








## CANCELLED Council of Governors

23 April 2020, 13:30 to 16:00  
 CANCELLED

### Agenda

<b>1.</b>	<b>Council of Governors Agenda</b>		
	 0 CoG Agenda 23 APR 20 FINAL.pdf	(3 pages)	
<b>2.</b>	<b>Business Items</b>		
<b>2.1.</b>	<b>Apologies for Absence and Declarations of Interest</b>		Chair N/A
<b>2.2.</b>	<b>Minutes of the Meeting held on 20 February 2020 and Matters Arising</b>		Chair Attached
	 2 Council of Governor Minutes 20 February 20 DRAFT FINAL.pdf	(15 pages)	
<b>2.3.</b>	<b>Action Log</b>		Chair Attached
	 3 CoG Action Log APR 20.pdf	(1 pages)	
<b>2.4.</b>	<b>Chairman's Report</b>		Chair Attached
	 4 Chairman's Report April 2020 FINAL.pdf	(5 pages)	
<b>2.5.</b>	<b>Chief Executive's Report</b>		Chief Executive Attached
	 5 CEO Board report March 2020.pdf	(8 pages)	
<b>2.6.</b>	<b>Governor Elections Update</b>		Deputy Trust Secretary Attached
	 6 Governor Elections Update Apr 20.pdf	(4 pages)	
<b>3.</b>	<b>Reports from Governor Working Groups</b>		
<b>3.1.</b>	<b>Nominations Committee Report</b>		Chair Attached
	 7i Nominations Committee Update April 20.pdf	(4 pages)	
<b>3.2.</b>	<b>Quality of Patient Experience Working Group Report</b>		Working Group Chair Deferred

3.3.	Business and Development Working Group Report	Working Group Chair Deferred
3.4.	People, Engagement and Membership Working Group Report	Working Group Chair Deferred
4.	Quality, Patient Safety, Performance and Delivery	
4.1.	Integrated Report - Quality, Performance, People and Finance - March 2020	Executive Chief Nurse, Chief Operating Officer, Director of HR and Finance Director Attached
	 8 Integrated Board Report March 2020 CS.pdf	(1 pages)
	 8 Integrated Board Report March 2020.pdf	(26 pages)
5.	Items to Receive	
5.1.	Updates from Committee Chairs and Any Other Business	Chair and Non-Executive Directors Attached
	 9(i) Update from Committee Chairs.pdf	(4 pages)
5.2.	Date and Time of the Next Meeting:	
	Private Governors Workshop: Thursday 18 June 2020 in Function Rooms, 137 and 138, Education Centre, Freeman Hospital	Chair As noted
	Public Formal Meeting: Thursday 20 August 2020 in Function Rooms 137 and 138, Education Centre, Freeman Hospital	

# The Newcastle upon Tyne Hospitals

NHS Foundation Trust

## COUNCIL OF GOVERNORS MEETING

Thursday 23 April 2020 in the Function Rooms 137 and 138, Education Centre, Freeman Hospital  
Start time 1:30pm [Meeting cancelled due to COVID-19 – Papers circulated electronically for information]

	<b>Agenda</b>		
<b>Item</b>		<b>Lead</b>	<b>Paper</b>
	<b>Business Items</b>		
1	Apologies for Absence and Declarations of Interest	Chair	Not applicable
2	Minutes of the Meeting held on 20 February 2020 and Matters Arising	Chair	Attached
3	Meeting Action Log	Chair	Attached
4	Chairman's Report	Chair	Attached
5	Chief Executive's Report	Chief Executive	Attached
6	Governor Elections Update	Deputy Trust Secretary	Attached
	<b>Reports from Governor Working Groups</b>		
7(i)	Nominations Committee Report	Chair	Attached
7(ii)	Quality of Patient Experience Working Group Report	Working Group Chair	Deferred
7(iii)	Business & Development Working Group Report	Working Group Chair	Deferred
7(iv)	People, Engagement and Membership Working Group Report	Working Group Chair	Deferred
	<b>Quality, Patient Safety, Performance &amp; Delivery</b>		
8	Integrated Report – Quality, Performance, People & Finance – March 2020	ECN, COO, HRD & FD	Attached
	<b>Items to Receive</b>		
9(i)	Updates from Committee Chairs and Any Other Business	Chair & NEDs	Attached

Item		Lead	Paper
9(ii)	<p>Date and Time of Next Meeting:</p> <p>Private Governors Workshop: Thursday 18 June 2020 in Function Rooms 137 and 138, Education Centre, Freeman Hospital.</p> <p>Public Formal Meeting: Thursday 20 August 2020 in Function Rooms 137 and 138, Education Centre, Freeman Hospital</p>	Chair	As noted

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## COUNCIL OF GOVERNORS

### DRAFT MINUTES OF MEETING HELD ON 20 FEBRUARY 2020

- Present:** Professor Sir J Burn, Chairman  
 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:** Professor K McCourt, Non-Executive Director  
 Ms J Baker, Non-Executive Director  
 Mr J Jowett, Non-Executive Director  
 Mr A Welch, Medical Director/Deputy Chief Executive  
 Mrs A Dragone, Finance Director  
 Mr M Wilson, Chief Operating Officer *[from 14:24pm]*  
 Mr P Towns, Assistant Director of Nursing  
 Mrs K Jupp, Trust Secretary  
 Ms L Hall, Deputy Director of Quality & Effectiveness [for agenda item 20/02 i only]  
 Ms AM Troy-Smith, Quality Development Manager [for agenda item 20/02 i only]  
 Mrs R Carter, Head of Quality Assurance & Clinical Effectiveness [for agenda item 20/02 i only]  
 Mr Y Hunter-Blair, Assistant Director of Production & Preparation [for agenda item 20/02 ii only]
- Secretary:** Mrs F Darville, Deputy Trust Secretary (Minutes)

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

#### 20/01 BUSINESS ITEMS

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

Apologies were **received** from Governors Mr P Briggs, Mrs J Carrick, Miss R Draper, Professor A Fisher, Dr V Hammond, Mr J Hill, Mrs R Hudson, Ms F Hurrell, Mrs S Nelson, Dr M Saunders, Councillor A Schofield, Mr M Warner and Professor A Wathey.

Further apologies were **received** from Ms M Cushlow, Executive Chief Nurse, Mrs A O'Brien, Director of Quality and Effectiveness, Mrs C Docking, Assistant Chief Executive,

Dr V McFarlane Reid, Director for Enterprise & Business Development and Non-Executive Directors Mr S Morgan, Mr D Stout, Professor D Burn and Mr K Godfrey.

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 21 November 2019 and Matters Arising**

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

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

**iii) Meeting Action Log**

The action log was **received**, with one action in progress.

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

**iv) Chairman's Report**

The Chairman welcomed the new Trust Governors in attendance, being Mrs N Turnbull, Mr J McDonald, Mrs G Bestford and Mr S Connolly.

The Chairman presented the report, **noting** that the report had been included on the agenda for the public session of the Board of Directors on 30 January 2020.

Reference was made to the launch of Great North Cancer Research, the regional collaboration on cancer research, and the changes to Genomics Services, both of which highlighting the importance of working collaboratively across the Integrated Care System (ICS) and more broadly to deliver the best outcomes for patients.

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

**v) Chief Executive's Report**

The Chief Executive **provided** a verbal update, with the following salient points **noted**:

- The Trust, along with the wider NHS, was in a period of transition between finalising the current financial year and planning for the new financial year.
- Potential changes to health policy and the Long Term Plan were anticipated following the election of a new Government. The publication of the People Plan was awaited.
- Collaborative work on the North East and North Cumbria ICS continued, with clarity over the governance structure and decision making arrangements to be ascertained.

- The Comprehensive Spending Review outcome was awaited, and in particular the announcement of funding levels as these were likely to impact on waiting times.
- The Trust has submitted a bid to become an Academic Health Science Centre (AHSC), with interviews to take place next Tuesday. If successful, this may result in additional substantial research grants and allocations into the organisation.
- The Trust anticipated delivering its financial obligations for the current financial year and was working on its financial plan for 2020/21.
- The Trust had recently submitted a number of Research and Innovation (R&I) funding bids. The internal R&I structure had been strengthened, with Professor John Isaacs appointed as Assistant Medical Director for R&I, and multi-professional links established with both Newcastle and Northumbria Universities. Further developments were underway to improve the joint infrastructure in place for R&I. A recent visit by Sam Roberts, Director of Innovation and Life Sciences at NHS England had resulted in the Trust participating in a trial as a national site for R&I to provide a test bed for rapid translation of research.
- The results of the Staff Survey were released following completion in the autumn. The majority of Trust staff responded to say that Newcastle Hospitals was their first preference for them and family/friends to receive care and received the highest score in the country on this question.
- It was acknowledged that further work was required to improve areas around reducing violence against staff eliminating staff bullying and harassment and ensuring equity of opportunity for Trust Black Asian and Minority Ethnic (BAME) staff. A Flourish event was held last week for staff to collaborate, consider the results and to draft action plans for improvement.
- Regarding national roles, the Chief Executive recently joined a new national group on climate change, continues to sit on the NHS Assembly and chairs the Shelford Group of Trusts.

The Medical Director/Deputy Chief Executive provided an update on Coronavirus, with the following points noted:

- Coronavirus belongs to a family of viruses which include influenza, MERS and SARS.
- The latest strain that has presented appeared to have originated in China in December 2019.
- The mortality rate currently appears to be similar to seasonal influenza at around 2.5%.
- Prof Chris Witty, Chief Medical Officer for England, recently visited the Trust's High Consequence Infectious Disease (HCID) Unit which admitted the first two patients in England with confirmed Coronavirus.
- The Trust was reviewing its emergency preparedness plans in light of the Coronavirus position.

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

#### vi) Governor Elections Results

The Deputy Trust Secretary presented the report noting the outcomes of the recent ballots for 1 Public Governor, 3 Staff Governors and a Charity Governor.



The agreement of the Council was requested to allow for the extension of the terms of office of the newly elected Governors as outlined within the report, to align with the standard Governor Election cycle. Council members **agreed** the request.

The upcoming seats for the May 2020 Governor elections were noted, with an update to be provided at the next Council meeting.

**It was resolved:** to (i) **receive** the report and (ii) **note** the agreement to extend the terms of office of the newly elected Governors to be consistent with the standard Governor election cycle.

## 20/02 PRESENTATIONS

### i) End of Year Quality Account Presentation

The Deputy Director of Quality & Effectiveness, Quality Development Manager, Head of Quality Assurance & Clinical Effectiveness and Assistant Director of Nursing **delivered** the presentation detailing the Quality Account for 2019/20.

The following key points were **noted** from the presentation:

- In January 2020, an update on the Quality Account priorities was provided to the Quality of Patient Experience Governor Working Group, with Quality and Safety remaining as the main overarching priority for Newcastle Hospitals.
- A brief overview of progress to date for the 2019/20 priorities was provided:
  - Priority 1: Healthcare Associated Infections (HCAIs) – significant progress had been achieved. A 10% year on year reduction of instances of MSSA bacteraemias had been observed in line with the target set. The anticipated reduction of 25% in E.coli and other Gram negative bacteraemias had not been met to date but progress was being made. A reduction in C.difficile infections had been achieved in line with national trajectory.
  - Priority 2: Pressure Ulcers (PU) – a significant reduction in hospital acquired PUs had been seen across the organisation. A brief spike in instances was observed in October which was attributed to the implementation of the Paperlite programme; however the position has since been recovered. The Trust continues to utilise Quality Improvement (QI) initiatives on Wards with higher numbers of PUs and seeks to embed the methodology amongst wider staff to increase Trust knowledge.
  - Priority 3: Management of Abnormal Results: a task and finish group was convened to develop an electronic system that would automatically create an electronic flag to be added to a patient record to identify abnormal results at a glance. It was anticipated that further refinement of the process was required as the current process was reliant on a paper based approach.
  - Priority 4: System for Action Management and Monitoring (SAMM) – it was advised that the Trust aspired to create or procure a system that would allow for more robust ‘closed loop’ management of actions resulting from internal

and external inspections carried out within clinical directorates. A multidisciplinary group within the Trust had been convened to help define the system requirements as no 'off the shelf' packages were available. It was further advised that there was limited in-house IT development capacity at present due to organisational focus on the paperlite programme therefore the implementation timeline could not be defined.

- Priority 5: Enhancing capability in Quality Improvement (QI) – The Trust remains focussed on the Trust wide benefits of embedding QI methodologies across the organisation due to the proven improvements in outcomes for both patients and staff. It was acknowledged that this priority was a long term project which required investment in order to improve the number of staff members who have completed the required QI methodology training.
- Priority 6: Deciding Right – work continues within this area to ensure that end of life and palliative care decisions were made in accordance with patient's wishes. Collaboration with Newcastle City Council was underway as part of the 'Everything in Place' project.
- Priority 7: Treat as One – a mental health collaboration between the Trust and the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust was noted and would continue in the coming year. The work was focussed on Adult Mental Health however it was hoped that this could be translated into Children's Mental Health.
- Priority 8: Reasonable adjustments for patients with suspected or known learning disability – work continued to ensure that those patients had the best possible experience as a patient with the Trust, through the utilisation of tools such as the Patient Passport and through feedback from patients on the Learning Disabilities Group. More work was required to focus on the transition from Child to Adult services.

The Council queried the approximate percentage of patients that had a suspected or known learning disability. The Assistant Director of Nursing agreed to provide the figure outwith the meeting [**ACTION01**].

Presenters went on to highlight the proposed quality priorities for 20/21 which included:

- Patient Safety
  - Reducing Infection
  - Pressure Ulcer Reduction
  - Management of Abnormal Results
- Clinical Effectiveness
  - Enhancing capability in QI
  - Shared Decision Making (SDM)/Consent [Replacing the previous SAMM priority due to limitations to system capabilities]
- Patient Experience
  - Treat as One
  - Ensure reasonable adjustments are made for patients with suspected or know Learning Disability
  - Establish a Patient Experience Volunteer Network [Replacing the previous Deciding Right priority]

It was noted that the priorities for the coming year remained broadly consistent with those for 2019/20 with the two amendments outlined above. The addition of a priority on Shared Decision Making and Consent was to ensure that there was a consistent approach to fully informing patients about treatment options across the Trust. Mrs Yanez highlighted that a project had been undertaken in relation to this previously named the 'Magic' Project and recommended that this information be considered.

Regarding the Pressure Ulcer priority, Dr Murthy queried the focus on reduction rather than prevention. It was noted that pressure damage would be difficult to eradicate entirely from a hospital setting.

Mr Cranston queried whether education for patients and visitors on infection prevention and control (IPC) and hand hygiene should be a Trust Quality Account priority. The Deputy Director of Quality and Effectiveness advised that while it was not captured within this exercise, IPC remained a cornerstone of the Trust's standard practice and continued as part of the organisation's business as usual.

*[The Chief Operating Officer and Assistant Director of Production and Preparation joined the meeting 14:24pm]*

*[The Chief Executive left the meeting at 14:25pm]*

The Quality Development Manager went on to note that Governor consideration and agreement was required in relation to the selection of a local quality indicator alongside the mandated 18 week wait and 4hr A&E target performance measures for the Quality Account. It was suggested that the Trust use Healthcare Associated Infection with a focus on Staphylococcus Aureus.

Mrs Errington requested that in the future, the discussion on the agreement of the local quality indicator be considered by the Quality of Patient Experience Working Group earlier in the cycle, ideally annually in January.

Mrs Perfitt requested two further areas be considered for use as potential local indicators being communication with GPs (letters) and pharmacy waiting times.

The Council agreed to delegate authority to Mrs Errington as Chair of the QPE Working Group to finalise the local indicator for 2019/20. The Quality Development Manager agreed to liaise directly with Mrs Errington to finalise the local indicator with the outcome to be fed back to the wider Council in advance of the next meeting **[ACTION02]**.

*[The Quality Development Manager, Head of Quality & Assurance & Effectiveness and Deputy Director of Quality & Effectiveness left the meeting at 14:32pm]*

**It was resolved:** to (i) **receive** the presentation and (ii) **note** the requirement for the Quality Development Manager to liaise with Mrs Errington regarding the selection of a local indicator for the Quality Account for 2019/20.

**ii) Newcastle Specials Presentation**

The Assistant Director of Production and Preparation provided the presentation with the following points to **note**:

- Newcastle Specials is a Pharmacy Production and Quality Control Unit (PPU) which holds both a MHRA licence to manufacture medicines as well as a wholesale dealer's license to allow medicines to be manufactured and distributed outside of the Trust. The PPU produce a range of products to exacting patient requirements for both inpatients and a number of external customers.
- The PPU consists of a purpose built production unit facility at the Royal Victoria Infirmary and a smaller aseptic suite housed with the Northern Cancer Centre.
- There are five specialised production zones for a range of different products and activities including parenteral nutrition, centralised intravenous additives, non-sterile items, aseptic manufacture and cytotoxic chemotherapy.
- Production is subject to a rigorous quality control and quality assurance process.
- NHS Improvement undertook an Aseptic Services Review between 2017 and 2019 which identified 4 strategic levers to enable transformation and improve sustainability, resilience and productivity; as well as an overarching principle.
- The top twelve pharmacy products made at ward level equated to circa 39.9m dose units in 2018. By producing these away from the ward setting in the PPU allows nursing time to be released back to direct patient care.
- The potential for further commercial opportunities was noted and the aspirations for further future growth were highlighted, albeit it was acknowledged that further physical space would be required to allow maximum benefit from opportunities.

