

**Council of Governors' Meeting: Public Session** Thursday 16 February 2023 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 8 December 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	Maurya Cushlow	Attached	
<b>Quality &amp; Patient Safety; Performance &amp; Delivery</b>				
6(i)	Integrated Board Report including Quality, People & Finance	Angela O'Brien / Jackie Bilcliff	Attached	15:00 – 15:15
6(ii)	Performance Report	Vicky McFarlane-Reid	Attached	
<b>Discussion topic</b>				
7	Introduction of Digital Appointments	Graham King	Presentation	15:15 – 15:30
<b>Items to approve</b>				
8	Nominations Committee Report	John Burn	Attached	15:30 – 15:35
<b>Governor reports</b>				
9.1	Lead Governor Update	Pam Yanez	Attached	15:35 – 15:45
9.2	Quality of Patient Experience (QPE) Working Group (WG)	Poonam Singh	Attached	
9.3	Business and Development (B&D) WG	Eric Valentine	Attached	
9.4	People, Engagement and Membership (PEM) WG	Judy Carrick	Attached	
<b>Items to receive and any other business</b>				
10.1	Updates from Committee Chairs	Committee Chairs	Attached	15:45 – 15:55
10.2	Non-Executive Director (NED) Activity Report	John Burn	Attached	15:55 – 15:59
10.3	Date and time of next meeting: Formal Meeting – Thursday 15 June 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*

*Ms Maurya Cushlow, Executive Chief Nurse*

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

*Mrs Jackie Bilcliff, Chief Finance Officer*

*Mr Graham King, Chief Information Officer*

*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*

## DRAFT COUNCIL OF GOVERNORS' MEETING: PUBLIC MEETING MINUTES OF THE MEETING HELD 8 DECEMBER 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 Bill Macleod, NED  
Mr Graeme Chapman, NED  
Mrs Liz Bromley, NED  
Mr A Welch, Medical Director/Deputy Chief Executive (MD/DCEO)  
Dr Victoria McFarlane-Reid, Executive Director of Business, Development and Enterprise (EDBDE)  
Mrs Caroline Docking, Assistant Chief Executive (ACE)  
Mr Graham King, Chief Information Officer (CIO)  
Mr Ian Joy, Deputy Chief Nurse (DCN)  
Ms Melanie Cunningham, Associate Director of Operations (ADO)  
*[Item 22/22 i]*  
Mrs Nichola Kenny, Deputy Chief Operating Officer (DCOO)  
Mrs Jo Mason, Interim Deputy Finance Director (Interim DFD)  
Mrs Kelly Jupp, Trust Secretary (TS)

**Secretary:** Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary

**Note:** *The minutes of the meeting were written as per the order in which items were discussed. The Public Council of Governors meeting started at the later than scheduled time of 14.55.*

### 22/20 **BUSINESS ITEMS:**

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

Apologies for absence were received from Governors Dr Ian Wilson, Professor Philip Home, Mr David Forrester, Mrs Jill Davison, Mrs Kate Pine, Miss Elizabeth Rowen, Mrs Madeleine Elliott, Mr Michael Warner and Professor Tom Lawson, Non-Executive Directors Mr Jonathan Jowett, Mr Steven Morgan, Mrs Steph Edusei and Ms Jill Baker, Associate Non-Executive Director Professor David Burn, Dame Jackie Daniel, Chief Executive Officer, Mrs Maurya Cushlow, Executive Chief Nurse, Mr Martin Wilson, Chief Operating Officer and Mrs Angela O'Brien, Director of Quality and Effectiveness.

There were no additional declarations of interest made at this time.

**i) Minutes of the Meeting held on 18 August 2022 and Matters Arising**

The minutes were agreed to be a true record of the meeting subject to a minor amendment required on page 3 to replace the word 'subsided' with 'subsidised'.

**It was resolved:** to **approve** the minutes subject to the required amendment being made.

**ii) Meeting Action Log**

The action log position was received, with all actions completed.

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

**iii) Chair's report**

In addition to the activities highlighted in the report, the Chairman referred to the Health Service Journal (HSJ) awards for 2022 in which Newcastle Hospitals was named the winner of the Towards Net Zero award.

The Chairman advised that he was delighted to switch on the festive light display with Newcastle United's Shola Ameobi at the Freeman Hospital. Children from Cragside Primary School choir were also in attendance.

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

**iv) Chief Executive's report**

The MD/DCEO presented the report highlighting the following key points:

- The willingness and teamwork of staff members across the organisation, with high-quality care for patients being the main priority.
- Preparation is underway within the Trust with regards to the industrial action which is scheduled later in December. The sensitivity for staff members involved was acknowledged.
- The current significant operational pressures faced with 19% more patients attending the main Emergency Department (ED) at the Royal Victoria Infirmary (RVI) in October than in the same month before the COVID-19 pandemic, as well as 9% more ambulance arrivals. ED was currently seeing circa 600 per day and it was noted that space in the department was challenging.

To prepare for the further challenges expected through the winter, the Trust will be adding further capacity both through opening ward 12 at the Freeman Hospital as an additional winter ward and launching a 'virtual' ward for chronic obstructive pulmonary disease (COPD) patients.

The Great North Children's Hospital has also seen a rise in children attending the Paediatric Emergency Department, particularly due to recent media coverage regarding StrepA concerns.

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- Cancer performance was particularly challenged. During October, the Trust has made progress in reducing both the current number of patients on a cancer pathway after 62 days and on a non-cancer elective pathway who will be waiting more than 78 weeks by the end of March.
- In November, it was announced that Newcastle's Biomedical Research Centre (BRC) was successful in securing £23.1m 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).

