

**Council of Governors' Meeting: Public Session** Thursday 8 December 2022 1445 h

Venue: Boardroom, Freeman Hospital and Microsoft Teams

**Agenda**

Item	Lead	Paper	Timing	
<b>Business items</b>				
1	Apologies for absence and Declarations of interest	John Burn	Verbal	14:45 – 15:00
2	Minutes of the meeting held on 18 August 2022 and Matters arising	John Burn	Attached	
3	Meeting action log	John Burn	Attached	
4	Chair's report	John Burn	Attached	
5	Chief Executive's report	Andy Welch	Attached	
<b>Quality &amp; Patient Safety; Performance &amp; Delivery</b>				
6(i)	Integrated Board Report including Quality, People & Finance	Andy Welch / Chris Haynes	Attached	15:00 – 15:15
6(ii)	Performance Report	Vicky McFarlane-Reid	Attached	
<b>Discussion Topic</b>				
7	Patient Flow	Melanie Cunningham	Presentation	15:15 – 15:35
<b>Governor Reports</b>				
8.1	Lead Governor Update	Pam Yanez	Verbal	15:35 – 15:50
8.2	Quality of Patient Experience (QPE) Working Group (WG)	Poonam Singh	Attached	
8.3	Business and Development (B&D) WG	Eric Valentine	Attached	
8.4	People, Engagement and Membership (PEM) WG	Judy Carrick	Attached	
<b>Items to receive and any other business</b>				
9.1	Updates from Committee Chairs	Committee Chairs	Attached	15:50 – 15:59
9.2	Date and time of next meeting: Formal Meeting – Thursday 16 February 2023, 14:45 – 16:00	John Burn	Verbal	15:59 – 16:00

Members of the public may observe the meeting in person subject to advance booking via emailing the Corporate Governance Team on [nuth.board.committeemanagement@nhs.net](mailto:nuth.board.committeemanagement@nhs.net)

*Professor Sir John Burn, Chairman*

*Mr Andy Welch, Medical Director and Deputy Chief Executive*

*Dr Vicky McFarlane-Reid, Director for Business, Development and Enterprise*

*Mr Chris Haynes, Assistant Director of Finance*

*Mrs Pam Yanez, Lead Governor*

*Mrs Poonam Singh, Staff Governor and Chair of the QPE Working Group*

*Dr Eric Valentine, Public Governor and Chair of the B&D Working Group*

*Mrs Judy Carrick, Public Governor and Chair of the PEM Working Group*

*Ms Melanie Cunningham, Associate Director of Operations*

## COUNCIL OF GOVERNORS' MEETING: PUBLIC MEETING

### DRAFT MINUTES OF THE MEETING HELD 18 AUGUST 2022

**Present:** Professor Sir John Burn [Chair], 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:** Professor Kath McCourt, Non-Executive Director (NED)  
Mr Jonathan Jowett, NED  
Mr Bill Macleod, NED  
Ms Jill Baker, NED  
Mrs Liz Bromley, NED  
Dame Jackie Daniel, Chief Executive Officer (CEO)  
Dr Victoria McFarlane-Reid, Executive Director of Business, Development and Enterprise (EDBDE)  
Ms Maurya Cushlow, Executive Chief Nurse (ECN)  
Mrs Caroline Docking, Assistant Chief Executive (ACE)  
Mrs Angela O'Brien, Director of Quality and Clinical Effectiveness (DQE)  
Mr David Reynolds, Associate Director of Finance (ADF)  
Mrs Kelly Jupp, Trust Secretary (TS)  
Mrs Karen Finlayson, PwC (Observer)

**Secretary:** Mrs Lauren Thompson, Governor and Membership Engagement Officer

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

#### 21/14 **BUSINESS ITEMS**

The Chairman welcomed Mrs Liz Bromley, newly appointed NED to the meeting.

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

Apologies for absence were received from Governors Mr G Blacker, Miss G Bulley, Professor J Durham, Professor T Lawson, Professor P Pearson, Miss E Rowen, Mrs M Elliott and Dr I Wilson, Mr A Welch, Medical Director/Deputy Chief Executive (MD/DCEO), Mr M Wilson, Chief Operating Officer (COO), Mr Graham King, Chief Information Officer (CIO), Non-Executive Directors Mr Graeme Chapman, Mrs Steph Edusei, Mr Steven Morgan and Associate Non-Executive Directors, Professor D Burn and Mrs P Smith.

**ii) Minutes of the Meeting held on 16 June 2022 and Matters Arising**

The minutes of the meeting held on 16 June 2022 were agreed to be a true record of the business transacted subject to one amendment identified by the DQE on Page 4, first bullet point. The DQE explained that her verbal update refers to 'activity and A&E remaining significantly higher than pre-pandemic levels circa 75 to 100 attendances daily'. She confirmed that it should state 'The Trust is frequently seeing in a number of hours in the day, circa 75 to 100 attendances in the department at one time'.

**It was resolved:** to **approve** the minutes of the previous meeting subject to the amendment identified.

**iii) Meeting Action Log**

The action log position was received, with two outstanding actions highlighted as in progress.

**It was resolved:** to **receive** the action log.

**iv) Chair's report**

In addition to the activities highlighted in the report, the Chairman referred to the Spotlight on Services session held which covered the Children and Families Newcastle Programme. He highlighted the positive integrated approach between the Great North Children's Hospital (GNCH) and Community Teams.

The Chairman advised that he was delighted to receive a cheque of over £43,000 at the Newcastle United Football Club (NUFC) match at St James Park on behalf of Newcastle Hospitals Charity from Lee Perkins, Chief Operating Officer at Sage. Mr Perkins was diagnosed with kidney cancer last year which resulted in the removal of his right kidney. Mr Perkins and his friend decided to fundraise for the Sir Bobby Robson Foundation and the Northern Centre for Cancer Care (NCCC) to thank the Newcastle Hospitals team by driving an old car to Barcelona and back. The Chairman personally thanked Mr Perkins and his friend for their significant contribution.

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

**v) Chief Executive's report**

The CEO presented the report highlighting the following key points:

- The current significant pressures faced by operational services and departments. Urgent and Emergency Care (U&EC) was experiencing significant demand, with a higher number of sicker patients attending and requiring admission. The Trust is also dealing with one of its largest backlogs of patients trying to access services such as surgery and treatment for cancer as a consequence of the COVID-19 pandemic.

The CEO also referred to the pressures on the social care service which are impacting on discharging patients into the community and patient flow throughout the Trust.

The CEO expressed her gratitude to all staff members for their continuous hard work in responding to the pressures and noted that the Trust was making good progress, particularly in treating long waiting patients.

The Newcastle Plan Delivery Board (NPDB) was set up to monitor the delivery of the Trust recovery plan. The NPDB meets fortnightly and is chaired by the CEO, with Executive Team members.

- The Integrated Care System (ICS) and Integrated Care Board (ICB) came into being on 1 July 2022. Trusts are now working with the newly formed ICS, ICB and associated governance structures.

One of the key areas of focus is to agree how the organisations will work together and build key relationships in specific areas e.g. U&EC. The CEO referred to a Winter Planning call that recently took place to discuss building resilience around the region and to plan for demand and capacity during the Winter season. New investments were alluded to in terms of creating more virtual wards so that patients can be cared for and monitored very carefully outside of the hospitals.

- Internally, the Executive Team are focussed on the high-performance culture within the Trust and the launch of the National Patient Safety Strategy (NPSS). Work was underway to review Trust policies and processes in light of the NPSS, with patient safety and quality at the forefront.
- Work is ongoing with the Institute of Healthcare Improvement to develop coaches and teams to embed improvement methodologies and involve patients and their families in improvement work where possible.
- The new Trust Day Treatment Centre is scheduled to open in September 2022 which will include four new theatres to help with daycase and elective work.
- The Trust is working on providing further support for staff who may need it, with programmes on Mental Health and Wellbeing and financial support under development. An overarching support package was being created for staff members to include a range of support tools.

Dr Dearges-Chantler thanked the teams for their continued efforts and provided positive feedback on his recent experience as a patient. He referred to the ICB and questioned the arrangements for decision making and associated delegations. The CEO thanked Dr Dearges-Chantler for his patient feedback. She explained the need to build strong relationships and the importance of receiving appropriate delegations for resources and permission to act locally within Collaborative Newcastle. The CEO highlighted the challenges in relation to Specialised Commissioning and the need for suitable delegation of resources/decision making.

Mr Hughes referred to the provision of support to staff and use of hardship grants or subsidised meals for staff family members which had been introduced within some organisations. He questioned if the Trust package was responsive to the staff survey results. The CEO advised that the teams are actively connecting/engaging with staff to identify support needs and provide as much support as possible. The HR Team are working with the Charity Team and third sector companies to develop support packages for staff. The ACE advised that work is ongoing in relation to 'Helping Hands' which is led by the Chaplaincy Team. It was agreed that either a separate agenda item be added to a future Council

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meeting or that a briefing be circulated to Council members detailing the support packages for staff, alongside further information on 'Helping Hands' [ACTION01].

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

*[The CEO left the meeting at 2.32pm]*

**22/15 QUALITY & PATIENT SAFETY; PERFORMANCE & DELIVERY****i) Integrated Board Report – Quality, People & Finance**

The DQE presented the report on behalf of the MD/DCEO, which provided an integrated overview of the Trust's position across the domains of Quality, People and Finance. The following key points were highlighted:

- The Trust seen between 30–70 in-patients across any one day with COVID-19. Numbers have increased to between 100–120 in-patients with COVID-19 throughout July and staff absence continues to be around 6%.
- Emergency attendances continues to rise, and it is not uncommon currently to see up to 600 attendances per day across the region.
- The Trust has treated cases of Money Pox and Avian Flu.
- The Trust's recovery efforts continue.
- A single isolated case of MRSA was reported in June and MSSA cases have decreased over the previous four months.
- C. difficile rates have increased, and the Trust is addressing this by refocussing on antimicrobial prescribing which assists with lowering cases of C. difficile. An Antimicrobial Pharmacist has been appointed to work alongside the Trust microbiologists to continue surveillance.
- There has been a slight reduction in relation to pressure damage across May and June 2022.
- The number of patient falls continues to increase as a consequence of increased levels of activity, but the degree of harm has reduced.
- The new National Patient Safety Strategy is being reviewed to ascertain what changes are required to be made by the Trust. The Trust continues to promote patient incident reporting which acts as the basis for the patient safety profile.
- The Patient Safety Incident Response Framework was published on 17 August 2022 which will create a significant shift in the way that the Trust approaches patient safety incidents in terms of investigation and improvement. For the first time in over 15 years the Trust can select what type of incidents will be subject to rigorous review and investigation. Previously the guidance specified which incidents should be reviewed however the new guidance requires each Trust to look at their own patient safety profile and to focus the resources on ways to maximise opportunities to improve and learn.
- Mortality rates fluctuate month on month but remain under the national average.
- The May 2022 Friends and Family test results are included within the report, with the Trust either having exceeded or equalled the national metrics of over 90% of patients surveyed who would recommend care to friends and family. 39 complaints were

received which is lower than in neighbouring Trusts. However, every complaint matters, and each complaint is reviewed in detail.

Mrs Davison commented that staff absence appeared to be rising, combined with increasing emergency demand and pressures on elective capacity which will make it difficult going into winter. The ECN advised that the Trust has over 280 nurses who are due to commence within the Trust in the next couple of months and there is currently an active international recruitment pipeline for the year of over 300 nurses with over 50 being deployed to date. Whilst the Trusts nursing staff turnover and vacancy rates had increased, it remained 2% under the national average in terms of turnover.

The ECN confirmed that the Trust has a robust daily escalation process in place and where there are challenges, the Trust will close beds to match the availability of staff and patient needs. In relation to higher sickness, turnover and maternity leave levels, on some occasions, staff are asked to move to support their colleagues on other wards, and this is essential to maintaining safety on all wards and departments. The ECN noted the current challenges but highlighted that there will be a significant number of staff commencing employment in September and October which will help alleviate the current position and aid preparations for winter. She advised that the nursing recruitment for the Day Treatment Centre that will be opening on 27 September 2022 has been successful.

Mr Hughes referred to the challenges in relation to delivery of the Trust financial plan for 2022/23, the Cost Improvement Programme (CIP), rising costs of living and increasing supply chain costs. He sought clarification as to the confidence in delivering the plan and how these challenges have been factored into the plan. The EDBDE explained that in terms of Elective Recovery Fund (ERF), the Trust has been assured that despite not achieving the waiting time activity target of 104%, the ERF already received will not be clawed back in the first half of the year. She advised that the CIP target of £22m to achieve this year would be challenging however the Trust has put in place an excellent foundation to identify and deliver schemes that can generate productivity and efficiency improvements, but these schemes may not all deliver during 2022/23. The EDBDE confirmed that the Trust are aware of the cost-of-living crisis and supply chain challenges. Mr Macleod advised that the Finance Committee discuss these challenges in detail and that the shift to the block contract arrangement has impacted the Trust.

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

## ii) Performance Report

The EDBDE presented the report which provided the latest position regarding the Trust's elective recovery programme, as well as performance against NHSE priorities for 2022/23 and key operational indicators.

The EDBDE highlighted the following key points:

- The report sets out the targets that the Trust has been set by NHS England to recover elective activity, long waiting time targets, outpatient transformation and returning the cancer targets to pre pandemic levels.
- In the month of June, the Trust delivered 92% of day cases and 78% of elective overnight cases which is an upward trend since the last report. The Trust is continuing



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to see a rise in overnight elective cases and as of yesterday delivery was up to 85%. However, these figures fall short of the 104% target.

- In terms of long waiters, progress has been made with a 27% reduction and the Trust currently has 41 104-week waiters which is less than predicted on the internal trajectory in the plan.
- In relation to cancer targets, the 28-day faster diagnostics target has not been met with 7 out of 9 of the tumour groups not meeting the target. Work is progressing to bring the 62-day target back to pre-pandemic levels, with current compliance at 58.8%. The main areas of challenge are within breast, lower GI, lung and skin cancer cases. It was noted that this is a key priority for the Trust and discussed in detail at the Newcastle Plan Delivery Board. The Trust have completed the first round of Directorate activity meetings chaired by Martin Wilson, COO, to support the Directorates in achieving their cancer activity targets.
- Whilst the current performance position is not where the Trust would like to be there are still positives such as the performance success stories to highlight the positive work carried out within the Directorates.

Professor Home referred to the Spinal Service, noting the complexities of the service and sought clarification as to how the Trust is progressing the business case with commissioners. The EDBDE advised that the business case has been secured with the national Specialised Commissioners, who agreed to support the business case and the Trust has started to receive the associated funding. The Trust is currently in the implementation phase, and will be recruiting additional surgeons, with a plan for improvement in place. The EDBDE confirmed that by the end of March 2023, the numbers of long waiting spinal patients should have reduced. Mrs Yanez asked if there are surgeons available to be recruited to which the EDBDE confirmed that there are surgeons available in the market.

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

**22/16** **DISCUSSION TOPIC****i) Annual Report and Annual Accounts Briefing**

The Associate Finance Director (AFD) presented an update on the 2021/22 Annual Accounts noting the following key points:

- The Trust had income of £1.372m which includes money for the Integrated Covid Hub North East (ICHNE) and vaccination programme.
- Operating expenses of £1.337m, plus further expenditure in relation to finance costs such as Public Dividend Capital (PDC) and depreciation.
- The Trust ended the year with a surplus of £3.4m. The objective was to breakeven which means that the Trust has ended marginally in surplus.
- The adjusted financial performance (control total) surplus was £0.4m.
- Total non-recurrent assets were £585.6m.
- The closing cash position was £220.1m. The reason for the large cash position is due to the scale of Newcastle Hospitals and running the ICHNE and Vaccination Programmes.
- Two main areas of significant expenditure were employee pay costs of £766.5m and drug expenditure of £227.4m.



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- The Trust spent £46.5m on capital investments. This related to ward refurbishment, buildings, investments and new equipment.
- The Auditors Annual Report (AA) was presented to the Audit Committee on 26 July 2022, and this will be made publicly available after the accounts are laid before Parliament. The auditors did not identify any concerns in relation to the external audit work and the value for money work undertaken.
- Parliamentary laying will occur during the week commencing 5 September 2022. Once laid, the documents will be made publicly available on the Trust website.
- In relation to misstatements, a provision was included in the Trust accounts for 2021/22 and in 2020/21 regarding the fire safety remedial works programme. The Auditors did not agree with the Trust accounting for the provision in that the auditors felt that the fire provision did not meet the criteria for a provision. The fire safety remedial works programme is included on the Trusts Risk Register. Mr MacLeod confirmed that the misstatement was therefore shown as an unadjusted misstatement in the audit report.

Dr Valentine noted the importance of completing the fire safety remedial works programme. The Chairman explained the logistical difficulties in relocating busy patient areas to enable the required works to proceed. The AFD confirmed that the provision has been made so that funding is available to pay for the required works to be completed.

The Trust Secretary (TS) presented an update on the 2021/22 Annual Report noting the following key points:

- The Annual Report accompanies the accounts and was submitted to NHS England and NHS Improvement on 21 June 2022.
- The Annual Report follows a prescribed format which is set out in the Annual Reporting Manual (ARM).
- The content of the ARM changes annually but there were no significant changes made in terms of content required for the 2021/2022 Annual Report, albeit a small number of additional disclosures were required to be included.
- The External Auditors audit specific content in the Annual Report and check for consistency in a number of areas. There were no significant findings or recommendations arising. A very small number of minor amendments were identified for example to ensure table numbers matched and to include some further information in relation to trade union activity.
- Overall, the Annual Report production process for 2021/22 ran smoothly and gratitude was expressed to all across who Trust who contributed to the content of the Annual Report.
- The team are currently working with Potts designers to finalise the ARA design in order to achieve the Parliamentary laying date and the Annual Members Meeting on 27 September 2022.

Dr Macleod questioned how many hard copies are printed. The TS explained that 50 copies are printed for Trust Board members and to place in certain areas around the Hospital sites. She confirmed that circulation is mainly electronic and that a summary version was also produced.

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

**22/17 GOVERNOR REPORTS****i) Lead Governor Update**

Mrs Yanez, Lead Governor presented the report and highlighted the following key points:

- A request for new Governors to attend each Working Group at least once was reiterated.
- A meeting took place with the CEO to discuss Governor activities and one-to-one meetings have now been scheduled every three months.
- A meeting took place with Jo McCallum, Senior Project Manager from the Trust Transformation Team, and it was agreed that three Governors would participate in the Day Treatment Centre Improvement Programme.
- An interview took place with Radio Tyneside to talk about the benefits of becoming a Member of the Trust.
- Work on a buddy system for new Governors that are interested is underway.
- The next Informal Governor Meeting will take place on 15 September 2022 in person and via Microsoft Teams. Any matters that a Governor would like to raise at the Council of Governors should be discussed at this forum first.
- The Lead Governor and Working Group Chairs were interviewed by PwC as part of the Well Led Review that the Trust commissioned.

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

**ii) Quality of Patient Experience (QPE) WG**

Mrs Singh, Chair of QPE Working Group presented the report and highlighted the following key points:

- The Working Group meets monthly with a break in August and the meetings take place in person and via Microsoft Teams.
- Tracy Scott, Head of Patient Experience attended in June 2022. She advised that her team are working with Disability North, and We are all Disabled Networks to focus on improving the experience of patients with a disability in hospital.
- Catherine Lee, Head of Patient Advisory and Liaison Services (PALS) also attended the June QPE meeting. She explained that robust processes that are in place within the team and that queries are dealt with promptly.
- Sam Rutherford, Head of Quality Assurance and Clinical Effectiveness and team members attended the QPE meeting in July 2022. The team gave an update in relation to the Quality Account and highlighted patient safety, clinical effectiveness and patient experiences.
- James Callaghan, Head of Nutrition, and team members also attended the July meeting. The team gave an update on the ongoing work in relation to nutrition and hydration, electronic food ordering, menu reviews and the food and drink strategy.
- A meeting took place with the Working Group Chair, Governor and Membership Engagement Officer, Ian Joy (Deputy Chief Nurse) and Diane Cree (PA to Chief Nurse) in preparation to reinstate the QPE visits in mid-September. The visits will focus on patient experience and how patients feel about the hospital services and a standard

script will be produced to aid the Governors undertaking the visits. The process agreed at the meeting will be shared with the Working Group members at the next meeting.

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

### iii) Business and Development (B&D) WG

Dr Valentine, Chair of B&D Working Group presented the report and highlighted the following key points:

- Reiterated that any Governor is welcome to join the Working Group.
- An Effectiveness Review document was created in relation to the impact of the Working Group. NED feedback into the document was requested.
- Gary Towns, Head of IT Service Management briefed the group on cyber activity in relation to the Trust fire walls and responsibilities of the team. It was agreed that Governors who are interested would visit a Trust data centre.
- Natalie Yeowart, Head of Corporate Risk and Assurance gave a presentation in relation to the Trust Risk Management approach and the Board Assurance Framework (BAF). Three top risks were highlighted which were COVID-19 Recovery, Workforce Resilience and Health and Wellbeing and the Financial system change.
- Angela O'Brien, Director of Quality and Effectiveness attended to update the group on Quality Account Assurance work undertaken following the removal of the mandated external audit requirement.

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

### iv) People, Engagement and Membership (PEM) WG

Mrs Carrick, Chair of the PEM Working Group presented the report and highlighted the following key points:

- Echoed that any Governor is welcome to join the Working Group.
- Since the report was written, the following activity has taken place:
  - Over 28 Members aged between 16 – 21 have joined the Trust;
  - Obtained agreement from the Chairman and Trust Secretary to hold a 'discussion forum' in relation to the experience of patients with disabilities with the Trust. Members will be invited to attend and participate in the discussion.
  - A successful Members' Event took place, with gratitude expressed to the 10 Governors who attended. Mrs Carrick reiterated that these events provide an opportunity for Governors to talk to Members.
- Younger Persons Advisory Group (YPAG) representatives attended the PEM Working Group to discuss how to communicate effectively with younger people.
- The Working Group Chair met with Liz Bromley, NED, who put the group in touch with representatives from Newcastle College and Northumbria Universities.
- An aim of the Group is to increase the diversity of the Trusts Membership. The Working Group Chair will be attending the Diversity Network.

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

**22/18 ITEMS TO RECEIVE****i) Updates from Committee Chairs***People Committee*

Mr Jowett provided an update, advising that in June, Committee members had received an annual report detailing the time that staff spend attending trade union events and activities.

At the August People Committee meeting, Linda Hobson, Branch Secretary for the Unions and Chair of the Staff Side Committee attended and gave a comprehensive presentation in relation to recruitment practices, interaction with management, types of issues the Unions deal with, helping people resolve issues in the workplace and personally and how they are helping resolve matters so that they do not require formal progression. Ms Hobson described the relationship with the Trust as positive but also robust and challenging. Committee members agreed that Ms Hobson be asked to attend annually to provide an update.

