

Council of Governors

Thu 17 June 2021, 13:30 - 16:00

Via MS Teams

Agenda

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

0 min

 0 CoG Agenda 17 JUNE 21 FD KJ.pdf (3 pages)

13:30 - 13:30 2. Business Items

0 min

2.1. Apologies for Absence and Declaration of Interest

Verbal *SJB*

2.2. Minutes of the meeting held on 15 April 2021 and matters arising

Attached *SJB*

 2 Council of Governors Minutes - 15 APR 21 DRAFT - FD KJ AW.pdf (17 pages)


2.3. Meeting Action Log

Attached *SJB*

 3 CoG Action Log JUN 21 - AW KJ.pdf (1 pages)

2.4. Chairman's Report

Attached *SJB*

 4 Chairman Report JUNE 21 DRAFT AW KJ.pdf (6 pages)

2.5. Chief Executive's Report

Verbal *DJD*

2.6. Governors Elections Update

Attached *FD*

 6 Governor Elections Update JUN 21 FD AW KJ.pdf (7 pages)

2.7. Nominations Committee Reporting Including;

Attached *SJB*

a) Non-Executive Director Recruitment – Interview Panel report **[PRIVATE PAPER TO BE CIRCULATED SEPARATELY]**

 7 Nominations Committee Update JUN 21 KJ FD AW.pdf (6 pages)

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

0 min

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

Attached *AW, MG, DF*

 8 Integrated Board Report May 2021, including cover sheet AW KJ.pdf (39 pages)

13:30 - 13:30 4. Presentations

0 min

4.1. Final Activity Plan & Update on Trust Recovery Programme

Presentation *VMR*

4.2. Trust Chaplaincy: Supporting Staff and Patients through the Pandemic

Presentation *KW*

13:30 - 13:30 5. Reports from Governor Working Groups

0 min

5.1. Quality of Patient Experience Working Group

Attached *CE*

 10(i) QPE Report - AW KJ.pdf (7 pages)

5.2. Business and Development Working Group

Attached *PY*

 10(ii) B&D Report - AW KJ.pdf (5 pages)

5.3. People, Engagement and Membership Working Group

Attached *JC*

 10(iii) PEM Report - KJ AW.pdf (5 pages)

13:30 - 13:30 6. Items to Receive and Any Other Business

0 min

6.1. Updates from Committee Chairs

Attached *Committee Chairs*

 11(i) Update from Committee Chairs JUNE 21 AW FD KJ.pdf (6 pages)

6.2. Any other Business

Verbal *SJB*

6.3. Date and Time of Next Meeting

Verbal *SJB*

19 August 2021, 1.30pm (Workshop)

21 October 2021, 1.30pm (Formal Meeting)

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

Thursday 17 June 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 15 April 2021 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	Chief Executive	Verbal	1:45pm – 2:00pm
6	Governors Elections Update	Deputy Trust Secretary	Attached	2.00pm – 2.05pm
7	Nominations Committee Report including a) Non-Executive Director Recruitment – Interview Panel report <i>[PRIVATE PAPER TO BE CIRCULATED SEPARATELY]</i>	Chair	Attached/ to follow	2.05pm – 2.20pm
Quality & Patient Safety Performance & Delivery				
8	Integrated Board Report – Quality, Performance, People & Finance	Medical Director/Deputy CEO, Deputy Chief Operating Officer, Director of HR & Finance Director	Attached	2.20pm – 2.40pm
Presentations				

Item		Lead	Paper	Timing
9(i)	Final Activity Plan & Update on Trust Recovery Programme	Director of Enterprise & Business Development	Presentation	2.40pm-3.00pm
<i>Refreshments break 3.00 - 3.10pm</i>				
9(ii)	Trust Chaplaincy: Supporting Staff and Patients through the Pandemic	Head of Chaplaincy	Presentation	3.10pm – 3.30pm
Reports from Governor Working Groups				
10(i)	Quality of Patient Experience Working Group	Working Group Chair	Attached	3.30pm – 3.35pm
10(ii)	Business and Development Working Group	Working Group Chair	Attached	3.35pm – 3.40pm
10(iii)	People, Engagement and Membership Working Group	Working Group Chair	Attached	3.40pm – 3.45pm
Items to Receive and Any Other Business				
11(i)	Updates from Committee Chairs	Committee Chairs	Attached	3.45pm – 3.55pm
11(ii)	Any Other Business	Chair	Verbal	3.55pm – 4.00pm
11(iii)	Date and Time of Next Meeting: 19 August 2021, 1.30pm (Private Workshop) 21 October 2021, 1.30pm (Formal Meeting)	Chair	Verbal	

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COUNCIL OF GOVERNORS

DRAFT MINUTES OF MEETING HELD ON 15 APRIL 2021

- Present:** Professor Sir J Burn, Chairman
Public Governors (Constituency 1 – see below)
Public Governors (Constituency 2 – see below)
Public Governors (Constituency 3 – see below)
Staff Governors (see below)
Appointed Governors (see below)
- In Attendance:** Mr J Jowett, Non-Executive Director
Mr S Morgan, Non-Executive Director
Mr B Macleod, Non-Executive Director
Professor K McCourt, Non-Executive Director
Mr A Welch, Medical Director/Deputy Chief Executive
Mrs A Dragone, Finance Director
Mr M Wilson, Chief Operating Officer
Dr V McFarlane Reid, Executive Director for Enterprise and Business Development
Mrs K Jupp, Trust Secretary
Ms K Bailey, Directorate Manager, Medicine (*agenda item 21/03(ii) only*)
Ms S Cook, Associate Director of Nursing (*for agenda item 21/03(i)b only*)
Mr S Forster, Clinical Lead/Service Manager, Occupational Health (*for agenda item 21/03(i)b only*)
Ms A Storey, Senior Volunteer Services Administrator (*for agenda item 21/03(i)c only*)
Dr I Pedley, Associate Medical Director/Cancer Lead (*for agenda item 21/03 (ii)a only*)
- Secretary:** Mrs F Darville, Deputy Trust Secretary (Minutes)

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

21/01 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies were **received** from Governors, Mrs C Errington and Mr J Hill.

Agenda Item 2

Further apologies were **received** from Dame J Daniel, Chief Executive, Mrs M Cushlow, Executive Chief Nurse, Mrs D Fawcett, Director of HR, Ms J Baker, Non-Executive Director, and Professor D Burn, Associate Non-Executive Director.

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.

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 10 December 2020 and Matters Arising**

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

It was resolved: to **receive** the minutes as a correct record.

iii) **Meeting Action Log**

The action log was position was received, with all outstanding actions complete. The action pertaining to a presentation from Healthwatch (Log Number 102) was on hold until October 2021.

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 key points to **note**:

- Professor Kath McCourt had been appointed as the Trust Non-Executive Director Wellbeing Guardian.
- Professor Sir Liam Donaldson had been appointed Chair of the North East and North Cumbria Integrated Care System (ICS).
- An update on recent virtual 'Spotlight on Services' was provided, including sessions on Cancer Services, Renal Services and Community Services. The Chairman noted that he and the Non-Executive Directors in attendance continue to find the sessions informative.

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

v) **Chief Executive's Report**

In the absence of the Chief Executive, the Medical Director/Deputy Chief Executive provided a verbal update with the following key points to **note**:

- The Trust continued to play a pivotal role as an anchor organisation within the ICS.
- An update on the development of a Cancer Services Centre in North Cumbria was provided which was to be under the direction of the Trust. Gratitude was expressed

Agenda Item 2

to the staff involved, including the Executive Chief Nurse, the Associate Director of Nursing, the Clinical Director and Directorate Manager of the Northern Centre for Cancer Care (NCCC). The workforce and logistical challenges were outlined given the large geographical area to be covered by the centre.

- In a recent Newsweek survey, the RVI placed third and Freeman sixth of the country's top hospitals. They also placed within the top 100 internationally.
- The Trust had embarked on a collaborative partnership with the Institute for Healthcare Improvement to enhance the Trust's quality improvement capacity and capability. This was as a result of significant investment from both the Trust and the Trust's Charity to accelerate innovation across the organisation to directly contribute to better patient outcomes and increased staff satisfaction.
- In relation to the Trust's continuing management of the COVID-19 pandemic, the following key points were highlighted:
 - The Trust had the second lowest COVID mortality rate in the country per 1,000 bed days.
 - During the pandemic the Trust had accepted the transfer of over 140 Intensive Care Unit (ICU) patients from across the country.
 - The increase in ICU patients had impacted on the Trust's ability to perform elective procedures and resulted in the closure of 26 theatres during the peak.
 - The Trust had experienced a low internal transmission rate of COVID of 2%, compared to 8% nationally.
 - The Trust continued to prioritise the health and safety of its staff, with a focus on robust infection prevention and control procedures. Gratitude was expressed to all staff in supporting this. There had been no reported mortality of Trust staff during the pandemic to date.
 - Currently Covid-related admissions were very low. The current rate of COVID infections within Newcastle was currently circa 35 per 100,000.
 - The vaccine programme continued to progress well. The vast majority of the older age cohorts had now been vaccinated and this had resulted in a decline in COVID related admissions in the over 65s. Further there had been no COVID related deaths recorded within the Trust for 10 days.
 - Recent media coverage regarding vaccinations and blood clots was noted, with the Medical Director/Deputy Chief Executive reiterating the low risk posed.
- The Trust continued to focus on the organisation's recovery, whilst remaining cognisant of staff wellbeing. Continuing social distancing requirements would result in the Trust being unable to return to the activity levels experienced prior to the pandemic.
- An update on the Trust's Flourish organisational development framework was provided, which included review of staff rest facilities provision.
- Regarding research, the Trust continued to participate in 40 active COVID related studies. The of Professor John Isaacs, Associate Medical Director – Research and Development, and the wider Research Directorate was commended in continuing research activity throughout the pandemic. Positive collaborative working between the Trust and Newcastle University regarding research had continued during the pandemic, resulting in good trial recruitment levels.

Agenda Item 2

- In the recent General Medical Council survey, the Trust placed top of the Shelford Group and second in the region on returns.

Mrs Elliott queried whether any research was being undertaken to establish a causal relationship between the Astra Zeneca (AZ) vaccine and blood clots. The Medical Director/Deputy Chief Executive advised that research was not currently being undertaken by the Trust however it was anticipated that such research would be undertaken by the vaccine manufacturers.

Mrs Hurrell requested an update on the vaccination uptake amongst Trust staff to which the Medical Director/Deputy Chief Executive advised that this would be addressed later in the meeting by the Chief Operating Officer under agenda item 21/03 i).

Dr Murthy queried whether it was possible to increase the public's awareness of the Trust's positive progress in relation to the pandemic and the vaccination programme to date. The Medical Director/Deputy Chief Executive advised that the Trust's Communication Team continued to work to increase the organisation's profile, particularly in relation to TV and radio coverage.

Mrs McCalman commented that staff rest facilities in the new building developments appeared small. The Deputy Chief Executive/Medical Director advised that the Trust was aware of the need to improve/identify further staff rest facilities and highlighted that a new rest facility had recently opened in the Leazes Wing of the RVI, utilising space previously occupied by Medical Records.

It was resolved: to receive the update.

vi) Governor Elections

The Deputy Trust Secretary presented the report, noting the following salient points:

- A proposed election timetable was outlined, with the election process commencing approximately three months later than planned due to the impact of the pandemic. The timetable indicated that the notice of the election would be published on 1 July 2021 and the declaration of the result published on 27 August 2021. Incoming or re-elected Governors would therefore commence their term of office on 1 September 2021. The Council **approved** the revised election timetable as outlined within the report.
- It was 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. The Council **approved** the recommendation.

Dr Hammond queried whether the end of the term of office for Governors elected during this cycle could be realigned back to the regular May timeline. A discussion ensued and it was **agreed** that the term of office for incoming or re-elected Governors run from 1 September 2021 to 31 May 2024, reducing the standard 3 year term by three months.

Agenda Item 2

The Deputy Trust Secretary agreed to communicate this with the election provider and confirm in the next report to the June meeting of the Council [**ACTION01**].

It was resolved: to (i) **receive** the report, (ii) **approve** the timeline for the Governors election cycle as outlined within the report, and (iii) **approve** the recommendation that the terms of office for those Governors whose seats were available for election this year be extended from 31 May 2021 to 31 August 2021 and therefore new terms of office commence from 1 September 2021 to 31 May 2024.

21/03 PRESENTATIONS

ii) **Recovery Programme / Activity Update, including specific service updates on:**
b. Accident & Emergency

The Chief Operating Officer introduced Ms Keecia Bailey, Directorate Manager for Medicine.

The Directorate Manager for Medicine delivered the presentation, noting that she had commenced her role in November 2020 and highlighted the challenges posed by the pandemic on the delivery of emergency care. The following key points were highlighted:

- An overview of Accident and Emergency (A&E) performance during 2020/21 was provided which showed that the 95% four hour wait standard had not been achieved within the Trust for a large proportion of the year. There were a number of causal factors regarding Covid-19 linked to this, which included the need to make significant changes to the department to enable social distancing to be implemented.
- The total attendances to the Emergency Department (ED) were outlined. During the first lockdown, a significant decline in walk in patients was observed. Such patients were often of low acuity and therefore were more likely to be managed within the four hours. As such, the ED received more increasingly ill patients of higher acuity.
- To manage the pandemic, the ED was split into respiratory and non-respiratory patients, with the observation lounge removed to accommodate the split.
- Breaches of the four hour standard across the year by specialty were outlined, with the majority being within Psychology, Orthopaedics and Eye patients.
- As of April 2021, it was noted that ED attendances were now at their highest level for 12 months, with 3,679 patients attending the Trust's emergency care services in the last week. This equated to 82% of the pre-COVID average.
- Whilst ED attendance was starting to return to normality, Type 1 attendances were 102.3% of the pre-COVID average.
- A continued improvement in performance against the four hour standard was being observed, despite the higher levels of attendance. For the month of April 2021 to date, this was currently 92.44% against the 95% target.
- The increase in performance had partly been as a result of a decline in patients presenting with COVID. This had allowed for observation beds to be reinstated within the department and a number of patient pathway changes implemented. The department had been supported by the Trust's Service Improvement Team to

Agenda Item 2

initiate new safety huddles, to standardise escalation plans, to review of shift patterns, and to work in collaboration with Cumbria, Northumberland, Tyne, and Wear NHS Foundation Trust on crisis pathways.

- The reopening of the Walk In Centres across the city had relieved some pressure on ED demand.
- A number of challenges were outlined within ED, which included the Junior Doctor (JD) changeover and limitations as a result of estates capacity within the department.
- Going forward, changes to the way performance was measured were outlined which would consider whole system performance. A review of data collection processes was underway.

The Chairman queried whether it was possible to 'normalise' the data relating to the four hour standard to which the Directorate Manager for Medicine advised that this was possible with data available by patient cohort. In the first wave of the pandemic, the majority of patients within ED had Covid however in the most recent wave there was a mix of Covid and non-Covid patients.

Mrs Carrick queried whether the Trust had any patients attend the ED with headaches following the AZ vaccination. The Directorate Manager for Medicine advised that a number of such patients had presented in the last week and national guidance had been followed regarding the management of such patients.

Mr Chapman queried the staffing levels within the ED and asked whether they remained consistent to which the Directorate Manager for Medicine advised that investment had been received for additional JDs and nurses which had been well received. Challenges continued to persist however due to shielded staff and staff sickness levels.

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

21/02 QUALITY & PATIENT SAFETY PERFORMANCE & DELIVERY

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

The Integrated Board Report was received. It was noted that it had been considered at the 25 March 2021 meeting of the Trust's Board of Directors.

Quality & Performance

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

- The Trust had no cases of MRSA bacteremia attributed in February and therefore the total number of cases attributed to the Trust in the year to date was 1.
- An increase in Gram Negative Bacteraemia had been observed which was attributed in part to less frequent catheter changes as a result of pandemic pressures. The matter was under review as an area of focus by the Trust's Infection Prevention and Control Team.

Agenda Item 2

- Due to a change in reporting requirements for Severe Harm Incidents, the number of reportable cases for the Trust increased. 14 such incidents were reported in February 2021. This was partly as a result of the new requirement from NHS England/Improvement (NHSE/I) to include all patient deaths with confirmed, definite, or probable hospital-onset COVID-19.
- In relation to patient mortality, the Trust positively remained below the national average in both Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratios (HSMR).

Referring to the Trust's Patient Tracking List (PTL), Dr Murthy noted that over 6,200 had waited over a year for treatment and queried how such patients were managed. The Medical Director/Deputy Chief Executive advised that all patients on the Trust's waiting lists were reviewed on a regular basis. It was acknowledged that some patients were at risk of their condition deteriorating which was being mitigated on an ongoing basis through conducting risk assessments and prioritising such patients.

The Chief Operating Officer explained that every patient on the waiting list was given a priority waiting number, between P1 and P6, which assisted with appropriate prioritisation of patients. He noted that as a result of the pandemic, patients were waiting longer for treatment due to limitations in capacity and also advised that some patients were choosing to delay treatment due to anxiety over attending hospital. Patients continue to be encouraged to raise such concerns.

Dr Murthy went on to note that the Cancer waiting time standards appeared to be declining, to which the Medical Director/Deputy Chief Executive advised that many relate to Endoscopy which had been heavily impacted by the restrictions in place as a result of the pandemic.

Dr Murthy queried whether this would likely impact Care Quality Commission (CQC) inspections to which the Chairman advised that this was replicated across the country and a number of actions were in place to improve performance in this area.

Regarding scoring on the PTL, Mr Cranston requested some examples of the criteria applied. The Medical Director/Deputy Chief Executive provided some context noting that:

- P1 patients required urgent treatment, noting a ruptured aneurism as an example;
- P2 patients required treatment within 28 days, noting a standard cancer resection as an example; and
- P3 and P4 onwards would include less urgent treatments such as joint replacements.

Regarding the increase in instances of serious harm, Mrs Yanez queried whether this was a result of COVID-19. The Medical Director/Deputy Chief Executive noted the change in reporting requirements which included a drop in the threshold for reporting as well as a change in the criteria.

People

Agenda Item 2

The People section of the report was received.

Finance

The Finance Director **noted** that the report summarised the position to 28 February 2021 and the Finance Department were currently finalising the Trust's year end position. The following key points were highlighted:

- The Trust's total incurred expenditure of £1.18bn was matched by £1.18bn of income. This accounted for mainstream budgets as well as Personal Protective Equipment and new digital technology.
- In addition, the Trust incurred additional expenditure for programmes outside of standard funding arrangements for the Nightingale Hospital North East and ICHNE.
- The Trust had spent £35.9m of the capital programme which was £6m behind Plan.

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

21/03 PRESENTATIONS

i) **Vaccination Programme Update, including:**
a. **Latest Update; and**

The Chief Operating Officer presented the update, noting that as of this morning, 1.97m vaccines had been administered within the region. The following salient points were **noted**:

- It had been four months and one week since the Trust had embarked on the vaccination programme.
- The uptake by cohort by percentage was outlined, with 94.78% of care home residents having received their first dose. The Chief Operating Officer noted that the graphs would change from dark blue, (denoting first doses) to light blue (denoting second doses). The over 80s cohort was now at 85.32% having received a second dose.
- The uptake by cohort in absolute numbers was then outlined which demonstrated that the size of the numbers increased as the programme progressed through the cohorts. For example, there were circa 161k within the over 80s compared to circa 458k in the 18 to 29 cohort.
- Vaccine supply for April was expected to be lower than in previous months.
- Good vaccine uptake was observed amongst the over 45s.
- The Trust went live with the Moderna vaccine at the Nightingale Hospital North East yesterday.
- It was anticipated that there may be a requirement for booster vaccine doses to be offered from September onwards. Research trials were underway to determine whether an alternative to the original vaccine an individual received would be effective.
- The ICS data was outlined, comparing the North East and North Cumbria with West Yorkshire, Humber, Coast and Vale and South Yorkshire and Bassetlaw. Gratitude

Agenda Item 2

was expressed to the Primary Care Networks for their support in delivery of vaccinations.

- Vaccine uptake across ethnicity and index of multiple deprivation was outlined which demonstrated that this was lower in more deprived areas, as well as within a number of ethnic minority groups. The Trust will therefore be undertaking work with such communities and engaging with community leaders to improve vaccination uptake levels.

It was resolved: to receive the presentation.

b. Staff Vaccination Take-up

[The Associate Director of Nursing, Patient Services, and the Clinical Lead/Service Manager, Occupational Health, joined the meeting.]

The Clinical Lead/Service Manager advised of the following key points:

- The Trust's staff COVID-19 first dose vaccination programme commenced on 8 December 2020 and was completed on 29 January 2021. 16,500 vaccines were administered to Trust staff, volunteers and affiliates.
- The second dose programme commenced on 8 March 2021 and was scheduled to complete on 16 April 2021, with 500 remaining doses to be delivered in June 2021.
- The Trust received a national commendation for best practice engagement with high risk groups throughout the Trust.
- Going forward, new Trust staff requiring a vaccination can arrange this via the Centre for Life or the national booking system.

In relation to patient vaccination, the Associate Director of Nursing added the following key points:

- Vaccines had been administered to specific cohorts of patients, predominantly renal/haemodialysis patients, patients undergoing cancer treatment and patients awaiting transplants.
- Vaccines were also administered to those who had challenges in accessing vaccinations in the community or had an increased clinical need. A small team of vaccinators delivered over 1,300 doses. The challenges in coordinating patient vaccinations were outlined, particularly around prescribing and consent, with an onus on ensuring there was no vaccine wastage.
- A hub was established within the Infectious Diseases ward for immunosuppressed patients, as well as the development of a clinic for patients with severe allergies.

Mrs Hurrell asked about the process for vaccinating patients in the community who were unable to attend a clinic and how many patients this equated to. The Chief Operating Officer agreed to share this data with Mrs Hurrell outwith the meeting [**ACTION02**].

Mr Macleod queried whether there was any evidence to suggest that members of the public were declining doses of the AZ vaccine and whether this had resulted in Did Not Attend (DNAs). He also queried whether there was a specific vaccine strategy in place for the under 30 age cohort. The Chief Operating Officer advised whilst there had been some

Agenda Item 2

decline of the vaccine initially, this had not continued. Regarding the under 30s age category, he added that the programme was not at the stage of delivery of vaccines to this age cohort as yet.

The Chief Operating Officer noted the good vaccine manufacturing capability, with one vaccine being made on Teesside.

Mr Chapman noted recent Government communications regarding likely decreases in vaccine supply in April and whether the Trust had any concern with meeting targets for staff second doses. The Chief Operating Officer advised that vaccine supply had been variable however there was no concern regarding the delivery of second doses. In the context of the international vaccine roll out, the UK was currently performing well.

Querying the 85-90% take up across all staff groups, Dr Hammond queried whether the remaining staff had refused the vaccine or were unable to take up the offer. She also queried whether there were any plans in place to pursue this further. The Chief Operating Officer noted that a number of concerns had been voiced from staff including fertility concerns, accessibility and vaccine hesitancy. The Trust was able to address such risks and provide support to staff in these areas. The Associate Director of Nursing added that Dr Ashley Price, Consultant Physician – Infectious Diseases, held a seminar for staff regarding the AZ vaccine.

The Clinical Lead/Service Manager also advised that some staff had the vaccine elsewhere and this data was being collated, in addition there were some staff unable to take up the offer due to pregnancy.

Professor Fisher noted that many staff were included in the early vaccine trials within the Trust and queried whether this cohort had been included in the Trust's figures. The Clinical Lead/Service Manager advised that such staff had been included and the relevant data was being collated.

The Chairman queried whether there were any plans nationally to mandate the vaccine for NHS staff to which asked if the Chief Operating Officer advised that it would not be mandated within the Trust.

It was resolved: to receive the presentation.

c. Role of Volunteers

The Senior Volunteer Services Administrator delivered the presentation with the following key points to **note**:

- Thanks were extended to Governors Mrs Yanez, Mrs Errington, Mr Blacker, Mrs Nelson, and Mr McDonald for their contribution as volunteers as part of the vaccination programme.
- The benefits of volunteering were outlined, noting that it allowed structure and control and good engagement, as well as a strengthened sense of community.
- Members of the Volunteer Services Team were outlined.

Agenda Item 2

- The Trust's volunteer workforce prior to the onset of the pandemic was outlined, which included 226 Volunteers, over 33 Volunteer roles and 13 Directorates. The pandemic had a significant impact on the Trust's Volunteer workforce. 92 volunteers stood down as they were over the age of 70, and 93 volunteers between the ages of 16 and 69 stood down for a number of other reasons.
- A fast paced recruitment campaign became a priority for the Volunteer Services to ensure Volunteers were available to respond to requests for specific roles to be filled.
- The development of Volunteer roles during the pandemic were outlined which included Social Distancing Support Volunteers and Pharmacy Drivers.
- The service provided volunteers for the six vaccination hubs currently in operation, as well as Hexham and North Tyneside which were due to operationalise in the near future.
- The weekly Volunteer Service requirements were outlined totaling 868 4-hour shifts per week across all sites.
- The Trust's collaborative partners were noted, including St John's Ambulance and the Royal Voluntary Service.

