

Council of Governors

Thu 15 April 2021, 13:30 - 16:00

TBC

Agenda

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

0 min

Attached

 0 CoG Agenda 15 APRIL 21.pdf (3 pages)

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

0 min

2.1. Apologies for Absence and Declarations of Interest

Verbal *SJB*

2.2. Minutes of the meeting held on 10 December 2020 and Matters Arising

Attached *SJB*

 2 Council of Governors Minutes - 10 DEC 20 DRAFT.pdf (14 pages)

2.3. Meeting Action Log

Attached *SJB*

 3 CoG Action Log APR 21.pdf (1 pages)

2.4. Chairman's Report

Attached *SJB*

 4 Chairman Report APR 21.pdf (6 pages)

2.5. Chief Executive's Report

Verbal *AW*

2.6. Governor Elections

Attached *KJ*

 6 Governor Elections Update APR 21.pdf (6 pages)

13:30 - 13:30 **3. Quality & Patient Safety Performance and Delivery**

0 min

3.1. Integrated Board Report – Quality, Performance, People & Finance

Attached *AW/MW/AD/DF*

 7 Integrated Board Report APR 21.pdf (32 pages)

3.2. Recovery Programme / Activity Update

Presentation *MW/VMR*

3.3. Vaccination Programme Update, including

3.3.1. Latest Update

Presentation *MW*

3.3.2. Staff Vaccination Take up

Presentation *SC/SF*

3.3.3. Role of Volunteers


Presentation *AH*

13:30 - 13:30
0 min

4. Reports from Governor Working Groups

4.1. Nominations Committee Report

Attached *Chair*

 9(i) Nominations Committee Update APR 21.pdf (17 pages)

4.2. Quality of Patient Experience Working Group

Attached *CE*

 9(ii) QPE Working Group Report APR 21.pdf (7 pages)

4.3. Business and Development Working Group

Attached *PY*

 9(iii) B&D Working Group Report APR 21.pdf (5 pages)

4.4. People, Engagement and Membership Working Group

Verbal *SC*

13:30 - 13:30
0 min

5. Items to Receive and Any Other Business

5.1. Updates from Committee Chairs

Attached

 10(i) Update from Committee Chairs APR 21.pdf (7 pages)

5.2. Any Other Business

Verbal *SJB*

5.3. Date and Time of Next Meeting - 17 June 2021, 1.30pm

Verbal *SJB*

5.3.1.

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

Thursday 15 April 2021 via Microsoft Teams
Start time 1:30pm

Agenda				
Item		Lead	Paper	Timing
Business Items				
1	Apologies for Absence and Declarations of Interest	Chair	Verbal	1:30pm – 1:40pm
2	Minutes of the meeting held on 10 December 2020 and Matters Arising	Chair	Attached	
3	Meeting Action Log	Chair	Attached	
4	Chairman's Report	Chair	Attached	1:40pm – 1:45pm
5	Chief Executive's Report	Deputy Chief Executive	Verbal	1:45pm – 2:00pm
6	Governor Elections	Deputy Trust Secretary	Attached	2.00pm – 2.10pm
Quality & Patient Safety Performance & Delivery				
7	Integrated Board Report – Quality, Performance, People & Finance	Medical Director/Deputy CEO, Chief Operating Officer (COO), Director of HR & Finance Director	Attached	2.10pm – 2.30pm
Presentations				
8(i)	Vaccination Programme Update, including: a. Latest Update b. Staff Vaccination Take-up	COO Associate Director of Nursing, Patient Services & Clinical Lead/Service Manager OH	Presentation	2.30pm – 2.50pm

	c. Role of Volunteers	Volunteer Service Manager		
<i>Refreshments break 2.50pm – 3.00pm</i>				
Item		Lead	Paper	Timing
8(ii)	Recovery Programme / Activity Update, including specific service updates on: i) Cancer; and ii) Accident & Emergency.	COO, Director for Enterprise & Business Development & Associate Medical Director/Cancer Lead	Presentation	3.00pm – 3.20pm
Reports from Governor Working Groups				
9(i)	Nominations Committee Report	Chair	Attached	3.20pm – 3.25pm
9(ii)	Quality of Patient Experience Working Group	Working Group Chair	Attached	3.25pm – 3.30pm
9(iii)	Business and Development Working Group	Working Group Chair	Attached	3.30pm – 3.35pm
9(iv)	People, Engagement and Membership Working Group	Working Group Chair	Verbal	3.35pm – 3.40pm
Items to Receive and Any Other Business				
10(i)	Updates from Committee Chairs	Committee Chairs	Attached	3.40pm – 3.50pm
10(ii)	Any Other Business	Chair	Verbal	3.50pm – 4.00pm
10(iii)	Date and Time of Next Meeting: 17 June 2021, 1.30pm	Chair	Verbal	

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COUNCIL OF GOVERNORS

DRAFT MINUTES OF MEETING HELD ON 10 DECEMBER 2020

- Present:**
- Professor Sir J Burn, Chairman
 - Dame J Daniel, Chief Executive
 - Public Governors (Constituency 1 – see below)
 - Public Governors (Constituency 2 – see below)
 - Public Governors (Constituency 3 – see below)
 - Staff Governors (see below)
 - Appointed Governors (see below)
- In Attendance:**
- Professor K McCourt, Non-Executive Director
 - Mr G Chapman, Non-Executive Director
 - Mr D Stout, Non-Executive Director
 - Mr J Jowett, Non-Executive Director
 - Mr B MacLeod, Non-Executive Director
 - Ms J Baker, Non-Executive Director
 - Mr A Welch, Medical Director/Deputy Chief Executive
 - Mrs A Dragone, Finance Director
 - Mrs D Fawcett, Director of Human Resources
 - Mr M Wilson, Chief Operating Officer
 - Mrs E Harris, Deputy Chief Nurse
 - Mrs K Simpson, Deputy Director of Business & Development
 - Mrs T Bayliss, Charity Director
 - Mr J Dixon, Head of Sustainability
 - Mrs K Jupp, Trust Secretary
- Secretary:** Mrs A Waterfall, Corporate Services Administration Manager (minutes)

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

20/21 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies were **received** from Governors, Professor A Wathey, Miss D Colvin-Laws, Mr S Connolly, Professor A Fisher, Mrs R Hudson, Ms E Vinton and Mrs S Nelson.

Further apologies were **received** from Dr V McFarlane-Reid, Executive Director for Enterprise & Business Development, Mr G King, Chief Information Officer, Ms M Cushlow, Executive Chief Nurse, Mrs D Fawcett, HR Director, Non-Executive Directors Professor D Burn.

Agenda Item 2

The Chairman reminded the Council that he had a declared interest in matters pertaining to COVID-19 testing due to his role as Vice Chair of QuantuMDx. Further, he explained that he would recuse himself of chairing responsibilities and leave the meeting when the meeting minutes were to be discussed (item 20/21 ii). For these items, Mr Jonathan Jowett, the Trust's Senior Independent Director, would assume chairing responsibility.

No additional declarations of interest were made at this time.

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

ii) Minutes of the Meeting held on 15 October 2020 and Matters Arising

[The Chairman left the meeting at 13.32pm]

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

The minutes of the meeting were agreed as a correct record.

No further questions were raised in relation to the Integrated Covid Hub North East (ICHNE). Mr Jowett requested that if any further questions arise regarding ICHNE then Trust Governors should contact the Corporate Governance Team in the first instance.

It was resolved: to **receive** and agree the minutes.

[The Chairman re-joined the meeting at 13.35pm and resumed chairing responsibilities.]

iii) Meeting Action Log

The action log was received. Progress with the remaining actions was noted.

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

iv) Chairman's Report

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

- The Chairman had agreed to Chair the Appointment Committee for the appointment of an Integrated Care System (ICS) Chair for the North East and North Cumbria (NENC) region. An update would be provided to Governors following conclusion of the recruitment process.
- The Chairman was one of three guests on a BBC World Service radio programme about Henrietta Lacks whose cancerous tumour cells were used to enable a number of medical breakthroughs.
- Spotlight on Services virtual visits continued, with recent virtual visits made to Sleep Services and the Northern Centre for Cancer Care (NCCC).

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

v) **Chief Executive's Report**

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

- Operationally Trust services were extremely busy, partly due to the increase in numbers of patients with COVID-19 (wave 2) requiring treatment as well as the continued delivery of elective services.
- The local lockdown restrictions had resulted in a positive reduction in the number of inpatients being treated for COVID-19 however overall levels still remained relatively high, particular in some regions within NENC.
The importance of adhering to the restrictions and Government guidance was reiterated.
- Rising cases of COVID-19 had a negative impact on waiting list length/time and it was anticipated that it would take circa 2 years to recover waiting list levels to pre-COVID levels.
- Elective performance was currently circa 80-90% of pre-COVID levels for inpatient treatments, and for outpatients this rose to 110%.
- Additional funding had been made available to NHS organisations to invest in improving waiting times for patients. The Trust had committed a £7m investment in the development of an Ophthalmology hub which would double the number of cataract procedures that the Trust could undertake.
- Partnerships arrangements were working well. In November, the Trust Board agreed to sign the Collaboration Agreement for Collaborative Newcastle, the official launch being scheduled next week.
The work of Collaborative Newcastle was noted to be vital during the COVID-19 pandemic, such work included providing support to care homes and working with partners on the COVID-19 vaccination programme.
- Regarding the programme, final guidance was awaited as to the priority order for specific cohorts to be vaccinated. Initial guidance had suggested that NHS workers would receive the vaccine as a priority; however more recent guidance indicated that individuals over the age of 80 years would be prioritised.
- The complexities of the vaccination programme and the associated vaccine supply were discussed. It was anticipated that further vaccines would be approved such as the Oxford AstraZeneca vaccine, which would enable faster roll-out due to less stringent storage and distribution requirements.
- Gratitude was expressed to all staff involved in responding to COVID-19 and in establishing the vaccination programme.
- Mutual aid between NHS providers was discussed. The Trust had accepted patients from another Trust in the region which had experienced a significant increase in COVID-19 patients.
- Reference was made to a consultation paper on Integrating Care recently published as part of NHS England/NHS Improvement (NHSE/I) Board papers which referred to next steps to building strong and effective integrated care systems across England. The paper detailed the proposed options under consideration.
- The Chief Executive and Medical Director/Deputy Chief Executive had recently conducted a number of engagement meetings with circa 80-100 Trust consultants.

Agenda Item 2

This provided further insight on how staff were feeling, any pressure points and additional support needs. Feedback indicated that staff were feeling tired and further support was required, partly due to the length of the pandemic, the impact of the Winter season and the continuing lockdown restrictions which impacted on staff wellbeing.

A number of support measures had been introduced such as financial support arrangements. A festive packed lunch had also been arranged to express further gratitude to Trust staff for their dedication and commitment.

Mr Forrester referred to the COVID vaccine and queried whether there was sufficient vaccine supply to vaccinate the required population to which the Chief Executive advised that she was not privy to such information regarding national vaccine supply. Reference was made to the complexities associated with the programme such as the need for trained vaccinators, strict storage requirements and logistics, as well as licensing requirements.

Mr Cranston referenced the regional tier system linked to infection rates and queried whether the Trust had input into the decision as to which areas would be placed in which tiers. The Chief Executive advised that the overarching decision was made by the seven local authorities in the region. However she further highlighted that she attended the City Futures Board which considered track and trace data as well as the pressures faced in regional hospitals as a consideration as to the application of tier restrictions.

Mrs Yanez enquired as to the prioritisation of vaccine delivery, particularly for haemodialysis patients who were not included in the highly vulnerable category to which the Chief Executive responded that the prioritisation order and definitions were determined by the Joint Committee on Vaccination and Immunisation. Vaccine supply was restricted to the agreed cohorts.

It was resolved: to receive the verbal update.

20/22 PRESENTATIONS

i) Restart, Reset, Recovery Programme Update

The Chief Operating Officer presented the update with the following salient points to note:

- The Trust had experienced two surges in COVID-related activity in the year to date, the first in April to May and the second was currently being experienced.
- A number of challenges had presented in terms of service delivery such as the additional COVID-screening requirements, the need to adhere to social distancing in wards (reducing from 6-bedded bays to 4-bedded bays), increasing cleaning and further 'settle' time between patients where treatment involved the use of aerosols.

Agenda Item 2

- NHS E/I issued a Phase 3 letter setting out ambitions for NHS Providers, including increasing activity levels back to 100% of pre-COVID levels. However the letter assumed that there would be no further surge in COVID-activity.
- Trust performance at the end of November 2020 was:
 - First Outpatient – 86%
 - Follow up Outpatient – 90%
 - Day Case – 77%
 - Ordinary – 80%Outpatient performance was strong due mainly to the introduction of virtual and telephone appointments. Day case performance was lower due to the additional cleaning required in between procedures, as well as the need to adhere to social distancing requirements.
- During the first COVID wave, non-urgent elective activity was stood down however during the recent wave, elective activity continued as much as possible.
- Referral levels had arisen as anticipated and therefore the recovery programme was centred upon minimising waiting times and increasing activity levels.
- Recovery programmes had been established for each directorate and additional recovery schemes identified such the implementation of a mobile MRI imaging unit to decrease diagnostic waiting lists and the Chemotherapy Day Unit moved to 7 day working. In addition, extra sessions had been created for specific services such as endoscopy and dermatology.

Mr Cranston queried the number of patients not attending appointments due to concerns regarding COVID to which the Chief Operating Officer advised that the data demonstrated that some patients were not attending scheduled appointments however it was difficult to identify if this was solely due to concerns regarding COVID. He further highlighted that hospitals had implemented additional COVID safety measures and there were very low levels of transmission within hospitals.

ii) Charity Strategy

The Chairman advised that the Charitable Funds Committee had been re-named as the Charity Committee.

The Charity Director explained that she had joined the Trust in June 2020 into a newly created Charity Director role. A key reason for the introduction of the role was to reposition the Trust Charity, as well as to develop and deliver a Charity Strategy.

It was noted that the Charity Sector had changed significantly as a consequence of the pandemic as NHS charities had experienced higher levels of public support.

The Charity Director provided a presentation with the following salient points to **note**:

- An overview of the Charity history and financial position was provided. It was highlighted that one of the first funds created was the Fleming Watson fund which originated in 1882 with a £25,000 donation and to date, there were circa 300 special purpose funds.

Agenda Item 2

- A strategic review of the Trust Charity was undertaken in 2019 by Tarnside Consulting. The review identified that:
 - the charity had greater potential in relation to fundraising and diversifying income streams;
 - the charity team was small for the size of the funds and required strengthening;
 - funds were well accounted for;
 - grant spending was lower than expected;
 - charity visibility was relatively low and therefore increase communications were required; and
 - further investment was required in charity infrastructure to streamline processes and systems for example to make it easier to donate to the Charity.
- The charity team was being strengthened through investment to create additional posts to address the recommendations raised in the review.
- The Regulatory Framework was outlined, along with the different charity governance models in operation and the role of the Charity Commission. It was noted that Newcastle Hospitals was the single corporate trustee for the Charity and therefore the Trust Board was fully accountable for decisions made in relation to the Charity. The Board delegated oversight of Charity activities to the Charity Committee.
- The Charity Committee included a number of the Trust's Non-Executive Directors (NEDs) who brought a wealth of knowledge, with Ms J Baker as the new Chair of the Committee.
- During the pandemic, significant support was received by NHS workers, including numerous donations and thank yous from organisations such as Fenwick's. Gratitude was expressed to the Trust's Corporate Governance team for the coordination, receipt and distribution of the donations received.
- Recent work focussed on the development of a new communications plan and charity policy, increasing online presence as well as making it easier for donations to be made.
- A key priority was to focus on stakeholder engagement and improve charity visibility.
- A survey was undertaken to obtain feedback on the Trust Charity which highlighted the need to be clearer in relation to how donations were being utilised.
- The Trust Charity was one of 257 members of NHS Charities Together. During the pandemic over £140 million was raised, including a significant amount raised by Captain Sir Tom Moore, for NHS Charities Together. NHS Charities Together had taken a staged approach to grant making with a key focus on reducing health inequalities and the charity role in addressing these. Three stages have been established, being:
 - Stage 1 – the Trust received £190k for urgent response grants.
 - Stage 2 – funds to be allocated according to ICS areas to Community Partnership Grants. A lead NHS charity was required for each area therefore Newcastle Hospitals was the allocated lead and was working with 10 other area leads.
 - Stage 3 – the Trust had received £341,000 in recovery grants.

Agenda Item 2

- A new Trust Strategy was developed, linked to the 5P's in the Trust Strategy, and was due to be considered by the Trust's Board in January 2021.
- The key opportunities and challenges were summarised as:
 - Devastating impact of the pandemic on the charity sector, with many charities experiencing circa a 40-65% loss in income. It is anticipated that there will be an increase in charity partnerships and mergers.
 - Changing donor capacity and expectations. In particular the use of technology to enable cashless and digital donations.
 - Focused fundraising priorities.
- An overview of the Charity purpose and potential was provided.
- Gratitude was expressed to Mr Cranston for the grant received by Proctor & Gamble.
- Monthly Charity Committee meetings had been scheduled from January 2021 to monitor/steer implementation of the Trust Charity Strategy.

iii) Climate Change Update

The Head of Sustainability shared the Trust Shine video with the Council of Governors and provided a presentation. The following key points were noted:

- The Trust 5-year Climate Emergency Strategy was launched on 22 October 2020.
- Newcastle Hospitals was the first NHS organisation to declare a climate emergency in June 2020. As a result of this, the Trust contributed to the NHS England Net Zero work and was asked to join a number of forums e.g. the NHS expert panel.
- NHS England published its national report on 'delivering a 'Net Zero' NHS' which included a requirement for the NHS to achieve net zero carbon emissions by 2040.
- A summary of the NHS carbon footprint was outlined. The Trust ambition was to achieve net zero by 2030 for those emissions which were within the control of Newcastle Hospitals.
- Key achievements were highlighted, along with an overview of Trust performance.
- An overview of the eight Shine priority areas was provided.
- A number of organisations are keen to work with the Trust to aid achievement of the priority areas.
- A Shine rewards app was launched to encourage staff members to take more sustainable actions. In addition a Shine toolkit was developed to support staff to implement sustainability projects.
- A £50k Climate Emergency Action fund has been created with a deadline of 31 March 2021.

Dr Murthy queried the impact that COVID-19 had on sustainability to which the Head of Sustainability advised that some benefits had been experienced in terms of reduced vehicle emissions from patient and staff travel leading to better air quality. Circa 600,000 patient miles had been saved. However there has been a significant increase in infectious waste/PPE. The Trust was involved in a number of trial projects in relation to reusable PPE.

Agenda Item 2

Mr Jowett queried whether there was an opportunity for Newcastle Hospitals to become involved with the Global Climate Change Forum which was due to be held in November 2021. The Head of Sustainability agreed this was a great opportunity to showcase the work of Newcastle Hospitals. He further highlighted the recent announcements from the UK Committee on Climate Change and the opportunities available.

Ms Davison asked about the opportunities for working with patients and carers on sustainability projects and highlighted the need to ensure sufficient recycling facilities were available for visitors to the Trust. The Head of Sustainability advised of the challenges in ensuring recycling facilities were made available in Ward bays and noted that a representative from the Trust's Advising on the Patient Experience Group (APEX) had joined the Sustainability Group.

i) – iii) **It was resolved:** to **receive** the presentations.

20/23 REPORTS FROM GOVERNOR WORKING GROUPS

i) Nominations Committee Report

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

- The personal objectives for Mr G Chapman and Mr B Macleod had been considered by the Committee and were presented for Council approval.
- The Committee had a vacancy for a Public Governor and any Public Governor interested was asked to express their interest in writing or via email to the Trust Secretary by 4 January 2021.

It was resolved: to **receive** the report and **approve** the personal objectives included in Appendix 1 for Mr MacLeod and Mr Chapman.

ii) Quality and Patient Experience Working Group

Mrs C Errington presented the report and highlighted the following salient points:

- Two virtual meetings of the Group have now been held since March 2020.
- The Head of Patient Relations provided a regular update to group members regarding the complaints process during the pandemic.
- Face to face Ward visits would re-commence when Government guidelines permit.

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

iii) Business and Development Working Group

Mrs Yanez presented the report and noted:

- Group meetings had been held virtually on a monthly basis.
- Group membership numbers were increasing following the exercise undertaken by the Deputy Trust Secretary to allocate each Governor to a working group.

Agenda Item 2

- Ms M Gray, Deputy Chief Operating Officer, attended the November Group meeting and provided a comprehensive update on the Trust's Recovery Programme.
- Mr I Bestford, Project Director – Newcastle Improvement, attended the December Group meeting and provided an update on the development of Newcastle Improvement.
- Representatives from the Group had observed a Finance Committee meeting and an Audit Committee meeting.

It was resolved: to receive the report.

iv) People, Engagement and Membership Working Group

Mr Cranston presented a verbal report and advised of the following key points:

- The Group met monthly with the last meeting held yesterday. Key topics discussed included the development of the new Trust website and email access.
- A meeting was held with the Trust Chairman and Trust Secretary and it was agreed that a new Lead Governor email account be created, with a link included on the new Trust website.
- The Group recommended that for future Governor elections, consideration be given to the inclusion of working group introductions as part of the process.

It was resolved: to receive the report.

20/24 QUALITY & PATIENT SAFETY PERFORMANCE & DELIVERY

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

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

Quality

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

- The Trust had no cases of MRSA bacteraemia attributed in October, therefore the total number of cases attributed to the Trust to date was 1.
- One Never Event occurred in the month relating to the administration of a drug however no harm was caused to the patient.
- There had been an overall reduction in the number of incidents resulting in patient harm over the previous 18 months.
- Trust Mortality levels are below the national average.
- Complaints equated to circa 39 per month.

Performance

The Chief Operating Officer **highlighted** the following key points:

Agenda Item 2

- The increase in COVID patients during the second wave impacted a number of areas, including bed occupancy, staffing levels, waiting times, patient flow and length of stay. Children's Services were less impacted.
- Performance had deteriorated in relation to A&E waiting times, diagnostics, referral to treatment and some of the cancer targets. The report highlighted the achievement of three of the cancer targets in the month.

The Chairman queried the utilisation of the independent sector capacity to which the Chief Operating Officer advised that the Trust had utilised the available capacity. It was noted that the existing contractual arrangements had been extended from December 2020 to March 2021 and gratitude was expressed to the Director for Enterprise and Business Developments team for their assistance.

Dr Murthy referred to the Cancer targets and queried when it was anticipated that the Trust would achieve the remaining six targets to which the Chief Operating Officer advised that it was difficult to estimate as there were a number of different factors to consider. AW added that national discussions were underway as to the appropriateness of the current cancer targets, with the 28-day target noted to be a key area of focus for the Trust.

Dr Murthy asked whether an assessment had been completed to consider the impact of non-achievement of the cancer targets to which AW advised that this was being considered by the national cancer team.

Finance

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

- During months 1-6 of the financial year the Trust received funding under the Emergency COVID Financial Regime.
- For months 6-12, the Trust was allocated a non-recurrent financial envelope similar to a block contract.
- Funding for the Lighthouse Lab and Nightingale Hospital North East was granted separately.
- The Capital Programme was progressing to plan.

People

The People section of the report was received.

It was resolved: to **receive** the Integrated Board Report.

20/25 ITEMS TO APPROVE**i) Non-Executive Director Expenses and Governor Expenses Guidance**

Agenda Item 2

The Trust Secretary presented the report, noting that the expenses guidance for Governors had been drafted by the Corporate Services Administration Manager.

A minor amendment to the Non-Executive Director Expenses Guidance was proposed which requires the approval of the Council of Governors. The amendment proposed was in relation to mileage in section 3.1, to remove the reference to 'and is restricted to the geographic boundary of the North East and Cumbria Integrated Care System footprint' to recognise that some of the Trust Non-Executive Directors live outside of the Integrated Care System footprint.

It was resolved: to (i) **endorse** the Council of Governors expenses guidance and (ii) **approve** the amendment to the Non-Executive Director expenses guidance.

20/26 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

i) Governor and NED Meetings Schedule

The meetings schedule was presented for information.

Mr Jowett highlighted that the date of the People Committee Meeting in August had been amended.

