

Agenda

13:30 - 13:30
0 min

1. Council of Governors Agenda

 0 CoG Agenda 21 Oct 21.pdf (3 pages)

13:30 - 13:50
20 min

2. Business Items

2.1. Apologies for Absence and Declarations of Interest

Verbal *Chair*

2.2. Minutes of the meeting held on 17 June 2021 and Matters Arising

Attached *Chair*

 2 CoG Meeting Minutes 17 JUNE 2021 DRAFT.pdf (14 pages)


2.3. Meeting Action Log

Attached *Chair*

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

2.4. Chairman's Report

Attached *Chair*

 4 Chairman Report Oct 21.pdf (6 pages)

2.5. Chief Executive's Report

Chief Executive *Verbal*

13:50 - 14:10
20 min

3. Quality & Patient Safety, Performance & Delivery

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

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

 6 Integrated Board Report Cover Sheet.pdf (2 pages)

 6 Integrated Board Report Sept 2021.pdf (37 pages)

14:10 - 14:50
40 min

4. Presentation

4.1. Recovery Programme

Presentation *Deputy COO*

14:50 - 15:05
15 min

5. Reports from Governor Working Groups

5.1. Quality of Patient Experience Working Group

Attached *Working Chair Group*

 8(i) QPE Working Group Oct 21.pdf (7 pages)

5.2. Business and Development Working Group

Attached *Working Chair Group*

 8(ii) B&D Working Group Oct 21.pdf (5 pages)

5.3. People, Engagement and Membership Working Group

Attached *Working Chair Group*

 8(iii) PEM Working Group Oct 21.pdf (5 pages)

15:05 - 15:20
15 min

6. Items to Approve

6.1. Nominations Committee Report

Attached *Chairman*

 9(i) Nomination Committee Update Oct 21.pdf (11 pages)

6.2. External Audit Contract

Attached *Assistant Finance Director*

Confidential Paper for Governors only

 9(ii) External Audit Contract Extension Oct 21.pdf (7 pages)

15:20 - 15:40
20 min

7. Items to Receive and Any Other Business

7.1. Updates from Committee Chairs

Attached *Committee Chairs*

 10(i) Update from Committee Chairs Oct 21.pdf (9 pages)

7.2. Governor Elections Update

Attached *Deputy Trust Secretary*

 10(ii) Governor Elections Update Oct 21.pdf (5 pages)

7.3. Any Other Business

Verbal *Chair*

7.4. Date and Time of Next Meeting:

Verbal *Chair*

Thursday 2 December 2021, 1:30pm

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

Thursday 21 October 2021 RVI & FH Boardrooms/MS Teams *[Room allocation details to be provided by the Corporate Governance Office]*
Start time 1:30pm

Members of the Public may observe the meeting via MS Teams only

Agenda				
Item		Lead	Paper	Timing
	Business Items			
1	Apologies for Absence and Declarations of Interest	Chair	Verbal	1:30pm – 1:35pm
2	Minutes of the meeting held on 17 June 2021 and Matters Arising	Chair	Attached	
3	Meeting Action Log	Chair	Attached	
4	Chairman's Report	Chair	Attached	1:35pm – 1:40pm
5	Chief Executive's Report	Chief Executive	Verbal	1:40pm – 1:50pm
Quality & Patient Safety Performance & Delivery				
6	Integrated Board Report – Quality, Performance, People & Finance	Medical Director/Deputy CEO, Deputy Chief Operating Officer, Director of HR & Assistant Director of Finance	Attached	1:50pm – 2:10pm
Presentations				
7	Recovery Programme	Deputy Chief Operating Officer	Presentation	2:10pm – 2:40pm
<i>Refreshments – 2:40pm – 2:50pm</i>				

Item		Lead	Paper	Timing
Reports from Governor Working Groups				
8(i)	Quality of Patient Experience Working Group	Working Group Chair	Attached	2:50pm – 2:55pm
8(ii)	Business and Development Working Group	Working Group Chair	Attached	2:55pm – 3:00pm
8(iii)	People, Engagement and Membership Working Group	Working Group Chair	Attached	3:00pm – 3:05pm
Items to Approve				
9(i)	Nominations Committee Report	Chair	Attached	3:05pm – 3:10pm
9(ii)	External Audit Contract [CONFIDENTIAL] <i>Confidential paper included for Governors only</i>	Assistant Director of Finance	Attached	3:10pm – 3:20pm
Items to Receive and Any Other Business				
10(i)	Updates from Committee Chairs	Committee Chairs	Attached	3:20pm – 3:25pm
10(ii)	Governor Elections Update	Deputy Trust Secretary	Attached	3:25pm – 3:30pm
10(iii)	Any Other Business	Chair	Verbal	3:30pm – 3:40pm
10(iv)	Date and Time of Next Meeting: Thursday 2 December 2021, 1.30pm	Chair	Verbal	

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COUNCIL OF GOVERNORS

DRAFT MINUTES OF THE MEETING HELD 17 JUNE 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:** Dame J Daniel, Chief Executive
 Mr J Jowett, Non-Executive Director
 Mr S Morgan, Non-Executive Director
 Mr B Macleod, Non-Executive Director
 Mr G Chapman, Non-Executive Director
 Mr A Welch, Medical Director/Deputy Chief Executive
 Mrs A Dragone, Finance Director
 Dr V McFarlane Reid, Executive Director for Enterprise and Business Development
 Mrs M Gray, Deputy Chief Operating Officer
 Mrs C Docking, Assistant Chief Executive
 Mrs D Fawcett, Director of Human Resources
 Mrs E Harris, Deputy Executive Chief Nurse
 Mrs K Jupp, Trust Secretary
 Mrs F Darville, Deputy Trust Secretary
 Ms E Nichol, Corporate Governance Administrator
 Ms L Johnson, Management Graduate
 Mr J Holt, Management Graduate
 Ms S Bilal-Thompson, Senior Clinical Coder
 Mrs K Watson, Head Chaplain (*agenda item 21/08(ii) only*)
- Secretary:** Mrs A Waterfall, PA to the Chairman/Corporate Admin Manager
 (*Minutes*)

Note: *The minutes of the meeting were written as per the order in which items were discussed.*

21/06 BUSINESS ITEMS

i) Apologies for Absence and Declarations of Interest

Apologies were **received** from Governors, Professor A Fisher, Mrs J McCalman and Mr J Hill.

Further apologies were **received** from Mrs M Cushlow, Executive Chief Nurse, Mr M Wilson, Chief Operating Officer, Professor K McCourt, Non-Executive Director, Mr D Stout, Non-Executive Director, Ms J Baker, Non-Executive Director, and Professor D Burn, Associate Non-Executive Director.

ii) Minutes of the Meeting held on 15 April 2021 and Matters Arising

The minutes were agreed as a correct record of the meeting subject to an amendment required to record Mr G Chapman as being in attendance at the meeting.

It was resolved: to **receive** the minutes as a correct record subject to above outlined amendment.

iii) Meeting Action Log

The action log was position was received. It was noted that 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 (ii) **note** the progress.

iv) Chairman's Report

The Chairman presented the report, with the following points key points to **note**:

- An update on the two recent virtual 'Spotlight on Services' sessions with Patient Services and Echocardiography Services was provided. The Chairman highlighted the technological advances within Echocardiography Services,
- A series of Board Committee Review Meetings had been held with Committee Chairs and non-Committee members in order to review the functioning of each Committee and identify any areas for development.
- The Institute for Healthcare Improvement (IHI) foundational visit had been held which focussed on patient safety, staff wellbeing, team working, lessons learned from the pandemic and embedding quality improvement into ways of working across the Trust.
- A visit was undertaken to the Northern Centre for Cancer Care, North Cumbria with Mr Steven Morgan, Non-Executive Director. Over 90 North Cumbria Oncology staff had now transferred to Newcastle Hospitals and the new Centre was a practical example of the Trust as an anchor organisation across the region.

v) Chief Executive's Report

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

- In relation to the Trust's continuing management of the COVID-19 pandemic:
 - The one-millionth COVID-19 test had been processed earlier that day at our Lighthouse Laboratory.
 - The Trust continued to host the vaccination programme for the North East and North Cumbria (NENC). Vaccination rates for Newcastle were slightly behind other cities in the region, but in line with other core cities. A number of actions were progressing to improve the position. This included the opening of a

- number of pharmacy vaccination areas and the roving mobile site now operating a 7-day a week service.
- Ten patients had been admitted with COVID-19 in the previous 2-3 days however in general, it appeared that the patients presenting were less poorly than those presenting earlier in the pandemic. This was deemed to be due to the positive impact of the vaccination programme.
 - As a result of the increase in the number of patients with COVID-19, the Trust Gold Command Group continued to meet regularly, chaired by the Medical Director/Deputy Chief Executive.
 - Recovery work was progressing well, with the Trust having reached 100% of pre-COVID outpatient levels and day case rates were improving positively.
 - A&E attendances were increasing, with demand levels much higher than experienced previously. Work had been undertaken across the NENC region to determine the reasons for the increasing demand on emergency services. Initial indications suggest difficulties accessing primary care, and challenges experienced with the 111 service. Gratitude was expressed to the staff working within the Trust's Emergency Departments who were working tirelessly to ensure that patients were seen within four hours of attending the department.
 - Improvement work had continued to progress well.
 - Guidance on the new integrated care system developments was published on the NHS England website yesterday. The Trust Secretary agreed to circulate the link to the guidance to Council of Governor members **[ACTION01]**.
 - The creation of the NENC Provider Collaborative, chaired by the Chief Executive, had contributed positively to the regions pandemic response.

Dr Hammond queried why vaccine numbers appeared lower in Newcastle when compared to other cities within the region. The Chief Executive advised that there were a number of complex factors to consider, including age and demographics. She added that the Trust had worked closely with GPs in Newcastle, as well as leading on the creation of a number of mass vaccination centres across the NENC, to deliver the COVID-19 vaccine to the priority cohorts, however a different approach was required to vaccinate the lower age groups. The Trust was now working with pharmacies within the city to commence a drop in service for vaccinations and the mobile roving units had now increased to seven day working with longer opening hours.

Dr Hammond asked if the pharmacies would be administering the Moderna vaccine to which the Chief Executive confirmed that this would be the case.

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

[The Chief Executive left the meeting at 14.13pm]

vi) Governors Elections Update

The Deputy Trust Secretary presented the update and noted the following key points:

- The Trust had worked closely with UK Engage to redesign the Governor Nomination Form. The People, Engagement and Membership Working Group had been asked for

feedback on the refreshed form and a change had been recommended by the Lead Governor regarding the narrative relating to the role of Governors.

- The Elections process was progressing as scheduled, with a communications campaign due to commence with the aim of improving diversity across the Council of Governors.
- A further update would be provided at the private Council of Governors Workshop planned in August 2021.

The Chairman highlighted that a meeting had been held the previous day with the Working Group Chairs to discuss how to improve engagement between the Council of Governors and the Trust with a number of positive ideas generated. Dr Hammond and the Trust Secretary would meet to review benchmarking information from other Trusts.

Ms Bilal-Thompson asked if members had been asked for their ideas to which the Chairman advised that engagement with members would be reviewed as we emerged from the pandemic. .

Mr Warner noted that when he was a governor in Sheffield, a membership form was circulated with the Governor appointment letter.

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

[The Director of Human Resources joined the meeting at 13.50pm.]

vii) Nominations Committee Report, including:

a. Non-Executive Director (NED) Recruitment – Interview Panel report

The Chairman advised that Governors had received a private report regarding the outcome of the NED recruitment process, and explained that due to the confidential nature of this report, it would be discussed in private at the end of the meeting.

The Chairman went on to explain that a key objective of the recruitment process was to improve the diversity of the Trust Board to better reflect the community it served. In terms of the key skills subject to recruitment, the Chairman advised that expertise in both transformation and leadership across systems/partnership working.

Hunter Healthcare supported the process and ensured that the Committee had a strong field of applicants to shortlist and interview. The Chairman confirmed that all of the candidates shortlisted met the criteria set for the role.

The Chairman advised that the Committee had undertaken the annual review of NED and Chair Remuneration; giving consideration to the guidance issued by NHS England/NHS Improvement. The Committee concluded that no changes should be made to the base level of remuneration for NEDs.

The Trust Secretary referred to the recommendation outlined within the report which asked that the Council approve the annual additional remuneration payment to the Audit Committee Chair of £3,000. Mr MacLeod declared an interest in this agenda item and did not participate in the discussion.

The Chairman referred to the section of the report recommending the appointment of Professor Kath McCourt as Deputy Chair following the scheduled departure of Mr David Stout at the end of July following the conclusion of his final three-year term of office.

The Council of Governors **agreed** the recommendations in the report to:

- (i) Approve the appointment of Professor McCourt as Trust Deputy Chair from 1 August 2021; and
- (ii) Approve the additional annual payment made to the Audit Committee Chair of £3,000 from 1 August 2021.

The Chairman advised that Mr Graeme Chapman would become Chair of the Quality Committee later in the calendar year.

21/07 QUALITY & PATIENT SAFETY PERFORMANCE & DELIVERY

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

The Integrated Board Report was received, following consideration at the 25 March 2021 meeting of the Trust's Board of Directors.

Quality

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

- The third wave of COVID-19 admissions had heavily impacted Trust performance and noted an increase in Healthcare Associated Infections (HCAI), falls and pressure ulcers during the period of the report. A significant number of the COVID-19 patients had been direct transfers from out of the area.
- An increase in the number of serious incidents reported had been observed during the period.
- Mortality rates remained relatively stable, with COVID-19 related mortality being circa 50% lower in Intensive Care Units during the third wave. Overall, Newcastle Hospitals reported fewer COVID-19 deaths than in other Trusts.
- An additional section had been added to the report to include maternity related quality metrics. This followed the Ockenden Report recommendations. Future iterations of the Integrated Board Report would include further comparisons. It was noted that Professor McCourt was the NED lead for Maternity.
- Recent clinical audits on Paediatric Asthma and Paediatric Epilepsy were completed and the recommendations for additional nursing staff agreed.

Mrs Yanez queried why the Trust had lower death rates for COVID-19 patients and whether this was due to ethnicity or other considerations to which the Medical Director/Deputy Chief Executive replied that the Trust had been proactive in ensuring that effective treatments were given early.

Dr Murthy requested that the gratitude of the Governors be expressed to all involved in caring for COVID-19 patients.

Dr Lucraft queried the two maternal deaths listed in the report where the patients did not receive antenatal and/or labour care within Newcastle Hospitals. The Medical Director/Deputy Chief Executive informed the Council of Governors that the deaths related to patients transferred in to Newcastle Hospitals for emergency treatment, noting that the deaths were recorded where the death occurred rather than where patient was previously treated.

Performance

The Deputy Chief Operating Officer **noted** the following key points:

- The Trust restart and recovery programme recommenced in February 2021 following the third COVID-19 wave. A weekly Operational Board was established to monitor recovery and consider investments/schemes to aid recovery.
- A steep increase in elective, day case and outpatient activity was observed during the period of the report. In the previous week, activity levels were reported at 91% for day cases, 103% for elective cases and 108% for outpatients.
- Within outpatients, a significant number of appointments continued to be held virtually and work was underway to ensure this remained appropriate.
- A number of recovery schemes had recently been approved via the Operational Board which included:
 - The new cataract modular theatre which opened in April 2021. To date, 5-10% more patients have been seen than in 2019/20.
 - Additional sessions and mobile units are being used in Radiology for reporting and scanning.
 - Seven day working has been implemented within the Chemotherapy Day Unit which is reducing waiting times from three to two weeks.
 - Additional sessions are taking place within Endoscopy and Dermatology to reduce waiting times.

The schemes would be monitored for successful delivery of the objectives set.

- Current focus was placed on reducing the number of patients waiting over 52 or 104 weeks for treatment, as well as reducing the number of patients categorised as priority 2.
- Regarding referrals, both urgent and two-week-wait referral levels were currently above 2019/20 levels. Emergency Department activity was at 120% last week with staff seeing unprecedented numbers of patients, with patients having higher acuity levels. Urgent Treatment Centre activity remained lower than in previous years.
- The numbers of beds in a bay had been re-opened back to six in line with governance processes, including a detailed risk assessment having been undertaken.

Ms Heslop queried whether the number of face-to-face consultations was being increased to which the Deputy Chief Operating Officer confirmed that this was the case. Further work was required to support primary care colleagues to increase the number of face-to-face consultations held, with the current position being circa 30%.

Mrs Yanez asked for clarity as to why the Chemotherapy Day Units were being used seven days a week to which the Deputy Chief Operating Officer confirmed that this was due to increased demand for services. Referrals had reduced significantly during the first wave of the pandemic however had resumed to pre-pandemic levels.

Mr Forrester advised that as a counsellor for Prostate Cancer, he had observed an increased level of anxiety amongst patients. The Medical Director/Deputy Chief Executive noted that the Trust was very cognisant of this and consideration was being given to how the position could be improved. The Deputy Chief Operating Officer advised that significant work had been undertaken with Dr Ian Pedley, Consultant Clinical Oncologist, in regards to encouraging patients to visit the hospitals for appointments.

Mrs Yanez queried what actions were being taken to improve the position for the 27 patients waiting over two years for spinal surgery. The Deputy Chief Operating Officer confirmed a clear plan was in place and expressed disappointment over the length of the waiting time for patients. A clinical risk harm review had been undertaken on all patients, consultant contact had been made with each patient and the individual cases reviewed by either the physiotherapy team or nurse specialist to consider any deconditioning. The basis of the plan was to ensure that the 27 patients would have received their surgery by the end of quarter 2 within Trust premises.

The Chairman highlighted the specialised nature of spinal surgery and noted the capacity challenges within the Trust.

People

The People section of the report was received.

Mrs Yanez queried the reference in the report regarding depression and anxiety psychological therapy support, asking whether this was for staff or patients. The Director of Human Resources advised there were significant resources available for staff psychological support and the Deputy Chief Operating Officer confirmed that the paragraph referred to patients rather than staff.

Finance

The Finance Director **noted** that the report summarised the position to 30 April 2021. The following key points were highlighted:

- The financial regime for the first half of 2021/22 was outlined, with a fixed envelope of non-recurrent funding in place. A significant focus was on ensuring activity recovery.
- The Trust incurred additional expenditure of £7.6m for the Nightingale Hospital North East, the Integrated COVID Hub North East and the Vaccination Programme during the period however this was directly matched with income from NHSE.

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

[The Finance Director left the meeting at 14.30pm.]

21/08 PRESENTATIONS

i) Final Activity Plan & Update on Trust Recovery Programme

The Executive Director for Enterprise and Business Development provided a presentation and highlighted the following key points:

- NHSE issued their planning guidance at the end of March 2021. The guidance set out six key priorities which included supporting the health and wellbeing of staff, delivering the NHS COVID vaccination programme, transforming the delivery of services and accelerating recovery, improving primary care access, reducing length of stay, and working collaboratively across systems to deliver the priorities.
- An overview of the activities and targets for restoration of elective and cancer care services was provided. NHSE had made available some further funding via the Elective Recovery Fund (ERF) for the first 6 months of the financial year with specified performance targets to be met in order to receive the funding e.g. 70% in April 2021 and increasing by 5% each month to 85% July for the remainder of the period.
- A number of additional schemes had been identified between the submission of the draft plan and the final plan submission in order to improve activity recovery. The final plan was submitted with an 87% activity level.
- The core principles of the Plan were summarised, with a key focus on the delivery of schemes which had the most significant impact on improving activity levels.
- Examples of schemes approved which were employing improvement methodology were detailed, including ophthalmology cataract unit, the day case unit and emerging system working.
- A summary of the challenges remaining and next steps was provided including the restrictions of social distancing requirements, the required need to invest further in the Trust estate and the inability to commit to recurrent investment in services due to the nature of the block contract funding arrangement in place.
- The ERF was only obtainable at system level, and relied on the whole system achieving activity over the threshold levels described in the planning guidance. The ERF was based on income achieved during 2019/20, and not volume of activity. It was therefore very difficult to calculate what proportion of ERF the system could receive if eligible.
- The Trust continued to work beyond the submission of the activity plan to increase activity levels as far as possible to reduce the longest waiters and treat the most clinically vulnerable patients.
- The Trust's Activity Recovery 'heat map' was explained.

The Trust Secretary agreed to share the presentation slides with Governors **[ACTION02]**.

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

[The Head of Chaplaincy joined the meeting at 14.38pm.]

ii) Trust Chaplaincy: Supporting Staff and Patients through the Pandemic

The Head of Chaplaincy provided a presentation with the following key points noted:

- An overview of the composition of the Chaplaincy Department was provided, including the different faiths represented. The service operated 24/7, 365 days a year.
- During the pandemic, the team had to adjust and react with speed, courage, and resilience to provide support for staff and patients.

- The chaplaincy team recorded 6,697 patient and staff contacts in 2020/21. In addition, during the reporting period, Chaplains:
 - Responded to 1,797 Care of Dying Patient alerts;
 - Supported a number of viewings and police identifications;
 - Provided individual support sessions for Trust staff;
 - Led numerous decompression and support sessions for units and wards;
 - Held memorial services for staff who had died throughout the year; and
 - Conducted visits to different Trust sites.
- An overview of the work undertaken with patients and relatives was provided, including the creation and distribution of welfare packs and clothing packs.
- A summary of the work undertaken by the Chaplaincy team to support staff was given. Examples included the implementation of the 'Pay it Forward' staff meal scheme and yoga/meditation sessions.
- The Chaplains had a collaborative poem/psalm created which was featured on national radio and published in a book.
- Support was provided to the ICHNE/Nightingale developments, in addition to the regular tasks of the team.

[Mr Morgan left the meeting at 14:55pm.]

- Key priorities were outlined, which included a departmental review and subsequent recruitment and a review of the role of Volunteers within Chaplaincy.

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

[The Deputy Chief Operating Officer left the meeting at 14:58pm.]

21/09 REPORTS FROM GOVERNOR WORKING GROUPS

i) Quality of Patient Experience Working Group

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

- The Group continued to meet virtually on a monthly basis as well as Group members attending a variety of other Trust meetings virtually.
- Ward visits remained suspended due to the COVID-19 restrictions.
- The Head of Patient Relations continued to provide the group with regular updates regarding the management of patient experience during the pandemic.
- Teri Bayliss, Charity Director, and Jill Baker, Charity Committee Chair and NED, attended the Group meeting in April to discuss the Charity Strategy.
- Members continued to be keen to resume face to face meetings when possible and plan to discuss the ward visits process at the next meeting.

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

ii) Business and Development Working Group

Mrs Yanez presented the report and noted the following key points:

- The Group continued to meet both virtually and socially distanced outdoors where possible.
- Ms Andrea Burroughs, Associate Director - Commercial Enterprise, attended the April Meeting and delivered a presentation on current projects.
- Mr Cameron Waddell, Mazars LLP, attended the May meeting and updated the group on the changes in regards to External Audit.
- 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.

iii) People, Engagement and Membership Working Group

The report was received.

The Trust Secretary highlighted the recommendation in the report seeking approval of the Membership Strategy appended.

It was resolved: to **receive** the report and **approve** the Membership Strategy.

21/10 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, advised that the Guardian of Safe Working Hours report had been reviewed and discussed in detail. The Disciplinary Policy was also reviewed following correspondence from the NHS Chief People Officer and the Assistant Chief Executive gave a presentation on the Communications Strategy.
- Mr Jowett, Vice Chair of the Audit Committee, noted that two meetings had taken place since the last meeting of the Council of Governors. At the 27 April 2021 meeting, the Board Assurance Framework was presented and an update given on the production of the Annual Report and Accounts for 2020/21. At the Extraordinary Meeting held on the 8 June 2021, the audited Annual Report and Accounts were approved.

Mrs Hammond queried the correspondence received from the Chief People Officer and the associated review of the Disciplinary Policy. The Director of HR advised that the Chief People Officer had written to every Trust recently referencing a prior review undertaken by Baroness Harding following the suicide of an employee in another Trust who did not feel supported. The letter was seeking assurance that Trusts had learnt from the findings of the Harding review.

- Mr Chapman, Vice Chair of the Quality Committee, highlighted the NED appreciation of the input from both clinical staff and senior managers into the work of the Committee. Mr Chapman advised of the changing focus of the committee, including increasing the frequency of the meetings and undertaking more deep dives into

specific areas/topics. The Ockenden Report was discussed in detail at the previous Committee meeting and Committee members were briefed on the significant actions being undertaken prior to the submission date in June.

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

The Chairman expressed his gratitude to Dr Murthy as his term of office as a Trust governor was coming to an end and this was his last formal meeting.

The Chairman also gave thanks to Mr Stout, Non-Executive Director, whose term of office would end in July after 9 years with the Trust.

ii) Any Other Business

There were no other items of business discussed.

iii) Date and Time of Next Meeting

A Private Council of Governors Workshop would be held on **19 August 2021** at **1.30pm** via **MS Teams**. *[Subsequently amended to an in-person meeting]*

The next formal meeting of the Council of Governors was scheduled for **21 October 2021** at **1.30pm** via **MS Teams**.

[Ms L Johnson, Mr J Holt, Ms S Bilal-Thompson, and Captain K Watson, Head Chaplain left the meeting at 15.47pm.]

The Chairman closed the public part of the meeting at 15.47pm.

Private session [THIS SECTION HAS BEEN REDACTED]

There being no further business, the private section of the meeting closed at 15:59pm.