It was resolved: to receive the presentation.

ii) Recovery Programme / Activity Update, including specific service updates

The Director for Enterprise and Business Development delivered the presentation with the following salient points to note:

- The COVID-19 inpatient admissions over the course of the pandemic were outlined, demonstrating three peaks in activity, with the impacts of such admissions on day case, outpatient procedure, elective, and outpatient attendance highlighted.
- The process for restarting and accelerating activity was outlined. Currently, the Trust was focused on Covid de-escalation and was looking at factors that would impact acceleration of activity such as increasing/decreasing numbers of beds per bay, social distancing and settle time between procedures.
- Current activity levels were now broadly comparable with activity levels in September 2020 and it was noted that further lifting of restrictions would improve this position.
- Changes to the way activity was undertaken in the Trust was required as part of the recovery programme to reduce demand, increase capacity and better utilise technology.
- Six priority areas for influencing planning and delivery were outlined as communicated by NHS England, including the support of the health and wellbeing of staff and the continued delivery of the COVID vaccination programme.
- The recovery plan covers the first six months of the financial year from April to September 2021, with Trusts being asked to plan for the highest possible level of activity.
- It was noted that healthcare contracting would be suspended until at least the end of September 2021.
- The Trust's baseline activity levels for the end of April and the remainder of the first quarter would meet national requirements.

Agenda Item 2

- Additional recovery schemes were being developed.
- Next steps were outlined, including the requirement to complete the activity plan for the first half of the year and submit the draft by the end of April, the need to identify transformational schemes that could deliver additional uplift, and to learn from lessons identified during the COVID pandemic.
- Increasing capacity and elective activity would decrease the Trust's long waiters and fundamentally change the way care was delivered.

Mr Cranston noted the expectation to deliver 70% activity in April, which would then increase in 5% increments each month to September. He queried whether the Trust would continue to take in patients from elsewhere in the country and whether this would be taken into consideration. The Chief Operating Officer advised that transfers into the ICU had now come to an end and highlighted the collaborative approach taken by Trusts in the ICS to meet the elective target.

Mr Stout queried whether the Trust was undertaking enough initiatives to meet the 85% activity target to which the Executive Director for Enterprise and Business Development advised that the Trust would be able to achieve the target overall however there would be challenges in some specific areas such as dental.

a. Cancer

The Associate Medical Director/Cancer Lead joined the meeting and advised of the following key points:

- The impact of COVID on cancer referrals was highlighted. Ordinarily, the Trust would receive circa 450-500 referrals from primary care per week however this reduced to circa 28% of the total during the height of the pandemic. Although this position had recovered since, Lung, Head and Neck, and Urology referrals continue to be lower than anticipated.
- An ongoing concern persisted with patients from socially deprived communities not accessing treatment. Posters were created and distributed in these areas and commentary shared on local radio stations.
- Following the start of the pandemic, DNA rates did initially increase however there had been a sustained improvement despite a small increase during December 2020 and January 2021. DNA rates in outpatients were normally around 6% which increased to 9-10%.
- Cancer conversion rates spiked immediately after COVID-19 and GPs reduced referrals and went up by around 11-12%.
- In relation to 28 days to diagnosis, the Trust was the best performing organisation in the region and there was only one month where the Trust did not achieve the standard.
- Regarding 31 day performance, the Trust did experience a decline in performance in surgery during the first wave of COVID.
- The Trust was the lead for the Cancer Services hub for the ICS which prioritised patients by clinical need rather than postcode.

Agenda Item 2

- The ongoing workstream summary was highlighted which included the need to see patients who did not present due to the pandemic. An audit regarding stage migration had been initiated. Pressure on cancer diagnostics was anticipated.

Ms Davison advised that she was a cancer patient at the Trust at start of pandemic and had experienced some difficulties in getting a referral from primary care. Ms Davison advised that she felt very safe during her three appointments and surgery at the Trust. The Associate Medical Director/Cancer Lead thanked Ms Davison and advised that a business case had been agreed to move to 7 days a week Chemotherapy provision.

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

21/04 REPORTS FROM GOVERNOR WORKING GROUP

i) Nominations Committee Report

The Chairman presented the report advising that the Trust had procured the services of Hunter Healthcare in the forthcoming Non-Executive Director recruitment exercise which would focus on improving the diversity of the Trust Board of Directors. In addition, it was highlighted that Mrs Elliott had joined the committee as a member.

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

ii) Quality and Patient Experience Working Group

In Mrs Errington's absence, Dr Lucraft presented the report and highlighted the following salient points:

- The Group continued to meet virtually, as well as Group members attending a variety of other Trust meeting's virtually such as the Complaints Panel and the Clinical Audit and Guidelines Group.
- The Head of Patient Relations continued to provide the group with regular updates regarding the management of patient experience during the pandemic.
- Professor McCourt, Non-Executive Director, attended the Group meeting in February 2021 and provided an update on the work of the Quality Committee.
- Members continued to be keen to resume physical meetings when possible.

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

iii) Business and Development Working Group

Mrs Yanez presented the report and noted:

- The Group continued to meet virtually and was also keen to resume face to face meetings when possible.
- Mr Iain Bestford, Project Director – Financial Improvement, delivered a presentation advising of a number of opportunities for Governors to be involved in improvement project work in an individual capacity.

Agenda Item 2

- Mrs Yanez had met with Mr Morgan and Mr Stout separately in their capacities as Chairs of the Finance and Audit Committees respectively. Both Mr Stout and Mr Morgan also joined a Group meeting to provide updates.
- Internal audit attended to provide an update on their work.
- Governors who were not currently members of the group were welcomed to attend on an ad-hoc basis.

It was resolved: to receive the report.

iv) People, Engagement and Membership Working Group

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

- The Group continued to meet virtually on a monthly basis with the last meeting held the day prior to this meeting.
- A number of items were discussed, notably the final review of the membership and engagement strategy which thanks extended to Mrs Carrick for the work undertaken thus far. The document had been shared with other members of the Council via email and positive feedback had been received. The final document would be included at a future Council of Governors meeting for approval and ratification.
- A scorecard had been developed as part of the strategy to assess working group performance which would inform an action plan.
- Governors not currently affiliated with this or any group were welcomed to attend.

It was resolved: to receive the report.

21/05 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

i) Updates from Committee Chairs

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

- Mr Jowett, Chair of the People Committee, noted that two meetings had taken place since the last meeting of the Council. A meeting was scheduled to take place the following week to focus on the staff survey, the report of the Guardian of Safe Working for Junior Doctors, and the Trust's sustainability work.
- In the absence of Ms Baker, Mr Jowett as a member of the Charity Committee advised the committee's focus had been on the development of the new Trust Charity Strategy, which included improving governance arrangements. There continued to be many grant applications considered and awarded.
- Mr Stout gave an update on the Quality Committee and advised that the Ockenden Report publication had been discussed. An update had been received on Quality Improvement alongside the regular Committee reports. He also noted that the Audit Committee had met in January and undertaken the Annual Review of Risk

Agenda Item 2

Appetite and considered the timetable for the Annual Report and Accounts 2020/21. Internal Audit and External Audit work was progressing well.

- Mr Macleod provided an update on the Finance Committee and advised that the Committee had been scrutinising the current finance regime and associated challenges. In addition the Committee discussed the activity recovery programme and the Capital Programme.

Dr Murthy queried the risk appetite and how this was applied within the Trust. The Chairman advised that this was an exercise undertaken annually to review the organisations tolerance to risk in a number of areas and agreed to share some information with Dr Murthy outwith the meeting **[ACTION03]**.

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

ii) **Any Other Business**

There was no further business on this occasion.

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

The next meeting of the Council of Governors is to be held on **Thursday 17 June 2021** at 1:30pm via MS Teams.

There being no further business the meeting closed at 4:14pm

GOVERNORS' ATTENDANCE 15 April 2021

S	Mrs Glenda Bestford	Yes
2	Mr Graham Blacker	Yes
1	Mrs Judy Carrick	Yes
2	Mr Steven Cranston	Yes
1	Ms Jill Davison	Yes
2	Ms Madeleine Elliott	Yes
2	Mrs Carole Errington	Apologies
A	Prof Andy Fisher [Newcastle University]	Yes
1	Mr David Forrester	Yes
A	Prof Peter Francis [Northumbria University]	No
1	Dr Vanessa Hammond	Yes
2	Ms Catherine Heslop	Yes
S	Mr John Hill	Apologies
S	Mrs Fiona Hurrell	Yes
2	Dr Helen Lucraft	Yes
3	Mr Christopher Matejak	No
2	Mr Matthew McCallum	No
1	Mrs Jean McCalman	Yes
2	Mr John McDonald	Yes
3	Dr Lakkur Murthy	Yes
1	Mrs Susan Nelson	Yes
2	Prof Pauline Pearson	Yes
A	Cllr Ann Schofield	No
3	Mr Thomas Smith	Yes
1	Mr David Stewart-David	Yes
A	Mrs Norah Turnbull	Yes
1	Ms Emma Vinton	No
3	Mr Michael Warner	No
1	Mrs Pam Yanez	Yes

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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	21/01 BUSINESS ITEMS vi) Governor Elections	15-apr-21	Dr Hammond queried whether the end of the term of office for Governors elected during this cycle could be realigned back to the regular May timeline. A discussion ensued and it was agreed that the term of office for incoming or re-elected Governors run from 1 September 2021 to 31 May 2024, reducing the standard 3 year term by three months. The Deputy Trust Secretary agreed to communicate this with the election provider and confirm in the next report to the June meeting of the Council [ACTION01] .	F Darville	Complete - refer to agenda item 6 for the 17 June 2021 Council meeting.	
103	ACTION01	21/03 PRESENTATIONS 1(i) Vaccination Programme Update including a. latest update	15-apr-21	Mrs Hurrell asked about the process for vaccinating patients in the community who were unable to attend a clinic and how many patients this equated to. The Chief Operating Officer agreed to share this data with Mrs Hurrell outwith the meeting [ACTION02] .	M Wilson	Information circulated.	
104	ACTION02	21/05 ITEMS TO RECEIVE AND ANY OTHER BUSINESS i) Updates from Committee Chairs	15-apr-21	Dr Murthy queried the risk appetite and how this was applied within the Trust. The Chairman advised that this was an exercise undertaken annually to review the organisations tolerance to risk in a number of areas and agreed to share some information with Dr Murthy outwith the meeting [ACTION03] .	Sir John/K Jupp	Risk Management Strategy and latest Board Approved Risk Appetite Statement circulated to Dr Murthy for information.	

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

Future Presentation Topics:
Healthwatch Newcastle - October 2021 (tbc)
Command Centre - TBC



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 June 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 of Governors meeting, including:</p> <ul style="list-style-type: none"> • Feedback from the recent Spotlight on Services virtual visits to Echocardiology Services and Patient Services; • An overview of the Board Committee Review Meetings undertaken; • Participation in the Institute for Healthcare Improvement (IHI) Foundational Visit; and • Details regarding a visit to the Northern Centre for Cancer Care at North Cumbria. 						
Recommendation	The Board 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:

- Feedback from the recent spotlight on services virtual visit to the Echocardiography Service and the Community Services.
-
- A series of Board Committee Review Meetings were held to discuss:
 - The role of each Board Committee within the corporate governance structure;
 - The Committee terms of reference;
 - The strategic focus of each Committee; and
 - Committee scheduling and membership.
- An overview of recent Chairs Meetings with:
 - The Regional Foundation Trust Chairs;
 - The Integrated Care Partnerships Chairs;
 - NHS Providers; and
 - The Healthcare Financial Management Association.
- Details on the Chair participation in the Institute for Healthcare Improvement (IHI) Foundational Visit.
- Details of a visit to the Northern Centre for Cancer Care at North Cumbria alongside Mr Steven Morgan, Non-Executive Director.

CHAIRMAN'S REPORT

The last four months have seen the passing of the two consultants who launched the Paediatric Cardiology service at Freeman Hospital, under whom I worked as a registrar in 1980. Hugh Bain and Stewart Hunter inspired me to write my MD thesis on the causes of heart malformation. At that time, there was a trial underway. Hugh thought the new technique of echocardiography wasn't essential before catherisation and pitched his bedside skills against the new machine Stewart was championing. They were both right. Hugh was so good with a stethoscope that he was almost always correct but the machine won because it was easier to develop a broader skilled team. This dynamic between the committed traditional clinician and the innovators is what makes hospitals like ours great.

The Non-Executive Directors visited the Echocardiography service virtually in late April and met with several leaders including Directorate Manager Dawn Youseff, Clinical lead Tim Irvine, lead Cardiac Physiologist Professor Victoria Craig and Imaging lead Abbas Kushnood. Their enthusiasm for their world class complex service shone through but they also emphasised the challenges they face. The pandemic severely slowed their work resulting in a backlog of some 3,000 patients waiting for a range of childhood and adult investigations. It is also clear we must do all we can to develop the many different clinical and technical specialists who make up this and similar services. It's important we do our utmost to train and retain the expert staff needed to maintain our recognised international excellence.

In May 2021, we made a virtual visit to our Patient Services Directorate presented by Tracy Scott, Head of Patient Experience and Caroline McGarry. We heard how the team, comprising of 11.4 Whole Time Equivalents (WTEs), have moved away from being called the Complaints Team to give their work a more positive outlook; they now also address patient engagement together with equality and diversity issues. This has been part of a development of the team which has enhanced the experience of the team while, at the same time, improving the quality of their response to enquiries and challenges from patients and their families. They manage over 2,500 patient information leaflets and receive regular freedom of information requests. They are appointing a manager to address Patient Equality, Diversity and Inclusion and are developing a new interpretation and translation contract to help deal with the wide ethnic variation in our patient population. I learned recently that Newcastle now has residents from 140 ethnic backgrounds.

Throughout April and May, I have continued to work closely with fellow Chairs attending both our Integrated Care Partnership and Regional Foundation Trust Chairs meetings together with national briefings by NHS Providers.

A productive Board Development Session was held in April 2021 included discussions on:

- Issues of strategic and operational importance, including risks and opportunities over the next 6-12 months;
- Areas where Newcastle Hospitals can accelerate progress and pace in restoration and recovery, including Collaborative Newcastle and Digital Strategy; and
- Newcastle Health Innovation Partners, including overview of Academic Health Science Centre (AHSC) status and Strategic Ambitions.

The Trust Board Meetings were held on 27 May in which a number of key topics were discussed, including the Trust Activity Plan for 2021/22, the Recovery+ Programme and Capital Developments.

As we embark on a partnership between the Trust and the Institute for Healthcare Improvement (IHI) to develop Newcastle Improvement, I met with Ms Susan Hannah, Senior Director, IHI Europe Region and Strategic Partners and Ms Elaine Mead, IHI Faculty on 4 May as part of a Foundational Site visit. Susan and Elaine had extensive NHS clinical and managerial experience and spoke with great enthusiasm about their organisation which is not-for-profit and seeks to stimulate service improvement by coordinating effort from the bottom up and top down. The wide ranging discussion embraced patient safety, staff wellbeing, team working and exploring how we can learn from experiences of the last year. I am sure they will help us retain our “outstanding” status.

On 5 May 2021, I visited the Northern Centre for Cancer Care at North Cumbria alongside Mr Steven Morgan, Non-Executive Director, guided by directorate manager Phil Powell. We met the team commissioning the new building and met Vincent Allen, Consultant Clinical Scientist and Alex Flynn, Clinical Scientist, from our Medical Physics department who were installing the first of two Linear Accelerators (LINACs) to deliver precision radiotherapy. We have now transferred 90 North Cumbria Oncology Service staff to our Trust ahead of integrating the North Cumbria cancer care into our Northern service, a practical example of how we can act as an anchor organisation for the whole region.

David Stout, Non-Executive Director leaves the Trust at the end of July 2021 following the conclusion of his final three-year term of office. I extend my gratitude on behalf of the Council of Governors to David for his commitment and dedication during his time as a Non-Executive Director. Following David’s departure a new Deputy Chair will therefore be required from August 2021.

I made a recommendation to the Nominations Committee on 3 June 2021 that Professor Kath McCourt, Non-Executive Director be appointed from 1 August 2021 as the Trust’s Deputy Chair. The Nominations Committee agreed this recommendation which now requires formal approval by the Council of Governors, as referred to in the Nominations Committee Report, Agenda item 7, in line with the Trust Constitution.

The recruitment process for a new a Non-Executive Director to fill Mr Stouts post has continued with both longlisting and shortlisting meetings held. Interviews are scheduled to take place on 14 June 2021 and a private Nominations Committee Report will be circulated to Governors separately for consideration following the interviews (agenda Item 7a).

An Extraordinary Meeting of the Board of Directors was held on 10 June 2021 to approve the Trust’s Annual Report and Accounts prior to submission to NHS Improvement.

RECOMMENDATION

Agenda Item 4

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

Report of Professor Sir John Burn

Chairman

8 June 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 June 2021						
Title	Governor Elections Progress Update						
Report of	Fay Darville, Deputy Trust Secretary						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	<p>The report provides an update regarding the Council of Governors elections. Key points to note:</p> <ul style="list-style-type: none"> • The Council of Governors election timetable has been confirmed; • An outline of the vacant seats in the election round are included; and • A progress update is provided, regarding the elections provider and communications campaigns. 						
Recommendations	<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> receive the report; and note the progress to date. 						
Links to Strategic Objectives	Patients - Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Outlined within the report.						
Reports previously considered by	Regular report – provides a progress update to the previous report considered by the Council on 15 April 2021.						

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:

- The Council of Governor election timetable was agreed at the last meeting of the Council in April, as well as the need to extend the terms of office for those Governors whose seats are available for election, by a period of three months.
- Any new incoming or re-elected Governors will be elected for a period of 2 years and 9 months, from 1 September 2021 to 31 May 2024 to realign the regular election cycle.
- A total of 15 Governor seats will be included in the election, including:
 - Public: Newcastle upon Tyne [1] – 5 seats;
 - Public: Northumberland, Tyne and Wear (excluding Newcastle) [2] – 4 seats;
 - Public: North East [3] – 2 seats; and
 - Staff – 4 seats.
- A progress update is provided, including:
 - The services of UK Engage have been secured to manage the Trust's election;
 - The election documentation is being refreshed to better align to the Trust's branding; and
 - The Communication campaign for the elections is outlined for both staff and the public.

The Council of Governors is asked to:

- i) receive the report; and
- ii) note the progress to date.

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 at the last meeting of the Council, it was agreed that the 2021 election round to the Council of Governors be delayed by three months. In doing so, the terms of office for those Governors whose seats are available for election were extended to 31 August 2021, rather than ending on 31 May 2021 and the terms of office of incoming or re-elected governors would commence on 1 September 2021, rather than 1 June 2021.

The timetable outlined below has now been confirmed.

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

Following discussion at the last meeting and following review of the Trust's Constitution, it has been confirmed that incoming Governors' terms of office will be 2 years and 9 months and will run from 1 September 2021 to 31 May 2024. This will ensure that the standard Trust election cycle can be maintained. This will be clearly communicated in election documentation.

2.1 Constituency/Class Vacancies

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
<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 are able to stand for re-election.

In addition to the above outlined vacancies, the following seats have become available following Governor resignations in the period since the last 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 February 2021
Seat previously held by Mr Matthew McCallum	Seat vacated April 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 following the annual review of Appointed Governor positions.

3. PROGRESS UPDATE

Since the last meeting of the Council, the services of UK Engage in managing the Trust's election cycle have been secured. The Deputy Trust Secretary has worked closely with members of the UK Engage team to agree an appropriate timeline and consider the important milestones within the process.

Following a meeting with the Communications Team, the suite of elections documentation, such as nomination forms and ballot packs, are being refreshed to better align with the Trust's corporate branding. The following wording has been added to better highlight the responsibility of the Governor role:

'By becoming a Governor, you will represent the views of your constituency and directly influence strategic decision making within the Trust. You will have the opportunity to review Trust performance and contribute to the achievement of the Trust's vision and values. The Council also appoints the Trust's Chair and Non-Executive Directors and is required to approve the appointment of the Chief Executive. The initial term of office for Governors is up to 3 years and there is a minimum commitment of attendance at six meetings throughout the year. Further information on the role of Governors within the Trust can be found on the Newcastle Hospitals website'.

In addition, an updated paper membership form is in development, as well as posters to contain QR codes which direct people to the online membership form, to be displayed across the Trust, particularly in vaccination centres.

A call has been scheduled with the Trust's Head of Equality, Diversity, and Inclusion – People to consider how best to approach local community organisations, as well as staff groups, to improve diverse reputation within the Trust's membership and in turn, the Council of Governors.

A piece for inclusion in an upcoming edition of 'Dame Jackie's Blog' is currently in draft and the Trust will shortly commence its social media campaign for the Public election. Ways to reach a broader audience, such as adverts in the local press, are being reviewed.

For the staff elections, a message regarding the upcoming elections has been included in the weekly staff email bulletins, as well as an advert placed on the Trust intranet. This has generated a lot of interest from staff members to date.

For the first time, the staff election cycle will be undertaken online only so staff have been encouraged to ensure that their information held on the database is up to date to ensure that they are notified about the election.

Further updates regarding the election will be provided to Council members via email.

4. RECOMMENDATIONS

The Council of Governors is asked to:

- i) receive the report; and
- ii) note the progress to date.

Report of Fay Darville
Deputy Trust Secretary
10 June 2021

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COUNCIL OF GOVERNORS

Date of meeting	17 June 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in April 2021.						
Recommendation	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> (i) note the contents of this report; (ii) receive a private paper regarding the NED recruitment process and approve the recommendation contained within the private report; (iii) Approve the appointment of Professor McCourt as Trust Deputy Chair from 1 August 2021; and (iv) Approve the additional annual payment made to the Audit Committee Chair of 3,000 from 1 August 2021. 						
Links to Strategic Objectives	<p>Learning and continuous improvement is embedded across the organisation. Our partnerships provide added value in all that we do. We maintain financial strength and stability.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 April 2021, in particular:

- The Committee met on 17 May 2021 to undertake longlisting for the recruitment of a Trust Non-Executive Director (NED), to conduct the annual review of NED remuneration and to consider/approve the Annual Report of the Committee.
- The Committee last met on 3 June 2021 to undertake shortlisting for the NED recruitment process and to discuss a number of matters including Deputy Chair arrangements and the annual Chair Appraisal and remuneration review.
- A sub-group of the Committee will meet on 14 June 2021 to undertake the interviews for the NED post. Further detail on NED recruitment is included within section 2.1 of this report. A private paper will be circulated to Trust Governors on 15 June 2021 detailing the outcome of the interviews.
- A summary of the matters to be discussed at the next meeting on 16 August 2021 is outlined in section 4.

NOMINATIONS COMMITTEE UPDATE

1. COMMITTEE MEETINGS

Committee members met on 17 May 2021 to discuss:

1. Longlisting for the recruitment of a Trust Non-Executive Director (NED);
2. The annual review of NED remuneration (see section 2.2 below); and
3. The Annual Report of the Committee, which was reviewed and approved.

The Committee last met on 3 June 2021. Key matters discussed at the meeting included:

1. Shortlisting for the NED recruitment process – see section 2.1 below for further detail;
2. Deputy Chair arrangements in light of Mr Stout's final term of office as a NED and Deputy Chair drawing to a close (see section 2.3 below); and
3. The annual Chair Appraisal and remuneration review (see section 3 below).

2. NON-EXECUTIVE DIRECTOR (NED) UPDATE

2.1 NED Recruitment

As detailed in section 1 above, Committee members met 17 May 2021 to undertake, amongst other agenda items, longlisting for the recruitment of a Trust NED. Committee members agreed that of the 27 applicants, 17 be longlisted for a further discussion with Hunter Healthcare prior to the shortlisting meeting date.

Governors will recall that Hunter Healthcare have facilitated the recruitment process for a new Trust NED, with a particular focus on improving the diversity of the Trust Board.

Following the longlisting discussions, the Committee met on 3 June 2021 to undertake shortlisting for the NED interviews. Five candidates were shortlisted for interview.

Interviews will be held on 14 June 2021 and a private paper will be circulated to Trust Governors on 15 June 2021 detailing a proposed recommendation following the interviews.