Ms Hurrell requested that the Nominations Committee dates be added to the schedule. The Trust Secretary agreed to update the schedule and recirculate [**ACTION01**].

It was resolved: to **receive** the schedule and note that an updated schedule would be circulated.

ii) Updates from Committee Chairs

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

- Mr Jowett, Chair of the People Committee, advised that he was meeting with the Head of Sustainability next week to discuss how the Committee obtains assurance in regards to sustainability strategies.
- Mr Stout, Chair of the Audit Committee, advised that the Committee were comfortable with the risk management arrangements in place, as well as the work of both internal and external auditors.
- Professor McCourt, Chair of the Quality Committee, advised that the Committee interrogated the data presented in the Quality and Performance sections of the Integrated Board Report. In addition consideration was given to progress against the 3R's programme.
- The Finance Committee update was received as written.

It was resolved: to **receive** the updates from the Committee Chairs.

Agenda Item 2

iii) Any Other Business

The Chairman advised that Professor Wathey's nine year term as a Trust Governor had now concluded and a new appointed Governor from Northumbria University would be ascertained.

iv) Date and Time of Next Meeting

The next meeting of the Council of Governors would be a private workshop to be held on **Thursday 18 February 2021** via MS Teams.

iii) Any Other Business

- Mr Warner expressed his gratitude to the Chairman and the Board of Directors for the Trust response to the pandemic.
- Mrs Yanez referred to staffing levels at the Centre for Life Vaccine Hub and the new Cataract Hub and queried whether recruitment levels were sufficient. She further highlighted that she had volunteered to be a marshal at the Vaccine Hub and encouraged other Governors to volunteer.

The Assistant Chief Executive advised that the workforce team were moving at pace to ensure the facilities were resourced appropriately. The Deputy Chief Nurse added that a number of senior staff had been seconded to the vaccine programme. Gratitude was expressed to those who had volunteered to support the NHS during the pandemic.

Mr McDonald advised that he was also volunteering at the Centre for Life to signpost those attending for appointments. Mrs Errington noted she and Mrs Nelson had also volunteered however had not received further detail. The Trust Secretary agreed to follow up [**ACTION02**].

There being no further business the meeting closed at 15:41pm.

GOVERNORS' ATTENDANCE 10 DECEMBER 2020

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

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Council of Governors Meetings Actions

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
102	ACTION04	20/06 ITEMS TO RECEIVE AND ANY OTHER BUSINESS ii) Matters arising from the Informal Governors Meeting	20-feb.-20	It was recommended that a presentation be given to the full Council from Newcastle Healthwatch following the recent presentation to the Business and Development Working Group. The Deputy Trust Secretary agreed to facilitate [ACTION04] .	F Darville	<u>16/04/20</u> - Contact details requested. <u>09/10/20</u> - Response awaited. <u>01/12/20</u> - Representative contacted to arrange presentation for 2021. <u>07/04/21</u> - Presentation provisionally scheduled for April has been deferred following Governor requests to include updates on COVID-19 specific topics during the April Council meeting. Presentation deferred to October. ACTION ON HOLD.	
103	ACTION01	4. COVID-19 AND NHNE UPDATE	18-Jun-20 [Workshop]	It was agreed that a future visit to the Nightingale Hospital North East site for the Council of Governors would be arranged when it was safe to do so in accordance with Government guidelines [ACTION01] .	F Darville	<u>07/08/20</u> - Discussion took place at informal Governor meeting and Governors asked to email F Darville to gauge interest to ascertain potential numbers for a future visit to be organised (in accordance with Government guidelines when possible). <u>09/10/20</u> - A small number of responses had been received. Due to current restrictions, the potential for a visit has been temporarily paused with a view to revisiting in the coming months. ACTION ON HOLD. <u>07/04/21</u> - Government confirmation received that all Nightingale Hospitals be stood down and therefore action to be removed.	
110	ACTION01	20/15 BUSINESS ITEMS iv) Chief Executive Report	15-okt.-20	Dr Murthy voiced his appreciation and gratitude to all staff working within the Trust, particularly in relation to the recovery of activity, and suggested the inclusion of a message of thanks from the Governors be included in a future staff communication. The Chief Executive agreed to facilitate through the Assistant Chief Executive [ACTION01] .	C Docking	<u>01/12/20</u> - F Darville liaised with Amanda Marksby, Head of Communications. A letter to be drafted by the Governors will be included in an upcoming Trust wide communication. <u>07/04/21</u> - Message shared with all staff via email in December 2020.	
111	ACTION01	20/26 ITEMS TO RECEIVE AND ANY OTHER BUSINESS i) Governor and NED Meeting Schedules	10-des.-20	Ms Hurrell requested that the Nominations Committee dates be added to the schedule. The Trust Secretary agreed to update the schedule and recirculate [ACTION01] .	K Jupp	<u>07/04/21</u> - Updated schedule was shared following the meeting.	
112	ACTION02	20/26 ITEMS TO RECEIVE AND ANY OTHER BUSINESS iii) Any Other Business	10-des.-20	Mr McDonald advised that he was also volunteering at the Centre for Life to signpost those attending for appointments. Mrs Errington noted she and Mrs Nelson had also volunteered however had not received further detail. The Trust Secretary agreed to follow up [ACTION02] .	K Jupp	<u>07/04/21</u> - Contacted Volunteer Services on 11th December 2020 to advise.	

Key:

	No update/Not started
	In progress
	Completed

Future Presentation Topics:

Recovery Programme/Activity Update - April 2021
Vaccination Programme Update - April 2021
Healthwatch Newcastle - October 2021 (tbc)
Command Centre - TBC



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 April 2021						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Amanda Waterfall, PA to Sir John Burn						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Council meeting, including:</p> <ul style="list-style-type: none"> • The positive progress made regarding the Covid-19 Vaccination Programme. • Integrated Care System developments. • An overview of recent Chairs meetings: regional Foundation Trust Chairs, Integrated Care Partners, NHS Providers and the Healthcare Financial Management Association. • Appointment of the Non-Executive Director Wellbeing Guardian. • Feedback from the recent spotlight on services virtual visit to the Renal Services Centre. 						
Recommendation	The Council of Governors are asked to note the contents of the report.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>Pioneers – Ensuring that we are at the forefront of health innovation and research.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Provides an update on key matters.						
Reports previously considered by	Previous reports presented at each meeting.						

CHAIRMAN'S REPORT

EXECUTIVE SUMMARY

The content of this report outlines a summary of Chairman activity and key areas of focus since the previous Council meeting, including:

- The positive progress made regarding the Covid-19 Vaccination Programme.
- Integrated Care System developments.
- An overview of recent Chairs meetings: regional Foundation Trust Chairs, Integrated Care Partners, NHS Providers and the Healthcare Financial Management Association.
- Appointment of the Non-Executive Director Wellbeing Guardian.
- Feedback from the recent spotlight on services virtual visit to the Renal Services Centre.

CHAIRMAN'S REPORT

A key task in December was to chair the appointments committee for the North East & North Cumbria (NENC) Integrated Care System (ICS) Chair. We were delighted to advise that Professor Sir Liam Donaldson was appointed to the post. Liam's father was Director of Public Health on Teesside when Liam was born and, no doubt, inspired his son's career as an international expert in the field. Liam was, among other roles, NHS Regional Manager in the North East, UK Chief Medical Officer and latterly Chancellor of Newcastle University. His passion for reducing health inequality is undimmed and I am convinced he will be highly effective in developing the ICS in our region.

Vaccination has been the key word of the year to date. Having witnessed first-hand the fantastic contributions from staff and volunteers in the delivery of our North East & North Cumbria Covid-19 vaccination programme, I was pleased to welcome Sir Simon Stevens, Chief Executive of NHS England/NHS Improvement (NHSE/I) on a visit to Newcastle. The visit marked the anniversary of Newcastle Hospitals' receiving and caring for the first patients in England with Covid-19 and included a visits to both the Centre for Life, our first Trust-led vaccination centre, and to the High Consequences Infection Diseases Unit at the Royal Victoria Infirmary (RVI). The excellent progress across the region was a key matter discussed at our recent Governor Workshop and Board Development sessions.

The second key word has been integration; the publication of the Government White Paper on the future of health and care, has added momentum to the development of our Integrated Care System (ICS). This, and the challenges of recovery arising from the pandemic, have stimulated extensive debate among the Chairs of the region's Foundation Trusts, the Chairs across our Integrated Care Partnership (ICP) and at national level among leaders supported by NHS Providers and, most recently, the virtual meeting of the Healthcare Financial Management Association (HFMA). I have continued to liaise closely with Chief Executive Officer, Dame Jackie Daniel, and her team as we continue to respond to the rapidly evolving landscape.

I have conducted two virtual governor induction sessions and have worked closely with the Trust Secretary and Director of Human Resources to commence the recruitment process for a new Trust Non-Executive Director (NED) in the next three months.

I am delighted to report that Professor Kath McCourt has agreed to be our designated NED Wellbeing Guardian. The role of the Wellbeing Guardian is particularly important in challenging decisions and behaviours which may negatively impact on the health wellbeing of our people.

I have attended a series of our 'Spotlight on Services' sessions alongside a number of our Non-Executive Directors as follows:

- In December 2020, a virtual visit to our cancer services team presented by Matron David McClinton and Directorate Manager Phil Powell. Their team is 450 strong and has its primary base at the Freeman Hospital but also supports walk in treatment

Agenda Item 4

centres in Cramlington, Benton and Chapel House. We were updated on the development of the Cancer Centre in Carlisle serving the people of North Cumbria. Once on line, the combined service will become second only to the Royal Marsden / Institute of Cancer Research, in terms of scale, across the UK. This expansion and the growing burden of cancer in the population brings many challenges including chemotherapy capacity, recruitment of oncologists and physical space. Newcastle is now third largest of the seven centres delivering CAR-T therapy, an expensive but highly effective method of “training” the person’s own T cells to destroy cancers. One essential requirement is that recipients stay close to the hospital for a long period in case of sudden collapse requiring intensive therapy support. This is only one example of the need for enhanced accommodation on or near the hospital sites.

- In February 2021 we held a virtual visit to explore the Renal Services Centre. Directorate Manager Jo Noble introduced members of the team, including Staff Governor and Deputy Matron Glenda Bestford, who guided us through the structure and operation of the service. We heard about the impact of the pandemic on haemodialysis patients with great sadness and listened carefully to the staffing challenges arising from Covid-19 in terms of shielding, as well as the more significant impact of the virus itself on the relatively high proportion of staff from ethnic minority groups. We were also interested to hear from Alex Muirhead, Regional Manager, about the 108 patients who receive their regular haemodialysis at one of the three community centres managed for the Trust by Renal Services UK.
- In March 2021, we attended a virtual visit to our Community Services Directorate presented by Matron Helen Nichols and Assistant Directorate Manager, Faye Kirkpatrick. The Directorate has a portfolio of 14 Services delivering care across the age spectrum. We were advised about the impact Covid-19 had on Community Services and how they worked to overcome the challenges and build on the opportunities. They explained that the service were innovative and responsive to the needs of the city and led the way in relation to a number of legacy changes we now see.

Patient accommodation is one of the issues being addressed by the recently created Research & Innovation Infrastructure Projects Group (RIIPG) which I co-chair with Angela Dragone, Finance Director, tasked with maintaining focus and helping to carry forward large scale developments to help sustain our world-leading position in discovery and service development. The complexity of these projects can lead to them being delayed as a consequence of urgent emerging pressures, a problem shown in stark relief by the current pandemic.

I have been involved with a range of other events and meetings since my previous report, including attending a recent Charity Committee meeting to hear a briefing from Withers Worldwide and the Centre for Charity Effectiveness about Charity Governance and Regulation. I have supported Mr Naeem Soomro, Consultant Urologist, in launching a regional exercise to advance our Trust’s reputation as a world leader in Robotic Assisted Surgery.

RECOMMENDATION

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

Report of Professor Sir John Burn

Chairman

6 April 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 April 2021						
Title	Council of Governors Elections Update						
Report of	Fay Darville, Deputy Trust Secretary						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The report provides an update regarding the Council of Governors elections. Key points to note:</p> <ul style="list-style-type: none"> The annual elections traditionally take place each spring. Following correspondence received from Amanda Pritchard, Chief Operating Officer of NHS England and NHS Improvement, to all Trusts regarding the pandemic, a decision was taken, and communicated to Governors, to postpone the Governor elections for a short period of time until the pandemic position improves. It is proposed that the election be delayed by three months. This will also allow further time for a communications/awareness raising exercise to be undertaken, with a specific focus on improving diversity. In addition it is timely to undertake a procurement exercise in conjunction with the Trust procurement team to ensure the Trust continues to achieve value for money from its election provider. To support this, it is recommended that the terms of office for those Governors whose seats are available for election this year be extended from 31 May 2021 to 31 August 2021 and therefore that the new terms of office commence from 1 September 2021. 						
Recommendations	<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> receive the report; note the delay to the Council of Governors election cycle as outlined within the report, along with the draft timetable; and approve the recommendation that the terms of office for those Governors whose seats are available for election this year be extended from 31 May 2021 to 31 August 2021 and therefore that the new terms of office commence from 1 September 2021. 						
Links to Strategic Objectives	Patients - Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Outlined within the report.						
Reports previously considered by	Annual report – the previous report regarding Governor elections was presented in April 2020.						

COUNCIL OF GOVERNORS ELECTION UPDATE

EXECUTIVE SUMMARY

This report provides an update on a number of areas related to the 2021 election round for the Council of Governors:

- In accordance with the Governance letter to all Trusts from Amanda Pritchard, Chief Operating Officer (COO) of NHS England and NHS Improvement in January 2021, the Council of Governors elections 2021 have been delayed.
- A draft timetable for the election process is included within the report, which proposes that the Notice of the Election be published on 1 July 2021, the ballot close on 26 August 2021 and the result declared on 27 August 2021.
- To enable this, it is recommended that the terms of office for those Governors whose seats are available for election this year be extended from 31 May 2021 to 31 August 2021 and therefore that the new terms of office commence from 1 September 2021.
- A total of 15 seats will be available for election, four of which are within the Staff constituency.
- Next steps are outlined, including the need for the procurement process to be completed as well as an awareness/communications campaign commenced.

COUNCIL OF GOVERNORS ELECTION UPDATE

1. INTRODUCTION

This report provides an update to the Council of Governors regarding the 2021 round of Governor Elections.

2. GOVERNOR ELECTIONS

Governors will recall that historically, the election to the Trust's Council of Governors takes place in the spring, with terms of office ending on 31 May.

In keeping with the Governance letter received by all Trusts from Amanda Pritchard, COO of NHS England/Improvement, the election process has been delayed for a short period. A copy of the letter can be found at: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/01/C1064-reducing-burden-and-releasing-capacity-to-manage-the-c19-pandemic-2-feb-2021.pdf>

It is proposed that the election process be delayed for a period of three months utilising the following draft timetable:

Action	Date
Publication of Notice of Election	01/07/2021
Deadline for receipt of nominations	19/07/2021
Publication of Statement of Nominations	20/07/2021
Deadline for candidate withdrawals	22/07/2021
Notice of Poll/Issue of ballot packs	03/08/2021
Close of Poll 5.00pm	26/08/2021
Count and Declaration of Result	27/08/2021

In the interim period before the proposed publication of the Notice of Election, a procurement exercise for an election provider will be undertaken. In addition the Corporate Governance team will develop a communications plan, linking in with the Trust Communications Team, focussed on improving the diversity of the Council of Governors to better represent the population the Trust serves. This will be undertaken by linking in with the Trust's Head of Equality, Diversity & Inclusion. In addition, a cleanse of the membership database will be undertaken to ensure that member contact details are up to date prior to the commencement of the election process.

Therefore, the Council of Governors are asked to agree to extend the terms of office of those Governors outlined in section 2.2 below from 31 May 2021 to 31 August 2021. New Governors appointed or existing Governors who are re-elected during the election process outlined above will commence their term of office on 1 September 2021.

2.1 Constituency/Class Vacancies

Agenda item 6

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

Constituency/Class:	Number of Seats
Public: Newcastle upon Tyne [1]	5
Public: Northumberland, Tyne and Wear (excluding Newcastle) [2]	4
Public: North East [3]	2
Staff	4

2.2 Governor Terms of Office

The seats to be included in this election round are currently occupied by the following Governors:

Governor	Current Term
<i>Newcastle upon Tyne [1]</i>	
Mr David Forrester	1 st Term
Dr Vanessa Hammond	1 st Term
Mrs Jean McCalman	2 nd Term
Mr David Stewart-David	2 nd Term
Mrs Pam Yanez	1 st Term
<i>Northumberland, Tyne and Wear (excluding Newcastle) [2]</i>	
Mrs Catherine Heslop	1 st Term
Mr Matthew McCallum	1 st Term
<i>North East [3]</i>	
Dr Lakkur Murthy	3 rd Term
Mr Michael Warner	1 st Term

Governors will note that Dr Murthy has now completed this third term of office and is therefore ineligible to stand for further re-election. All remaining Governors detailed above are eligible to stand for re-election.

Gratitude is expressed to Dr Murthy for his service to the Council over his three terms of office.

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

Constituency/Class	Date vacated
<i>Public: Northumberland, Tyne and Wear (excluding Newcastle) [2]</i>	
Seat previously held by Miss Claire Sherwin	Seat vacated September 2020
Seat previously held by Mr Ian Armstrong	Seat vacated

Agenda item 6

	February 2021
<i>Staff:</i>	
Ancillary & Estates seat previously held by Mr Andrew Balmbra	Seat vacated July 2020
Volunteers seat previously held by Mr Steven Connolly	Seat vacated December 2020
Admin & Clerical seat previously held by Miss Dani Colvin-Laws	Seat vacated January 2021
Nursing & Midwifery seat previously held by Mrs Rachael Hudson	Seat vacated February 2021

A further vacancy remains within the Appointed Governors representing the Advising on the Patient Experience group. The process for election into this seat will be undertaken later in the year.

3. NEXT STEPS

The Deputy Trust Secretary will complete the procurement exercise for the election provider, supported by the Trust's Procurement Team.

Following confirmation of the timetable outlined in section 2, a communications plan, both internal and external, will be enacted to both encourage new members to join the Trust to be eligible to both vote and stand for nomination and to encourage existing members to use their vote.

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

4. RECOMMENDATIONS

The Council of Governors is asked to:

- i) receive the report;
- ii) note the delay to the Council of Governors election cycle as outlined within the report, along with the draft timetable; and
- iii) approve the recommendation that the terms of office for those Governors whose seats are available for election this year be extended from 31 May 2021 to 31 August 2021 and therefore that the new terms of office commence from 1 September 2021.

Report of Fay Darville
Deputy Trust Secretary
7 April 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 April 2021						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Stephen Lowis – Senior Business Development Manager (Performance)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Council of Governors on the Trust's performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets. Contains key HR metrics. Provides an overview of the current financial position.						
Reports previously considered by	Regular report – previously presented at the Board of Directors meeting on 25 March 2021.						

INTEGRATED BOARD REPORT

EXECUTIVE SUMMARY

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

- The Trust had 0 cases of MRSA bacteremia attributed in February, therefore the total number of cases attributed to the Trust year-to-date (YTD) is 1 (April).
- Due to a change in reporting requirements for Severe Harm Incidents the number of reportable cases for the Trust has increased recently (February, 14). This is partly due to new requirement to include all patients' deaths with confirmed definite or probable hospital-onset COVID-19.
- The Trust did not achieve the 95% Accident & Emergency (A&E) 4-hour standard in February, with performance of 87.3%. A&E attendances remain below pre-COVID levels.
- The Trust Patient Tracking List (PTL) size was 74,349 for February, with 6,225 patients waiting over 52 weeks. Referral to Treatment (RTT) Compliance was 69.1%.
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in January which is fewer than the previous month (3).

Integrated Board Report

Quality, Performance, People and Finance

March 2021



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.

Restart, Reset and Recovery (3Rs) / Recovery Plus

- In light of the COVID-19 pandemic and the new environment in which NuTH now operates, the **3Rs Cell** focusses on the Trust's ability to:
 - **Restart** and deliver services which were paused at the height of activity reduction;
 - **Reset** services which need small transformation changes to deliver services in an altered model; and
 - **Recovery** to the 'new normal' in which the Trust will operate and work through its waiting list backlog.
- As we move into the third recovery phase, **the 3Rs programme will transition into a Recovery Plus programme** across the Trust with sub-groups continuing to meet and maintain their current momentum, reporting into the Recovery Plus programme.

New Operating Environment

- **Patient care activity across the trust significantly reduced as the COVID-19 pandemic first hit.** This was due to:
 - a rapid intentional **pausing of non-urgent face-to-face elective outpatient and inpatient activity for 3 months** to release capacity to care for COVID patients and to reduce the risk of transmitting COVID to non-COVID patients in hospital;
 - changes in primary care activity and delivery meant very **few patients were referred from GPs** to hospitals for elective care.
- **Following the first peak, the NHS increased its elective activity again but with reduced capacity due to new protocols to protect patients and staff:**
 - **rigorous infection prevention and control arrangements** such as social distancing of staff and patients, adding **air settle time** between aerosol generating cases, and reducing **beds in bays from 6 to 4**.
- **The Trust maintained large volumes of activity during the autumn of 2020, despite a second surge of COVID-19 inpatients:**
 - **Outpatient activity exceeded the NHS England Phase 3 ambition** in response to COVID, with many appointments switched to a virtual review;
 - **Inpatient activity also continued to recover quickly and safely**, despite falling just below the NHSE Phase 3 ambition.
- **Coming out of the current third surge the Trust experienced large COVID volumes and has provided support regionally and nationally:**
 - **Priority surgery and cancer operations have been maintained and protected**, with NuTH providing regional support, and **early vaccine rollout** has been successfully initiated for staff, patients and the wider public.

Report Highlights

1. The Trust **had 0 cases of MRSA bacteremia attributed in February**, therefore the total number of cases attributed to the Trust YTD is 1 (April).
2. Due to a **change in reporting requirements for Severe Harm Incidents** the number of reportable cases for the Trust has increased recently (February, 14). This is partly due to **new requirement to include all patients deaths with confirmed definite or probable hospital-onset COVID-19**.
3. The Trust did not achieve **the 95% A&E 4hr standard in February, with performance of 87.3%**. A&E attendances remain below pre-COVID levels.
4. The **Trust PTL size was 74,349 for February, with 6,225 patients waiting over 52 weeks. RTT Compliance was 69.1%**.
5. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in January** which is fewer than the previous month (3).