DRAFT

GOVERNORS' ATTENDANCE 17 June 2021

S	Mrs Glenda Bestford	Yes
2	Mr Graham Blacker	Yes
1	Mrs Judy Carrick	Yes
2	Mr Steven Cranston	Apologies
1	Ms Jill Davison	Yes
2	Ms Madeleine Elliott	Yes
2	Mrs Carole Errington	Yes
A	Prof Andy Fisher [Newcastle University]	Apologies
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
1	Mrs Jean McCalman	Apologies
2	Mr John McDonald	Yes
3	Dr Lakkur Murthy	Yes
1	Mrs Susan Nelson	Yes
2	Prof Pauline Pearson	Yes
3	Mr Thomas Smith	Yes
1	Mr David Stewart-David	Yes
A	Mrs Norah Turnbull	Yes
1	Ms Emma Vinton	Yes
3	Mr Michael Warner	Yes
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. <u>14/10/21</u> - Due to continuing focus on COVID-19 and activity recovery, presentation postponed to 2022.	
105	ACTION01	21/06 BUSINESS ITEMS v) Chief Executive's Report	17.jun.21	Guidance on the new integrated care system developments was published on the NHS England website yesterday. The Trust Secretary agreed to circulate the link to the guidance to Council of Governor members [ACTION01] .	K Jupp	<u>18/06/21</u> - Link and documents circulated to Governors via email on 18/06/21 by the Trust Secretary. <u>15/10/21</u> - More recent ICS guidance documents/links have been shared with Governors via the Deputy Trust Secretary update emails. All of the published guidance documents can be found at: https://www.england.nhs.uk/publication/integrated-care-systems-guidance/	
106	ACTION02	21/08 PRESENTATIONS	17.jun.21	The Trust Secretary agreed to share the presentation slides with Governors [ACTION02] .	K Jupp	<u>15/10/21</u> - Presentations circulated.	

Key:

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

Healthwatch Newcastle - TBC
Command Centre - TBC



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 October 2021						
Title	Chairman's Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elsander, 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"> • Introductory meeting with our newly Appointed Non-Executive Director, Ms Stephanie Edusei; • Completion of the Annual Appraisal process for all Non-Executive Directors; • A summary of the Council of Governors' Workshop held on 19 August 2021; • Feedback from the recent Spotlight on Services virtual meetings regarding Collaborative Newcastle, the Facilities Department and the EPOD (Ear Nose & Throat, Plastics Ophthalmology and Dermatology) – Plastic Surgery Directorate; • A summary of the items covered at the Board Development Session held in June 2021; • Participation in the Plexus 2 Leadership Insight Session for aspiring Chief Executives; • Attendance at the Clinical Research Strategy (2021-2026) Launch Event; • Attendance at the League of Friends Celebration held on 27 September 2021; and • An overview of the refreshed Governor Induction Programme held 4 October 2021. 						
Recommendation	The Council of Governors is 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 Board meeting, including:

- Introductory meeting with our newly Appointed Non-Executive Director, Ms Stephanie Edusei;
- Completion of the Annual Appraisal process for all Non-Executive Directors;
- A summary of the Council of Governors' Workshop held on 19 August 2021;
- Feedback from the recent Spotlight on Services virtual meetings regarding Collaborative Newcastle, the Facilities Department and the EPOD (Ear Nose & Throat, Plastics Ophthalmology and Dermatology) – Plastic Surgery Directorate;
- A summary of the items covered at the Board Development Session held in June 2021;
- Participation in the Plexus 2 Leadership Insight Session for aspiring Chief Executives;
- Attendance at the Clinical Research Strategy (2021-2026) Launch Event;
- Attendance at the League of Friends Celebration held on 27 September 2021; and
- An overview of the refreshed Governor Induction Programme held 4 October 2021.

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

CHAIRMAN'S REPORT

Our annual appraisal cycle was completed over the summer months and I was pleased to report to the Nominations Committee the success of our Non-Executive Directors (NED) in completing their objectives for the year. My annual appraisal was undertaken by Mr Jonathan Jowett, the Senior Independent Director (SID).

I was also able to formally greet our new Non-Executive Director, Ms Steph Edusei. Steph began her career in the NHS at Freeman Hospital having grown up nearby. She is currently Chief Executive of St Oswald's Hospice having previously led Healthwatch Newcastle and Healthwatch Gateshead, and worked as part of the management team of the North East Ambulance Service NHS Foundation Trust. She will take a leading role in our Equality, Diversity and Inclusion agenda while learning about the Trust structures. I have initiated a review with Board members of the likely future role of the NEDs and whether we should add a further NED to the team to increase capacity in a changing environment.

In June 2021, as part of our Spotlight on Services, a virtual meeting was held with Mr Martin Wilson, Chief Operating Officer to discuss Collaborative Newcastle. Impressive integration of care across the city is being achieved. Examples include a Command Centre addressing the deployment of the full range of community based professionals and weekly calls with matrons of 43 care homes. Collaborative Newcastle is one of four "places" within the footprint of the North Integrated Care Partnership (ICP), each mapping to one of the four local authorities. The new Health and Care Bill has clarified the role of ICPs; the number of ICPs across the footprint of the North East and North Cumbria remains to be finalised.

During July and August, again as part of our Spotlight on Services, I chaired virtual meetings with the Facilities Department as well as our EPOD (Ear Nose & Throat, Plastics, Ophthalmology and Dermatology) – Plastic Surgery Directorate.

- **Facilities**

John Thompson, Head of Facilities introduced senior colleagues; Michael Brannen, Deputy Facilities Manager, Kevin Potts, Deputy Catering Manager and Iain Clarke, Assistant Catering Manager. The scale and complexity of portering, catering and hotel services is easily overlooked but their efficiency and stability is one of the key contributors to our Trust's success. Cleaners, porters and catering staff are too often the unsung heroes of the care we provide. We heard that the 1,100 staff have adapted well to the challenges of recent months. Impressive statistics included the 35,591 "cleans" and 10 million processed items of dirty linen that were undoubtedly a major factor in the very low nosocomial infection rate in our hospitals. We take for granted the delivery of 535,000 items of mail, the monitoring of 1,000 cameras and incineration of 1,200 tons of waste. We were also saddened by the 234 cases of physical abuse and 456 cases of verbal abuse handled by our security team.

- **EPOD– Plastic Surgery**

Claire Pinder, Directorate Manager, introduced the Consultant lead, Mr Daniel Saleh who gave us a virtual tour of the complexities and challenges of their work supported by several team members. The term "plastic" derives not from the substance used to make water bottles and a long history of medical jokes, but rather its alternative use to refer to

“moulding”. The Plastics team often work with other specialities to construct a tolerable appearance and function after major surgery, trauma or birth defects. The repair of cleft lip and rebuilding faces damaged by burns are good examples.

We discussed the challenging border between the private world of cosmetic surgery and the life changing benefits of procedures like breast reconstruction after cancer. The Plastics team serves a wide area across the North of Britain, being the third highest nationally for non-elective work, in large part due to our regional trauma centre status. Activity far exceeds that of our peers and we discussed for some time the opportunities to improve the design of services, to better integrate with work in other hospitals in the region.

Sister Jenny Wright relived the “scary” but positive experience of twice converting Ward 39 from Day Care and Trauma into a “COVID-19” ward. The adaptability of the staff was also recounted in the way Chris Fenwick, Senior Sister, and colleagues kept her theatre team working through the pandemic, dealing among other things with the increase in injuries resulting from inexperienced DIY enthusiasts!

Since the last formal Council of Governors meeting in June 2021, 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 with a focus on the system reorganisation.

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

- The Newcastle Hospitals Recovery Programme;
- Innovation, Commercial and Digital Strategy; and
- A System update – including Provider Collaborative, Collaborative Newcastle and financial architecture.

The next Board Development Session is scheduled for 28 October 2021.

I agreed to be a panellist at the Plexus Session for aspiring Chief Executives on behalf of Dame Jackie. The Session is run by Common Purpose, a not-for-profit organisation founded in 1989 that develops leaders who can cross boundaries. The group are brought together in bi-monthly sessions to help build them as a network, but also to inform and inspire them to lead real change in the North East.

I have maintained my role as a mentor in the NHS Clinical Entrepreneur Programme. NHS England decided to outsource the programme. The winning bid was from Anglia Ruskin University which I supported. I attended the launch meeting of the new programme and will facilitate engagement with our Enterprise and Business Development Directorate.

We hosted a Council of Governors’ Workshop on 19 August 2021, our first face to face meeting since the start of the pandemic. Colleagues from Sintons LLP gave us an overview of latest position regarding the Health and Care bill including provision for the development of Integrated Care Systems, key considerations and what this means for our Trust. Cameron Waddell from Mazars, our External Audit Partner, updated Governors on the favourable outcome of this year’s audit cycle and completion of the Annual Accounts for the last

financial year (2020/21), supported by Angela Dragone, Finance Director. Professor Neil Watson, Director of Pharmacy, reviewed the success of our regional roll out of vaccination, coordinated by the Newcastle Hospitals team. We used this session, and a subsequent session with the chairs of the working groups to discuss the functional impact of the Governors and how we can make their involvement more meaningful and rewarding.

I was pleased to attend meetings of the region's Foundation Trusts Chairs and the Chiefs and Chairs of the health and care organisations in the "North" Integrated Care Partnership, as well as the launch of the Trust Research Strategy.

September saw our second virtual Annual Members' Meeting and included a wonderful video compilation of our Review of the Year 2020/21. I know many Governors joined the meeting virtually but for those who were not able to join we will be uploading to the Trust website shortly.

I was delighted to be invited to the League of Friends Celebration held on 27 September 2021. The League of Friends has a long and interesting history and it is a group of committed and generous individuals who have collectively done so much for the Trust over the years, for which we will always be grateful. Even throughout the most challenging days of the Covid-19 pandemic, the League of Friends volunteers continued to support our shop, and our efforts in dealing with the pandemic.

We also held a successful Induction Programme for our newly elected Governors on 4 October 2021. The induction programme was refreshed following feedback from our Governors and was delivered in collaboration with the Chairs of our Governor Working Groups. The session was well attended and covered the following areas:

- An overview of the Role of Governors;
- Governors in context – including an overview of the NHS, the role of foundation trusts and regulatory bodies and recent developments; as well as Newcastle Hospitals: Who we are;
- Undertaking the role of a Governor within Newcastle Hospitals; and
- A Question & Answers session.

I am also pleased to welcome Mrs Pam Yanez as our new Lead Governor. Pam was among more than 120 volunteers who attended our gathering at the Hilton Gateshead on Sunday 10 October where I joined colleagues in thanking them for their huge contribution to our response to the pandemic.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
15 October 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 October 2021						
Title	Integrated Board Report – September 2021						
Report of	Martin Wilson – Chief Operating Officer						
Prepared by	Stephen Lowis – Senior Business Development Manager (Performance)						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Council of Governors on the Trust's performance against key indicators relating to Quality, Performance, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets.						
Reports previously considered by	Regular report – previously presented at the September meeting of the Board of Directors						

INTEGRATED BOARD REPORT

EXECUTIVE SUMMARY

This report provides an integrated overview of the Trust's position against key indicators relating to Quality, Performance, People and Finance:

- The Trust **had 0 cases of MRSA bacteremia attributed in August 2021**, therefore no cases have been recorded since April 2020.
- There were 25 **Serious Incidents (SIs) reported in August 2021** in part due to a slight increase in the number of pressure ulcers reported, however this is largely due to high patient acuity and increased activity levels, as is reflected through in the Trust safe care data.
- The Trust did not achieve **the 95% Accident and Emergency (A&E) 4hr standard in August, with performance of 85.6%**. Type 1 attendances are now above pre-COVID-19 levels.
- The **Trust Patient Treatment List (PTL) size was 90,597 in August with 5,050 patients waiting over 52 weeks. Referral to Treatment (RTT) Compliance was 72.7%**.
- The Trust **achieved 1 of the 8 Cancer Waiting Time standards in July**, which was less than in the previous month (2).

Integrated Board Report

Quality, Performance and Finance

September 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;
- 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**.
- Throughout the Autumn / Winter of 2020 the Trust maintained large levels of activity, despite a second surge of COVID-19 inpatients.**
- Throughout January / February the Trust experienced large COVID volumes and provided ITU support regionally and nationally:**
 - priority **surgery and cancer operations were maintained and protected**, with NuTH providing regional support, and **early vaccine rollout** has been successfully initiated for staff, patients and the wider public.
- Following the local rise in the Delta variant the Trust is experiencing large volumes of staff absence due to COVID and associated isolation rules:**
 - prior to the rise in cases **NuTH were exceeding recovery targets** set by NHSE/I, outstripping the ERF Upper Threshold;
 - due to staff absences a number of beds have been closed and operations postponed, **priority surgery and cancer operations continue to be maintained and protected**.

Executive Summary

Report Highlights

1. The Trust **had 0 cases of MRSA bacteremia attributed in August 2021**, therefore no cases have been recorded since April 2020.
2. There were 25 **Serious Incidents (SIs) reported in August 2021** in part due to a slight increase in the number of pressure ulcers reported, however this is largely due to high patient acuity and increased activity levels, as is reflected through in the Trust safe care data.
3. The Trust did not achieve **the 95% A&E 4hr standard in August, with performance of 85.6%**. Type 1 attendances are now above pre-COVID levels.
4. The **Trust PTL size was 90,597 in August with 5,050 patients waiting over 52 weeks. RTT Compliance was 72.7%.**
5. The Trust **achieved 1 of the 8 Cancer Waiting Time standards in July**, which was less than in the previous month (2).

Contents: September 2021

Quality & Performance

- Healthcare Associated Infections
- Harm Free Care
- Incident Reporting
- Serious Incidents & Never Events
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity
- Clinical Audit
- Quality Account Priorities Update
- 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

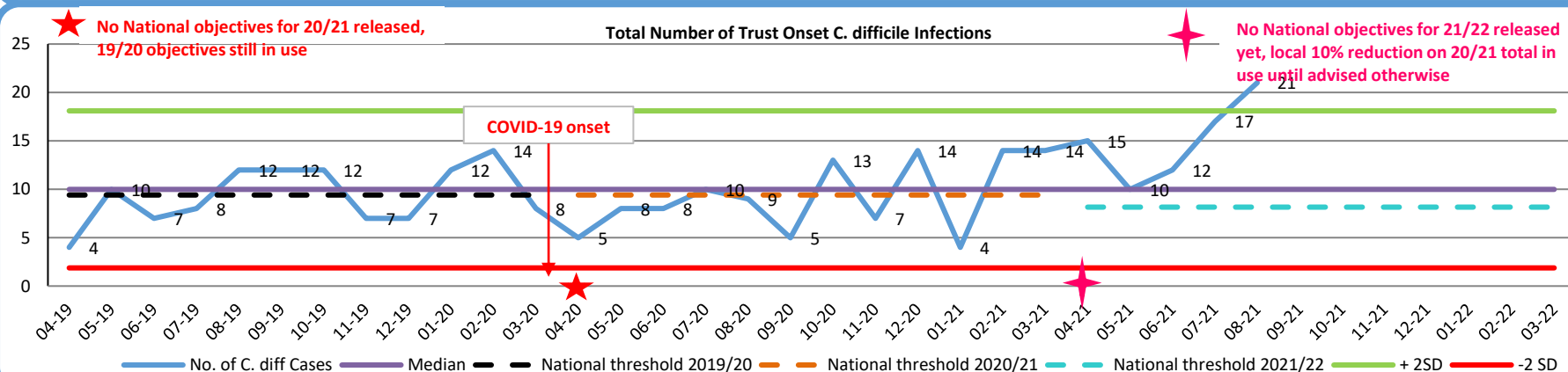
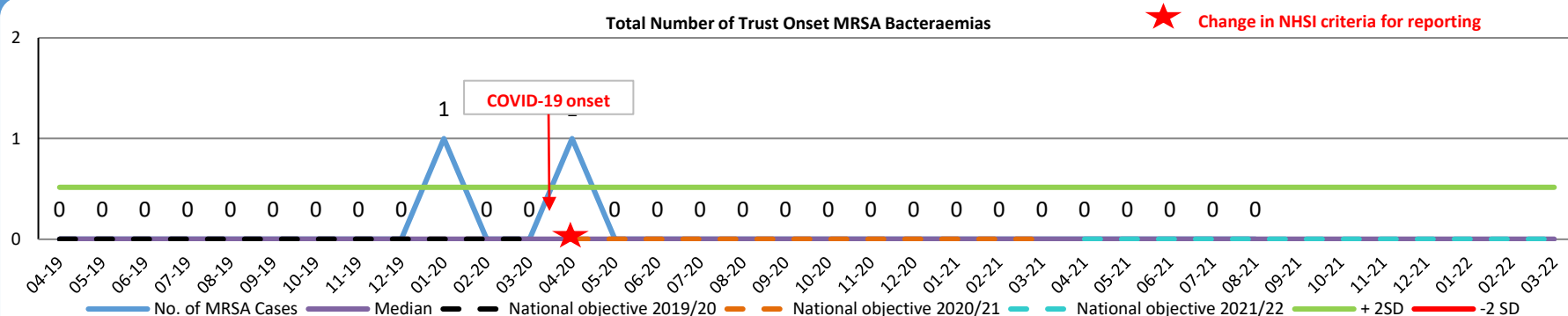
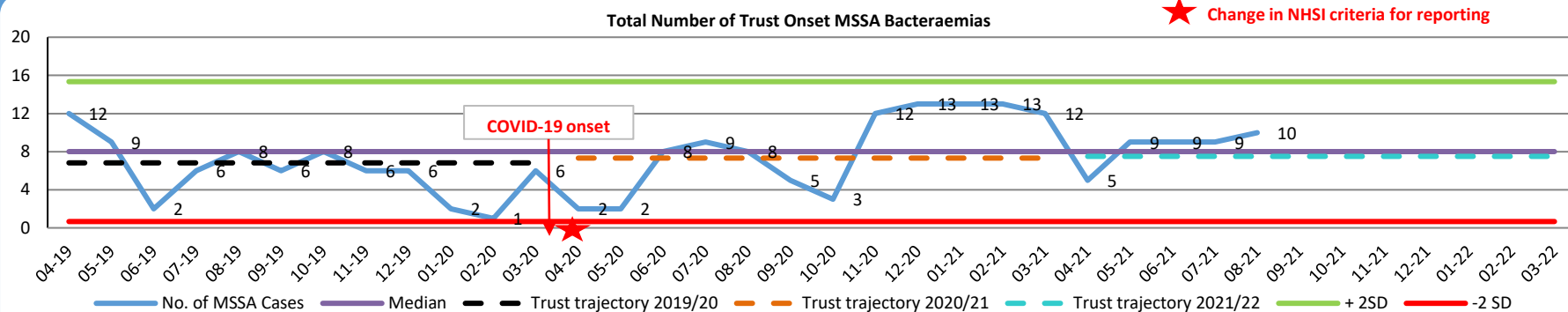
People

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

Finance

- Overall Financial Position

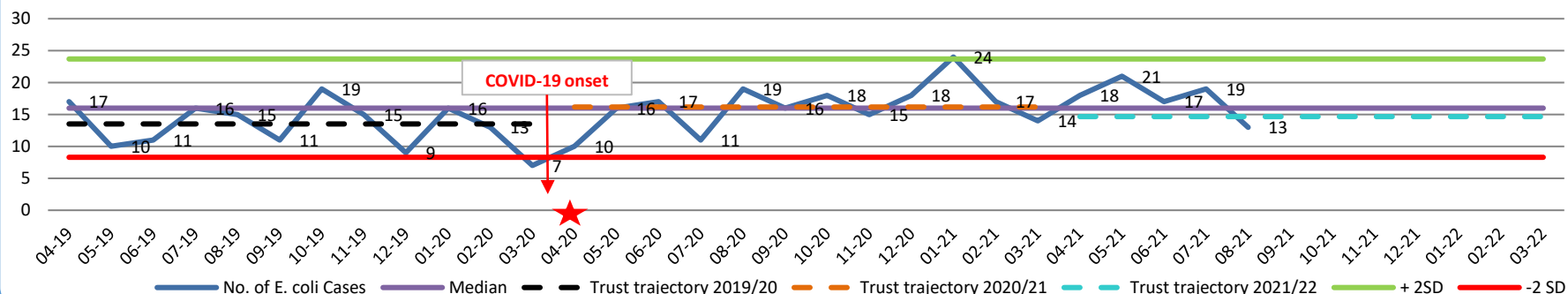
Quality and Performance: Healthcare Associated Infections



Quality and Performance: Healthcare Associated Infections

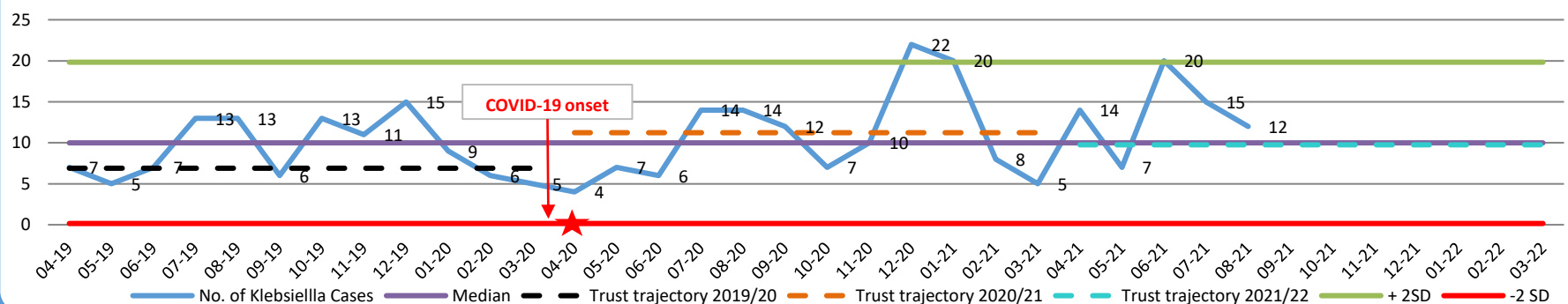
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



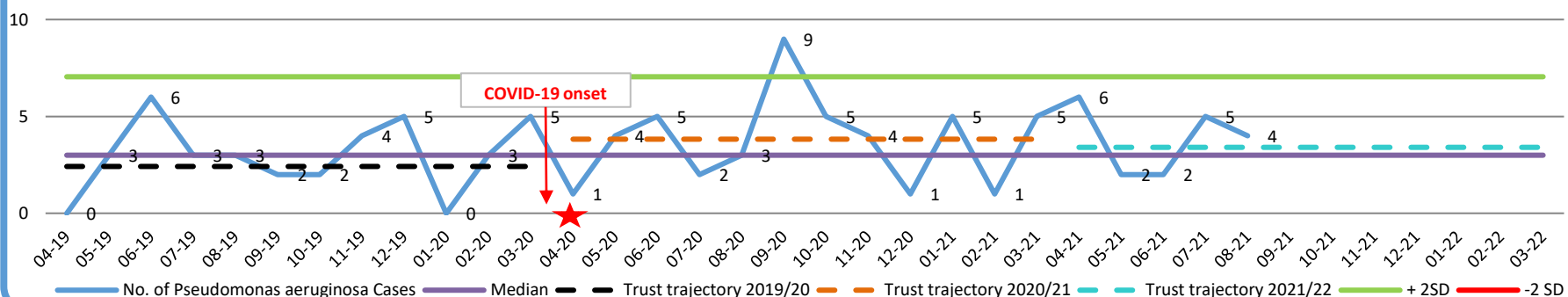
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



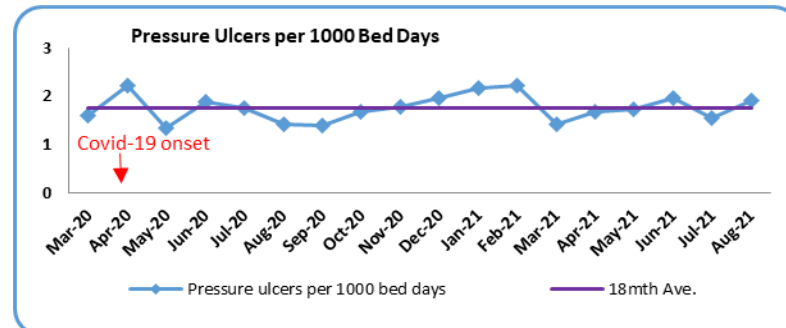
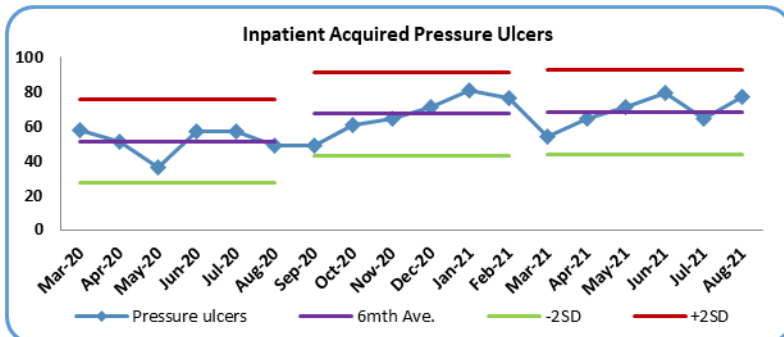
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

★ Change in NHSI criteria for reporting

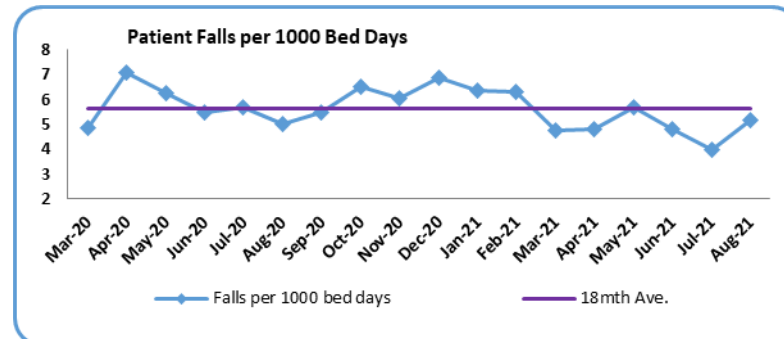
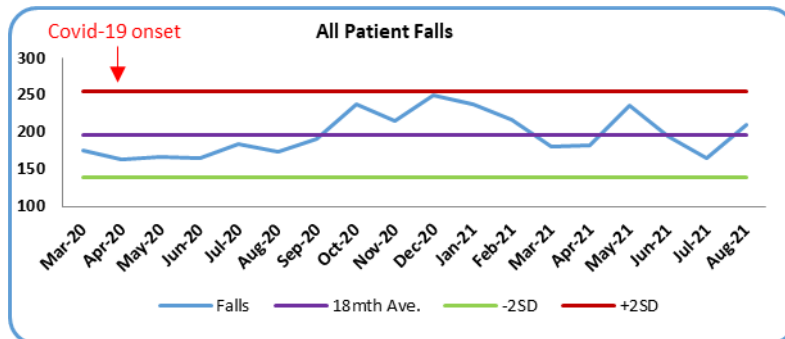


Quality and Performance: Harm Free Care

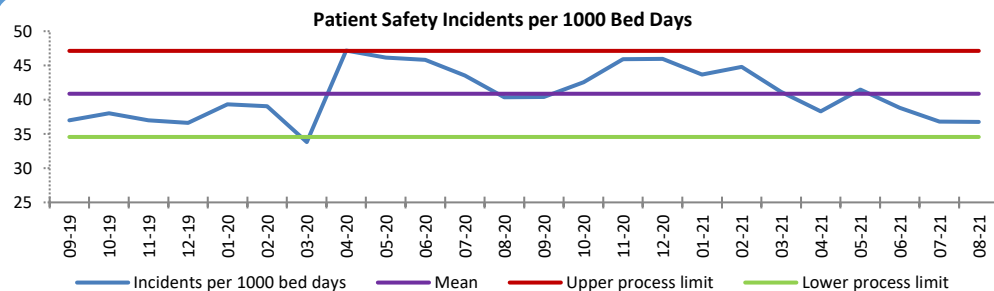
Incidence of pressure ulcers have been on an upward trajectory since November 2020, particularly between October 2020 –February 2021. This is consistent with other winter periods in previous years, however with the added impact of the pandemic this year we have seen an additional increase. This directly correlates with the Trust safe care data, in that the acuity of patients has increased, this is consistent with other Trust's in the Shelford group. In the last six months this has reduced, however remains higher than pre-pandemic figures. However during this time bed numbers have been increased to normal levels which is reflected in the 1000 bed day graph. Additionally the acuity of patients is significantly higher than pre-pandemic levels, this is reflected in the Trust safe care data, there is also an increase in patient presenting to the Trust with significant existing damage, or at risk of skin deterioration. This is consistent with the national picture. 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 and podiatry team to provide education and support, increasing awareness of risk.