Dr Dearges-Chantler sought clarification with regards to the location and purpose of the new clinical decisions unit. The MD/DCEO explained that the unit will be situated at the Royal Victoria Infirmary (RVI) and that it is a pathway to move patients from the ED to essentially a ward that need further investigation with a view to possible discharge home.

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

## 22/21 QUALITY & PATIENT SAFETY; PERFORMANCE & DELIVERY

### ii) Integrated Board Report including Quality, People & Finance

The MD/DCEO presented the report 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 has had no cases of MRSA bacteraemia in September 2022. However, there has been an increase in the number of onset C.difficile infections due to seasonal variation and Klebsiella Bacteraemia's in September 2022.
- There were 10 Serious Incidents (SIs) reported in October 2022 demonstrating a visible decrease below the mean.
- There were no reported definite or probable Covid related deaths and a reduction in the number of reported pressure ulcers & falls was observed.
- In October, there were no Never Events reported.
- Mortality rates are below the national average and all figures continue to be monitored and modified accordingly.

Mr Gibson sought clarification with regards to the outpatient 'Did Not Attend' (DNA) levels. The CIO advised that there has been some confusion with regards to patient text messages which confirmed the appointment date and time but did not state whether the appointment was face to face or virtual. The text message format is being reviewed currently.

The CIO explained that the Patient Engagement Platform was due to be rolled out at the end of January and this would link to the NHS App through the Wayfinder programme. This will enable better communication of appointment details with patients. Mrs Heslop asked if the texts are auto generated and why a response could not be sent. The CIO confirmed that the texts one-way only, noting the Patient Engagement Platform will provide the opportunity for patients to confirm their attendance at appointments. In addition, if a patient cancels an

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appointment, then a clinician will review the cancellation to ascertain if a follow up appointment is required.

Mrs Watson sought clarification as to whether further details will be provided in patient appointment text messages. The CIO advised that the Patient Engagement Platform will include appointment details and attached correspondence with directions to the department. The organisation will work with NHS Digital to ensure that technology matches patient need and education with regards to virtual appointments.

The CIO offered to attend a future meeting to give a more detailed update on the Patient Engagement Platform.

Mr Hughes sought clarification with regards to the increase in staff turnover figures. The MD/DCEO advised that the staff turnover was impacted by the leavers from the Integrated Covid Hub North East (ICNHE) and the vaccination programme.

Mr Hughes queried the capital underspend to which the MD/DCEO explained that this is in relation to the shortage in resource needed to carry out the capital programmes. The Interim DFD advised that there is always an element of catch up in quarter 4 and a high level of slippage was not anticipated at the end of the financial year. She noted the financial position of a small surplus of circa £2m year to date and in terms of forecast, the Trust is on plan.

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

*[The MD/DCEO left the meeting at 15.21.]*

### iii) **Performance Report**

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

The EDBDE highlighted the following key points:

- The Trust 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%.
- The Trust raised its Operational Pressures Escalation Levels (OPEL) to 4 in October which was triggered by ED attendances and admissions, as well as challenges with staffing levels. The elective programme was slightly reduced.
- The 2 Week Wait (2WW) and 28-day compliance treatment positions have improved.
- In terms of cancer performance, this is a complex position due to higher referral rates and restrictions in delivery. The total number of referrals is back to pre-COVID-19 pandemic levels and urgent referrals have increased. Discussions are ongoing with North East and North Cumbria (NE&NC) and Integrated Care Board (ICB) colleagues who will oversee performance for all organisations in the region. Actions include reducing the impact of external referrals and implementing 'Straight to test' care pathways for patients.

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As part of the second phase of the Elective Recovery Plan, all providers have been assessed based on confidence of delivering against the targets of reducing the cancer 62 day backlog back to pre-pandemic levels by March 2023, and reducing the number of 78 week elective long waiters to zero by April 2023. Those providers at the highest risk have been included in a Tier 1 grouping. This means additional national support and oversight, which may include on-site expertise and ongoing conversation between ministers and CEOs. Nationally there are 20 providers in Tier 1.

A second Tier 2 grouping has been identified and includes providers who are less challenged but still indicate material risk of 62 day backlog and/or 78 week wait breaches in April 2023. For this cohort the relevant Region will lead and develop delivery plans. There are 24 providers in Tier 2 and Newcastle Hospitals is currently sitting at tier 2.

- In relation to the long waiting standards, the Trust continues to strive to reduce potential breaches on a month-on-month basis. There is a focus on reducing dermatology and ophthalmology long-waiting patients, as well as those requiring complex spinal surgery.

It was agreed that the Council of Governors would receive further detail with regards to Cancer Performance at the private session of the February Council meeting [**ACTION01**]. Mr Chapman advised that Cancer Performance has been discussed heavily at the Quality Committee and a deep dive has been requested to look at data breaches in detail.

Mrs Yanez sought clarification with regards to ambulance handovers. The Chairman explained that the NE&NC Integrated Care System (ICS) have signed up to a 59-minute handover delay policy which no ambulances will be held outside of each organisation for longer than this period of time.

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

## 22/22 DISCUSSION TOPIC

### i) Patient Flow

The Chairman introduced Ms Melanie Cunningham, Associate Director of Operations (ADO).

The ADO delivered a presentation, with the following points noted:

- Emergency admissions do not always present at the Emergency Department. Patients may be transferred directly from their GP.
- On Monday 8 December, a total of 491 patients were seen through the Emergency Department and 98 ambulances attended.
- On Friday 2 December, there were 107 patients in hospital that could have been discharged to care. The Trust is working with the Better Care Fund programme which supports local systems to successfully deliver integrated health and social care.
- Newcastle Hospitals has specialised services that some patients' local hospitals are unable to provide. A discussion arose with regards to repatriations with local hospitals.