Contents: February 2021

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Clinical Audit
- 3Rs Programme / Recovery Plus
- Monthly Performance Dashboard
- A&E Access and Performance
- Bed Occupancy and Stranded Patients
- Diagnostic Waits
- 18 Weeks Referral to Treatment
- Cancer Performance
- Other Performance Standards

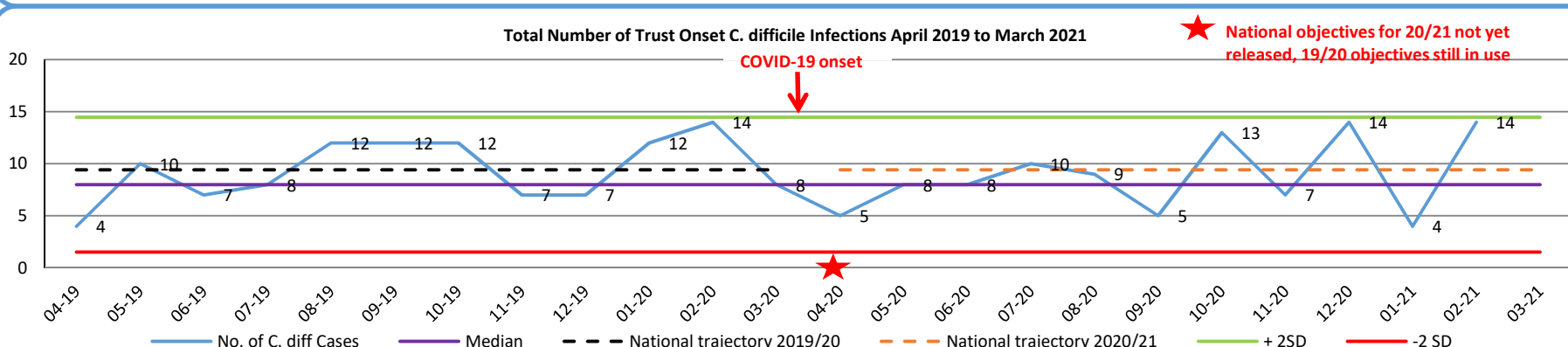
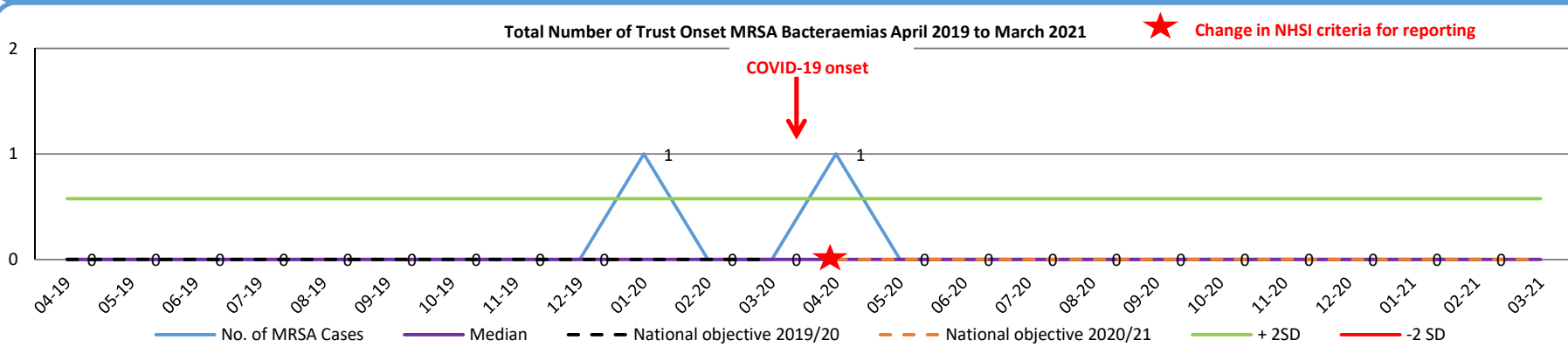
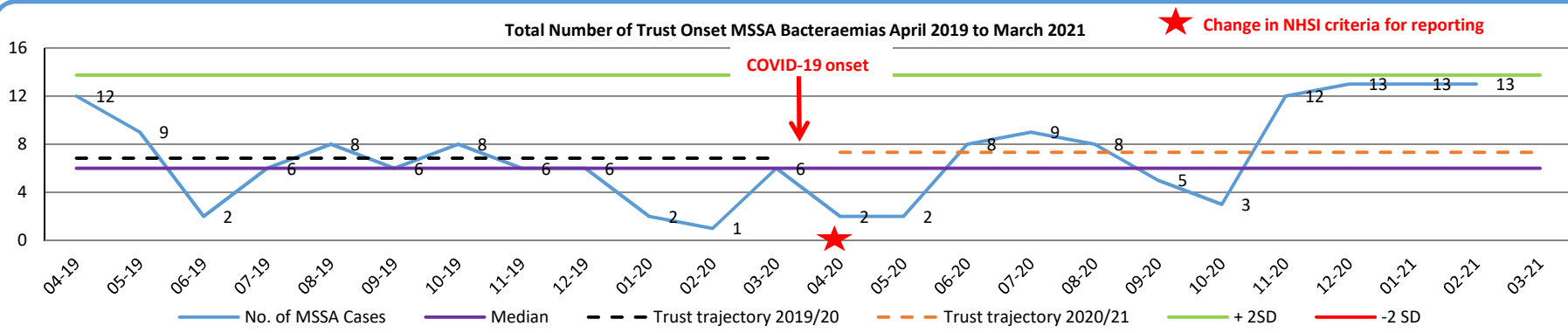
People

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

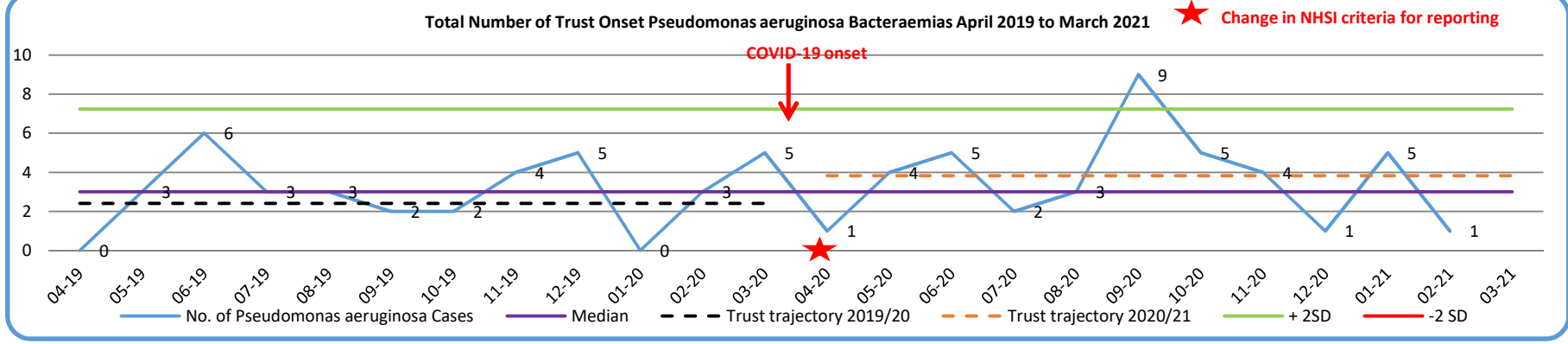
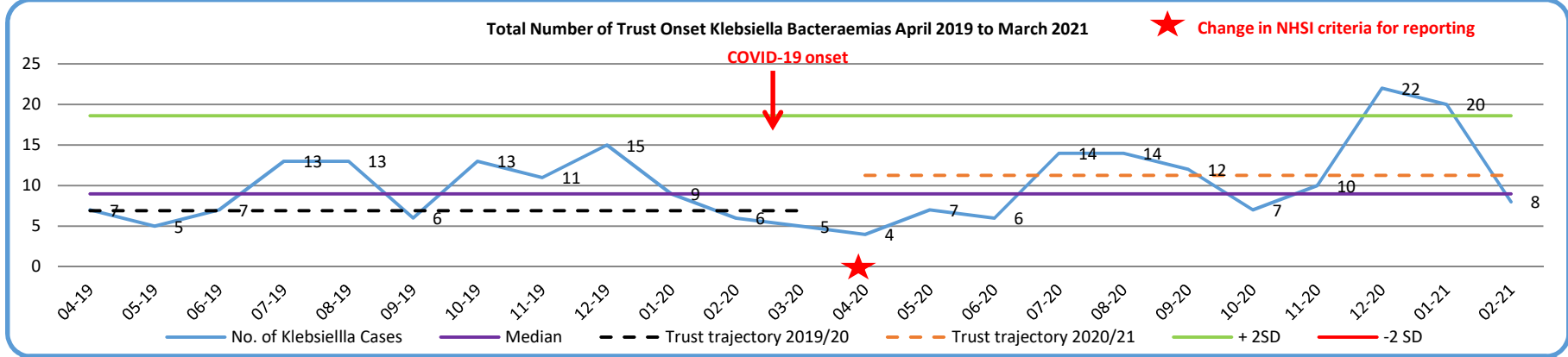
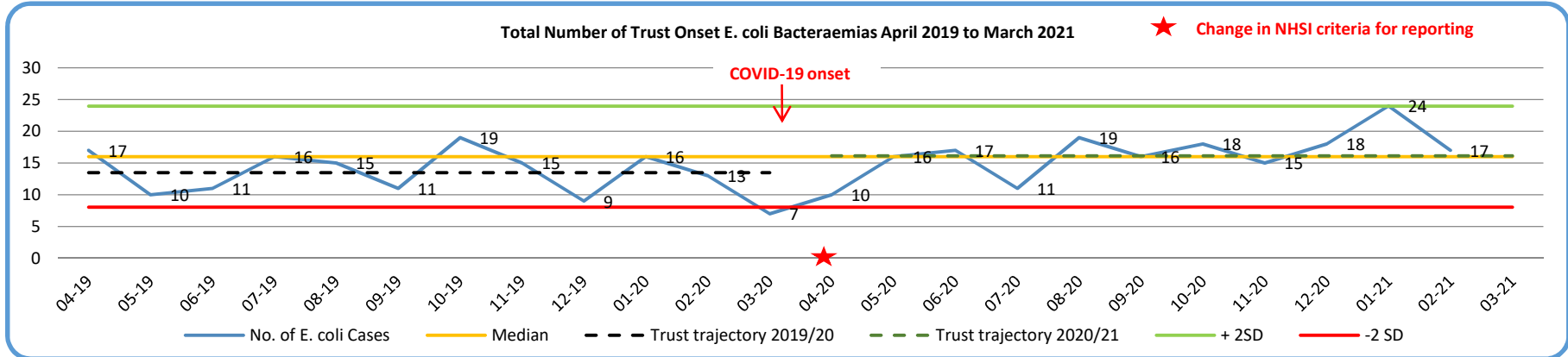
Finance

- Overall Financial Position

Quality and Performance: Healthcare Associated Infections

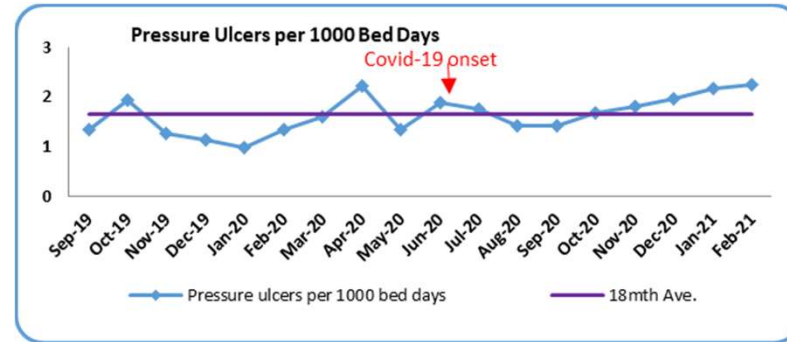
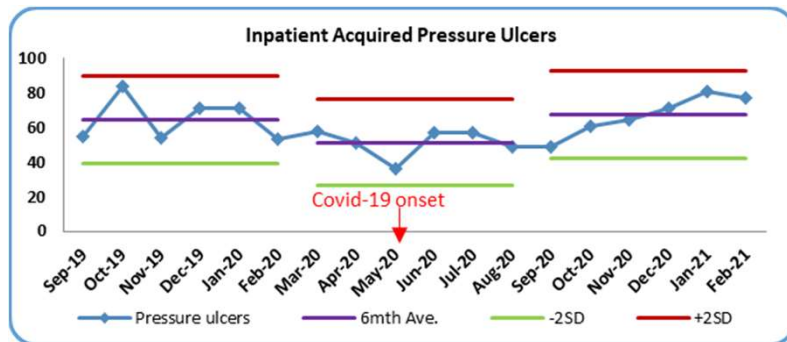


Quality and Performance: Healthcare Associated Infections

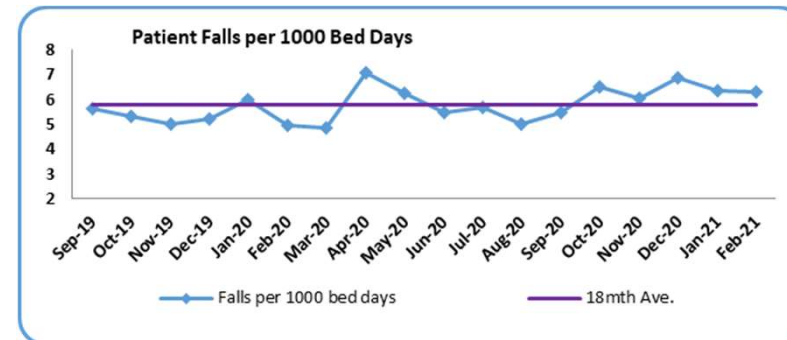
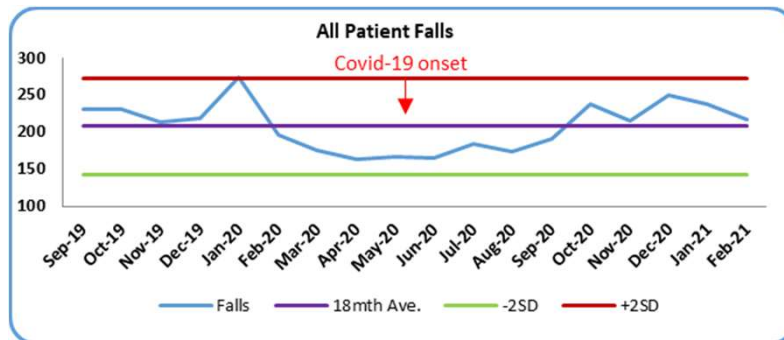


Quality and Performance: Harm Free Care

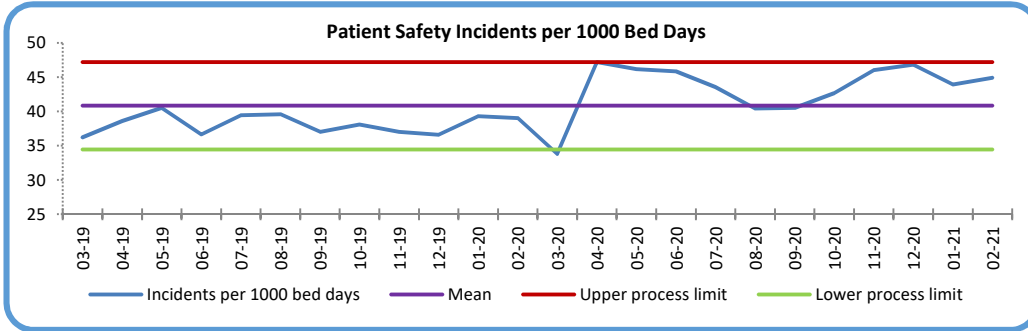
There has been a gradual reduction in the average number of pressure ulcers (PU) since May 2019. Whilst not demonstrated on the charts below, there has also been a reduction in serious harm from pressure damage. From October 2020, there was an increase in the number of PU reported. This is consistent with other winter periods in previous years, however with the added impact of the pandemic this year we have seen an increase. This directly correlates with the Trust safe care data, in that the acuity of patients has increased, this is consistent with other Trust's in the Shelford Group. These increases are not concentrated in one particular area, but rather spread across the Trust. Any increases are monitored and fed back to individual Wards, to promote ownership and understanding at Ward level. The Tissue Viability Team, continue working with these areas, to instigate preventative measures to reduce incidence.



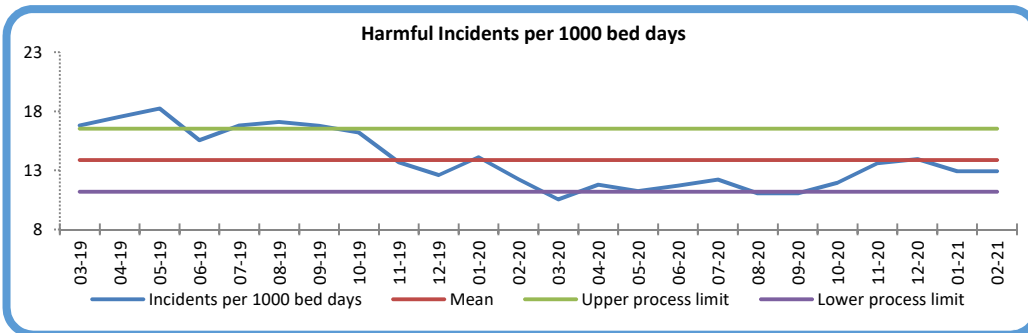
There was a significant reduction in inpatient falls between February and September 2020 however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1000 bed days. In December and January, a significant increase is evident, this is consistent with an increase in acuity of patients, as seen with PU. Within the Trust there has been a significant rise in Covid-19 patients, and many surgical wards have converted to medicine in order to increase capacity. Medical patients tend to be of a higher risk of falls and therefore this can explain the increase, in addition to this evidence indicates, Covid 19 patients suffer a sudden deconditioning which puts them at a heightened risk of falls. The Falls Coordinator has commenced work with Ward teams and Directorates with a high incidence of falls. There has been a sustained success in relation to reducing serious harm from falls, as the Trust have reported 30% less incidents resulting in serious injury.



Quality and Performance: Incident Reporting

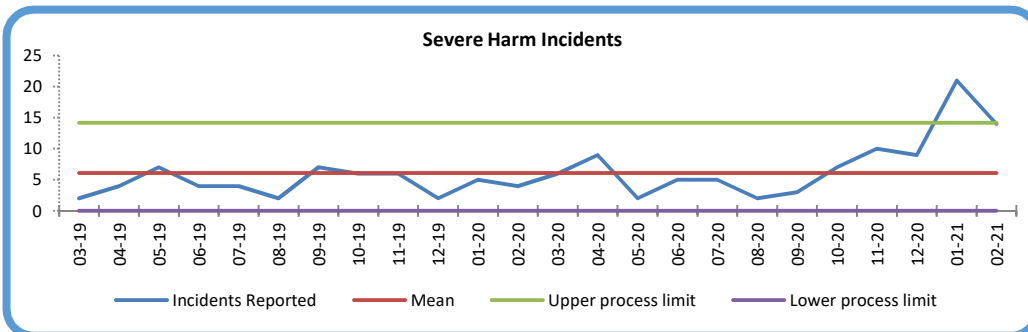


All patient incidents: There has been a slight increase in the rate of incidents reported per 1000 bed days between November 2020 – February 2021. This is likely to be due to increase in acuity of patient’s admitted.



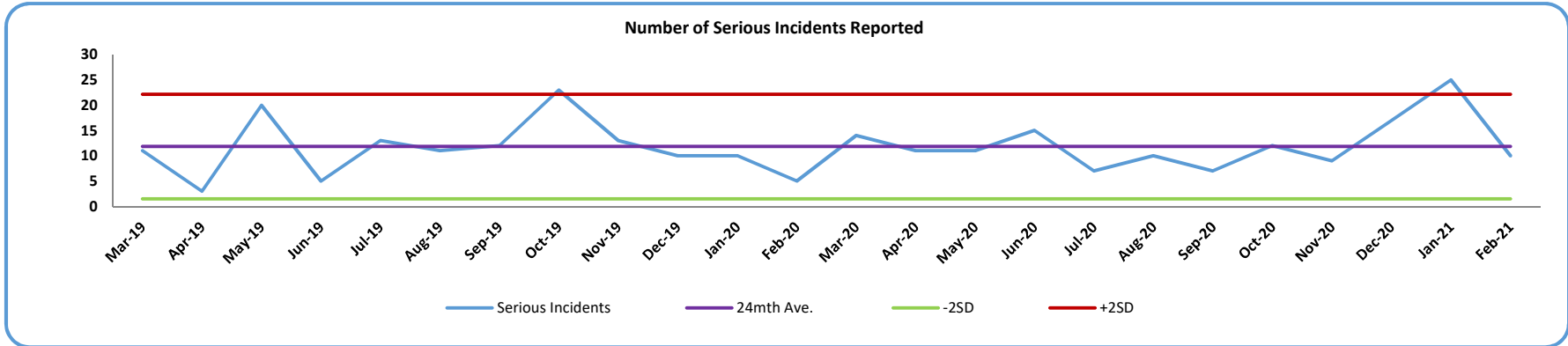
Harmful incidents: There is an improvement shift demonstrated, starting with a downward trend in the number of *harmful patient safety incidents per 1000 bed days from May 2019 to February 2021. This reflects a combination of increased accuracy in grading of harm from patient safety incidents and an overall reduction in incidents resulting in harm.

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

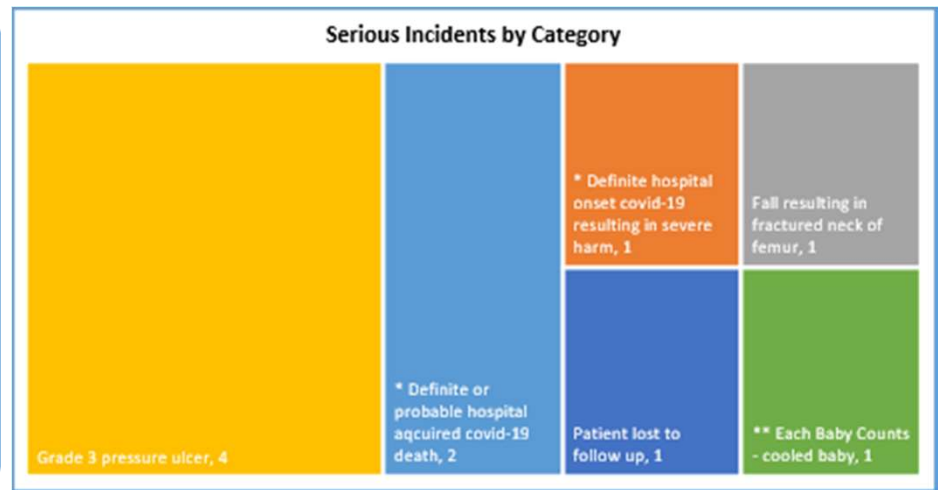
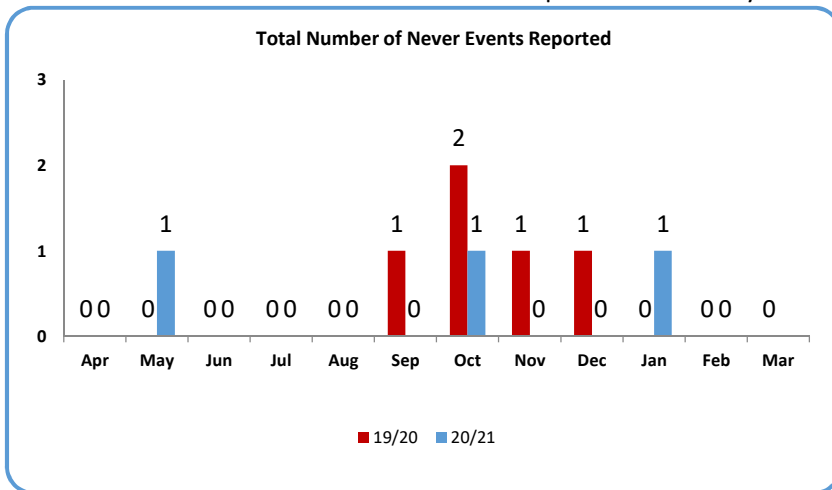


Severe harm incidents: There were 14 patient safety incidents reported which resulted in severe harm in February 2021. There is a significant increase in the number of severe harm incidents reported in January 2021 and February 2021. This increase is in part related to new NHSEI Covid-19 reporting requirements; this includes all patient deaths or patients with severe harm, and confirmed definite or probable hospital-onset Covid-19. This data is subject to change in future reports as severity grading may be modified following investigation.

Quality and Performance: Serious Incidents & Never Events



There were 10 Serious Incidents (SIs) reported in February 2021. This data is subject to change in future reports if SIs are de-registered following investigation. The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death and requires the Trust to be open and transparent with patients and their families. The DoC process has been initiated in all serious incidents reported in February 2021.



*Due to new NHSEI Covid-19 reporting guidance which aims to standardise reporting by all trusts nationally, the Trust has reported all patient deaths or with severe harm due to definite or probable hospital onset Covid-19 as SIs, from 1st December 2020.

** Incidents involving babies, that fulfil the criteria for the 'Each Baby Counts' national quality-improvement initiative, are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. Since April 2019 all 'Each Baby Counts' reportable cases are now externally investigated by the Healthcare Safety Investigation Branch (HSIB) as part of their national programme.