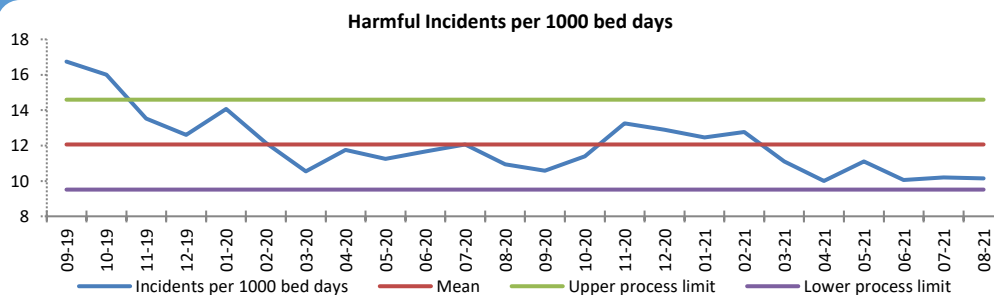
Until October 2020 a significant reduction in inpatient falls was evident, however this can be attributed to low patient occupancy, and is therefore not reflected in the per 1000 bed days. In December and January, a significant increase is evident, this is consistent with an increase in acuity of patients, as seen with PU. Within the Trust there was 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 begun to decrease to pre-pandemic levels. However an increase is evident in May, as identified above, bed numbers have now increased to normal levels, and the acuity of patients is significantly higher. In August again there has been a significant increase in medical patients, with surgical ward again being converted to medicine, an increase in falls is again evident. 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

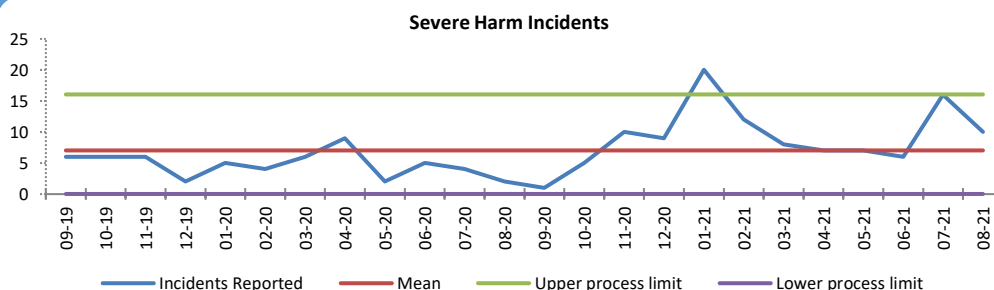


All patient incidents: There has been a continued decrease in the rate of incidents reported, indicating a shift toward pre Covid-19 levels. There was a slight increase in the rate of incidents reported per 1000 bed days between November 2020 – May 2021 but this remained within the expected common cause variation. This was likely to be due to increase in acuity of patient's admitted.



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

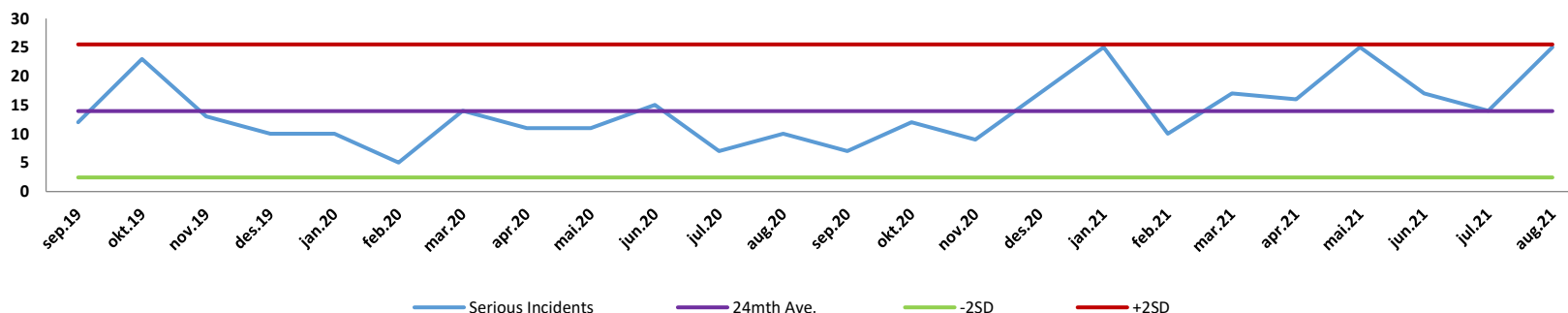
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*



Severe harm incidents: There were 10 patient safety incidents reported which resulted in severe harm in August 2021. This monthly data is subject to change in future reports as severity grading may be modified following investigation. The January-February 2021 increase was in part related to new NHSEI Covid-19 reporting requirements; this included all patient deaths or patients with severe harm, and confirmed definite or probable hospital-onset Covid-19.

Quality and Performance: Serious Incidents & Never Events

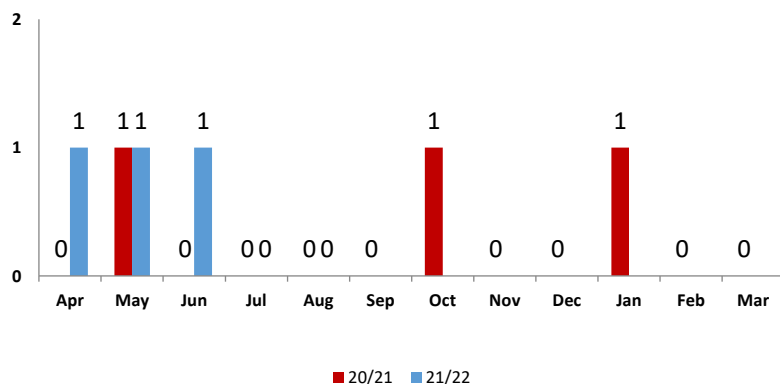
Number of Serious Incidents Reported



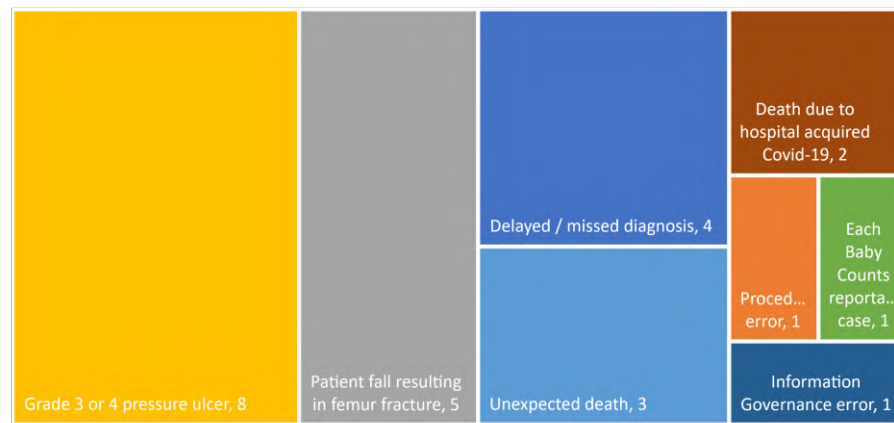
There were 25 Serious Incidents (SIs) reported in August 2021. The increase in the numbers of SIs in May 2021 and August 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust.

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 cases reported in June 2021, with the exception of one sensitive case due to patient's request.

Total Number of Never Events Reported



Serious Incidents by Category



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

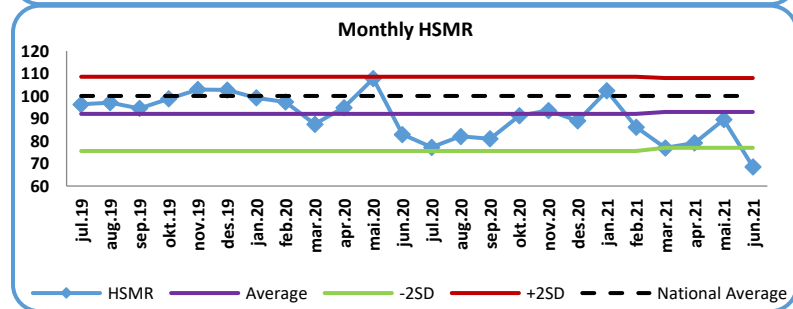
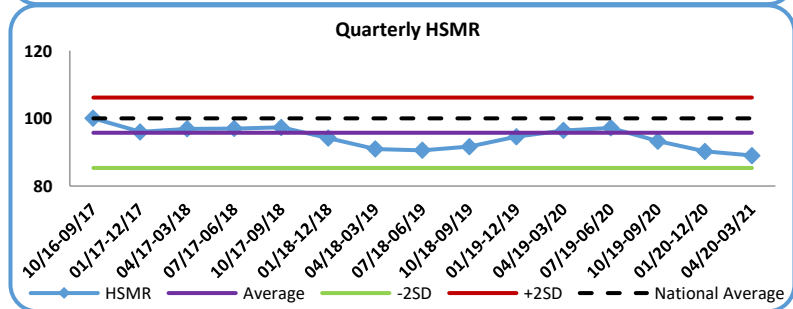
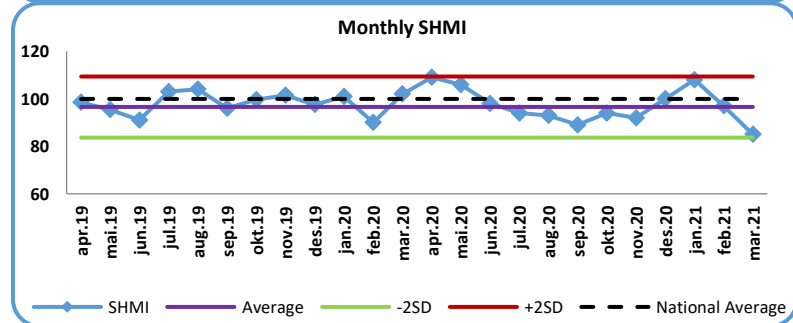
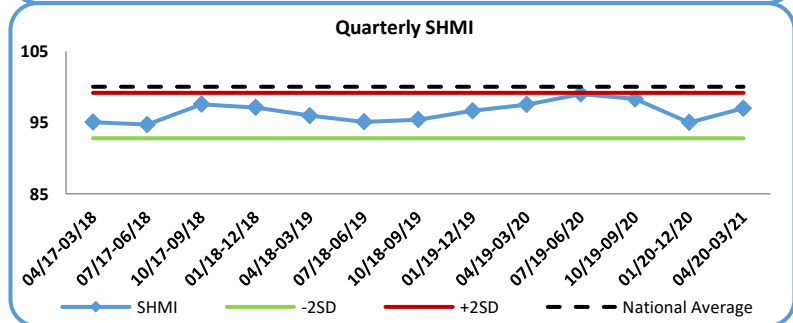
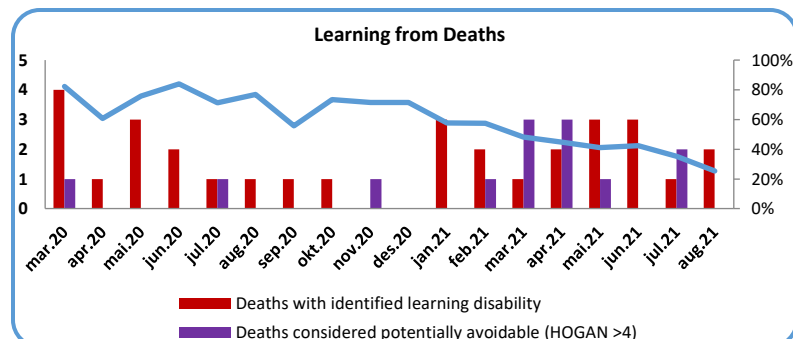
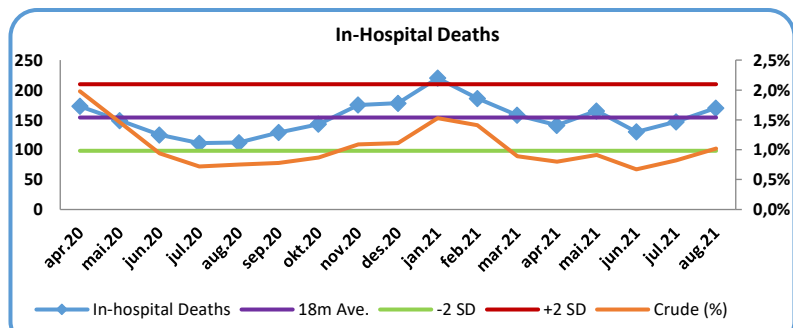
Quality and Performance: Mortality Indicators

In-hospital Deaths: In total there were 170 deaths reported in August 2021, which is higher than the amount reported 12 months previously (n=112). Crude death rate is 1.02%. Historically, crude death rate has consistently remained under 1% with the exceptions of Covid-19 pandemic peaks.

Learning from Deaths: Out of the 170 deaths reported in August 2021, 43 patients have received a level 2 mortality review. These figures will continue to rise due to ongoing M&M meetings being held over the forthcoming months and this will continue to be monitored and modified accordingly.

SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 97 from months April 2020 – March 2021, this is below the national average and is within the "as expected" category. Monthly SHMI shows the Trust to be well within expected limits.

HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. Monthly HSMR data is available up to June 21 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 eight months to NHS England. The published data shows that there were 1,514 responses to the Friends and Family test from the Trust in July 2021 (published 9 September 2021) compared to 2876 in the previous month. The following table shows the proportion of responses that reflect a positive or negative experience from the feedback provided by our patients.

Area	Number of responses	Positive	Negative
Inpatients	567	98%	2%
A&E	3	*	*
Outpatients	2,244	97%	1%
Community	62	95%	25%
Maternity (birth)	*	*	*

All data is available at:

www.england.nhs.uk/fft/friends-and-family-test-data/

*numbers too small to publish

Trust Complaints 2020-21

The Trust received a total of 225 (211 with identified patient activity) formal complaints up to the end of August 21, an increase of 45 on last month's opened complaints.

The Trust has received an average of 45 new formal complaints per month, which is 6 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 up to the end of July are within Patient Services with 0.09% (9 per 10,000 contacts) followed by Medicine with 0.06%. The lowest are within Dental at and NCCC with 0.01%.

Directorates	2021-22				20-21 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	15	44,154.00	0.034%	1:2944	1:3733
Children's Services	13	34,230.00	0.038%	1:2633	1:2523
Out of Hospital/Community	7	25,050.00	0.028%	1:3579	1:3134
Dental Services	2	44,641.00	0.004%	1:22321	1:5411
Medicine	28	69,747.00	0.040%	1:2491	1:4129
Medicine (ED)	21	94,255.00	0.022%	1:4488	1:3416
ePOD	23	151,295.00	0.015%	1:6578	1:7606
Musculoskeletal Services	11	51,281.00	0.021%	1:4662	1:2610
Cancer Services / Clinical Haematology	10	81,451.00	0.012%	1:8145	1:6118
Neurosciences	12	44,136.00	0.027%	1:3678	1:3299
Patient Services	18	19,707.00	0.091%	1:1095	1:2003
Peri-operative and Critical Care	5	18,523.00	0.027%	1:3705	1:51990
Surgical Services	18	31,745.00	0.057%	1:1764	1:1313
Urology and Renal Services	6	31,028.00	0.019%	1:5171	1:4013
Women's Services	22	60,323.00	0.036%	1:2742	1:2742
Trust (with activity)	211	801,566.00	0.026%	1:3799	1:3583

'All aspects of clinical treatment' remains the highest primary subject area of complaints at 61% of all the subjects Trust wide. 'Communication' and 'Attitude of staff' are the next two largest subject areas with a combined 22% of all subjects raised within complaints, with the remaining 17% covering a wide range of issues.

Quality and Performance: Health and Safety

Overview

There are currently 1232 health and safety incidents recorded on the Datix system from the 1st September 2020 to 31st August 2021 this represents an overall rate per 1,000 staff of 71.6. The Directorate with the highest number of incidents is Patient Services reporting 166 health and safety incidents over this period. Directorate rates per 1,000 staff for the highest reporting services are Estates (329) Peri-operative & Critical Care Services (110), Women's Service (95) and Internal Medicine (85).

Incidents of Violence & Aggression to Staff

In addition to the health and safety incidents, there are 935 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st September 2020 to 31st August 2021 - this represents an overall rate per 1,000 staff of 54 per 1,000 staff over this period. The highest reporting services for violence and aggression are Directorate of Medicine (316), Neuroscience (121), Musculoskeletal Services (151), Community (97), and Surgical Services (78).

Sharps Incidents

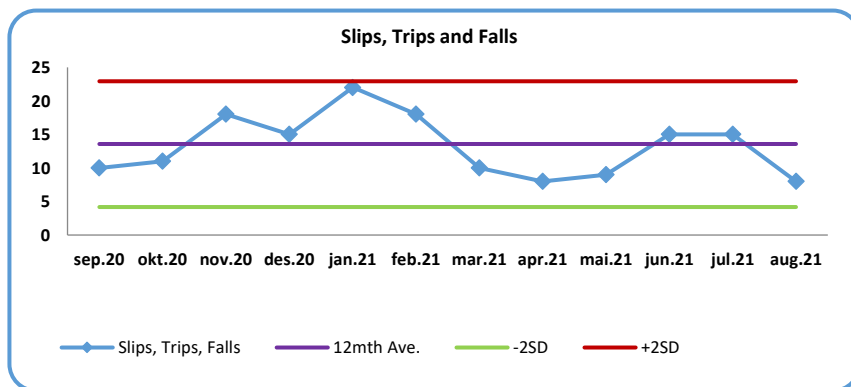
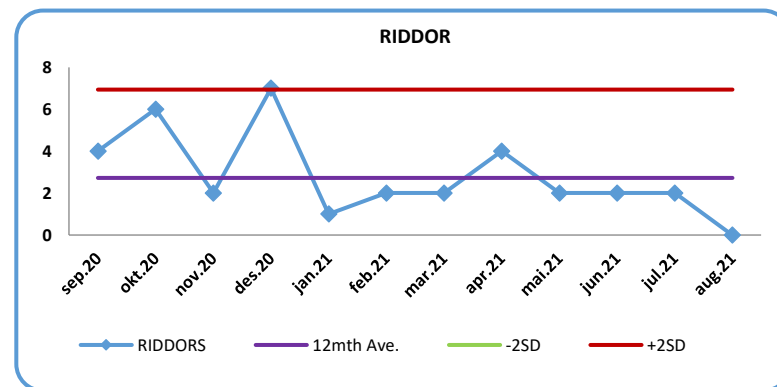
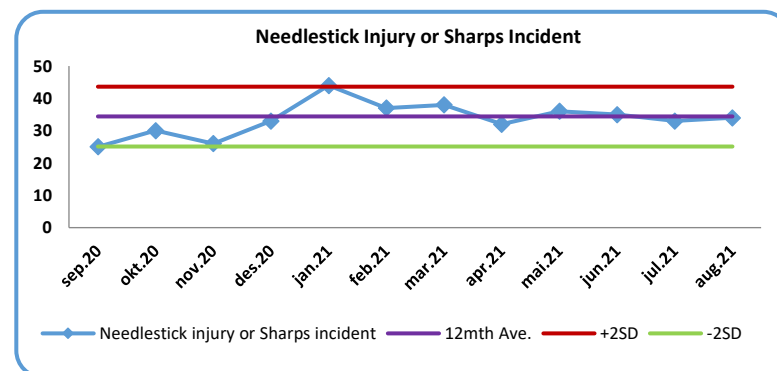
The average number of all sharps injuries per month is 34 between 1st September 2020 to 31st August 2021 based on Datix reporting, with 18.6% of the reports relating to clean or non-medical sharps incidents. The average number of dirty sharps incidents over the period is 24.8 per month.

Slips, Trips and Falls

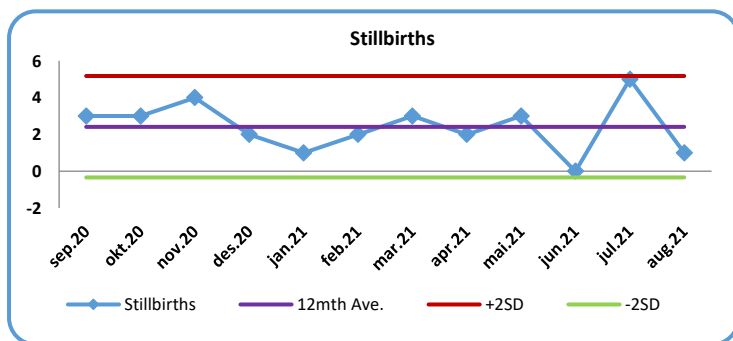
Slips on wet surface, fall on level ground and tripped over an object collectively account for 55.3% of falls between 1st September 2020 to 31st August 2021. Fall from height; fall up or down stairway and falls from a chair account for 15.7% of the incidents recorded.

RIDDOR

There have been 36 RIDDOR incidents reported between 1st September 2020 to 31st August 2021. The most common reasons of reporting accidents and incidents to the HSE within the period are Slips, Trips and Falls (9) Moving and handling (5), COVID (5) Exposure to Hazards (2). These account for 55% of reportable accidents over the period.

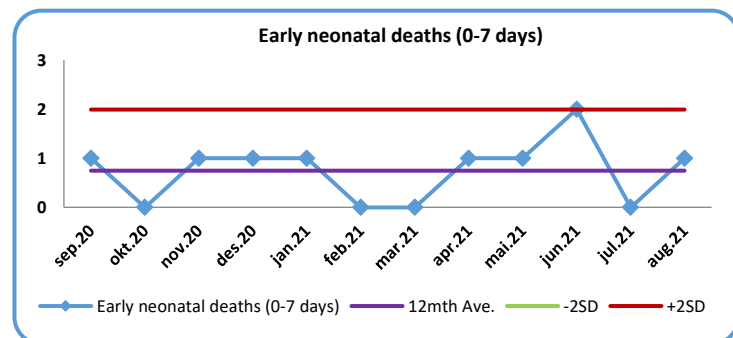


Quality and Performance: Maternity (1/3)



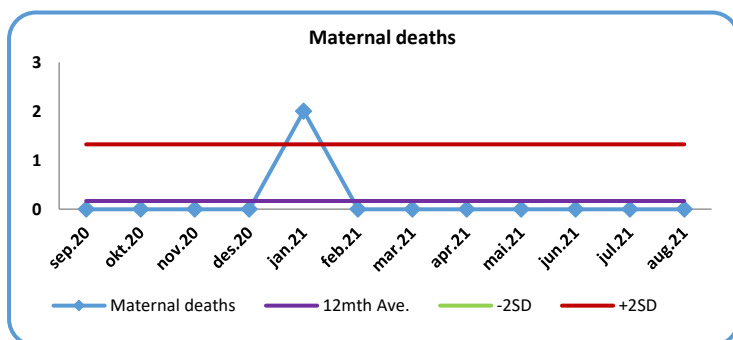
Perinatal deaths

All Perinatal deaths (Stillbirths and Neonatal Deaths) are reported to MBRRACE-UK who produce an annual National report which includes our local data. 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 the investigation results. There were 5 stillbirths in July which is higher than average. 2 of these were as a result of sudden placental abruption with no previous risk factors. The one case in August has also been reported as a Serious Incident.