*Audit Committee*

Mr Macleod provided an update, noting the Committee had recommended that the Annual Report and Accounts be approved by the Board of Directors. He noted that the External Audit opinion was unqualified, which represented the best outcome from an audit visit.

Mr Macleod highlighted that the Internal Audit update report and plan for the year ahead was presented at the last Committee meeting. He noted that the plan for 2022/23 will commence later than planned in July 2022 due to staff shortages and challenges in relation to COVID-19.

The Committee approved the Trust's Statement of Modern Slavery Act which is available on the Trust's website, and it was highlighted that Mr Jowett had provided some helpful input into the processes surrounding the development of the Statement.

*Finance Committee*

Mr MacLeod provided an update on behalf of Mr Morgan. The Committee has focussed on understanding the Trust financial risks and have undertaken deep dives into different areas where appropriate such as drug expenditure and the risks associated with achieving 2022/23 plan.

*Charity Committee*

Ms Baker provided an update, highlighting that an extraordinary Committee meeting took place to consider grant applications as the Trust has been receiving a high volume of applications. The Committee agreed that going forwards there will be a meeting in between the formal Committee meeting to focus on grants and to enable applications to be processed more rapidly. The team are considering a higher number of grants, and fundraising activity is increasing but there is room to increase this further. The Team is continuing to modernise the Charity and increase visibility around the Trust for example through merchandise for sale. Staff continue to support the Charity and Ms Baker advised that there is an initiative called 'Pennies from Heaven' which means that a small donation from staff salaries go to the Charity if staff 'opt in'. Mr Macleod undertook the Yorkshire Three Peak Walk, and the Chairman held an anniversary dinner to fundraise for the Charity.

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It was agreed that a new Governor representative would attend the Charity Committee to observe annually going forwards [ACTION02].

Professor Home referred to the increasing numbers in applications and asked if the team are seeing more applications for service support. Ms Baker advised that the charity team work with the applicants before applications are considered in a meeting and the Non-Executive Directors on the Committee will consider if the request relates to the Charitable objects rather than to core business.

Ms Baker noted that Mr Jowett has stood down from the Committee and thanked Mr Jowett for all his contributions to the Charity Committee.

*[Mr Jowett left the meeting at 3.34pm]*

#### *Quality Committee*

Professor McCourt provided an update on behalf of Mr Chapman. She noted that the Committee receives a regular update in relation to Ockenden and the work within the Maternity Department, and thanked the teams involved for their work. As the previous meeting the DQE gave a presentation in relation to the National Patient Safety Strategy and Royal College Reports are received to give the Committee an update on the progress. The Committee receives reports from different groups within the Trust, all related to quality across the year and at the most recent Committee, the following reports were received; Clinical Outcomes and Effectiveness, Clinical Negligence Scheme, CQC Action Plan, Health and Safety Annual Report and Patient Safety Annual Report. The next meeting is taking place in September.

*[Professor McCourt left the meeting at 3.44pm]*

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

#### ii) **Any other business**

The Chairman congratulated Mrs Carrick, Public Governor, who was elected unopposed as Deputy Lead Governor.

#### iii) **Date and time of next meeting:**

The next meeting was scheduled for Thursday 8 December 2022, 14:15 – 16:00. *[Meeting start time subsequently amended to 14:45].*

## 22/19 **ITEMS TO APPROVE**

#### i) **Nominations Committee Report**

The Chairman presented the report and confirmed that the annual appraisals for the Non-Executive Directors had been completed, which included the development of objectives for the year ahead.

Agenda item 2

The Council of Governors were asked to endorse the proposed corporate objectives and the personal objectives for the Chair and Non-Executive Directors for 2022/23.

The Chairman also sought approval from the Council of Governors to reappoint Professor McCourt for a period of one year from 1 December 2022 and Mr Jowett for a period of one year from 1 November 2022.

**It was resolved:** to **receive** the report, **approve** the Chair and NED objectives, and **approve** the reappointment of Non-Executive Directors Professor McCourt and Mr Jowett as outlined above.

**There being no further business, the meeting closed at 15:53.**

### GOVERNORS' ATTENDANCE – 18 AUGUST 2022

	Name	
S	Mrs Glenda Bestford	Yes
1	Mr David Black	Yes
2	Mr Graham Blacker	Apologies
S	Miss Genna Bulley	Apologies
1	Mrs Judy Carrick	Yes
1	Ms Jill Davison	Yes
1	Dr Alexandros Dearges Chantler	Yes
A	Professor Justin Durham	Apologies
2	Mrs Madeleine Elliott	Apologies
2	Mr David Evans	Yes
1	Mrs Aileen Fitzgerald	Yes
1	Mr David Forrester	Yes
S	Mr Gary Gibson	Yes
S	Dr John Hanley	Yes
2	Mrs Catherine Heslop	Yes
2	Professor Philip Home	Yes
3	Mr David Hughes	Yes
A	Prof Tom Lawson	Apologies
2	Mr John McDonald	Yes
2	Professor Pauline Pearson	Apologies
S	Mrs Kate Pine	Yes
S	Miss Elizabeth Rowen	Apologies
S	Mrs Poonam Singh	Yes
3	Mr Thomas Smith	No
A	Cllr Ian Tokell	Yes
1	Dr Eric Valentine	Yes
1	Ms Emma Vinton	No
2	Mr Bob Waddell	Yes
3	Mr Michael Warner	Yes
2	Mrs Claire Watson	Yes
2	Dr Ian Wilson	Apologies
1	Mrs Pam Yanez	Yes



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Council of Governors Meeting Actions - Public

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
103	ACTION01	22/02 BUSINESS ITEMS v) Chief Executive's Report	17-Feb-22	A Tour for the Governors of the Day Treatment Centre to be arranged once to building is complete <b>[ACTION01]</b> .	L Thompson	<u>09/06/22</u> - The building is on track for completion/opening in August 2022 therefore the tour will be scheduled for August 2022. LB emailed to arrange slots for Governors to visit. <u>08/08/22</u> - Julie Marsh will contact LT to organise before the DTC opens. <u>12/10/22</u> - Tour took place on 27 September 2022. LT is liaising with J Marsh to ascertain whether a further date can be identified for Governors that were unable to attend. <u>02/12/22</u> - Request sent for a further date to be arranged.	
105	ACTION02	22/13 ITEMS TO RECEIVE iv) Any Other Business	16-Jun-22	The Chairman agreed to write a letter congratulating Mr John Bedlington, and his wife on their achievements who were both awarded an MBE <b>[ACTION02]</b> .	J Burn	<u>02/12/22</u> - Letter drafted to send to Mr Bedlington.	

Key:

Red =	No update/Not
Amber =	In progress
Green =	Completed
Grey =	On Hold

Future presentations/discussion topics
Patient Experience - February 2022
Emergency Care System - April 2022
Ockenden Update - TBC
Command Centre - TBC
Healthwatch Newcastle - TBC
Estates Developments - TBC



### COUNCIL OF GOVERNORS

Date of meeting	8 December 2022						
Title	Chairman’s Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elsender, Corporate Governance Officer and PA to the Chairman and 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>This report outlines a summary of the Chairman’s activity and key areas of focus since the previous Council of Governors meeting, including:</p> <ul style="list-style-type: none"> <li>• Attendance at the HSJ 2022 Awards Ceremony</li> <li>• Annual Members Meeting</li> <li>• Formal opening of the Day Treatment Centre</li> <li>• Council of Governor’s Private Workshop</li> <li>• Board Development Session</li> <li>• Spotlight on Services – Digital Dermatology, Outpatients Transformation Programme and Ophthalmology</li> <li>• Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives</li> <li>• National engagement with Chairs of NHS Confederation</li> <li>• International engagement with Pittsburgh University</li> </ul>						
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**

This report outlines a summary of the Chairman's activity and key areas of focus since the previous Council of Governors meeting, including:

- Attendance at the HSJ 2022 Awards Ceremony
- Annual Members Meeting
- Formal opening of the Day Treatment Centre
- Council of Governor's Private Workshop
- Board Development Session
- Spotlight on Services – Digital Dermatology, Outpatients Transformation Programme and Ophthalmology
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives
- National engagement with Chairs of NHS Confederation
- International engagement with Pittsburgh University

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

## CHAIRMAN'S REPORT

This is my final report of 2022 which has been a year of many milestones including the sad loss of our longest serving Monarch to the significant political change, and a challenging year for the whole NHS. Christmas is now upon us, and I was honoured to switch on the festive light display at Freeman Hospital.

I am delighted to report the outcome of the national Health Service Journal (HSJ) awards for 2022 which I was pleased to attend in November with a small team to represent the Trust.

Newcastle Hospitals was named the winner of the Towards Net Zero award. Associate Director – Sustainability at Newcastle Hospitals, James Dixon said: “We’re extremely proud to receive this award, in what was a very competitive field. This is fantastic recognition of the hard work undertaken by our green champions, Sustainability Team and everyone at Newcastle Hospitals who has supported delivery of the actions within our Climate Emergency Strategy.”

Below is my Chair’s report from our November Trust Board meeting if you haven’t already seen it.

On 27 September 2022, I chaired our in-person Annual Members Meeting, the first since the relaxing of pandemic measures, supported by the Chief Executive and members of the Executive Team. The event was well attended and included a wonderful video compilation to review our year 2020/21.

Earlier that day, I joined colleagues for the formal opening of our new Day Treatment Centre at the Freeman Hospital. The facility has been purpose-built to improve the experience of patients and maximise the number of people that can be treated. It was a pleasure to speak to many members of staff who have worked so hard to bring the service to completion. On 20<sup>th</sup> October I chaired a Council of Governors workshop which included four presentations on:

- **Commercial and Innovation Update:** Dr Vicky McFarlane-Reid, Director of Business, Development and Enterprise spoke about the Commercial Enterprise Team. Significant progress has been made in areas such as the Pharmacy Production Unit, private patients – the international paediatric oncology business case, the surgical training centre and the clinical skills academy.
- **Workforce Update:** Dee Fawcett, Director of HR, delivered a presentation on the Trust’s People Strategy. A comprehensive update was provided in relation to the workforce demographics, and support to staff.
- **National patient Safety Strategy:** Jo Ledger, Head of Patient Safety, provided a summary of the Newcastle Hospitals Patient Safety journey and the National Serious Incident Framework.
- **Newcastle Hospitals Charity:** Jon Goodwin, Head of Grant Programmes explained that the Charity works in partnership with Newcastle Hospitals, making funds available that enhance the patient experience and environment, support staff health, wellbeing, and professional development, enable major developments and health related clinical

## Agenda Item 4

research and innovation and develop place-based partnerships to tackle health inequalities and create healthier communities.

In terms of Board Activity, I chaired a Board Development session on 27<sup>th</sup> October 2022. The aims and objectives of the session were:

- To discuss the latest developments in the local health system work and the impact for Newcastle Hospitals.
- To receive an update on the preparations for winter, and to discuss key challenges and risks e.g. potential strike action and rising energy costs.
- To be briefed on the latest position regarding the capital programme.
- To be briefed on the Trust Charity Strategy and recent developments.
- To receive a position update on key directorate developments

We have undertaken three “Spotlight on Services” sessions since the last Council of Governors meeting. The first was a virtual session on 26<sup>th</sup> September where we were joined by Consultant Otolaryngologist and Clinical Director Philip Yates and colleagues who delivered a comprehensive presentation in relation to Digital Dermatology.

The second session took place on 11<sup>th</sup> October where Debbie Banks, Head of Outpatient Services together with members of her team spoke about the Outpatients Transformation Programme covering an overview of the departments involved, transformation and key achievements to date.

The most recent took place on 8<sup>th</sup> November 2022 where we were joined by James Talks, Consultant Ophthalmologist, Claire Pinder Directorate Manager and colleagues to look at the work undertaken in Ophthalmology.

At a regional level, I continue to engage with both Foundation Trust Chairs and the Integrated Care Partnership and participated in a meeting on 6<sup>th</sup> October where we were joined by Ken Bremner CEO of Sunderland & South Tyneside NHS Foundation Trust to update us on the work of the Provider Collaborative. We were also joined by Sir Liam Donaldson, Chair of the North East and North Cumbria (NENC) Integrated Care System (ICS) who provided an update from an Integrated Care Board (ICB) perspective including feedback from the recent first meeting of the ICP.

At a meeting of the North ICP Chairs, Local Authority Leaders and Voluntary & Community Sector Representatives (VCS) held on 13<sup>th</sup> October an update on the asks and opportunities of the ICS was provided by Nicola Bailey, ICB Director followed by a presentation from James Dixon, Associate Director - Sustainability & Environment and Claire Winter, Senior Net Zero Programme Manager for Climate Change/ Clean air Zones.

At a national level I attended a virtual meeting on 10<sup>th</sup> October 2022 with the Chairs of the NHS Confederation Trusts. The session focused on children and young people and how Boards can ensure children and young people are prioritised in their organisation and the wider system.

#### Agenda Item 4

At an international level I was delighted to join the opening plenary of the Newcastle / Pittsburgh virtual conference which welcomed delegates from across the globe and set the scene for our collaborative virtual conference – Universities: How can we take a people centred approach to engage with our places? We heard from Civic and University leaders on the approach that Newcastle and Pittsburgh have taken to work together with local communities, sharing both challenges and opportunities.

#### **RECOMMENDATION**

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

**Report of Professor Sir John Burn  
Chairman  
30 November 2022**



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## COUNCIL OF GOVERNORS

Date of meeting	8 December 2022						
Title	Chief Executive's report						
Report of	Dame Jackie Daniel, Chief Executive Officer (CEO)						
Prepared by	Caroline Docking, Assistant Chief Executive Lewis Atkinson, Principal Advisor Alison Greener, Executive PA to the CEO						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> <li>• The Trust's response to continued high levels of Emergency &amp; Urgent care demand;</li> <li>• Preparations for winter, including for potential industrial action;</li> <li>• Expanded elective care treatment and diagnostic capacity;</li> <li>• Research; and</li> <li>• Headlines from other key areas, including the Chief Executive Officer's networking activities, our awards and achievements.</li> </ul>						
Recommendation	The Council of Governors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	This is a high-level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report.						

## CHIEF EXECUTIVE'S REPORT

### EXECUTIVE SUMMARY

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

- High levels of urgent and emergency care demand and our plans to expand capacity wherever possible over winter;
- Preparations for potential industrial action;
- The mobilisation of the new Freeman Day Treatment Centre;
- Reductions in cancer and elective care long waiters;
- National research funding awards and recent landmark studies;
- Developing the workforce and leadership we need for the future;
- Networking and communication activity; and
- Recognition and awards for staff.

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

## CHIEF EXECUTIVE'S REPORT

### 1. OVERVIEW

While the November weather may have been unseasonably mild, the start of winter pressures across the NHS has already been very evident. These come on top of the strains that have been faced throughout the year, and staff across the Trust are therefore continuing to work in challenging conditions. Since my last report, the Executive Team and I have been focused on supporting staff to deliver for patients now, while continuing to also work on our future plans to provide sustainable, high-quality care.

#### **Preparing for winter**

The level of demand presenting to the NHS continues to escalate, with 18% more patients attending our main A&E department at the RVI in October than in the same month before the pandemic, including 9% more ambulance arrivals. Higher urgent and emergency care demand at the front door also results in higher levels of occupancy for our beds, with the level of unoccupied beds available at any time to receive new patients reduced by around a third compared to before the pandemic. Increased demand and reduced vacant capacity in which to move patients through the hospital leads to greater waits and pressures on staff. I want to again pay tribute to the hard work and flexibility that all our teams are demonstrating.

To prepare for the further challenges expected through the winter, we will be adding further capacity as staffing allows - both through opening ward 12 at the Freeman as an additional winter ward, and launching our 'virtual' ward for chronic obstructive pulmonary disease (COPD) patients. Virtual wards are an innovative model of care that has been nationally tested and encouraged – they allow patients to be monitored at home rather than in hospital, with remote oversight and care from our clinicians. We are also continuing estates work to provide a new 'clinical decisions unit' that will provide additional space adjacent to A&E when it opens in the new year.

Our winter preparations also include the annual vaccination programme for our staff – this year again covering both flu and Covid. At the time of writing my report, a combined total of over 18,000 doses have been delivered, a magnificent effort and a testament to our staff and the teams involved in the programme. This winter could be the first time we see the real effects of both Covid and flu, so it remains vital that we do everything we can to support NHS resilience over the coming months. I would strongly encourage everyone offered vaccinations to accept them, in order to protect yourself, patients, colleagues and loved-ones.

The Board will be aware that there is a national pay dispute between NHS staff represented by their trade unions and the Government, and that industrial action is expected in the coming months. So far, only the Royal College of Nursing has concluded their national industrial action ballot, with a result in favour of taking strike action. Any action they take will cover the majority of NHS Trusts in the region, including Newcastle Hospitals. Ballots by other trade unions are ongoing or scheduled.

## Agenda item 5

Pay is a matter for Government and the trade unions but I want to reiterate how much we value our staff. Good pay and conditions are important for staff and their families, as well as for the NHS' overall ability to retain and recruit the workforce we need. Preparations are underway by the Trust, in coordination with other partners across the Integrated Care System (ICS), to ensure that emergency care continues to be provided as normal in the event of any industrial action and that disruption to patients is minimised.

**Accelerating elective recovery**

We are continuing our work to reduce waiting times for elective care and, since my last report, I am pleased that we have been able to go live with further expanded diagnostic and treatment capacity.

Our new £24m Day Treatment Centre at the Freeman opened at the end of September, providing four state of the art theatres that will allow us to treat an additional 7,000 patients a year. Already there are hundreds of patients who have benefitted from a wide range of procedures including cyst removal, breast reconstruction and pacemaker battery changes. The centre has been working through its planned incremental mobilisation period and its 200 staff are on track to be working at full capacity by the end of November. We are also coupling this investment in services with continued improvement, with a team lead by Dr John Crossman working to optimise daycase efficiency, throughput and patient experience. At a time when the significant urgent and emergency care pressures impact the availability of inpatient beds available for elective care, having a standalone facility of this quality will allow us to continue to deliver daycase procedures at full pace throughout the winter.

The last two months have also seen an expansion in our endoscopy diagnostic capacity, with a new endoscopy room at the RVI open and now providing 100 additional gastroscopes per week. Around one third of all patients receiving an endoscopy do as part of a cancer pathway and there is work going on across all tumour sites to reduce time to cancer diagnosis and treatment. Increasing diagnostic capacity on an ongoing basis, in line with the growing rates of referrals, is a critical part of ensuring that cancers are detected at the earliest possible stage which we know leads to the best patient outcomes. We continue to work with our colleagues at Gateshead Health NHS Foundation Trust as they lead development of a community diagnostic centre that will provide further capacity for patients across Tyneside.

Our Newcastle Plan Delivery Board, which I chair, oversees both our cancer and elective recovery delivery, monitoring our performance against key national targets. Overall, I am pleased to report that during October we made clear progress in reducing both the current number of patients on a cancer pathway after 62 days, and the number on a non-cancer elective pathway who will be waiting more than 78 weeks by the end of March.

In order to create as much further capacity as possible and recognise and compensate staff for their hard work, we have now extended our enhanced overtime offer until the end of March. This is also supporting the further mobilisation of weekend and evening working in outpatients, theatres and key support services - surging our capacity in November and beyond to further reduce waits for our patients. We know that every number on the waiting

## Agenda item 5

list is an individual waiting for care – I am determined that we will continue to use every available option to reduce the waits that people face.

**Continuing our excellence in research**

Last month it was announced that Newcastle's Biomedical Research Centre (BRC) was successful in securing £23.1million to continue to deliver world-class translational research into ageing and multiple long-term conditions in the North East. An additional £5.3million was also awarded to clinicians and academics at the Trust and Newcastle University to deliver a Patient Safety Research Collaborative (PSRC) specifically focused on the use of medicines and polypharmacy and minimally invasive interventions and how we can maximise safety when transferring patients between different care environments.

These significant national awards continue and further expand Newcastle's 15-year track record of delivering excellent BRC programmes. They were only granted after a robust and competitive national selection process, culminating in panel interviews that I took part in alongside colleagues from our partners.

Continued recognition of our research excellence is fantastic for the city and region, attracts and retains expert staff, and crucially allows better understanding and treatment of a range of conditions for patients in the UK and beyond. In recent months, I am pleased to report that the Trust has been involved in a range of landmark research including:

- The first UK gene therapy clinical trial for Duchenne muscular dystrophy ([the EMBARK trial](#)), in partnership with the John Walton Muscular Dystrophy Research Centre, Newcastle University and the Duchenne UK charity;
- Participation in the [HARMONIE study](#), which aims to find out if a one-off vaccine can protect babies from RSV – a common seasonal respiratory virus which, for some, can lead to severe illness;
- Work as one of 36 centres worldwide in the [FIREFLY trial](#) which is assessing new, targeted, drug treatment of children with low grade gliomas - the most common type of brain tumour in children.

**Leading for the future**

The consistent theme that runs through all the conversations I have, is developing the leadership and workforce required to provide sustainable, high quality health and care services in the future.

The experience of staff is crucial – if we look after them and create the conditions necessary for them to flourish at work, then in turn we will be maximising the quality of care we provide to our patients. The national NHS staff survey is currently live, and we have been encouraging all staff to complete it so we get the most comprehensive view possible about their working life and what we can do to further improve. Improving staff retention across the NHS and providing flexible working options is a key approach that will help to reduce workforce shortages.

That was a point I made when I recently joined with health leaders from across the globe at an event, hosted by Siemens, focused on overcoming the health workforce challenges that are an international issue. I was able to share my assessment of the situation facing the

## Agenda item 5

NHS, as well as some learning from the work we're doing in Newcastle to develop the workforce and leadership that we need for the future. This includes the continued work we are doing with the Institute of Health Improvement (IHI) to develop and embed the leadership behaviours we want to see at work – I am pleased to report that we spent time recently working on these with a diverse range of more than 300 colleagues including healthcare assistants, directors, catering staff and clinicians.

In the coming months we expect the Government and NHS England to publish a combined workforce plan for the future, to be taken forward alongside work to strengthen NHS leadership and management in response to the recent review by General Sir Gordon Messenger. I am hopeful that we can continue to develop inclusive leadership across the NHS and look forward to sharing our expertise as part of this.

Dee Fawcett, our Director of Human Resources, has led the workforce agenda for the Trust for the last 13 years but this will be her last Board meeting before her retirement. I'd like to pass on my thanks and appreciation for the significant contribution she has made to the organisation, and to wish her well in retirement. Christine Brereton will join us as our new Chief People Officer at the start of the New Year, and I look forward to working with Christine to continue to advance our workforce and leadership development programmes.

