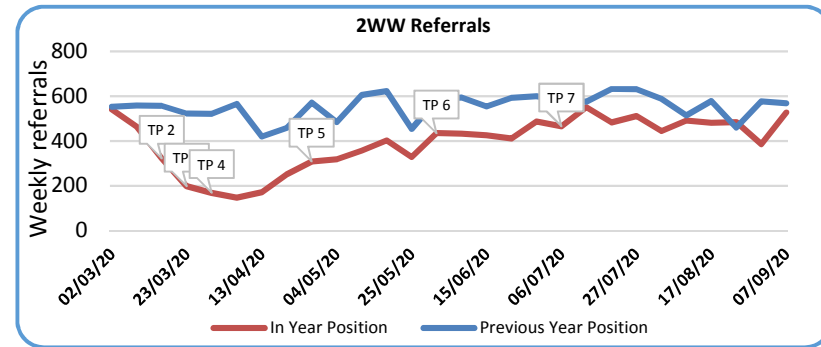
Quality and Performance: Cancer Performance (2/2)

Referrals	Pre-COVID Average	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 23/08/20	w/e 30/08/20	w/e 06/09/20	w/e 13/09/20	Jul-20	Aug-20	Sep-20
Outpatient 2WW	543	88.7%	89.2%	71.0%	97.1%	82.3%	84.0%	88.2%

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.

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.



Quality and Performance: Other Performance Requirements

- The Trust reported 40 'last minute' cancelled operations in August 2020, which was similar to the level reported in July.**
 - This is a threefold increase from the average of 13 per month seen between April and June 2020 when elective activity was significantly reduced due to COVID-19. However, this total remains well below both the August 2019 level (63) and the pre-COVID monthly average of 62.
 - The most frequent cancellation reason in August was 'No ITU Bed available', with this particularly impacting the Cardiothoracic and Surgery directorates.
 - Although approximately 90% of theatre lists have now resumed their usual service, additional 'settle time' between cases due to IPC measures has reduced the volume of cases that can be safely listed per session.
 - NuTH reported 0 breaches against the standard to treat within 28 days following last minute cancellations for the third successive month. This contrasts with April and May 2020 when COVID-19 pressures led to 9 operations being unable to be rescheduled in time. Prior to June 2020, the Trust had last reported 0 monthly breaches in this category in October 2018.
- In relation to Dementia, the Trust did not achieve the national standards for 2 of the 3 metrics in August.**
 - Performance against the referral metric was, however, 100% and this is the 13th month in a row when this target has been met.
 - Actions have been taken to improve compliance against the other 2 metrics with performance in August at the highest levels of 2020/21 to date (71% and 39% against 90% standards). Actions taken to improve this performance further include amending the dementia screening tool alongside IT and using Trust wide communications to increase awareness of the screening tool.
 - All junior doctors continue to receive training from the dementia team as part of their inductions.
- The proportion of people who have depression and/or anxiety receiving psychological therapies remained very low in August at 0.94% (against the 1.58% target), a drop of 0.15% from July's figure.**
 - The proportion has been consistently very low since March, when UK lockdown led to a sharp decline in the number of referrals. It is anticipated that referral levels will increase in future months and may actually exceed pre-COVID volumes.
- In August, performance against the 'moving to recovery' standard for IAPT was 41.3%, well below the target of 50%. This standard had been met in June 2020 for the first time since January 2019.**
- The IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be met with already strong performance having improved further in August as 99.7% of patients were seen within 6 weeks, and 100% within 18 weeks. The past 3 months have seen the highest performance levels against these metrics for many years.**
 - Due to lower referral levels, the service has been able to reduce their overall waiting list size during the past few months, with waiting times for Guided Self Help, Counselling and Psychology modalities all significantly reducing.
 - Telephone and video appointments have facilitated a greater number of patient contact hours in recent months. The team has achieved this despite an increasing number of vacancies, alongside managing the risks and challenges presented by COVID-19.