Early Neonatal Deaths

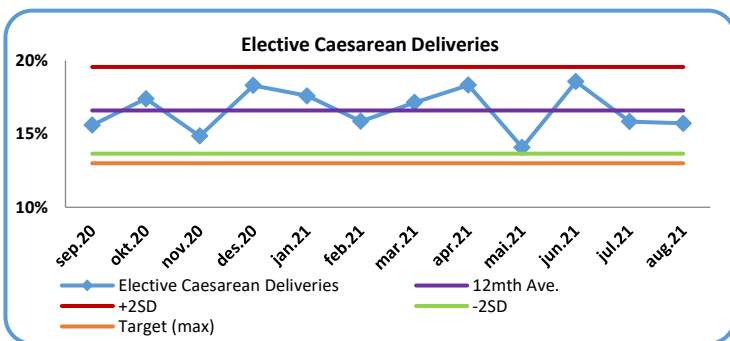
These figures are for term infants (born between 37 and 41 weeks) who delivered at The Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner. In August the one baby that sadly died was known to have an abnormality but was expected to live. The case was reported to HSIB but rejected. A local review is being undertaken.



Maternal Deaths

Maternal deaths are 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. A specific Covid-19 morbidity review took place at the start of the pandemic which MBRRACE published in May 2020. A more detailed report 'Saving Lives, Improving Mothers' Care' was published in December 2020. A detailed review of this report was undertaken and a gap analysis presented to the Board level Safety Champions in August.

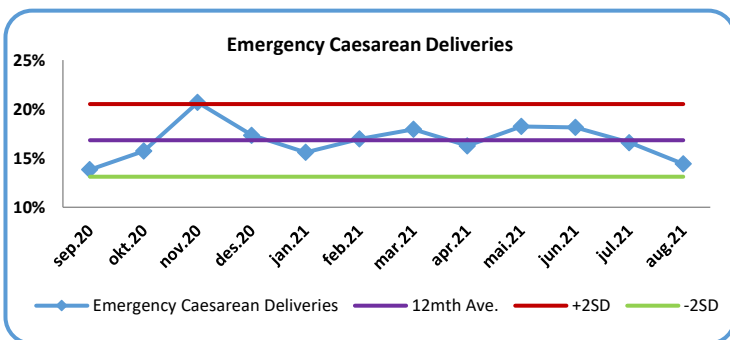
Quality and Performance: Maternity (2/3)



Elective Caesarean section

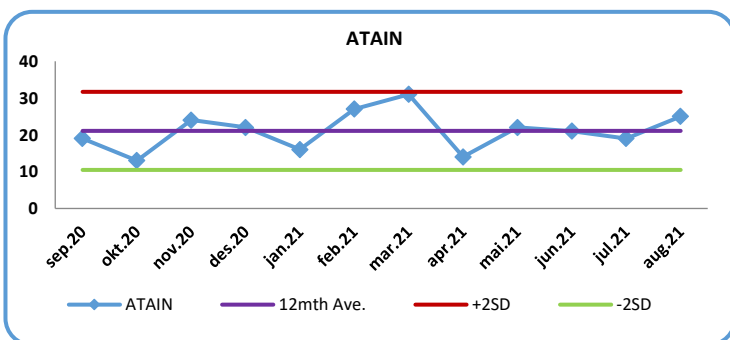
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However the rates are comparable to rates of other tertiary centres in the UK.

The 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.



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. 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. An annual audit report is presented at the Directorate Audit meeting with lessons learnt/ key themes/ change to practice being shared across obstetrics and neonatology.

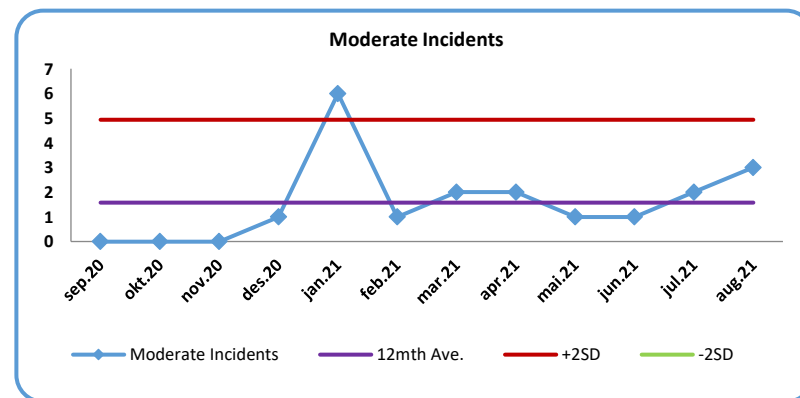
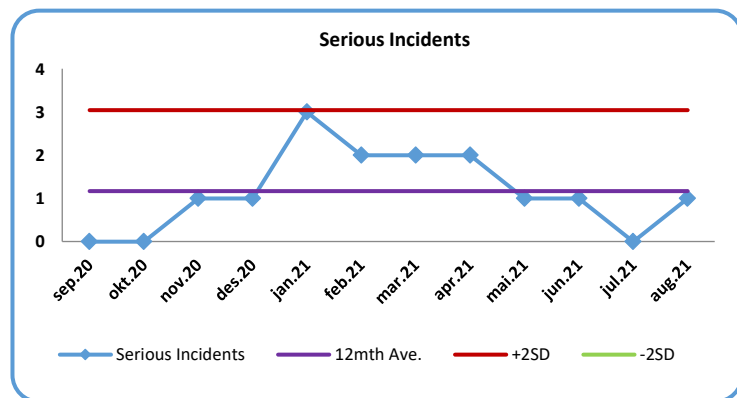
Quality and Performance: Maternity (3/3)

Serious Incidents

There have been 14 incidents escalated as Serious Incidents to The Trust in the past 12 months. These include 5 cases of potential Hypoxic Ischaemic Encephalopathy (HIE), 2 unexpected Stillbirths, 3 neonatal deaths, 2 maternal deaths, 1 major obstetric haemorrhage and 1 baby fall. 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 Ockenden report, lessons learnt from Serious Incidents will be shared with the LMS (Local Maternity System) once an agreed process has been formalised.

Moderate incidents

All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (48hr 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. Moderate incidents will be investigated as a Serious Learning Event and involve parental input to the investigation.



Quality and Performance: Clinical Audit

Audit / NCEPOD	Period Covered	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
Maternal Mortality Report: Saving Lives, Improving Mothers' Care	The seventh annual report included surveillance data on women who died during or up to one year after pregnancy between 2016 and 2018 in the UK	<ul style="list-style-type: none"> Regional standards of care and pathways are in place for pregnant women with epilepsy. Dedicated weekly obstetric neurology clinic for women with epilepsy with named consultant obstetrician and consultant neurologist. Robust bespoke electronic VTE risk assessment for maternity and joint obstetric haematology Absolute Neutrophil Count with Haematologist for MDT input and planning for women with VTE in pregnancy. Preterm prevention service with dedicated consultant obstetrician covering this and weekly clinic. Women with extremely preterm pre-labour rupture of membranes have access to Fetal Medicine and counselling by consultant obstetrician and consultant neonatologists with expertise in this area. Consultant-led service – Consultant Obstetricians and consultant obstetric anaesthetists oversee the care of any woman sustaining a major obstetric haemorrhage. Maternal Medicine Specialists coordinate the care of pregnant women with complex needs or a complex medical history with anaesthetists / physicians. Individualised MDT planning. Critical care support initiatives in Trust: Enhanced Maternal Care Guideline 2018, Midwifery maternal Critical Care Course and Training for Outreach and ITU staff. 	<ul style="list-style-type: none"> Recurrent funding required for consultant neurologist for Obstetric Neuro antenatal clinic and to oversee regional pathways of care for pregnant women with epilepsy and women who present with a stroke. Need for robust VTE risk assessment for women in early pregnancy. Need for individualised approach to fluid replacement by bodyweight with obstetric haemorrhage. Urgent need for robust triage for pregnant women or recently pregnant women in Maternity and across the Trust. Need for comprehensive interpreting service. Improved contraception services required for pregnant women. 	Discussed at August 2021 Clinical Audit and Guidelines Group
Inpatient Falls	2018-2021 Programme	<ul style="list-style-type: none"> All Inhospital Falls are recorded in the national audit. All Inhospital Falls undergo a root cause analysis and quality assurance process which includes the Associate Director of Nursing, Clinical Standards, Quality Improvement Lead and Falls Prevention Coordinator. Trust Falls Taskforce Group meets bimonthly. Group is chaired by Associate Director of Nursing and vice-chair is Clinical Standards and Quality Improvement Lead. Overseen by a member of the executive and non-executive team. All hip fractures are reported as severe harm regardless of circumstance. 	<ul style="list-style-type: none"> Harm free care leaders to be trained to competently assess for provision of walking aids for vulnerable patients. Falls Prevention Coordinator to complete Audit through harm free care month of August for falls. Falls prevention coordinator to continue to educate staff through various teaching sessions and inductions throughout Trust and conduct a further compliance audit. Review and amend "Management and prevention of adult patient, slips, trips and falls policy". Invite Specialist Nurse in orthogeriatrics to Falls Prevention Taskforce Group to discuss best practice tariff standards and implement into the policy. 	Discussed at August 2021 Clinical Audit and Guidelines Group

Quality and Performance: Quality Account Priorities Update (1/2)

Management of Abnormal Results

Progress to Date

- The management of clinical tests, from their request, through booking, performance, reporting, reviewing and acting on the results, is an important priority area for patient safety in the Trust and in all healthcare systems.
- It is recognised as a highly complex problem which does not yet have a complete solution in any healthcare system.
- New digital support and changes in clinical workflows will address this clinical risk.
- A “closed loop” investigations system has been designed through clinical collaboration to track and display all investigations from request, to appointment, to completion, to reporting and then endorsement. This will be visible in each patient’s electronic record and in a consolidated viewer for the requester and responsible consultant.

Improvement focus

- Fully closing the investigations loop requires checking that appropriate actions have been taken on the results. We are exploring artificial intelligence solutions with suppliers in order to identify gaps in care which could result in patients being lost to follow-up or further treatment.
- This work is part of the on-going upgrade to the Trust electronic patient record system. It is planned to be completed in October 2021 when the project will be formally initiated.

Modified Early Obstetric Warning Score (MEOWS) outside maternity

Progress to Date

- The implementation of an electronic MEOWs system outside the Women’s Services Directorate would improve the quality and safety of patient care for pregnant/recently pregnant women regardless of their location throughout the trust.
- Two virtual meetings with IT involvement have taken place with the aim of:
 - creating an IT solution for identification of a pregnant/recently pregnant woman (within six weeks of birth) outside Women’s Services.
 - IT development of an electronic MEOWs system to replace NEWS for this group of women (outside of maternity).
- The MEOWs IT solution is currently at the testing phase of development. Once this is completed the eObs system can be updated. The plan is to implement this in the next eObs deployment that is expected to be in October 2021.

Improvement focus

- A proposal to the Trust Improvement for Teams programme delivered by the Institute for Health Improvement (IHI), concerning ‘The recognition and management of the deteriorating pregnant or recently pregnant woman’ was successful.
- The scope of this work includes identifying pregnant or recently pregnant women outside the Directorate, a system where the correct early warning score is used for those women and education/cross department working.

Quality and Performance: Quality Account Priorities Update (2/2)

Mental Health in Young People

Progress to Date

- There is a dedicated Mental Health Strategy Group that reviews the relevant NCEPOD Standards and identifies appropriate actions to ensure compliance.
- Collaborative work is ongoing with CNTW in terms of:
 - 1) training and support for staff.
 - 2) the production of joined up patient information.
 - 3) developing links with KOOTH (Healthy Young Minds).
- Hospital Staff working in acute care settings would like to improve their confidence and skills in caring for children with mental health needs. Research identifies young people can have negative experiences when presenting to hospital due to their mental health. Work continues with the We Can Talk Programme, which is a co-designed and co-delivered project working with over 50 hospitals to train more than four thousand staff to transform the experience of young people and hospital staff.
- Work to improve the environment in Paediatric Assessment for Children and Young People (CYP) presenting in crisis is being progressed.
- Focused work Preventing Restrictive Interventions; policy, equipment, debrief and support for staff is ongoing.
- Work to support patients under 18years who are detained under the Mental Health Act is continuing.
- Working with families to hear experience and make improvements is underway.

Improvement focus

- Efficient and timely pathways for CYP presenting acutely.
- Developing the workforce skills to manage CYP with acute mental health conditions.
- Dedicated safe area within Paediatric Assessment to manage patients awaiting acute mental health admission.
- Policy to support Reduction in Restrictive Interventions for CYP and CYP detained under MCA.

Forward Plan for the Quality Account

- There have been a number of changes in the requirements for completion of this years Quality Account.
- In 2020/21 NHS foundation trusts were not required to include a quality report in our annual report. This will continue for 2021/22 and beyond, with focused reporting on quality priorities and performance in the annual report incorporated directly into the performance report.
- NHS foundation trusts were not required to commission external assurance on their quality report for 2020/21. From 2021/22 onwards this assurance exercise will be optional for all providers; commissioning of external assurance for 2021/22 is currently under review by the Trust.
- November 2021: There will be a six month review of all Quality Priorities to Trust Board.

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

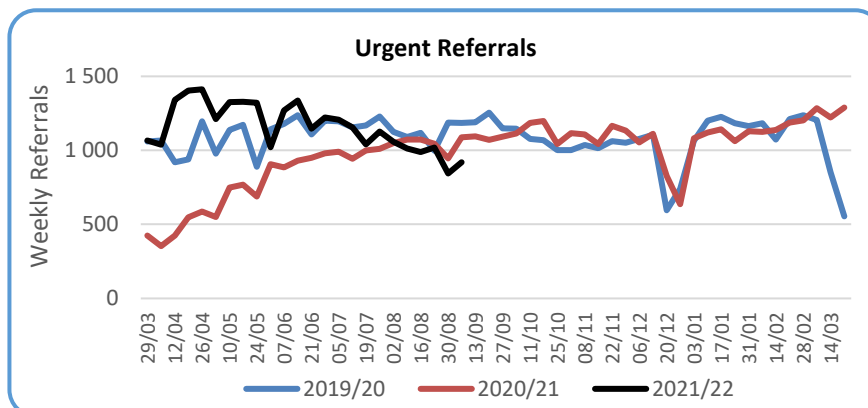
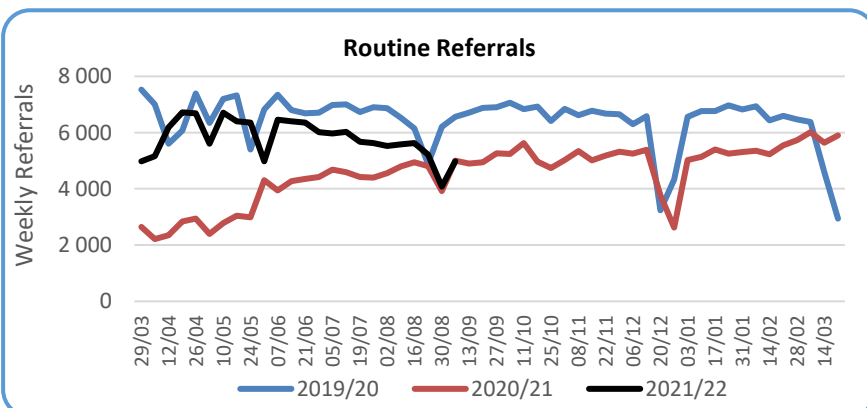
- **As part of the Trust response to COVID-19 the Restart, Reset and Recovery (3Rs) cell was established to provide oversight, guidance and governance to subgroups which are dedicated to individual areas of Trust delivery. These subgroups range through from Diagnostics and Outpatients to Cancer and Elective 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

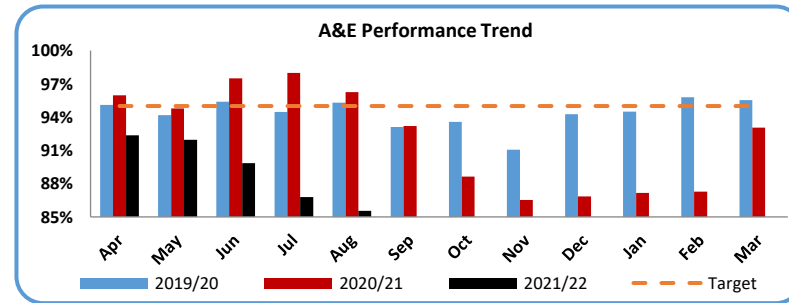
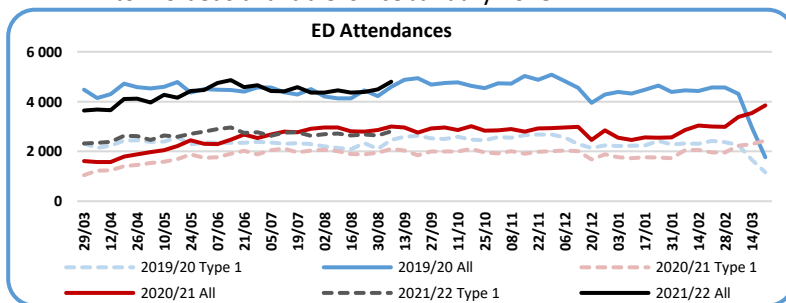
Section	Indicator	Pre-COVID Average	Latest Week Actual	Weekly Delivery as a % of Pre-COVID Average (01/04/19 - 01/03/20)				Monthly Delivery as a % of Same Month in 2019		
				w/e 08/08/21	w/e 15/08/21	w/e 22/08/21	w/e 29/08/21	Jun-21	Jul-21	Aug-21
Front Door	Type 1 Attendances (Main ED)	2,377	2,678	113.0%	114.1%	111.2%	112.7%	121.4%	114.7%	122.2%
	Ambulance Arrivals	635	627	104.9%	96.4%	100.3%	98.8%	Unavailable		
	Eye Casualty Attendances	416	349	77.8%	79.8%	79.8%	83.8%	83.9%	69.6%	75.0%
	Walk in Centre Attendances	1,419	1,270	84.5%	91.6%	87.1%	89.5%	93.3%	88.8%	94.4%
	A&E 4hr performance (Type 1)	89.5%	78.6%	-10.4%	-13.7%	-14.4%	-10.9%	-8.0%	-11.1%	-14.3%
	A&E 4hr performance (All Types)	94.3%	86.4%	-7.5%	-9.3%	-9.4%	-7.9%	-5.6%	-7.7%	-9.7%
Admission & Flow	Emergency Admissions (All)	1,368	1,332	93.0%	93.4%	94.9%	97.3%	109.8%	105.6%	105.6%
	G&A Bed Occupancy	80.8%	78.0%	82.3%	81.8%	78.7%	78.0%	78.7%	82.7%	80.3%
RTT/Planned Care	Outpatient Referrals (All)	8,187	6,413	86.4%	86.5%	86.0%	78.3%	93.4%	87.0%	84.7%
	Elective Spells	2,721	2,185	71.9%	84.0%	81.3%	80.3%	89.6%	85.4%	75.8%
	Outpatient Attendances	20,457	19,082	100.7%	99.9%	97.1%	93.3%	96.9%	99.0%	97.9%
	DNA Rates	7.2%	7.9%	8.3%	8.1%	7.7%	7.9%	7.5%	8.0%	8.3%
	Incomplete Performance	87.3%	71.3%	72.3%	72.6%	72.2%	71.3%	74.5%	73.7%	72.8%
	RTT >52 Week Waiters	18	5,172	5,138	5,179	5,177	5,172	4,977	5,074	5,050
Cancer	2WW Appointments	482	510	93.1%	105.9%	103.2%	105.7%	93.4%	101.9%	88.8%
	All Cancer 2WW	No weekly performance recorded.						53.1%	55.0%	Reported one month in arrears.
	Cancer 2WW Breast Symptomatic							21.6%	39.0%	
	Cancer 62 Days - Urgent							69.9%	63.3%	
	Cancer 62 Days - Screening							85.1%	76.9%	
Diagnostics	Total Diagnostic Tests Undertaken	4,275	3,888	90.1%	92.8%	91.2%	90.9%	84.5%	89.4%	91.9%
	Diagnostic Performance	No weekly performance recorded.						80.2%	79.0%	78.3%

Data provided as 'Actual' figure rather than % comparison

* Working day adjusted

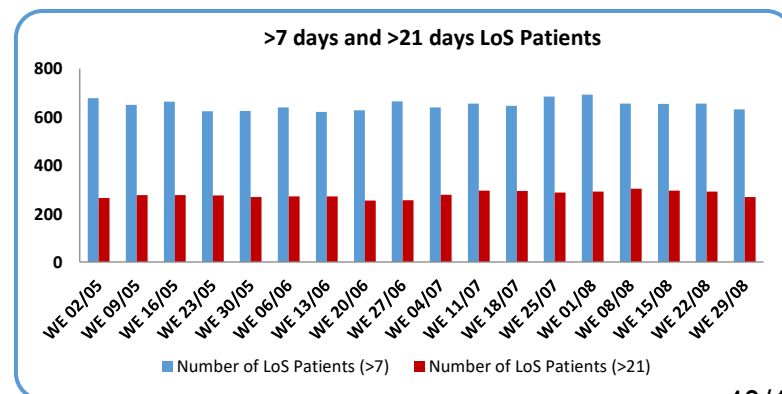
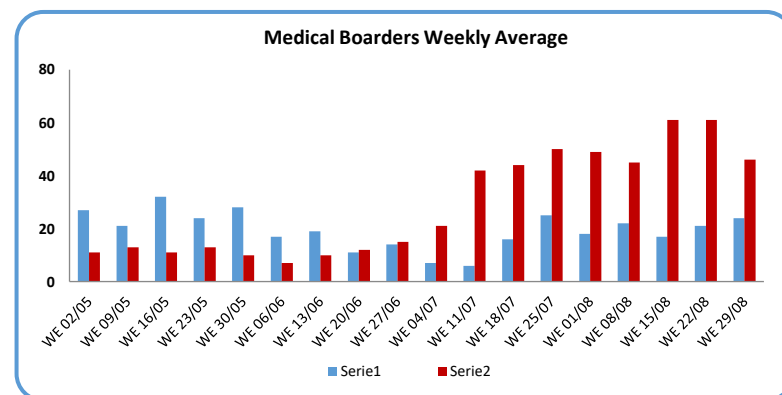
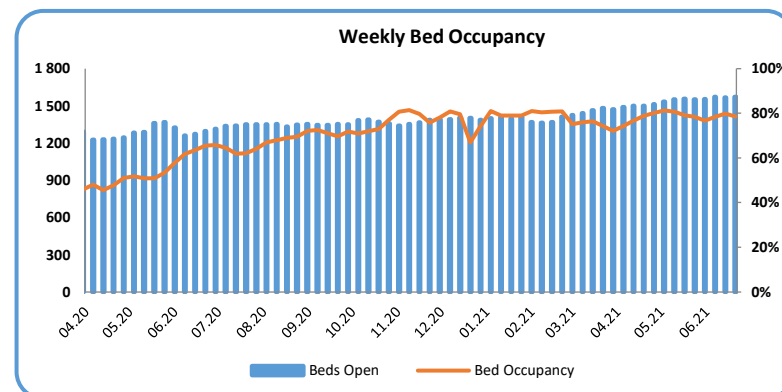
Quality and Performance: A&E Access and Performance

- **In August A&E performance was 85.6% against the 95% 4hr standard. The standard has not been met for 12 months.**
 - This was the lowest level of performance for many years. Type 1 performance (77.0%) dropped for the 5th month in a row.
 - NuTH's performance remains well above the national (77.0%) and regional (82.1%) averages, comparing favourably to other Shelford Trusts.
 - There were 2 ambulance handovers >60 minutes last month, which is the highest level since the onset of COVID-19. The Trust also reported 1 trolley wait >12 hours for the first time in 4 months, with the delay caused by bed unavailability.
- **The reformed attendance profile observed in recent months (in comparison to pre-Covid trends) shows no sign of abating with a larger proportion of attendances being of higher acuity.**
 - Whilst monthly attendances reduced slightly compared to July, they were still at 104% of the volume seen in August 2019, as the usual summer drop was not seen to the same extent as previous years.
 - Attendances in the evening were especially high in recent weeks placing pressure on the emergency department.
 - Type 1 attendances in August 2021 accounted for 61.1% of all attendances, compared to just 51.8% in August 2019.
 - The overall volume of these Type 1 attendances was 22% higher than in August 2019.
 - The total number of patients classified as 'majors' within the month exceeded 7,000 for the first time in many years.
 - Type 1 breaches topped 2,700 for the first time in many years, having only peaked above 2,000 for the first time in June.
 - For comparison Type 1 breaches were 843 and 467 in August 2019 and August 2020 respectively.
 - Eye Casualty attendances are yet to return to pre-pandemic levels, with August 2021's total equating to 75% of August 2019's total. Despite this, Eye Casualty performance has recently deteriorated to below 95% for 2 successive months for the first time since May 2018. This is due to staffing shortages across Ophthalmology, balancing staffing the Eye Emergency department whilst maintaining elective activity.
 - The Trust's Urgent Treatment Centres (UTCs) saw their highest level of attendances since February 2020, only slightly below August 2019 levels (94%). However GP streaming attendances remain very low with August 2021's figure at only 47% of the August 2019 level. Work is ongoing to optimize how this resource is utilised.
- **The Trust has faced exceptional difficulties in staffing levels and bed availability due to the high levels of COVID transmission in the past 2 months. These were both significant factors in the low compliance against the 4 hour standard.**
 - The Trust had to constantly accommodate a consistent level of around 50 COVID inpatients throughout August. Although this is slightly lower than in July, it is higher than any other month since February 2021. This caused ward conversions from elective beds to non-elective beds.
 - Staff sickness due to COVID-19 has also been high in the past 2 months, although positively staff absence due to self-isolation was significantly lower than in July. The total number of bed days lost has reached record levels in the past 2 months with closures due to Covid infections and staffing shortages prompting sizeable reductions to the overall bed base. Particular impact due to staffing shortages has also been felt within Same Day Emergency Care and the observation beds in ED. These bed shortages will have contributed to the highest number of breaches due to 'no beds available' since January 2018.