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

*[The Assistant Director of Production and Preparation left the meeting at 14:55pm]*

**20/03 REPORTS FROM GOVERNOR WORKING GROUPS****i) Nominations Committee Report**

The Chairman presented the report and **noted** the following points:

- Mrs Pat Ritchie, Chief Executive of the Newcastle City Council, joined the Trust's Board of Directors as an Associate Non-Executive Director in January 2020.
- The Trust had commenced the recruitment process for two Non-Executive Directors utilising the services of Gatenby Sanderson. A detailed consideration of the Board composition and skill-set was undertaken and the skills/expertise to be sought were outlined within the paper. The recruitment timetable was due to be finalised with interviews to be scheduled in May/June.
- The Terms of Reference were reviewed with minor amendments approved.

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

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

Mrs Errington presented the report, **noting** that group members had undertaken a number of visits as detailed in the report.

Regarding the report pertaining to Ward 18 (FH), Miss Colvin-Laws queried whether the walking aids had been removed from the day room to which Mr Forrester confirmed was the case.

In relation to the visit to Ward 14, Mrs Yanez advised that the ward would be revisited when the Ward Sister was present and highlighted that the Ward itself was situated quite a distance from the car park therefore this required consideration for visitors/patients whose mobility was restricted.

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

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

Dr Valentine presented the report with the following points to **note**:

- The recent meeting discussed the changes to the arrangements for Governors to observe Board Committee meetings. The Trust Secretary was drafting a protocol to share with the Council of Governors.
- Attendance of NEDs at the Working Group meetings was deemed useful and allowed for a positive exchange of information.
- Three members of the group attended the Quality Account public consultation event.
- Newly elected Governors were invited to attend meetings as members or on an ad-hoc basis.

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

**iii) Community Engagement and Membership (CEM) Working Group Report**

Mr Cranston provided a verbal report with the following points to **note**:

- It was recommended that the working group be renamed the 'People, Engagement and Membership Working Group' to better align to the People Committee.
- Meetings of the working group had been altered to take place bimonthly, opposite to the formal meeting. All Governors were welcomed to attend.
- The first Members Event of the year took place on 6 February 2020 on the subject of Transplantation. The feedback received on the presentations by Professor Schueler and Professor White was overwhelmingly positive, along with the inclusion of the Governor Surgery section. It has been agreed that this format continue going forward with suggestions for further improvement of the format welcomed.
- The two remaining Members Events for 2020 have been scheduled for Thursday 11 June 2020 on the History of the RVI and on Thursday 22 October on Sustainability and the Trust Declaration of a Climate Emergency.

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

**20/04 QUALITY AND PATIENT SAFETY/PERFORMANCE & DELIVERY****i) Integrated Report – Quality, Performance, People & Finance – January 2020**

The Chief Operating Officer tabled a paper which highlighted the requirements for the Trust submission as a result of the NHS Operational Planning and Contracting Guidance for 2020/21. Detailed within the paper were the 16 requirements along with their current statuses and the assessed risk in achieving compliance.

A number of areas were rated green as either the Trust already met the requirement or was working to achieve the requirement in time for the submission. These included the requirements around the commencement of reablement care within two days of referral, the avoidance of ambulance handover delay and 'corridor care' and the acceleration of outpatient transformation plans.

Areas of challenge in achievement were noted as the reduction of bed occupancy to a maximum of 92%, lowering the Trust's waiting list by 31 January 2021 and the elimination of waits of over 52 weeks for treatment.

The full Integrated Report was received for information and going forwards would be included as a standing agenda item.

Mr Stewart-David queried the Trust's performance in relation to cancer when compared to other providers. The Medical Director/Deputy Chief Executive advised that while patient outcomes continue to be good, the Trust was currently not achieving the 62 day referral to treatment target in all cases however a number of actions were being undertaken to improve the position.

Regarding the Executive summary provided within the report, Dr Murthy queried the measures planned to recover the performance position for those targets which were not being achieved. The Chief Operating Officer acknowledged that although the Trust was not able to meet some performance standards, it continued to perform well when compared to its peers. It was further advised that a review of the wider clinical standards was currently underway and it was anticipated that new clinical standards would be published in the coming weeks. An update would be provided to Governors in due course.

Mrs Yanez queried the position regarding the 2 week Breast symptomatic performance standard. The Chief Operating Officer advised that the standard was not being met primarily due to limitations within radiology staffing however patients were being triaged and groups prioritised appropriately.

Dr Murthy went on to query the financial penalty for not meeting the performance targets to which the Finance Director advised was under constant review and would be considered as part of value based commissioning and contract negotiations with Commissioners.

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

## 20/05 ITEMS TO APPROVE

### i) Council of Governors Working Group Terms of Reference

The Trust Secretary advised that the Terms of Reference for the Council of Governor Working Groups had been updated in conjunction with the working group members to better align them to the Board Committees within the Trust's refreshed governance structure. Minor amendments to the names of two of the committees – 'Business Development Working Group' to 'Business and Development Working Group' and 'Community Engagement and Membership Working Group' to 'People, Engagement and Membership Working Group' – were proposed. In addition, where appropriate the content of the Terms of Reference across the Working Groups were amended to be more consistent across the Groups.

The Trust Secretary highlighted the proposed appointment and reappointment timeline for the Chairs of the Working Groups.

The Council agreed the content of the proposed updated Terms of Reference subject to a minor further amendment to be made to section 4.1.5 to remove the word 'only' and to insert 'and contribute'.

**It was resolved:** to (i) **receive** the report; to (ii) **approve** the revised content of the Terms of Reference following amendment to section 4.1.5 as outlined above and (iii) **approve** the appointment/reappointment timeline as outlined in the report.

### ii) Lead Governor Arrangements

The Trust Secretary presented the paper noting that the role description had been updated following discussion at the Governor workshop held in January 2020.

The Council **approved** the arrangements for Lead Governor as set out in the report, including the revised Lead Governor Role Description attached in Appendix B and the process for the appointment of a Lead Governor as detailed in Section 3 of the report.

**It was resolved:** to (i) **receive** the report and (ii) **approve** the arrangements for Lead Governor therein.

## 20/06 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

### i) Update from Committee Chairs and Any Other Business

*People Committee*



Mr Jowett provided the update **noting:**

- Two meetings of the Committee had taken place since the last meeting of the Council.
- The meeting held in February considered the initial findings following the release of the Staff Survey results. The Trust continued to score well on themes such as staff feeling trusted to do their job, that their role made a difference within the organisation and that positive action had been undertaken in relation to health and wellbeing. Action plans to improve areas such as pressure to come to work when ill and senior management acting on feedback were in place and would be monitored by the Committee going forward.
- The Committee received the Gender Pay Report and the Ethnic Pay Report, noting that both would be interesting topics for further discussion at future Governors meetings which the Deputy Trust Secretary agreed to facilitate **[ACTION03]**.

#### *Quality Committee*

Professor McCourt provided the update, **noting:**

- The Committee had met on one occasion since the last meeting of the Council.
- Reports were received from the management groups which provided necessary assurance to the Committee that care provided to patients continued to be of the highest standard. These included specific detail around sepsis management, the adult inpatient survey, the maternity survey and the robust process for the approval of new interventional procedures.
- Estates challenges which had the potential to impact the quality of care provided were discussed and continue to be monitored, particularly those relating to space occupancy on the Maternity Assessment Unit.
- As a newly formed committee, a review of the activity undertaken in the inaugural year would be undertaken to ensure activity and output of the Committee remained consistent with its terms of reference. Further the review would consider the reports received and the management groups in place within the Quality Committee structure.

#### *Audit Committee*

Professor McCourt provided the update, **noting:**

- The Committee meets on a quarterly basis and last met on 28 January 2020.
- The agenda consisted of a number of updates relating to Corporate Governance and Compliance including the revised Risk Management Policy, the refreshed and updated Standing Financial Instructions and Standing Orders and a progress report on the Trust's compliance in regard to the Standards of Business Conduct.
- Updates were received from both Internal and External Auditors, along with a report relating to Counter Fraud activity and schedules of both Debtors and Creditors and Losses and Compensation.

#### *Charitable Funds Committee*



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

- The committee met twice since the last meeting of the Council, in one formal meeting and one extraordinary meeting. The extraordinary meeting was called to consider two significant applications for funding which required a timely response.
- The Committee agreed to move its current Newton investment portfolio into a sustainable fund.
- A number of applications were received and approved, including those for a database for hip surveillance in children with cerebral palsy and a clinical cystic fibrosis fellowship.
- The review of the Trust's Charity continues which the Committee was contributing to consider ways in which the profile could be raised to generate further funding.

#### *Finance Committee*

The Finance Director provided the update, noting:

- The Committee has met twice since the last meeting of the Council, in one formal meeting and one extraordinary meeting. Further another extraordinary meeting was scheduled for next week to consider the Trust's year end position.
- The impact of blended tariffs was discussed, along with the Trust's continuing strong cash balance.
- The Committee received updates on the Trust's Transformation programme and the CIP plans, as well as an update on the capital programmes.
- The Committee remained assured that the Trust would deliver its financial obligations at year end.

**It was resolved:** (i) to **receive** the updates and (ii) **note** the requirement for the Deputy Trust Secretary to facilitate the inclusion of the Gender Pay Report and Ethnic Pay Report presentations at a future meeting.

#### **ii) Matters arising from the Informal Governors Meeting**

Mr Cranston advised that the informal meeting of Governors immediately preceding the formal session discussed a variety of matters, including the recent Members Event on 6 February 2020, Trust performance in relation to Cancer standards and the content of the updated Terms of Reference for the Governor Working Groups. 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]**.

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

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

The next meeting of the Council of Governors would be held on **Thursday 23 April 2020** in Function Rooms 137 and 138, Education Centre, Freeman Hospital. [Meeting subsequently cancelled due to social distancing restrictions put in place as a response to COVID-19 pandemic however available papers to be made available electronically].

The next meeting of the Council of Governors would be a private workshop on **Thursday 18 June 2020** in Function Rooms 137 and 138, Education Centre, Freeman Hospital.

**There being no further business the meeting closed at 4:10pm.**

### GOVERNORS' ATTENDANCE 20 FEBRUARY 2020

A	Mr Derrick Bailey	Y
S	Mr Andrew Balmбра	N
S	Mrs Glenda Bestford	Y
2	Mr Graham Blacker	Y
3	Mr Paul Briggs	Apologies
1	Mrs Judy Carrick	Apologies
2	Mr Terrance Coleman	Y
S	Miss Dani Colvin-Laws	Y
S	Mr Steve Connolly	Y
2	Mr Steven Cranston	Y
1	Miss Ruth Draper	Apologies
2	Mrs Carole Errington	Y
A	Professor A Fisher [Newcastle University]	Apologies
1	Mr David Forrester	Y
1	Dr Vanessa Hammond	N
2	Ms Catherine Heslop	N
S	Mr John Hill	Apologies
S	Mrs Rachael Hudson	Apologies
S	Mrs Fiona Hurrell	Apologies
2	Dr Helen Lucraft	Y
2	Mr Matthew McCallum	N
1	Mrs Jean McCalman	Y
2	Mr John McDonald	Y
3	Dr Lakkur Murthy	Y
1	Mrs Susan Nelson	Apologies
2	Mrs Carole Perfitt	Y
3	Dr Michael Saunders	Apologies
A	Cllr Ann Schofield	Apologies
2	Miss Claire Sherwin	N
1	Mr David Stewart-David	Y
A	Mrs Norah Turnbull	Y
1	Dr Eric Valentine	Y
3	Mr Michael Warner	Apologies
A	Professor Andrew Wathey	Apologies
2	Mr Fred Wyres	N
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
98	ACTION01	19/22 Business Items iii) Meeting Action Log	21-Nov-19	In reference to action 93, Dr Murthy noted that while the materials had been refreshed in the Governor room, the condition of the room required review due to the current storage of furniture. The Trust Secretary advised that this was temporary due to works being undertaken however would review use of the room to ensure it was fit for purpose <b>[ACTION01]</b> .	K Jupp	<u>03/01/20</u> - Email sent to Hotel Services regarding cleanliness of room and to Governors regarding use of room. <u>10/01/20</u> - Discussion with Hotel Services advised that the room is cleaned with bins emptied on a daily basis. Request made for excess furniture to be moved - in the interim all Governor Working Group meetings have been moved to alternative rooms/venues. <u>16/04/20</u> - Meeting room currently out of use due to COVID-19. Action on hold.	
100	ACTION01	20/02 PRESENTATIONS i) End of Year Quality Account Presentation	20-Feb-20	The Council queried the approximate percentage of patients that had a suspected or known learning disability. The Assistant Director of Nursing agreed to provide the figure outwith the meeting <b>[ACTION01]</b> .	P Towns	<u>16/04/20</u> - Update requested. Action onhold until BAU resumes within Trust.	
101	ACTION02	20/02 PRESENTATIONS i) End of Year Quality Account Presentation	20-Feb-20	The Council agreed to delegate authority to Mrs Errington as Chair of the QPE Working Group to finalise the local indicator for 2019/20. The Quality Development Manager agreed to liaise directly with Mrs Errington to finalise the local indicator with the outcome to be fed back to the wider Council in advance of the next meeting <b>[ACTION02]</b> .	C Errington/AM Troy-Smith	<u>07/04/20</u> - The Quality Development Manager confirmed that a meeting took place with the Chair of QPE on 24 February 2020 here it was agreed that Falls be used as the local quality indicator.	
101	ACTION03	20/06 ITEMS TO RECEIVE AND ANY OTHER BUSINESS i) Update from Committee Chairs and Any Other Business	20-Feb-20	The Committee received the Gender Pay Report and the Ethnic Pay Report, noting that both would be interesting topics for further discussion at future Governors meetings which the Deputy Trust Secretary agreed to facilitate <b>[ACTION03]</b> .	F Darville	<u>16/04/20</u> - Presentation for June meeting.	
102	ACTION04	20/06 ITEMS TO RECEIVE AND ANY OTHER BUSINESS ii) Matters arising from the Informal Governors Meeting	20-Feb-20	It was recommended that a presentation be given to the full Council from Newcastle Healthwatch following the recent presentation to the Business and Development Working Group. The Deputy Trust Secretary agreed to facilitate <b>[ACTION04]</b> .	F Darville	<u>16/04/20</u> - Contact details requested.	

Key:

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

Future Presentation Topics:

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

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**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	23 April 2020 [Papers circulation only – no meeting due to COVID-19 pandemic]						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
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 Chairman activity and key areas of focus since the previous meeting of the Council of Governors.						
Recommendation	The Council of Governors are asked to note the contents of the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Pioneers – Ensuring that we are at the forefront of health innovation and research.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input 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

*Much of the text below formed my Chair's report to the last Board meeting in March. It seems a long time ago. I wrote that in years to come, we will look back on this time as a turning point in global society. The coming months will be a test of character and resilience at communal, institutional and personal levels. The test will be to maintain some semblance of normality in the face of unprecedented disruption. I am delighted (but not surprised) to report that, another month into the crisis, our Trust and the wider regional service is continuing to perform well and is coping with the demand.*

*While radical change and difficult choices are needed in some areas, we continue to adhere to due process as best we can. With this in mind, our governance structures are being maintained in an adapted format. Our Board meeting that is normally held in Public was, for the first time, held temporarily behind closed doors and with a minimum of members in the room. Our migration to more virtual meetings has been accelerated. Like Dame Jackie and other senior colleagues, I have been drawn into activities at national level to help the system cope with the ongoing challenge.*

*The following is my usual report of recent weeks as we need to preserve as much of our day to day activity as possible, not least because we face what might be many months in this strange new existence.*

We held our second Shadow Board session in January as part of a Leadership Development Programme for (New and Emerging) Senior Leaders. The session provided an overview of the role and responsibilities of a Trust Board as well as the processes involved in governance for a large teaching Trust. This was followed by an appearance at an interesting roundtable discussion organised by the Health Services Journal to discuss the deployment of precision medicine in oncology. This drew on my knowledge from my academic work and as a member of the NHS Genomic Leaders Forum. An edited version will be published in due course. I was also able to contribute a recorded interview as part of our online leadership training.

We held a successful Members Event on 6<sup>th</sup> February including presentations by Professors Stephan Schueler and Steven White on the world class work by our surgical teams in management of end stage heart failure with implanted cardiac pumps and treatment of pancreatic damage or disease using islet cell transplants respectively. At the Event we also held our first Governor 'surgery' to allow representatives from the Trust's Council of Governors to talk with members from their constituents. Feedback was extremely positive.

I had the pleasure of announcing the Personal Touch awards on 24<sup>th</sup> February, supporting the team led by Ian Clement, to recognise the excellence of the care we provide in so many areas and I represented the Trust at a North East Chamber of Commerce event which included an interesting discussion on the political climate.

I visited our High Consequence Infectious Diseases Unit at the start of the current Coronavirus outbreak and saw first-hand the amazing services and care that they provide. I also spent time with our fantastic staff in the Eye Clinic at the RVI. I had the pleasure to introduce visitors to our Sustainability Team and had a fascinating behind the scenes look at



**Agenda item 4**

the complex challenge of refurbishment of wards 26/26A in our Cardiothoracic Centre at the Freeman Hospital.

Our Board Development Session included training in the important area of cyber security, lessons driven home by one of my social media accounts being accessed due to a weak password which hadn't been updated for many years. On the other hand, the benefit of social media was brought home by the response to my message after the meeting organised by the British Gastroenterology Society in honour of my friend and colleague Professor John Mansfield, who is soon to retire from his leadership role in academic gastroenterology In Newcastle. He will be greatly missed.

**Report of Professor Sir John Burn****Chairman****9 April 2020**

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**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	23 April 2020 [Papers circulation only – no meeting due to COVID-19 pandemic]						
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"> <li>• An overview on the Trust's response to the coronavirus.</li> <li>• Summaries of the Trust's current performance and financial position, and the planning for the forthcoming financial year.</li> <li>• Headlines from key areas, including Flourish, the work across our Integrated Care System, and the Chief Executive Officer's networking activities.</li> </ul>						
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	Report presented to the Board of Directors meeting on 26 March 2020.						