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- In terms of bed occupancy, as of Friday 2 December the RVI was occupied at 96%, the Freeman Hospital at 91% and the Great North Children's Hospital (GNCH) at 88%.

The Chairman highlighted the positive relationship with the Primary Care Networks and Care Homes in Newcastle.

Mr Chapman sought clarification with regards to the bed occupancy level for a Major Trauma Centre to which the ADO confirmed that the Trust aims to have five Trauma and Orthopaedics and four Neurosurgery beds available every night.

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

*[The ADO left the meeting at 15.36].*

## 22/23 GOVERNORS REPORT

### i) Lead Governor Update

Mrs Yanez, Lead Governor, gave a verbal update and highlighted the following key points:

- Some of the Trust Governors attended the Staff Celebrating Excellence Awards back in September which was a positive and uplifting event. The Governors were grateful for the invitation.
- The latest Governors Informal Meeting was well attended and any matters that arise from the meeting are discussed at the correct forum.
- The Lead and Deputy Lead Governor attended the Race Equality Network Cultural Event to present an award. The event was well organised and attended.
- The Addendum to your statutory duties – reference guide for NHS Foundation Trust Governors was published on 28 October 2022 from NHS England which will be received in due course at the Working Groups/a future Council meeting.

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

### ii) Quality of Patient Experience (QPE) Working Group (WG)

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

- The Working Group receives regular updates from the Governor representatives who attend the Complaints Panel, the Patient Safety Group, the Clinical Audit and Guidelines Group and the Nutrition Steering Group.
- Angela Cobb, Infection Prevention and Control (IPC) Lead attended the WG in September and gave a presentation in relation to the Quality Account Priority 1 - Reducing Healthcare Associated Infections (HCAI).
- Tracy Scott, Head of Patient Experience attended the WG in October to update on the complaints position which was a consistent picture.
- Joanna Bainbridge, Senior Sister of the Belsay Unit attended the Group in October to provide an update in relation to the Unit.
- Fardeen Choudhury, Patient of Equality, Diversity and Inclusion Manager and Alistair Wilson, Trust Carers Information and Advice Worker from the Patient Experience team



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provided an update at the November WG meeting on the Carer Pathway. At the same meeting Fardeen provided update on the complaints position on behalf of Tracy Scott and the Interpretation Service.

- The group reinstated the QPE visits from September on a rotating directorate basis, starting with the EPOD directorate. Group members have been busy over the past few months visiting a number of wards and departments which was outlined by Mrs Singh.

The most common themes highlighted from the visits were staffing pressures, issues with signage and means of improving communication focusing on patient letters. Overall, the patients felt respected and commented on the friendly and caring attitude of the staff. It was noted that patients and carers felt involved and fully informed with regards to decisions about their care. All recommendations are sent to the Chief Nurses Office.

**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:

- Daryl Perry, Director of PMO (Programme Management Office), Director of Operations – Coordination and Response Centre (CRC) and Project Director - Integrated Health and Wellbeing Hub attended the September meeting to provide an update on the Cost Improvement Programme (CIP).
- Steven Morgan, Non-Executive Director and Chair of the Finance Committee provided an update on the recent activities of the Finance Committee at the September meeting.
- The Working Group are actively discussing the External Audit Tender process noting that the market has significantly changed.
- Gavin Evans, Deputy Director of Estates attended the October meeting to provide an update on Fire Safety.
- Neil Watson, Director of Pharmacy gave a detailed update on the Pharmacy Department and the COVID-19 vaccination programme at the November meeting. Professor Watson informed Group members of the new IT system in pharmacy which will improve the flow of prescriptions across the hospital.
- Bill Macleod, Non-Executive Director and Chair of the Audit Committee provided an update on the recent activities of the Audit Committee at the November meeting.

**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 since the report was written:

- At the latest Members' Event on 1 December 2022, a youth member was in attendance which is one of the goals of the Membership Strategy to have a wider audience. The event itself was successful and a special thanks was noted to the team from the Day Treatment Centre (DTC) and Patricia Herrero, Senior Genetic Technologist for their insightful presentations.

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- A small group of Governors will be attending Newcastle Sixth Form College on 20 December 2022 to raise awareness of the Council of Governors role and to increase membership.

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

## 22/24 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

### i) Updates from Committee Chairs

#### *People Committee*

Professor McCourt provided an update on behalf of Mr Jowett. At the October Committee, members received an update from the MD/DCEO with regards to the GMC Training Survey and Medical and Dental staffing.

James Dixon, Associate Director - Sustainability & Environment provided a comprehensive update with regards to Sustainability. The draft Communications Strategy and People Risk Report was presented by the Assistant Chief Executive. The Committee endorsed the Freedom to Speak Up Guardian Strategy.

Professor McCourt thanked Dee Fawcett, Director of Human Resources on behalf of the Committee for all her hard work and input, wishing her well in her retirement.

#### *Charity Committee*

Mr Macleod provided an update on behalf of Ms Baker. He advised that a Grants meeting now takes place monthly to provide a faster turnaround for grant application decisions.

At the November Committee, the Arts Manager presented 'Building a sustainable arts programme' and the Charity Director presented the Annual Report and Accounts.

A grant was approved to provide Christmas lights and decorations, hot drinks, and mince pies for staff and to have all tv channels free for patients on the World Cup days. The ACE added that inpatients will receive a Christmas present and decorations. A further grant was approved to fund a £1.8m robotic surgical machine.

#### *Quality Committee*

Mr Chapman provided an update, highlighting the dedication of staff within the organisation. He noted the challenges with regards of Cancer performance and confirmed that the Committee are monitoring the data.