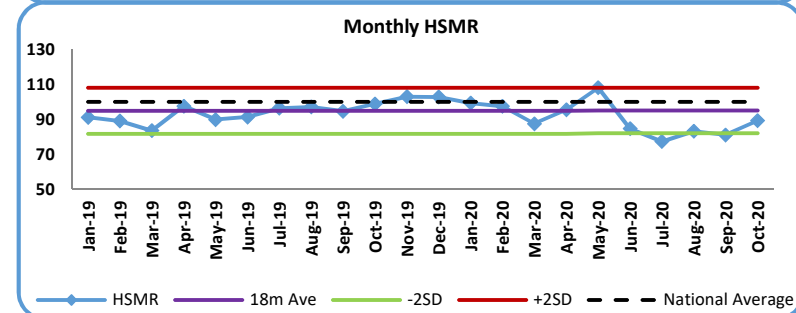
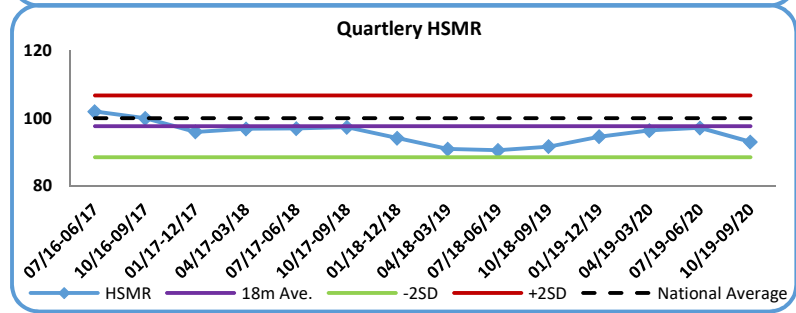
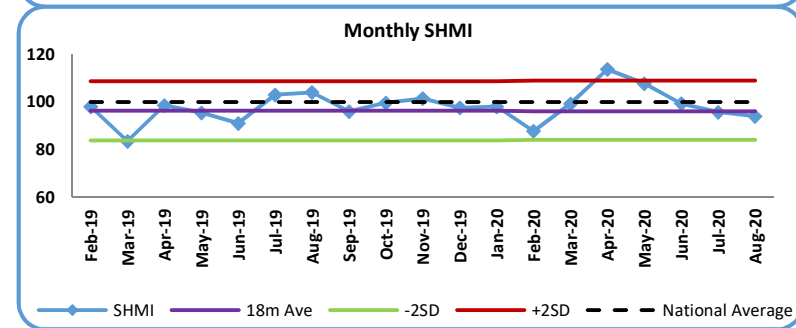
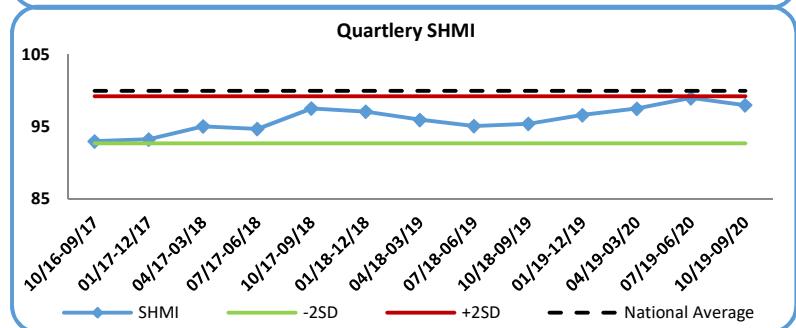
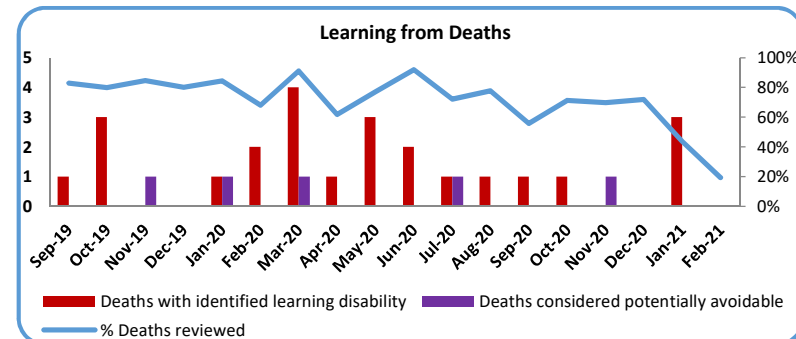
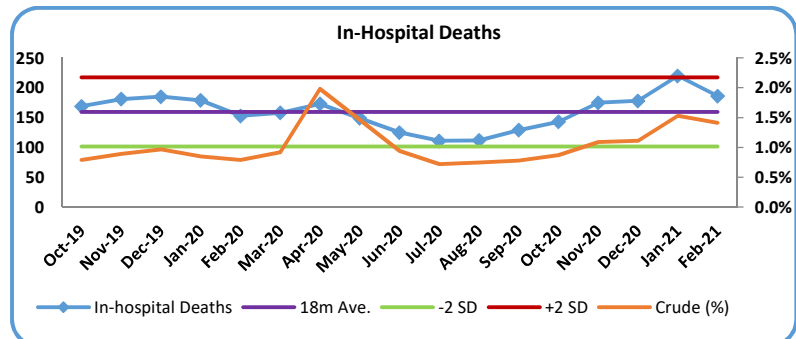
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 186 deaths reported in February 2021, which is higher than the amount of deaths reported 12 months previously (n= 153). Crude death rate is 1.41%. Historically, crude death rate has consistently remained under 1% with the exception of a peak in April/May 2020 coinciding with the first peak of Covid-19. However for the past quarter, the crude death rate has continued to remain above 1%, coinciding with a second COVID-19 peak.

Learning from Deaths: In February 2021, 186 deaths were recorded within the Trust and to date, out of the 186 deaths, 36 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 quarterly data from NHS Digital shows the Trust has scored 98 from months October 2019 – September 2020, this is below the national average and is within the "as expected" category. Monthly SHMI data is published to August 2020 and is within expected limits. A rise in April 2020 is reflected by the elevated crude data.

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



Quality and Performance: FFT and Complaints

Friends and Family Test

The Trust has now submitted FFT data for two months to NHS England. Further actions are underway to encourage participation in the survey including the use of social media to encourage people who have used inpatient or outpatient services (even if remotely) to go online and give us their feedback. NHS England have reported that the data will not be nationally published until April 2021 to allow Trusts to fully implement the new Friends and Family Test.

Trust Complaints 2020-21

The Trust received a total of 413 (394 with patient activity) formal complaints up to the end of February 21, with 20 complaints opened, a decrease by 18 on last month's opened complaints.

The Trust is receiving an average of 38 new formal complaints per month, which is 15 complaints per month lower than the 53 per month average for the last full financial year 2019-20.

Taking into consideration the number of patients seen, the highest percentages of patients complaining up to the month of February are within Surgical Services with 0.08% (8 per 10,000 contacts) and the lowest are within EPOD at 0.01%.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 64% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 17% of all subjects raised within complaints.

Directorates	2019-20				19-20 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	21	80,428.00	0.026%	1:3830	1:1873
Children's Services	29	70,635.00	0.041%	1:2436	1:1753
Out of Hospital/Community	8	21,629.00	0.037%	1:2704	1:6027
Dental Services	15	71,174.00	0.021%	1:4745	1:6857
Internal Medicine/ED/COE	45	174,284.00	0.026%	1:3873	1:2552
Internal Medicine/ED/COE (ED)	29	104,058.00	0.028%	1:3588	1:3817
ePOD	29	236,100.00	0.012%	1:8141	1:6745
Musculoskeletal Services	36	86,674.00	0.042%	1:2408	1:2080
Cancer Services / Clinical Haematology	22	138,480.00	0.016%	1:6295	1:7908
Neurosciences	29	93,111.00	0.031%	1:3211	1:2373
Patient Services	19	40,116.00	0.047%	1:2111	1:3819
Peri-operative and Critical Care	7	37,781.00	0.019%	1:5397	1:2640
Surgical Services	49	61,454.00	0.080%	1:1254	1:1310
Urology and Renal Services	15	61,589.00	0.024%	1:4106	1:2406
Women's Services	41	121,455.00	0.034%	1:2962	1:3114
Trust (with activity)	394	1,398,968.00	0.028%	1:3551	1:3241

Quality and Performance: Health and Safety

Overview

There are currently 1057 health and safety incidents recorded on the Datix system from the 1st March 2020 to 28th February 2021, this represents an overall rate per 1,000 staff of 63.1. The Directorate with the highest number of incidents is Peri-operative & Critical Care reporting 142 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Internal Medicine (90.1), Peri-operative & Critical Care Services (97.7), Urology and Renal Service (83.1), Women’s Service (89.3) and Neuroscience Services (54.7).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 782 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st March 2020 to 28th February 2021 - this represents an overall rate per 1,000 staff of 46.7 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (211.1), Neuroscience (126.5), Musculoskeletal Services (118.7), Community (75.3), and Surgical Services (70.8).

Sharps Incidents

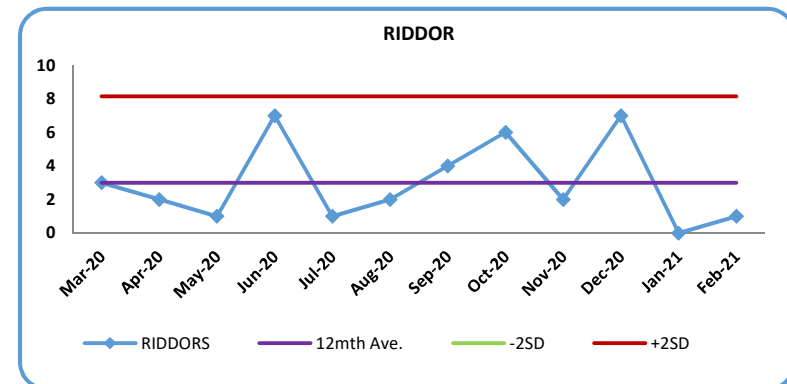
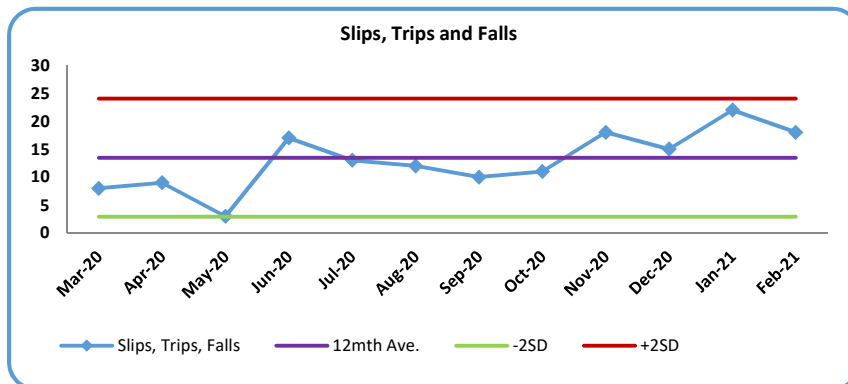
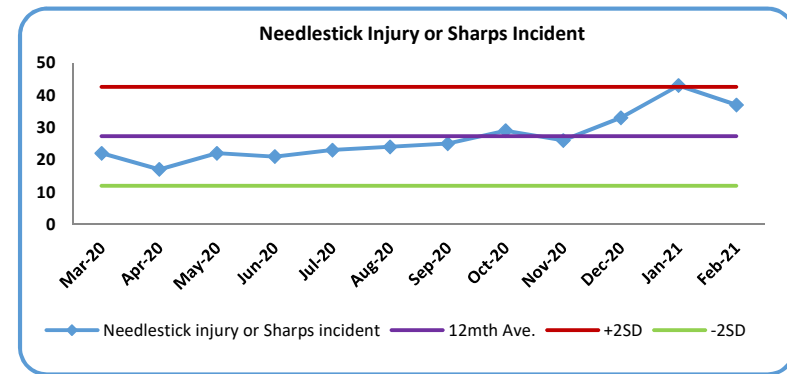
The average number of all sharps injuries per month is 26.5 between 1st March 2020 to 28th February 2021 based on Datix reporting, with 13.4% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 21.25 per month.

Slips, Trips and Falls

Slips on wet surface, fall on level ground and tripped over an object collectively account for 55% of falls between 1st March 2020 to 28th February 2021. Fall from height; fall up or down stairway and falls from a chair account for 23.7% of the incidents recorded.

RIDDOR

There have been 36 RIDDOR incidents reported between 1st March 2020 and 28th February 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (10) Moving and handling (7), COVID (4) Exposure to Hazards (3). These account for 67% of reportable accidents over the period.



Quality and Performance: Clinical Audit (1/2)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
Breast Cancer in Older People	Annual Report 2020	<ul style="list-style-type: none"> Overall performance was very positive. Data completeness greater than 90% in 11 domains. Above national average rates in relation to: <ul style="list-style-type: none"> - Triple assessment in a single visit - Clinical Nurse Specialist allocation and involvement - Surgical treatment of Ductal Carcinoma In Situ in the over 80s - Adjuvant radiotherapy and chemotherapy following. Comparable rates nationally with surgical treatment of invasive early breast cancer. Markedly improved recording of WHO Performance Status. 	<ul style="list-style-type: none"> Ensure all patients aged 70 years and over, at the initial clinic visit for suspicion of breast cancer, have the following information recorded: Clinical Frailty Scale, Abbreviated Mental Test Score, indication of whether or not the patient has an established diagnosis of dementia and severe comorbidities. Submit the fitness assessment data items to National Cancer Registration and Analysis Service. Investigate and address any shortfalls in care within NHS organisations with a comparatively low rate of surgery for women aged 70+ years with ER positive breast cancer. 	Discussed at February 2021 Clinical Audit and Guidelines Group
UK Cystic Fibrosis Registry a) Children b) Adults	Annual Data Report for 2019 published August 2020	<p><u>Children</u></p> <ul style="list-style-type: none"> Lung function above national average for previous 10 years. BMI 2SD consistently above mean for previous 10 years. Low users of nebulised mucolytics, which reduces cost to commissioner and reduces burden of care. On track to maximise the yield of disease modifying agents. <p><u>Adults</u></p> <ul style="list-style-type: none"> 303 of 308 patients had 'annual review data' (detailed assessment each year). High percentage of patients receive IV antibiotics at home (rather than in hospital). 87% of patients with Chronic Pseudomonas on inhaled antibiotics. Chronic Pseudomonas infection rate slightly below average. Age-adjusted FEV1 and Best FEV1 within average range on benchmark data. Body Mass Index (nutrition) slightly above average. 	<p><u>Children</u></p> <ul style="list-style-type: none"> Lung function has slipped from 2SD above mean, however it was noted this is due to other centres catching up rather than the Trust performance declining. High rate of Pseudomonas infection, however it was noted this was probably related to increased screening The Trust is an outlier in regards to psychology resources. <p><u>Adults</u></p> <ul style="list-style-type: none"> Slightly below average use of nebulised mucolytics (Dnase, 7% Saline). Below recommended staffing for Pharmacy, Nursing, Physiotherapy and Psychology. Meeting NICE Guideline, NHS England Service Specification and NHS Quality Indicators for Psychology by fixed term CQUIN post. 	Discussed at February 2021 Clinical Audit and Guidelines Group

Quality and Performance: Clinical Audit (2/2)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Asthma and COPD Programme – COPD Secondary Care	Patients with COPD exacerbations September 2017 – September 2018 Published July 2020	<ul style="list-style-type: none"> Overall the results were encouraging, particularly in light of the fact that majority of our patients 58% of our patients come from the most deprived quintiles in the index of multiple deprivation, compared to only 34.2% of patients nationally Overall results are encouraging Median time from arrival to admission is shorter (2.5hrs) than the national average. No inpatient COPD deaths recorded (vs. 3.8% nationally) during this audit period. 88% of Trust patients reviewed by an ST3 or above, marginally higher than the national average (86.2%). On a par with national average patients for review by a member of the respiratory team within 24hrs of admission. A lower proportion than average received NIV, and this was delivered in <2hrs from arrival in 25% of patients, 2-24hrs in 50% of patients and >24hrs in 25%. This is in keeping with the national average time to NIV of 4.6hrs. National quality standards for NIV define door-to-mask time should be <120mins, though data from the current audit report should be interpreted with caution as there is no method of knowing whether NIV was indicated at admission as blood gas results are not recorded. Spirometry is available in many more Trust patients than elsewhere (70% vs. 40.5%), helped by the electronic documentation of these results in document store. Airflow obstruction (required to confirm a diagnosis of COPD) was confirmed in 97.1% of our patients with COPD, suggesting misdiagnosis is lower than the national average (where 12.1% of patients do not have airflow obstruction; ergo do not have COPD). 	<ul style="list-style-type: none"> Time to specialist respiratory review is marginally longer than average at 16.9hrs vs 15hrs nationally. 8% of cases did not have smoking status recorded (national average 6%). Only a minority (14.3%) of patients who were current smokers had treatment prescribed for this; compared to a national average of 25.7%. Oxygen prescription rate (54.3%) during this period was below the national average (72%). 	Discussed at February 2021 Clinical Audit and Guidelines Group

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

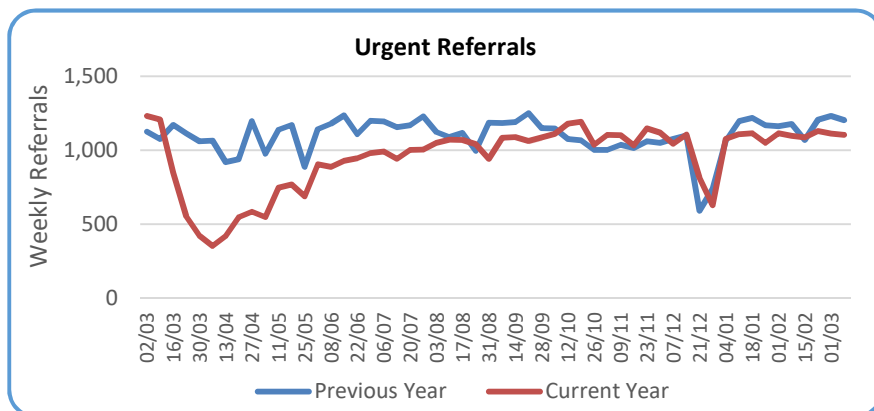
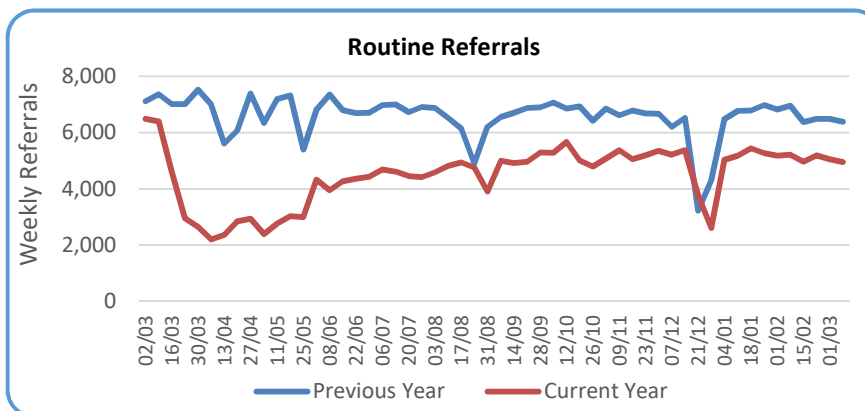
- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective Surgery.**
 - Led by the sub-groups, a number of new frameworks and standard operating procedures have been produced and maintained to provide guidance for Directorates to ensure consistent processes in relation to managing referrals, rescheduling appointments and managing waiting lists for outpatient, inpatient and diagnostic pathways.
- **Due to the second and third COVID waves, groups have been reinvigorated** with a focus on maintaining safety, rescheduling any displaced treatments / assessments and maximizing any remaining elective capacity.
 - As well as necessary immediate actions, performance recovery initiatives will be directed through these subgroups once the third wave is navigated.
- **As we move into our third phase of the programme** there will be a firm focus on recovering activity levels and reducing waiting times. **The 3Rs programme will now transition into a Recovery Plus programme** which will focus on how we can best move out of COVID, safely stepping down actions taken such as reduced beds in a bay and stepping up recovery through initiatives such as approval of non-recurrent backlog clearance measures.
- **Key measures are tracked through the programme and investigated further where necessary through clinically led sub-groups.**
 - Additional Recovery Schemes (ARS) have been approved through the 3Rs programme and will continue to be monitored.

Schemes include:

- Cataract surgical centre
- Mobile MRI imaging unit
- Chemotherapy Day Unit moving to 7 day working
- Additional sessions within Endoscopy
- Additional sessions within Dermatology

Measures include:

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



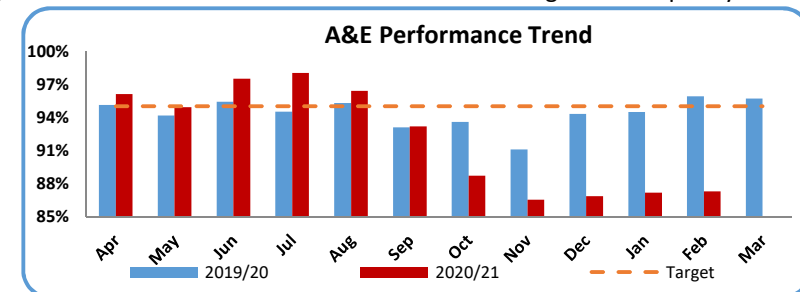
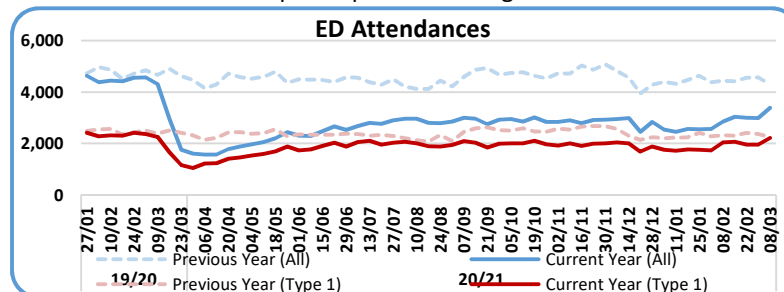
Quality and Performance: Monthly Performance Dashboard

Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month Previous Year		
				w/e 07/02/21	w/e 14/02/21	w/e 21/02/21	w/e 28/02/21	Dec-20	Jan-21	Feb-21
Front Door	Type 1 Attendances (Main ED)	2,377	1,962	72.8%	86.1%	86.8%	82.6%	79.8%	77.3%	81.0%
	Ambulance Arrivals	635	655	94.7%	106.0%	101.8%	103.2%	98.6%	97.7%	98.4%
	Eye Casualty Attendances	416	251	49.5%	52.9%	58.4%	60.3%	64.1%	42.3%	56.7%
	Walk in Centre Attendances	1,419	612	34.2%	31.5%	41.3%	43.1%	35.4%	33.6%	36.4%
	A&E 4hr performance (Type 1)	89.5%	79.8%	-3.1%	-6.7%	-11.7%	-9.7%	-8.6%	-8.3%	-10.7%
	A&E 4hr performance (All Types)	94.3%	86.6%	-3.6%	-6.7%	-9.5%	-7.6%	-7.4%	-7.3%	-8.6%
Admission & Flow	Emergency Admissions (All)	743	697	89.0%	96.0%	103.0%	93.8%	79.5%	77.6%	80.0%
	Bed Occupancy	80.8%	80.9%	81.0%	80.4%	80.6%	80.9%	76.0%	79.2%	80.7%
RTT/Planned Care	Outpatient Referrals (All)	8,115	6,638	83.0%	83.1%	79.1%	81.8%	84.4%	81.5%	79.3%
	Elective Spells & Outpatient Procedures	6,994	4,287	68.7%	67.5%	68.1%	61.3%	75.3%	70.7%	62.3%
	Outpatient Consultations	16,187	18,102	109.7%	109.1%	96.1%	111.8%	103.3%	98.8%	97.9%
	DNA Rates	7.2%	7.7%	9.5%	8.9%	7.9%	7.7%	9.0%	9.9%	9.5%
	Incomplete Performance	87.3%	66.7%	67.7%	67.9%	66.8%	66.7%	70.2%	70.0%	69.1%
	RTT >52 Week Waiters	18	6,301	5,279	5,757	6,037	6,301	3,421	4,847	6,225
Cancer	2WW Appointments	482	387	83.5%	99.1%	90.6%	80.2%	98.9%	88.5%	88.8%
	All Cancer 2WW	No weekly performance recorded.						48.7%	61.9%	Reported one month in arrears.
	Cancer 2WW Breast Symptomatic							25.4%	19.5%	
	Cancer 62 Days - Urgent							75.3%	72.9%	
	Cancer 62 Days - Screening							89.1%	73.2%	
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,962	87.4%	90.7%	92.5%	92.7%	90.3%	88.2%	
	Diagnostic Performance	No weekly performance recorded.						77.4%	76.3%	80.7%