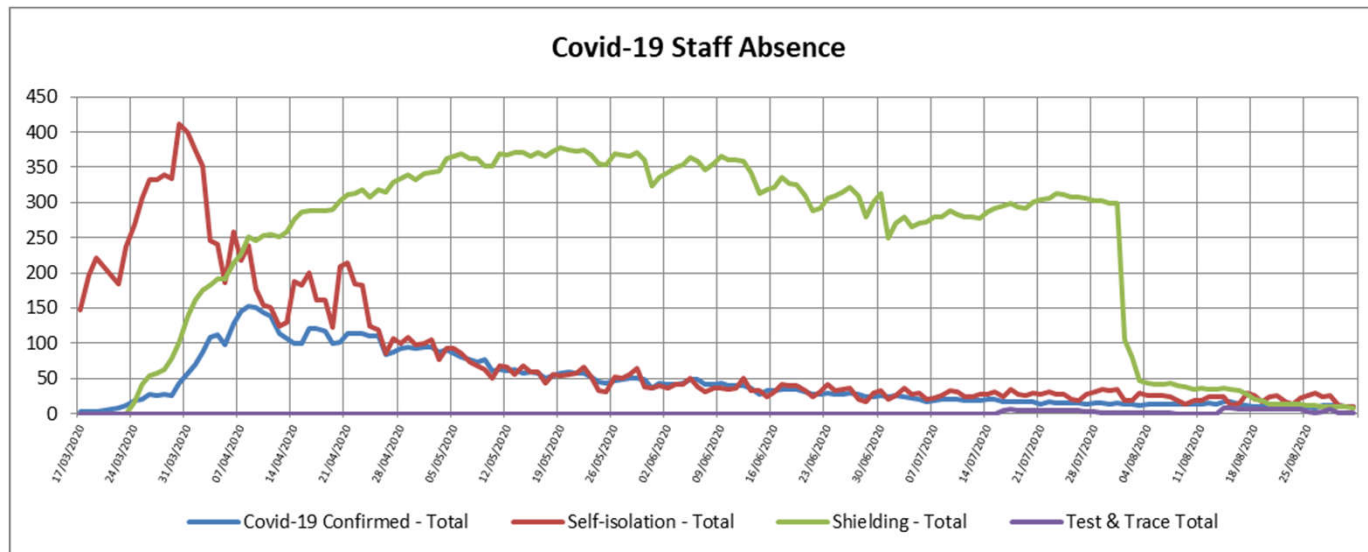
Reportable Cancelled Operations	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Last minute cancelled operations	63	73	54	60	52	48	51	70	7	15	16	45	40
Number of 28 day breaches	13	2	4	1	4	5	3	4	3	6	0	0	0
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
% asked the dementia case finding question within 72 hours of admission.	50%	45%	39%	36%	36%	35%	42%	39%	42%	37%	36%	28%	39%
% reported as having had a dementia diagnostic assessment including investigations.	59%	52%	57%	59%	61%	55%	69%	72%	67%	65%	67%	62%	71%
% who are referred for further diagnostic advice in line with local pathways.	100%	100%	100%	100%	96%	94%	100%	100%	100%	100%	100%	100%	100%

People: COVID-19

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 18th March and 31st August. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Number of Self Isolation cases down from 109 on 01/05/20 to 9 on 31/08/20. However, this month the volumes have increased significantly to 87 cases as of the 08/09/20.
- Number of Shielded Staff absence has reduced from 339 on 01/05/20 to 8 on 31/08/20 with shielding status rules 'relaxed' by government. These staff have been supported to return to work assured by measures in place, some redeployment where appropriate and personal return to work plan.