2.2. NED Annual Remuneration Review

Following an initial review of NED Remuneration by Committee members on 9 February 2021, further benchmarking of NED remuneration was undertaken across the Shelford Group and regionally. Committee members reviewed the information presented at their meeting on 17 May 2021, alongside the guidance from NHS England/NHS Improvement (NHSE/I) regarding NED remuneration. It was agreed that no changes be recommended to the Council of Governors regarding NED remuneration, other than that the additional annual payment made to the Audit Committee Chair be set at £3,000 when the new Audit Committee Chair, Mr Bill MacLeod, commences the role in August 2021.

NB. In declaring an interest regarding NED remuneration, Mr Jonathan Jowett, Senior Independent Director, recused himself from the meeting for this agenda item.

2.3 Deputy Chair arrangements

As referred to in Agenda item 4, Chairman's Report, Mr David Stout, Non-Executive Director and Deputy Chair, leaves the Trust at the end of July 2021 following the conclusion of his final three-year term of office. A new Deputy Chair is therefore required and in accordance with the Trust's Constitution, such an appointment must be made by the Council of Governors.

The Trust Chairman made a recommendation to the Nominations Committee on 3 June 2021 that Professor Kath McCourt, Non-Executive Director, be appointed from 1 August 2021 as the Trust's Deputy Chair. The Chairman outlined Professor McCourt's expertise and Committee members agreed that the Council of Governors be recommended to appoint Professor McCourt as Trust Deputy Chair.

3. CHAIR ANNUAL APPRAISAL 2020/21 AND REMUNERATION REVIEW

The annual Chair appraisal process has been completed satisfactorily by the Trust's Senior Independent Director with feedback provided to the Nominations Committee at their meeting on 3 June 2021. The process undertaken follows the NHSE/I framework for conducting annual appraisals of NHS provider chairs.

The objectives for the Chair for 2021/22 are currently under discussion and will be shared at the next formal Council meeting for approval.

The annual review of remuneration of the Trust Chair was undertaken and Committee members agreed that no changes be recommended to the Council of Governors regarding the Chair remuneration.

NB. In declaring an interest regarding Chair remuneration, Professor Sir John Burn, Chairman, recused himself from the meeting for this agenda item.

4. FUTURE COMMITTEE BUSINESS

The Committee is scheduled to meet on 16 August 2021 to consider:

- The reappointment of two Non-Executive Directors whose terms of office are due to conclude in September and November 2021; and
- The Chair/NED appraisal outcomes and objectives for the year ahead.

5. RECOMMENDATIONS

The Council of Governors is asked to:

- i) note the contents of this report;
- ii) receive a private paper regarding the NED recruitment process and approve the recommendation contained within the private report;
- iii) Approve the appointment of Professor McCourt as Trust Deputy Chair from 1st August 2021; and

Agenda item 7

- (v) Approve the additional annual payment made to the Audit Committee Chair of 3,000 from 1 August 2021.

Report of Kelly Jupp
Trust Secretary
10 June 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 June 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	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p>Performance – Being outstanding now and in the future.</p> <p>People – Supported by Flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential.</p>						
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	<p>Details compliance against national access standards which are written into the NHS standard contract.</p> <p>Details compliance against key quality targets.</p> <p>Covers metrics relating to various domains within the People strategy.</p>						
Reports previously considered by	Regular report.						

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. The report was presented to the Trust Board of Directors on 27 May 2021. In summary:

- The Trust had 0 cases of MRSA bacteremia attributed in April 2021, therefore no cases have been recorded since April 2020.
- Due to a change in reporting requirements for Severe Harm Incidents the number of reportable cases for the Trust has increased recently (April, 13). 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% A&E 4hr standard in April, with performance of 92.4%. A&E attendances remain below pre-COVID levels.
- The Trust PTL size was 80,540 for April, with 6,411 patients waiting over 52 weeks. RTT Compliance was 70.8%.
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in March which was less than the previous month (2).

Integrated Board Report

Quality, Performance and Finance

May 2021



Healthcare at its best
with people at our heart

Executive Summary

Purpose

This report provides an integrated overview of the Trust's position across the domains of **Quality, Performance, People and Finance** in order that the Board can be appropriately assured that the organisation is, and will continue to be, an outstanding healthcare provider.

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 are now into the third phase (recovery), **the 3Rs programme has now transitioned into a Recovery Plus programme** across the Trust with sub-groups continuing to meet and maintain their current momentum, reporting into the Operational Board.

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 April 2021**, therefore no cases have been recorded since April 2020.
2. Due to a **change in reporting requirements for Severe Harm Incidents** the number of reportable cases for the Trust has increased recently (April, 13). 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 April, with performance of 92.4%.** A&E attendances remain below pre-COVID levels.
4. The **Trust PTL size was 80,540 for April, with 6,411 patients waiting over 52 weeks. RTT Compliance was 70.8%.**
5. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in March** which was less than the previous month (2).

Contents: May 2021

Quality & Performance

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

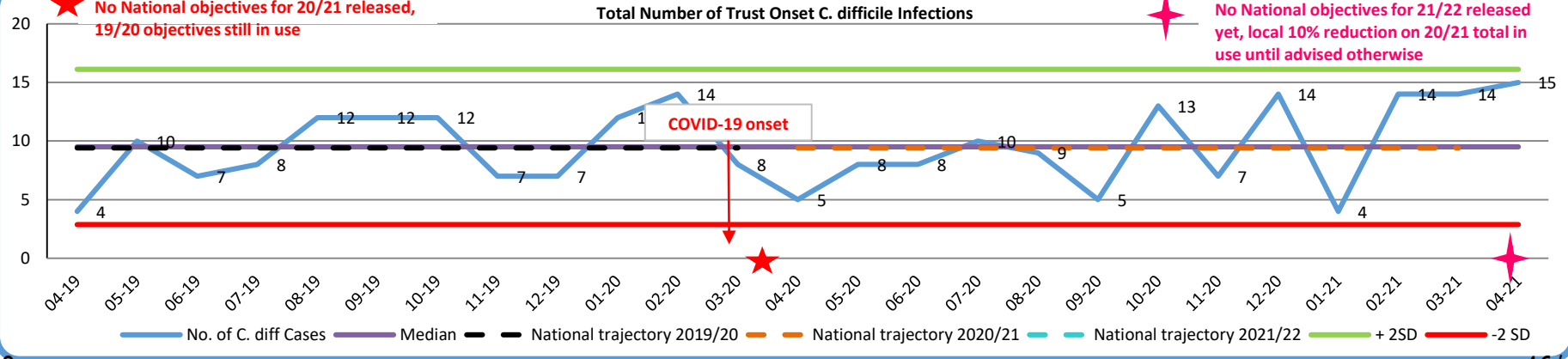
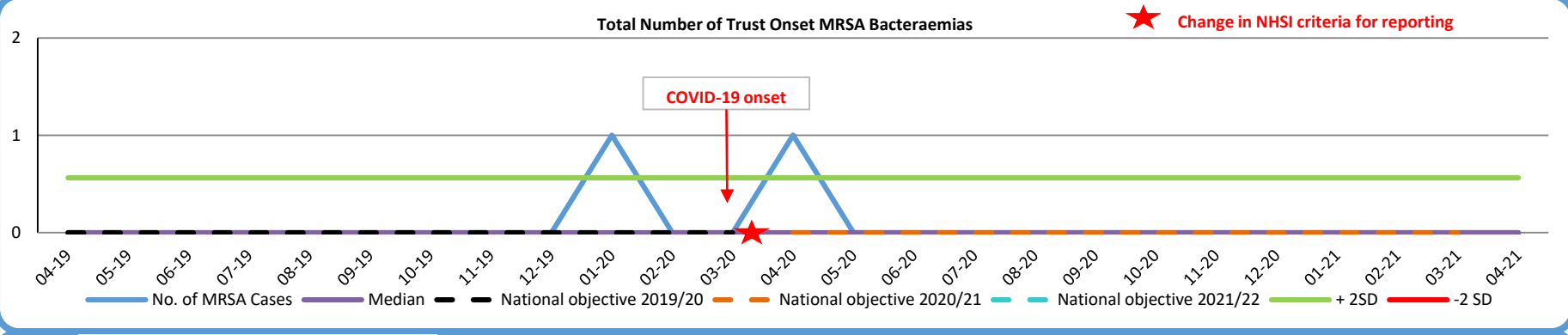
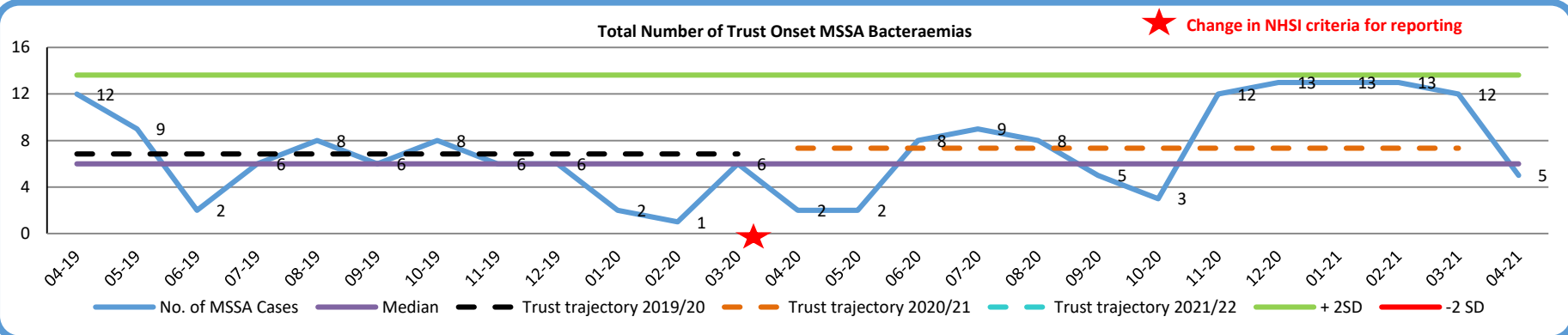
People

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

Finance

- Overall Financial Position

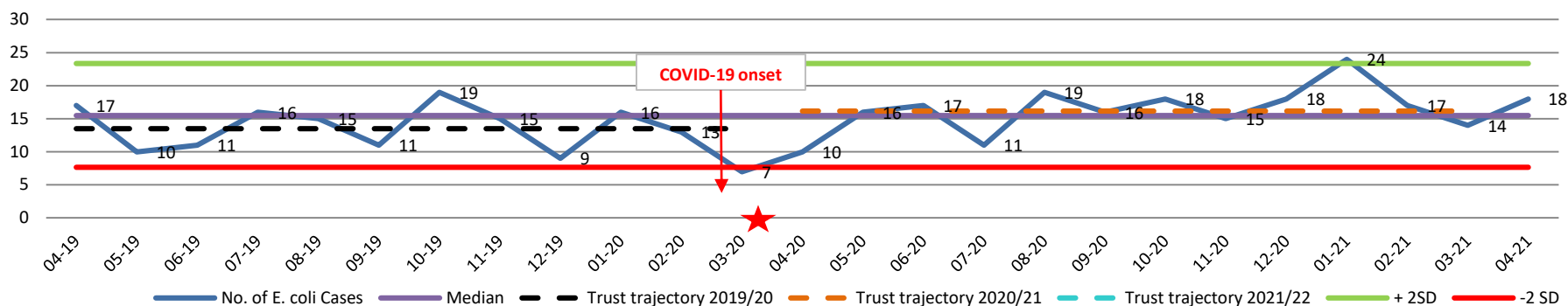
Quality and Performance: Healthcare Associated Infections



Quality and Performance: Healthcare Associated Infections

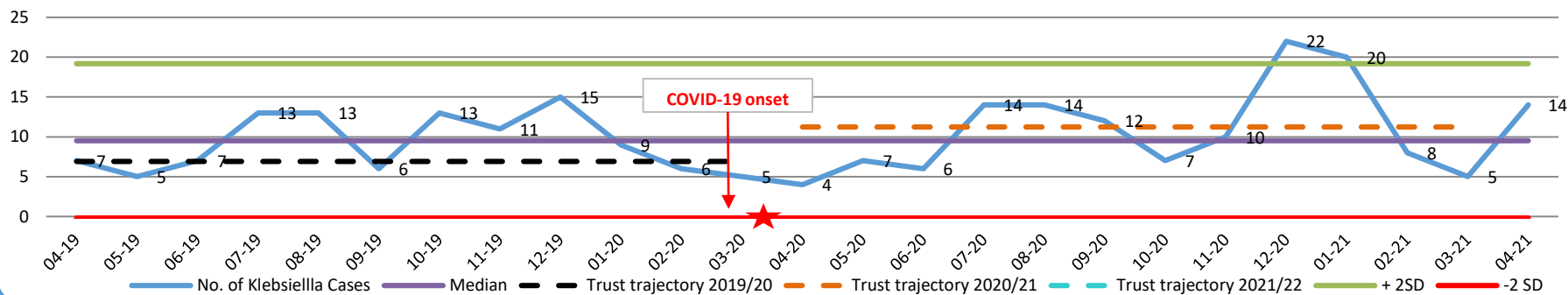
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



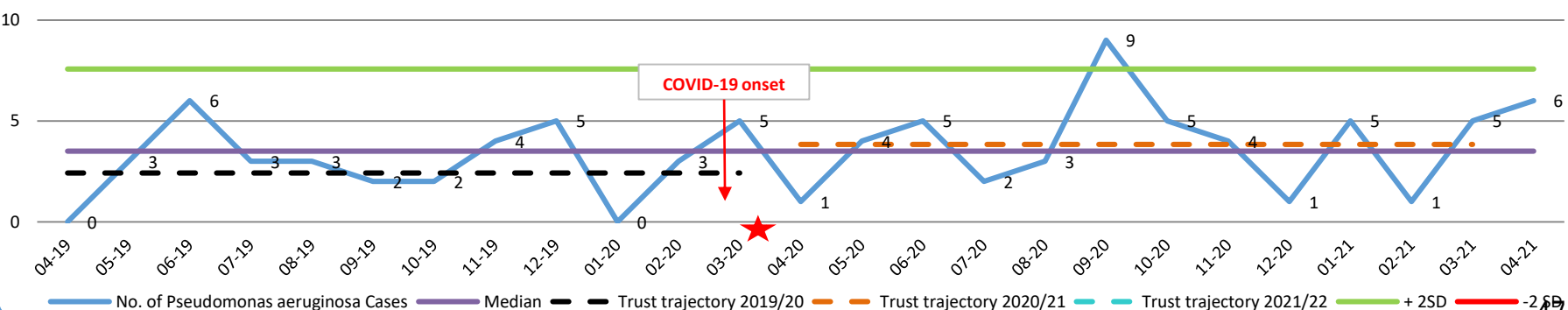
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



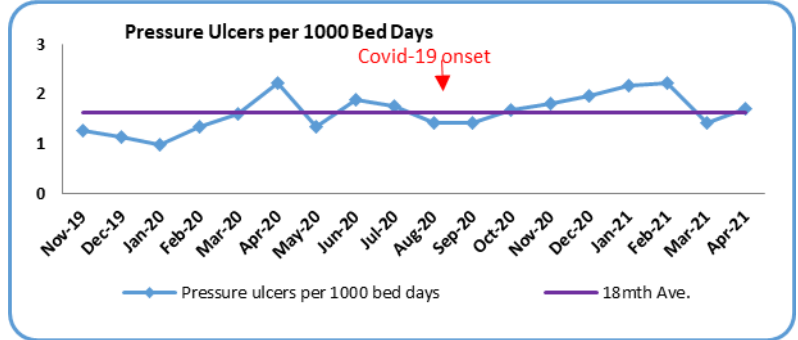
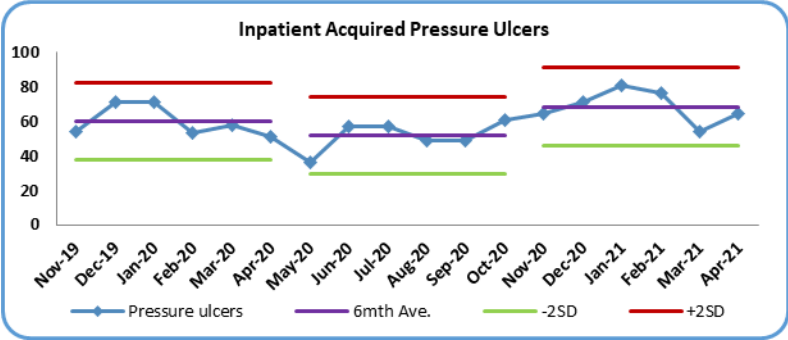
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

★ Change in NHSI criteria for reporting

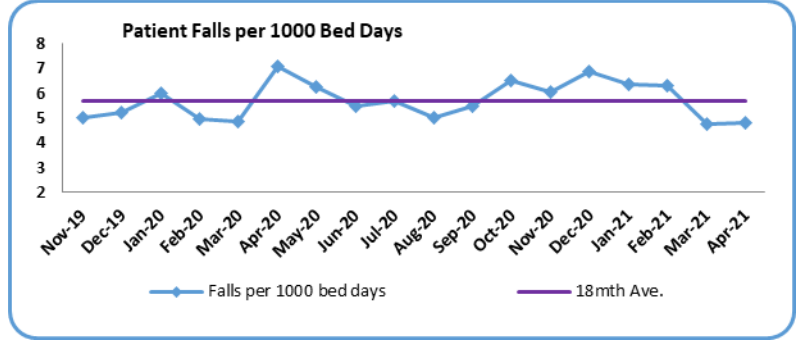
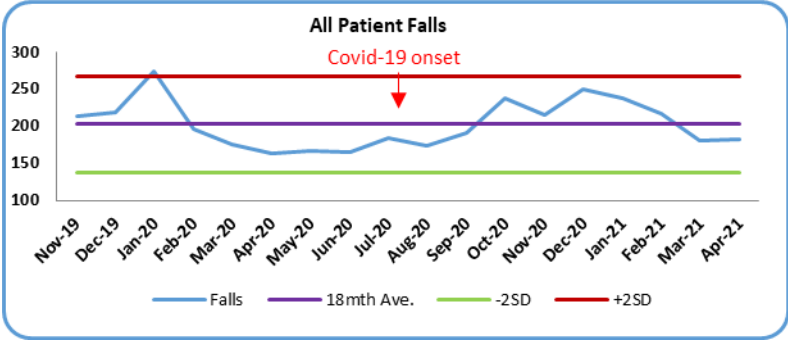


Quality and Performance: Harm Free Care

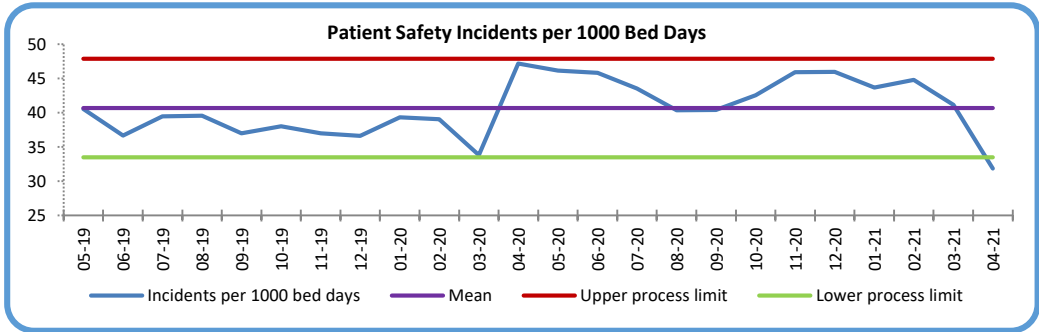
Over the last two years it is evident there has been a gradual reduction in the average number of pressure ulcers (PU). There has also been a reduction in the levels of serious harm. Between October 2020 – February 2021 there was an increase in the number of PU reported. This is consistent with other winter periods in previous years, however with the added impact of the pandemic this year we have seen an increase. Due to the difficulties faced in inpatient areas, this is largely incomparable to previous years. 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. However, there have been some successes in the last year in some areas, particularly in those areas of high input from the Tissue Viability team to provide education and support, increasing awareness of risk. In March and April this has reduced to pre-pandemic levels.



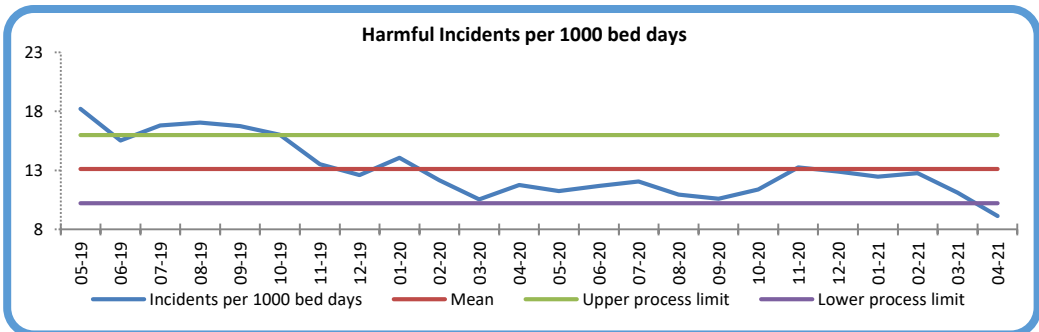
There was a significant reduction in inpatient falls between February and September 2020 however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1000 bed days. In December and January, a significant increase is evident, this is consistent with an increase in 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. From February onwards these numbers have began to decrease to pre-pandemic levels. 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 continue to report less incidents resulting in serious injury.



Quality and Performance: Incident Reporting

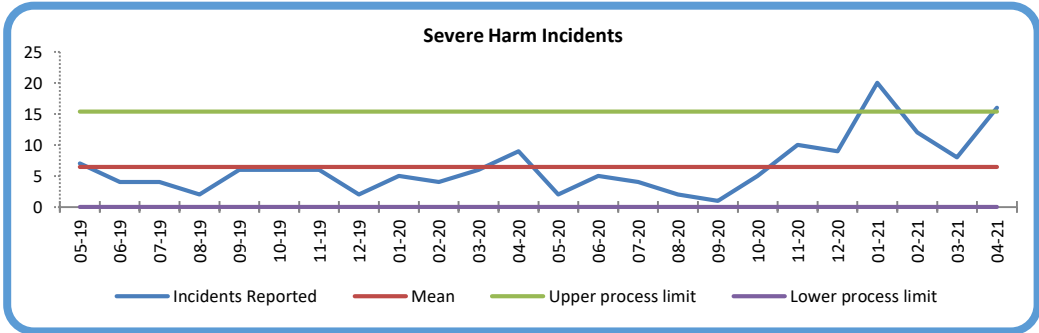


All patient incidents: There has been a slight increase in the rate of incidents reported per 1000 bed days between November 2020 – April 2021. This is likely to be due to increase in acuity of patient’s admitted.



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 April 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.

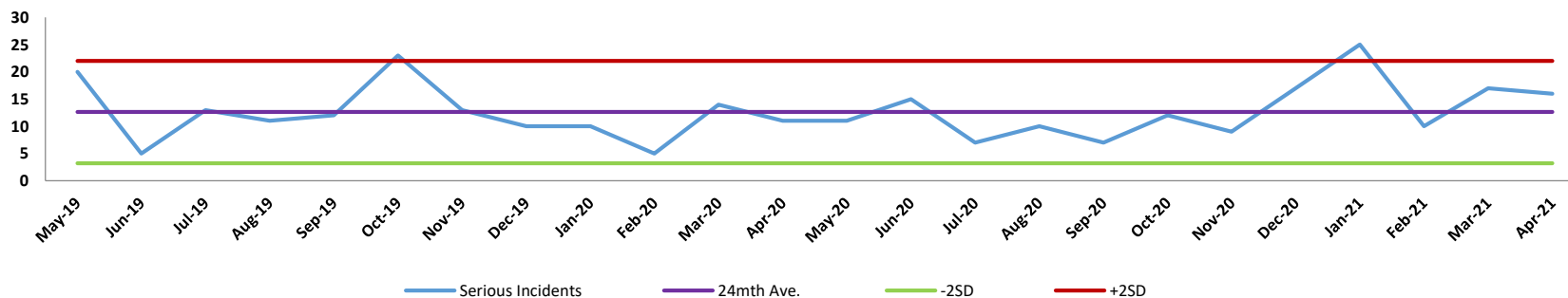
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*



Severe harm incidents: There were 13 patient safety incidents reported which resulted in severe harm in April 2021, which is a reduction compared to the significant increase in numbers reported in January 2021 and February 2021. This increase was 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.