## CHIEF EXECUTIVE'S REPORT

### 1. CEO OVERVIEW

Over the last few days and weeks our response to the COVID-19 outbreak has risen to be the principal operational and strategic priority for the trust. It is likely, based on advice set out by HM Government, that this is likely to be the case for the forthcoming months.

On 3 March, Government published its COVID-19 action plan setting out the steps being taken to tackle the spread of the virus within the UK. It also provides important information on what we can all do to protect ourselves. This plan, the updates to advice within it, and how these apply to the trust through the national NHS and public health bodies will shape our response. Government is updating its response on a regular basis – sometimes daily – and the trust will always respond to the latest advice and guidance.

Following the publication of this plan, and the World Health Organisation's declaration of the outbreak as a pandemic, on 11 March we activated our Pandemic Influenza Plan. This is a plan the trust is legally required to hold and keep updated in order to respond in situations of pandemic influenza. It applies also to other, similar respiratory diseases. The trust's plan was last updated in December 2019, and its activation stands up a series of clear, operational processes to enable an effective response to the pandemic by the trust, including:

- Minimising the impact on the trust's services to patients and staff.
- Putting in place measures to maintain resources to support essential patient care.
- Promoting and participating in partnership working on an integrated local response, planning locally, regionally and nationally as appropriate.
- Coordinating effective communication to staff, patients and visitors.

As you will be aware, as one five high consequence infectious disease (HCID) units in the UK, we have been treating patients who have tested positive for the virus since the first UK confirmed cases. Using our Pandemic Influenza Plan as a central guide, we are as well equipped to deal with this outbreak as we can be.

Professor Chris Whitty, Chief Medical Officer for England visited our unit on 19<sup>th</sup> February 2020 and saw first-hand how we are treating the infected patients and discussed the preparations we have in place as a specialist unit capable of dealing with this illness. He was extremely impressed with the facilities we have here and the quality of care we have been providing to patients.

In recent weeks I have regularly visited our HCID unit and have witnessed the exceptional treatment and care of our patients that has been taking place there. We are also the only organisation in the North East (at present) with a laboratory capable of testing for the coronavirus, which I visited on 5 March. The teams in both units have been doing an amazing job, and we are all incredibly grateful for their work.

The escalation of COVID-19 planning and our operational response has also taken place as we finish 2019/20 and prepare for 2020/21. As set out in the performance and finance section of this report, and later in item A7(i) we expect to end the year in financial balance. 2020/21 will, even without the COVID-19, be a difficult year financially for the trust – one of the most challenging that we have faced in recent memory. As a result, the Executive Team will be adopting an escalated, tighter process for quality, financial and operational performance management to ensure that areas where we are seeing slippage we are taking corrective action as soon as possible.

## **1.1 Other key headlines**

### **NHS staff survey results**

The NHS Staff survey results were published on the 18<sup>th</sup> February 2020 with around half of employees completing the survey. Newcastle Hospitals was ranked as one of the best places in the country to receive treatment with 90% of staff saying they would be happy with the standard of care provided to relatives and friends and 90% of staff agreeing that the care of patients is our organisation's top priority. These are results that we can rightly be proud of.

However, there is still a lot of work to do around some of the indicators. This includes addressing the issues some of our black, asian and minority ethnic (BAME) staff had raised about the negative experiences of working here which indicated that bullying, harassment and discrimination from colleagues and managers had deteriorated. Whilst our overall rating for equality, diversity and inclusion benchmarked well against other organisations there are clear areas that we need to take action in. The entire Executive Team is committed to taking the actions necessary over the forthcoming weeks and months.

### **NHS Operational Planning and Contracting Guidance 2020/21**

In light of the current situation regarding COVID-19, the operational planning process for 2020/21 has been suspended.

### **Marmot review**

The Marmot Review 10 years on by Professor Michael Marmot was published in February 2020. The report revealed that life expectancy had failed to increase across the country and, for the poorest 10% of women, it had declined. There was also an increase in the north-south health gap with the largest decreases seen in the most deprived 10% of neighbourhoods here in the North East. This important publication is a clear reminder of how important the organisation's role with our civic partners is in supporting and driving improvements in health, wealth and wellbeing across the communities we serve.

### **Great North Care Record (GNCR)**

By the end of March we expect the Health Information Exchange (HIE) aspect of the Great North Care Record to go live. This provides the central underpinning of the GNCR's digital capability and create the space for improved patient experience and outcomes by:

- Providing better informed (clinical) decision making – including improved diagnoses, clarity around medication and allergy history, discharge summaries available to GPs and carers to action, and visibility around future appointments;
- Minimising the gaps in a patient's history;
- Preventing duplicate investigations or assessments;
- Reducing phone calls to third parties seeking information – which is especially important out of hours; and
- Combining the above to lead to fewer onward referrals and unnecessary admissions.

As well as better access to consolidated patient records for individual patients and health and care professionals and carers, the GNCR also allows for vastly improved population health management, research and evaluation – records within the GNCR have an automatic opt-in for use in research.

This milestone is something that both the trust and its regional partners on the GNCR can be incredibly proud of. It is a huge step in providing real improvements to the health, wealth and wellbeing of the communities we serve, and ensuring that the decisions made on health and care are based on the best possible, joined-up information.

### **Integrated Care Partnership/Integrated Care System (ICS)/Integration**

As previously mentioned, I meet with ICS partners on a monthly basis. Recent discussions have included colleagues from Local Authorities across the North East and North Cumbria. Discussions since the last Board meeting have focussed on developing an ICS-wide governance and operating model, which I will update on once it has been agreed.

### **Shelford Group**

As part of my role as Chair of the Shelford's Chief Executive Group, alongside other Shelford colleagues I met with William Warr, the Prime Minister's Special Adviser for Health at 10 Downing Street to discuss a number of national issues including the clinically led review of standards, workforce planning, NHS finances and legislative change.

## **2. PERFORMANCE AND FINANCE**

The latest performance position for the trust is as follows:

- Achieved the 95% A&E 4hr standard in February 2020, at 95.9% - the 3rd best performer in the country compared to the 82.8% national average.
- Did not achieve the 92% 18 week standard in February, at 87.0%. The national average for February was 82.8%.
- Did not meet the 99% 6 week diagnostic standard in February, at 96.0%.
- Did not meet 7 of the 8 Cancer Waiting Time (CWT) standards in January 2020.

The latest financial position – at 29<sup>th</sup> February – is as follows:

- The Trust had an income and expenditure deficit of £74k and a forecast deficit of £0.9 million excluding Provider Sustainability Funding (PSF).
- Achievement of the Control Total remains challenging. Since the last Board meeting a number of recovery mitigating actions have been put in place, and the Trust can now be more confident that the Control Total will be met.
- The risks remain the non-achievement of recurrent CIP targets, shortfalls in the volume of activity delivered against Plan, cost pressures in waiting list activity drugs and estates, commissioning risks and the ongoing PFI dispute. In addition the measures the Trust needs to put in place to tackle Covid-19 may generate further cost pressures and risk income as activity will be delivered in a different manner. Guidance from NHS England and NHS Improvement on Covid-19 has been issued and is in the process of being worked through for March 2020 onwards.
- The Balance Sheet remains strong with a cash balance of £120.0 million; £35.3 million above Plan. That is a higher cash balance than anticipated as it includes £12.4 million of PSF funding that was not included in Plan, and a number of other sums received in advance of expenditure.
- Capital Expenditure to 29th January 2020 totals £44.2 million, which is £1.1 million behind Plan.

Further detail is included in the Integrated Board Report.

### **3. NETWORKING ACTIVITIES**

We hosted a number of important visits during the past month. On 31<sup>st</sup> January 2020 we welcomed Simon Corben, Director and Head of Profession NHS Estates and Facilities, NHS England and Improvement to the Trust. He visited areas with some estate issues which included Maternity and the Emergency Department (ED), as well as the site for the new Paediatric Cardiology Unit and the proposed New Specialist Hospital Building site alongside Richardson Road.

On 11<sup>th</sup> February 2020 I visited our Great North Childrens Hospital and, in particular, the Paediatric Emergency Department and the Paediatric Emergency Asthma Unit. In the visit I was able to follow a patient pathway which demonstrated the challenges of frontline working and then viewed the patient experience asthma one-stop-shop. The team also demonstrated some of the innovative methods they are dealing with asthma and sepsis and how they are working across the region on this. This was an excellent visit to one of our most important units, and I am grateful for their time in hosting me.

I was asked to participate in the University seminar series on the 18<sup>th</sup> February 2020. “A conversation with.....” was a question and answer session around the opportunities for Newcastle University Faculty of Medical Sciences and Newcastle upon Tyne Hospitals to

work together for the benefit of patients, focussing on the Clinical Research and Advanced Therapies teams that are based in the Centre for Life.

As part of the Northern Health Science Alliance New Statesman event, I was part of a panel discussion on 27<sup>th</sup> February 2020 which looked at the strength of health collaboration within the North, and especially Newcastle, together with how health innovation can be combined with a more aggressive attraction of investment.

Amanda Pritchard, the NHS England and Improvement Chief Operating Officer, visited the Trust on the 4<sup>th</sup> March 2020. She was speaking at the Leadership Congress later on in the day but took the opportunity to visit the Great North Children's Hospital – focussing in particular on paediatric oncology services there – as well as our Infectious Diseases Unit and Emergency Department. We highlighted areas within these units where there were issues of concern for her to reflect on how NHS England and Improvement can provide further assistance. She was extremely impressed with the teams she met, and the units and services she saw, and grateful to our staff for taking the time for her to visit. At the Leadership Congress she spoke alongside me about the role of anchor institutions, and we heard some fantastic examples of where our organisation is leading the way nationally in changing current practice to integrate and organise services for the benefit of patients.

#### **4. AWARDS AND ACHIEVEMENTS**

Our staff and teams continue to be recognised at both local and national level for the important work they do to enhance patient care and support our services – and staff - across our organisation, some of which I have listed below:

- Our maternity services were, once again, rated among the best in the country for the care provided to mums and babies in the Care Quality Commission's national maternity survey. The Trust identified as performing 'better than expected', in three key areas – during labour and birth, staff caring for you and care in hospital after the birth – and it is a testament to the work of all our teams.
- The RVI and Freeman were ranked third and fourth in the Best UK Hospitals by Newsweek which, for the second year in a row, has partnered with a global data research company to rank the leading hospitals across the world.
- It was great to see Associate Director of Nursing Peter Towns at the NHS book launch of 'My Daddy is a Nurse' which aims to challenge gender stereotypes about men in nursing. Peter is one of a number of 'men in nursing' ambassadors who has helped to shape and design this book for four to seven-year-olds and the launch marked the beginning of International Year of the Nurse and Midwife 2020.
- The work of Ian Baxter and Cathy Lawson around sustainable anaesthesia and our climate emergency team have both been shortlisted for the BMJ Awards in Environmental Sustainability and Climate Action Team categories.



In addition, we are also finalists in the Workforce and Wellbeing Team Award for the work we have been doing in partnership with colleagues in the Association of Anaesthetists as part of the joint fatigue working group.

- Our team at the Great North Children's Hospital has been shortlisted in the 'Pharmacy and Medicines Optimisation Award' category of the 2020 HSJ Value Awards for their KidzMedz project, which teaches children to swallow tablets. The awards showcase the most efficient and innovative projects that are helping their wider organisations deliver better services and improved outcomes.
- Occupational therapy assistant Becca Carlson was named 'Apprentice of the Year 2020' at the national Unsung Heroes Awards. Becca was put forward by her supervisor, Deb Gardner - an advanced occupational therapist (OT) who works at the RVI's Great North Children's Hospital.

**Report of Dame Jackie Daniel**  
**Chief Executive**  
26 March 2020

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**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	23 April 2020 [Papers circulation only – no meeting due to COVID-19 pandemic]						
Title	Governor Elections Update						
Report of	Fay Darville, Deputy Trust Secretary						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The report provides an update to the Council of Governors regarding the current Governor election round.						
Recommendation	The Council of Governors is asked to receive the update.						
Links to Strategic Objectives	Partnerships – We will be an effective partner, developing and delivering integrated care and playing our part in local, national and international programmes.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	The election of Governors ensures the Trust complies with its legal requirements as a Foundation Trust, in accordance with the Trust Constitution. The Trust is aware of its obligation to ensure that its Governorship is representative of the community it serves and actively promotes Equality and Diversity.						
Reports previously considered by	Regular report – this report follows a report provided at the February 2020 meeting of the Council of Governors.						

## GOVERNOR ELECTIONS UPDATE

### 1. INTRODUCTION

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

### 2. GOVERNOR ELECTIONS

#### 2.1 Governor Vacancies

As outlined in the report received at the February 2020 meeting of the Council of Governors, seats in the following constituencies will be vacated on 31 May 2020 and have therefore been included in this election round:

Constituency	Number of Seats
Newcastle upon Tyne [1]	2
Northumberland, Tyne and Wear (excluding Newcastle) [2]	5
North East [3]	2

There are no vacant seats within the Staff classes.

#### 2.2 Governor Terms of Office

The soon to be vacated seats are currently occupied by the following Governors:

Governor	Current Term
<i>Newcastle upon Tyne [1]</i>	
Ruth Draper	End of 1 <sup>st</sup> term
Eric Valentine	End of 1 <sup>st</sup> term
<i>Northumberland, Tyne and Wear (excluding Newcastle) [2]</i>	
Graham Blacker	End of 2 <sup>nd</sup> term
Terence Coleman	End of 1 <sup>st</sup> term
Steven Cranston	End of 2 <sup>nd</sup> term
Carole Perfitt	End of 1 <sup>st</sup> term
Fred Wyres	End of 3 <sup>rd</sup> term
<i>North East [3]</i>	
Paul Briggs	End of 1 <sup>st</sup> term
Michael Saunders	End of 3 <sup>rd</sup> term

Governors will note that both Fred Wyres and Michael Saunders have completed their third three year term and are therefore ineligible to stand for further re-election. Mr Wyres and Dr Saunders are thanked for their services to the Trust over the last 9 years.

Agenda item 6

All remaining Governors highlighted above are eligible to stand for further terms.

Governors recall that Paul Briggs sadly passed away last month however, his seat within the North East was due for re-election in this round.

An amendment has been made to the above table to correctly state that Steven Cranston has undertaken two terms as Governor.

### **2.3 Election Timetable**

In collaboration with UK Engage, the following timetable has been established:

<b>Event</b>	<b>Date</b>
Publication of Notice of Election	Friday, 3 April 2020
Deadline for Receipt of Nominations	Thursday, 23 April 2020
Publication of Statement of Nominations	Friday, 24 April 2020
Deadline for Candidate Withdrawals	Tuesday, 28 April 2020
Notice of Poll / Issue of Ballot Packs	Monday, 11 May 2020
Close of Poll – 5pm	Thursday, 4 June 2020
Declaration of Result	Friday, 5 June 2020

### **2.4 Impact of COVID-19**

In light of the current restrictions in place due to the COVID-19 pandemic and after consultation with UK Engage, it was agreed that the election round would proceed as outlined above.

Those wishing to stand for election are reminded to be aware of potential delays with the postal service and ensure they return both their nomination forms and ballot packs in good time to ensure they are received by the deadlines outlined above.

Applicants/voters are encouraged to utilise the online system to both nominate themselves as Governor and to cast their vote. UK Engage support is available to facilitate this if required.

### **2.5 Next Steps**

The Deputy Trust Secretary has requested the Trust’s Communication Team promote the election via the Trust’s website and social media channels to reach non-members who had not been alerted to the forthcoming election.

## **3. RECOMMENDATIONS**

The Council of Governors is asked to receive the update.

**Report of Fay Darville**  
**Deputy Trust Secretary**  
17 April 2020

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**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	23 April 2020 [Paper circulation only due to COVID-19 restrictions]						
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 February 2020 for information.						
Recommendation	The Council of Governors are asked to note the content of this report.						
Links to Strategic Objectives	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 of Governors meeting. The next scheduled meeting is 19 May 2020.

### 2. NON-EXECUTIVE DIRECTOR RECRUITMENT UPDATE

Since the previous Council meeting, a number of developments have occurred which caused the Nominations Committee to reconsider the skills to be sought in the two new Non-Executive Directors (NED).

The Trust Board met for a Development session on 27 February and spent time discussing the Trust's current financial position and the challenging financial environment expected in 2020/21. It was also noted that since Mr Ewen Weir, former Newcastle City Council appointed NED, left the Trust a vacancy remained on the Finance Committee for a NED with financial skills.

When the Nominations Committee met on 10 February, sourcing a NED with financial skills was discussed but at that time, it was decided to focus more on clinical expertise for one of the NED posts and Business Development/Transformation/Digital for the other post.

Following further discussion with Committee members, it was agreed that the Trust Board currently had sufficient clinical and nursing expertise and that the financial challenges and required expertise in 2020/21 outweighed the need for a NED with clinical expertise at this time.

The NED adverts went live on 16 March with a closing date of 20 April. Applications were to be made via a dedicated microsite, being: <https://newcastlened-appointment.com/>

The agreed recruitment timeline is as follows:

- 27 April 2020 – longlisting meeting with Gatenby Sanderson, Chair and Vice Chair of the Committee
- 19 May 2020 – shortlisting by Nominations Committee
- 2 June 2020 – interviews by Nominations Committee

Due to the Government restrictions in place with regards to social distancing in response to COVID-19, it is anticipated that the format of the meetings outlined above may need to change to an alternative format e.g. Video Conference/Webex facilities. The position will be monitored closely and meetings adapted accordingly.

### 3. COMMITTEE MEMBERSHIP

Committee membership will be revisited following the sad passing of Committee member Mr Paul Briggs.