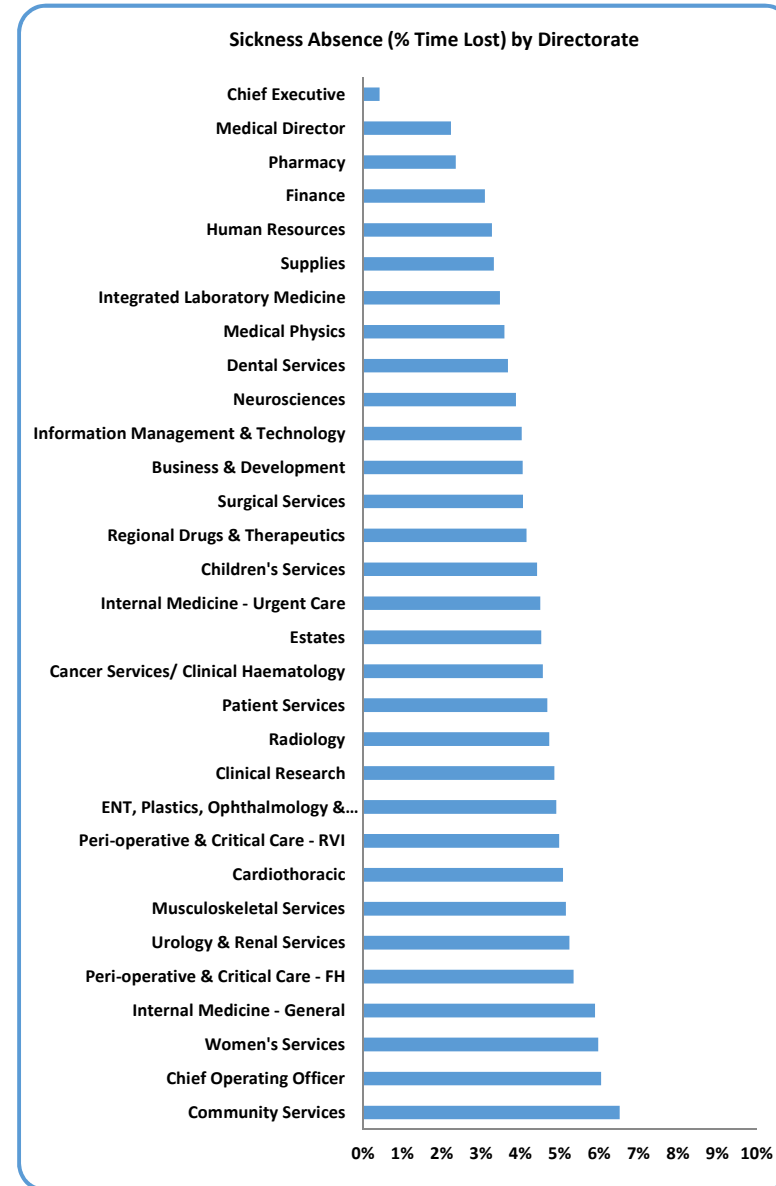
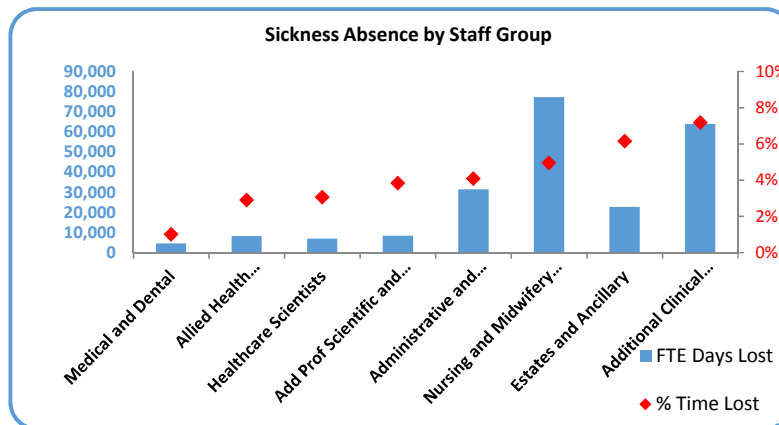
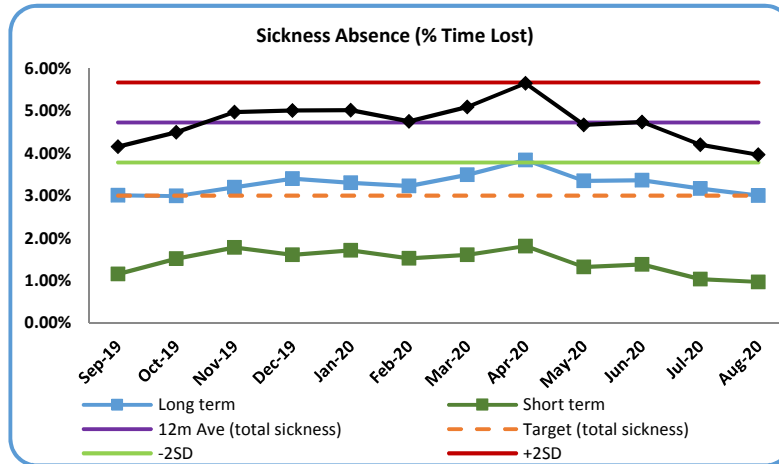
- Risk Assessments have been made available to all Trust staff – staff in 'high risk' category prioritised.
- 100% (as at 31/08/2020) of Trusts BAME staff have had a Risk assessment with mitigating outcomes agreed where necessary. 100% of 'high risk' staff have had a Risk assessment with mitigating outcomes agreed where necessary.
- To support rest, health and wellbeing, all staff have been encouraged to take at least 50% of their annual leave entitlement by end of October.

People: Well Workforce

- Year to year comparison for sickness absence :

	Aug-19	Aug-20	
Long-term	2.94%	3.37%	↑
Short-term	1.33%	1.35%	↑
Total	4.26%	4.72%	↑