## **2. NETWORKING ACTIVITIES**

In the last two months, I have continued a programme of meeting colleagues within and outside the organisation to maximise our collective understanding, reach and influence.

### **Service Visits**

This month it has been a privilege to spend time with a number of our community teams.

At the Molineux Street Centre in Byker, I visited the Urgent Treatment Centre and saw first-hand how that team are offering accessible healthcare to the local community, avoiding the need for a primary care or A&E visit. I heard from a local family about how much they valued being able to quickly see a nurse practitioner who was skilled to assess and treat a child's illness. On the same visit, I also had a chance to discuss the way our community teams are working to provide an urgent two-hour response to residents in their own homes.

Sir John and I also jointly visited the Connie Lewcock Centre in Leamington along with leaders from Newcastle Council. The centre is a fabulous example of how we are working together, under the banner of Collaborative Newcastle, to provide integrated services around the needs of the residents. In this council-run centre, residents needing rehabilitation receive care from council staff working alongside therapy staff that we employ. In my role I spend a lot of time working to create and sustain partnerships. Visits like this remind me of the great care that we enable when we are not constrained by organisational boundaries.

It was also wonderful to visit the Trust's Neonatal Intensive Care Unit to celebrate them becoming the first in the region – and one of only a handful in the UK – to be awarded UNICEF Baby Friendly Initiative full accreditation. The initiative is part of a global partnership



## Agenda item 5

between the World Health Organisation and UNICEF and helps maternity, neonatal and health visiting services to support families with feeding and developing close and loving relationships so that all babies can get the best possible start in life. To receive accreditation, the unit not only demonstrated they were meeting best practice in care but also parents who have had their baby stay in the unit provided feedback about their positive experiences of care.

Whether we are providing care to the young or the old, whether in the community or within our hospitals, I am constantly reminded of the significant impact the work of our staff has and am hugely proud of them all.

**Celebrating Excellence Awards**

I was delighted to present the trust's Celebrating Excellence Awards with other Board colleagues at the end of September. This is key event in our calendar and a fantastic evening where we recognise the outstanding work of our staff, volunteers and charity supporters. Congratulations to all of our winners including head of chaplaincy Katie Watson and our Director of Infection Prevention Control during the pandemic, Lucia Pareja-Cebrian, who were recipients of the Chair and Chief Executive Awards. The awards also marked the end of our Thank You Month where we held several events across the organisation to acknowledge and thank our teams for everything they do.

**National policy and influencing**

I have continued to actively participate in events facilitated by the Shelford Group, including meetings with Sir Chris Wormald, Permanent Secretary at the Department of Health and Social Care, and Chris Hopson, Chief Strategy Officer for NHS England. I chaired a discussion session with Mark Britnell at the Shelford Group's annual event which focused on how large, research-intensive, hospital organisations like ours can best use their strengths to transform and integrate care.

A key specialist strength of Newcastle Hospitals has long been our genomic medicine expertise. We are the lead partner within the North East and Yorkshire's Genomic Laboratory Hub (GLH), working with colleagues in Sheffield and Leeds. I have held several meetings in recent months with both regional colleagues and Dame Sue Hill's national team to ensure that we continue to fulfil the significant promise offered by embedding genomics in routine healthcare. I was delighted to be asked to speak at the launch of the new national NHS genomics strategy on the importance of partnership working to develop the genomics workforce, to continue to advance research in the field, and to provide genomic medicine services.

The new Prime Minister has recently reappointed Steve Barclay as Secretary of State for Health and Social Care and I look forward to engaging with him and the wider ministerial team in the coming months.

**3. RECOGNITION AND ACHIEVEMENTS**

Our staff continue to provide the very best services for our patients, with many innovations and examples of excellence recognised at regional and national level.

**Gloves off** – Our Infection Prevention and Control (IPC) Team were winners of the Infection Prevention Society’s Gold Award for Excellence 2022 in recognition of their successful ‘gloves off’ campaign which reduced glove usage by 29% in July – a fantastic achievement.

**Senior Science Award** – Trust Chairman, Professor Sir John Burn and Professor Giovanni de Gaetano of Neuromed Research Institute, Pozzilli, Italy, were both recognised with the International Aspirin Foundation’s prestigious Senior Science Award 2022. Sir John’s award was for excellence and innovation in clinical science recognising his outstanding contribution to defining aspirin’s role in cancer prevention, and in particular, the role of aspirin in the prevention of hereditary colorectal cancer (Lynch syndrome).

**Distinguished Service** - Professor Derek Manas received a distinguished service award at the British Association for the Study of the Liver – for his amazing support to liver transplant patients – and more generally the liver community – over the years.

**Innovate Awards** – Congratulations to our sustainability and procurement teams – and everyone else at the trust involved in working towards a net zero carbon supply chain – for winning the Net Zero Innovation of the Year category in the AHSN Network and NHS Confederation’s first Innovate Awards. This is an amazing recognition of their work to engage our supply chain in climate action.

**Recognition for excellence** – The haematology team at the Freeman Hospital received the Myeloma UK Clinical Service Excellence Programme Award for the second time for their effort to improve patients’ quality of life and truly listening to their needs.

**Engaging our communities** – The Change of Heart regional Covid vaccination campaign – which aimed to increase uptake amongst 16-29-year-olds – won a national NHS Communicate Award for its ‘Use of insight and data for innovation in communications’, against strong competition from NHS organisations across England.

It was also highly commended in the award category for ‘Best behaviour change or public health campaign’ and later received two CIPR North East PRide Gold Awards for best healthcare / public sector campaign and a silver award for best integrated campaign. A gold award also went to the North East and North Cumbria COVID-19 vaccination programme for best regional campaign.

**Nursing Times Awards** – Congratulations to all our nursing teams who made the finals of the Nursing Times Awards this week. We were shortlisted in three categories – clinical research nursing, continence promotion and care and theatre and surgical nursing.

**Climate Emergency** – The trust received an honourable mention in the International Hospital Federation Ashikaga-Nikken Excellence Award for Green Hospitals.

**Ride for Their Lives** – Staff from the Newcastle Hospitals joined colleagues from across the North East to cycle between the region’s hospital sites as part of the national campaign ‘Ride for their Lives’ in October, raising awareness about the climate emergency and the impact air pollution can have on health.

**4. RECOMMENDATION**

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

**Report of Dame Jackie Daniel**

**Chief Executive**

15<sup>th</sup> November 2022

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## COUNCIL OF GOVERNORS

Date of meeting	8 December 2022						
Title	Integrated Board Report						
Report of	Martin Wilson – Chief Operating Officer, Angela O’Brien- Director of Quality and Effectiveness.						
Prepared by	Louise Hall- Deputy Director of Quality and Safety, Peta Le Roux- Business Analysis.						
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 checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Council on the Trust’s performance against key Indicators relating to Quality, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Supported by flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential. 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 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.						

## INTEGRATED BOARD REPORT

### EXECUTIVE SUMMARY

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

1. The Trust has had no cases of MRSA bacteraemia in September 2022. However, there has been an increase in the number of Klebsiella Bacteraemias in September 2022 (n=18), this is the highest number recorded since June 2021.
2. There were 10 Serious Incidents (SIs) reported in October 2022 demonstrating a noticeable decrease below the mean. No Never Events were reported in October 2022.
3. The Trust has received a total of 319 (308 with identified patient activity) formal complaints up to October 2022, an increase of 54 on last month's opened complaints.
4. There were 1,560 responses to the Friends and Family test from the Trust in September 2022 (published October 2022) compared to 1,802 in the previous month.
5. Staff turnover has increased from 10.5% in October 2021 to 15.5% in October 2022, against a target of 8.5%.
6. In the period to 31 October the Trust incurred expenditure of £808 million, and accrued income of £810 million on mainstream budgets and incurred expenditure of £4.4 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a small surplus of £2.2 million.

The Council of Governors is asked to receive the report.

# Integrated Board Report

Quality, People and Finance

November 2022



# Executive Summary

## Purpose

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

## Current Operating Environment

The Trust is experiencing increasing pressure in emergency and urgent care which has been sustained throughout this year and has increased as we move into winter. There has been an ever-present number of COVID-19 patients in the organisation throughout the 3<sup>rd</sup> quarter, with 44 patients in the Trust in November, in line with the increased incidence in the community. However, overall patients were less complex and did not need admission to Critical Care with approximately two thirds of patient's admitted for other reasons and with incidental COVID-19. The numbers of staff testing positive had decreased over the summer months, and this is reflected in the reduction in COVID-19 staff absence rates from 0.36% to 0.19%. The rate has remained low due to modified IPC guidelines and requirements to isolate. There continues to be significant pressures placed on the Trust's bed base due to the increase in emergency admissions and delayed discharges due to pressures in Social Care, with an average of 85 patients currently awaiting discharge and 35 patients awaiting repatriation to another organisation. Taking into account the permanent loss of beds due to the maternity reconfiguration, on average we have the same number of beds open as pre-pandemic due to improved staffing levels, reduced COVID-19 outbreaks and IPC requirements. However, it should be noted that staffing across the Organisation remains challenging both clinically and in supporting departments where recruitment is difficult with reducing numbers of applications. This has been particularly noticeable in administration roles. The overall position of the Trust remains challenged while balancing the focused effort of recovery, returning to 2019/20 activity levels where possible. The Day Treatment Centre has increased its capacity.

## Report Highlights

1. The Trust has had **no cases of MRSA bacteraemia in September 2022**. However, there has been an **increase in the number of Klebsiella Bacteraemias** in September 2022 (n=18), **this is the highest number recorded since June 2021**.
2. There were **10 Serious Incidents (SIs) reported in October 2022** demonstrating a noticeable decrease below the mean. **No Never Events were reported in October 2022**.
3. The Trust has received a total of **319 (308 with identified patient activity) formal complaints up to October 2022**, an increase of 54 on last month's opened complaints.
4. There were **1,560 responses to the Friends and Family test from the Trust in September 2022** (published October 2022) compared to 1,802 in the previous month.
5. **Staff turnover has increased from 10.5% in October 2021 to 15.5% in October 2022**, against a target of 8.5%.
6. In the period to **31<sup>st</sup> October the Trust incurred expenditure of £808 million, and accrued income of £810 million on mainstream budgets** and incurred expenditure of £4.4 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a small surplus of £2.2 million.



# Contents: November 2022

## Quality

- Healthcare Associated Infections
- Harm Free Care – Pressure Damage
- Harm Free Care - Falls
- Incident Reporting
- Serious Incidents & Never Events
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity
- Clinical Audit

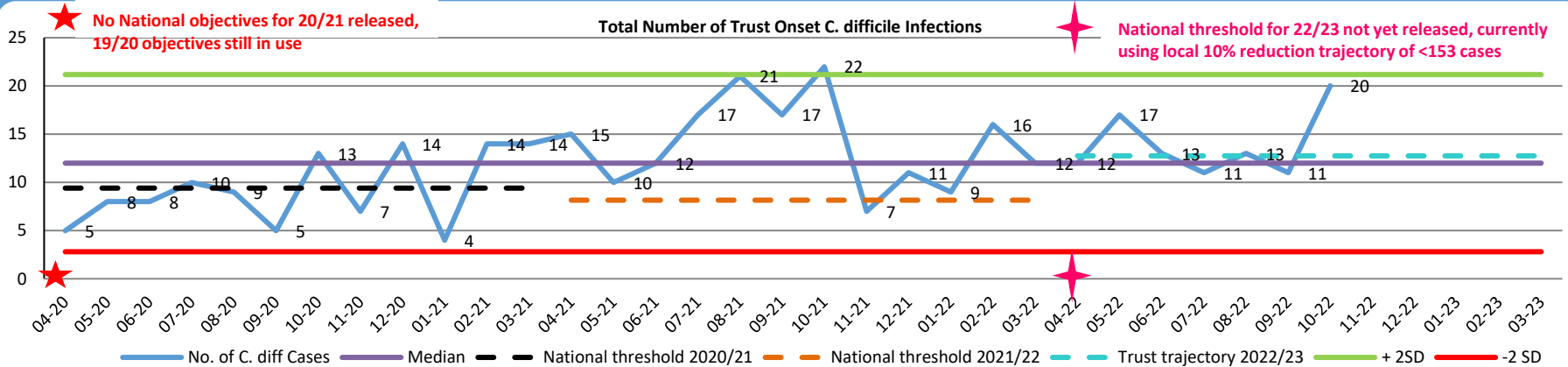
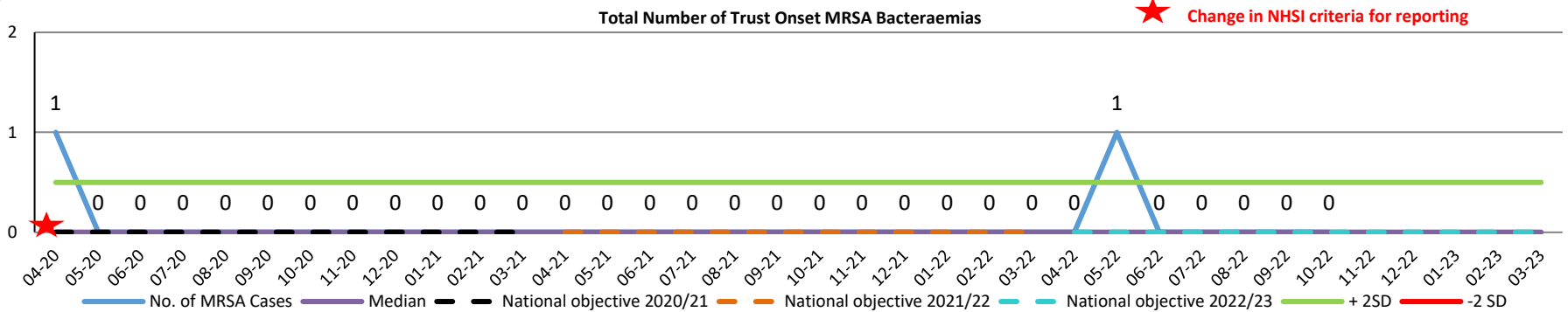
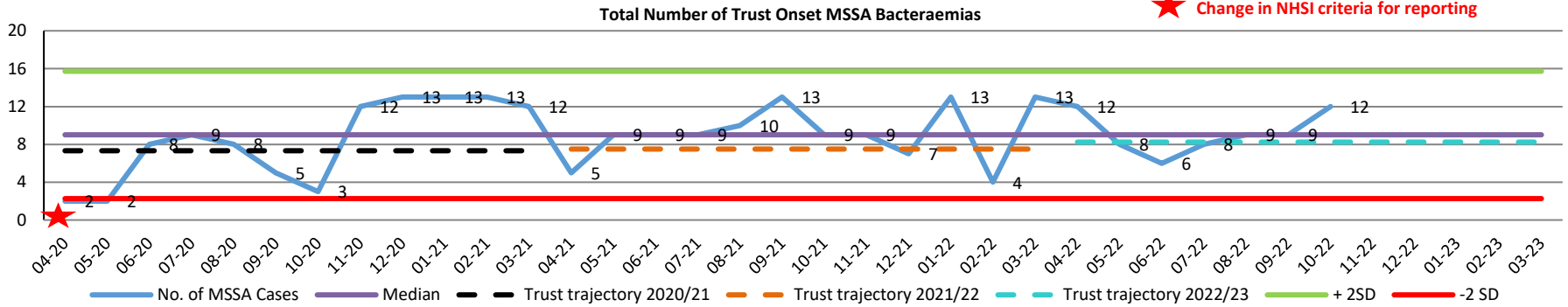
## People

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

## Finance

- Overall Financial Position

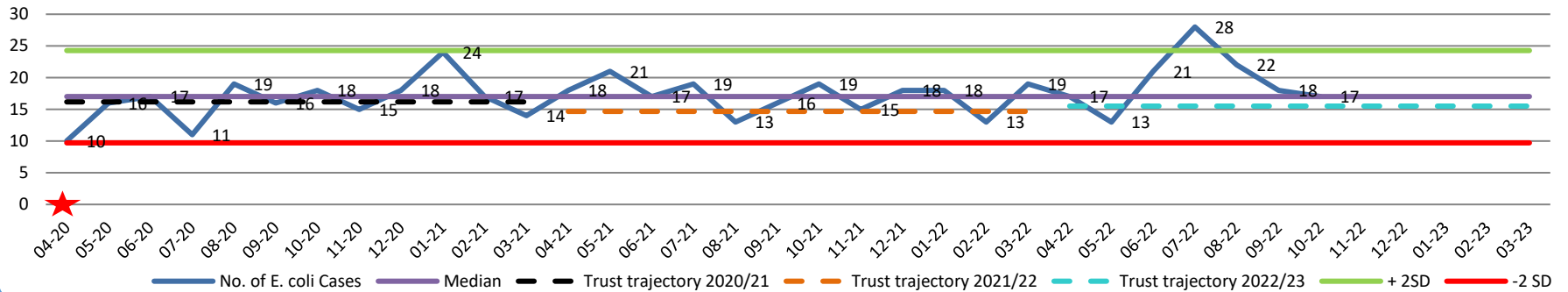
# Quality: Healthcare Associated Infections 1/2



# Quality: Healthcare Associated Infections 2/2

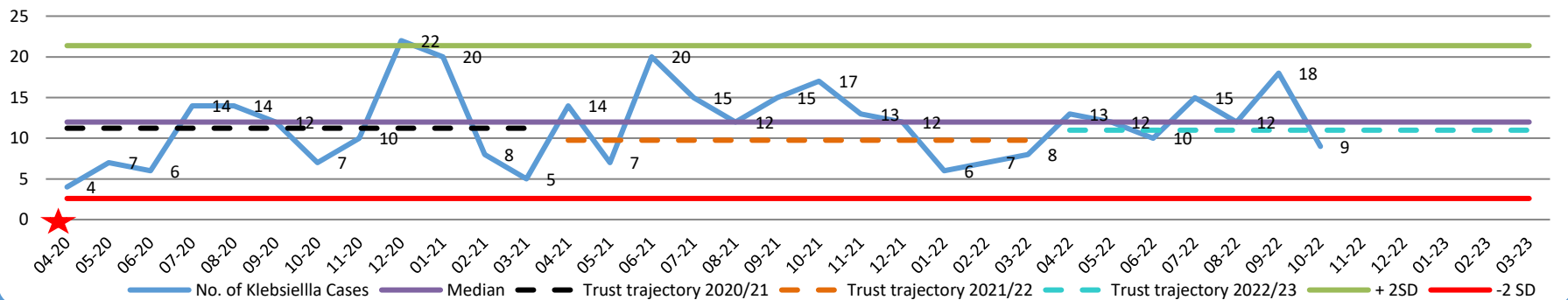
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



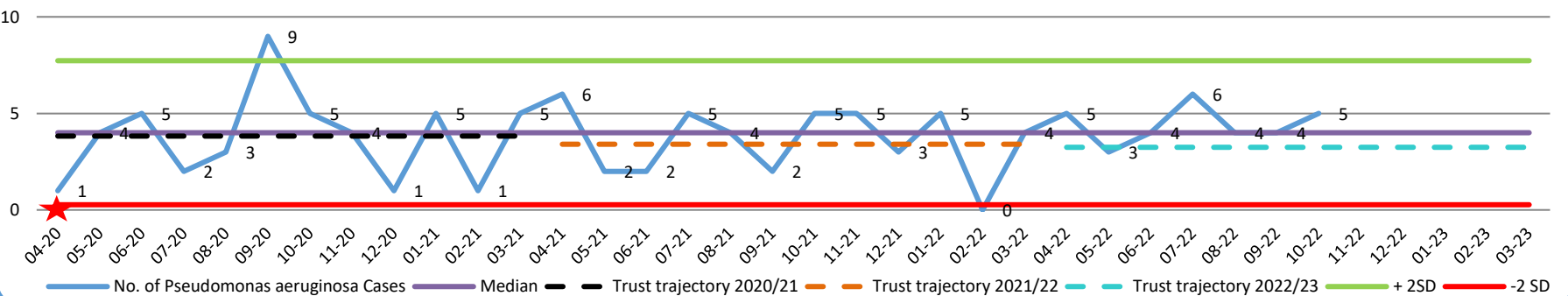
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

★ Change in NHSI criteria for reporting

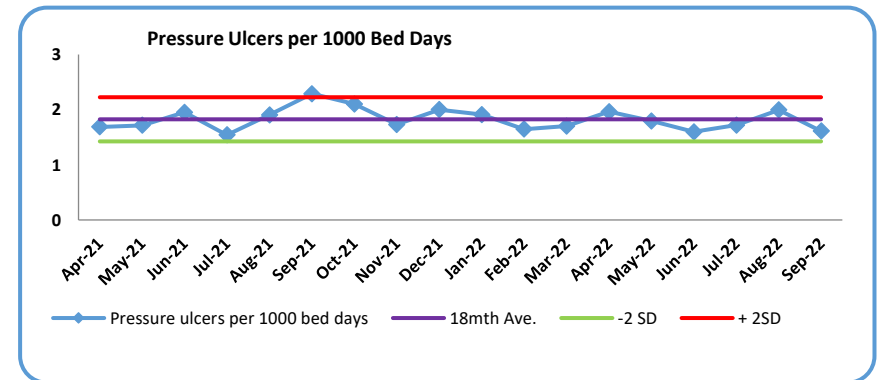
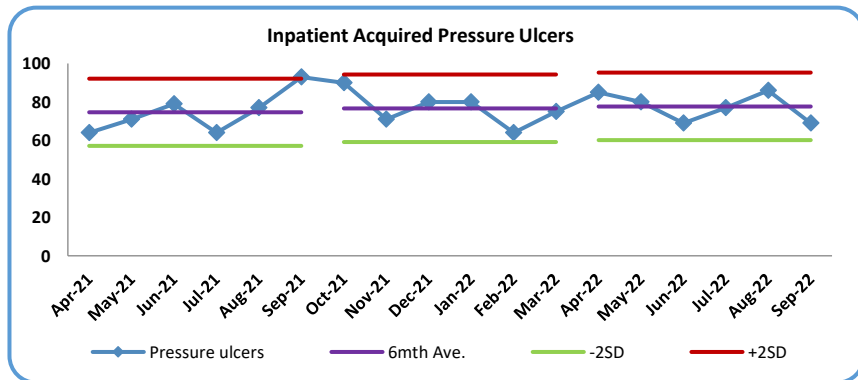


# Quality: Harm Free Care – Pressure Damage

In the month of September 2022 a decrease can be seen in the number of pressure ulcers across the Trust. This is the second lowest monthly number throughout 2022. However, between April to September 2022 there has been an increase in the number of pressure ulcers (n=18) compared to the same time period in 2021.

From August to October 2021 a steep increase in pressure ulcers is evident. This directly correlates with surges in COVID-19 activity. This is also apparent in October 2020 to February 2021, whereby COVID-19 waves two and three occurred.