Data provided as 'Actual' figure rather than % comparison

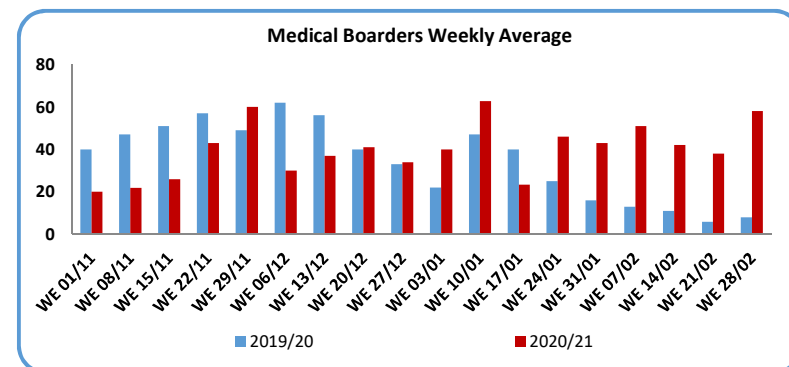
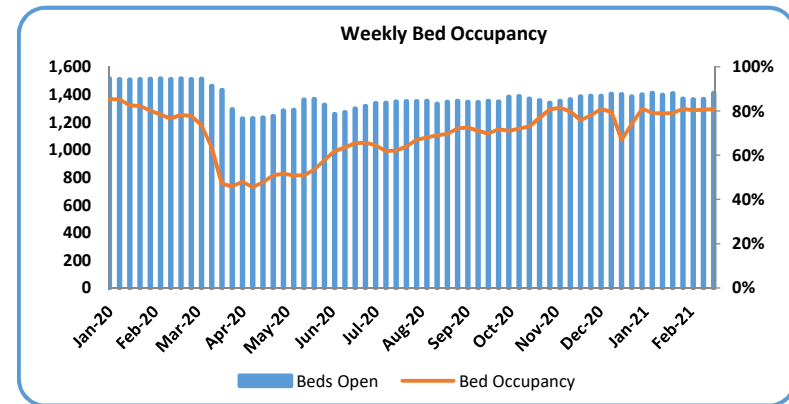
Quality and Performance: A&E Access and Performance

- **The past 4 months have seen the Trust's lowest performance against the monthly A&E 4hr standard (95%) for many years.**
 - February's performance of 87.3% was the highest performance since October 2020, but 8.6% lower than in February 2020.
 - NuTH's performance remains well above the national average (83.9%) and is favourable compared to other Shelford Trusts.
 - However, March to date (11/03) has seen a huge improvement in Trust performance to 95.1%. Contributing factors include:
 - The partial reopening of observation beds via the re-provision of the minor injuries unit in an alternate space.
 - Increased utilisation of Same Day Emergency Care for suitable Emergency Department patients.
 - The phased reopening of approximately 120 beds across the Trust as selected bays move up to a 5 bedded model.
 - A sharp fall in the number of COVID-19 inpatients in late February and early March.
- **Reasons for the low performance during the winter of 2020/21 include:**
 - Medical staffing issues caused by illness and quarantine and fewer funded junior doctors posts than last winter.
 - Reduced bed capacity due to COVID IPC measures - 6 bedded bays changed to 4 beds – resulting in a loss of 237 beds across the organisation.
 - The loss of the ED observation beds due to the need to reconfigure space due to COVID.
 - Consistently high numbers of COVID-19 inpatients, with the Trust providing support to other organisations regionally and nationally. The level remained high during February, at around double December 2020's level. This has increased bed occupancy levels, created patient flow difficulties and caused the closure of additional beds across the organisation in February as staff were redeployed due to ITU pressures.
 - Additional pressures in February resulted from high numbers of orthopaedic trauma patients requiring theatres due to the snowy conditions.
- **Changes in attendance profile / acuity:**
 - Type 1 attendances in February 2021 accounted for 68% of all attendances, compared to just 52% in February 2020.
 - Ambulance arrivals per day were higher in February 2021 than in February 2020. This is partly due to changes to the regional pathway for ambulance conveyances which have resulted in the RVI taking an increased share of the total NENC ambulance arrivals.
 - Overall there were 36% fewer A&E attendances compared to February 2020. However, the decline has been most significant within Type 2 Eye Casualty (-59%) and Urgent Treatment Centre attendances (-62%).
- **The Emergency Department are working alongside Newcastle Improvement and Patient Services to implement actions to improve performance via:**
 - Additional staff are being recruited to assist with patient flow between the Emergency Department and clinical specialties.
 - Additional pop up suites have been purchased to increase the capacity available to conduct patient assessments.
 - The department are working with directorate managers and clinicians to review emergency pathways within numerous clinical specialties.
 - Emergency Department Digital Interface (EDDI) is being implemented. This offers designated arrival times for patients who ring 111 and are triaged to ED. This aims to reduce walk in attendances and direct patients to quieter times of day.
 - Additional rapid response cleaning time has been allocated to ED/Assessment Suite to enable beds to be available again more quickly.



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

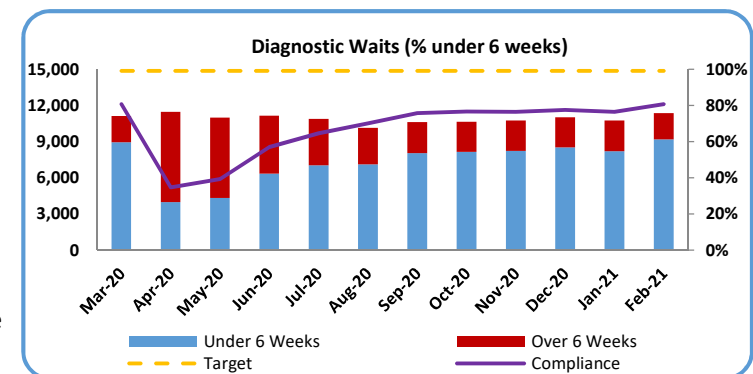
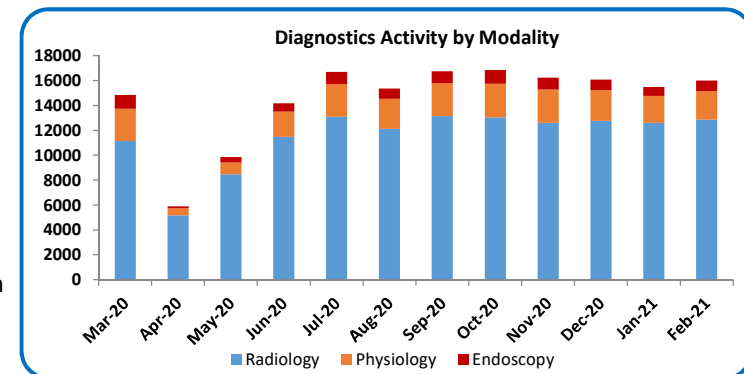
- **The Trust averaged 81% bed occupancy in February 2021, with the level remaining steady throughout the month.**
 - Although occupancy was in line with February 2020, the Trust's total number of inpatients is much lower in February 2021 due to the reduced capacity as a result of the switch of 6 bedded bays to 4 beds for COVID IPC reasons. It is hoped that during March bays will be able to safely transition to 5 beds per bay in order to increase the Trust's bed capacity.
- February's occupancy was consistent with the stable level seen since September 2020. Despite daily emergency admissions rising to their highest level since September, occupancy did not rise significantly as elective admissions remained low to accommodate the persistently high levels of COVID-19 inpatients. A lack of bed capacity both regionally and nationally restricted the ability to repatriate these COVID patients to other Trusts.
 - Although occupancy overall remained stable, paediatric bed occupancy increased to its highest level since the onset of the COVID-19 pandemic.
- February saw medical boarders remain at one of the highest levels seen in the past 2 years. This creates patient flow difficulties and makes achievement of the A&E 4 hour standard more difficult. Bed pressures were exacerbated by February seeing the highest number of beds closed for many years, due to staff being redeployed to support COVID areas and ITU pressures, as well as closures due to COVID-19 outbreaks. Solutions were implemented to increase medical bed capacity across sites, although this does reduce elective bed capacity. Following a sharp fall in the Trust's COVID-19 inpatient numbers in the final week of February, plans are being implemented to reverse some of the changes made in order to increase elective bed capacity again.
- The report showing the number of 7 days+ and 21 days+ Length of Stay (LoS) patients is currently being updated, in order to address some data quality concerns. Reporting against this metric within this report is expected to be reinstated from next month. The trends reported in previous copies of this report (where the levels of Long LoS patients have slowly increased in recent months) remain accurate.
- **Due to the suspension of reporting to NHSE/I this report will no longer contain information relating to Delayed Transfers of Care (DTOCs) for the remainder of 2020/21.**
 - Processes remain in place to ensure this reporting can be restarted in April 2021 in line with the proposed national timescales.
 - In order to assist with patient flow and to optimise patient outcomes, NuTH's Patient Services team will continue to monitor DTOC patients who require repatriation or packages of care.



Quality and Performance: Diagnostic Waits

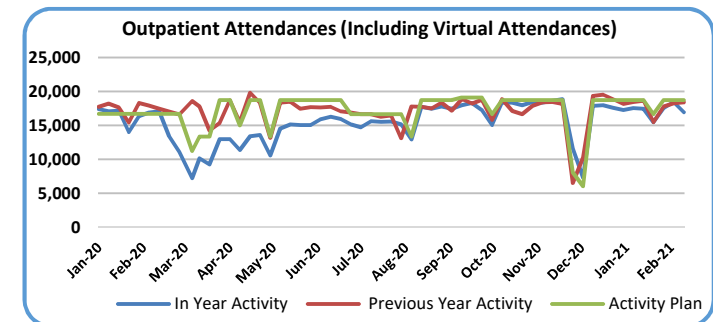
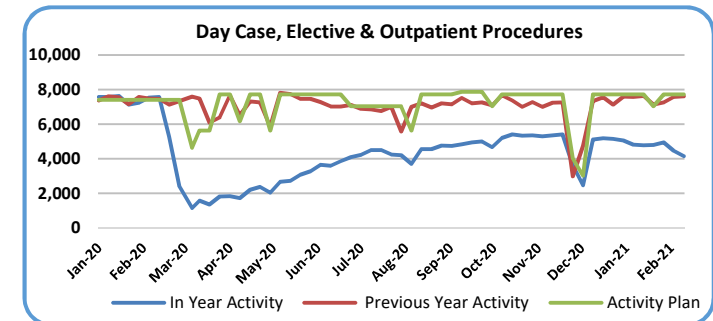
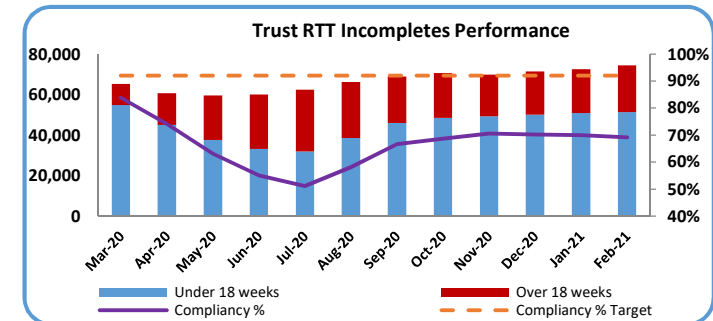
- Diagnostics performance for February was 80.7% against the 99% standard, a notable 4.5% increase from January. This is the highest level of compliance recorded since February 2020, and represents a departure from the stable performance trend observed since September 2020.**
 - Performance improved in Physiological Measurements (51%, +6.8%) and Imaging (90%, +5.5%) but declined slightly in Endoscopy (56%, -2.5%).
 - Despite the reduction in the proportion of the waiting list (WL) waiting over 6 weeks, the number of long waiters increased significantly, with 1,066 patients now waiting over 13 weeks (compared to 741 in January), comprising 9.4% of the total WL compared to 6.9% last month.
 - In January (latest NHSE data) NuTH's diagnostics performance (76.3%) was significantly above the national (66.7%) and regional (67%) positions.
- In February 16,011 tests were carried out, a 3.4% increase on the total for January.**
 - This represents 85% of the average monthly activity carried out between April 2019 and February 2020, with activity levels maintaining despite the 3rd wave.
 - Imaging activity has recovered to a greater extent than other areas, in particular MRI and CT which in February saw activity levels at 100% and 98% respectively of the pre-Covid average. As high volume diagnostics, this contributes greatly to the overall levels of recovery.
 - All three diagnostic groups saw activity increases compared to January, most markedly in Endoscopy where the number of patients treated grew by 20%.
- The total WL size (11,352 patients) increased by 614 patients (5.7%) in February, the first significant change in some months and the largest total since April 2020.**
 - In the last month the WL size increased substantially within Neurophysiology (+85%), DEXA (+68%), Echo (+50%) and Non-obs Ultrasound (+10%).
 - In January the overall national waiting list was 8.4% higher than the same month last year, whilst comparatively NuTH's waiting list reduced by 6.8%.
 - 76% of Echo patients on the WL have waited >13 weeks, which has more than doubled in size over the last 2 months. This is due in part to the back loading of a high quantity of paper referrals on to the system, with efforts being undertaken to optimise the online referral process. A new member of admin staff has been appointed to oversee this, whilst a new room and two new machines are due to be adopted in the coming months.
- Efforts continue to increase activity across all settings against the backdrop of high bed occupancy as well as ongoing social distancing and additional settle time requirements, which pose significant challenges.**
 - Radiology continue to utilise independent sector capacity, with an agreement for this to continue until the end of June. The service also continues to provide extra lists, assessing further opportunities when they arise.
 - Endoscopy are providing regular extra sessions which will continue throughout Q1 2021/22 having had internal plans approved to best utilise the available assets.

Patients Treated	Feb '21	Jan '21	Difference (Actual)	Difference (%)
Imaging	12,868	12,602	266	2.1%
Phys. Measurement	2,284	2,171	113	5.2%
Endoscopy	859	717	142	19.8%
Trust Total	16,011	15,490	521	3.4%

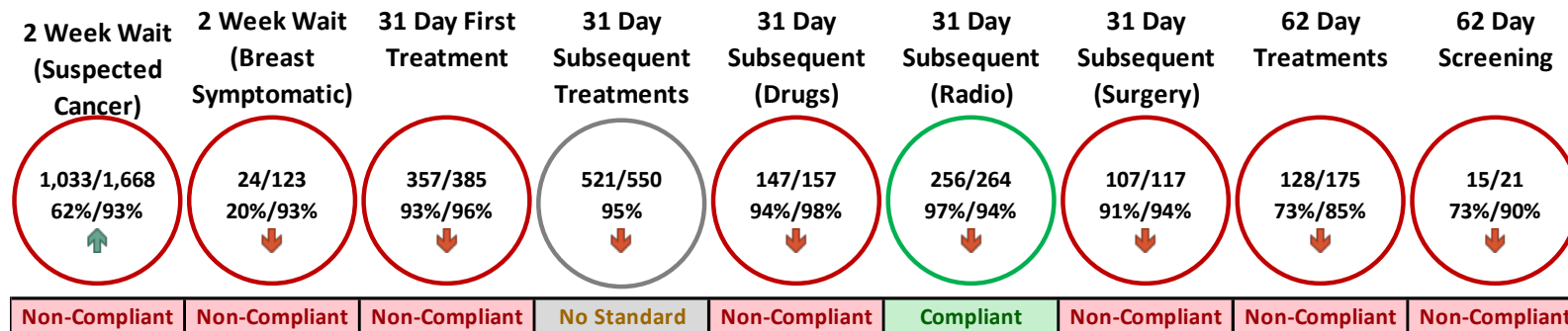


Quality and Performance: 18 Weeks Referral to Treatment

- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. Performance in February against the 18 week wait target (92%) remained largely static in line with recent months, with compliance at 69%, a 0.9% reduction from January. The number of patients waiting greater than 52 weeks for their first treatment continues to increase, now standing at 6,225.**
 - 22,966 patients have now waited greater than 18 weeks, with 8,827 of those having waited over 40 weeks.
 - >52 week waiters increased by 28% month on month. 43% of 52+ week waiters are within Ophthalmology, with only five specialties having 0
 - In February the Trust had eight patients breaching 104 weeks, all of which sit within Spinal Surgery.
 - NuTH have the 6th largest PTL in the country (January 2021) and have the highest compliancy rate of the Trusts with the 10 largest PTLs.
 - National compliance fell again in January, reducing by 1.6% to 66.2%.
 - In total the volume of referrals received in February 2021 was 79% of those seen in February 2020. Whilst routine referrals were only at 75% of the numbers previously seen, 2WW referrals were at almost the same level (97%).
 - Harm reviews continue to be undertaken for >52 week waiters, and directorates are triaging patients on WLs to assess their condition and ensure patient safety.
- Treatment of long waiters as well as recovery of elective activity and RTT performance are key ambitions of the Trust, with NHSE/I Phase 3 ambitions to achieve 100% of OP consultation activity from Sept-20, and 90% of DC, EL and OP Proc. activity (combined) from Oct-20.**
 - Due to the recent third wave of COVID-19 admissions bed and ITU capacity was severely limited throughout January and February, with high priority urgent and cancer surgery (P1 and P2) prioritised. Additionally, urgent cases from other providers have been performed at NuTH due to national pressures.
 - Theatres, staff and beds will return to their usual departments across the remainder of March and April which will substantially increase the Trust's elective programme and resumption of P3/P4 activity.
 - For the week ending 28th February 2021, activity delivery measured at 68% (Day Case, Elective & Outpatient Procedures) and 99% (Outpatient Attendances) when compared to the previous year.
 - The Trust continues with its established 3Rs recovery work streams, with focus on elective activity recovery intensifying as the number of COVID inpatients reduces. Baseline activity plans have been produced in collaboration with directorates ahead of the new financial year, with opportunities to increase throughput being explored in the context of a variety of varying circumstances.
- Current primary recovery schemes include:**
 - Cataract pop up theatre scheme to go live towards the end of March, which once running aims to deliver 33% additional activity annually.
 - Trust wide re-instatement of DNA reminder service (end of March).
 - Additional sessions within Dermatology, Endoscopy and Radiology.
 - 7 day working within the Chemo Day Case Unit and Echo service.
 - Insourcing of additional capacity within Echo.



Quality and Performance: Cancer Performance (1/2)



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

- The Trust achieved 1 of the 8 Cancer Waiting Time standards in January; 3 of the 8 standards were met in December.
- The 2ww position continued to recover (62% from 49%) due to the previously reported actions within the Skins tumour group continuing to take affect, internal reporting shows this position rising further through February to above 70%. Concerns remain within Breast, Skins and Lower GI.
 - **Within Skins from November a tele-dermatology pathway has been initiated** with GPs now sending images to NuTH alongside referrals, this is still voluntary with further education events planned with primary care.
 - **Skins is the largest single tumour group for 2ww**, accounting for 42% of the overall numbers meaning that the Skins compliance has a large impact on the overall Trust position.
 - A temporary change to pathways has led to a large increase in Skins during the end of February and March, this will have a knock on effect to 2ww compliance as the service reorganises to meet the additional demand and redesigns the referral pathway.
 - **The Lower GI service (9% 2ww compliance) is currently suffering from reduced consultant capacity due to vacancies and sickness.**
 - Following the introduction of FIT testing on receipt of referral this is resulting in additional waits at the start of the pathway (approx. 5 days when GP requested). Shortly GPs will provide the result of the FIT before referral which will increase performance.
 - A nurse endoscopist post has been funded through the Northern Cancer Alliance.
 - **The Breast service (63% suspected compliance and 20% symptomatic compliance) are struggling to clear an existing backlog** which formed due to increased referrals, some improvements are anticipated in compliance through February from additional resourcing.
 - **Additional support from Radiology** has been secured during February and March to support the Breast Screening and Breast Symptomatic services. Capacity is being prioritised for patients on the suspected pathway due to clinical need.
- **The Northern Surgical Hub** which captures patients requiring surgical intervention across the Northern section of the Cancer Alliance is now redistributing some surgical work from Trusts who do not have capacity due to COVID.
 - Through this initiative NuTH are performing additional surgeries for urgent cancer patients which would have been performed by other providers.
 - This carried on through February but support through March to date has not been required.
 - Chemotherapy pressures are also substantial across the region and are being discussed within the Surgical Hub meetings as well.
- **The Northern Cancer Alliance met 1 of the 8 standards in January; 4 of the 8 standards were met in December.**
 - 0 providers within the Northern Cancer Alliance achieved the 2ww target in January.
 - 1 provider within the Northern Cancer Alliance met the 62 day target in January.

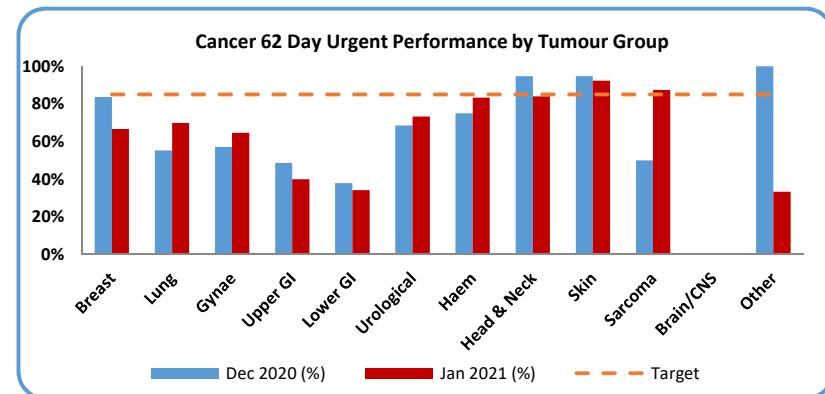
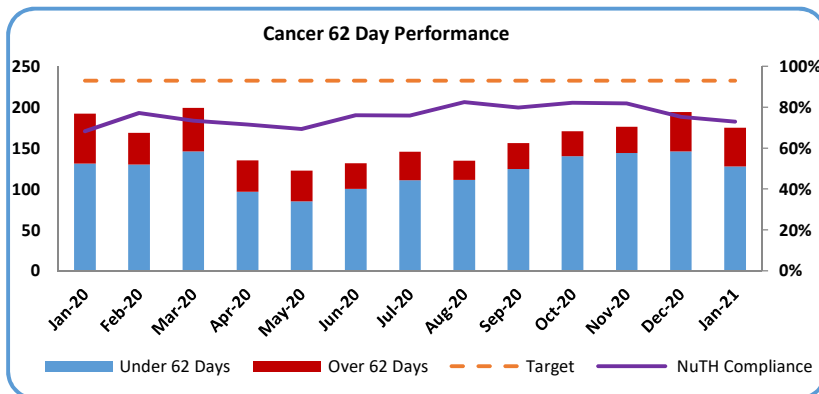
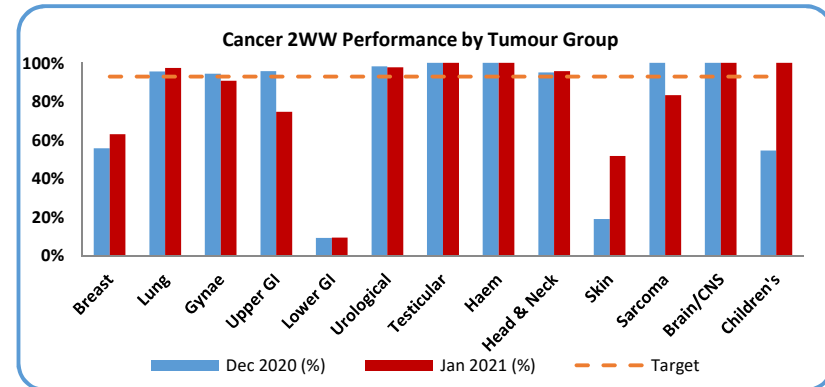
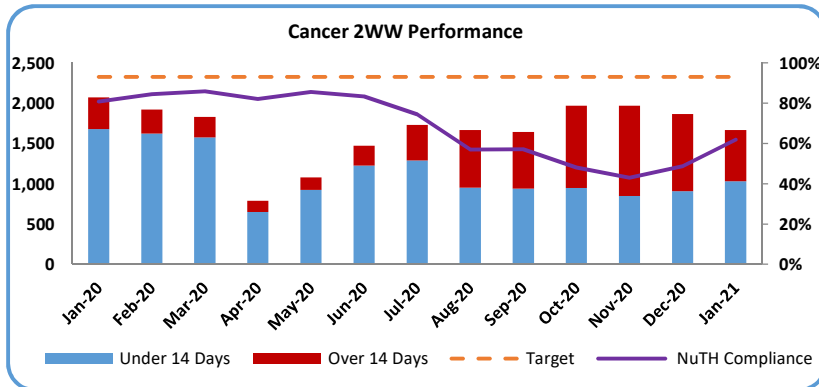
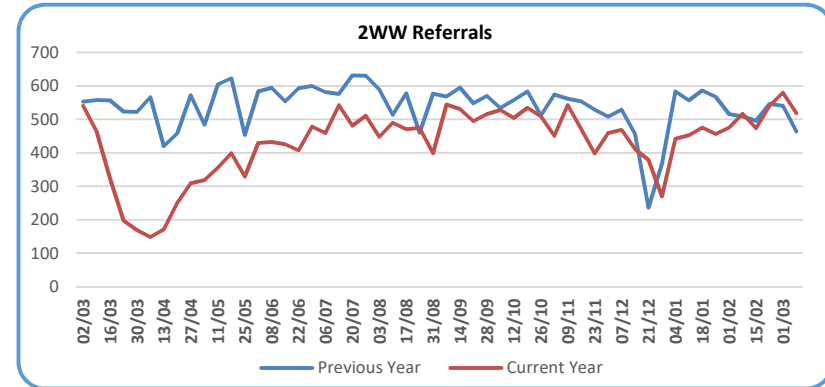
Please see additional charts and referral information contained on the next page

Quality and Performance: Cancer Performance (2/2)

Following the beginning of the COVID-19 pandemic Cancer 2ww referrals suffered a significant decline with weekly referrals as low as 28% of usual levels. Referrals have reached close to previous levels with some reduction in Urology, Lung and Head and Neck tumour groups.