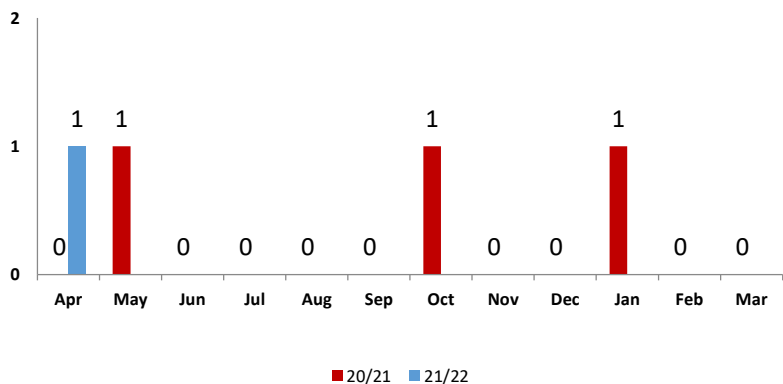
Quality and Performance: Serious Incidents & Never Events

Number of Serious Incidents Reported

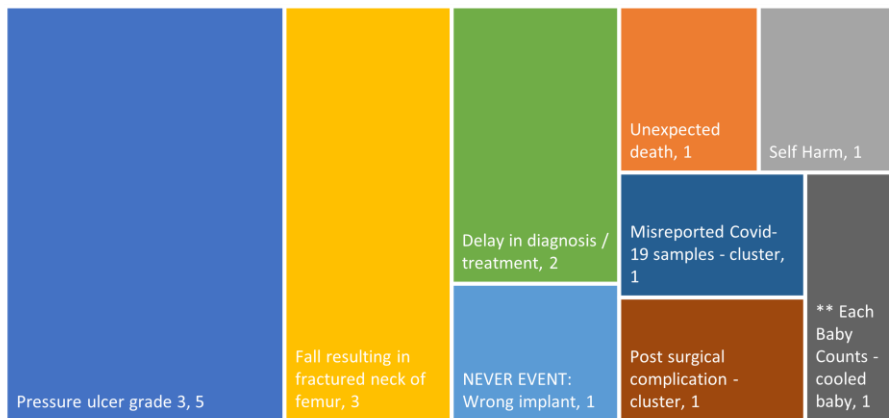


There were 16 Serious Incidents (SIs) reported in April 2021. This data is subject to change in future reports if SIs are de-registered following investigation. The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results 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 but one serious incidents reported in April 2021. DoC is being progressed in one sensitive case.

Total Number of Never Events Reported



Serious Incidents by Category



** 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: Serious Incident Lessons Learned

Learning identified from SI & NE investigations completed since January 2021

The following section outlines key learning from SI investigations that have been completed since January 1st 2021. This data excludes information on falls, pressure ulcers and SI cases subsequently de-registered.

Incorrect placement of a Nasogastric Tube (Never Event)

- Improvement work commenced to improve visibility of insertion safety checks in the electronic patient record to support less experienced practitioners and those new to the Trust.
- E-learning locally mandated for all relevant practitioners interpreting X-rays in intensive care settings across the Trust to embed clear understanding of required safety checks.

Wrong Route Medication (Never Event)

- An enhanced programme of local and trust-wide learning and audit commenced, re-enforcing the use of equipment controls to promote safe administration.

Medication Incident

- Strengthened standardised practice and stock-control processes to reduce the risk of dilution error and reduce the variability of dosage strengths available.

Surgical Complication Resulting in Injury

- Review of Multi-disciplinary Team processes for complex surgical patients with benign disease.
- Trust wide consent audit to focus on patients undergoing repeated procedures and seeking patient feedback, to ensure consistent compliance with informed consent.

Delayed diagnosis/ treatment (4 cases)

- Enhanced local governance and equipment monitoring to ensure that local policy is aligned to national guidance in order to have oversight of assurance in providing safe, evidenced based care.
- Local improvement focused on providing a robust process of review of all radiology imaging reports in the Emergency Department, where addendum reports are added.
- Enhanced learning provided to include expected standard of recording patients' capacity to understand and process clinical information and safety advice before discharge.
- A Paediatric Nurse Specialist has been recruited to post to oversee completion of the MRSA screening pathway for children undergoing spinal surgery.
- Introduction of a Trust-wide digital dictation system in order to improve the reliability and efficiency when communicating patient information following Out-Patient review.

Lost to follow up (2 cases)

- Trust ophthalmology improvement work commenced, with enhanced governance, to include establishing a robust and reliable electronic system to ensure patients receive appropriate follow-up.
- Robust processes adopted to ensure that patients are given a reliable contact number to raise appointment concerns and that all communication with patients is logged and acted upon.

Unexpected death from surgical complication

- Local learning focused on the importance of parents being fully informed pre-operatively of the risk associated with surgical procedures, and that they have the opportunity to ask questions and in avoiding giving speculative information to families in relation to the cause of death.

Maternity cases were reported under Each Baby Counts* criteria (2 cases) - the learning is as follows:

- Re-enforced the standard maternity process required for the retention of placentae for pathological examination in order for staff to be familiar with requirements following complex deliveries.
- Staff compliance monitored to ensure that the standards for carbon monoxide testing are met for all women at booking appointments.
- Local maternity standard with 'Fresh eyes review' aligned to national guidance to promote timely identification and escalation.

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

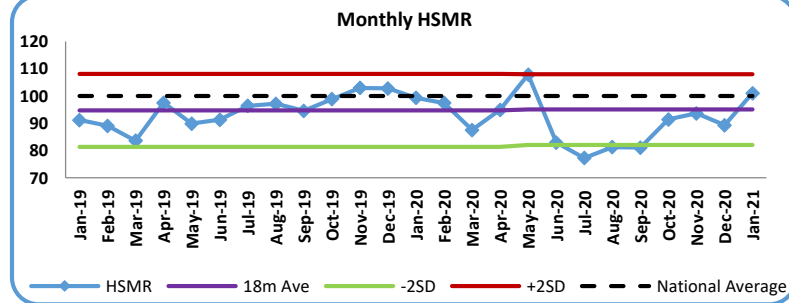
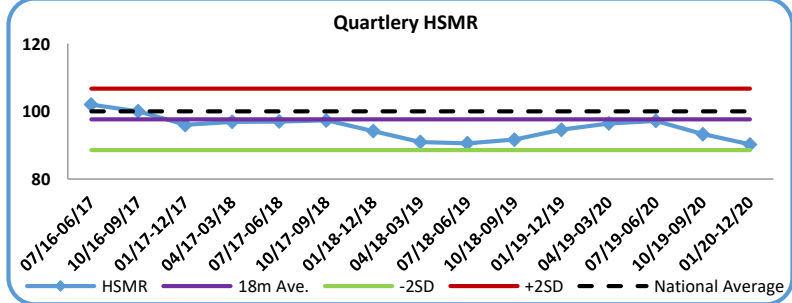
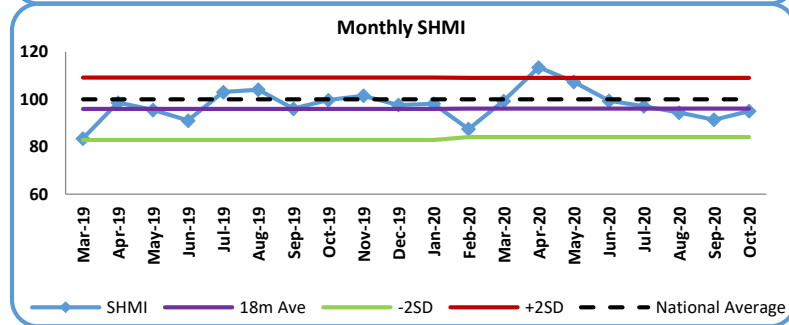
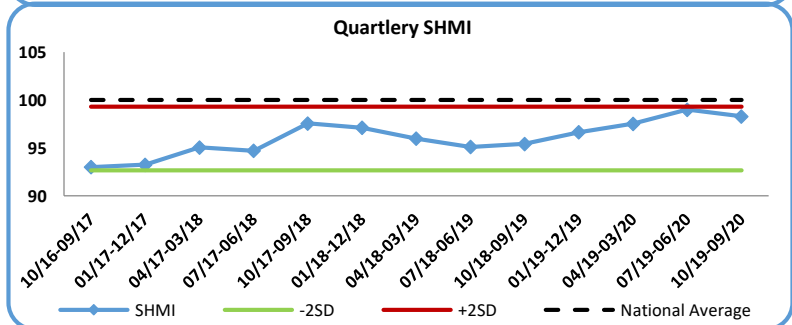
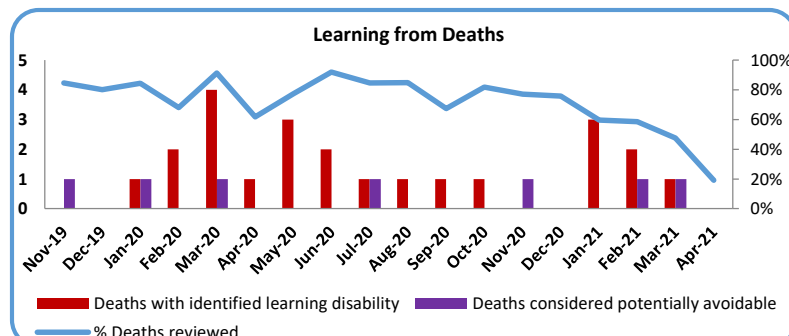
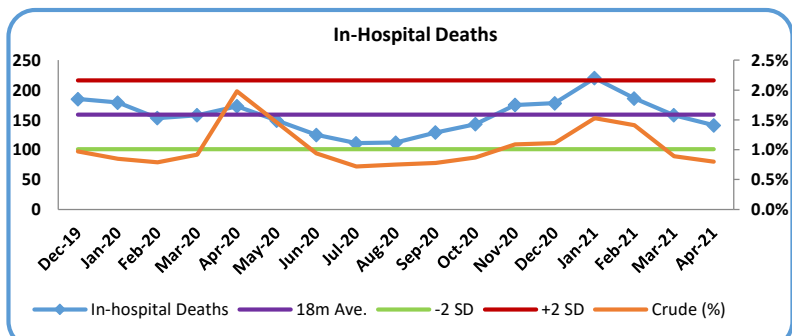
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 141 deaths reported in April 2021, which is considerably lower than the amount reported 12 months previously (n=173). Crude death rate is 0.80%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 peaks.

Learning from Deaths: Out of the 141 deaths reported in April 2021, 27 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings over the forthcoming months and 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. A rise in April 20 is reflected by the elevated crude data. SHMI monthly data for October 2020 shows the Trust has scored 95 which is below the national average.

HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Quarterly HSMR data is available up to December 2020 and is below the national average. 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 four 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 and we have recently refreshed stock in a number of areas.

NHS England previously reported that the data would be nationally published mid-April 2021 but no publication has been released as yet. When published data will be available at www.england.nhs.uk/fft/friends-and-family-test-data/

Trust Complaints 2020-21

The Trust received a total of 44 (41 with patient activity) formal complaints up to the end of April 21, a decrease by 10 on last month's opened complaints.

The Trust received an average of 44 new formal complaints per month, which is 5 complaints per month higher than the 39 per month average for the last full financial year 2020-21.

Taking into consideration the number of patients seen, the highest percentages of patients complaining in April are within Community Services with 0.10% (10 per 10,000 contacts) and the lowest are within Perioperative, Urology & Renal and Dental who are yet to receive a complaint.

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 53% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 19% of all subjects raised within complaints.

Directorates	2020-21				20-21 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	2	8,115.00	0.025%	1:4058	1:3733
Children's Services	2	6,695.00	0.030%	1:3348	1:2523
Out of Hospital/Community	4	3,890.00	0.103%	1:973	1:3134
Dental Services	0	8,914.00	0.000%	1:0	1:5411
Medicine	6	12,686.00	0.047%	1:2114	1:4129
Medicine (ED)	4	17,614.00	0.023%	1:4404	1:3416
ePOD	6	27,440.00	0.022%	1:4573	1:7606
Musculoskeletal Services	4	9,686.00	0.041%	1:2422	1:2610
Cancer Services / Clinical Haematology	2	10,012.00	0.020%	1:5006	1:6118
Neurosciences	3	8,638.00	0.035%	1:2879	1:3299
Patient Services	3	3,501.00	0.086%	1:1167	1:2003
Peri-operative and Critical Care	0	3,892.00	0.000%	1:0	1:51990
Surgical Services	2	6,217.00	0.032%	1:3109	1:1313
Urology and Renal Services	0	6,190.00	0.000%	1:0	1:4013
Women's Services	3	11,953.00	0.025%	1:3984	1:2742
Trust (with activity)	41	145,443.00	0.028%	1:3547	1:3583

Quality and Performance: Health and Safety

Overview

There are currently 1105 health and safety incidents recorded on the Datix system from the 1st May 2020 to 30th April 2021 this represents an overall rate per 1,000 staff of 66. The Directorate with the highest number of incidents is Patient Services reporting 150 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (223) Peri-operative & Critical Care Services (100), Women's Service (92.8) and Internal Medicine (83).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 871 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st May 2020 to 30th April 2021 - this represents an overall rate per 1,000 staff of 52 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (252.6), Neuroscience (118.9), Musculoskeletal Services (125.5), Community (85.8), and Surgical Services (74.8).

Sharps Incidents

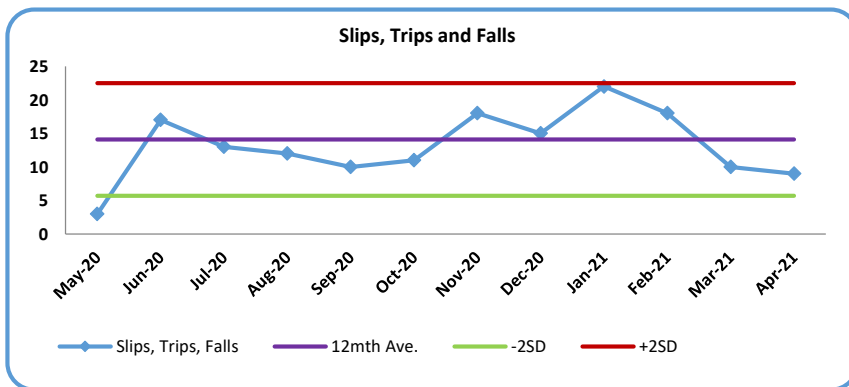
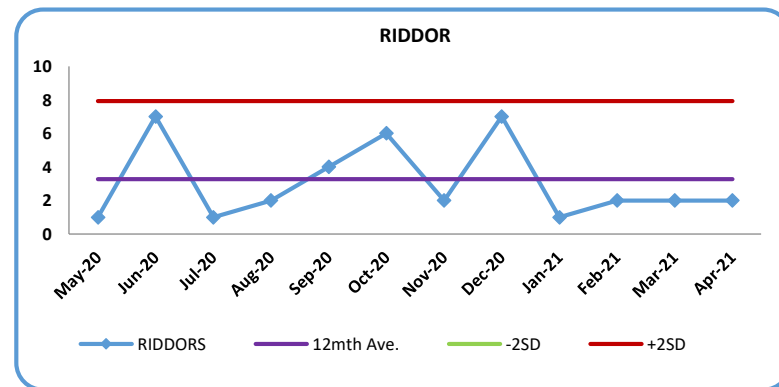
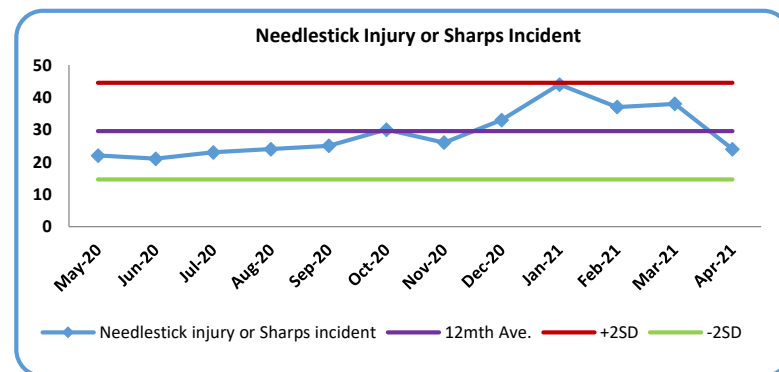
The average number of all sharps injuries per month is 28.9 between 1st May 2020 to 30th April 2021 based on Datix reporting, with 13.87% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 22.4 per month.

Slips, Trips and Falls

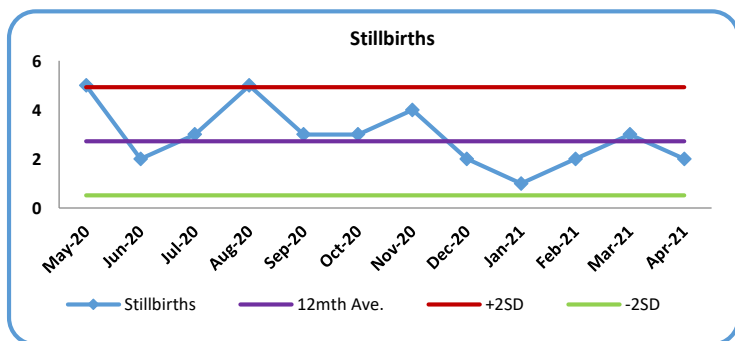
Slips on wet surface, fall on level ground and tripped over an object collectively account for 61.3% of falls between 1st May 2020 to 30th April 2021. Fall from height; fall up or down stairway and falls from a chair account for 16.45% of the incidents recorded.

RIDDOR

There have been 37 RIDDOR incidents reported between 1st May 2020 to 30th April 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (11) Moving and handling (8), COVID (4) Exposure to Hazards (2). These account for 67.6% of reportable accidents over the period.

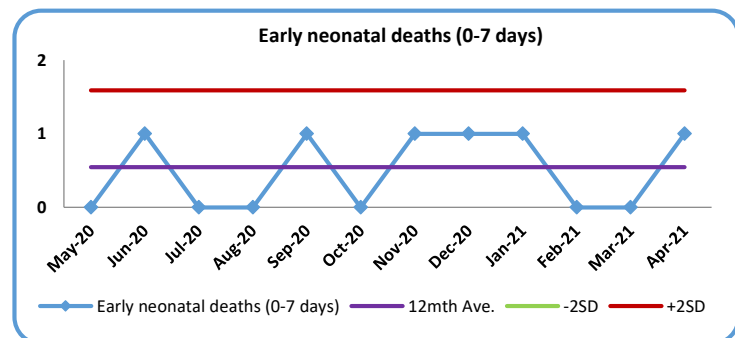


Quality and Performance: Maternity (1/3)



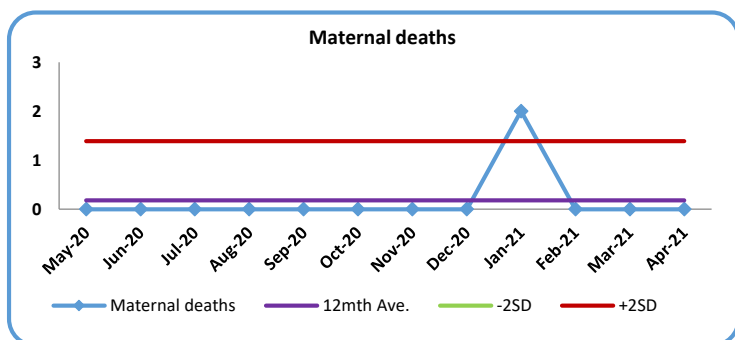
Perinatal deaths

All Perinatal deaths (Stillbirths and Neonatal Deaths) are reported to MBRRACE-UK who produce an annual National report which includes our local data. The Stillbirth data includes pregnancy losses from 24 weeks gestation. A large number of our Stillbirths are terminations for known fetal abnormalities rather than an unexpected pregnancy loss. As we are a tertiary referral Fetal Medicine Unit often complex cases are referred to us from other units within the region and the women opt to deliver here rather than return to their local unit. All cases undergo an initial local review and then a more detailed review including external input, once we have investigation results.



Early Neonatal Deaths

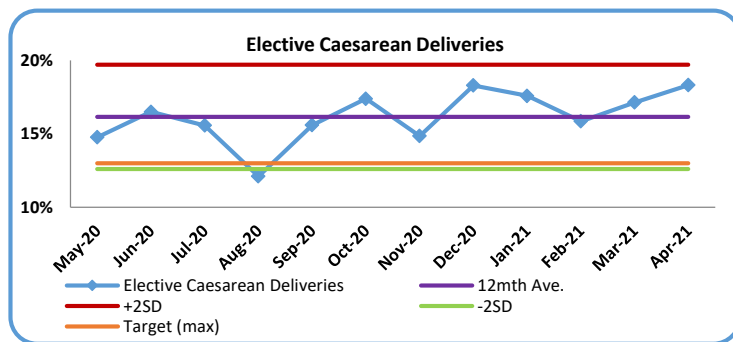
These figures are for term infants (born between 37 and 41 weeks) who delivered at The Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner. They will also be reported as a Serious Incident and have an obstetric review with external input.



Maternal Deaths

Maternal deaths are also reported to MBRRACE-UK and a national report is provided annually. Maternal deaths can be categorised as Direct or Indirect. It is rare to have a direct Maternal death in Newcastle and we do believe that having access to specialist services across a range of departments at any time of the day or night has helped us avoid such deaths. The two deaths that occurred in January 2021 sadly died in Newcastle but did not receive any of their pregnancy or labour care at this Trust. Both cases have been reported as Indirect deaths and we have been involved in the joint review process for these deaths. A specific Covid-19 morbidity review took place at the start of the pandemic which MBRRACE published in May 2020.

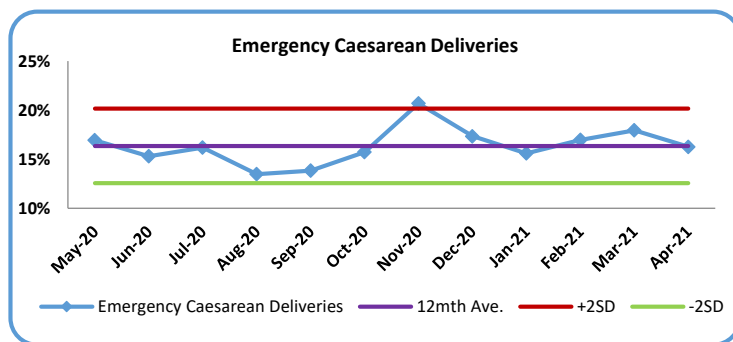
Quality and Performance: Maternity (2/3)



Elective Caesarean section

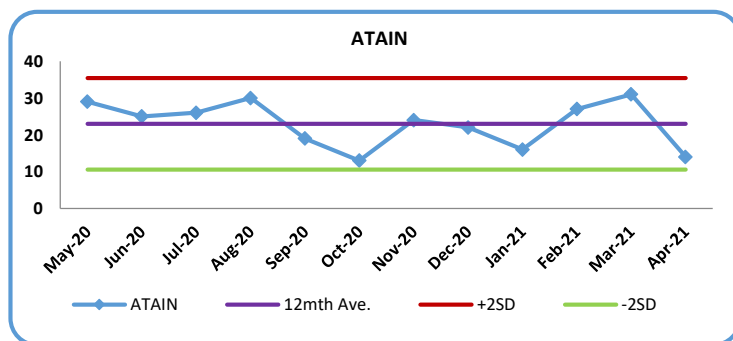
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK. The factors that contribute to this include:

The Trust is a tertiary / quaternary referral centre for the region's complex fetal medicine, complex maternal medicine and very high risk obstetric cases e.g. morbid obesity, placenta accreta and women at very high risk of preterm birth. Cases such as these are associated with a high elective Caesarean section rate. The service also has at its heart a shared decision making philosophy and offers informed non-directive counselling for women over mode of delivery. There is an obstetrician/midwifery specialised clinic to facilitate this counselling and patient choice.



Emergency Caesarean section

The emergency Caesarean section rate is comparable to other Trusts. Maternity is a consultant led service with 98 hour dedicated consultant sessions for Delivery Suite (8am-10pm daily), twice daily consultant ward rounds and consultant obstetricians being involved with all decisions for emergency Caesarean section. Maternity at the Trust has safety at the heart of patient care and has had a low perinatal mortality rate and lower than expected number of Serious Incidents and cases reported to HSIB for the size/tertiary nature of the service. The Ockenden review has demonstrated that striving for lower Caesarean section rates can be detrimental to the safety of women and babies.



ATAIN

A review of all Term admissions into the neonatal unit is a CNST requirement and a monthly action plan / report is subsequently produced and shared. Any recurring themes will result in further investigation / review by the appropriate governance group. A Multi-disciplinary meeting is held weekly to review the most recent cases. Some of these cases will be reviewed in more detail if they have been identified as a Serious Incident. We are fortunate to have a transitional care unit which is able to accept some smaller babies or more vulnerable babies who might have otherwise been admitted to the neonatal unit. An annual audit report is presented to the Directorate Audit meeting with lessons learnt/ key themes/ change to practice being shared across obstetrics and neonatology.