Quality Committee Deep Dives are now taking place in the months that there is no Quality Committee which provide insight into specific areas and departments within the Trust.

The Committee commended teams for the positive decrease in long waiters. Mr Chapman noted the positive impact of the Day Treatment Centre (DTC), and activity is being monitored through the Committee.

#### *Finance Committee*

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Mr Chapman provided an update on behalf of Mr Morgan. He noted the shift to a block contract has resulted in challenges in relation to activity and associated income.

*Audit Committee*

Mr Macleod provided an update and highlighted that the Committee received the Board Assurance Framework, as well as updates from both Internal Audit and External Audit at the October meeting. The Committee approved the Charity Annual Accounts which will be discussed in detail at the Charity Committee. One recommendation from External Audit was made with regards to access to the current charity finance system, which the Charity Committee is sighted on.

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

**ii) Any other business**

*Unannounced Care Quality Commission (CQC) visit*

The ACE advised that the CQC had attended the Trust for an unannounced visit. CQC representatives attended the RVI on Wednesday 30 November and the Freeman Hospital on Thursday 1 December. The visits focussed on learning disability and mental health. The Trust has received some initial feedback, with formal feedback expected to be received early in the new year.

*Children's Heart Unit Business Case*

The EDBDE explained that the full Children's Heart Unit Business Case was discussed in detail at the Private Board of Directors meeting in November. The value of the Business Case was noted, however the original cost included had been impacted by rising inflation and material costs. The Business Case was under consideration as part of the national process.

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

The next formal meeting of the Council of Governors was scheduled for Thursday 16 February 2023, 14:45 – 16:00.

**There being no further business, the meeting closed at 16:02.**

### GOVERNORS' ATTENDANCE – 8 December 2022

	Name	
S	Mrs Glenda Bestford	Yes
1	Mr David Black	Yes
2	Mr Graham Blacker	Yes
S	Miss Genna Bulley	Yes
1	Mrs Judy Carrick	Yes
1	Ms Jill Davison	Apologies
1	Dr Alexandros Dearges Chantler	Yes
A	Professor Justin Durham	Yes
2	Mrs Madeleine Elliott	Apologies
2	Mr David Evans	No
1	Mrs Aileen Fitzgerald	Yes
1	Mr David Forrester	Apologies
S	Mr Gary Gibson	Yes
S	Dr John Hanley	Yes
2	Mrs Catherine Heslop	Yes
2	Professor Philip Home	Apologies
3	Mr David Hughes	Yes
A	Prof Tom Lawson	Apologies
2	Mr John McDonald	Yes
2	Professor Pauline Pearson	No
S	Mrs Kate Pine	Apologies
S	Miss Elizabeth Rowen	Apologies
S	Mrs Poonam Singh	Yes
A	Clr Ian Tokell	Yes
1	Dr Eric Valentine	Yes
1	Ms Emma Vinton	Yes
2	Mr Bob Waddell	Yes
3	Mr Michael Warner	Apologies
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
101	ACTION01	22/210 QUALITY & PATIENT SAFETY; PERFORMANCE & DELIVERY iii) Performance Report	08/12/2022	It was agreed that the Council of Governors would receive further detail with regards to Cancer Performance at the February meeting [ACTION01].	LT	05.01.23 - Item included on the Private Council of Governors meeting agenda for 16 February 2023.	

Key:

	No update/Not
	In progress
	Completed
	On Hold



### COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
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>• Members Event</li> <li>• Spotlight on Services on Endoscopy and Paediatric Immunology</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 the Chairs of the NHS Confederation Trusts</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:

- Members Event
- Spotlight on Services on Endoscopy and Paediatric Immunology
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), Local Authority and Voluntary Sector representatives
- National engagement with the Chairs of the NHS Confederation Trusts

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



## CHAIRMAN'S REPORT

We face a conflation of challenges unprecedented in NHS history. The impact of the pandemic is still being felt: new Covid 19 infections combined with flu and other viruses, the effect of long Covid on population health, industrial action and staff shortages are all impacting our efforts to clear the backlog resulting from earlier treatment delays. Changing behaviours and a significant rise in the older population result in more emergency presentations while wider socioeconomic challenges cause pressure on primary care and social care which exaggerate the burden on secondary and tertiary care. Climate change, meanwhile, marches on, bringing with it global population shifts which will adversely affect all countries.

Against this backdrop, our task as a leading teaching hospital is to maintain activity, standards and morale. We have much to celebrate and admire. Our staff continue to deliver despite the challenges and to support healthcare in the wider region.

I was pleased to Chair our Members' Event on 1 December which focussed on Innovation. We received two presentations; Dr David Rix, Clinical Lead, and Rachel Lonsdale Directorate Manager, described the successful opening of the Day Treatment Centre and Patricia Herrero, Senior Genetic Technologist, presented the successful implementation of region-wide screening for Inherited Bowel Cancer using the Newcastle MSI-Plus assay developed by Newcastle Health Innovation Partners (NHIP).

Our latest Board meeting was held on 26 January 2023 where we officially welcomed our new Chief People Officer, Mrs Christine Brereton. Christine brings 20 years of extensive public sector leadership experience and will be responsible for leading the workforce, organisational development and education functions across our organisation.

We also bid a fond farewell to Steven Morgan, Non-Executive Director who leaves us to start on a new journey as Chair for North Cumbria Integrated Care NHS FT. As Chair of our Finance Committee, Steven brought a rigorous evaluation of the challenges posed to our service and the opportunities available and wish him every success in his new role.

Since our last Council of Governors meeting, we have undertaken two "Spotlight on Services". The first session covered endoscopy Endoscopy, where I and a number of Non-Executive Directors were joined by a team including Chris Wright, Directorate Manager, and Jonathan O'Brien, Assistant Manager in Surgical Services who delivered a short presentation before meeting staff within the department at the Freeman Hospital.