The Trust safe care data illustrates that the acuity of patients is significantly higher than pre-pandemic levels. In addition, there has been an increase in patients presenting to the Trust with significant existing damage, or that are at risk of skin deterioration. This is consistent in both other Trusts in the Shelford group and indeed is representative of the National picture.

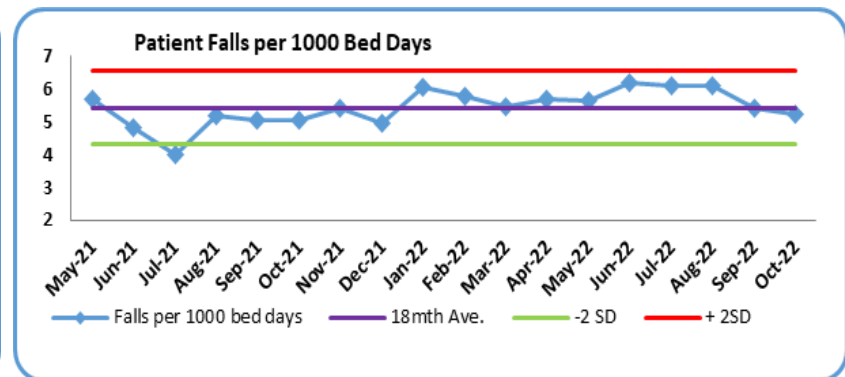
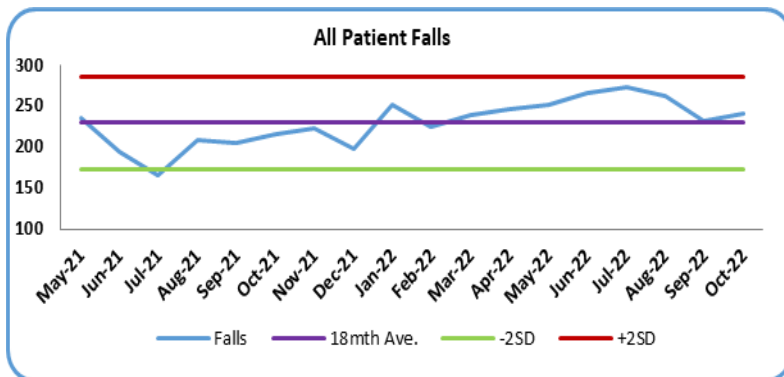


# Quality: Harm Free Care - Falls

In October 2022 a slight increase in falls can be seen (n=240).

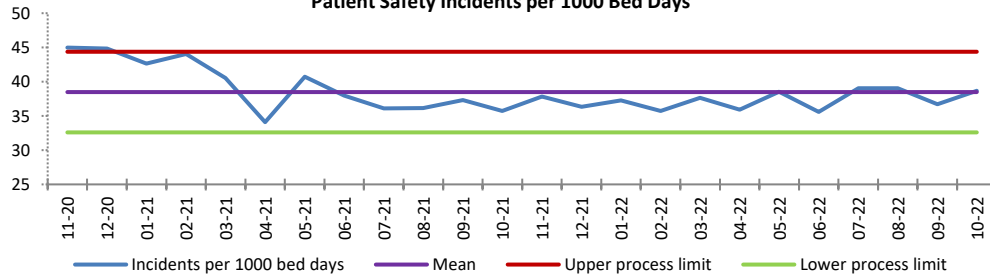
In 2022 the Trust has experienced significant pressures, particularly in relation to bed occupancy levels, which have remained high throughout. Significant increases in the cohort of medical patients, particularly those over 65 are evident and did lead to the requirement to convert many surgical wards to medicine, and have remained so for the last two years. Evidence produced by the National Falls Audit (2021) illustrates rates of deconditioning in our elderly population as a result of periods of lockdowns and COVID-19 infection. This has led to significant increases in both levels of patients at risk and incidents of falls. Incidents within the Trust reflect this, whereby a high proportion of falls occur in our patients who are over 65.

The Falls Prevention Coordinator has commenced work identifying, on a monthly basis, the wards with the highest incidence of falls, identifying contributing factors and identifying learning and solutions, with the aim to reduce numbers of falls in the Trust.



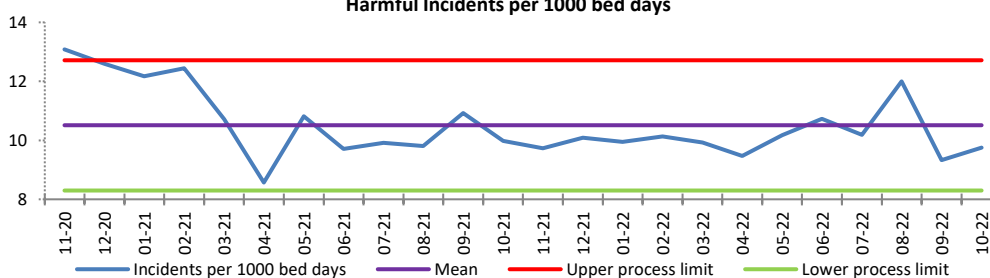
# Quality: Incident Reporting

Patient Safety Incidents per 1000 Bed Days



**All patient incidents:** The number of patient safety incidents per 1000 bed days remains at the mean for October 2022. This remains well within the expected common cause variation.

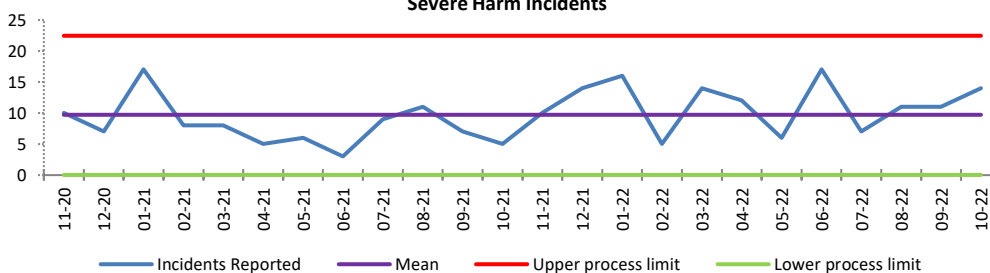
Harmful Incidents per 1000 bed days



**Harmful incidents:** The number of \*harmful patient safety incidents per 1000 bed days remains below the mean for October 2022. This remains within the common cause variation expected. Severity grading of reported incidents may be modified following investigation and is therefore subject to change in future reports.

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

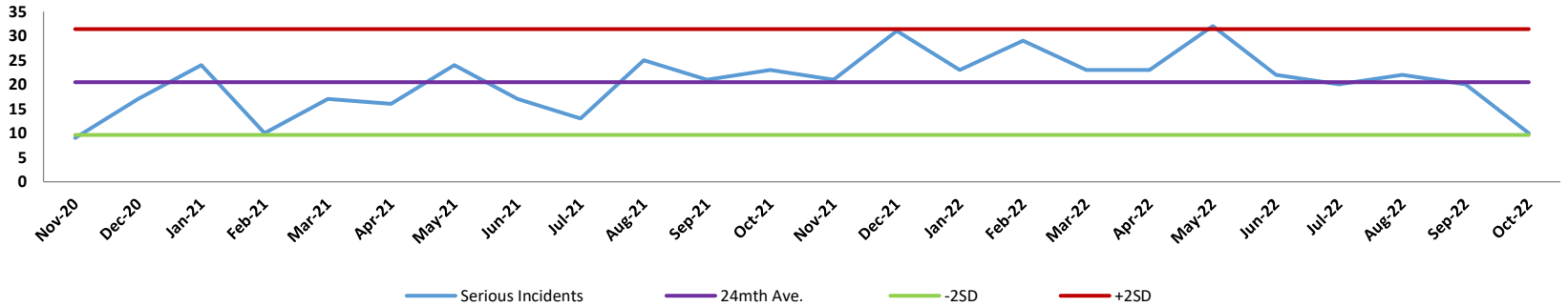
Severe Harm Incidents



**Severe harm incidents:** There were 14 patient safety incidents reported which resulted in severe harm in October 2022. This is a slight increase above the mean, however remains within the common cause variation. Severity grading of reported incidents may be modified following investigation and is therefore subject to change in future reports.

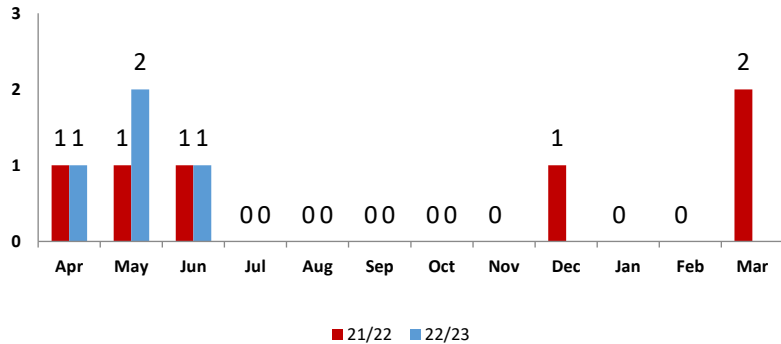
# Quality: Serious Incidents & Never Events

Number of Serious Incidents Reported

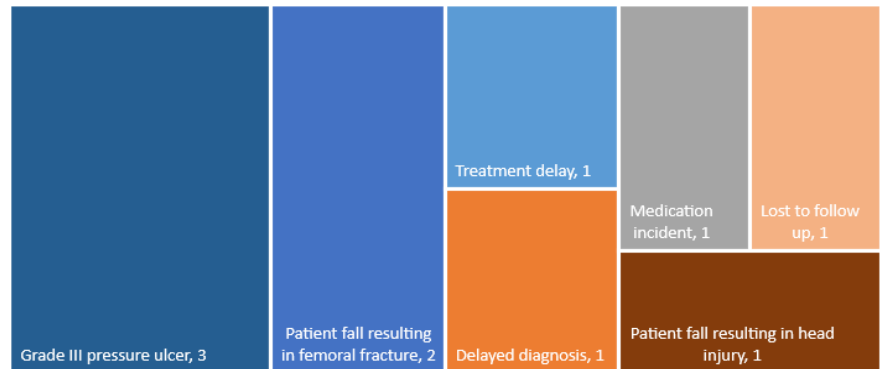


There were 10 Serious Incidents (SIs) reported in October 2022, demonstrating a notable decrease below the mean since September 2022. This is in part due to no reported definite or probable Covid related deaths and a reduction in the number of reported pressure ulcers & falls. The increase in the numbers of SIs since July 2021 can be attributed to a return to pre-pandemic bed occupancy alongside higher acuity of patients in the Trust and an increase in COVID-19 prevalence. 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 October 2022.

Total Number of Never Events Reported

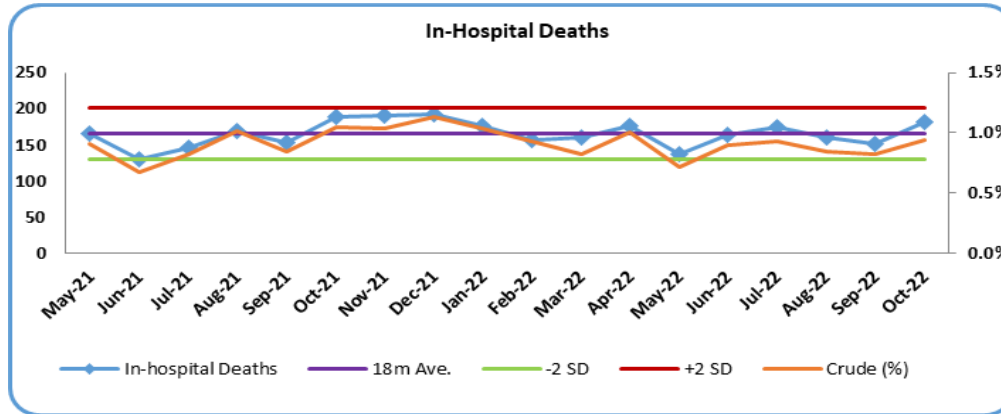


Serious Incidents by Category

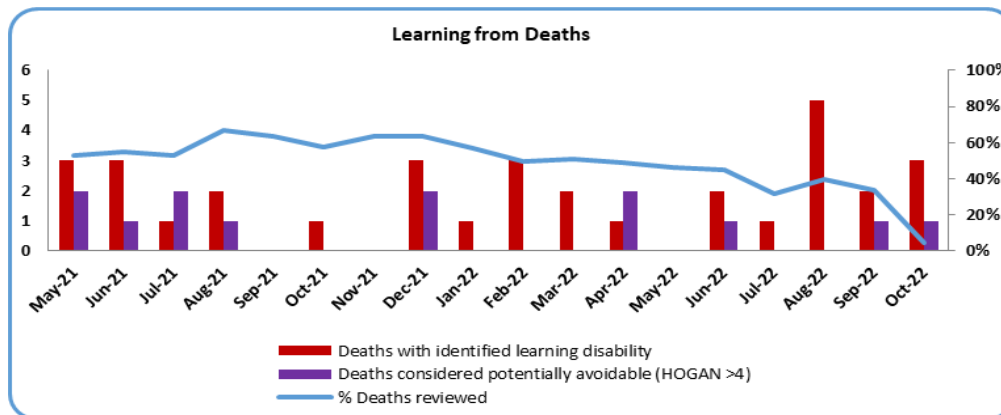


# Quality: Mortality Indicators 1/2

**In-hospital Deaths:** In total there were 181 deaths reported in October 2022, which is slightly lower than the amount reported 12 months previously (n=189). Crude death rate is 0.94%.



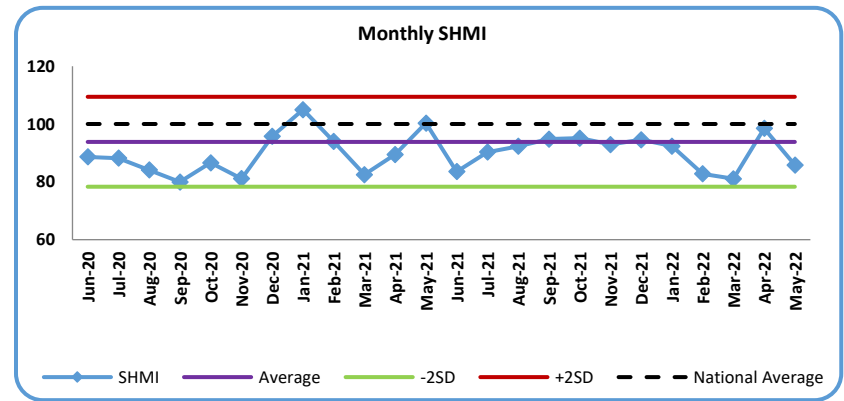
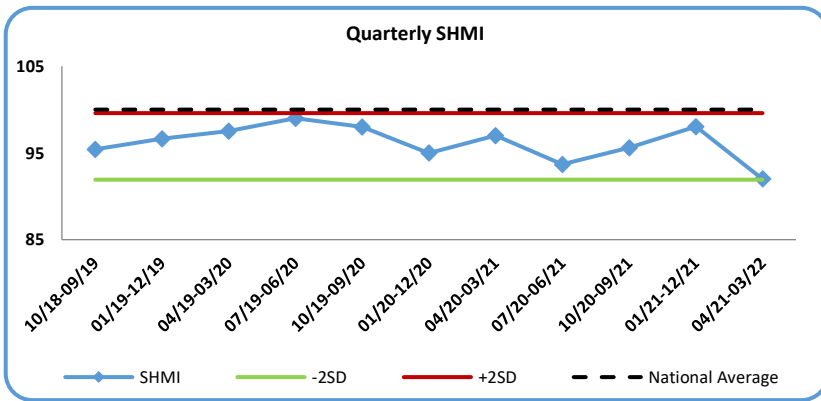
**Learning from Deaths:** Out of the 181 deaths reported in October 2022, eight patients have, to date, received a level 2 mortality review. However, these figures will continue to rise due to ongoing M&M meetings held over the forthcoming months. All figures will continue to be monitored and modified accordingly.



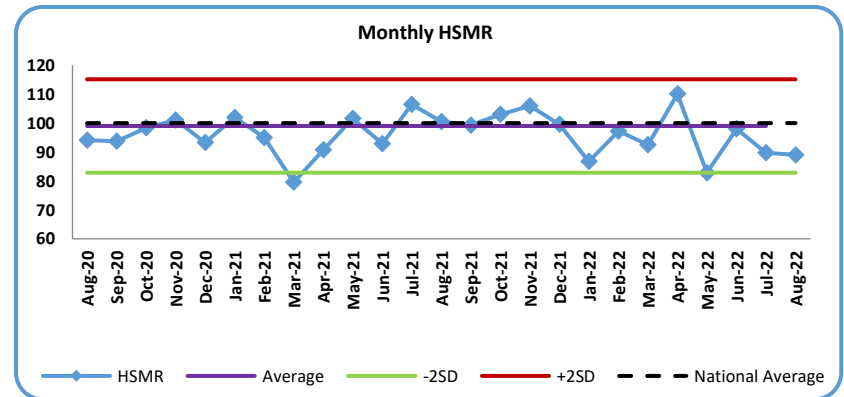
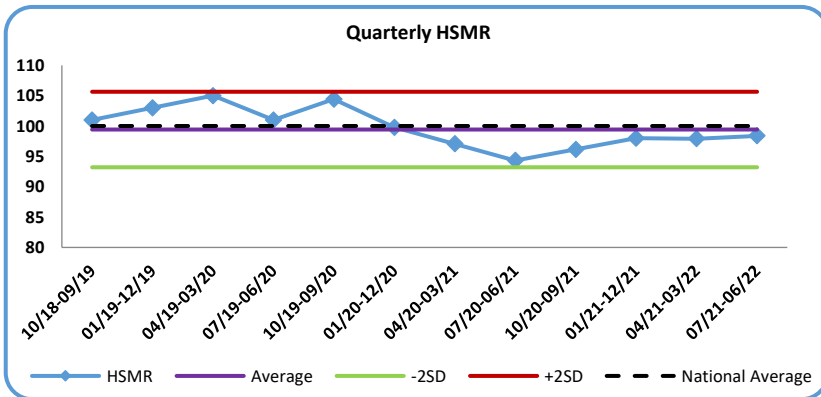


# Quality: Mortality Indicators 2/2

**SHMI:** The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 92 from months April 2021 – March 2022. This is below the national average and is within the "as expected" category. Monthly SHMI shows the Trust to be below the national average and within the "as expected" category. COVID-19 data continues to be excluded from SHMI data published from NHS Digital.



**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 August 2022, and is showing below the national average, however this number may rise or fall as the percentage of discharge coding increases. All figures will continue to be monitored and modified accordingly.



# Quality: FFT and Complaints

## Inpatients and day cases

98% (94%)  
1% (3%)



## Outpatients

97% (93%)  
1% (3%)



## Maternity

100% (92%)  
0% (4%)



## Community Health

98% (94%)  
2% (3%)



## A&E, walk-in centre and minor injury units

\* (77%)  
\* (16%)

\*Numbers too small to publish

## Friends and Family Test

The published data to date shows that there were 1,560 responses to the Friends and Family test from the Trust in September 2022 (published October 2022) compared to 1,802 in the previous month.

The following infographic shows the proportion of responses that reflect a positive or negative experience from the feedback provided by our patients. The national average results are shown in brackets.

All data is available at: [www.england.nhs.uk/fft/friends-and-family-test-data/](http://www.england.nhs.uk/fft/friends-and-family-test-data/)

\*numbers too small to publish

## Trust Complaints 2022-23

The Trust has received a total of 319 (308 with identified patient activity) formal complaints up to October 22, an increase of 54 on last month's opened complaints.

The Trust has received an average of 46 new formal complaints per month, which is the same number of complaints for the last full financial year 2021-22.

Taking into consideration the number of patients seen and areas with patient contact, the highest percentages of patients complaining to date are within Surgery with 0.06% (6 per 10,000 contacts). The lowest complaint percentages are with Dental, community and EPOD who have 0.01%.

Directorates	2022-23				21-22 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	13	48,942.00	0.027%	1:3765	1:3128
Children's Services	18	35,306.00	0.051%	1:1961	1:3275
Community Services	6	43,197.00	0.014%	1:7200	1:4546
Dental Services	3	45,840.00	0.007%	1:15280	1:10120
Medicine	31	71,985.00	0.043%	1:2322	1:3053
Medicine ED	16	102,930.00	0.016%	1:6433	1:4866
ENT, Plastics, Ophthalmology & Dermatolog	22	180,111.00	0.012%	1:8187	1:7356
Musculoskeletal Services	17	49,749.00	0.034%	1:2926	1:3505
Cancer Services & Clinical Haematology	16	105,173.00	0.015%	1:6573	1:6347
Neurosciences	24	53,007.00	0.045%	1:2209	1:3067
Patient Services	76	20,630.00	0.368%	1:271	1:1934
Peri-operative & Critical Care	9	17,733.00	0.051%	1:1970	1:3499
Surgical Services	22	36,720.00	0.060%	1:1669	1:1698
rology & Renal Services	11	30,491.00	0.036%	1:2772	1:3090
Women's Services	24	71,162.00	0.034%	1:2965	1:3341
<b>Trust (with activity)</b>	<b>308</b>	<b>912,976.00</b>	<b>0.034%</b>	<b>1:2964</b>	<b>1:3994</b>

"Communication" is the highest primary subject area of complaints at 25% of all the subjects Trust wide.

# Quality: Health and Safety

## Overview

There are currently 1094 health and safety incidents recorded on the Datix system from the 1st November 2021 to 31st October 2022. This represents an overall rate of 64 per 1,000 staff. The Directorate with the highest number of incidents is Peri-operative & Critical Care reporting 144 health and safety incidents over this period. The highest reporting Directorates per capita are Peri-Operative & Critical Care (100) Internal Medicine (77), Cardio (63.7) at incident rates per 1,000 staff.

## Incidents of Violence & Aggression to Staff

In addition to the incidents above, there are 975 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from 1st November 2021 to 31st October 2022. This represents an overall rate of 57.1 per 1,000 staff during this period. The Trust Violence Reduction Group met for the first time in July 2022. A number of initiatives to reduce these incidents are already underway, for example:

- 'We Can Talk' in the Children's Directorate; a training package used to upskill staff in effective communication skills with patients suffering from mental health issues.
- 35 clinical staff have now received training in the use of Safety Pods for the safe and therapeutic holding of patients.
- Bespoke conflict resolution training is currently being evaluated with clinical staff.