Recent weeks have seen an increase in referrals within the Skins tumour group due to pathway changes which are being worked through with colleagues in primary care.

March is lung cancer awareness month.



Quality and Performance: Other Performance Requirements

- **The Trust reported 16 'last minute' cancelled operations in February 2021, which is in line with the level reported in the preceding 2 months.**
 - This is well below both the pre-COVID monthly average of 62, and the monthly totals reported during the summer and autumn of 2020. February's low figure reflects both the planned reduction in elective activity due to the 3rd wave of COVID-19 and the urgency of the patients who are still being listed for surgery.
 - For the 3rd successive month the Cardiothoracic directorate (8) was the biggest contributor to the Trust's total. Positively, the Surgery directorate (2) saw its lowest tally of last minute cancellations since June 2020.
 - The Trust reported 0 breaches against the standard to treat within 28 days following last minute cancellations in February. This is the 7th time there have been 0 monthly breaches in the past 9 months.
 - Although last minute cancellations have been low in the past 3 months, there have been high levels of planned operations cancelled in advance. This is due to the Trust having to accommodate record levels of COVID-19 inpatients which has significantly reduced the beds available for elective activity, as well as ITU capacity. February saw the Trust's second highest ever monthly average of COVID inpatients.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in February.**
 - Performance against the referral metric was 100% and has been at this level of compliance for more than a year.
 - Although still well below the target, the % of patients asked the dementia case finding question rose to its highest level since July 2019. This followed promotion of the dementia and delirium screening tool by the dementia team through training and education events. The dementia team has also worked directly with clinical teams to support screening completion for example on Assessment Suite. Alternative screening methods within e-record are being explored, including gathering learning from other Trusts in order to further improve compliance.
 - However, last month saw the Trust's lowest ever compliance with the requirement for appropriate patients to have a dementia diagnostic assessment. This is due to some issues identified following changes to the screening tool and the dementia team and IT are working together to make some necessary adjustments.
- **The proportion of people who have depression and/or anxiety receiving psychological therapies reached its highest level for 7 months in February (1.06%) but remains below target (1.58%).**
 - Whilst referrals continue to gradually increase post-lockdown they are yet to return to pre-COVID levels.
 - Newcastle Gateshead CCG have recently announced an uplift in service funding that should enable the service to reach the required 18.9% annual access target once additional staff are in place.
- **In February performance against the IAPT 'moving to recovery' standard rose to 42.2%. This is the best performance since September 2020 but still well below the 50% target.**
- **IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 88.9% and 99.8%.**
 - Following a gradual reduction in the size of the waiting list (WL) in 2020 due to lower referral levels and waiting list validation, the WL has now started to grow again, which has lengthened overall waiting times. However, CBT waiting times have actually shortened, partly due to an external digital provider, IESO, taking on some cases.

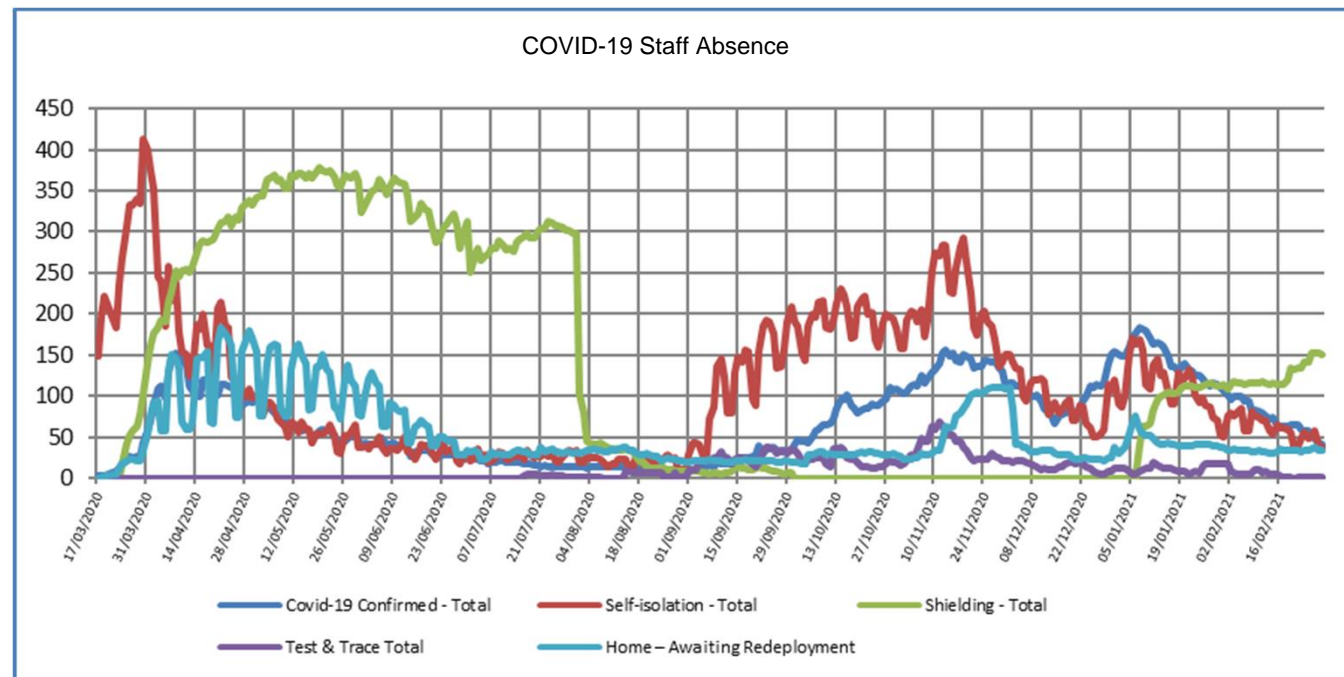
Reportable Cancelled Operations	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Last minute cancelled operations	51	70	7	15	16	45	40	34	30	30	14	19	16
Number of 28 day breaches	3	4	3	6	0	0	0	0	2	0	0	5	0
Urgent operations cancelled for a	0	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
% asked the dementia case finding question within 72 hours of admission.	42%	39%	42%	37%	36%	28%	39%	38%	36%	43%	42%	47%	49%
% reported as having had a dementia diagnostic assessment including investigations.	69%	72%	67%	65%	67%	62%	71%	64%	38%	36%	26%	24%	15%
% who are referred for further diagnostic advice in line with	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 17th March 2020 and 28th February 2021. Some staff may have had more than one episode of COVID-19 related absence during this period.
- Confirmed COVID-19 instances peaked at 183 on 7th January 2021 but by 28th February they were down to 42. It also shows the number of staff advised to shield due to being clinically extremely vulnerable.



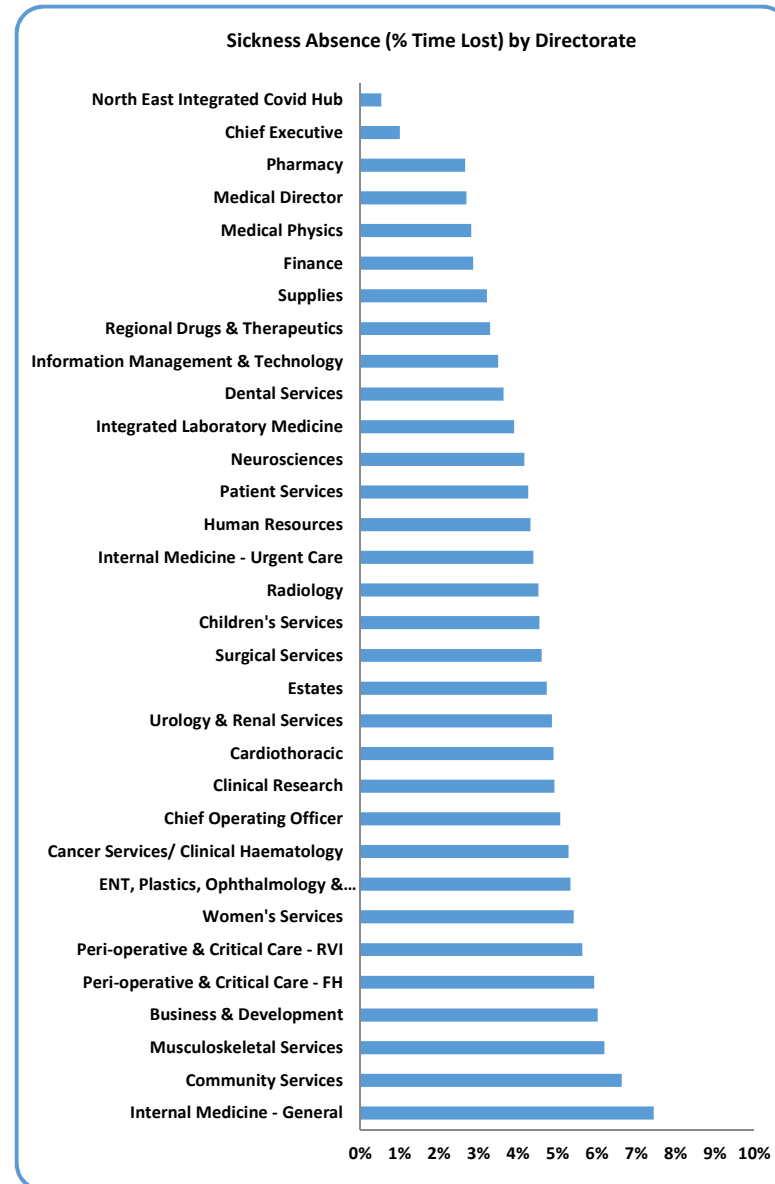
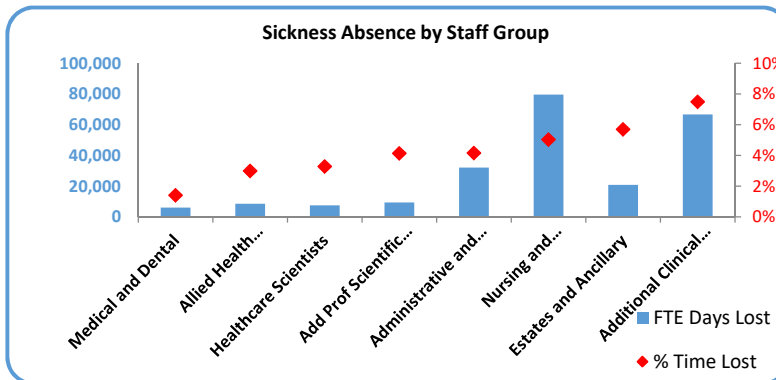
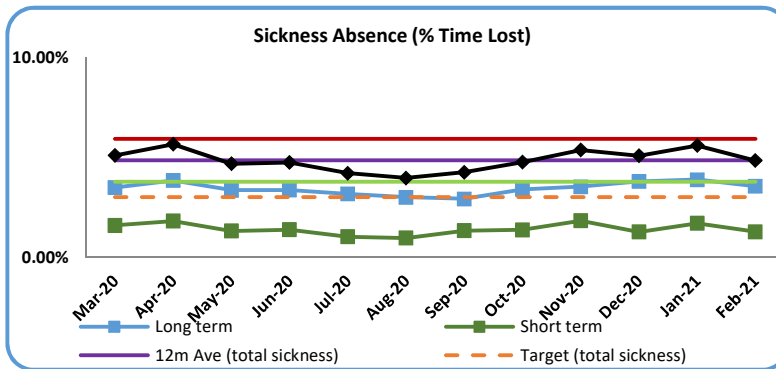
- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.

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

- Year to year comparison for sickness absence :

	Feb-20	Feb-21	
Long-term	3.07%	3.48%	↑
Short-term	1.23%	1.34%	↑
Total	4.29%	4.83%	↑

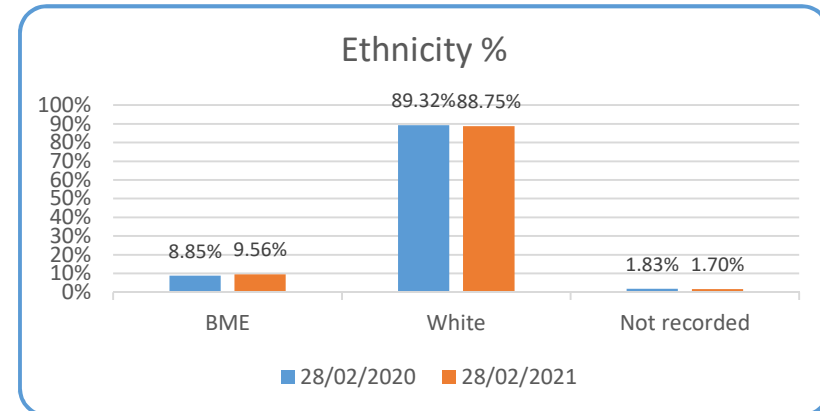
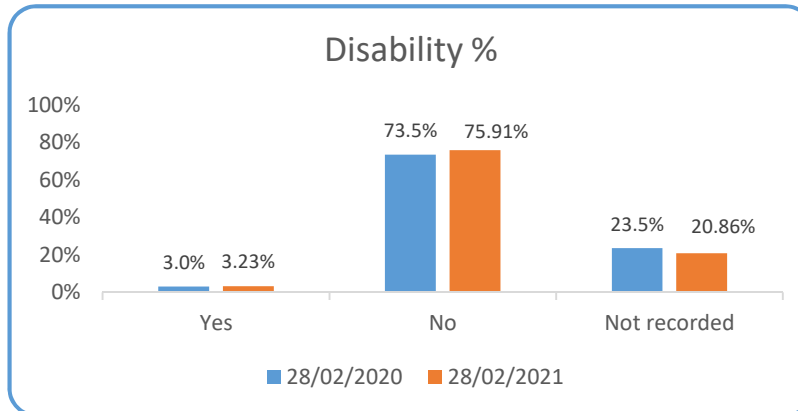
- 230,260 working days were lost due to sickness in the year to February 2021, compared to 198,440 for the previous year.
- Overall sickness absence is 4.83%, which is up from the end of March 2020 position of 4.48% - (% Time Lost).
- The top three reasons for sickness absence are anxiety/ stress/ depression, other musculoskeletal problems and other known causes. This is unchanged from the previous twelve month period.



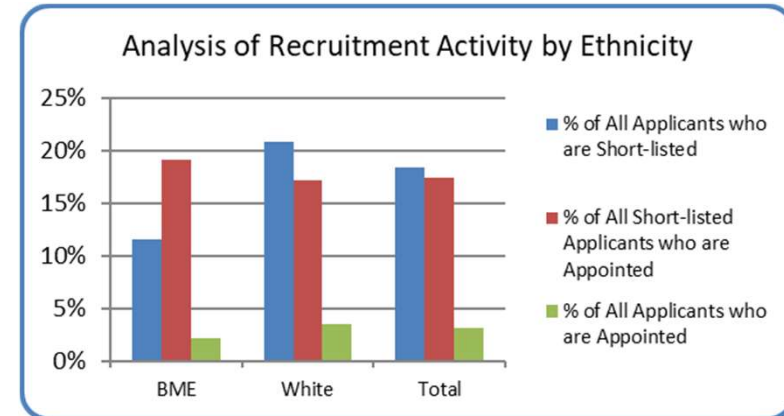
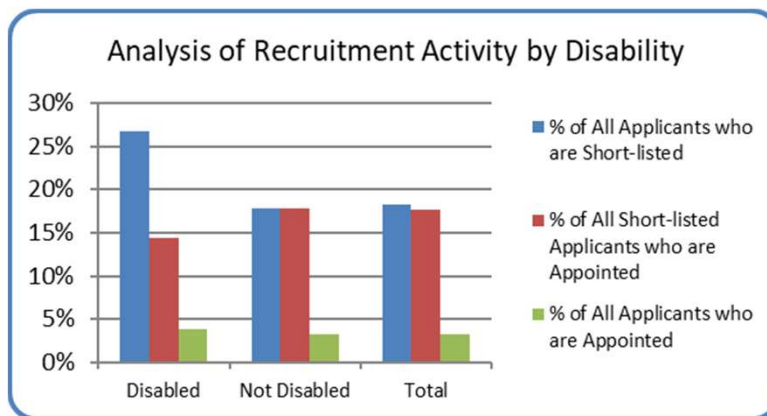
*COO Directorate includes Outpatients / ABC Service

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

- The graphs below identify, by headcount, the percentage of staff in post in February 2020 and February 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 2.99% to 3.23% and the percentage of BAME staff has increased from 8.85% to 9.56%.

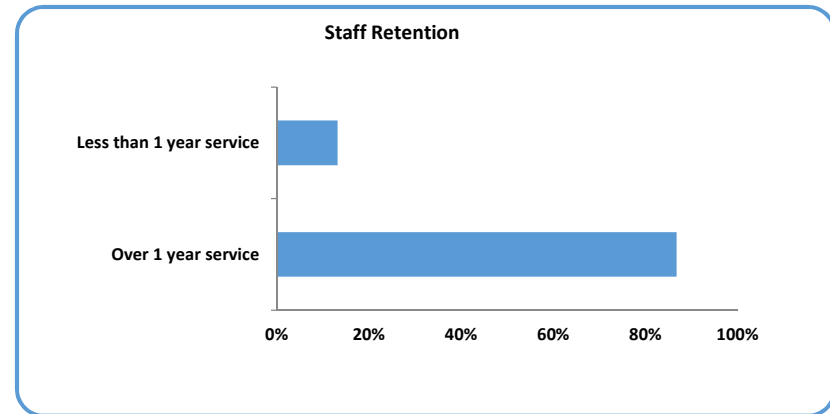
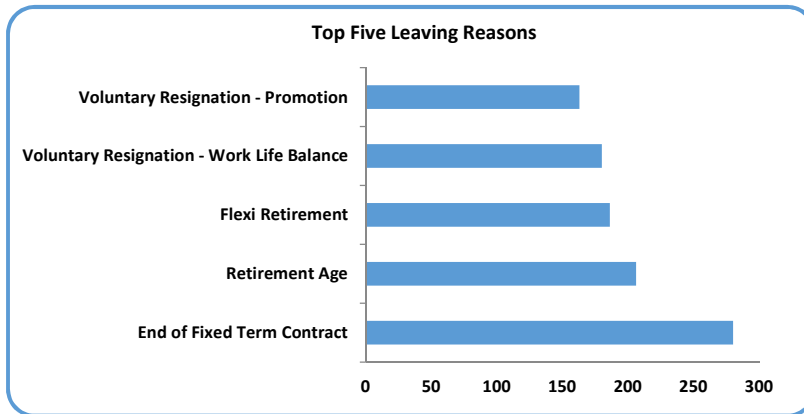
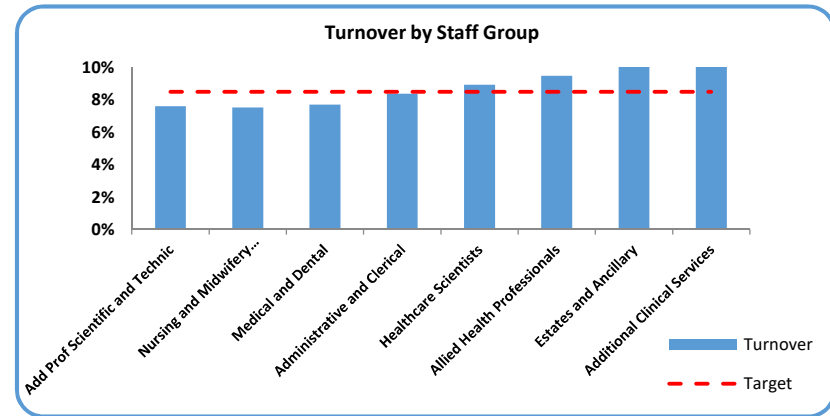
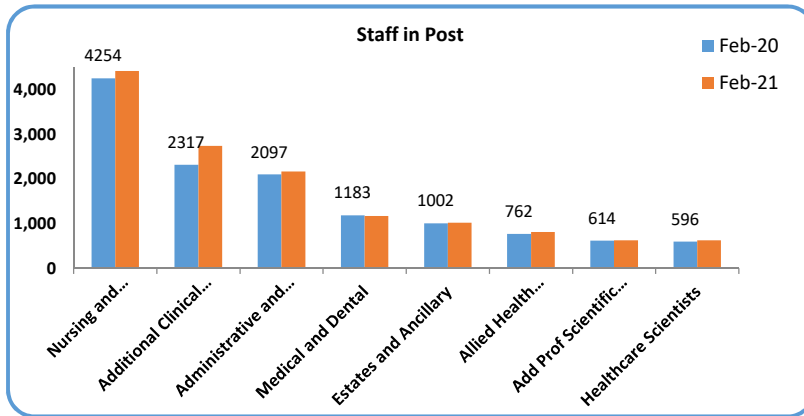


- The graphs below identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending February 2021.