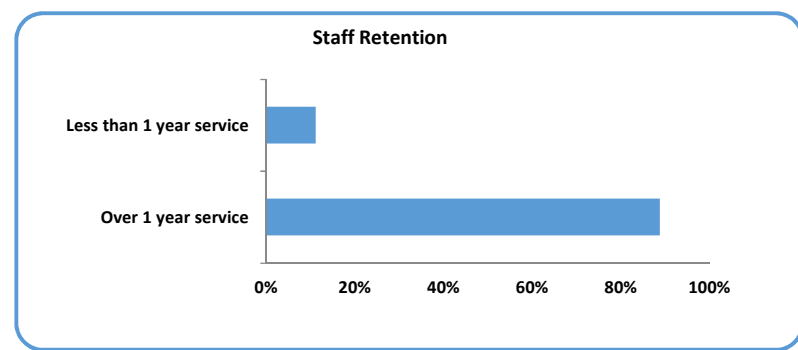
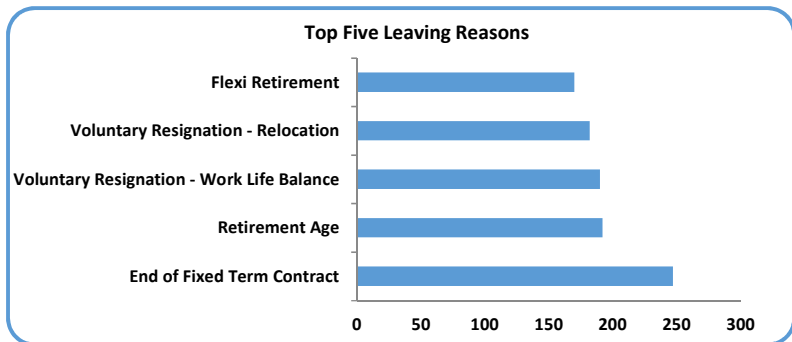
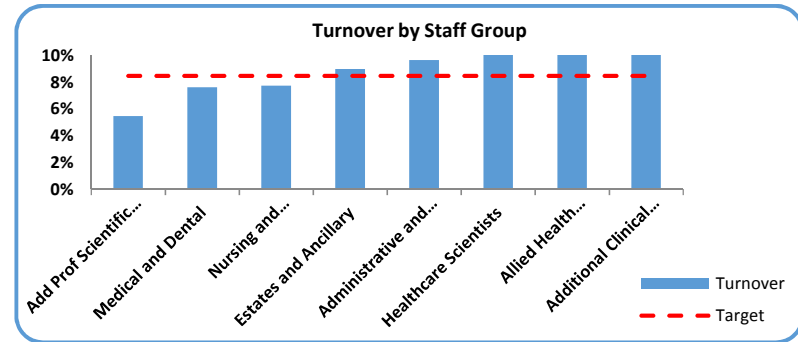
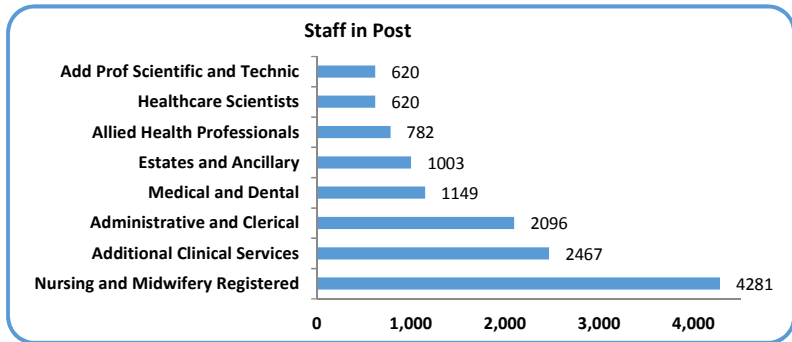
- Cost of absence £19.3m compared to £14.3m in August 2019.
- Overall sickness absence is 4.72% , which is up from the April position of 4.48% .