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

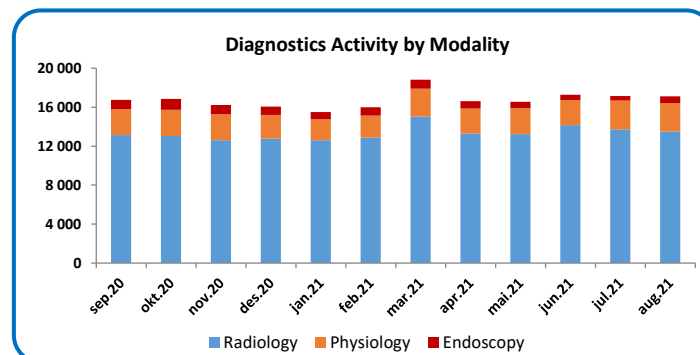
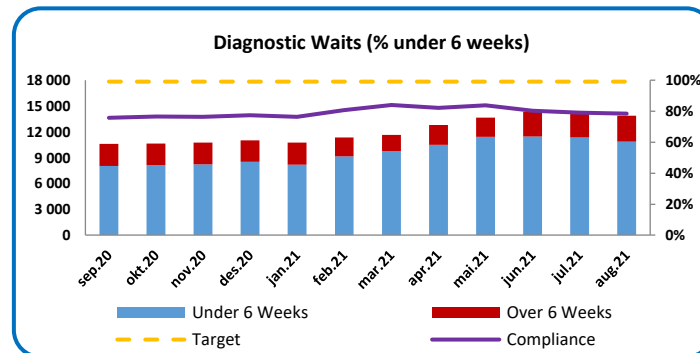
- **The Trust averaged 79% bed occupancy in August 2021, 4% lower than in July.**
 - Occupancy levels fell steadily during the month, reversing the trend of rising bed occupancy that had been seen during the spring and early summer.
 - Occupancy was 77% in the last week of August, the lowest level since the end of May.
 - The falling occupancy during August was due to a combination of some beds reopening as COVID related staff absences lessened, and the cancellation of some P3 and P4 elective activity.
 - Occupancy was however above both July 2019 and July 2020 levels due to:
 - The Trust having to accommodate a steady level of 50 COVID inpatients
 - High volumes of emergency activity
 - COVID outbreaks causing bed closures
 - Staffing shortages causing bed closures due to high levels of COVID-19 in the community and greater annual leave during the summer holidays
- **Despite lower bed occupancy, medical boarders increased further during August.**
 - The level peaked at 61 in mid-August. This is an unprecedented level for summer months and corresponds with peak winter volumes in previous years.
 - This contrasts with a sustained period of very low levels during the spring of 2021. The sharp rise in boarders is another consequence of the severe pressures on beds and staffing levels linked to increasing COVID prevalence and high emergency demand.
- **As can be seen later in the report, staffing sickness levels continue to rise, with the nursing staff group having a sickness rate of 5%, running above the usual rate of 4-4.5%.**
 - Due to the unavailability of nursing staff a significant number of bed have been closed to ensure safe staffing levels are maintained.
 - During September and October the Trust anticipates receiving approximately 170 WTE registered nurses to substantially boost staffing levels and reopen beds.
- **August saw a steady drop in the Trust's volume of Long Length of Stay (LoS) patients.**
 - By the end of August there were 9% fewer patients with a LoS >7 days (632) compared to the end of July.
 - The level of patients with a LoS >21 days (269) also dropped by 8%.
- **Due to the suspension of reporting to NHSE/I this report no longer contains information relating to Delayed Transfers of Care (DTOCs).** Processes remain in place to ensure this reporting can be restarted in October 2021 in line with the proposed national timescales



Quality and Performance: Diagnostic Waits

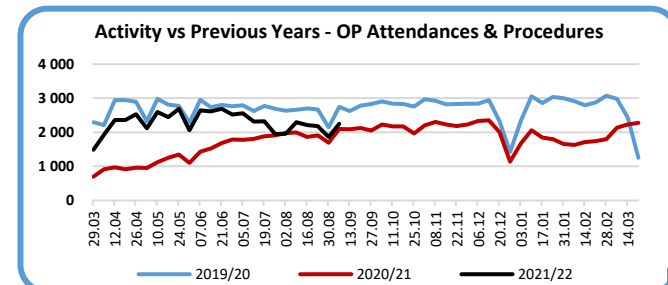
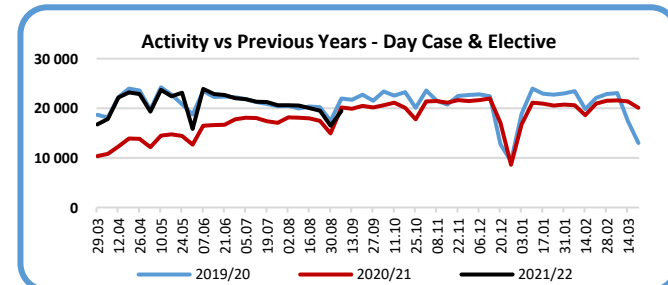
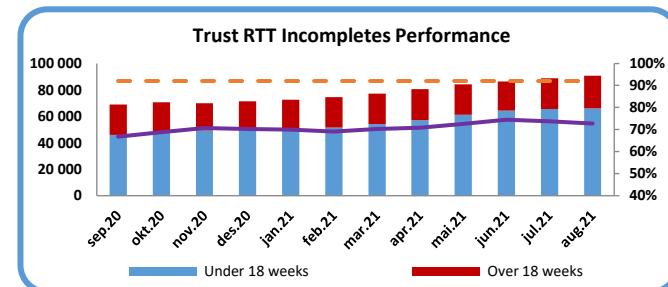
- Diagnostic performance in August was 78.3% against the 99% standard, a 0.7% fall from July and the lowest level of compliance since January 2021.**
 - The overall decline was due to a downturn in performance within Radiology (84.4%, -1.4%), responsible for the majority of Trust diagnostic activity, as well as in Physiological Measurements (55.5%, -1.6%). An increase in performance was registered in Endoscopy (53.8%, +11.2%).
 - The total number of long waiters significantly reduced compared to July, falling by 86 (-9.1%) to an overall total of 883 patients waiting over 13 weeks. This cohort of patients make up 6.4% of the overall waiting list (WL).
 - In July (latest NHSE data) NuTH's diagnostics performance (79.0%) remained above the national (76.5%) and regional (74.5%) positions.
- In August 17,106 tests were carried out, very closely matching the total in July 2021 but still 8% lower than in August 2019.**
 - Endoscopy activity increased by almost 50%, but this is largely due to a delay in coding episodes that occurred in July which resulted in us underreporting our overall activity carried out.
 - There were decreases of 1.6% in both Imaging and Physiological Measurement activity compared to the previous month, but when adjusting for the extra working day in July both modalities demonstrated a comparable rise in activity.
 - Echo maintained high levels of activity throughout the month following the implementation of numerous activity recovery schemes including three insourcing companies as well as outsourcing.
 - CT and Non-obstetric Ultrasound, the two most voluminous tests performed within the Trust, are both back to delivery levels matching or exceeding the numbers performed in August 2019 – however MRI still lags 6.7% behind.
- Having consistently expanded throughout 2021, the total WL size fell for the first time this year to 13,876 patients, a 3.4% reduction.**
 - Compared to July, there were notable drops within MRI, Non-Obs Ultrasound, DEXA and Echo. Whilst demand remains strong it is possible that the decline recorded in routine outpatient referrals in recent weeks is in turn impacting on the number of patients referred for a diagnostic test.
 - Capacity is also being expanded as a consequence of the implementation of activity recovery schemes through the Recovery Plus programme. MRI continue to flex capacity as much as possible and have accrued an additional mobile van to supplement capacity - Neuro MRI were allocated a number of additional days to utilise the scanner in August.
 - Despite the reduction in the overall WL size this month it has still increased by 26% over the course of 2021, having remained comparable to pre-pandemic levels through 2020.
- Efforts continue to expand activity despite ongoing social distancing and infection prevention control regulations, as well as the problematic staffing gaps witnessed in recent weeks as a consequence of increased COVID-19 prevalence.**

Overall Patients Treated Within Month	Aug-21	Jul-21	Difference (Actual)	Difference (%)
Imaging	13,511	13,724	-213	-1.6%
Physiological Measurement	2,918	2,965	-47	-1.6%
Endoscopy	677	453	224	49.4%
Trust Total	17,106	17,142	-36	-0.2%

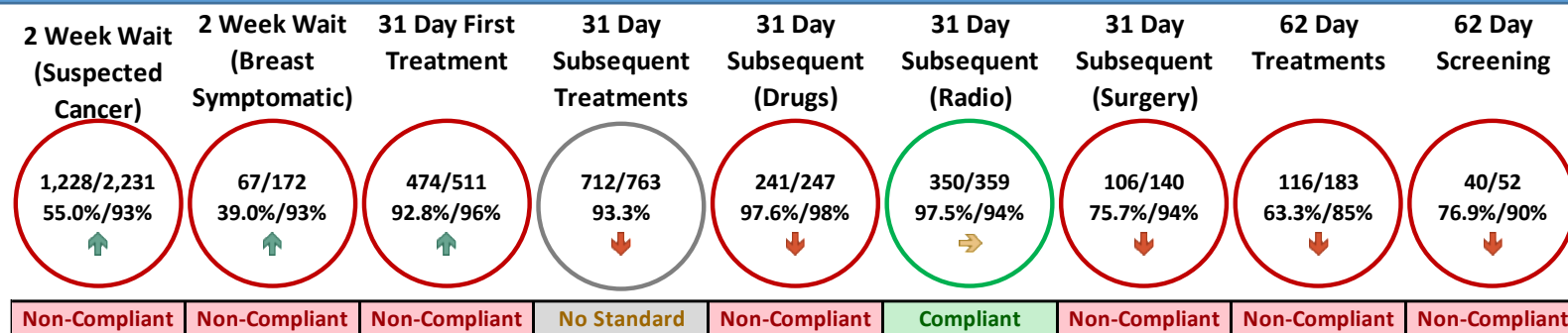


Quality and Performance: 18 Weeks Referral to Treatment

- Due to the COVID-19 pandemic and the associated reduction in elective activity the Trust's RTT position continues to be significantly impacted. August's performance against the 18 week wait target (92%) declined slightly to 72.8%, 0.9% below July's level of performance.
 - 24,684 patients have waited more than 18 weeks, with 8,966 >40 week waiters. Both of these figures increased for the second month in a row having diminished over preceding months.
 - The number of patients waiting >52 weeks minimally reduced by 24 patients (0.5%) to 5,050. The drop observed in recent months is mainly due to referrals to the Trust falling considerably during Spring and Summer 2020, a consequence of the onset of the COVID-19 pandemic.
 - In July 5.7% of the Trust's PTL were >52 week waiters, 0.5% above the national position but below the overall Shelford position.
 - Consistent with recent months, in August 45% of >52 week waiters were within Ophthalmology, with this total standing at 2,273. The Trust now has a cataract modular theatre designed to enhance patient flow and rapidly expand capacity to help tackle this problem.
 - Dermatology, Spinal Surgery and Orthopaedics continue to also have high volumes of >52 week waiters.
 - 112 patients have now waited >104 weeks, a number that continues to expand and currently spreads across 5 specialties. The majority of these waiters remain with Spinal Surgery whose longest waiter is at 138 weeks.
- As of July 2021 NuTH have the 8th largest PTL in the country and remain the most compliant of the top 10 Trusts with the largest PTLs. National compliance in July stood at 68.3%, 5.4% below the NuTH total.
 - In total August 2021's referrals volume dropped by 12% from July's level, equating to 85% of the volume received in August 2019. For a second month in a row there appears to have been a considerable drop across each referral type (routine, urgent and 2 week wait), contrasting with previous months when urgent and 2 week wait referrals had consistently exceeded pre-pandemic levels.
 - Nonetheless, the Trust's total waiting list size increased for a ninth consecutive month and now stands above 90,000, 37% larger than this time last year.
- Treatment of long waiters and recovery of elective activity and RTT performance are key Trust priorities. NHSE/IT's Elective Recovery Framework (ERF) set ambitions to achieve increasing levels of planned activity: April 70%, May 75%, June 80%, July – Sept 95%
 - During August activity delivery measured at 75.8% (Day Case & Elective) and 97.9% (Outpatient Attendances & Procedures) when compared to August 2019. *It should be noted these figures are based solely on units of activity, with no accommodation of case mix/financial value made which is a component in ERF calculations.*
- Monitoring of approved recovery schemes and new opportunities to increase throughput and reduce long waits are being assessed on a weekly basis via the Recovery Plus programme at the Trust's Operational Board.
 - Current approved recovery schemes include additional sessions within numerous specialties, additional locum cover, expansion of radiology provision, the cataract delivery unit, a dedicated weekend day case ward pilot, and other initiatives.
- Due to the staffing and bed situations described throughout the report, elective activity has decreased during July and August, with cancer and urgent P1 and P2 work prioritised.
 - The elective programme is in constant review with as much non-urgent elective work undertaken as can be safely delivered.



Quality and Performance: Cancer Performance (1/2)



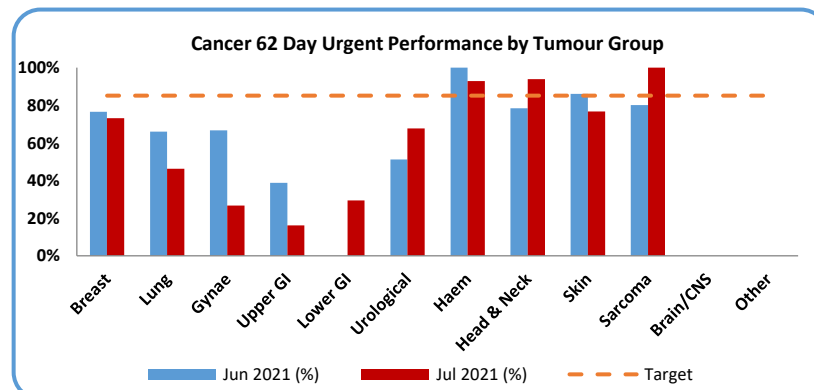
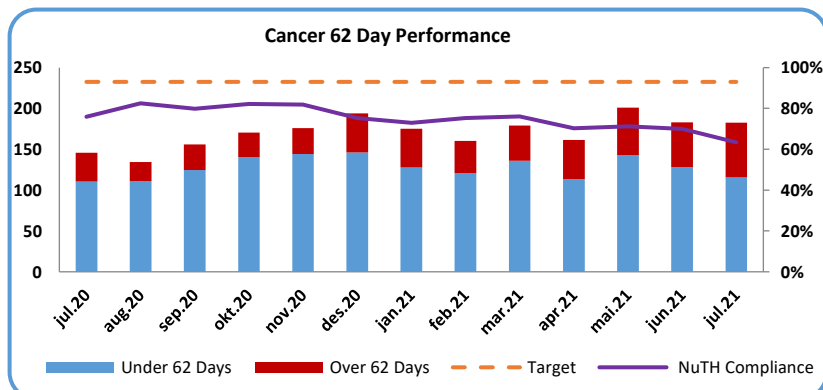
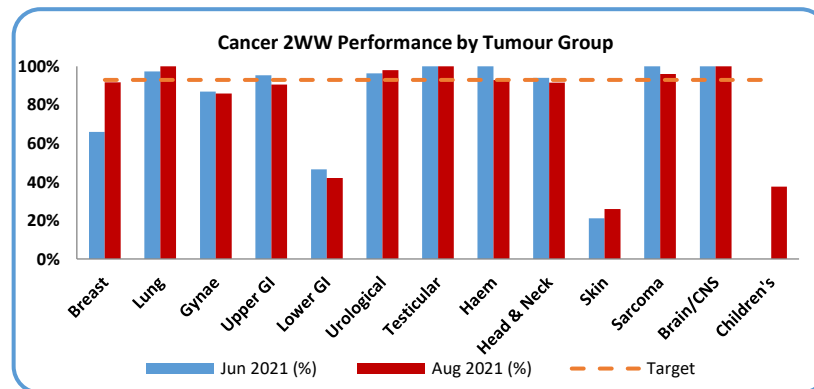
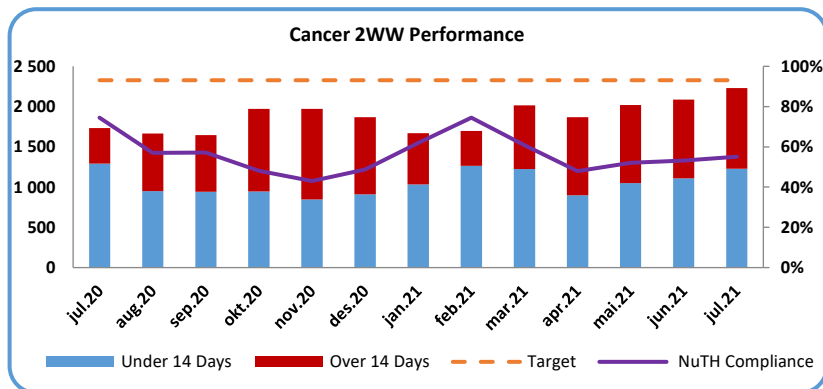
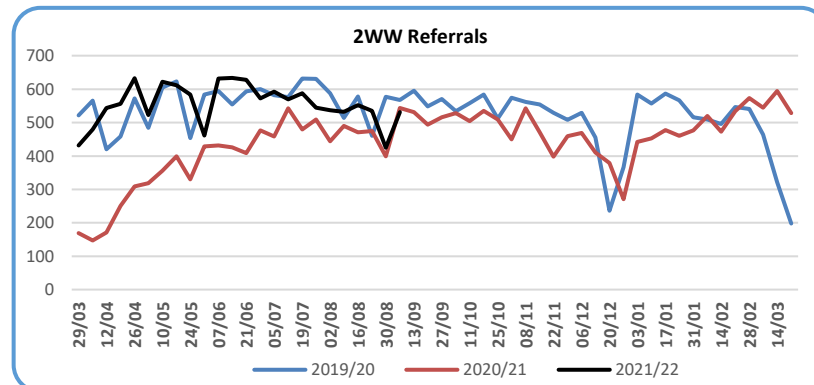
The information within the circles represents: 'Seen in Time / Total Seen', 'Compliance / Standard', 'Movement in Compliance from Previous Month'

- The Trust achieved 1 of the 8 Cancer Waiting Time standards in July; 2 of the 8 standards were met in June.
- The nationally validated 2ww position remained low as expected due to issues previously raised relating to the Skins (26%) and Lower GI (42%); positively the Breast suspected position increased to 92% compliance.
 - Within the Skins pathway tele-dermatology has been introduced** with GPs now sending images to NuTH alongside referrals, further education events are planned within primary care to ensure images received are of the highest quality. It is estimated that 50% of these reviews result in no face to face appointment being required within a cancer pathway.
 - 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 – presently the Skins tumour group accounts for a 20% drop within the 2ww compliance.
 - The Lower GI service has now moved to an electronic solution to assist in the management of the referral and triage process; alongside actions to increase capacity and utilise the independent sector (for non-cancer work), further improvements are expected within the area.**
 - GPs are now required to provide the result of the FIT before referral which will increase performance. Where this is not received first time this can add up to 5 days to a pathway.
 - 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 (92% suspected, 39% symptomatic) have now cleared a symptomatic backlog** which formed due to previously increased referral levels. Additional capacity beyond usual establishment has been secured through non-recurrent sessions as well as additional support from Radiology and risk stratified clinics; this has been extremely successful to date and July has shown an increase in compliance (+25%, +17%).
- The 62 Day compliance dropped by 8% due to drops in Skins (-9%), Lung (-20%), and Upper GI (-23%).** Although urgent and cancer work is being prioritised significant pressures exist in ITU and theatres.
- Due to COVID pressures, the Northern Cancer Alliance initiated a North and South Surgical Hub** to capture details of patients requiring surgical intervention across the Cancer Alliance; cases are then discussed to ensure each organisation has capacity to take their own cases and support sought if not. Cases were redistributed during the Jan / Feb wave with NuTH providing significant surgical support during the period. Both surgical hubs have resumed meeting over the past 6 weeks to ensure that capacity is maintained across the system.
- The Northern Cancer Alliance met 2 of the 8 standards in July; 2 of the 8 standards were met in July.**
 - 2 providers within the Northern Cancer Alliance achieved the 2ww target in July.
 - No providers within the Northern Cancer Alliance met the 62 day target in July.

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 last 3 months have seen the highest levels of 'last minute' cancelled operations since the onset of COVID-19, with the Trust reporting 45 in August.**
 - This is still below the pre-COVID monthly average of 62 and partly reflects the rising level of elective inpatient activity being scheduled as the Trust aims to recover activity levels. For the 9th month in a row Cardiothoracic Services (30) was comfortably the biggest contributor to the Trust total. Theatre lists overrunning was a key reason for cancellations, alongside the unavailability of beds, particularly ITU beds.
- July and August have seen high levels of COVID-19 inpatients and COVID related staff absences, which have caused a significant rise in the number of operations cancelled in advance (which are not included in the figures above) - Trauma and Orthopaedics and Ophthalmology were the hardest hit specialties. Consequently, although last minute cancellations have fallen for 2 successive months, elective activity has dropped during this period.
- The Trust reported 9 breaches (Cardiothoracic Services (6), Surgical Services (2), Medicine (1)) against the standard to treat within 28 days following last minute cancellations in August, which was the highest level for 2 years. This will have been impacted by the high prevalence of COVID-19 in the community, impacting staff and patients, and causing bed shortages.
- **Once again the Trust did not achieve the national Dementia standards for 2 of the 3 metrics in August.**
 - Performance against the referral metric was 100% and has been at this level of compliance for over a year.
 - The low proportion of patients who were asked the dementia case finding question was partly due to the reduced staffing levels caused by COVID-19. Positively, Information Services are developing a Power BI report which will be available daily and will aid the dementia care team in targeting support and training to the clinical teams with the lowest compliance.
 - Compliance with the requirement for appropriate patients to have a dementia diagnostic assessment has been low throughout 2021. To try and reverse this trend, the dementia care team have increased their support to clinical teams for completing the assessment. Additionally the team are conducting a questionnaire to understand the barriers which currently prevent assessments being completed.
- **The proportion of people who have depression and/or anxiety receiving psychological therapies dropped in August (1.13%). This is the lowest level of 2021/22 to date and the monthly target (1.58%) has not been met for many years.**
 - Recent funding for both additional step 3 CBT trainee posts and extra CBT online provision has facilitated a reduction in the CBT waiting list size.
 - The service has undertaken a successful transition to using telephone and video consultations. These virtual sessions will continue to be offered to patients, as feedback suggests virtual service provision has been very helpful for many patients and it has contributed to lower DNA rates.

- **In August performance against the IAPT 'moving to recovery' standard increased slightly to 41.6%, but the 50% target has not been met since June 2020.**
 - Positively, the IAPT targets for seeing patients within 6 (75%) and 18 weeks (95%) continue to be comfortably exceeded with performance of 91.0% and 99.8%.
 - Operational service leads and finance teams are working together to model current and projected models of service access and provision.

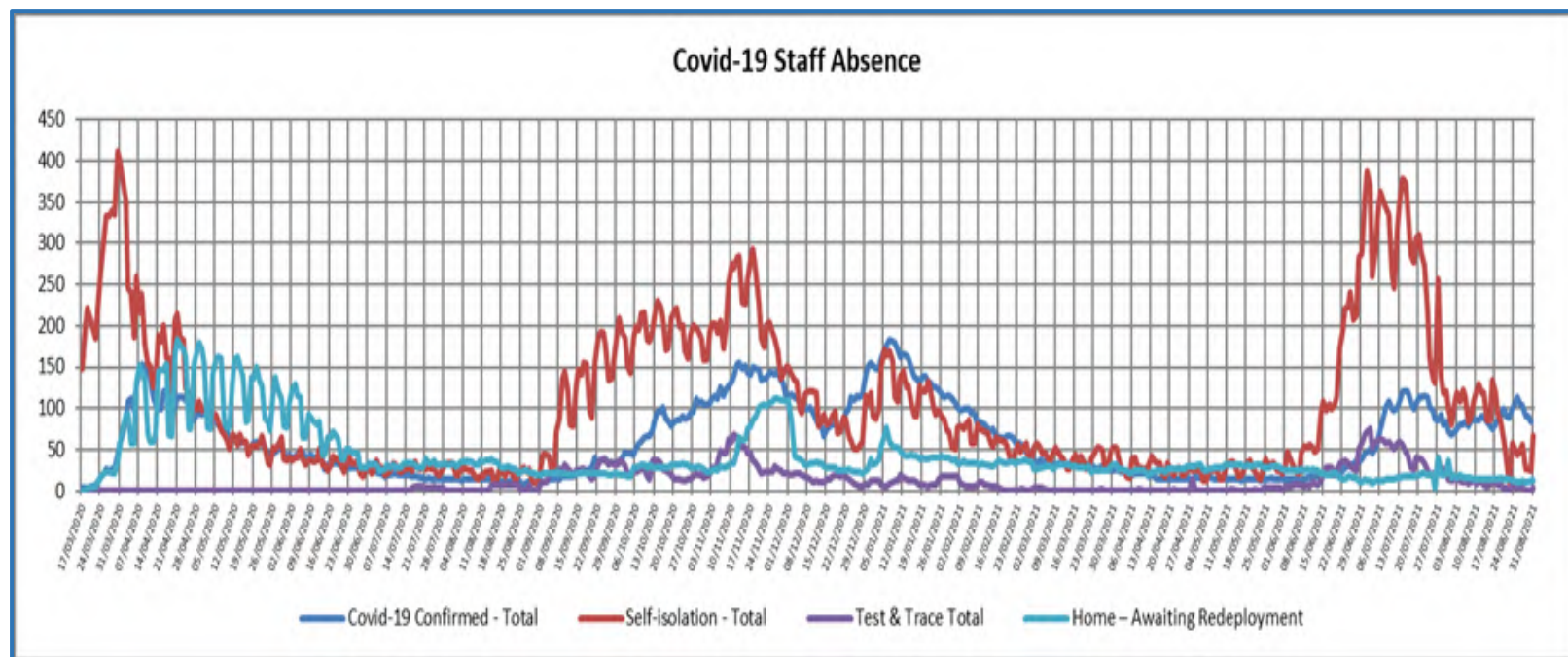
Reportable Cancelled Operations	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Last minute cancelled operations	40	34	30	30	14	19	16	7	24	34	56	52	45
Number of 28 day breaches	0	0	2	0	0	5	0	0	0	3	1	6	9
Urgent operations cancelled for a 2 nd or subsequent time	0	0	0	0	0	0	0	0	0	0	0	0	0

Standards	Target	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
% asked the dementia case finding question within 72 hours of admission.	90%	39%	38%	36%	43%	42%	47%	49%	52%	49%	35%	57%	44%	49%
% reported as having had a dementia diagnostic assessment including investigations.	90%	71%	64%	38%	36%	26%	24%	15%	14%	17%	30%	18%	27%	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%	100%

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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 31st August 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 and climbed again to 121 on 16th July 2021.