## Sharps Incidents

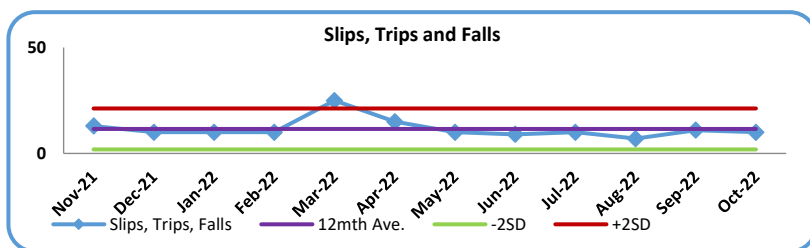
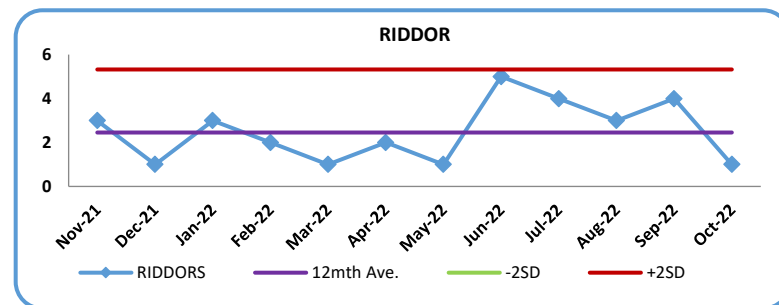
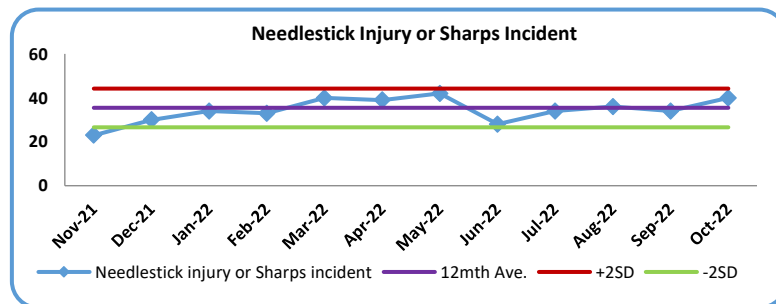
There have been 421 incidents during 1<sup>st</sup> Nov 2021 to 31<sup>st</sup> October 2022 (average 35 incident per month, 75.5% of these involve used needles). The recent sustained increase aligns with a number of factors, which are currently being discussed at the Trust Safer Sharps User Group. These include increased activity/acuity, supply issues meaning staff are using alternative devices and clinical educator vacancies. Further work is underway to expand the Datix Cloud IQ system to incorporate further details on the types of sharps incidents.

## Slips, Trips and Falls

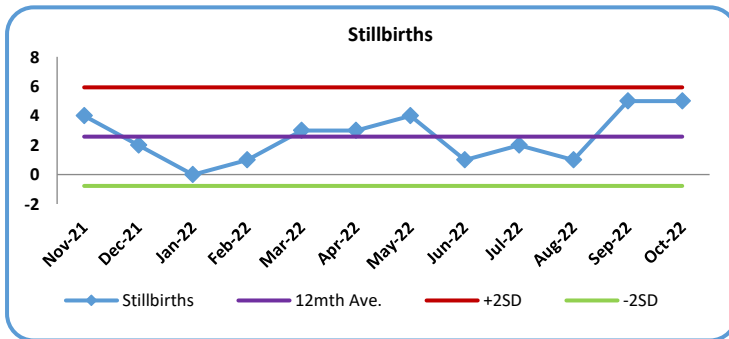
129 incidents were reported between 1st November 2021 to 31st October 2022. 58% of these incidents were related to trips and slips on wet floors. Regular zonal inspections take place every month and data analysis is acted upon, feeding into the Slips, Trips and Falls Group, which meets quarterly. For example, issues were raised following incidents on the external staircase next to ED and this has resulted in remedial work being undertaken and the risk removed.

## RIDDOR

There have been 34 RIDDOR incidents reported between 1st November 2021 to 31st October 2022. The most common reasons of reporting accidents and incidents to the HSE are Moving and Handling (11), Slips, Trips and falls (11), Accidents involving staff, visitors etc. (5) and Aggression & Violence (5). All RIDDOR reportable incidents are investigated fully and, where necessary, remedial actions are undertaken to prevent re-occurrence.



# Quality: Maternity (1/3)

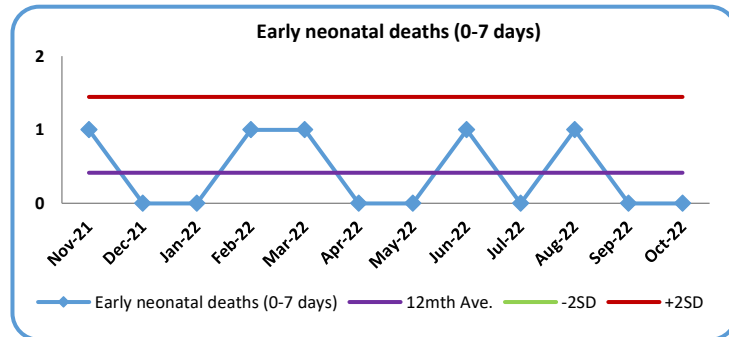


## Perinatal deaths

All Perinatal deaths (Stillbirths and Neonatal Deaths) are reported to MBRRACE-UK who produce an annual National report which includes our local data.

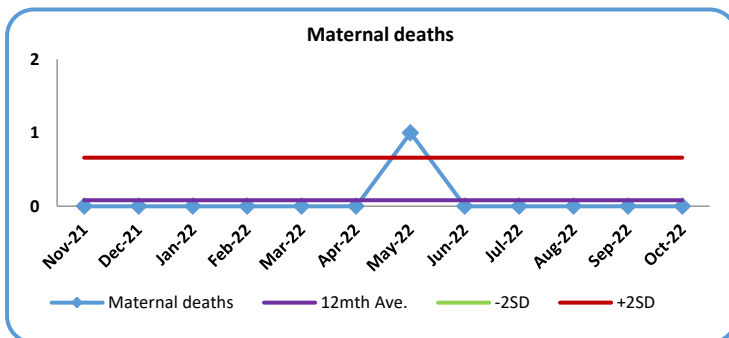
## Stillbirths

As NuTH is a tertiary referral Fetal Medicine Unit, complex cases are often referred to the Trust from other units within the region, with women opting to deliver here rather than return to their local unit. This data includes termination for fetal anomalies > 24 weeks gestation. In October, two of the cases had known fetal anomalies. All cases undergo an initial local review and then a more detailed review including external input, once we have the investigation findings.



## Early Neonatal Deaths

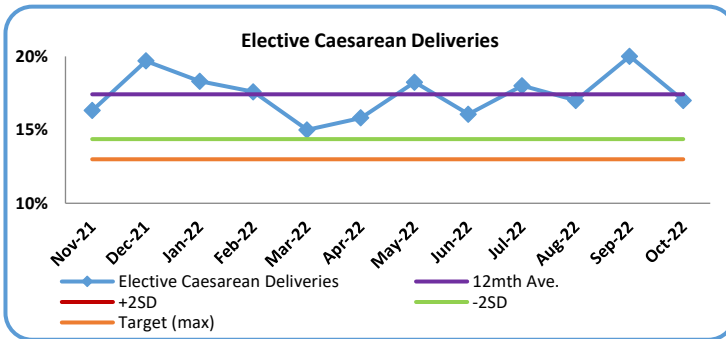
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died unexpectedly within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also usually reported to the Coroner and HSIB. A post mortem examination may be requested to try and identify the cause of death. There were no term, early neonatal deaths reported in October.



## 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. Tragically in May, a woman died after suffering complications shortly after delivery. The case has been reported to the Coroner, MBRRACE-UK and HSIB. HSIB have almost completed their investigation and the Trust have returned comments for the draft report. The Final report is dependant on the Coroner's Post Mortem Report which is expected November-December 2022. The Trust has continued to engage with the family whilst the report is awaited.

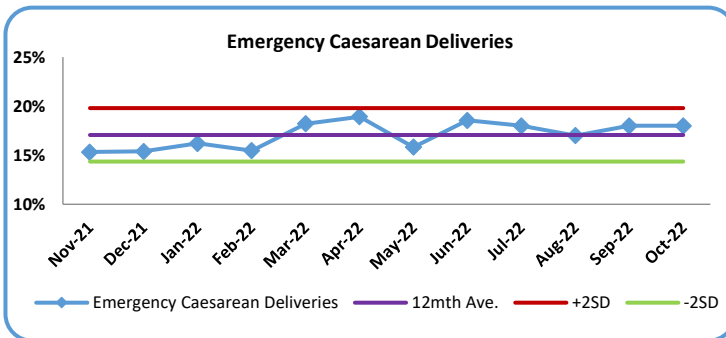
# Quality: Maternity (2/3)



## Elective Caesarean section

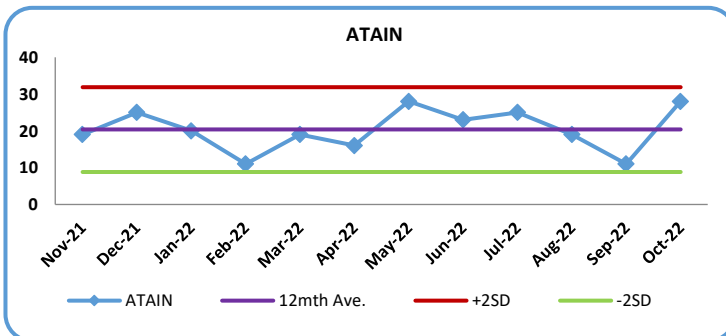
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However, the rates are comparable to that of other tertiary centres in the UK.

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

All unplanned admissions of term babies (37 – 41 weeks) into the neonatal unit are reviewed at a weekly multi-disciplinary meeting and a quarterly report is produced and shared. Some of these cases will be reviewed in more detail if they have been identified as a Serious Incident. The annual audit report was presented at the Directorate Audit meeting in September with lessons learnt/ key themes/ change to practice being shared across obstetrics and neonatology.

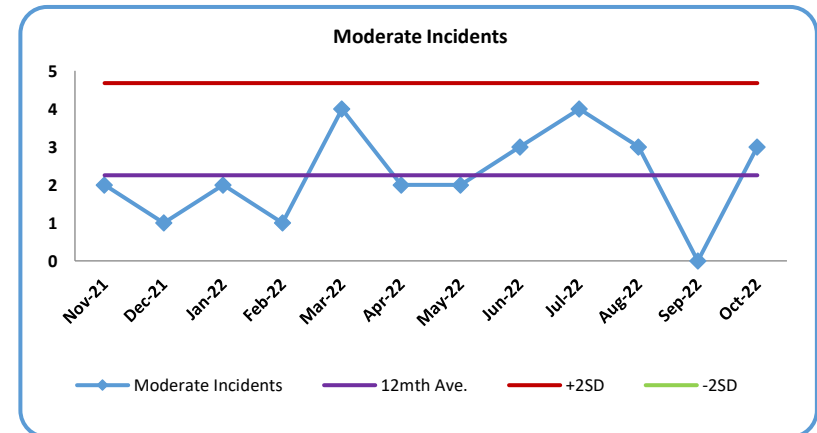
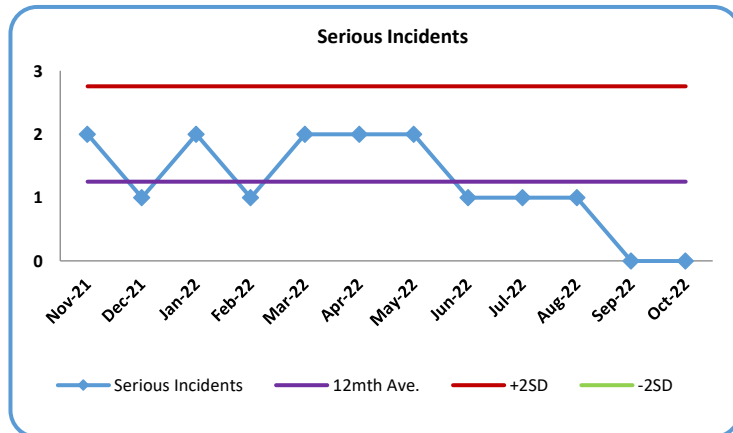
# Quality: Maternity (3/3)

## Serious Incidents

There have been 15 incidents escalated as Serious Incidents in the Trust in the past 12 months. These include seven cases of potential Hypoxic Ischaemic Encephalopathy (HIE), three neonatal deaths, one bowel injury, three intrapartum stillbirths and one direct maternal death. The HIE, Intrapartum Stillbirths, Neonatal deaths and Maternal death were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. A summary of the HSIB cases was presented to the Serious Incident Panel in September. There are currently six patient safety incidents awaiting further local review and analysis before returning to Trust SI panel for consideration.

## 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 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 and follow up with a Consultant and Senior Midwife 6-8 weeks after the incident.



# Quality and Performance: Clinical Audit (1/4)

Audit / NCEPOD	Date of Report	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Audit of Seizure Management in Hospitals (NASH3)	1 November 2020	<ul style="list-style-type: none"> <li>Higher proportion of patients receiving emergency medications prior to assessment in the Emergency Department (ED)</li> <li>High proportion of patients assessed in ED received appropriate baseline observations</li> <li>Higher % of patients received Specialist Neurology input</li> <li>Higher % of patients were cared for by a Neurologist as an inpatient</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	Discussed at October 2022 Clinical Audit and Guidelines Group
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	10 March 2022	<ul style="list-style-type: none"> <li>Provision of antenatal steroids to mothers who deliver babies between 23 and 33 weeks gestation (national average 91%, RVI 93%)</li> <li>Term admissions: number of separation days from mother (national average 2.8%, RVI 1.8%)</li> <li>Moderate preterm admissions (34-36wks): number of separation days from mother (national average 6.3%, RVI 3.6%)</li> <li>Babies born at less than 30 weeks gestational age receive medical follow-up at two years (corrected age) (national average 68%, RVI 81%)</li> </ul>	<ul style="list-style-type: none"> <li>Admission temperature within normal range (36.5-37.5%) (national average 71%, RVI 65%)</li> <li>Consultation with parents within 24 hours of admission (national average 95%, RVI- 89%)</li> <li>Babies born at less than 33 weeks gestational age receive any of their own mother's milk at discharge to home (national average 58%, RVI 43%)</li> </ul>	Discussed at October 2022 Clinical Audit and Guidelines Group
National Paediatric Diabetes Audit	3 December 2021	<ul style="list-style-type: none"> <li>Proportion of patients receiving required HbA1c, BMI, BP checks</li> <li>Health check completion rate for patients aged 12 years and over</li> <li>Provision of Flu vaccine, sick day rule and blood ketone testing advice</li> <li>Thyroid and Coeliac disease screening within 90 days of diagnosis</li> <li>Continue year on year improvement in clinic average HbA1c measurements</li> <li>Proportion of patients with HbA1c below NICE target is above national average</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of patients receiving annual psychology assessment was significantly below regional and national average (42.9% vs 80% regional and 71.6% national).</li> </ul>	Discussed at October 2022 Clinical Audit and Guidelines Group
National Cardiac Arrest Audit	26 March 2021	<ul style="list-style-type: none"> <li>The rates of cardiac arrest per 1000 admissions in the RVI and FRH were 0.21 and 0.62. These are well below the national average of 1.0.</li> <li>Survival to hospital discharge rates in the RVI and FRH were 19% and 13%.</li> <li>Ratios of observed to predicted mortality for the RVI and FRH were 1.13 and 0.58.</li> </ul>	<ul style="list-style-type: none"> <li>Survival to hospital discharge following cardiac arrest at the FRH</li> </ul>	Discussed at November 2022 Clinical Audit and Guidelines Group

# Quality and Performance: Clinical Audit (2/4)

Audit / NCEPOD	Date of Report	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
BAUS Urology Audits	30 May 2020 & 6 September 2022	<ul style="list-style-type: none"> <li>No recommendations were published, only national data and consultant specific data was provided. Due to this the Trust is unable to compare Trust data to National Data. This applies to the following audits listed in the 2019/20 &amp; 2021/22 Quality Account list. Female Stress Urinary Incontinence, Nephrectomy, Percutaneous Nephrolithotomy, Radical Prostatectomies &amp; Radical Cystectomies and Management of the Lower Ureter in Nephroureterectomy Audit.</li> </ul>		Discussed at November 2022 Clinical Audit and Guidelines Group
National Prostate Cancer Audit	14 January 2021 & 13 January 2022	<ul style="list-style-type: none"> <li>Local anaesthetic transperineal biopsy service is well established</li> <li>The Trust remains high volume radical prostatectomy centre (243 &amp; 174 operations completed in audit periods, nationally there was a reduction of 48% of men undergoing prostatectomy due to the COVID-19 pandemic)</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	Discussed at November 2022 Clinical Audit and Guidelines Group
Myocardial Ischaemia National Audit Programme	10 December 2020, 14 October 2021 & 16 June 2022	<ul style="list-style-type: none"> <li>85% of eligible patients should receive magnetic resonance angiography at time of discharge from hospital following STEMI – 89% for FH</li> <li>90% of relevant patients should receive all secondary prevention drugs (for which they are eligible) at time of discharge from hospital following STEMI and NSTEMI – 93% for FH</li> </ul>	<ul style="list-style-type: none"> <li>90% of patients should have an echocardiogram prior to being discharged (FH 40%)</li> <li>Freeman Hospital performed &lt;60% of PCI procedures for patients with NSTEMI within 72 hours</li> </ul>	Discussed at November 2022 Clinical Audit and Guidelines Group
Learning Disabilities Mortality Review Programme	10 June 2021	<ul style="list-style-type: none"> <li>Identification of a specific clinical lead for LeDeR, ensuring consistent reviews are undertaken</li> <li>Monthly LeDeR review panel meetings take place</li> <li>Patients who have died and have a learning disability now have their care scrutinised by the medical examiner</li> </ul>	<ul style="list-style-type: none"> <li>Continue to develop a robust process to ensure LeDeR representation at all child death review meetings</li> <li>Patients with autism, in the absence of a learning disability are now required to go through LeDeR process</li> </ul>	Discussed at November 2022 Clinical Audit and Guidelines Group



# Quality and Performance: Clinical Audit (3/4)

Audit / NCEPOD	Date of Report	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Audit of Cardiac Rehabilitation	1 November 2021	<ul style="list-style-type: none"> <li>Use of digital technology improved over past 12 months including review of existing material, with a view to producing own resources.</li> <li>More high risk and complex patients treated compared peers</li> </ul>	<ul style="list-style-type: none"> <li>Improved coding via SystmOne to ensure data accuracy</li> </ul>	Discussed at November 2022 Clinical Audit and Guidelines Group
National Cardiac Arrest Audit	2 September 2022	<ul style="list-style-type: none"> <li>The rates of cardiac arrest per 1000 admissions in the RVI and FRH were 0.28 and 0.72. These are well below the national average.</li> <li>Risk adjusted survival to hospital discharge rates in the RVI and FRH were 35% and 44%.</li> <li>Ratios of observed to predicted mortality for the RVI and FRH were 1.3 and 1.13.</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	Discussed at November 2022 Clinical Audit and Guidelines Group
Neurosurgical National Audit Programme	18 October 2022	No national data published, only hospital specific, no recommendations or data was provided.		Discussed at November 2022 Clinical Audit and Guidelines Group
National Hip Fracture Database	5 October 2021	<ul style="list-style-type: none"> <li>Admitted to orthopaedic ward within 4 hours</li> <li>Surgery within 36 hours of presentation</li> <li>Surgery supervised by consultant surgeon and anaesthetist</li> <li>Surgery under spinal anaesthetic and nerve block</li> <li>Eligible displaced fractures treated with total hip replacement</li> <li>Sub trochanteric fractures treated with Intra-medullary nail</li> <li>Acute length of stay</li> </ul>	<ul style="list-style-type: none"> <li>RVI is in the lowest quartile for Mental test score on admission</li> <li>RVI is in the lowest quartile for Nutritional risk assessment</li> </ul>	Discussed at November 2022 Clinical Audit and Guidelines Group

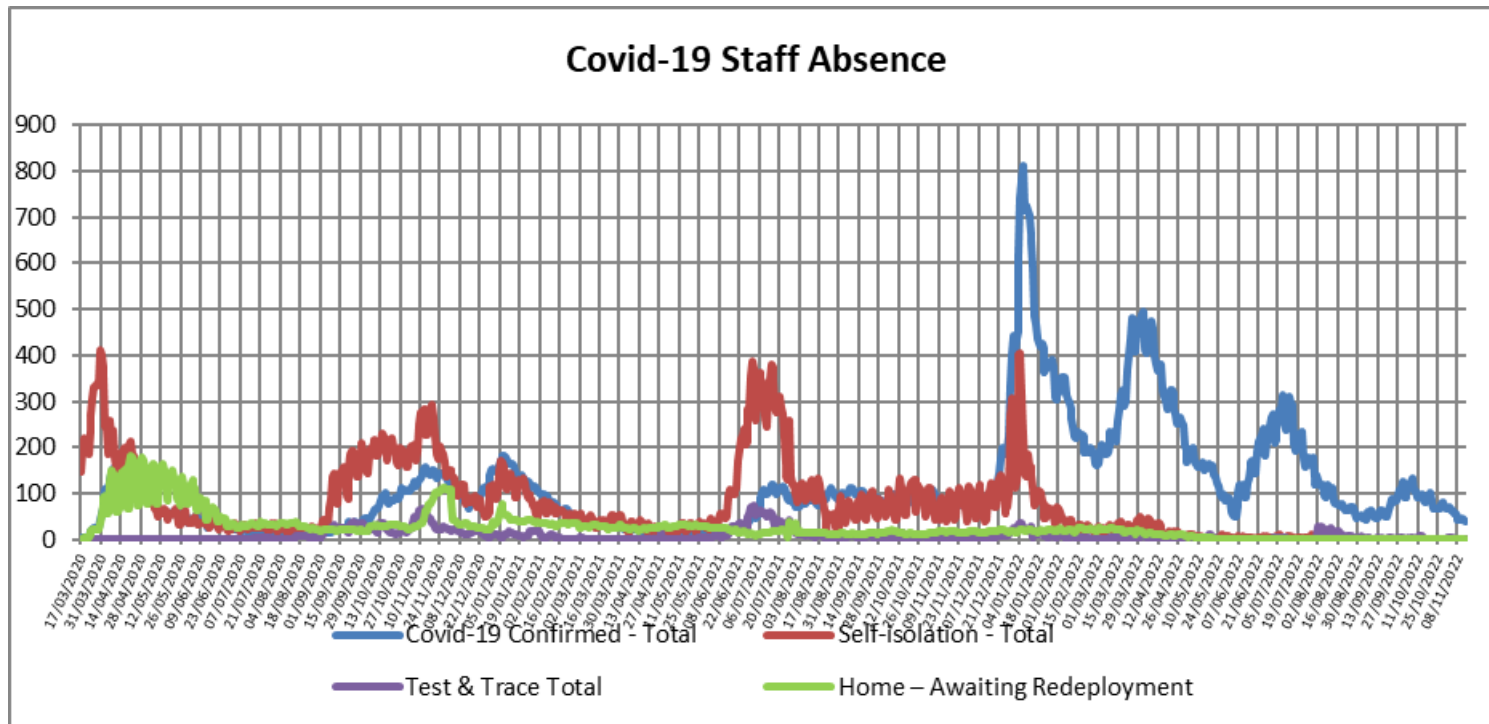
# Quality and Performance: Clinical Audit (4/4)

Audit / NCEPOD	Date of Report	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
Percutaneous Coronary Intervention	14 October 2021 & 16 June 2022	<ul style="list-style-type: none"> <li>Freeman Hospital performed &gt;80% of door to balloon procedures within 60 minutes</li> <li>Freeman Hospital performed 90% of PCI procedures using radial artery access</li> <li>Freeman Hospital used DES in &gt;99% of PPCI procedures requiring a stent</li> </ul>	<ul style="list-style-type: none"> <li>Freeman Hospital performed &lt;60% of PCI procedures for patients with NSTEMI within 72 hours</li> <li>Need to reduce unnecessary overnight stays</li> </ul>	Discussed at November 2022 Clinical Audit and Guidelines Group
National Congenital Heart Disease Audit	14 October 2021 & 16 June 2022	<ul style="list-style-type: none"> <li>Quality of data submitted to audit was excellent &gt;98% for Freeman</li> </ul>	<ul style="list-style-type: none"> <li>Procedures with prenatal diagnosis rate of at least 75% for all abnormalities where an intervention is undertaken in the first year of life: 2020/21 – 43.8% for Northeast. 2021/22 – 53.5% for Northeast. Very few regions achieved standard of 75%, National average 53%</li> </ul>	Discussed at November 2022 Clinical Audit and Guidelines Group
Renal Colic Audit	18 October 2021	<ul style="list-style-type: none"> <li>Primary ureteroscopy rates (National 6.4% vs FH 19%)</li> <li>Primary shockwave lithotripsy rates (National 8.1% vs FH 23.8%)</li> <li>Serum Calcium checked (National 87.4% vs FH 97.5%)</li> <li>Primary shockwave lithotripsy done within 48 hours (National 41% vs FH 72.22%)</li> </ul>	None	Discussed at November 2022 Clinical Audit and Guidelines Group
National Audit of the Care at the End of Life	14 July 2022	<ul style="list-style-type: none"> <li>NUTH have scored above the national average in all but one domain. NUTH scored the same as the national score for 'families' and others' experience of care' and were one of the few Trusts to be allocated a summary score across all domains through participation and adequate family/staff engagement in all audit elements</li> </ul>	None	Discussed at November 2022 Clinical Audit and Guidelines Group

# People – COVID-19

## Figures quoted are by headcount

- The graph below identifies the number of COVID-19 related absences taken by Trust staff between 17<sup>th</sup> March 2020 and 31<sup>st</sup> October 2022. Some staff may have had more than one episode of COVID-19 related absence during this period.