*COO Directorate includes Outpatients / ABC Service

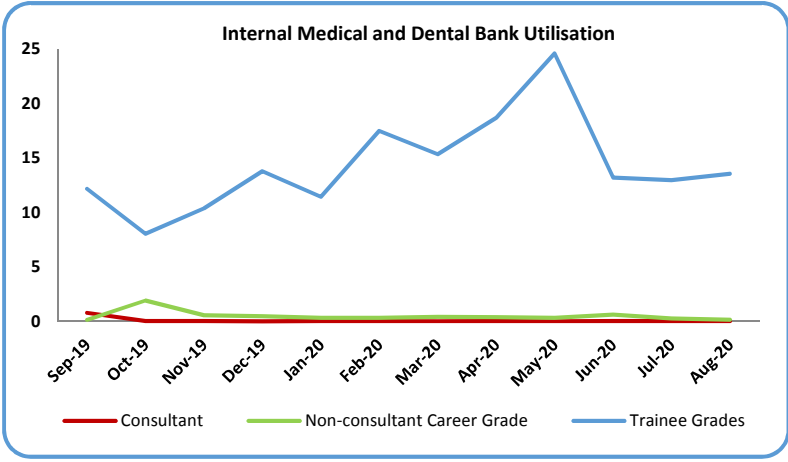
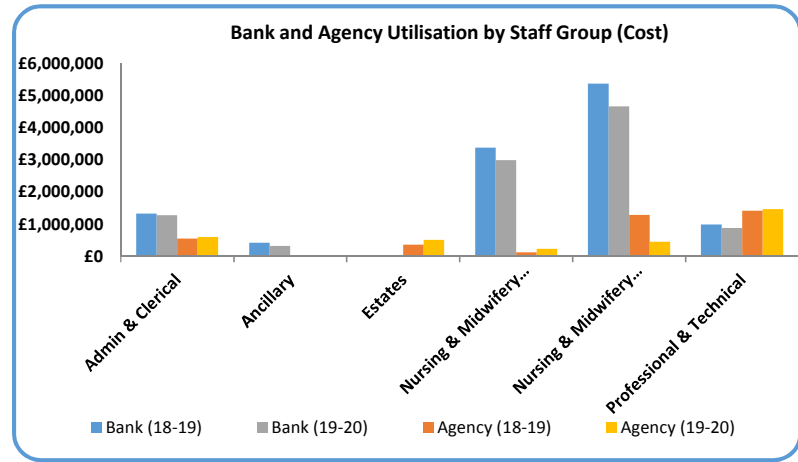
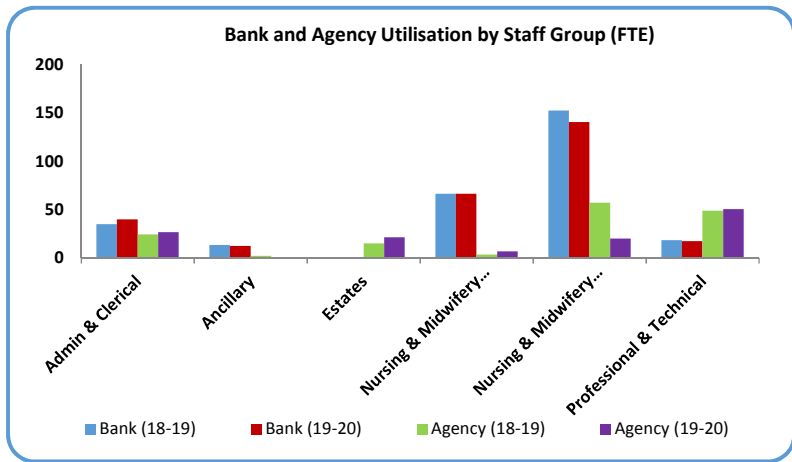
People: Sustainable Workforce Planning

- Staff in post at August 2020 is 13,016 wte compared to 12,610 in August 2019; Headcount is 15,043.
- Staff turnover has increased from 8.92% in August 2019 to 9.71% in August 2020, against a target of 8.5%.
- The total number of leavers in the period September 2019 to August 2020 was 1,559.
- Staff retention for staff over 1 year service stands at 88.86%, which is a slight increase from 88.61% in August 2019.