The second session focussed on Paediatric Immunology, where I and a number of Non-Executive Directors were welcomed by Dr Mary Slatter, Consultant Paediatrician on Ward 3 at the Great North Children's Hospital. We heard how the unit is a supra-regional centre for immunology transplants and a regional centre for haematology transplants. We also discussed the complexity of the patients seen within the unit and some of the challenges in relation to capacity.

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At a regional level, I continue to engage with both Foundation Trust Chairs and the Integrated Care Partnership and participated at a meeting on 1 December where we were joined by Ken Bremner, Chief Executive Offer of South Tyneside and Sunderland NHS Foundation Trust (FT) to update us on the work of the Provider Collaborative. Other topics for discussion included the Ockenden requirements and maternity challenges as well as a discussion in relation to the work of the Disabled NHS Directors Network.

I have attended two meetings of the North ICP Chairs, Local Authority Leaders and Voluntary & Community Sector Representatives (VCS) held on 8 December 2022 and more recently 12 January 2023. At the latest meeting, discussion focussed on the Crisis in Health and Care and the adverse effects on many individuals. Following time exploring the causes, concerns and impacts of the current crisis we discussed how we can collectively address this.

I also attended a virtual Regional Roadshow hosted by Richard Barker, Regional Director NHS England – North East & Yorkshire. Amanda Pritchard, NHS Chief Executive, Julian Kelly NHS Chief Financial Officer and David Sloman NHS Chief Operating Officer joined the meeting for a discussion in relation to the 2023/24 Planning Guidance.

At a national level I attended a virtual meeting on 12 December 2022 with the Chairs of the NHS Confederation Trusts. The session focused on the Covid-19 inquiry where we were joined by Katherine Ibbotson, Director of Governance and Legal for NHS England and NHS Improvement.

**RECOMMENDATION**

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

**Report of Professor Sir John Burn**

**Chairman**

**07 February 2023**

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## COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
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>• Unprecedented winter pressures and industrial action;</li> <li>• Planning for 2023/24;</li> <li>• Renewing our leadership and management approach; 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. This report was presented to the Trust Board at their meeting on 26 January 2023.						

## 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 of Governors meeting, including:

- Unprecedented winter pressures and industrial action;
- Planning for 2023/24;
- Continuing to reduce elective waiting times;
- Renewing our leadership and management approach;
- CQC inspections and surveys;
- Service visits and work with partners;
- National influencing, networking and leadership; and
- Recognition and awards for staff.

The Council of Governors are asked to note the contents of this report, which was presented to the Trust Board at their meeting on 26 January 2023.

## CHIEF EXECUTIVE'S REPORT

### 1. OVERVIEW

The last two months have been among the most challenging for the NHS that I have experienced in my 40-year career. Unprecedented pressures are facing the health and care system and the concerns raised by the public, staff and the media across the UK are significant. Every member of NHS staff wants to be delivering the best possible care for our patients and that is what I know all our staff try to do every day when they come to work. On top of the physical and emotional demands that are always involved in caring work, there is an additional and painful toll that is taken whenever pressures on the system mean that we cannot support patients in the way we would hope to.

We still receive hugely supportive feedback from patients who recognise that *'everyone is doing their very best'* and who want to acknowledge that the care they've received was *'amazing'*. It is important to remember the huge positive difference that we do continue to make, even in the most difficult circumstances, to the patients and families whose lives we touch. Our quality and performance metrics continue to show that we provide care that is among the best in the country – but we need to acknowledge that, in Newcastle as across the UK, it is less easily available and subject to more delays and difficulties than it was even 12 months ago.

I continue to be incredibly grateful to every member of the team for their hard work and perseverance in the most difficult of circumstances. I am reminded that the NHS, given time and resources, has improved from hugely challenging circumstances before and I know it can do so again. I, the Executive Team and the Board will continue to do all we can to support staff today while also working for a better tomorrow.

#### **Winter operational situation**

In December, attendances at our Accident & Emergency (A&E) department at the Royal Victoria Infirmary (RVI) were 27.2% higher than they were in December 2019. Pressures were exacerbated by peaks of flu and Covid which not only increased levels of population ill-health but also meant that staff sickness absence surged.

High levels of emergency attendances and resulting admissions have had a huge impact throughout the entire organisation, with bed occupancy regularly exceeding 95% and, at peak, more than 220 medical patients 'boarding' into wards different to those where they would have normally been admitted if capacity was available. All the region's hospitals have been in a similar situation, so it has been very difficult to transfer those patients who came to Newcastle to access the specialist beds we provide back to their local hospital, further exacerbating our organisation's capacity pressures.

Bottlenecks caused by lack of bed availability have unfortunately often led to prolonged waits in the A&E department and assessment suite for patients who require admission. But despite operating at the highest levels of operational pressure, we have continued to receive and offload ambulances in a timely manner, and I am proud we continue to have the lowest rate of ambulance handover delays in the North East and Cumbria. Ensuring ambulances have been able to offload their patients is the main way we support the North

## Agenda item 5

East Ambulance Service to achieve the fastest possible response times to patients who call 999 – this was particularly crucial on the 21<sup>st</sup> December and 11<sup>th</sup> January when ambulance staff took industrial action.

In our Trust, members of the Royal College of Nursing took industrial action on 15<sup>th</sup> and 20<sup>th</sup> December as part of their national pay dispute with the Government. I know that nursing colleagues made the decision to strike with a heavy heart, and I appreciate how difficult that was for them. There was extensive work in advance of and during the strike days to agree appropriate derogations and mitigations to maximise safety and the continuity of critical service provision. I want to thank our nursing and operational teams for the way they managed this difficult situation with professionalism and a continued focus on the wellbeing of our patients.