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

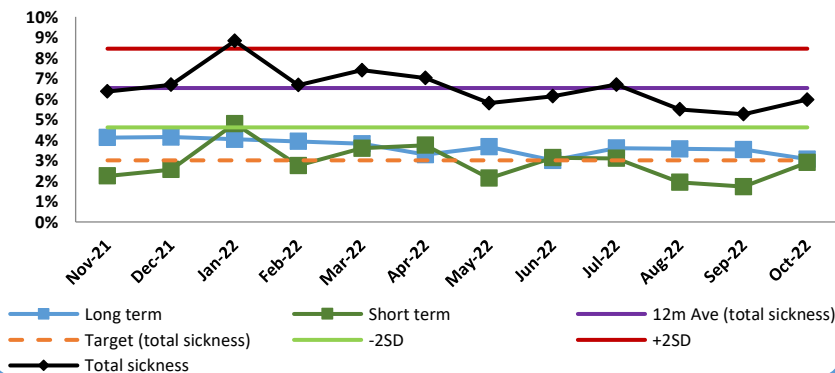
# People – Sickness Absence 1/2

- Year to year comparison for sickness absence (including COVID-19 related sickness (rolling 12 months):

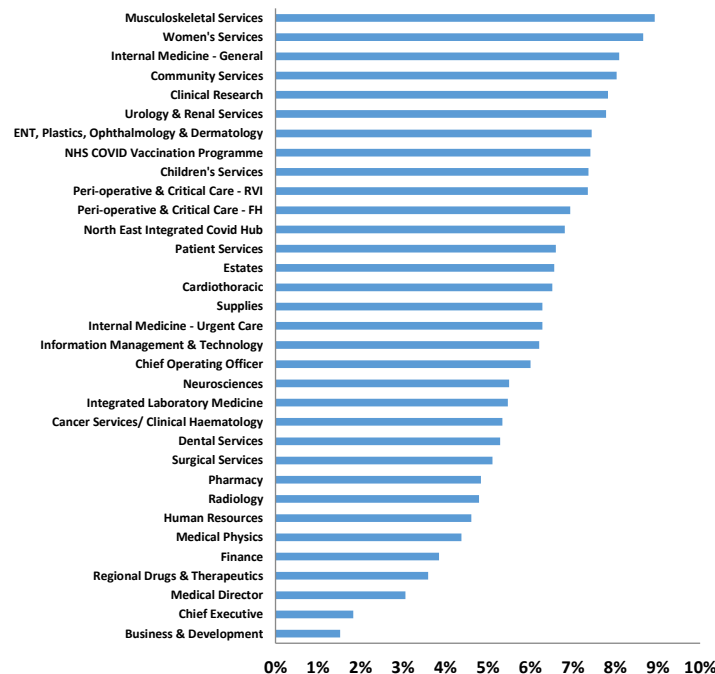
	Aug-21	Aug-22	
Long-term	3.56%	3.87%	↑
Short-term	1.41%	2.77%	↑
Total	4.98%	6.65%	↑

- 387,730 FTE working days were lost due to sickness (including COVID-19 related sickness) in the year to October 2022, compared to 310,021 for the previous year, 25% increase.
- Overall sickness absence (including COVID-19 related sickness) is 6.51%, which is down from end of Sep 2022 position of 6.65% (% FTE Time Lost).
- The top three reasons for non-COVID related sickness absence are Anxiety/stress/depression/other psychiatric illnesses (28%) Gastrointestinal problems (9%), and other musculoskeletal (10.6%).
- The top reason for “Other” absences is Maternity Leave (42% of total absence).
- Nursing and Midwifery have the highest number of Maternity Leave at 4% (%FTE Lost).

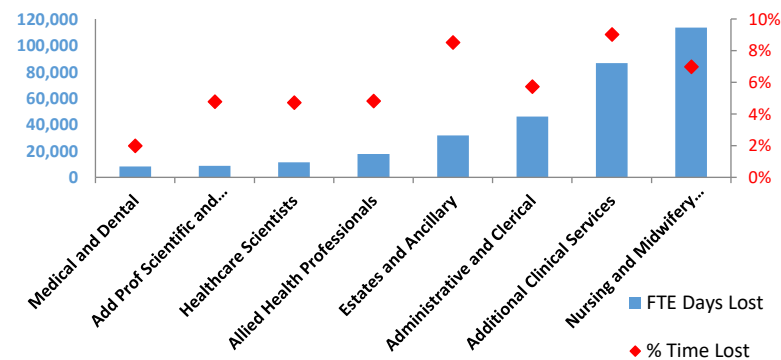
Sickness Absence (% Time Lost)



Sickness Absence (% Time Lost) by Directorate



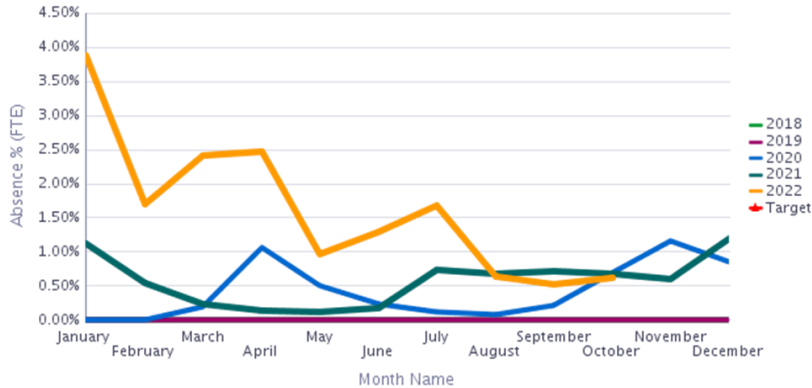
Sickness Absence by Staff Group



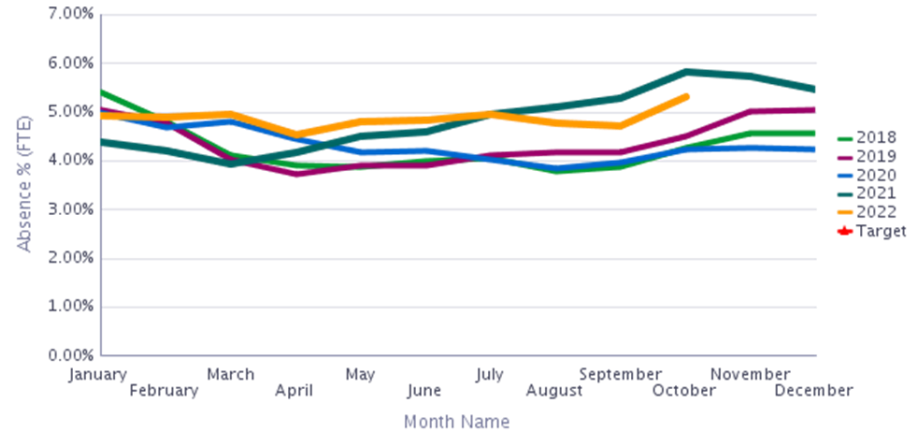
\*COO Directorate includes Outpatients / ABC Service

# People – Sickness Absence 2/2

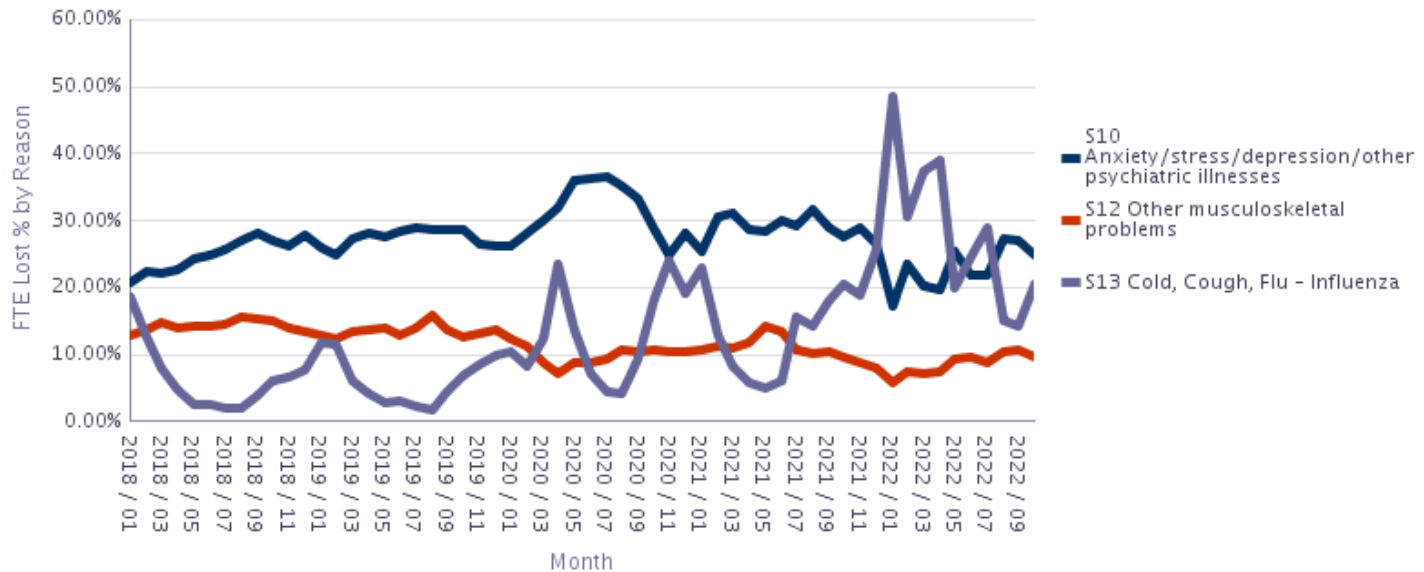
COVID-19 Related Sickness Jan 2018 - October 2022 (%FTE)



Non-COVID-19 Related Sickness Jan 2018 - October 2022 (%FTE)

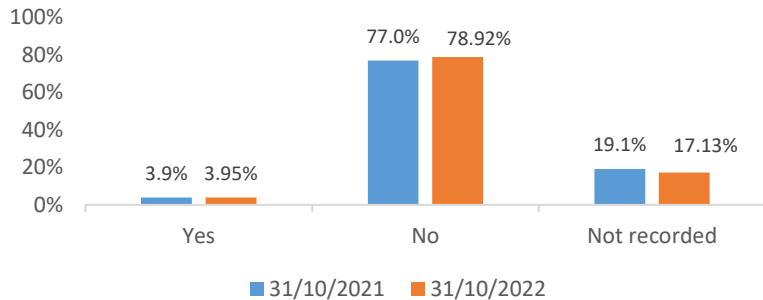


Top 3 Sickness Reasons Jan 2018 - Oct 2022 (%FTE)

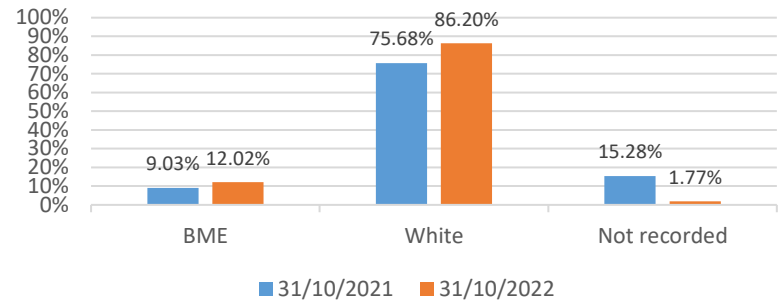


# People – Equality and Diversity 1/2

### Disability %

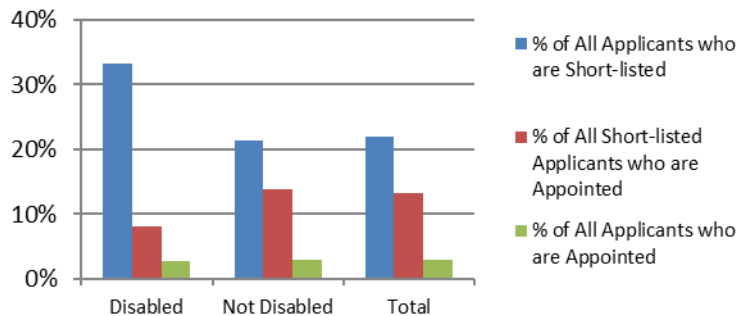


### Ethnicity %

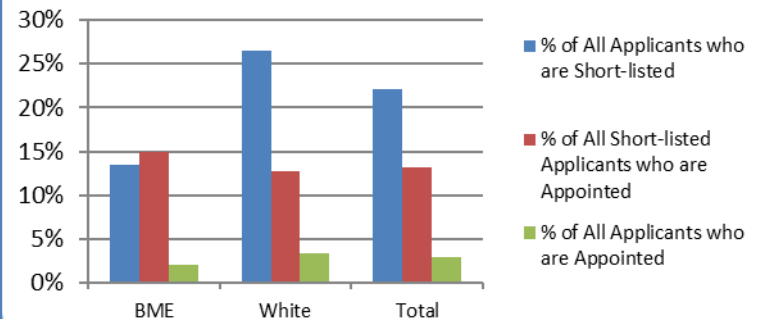


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending October 2022.

### Analysis of Recruitment Activity by Disability



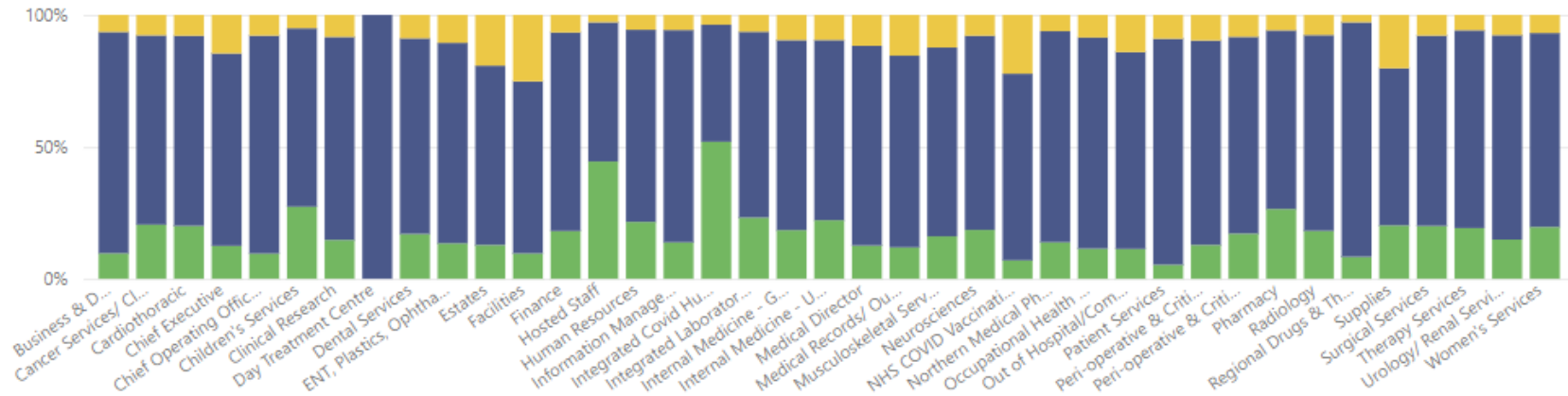
### Analysis of Recruitment Activity by Ethnicity



- The graphs above identify, by headcount, the percentage of staff in post in October 2021 and October 2022 by disability and ethnicity. The percentage of staff employed disclosing a disability has improved from 3.86% to 3.95% and the percentage of BAME staff has increased from 9.03% to 12.02%.

# People – Equality and Diversity 2/2

Age Band 2 ● 16-29 ● 30-59 ● 60 plus

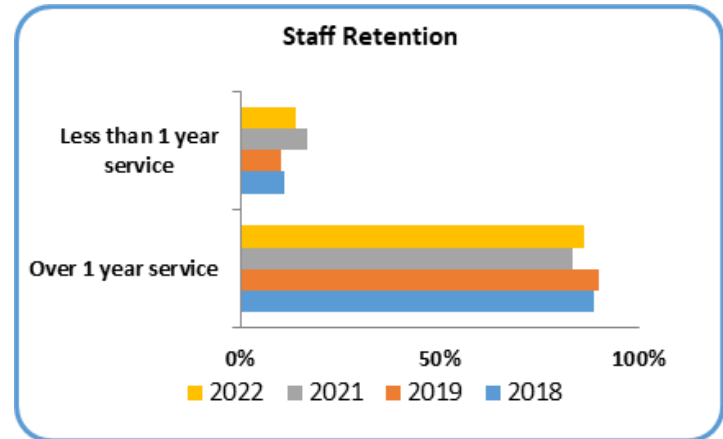
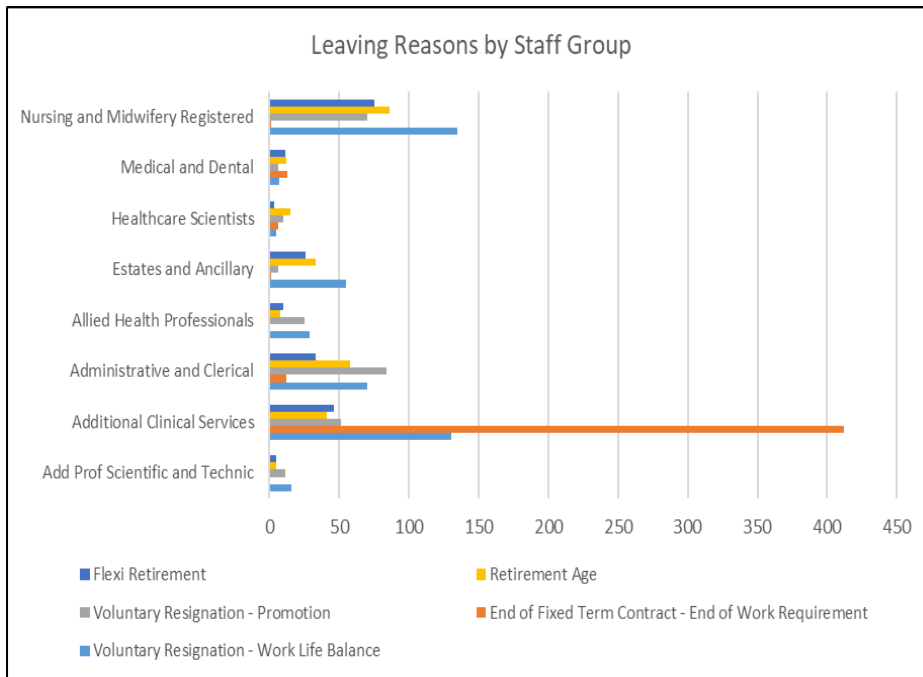
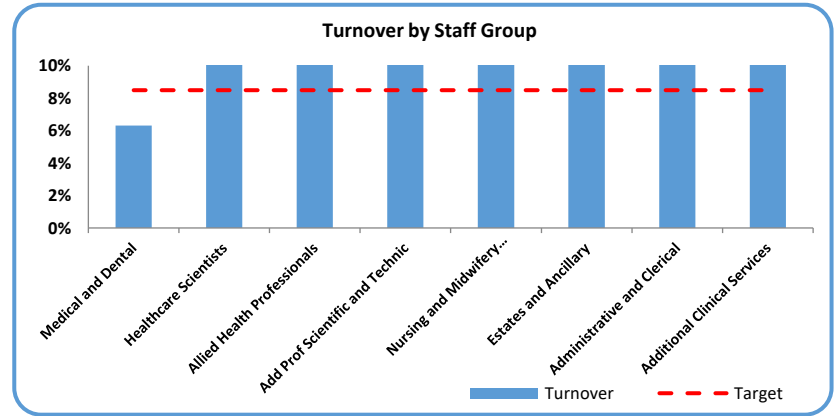
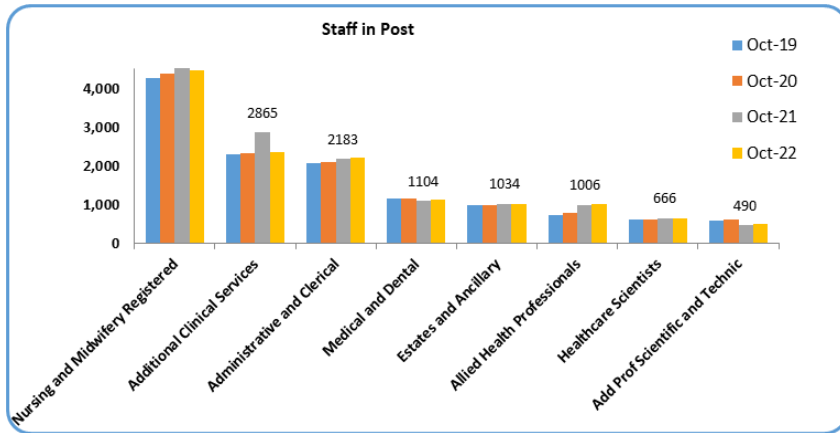


Age Band 2 ● 16-29 ● 30-59 ● 60 plus



- Estates and Ancillary have the highest proportion of staff aged 55 and over (45%).
- Medical and Dental have 20% of staff aged 55 and above and 7% of staff aged 60 and above.