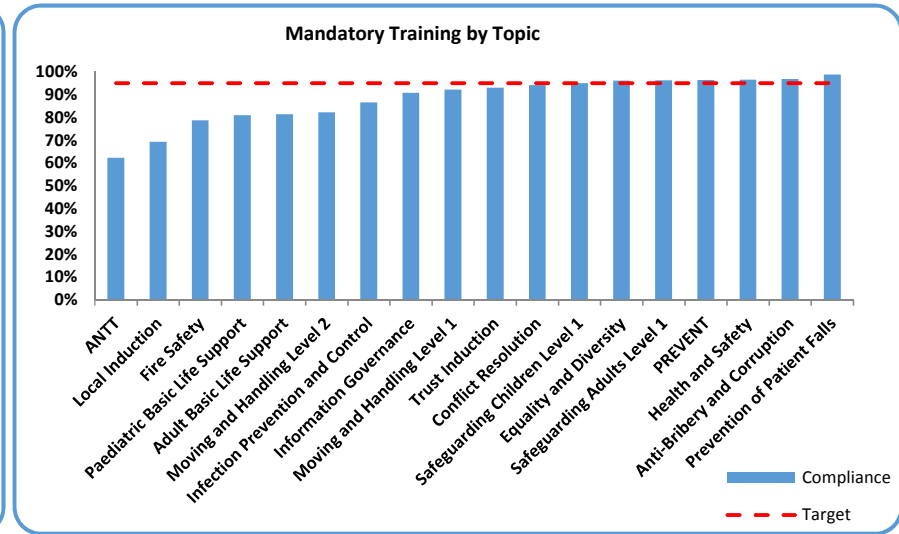
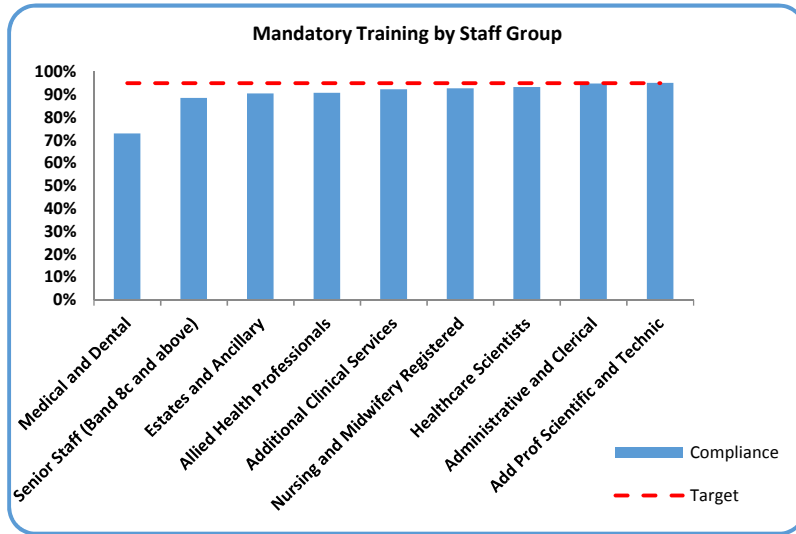
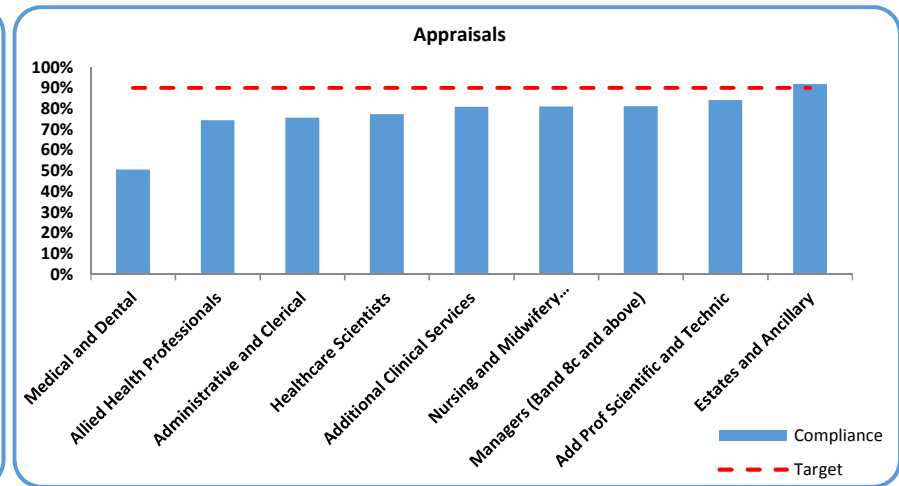
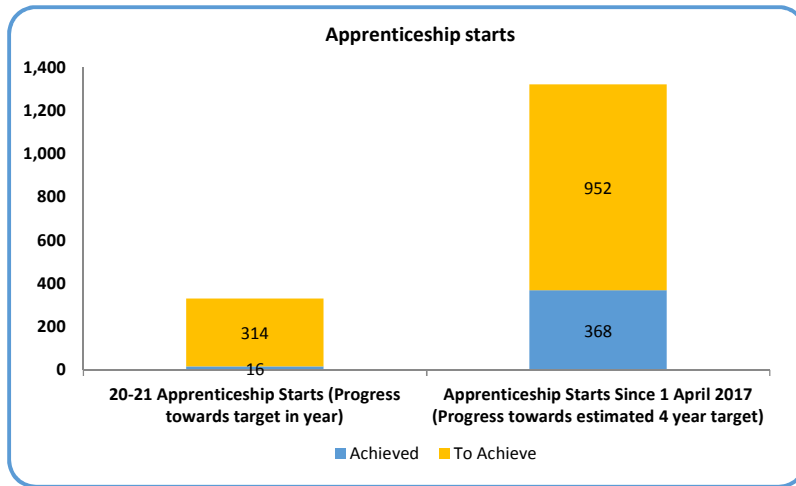
People: Sustainable Workforce Planning

- Comparing the periods September 2018 – August 2019 to September 2019 – August 2020, overall bank utilisation has decreased from 284 wte to 275 wte and agency utilisation has decreased from 149 wte to 125 wte.