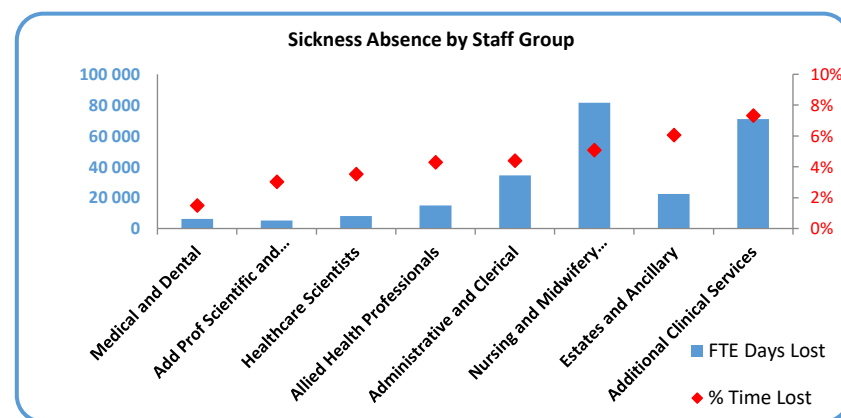
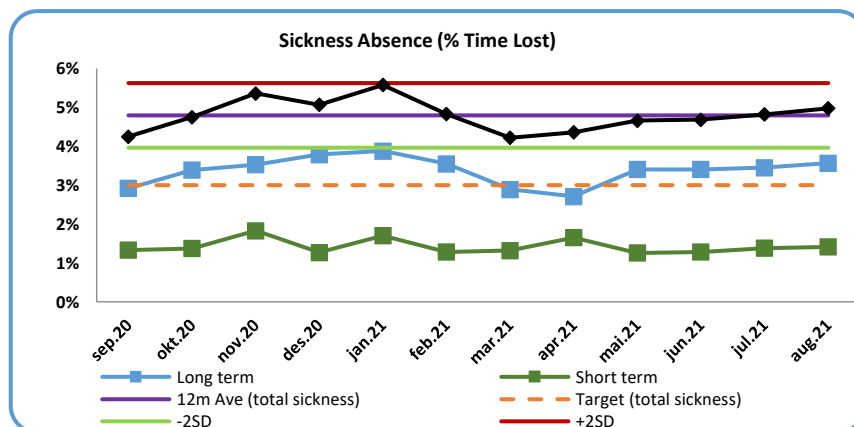
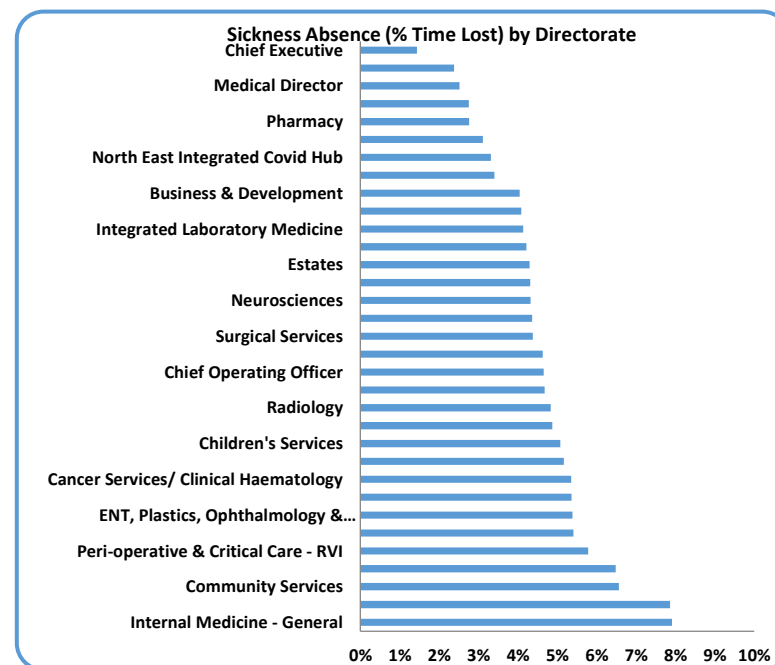
- Risk Assessments have been made available to all Trust staff – staff in ‘high risk’ category prioritised.

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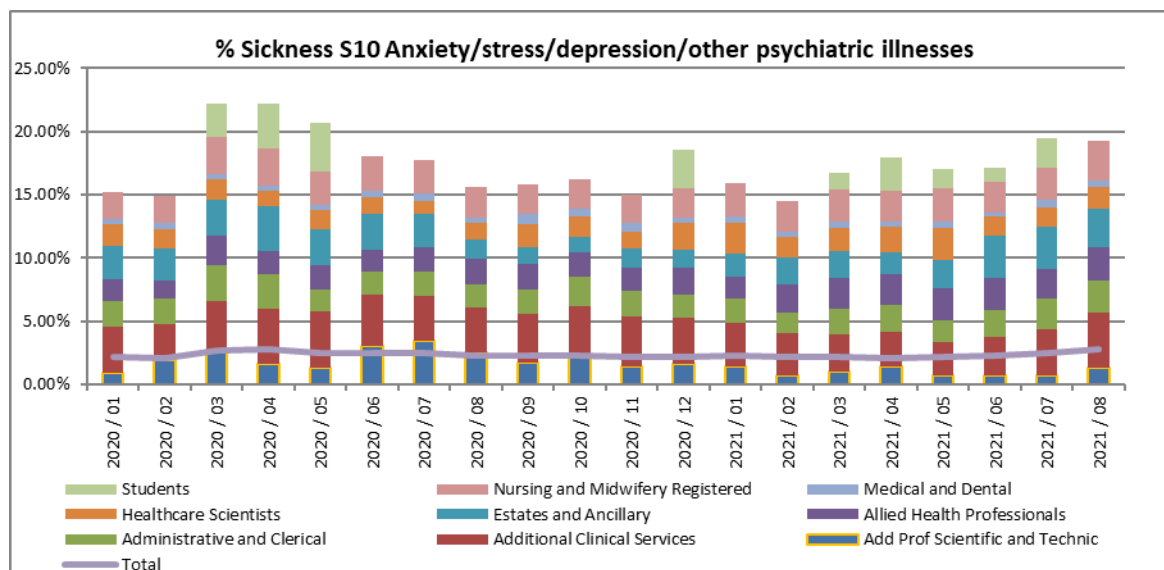
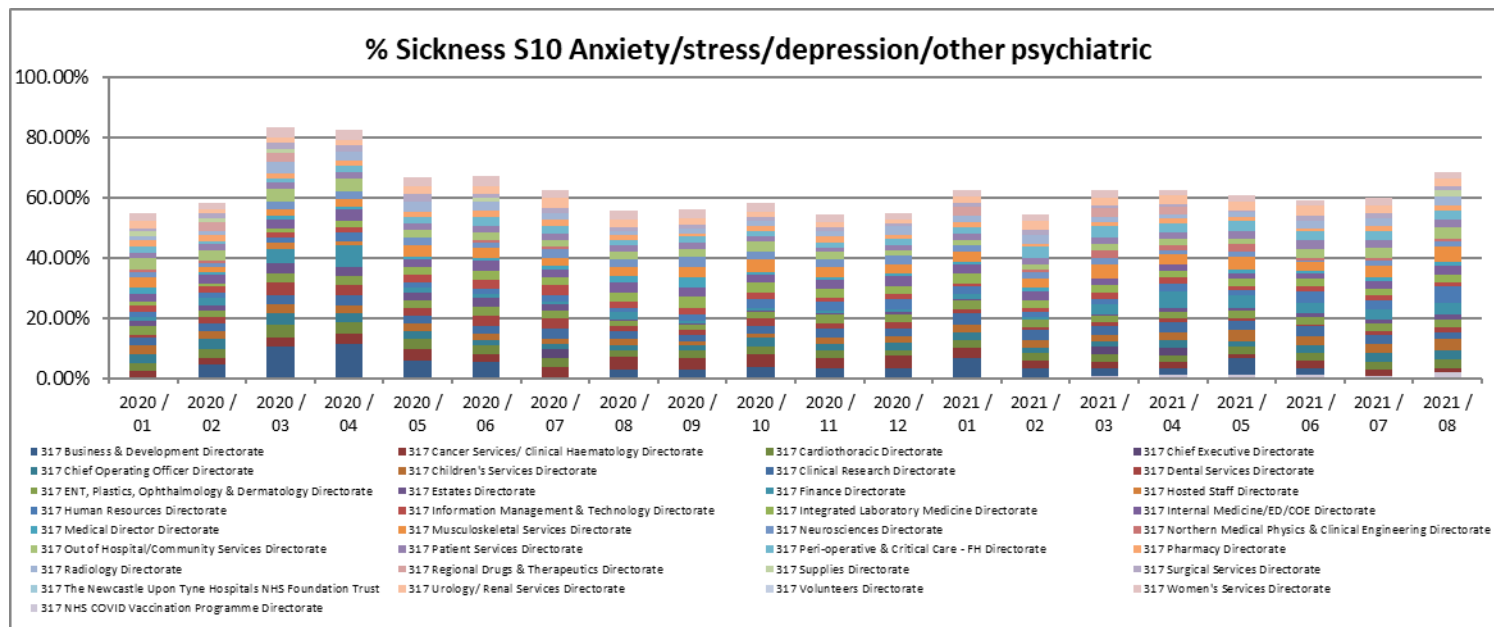
- Year to year comparison for sickness absence (including Covid related sickness) :

	Aug-20	Aug-21	
Long-term	3.37%	3.54%	↑
Short-term	1.35%	1.45%	↑
Total	4.72%	4.99%	↑

- 244,009 FTE working days were lost due to sickness (including Covid related sickness) in the year to August 2021, compared to 223,167 for the previous year.
- Overall sickness absence (including Covid related sickness) is 4.99%, which is up from the end of March 2021 position of 4.69% - (% FTE Time Lost).
- The top three reasons for non-Covid related sickness absence are anxiety/ stress/ depression (18% of total absence), gastrointestinal problems (15% of total) and other musculoskeletal problems (8% of total). For the previous 12 months the top three reasons were anxiety/ stress/ depression, gastrointestinal problems and other Cold, Cough, Flu - Influenza.

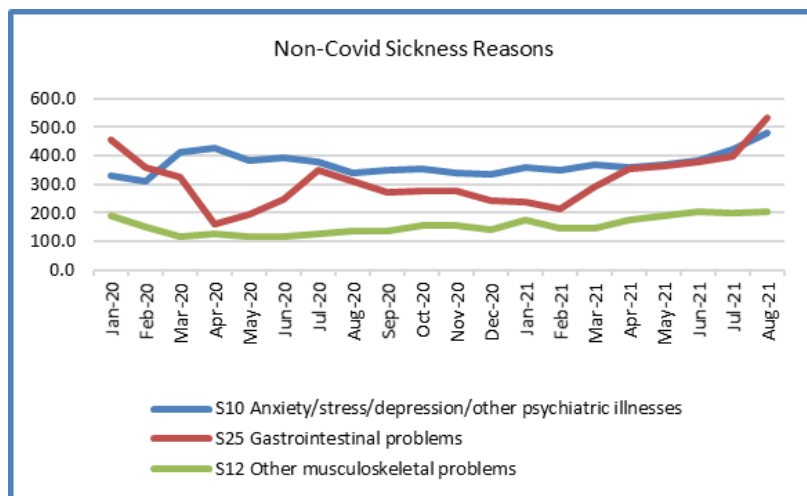


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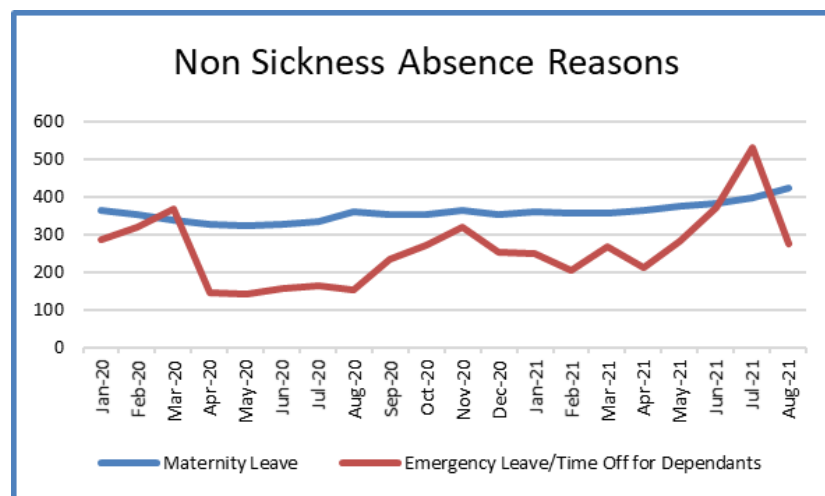


- The graphs identify % sickness absence for anxiety/stress.
- The % sickness absence across the Trust for anxiety and stress has increased from 2.18% in January 2020 to 2.82% in August 2021.
- The 3 staff groups with highest % sickness for stress/anxiety in August 2021 are Additional Clinical Services (4.30%), Nursing and Midwifery (3.10%) and Estates and Ancillary (3.10%).

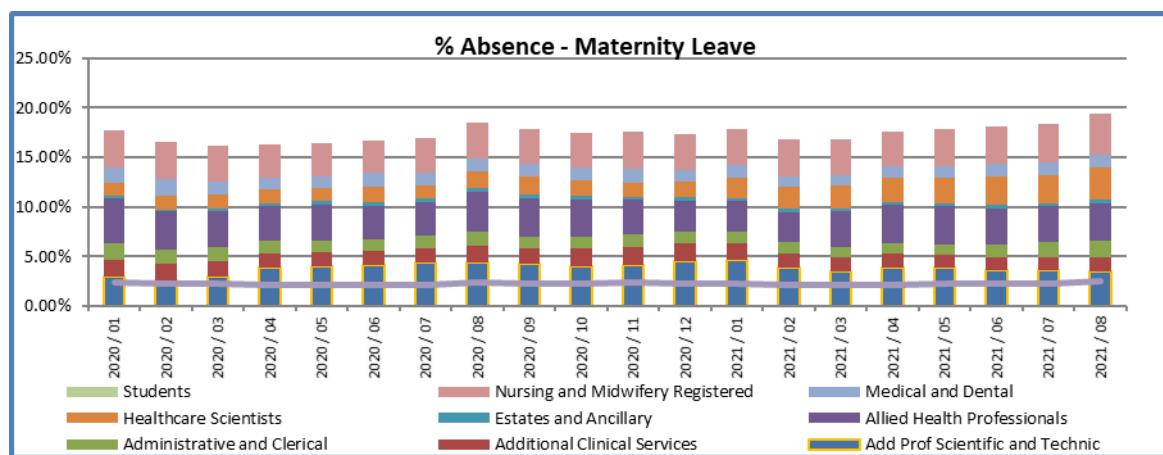
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- The graph above identifies the number of staff absent due to non-Covid sickness for the for the top 3 reasons up to the end of August 2021.



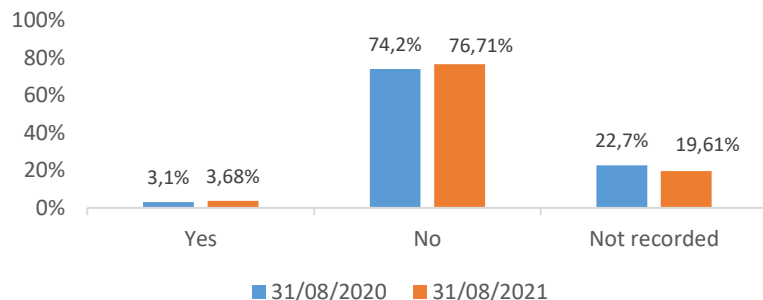
- The graph above identifies the number of other non-sickness absence reasons up to the end of August 2021, (excluding Covid 19).



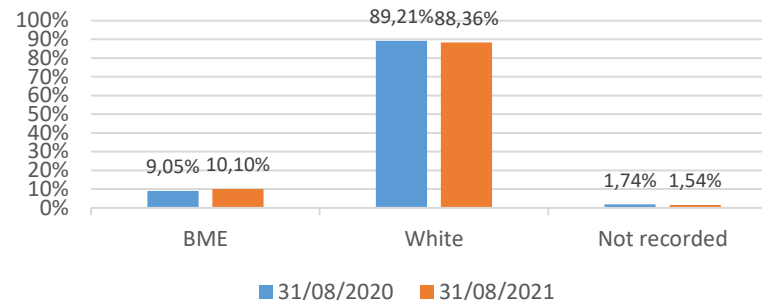
- There has been a 0.07% increase in maternity leave overall from January 2020 to August 2021.
- Maternity leave absence in Nursing and Midwifery has increased by 0.42%, from January 2020 (3.75%) to August 2021 (4.16%).

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Disability %

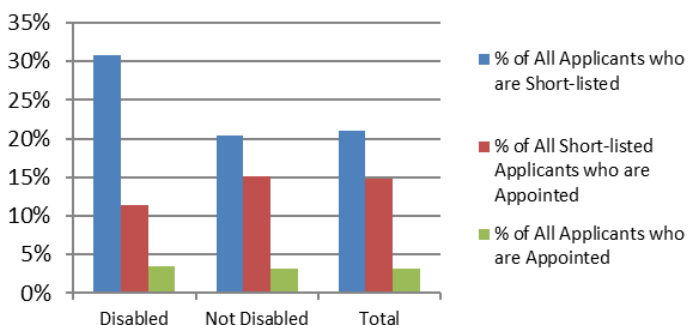


Ethnicity %

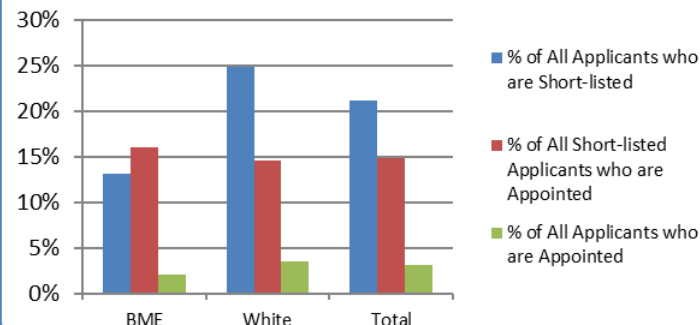


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending August 2021.

Analysis of Recruitment Activity by Disability



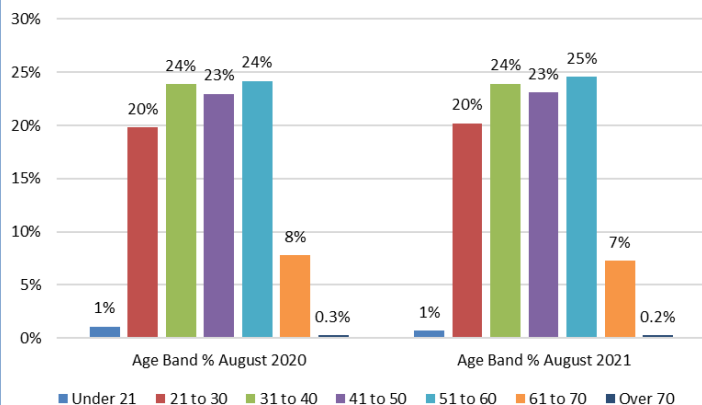
Analysis of Recruitment Activity by Ethnicity



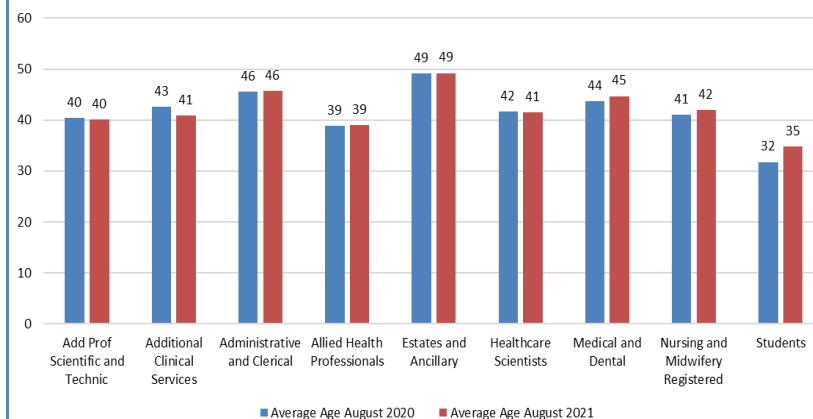
- The graphs above identify, by headcount, the percentage of staff in post in August 2020 and August 2021 by disability and ethnicity. The percentage of staff employed with a disability has increased from 3.1% to 3.68% and the percentage of BAME staff has increased from 9.05% to 10.1%.