#### **4. ACTIONS AND RECOMMENDATIONS**

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

**Report of Professor Sir John Burn  
Chairman  
6 April 2020**

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**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	23 April 2020 [Papers circulation only – no meeting due to COVID-19 pandemic]						
Title	Integrated Board Report – Quality, Performance, People & Finance 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 report provides an integrated overview of the Trust's position across the domains of Quality and Performance, People and Finance in order that the Council of Governors can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider.						
Recommendation	To receive the report, noting the key challenges and the actions being taken to improve quality and performance where required.						
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 checked="" type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets. Has financial implications through penalties and activity. Reports on HR and finance metrics.						
Reports previously considered by	Regular report to the Board of Directors. Received by the Council of Governors since February 2020.						

# Integrated Board Report

Quality, Performance, People and Finance

**March 2020**



Healthcare at its best  
with people at our heart

# Executive Summary

## Purpose

- This report provides an integrated overview of the Trust's position across the domains of Quality & 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.

## Executive Summary

1. Staff across the Trust are working very hard to ensure the continued provision of **high quality services** in a context of increasing demand and capacity shortfalls for some clinical staff groups.
2. At the end of February 2020, the Trust had no cases of **MRSA bacteraemia** leaving the total YTD as 1; lessons learnt from this case have been shared with all Directorates. To the end of February, **C. difficile** infections are now slightly above the Trust trajectory with a total of 105 cases against the end of year ambition of 113.
3. The Trust achieved the 95% **A&E 4hr standard** in February 2020, at 95.9%. In February the Trust was the 3<sup>rd</sup> best performer in the country (excluding access standard pilot sites), with achievement of 95.9% vs 82.8% national average.
4. The Trust failed to achieve the 92% **18 week standard** in February at 87.0% compared to 82.8% nationally (February). The Trust has a total waiting list of 76,545 which is above the end of year trajectory of 72,960 but a reduction from the previous month. Performance continues to decline across a number of specialties, with 6 individual specialties plus the 'X01 bucket specialties' below 92% during January.
5. The Trust did not meet the 99% 6 week **diagnostic standard** in January at 96.0%, having last been compliant in November 2018. The most significant pressures exist within Endoscopy, Audiology and Sleep Studies.
6. The Trust met 1 of the 8 **Cancer Waiting Time standards** in January 2020; 31 day subsequent treatment (Radiotherapy). The Northern Cancer Alliance met 2 standards in January, 31 day subsequent treatment (Radiotherapy) and 31 day first treatment.
7. Two Week Wait (2WW), 2WW Breast Symptomatic, 31 day first treatment, 31 day subsequent treatment (Drugs), 31 day subsequent treatment (Surgery), 62 day screening and the 62 day Urgent standards were not met in January 2020.
8. The Trust has an **Income & Expenditure** deficit excluding PSF of £74k at Month 10 (£12.8 million surplus including PSF) which is consistent with Plan. To date the Trust has delivered £24.8 million savings in relation to the Trust efficiency requirement, with the balance covered by non-recurrent measures.
9. The **cash balance** is £120 million and well above Plan by £35 million.
10. The Trust is currently heavily involved in the national and regional planning rounds.

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## People

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- Overall Financial Position
- Financial Risk Rating
- Key issues

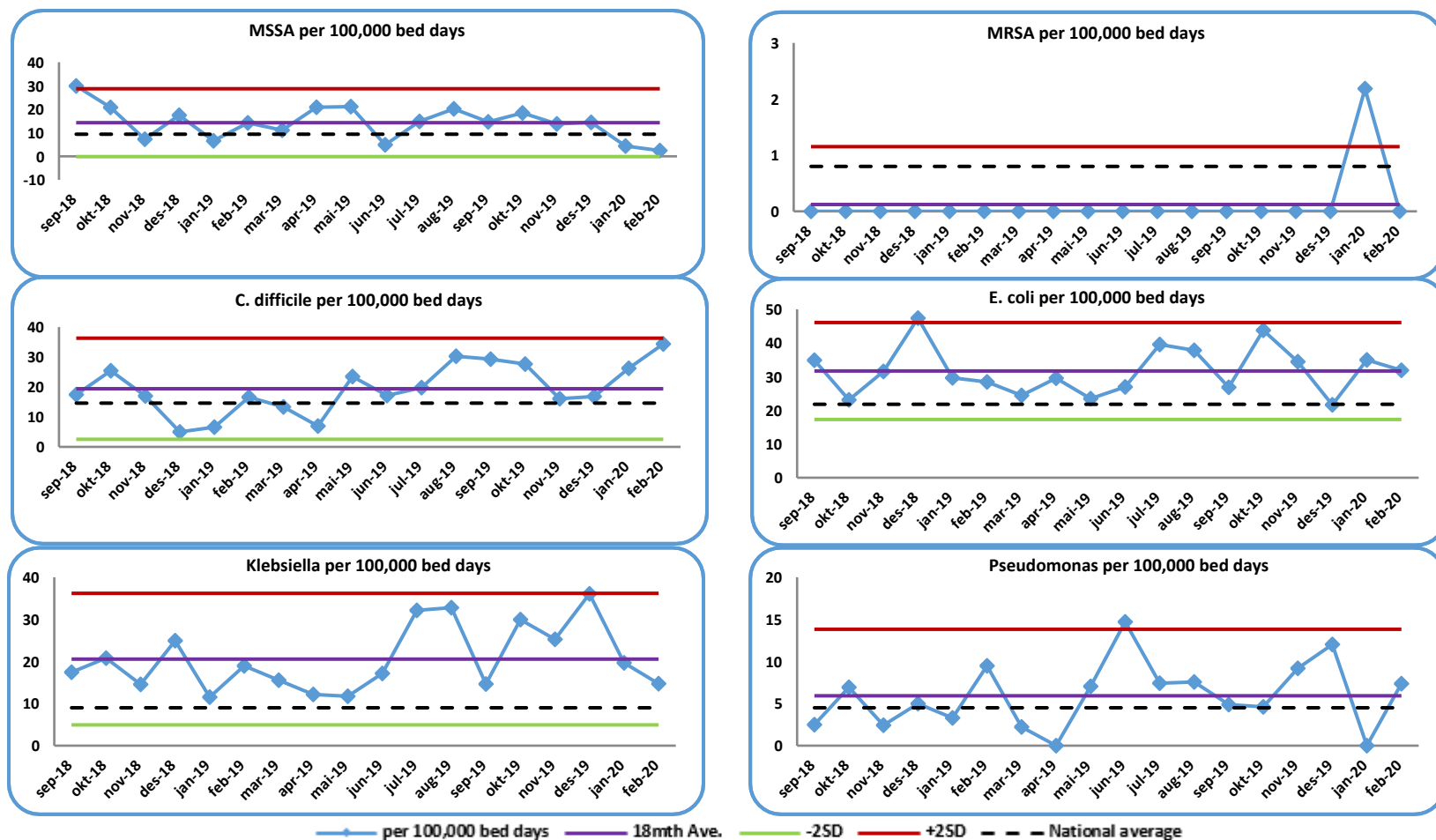
# Quality and Performance: Healthcare Associated Infections

At the end of February 2020, the Trust had no cases of MRSA bacteraemia attributed to us.

The Trust continues to see a reduction in MSSA bacteraemia cases and has set an internal 10% reduction from last year's position. At the end of February we were on trajectory to achieve this with 66 cases reported.

The same internal reduction has been set for E. coli bacteraemia cases and whilst there are fewer cases this year in comparison to the same period last year, we are currently over trajectory to achieve a 10% reduction. Klebsiella and Pseudomonas bacteraemias continue to see an increase in cases.

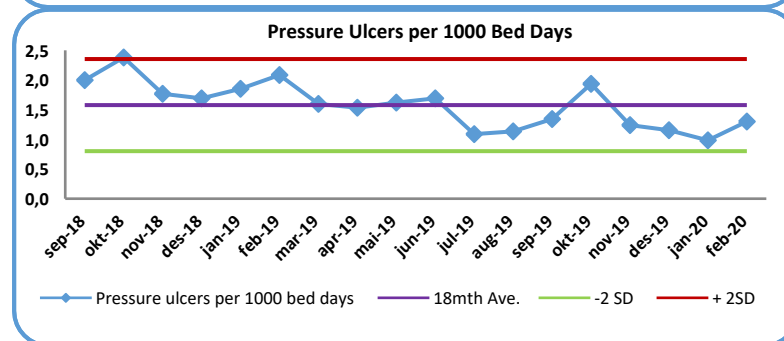
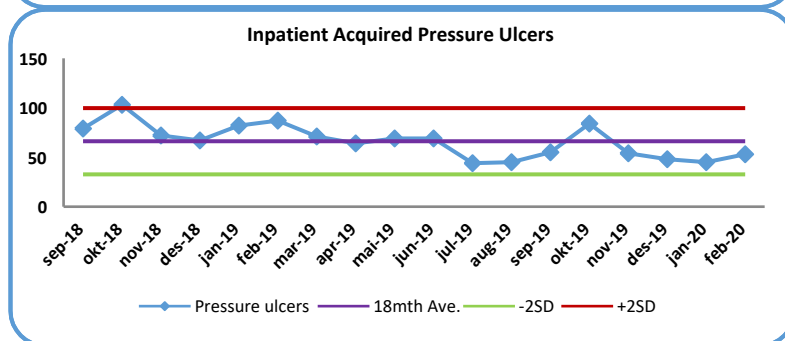
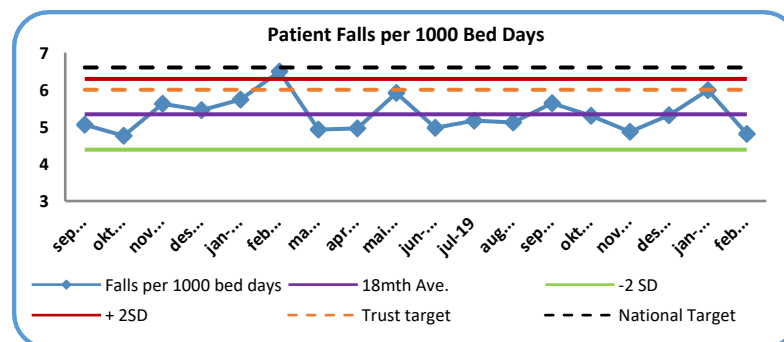
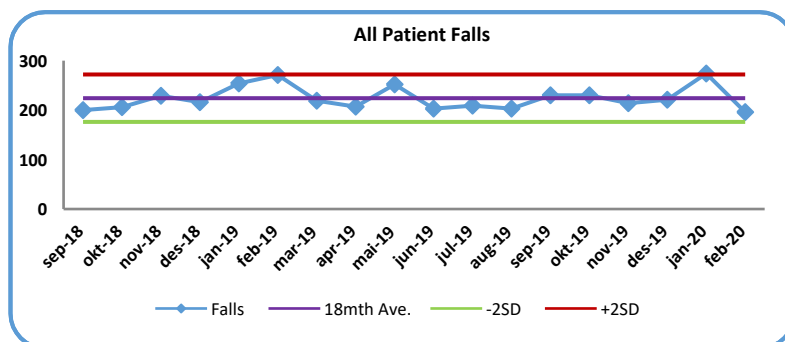
To the end of February C. difficile infections are slightly above Trust trajectory to achieve the nationally set target of under 113 cases.



# Quality and Performance: Harm Free Care

The Trust reported a statistically significant reduction in Trust acquired pressure ulcers between March – September 2019. Although October showed a significant increase, there were 45 and 53 incidents of Trust acquired pressure ulcers reported in January and February respectively, bringing the Trust back below the 18 month average for this period. It was acknowledged in a previous Integrated Board Report that it would be a challenge to sustain the significant reduction over the Winter months, however the last quarter has shown a reduction which may also have been a result of the world wide stop the pressure ulcer day.

In relation to inpatient falls, the statistically significant reduction achieved between July and December 2018 has not been sustained throughout 2019/20 but the rate and total number of falls remain within normal levels of variation. 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.

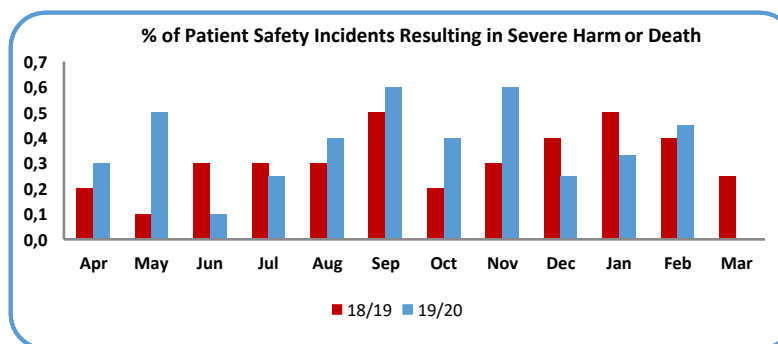
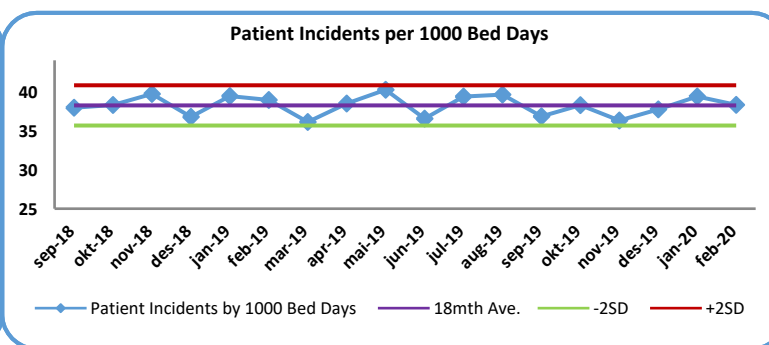
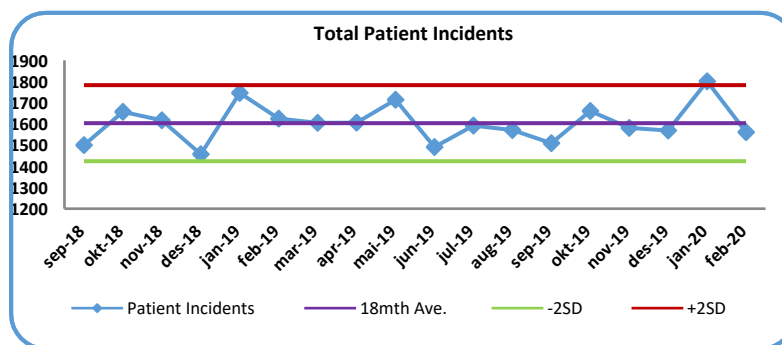




# Quality and Performance: Incident Reporting

The percentage of incidents that resulted in severe harm or death reported in February 2020 is 0.5%. Nationally we report fewer incidents that result in severe harm or death than other similar providers.

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

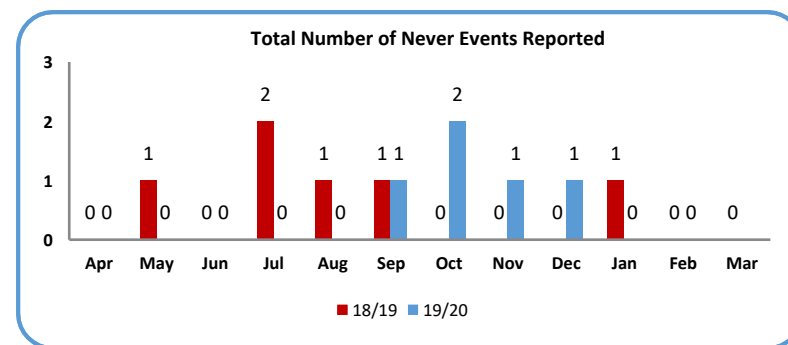
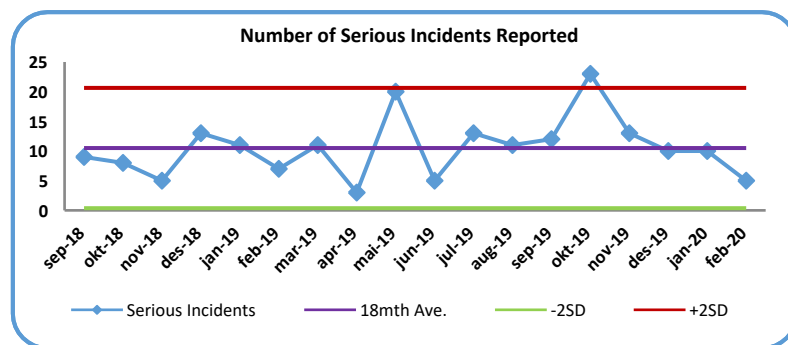


# Quality and Performance: Serious Incidents & Never Events

Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate harm, 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.

In February there were 5 cases reported as SIs. The Duty of Candour process has been initiated in all cases.