# People – Workforce 1/4



- Staff in post has increased by 4.95% since October 2019. The staff groups with the largest increase are Administrative and Clerical and Allied Health Professionals.
- Staff turnover has increased from 10.5% in October 2021 to 15.5% in October 2022, against a target of 8.5%.
- The total number of leavers in the period November 2021 to October 2022 was 2,464.
- Retention for staff over 1 year service is 86.18%, an increase from 83.41% in October 2021.

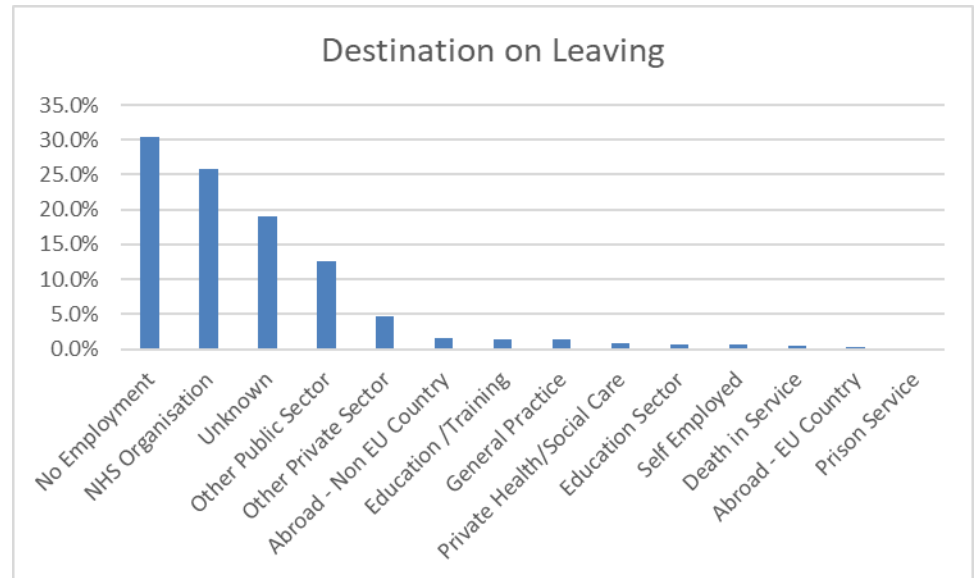


# People – Workforce 2/4

## Turnover by Directorate

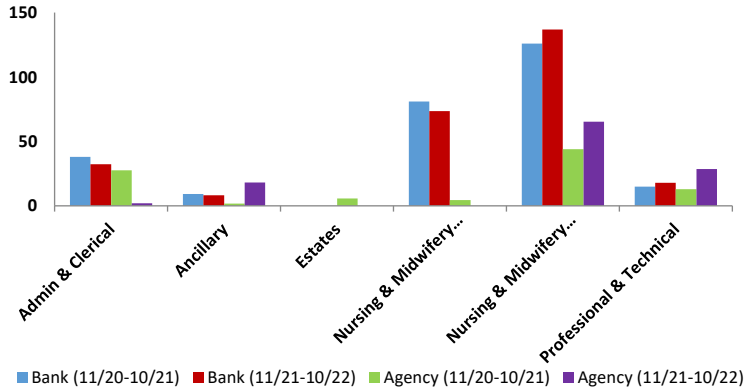
Directorate	Turnover
Day Treatment Centre	0.00%
Chief Executive	3.23%
Neurosciences	6.15%
Medical Physics	6.95%
Medical Director	7.66%
Surgical Services	8.59%
Urology & Renal Services	8.64%
Peri-operative & Critical Care - FH	8.65%
Internal Medicine - Urgent Care	9.32%
Business & Development	9.68%
Musculoskeletal Services	9.97%
Clinical Research	10.51%
Cancer Services/ Clinical Haematology	10.70%
Pharmacy	10.88%
Children's Services	10.95%
ENT, Plastics, Ophthalmology & Dermatology	11.30%
Internal Medicine - General	11.35%
Cardiothoracic	11.38%
Radiology	11.51%
Dental Services	11.54%
Peri-operative & Critical Care - RVI	11.58%
Women's Services	11.71%
Chief Operating Officer	11.94%
Community Services	12.87%
Integrated Laboratory Medicine	13.22%
Information Management & Technology	13.52%
Estates	14.21%
Patient Services	14.26%
Regional Drugs & Therapeutics	16.44%
Finance	17.24%
Human Resources	22.75%
Supplies	24.39%
<b>Grand Total</b>	<b>15.5%</b>

- Only 26% of leavers across the Trust disclosed they were going to another NHS organisation.

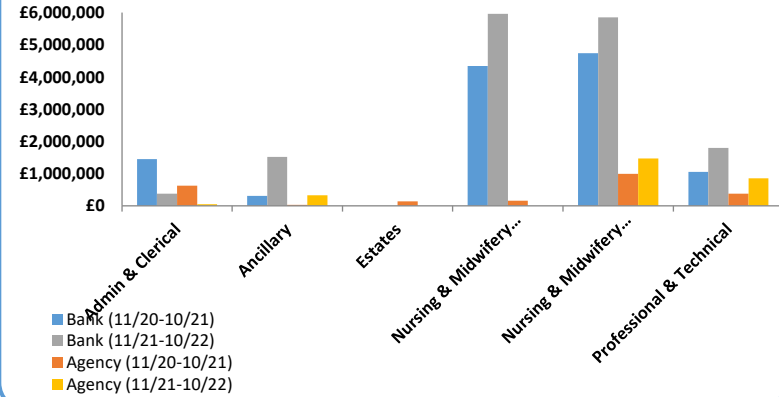


# People – Workforce 3/4

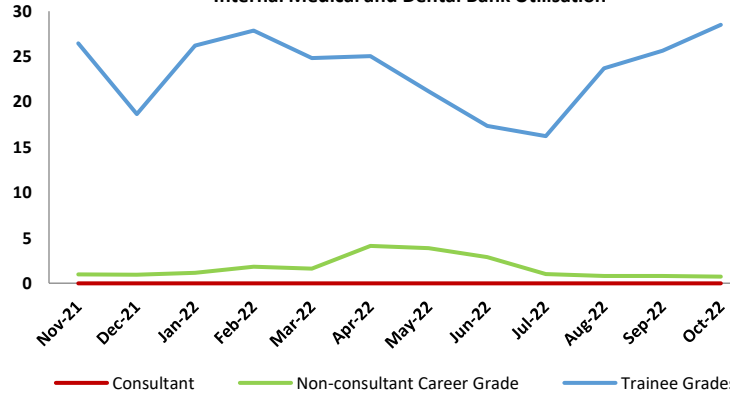
Bank and Agency Utilisation by Staff Group (FTE)



Bank and Agency Utilisation by Staff Group (Cost)



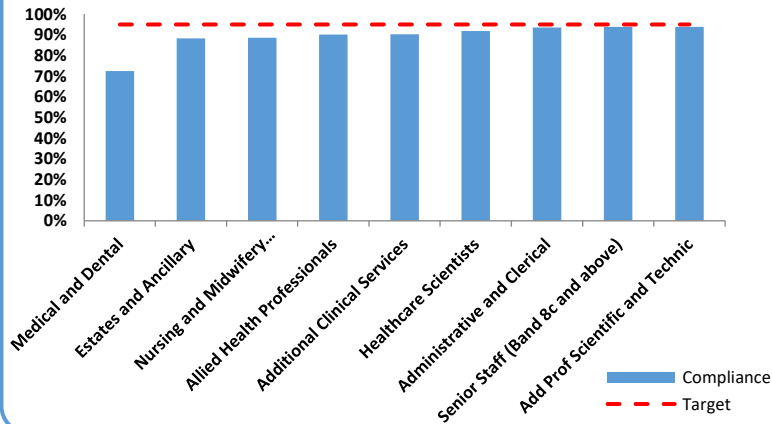
Internal Medical and Dental Bank Utilisation



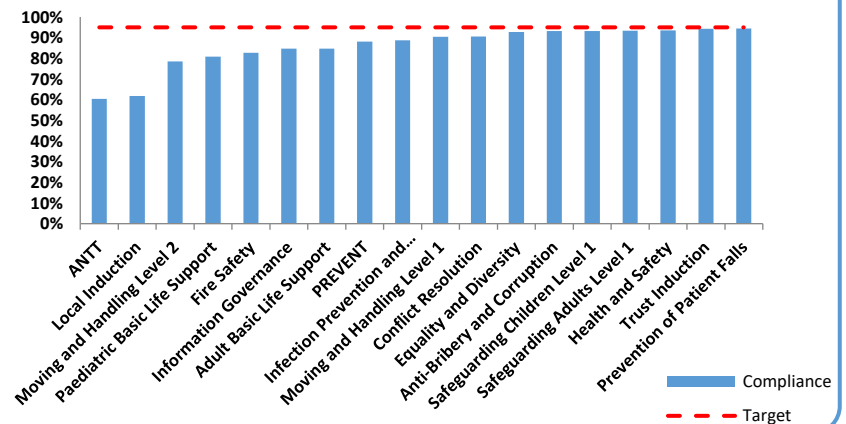
- Comparing the periods September 2020 – August 2021 to September 2021 – August 2022 , overall bank utilisation has remained the same at 268 wte and agency utilisation has increased from 95 wte to 114 wte.

# People: Delivering Excellence in Education & Training

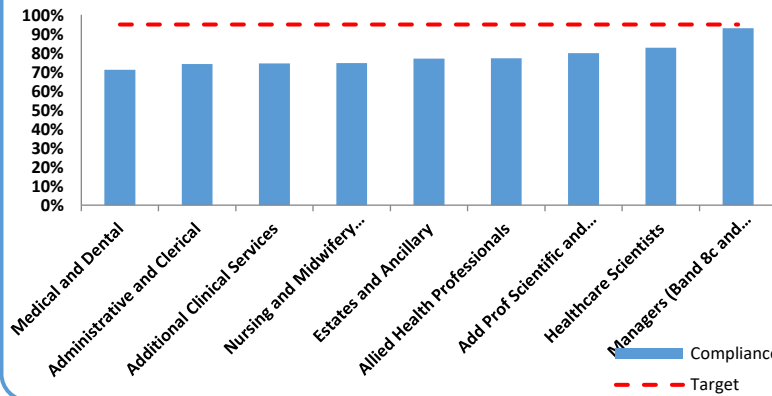
### Mandatory Training by Staff Group



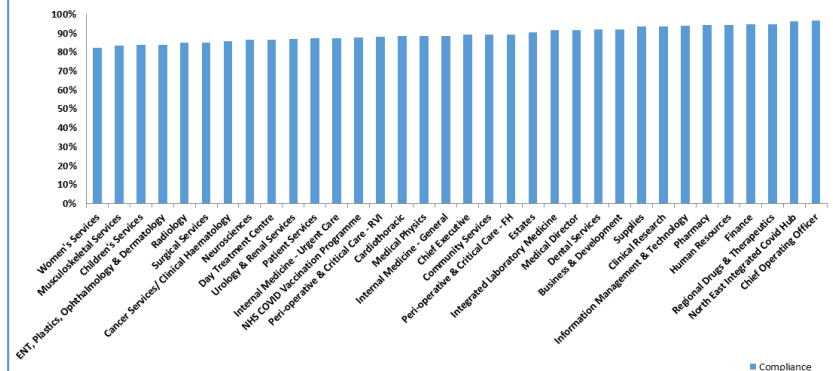
### Mandatory Training by Topic



### Appraisals



### Mandatory Training by Directorate



- Mandatory training compliance stands at 88.4% at end of October 2022, against an end of year target of 95%. The October 2021 position was 86.8%.
- Medical and Dental are the staff group with the lowest training compliance at 72.4% in October 2022 compared to 68.2% in October 2021.
- Appraisal compliance stands at 75.5%, at end of October 2022, against an end of year target of 95%. The October 2021 position was 75.2%. Interventions are in hand to improve this position.

# Finance: Overall Financial Position

This page summarises the financial position of the Trust for the period ending 31<sup>st</sup> October 2022.

As stated in previous reports, a revised plan was submitted in June with a surplus of £10.7 million, which included additional funding available. There are a number of assumptions made, including the delivery of a challenging Cost Improvement Programme, delivery of the Elective Recovery Plan and reducing long waits.

In the period to 31<sup>st</sup> October the Trust incurred expenditure of £808 million, and accrued income of £810 million on mainstream budgets and incurred expenditure of £4.4 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a small surplus of £2.2 million. The Co-ordination and Response Centre and the Innovation Lab are included in the Trust's I&E position. ICHNE is being treated on an 'Agent Basis' and is excluded for both income and expenditure, the figure is £3.9 million and relates to the Lighthouse Laboratory only. It should be noted that all financial risk ratings are not being reported here, although the Trust has been included in NHS Provider Segmentation of 1 on the Use of Resources metrics (Oversight Framework). This means there are no specific support needs.

To 31<sup>st</sup> October the Trust had spent £30.6 million capital, £9.1 million behind Plan.

To note: the Trust submitted a Financial Plan to NHSE for 2022/23 in April, for a deficit of £5.5m for the year

	Month 7 Budget £'000	Month 7 Actual £'000	Month 7 Variance £'000
Income	790,002	810,479	20,478
Expenditure	785,567	808,254	22,687
I & E position (excl impairment) - (Deficit)/Surplus	4,435	2,226	(2,209)
Capital Programme	39,703	30,575	(9,128)

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### COUNCIL OF GOVERNORS

Date of meeting	8 December 2022						
Title	Trust Performance Report						
Report of	Martin Wilson – Chief Operating Officer & Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
Prepared by	Joey Barton – Senior Performance Manager						
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 on the Trust's elective recovery progress as well as performance against NHS England (NHSE) priorities for 2022/23 and key operational indicators.						
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Details compliance against NHSE plan priorities for 2022/23. Details compliance against national access standards which are written into the NHS standard contract.						
Reports previously considered by	Regular report.						

## TRUST PERFORMANCE REPORT

### EXECUTIVE SUMMARY

This report provides an overview of the Trust's continuing recovery of elective activity as well as performance against both contracted national access standards and the priorities for the year outlined by NHS England (NHSE) as part of the 2022/23 planning round.

- NHS England operational planning guidance for 2022/23 is target focused, with Newcastle Hospitals submitting trajectories including reducing the number of >104 week waits (WW) to 30 by the end of March 2023, the return of cancer patients waiting >62 days to February 2020 levels and promising substantial progress on the transformation of outpatients throughout 2022/23.
- Provisional data suggests activity levels at the Trust generally declined in October compared to September. Newcastle Hospitals delivered day case activity equivalent to 93.5% of October 2019 volumes. Overnight elective activity was equivalent to 74.6% of October 2019 volumes, whilst Outpatient procedure activity measured at 94.1%. New appointments were at least in line with September's performance, but remain below 19/20 volumes at 97.7%. Follow Up appointment volumes remained steady (102.0%).
- The Trust did not achieve the 95% Accident & Emergency (A&E) 4-hour (hr) standard in October, with performance of 76.7%, and saw a significant increase in ambulance handovers greater than 60 minutes (9). However, the Trust was compliant with the <2% 12-hour Emergency Department (ED) waits requirement.
- Eight out of nine cancer standards fell short of target in September 2022. This included Newcastle Hospitals failing to achieve the 28 Day Faster Diagnosis Standard (FDS) for the fourth month in a row.
- At the end of October, the Trust still had 21 patients waiting >104 weeks, falling from 22 in the previous month and ahead of trajectory (48). October also saw a decline in the number of >52-week waiters and no significant change in the volume of >78-week waiters. Referral to Treatment (RTT) Compliance was 69.8%.

The Council of Governors is asked to receive the report.

# Trust Performance Board Report

**Produced: November 2022**

**Data: October 2022**





# NHSE Plan Requirements 22/23 (2/4)


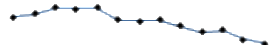


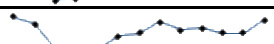


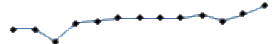





Metric	Requirement	RAG Rating		Jul-22	Aug-22	Sep-22	Oct-22	Trendline
		Trajectory	Target					
<b>Activity Delivery</b>								
Day Case	104% of 19/20 levels combined (Reviews fixed at 85% of 19/20)	112.7%	104.0%	91.8%	93.4%	94.0%	93.5%	
Elective Overnight		102.6%	104.0%	85.4%	81.0%	82.8%	74.6%	
Outpatient New		103.7%	104.0%	97.7%	93.2%	97.8%	97.7%	
Outpatient Procedures		102.6%	104.0%	106.0%	107.4%	102.5%	94.1%	
Outpatient Reviews		103.0%	85.0%	98.7%	101.2%	100.8%	102.0%	
Diagnostics*	120% of 19/20 levels	110.7%	120.0%	110.8%	105.4%	111.6%	113.7%	
<b>Emergency Care</b>								
Ambulance Handovers	>=65% under 15 mins	N/A	65.0%	73.6%	71.3%	74.1%	73.3%	
	>=95% under 30 mins		95.0%	96.3%	96.6%	96.1%	95.1%	
	100% under 60 mins		100.0%	99.97%	100.00%	100.00%	99.70%	
A&E Arrival to Admission/Discharge	<2% over 12 hours		<2.0%	0.8%	0.7%	1.3%	1.9%	
<b>Cancer Care</b>								
>62 Day Cancer Waiters	Reduce to <=213 by e/o Mar-23	267	<=213	426	474	493	343	
28 Day Compliance	>=75%	75.0%	75.0%	69.2%	71.9%	63.3%	TBC	
<b>Elective Care</b>								
>104 Week Waiters	Zero by e/o Jun-22	48	0	43	35	22	21	
>78 Week Waiters	Zero by e/o Mar-23	230	0 (Mar-23)	633	631	629	632	
>52 Week Waiters	Reduction (Zero by e/o Mar-25)	2,479	0 (Mar-25)	4,443	4,659	4,733	4,442	
<b>Outpatient Transformation</b>								
Specialist Advice Requests	16 in every 100 New OP atts.	N/A	16.0%	9.1%	10.0%	8.3%	8.8%	
Virtual Attendances	>=25% Non-F2F	25.0%	25.0%	17.1%	16.1%	16.0%	15.0%	
PIFU Take-up	>=5% of all OP atts. by e/o Mar-23	2.5%	5.0% (Mar-23)	0.6%	0.7%	0.8%	1.2%	
Outpatient Follow-up Reduction	<=75% of 19/20	102.6%	<=75%	99.1%	99.1%	100.0%	99.7%	

\* Applicable to CT, MRI, Non-obs Ultrasound, Gastroscopy, Colonoscopy, Flexi-sigmoidoscopy and ECHO.

# Operational Standards

Metric	Standard	RAG Rating	Jul-22	Aug-22	Sep-22	Oct-22	Trendline
<b>Emergency Care</b>							
Ambulance Handovers	Zero >60 mins	Red	1	0	0	9	
A&E Arrival to Admission/Discharge	95% <4 hours	Red	79.0%	80.3%	77.8%	76.7%	
	<2% over 12 hours	Green	0.8%	0.7%	1.3%	1.9%	
<b>Cancer Care</b>							
Two Week Wait (Suspected Cancer)	93%	Red	79.0%	80.6%	56.4%	Cancer data runs one month behind	
Two Week Wait (Breast Symptomatic)	93%	Red	66.9%	75.2%	69.7%		
28 Day FDS	75%	Red	67.4%	71.9%	63.3%		
31 Days (First Treatment)	96%	Red	81.9%	83.7%	78.4%		
31 Days (Subsq. Treat. - Surgery)	94%	Red	60.2%	64.6%	60.2%		
31 Days (Subsq. Treat. - Drugs)	98%	Red	95.6%	98.9%	95.8%		
31 Days (Subsq. Treat. - Radiotherapy)	94%	Green	97.5%	99.5%	97.4%		
62 Days (Treatment)	85%	Red	49.6%	51.2%	44.1%		
62 Days (Screening)	90%	Red	34.6%	53.4%	58.8%		
<b>Elective Care</b>							
18 Weeks RTT	92%	Red	70.0%	70.2%	69.2%	69.8%	
>104 Week Waiters	Zero	Red	43	35	22	21	
>6 Weeks Diagnostic Waiters	<=1%	Red	14.2%	16.7%	17.1%	17.7%	
Cancelled Ops. Rescheduled >28 Days	Zero	Red	9	11	17	14	
Urgent Ops. Cancelled Twice	Zero	Green	0	0	0	0	
<b>IAPT</b>							
Wait to First Appointment	75% <=6 weeks	Grey	98.2%	N/A	N/A	N/A	
	95% <=18 weeks		100.0%	N/A	N/A	N/A	
Movement to Recovery (Overall)	50%	Grey	43.4%	N/A	N/A	N/A	
<b>Other</b>							
Duty of Candour	Zero	Green	0	0	0	0	
Mixed Sex Accommodation Breach	Zero	Red	0	78	77	78	
MRSA Cases	Zero	Green	0	0	0	0	
C-Difficile Cases	<=153 (FY cumulative)	Red	53	66	77	97	
VTE Risk Assessment	95%	Green	96.5%	95.1%	97.3%	96.7%	
Sepsis Screening Treat. (Emergency)	90% (of sample) <1 hour	Green	90.0%	90.0%	90.0%	TBC	
Sepsis Screening Treat. (All)		Red	60.0%	60.0%	60.0%	TBC	

# Other Metrics (1/2)

Metric	Jul-22	Aug-22	Sep-22	Oct-22	Trendline
<b>Emergency Care</b>					
Ambulance Arrivals	2,944	2,757	2,891	2,979	
Type 1 Performance (A&E 4 hour)	65.6%	66.7%	62.7%	60.6%	
Type 1 Attendances (Main ED)	12,686	11,184	11,577	12,976	
Type 2 Attendances (Eye Casualty)	1,437	1,536	1,493	1,423	
Type 3 Attendances (UTC)	6,182	5,889	5,834	6,733	
<b>Patient Flow</b>					
Covid Inpatients (average)	94	45	35	57	
Emergency Admissions	5,906	5,679	5,701	6,308	
G&A Bed Occupancy	86.9%	84.8%	87.3%	90.1%	
Critical Care Bed Occupancy	75.3%	70.8%	74.1%	68.8%	
Bed Days Lost (average)	60	69	72	54	
Medical Boarders	63	48	66	85	
Length Of Stay >7 Days	735	779	778	795	
Length Of Stay >21 Days	350	354	389	386	

# Other Metrics (2/2)

Metric	Jul-22	Aug-22	Sep-22	Oct-22	Trendline
<b>Cancer Care</b>					
2WW Appointments	2,300	2,087	2,773	TBC	
Cancer First Treatments	507	526	547	TBC	
<b>Planned Care</b>					
2WW Referrals	2,742	2,744	2,558	2,488	
Urgent Referrals	5,637	5,190	5,356	5,656	
Routine Referrals	25,236	25,367	24,731	25,391	
Day Case Activity (Specific Acute (SA))	9,279	9,918	9,629	9,761	
Overnight Elective Activity (SA)	1,728	1,678	1,662	1,606	
New Outpatient Attendances (SA)	21,127	19,994	21,629	22,038	
Review Outpatient Attendances (SA)	53,603	53,940	56,968	58,861	
Outpatient Procedure Activity (SA)	17,262	17,598	16,663	15,512	
Diagnostic Tests	19,092	19,674	19,831	20,287	
Outpatient DNA Rate	8.7%	9.0%	9.2%	9.3%	
RTT Waiting List Size	97,187	99,812	100,733	101,932	



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	8 December 2022						
Title	Quality of Patient Experience (QPE) Working Group Report						
Report of	Poonam Singh, Chair of QPE Working Group						
Prepared by	Poonam Singh, Chair of QPE Working Group Lauren Thompson, Corporate Governance Management / 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 content of this report outlines the activities undertaken by the working group.						
Recommendation	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 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 during the period of September to December 2022. It provides a summary of:

- Group activities;
- Presentations received; and
- Ward and department visits.

## QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP (WG) REPORT

### 1. INTRODUCTION

The QPE Working Group continues to meet monthly, in person and via Microsoft Teams with a break in December due to annual leave and Christmas holidays.

### 2. GROUP ACTIVITIES

#### Complaints Panel

- August / September meetings – Professor Philip Home gave an update and highlighted the following key points:
  - The process for monitoring complaints is performing well.
  - At each meeting, different departments are looked at. In August Surgery and Ear, Nose and Throat, Plastics, Ophthalmology and Dermatology (EPOD) were discussed, and in September Children's and Falls were discussed.
  - Approximately 50 complaints have been received each month.
  - It was noted that an external review by the ombudsman has created additional activity and work.
- October meeting – Professor Philip Home and Aileen Fitzgerald attended the meeting, and the following key points were highlighted:
  - The team review activity on a daily, weekly, and monthly basis. Once the activity is reviewed, if there are any obvious rises in complaints, a deep dive may be initiated, and the data will be reviewed (not in isolation).
  - Patient Advice and Liaison Service (PALS) support the Patient Experience Team with the low-level complaints.
  - A detailed discussion took place in relation to the electronic/digital systems for appointment letters and discharge letters, and what actions are being taken to improve the position.
- November meeting – Professor Philip Home and Aileen Fitzgerald attended the meeting and highlighted the following key points:
  - A presentation was received in relation to complaints regarding disability and autism. The presentation included constructive learning from complaints, reinventing the champion role and training volunteers.
  - 50 complaints were received in the month of October which remains consistent.
  - A discussion took place in relation to the complexity of some complaints received.

#### Clinical Audit and Guidelines Group (CAGG) [meets monthly]

- August / September meetings – Professor Philip Home and David Black attended both meetings and the following key points were highlighted:

- Guidelines and audits relevant to the Trust were discussed.
- The following departments were discussed in detail - Ear, Nose and Throat (ENT), Medicine, Children's Services and Radiology.
- It was noted that there are 98 audit projects on the register and some that may not yet be registered. The process for reviewing/monitoring audits and the associated outcomes is via the Clinical Governance Meetings.
- October meeting – Professor Philip Home gave an update and highlighted the following key points:
  - A report was received from the Renal Team and the Trust is enhancing recovery of the transplantation programme. Activity is increasing and three consultants have been appointed.
  - A discussion took place in relation to the requirement of dietetic support in outreach clinics for example in Carlisle.
  - The group discussed laboratories within Haematology and the improvements made to make it easier to perform audits and monitor performance.
  - A discussion took place in relation to Neonates, the BadgerNet system and national audits. The Trust meets the national averages for assessments, and it was noted that evidence audits are proving helpful.
- November meeting – Professor Philip Home gave an update and highlighted the following key points:
  - An update was received from Neuroscience and Surgical Services in relation to examples of audit and quality improvement which were successful. The clinical pressures and staffing availability were noted.
  - There are 1,840 NICE Guidelines that the Trust will have to assimilated and consider. The Trust is making a big effort to keep things running.

### **Patient Safety Group (PSG) [meets quarterly]**

The October meeting did not take place.

### **Nutrition Steering Group (NSG) [meets quarterly]**

Alexandros Dearges - Chantler advised that he attended a marketing exercise presentation on 20 September 2022 in relation to Electronic Meal Ordering. Two companies delivered a presentation and discussed in detail the comprehensive packages. Alexandros confirmed that the Nutrition Team will review the specifications and following this, a tender will be submitted. The Food and Drink Strategy and Impact Report has been circulated to group members from the Nutrition Steering Group.

The October meeting did not take place.

## **3. PRESENTATIONS**

### **September**



- Angela Cobb, Infection Prevention and Control (IPC) Lead gave a presentation in relation to Priority 1 - Reducing Healthcare Associated Infections (HCAI).

**October**

- Joanna Bainbridge, Senior Sister of the Belsay Unit gave a presentation in relation to the Unit.
- Tracy Scott, Head of Patient Experience gave an update on the complaints position.

**November**

- Fardeen Choudhury, Patient of Equality, Diversity and Inclusion Manager and Alistair Wilson, Trust Carers Information and Advice Worker from the Patient Experience team provided an update on the Carer Pathway.
- Fardeen Choudhury provided an update on the complaints position on behalf of Tracy Scott and the Interpretation Service.

**4. WARD AND DEPARTMENT VISITS**

The following visits have taken place by Governors/QPE members:

Plastics Outpatients (Adults)	16 September 2022	Judy Carrick and Kate Pine
Plastics Outpatients (Children’s)	21 September 2022	Gary Gibson and Kate Pine
Eye Clinic (Adults)	5 October 2022	Pam Yanez and Poonam Singh
Cataract Centre CAV	10 October 2022	David Forrester
Ward 20 RVI Ophthalmology	18 October 2022	Poonam Singh and David Black
Park Suite	2 November 2022	Kate Pine and Claire Watson
Dermatology Outpatients	9 November 2022	David Black and Gary Gibson
Ward 47 Plastics	16 November 2022	Pam Yanez and Judy Carrick
Paediatric Ophthalmology	18 November 2022	Claire Watson
ENT Outpatients	23 November 2022	Graham Blacker and Kate Pine

The most common themes highlighted were:

- Staffing pressures.
- Issues with signage to various areas of the hospital.
- Means of improving communication focusing on the patient letters in respect of specific instructions and font size.

Overall patients felt that staff are friendly and are respected by staff. Patients advised that Consultants were involved in their care plans and felt decisions were made being fully informed.

**5. RECOMMENDATIONS**

The Council of Governors are asked to receive the report.

**Report of Poonam Singh**  
**Chair of QPE Working Group**  
**30 November 2022**

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### COUNCIL OF GOVERNORS

Date of meeting	8 December 2022						
Title	Report of the Business and Development Working Group						
Report of	Eric Valentine, Chair of the Governors Business and Development Working Group						
Prepared by	Eric Valentine, 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	This report details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) in August 2022.						
Recommendation	The Council of Governors are asked to note the contents of this report.						
Links to Strategic Objectives	Performance- Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	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 August 2022.

## **REPORT OF THE BUSINESS AND DEVELOPMENT (B&D) WORKING GROUP (WG)**

### **1. INTRODUCTION**

The Business and Development (B&D) Working Group meetings have been held monthly via Teams and in-person with the topics covered relating to the Working Groups (WG) Terms of Reference.

There are presently 11 members within the WG and the WG always welcomes any new Governors who would like to join, as well as Governors who may wish to attend a specific meeting.

### **2. PRESENTATION TOPICS**

The WG has discussed several matters in the previous two meetings including:

#### **2.1 Productivity and Efficiency Programme**

Daryl Perry, Director of PMO (Programme Management Office), Director of Operations – Coordination and Response Centre (CRC) and Project Director - Integrated Health and Wellbeing Hub presented an update.

Daryl advised that the Executive Directors have established a robust accountability and oversight process, supported by detailed monitoring and reporting. Directorates have, or are, establishing local delivery groups to routinely identify, plan, report and monitor and assess schemes. He provided an overview of the governance framework, being:

- Delivery – Ad hoc Directorate Meetings
- Monitoring and Reporting – High Risk Meetings
- Accountability and Oversight – Executive Management Team
- Assurance – Finance Committee
- Assurance – Trust Board

Daryl explained the start and end point of productivity and efficiency and the sign off approach. The sign off starts at Directorate level, then with the Finance Team and then with the Equality Impact Assessment (EqIA). Once all sign off stages have been completed then the PMO team formally include the scheme in the programme. Daryl advised that the EqIA process map is a useful aid memoir for an effective process.

Daryl highlighted that the Executive Management Team and Finance Committee review the following key metrics/areas regularly:

- Actual programme delivery against Plan, with any variances outlined.
- The split of recurrent and non-recurrent delivery.

### Agenda item 8.3

- The forecast position for the year-end and any schemes rolling forward into the next financial year.
- Scheme sign off levels and the programme risk level.

## **2.2 Finance Committee update**

Steven Morgan attended to give an update on the recent activity of the Finance Committee.

Steven advised that 2022/23 is going to be challenging due to the block contract arrangements and potential changes to financial procedures arising from the development of the newly formed Integrated Care Board (ICB). A detailed discussion took place in relation to the block contract. Steven explained that there are restrictions on the Capital Departmental Expenditure Limit (CDEL). Limits have been assigned to the ICB and this will then be allocated further to the Trusts.

Steven advised that that Angela Dragone (Finance Director) and David Reynolds (Deputy Finance Director) have retired. Steven confirmed that Jackie Bilcliff commenced in post on 5 September 2022. Jackie was Director of Finance and Deputy Chief Executive for Gateshead Health NHS Foundation Trust.

## **2.3 External Audit Tender**

One of the main roles of the B&D Working Group is to oversee the External Audit tender process and the current contract will end in 2024. The HFMA briefing document circulated in relation to the External Audit Market was referenced. Previously, there was a wealth of competition, but the market has changed.

Mazars LLP have performed well however fees had increased across the course of the contract, in part due to additional audit requirements. During the COVID-19 pandemic the requirement for audit procedures to be undertaken on the Quality Account was removed. It is hoped that this will be reinstated.

The Auditors Annual Report was reviewed. The purpose of the report is to outline the Auditors' responsibilities and value for money. The Working Group discussed section two which details the audit of financial statements and the scope of the audit and opinions.

The annual risk management report was reviewed, and the Working Group confirmed it to be consistent and that there is regular reporting of the Board Assurance Framework (BAF).

Auditor fees for 2021/22 were £67,660 and no non-audit services for the Trust were undertaken.

## **2.4 Fire Safety / Estates update**

Gavin Evans, Deputy Director of Estates and Fire Safety gave a presentation.

Gavin highlighted the following key points:

## Agenda item 8.3

- A discussion took place in relation to the Regulatory Reform (Fire Safety) order 2005 and the requirements of the order.
- A survey took place of all inpatient areas by Turner & Townsend which identified areas for remediation which have been prioritised by the Independent Fire Engineer. A discussion took place in relation to the outline programme which was being worked on by a company called Henry Riley.
- The risk register position was discussed.
- It was also noted that the following works were completed as part of the existing Capital Programme:
  - Clinical Decisions Unit;
  - Royal Victoria Infirmary (RVI) Wards 48 – 50; and
  - Dental Hospital.

### **2.5 Pharmacy update**

Neil Watson, Director of Pharmacy gave a detailed update on the Pharmacy Department and the COVID-19 vaccination programme. He described the activities of Newcastle Specials Pharmacy Production Unit and its potential for development. Neil confirmed that new IT systems will enable the more efficient delivery of prescribed medicines within the hospitals.

### **2.6 Audit Committee Update**

Bill Macleod, Non-Executive Director attended to give an update on the recent activity of the Audit Committee. The update included Internal and External Audit, Counter Fraud, Risk Management and the Charity Annual Accounts. This direct input to the B&D WG is very much appreciated.

## **3. RECOMMENDATION**

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

**Report of Eric Valentine  
Working Group Chair  
30 November 2022**



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### COUNCIL OF GOVERNORS

Date of meeting	8 December 2022						
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 Lauren Thompson - Corporate Governance Management / 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 content of this report outlines the activities undertaken by the working group.						
Recommendation	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 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	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 in August 2022.

## PEOPLE, ENGAGEMENT AND MEMBERSHIP (PEM) WORKING GROUP REPORT

### 1. INTRODUCTION

The People, Engagement and Membership (PEM) Working Group (WG) is tasked with increasing and diversifying Trust membership, as well as engaging and communicating with members. The Group is aligned to the Trust People Committee and engages with the Trust Communications Team to promote e.g. membership engagement.

### 2. ONGOING AREAS OF FOCUS

#### 2.1 Communication

- The first Members newsletter was well received.
- For future newsletters, the WG will require further 'Meet our Governors' input.
- The WG has facilitated the filming of some of our Trust Governors on 7 December, to create short video clips for use during engagement and recruitment activities for new Governors and Members.
- Links have been established with our staff networks and 3rd party / charity organisations.
- Dame Jackie's blog for winter has been completed and showcases Governor activity.

#### 2.2 Engagement

- A successful Members event: Innovation (1 December, 2pm in the Lecture Theatre, Education Centre, RVI) which stimulated discussion and gathered positive feedback.
- Visiting schools, colleges and communities continues to forge links and enhance membership.
- Contribute to the judging panel of the staff 'People at our Hearts awards'.
- Prize-giving at the Kaleidoscope of Cultures event arranged by the Race Equality Staff Network.

#### 2.3 Membership

Since the September Working Group report, the Trust has:

- Increased Public Members by 2, noting that monthly data cleanses take place to remove Members out of area or who are sadly deceased.
- Increased Staff Members by 215.

#### 2.4 Guests and presenters

- Steph Edusei, Non-Executive Director and Fardeen Choudhry, Equality, Diversity and Inclusion Manager attended in September.
- The Newcastle Hospitals Charity Team attended in October.
- Katie Watson, Head of Chaplaincy attended in November.

### **3. RECOMMENDATIONS**

The PEM Working Group asks the Council of Governors to receive this report.

**Report of Judy Carrick  
Chair of the PEM Working Group  
2 December 2022**

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## COUNCIL OF GOVERNORS

Date of meeting	8 December 2022						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Lauren Thompson, Deputy Trust Secretary / Corporate Governance Manager						
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 in August 2022:</p> <ul style="list-style-type: none"> <li>• People Committee – 18 October 2022;</li> <li>• Charity Committee – 21 October 2022 and 4 November 2022;</li> <li>• Quality Committee – 20 September 2022 and 15 November 2022;</li> <li>• Audit Committee – 25 October 2022; and</li> <li>• Finance Committee – 28 September 2022, 26 October 2022 (Extraordinary) and 23 November 2022.</li> </ul>						
Recommendation	The Council of Governors are asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all strategic objectives						
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							
Reports previously considered by	Regular report.						

## UPDATE FROM COMMITTEE CHAIRS

### EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Council of Governors in August 2022.



## UPDATE FROM COMMITTEE CHAIRS

### 1. PEOPLE COMMITTEE

A meeting of the People Committee took place on 18 October 2022. During the meeting, the main areas of discussion included:

- The GMC Training Survey update was received.
- A verbal update was provided from the Medical Director on Medical and Dental staffing.
- A comprehensive sustainability update was provided.
- The draft Communications Strategy was presented by the Assistant Chief Executive.
- A detailed update was received in relation to the People Risk report.
- The Director of HR provided an update on the People Strategy Workplan and People Dashboard.
- The Guardian of Safe Working report was received.
- The Committee endorsed the Freedom to Speak Up Strategy.

The next formal meeting of the Committee will take place on 20 December 2022.

### 2. CHARITY COMMITTEE

A meeting of the Charity Committee took place on 21 October 2022. The meeting was convened primarily to discuss a number of grant applications in advance of the next formal meeting in November.

During the meeting, the Committee approved applications which totalled £583,109 as follows:

- Children's services: Clinical Sustainability Fellowships: Paediatrics and Oncology Pilot;
- Women's services: point of care ultrasound in acute obstetrics;
- Women's services: emergency gynaecology ultrasound machine;
- Cancer services NCCC complementary therapies;
- Perioperative and critical care- refurbishment of relative rooms, ward 37, ICCU; and
- Therapy services: longitudinal outcomes and patient experience of rehabilitation following major trauma: A mixed-methods study.

A meeting of the Charity Committee took place on 4 November 2022. During the meeting, the main areas of discussion included:

- An operational update was provided.
- The Arts Manager presented 'Building a sustainable arts programme' to the committee.
- The Charity Director presented the Annual Report and Accounts.
- A summary of grants agreed since the last Committee meeting was provided.

## Agenda item 9.1

- A number of finance reports were received, including a summary of investment.
- The Committee approved applications which totalled £95,003 and included the following:
  - Cardiothoracic Services: treatment chairs for ward 27;
  - Children's Services: Myro Device for Paediatric Neuro Rehabilitation for ward 1A;
  - Musculoskeletal services: The Rheumatoid Arthritis and Muscle (RAMUS); and Laboratory Study.

The next meeting of the Committee will take place on 16 February 2023.

### **3. QUALITY COMMITTEE**

A meeting of the Quality Committee took place on 20 September 2022. During the meeting, the main areas of discussion included:

- An update on the Ockenden Report and Maternity Transformation was provided.
- The Director of Quality and Effectiveness provided an update on the Patient Safety Incident Response Framework.
- New and emerging risks were discussed and noted.
- An update was provided in relation to Research.
- The Integrated Quality and Performance Board Reports were received and discussed.
- A Royal College reviews update was received.
- The Committee considered a number of reports including:
  - Safeguarding;
  - Learning Disability;
  - Mortality/Learning from Deaths; and
  - Clinical Negligence Scheme for Trusts (CNST).
- The following management group Quartey reports were received and discussed:
  - Patient Safety Group;
  - Patient Experience & Engagement Group; and
  - Compliance & Assurance Group.
- A detailed Legal update was provided.
- An update was provided on the spotlight on services.

A meeting of the Quality Committee took place on 15 November 2022. During the meeting, the main areas of discussion included:

- The Deputy Chief Nurse provided an update on Newcastle Improvement.
- A verbal update was received in relation to the patient safety incident response framework.
- The Quality Committee Risk Report was received and discussed.
- The Director of Quality and Effectiveness presented the Quality Account.
- The Integrated Quality and Performance reports were received and discussed.
- A Royal College reviews update was provided.
- The Deputy Chief Nurse provided an update on the following areas:
  - Ockenden report;

## Agenda item 9.1

- Safeguarding quarter 2 report;
- Learning Disability quarter 2 report; and
- End of life palliative care bi-annual report.
- The Committee considered a number of reports:
  - Clinical Outcomes and Effectiveness Group;
  - Compliance & Assurance Group Annual report;
  - Patient Experience and Engagement Group; and
  - Verbal update on Patient Safety Group Chairs report.
- An update was provided on the leadership walkabouts / spotlight on services.

The next meeting of the Committee will take place on 17 January 2023.

#### **4. AUDIT COMMITTEE**

A meeting of the Audit Committee took place on 25 October 2022. During the meeting, the main areas of discussion included:

- Committee Chairs provided updates relating to risk and assurance in relation to their specific areas of focus.
- The Head of Corporate Risk and Assurance presented the Board Assurance Framework and Risk Report.
- The Chief Finance Officer presented the Charity Annual Accounts for 2021/22.
- An update was received from Internal Audit on their progress.
- Counter Fraud provided an update report including the fraud response log.
- Mazars LLP provided an update on the Trust's Charity Annual Accounts and management letter / ISA260 report.
- The Committee received a number of reports including:
  - A review of schedule of approval of single tender action and breaches and waivers exception report;
  - Review of debtors and creditors balances;
  - Review of schedule of losses and compensation;
  - SIRO Report; and
  - HFMA checklist.

The next meeting of the Committee will take place on 24 January 2023.

#### **5. FINANCE COMMITTEE**

A formal meeting of the Finance Committee took place on 28 September 2022. During the meeting, the main areas of discussion included:

- The Board Assurance Framework Quarterly Report was received.
- New and emerging risks were discussed and noted.
- An update on the financial position was provided including the following:
  - Productivity and Efficiency Programme Delivery;

## Agenda item 9.1

- Day Treatment Centre; and
  - Activity recovery including month 5 activity update report.
- The month 5 finance report was received and discussed.
- The Director of Estates provided a capital update including a strategy deep dive.
- Tenders and Business Cases were presented for approval.
- The Director of Business, Development and Enterprise provided a Commercial update including reflections and next steps.

An extraordinary meeting of the Finance Committee took place on 26 October 2022. During the meeting, the main areas of discussion included:

- The Finance Report for month 6 was received.
- An update on the Productivity and Efficiency Programme delivery was provided; and
- A detailed discussion took place in relation to the Capital Programme.

A meeting of the Finance Committee took place on 23 November 2022. During the meeting, the main areas of discussion included:

- The Finance Report for month 7 was received.
- An update on the financial position was provided including the following:
  - Productivity and Efficiency Programme Delivery; and
  - Elective Recovery Funding (ERF) and activity update including month 5 activity.
- The Director of Estates provided a capital update including the status of programme and project delivery.
- Tenders and Business Cases were presented for approval.
- The Committee received a number of reports including:
  - Digital Strategy update including Digital Investment Proposal Deliverable; and
  - Community Diagnostic Centre (CDC).

The next meeting of the Committee will take place on 25 January 2023.

## **6. RECOMMENDATIONS**

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

**Report of Lauren Thompson**  
**Corporate Governance Manager / Deputy Trust Secretary**  
**30 November 2022**

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