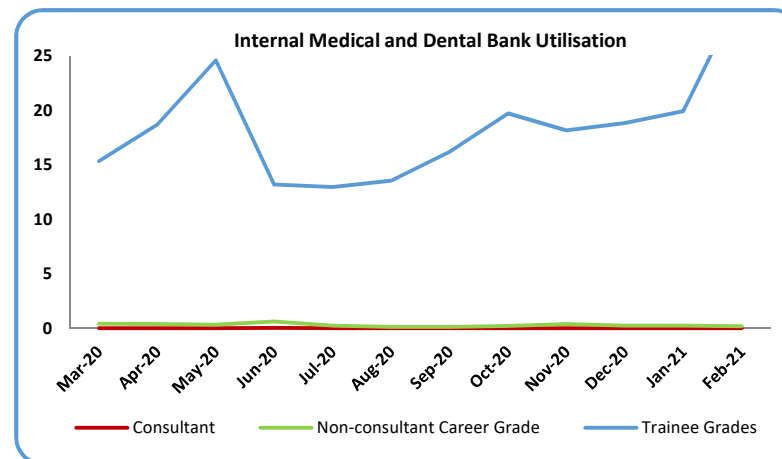
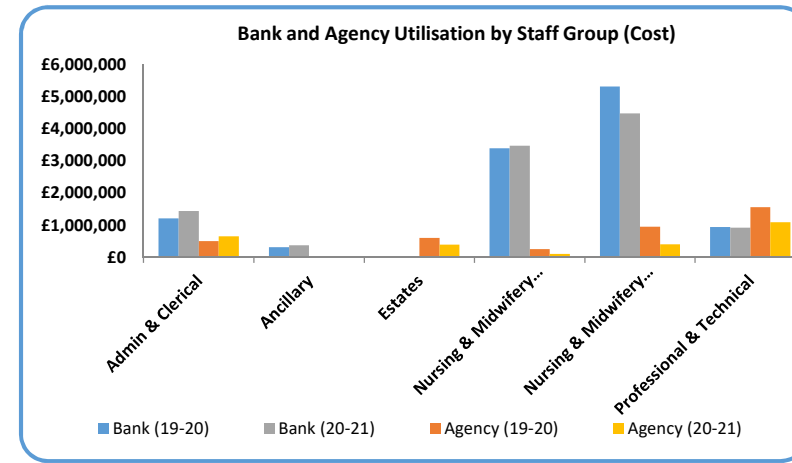
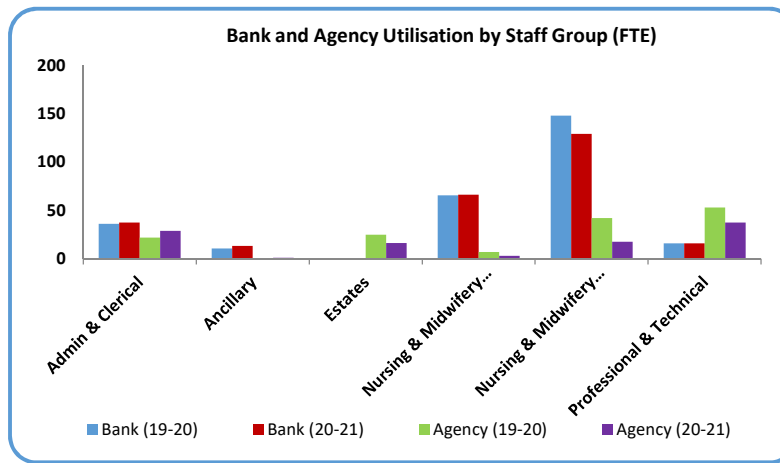
People: Flourish – ‘Shaping the Best Place to Work’

- Staff in post at February 2021 is 13,563 wte (15,672 headcount) compared to 12,825 in February 2020 (14,834 headcount).
- Staff turnover has increased from 9.08% in February 2020 to 9.62% in February 2021, against a target of 8.5%.
- The total number of leavers in the period March 2020 to February 2021 was 1,591.
- Staff retention for staff over 1 year service stands at 86.8%, which is a slight decrease from 88.79% in February 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.



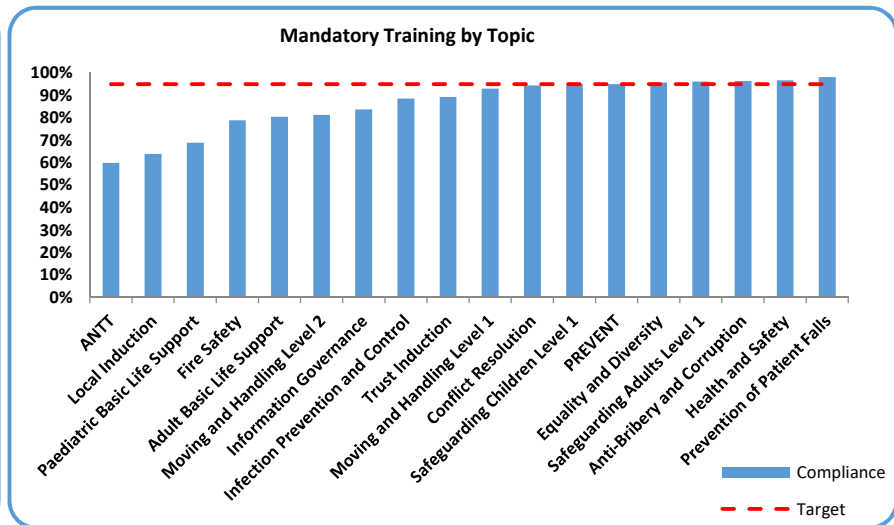
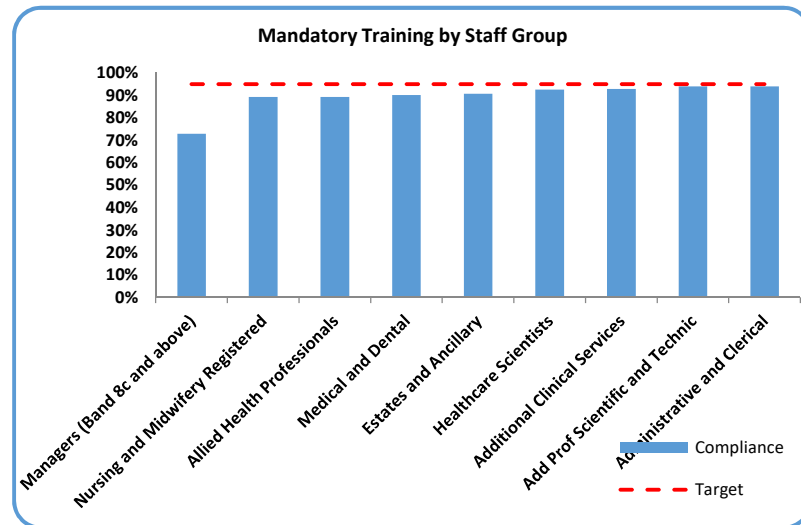
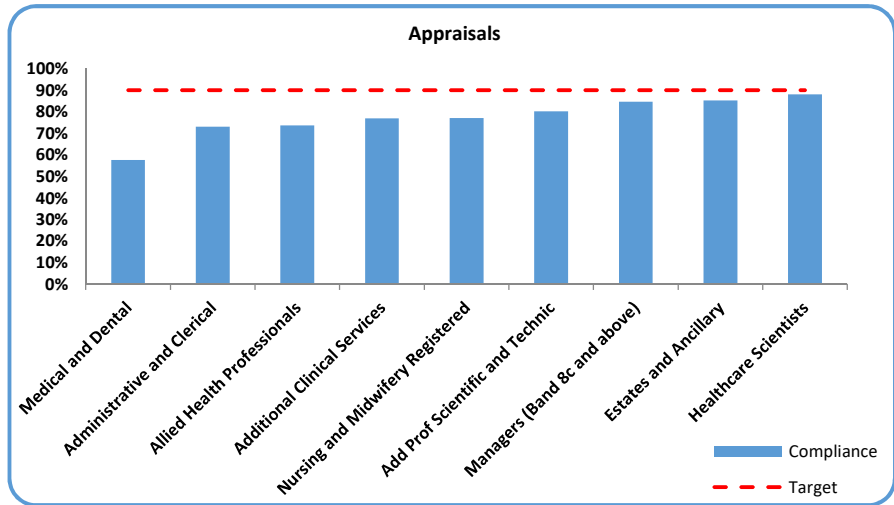
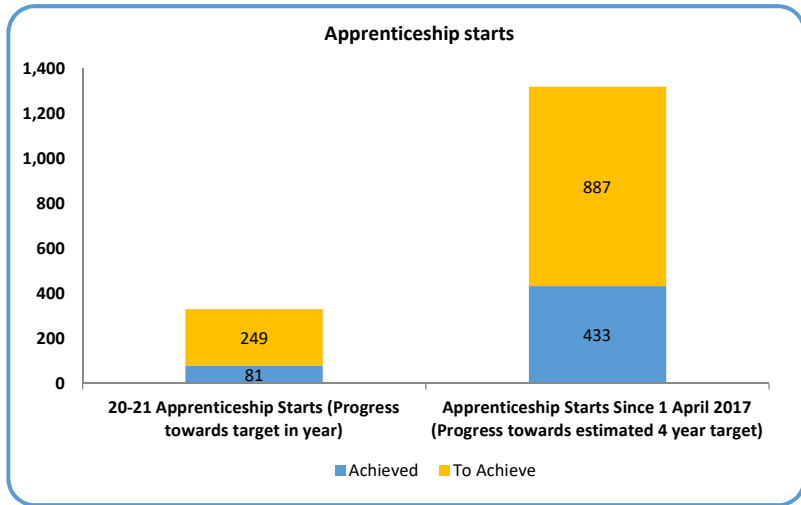
People: Flourish – ‘Shaping the Best Place to Work’

- Comparing the periods March 2019 – February 2020 to March 2020 – February 2021, overall bank utilisation has decreased from 276 wte to 262 wte and agency utilisation has decreased from 149 wte to 104 wte.



People: Delivering Excellence in Education & Training

- Appraisal compliance stands at 76.56%, at end of February 2021, against an end of year target of 95%. The February 2020 position was 79.11%. Interventions are in hand to improve this. Medical appraisals for revalidation was paused for six months during the pandemic and restarted in October 2020. 353 medical staff had ‘approved missed appraisals’ during this six month hiatus.
- Mandatory training compliance stands at 90.06% at end of February 2021, against a Q3 target of 90% and end of year target of 95%. The February 2020 position was 89.71%.



Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 28th February 2021.

In the period to 28th February 2021 the Trust incurred expenditure of £1,181.6 million, and accrued income of £1,181.6 million on mainstream budgets, leading to a break even position, which out of line with the Revised Plan because of additional income allocated by NHSI/E. In addition the Trust incurred further expenditure of £52.4 million on the programmes outside the block envelope (Nightingale, ICHNE, and the vaccine roll-out programme), that expenditure is exactly matched by income from NHSE and is therefore & E neutral for the Trust.

It should be noted that all financial risk ratings and use of resources metrics have been suspended for the COVID period and are not reported here.

To 28th February the Trust had spent £35.9 million capital, £6 million behind Plan.

Overall Financial Position			
	Month 11 Budget £'000	Month 11 Actual £'000	Month 11 Variance £'000
Income	1,094,503	1,181,601	87,099
Expenditure	1,120,475	1,181,601	61,126
I & E position (excl impairment)	25,972	0	(25,972)
Capital Programme	41,831	35,852	(5,979)

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COUNCIL OF GOVERNORS

Date of meeting	15 April 2021						
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 checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in December 2020.						
Recommendation	The Council of Governors are asked to note the contents of this report.						
Links to Strategic Objectives	Learning and continuous improvement is embedded across the organisation. Our partnerships provide added value in all that we do. We maintain financial strength and stability.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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

EXECUTIVE SUMMARY

The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in December 2020, in particular:

- The Committee last met on 9 February 2021 to discuss a number of matters including Non-Executive Director (NED) recruitment and remuneration. Further detail on NED recruitment is included within section 2 of this report.
- The Chair/NED Appointments and Reappointments Process and Trust Succession Policy has been reviewed and minor changes agreed, as attached in Appendix 1 with tracked changes included for information.
- A review of the Committee Terms of Reference and Schedule of Business was undertaken. Some very minor amendments were agreed, as attached in Appendix 2 with tracked changes included for information.
- Madeleine Elliott, Public Governor, joined the Committee as a new member from 1 February 2021.
- A summary of the matters to be discussed at the next meeting on 17 May 2021 is outlined in section 4.

NOMINATIONS COMMITTEE UPDATE

1. COMMITTEE MEETINGS

The Committee last met on 9 February 2021. Key matters discussed at the meeting included:

- Agreement to commence the recruitment process to replace Mr Stout, Non-Executive Director, when his third three-year term of office ends in July 2021.
- The annual Non-Executive Director (NED) remuneration review.
- The NED terms and conditions of appointment were reviewed and minor changes agreed.
- The Chair/NED Appointments and Reappointments Process and Trust Succession Policy was reviewed and minor changes agreed, as attached in Appendix 1 with tracked changes included for information.
- A review of the Committee Terms of Reference and Schedule of Business was undertaken. Some very minor amendments were agreed, as attached in Appendix 2 with tracked changes included for information.

2. NON-EXECUTIVE DIRECTOR (NED) UPDATE

2.1 NED Recruitment

Committee members agreed at their 9 February 2021 meeting that the services of a recruitment firm be procured to facilitate the recruitment of a new NED, with a particular focus on improving the diversity of the Trust Board.

A sub-group of the Nominations Committee was convened on 22 March 2021 to conduct the tender evaluation exercise. Following the evaluation exercise, Hunter Healthcare was appointed to work with the Trust on the NED recruitment process.

An advert, job description and person specification is being drafted with a view to being finalised in early April.

The provisional timeline for the recruitment exercise is:

- 17 May – Longlisting of applications.
- 3 June – Shortlisting of applications.
- 14 June – Interviews.

Consideration is being given to the production of a NED recruitment video, as well as a question and answer session for interested applicants.

3. COMMITTEE MEMBERSHIP

Madeleine Elliott, Public Governor, joined the Committee as a new member from 1 February 2021.

Agenda item 9(i)

4. FUTURE COMMITTEE BUSINESS

The Committee is scheduled to meet on 17 May 2021 to consider:

- Longlisting of NED applicants.
- Deputy Chair arrangements, in light of the current Deputy Chair Mr Stout who, as previously outlined, will be leaving the Trust in July 2021.
- The Annual Report and the Committee.
- Review of Chair and NED remuneration.

In addition the annual NED and Chair appraisal meetings will be scheduled for July 2021.

5. RECOMMENDATIONS

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

**Report of Professor Sir John Burn
Nominations Committee Chair
3 April 2021**

Appendix 1

Chair/NED Appointments and Reappointments Process and ~~updated~~ Trust Succession Policy:

1. Appointments/Reappointment Process

This process shall apply equally to the appointment of Non-Executive Directors and the Chair except where differences are specifically noted. The process detailed below will be followed:

1. Initial appointments shall be normally for a period of three years.
2. At the end of a three year term the Nominations Committee shall meet and subject to;
 - a. The incumbent being minded to apply for a further term;
 - b. Satisfactory appraisal; and
 - c. No other contra-indications.

The Committee shall recommend the re-appointment for a further term.

Annual Appraisals of the NEDs will be carried out by the Chairman. Annual Appraisals of the Chairman will be carried out by the Senior Independent Director and in doing so the guidance specified in the NHSE/I Provider Chair Appraisal Framework will be considered.

3. At the end of two three-year terms or, where the Committee have for any reason not been able to recommend re-appointment after one term, the following process will operate.
 - i) There will be a meeting of the Nominations Committee which will consider
 - ~~The b~~Balance of experience of the current Board;
 - Major challenges facing the Board (internal and external) and the NED skill set required to meet those challenges – including the requirements of the annual plan;~~and~~
 - The external context – including the political, financial and regulatory context and other external pressures.
 - ~~W~~Note whether the incumbent- is willing to serve an additional term and whether the incumbent NED meets the specific skills and experience requirements relevant to the post as these may have changed since the time the NED was originally appointed.~~as these- S~~skills and requirements need to be considered on an ongoing basis (paragraph C.1.2 of the Code); and
 - ~~Consider- W~~whether the NED continues to meet the independence criteria set out in Appendix 1.
 - ~~Receive- T~~the advice of the Chief Executive.
 - ii) On the basis of its considerations the Nominations Committee will consider whether the Trust is best served by ongoing continuity and the reappointment of the present incumbent or whether the Trust requires a new/refreshed skill set as specified in the Code of Governance.

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- iii) Should the Committee consider that the Trust is best served by the re-appointment of the current incumbent they may recommend that a further re-appointment be made annually thereafter up to a maximum of three years (thereby serving a maximum total of 9 years as a NED). The Trust would be required to explain why it had decided to act outside Monitor guidance. Any appointment of more than 1 year should in any case be subject to annual review which will include evidence of satisfactory appraisal.
- 4 There should not normally be an appointment of more than 9 years.
- 5 Where the Committee decides that the Trust is best served by a new appointment the Committee will be responsible for an open recruitment process.
- 6 Where the recruitment process is for a new chairman there should be a very rigorous and transparent recruitment process which should include the opportunity for a focus group of governors and senior staff to meet the candidates prior to the final interview. The NHSE/I Provider Chair Development Framework should be considered.
- 7 All recommendations of the Nominations Committee relating to the appointment of NEDs shall be considered by the Council of Governors who will decide whether to follow the recommendation made.

2. Trust Chair/NED Succession Policy (including succession plan)

The Code of Governance specifies:

B.2.c The Board of Directors and the Council of Governors should also satisfy themselves that plans are in place for orderly succession for appointments to the Board, so as to maintain an appropriate balance of skills and experience within the NHS Foundation Trust and on the Board.

B.2.1. The Nominations Committee or Committees, with external advice as appropriate, are responsible for the identification and nomination of Executive and Non-Executive Directors. The Nominations Committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them.

Good succession planning:

- ensures a continuous supply of suitable individuals (or a process to identify them), who are ready to take over when NED terms of office end or in a range of unexpected situations e.g. illness;
- achieves continuity to deliver strategic plans by aligning the Trust's human resources and business planning; and
- demonstrates a commitment to developing careers as NEDs which will be attractive from a recruitment and retention perspective.

The absence of a robust succession policy (for Board members and staff) and plan can undermine an organisation's effectiveness and its sustainability. It can also be a sign that the

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organisation is not sufficiently clear about its purpose, and the culture and behaviours it wishes to promote in order to deliver its strategy.

The ~~Trust Chairman recently agreed that the~~ Trust participates in the Gatenby Sanderson ‘Insight Programme’ – this ~~is a new~~ programme being run in the North East ~~aimsto is~~ to increase the pool of quality Non-Executive Director (NED) candidates from under-represented areas, by:

- a. Identifying and selecting potential NED candidates;
- b. Providing a central induction event ~~(24th July 2019)~~ to introduce the NHS to candidates;
- c. Giving participants the opportunity to experience ‘life as a Non-Executive Director’ in a mix of NHS Trusts by shadowing an existing NED;
- d. Mentoring and developing participants’ skills with the support of experienced NEDs and Chairs; and
- e. Arming participants with guidance, networks and testimonials that support future applications.

Once selected onto the Programme, participants are attached to two Trusts in succession, in each case under the sponsorship of the Trust Chair. The first placement is for six months and the second for three months.

The desired outcome from the programme is that this will identify potential future Trust NEDs and create a diverse pipeline of NEDs in the North East.

Key elements of the Trust Succession Plan:

- The existence of the Nominations Committee, the annual appraisal of NEDs and the continuous review of terms of office for NEDs and Board skills aids in discharging the principles specified within the Code of Governance.
- The Committee reviews the skills of the NEDs when a NED term of office is due to end.
- The Code of Governance highlights that the Committee should also take account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them. This is factored in to the Trust NED appointment/reappointment process.
- ~~Participation in regional and national Chair/NED development programmes. Following on from the conclusion and evaluation of the Insight Programme, consideration will be given as to whether a mentoring/shadowing programme should be explored to assist with the succession plan for NEDs.~~
- With regard to succession of the Chair of the Board and also the Chairs of the Committees, each Committee/Trust Board Vice-Chair – in conjunction with the Chair, be offered the opportunity to chair at least one Committee/Board meeting during their term of office.

Appendix A.1:

Criteria for Independence of Non-Executive Director (extract from Monitor Code of Governance)

The Code of Governance advises that NEDs should be independent, specifically:

*B1.1 The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent. The Board should determine whether the Director is **independent in character and judgement** and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement. The Board of Directors should state its reasons if it determines that a Director is independent notwithstanding the existence of relationships or circumstances which may appear relevant to its determination, including if the Director:*

- *has been an employee of the NHS Foundation Trust within the last five years;*
- *has, or has had within the last three years, a material business relationship with the NHS Foundation Trust either directly, or as a Partner, Shareholder, Director or Senior Employee of a body that has such a relationship with the NHS Foundation Trust;*
- *has received or receives additional remuneration from the NHS Foundation Trust apart from a Director's fee, participates in the NHS Foundation Trust's performance related pay scheme, or is a Member of the NHS Foundation Trust's pension scheme;*
- *has close family ties with any of the NHS Foundation Trust's Advisers, Directors or Senior Employees;*
- *holds cross-directorships or has significant links with other Directors through involvement in other Companies or Bodies;*
- *has served on the Board of the NHS Foundation Trust for more than six years from the date of their first appointment; or*
- *is an appointed representative of the NHS Foundation Trust's University Medical or Dental School.*

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Appendix A.2: Legal and constitutional requirements

Any appointments process must

- **comply** with the Trust's Constitution
- **take account of** the Guidance set out in the Code of Governance
- **satisfy** the legal, organisational and business needs of the Trust

What the Trust constitution says

- Non-Executive Directors shall be appointed by a duly authorised Nominations Committee.
- The maximum tenure for any Non-Executive Director (including the Chair) shall be 9 years in aggregate.

Appendix A.3: The Code of Governance

The Code of Governance is 'guidance' rather than mandatory. Whenever the Trust chooses not to comply it must put an explanation of why it decided not to comply in its Annual Report.

The Code of Governance states that

B.7.a. All Non-Executive Directors and elected governors should be submitted for re-appointment or re-election at regular intervals.

B.7.4 Non-Executive Directors, including the Chairman, should be appointed by the Board of Governors for specified terms subject to re-appointment thereafter at intervals of no more than three years and to the 2006 Act provisions relating to the removal of a Director.

B.7.1 The Chairman should confirm to the governors that, following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role.

Any term beyond six years (e.g. two three year terms) for a Non-Executive Director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the Board.

Non-Executive Directors may in exceptional circumstances serve longer than six years (E.g. two three-year terms following authorisation of the NHS Foundation Trust), but subject to annual re-appointment. Serving more than six years could be relevant to the determination of a Non-Executive Director's independence.

The Code of Governance advises that NEDs should be independent.

Appendix A.4: Membership and duties of the Nominations Committee

The Nominations Committee consists of the Chairman, SID, and designated Public Governors and a Staff Governor. The Nominations Committee is a formal Committee established by the Council of Governors to make recommendations to the Council of Governors on the appointment and remuneration of the Chair and Non-Executive Directors of the Trust and on plans for their succession.

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

- that the requirements of the Foundation Trust Constitution are adhered to in regards to the recruitment of the Trust Chair and Non-Executive Directors; and
- that appropriate mechanisms are put in place to specify, search for, select for interview, interview and recommend formally to the Council of Governors candidates for the posts of Trust Chairman and Non-Executive Directors, as the need arises.

The Committee is authorised by the Trust Council of Governors to investigate, or appoint investigators to investigate, any activity within its terms of reference.

The Nominations Committee is authorised by the Trust's Council of Governors to instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.

Appendix 2

Terms of Reference – Nominations Committee

1. Constitution of the Committee

The Nominations Committee is a formal Committee established by the Council of Governors to make recommendations to the Council of Governors on the appointment, remuneration and allowances, and other terms and conditions of office, of the Chair and Non-Executive Directors of the Trust and on plans for their succession.

2. Purpose and function

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

- i) that the requirements of the Foundation Trust Constitution are adhered to in regards to the recruitment of the Trust Chair and Non-Executive Directors;
- ii) that appropriate mechanisms are put in place to specify, search for, select for interview, interview and recommend formally to the Council of Governors candidates for the posts of Trust Chair~~man~~ and Non-Executive Directors, as the need arises; and
- iii) to make recommendations to the Council of Governors on the appointment, remuneration and allowances, and other terms and conditions of office, of the Trust Chair~~man~~ and Non-Executive Directors of the Trust, and on plans for their succession.

2.2 The Committee is authorised by the Council of Governors to investigate, or appoint investigators to investigate, any activity within its terms of reference.

2.3 The Nominations Committee is authorised by the Council of Governors to instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.

3. Authority

The Committee is:

3.1 A formal Committee of the Council of Governors, and has no executive powers, other than those specifically delegated in these Terms of Reference.

3.2 Authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required.

3.3 Authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary and/-or Director of Human Resources).

3.4 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Council of Governors. In accordance with the

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Trust's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Council of Governors.

- 3.5 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups, must be approved by the Council of Governors and reviewed on an annual basis.