- One delayed diagnosis – DoC in progress
- Two falls resulting in harm – DoC in progress in both cases
- Two pressure ulcers – DoC in progress in both cases



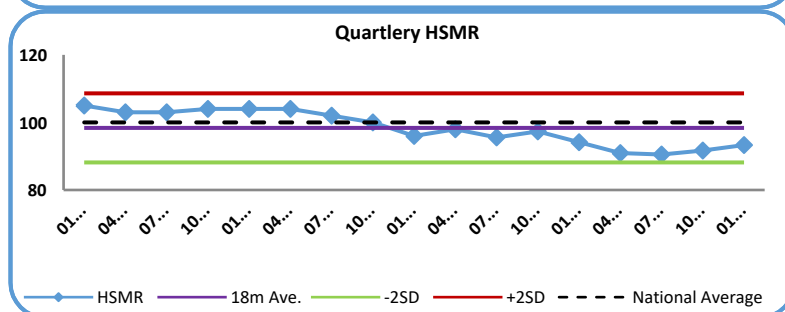
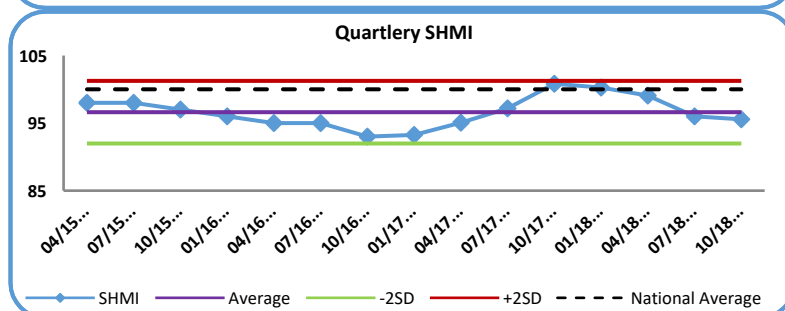
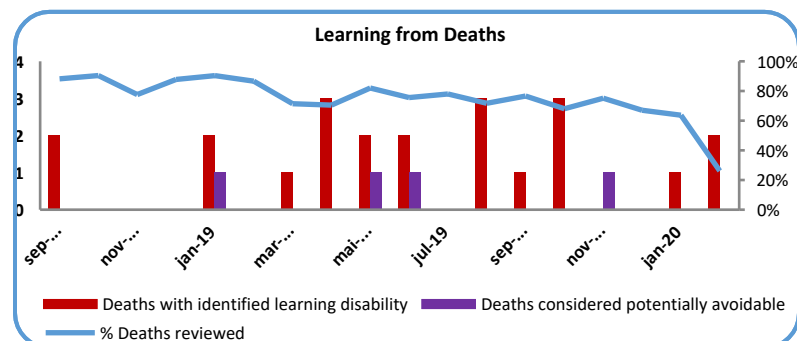
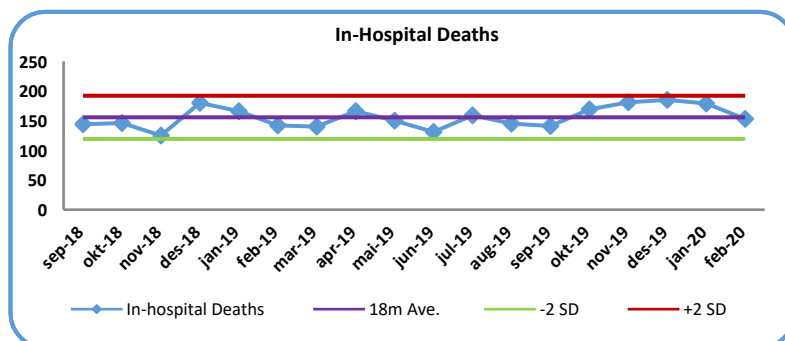
# Quality and Performance: Mortality Indicators

**In-hospital Deaths:** In total there were 153 deaths reported in February 2020, which is higher than the amount of deaths reported 12 months previously (n=142).

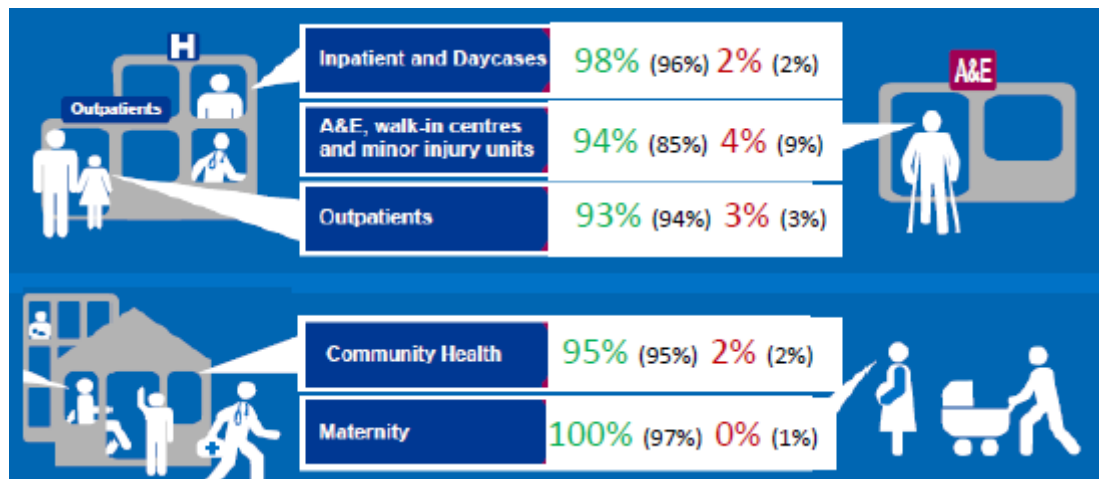
**Learning from Deaths:** In February 2020, 153 deaths were recorded within the Trust and to date, out of the 153 deaths, 40 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months. The figures will continue to be monitored and modified accordingly.

**SHMI:** The most recent published SHMI data from NHS Digital shows the Trust has scored 96 from months October 2018 – September 2019, 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 September 2019.

**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 December 2019 and is below the national average. Monthly data is also available until December 2019. This number may rise as the percentage of discharges coded increases.



# Quality and Performance: FFT and Complaints



## Friends and Family Test

There were 2,674 responses to the Friends and Family Test in January 2020.

The figures opposite show the proportion of people that would recommend or not recommend these services to a friend or family member if they needed similar care or treatment.

National results are shown in brackets.

## Trust Complaints 2019-20

The Trust received a total of 555 formal complaints up to the end of January 20, with 65 complaints received in January. The Trust is receiving an average of 56 new formal complaints per month, which is on average of 11 complaints per month higher than the 45 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 January are within Surgical Services with 0.08% (8 per 10,000 contacts) and the lowest are with Dental Hospital, ePOD and Cancer Services all with 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 76% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 13% of all subjects raised within complaints.

Directorates	2019-20				18-19 Ratio (Full Year)	17-18 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)		
Cardiothoracic	51	92,217.00	0.055%	1:1808	1:2770	1:2274
Children's Services	46	73,732.00	0.062%	1:1603	1:2778	1:2012
Out of Hospital/Community	10	62,075.00	0.016%	1:6208	1:3505	1:3508
Dental Services	12	97,543.00	0.012%	1:8129	1:9392	1:6024
Internal Medicine/ED/COE	58	143,114.00	0.041%	1:2467	1:2996	1:2271
Internal Medicine/ED/COE (ED)	36	137,276.00	0.026%	1:3813	1:4091	1:3163
ePOD	52	361,772.00	0.014%	1:6957	1:8799	1:6490
Musculoskeletal Services	46	97,168.00	0.047%	1:2112	1:2849	1:2255
Cancer Services / Clinical Haematology	20	145,523.00	0.014%	1:7276	1:7235	1:7806
Neurosciences	42	93,428.00	0.045%	1:2224	1:2543	1:2411
Patient Services	13	45,515.00	0.029%	1:3501	1:3415	1:5284
Peri-operative and Critical Care	11	31,239.00	0.035%	1:2840	1:3080	1:3467
Surgical Services	50	60,620.00	0.082%	1:1212	1:1607	1:1186
Urology and Renal Services	26	61,151.00	0.043%	1:2352	1:2668	1:2458
Women's Services	45	128,184.00	0.035%	1:2849	1:3307	1:3866
<b>Trust (with activity)</b>	<b>518</b>	<b>1,630,557.00</b>	<b>0.032%</b>	<b>1:3148</b>	<b>1:3834</b>	<b>1:3249</b>

# Quality and Performance: Health and Safety

## Overview

There are currently 1050 health and safety incidents recorded on the Datix system from the 1st February 2019 to 31st January 2020, this represents an overall rate per 1000 staff of 71.01. Patient Services reported the highest number of health and safety incidents over this period (153). Directorate rates per 1000 staff for the highest reporting services are Peri-operative and Critical Care (102.4), Directorate of Medicine (93.4), Women's Services (89.8), Musculoskeletal Services (74.3), Integrated Laboratory Medicine (71) and Patient Services (70.6).

## Incidents of Aggression on Staff

In addition to the health and safety incidents, there are 752 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st February 2019 to 31st January 2020; this represents an overall rate per 1000 staff of 52.9. Directorate rates per 1000 staff over this period for the highest reporting services of aggressive behavior are Directorate of Medicine (168.2), Neuroscience (118.8), Community (111.8), Musculoskeletal Services (99) and Urology/Renal Services (84).

## Sharps Incidents

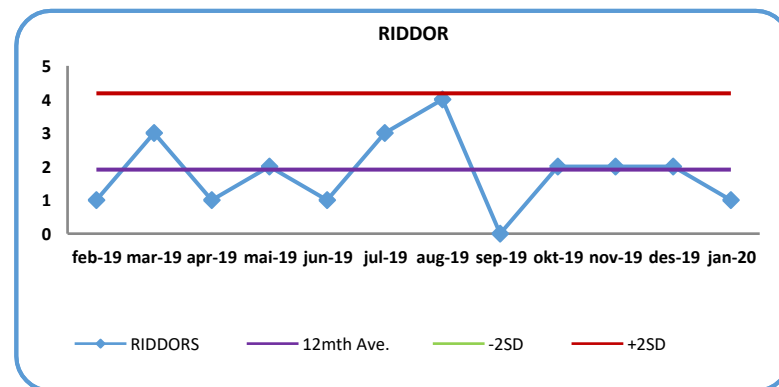
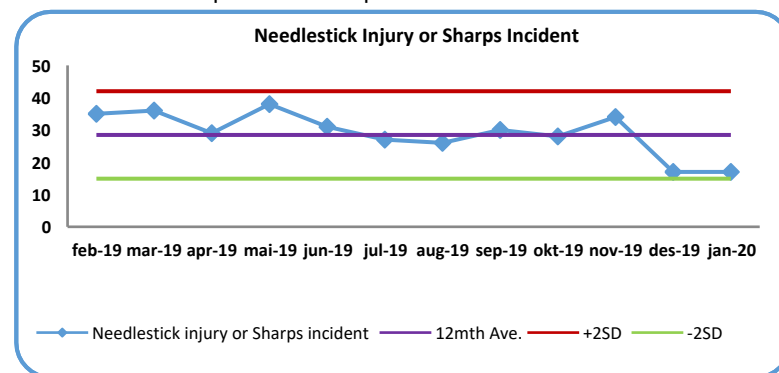
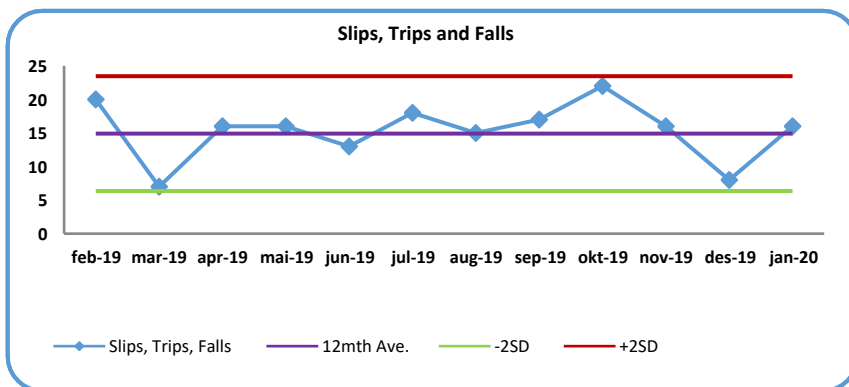
The average number of all sharps injuries per month is 27.6 between 1st February 2019 to 31st January 2020 based on Datix reporting, with 17.4% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 21.3 per month.

## Slips, Trips and fall

Slips on wet surface, fall on level ground and tripped over an object collectively account for 53.5% of falls between 1st February 2019 to 31st January 2020. Fall as a result of a faint, fit or other similar event, collision with an object and falls from a chair account for 19.4% of the incidents recorded.

## RIDDOR

The most common reasons of reporting accidents and incidents to the HSE within the 1st February 2019 to 31st January 2020 are Slips and fall (11) and Physical Assaults (2). These account for 56.5% of reportable accidents over the period.



# Quality and Performance: Clinical Audit

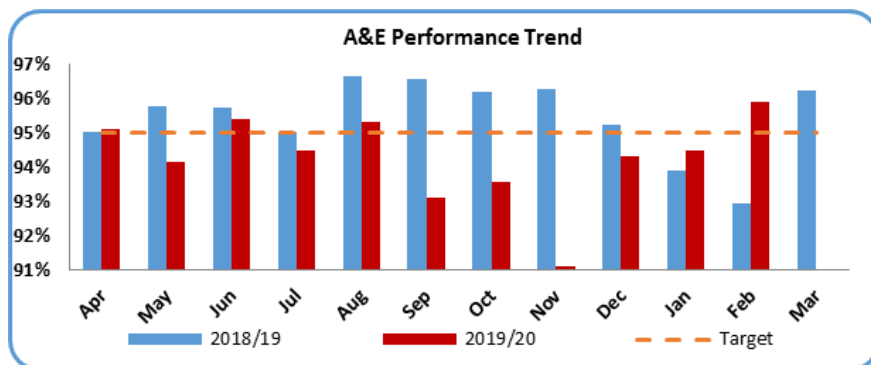
Audit / NCEPOD	Date of Release	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
<b>Sentinel Stroke National Audit Programme</b>	Quarter 3 2019/20	<ul style="list-style-type: none"> <li>Crude mortality rate after 30 days of admission, better than the national average 10% v 14%.</li> <li>Brain scans were undertaken within one hour of arrival with the Trust scoring 70% and the national average at 50%.</li> <li>The Trust scored 95% in terms of the percentage of time (requirement of 90%) patients spent on the stroke unit.</li> <li>The target for all patients receiving thrombolysis is set at 20% and whilst the Trust scored 17-18%, this was well above the national average.</li> <li>The Trust performed well against the swallow screen being undertaken within four hours of arrival.</li> <li>The Trust was achieving the Therapy modalities i.e. (physiotherapy, SALT and Occupational Therapy) of 45 minutes therapy five days per week. The Trust currently offers seven days.</li> <li>The Trust was well above the national average in terms of early supported discharge (attend MDT as part of discharge planning). Fewer patients required respite care with reduced readmission rates.</li> <li>In terms of patients being assessed at six months, the Trust scored 70% against the national average of 31% and well within the target standard of 50%.</li> <li>As the Trust has direct admission to the ward rather than going through ED, the Trust fares very well in terms of the time parameters.</li> </ul>	<ul style="list-style-type: none"> <li>The audit aim is to have 10% of patients with acute stroke having thrombectomy and the Trust performance scored 1.4%. To become compliant Trust would need to provide a 24/7 service.</li> <li>There was a need for increased clinical psychology provision.</li> </ul>	Discussed at February 2020 Clinical Audit and Guidelines Group
<b>National Joint Registry</b>	Sept 2019	<ul style="list-style-type: none"> <li>All data relating to hips, ankles and knees is reported to the Registry.</li> <li>The Trust did have revision rates lower than the national average with the Trust 0.3% and the national average 0.6%.</li> <li>The Trust's infection rates were half that of the national average with the Trust 0.2% and the national average 0.5%.</li> </ul>	<ul style="list-style-type: none"> <li>The Trust was an outlier in terms of PROMs with less than 25% completion. The Trust had looked into this and from the administration log kept within Musculoskeletal Services there appeared to be an error at the Registry.</li> <li>The national average for length of stay was one day better than the Trust's performance.</li> </ul>	Discussed at February 2020 Clinical Audit and Guidelines Group

# Quality and Performance: Monthly Performance Dashboard

Section	Indicator	Target/ Threshold	Monthly Trend												Current Month	Last Month	Same month last year
			Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20			
Front Door	Type 1 Attendances (Main ED)														9,633	10,130	9,905
	Ambulance Arrivals														2,618	2,743	2,541
	Eye Casualty Attendances														1,623	1,885	1,754
	Walk in Centre Attendances														5,857	6,344	6,026
	A&E 4hr performance (Type 1)	95%													92.1%	89.9%	86.8%
	A&E 4hr performance (All Types)	95%													94.5%	94.3%	93.9%
Admission & Flow	Emergency admissions (All)														5,974	2,940	4,267
	Bed Closures (D&V + Staffing)														537	733	453
	Number of DTOCs (No. of Patients)														156	156	89
RTT/ Planned Care	Outpatient Referrals (All)														27,671	32,935	36,243
	Outpatient appointment unavailability (ASIs)	10%													0.0%	18.4%	5.8%
	Incomplete Performance	92%													88.2%	88.6%	93.1%
	Last minute cancelled operations														51	48	48
Cancer	2ww Appointments														2,074	1,797	1,803
	All Cancer 2WW	93%													80.9%	84.5%	88.2%
	Cancer 2WW Breast Symptomatic	93%													19.7%	28.7%	76.5%
	Cancer 62 Days - Urgent	85%													62.2%	83.1%	75.2%
	Cancer 62 Days - Screening	90%													83.8%	85.1%	87.2%
Diagnostics	Total Diagnostic Tests Undertaken														19,326	16,953	20,012
	Diagnostic Performance	99%													93.8%	94.5%	97.3%

# Quality and Performance: A&E Access and Performance

- In February, performance improved again to its highest level of the year, with the Trust meeting the monthly A&E 4hr standard with excellent performance of 95.9%. This was the 3<sup>rd</sup> best performance in the whole of England out of 118 Trusts (NHSE data excludes 14 Trusts piloting the new A&E metrics) and Trust performance was significantly higher than the national average of 82.8%. NuTH has consistently performed very strongly in comparison to other Trusts, having been in the top 10 highest performing Trusts in each of the past 14 months.
  - Diverts to the Trust have increased again in February, following a sharp decrease in late January. The level is however still not currently as high as in December/early January - divers are coming particularly from Durham and NSECH. 44% of divers YTD have been from NSECH.
  - Type 1 attendances per day rose from January, but were lower than February 2019's level (22 less per day). This trend was also seen in Walk-in Centre attendances as the number seen per day rose from January but remained below 2019 levels.
  - Bed closures due to D&V / Norovirus were much lower in February with only 44 bed days lost compared to 251 in January and 460 in December.
  - Beds unavailable to DTOC patients reduced in February to an average of 50 from 59 in the previous month.
  - Winter measures including the use of a discharge vehicle and extended Same Day Emergency Care opening hours remain in operation until mid April, these have been seen to have a positive impact on patient flow and bed occupancy.
  - From January (inclusive) Emergency Care performance data now includes approx. 600 monthly attendances at walk in centres from 111. In February there were 585 attendances with 0 breaches.
- March performance is currently 95.4% as at 16/03, with strong performance continuing. The 4 hour standard has been met in 11 of the first 15 days of March, although on 14/03 performance dipped below 90% for the first time since early January. Additionally, the number of medical boarders has continued to fall significantly and ambulance arrival levels remain similar to January which was lower than in November and December 2019. The Trust has been at OPEL Level 2 throughout March barring 01/03 and was at Level 2 for the majority of February.
- The Trust is currently responding to the coronavirus pandemic with new testing pods set up and a clear protocol established should patients require further investigation or treatment. Currently the Trust is coping with the level of related attendances and is responding accordingly. Additional measures continue to be devised and enacted as appropriate.
- The Trust received 30 ambulance divers in February, a drop from January (52) and December (78) but higher than every other month in the year. 14 of these were from NSECH, 9 from North Durham with the remainder split between Gateshead, Sunderland and South Tyneside.