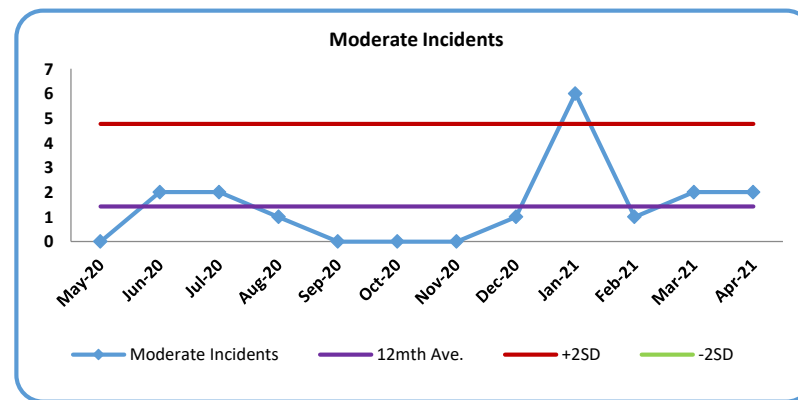
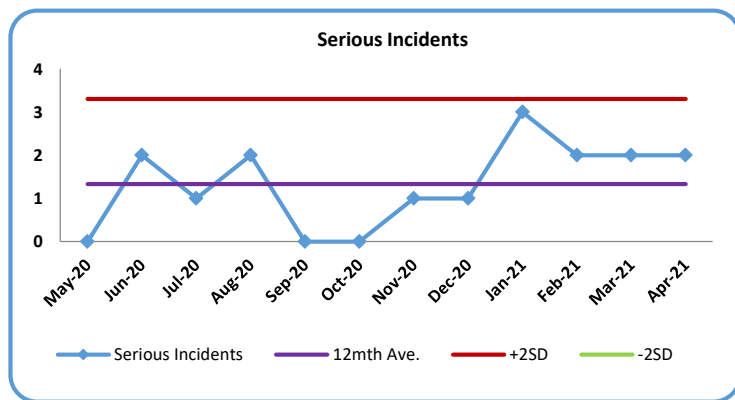
Quality and Performance: Maternity (3/3)

Serious Incidents

There were 16 incidents escalated as Serious Incidents to The Trust. These include 6 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 3 unexpected Stillbirths, 4 neonatal deaths, 2 maternal deaths and 1 major obstetric haemorrhage. The HIE cases were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. Once these reports are available a joint report with action plan is written by The Directorate. As a result of the Ockendon report, lessons learnt from Serious Incidents will be shared with LMS (Local Maternity System) from May 2021 onwards.

Moderate incidents

All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (72hr report). In the past 12 months the majority of the moderate graded incidents (35%) were babies that needed to receive 'therapeutic hypothermia' in order to minimise the risk of a brain injury. Although graded moderate these babies may have no long term injury but they require a two year follow up in order to assess their neurological status. There were 17 incidents graded as moderate. The review process involved speaking to the parents / family and listening to any concerns they may have about the care provided. There were 6 incidents graded as moderate in January 2021 – this was much higher than normal – two of these were maternal deaths, 1 HIE case, 1 major bleed with admission to ITU, 1 Stillbirth with ruptured uterus and 1 Neonatal death with maternal and fetal sepsis.



Quality and Performance: Clinical Audit (1/3)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Asthma and COPD Audit Programme – ASTHMA (Adults)	1 April 2019 - 31 March 2020		<ul style="list-style-type: none"> • Increase number of inhaler technique checks. • Maintenance medication reviews to be increased. • Completion of Asthma Action Plans. • Increase referrals to smoking cessation service. • Increase referrals for GP review within 48 hours. • Review respiratory clinic within 4 weeks of discharge. 	Discussed at April 2021 Clinical Audit and Guidelines Group
National Audit of Seizures and Epilepsies in Children and Young People	2020 National Report	<ul style="list-style-type: none"> • 100% data completion. • 88% of children saw a paediatrician with expertise in epilepsy. • 1 of only 34 (out of 136) health board trusts able to facilitate Vagal Nerve Stimulation. • Offer full range of investigations (EEG, MRI, telemetry). • 0% prescribing Sodium Valproate (teratogenic anti-epilepsy drug) to girls ages 9 and above. 	<ul style="list-style-type: none"> • Increase clinical capacity. • Reduce wait times for first appointment. • No Paediatric Epilepsy Specialist Nurse (PESN), Funding now secured. • Provision of formal screening, MDT or direct clinical care for Mental Health issues. • Database of children and young people with epilepsy (40% nationally). • Provision of clinic for young people (37% nationally) or agreed referral pathway to adult care (80% nationally). 	Discussed at April 2021 Clinical Audit and Guidelines Group
National Cardiac Audit Programme – Congenital Heart Disease in Children and Adults	2020 National Report	<ul style="list-style-type: none"> • Actual and Predicted Survival in 2016/17 to 2018/19, using PRAIS2 Risk Adjustment / patients under 16 years of age: all centres have performed such that 30-day survival was as predicted or better than predicted. FRH predicted survival 97.5% (as predicted), average predicted mortality per case 2.5%. • Actual and Predicted Survival in 2016/17 to 2018/19, using STAT mortality risk methodology to give the average predicted risk of death per case for the 14 centres undertaking at least 30 congenital heart surgical procedures in patients aged 16 years and over. FRH actual survival 97.25%, predicted survival 97.51%, average predicted mortality per case 2.49%. • Incidence of surgery related acute neurological event in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19). FRH 0.13% (National 1.5%) • Incidence of post-surgical use of extracorporeal life support (ECMO) in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19). FRH 3.09% (National 2.29). • Incidence of post-surgical use of renal replacement therapy (dialysis) in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 3.23%(National 3,47%) . • Incidence for the unplanned placement of a pacemaker following congenital cardiac surgery in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 0,94 % (National 1,12 %) • Incidence of prolonged pleural drainage (over 7-10 days) following congenital cardiac surgery in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 1,21 % (National 4,74%) • Incidence of the need for an emergency complication related procedure (surgery or transcatheter) related to a transcatheter procedure in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH > 0.4% (National 0.75%) • Incidence of catheter-related device embolisation following or during a transcatheter procedure in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 0.61% (National 0.66%). • The DQI has consistently improved over the last five years, where there has been an increase in centres reaching over 98%. FRH 99% (high quality data). • <ul style="list-style-type: none"> • Incidence of the need for an emergency complication related procedure (surgery or transcatheter) related to a transcatheter procedure in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH > 0.4% (National 0.75%) • Incidence of catheter-related device embolisation following or during a transcatheter procedure in children (under 16 years of age) at the 12 UK and Republic of Ireland centres (2018/19): FRH 0.61% (National 0.66%). • The DQI has consistently improved over the last five years, where there has been an increase in centres reaching over 98%. FRH 99% (high quality data). 	National Audit did not identify any areas for improvement.	Discussed at April 2021 Clinical Audit and Guidelines Group

Quality and Performance: Clinical Audit (2/3)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
Severe Injury in Children – Trauma Audit Research Network	January 2015-December 2016		<ul style="list-style-type: none"> Review patterns of staffing in ED / Children's ED to reflect peak times for trauma. Review Senior specialist paediatric availability at peak times. 	Discussed at May 2021 Clinical Audit and Guidelines Group
National asthma and COPD audit programme – (Paediatrics)	1 June – 30 November 2019	<ul style="list-style-type: none"> Good participation in the audit process. Reasonable compliance with 'steroids administered within 1 hour of arrival: 48%, regional average 39%, national average 40%. 	<ul style="list-style-type: none"> Improve inhaler technique checks prior to discharge. Increase provision of Asthma Action Plans. 	Discussed at May 2021 Clinical Audit and Guidelines Group
National Hip Fracture Database	Annual Report 2020 (covering data from Jan to Dec 2019)	<ul style="list-style-type: none"> RVI named as one of nine units reporting significantly above average results across all six of NHFD KPIs (Key Performance Indicators). RVI named as one of 41 units with excellence in data collection RVI was one of sixteen units where case mix adjusted mortality was lower than national average. 	National Audit did not identify any areas for improvement.	Discussed at May 2021 Clinical Audit and Guidelines Group
Stroke National Audit Programme (SSNAP)	Annual Report for 2019/20	<ul style="list-style-type: none"> Trust service is consistently scoring above national average across all indicators on SSNAP. NHSE Long term plan ambition is to expand thrombectomy provision from 1% to 10% of all stroke patients and focus nationally is on expanding existing workforce and services. MT service is currently 7 days 9-5 , with aim to progress to extended hours from March 2022 and 24/7 from August 2022 	National Audit did not identify any areas for improvement.	Discussed at May 2021 Clinical Audit and Guidelines Group
Surgical Site Infection Surveillance (SSIs)	The Trust participates in PHE surveillance of SSI for hip, knee and spinal surgery, PHE continues to report SSI rates based on a calendar year. The Trust received the reports quarterly.	<ul style="list-style-type: none"> The Trust SSI hip replacement rate for the last 4 reported quarters stands at 0.6%, which reflects the National Average. MDT root cause analysis continue to be undertaken for all joint SSIs. The Trust SSI knee replacement rate for the last 4 reported quarters matches the National 5 year benchmark of 0.5%. Within Quarter 3 in relation to Combined Spinal Surgery there has been 3 SSIs identified from surgery undertaken at RVI site, these figures include spinal surgery from both Neurosurgery and Orthopaedics. The resulting quarterly rate of 1.0% has led to a reduction in the Trust annual SSI rate to 0.9%; this is below the National 5 year benchmark for the second consecutive time in the last 4 quarters. The Trust annual rate has dropped below the National average of 1.2%. 		Discussed at May 2021 Clinical Audit and Guidelines Group

Quality and Performance: Clinical Audit (3/3)

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
Mandatory Surveillance of Healthcare Associated Infection (HCAI)	April 2019 – March 2020	<ul style="list-style-type: none"> The Trust C. difficile rate of 21.85 for October to December 2020 saw the Trust in the middle of the Shelford Group of trusts with the range 5.61-26.51. 	<ul style="list-style-type: none"> Reduce incidence of MSSA bacteraemia. 	Discussed at May 2021 Clinical Audit and Guidelines Group
MBRRACE-UK Perinatal Confidential Enquiry (Neonatal response)	Sample of patients taken from October 2018	<ul style="list-style-type: none"> The neonatal service use the BAPM framework as well as our own local data to counsel parents and support them to make decisions around care. Neonatal service uses both national and local bereavement information/support where available for parents of twins experiencing pregnancy and one or more baby loss. The neonatal service offers postmortem (consultant led discussion) with all families that lose a liveborn infant. Where consent is given, there is verbal or written information to the pathologist. The Trust already has longstanding guidance around neonatal attendance at delivery and criteria for escalation of that support. The Trust already counsels parents prior to the birth of Twin 1, regarding the possible option of delayed birth of Twin 2 including the maternal risks as well as the risk of Twin 2 being born at the extremes of prematurity. 	<ul style="list-style-type: none"> Ensure timely documentation of parental questions regarding quality of care. 	Discussed at May 2021 Clinical Audit and Guidelines Group
Royal College of Emergency Medicine Audit – Care of Children In ED	2019/20 Audit	<ul style="list-style-type: none"> Above national mean for standard 1 (Infants at high risk of potential safeguarding presentations are reviewed by a senior (ST4+) clinician whilst in the ED). All notes for vulnerable children are reviewed by consultant as part of daily 'bouncer' caseload. 	National Audit did not identify any areas for improvement.	Discussed at May 2021 Clinical Audit and Guidelines Group
Royal College of Emergency Medicine Audit – Cognitive Impairment in Older People	2019/20 Audit	<ul style="list-style-type: none"> Above national mean for standard 1 (There should be written evidence that patients have had an assessment for cognitive impairment during their visit to the ED using a validated national or locally developed tool). Above national mean for standard 2 (Whenever cognitive impairment has been identified, there should be documented evidence that the patient was assessed using a delirium bundle). 	<ul style="list-style-type: none"> To ensure that delirium assessment is added to discharge letter. 	Discussed at May 2021 Clinical Audit and Guidelines Group
Royal College of Emergency Medicine Audit – Mental Health (self-harm)	2019/20 Audit	<ul style="list-style-type: none"> Above national mean for standard 1 (Patients should have mental health triage on arrival to briefly gauge their risk of self-harm or suicide and risk of leaving the department before assessment or treatment is complete). 	<ul style="list-style-type: none"> Ensure process is in place for documenting observations. Education of junior doctors on completion of documentation of self-harm risk assessments. 	Discussed at May 2021 Clinical Audit and Guidelines Group

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

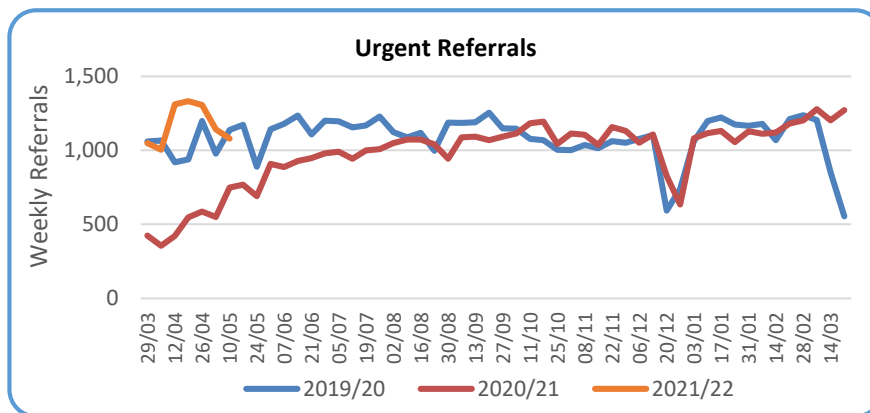
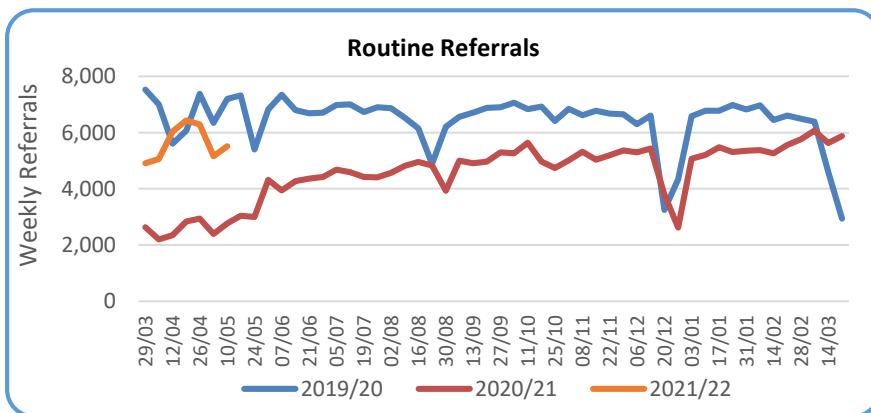
- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective 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 were 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.
- **Now in the third phase of the programme** the firm focus is now on recovering activity levels and reducing waiting times. **The 3Rs programme has now transitioned into a Recovery Plus programme** which focuses on how we 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 through the Trust's Operational Board meeting group.
- **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 Operational Board 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

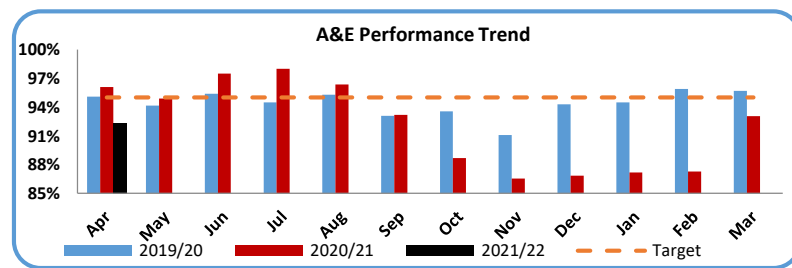
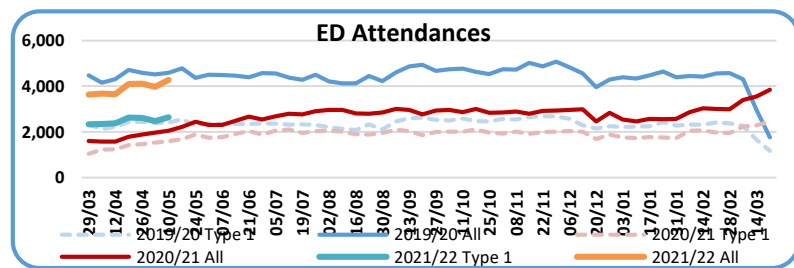
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)					Monthly Delivery as a % of Same Month Previous Year			Data
				w/e 04/04/21	w/e 11/04/21	w/e 18/04/21	w/e 25/04/21	w/e 02/05/21	Feb-21	Mar-21 (v Mar-19)	Apr-21 (v Apr-19)	
Front Door	Type 1 Attendances (Main ED)	2,377	2,606	97.8%	98.4%	100.1%	110.4%	109.6%	81.0%	91.3%	106.6%	
	Ambulance Arrivals	635	750	105.1%	109.2%	108.7%	113.0%	118.1%	98.4%	107.1%	Unavailable	
	Eye Casualty Attendances	416	308	62.7%	66.3%	74.2%	78.1%	74.0%	56.7%	64.1%	69.8%	
	Walk in Centre Attendances	1,419	980	61.3%	62.6%	56.6%	68.9%	69.0%	36.4%	52.1%	65.1%	
	A&E 4hr performance (Type 1)	89.5%	88.6%	-4.7%	+0.8%	-2.6%	-1.5%	-0.9%	-10.7%	-3.5%	-2.7%	
	A&E 4hr performance (All Types)	94.3%	92.5%	-4.2%	-0.7%	-2.9%	-2.2%	-1.8%	-8.6%	-3.2%	-2.7%	
Admission & Flow	Emergency Admissions (All)	1,368	1,431	94.1%	97.9%	103.9%	106.6%	104.6%	80.7%	114.1%	101.9%	
	Bed Occupancy	80.8%	80.8%	72.3%	75.4%	77.6%	79.6%	80.8%	80.7%	75.5%	77.2%	
RTT/Planned Care	Outpatient Referrals (All)	8,115	7,087	97.2%	100.4%	95.7%	99.0%	87.3%	83.4%	86.6%	91.0%	*
	Elective Spells & Outpatient Procedures	6,994	4,597	74.4%	87.6%	81.3%	74.9%	65.7%	65.7%	74.6%	71.2%	*
	Outpatient Consultations	16,187	18,819	108.8%	115.5%	116.0%	124.3%	116.3%	96.6%	101.1%	103.6%	*
	DNA Rates	7.2%	6.8%	6.0%	6.6%	7.0%	6.7%	6.8%	9.5%	7.9%	6.8%	
	Incomplete Performance	87.3%	69.2%	67.8%	67.9%	67.5%	68.0%	69.2%	69.1%	70.2%	70.9%	
	RTT >52 Week Waiters	18	6,413	6,886	6,703	6,540	6,461	6,413	6,225	6,797	6,411	
Cancer	2WW Appointments	482	502	106.5%	102.9%	88.3%	83.1%	104.1%	88.8%	75.2%	99.0%	*
	All Cancer 2WW	No weekly performance recorded.							74.5%	60.8%	Reported one month in arrears.	
	Cancer 2WW Breast Symptomatic	No weekly performance recorded.							25.3%	17.1%		
	Cancer 62 Days - Urgent	No weekly performance recorded.							75.4%	76.0%		
	Cancer 62 Days - Screening	No weekly performance recorded.							79.7%	80.7%		
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,927	95.1%	96.6%	93.4%	92.7%	91.9%	89.1%	90.1%	93.2%	*
	Diagnostic Performance	No weekly performance recorded.							80.7%	83.9%	82.1%	

Data provided as 'Actual' figure rather than % comparison

* Working day adjusted

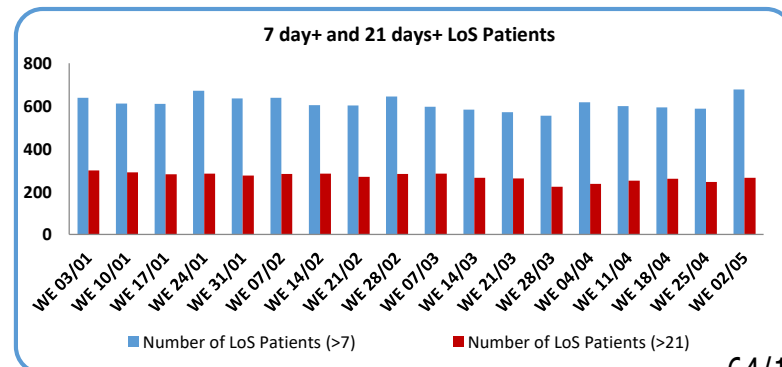
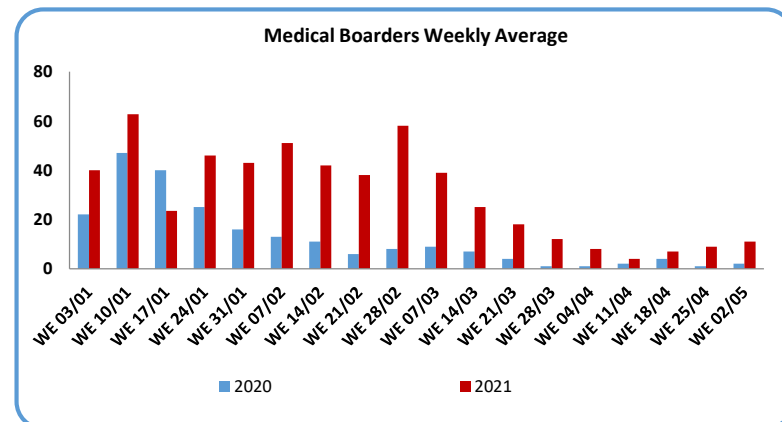
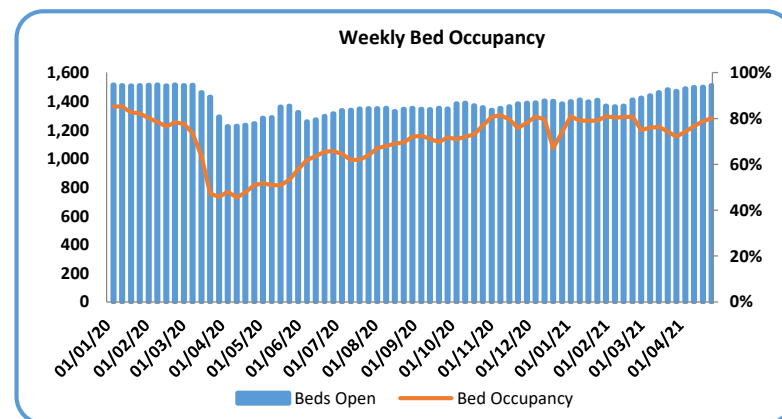
Quality and Performance: A&E Access and Performance

- In April A&E performance declined slightly to 92.4% against the A&E 4hr standard (95%). The standard has not been achieved since August 2020.**
 - NuTH's April performance was well above the national (85.4%) and regional (90.5%) averages.
 - The Trust reported 1 trolley wait >12 hours in April, with this attributable to a psychiatric specialty breach.
- Contributing factors to the higher performance during March and April include:**
 - The partial reopening of observation beds via the re-provision of the minor injuries unit in an alternative space.
 - Increased utilisation of Same Day Emergency Care (SDEC) for suitable Emergency Department patients.
 - The move up to a model of 5 and 6 bedded bays has enabled the reopening of over 120 beds across the Trust.
 - A sharp and sustained fall in the number of COVID-19 inpatients since the end of February. This has also contributed to a sharp drop in the number of bed days lost due to COVID-19 related reasons, compared to the very high levels seen in the 2020/21 winter.
 - Improved patient flow due to the Trust seeing a sevenfold reduction in medical boarders compared to January 2021.
- Changes in attendance profile / acuity as a result of the COVID-19 pandemic:**
 - Overall 2020/21 saw 39% fewer attendances than in 2019/20, with 2020/21 Q4 attendances 28% below 2019/20 Q4 levels.
 - However, in the past 2 months attendances have risen considerably in line with the continued easing of lockdown restrictions and the lower prevalence of COVID-19 which will reduce patient anxiety about accessing care. April saw attendances rise by a further 10% from March.
 - April 2021 had the most Type 1 attendances since December 2019.
 - Type 1 attendances in April 2021 accounted for 64% of all attendances, compared to 52% prior to COVID.
 - Majors attendances were particularly high, consistently exceeding 200 per day. Consequently April had 36 more major attendances per day than January 2021. Emergency admissions rose for the 4th successive month.
 - In line with the high 'majors' attendance levels, the Safe Care Tool has evidenced that the average acuity of patients is higher than pre-COVID.
 - Despite increasing in April, Type 2 Eye Casualty (-30%) and Urgent Treatment Centre (-35%) attendances remain significantly below April 2019 levels. Paediatric attendances per day in March and April were 52% higher than in February following the return of schools during March.
 - April saw the most ambulance arrivals for many years. This follows regional ambulance conveyance pathway changes which have resulted in the RVI receiving around 200 more monthly ambulance arrivals from West Northumberland. The Trust historically received 1 ambulance per day from West Northumberland, but currently receives 9 per day. In April the RVI received 15.6% of total NENC ambulances, around 2% higher than pre-pathway changes. This activity shift equates to the Trust requiring an additional 31 beds to accommodate these patients.
- As previously reported, the Emergency Department are working alongside Newcastle Improvement and Patient Services to implement actions to improve performance and patient experience via numerous initiatives such as:**
 - Implementation of safety huddles in the department to increase communication and improve patient pathways.
 - Collaboration with Paediatrics to implement a more effective and streamlined clinical model.
 - Working with CNTW and commissioners to address the high level of psychiatric breaches.