Looking forward, at the time of writing we expect the Trust to be impacted by industrial action from members of the Chartered Society of Physiotherapy on the 26<sup>th</sup> and 27<sup>th</sup> January, and from further action by the Royal College of Nursing on 6<sup>th</sup> and 7<sup>th</sup> February.

**Planning for 2023/24 and continuing to reduce elective waiting times**

On the 23<sup>rd</sup> December, NHS England published the priorities and operational planning guidance for NHS organisations to follow until March 2024. The immediate priority remains to continue recovering core services and productivity, including improving patient experience by improving both elective and emergency waiting times.

We are continuing to reduce the number of patients who wait the longest for elective care and are working to ensure that by the end of March no-one is waiting more than 78 weeks other than a small number of patients who require highly specialised care such as complex spinal surgery. While pressures constrain the amount of inpatient elective activity we have been able to carry out, we know that most patients on our waiting list will be treated as a day case or as outpatients. We are therefore focused on maximising the throughput of our new Day Treatment Centre, which recently welcomed its 1,000<sup>th</sup> patient, and of every outpatient clinic. Many staff have offered to take on extra shifts as part of our initiative to reduce waits and I remain hugely grateful for all their efforts.

A continued focus on productivity will be required throughout 2023 as we work to ensure no-one is waiting more than 65 weeks by March 2024 while also delivering the significant financial efficiency savings that we will be expected to make as part of our financial settlement. Corporate teams are currently working hard to develop activity, finance, and performance plans for 2023/24 with directorates. They will be presented at March's Board meeting.

**Renewing our leadership and people approach**

At our Trust Management Group (TMG) at the end of November, I spoke with the organisation's most senior clinicians and managers about the leadership challenge we now face and the approach we are intending to adopt. In every area our job is to work to deliver quality care, within the available budget, that meets the expected performance standards and in a way that is supportive and sustainable for our staff.

## Agenda item 5

Our existing management structure comprising of 21 separate directorates was put into place at a very different time, but we have heard feedback that the current arrangements can now be difficult to work across to deliver improvement. In the coming months, we will be introducing a new leadership and management structure which will reduce the number of separate management units, bringing services together into eight new clinical boards. In the last two months, key clinicians and managers whose services will in the future be grouped within the same clinical board have been brought together in a series of workshops. It is exciting to hear feedback from those workshops about the extent of the opportunity there is to work better together. We know that staff cannot work harder than they are already – so our only route to deliver the further capacity we need for the future is to work better together, both within our organisation and with our partners. That is why changing the way we are managed is so important for our future success. We will provide regular updates to the Board as we mobilise the new arrangements in coming months.

**New Chief People Officer**

This month we welcomed Christine Brereton who has joined our Executive Team as Chief People Officer. In Newcastle, we have an ambition to be the best place to work in the NHS and it is vital that we develop a modern and long-term approach to how we recruit, retain and support our staff so that we can continue to provide outstanding services. I know that Christine will bring energy, expertise and a compassionate approach to this important task and I look forward to working with her.

**Care Quality Commission (CQC) visits and maternity survey**

Since the last Board meeting, we have received two inspection visits by the CQC. On 30<sup>th</sup> November and 1<sup>st</sup> December, CQC inspectors visited to look at how we provide care to patients with a mental health need, and/or a learning disability or autism, and how we comply with the Mental Health Act and Mental Capacity Act. On 10<sup>th</sup> and 11<sup>th</sup> January, the CQC visited our maternity department as part of its national inspection programme for these services. We will share formal feedback from these inspections with the Board as soon as it is received.

This month the CQC also published results of its national maternity survey and I am delighted that once again Newcastle Hospitals has been rated amongst the best in the country for the care provided to mums and babies. The maternity team have also rolled out a new electronic records system 'Badgernet' which will facilitate further improvements to their work as well as allowing expectant parents to access their maternity healthcare records remotely through an app. I know the maternity team pride themselves on delivering outstanding levels of care at all stages of the maternity journey. The excellent patient survey results and way in which they have successfully worked with IT colleagues to implement their new records system are a testament to all their hard work.

**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**



## Agenda item 5

In November, I spent the afternoon visiting our surgical wards at the RVI, including the surgical assessment unit which opened in May 2022. This service takes referrals directly from GPs and from the emergency department and assesses patients who might need to undergo surgery following complaints such as abdominal pain.

The positive impact on patient care of this new approach to the surgical admissions pathway were clear – better experience for the 30-40 patients a day using the unit and improved flow through the emergency department and wider hospital. Improvements have been supported by the introduction of new roles, including our first surgical assessment practitioner, and the enhancement of skills for many members of the team. Across all wards I visited (including 36, 44, 46 and 47), I was impressed by the enthusiasm and professionalism of all staff, from experienced specialists to new team members, and how they are working together to support each other and develop new ways of working.

In December, I spent time in our A&E department and visiting our new Clinical Decisions Unit (CDU). The CDU is a dedicated facility which has capacity to treat up to 10 patients at a time who are medically stable, had most of their care completed and are likely to go home but are waiting for things such as transport, a hospital transfer, blood tests, a mobility assessment or specialty review. As well as improving the patient experience in terms of privacy, dignity and comfort, it also helps to free up space in our busy A&E Department, reducing corridor care and improving safety. Our front of house teams have been in the eye of the storm in recent months – I am humbled by the resilience and ongoing commitment they show, and I'm pleased we have been able to continue to provide expanded facilities and space to support their work.