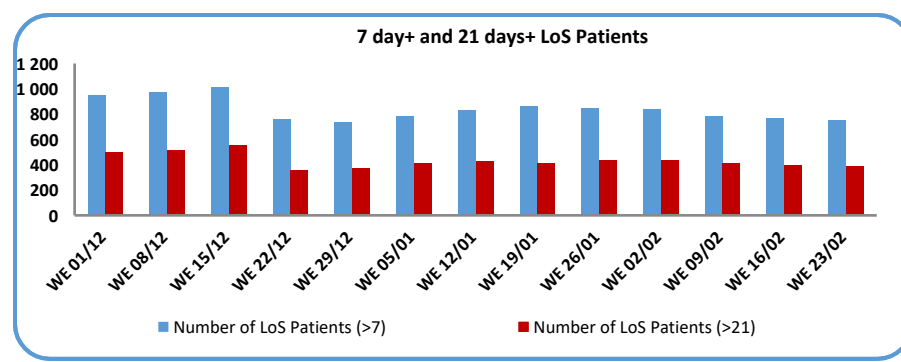
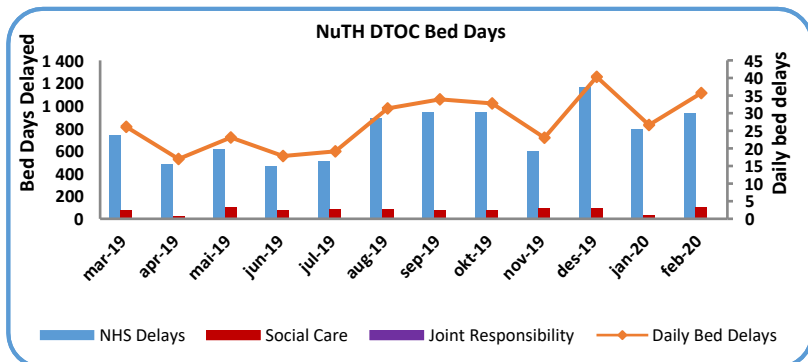


A&E Service	Apr 18 - Feb 19	Apr 19 - Feb 20	Percentage Variance	Volume Variance
RVI Emergency Department	110,680	113,736	2.76%	3,056
GP Streaming	13,831	15,033	8.69%	1,202
Molineux Walk-in Centre	30,023	25,261	-15.86%	-4,762
Westgate Rd Walk-in Centre	18,798	19,779	5.22%	981
Ponteland Rd Walk-in Centre	26,984	22,885	-15.19%	-4,099
Eye Casualty	20,641	19,977	-3.22%	-664
<b>Total</b>	<b>220,957</b>	<b>216,671</b>	<b>-1.94%</b>	<b>-4,286</b>



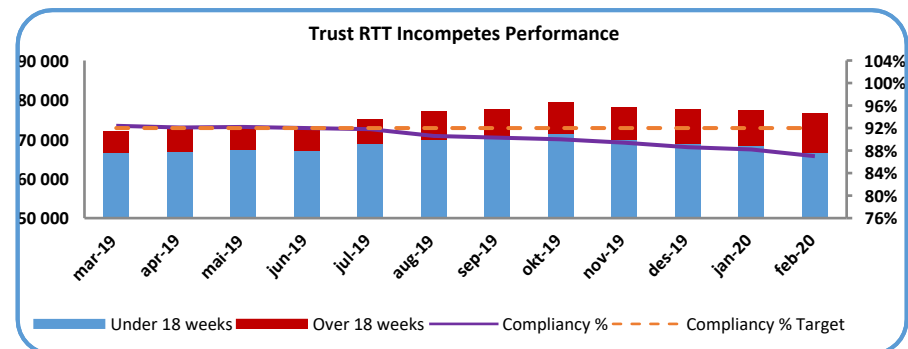
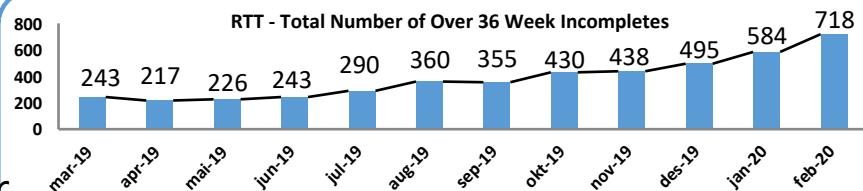
# Quality and Performance: Delayed Transfers of Care and Stranded Patients

- The number of bed days delayed due to Delayed Transfers of Care (DTOCs) increased in February to 1,036, which is above the average monthly level of 819 seen over the past 12 months. Factors which have contributed to the higher levels of DTOCs include:
  - Difficulties repatriating patients to their local hospitals due to high bed occupancy levels across the region, this is particularly prevalent within Neurosciences due to Walkergate Park capacity.
  - 54% of the delayed discharges were within Medicine, with Neurosciences seeing the second highest number of delays (24%). The Medicine Directorate saw the biggest increase from the previous month (+25%).
- Following a decrease in delays in January, NHS delays in February have increased to 936 which above the monthly average of 755 seen over the past 12 months. The increase in February has predominantly come from patient choice (31%) and issues with care packages (16%), both these areas are at the highest level over the last 12 months.
- Overall the 2019/20 YTD position has seen an increase on 2018/19, with December 2019 to February 2020 seeing the number of delayed bed days increase by 36% compared to the same 3 month period in the previous year.
- During 2018/19, NuTH achieved a 21% reduction in the number of its 21 days+ Length of Stay (LoS) patients, with NHSE setting a target of a further 17% reduction during 2019/20. As at 16<sup>th</sup> March the Trust is currently slightly above its submitted trajectory, with a weekly average of 228 vs the ambition of 215. This metric excludes certain patient groups such as rehabilitation patients and pediatrics.
- The number of 7 days+ LoS patients reduced during February from the high of 839 at week ending 2/2, to 754 by week ending 23/2. The number of 21 days+ LoS patients also reduced in February from a high of 434 at week ending 2/2, to 389 by week ending 23/2. This metric does not have the exclusions applied and reflects the overall Trust level position.
- Length of Stay remains an area of focus throughout the Trust, with a task and finish group having been established which is championing the refreshed “There’s No Place Like Home” campaign. This campaign is particularly looking at patients who no longer require acute clinical care, with a LoS of 21-26 days.



# Quality and Performance: 18 Weeks Referral to Treatment

- The RTT Incomplete Performance in February has deteriorated further to 87.0% against the 92% standard. Latest national performance is 83.5% (January).
- The overall waiting list size reduced again slightly for the fourth month in a row although the number of patients waiting longer than 18 weeks for treatment has increased for 9 successive months. Overall demand outstrips capacity across many specialty areas and the impact of Covid-19 is likely to have a very challenging impact on both outpatient and inpatient activity over the coming months.
- As part of the Trust's focus on recovery and patient care, activity forecasts are being monitored. In line with this, from March onwards additional measures have been implemented including activity at weekends in pressured specialties such as Ophthalmology (76.3%).
- There are some specialties which have consistently failed the target in recent months and in February 6 specialties and the Bucket (X01) failed the RTT Incomplete standard with the associated financial penalty shown; Ophthalmology (£522.3k), ENT (£185.7k), Trauma & Orthopaedics (£93.6k), Dermatology (£62.7k), Urology (£28.8k), General Surgery (£5.4k), Bucket - X01 (£315.6k). The total penalties that would have been applicable for 18 week breaches if the Trust had not agreed a financial Control Total would be £1,214,100 for February.
- For the fourth month in a row, the Trust reported a number of >52 week RTT waiters for Spinal Surgery (Orthopaedics). For February this figure rose to 19. Internal and external discussions continue on plans to relieve service pressure and recover the position. 52 week breaches will continue for the medium term with no short term solutions available to avoid 52 week breaches. The longest waiter on the PTL is currently 68 weeks.
- There are now 718 over 36 week waiters, which is a sharp rise again from January's level and more than double the total 6 months ago. The biggest contributor to this position remains Spinal Surgery (Orthopaedics) (212).
- For the February 52 week breaches described above there is an overall financial penalty of £47.5k (£5k per breach, split equally by NuTH and commissioners), this penalty still applies despite the agreement of a Control Total.



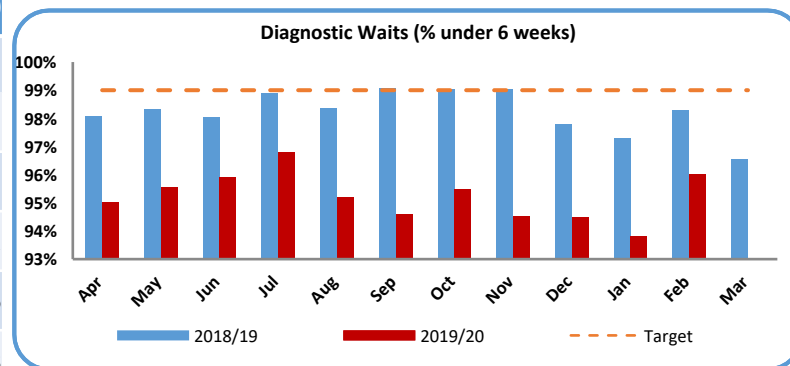
RTT Incomplete Pathways	18/19 Qtr 4	19/20 Qtr 1	19/20 Qtr 2	19/20 Qtr 3	Jan-20	Feb-20
Total	214,096	218,278	229,920	235,142	77,314	76,545
> 18 weeks	15,380	17,082	20,914	24,887	9,087	9,925
Overall Compliance	92.8%	92.2%	90.9%	89.4%	88.2%	87.0%
Incomplete Penalty	£606.6k	£835.5k	£1,727.4k	£2,426.6k	£1,027.3k	£1,261.6k
Agreed Reinvestment	£606.6k	£835.5k	£1,727.4k	£2,406.6k	£994.8k	£1,214.1k

> 36 Week Waiters	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	54	55	56	57	58	59	62	68	Grand Total
108 - Spinal Surgery Orthopaedics	24	21	26	10	16	13	12	26	6	9	16	6	4	1	3	1	1	2	4	1	5	1	2	1	1	212
130 - Ophthalmology	29	28	14	10	14	5	4	2	4																	110
107 - Vascular Surgery	7	10	11	5	7	10	7	5	5	4	3		2	2		2										80
101 - Urology	7	12	13	5	6	6	6	3	3	1	3															65
110 - Trauma & Orthopaedics	6	7	9	6	5	4	1	3																		41
120 - ENT	6	9	6		5	3	2	2	1	1	2			1												38
320 - Cardiology	11	10	1	3	2	2	1	1	1			2		1	2											37
502 - Gynaecology	6		1	2	1	1	4	3		2					1											21
100 - General Surgery		5	4		2	2																				13
10801 - Spinal Surgery Neurosurgery	2	1	3	3	2	1																				12
104 - Colorectal Surgery	2	3	2		1	1	1					1														56

# Quality and Performance: Diagnostic Waits

- February saw performance improve to 96.0% against the 99% standard, the highest level for 7 months. This followed a reduction in the waiting list size from January's level and a 5% rise in the total number of tests undertaken compared to February 2019. Despite this progress the Trust failed the diagnostic target having last achieved in November 2018.
- The overall number of patients on the waiting list (WL) is 14% higher than at this stage in 2019. This reflects a trend seen across the North East and North Cumbria, as diagnostic performance within the ICS has dramatically worsened during 2019.
  - The biggest increases in WL size compared to February 2019 levels were seen within Audiology Assessments, MRI, CT and Ultrasound.
- Endoscopy is the biggest area of challenge due to workforce capacity constraints linked to the retirement of nurse endoscopists, the timescales associated with recruiting and training new specialist staff and a reduction in flexible sessions from senior clinicians linked to pensions issues.
- Waiting list size and breaches both fell in February across all areas of Endoscopy; this followed increased weekend clinics and outsourcing of activity.
- Despite the progress, Endoscopy still had 261 six week breaches with the majority of these having a TCI by the end of April.
  - Overall endoscopy compliance is at 61.1% against the 99% standard which also places additional pressure on to Cancer and RTT performance.
  - Particular pressures exist within Colonoscopy, which has the greatest number of patients waiting >13 weeks (74).
- Radiology performance in February improved dramatically with breaches falling to their lowest level since April 2017. This represented particular progress within MRI, where breach numbers fell from 137 to 15. Additionally, for the first time in 2019/20 there are now no patients waiting over 13 weeks for a radiological diagnostic test.
  - Despite the progress, there continues to be long-standing workforce shortages in Radiology, which significantly impacts on diagnostic test and reporting times, particularly when combined with demand for MRI and CT having grown considerably in the past year.
  - The service is implementing agreed short, medium and long term measures to minimise waits for patients, including outsourcing of activity. Service capacity and demand for both scanning and reporting is subject to constant measure and review.
  - A new monthly report is now in distribution to better inform Directorates of the current scanning and reporting waits.
- Due to continuing capacity issues, Sleep Studies still has a very high number of patients waiting >13 weeks (56). Although this is the lowest level for 4 months, this means that 60% of all patients on the Sleep studies' waiting list have waited >13 weeks, and compliance against the 6 week diagnostic standard has deteriorated again to 22.6% A business case to expand capacity has recently been approved and performance is expected to recover once recruitment is complete.

DM01 Diagnostics Performance	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Number of Breaches	524	461	427	302	472	534	485	606	569	714	445
Number of 'Excess' Breaches	419	357	322	208	373	434	378	495	466	598	335
Performance (99% Standard)	95.0%	95.6%	95.9%	96.8%	95.2%	94.6%	95.5%	94.5%	94.5%	93.8%	96.0%
Penalty (£200 per breach)	£83.8k	£71.4k	£64.4k	£41.6k	£74.6k	£86.8k	£75.6k	£99.0k	£93.2k	£119.6k	£67.0k
Number of Patients Waiting	10,487	10,368	10,439	9,374	9,869	10,070	10,736	11,068	10,288	11,521	11,026
Total Patients Treated	17,828	19,591	18,576	20,049	18,612	18,552	20,922	19,258	16,953	19,326	17,968

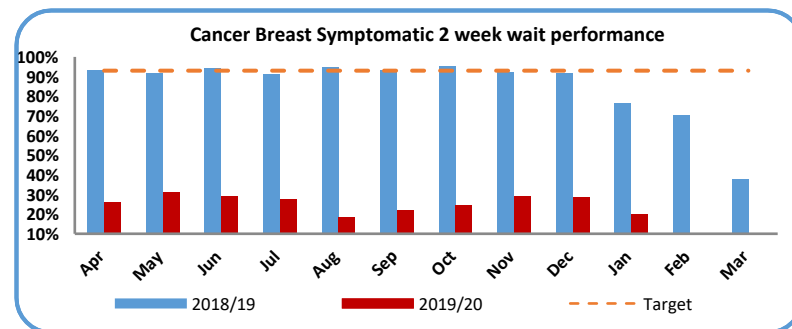
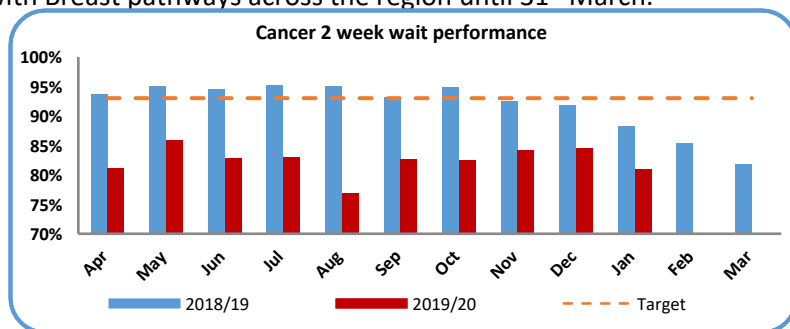


# Quality and Performance: Cancer Performance (1/2)

- The Suspected Cancer Two Week Wait (2WW) standard was not achieved for January. NuTH reported 80.9% against the 93% standard. Lower GI performance continues to be significantly under standard at only 5.3%, this decline is despite seeing nearly 10% more patients YTD than at this point in FY 2018/19 - increased referrals and endoscopy capacity remain the core issues, with significant work going on to address both of these issues.
- Significant work continues to address the 2WW Breast Cancer pathway within the Trust and the region, with a project manager appointed by the Cancer Alliance to work with Trusts across the region and additional managerial resource implemented within the Trust.
  - NuTH failed the Breast Symptomatic standard in January with performance of 19.6%, this is largely because appointment priority in Breast is being given to those with *suspected* cancer and by comparison the 2WW performance for suspected Breast was 89.2%.
  - Amongst other measures NuTH have successfully appointed an additional Breast Radiologist (0.6 WTE) who will help to relieve pressure within the service from the end of January, efforts are also underway to establish a Breast Surgeon led ultrasound service.
- The 31 Day first treatment standard (96%) in January was not achieved at 93.0% against the standard.
- The 31 Day Subsequent Treatment standard for Radiotherapy (94%) in January was achieved at 97.1%.
- The 31 Day Subsequent Drug standard (98%) was not compliant with 92.9% compliance, staffing pressures exist within the service.
- The 31 Day Subsequent Surgery (94%) standard reporting 89.6% for January.