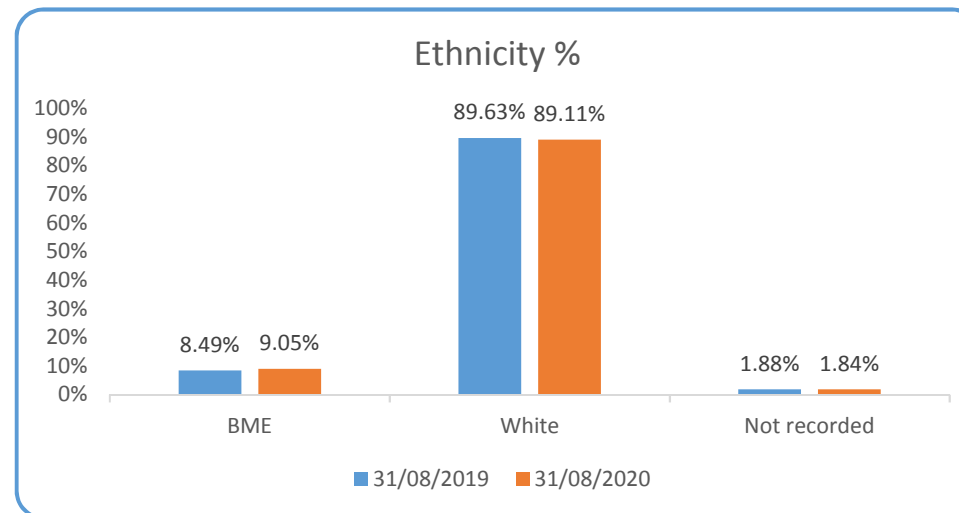
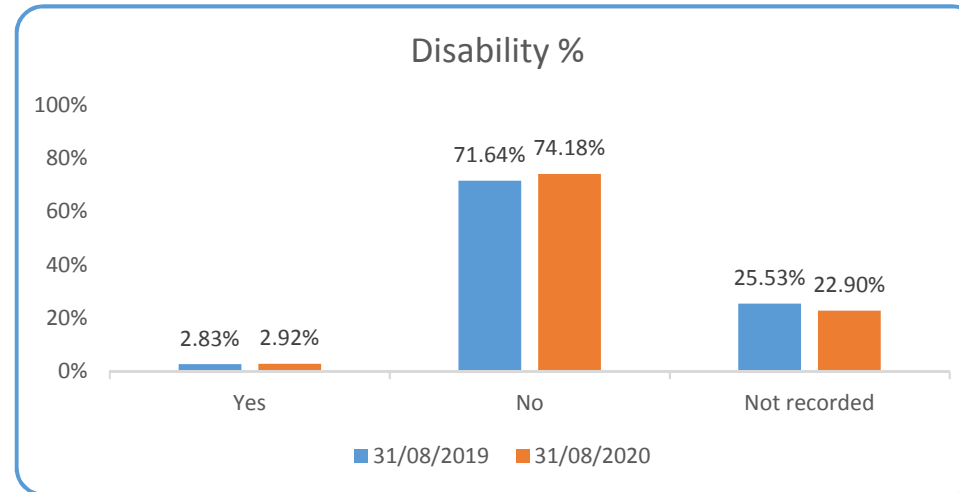
People: Delivering Excellence in Training and Education

- Appraisal compliance stands 78.53%, against an end of year target of 95%. The August 2019 position was 79.26%. Interventions are in hand to improve this.
- Mandatory training compliance stands at 90.94% at end of August 2020, against a Q2 target of 85% and end of year target of 95%. The August 2019 position was 86.94%



People: Equality and Diversity

- The graphs below identify, by headcount, the % of staff in post as at 31/08/20 by disability and ethnic origin. The percentage of staff employed with a disability has increased from 2.83% as at 31/08/19 to 2.92% and the percentage of BME staff has increased from 8.49% to 9.05%.



Finance: Overall Financial Position

This paper summarises the financial position of the Trust for the period ending 31st August 2020.

It should be noted that all Healthcare Contracting and Performance have been suspended during 1st April 2020 to the 30th September 2020, as we are operating under an emergency COVID-19 financial regime. As a result of this, the income will exactly equal expenditure; all financial risk ratings, Provider Sustainability Funding (PSF), and use of resources metrics are not in operation.

In the period to 31st August 2020 the Trust had incurred expenditure of £493.9 million, and accrued income of £493.9 million to match.

To 31st August the Trust had spent £16.6 million capital, £2.7 million behind Plan.

Overall Financial Position	
	Month 5 £'000
Income	493,896
Expenditure	493,896
I & E position (exc impairment)	0
Capital Programme	16,555



COUNCIL OF GOVERNORS

Date of meeting	15 October 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:</p> <ul style="list-style-type: none"> Charitable Funds Committee – 28 August 2020; People Committee - 25 August 2020; Finance Committee - 23 September 2020; and Quality Committee - 18 September 2020. 						
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 checked="" 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 in August 2020.