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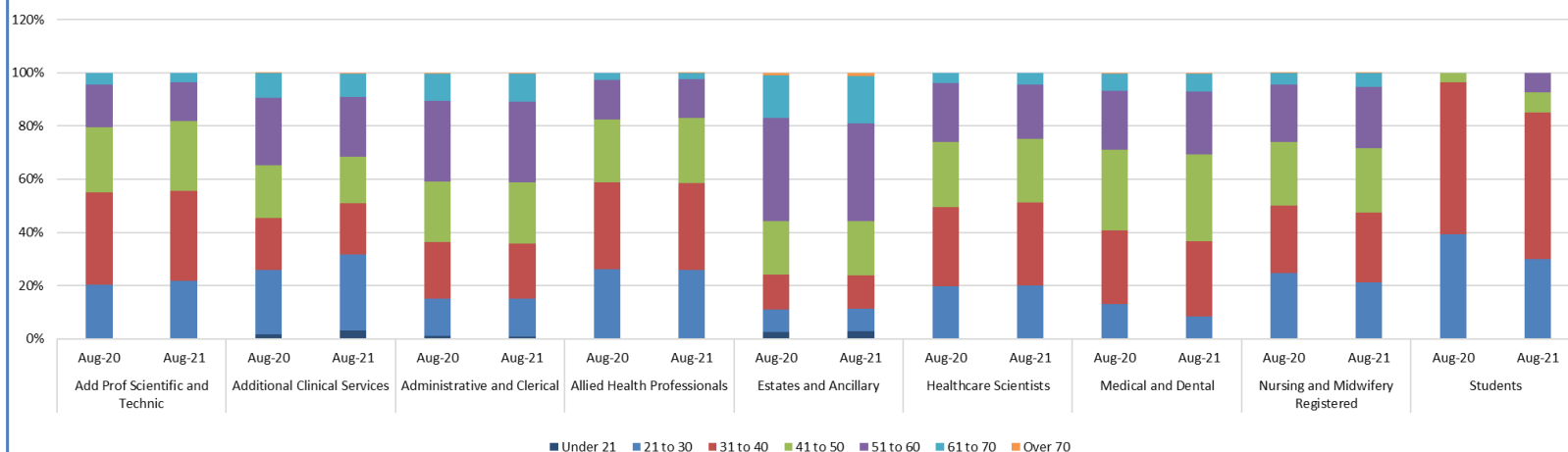
% Workforce across Age Bands



Staff in Post: Average Age (years)

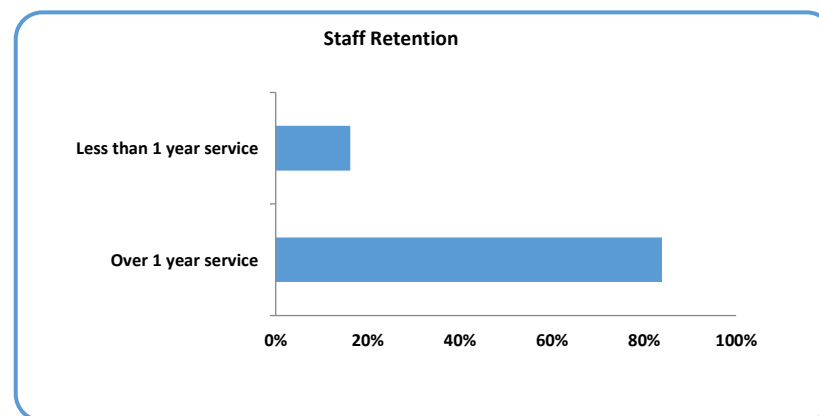
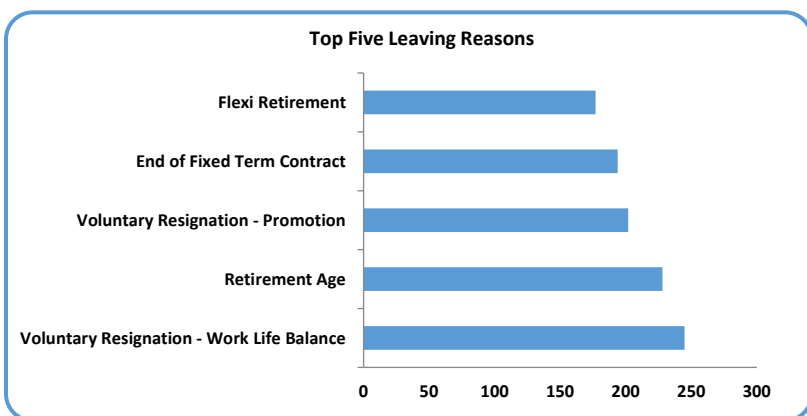
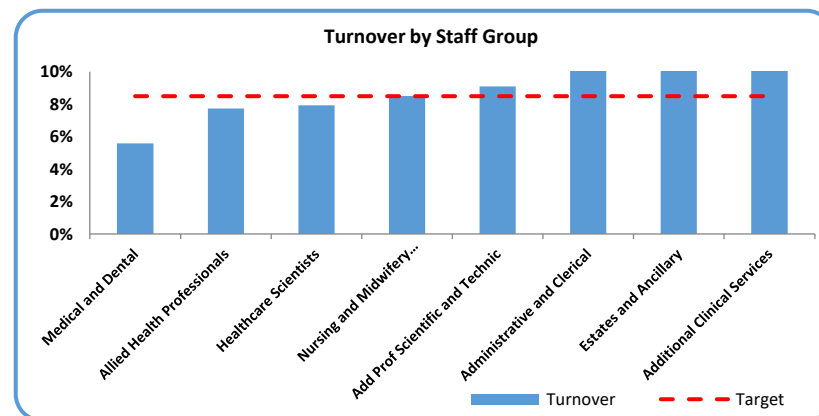
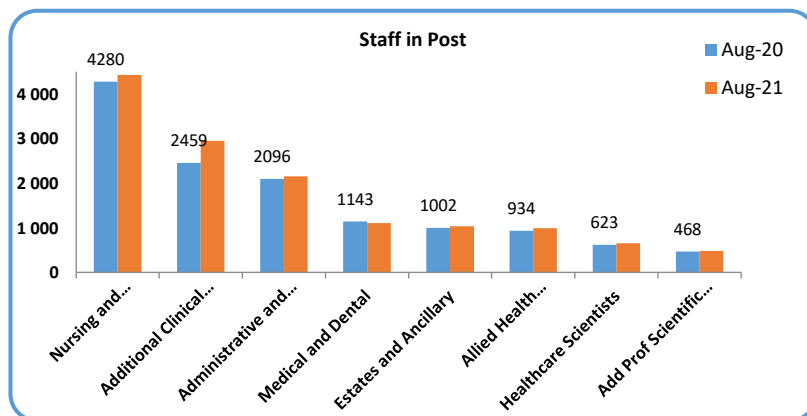


Staff in Post: Staff Group - Age Band



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

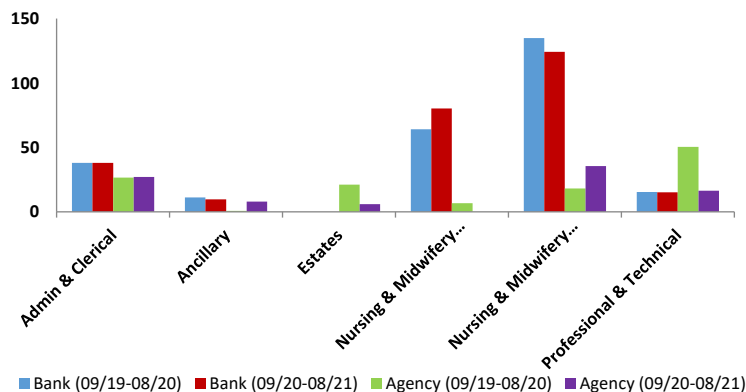
People: Flourish – ‘Shaping the Best Place to Work’



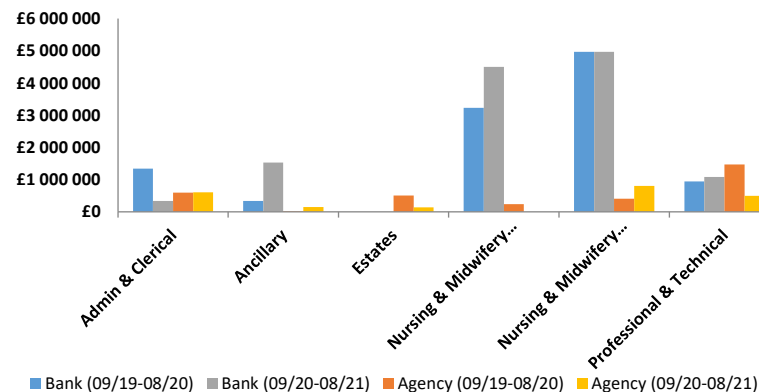
- Staff in post at August 2021 is 13,819 wte (16,074 headcount) compared to 13,007 in August 2020 (15,031 headcount).
- Staff turnover has increased from 9.71% in August 2020 to 9.74% in August 2021, against a target of 8.5%.
- The total number of leavers in the period September 2020 to August 2021 was 1,708.
- Staff retention for staff over 1 year service stands at 83.84, which is a decrease from 87.35% in August 2020 and is attributable to the recruitment of ICHNE and COVID Vaccination staff.

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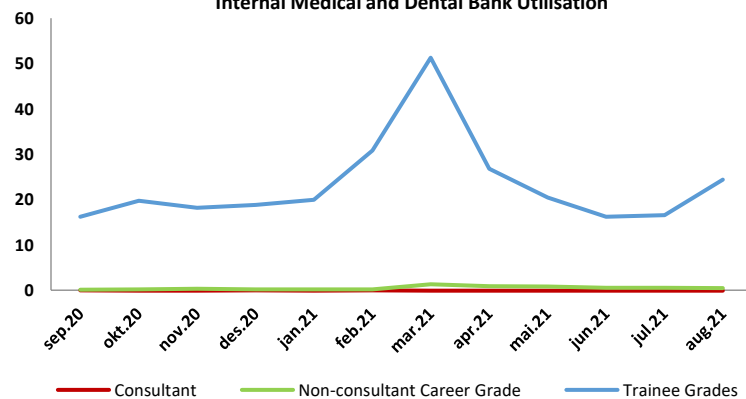
Bank and Agency Utilisation by Staff Group (FTE)



Bank and Agency Utilisation by Staff Group (Cost)



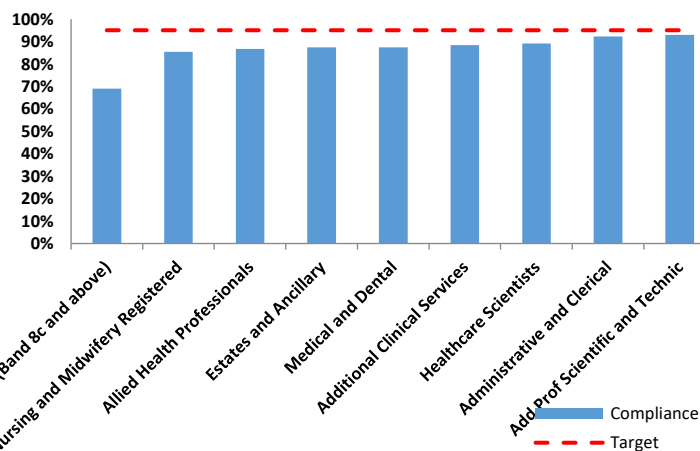
Internal Medical and Dental Bank Utilisation



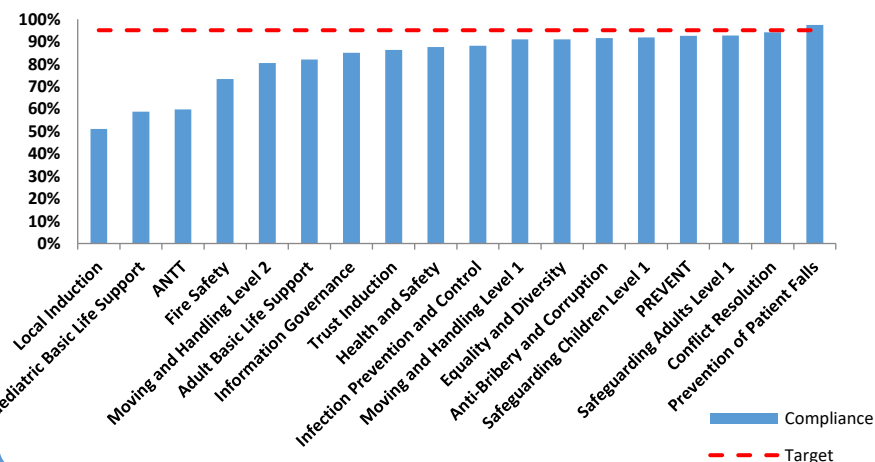
- Comparing the periods September 2019 – August 2020 to September 2020 – July 2021, overall bank utilisation has increased from 263 wte to 267 wte and agency utilisation has decreased from 123 wte to 92 wte.

People: Delivering Excellence in Education & Training

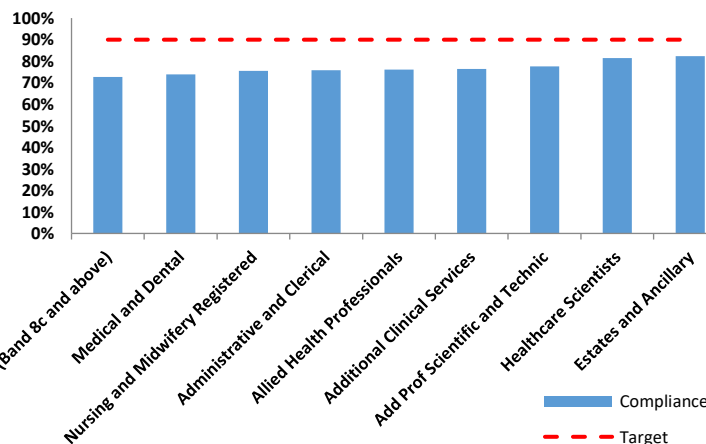
Mandatory Training by Staff Group



Mandatory Training by Topic



Appraisals



- Appraisal compliance stands at 76.64%, at end of August 2021, against an end of year target of 95%. The August 2020 position was 78.53%. 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 87.10% at end of August 2021, against a Q1 target of 80% and end of year target of 95%. The August 2020 position was 90.94%.

Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 31st August 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 submitted a financial Plan to NHSE for H1 at the end of May, and the financial regime for the second half of the year (H2) is not yet clear.

In the period to 31st August 2021 the Trust incurred expenditure of £558.3 million, and accrued income of £558.3 million on mainstream budgets and incurred expenditure of £8.8 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a break even. The Trust expenditure is exactly matched by income from NHSE and other commissioners and is therefore I & E neutral for the Trust. ICHNE is now being treated on an 'Agent Basis' and is excluded for both income and expenditure, the figure is £51.3 million.

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 31st August the Trust had spent £15.8 million capital, £0.9 million behind Plan.

Overall Financial Position			
	Month 5 Budget £'000	Month 5 Actual £'000	Month 5 Variance £'000
Income	606,011	558,310	(47,700)
Expenditure	606,011	558,310	(47,700)
I & E position (excl impairment)	0	(0)	0
Capital Programme	16,670	15,816	(854)



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 October 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						
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 17 June 2021. It provides a summary of:

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

QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP REPORT

1. INTRODUCTION

The QPE continue to hold monthly meetings virtually.

2. GROUP ACTIVITIES

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

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

Mrs Errington and Mrs Nelson attended the Complaints Panel meetings in June, July and August. The Complaints Panel did not meet in September. Mrs Nelson gave an update to the QPE in October.

Mrs McCalman attended the Nutrition meeting in May where the following were discussed:

- Food strategy;
- Food facilities for new capital developments;
- Catering Steering Group Matters;
- Risk Register;
- Snacks system;
- Training update; and
- Harm-free Care.

Mrs McCalman updated the QPE group in June.

The governors reviewed and updated the Guidelines for Ward/Department visits.

Professor Kath McCourt gave an update on the Quality Committee.

3. PRESENTATIONS

a. Women's Health Unit

In June, Jilly Goodfellow, Sister and Nurse Practitioner of the Women's Health Unit (WHU) gave a talk on how the WHU staff had responded to the pandemic. She explained how the unit worked closely with ward 40 gynaecology, and Sister Stacey Turnbull.

Sister Goodfellow asked the staff on WHU how they had felt working during the height of the pandemic and they said that they felt like they really had not played a part, as they were not at the front line in emergency admissions, A&E or ITU. She reminded them that all staff played an important part in continuing to deliver services during the pandemic.

Agenda item 8(i)

Ward 40 and the WHU have always been part of the same directorate and during the pandemic they worked even more closely together and collaboratively. This is continuing.

In addition to anxieties relating to the pandemic, some staff initially felt very worried about being redeployed and working out of their comfort zone. However the staff in the WHU attended up-skilling days, which were well run and organised at very short notice to allow staff to be able to work on wards if needed. None of the staff in the WHU were needed to be redeployed but two members of staff volunteered to work elsewhere, one in theatre and one in ITU, as they had previous experience in these areas.

In the first pandemic theatre space was reduced, so a new service was started offering women a manual vacuum aspiration of pregnancy for miscarriage. The staff in the WHU worked with the ward staff to teach them how to look after the women and the consultant completed additional training.

This method of uterine evacuation was evaluated and found to be acceptable to women and this method has continued since – women don't need a general anaesthetic and do not have to wait for a theatre slot – it takes about 5 minutes and then the women can go home after 30 minutes to an hour afterwards.

Inevitably some of the clinics were reduced however women who had been referred with suspected cancer were always seen. It was difficult not allowing visitors during the height of the pandemic – visitors were only allowed to attend with patients who had dementia or a learning difficulty. An increase in verbal abuse from members of the public was noted as relatives were asked to wait elsewhere, staff sympathised with them but had to politely but firmly ask them to wait.

The unit has a clinical psychologist in who has been an invaluable resource and support to everyone – mindfulness sessions were arranged.

Colposcopy referrals in June 2020 were delayed as a consequence of the pandemic however those delayed were completed by the end of June 2021.

Positive developments during the pandemic have included:

- Working from home has been of benefit for some staff for some clinics, and reduced footfall into the hospital, which has continued. This was aided through the availability of IT systems to work at home, laptops cameras and microphone headsets etc.
- Use of MS Teams has been excellent for internal meetings with others around the country.
- Staff have learned new skills and the unit has reviewed ways of working and systems.
- Leaflets have been updated and additional tasks completed which were not able to have been completed due to time constraints previously.
- The WHU revaluated the way staff work and interact with the ward. A number of tasks had to be implemented at pace, which would usually have taken longer had the pandemic not occurred.

Agenda item 8(i)

- The staff have adapted to different ways of working, worked collaboratively and recognised the resilience of team members. Teamwork has been absolutely essential and the staff were fantastic.

b. Patient Experience Update

In June, Mrs Tracy Scott, Head of Patient Experience gave the QPE Group an update on patient experience. She advised governors that an increase in patients/visitors being aggressive within the Trust had been observed during the pandemic. Such behaviour was not acceptable and the Trust had undertaken a number of actions to support staff and patients.

Mrs Scott discussed the Interpreting Service (IS), in which the Trust utilises an external provider. Prior to the pandemic 80% of interpreting was conducted face to face. However, when the pandemic occurred, all interpreting services needed to be conducted virtually or by telephone. This proved to be a significant challenge as some of the interpreters had no digital access nor the equipment to continue offering services.

Initially at the start of the pandemic some staff had difficulties obtaining interpreters and this was evidenced through a survey of staff. All members of staff have direct access to a portal to book interpreting services but it was not always operating satisfactorily and patient's were not always informed when interpreters are booked.

The Trust website has a click-on button so patients can access information in different languages.

A number of service improvements were made, including the commissioning of some out of area interpreters.

Mrs Errington and Mrs Nelson attended the July Complaints Panel meeting. The Bereavement Policy and Care After Death Policy/Procedural Guidelines was discussed. A group led by Peter Towns, Associate Director Nursing, will be set up to review these policies, a three month timeline was suggested.

There has been an increase in the number of complaints as services recover post pandemic and in May there were 43 complaints received. The Patient relations team are working hard to support directorate staff with complaints. The main themes identified are communication and appointment delays. In May 35 formal complaints were closed, of which 25 were completed in accordance with the agreed timeline.

Elaine McNamara from Community Services informed the panel that a robust process was being introduced for community complaints. Administrative Staff were helping to facilitate early responses and give oversight. All action plans will reflect learning from complaints.

c. Estates

In September, Russell Jones, Deputy Director Estates - Strategy, Planning & Capital Development, gave a presentation on the headline capital schemes for this financial year. The aim is to improve the clinical environment.

Included in the programme are a number of schemes such as:

- The upgrade of ward 19 - Isolation and infectious diseases unit.
- The new paediatric cardiothoracic unit at RVI.
- The completion of the new multi-storey car park.
- A new hospital building development which is currently being progressed through the required business case approval route.
- Interim enhancement of some maternity wards/areas.
- Leazes Wing theatre - with the installation of a new plant room.
- Theatre 8 at Freeman Hospital is to be updated.
- Dental hospital is included.

The Estates strategy is being refreshed post Covid and work is underway to explore options regarding staff rest areas.

Staff in estates had described how they feel very supported by the Trust management team.

ONGOING AREAS OF FOCUS

- Mrs Carrick suggested a copy of the ward/department visit pro-forma be forwarded to NHS Providers as an example of good practice.
- Mr Forrester suggested that male toilets should have a receptacle for disposing of pads.
- Ms Singh highlighted the pressures on staff during the pandemic and the associated impact on staff morale. However the support arrangements put in place through the Flourish framework and Occupational Health have assisted with staff morale, including arranging on-line mindfulness and yoga sessions which were well attended. Ian Wilson suggested that staff facilities should be added to the list of Aide Memoir bullet points for visits. This suggestion was supported by those present.

4. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

**Report of Carole Errington
Chair of the QPE Working Group
14 October 2021**

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 October 2021						
Title	Report of the Business and Development Working Group						
Report of	Pam Yanez, Chair of the Governors Business and Development Working Group						
Prepared by	Pam Yanez, Chair of the Governors Business and Development 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 type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
Summary	<p>This report details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) on the 17 June 2021.</p> <p>The CoG is also asked to ratify the appointment of the Chair and Vice Chair for this Working Group.</p>						
Recommendation	<p>The Council of Governors are asked to:</p> <p>(i) Members are asked to note the contents of this report; and</p> <p>(ii) Ratify the appointment of the new officers.</p>						
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	Impact detailed within the report.						
Reports previously considered by	Standing agenda item.						

REPORT OF THE BUSINESS AND DEVELOPMENT WORKING GROUP

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 June 2021.

REPORT OF THE BUSINESS AND DEVELOPMENT WORKING GROUP

1. INTRODUCTION

Meetings have been held monthly with the exception of August. Since our last report, we have lost two members during the election period with the Vice Chair post becoming available. However we have been pleased to have four of our newly elected Governors attend their first meeting in October. Others are welcome to attend.

Our meetings have been a combination of attendance face to face and via Teams. Topics covered relate to our Terms of Reference.

2. PRESENTATION TOPICS

We have had the following speakers:

- June 2021 - Lisa Jordan, Assistant Director of Business and Planning. Lisa gave us an update on the NHS Planning guidance for 2021/22 for the period March to September. Key points were staff wellbeing, vaccinations, transformation of services, expansion of primary care capacity, preventing inappropriate attendance, and increased collaboration. Targets had been set for the restoration of elective and cancer care. Trusts were advised to aim for 25% of outpatient attendances to be undertaken remotely, either by telephone or video consultations.
- June 2021 - Dan Shelley, Procurement and Supply Chain Director. Dan told us of the fantastic work undertaken by the procurement team in respect of items of Personal Protective Equipment (PPE) and other goods required for the pandemic. The Trust staff were well served as at no time did it ever run out of items. PPE issued over the period March 2020 to March 2021 was the equivalent to 24 years normal stock. Dan told us of the complexities of the current procurement landscape with many sole providers of goods. The Trust always has a back- up for supply failure.
- July 2021 - Russell Jones, Deputy Director of Estates. Russ gave us an update on the refresh of the estates strategy 2019-2024 and plans for developments. The estates team, in addition to maintaining and developing the Trust estate had also been responsible for commissioning the Covid sites (the Integrated Covid Hub North East, the Vaccination Centres and the Nightingale Hospital North East). The transfer of Paediatric Cardiac services to be adjacent to the Great North Childrens Hospital and the developments for a new Specialist Hospital which would improve maternity and critical care services was in planning.
- September 2021 - David Reynolds, Deputy Director of Finance. David gave us an enlightening talk on the current and future schemes of funding NHS activities. Previous funding from payment by results (PbR) had been halted and a return to block contracting promoted. Funding for the Covid-19 recovery plans and other developments were described. The group were reassured that all activities undertaken for Covid-19 care were appropriately funded and did not put the Trust at risk. The finance regime in the future will require close cooperation with our ICS colleagues.

3. WORKING GROUP CHAIR AND VICE CHAIR

Pam Yanez wishes to step down from the role as Chair of the Group since her appointment to the role of Lead Governor.

The Vice Chair position has been vacant since the Dr Murthy's term of office as a Governor ended in August 2021.

The Group have sought nominations for these positions and have agreed as follows, with no election required:

- Chair – Eric Valentine
- Vice Chair – Jill Davison

The Council of Governors is asked to ratify the above appointments.

4. RECOMMENDATION

The Council of Governors are asked to:

- i) Members are asked to note the contents of this report; and
- ii) Ratify the appointment of the new officers.

Report of Pam Yanez
Working Group Chair
14 October 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						
Report of	Judy Carrick – Chair of the PEM Working Group						
Prepared by	Judy Carrick – 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 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 checked="" 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 17 June 2021.

PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP REPORT

1. INTRODUCTION

The PEM Group continue to hold monthly meetings virtually.

Mr Cranston has resigned the Council of Governors (CoG) for reasons of health and the PEM send him thanks and best wishes. Judy Carrick has been elected and ratified as chair (as approved at the 19 August Private CoG Workshop). Catherine Heslop remains deputy chair.

The PEM also said goodbye to Dr Murthy following the end of his 9-year term of office as a Trust Governor and wish him well after his many years of service to the Trust. We welcomed several new governors to the working group.

2. GROUP ACTIVITIES

The Membership and Engagement Strategy was finalised by the Group and was approved by the CoG in June 2021. An Implementation Plan was developed to underpin the Strategy and at each meeting, progress is noted against each action point. The focus of the group has shifted towards working more closely with Trust officers, Non-Executive Directors (NEDs) and other governors; this is reflected in the action plan's top priority: improving communication with the Trust membership and community. Attracting and retaining a diverse and representative Membership remains the second aim.

3. ONGOING AREAS OF FOCUS

Communication: the PEM Group provided an update of governor activity for inclusion in Dame Jackie's blog and will continue to do this quarterly. The group has begun inviting guests from the Trust and NEDs to help us better understand and work with the Trust to meet our aims. Finally, the PEM Group has reviewed and provided feedback on the new membership materials.

Membership: the PEM Group is working on an Engagement/Membership Tracker listing groups and individuals to receive the new membership materials when available. These range from healthcare providers such as vaccine sites to sixth forms and cadet corps for the 16-19 membership to the Newcastle Iranian Fellowship to help increase diversity amongst members. No action will be taken on these lists until we receive the membership materials and the agreement of the Trust. However, we are prepared and ready to engage.

The PEM Group is also looking at virtual member events in collaboration with the Trust and adding regular updates/links to the Membership pages of the Trust website to include information about Newcastle Hospitals and its position locally and nationally.

4. RECOMMENDATIONS

Agenda item 8(iii)

The Council of Governors are asked to receive the report.

Report of Judy Carrick
Chair of the PEM Working Group
14 October 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 October 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 June 2021.						
Recommendation	The Council of Governors is asked to: (i) note the contents of this report; and (ii) Endorse the Chairman and NED objectives as outlined in Appendix A.						
Links to Strategic Objectives	Learning and continuous improvement is embedded across the organisation. Our partnerships provide added value in all that we do. We maintain financial strength and stability.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Regular report.						

NOMINATIONS COMMITTEE UPDATE

EXECUTIVE SUMMARY

The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in June 2021.

The Committee last met on 16 August 2021. The following matters were considered:

1. The outcome of the annual Chair and Non-Executive Director (NED) appraisals exercise; and
2. The reappointment of Professor Kath McCourt and Mr Steven Morgan, NEDs.

This report provides further detail on the two matters listed above.

The Council of Governors is asked to:

- (i) note the contents of this report; and
- (ii) endorse the Chairman and NED objectives as outlined in Appendix A.

NOMINATIONS COMMITTEE UPDATE

1. COMMITTEE MEETINGS

Committee members last met on 16 August 2021 to discuss:

1. The outcome of the annual Chair and Non-Executive Director (NED) appraisals exercise; and
2. The reappointment of Professor Kath McCourt and Mr Steven Morgan, NEDs.