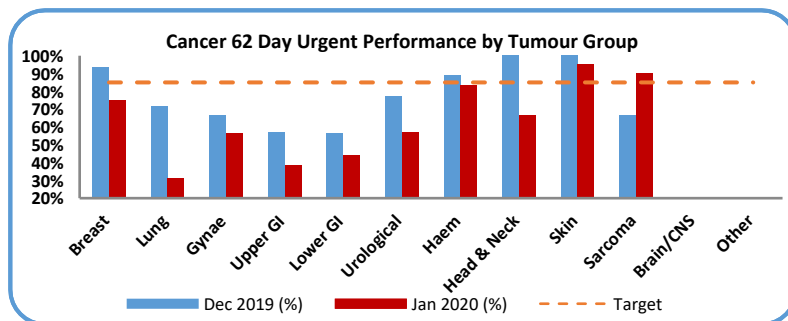
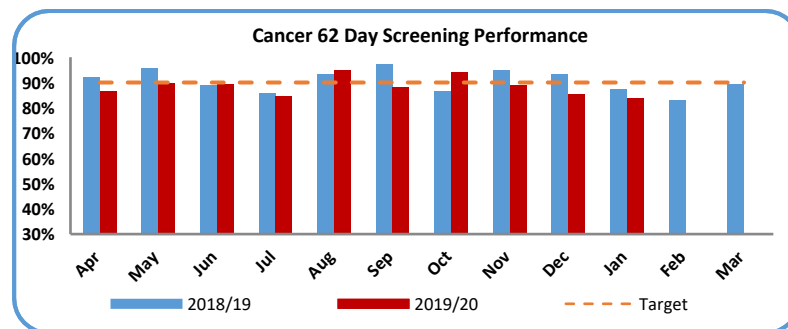
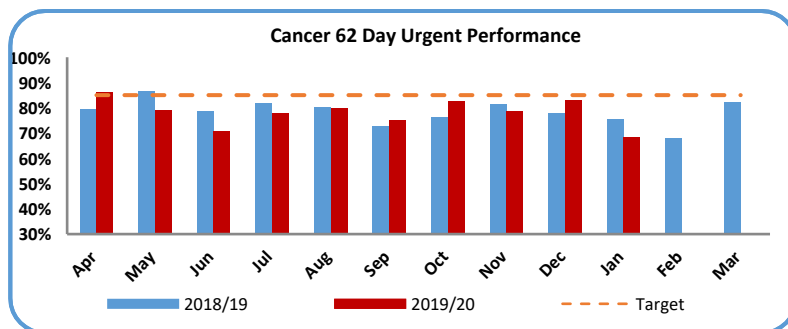
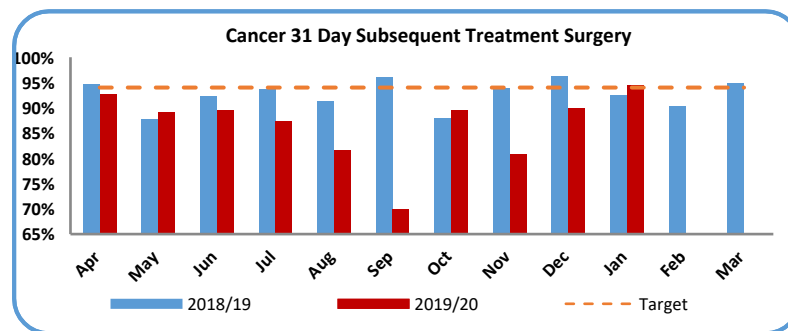
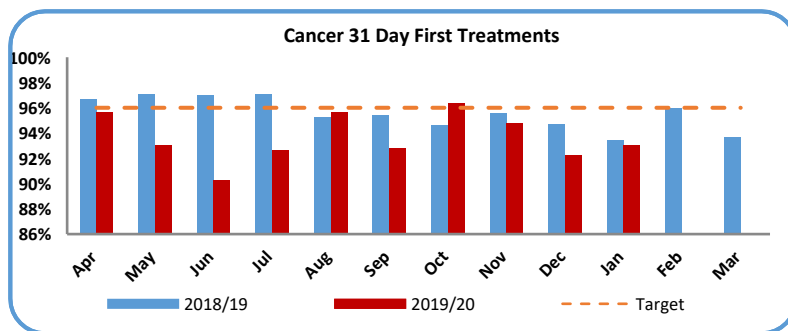
*The 62 Day position is post breach reallocation, following the application of Inter Provider Transfer (IPT) rules:*

- Overall 62 Day performance for January was 68.2% against the 85% standard, a significant decline from December (83.0%)
  - All providers within the Northern Cancer Alliance failed the 62 day target in January and experienced significantly lower performance, this is partly due to the effect of the Christmas and New Year gap causing delays to patients who were treated in January.
  - The most challenged groups were Lung (31%), Lower GI (44%), Upper GI (38%), Urology (51%)
- The Trust did not achieve the 62 Day Screening Standard (90%) at 83.8% in January.
- The Trust achieved 1 of the 8 Cancer Waiting Time standards this month.
- The Northern Cancer Alliance will be funding a project manager to look at Urology pathways during 2020/21, this post is currently working with Breast pathways across the region until 31<sup>st</sup> March.



Please see additional charts on the next page

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



From 1<sup>st</sup> April 2020 the 28 Day Faster Diagnosis standard will come into effect. The aim of this standard is to inform patients earlier on in their care plan of their cancer diagnosis as well as speed up the time from referral to diagnosis and is in addition to the current Cancer Waiting Time standards.

The standard is to inform 75% of patients with 28 days of their diagnosis (cancer or non-cancer), this standard is enforceable through the NHS Standard Contract.

# Quality and Performance: Other Performance Requirements

- The Trust reported 51 'last minute' cancelled operations in February 2020, which was a slight increase from January's level but still below the monthly average seen in 2019/20 so far of 62 cancellations per month. The patient being unfit was the most commonly recorded reason for cancellations in February. Across the Trust there have been 675 hospital cancellations in 2019/20 to date, a 24% increase on the corresponding period in 2018/19.
- The Trust reported 3 breaches in February against the standard to treat within 28 days following last minute cancellations, 2 of these were within the Surgical directorate and 1 was in MSU. The Trust does not receive payment for these rescheduled procedures.
- In relation to Dementia, the Trust continues to consistently perform below the national standard for 2 of the 3 metrics, but the referral metric has been met in each of the past 8 months and remains at 94%. Actions are being taken to improve compliance with the Trust's Specialist Dementia team working alongside the IT department to further develop the screening tool. The team has proposed some amendments following a review of the screening tool against new evidence based practice and feedback from clinical staff. It was hoped this would increase compliance with screening completion to 70% by the end of March 2020, it currently stands at 55% in February, a reduction from 61% in both December and January.
- In February 2020 the 'moving to recovery' standard for IAPT was not met for the thirteenth month in a row, although performance has improved slightly to 46.6% against the 50% standard. An audit of 'unrecovered patients' has been completed with a corresponding action plan focusing on patients nearly at recovery, offering patients the most appropriate intervention and the most appropriate outcome measures.
- The increased monthly target of 1.58% of people who have depression and/or anxiety receiving psychological therapies is still yet to be met in 2019/20, February's performance was 1.26%. Cumulatively performance in 2019/20 year to date is 14.59%, which is below the target of 18.96%. Positively, the targets for seeing patients within both 6 and 18 weeks have been met consistently every month since September 2016, with 94.9 % seen within 6 weeks and 100% seen within 18 weeks in February. Notice has been served on this contract by commissioners and the Trust is due to cease delivery on 31/03/2020. As a result, staff recruitment and retention is proving difficult which is having an adverse effect on the achievement of the performance targets. Discussion with commissioners continue re the future of the service post April 2020.

Reportable Cancelled Operations	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Standards	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Last minute cancelled operations	56	74	65	79	63	73	54	60	52	48	51	% asked the dementia case finding question within 72 hours of admission.	90%	34%	37%	45%	52%	50%	45%	39%	36%	36%	36%	35%
Number of 28 day breaches	1	5	9	3	13	2	4	1	4	5	3	% reported as having had a dementia diagnostic assessment including investigations.	90%	76%	88%	60%	44%	59%	52%	57%	59%	61%	61%	55%
Urgent operations cancelled for a 2 <sup>nd</sup> or subsequent time	0	0	0	0	0	0	0	0	0	0	0	% who are referred for further diagnostic advice in line with local pathways.	90%	33%	46%	81%	100%	100%	100%	100%	100%	100%	94%	94%
Penalty Amount	*	*	*	*	*	*	*	*	*	*	*													

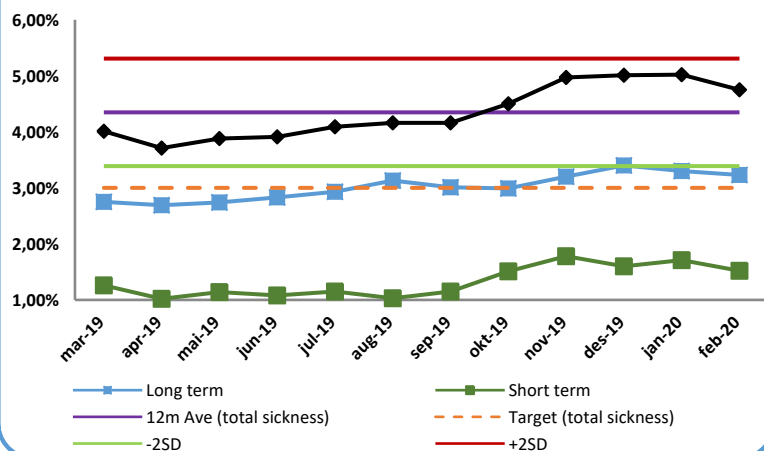
# People: Health and Wellbeing

- Year to year comparison for sickness :

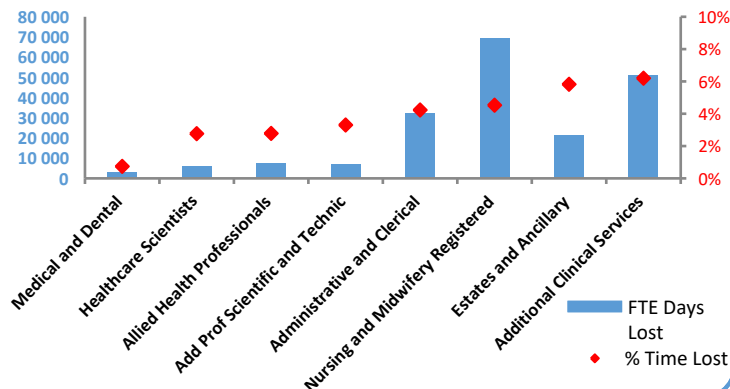
	Feb-19	Feb-20	
Long-term	2.93%	3.07%	↑
Short-term	1.34%	1.23%	↓
Total	4.27%	4.29%	↑

- Cost of absence £16.7m compared to £16.3m in February 2019

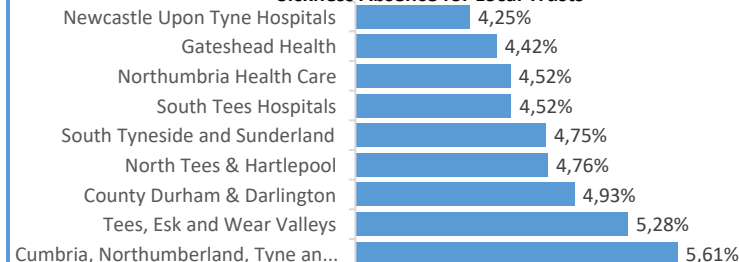
Sickness Absence (% Time Lost)



Sickness Absence by Staff Group



Sickness Absence for Local Trusts



\*Period 1/1/2019 to 31/10/2019

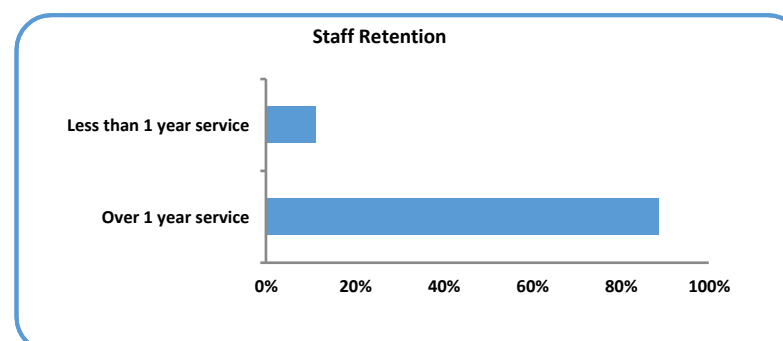
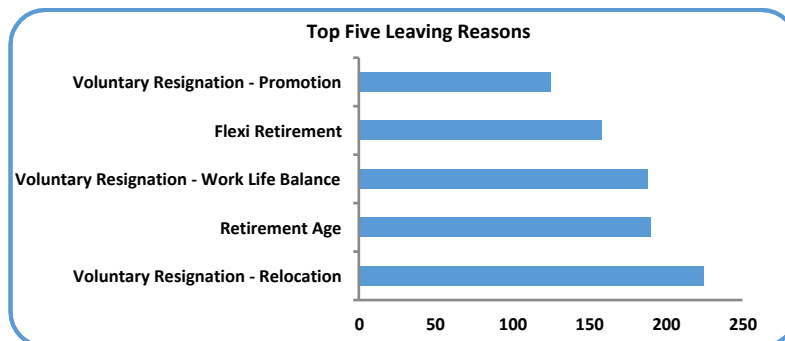
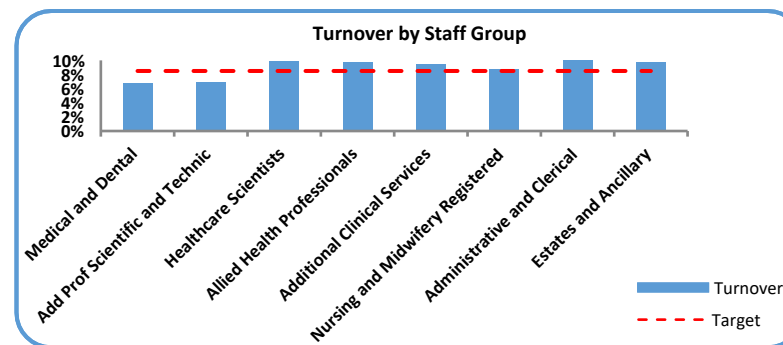
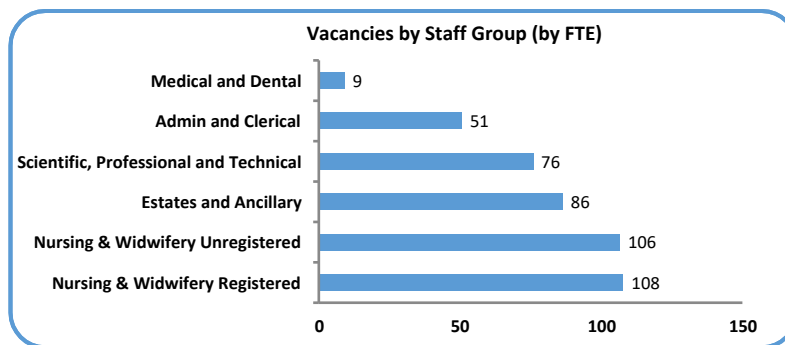
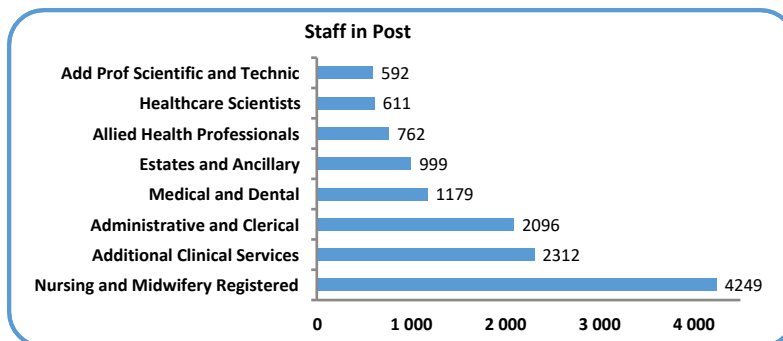
Sickness Absence (% Time Lost) by Directorate



\*COO Directorate includes Outpatients / ABC Service

# People: Sustainable Workforce Planning

- Staff in post at February 2020 is 12,800 wte compared to 12,576 in February 2019.
- Staff turnover has increased slightly from 8.65% in February 2019 to 9.08% in February 2020, against a target of 8.5%.
- The total number of leavers in the period March 2019 to February 2020 was 1,454.
- Staff retention for staff over 1 year service stands at 88.8%, an increase from 87.5% in February 2019.