2. CHARITABLE FUNDS COMMITTEE

The Charitable Funds Committee met on 28 August. During the meeting, the main areas of discussion to note were:

- The Committee received and discussed a number of reports including:
 - The Statement of Financial Accounts and the Balance Sheet, detailing the position to 30 June;
 - A summary of the Grants agreed (both under and over £5k) since the last meeting of the Committee;
 - The Target Spend report and the Income Report, both to 30 June; and
 - The Summary Investment Reports from the Charity's Investment Managers.
- A number of Grant Applications were considered and approved, including those for Daft as a Brush patient transport and for a patient safety and experience project.
- Verbal updates regarding NHS Charities Together and Charity Development and Planning were received.
- The draft Charity Annual Report and Accounts were received.
- The Committee discussed the Chair Succession Plan. The Committee thanked Mr Godfrey for his time as Chair of the Committee.

The next meeting of the Committee will take place on 18 December 2020.

3. PEOPLE COMMITTEE

The People Committee met on 25 August. During the meeting, the main areas of discussion to note were:

- The Director of HR provided an update on COVID-19 from a staff perspective.
- An update on Education and Workforce Development was provided, including the ways in which COVID-19 has shaped current provision.
- An update on staff experience/'Flourish' was received which included headline outcomes from the staff COVID-19 wellbeing 'pulse' survey.
- The meeting focussed on a number of items relating to Equality and Diversity, including the Workplace Race Equality Standard and Workplace Disability Equality Standard data and action plans, along with the Equality and Diversity Annual Report.
- Mr Andy Pike, Freedom to Speak Up Guardian (F2SUG), attended to provide an update on the service, noting the network of F2SUG Champions in development.

Agenda item 11(i)

- The People Dashboard for July was received and discussed.
- A number of reports and updates were received, including:
 - People Plan;
 - BAF Assurance Report; and
 - Employee Relations Report.

The next meeting of the Committee will take place on 20 October 2020.

4. FINANCE COMMITTEE

The Finance Committee met on 23 September. During the meeting, the main areas of discussion to note were:

- The Deputy Finance Director provided an update on the Trust financial position for month 5.
- The Finance Director provided an update on the current emergency finance regime and the new finance regime to be implemented from October 2020. Committee members discussed the anticipated changes in the finance regime and the expected requirements in terms of activity, as well as the associated risks/challenges.
- An overview of the Trust transition to a new financial ledger (Oracle Cloud) was provided.
- A summary of the Trust's planning submission and trajectories against the NHS England / Improvement Phase 3 incentives letter was presented by the Director for Enterprise, Business and Development.
- Committee members received a summary of the Trust position on activity versus previous normal levels in light of the COVID pandemic.
- The Estates Director provided an overview of Trust in year capital programme highlighting the current position and associated risks.
- A presentation was provided on the establishment of the Trust Commercial Enterprise Unit Team and the development of the Trust Commercial Strategy.
- An update on the Procurement & Supply Chain Departments work during the pandemic was provided by the Trust Procurement & Supply Chain Director, along with an outline of the priorities moving forward.
- The Chief Operating Officer advised of the latest position regarding the development of the North East Integrated Covid Hub (newly renamed as the Integrated Covid Hub North East).
- The quarterly Finance Committee Board Assurance Framework Report was received and discussed.
- The Committee approved two contract awards in accordance with the Trust Scheme of Delegation and Standing Financial Instructions.

The next meeting of the Committee will take place on 25 November 2020.

5. QUALITY COMMITTEE

The Quality Committee met on 18 September. During the meeting, the main areas of discussion to note were:

Agenda item 11(i)

- A report reviewing the efficacy of the Committee's management structure was received and discussed. It was agreed that whilst good assurance was provided, further work was required to ensure that duplication was avoided and the structure not be overly administratively burdensome. It was agreed that following the December meeting, Committee meetings would take place quarterly, rather than bimonthly. Further discussion regarding scheduling of the quarterly meetings would take place between the Nursing teams, Corporate Governance and the Clinical Governance and Risk Department.
- The Medical Director/Deputy Chief Executive provided an update on the Trust's management of COVID-19.
- Updates from the Management Group Chairs were received.
- A number of reports were received, including:
 - Safeguarding Q1;
 - Patient Experience Q1;
 - Infection Prevention and Control Q1;
 - the Clinical Audit and Guidelines Group Annual Report;
 - the External Agency Visits, Inspections and Accreditation Report; and
 - the Clinical Research Quality Report.
- The Committee considered the Integrated Quality and Performance Report and received an update on the 3R's programme.
- The Committee approved the Quality Account for 2019/20.

The next meeting of the Committee will take place on 4 December 2020.

6. RECOMMENDATIONS

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

Report of Fay Darville
Deputy Trust Secretary
9 October 2020

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