**Newcastle Building Society**

Over the last 10 years the Newcastle Building Society has supported the Sir Bobby Robson Foundation, one of our Newcastle Hospitals Charity Funds, with an amazing £3m donated to help find more effective ways to detect and treat cancer. To mark this magnificent achievement, I was proud to visit the Building Society's headquarters to join Lady Elsie Robson and Stuart Miller, Chief Customer Officer at Newcastle Building Society. The work between the Building Society and all involved in the charity is a team effort I have no doubt Sir Bobby would be thrilled about.

**Partnership work in Newcastle and across the North East and Cumbria**

We continue to work with civic partners in Newcastle as part of our Collaborative Newcastle approach to improve and integrate our health and care services. I have had a number of meetings in recent months in support of this work. I particularly want to highlight the work of colleagues at Newcastle City Council and in the Newcastle place team of the Integrated Care Board who have worked together well with us over winter to minimise the number of patients who have experienced delays in discharge from our hospitals as a result of waiting for social care support.

In December, I met with Pam Smith (Chief Executive, Newcastle City Council), Chris Day (Vice-Chancellor, Newcastle University) and Andy Long (the new Vice-Chancellor for Northumbria University) to discuss how we can continue to develop our partnership work for the benefit of the city. Newcastle is distinctive in having two excellent universities with strong links with the NHS and I look forward to continuing to working closely together with

## Agenda item 5

them to develop not only our services and staff, but also the economic prospects of the city and wider region.

I have continued to meet with NHS Chief Executive colleagues from across the region, including those from Leeds, Sheffield and Sheffield Children's Trusts as part of our continued joint work to provide the North East & Yorkshire's Genomic Laboratory Hub. Within the North East and North Cumbria I continue to meet regularly with colleagues in Gateshead, Northumbria and North Cumbria Trusts as we work to improve collaboration and unlock joint opportunities for service development and efficiencies.

**National policy and influencing**

I regularly participate in events through my roles in the Shelford Group and as Vice-Chair of the NHS Confederation. This week I was delighted to welcome Lord Victor Adebawale, Chair of the NHS Confederation, to visit us in Newcastle – I know he was inspired by the care he saw staff delivering and will use the insight he gained to help inform the conversations he holds at the highest policy-making levels.

In November, I met with the Board of NHS England as they considered how best to develop and support the leadership the NHS needs. Following publication of various reviews of NHS leadership in recent years, including the Messenger report, it is a clear priority of the NHS England to deliver the recommendations made and to enhance the support available to NHS Chief Executives and their Executive Teams. I regularly mentor and advise several NHS senior leaders and I look forward to continuing to support leadership development within Newcastle and nationally in the future.

Earlier this month I met with the Health Secretary, Steve Barclay, along with fellow Board members of the Office for the Strategic Coordination of Health Research. The NHS' unique size and expertise is a huge asset for the nation as we look to become a research and science superpower, and it was positive to hear the Secretary of State acknowledge the particular strengths that are found in research-intensive organisations like ours who have long and deep relationships with excellent local universities.

**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.

**HSJ Awards**

As I mentioned verbally at the last Board meeting, our work to tackle the climate emergency was recognised in the HSJ Awards in November when the trust won the **Towards Net Zero Award**. The judging panel said: *"Newcastle Hospitals has taken a strategic leadership position to tackle the impact it has on climate breakdown, not just relating to the threat that the climate crisis presents to the planet but also to health, wealth and wellbeing locally. The organisation displayed a mature proposition and showcased that it is being led from the top."*

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At the same awards ceremony, The Children's Hospital Alliance, which includes our Great North Children's Hospital, were awarded the **Performance Recovery Award** in recognition of the work of the Paediatric Accelerator programme.

I am pleased to report that we also have three finalists in the **HSJ Partnerships Awards** which will be judged in March. In the **Environmental Sustainability Project of the Year** category, both the ICS Clean Air Partnership (a collaboration between the Trust, Boehringer Ingelheim and Global Action Plan) and our international collaboration to bring an NHS first in nitrous oxide tackling technology (a partnership between the trust, BPR Medical and Medclair) have been shortlisted. In the **HealthTech Partnership of the Year** award, Newcastle Hospitals is one of a number of trusts in the region to be shortlisted with Health Call Solutions for their Innovate, Digitise, Transform programme.

**Nursing Times Awards**

I was delighted to see Audrey Tapang announced as the deserving winner of **Overseas Nurse of the Year** category in the Nursing Times Awards 2022. Audrey relocated from the Philippines to pursue a new start in life with the Newcastle Hospitals in 2015 and began her nursing career in cardiothoracic intensive care.

She now has a senior clinical educator role, welcoming new nurses from overseas, and supporting scores of nurses - who have made the life-changing decision to choose Newcastle as their new home - through the OSCE process.

The trust – in partnership with NHS Arden and Gem CSU – also won the **Best Workplace for Learning and Development** category for creating and delivering an innovative Leadership Development Programme called “Maximising Your Potential”.

The programme, which has been delivered to over 50 members of staff who identified as Black, Asian or Minority Ethnic, provides support and training for those who would benefit from developing their skills further with the aim of creating a fair and equitable high-performance culture, and received overwhelmingly positive feedback with several participants successfully achieving promotions following completion.

**300<sup>th</sup> robotic lung resection milestone**

We're proud to be at the leading edge of innovation and technology here in Newcastle so we can provide the best healthcare to our patients. At the end of last year Mr Dharmendra Agrawal, thoracic surgery lead at the Freeman Hospital, performed his 300th robotic lung resection (removal of part of lung) using the Da Vinci robotic system.

This technique not only significantly reduces a patient's length of stay but post-op recovery is also much quicker. Congratulations to Mr Agrawal and the team for reaching this fantastic milestone.