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

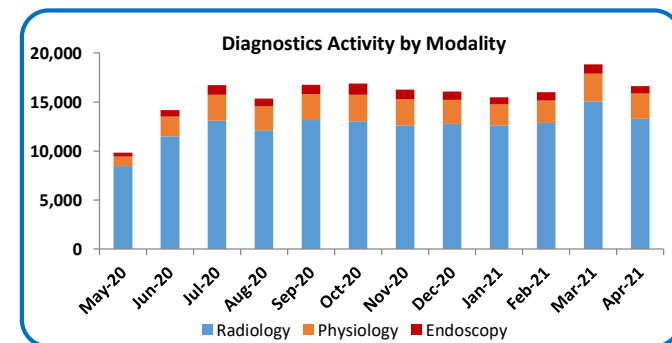
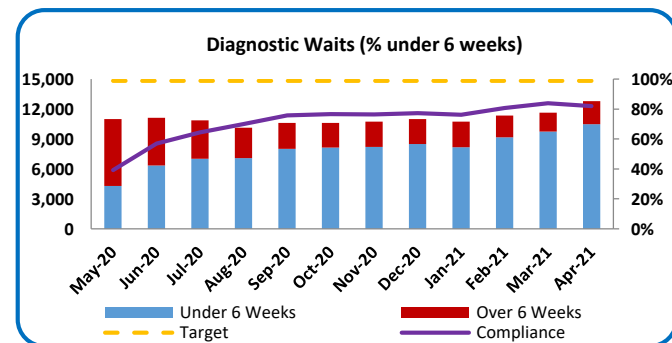
- The Trust averaged 77% bed occupancy in April 2021, 2% higher than in March.**
 - Occupancy rose steadily during the month, up from 72% at the start of the month to 81% by the final week in April. This is in addition to 41 more beds opening and in line with the focus on activity recovery as part of the response to COVID-19.
 - Occupancy was well above April 2020 levels, when the onset of the COVID-19 pandemic caused widespread cancellation of elective activity. However, April 2021 saw bed occupancy fall by 6% compared to April 2019.
- Reasons for the rise in bed occupancy in April include:
 - Elective overnight inpatient activity has more than doubled in the past 2 months and rose to its highest level since February 2020. This has been facilitated by a very sharp drop in the Trust's level of COVID-19 inpatients.
 - A significant increase in A&E walk ins and ambulance arrivals caused emergency admissions per day to the Trust to be 17% higher than 2 months ago.
 - Reduced bed availability due to the closure of Ward 42 to enable some transformational estates work to take place.
 - Although there are now more beds open than during 2020/21, the average number of open beds in April was still 8% lower than in April 2019, which equates to 122 fewer beds across the Trust.
 - Paediatric bed occupancy increased to its highest level for more than a year.
- Medical boarders reduced significantly again in April dropping to their lowest level since August 2020. This contrasts with a sustained period of very high levels during the 2020/21 winter. The sharp drop in COVID-19 inpatients will have contributed to this improvement. Having fewer medical boarders has also contributed to the improved performance against the A&E 4 hour standard by enhancing patient flow in the past 2 months.
- The Trust's volume of Long Length of Stay (LoS) patients fluctuated during April, but by the end of the month there were 10% more patients with a LoS > 21 days and 6% more patients with a LoS >7 days (compared to the end of March). The Trust's average length of stay may increase in line with the higher average acuity of patients currently attending A&E which has led to emergency admissions rising to their highest level for over a year.
- Due to the suspension of reporting to NHSE/I this report will no longer contain information relating to Delayed Transfers of Care (DTOCs) until October 2021.**
- Processes remain in place to ensure this reporting can be restarted in the second half of 2021/22 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

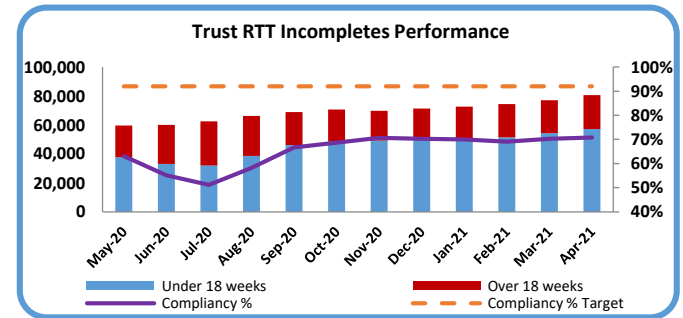
- Diagnostics performance for April was 82.1% against the 99% standard, a decrease of 1.8% from March which had seen the highest level of compliance recorded since February 2020.**
 - Performance declined across both Imaging (88.7%, -1.5%) and Physiological Measurement (58.7%, -2.0%) modalities month on month but improved in Endoscopy (66.5%, +5.5%)
 - The total number of long waiters grew slightly compared to March (+3.7%), with 706 patients now waiting over 13 weeks, although the increase in the overall waiting list (WL) size ensured that the proportion of the overall WL waiting >13 weeks fell slightly (now 5.5%).
 - In March (latest NHSE data) NuTH's diagnostics performance (83.9%) was significantly above the national (75.7%) and regional (76.0%) positions.
- In April 16,608 tests were carried out, a 11.8% reduction on the total for March.**
 - This represents 88.0% of the average monthly activity carried out between April 2019 and February 2020. There were less working days than typical in April and when this is factored in the total compares favourably to the post-pandemic activity high point achieved last month.
 - Volumes reduced across almost every diagnostic test from the previous month, but imaging activity levels remain strong with delivery at 96% of the average seen between April 2019 – February 2020, and over 100% of the total undertaken in April 2019. Physiological measurement and Endoscopy both remain significantly down on pre-Covid 2019/20 averages (at 67% and 65% respectively).
- The total WL size continues to climb, now standing at 12,788 patients in April – a 10% increase on the previous month and the largest recorded in many years.**
 - There were particularly large increases within Neurophysiology (+119%), Gastroscopy (+43%), Colonoscopy (+39%) and MRI (+19%).
 - In Endoscopy these increases can be in part ascribed to catching up with paper backlogs and logging referrals on to the system – plans are in place for a new system and Paperlite process to be implemented across the units in July 2021. MRI continue to flex capacity as much as possible but face an increasing demand – an extra van remains funded throughout Q1 to provide additional capacity.
 - 63% of Echo patients on the WL have waited >13 weeks. The service have received approval through the Recovery Plus programme for additional funding to support insourcing over the next four months to help reduce both the backlog and average wait time.
- Efforts continue to further increase activity across all settings despite ongoing social distancing and infection prevention control regulations as well as the additional settle time required between patients, which pose significant challenges.**
 - Endoscopy are providing regular extra sessions throughout Q1 2021/22 following approval of Recovery Plus schemes, as well as providing additional pre-assessment capacity which will in turn reduce DNA rates.
 - Through Recovery Plus, Cardiothoracic services have also been funded to provide a number of extra adult sleep study diagnostics over the next two months.

Patients Treated	Apr '21	Mar '21	Difference (Actual)	Difference (%)
Imaging	13,299	15,050	-1,751	-11.6%
Phys. Measurement	2,559	2,846	-287	-10.1%
Endoscopy	750	943	-193	-20.5%
Trust Total	16,608	18,839	-2,231	-11.8%



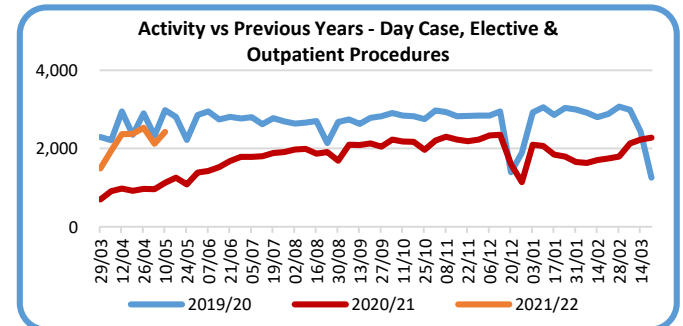
Quality and Performance: 18 Weeks Referral to Treatment

- **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 April against the 18 week wait target (92%) remains largely static with compliance at 70.8%, a 0.6% increase from March but nonetheless the highest level achieved since April 2020.**
 - 23,465 patients have now waited greater than 18 weeks, 8,633 of these have waited over 40 weeks, the first increase in this group for 4 months.
 - The number of patients waiting >52 weeks reduced for the first time in over a year, down 5.7% to 6,411. 46% of >52 week waiters are within Ophthalmology, although the overall total reduced by 212 from March to 2,918. 27 patients are breaching 104 weeks, all within Spinal Surgery.
 - It should be noted that 12 months ago the number of referrals the Trust received dropped considerably due to COVID.
 - NuTH have the 7th largest PTL in the country as of March 2021, with the highest compliancy rate of the Trusts with the 10 largest PTLs. Overall national compliancy in March stood at 64.4%, 5.8% below the NuTH total.
 - In total the volume of referrals received in April 2021 was 91% of those seen in April 2019. Whilst routine referrals were only at 86% of the numbers previously seen, 2WW and urgent referrals were both received in greater volumes than the comparable month, at 106% and 118% respectively.
 - Directorates continue to undertake multiple actions to mitigate the risks of longer waits, with harm reviews for >52 week waiters carried out alongside the triaging patients on WLs to assess their condition.

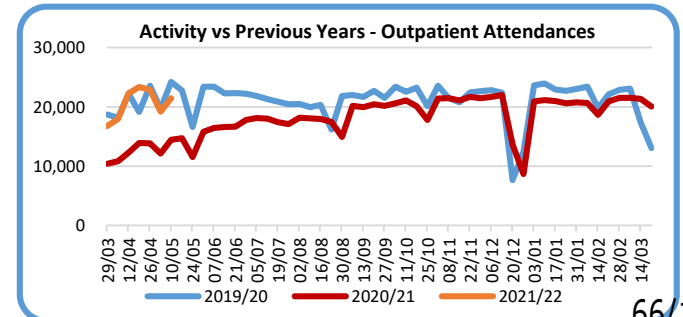


- **Treatment of long waiters as well as recovery of elective activity and RTT performance are key priorities for the Trust, with NHSE/I Elective Recovery Framework (ERF) ambitions to achieve 70% of DC, EL, OP Proc. and OP Attendance activities from Apr '21, 75% from May '21, 80% from June '21 and 85% from Jul-Sep '21.**

- Following the winter surge of COVID-19 admissions, theatres, staff and beds have now returned to their usual departments and the number of beds in a bay has increased from 4 to 5 and in some cases back to 6, enabling more elective activity.
- For the month of April 2021, activity delivery measured at 85.4% (Day Case & Elective) and 97.5% (Outpatient Attendances & Procedures) when compared to April 2019. This demonstrates the clear increase on March levels whilst also exceeding the 70% recovery target.
 - These figures are based solely on units of activity, with no accommodation of case mix/financial value which is a factor in the ERF ambitions.

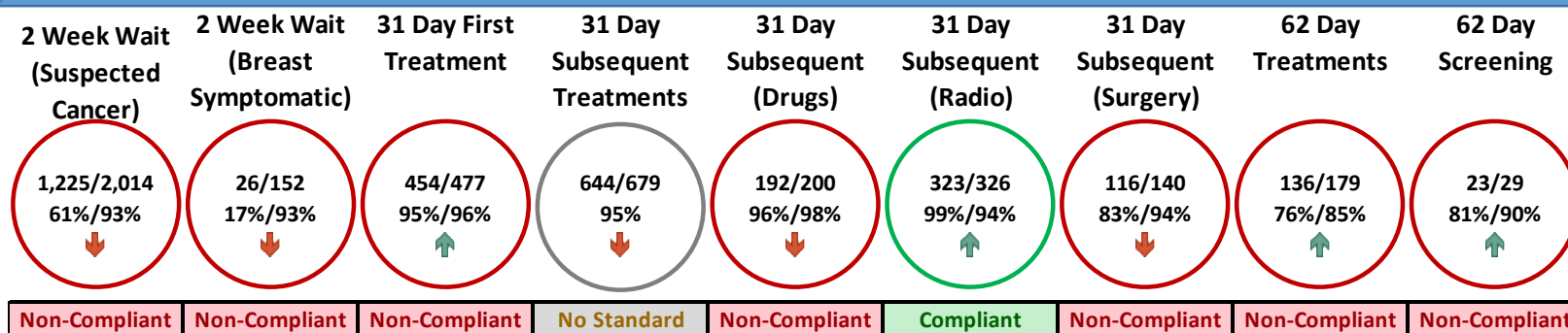


- The Trust continues with its established recovery work streams, with intensifying focus on elective activity recovery. Activity plans have been produced in collaboration with Directorates and opportunities to increase throughput and reduce long waits are being assessed on a weekly basis via the Recovery Plus programme.



- **Current primary recovery schemes include:**
 - A cataract modular theatre which will rapidly expand capacity by an additional 1/3rd of previous volumes due to the enhanced patient flow benefits of the design.
 - Additional sessions within Dental, Surgery, Endoscopy, Radiology and Women’s.
 - 7 day working within the Chemo Day Case Unit
 - Numerous other recovery schemes identified.

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'

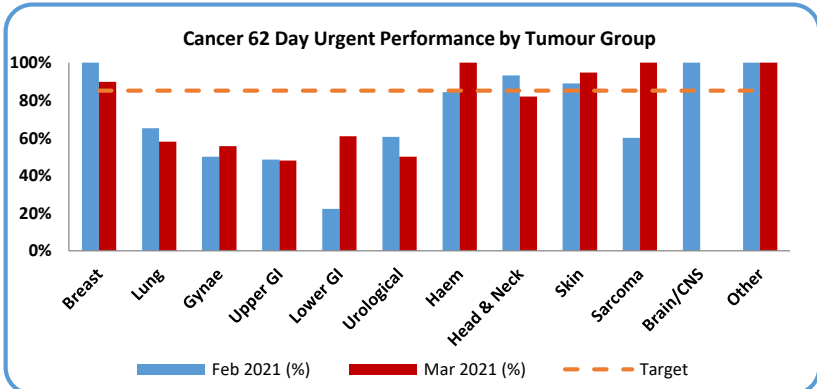
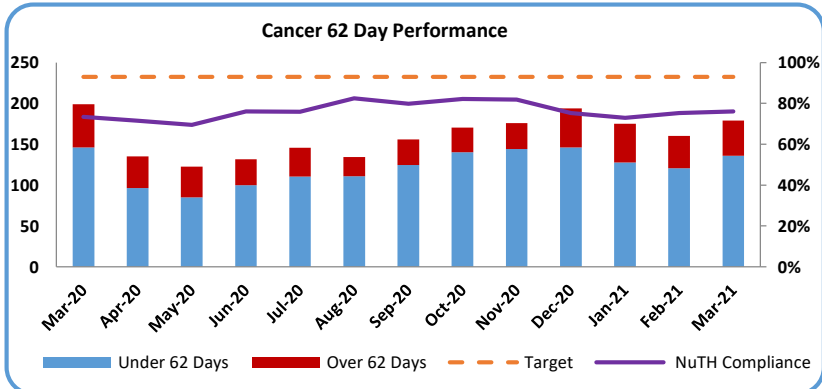
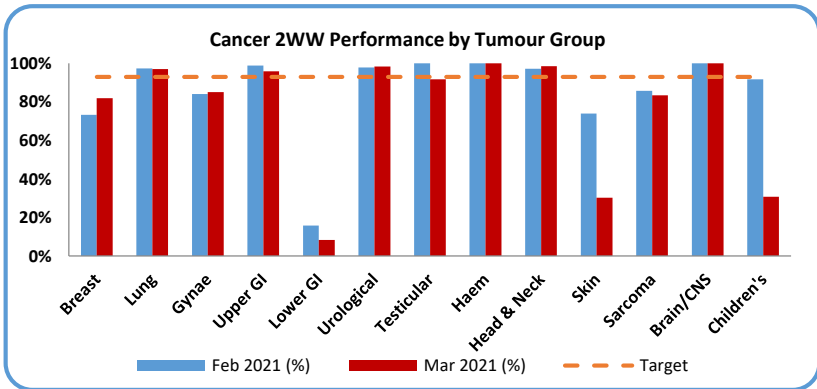
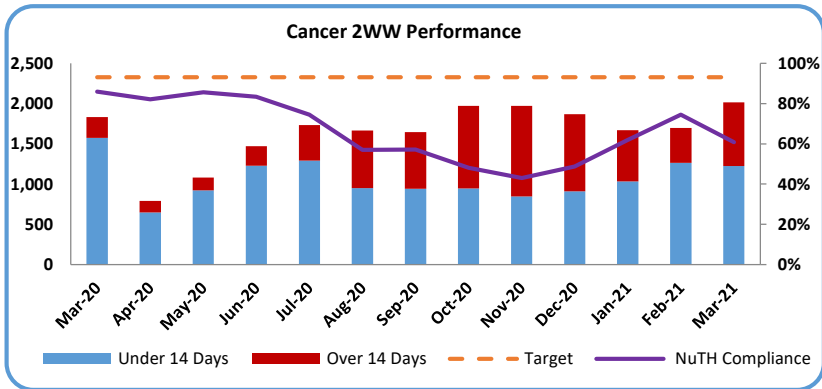
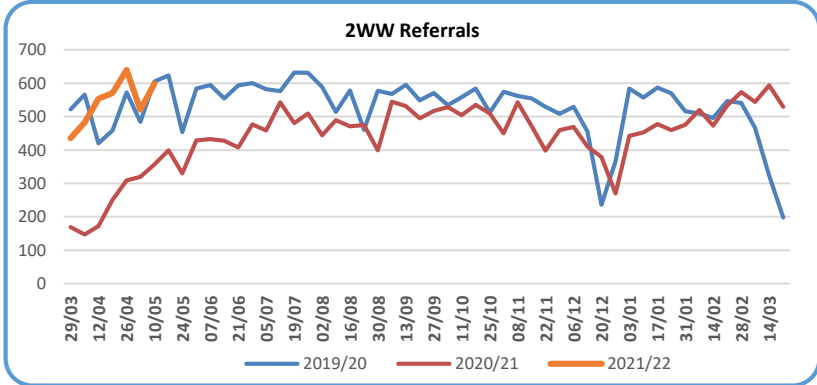
- The Trust achieved 1 of the 8 Cancer Waiting Time standards in March; 2 of the 8 standards were met in February.
- The nationally validated 2ww position declines as expected due to issues talked about in the Skins pathway (61% from 75%) for March; this is primarily due to significantly increased referrals levels with capacity yet to catch up. Concerns also remain within Breast and Lower GI.
 - Within the Skins pathway tele-dermatology has been introduced** 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.
 - Skins referrals** from the end of February increased significantly due to pathway changes, this is now coinciding with a seasonal increase in Skins referrals, this will continue to have a knock on effect to 2ww compliance as the service reorganises to meet the additional demand.
 - The Lower GI service (8% 2ww compliance) continues to suffer 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 and other measures have been approved internally to increase capacity to the endoscopy service.
 - The Breast service (82% suspected compliance and 17% symptomatic compliance) are struggling to clear an existing symptomatic backlog** which has formed due to increased referrals, with additional capacity beyond usual establishment being shared with the Breast Screening service.
 - Additional support from Radiology** was secured during February and March to support the Breast Screening and Breast Symptomatic services. Discussions continue to find longer term solutions with the Recovery Plus programme approving several proposals.
- The Northern Surgical Hub** which captures patients requiring surgical intervention across the Northern section of the Cancer Alliance is no longer redistributing cases between organisations, with each provider now able to treat their caseload after the decline of the latest COVID wave.
 - NuTH provided significant support during February to this initiative and March will likely show a knock on impact from taking on this additional caseload.
- The Northern Cancer Alliance met 3 of the 8 standards in March; 2 of the 8 standards was met in February.**
 - 5 providers within the Northern Cancer Alliance achieved the 2ww target in March.
 - 1 provider within the Northern Cancer Alliance met the 62 day target in March.

Please see additional charts and referral information contained on the next page 67/102

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 months have seen a significant increase in referrals within the Skins tumour group with pathway discussions in place with primary care colleagues.



Quality and Performance: Other Performance Requirements

- **The Trust reported 24 'last minute' cancelled operations in April 2021, a noticeable increase on the numbers reported over the winter months.**
 - This still remains significantly below both the pre-COVID monthly average of 62 and the monthly totals reported during the summer and autumn of 2020, but reflects the gradual increase in elective inpatient activity in tandem with continual close management of listed patients.
 - Cardiothoracic Services (16) continue to be the biggest contributor to the Trust total, with only two other directorates - Neurosciences & Surgical Services – reporting 'last minute' cancellations (4 each), having both reported none last month for the first time since June 2020.
 - The Trust reported 0 breaches against the standard to treat within 28 days following last minute cancellations in April. This is the 9th time there have been no monthly breaches in the past 11 months.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in April.**
 - Performance against the referral metric was 100% and has been at this level of compliance for over a year.
 - The percentage of patients asked the dementia case finding question remains significantly below target and decreased slightly last month to just below 50%, however continues to outperform the average monthly compliance seen in recent years. The dementia team have heavily promoted the dementia and delirium screening tool through training and education events, as well as working 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.
 - Achievement of the requirement for appropriate patients to have a dementia diagnostic assessment slightly improved last month but is significantly lower than pre-October 2020 compliance levels. 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 significantly improved in April (1.46%), reaching its highest level since January 2020, albeit this 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 to secure additional counselling and CBT capacity, with the hope that this should enable the service to reach the required 18.9% annual access target once additional staff are in place.

- **In April performance against the IAPT 'moving to recovery' standard marginally reduced to 40.4%, below the 50% target. IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 90.8% and 100%.**

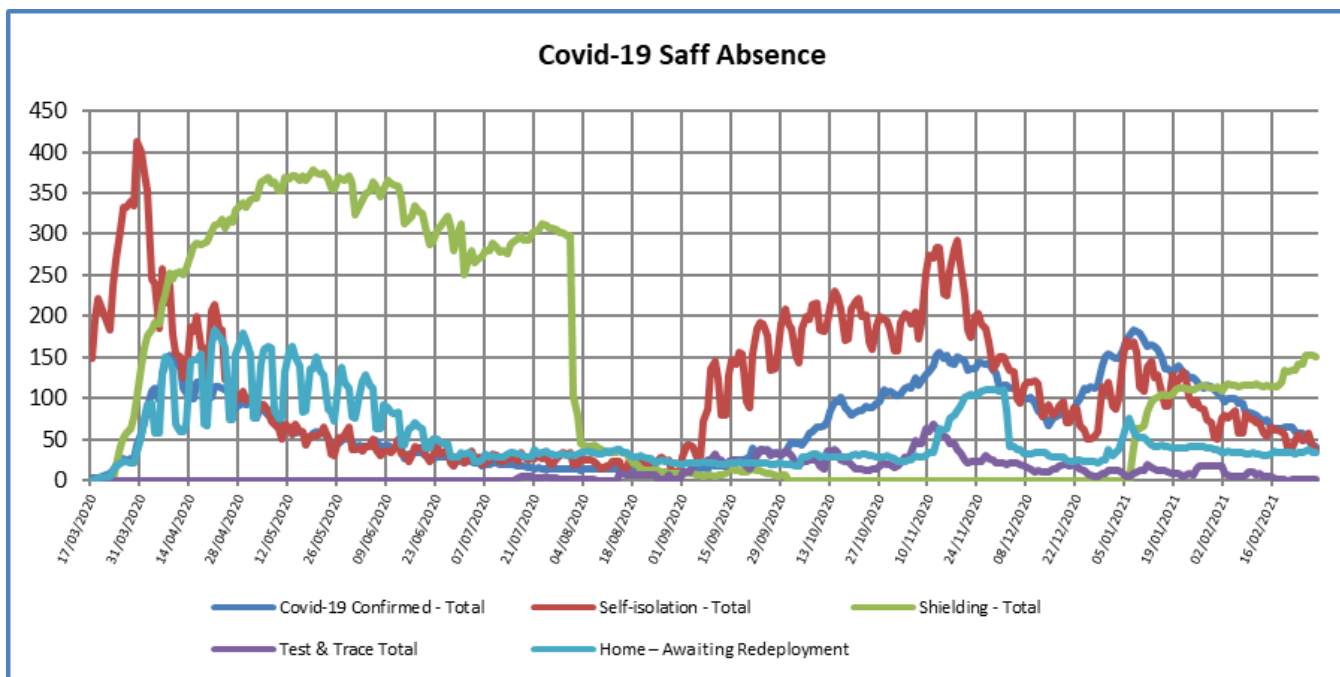
- The service is working with Collaborative Newcastle and the CCG to review the service specification, contracting arrangements and a service work plan. They continue to provide the majority of clinical sessions via telephone or video, but are offering a small amount of face to face work based on clinical need.