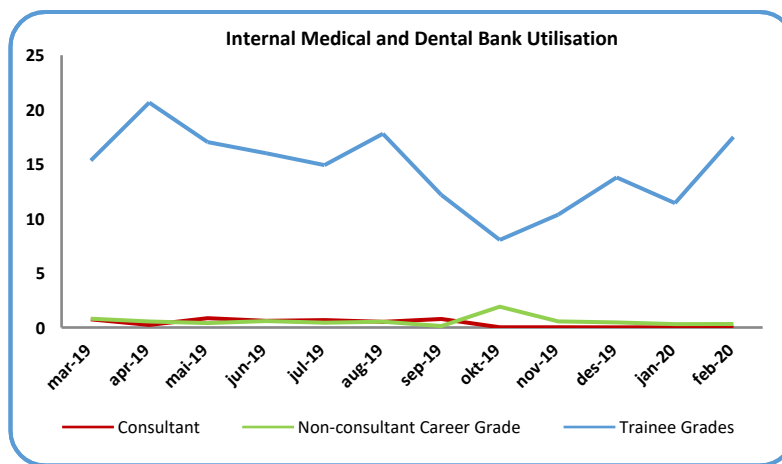
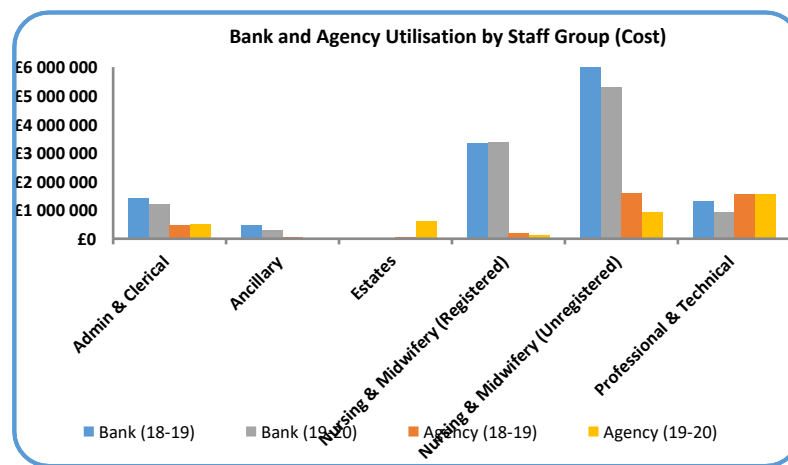
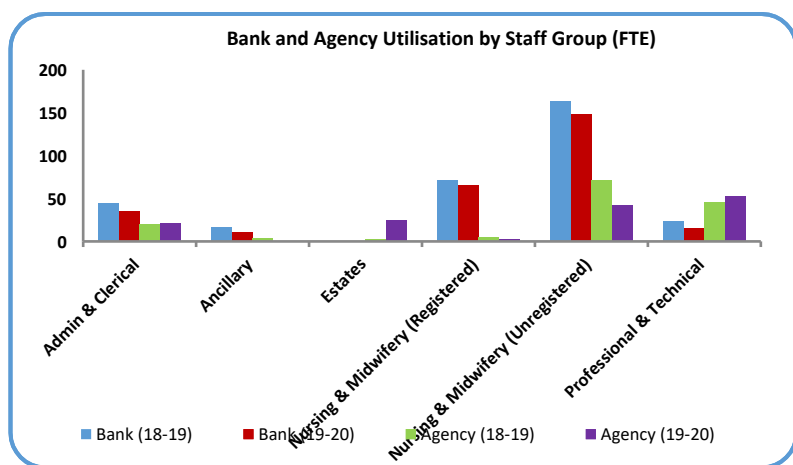


\*Vacancy data provided by Finance based on staff in post v budgeted establishment position



# People: Sustainable Workforce Planning

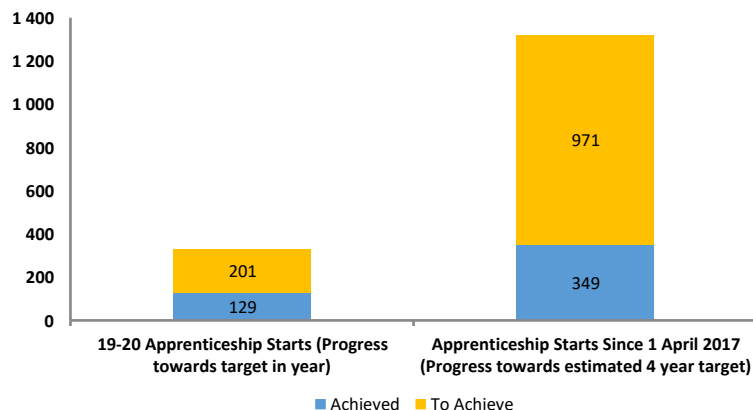
- Comparing the periods March 2018 - February 2019 to March 2019 – February 2020), overall bank utilisation has fallen from 319 wte to 276 wte and agency from 150 wte to 146 wte.
- 9% Total Nursing vacancy rate as at 1st February 2020



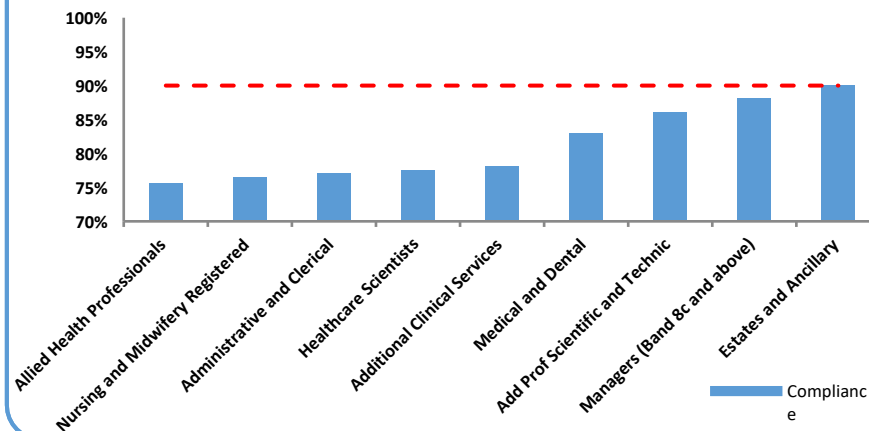
# People: Excellence in Training and Education

- The appraisal compliance rate at February 2020 is 79.1% (83.7% at February 2019), against an end of year target of 95%.
- Mandatory training stands at 89.7% against a Q3 target of 90% and end of year target of 95%. The February 2019 position was 89.3%.

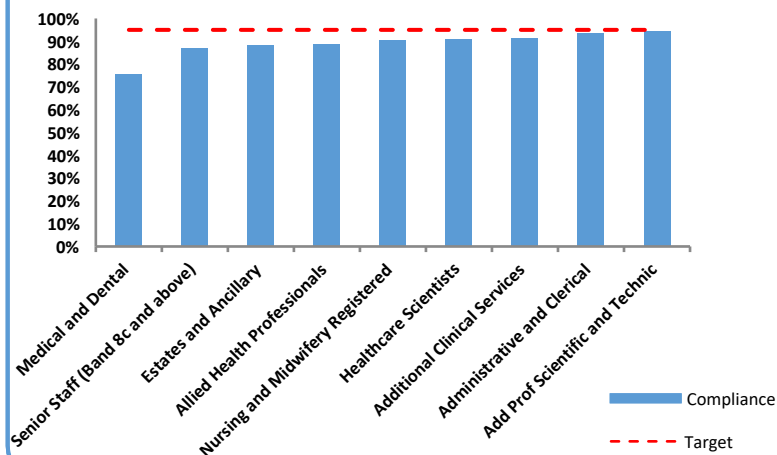
### Apprenticeship starts



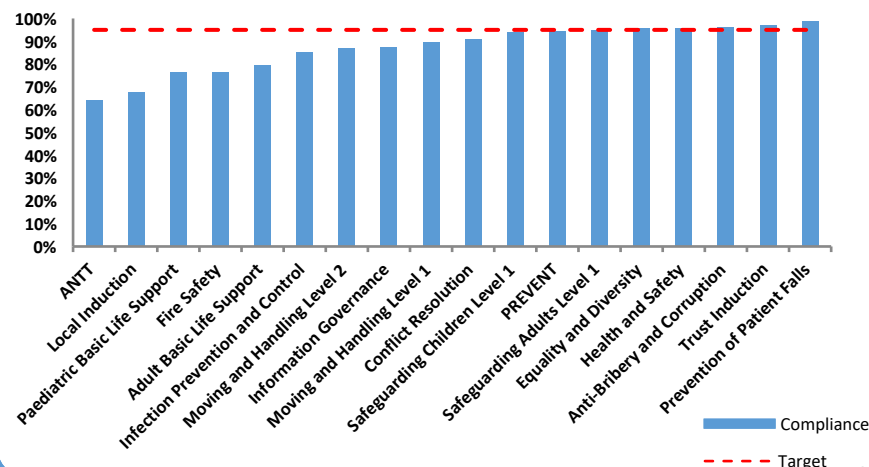
### Appraisals



### Mandatory Training by Staff Group



### Mandatory Training by Topic



# Finance: Overall Financial Position

This paper summarises the financial position of the Trust for the period ending 29<sup>th</sup> February 2020.

At Month 11, the Trust has delivered to the year to date an Income and Expenditure deficit of £0.074 million before Provider Sustainability Funding (PSF).

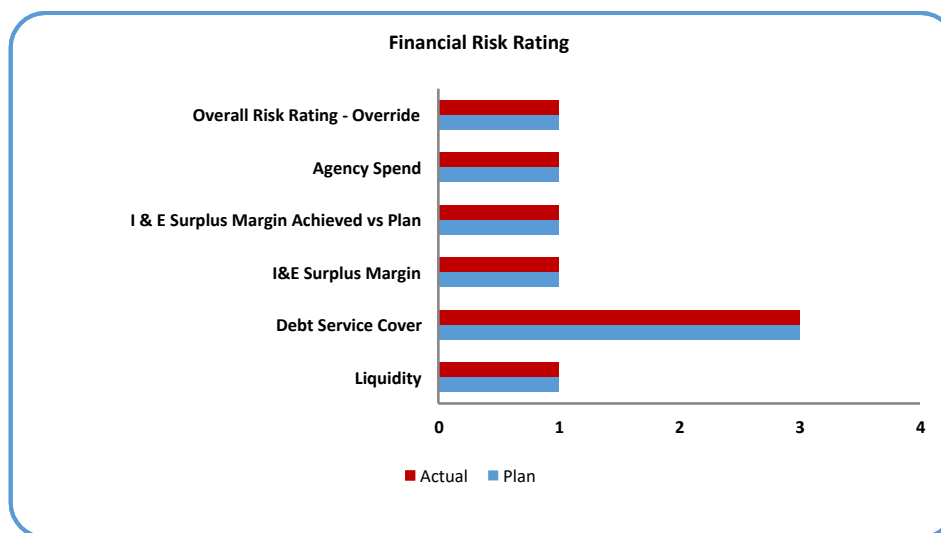
	Annual Plan	Month 11 Budget £'000	Month 11 Actual	Month 11 Variance
Income (excluding PSF)	1,086,806	993,362	1,036,921	43,559
Expenditure	1,088,585	994,678	1,037,766	43,088
I&E position (exc PSF)	(1,896)	(923)	(74)	849
PSF	14,099	12,474	13,628	1,154
I&E position (exc impairment)	11,773	11,158	12,782	1,624
Closing Cash	92,059	84,708	120,018	35,310
Capital Programme	49,872	45,346	44,215	(1,131)

## Finance: Financial Risk Rating

The NHS Improvement Use of Resources (UoR) metric considers five aspects of performance; liquidity and ability to service debt from revenue, underlying performance, variance from the Trust's Plan and agency expenditure compared to Plan.

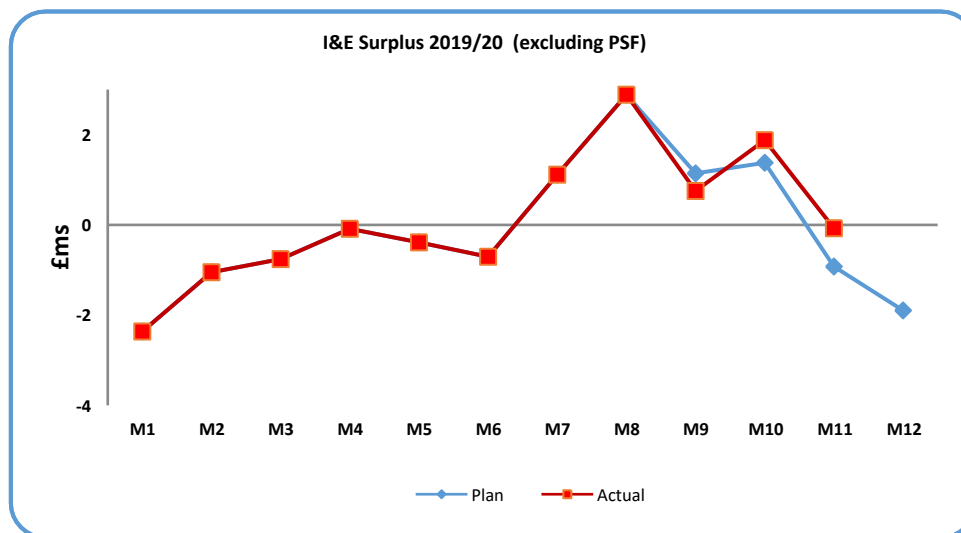
The metrics consolidate into a single Risk Rating which rates an organisation on a scale of 1 to 4, where '1' reflects a low Financial Risk and '4' reflects a Trust with high financial risk.

Based on these metrics the Trust would attain an overall Risk Rating of '1' which is a strong outcome. The profile is as follows:-



# Finance: Key issues

- i. Operating income for the period ending 29<sup>th</sup> February 2020 is £1,036.1 million (excluding PSF) £43.6 million ahead of Plan.
- ii. Total operating expenditure for the period to Month 11 is £1,037.8 million, £43 million more than Plan.
- iii. The Trust has an Income & Expenditure deficit excluding PSF of £74k at Month 11 (£12.8 million including PSF) which is consistent with Plan.
- iv. To date the Trust has delivered £24.8 million savings in relation to the Trust efficiency requirement, with the balance covered by non-recurrent measures.
- v. The Capital Expenditure to January was £44.2 million and is running slightly behind Plan.
- vi. The Cash balance is £120 million and well above Plan by £35 million.





**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	23 April 2020 [Papers circulation only – no meeting due to COVID-19 pandemic]						
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"> <li>Charitable Funds Committee - 30 January 2020 (extraordinary) and 28 February 2020.</li> <li>People Committee - 18 February 2020.</li> <li>Finance Committee - 27 February 2020 (extraordinary) and 25 March 2020.</li> <li>Quality Committee - 20 March 2020.</li> </ul>						
Recommendation	The Council of Governors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Paper presented to the Board of Directors meeting on 26 March 2020. Standing verbal Board of Directors agenda item.						

## UPDATE FROM COMMITTEE CHAIRS

### 1. INTRODUCTION

This report provides an update to the Board on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Board of Directors in January 2020.

### 2. CHARITABLE FUNDS COMMITTEE

An Extraordinary Meeting of the Committee took place on 30 January 2020. This meeting considered two bids that required timely discussion and decision.

A formal meeting of the Committee took place on 28 February 2020. During the meeting, the main areas of discussion to note were:

- The Donation of Money Policy was ratified.
- The Committee received the Statement of Financial Accounts and Balance Sheet, demonstrating the position to 31 January 2020.
- The Committee received a number of Grant Applications and approved a number of applications, including those for a 12 Month Fellowship in Paediatric Cancer, NCCC Complementary Therapy 3 Year Grant and a GNCH Outreach worker.
- The Summary of Grants was received detailing the position since the last meeting of the Committee.
- The Target Spend Report and the Income Report were received.
- The Summary of Investments from both Newton's and CCLA were received.

The next meeting of the Committee is scheduled to take place on 1 May 2020.

### 3. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 18 February 2020. During the meeting, the main areas of discussion to note were:

- Reports on both ethnic pay and gender pay were received.
- A Workforce Development Update was received.
- A staff experience update was received which included both the NHS Staff Survey results and the Trust's Flourish programme.
- The People Dashboard was reviewed.
- Key risks relating to the People agenda were highlighted, particularly those relating to employment relations, recruitment and retention, workforce systems development and mandatory training and appraisal.

The next meeting of the Committee is scheduled to take place on 21 April 2020 [meeting subsequently cancelled due to COVID-19 response].

#### **4. FINANCE COMMITTEE**

An extraordinary meeting of the Committee took place on 27 February 2020 which was convened to discuss the year end position.

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

- The Month 11 Finance Report was received which included the Income and Expenditure position, the current Directorate performance, the Forecast End of Year delivery and Control Total position and any risks to achieving these.
- The Month 11 Directorate Activity Summary and Forecast Year-End Activity and Contract Position was received.
- The Month 11 Transformation and Financial Improvement Update was received.
- The Estates Capital Projects position was received.
- The Financial Plan, Budget and Cost Improvement Position for 2020/21 was discussed.
- The 2020/20 Budget Controls and Contracts Update positions were received and discussed.

The next meeting of the Committee is scheduled to take place on 22 May 2020.

#### **5. QUALITY COMMITTEE**

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

- A report relating to the delivery of Research and Development within the Trust was delivered by the Assistant Medical Director for Research and Development.
- Updates from the Management Group Chairs were received.
- The Medical Director, Chief Operating Officer and Executive Chief Nurse provided an update on the Trust's response to the COVID-19 pandemic.
- A number of reports were received including:
  - End of Life and Palliative Care Report;
  - Learning from Deaths Report;
  - Patient Experience Quarterly Report;
  - Safeguarding Quarterly Report; and
  - Infection Prevention and Control Report.
- The CQC Action plan was received and discussed.

The next meeting of the Committee is scheduled to take place on 22 May 2020.

#### **6. RECOMMENDATIONS**

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

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



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