2. CHAIR & NON-EXECUTIVE DIRECTOR (NED) APPRAISALS & OBJECTIVES

All Chair and NED appraisal meetings have now been undertaken with positive performance noted. The Committee discussed the appraisal reports from the Trust Chairman and Senior Independent Director at their meeting on 16 August 2021.

The proposed Chair and NED objectives for Council endorsement are included in Appendix A to this report.

As Mrs Pat Ritchie (Associate NED) has recently left her position as Chief Executive Officer (CEO) at Newcastle City Council then no objectives have been proposed for 2021/22.

Following the appointment of Mrs Ritchie's successor, discussions will be undertaken regarding the arrangements for the new Trust Associate NED from Newcastle City Council.

3. NED REAPPOINTMENT

Committee members considered the re-appointment of two Trust Non-Executive Directors, Professor Kath McCourt and Mr Steven Morgan, whose terms of office are due to conclude in the final quarter of the 2021 calendar year.

Committee members adhered to the Trust NED Succession Policy and gave consideration as to the current skillset of the Trust Board.

The Committee agreed to support the Chair recommendation to reappoint:

- i) Professor Kath McCourt from 1st December 2021 for one year (up to a maximum of three years subject to annual renewal); and
- ii) Mr Steven Morgan from 1st October 2021 for three years.

Governors were asked to consider the reappointments at their Private Workshop held on 19 August 2021 and approved the reappointments.

4. NED UPDATE

Governors will recall that Ms Steph Edusei commenced formally as a Trust NED on 1 August 2021 for her first three-year term of office. Ms Edusei has attended a number of induction meetings with key individuals and has completed her local induction.

A meeting will be scheduled with Ms Steph Edusei within three months of appointment to discuss and agree objectives for the remainder of the year. This will allow Ms Edusei to build her knowledge of the Trust and identify any areas for development/further training.

Mr David Stout's term of office as a Non-Executive Director concluded in July 2021. The gratitude of the Trust Board was expressed to Mr Stout at the Board of Directors Meeting on 29 July 2021.

5. FUTURE COMMITTEE BUSINESS

A Committee meeting is being scheduled to meet in November/December to consider:

- The Terms of Reference and Schedule of Business for the Committee; and
- NED Succession Planning.

6. COMMITTEE MEMBERSHIP

There are currently two vacant seats for Public Governors to join the Nominations Committee. For any Public Governors who would like to join the Committee, please submit an expression of interest in writing or via email to the Trust Secretary by 1 November 2021. If more than one expression of interest is received then a ballot will be undertaken accordingly.

7. RECOMMENDATIONS

The Council of Governors is asked to:

- i) Note the contents of this report; and
- ii) Endorse the Chairman and NED objectives as outlined in Appendix A.

Report of Kelly Jupp
Trust Secretary
13 October 2021

Appendix A

PROPOSED CHAIR AND NON-EXECUTIVE DIRECTOR OBJECTIVES 2021/2022

1. CORPORATE OBJECTIVES

The proposed common corporate objectives are as follows:

- i) To support the Trust-wide Recovery+ Programme to ensure that sufficient progress is made in delivering the programme. To be evidenced through assurances received at Trust Board meetings and documented via Board papers and minutes.
- ii) To continue to hold monthly Spotlight on Services visits to ensure regular engagement with staff in a range of areas and services across the Trust, ensuring any matters for escalation are raised appropriately. To be evidenced through updates included within the Chairman's report to the Trust Board.

Consideration will be given to exploring closer alignment of the programme with the activities of the Governors Quality of Patient Experience Working Group to schedule a programme of visits across the year, avoiding duplication and ensuring appropriate coverage of service areas. In addition, consideration to be given to ensuring staff are fully aware of the different aims/objectives of the Spotlight on Services visits and the Governor activities e.g. Ward visits.

- iii) To facilitate engagement with Non-Executive Directors in the other NHS Foundation Trusts in the North Integrated Care Partnership (ICP) and North East and North Cumbria (NENC) Integrated Care System (ICS). To be measured through updates provided by NEDs at Trust Board and Council of Governors meetings.

2. PERSONAL OBJECTIVES

The proposed objectives for each NED/Chairman are as follows:

Chairman

- 1. Support the Trust Board and Non-Executive Directors (NEDs) as we emerge from the COVID-19 pandemic through:
 - Regular engagement - as a minimum through continuing the regular informal NED meetings (scheduled prior to each formal Board meeting) and monthly formal Board/Board workshop agenda setting meetings.
 - Continued dialogue with the Trust Chief Executive - as a minimum through monthly 1:1 meetings and through more informal engagement.
 - Supporting the transition back to in-person meetings, where safe to do so and in accordance with Government guidance.

To be measured by feedback from Executive Team members and NEDs.

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2. Continue to build on relations with Trust Governors through:
 - Regular engagement – as a minimum through bi-monthly meetings with the Lead Governor and Working Group Chairs.
 - Acting on feedback – facilitating the development of an action plan with the lead Governor, Working Group Chairs and Corporate Governance team members for the year ahead to address matters raised by Trust Governors.

To be measured by feedback from the Lead Governor and knowledgeable involvement of Governors.

3. Be influential in the Integrated Care System (ICS) development, and help develop strong relationships with ICP trusts through:
 - Regular engagement – as a minimum through bi-monthly meetings with the Foundation Trust Chairs from the organisations within the ICS.

To be measured by attendance at, contributions and feedback/communications from key ICP/ICS meetings and Chair meetings.

NEDs

Jonathan Jowett

1. Continue to chair the People Committee and ensure that the Committee receives the required assurances in relation to the Trust workforce. In conjunction with the Trust Chair, to further develop effective working relationships with the Lead Governor and Chair of the People, Engagement & Membership (PEM) Working Group. To be measured through contributions to agenda setting and review of Committee information, as well as feedback from the Lead Governor and PEM Chair.
2. Continue to be an active member of the Audit Committee, the Appointments and Remuneration Committee, the Charity Committee & the Nominations Committee through regular attendance and contribution at meetings.
3. Extend knowledge of the organisation by taking part in at least four face to face or virtual meetings with different services as part of the Spotlight on Services programme.
4. As Senior Independent Director, support the Chair in ensuring regular effective communications between the Trust Secretary, the Lead Governor, and the NEDs, holding more formal six-monthly review meetings with the Trust Secretary & Lead Governor, and informally from time to time.

Bill MacLeod

1. Chair the Audit Committee, ensuring that the Committee operates in accordance with its Terms of Reference and works effectively, including receiving reports from the other Committee Chairs. Contribution to be assessed by feedback to Board,

Agenda item 9(i)

completion of the Annual Report of the Committee and report of other Committee members.

2. Continue as an effective member of the Finance and Appointments and Remuneration Committees by providing constructive challenge and sharing expertise as appropriate. Contribution to be measured by record of attendances and evidenced in the meeting minutes.
3. Continue to lead the Strategic Oversight Group for the Integrated Covid Hub North East to provide ongoing advice, support and constructive challenge in the strategic development of ICHNE.
4. Attend the Local Clinical Excellence Award Committee to provide independent NED feedback and gain assurance over the award process. Contribution to be measured by feedback provided to the Appointments and Remuneration Committee.
5. Support the Chair and Senior Independent Director in ensuring regular effective communications between the Corporate Governance Team, Governors, the Chair and NEDs.

Graeme Chapman

1. Remain cognisant of the corporate objectives and aim to attend and contribute to all Board meetings and Board development workshops. To be measured by contributions made and attendance at such meetings.
2. To commence as Chair of Quality Committee during Quarter 3 of 2021/22 after serving as Deputy Chair, to ensure that the Committee receives the required assurances in relation to quality of care. Contribution to be measured by meeting attendance, completion of the Annual Report of the Committee and minuted records of engagement.
3. Continue to be an active participant in the Charity Committee, contributing effectively to the refresh of charity governance arrangements. Contribution to be measured through attendance and feedback from the Charity Committee members.
4. Continue to interact with the Commercial Enterprise Unit team to share specialist knowledge in the areas of informatics and artificial intelligence. Contribution to be measured by Executive Team feedback.
5. Support the Chair and Senior Independent Director in ensuring regular effective communications between the Corporate Governance Team, Governors, the Chair and NEDs.

Kath McCourt

1. Act as Deputy Chair of the Board, taking responsibility for any activities for which the Chair is unavailable. Contribution to be measured by updates in the Chair Board report and feedback from Board members.
2. Manage the transition from being Chair of the Quality Committee to Vice Chair, supporting Graeme Chapman in becoming Chair and acting as the Representative to the Audit Committee. Contribution to be measured by record of meetings.
3. Continue as a member of the Appointments and Remuneration Committee and the People Committee, providing constructive input. Contribution to be measured by attendance at meetings.
4. Continue to act as the NED with oversight for Staff Wellbeing, liaising with key stakeholders to ensure that the Trust has sufficient processes and support mechanisms in place to aid staff wellbeing. Contribution to be measured by attendance at People committee.
5. Continue as NED responsible for oversight of the Trust compliance with the recommendations of the Ockenden Report. Contribution to be measured by routine updates provided to the Trust Board, regular walkabouts within Maternity Services and discussion at the Quality Committee.
6. Support the Chair and Senior Independent Director in ensuring regular effective communications between the Corporate Governance Team, Governors, the Chair and NEDs.

Steven Morgan

1. Continue to chair the Finance Committee and ensure that the Committee receives the required assurances in relation to the Trust financial sustainability. To be measured by the content of Committee meeting agendas and papers
2. Continue as a member of ICHNE SOG to ensure effective strategic development of ICHNE opportunities, and as a member of the Audit Committee reporting on Finance Committee activities. Contribution to be assessed by attendance record and feedback from the Chair.
3. Extend knowledge of the organisation by taking part in at least four face to face or virtual meetings with different services as part of the NED leadership Spotlight on Services programme.
4. Continue to engage effectively with the Estates Director to share expertise through regular one to one meetings three to four times in the year. Contribution to be assessed by having four 1 to 1 meetings during the year.

Agenda item 9(i)

5. Maintain a watching brief on clinical and political developments in North Cumbria, particularly in relation to health service delivery, to ensure consideration is given as a resident of North Cumbria to the delivery of safe and sustainable services. Contribution to be assessed by myself as Board Chair and through feedback from Executive Team members.
6. Support the Chair and Senior Independent Director in ensuring regular effective communications between the Corporate Governance Team, Governors, the Chair and NEDs.

Jill Baker

1. Remain cognisant of the corporate objectives and aim to attend and contribute to all Board meetings and Board development workshops. To be measured by contributions made and attendance at such meetings.
2. Continue to chair the Charity Committee and support the Charity Director with the following aims:
 - Complete the governance review and present at a future Board Development session on proposed changes to the governance arrangements/structure.
 - Review current brands within the Newcastle Hospitals Charity to identify those which should be retained and those where alternative options would be more appropriate.
 - Review the more than 200 small funds embedded in the Charity to develop a more effective and equitable use of resources.
 - Coordinate, through the Charity Committee a review of the relationship with major national brands to ensure effective interaction.
3. Continue to be an effective member of the People Committee with the aim of attending all meetings during the year. To be measured by attendance and contributions as recorded in the meeting minutes.
4. Attend where possible Spotlight in Service events to maintain and develop an understanding of the functions of the Trust. To be measured by attendance record.
5. Continue to be the Lead NED for Palliative Care with a view to transferring this role to the new appointee NED during the year.
6. Support the Chair and Senior Independent Director in ensuring regular effective communications between the Corporate Governance Team, Governors, the Chair and NEDs.

David Burn

1. Attend and contribute to all Board meetings, both Public and Private and all Board Development Sessions where feasible in order to continue to contribute expertise and

- challenge as a clinical academic and system leader. Contribution to be measured by records of attendance at Board related activities.
2. Seek to integrate NHIP activities into discussions around the evolving Integrated Care System. Contribution to be measured by reports from NHIP and the Integrated Care Board.
 3. Seek to interact with the Business, Development and Enterprise Directorate through a project-driven focus to stimulate meetings and joint working. Contribution to be measured by feedback from the Director for Enterprise and Business Development.
 4. Support closer integration of the Joint Research Office and Newcastle Clinical Trials Unit to facilitate more Newcastle led clinical trials and studies. Contribution to be measured by report from the Research directorate.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 October 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 17 June 2021:</p> <ul style="list-style-type: none"> • Charity Committee – 25 June and 27 August 2021; • People Committee – 16 July and 16 September 2021; • Quality Committee – 22 July and 23 September 2021; • Audit Committee – 27 July 2021; and • Finance Committee – 28 July 2021 and 29 September 2021. 						
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 Council on the ongoing work of the Trust's Committees for those meetings that have taken place since the last ordinary meeting of the Council of Governors in June 2021.

UPDATE FROM COMMITTEE CHAIRS

1. CHARITY COMMITTEE

June 2021

A formal meeting of the Charity Committee took place on 25 June 2021. During the meeting, the main areas of discussion to note were:

- The Charity Director provided an overview of progress to date against the Charity Strategy, with current areas of focus being team recruitment and grant making;
- An update was provided on how the Charity funding for the Institute for Healthcare Improvement work on the development of Newcastle Improvement was being utilised;
- A number of grants were considered and approved, including for Nursing, Midwifery, and Allied Health Professional (NMAHP) Research Internships and Project Menopause;
- A number of financial reports were received including the Statement of Financial Accounts, the Target Spend Report, the Income Report and the Summary of Investments;
- The Audit Strategy Memorandum was received by the Committee;
- The Deputy Trust Secretary presented the Annual Review of the Committee, including the review of the Schedule of Business (SoB) and Terms of Reference (ToR), with changes to the ToR and SoB approved; and
- The Chair provided an update on the Charity Governance Working Group, and presented the Terms of Reference.

August 2021

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

- The Charity Director provided an extensive update on progress against the Charity Strategy, focussing on the development of the charity team, improving the visibility of the charity across the organisation; improving Charity operations; and provided a short case study on 'The Big Tea' campaign. Over 13,000 of Trust staff participated in the Big Tea, across all Trust sites;
- A grant application from Newcastle Hospitals Charity on behalf of the North East and North Cumbria Integrated Care System (ICS) to the NHS Charities Together Community Partnerships Programme has awarded £1,425,000 to Newcastle Hospitals Charity for projects working in partnership with communities and groups disproportionately affected by the pandemic;
- The Committee received and considered a number of grant applications. A total of £305,709 of funding was awarded to the following projects:
 - Development of an integrated prehabilitation pathway for oesophagogastric cancer patients at Newcastle Hospitals;
 - Haven at the Freeman Hospital: Palliative Care service for families and carers of patients at the end of their life; and

- Deaf Health Navigator: Pilot support for Deaf people, delivered in partnership with Deaflink North East (charity supporting Deaf people); Northumbria Healthcare NHS Foundation Trust and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust;
- The Committee received a summary of small grants agreed since the last meeting up to the value of £25k;
- A number of finance reports were received and discussed, including the statement of financial accounts, the income report, and the investment report;
- An update on the work of the Charity Governance Working Group was provided; and
- The Charity Risk Statement was received and discussed, which highlighted the risk areas for committee attention.

The next formal meeting of the Committee would take place on 3 December 2021.

2. PEOPLE COMMITTEE

July 2021

A formal meeting of the People Committee took place on 16 July 2021. During the meeting, the main areas of discussion to note were:

- The Raising Concerns Triangulation Report was presented by the Head of Equality, Diversity, and Inclusion. This was followed by the Annual Report from the Freedom to Speak Up Guardian;
- A Flourish update was provided which included an Employee Wellbeing Report and an update on the NHS Staff Survey Engagement and Planning;
- The Associate Director for Education, Training, and Workforce Development provided an extensive update, including a focus on Apprenticeships;
- The Director of HR provided a 'deep dive' review of Staff Turnover;
- The Deputy Trust Secretary presented the Annual Report of the Committee, including the review of the Schedule of Business and Terms of Reference, with changes agreed;
- The Trade Union Facility Time Annual Report was received, prior to consideration by the Board of Directors; and
- A number of items were received by the Committee, including:
 - Sustainability Update;
 - Board Assurance Framework Quarterly Report; and
 - Guardian of Safe Working Quarterly Report.

September 2021

A formal meeting of the People Committee took place on 16 September 2021. This was a meeting with a reduced agenda and was utilised as a 'deep dive' session. During the meeting, the main areas of discussion to note were:

- The Associate Director of Education, Training, and Workforce Development provided an extensive 'deep dive' on recent developments. The update included detail on the following areas:

- Organisational Development, with a focus on improving coaching capacity and capability;
- The establishment of the Education and Learning Quality Assurance and Safety Group;
- The Trust's apprenticeship programme;
- The Trust's Statutory and Mandatory training compliance;
- The provision of education space within the organisation; and
- Activity in the Health Care Academy;
- The Head of Equality, Diversity and Inclusion (EDI) presented an update on Equality and Diversity within the Trust. This incorporated both the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data. The report identified the key Equality, Diversity, and Inclusion workstream work programmes undertaken within the Trust in the last year;
- The Committee supported the publication of the WRES 2021 data on the Trust website;
- The Committee reviewed the EDI dashboard; and
- The Deputy Trust Secretary presented the proposed amendment to the Trust's Constitution to allow for staff members to become foundation trust members on an 'opt out' rather than 'opt in' basis. Committee members supported the proposed amendment. The paper would be presented for adoption at the Annual Members Meeting on 28 September 2021.

The next formal meeting of the Committee was scheduled to take place on 16 October 2021.

3. QUALITY COMMITTEE

July 2021

A formal meeting of the Quality Committee took place on 22 July 2021. During the meeting, the main areas of discussion to note were:

- The Executive Chief Nurse provided an extensive update on the progress made to date against the requirements of the Ockenden Report. This was followed by an update by the Director of Quality and Effectiveness on the Clinical Negligence Scheme for Trust's Maternity Safety Actions;
- Management Group Chair Reports were received relating to the Clinical Outcomes and Effectiveness Group and the Compliance and Assurance Group;
- The Director of Quality and Effectiveness provided a 'deep dive' into the Trust's Mortality Review process and Learning from Deaths. This was followed by the Learning from Deaths Quarter 1 Report;
- The Committee received the Safeguarding Quarter 4 Report and the Learning Disability Quarter 4 Report;
- The Quality and Performance elements of the Integrated Report were received and scrutinised;

- The Deputy Trust Secretary presented the Annual Report of the Committee, including the review of the Schedule of Business and Terms of Reference, with changes agreed; and
- The following Annual Reports were received:
 - Health and Safety;
 - Leadership Walkabouts/Spotlight on Services; and
 - Clinical Audit.

September 2021

A formal meeting of the Quality Committee took place on 23 September 2021. During the meeting, the main areas of discussion to note were:

- The Executive Chief Nurse provided an extensive update on the Trust's response to the requirements of the Ockenden Report;
- The Patient Safety Group and Patient Experience and Engagement Group provided comprehensive reports of their recent activities;
- The Safeguarding, Learning Disability, and Patient Experience Quarter 1 Reports were received and discussed;
- The Committee considered the Quality and Performance elements of the Integrated Board Report. The Director of Infection Prevention and Control, Executive Chief Nurse, Director of Quality and Effectiveness, and Medical Director/Deputy Chief Executive provided detailed analysis of the data; and
- The Committee received both the Research and Innovation Bi-Annual Report and a Legal Update.

The next formal meeting of the Committee was scheduled to take place on 16 November 2021.

4. FINANCE COMMITTEE

July 2021

A formal meeting of the Finance Committee took place on 28 July 2021. During the meeting, the main areas of discussion to note were:

- The Finance Director provided a comprehensive update on the New Financial Regime, Cash Management and Forecasting, and presented the Month 3 Finance Report;
- In relation to the Restart, Reset, and Recovery Programme, the Committee received the Quarter 1 Directorate Activity Summary, and the Bi-Annual Recovery Programme Update;
- A number of tenders were received for approval;
- A Commercial Business Model Update was received; and
- The Corporate Risk and Assurance Manager presented the Finance Committee Board Assurance Framework Report.

September 2021

A formal meeting of the Finance Committee took place on 29 September 2021. During the meeting, the main areas of discussion to note were:

- The Finance Director provided an extensive update on the current financial position. This included the Month 5 Finance Report and financial planning for the next six months;
- An update on the elective recovery programme was provided;
- The Committee received a 'deep dive' on the Commercial Enterprise Unit from the Associate Director for Commercial Enterprise;
- A number of items were considered for approval, including tenders and a revised Intellectual Property policy; and
- The Procurement and Supply Chain Director provided an update regarding the Procurement Plan.

The next formal meeting of the Committee was scheduled to take place on 24 November 2021.

5. AUDIT COMMITTEE

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

- The Committee received the Board Assurance Framework Quarterly Report, and the Standards of Business Conduct, including Fit and Proper Persons, Annual Report and Directors Declarations of Interest Register from the Corporate Risk and Assurance Manager;
- An Internal Audit Update was provided, which included the Internal Audit Plan for 2021/22, a Progress Update, and the Head of Internal Audit Opinion;
- The Fraud Specialist Manager presented the Counter Fraud Activity Report for the quarter, along with the Anti-Fraud, Bribery and Corruption Annual Report for 2020/21;
- An extensive report was received from Mazars LLP, the Trust's External Auditor. This included an update on the Trust's Annual Report and Accounts for 2020/21, an update on the work required in relation to Value for Money, a Newcastle Hospitals Charity Audit Update, and the Annual Audit Report/Letter;
- The Trust Secretary presented the Trust's Annual Statement for 2021/22 on the Modern Slavery and Human Trafficking Act 2015, including a draft Action Plan for approval; and
- A number of reports were received for information, including:
 - Review of the Schedule of Approval of Single Tender Action and the Breaches and Waivers Exception Report;
 - Review of Debtors and Creditors Balances; and
 - Review of the Schedule of Losses and Compensation.

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

6. RECOMMENDATIONS

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

Report of Fay Darville
Deputy Trust Secretary
14 October 2021

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	21 October 2021						
Title	Governor Elections Update						
Report of	Fay Darville, Deputy Trust Secretary						
Prepared by	Fay Darville, Deputy Trust Secretary						
Status of Report	Public		Private		Internal		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	The report provides an update on the outcome of the recent election to the Council of Governors elections which concluded in August 2021.						
Recommendations	The Council of Governors is 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 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 – previous report considered by the Council of Governors on 17 June 2021.						

GOVERNOR ELECTION UPDATE

EXECUTIVE SUMMARY

The report provides an update on the outcome of the recent election to the Council of Governors elections which concluded in August 2021. Key points include:

- The newly elected Governors are outlined in section 2.1 of the report, along with the outgoing Governors;
- Progress to date in relation to the new Governor induction programme; and
- Current Governor vacancies.

The Council of Governors is asked to receive the report.

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

2.1 Results

The 2021 round of elections have now concluded, with the results announced on 27 August 2021. The following Governors were elected into the following public constituencies and staff classes:

Constituency/Class	Elected Governor(s)
Newcastle upon Tyne (1)	Mr David Black, Dr Alexandros Deargies-Chantler, Mrs Aileen Fitzgerald, Dr Eric Valentine, and Mrs Pam Yanez.
Northumberland, Tyne, and Wear (excluding Newcastle) (2)	Mrs Catherine Heslop, Professor Philip Home, Mrs Norah Turnbull, and Dr Ian Wilson.
North East (3)*	Mr Neville Coulthard-Shaw, Mr David Hughes, and Mr Michael Warner.
Staff – Admin & Clerical, Chaplains & Managerial	Mrs Kate Pine.
Staff – Ancillary & Estates	Miss Genna Bulley.
Staff – Nursing & Midwifery	Mrs Poonam Singh.
Staff – Volunteers *	Mr Gary Gibson.

* These constituencies/classes were elected unopposed.

Governors who were elected commenced their term of office on 1 September 2021 and would run to 31 May 2024.

Dr Eric Valentine, Mrs Pam Yanez, Mrs Catherine Heslop, Mrs Norah Turnbull, and Mr Michael Warner are commencing their second term of office whilst all remaining Governors were newly elected.

Mrs Jean McCalman and Mr David Forrester were unsuccessful in gaining re-election to the Council and Dr Vanessa Hammond and Mr David Stewart-David opted not to seek re-

Agenda Item 10(ii)

election. Dr Lakkur Murthy completed his third three year term in 2021 and was therefore ineligible to stand for re-election. The thanks of the Chairman and the Board of Directors are extended to the outgoing Governors for their service to the Council.

2.2 New Governor Induction

The newly elected Governors undertook their Governor induction in early October. The session was facilitated by the Chairman, Professor Kath McCourt, Non-Executive Director and Deputy Chair, the Trust Secretary and Deputy Trust Secretary, and the Chairs of the Governor Working Groups.

A small number of new Governors were unable to attend this session and an alternative date is being sourced.

Corporate induction and mandatory training was undertaken in mid-October, with follow up sessions being scheduled for December.

2.3 Governor Vacancies

Mr Steven Cranston, Public Governor for the Northumberland, Tyne and Wear (excluding Newcastle) stood down from the Council due to ill health in early August 2021. As this was after the ballot papers had been issued, the vacancy will be carried forward until the 2022 election round.

A number of vacancies exist within the Appointed Governors, namely for Newcastle City Council, the Advising on the Patient Experience Group, and Charity. A date has been scheduled for early November for the Corporate Governance team to review these vacancies and develop an action plan.

Professor Andy Fisher, Appointed Governor for Newcastle University, has advised of his intention to step down from the Council of Governors from 30 November 2021 and therefore a replacement will be sought. The thanks of the Chairman and the Board of Directors are extended to Professor Fisher for his dedication to the Council over the last 5 years.

3. RECOMMENDATION

The Council of Governors is asked to receive the report.

Report of Fay Darville
Deputy Trust Secretary
13 October 2021

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