Reportable Cancelled Operations	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	
Last minute cancelled operations	15	16	45	40	34	30	30	14	19	16	7	24	
Number of 28 day breaches	6	0	0	0	0	2	0	0	5	0	0	0	
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	
Standards	Target	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
% asked the dementia case finding question within 72 hours of admission.	90%	37%	36%	28%	39%	38%	36%	43%	42%	47%	49%	52%	49%
% reported as having had a dementia diagnostic assessment including investigations.	90%	65%	67%	62%	71%	64%	38%	36%	26%	24%	15%	14%	17%
% who are referred for further diagnostic advice in line with local pathways.	90%	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 30th April 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 30th April they were down to 16. It also shows the number of staff advised to shield due to being clinically extremely vulnerable.



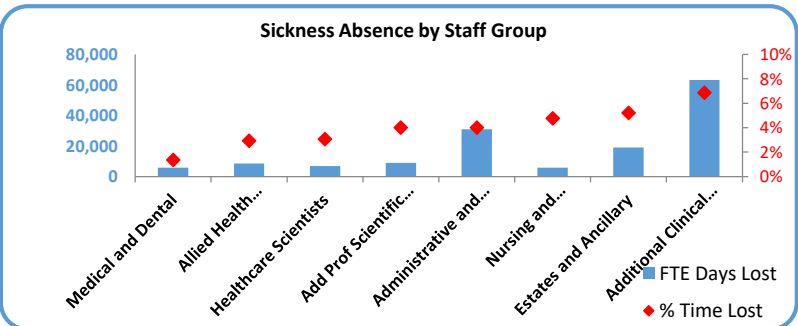
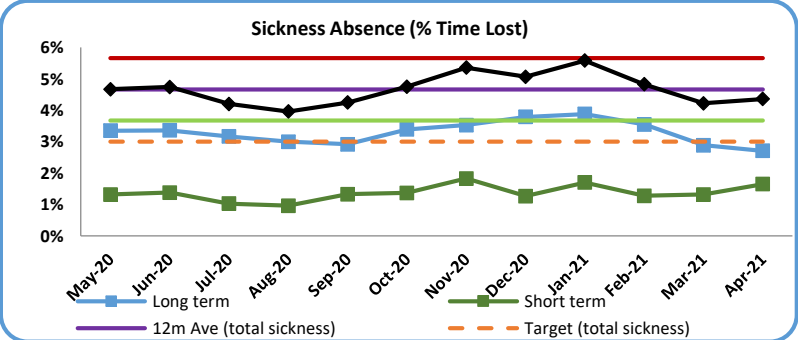
- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.

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- Year to year comparison for sickness absence :

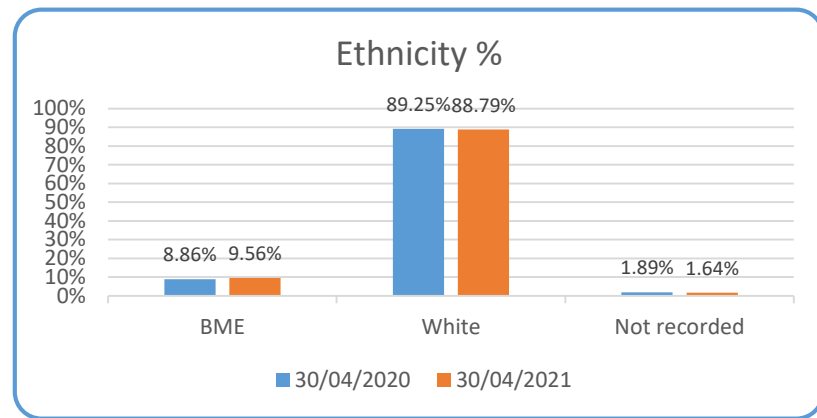
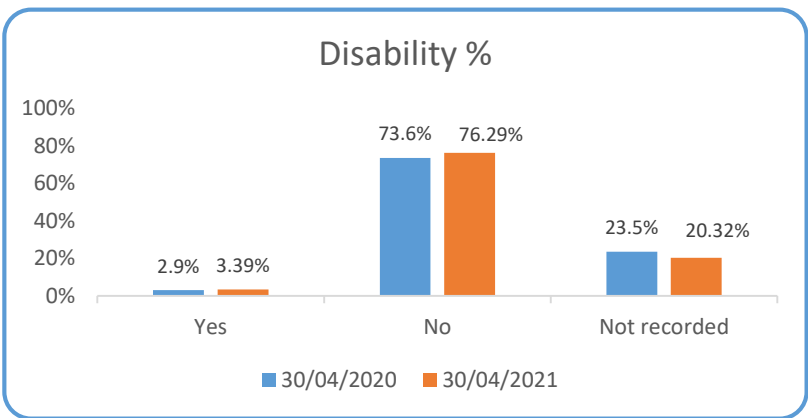
	Apr-20	Apr-21	
Long-term	3.21%	3.41%	↑
Short-term	1.43%	1.13%	↓
Total	4.64%	4.54%	↓

- 218,663 working days were lost due to sickness in the year to April 2021, compared to 215,250 for the previous year.
- Overall sickness absence is 4.64% , which is down from the end of March 2021 position of 4.77% - (% Time Lost).
- The top three reasons for sickness absence are anxiety/ stress/ depression (35.53% of total absence), other musculoskeletal (12.07% of total) and other known causes (3.37% of total). For the previous 12 months the top three reasons were anxiety/ stress/ depression (31.18% of total), cold/ cough/ flu (23.43% of total) and other known causes (7.48% of total).

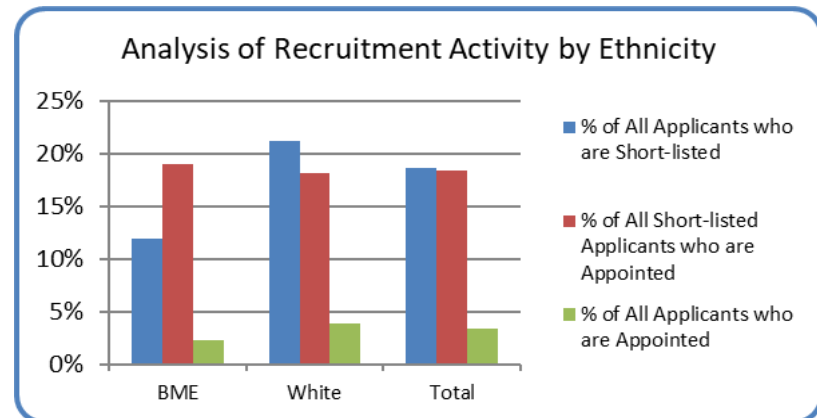
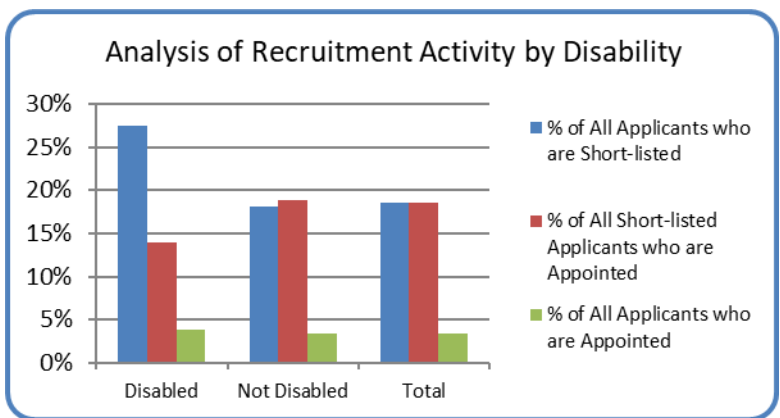


*COO Directorate includes Outpatients / ABC Service

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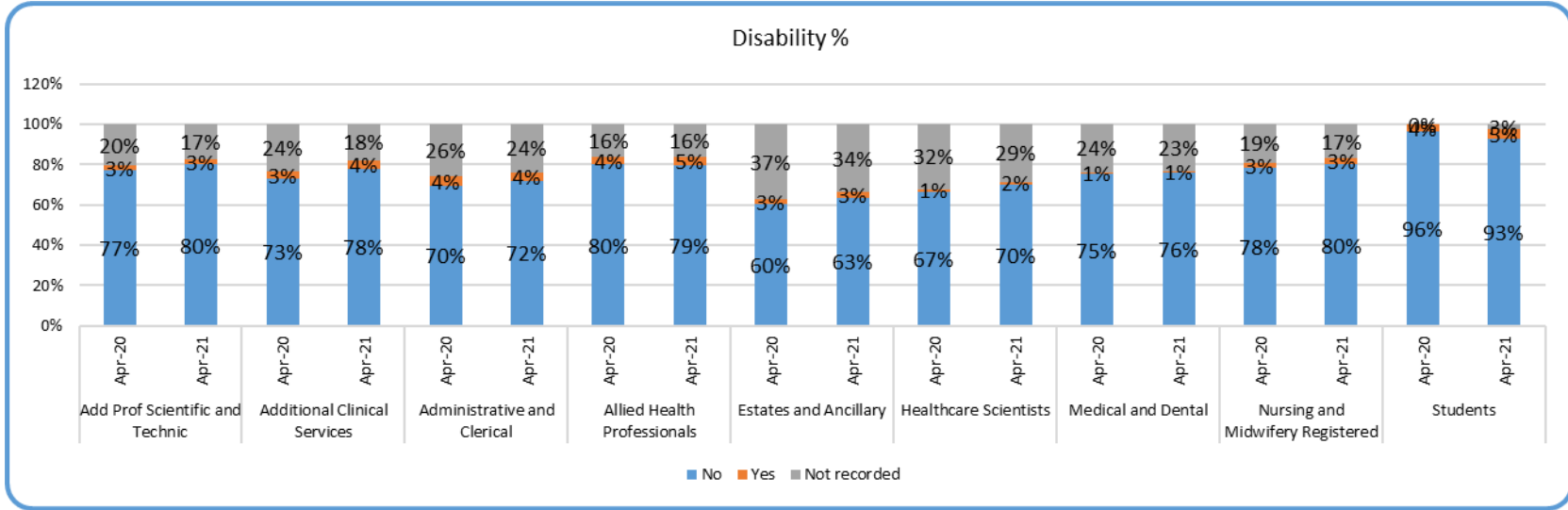
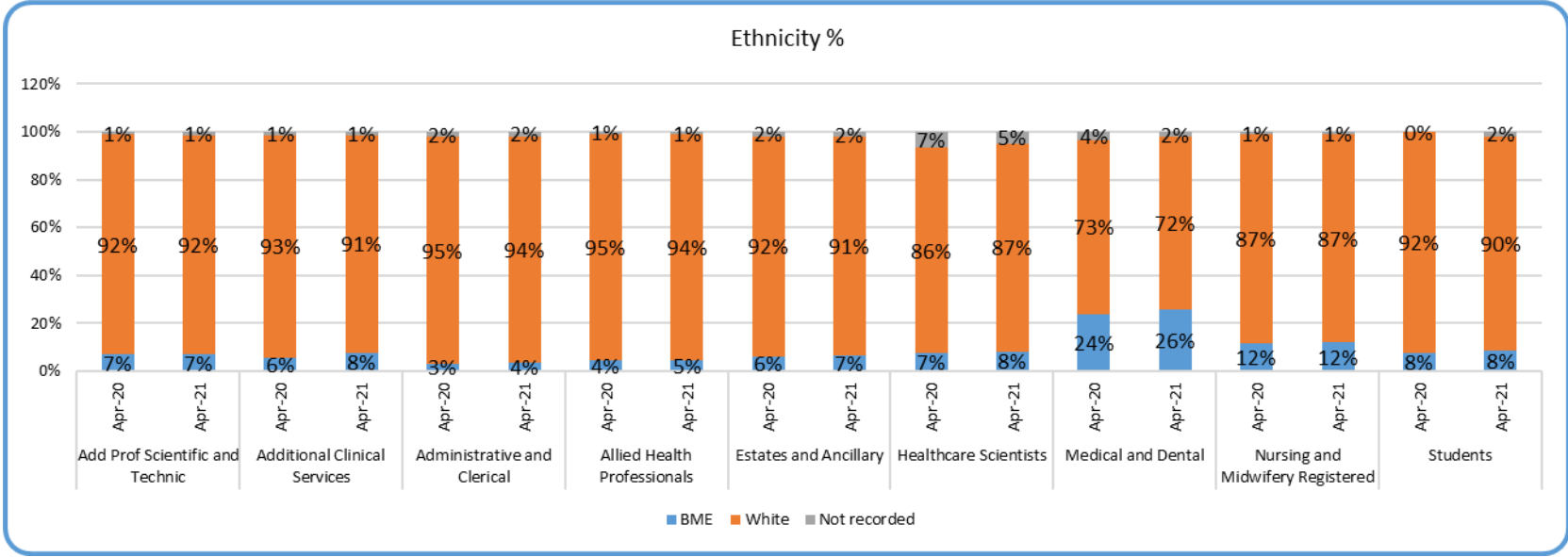


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending April 2021.



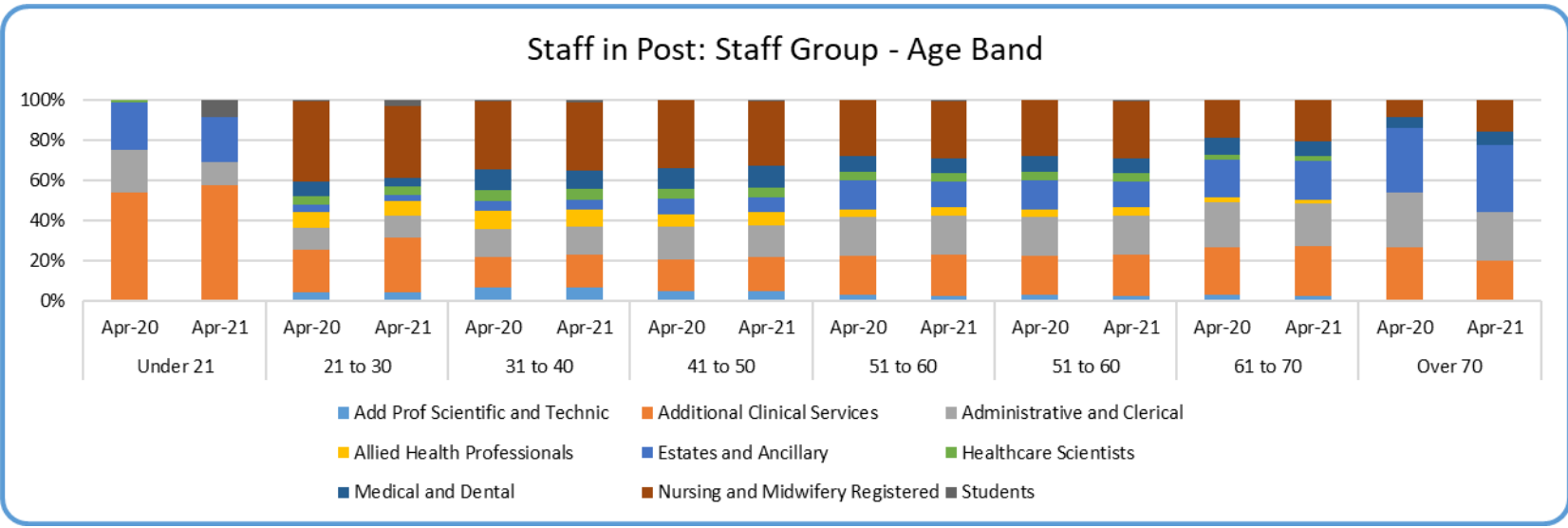
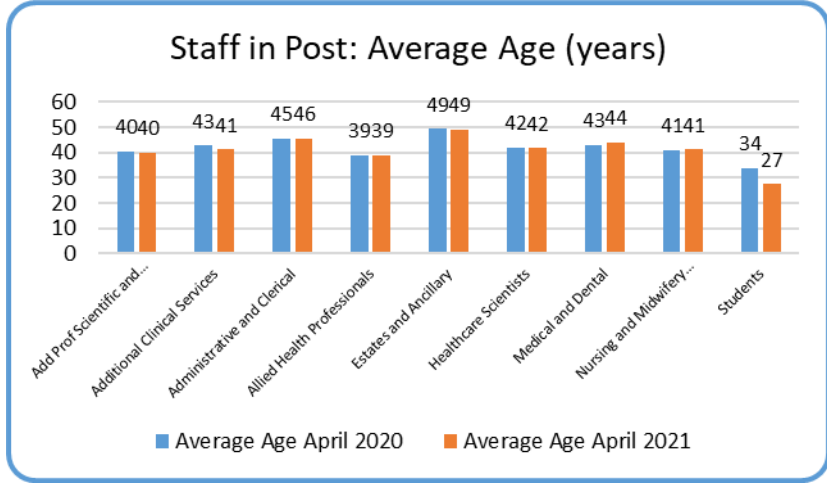
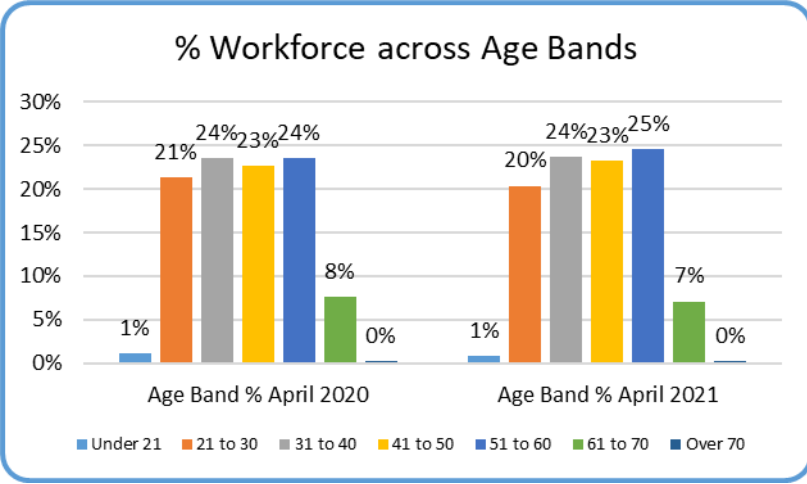
- The graphs above identify, by headcount, the percentage of staff in post in April 2020 and April 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 2.93% to 3.39% and the percentage of BAME staff has increased from 8.86% to 9.56%.

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



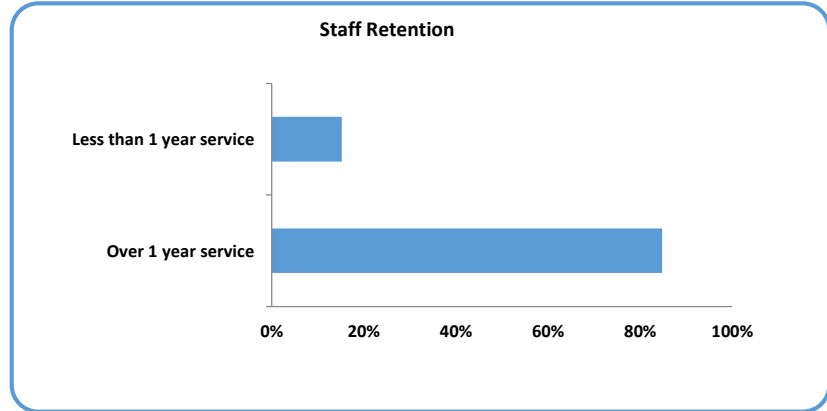
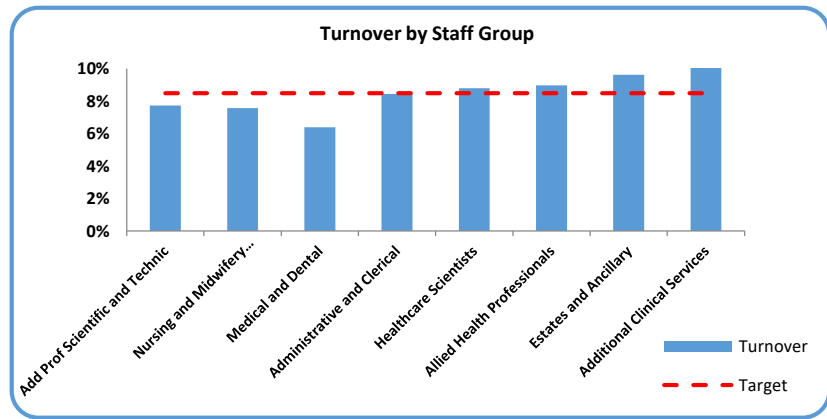
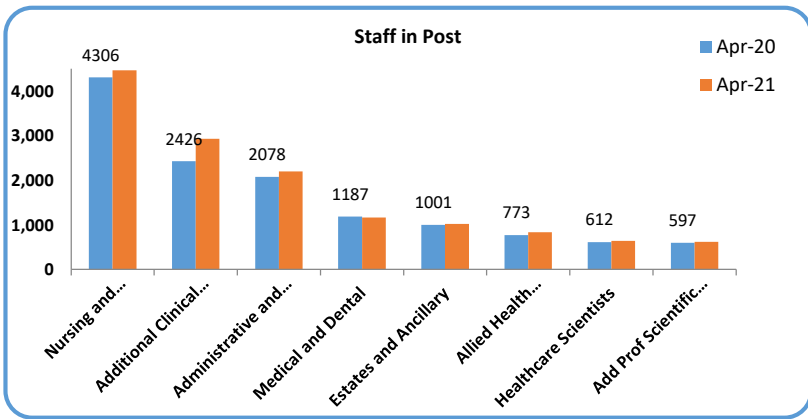
- The graph above identify, by headcount, the percentage of staff in post at April 2020 and April 2021 by ethnicity and disability across all staff groups.

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



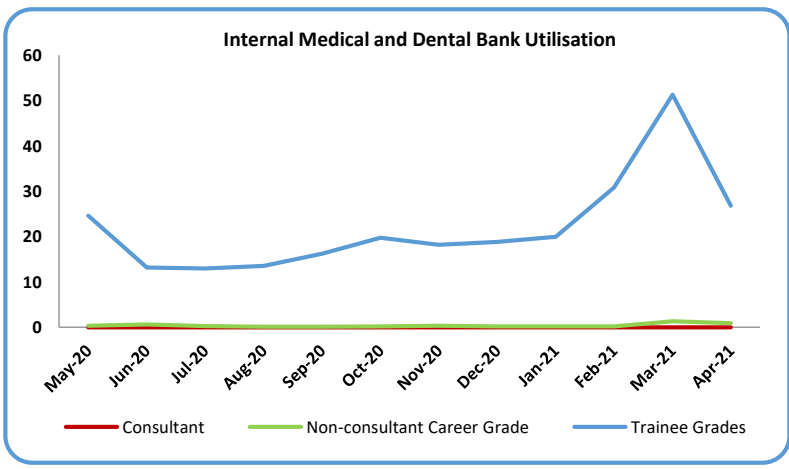
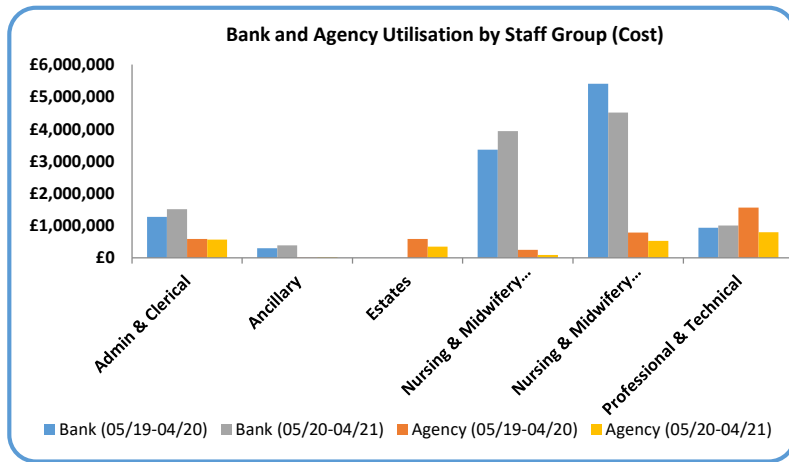
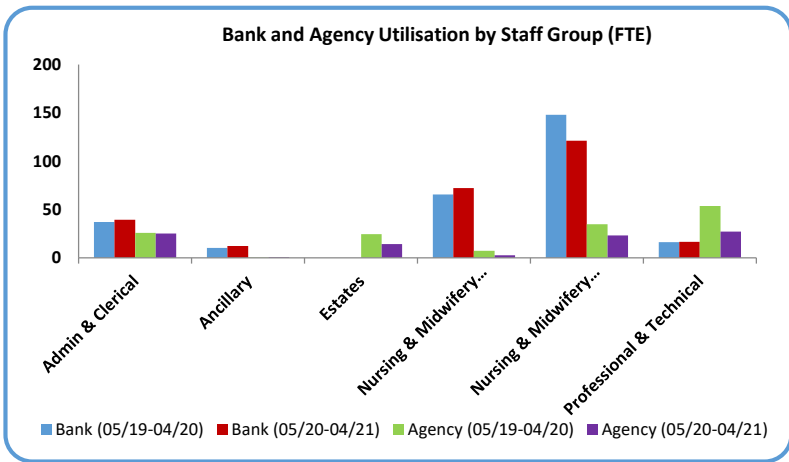
The graphs above identify that staff in post across aged bands has remained similar between April 2020 and April 2021.