4. Membership and quorum

Membership

4.01 The Committee will comprise:

- The Trust Chair (to be appointed as Chair of the Committee);
- The Designated Public Governor (as Vice Chair of the Committee);
- Lead Governor;
- Four Public Governors;
- One Staff Governor; and
- The Trust Senior Independent Director (SID), or a nominated Non-Executive Director in their absence.

4.02 The Trust Vice Chair~~man~~ may also attend in a non-voting capacity.

4.03 Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Chief Executive and external advisers may be invited to attend for all or part of any meeting, as and when appropriate.

4.04 The Trust Secretary and Human Resources Department will be available to provide support as and when necessary.

4.05 Conditions of membership:

- i) Governors shall be in the voting majority at any meeting of the Committee.
- ii) Governors shall serve a term of up to three years (dependent upon the remaining term of their Governorship), after which the Council of Governors shall consider whether re-appointment be granted (subject to condition (iv) below).
- iii) Governors who have already served on the Committee may stand again.
- iv) No Governor may serve more than three consecutive terms.
- v) Should there be more applications than vacancies on the Committee; the Trust Secretary shall conduct a secret ballot of all Public Governors or Staff Governors (as appropriate) to determine which applicants shall be appointed to the Committee.
- vi) Meetings of the Committee shall be arranged by the Secretary of the Committee at the request of the Chair~~man~~ of the Committee.

4.06 A member of the Committee shall not disclose any matter to a third party if the Council of Governors or Committee resolves that it is confidential.

4.07 Members are able to attend Committee meetings in person, by telephone, or by other electronic means. Members in attendance by electronic means will count towards the quorum.

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- 4.08 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee.
- 4.09 In the absence of the Trust Chair, the Committee Vice-Chair shall chair the meeting. Further the Committee Vice Chair will also Chair the meeting when there is a potential conflict of interest involving the Trust Chair.
- 4.10 Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.
- 4.11 The Trust Secretary, or their designated deputy, shall act as the Committee Secretary. The Trust Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, shall attend all meetings of the Committee.
- 4.12 All members of the Committee shall receive training and development support before joining the Committee, if required, and on a continuing basis to ensure their effectiveness as members.

Quorum

- 4.13 A minimum four members are required to be present for the meeting to be quorate, two of which being Public Governors, one being the Trust Chair or SID and one being the Vice Chair of the Committee or the Lead Governor.
- 4.14 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

5. Duties

- 5.01 The Committee shall, taking into account the composition of the Board and the likely needs of the Trust at the relevant time, prepare selection criteria for the Non-Executive Directors and Trust Chair~~man~~.
- 5.02 To draw up or review as necessary the job description and person specification for the following posts, as they fall vacant:
- Non- Executive Directors, including where required a person with a Finance background, who shall then also Chair the Audit Committee of the Board.
 - The Trust Chair~~man~~ and Vice Chair~~man~~.
- 5.03 To develop a search strategy to identify potential candidates who are strong matches to the applicable person specification and to publicly advertise the posts to be filled.
- 5.04 To develop an appointments structure which a) abides by the principles set out in Monitor's Code of Governance and b) will allow a shortlist of candidates for each post to be recommended to the Council of Governors for approval. The Committee will ensure that any recruitment process considers candidates from a wide range of backgrounds and will assess applicants on merit against objective criteria.

Further the Committee will utilise open advertising and/or the services of external providers to facilitate the search for candidates for appointment.

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- 5.05 Annually review the structure, size and composition (including the skills, knowledge and experience) required of the Trust Board and make recommendations with regard to any changes.
- 5.06 Give full consideration to succession planning for the Trust Chairman and Non-Executive Directors in the course of its work, taking into account the challenges and opportunities facing the Trust, and what skills and expertise are therefore needed on the Board in the future. Further to consider the balance between the need for continuity and the need to progressively refresh the Board when re-appointing/commencing new appointments.
- 5.07 Keep under review the Non-Executive leadership needs of the organisation with a view to ensuring the continued ability and sustainability of the organisation.
- 5.08 Ensure that on appointment to the Board, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment and committee service.
- 5.09 Ensure that an annual appraisal exercise is conducted for the Trust Chairman and Non-Executive Directors.
- 5.10 To recommend remuneration arrangements and related terms and conditions for the Trust Chairman and Non-Executive Directors.
- 5.11 Ensure that the Trust Chairman and other Non-Executive Directors are recommended to conduct an initial term of office of three years (subject to satisfactory annual appraisal by the Committee) and may be recommended for reappointment for a second term of three years, subject to satisfactory annual appraisal. Any further extensions to terms of office should be subject to a comprehensive review taking into account the principles detailed within the Monitor Code of Governance.
- 5.12 The Committee will set an annual plan for its work and will comply with Monitor's "Code of Governance" and Monitor's "Your statutory duties: a reference guide for NHS FT governors."

6. Reporting and accountability

- 6.1 The Nomination Committee will be accountable directly to the Council of Governors.
- 6.2 The minutes of all the Nomination Committee meetings shall be formally recorded and confidentially stored by the Trust Secretary. The Committee Chairman shall report to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 6.3 Any changes to these terms of reference must be approved by the Committee meeting in quorum.
- 6.4 The Committee shall make a statement in the Annual Report about its activities and the process used to make appointments. The Committee shall report to the Council of Governors annually on its work in support of the Annual Report. The Annual Report shall also set out clearly how the Committee is discharging its responsibilities.
- 6.5 The Annual Committee Report shall include an assessment of compliance with the Committee's Terms of Reference and a review of the effectiveness of the committee.

7. Committee Administration

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Frequency of meetings

- 7.1 The Committee will meet at least twice a year and as necessary to fulfil these terms of reference.

Responsibility of members and attendees

- 7.2 Members of the Committee have a responsibility to:
- read all papers beforehand;
 - disseminate information as appropriate;
 - identify agenda items, for consideration by the Chair at least 12 days before the meeting;
 - prepare and submit papers for a meeting, at least 5 days before the meeting;
 - if unable to attend, send their apologies to the Trust Secretary prior to the meeting; and
 - when matters are discussed in confidence at the meeting, to maintain such confidences.

Declarations of interest

- 7.3 The Chair will ask at the beginning of each meeting whether any member has an interest about any item on the meeting agenda. If a member has a direct or indirect conflict with an issue on the agenda which may impact on ~~their~~~~his or her~~ ability to be objective, it should be declared at the meeting and recorded in the minutes. On the basis of the interest declared, the Committee Chair (or Vice Chair if the interest relates to the Committee Chair) will make a decision as to whether it is appropriate or not for this member to remain involved in considering the agenda item in question.

Review

- 7.4 The Terms of Reference will be reviewed at a frequency of no less than every two years to ensure efficient performance of the Committee's work. The Committee will produce a report to the Trust Council of Governors annually setting out the work of the Committee, key risks and actions taken, combined with a self-assessment of the Committee's effectiveness.

Administration

- 7.5 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of meetings and business, which is agreed each year to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.6 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.
- 7.7 Committee papers shall include an outline of their purpose and key points, in line with the Trust's Committee protocol, and make clear what actions are expected of the Committee.
- 7.8 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.
- 7.9 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee.

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Procedural control statement: 4 February 2021

Approved by: Nominations Committee 9 February 2021

Review date: January 2022

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 April 2021						
Title	Quality of Patient Experience (QPE) Working Group Report						
Report of	Carole Errington, Chair of QPE						
Prepared by	Carole Errington, Chair of QPE, and Amanda Waterfall, PA to the Chairman						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines the activities undertaken by the working group.						
Recommendation	The Council of Governors are asked to receive the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Outlined within the report.						
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.						

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP REPORT

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Quality of Patient Experience (QPE) Working Group since the last meeting of the Council of Governors in December 2020.

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP REPORT APRIL 2021 (INCLUDING JANUARY AND FEBRUARY 2021)

1. INTRODUCTION

The QPE continue to hold monthly meetings virtually.

2. GROUP ACTIVITIES

Governors continue to attend virtual meetings and panels and report back to fellow governors.

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

Mrs Errington attended a virtual Complaints Panel on 5 January where it was highlighted that the number of complaints has increased during the second national lockdown. In addition the Concerns and Complaints Policy was discussed.

Mrs Errington and Mrs Nelson attended the virtual Complaints Panel meetings in both February and March 2021 and updated QPE governors on the Complaints Panel Summary.

Dr Lucraft attended a virtual Clinical Audit and Guidelines Group (CAGG) in January, February and March and observed a presentation on the Lung Cancer Audit and heard reports from:

- Women's Services;
- Urology;
- Cystic fibrosis;
- Perioperative care;
- Muscular Skeletal;
- Renal services and transplant services;
- End of Life Care;
- Paediatric Diabetes;
- Smoking Cessation;
- Therapy Services;
- Perioperative and Critical Care (Royal Victoria Infirmary (RVI)); and
- Ear, Nose and Throat (ENT).

In addition, updates were provided on the National Oesophageal-gastric cancer and National Ophthalmology database audits, as well as breast cancer in older people.

Transplant services continued throughout lockdown in a Covid safe manner and QPE Governors highlighted that staff should be commended for maintaining standards during this difficult time.

Mrs McCalman gave a verbal report following participation in the electronic meal ordering information session in December 2020.

The Report of the Independent Review of Hospital Food recommends that a relationship between chefs, dieticians and nursing staff be encouraged to ensure that patients receive nutritious, good quality, well-presented food to aid recovery. Catering staff along with dieticians and nurses are working together to raise the profile of the service.

Hydration is also very important and was discussed by the nutrition team. It was highlighted that compliance with the MUST assessment for malnutrition completion required improvement. The Clinical Standards team and IT are working to streamline processes and education is being provided at ward level by the Quality Improvement Clinical Standards Lead. Audit will continue.

In the January meeting, Mrs McCalman raised concerns about the facilities for staff in the new proposed Paediatrics Cardiothoracic Unit at the RVI. Professor Kath McCourt, Non-Executive Director and Chair of the Quality Committee agreed to clarify the position.

The recycling of plastics has been adopted as a project for the sustainability team. Snack provision for patients will be available from April 2021.

Mrs Yanez attended the Patient Safety Group. The evolving new National Patient Safety Strategy was described, highlighting the renewed focus on “understanding”. There will be patient involvement and representation during the implementation of the strategy. Mrs Yanez commented on the structured, well-managed approach to patient safety by the group.

Mrs Carrick is sharing the attendance of Patient Safety Meetings with Mrs Yanez and attended the January meeting.

Falls and pressure ulcers continue to be monitored carefully. The rollout of new IT systems and safety protocols to all staff has commenced. The review of areas was handled efficiently, with candour and openness, with a high level of detail. There is ample evidence of a culture of learning and a desire to improve performance across a wide range of safety issues.

Professor McCourt attended the meeting on 5 February and gave the governors an update on how Covid vaccines are progressing within the Trust and how staff are supported during these difficult times. She informed the governors of the focus on quality improvement and the development of Newcastle Improvement. A Professor of Nursing is to be appointed to the Trust.

The Trust Board are not currently undertaking Leadership Walk-Abouts but engaging with services virtually via ‘Spotlight on Services’ sessions.

Professor McCourt advised the governors that the Trust were working towards full compliance with the recommendations of the Ockenden Report. She described the

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importance of consistent communication across the region in relation to maternity services. In addition Professor McCourt informed the governors of the Charity Strategy developments and suggested the Chair of the Charity Committee, Ms Jill Baker, be asked to give QPE a presentation.

A Number of QPE Governors attended a virtual meeting with Mazars, the Trust External Auditors, on 2 March 2021 and were briefed on the New Code of Audit Practice 2020.

3. PRESENTATIONS

Mrs Tracy Scott, Head of Patient Experience, attended the meeting on 2 March and gave a very interesting update to governors on how the Trust has managed carers and visitors safely during the Covid pandemic. As one of the only acute Trusts to accommodate visiting where it was safe to do so, the staff should be commended for the effort they have made to ensure patients are not isolated from their families and carers during this difficult time.

Mrs Yanez commended the Hadrian Unit at the Campus for Ageing and Vitality (CAV), which has been exemplary in allowing visitors during the Covid pandemic.

It was highlighted that on occasion there had been instances where some visitors and patients had not complied with the requirement to wear facemasks in hospital premises. This causes anxiety in staff so an exemption lanyard or badge must be shown if masks are not worn.

Patients due to be admitted are required to undertake a Covid test three days prior to admission and are advised to isolate until admission. They are also tested on admission.

Maternity services are working hard to ensure women may have a partner present during labour/appointments, when it is safe to do so.

As a consequence of the pandemic, the waiting list/times for podiatry services have grown and processes are in discussion to reset and recover the service.

Breast services are ensuring the two-week waiting time target is achieved and performance is monitored closely.

On 5 January 2021, Anne-Marie Troy-Smith, Quality Development Manager and Louise Hall, Deputy Director of Patient Quality attended and presented information regarding the Quality Account. Since the meeting it was clarified that the requirements in relation to the external audit of the Quality Account have changed as a result of the pandemic.

4. ONGOING AREAS OF FOCUS

A number of QPE governors are volunteering their services to assist the Trust during the pandemic.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

**Report of Carole Errington
Chair of the QPE Working Group
6 April 2021**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 April 2021						
Title	Business and Development (B&D) Working Group Report						
Report of	Pam Yanez, Chair of the B&D Working Group						
Prepared by	Pam Yanez, Chair of the B&D Working Group and Amanda Waterfall, PA to Chairman						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The content of this report outlines the activities undertaken by the working group since the last meeting of the Council of Governors.						
Recommendation	The Council of Governors are asked to receive the report.						
Links to Strategic Objectives	Performance - Being outstanding, now and in the future						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Outlined within the report.						
Reports previously considered by	Standing agenda item.						

BUSINESS AND DEVELOPMENT (B&D) WORKING GROUP REPORT

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Business and Development (B&D) Working Group since the last meeting of the Council of Governors in December 2020.

BUSINESS AND DEVELOPMENT (B&D) WORKING GROUP REPORT

1. INTRODUCTION

This report details the activities of the Business and Development (B&D) Working Group since the last meeting of the Council of Governors on 10 December 2020.

2. GROUP MEETINGS

Meetings have been held virtually each month. The invited speakers have been to reflect our Terms of Reference and Purpose Assurance Plan. Speakers have included:

- December 2020. Iain Bestford (Project Director Newcastle Improvement) informed us of the work of the new Newcastle Improvement initiative. The challenges of Covid 19 had seen the introduction of many new ways of working, in particular with outpatient appointments being held virtually. There will be training to create capacity in terms of staff/champions for improvement. A learning and sharing network is evolving. The Group offered to assist with any appropriate projects.
- January 2021. David Stout (Non-Executive Director and Chair of the Audit Committee) gave an overview of the function and work of the Audit Committee. Lisa Jordan (Assistant Director for Business Planning) updated the Group on the planning progress. Whilst planning guidance for 2020/21 had not been received, instructions had been sent in respect of the expectations of areas such as Covid 19 performance recovery, managing winter pressures and supporting the health of the workforce.
- February 2021. Carl Best (Director AuditOne) discussed the function of AuditOne, who provide internal audit services to the Trust and many other healthcare organisations. Their role is to evaluate risk management, internal control and governance processes within organisations. This is managed through an annual plan of work.
- March 2021. Steven Morgan (Non-Executive Director and Chair of the Finance Committee) gave an overview of the responsibilities and function of the Committee.

The Group is exploring the implications of the Integrated Care System (ICS) on the Trust with appropriate staff. This work is ongoing.

3. GROUP MEMBERSHIP

New members are very welcome to join the group. It is acknowledged that for newer Governors introduction to the Group is more difficult using virtual rather than face to face meetings.

Members will support those interested in joining with a buddy system if required.

4. RECOMMENDATION

The Council of Governors are asked to receive the report.

**Report of Pam Yanez
Chair of B&D Working Group
6 April 2021**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 April 2021						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Trust's Council of Governors on 10 December 2020:</p> <ul style="list-style-type: none"> • People Committee – 15 December 2020 and 16 February 2020; • Charity Committee – 18 December 2020 (formal), 29 January 2021 (extraordinary), 26 February 2021 (extraordinary) and 26 March 2021 (formal); • Finance Committee – 22 December 2020 (extraordinary), 27 January 2021 (formal) and 24 March 2021 (formal); • Quality Committee – 13 January 2021 (extraordinary); and 23 February 2021 (formal); and • Audit Committee – 26 January 2021. 						
Recommendation	The Council of Governors is asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Regular report.						

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

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

UPDATE FROM COMMITTEE CHAIRS

1. PEOPLE COMMITTEE

Two meetings of the People Committee have taken place since the last meeting of the Council. These meetings took place on 15 December 2020 and 16 February 2021.

During the December meeting, the main areas of discussion to note were:

- James Dixon, Head of Sustainability, provided a presentation on Sustainability and detailed the 'people' related elements of the recently launched Climate Emergency Strategy. This included the launch of Shine Rewards, a staff benefits programme for undertaking activities such as saving energy, reducing waste and travelling sustainably.
- An update on the Trust's response to COVID-19 from a staffing perspective was provided, which included updates on both the Integrated COVID Hub North East (ICHNE) and Vaccination Hub recruitment.
- The Director of HR provided an update on employee wellbeing, noting the recent launch of the Staff Health and Wellbeing Strategy.
- The final response rates for the NHS Staff Survey were provided, along with details of next steps.
- A comprehensive Education and Workforce Development update was provided.
- The Director of HR presented the local People Plan and associated action plan.
- The Committee discussed the Trust workforce age profile in relation to succession planning.

During the February meeting, the main areas of discussion to note were:

- A comprehensive update on COVID-19 from a staffing perspective was received. This included information related to the Integrated COVID Hub North East, the Vaccination Programme and Asymptomatic Staff Testing. The Committee discussed the invaluable role undertaken by the Trust's volunteers in the ongoing rollout of the COVID-19 vaccination programme.
- An update on Employee Wellbeing and the preliminary outcomes from the NHS Staff survey were received.
- A comprehensive Education and Workforce Development report was received.
- The quarterly Guardian of Safe Working Hours Report was received, along with an update on the Trust's Sustainability programme. This included the initiatives individual staff members could get involved with such as 'Shine Rewards'.
- Updates relating to the Gender Pay Report, Policy Monitoring and Compliance and the Trust's Communications Strategy were received.

The next meeting of the Committee is scheduled to take place on 19 April 2021.

2. CHARITY COMMITTEE

Four meetings of the People Committee have taken place since the last meeting of the Council. These meetings took place on 18 December 2020 (formal), 29 January 2021 (extraordinary), 26 February 2021 (extraordinary) and 26 March 2021 (formal).

Agenda item 10(i)

During the December meeting, the main areas of discussion to note were:

- The Charity Director provided a presentation on the Charity Strategy which included feedback from the Charity survey undertaken earlier in the year.
- A number of grants were received and approved, including grants for research and the 'Wellbeing Wednesday' initiative.
- The Charity Director presented the Charity Policy, which was approved subject to a number of small amendments.
- A number of financial reports were received by the Committee, including:
 - The Statement of Financial Accounts and Balance Sheet;
 - The Target Spend Report;
 - The Income Report; and
 - The Summary of Investments.
- A NHS Charities Together update was received.
- Committee members approved the final Charity Annual Report and Accounts.

An extraordinary meeting was held in January 2021 to discuss charity governance and included a presentation from Withers Worldwide and the Centre for Charity Effectiveness. The presentation considered the role of the Trust as corporate trustee of the Newcastle Hospitals' Charity. A number of the members of the Trust's Board of Directors attended the session.

In addition, the meeting considered next steps regarding the implementation of the Charity Strategy, which was ratified during the January 2021 meeting of the Trust's Board of Directors, and received updates on a number of grant applications discussed during the Committee's December 2020 meeting.

A further extraordinary meeting of the Committee took place on 26 February 2021 to build upon the matters discussed during the January meeting. Committee members received an update on the implementation of the Charity Strategy and discussed governance arrangements as part of the Charity's ongoing strategic development.

During the March meeting, the main areas of discussion to note were:

- The Charity Director provided an update which included progress against the Charity Strategy and the proposed next steps for the Governance Working Group.
- A number of Grant applications were reviewed and approved.
- The Committee discussed the approach to Investment Fund Management.
- The Committee considered their Terms of Reference and the alignment to the Charity Policy.
- A number of financial reports were received, which included:
 - The Statement of Financial Accounts and Balance Sheet;
 - The Target Spend Report;
 - The Income Report; and
 - The Summary of Investments.

The date of the next meeting will take place in June, which the exact timings to be confirmed due to changes in Committee scheduling.

3. FINANCE COMMITTEE

Agenda item 10(i)

Three meetings of the Finance Committee have taken place since the last meeting of the Council. These meetings took place on 22 December 2020 (extraordinary), 27 January 2021 (formal) and 24 March 2021 (formal).

During the December meeting, the main areas of discussion to note were:

- The Finance Director presented the Month 8 position, along with an update on the projected 2021/22 financial regime.
- The Chief Operating Officer provided an update on the Nightingale Hospital North East (NHNE), ICHNE and the Vaccination Hub.
- The Chief Operating Officer also provided an update on the Restart, Reset and Recovery programme.

During the January meeting, the main areas of discussion to note were:

- The Month 9 Finance Report, including the forecast year end income and expenditure position, was received.
- The Director for Enterprise and Business Development presented a report on Planning for the 2021/22 financial year.
- The Chief Operating Officer provided an update on the NHNE, ICHNE and the Vaccination Hub.
- Updates on the Commercial Enterprise Unit and Procurement were provided, along with projections for the 2021/22 financial year.
- The Committee considered:
 - The draft Capital Programme for 2021/22;
 - The quarterly Board Assurance Framework Report; and
 - A Cyber Essentials Report.
- The Committee received a tender and Terms of Reference for the Commercial Strategy Group for approval.

During the March meeting, the main areas of discussion to note were:

- The Month 11 Finance Report was received and discussed, which included the forecast year end income and expenditure position.
- An update on the 2021/22 financial year was received, which included the projected Financial Regime and Budget Update, the Activity/Operational Plan and the Capital Programme.
- The Month 11 Directorate Activity summary was received.

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

4. QUALITY COMMITTEE

Two meetings of the Quality Committee have taken place since the last meeting of the Council. These meetings took place on 13 January 2021 (extraordinary) and 23 February 2021 (formal).

The January meeting was convened to discuss the recently published Ockenden Report.

During the February meeting, the main areas of discussion to note were:

Agenda item 10(i)

- A number of updates were received regarding ongoing Trust programmes of work including the Ockenden Report, the Newcastle Improvement Faculty, the Trust's management of the COVID-19 pandemic and the rollout of the associated Vaccination Programme.
- A presentation on the Trust's Nursing, Midwifery and Allied Health Professional (NMAHP) Research programme, delivered by Linda Tinkler, Trust Lead for NMAHP Research and Ian Joy, Associate Director of Nursing, was received by Committee members.
- Comprehensive reports from the Management Group Chairs were received, including the Research and Development Bi-Annual Report.
- Quarterly reports on Safeguarding and Learning from Deaths were received, along with an update on Infection Prevention and Control.
- The Committee reviewed the Integrated Quality and Performance Report and the Serious Incidents Report, as well as the Care Quality Commission (CQC) Action Plan Update and the proposed Quality Priorities for 2021/22.

The next meeting of the Committee is scheduled to take place on 18 May 2021.

5. AUDIT COMMITTEE

One meeting of the Audit Committee has taken place since the last meeting of the Council. This meeting took place on 26 January 2021.

During the meeting, the main areas of discussion to note were:

- The Assistant Chief Executive presented the quarterly Risk Register Report and review of the Trust's Risk Appetite.
- The Internal and External Audit Progress Updates were received.
- The Fraud Specialist Manager presented the Counter Fraud Activity Report.
- The Trust Secretary presented updates to the Trust's financial governance documentation for approval.
- The Committee received a number of reports, including:
 - The Annual Report and Accounts Timetable and Plan for 2020/21;
 - Review of Schedule of Approval of Single Tender Action and Breaches and Waivers exception report;
 - Review of Debtors and Creditors Balances; and
 - Review of Schedule of Losses and Compensation.

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

6. RECOMMENDATIONS

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

Report of Fay Darville
Deputy Trust Secretary
7 April 2021

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