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



- Staff in post at April 2021 is 13,887 wte (16,129 headcount) compared to 12,979 in April 2020 (15,005 headcount).
- Staff turnover has increased from 8.98% in April 2020 to 9.44% in April 2021, against a target of 8.5%.
- The total number of leavers in the period May 2020 to April 2021 was 1,439.
- Staff retention for staff over 1 year service stands at 84.79%, which is a decrease from 88.58% in April 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.

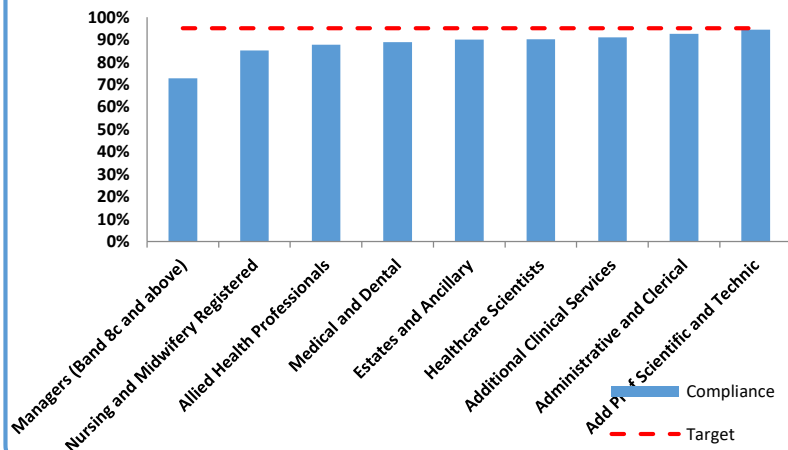
People: Flourish – ‘Shaping the Best Place to Work’



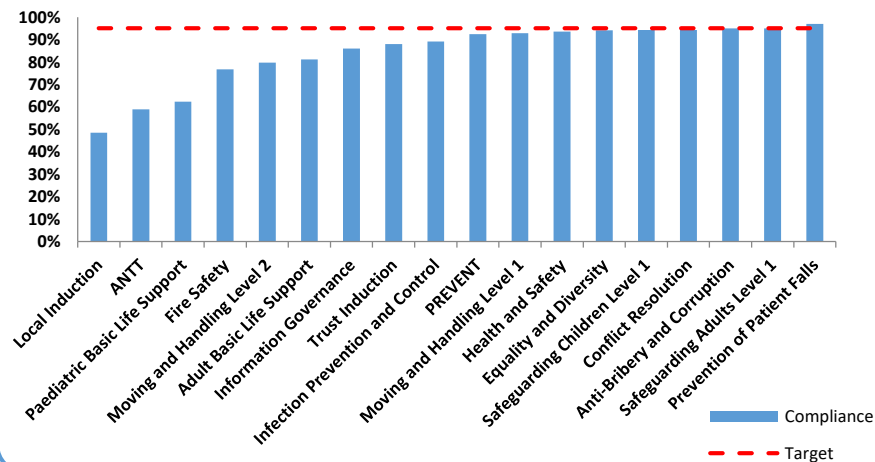
- Comparing the periods May 2019 – April 2020 to May 2020 – April 2021, overall bank utilisation has decreased from 277 wte to 261 wte and agency utilisation has decreased from 145 wte to 92 wte.

People: Delivering Excellence in Education & Training

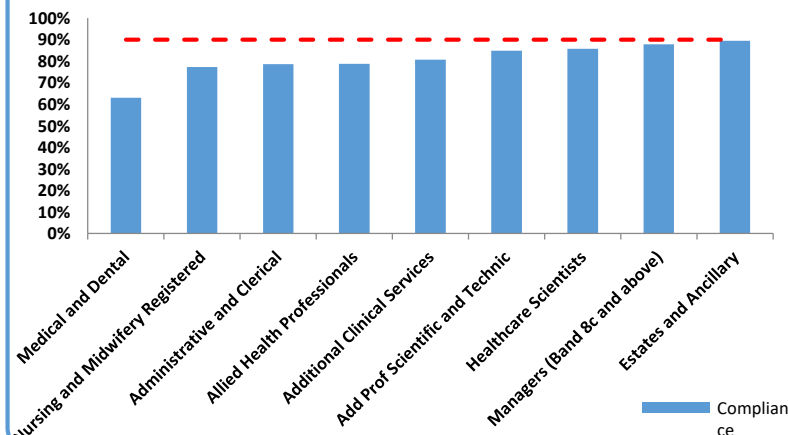
Mandatory Training by Staff Group



Mandatory Training by Topic



Appraisals



- Appraisal compliance stands at 79.49%, at end of April 2021, against an end of year target of 95%. The April 2020 position was 76.19%. 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 88.85% at end of April 2021, against a Q1 target of 80% and end of year target of 95%. The April 2020 position was 89.15%.

Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 30th April 2021.

NHSE has issued a new finance regime to operate to 30th September - NHSE are using the term H1 to mean the first half of 2021/22, at present we do not know what the finance regime will be for the second half of the year. The Trust is required to submit a financial Plan to NHSE for H1 and that is to be completed by the end of May.

In the period to 30th April 2021 the Trust incurred expenditure of £112.4 million, and accrued income of £112.4 million on mainstream budgets, leading to a break even. In addition the Trust incurred further expenditure of £7.6 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 and I & 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 30th April the Trust had spent £1.7 million capital, £0.8 million behind Plan.

Overall Financial Position	
	Month 1 Actual £'000
Income	112,390
Expenditure	112,390
I & E position (excl impairment)	(0)
Capital Programme	1,672

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 June 2021						
Title	Quality of Patient Experience (QPE) Working Group Report June 2021						
Report of	Carole Errington - Chair of the QPE Working Group						
Prepared by	Carole Errington - Chair of the QPE Working Group 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 work of the Quality of Patient Experience (QPE) Working Group since the last meeting of the Council of Governors on 15 April 2021. It provides a summary of:

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

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP REPORT JUNE 2021

1. INTRODUCTION

The QPE continue to hold monthly meetings virtually.

2. GROUP ACTIVITIES

Governor group members continue to hold virtual meetings and panels and report back to fellow governors.

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

Mrs Errington and Mrs Nelson attended a virtual Complaints Panel in April and May.

Dr Lucraft attended virtual Clinical Audit and Guidelines Group (CAGG) in May 2021 and heard the results of the following National Audits:

- The National Vascular Audit;
- Adult Asthma;
- Childhood Epilepsy.

In addition Directorate Annual Reports were circulated from:

- Ophthalmology;
- Cardiothoracic;
- Community Directorate;
- Children's Services;
- Surgical Services; and
- Medical Physics and Clinical Engineering.

A report was received on the Q Factor celebrating Quality Improvement and Clinical Excellence during the Covid 19 pandemic.

Mrs Yanez attended the Patient Safety Group. EPOD presented their Duty of Candour report and explained that they have recently consolidated their Governance structure, comprising of five Governance leads and a Deputy Matron to oversee governance within the Directorate. Their first task is to improve duty of candour communication to relatives. The report also highlighted that the Ward Sisters are very good at communicating with relatives of patients suffering pressure ulcer damage.

Issues with the electronic alert on the IT system were discussed. The electronic alert will be re-launched from 4th May onward.

Agenda item 10(i)

The Director of Infection Prevention and Control (DIPC) reported that there is ongoing work to explore how to improve surveillance on infections which includes a business case for a software platform to improve data availability and additional IPC posts. The risk and mitigations in place are reflected on the risk register.

The DIPC discussed the issue of Covid outbreaks within the Trust to the end of March. The Trust have undertaken a programme of Covid vaccinations for high-risk patients who were in hospital or attend regularly for treatment i.e. dialysis.

There is to be a new strategy on food and drink. The MUST tool is being under used. The meeting was well organised and ran to time. Risks were discussed and an action log produced. The Patient Safety Group feeds into the Quality Committee where appropriate issues will be raised. Mrs Yanez was made to feel welcome and included in the discussions.

3. PRESENTATIONS

Mrs Teri Bayliss, Charity Director and Ms Jill Baker, Non-Executive Director (NED) and Chair of the Trust Charity Committee attended the 6 April 2021 meeting to talk to the committee about the Charity. Mrs Bayliss explained that hospital charities are different from other charities and that the corporate trustee is the Trust Board.

A report was produced which recognised that to increase revenue then some investment is required.

People are happy supporting the NHS and Trust Charities. The largest Trust charities are Great North Children's Hospital (GNCH), The Bobby Robson Foundation, Charley Bear and Fleming Memorial for Sick Children.

Charities face a difficult post Covid period so the new Strategy is to help increase visibility of the charity to raise the profile and understanding within the Trust and wider community. Effective use of technology and systems. The strategy will be guided by the Charity Committee who will monitor and evaluate progress annually. The generated income must be well managed.

Mrs Bayliss went on to explain that the aims of the Charity Strategy are to:

- Enhance the patient experience and environment.
- Support the health, wellbeing and professional development of the staff of Newcastle Hospitals.
- Fund major developments and health related clinical research and innovation.
- Develop place-based partnerships to tackle health inequalities and to create healthier communities.
- Be a trusted charity partner with connected and engaged supporters and volunteers.

Mrs Tracy Scott, Head of Patient Experience attended the meeting on 6 April 2021 and gave an update to Governors on Complaints and Patient experience. Mrs Scott explained that overall the number of complaints received have decreased however informal complaints have increased. Patient tolerance levels and behaviours are changing and most informal complaints reflect this.

Agenda item 10(i)

The Directorates are doing a fantastic job informing patients regarding changes to appointments, a lot of appointments continue to be either virtual or by telephone.

Following the virtual attend anywhere appointment the patients are asked to complete a survey and the majority are happy with the experience.

One area which has been highlighted by a small number of patients who have explained that they have minor concerns around their virtual consent. A very small number of patients have reported that they felt they were seen briefly on the day of their operation and this may be why they report feeling rushed. This information has been shared with clinical directorates and the out-patients transformation programme. Patient Relations staff are monitoring the situation closely. When the results of the National In-patient survey are published Mrs Scott's team plan to carefully review whether consent satisfaction scores have changed/differ from previous years.

Mrs Carrick enquired whether elderly patients are finding it difficult at the moment with virtual and telephone appointments. Mrs Scott advised she had not heard this feedback specifically from elderly patients.

Mr Forrester advised that we should not underestimate what other external groups are doing to assist patients. He counsels prostate cancer patients and they have had an increase in referrals.

It is under review whether patient visiting will be re-instated in a managed and scheduled way. An hour per day per patient is being considered. The Covid pandemic has made it very difficult for visiting to be resumed safely but it is acknowledged the impact that lack of visitors can cause for patients, staff, family and visitors.

The Carers Worker has been recruited and will take up post at the end of April.

The Accessible Information Standard 2016 was discussed. Initially it was difficult to achieve the standard but improved technology has improved the situation. The Trust has a new website which is available for patients. The community group are delighted with the improvement.

The patient's portal and engagement portal is due to be launched soon.

The QPE Working Group reviewed their Terms of Reference. These will be presented to the Council of Governors for approval along with the other Working Group Terms of Reference when available.

4. ONGOING AREAS OF FOCUS

The QPE plan to discuss Ward/department visits to ensure everything is in place when they are able to be resumed.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

**Report of Carole Errington
Chair of the QPE Working Group
June 2021**

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COUNCIL OF GOVERNORS

Date of meeting	17 June 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 April 2021.

BUSINESS AND DEVELOPMENT (B&D) WORKING GROUP REPORT

1. INTRODUCTION

This report details the activities of the Business and Development (B&D) Working Group since the last meeting of the Council of Governors on 15 April 2021. The Group seeks to be informed, and comment as appropriate, to the Trust's strategic plans. The group also has responsibilities in relation to the appointment of the Trust's external auditor.

2. GROUP MEETINGS

Meetings have been held every month. The meetings have been held both virtually and face to face with a maximum of six attendees in a garden.

The invited speakers have been invited to reflect our Terms of Reference and Purpose Assurance Plan. Speakers have included:

- April 2021. Andrea Burroughs (AB), Assistant Director Commercial Enterprise Unit, updated us on progress since her last presentation in October 2020 this included:
 - Covid 19 had required a refresh of the strategy to increase income from non-NHS sources due to an inability to pursue various streams such as overseas patients and Education programmes in the Surgical Training Centre.
 - There had been a rigorous alignment of potential opportunities to the Trust 5 P Strategic framework.
 - A Commercial Strategy Group had been formed with a wide ranging membership including the Apex group (patient experience) and Directorate Managers. This group reports to the Finance Committee.
 - There was a Commercial Directors Forum of the Shelford Group (10 major teaching hospitals) which provided opportunities to interact with others and assess potential opportunities for Newcastle.

AB also discussed the Covid 19 facilities the Trust is managing. The Integrated Care Hub North East (ICHNE) is comprised of:

- The Lighthouse lab (North East, Cumbria, North Yorks & Humber) provides capacity for up to 80k PCR tests per week.
- The Co-ordination and Response Centre (North East) for track and trace, liaison with all agencies.
- The innovation laboratory (England) brings together industry, academia, NHS to facilitate the adoption of the next generation of diagnostics, is establishing a biobank, and to future proof the diagnostic landscape for any future pandemics.

The plan for the next six months for the Commercial Enterprise Unit is to:

- Support Commercial Schemes as part of the recovery effort.
- Build on the early success of the Innovation lab for Covid and other diagnostics.
- Develop and roll out the innovation strategy and intellectual property policy.
- Undertake a Board development session on the commercial strategy.

- Continue to develop networks.

- May 2021. Cameron Waddell, Partner at Mazars attended and gave a presentation on their role as the external auditor and advised of the following key points:
 - The timescales for the production of reports this year.
 - Mazars are the auditors for several NHS Organisations in the North East as well as local authorities, fire service etc. and have useful contacts with NHSE and the National Audit Office (NAO).
 - The regulatory framework is set out by the NAO which publishes a Code of Audit Practice as well as Audit Guidance Notes.
 - Mazars' role centres on the audit of financial statements and also consideration is given to economy, efficiency and effectiveness. They cover financial accounts, the Annual Report and Annual Governance Statement, VfM arrangements (which are more extensive this year), and have the ability to issue a public interest report if they discover something of major concern.

3. GROUP MEMBERSHIP

New members are very welcome to join the group. 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
10 June 2021**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 June 2021						
Title	People, Engagement and Membership (PEM) Working Group Report June 2021						
Report of	Judy Carrick – Acting Chair of the PEM Working Group						
Prepared by	Judy Carrick – Acting Chair of the PEM Working Group						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input checked="" 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; approve the appointment of Mrs Judy Carrick as Acting Group Chair and Mrs Catherine Heslop as Deputy Group Chair; and endorse the Membership and Engagement Strategy included in Appendix 1.						
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.						

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP REPORT

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the People, Engagement and Membership (PEM) Working Group since the last meeting of the Council of Governors on 15 April 2021.

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP REPORT JUNE 2021

1. INTRODUCTION

The PEM continue to hold monthly meetings virtually.

The current Group Chair, Mr Steven Cranston, was unable to Chair the Committee meeting on 9 June 2021 due to illness therefore following discussion at the Group meeting on 9 June 2021 it was agreed that Mrs Judy Carrick undertake the Acting Chair role on a temporary basis until Mr Cranston returns, and that Mrs Catherine Heslop be appointed as Deputy Chair of the Group, subject to Council of Governors approval.

Best wishes are sent to Mr Cranston for his recovery.

2. GROUP ACTIVITIES

The Membership and Engagement Strategy was finalised by the Group and is attached in Appendix 1 for Council of Governors endorsement.

3. ONGOING AREAS OF FOCUS

The PEM Group is developing an Implementation Plan to underpin the Membership and Engagement Strategy. In addition key areas of focus include:

- Reviewing and strengthening communications channels to facilitate better 2-way communication between the Governors and the Trust, members and the wider public.
- Retaining current membership levels and restarting Members Events (virtually).
- Engaging new members to improve diversity and inclusion, with all initial focus on improved the number of 16-19 year-old members.

4. RECOMMENDATIONS

The Council of Governors are asked to receive the report; approve the appointment of Mrs Judy Carrick as Acting Group Chair and Mrs Catherine Heslop as Deputy Group Chair; and endorse the Membership and Engagement Strategy included in Appendix 1.

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

Appendix 1 – Membership and Engagement Strategy

PEM Key Objectives 2021

- To use the Trust's membership database in order to:

1. recruit and maintain membership numbers
2. work towards a membership that reflects the age and diversity of our population
3. target membership drives with the above aim

-To communicate effectively with the membership to:

1. promote the work of the trust and its governors
2. identify ways for two-way communication with members and the larger community
3. ensure that members views/needs are heard and acted on
4. explore how a wide range of communication channels can be offered and tailored to member needs

Date of approval by PEM: 9 June 2021

Date of approval by CoG: [TBA]

Delivering the Strategy

Recruiting and retaining members

1. Targeted recruitment drives
2. Contribute to and agree recruitment material with Trust
 - membership webpage
 - first day packs and welcome to new employees
 - community recruitment materials to include package for 16+
3. When possible, restart membership events and visits

Communicate effectively with members

1. Contribute regularly to Trust newsletters which promote the work of the Trust
2. Make opportunities for constituents and public to meet the governors when this is again possible
3. Construct welcome materials for new members
4. Work with QPE to establish areas where members could feedback on patient and quality issues
5. Begin to establish consultation opportunities for members, starting with patient experience groups and youth forum

Date approved PEM: 9 June 2021

Date approved CoG: [TBA]

Evaluation of the strategy

A progress report will be delivered annually to the CoG so that progress can be monitored, effectiveness evaluated and constructive ideas for the coming period contributed by the governors to support continuing improvement and maintaining the strategy's focus and relevance.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	17 June 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 Council of Governors on 15 April 2021:</p> <ul style="list-style-type: none"> • People Committee – 19 April 2021; • Audit Committee – 27 April 2021 and 8 June 2021 (Extraordinary Meeting for the Trust Annual Report and Accounts); • Quality Committee – 18 May 2021; and • Finance Committee – 26 May 2021 and 8 June 2021 (Extraordinary Meeting for the Trust Annual Accounts). 						
Recommendation	The Council of Governors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic level.						
Reports previously considered by	Regular report.						

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

This report provides an update to the Board on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Council of Governors in April 2021.

UPDATE FROM COMMITTEE CHAIRS

1. PEOPLE COMMITTEE

A formal meeting of the People Committee took place on 19 April 2021. During the meeting, the main areas of discussion to note were:

- The Chief Operating Officer provided an extensive update on the Integrated COVID Hub North East (ICHNE) and Vaccination Hub. The thanks of the Committee were extended to all staff and volunteers involved in the vaccine delivery programme.
- The Assistant Chief Executive delivered a presentation on the Trust's Communications Strategy. The creation and launch of the Trust website was noted, as well as next steps which would ensure alignment with the Trust's Flourish programme.
- The Director of HR provided a broader Flourish programme update, as well as a summary of the NHS Staff Survey action plan.
- An extensive Education and Workforce Development Update was provided which included an update on the compliance status of statutory and mandatory training and appraisal.
- Dr Henrietta Dawson presented the Guardian of Safe Working Hours quarterly and annual report.
- In response to a request to all NHS Trusts from the Chief People Officer regarding the local Disciplinary Policy and Procedure, an update on the process of review was outlined. No issues were raised, and the outcomes endorsed by the Committee. The policy is accessible on the Trust website.

The next meeting of the Committee is scheduled to take place on 16 July 2021.

2. AUDIT COMMITTEE

A formal meeting of the Audit Committee took place on 27 April 2021. During the meeting, the main areas of discussion to note were:

- The Assistant Chief Executive presented the Board Assurance Framework (BAF) Risk Management Annual Report. Seven risks were added to the BAF over the course of the year and two were removed.
- Updates to the Trust's Financial Statements were discussed, and the Committee endorsed that the Trust's Accounts be prepared on a 'Going Concern' basis.
- The Internal Audit Update was provided, which included the Progress Report, Draft Internal Audit Plan for 2021/22 and the Internal Audit Charter.
- The Counter Fraud Activity Report was received and discussed, along with the Annual Plan for 2021/22.
- The External Audit Update was provided, this included the Audit Strategy Memorandum (for the Trust and Charity), the 'Those Charged with Governance' request (for the Trust and Charity), the Three Year Strategic Plan and the External and Internal Audit Protocol.
- The Committee approved the Audit Committee Annual Report, the draft Annual Governance Statement and amendments to the Scheme of Delegation.
- The Committee received:

Agenda item 11(i)

- The Review of the Schedule of Approval of Single Tender Action and Breaches and Waivers Exception Report;
- The Review of Debtors and Creditors Balances;
- The Review of the Schedule of Losses and Compensation; and
- The Annual Review of Special Severance Payments/Settlement Agreements.

An extraordinary meeting of the Committee took place on 8 June 2021. During the meeting:

- The content of the Trust's Annual Report and Accounts for 2020/21 were endorsed for approval by the Trust Board of Directors;
- The Internal Audit Progress Report was received, along with the Internal Audit Annual Report and the Draft Head of Internal Audit Opinion for 2020/21;
- The External Audit Progress Report was received, along with the Trust ISA260 Audit Completion Report for the Trust and the External Audit Opinion on the Annual Report and Accounts 2020/21; and
- The Committee reviewed its Terms of Reference and Schedule of Business.

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

3. QUALITY COMMITTEE

A formal meeting of the Quality Committee took place on 18 May 2021. During the meeting, the main areas of discussion to note were:

- The Committee received an extensive update on the Trust's management of the pandemic. This included an update on the roll out of the Vaccination Programme.
- Changes to the ongoing frequency and constitution of Committee meetings was outlined and agreed. This would include the opportunity to undertake deep dive sessions into specific subject matters.
- Reports from the Management Group Chairs were received and discussed.
- The Executive Chief Nurse provided an update on the Trust's response to the Ockenden Report.
- The Committee considered the BAF Quality Committee Assurance Report.
- The Committee received a Legal Update.

The next meeting of the Committee is scheduled to take place on 22 July 2021.

4. FINANCE COMMITTEE

A formal meeting of the Finance Committee took place on 26 May 2021. During the meeting, the main areas of discussion to note were:

- The Draft Annual Accounts 2020/21 were reviewed and discussed.
- The Finance Director presented the Financial Reports, which included the:
 - Month 1 Finance Report;
 - Financial Plan; and
 - Capital Programme 2021/22.
- An update to the Trust's Restart, Reset, and Recovery Programme was received, which included the Month 1 Directorate Activity Summary and COVID Projects.
- A number of tenders and business cases were received and discussed.

Agenda item 11(i)

- The Committee received the BAF Report and Director Reports from the Chief Information Officer and Procurement and Supply Chain Director.

An extraordinary meeting of the Committee took place on 8 June 2021. During the meeting:

- The Trust's Annual Accounts for 2020/21 were considered and it was agreed that they be submitted to the Trust Board for approval;
- The Annual Report of the Committee was received and discussed.
- The Terms of Reference and Schedules of Business for the Committee were reviewed.

The next formal meeting of the Committee is scheduled to take place on 28 July 2021.

5. RECOMMENDATIONS

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

Report of Fay Darville
Deputy Trust Secretary

9 June 2021

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