**Second anniversary of the North East Innovation Lab**

North East Innovation Lab celebrated its second anniversary this month. Originally established under the umbrella of the Integrated Covid Hub North East, the lab, which is part of the trust, has a remit to support the development of a wide range of cutting-edge

## Agenda item 5

diagnostics. This includes new technologies and ways to identify viruses and other health threats, such as sepsis and cancer.

It has been fantastic to witness and support the lab's growth over the past 24 months and I am proud that our scientists are playing such a key role in bringing the latest diagnostics to the mainstream.

Since opening, the team has engaged with an impressive 100 test developers from the NHS, academia and industry, and worked on over 45 projects with 21 companies across the globe from the UK to the USA and China to Australia. The lab is a great example of how we work innovatively and flexibly with partners to develop new ways of improving patient outcomes and contributing to economic growth in the region.

### **New Year's Honours**

It was fantastic to see our Medical Director Andy Welch being awarded an OBE for his services to health care and patients across the region in the New Year's Honours list.

Congratulations also to:

- Professor Roy Taylor, an honorary consultant in diabetes at the trust and Emeritus Professor of Medicine and Metabolism in Translational and Clinical Research at Newcastle University, who received an MBE for services to diabetic research.
- Professor Chris Day - Vice-Chancellor and President of Newcastle University – who received a CBE for his pioneering clinical and academic work in Newcastle which has improved the lives of many local patients, while his clinical research has had a worldwide impact.

### **Recognising our apprentices**

I'd like to congratulate our estates apprentices who have been recognised locally and nationally for the work they do:

- Chris Barnett – Having just completed a four-year apprenticeship at the RVI in mechanical engineering, Chris is now a fully qualified member of the estates team. He first won the regional fourth year apprentice of the year award (2022) and was overall winner of the IHEEM National Apprentice of the Year – a testament to the commitment shown in his work.
- Harvey Smith and Tony Reed – Harvey, a second-year mechanical engineering apprentice at the RVI, and Tony, who joined the trust in 2016 as a maintenance assistant before embarking on a mature apprenticeship in electrical engineering in 2020, were both finalists in the IHEEM National Apprentice of the Year Award.
- Kyle Rutherford – Kyle, who is described as keen, enthusiastic and always willing to go that extra mile, received a trust People at Our Heart Award.

The apprenticeship route is a fundamental part of the Estates recruitment strategy and as such it is great to see the high calibre of those continuing to come through system.

### **Other staff awards**

Congratulations to all of the following staff who have also been recognised recently:

- Jessica Higginson received a Cavell Nurses' Trust Star Award for her outstanding approach to consistently providing the highest quality patient care, particularly to those

## Agenda item 5

receiving palliative and end of life care. Her award highlights the depth and breadth of care provided by our community teams and truly demonstrates our nursing values.

- Kerry Puga, deputy matron for Community Nursing was named a Queen's Nurse – an accolade which is only granted to highly dedicated community nurses who can demonstrate their commitment to providing the highest standards of practice and care.
- Nurse consultant Alison Armstrong was appointed as the first non-medic to take up a national position with the British Thoracic Society as the new Chair of its Education and Training Committee.
- Lisa Morgan, healthcare assistant and family-centred care lead at the Freeman Hospital's Cardiothoracic Centre, received one of the very first Chief Nursing Officer's Healthcare Support Worker awards in recognition of her "Commitment to quality of care".
- Consultant Kevin McEleny is the first urologist to lead the British Fertility Society as Chair-elect and will take up the role as Chair in January 2024.

#### **4. RECOMMENDATION**

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

**Report of Dame Jackie Daniel**

**Chief Executive**

18<sup>th</sup> January 2023

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## COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
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 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. This report was presented to the Trust Board at their meeting on 26 January 2023.						

## 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 December 2022**. The numbers of Trust onset C.difficile infections, and Pseudomonas Aeruginosa bacteraemias are higher than the Trust trajectory.
2. In December there has been a **decrease in the incidence of inpatient acquired pressure ulcers (n=89)**. **The number of falls across the Trust (n=294) increased by one following a significant increase seen in November.**
3. There were **22 Serious Incidents (SIs) reported in December 2022** demonstrating a decrease towards the mean. **No Never Events were reported in December 2022.**
4. The Trust has received a total of **409 (393 with identified patient activity) formal complaints up to December 2022**, an increase of 48 on last month's opened complaints.
5. There were **1,623 responses to the Friends and Family test from the Trust in October 2022** (published December 2022) compared to 1,560 in the previous month.
6. There was **an increase in deaths reported in December 2022 (n=251)**. This is subject to further analysis.
7. In the period to 31<sup>st</sup> December the Trust incurred expenditure of £1,042.3 million and accrued income of £1,046.8 million on mainstream budgets. An expenditure was incurred of £5.5 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a surplus of £4.2 million.

The Council of Governors is asked to receive the report, which was presented to the Trust Board at their meeting on 26 January 2023.



# Integrated Board Report

Quality, People and Finance

January 2023



# 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 reported December pressure has continued into early January. System wide pressures, delayed discharges and patients requiring repatriation to their local hospital continue to put additional pressure on bed availability and patient flow remains compromised, with the added complication of needing to isolate and/or cohort patients with COVID, patients with Flu (which peaked in December), and more recently there has been an increased incidence of Norovirus leading to a temporary loss of beds. Industrial Action continues to take place in our region also impacting on general system pressure.

Throughout the month there has been increased frequency in needing to escalate due to operational pressure, including our own escalation to OPEL 4, the highest level, and the inpatient elective programme has consequently been reduced to only priority and cancer cases. Daycase activity continues which enables us to continue to schedule many of our long waiting patients.

## Report Highlights

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# Contents: January 2023

## Quality

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

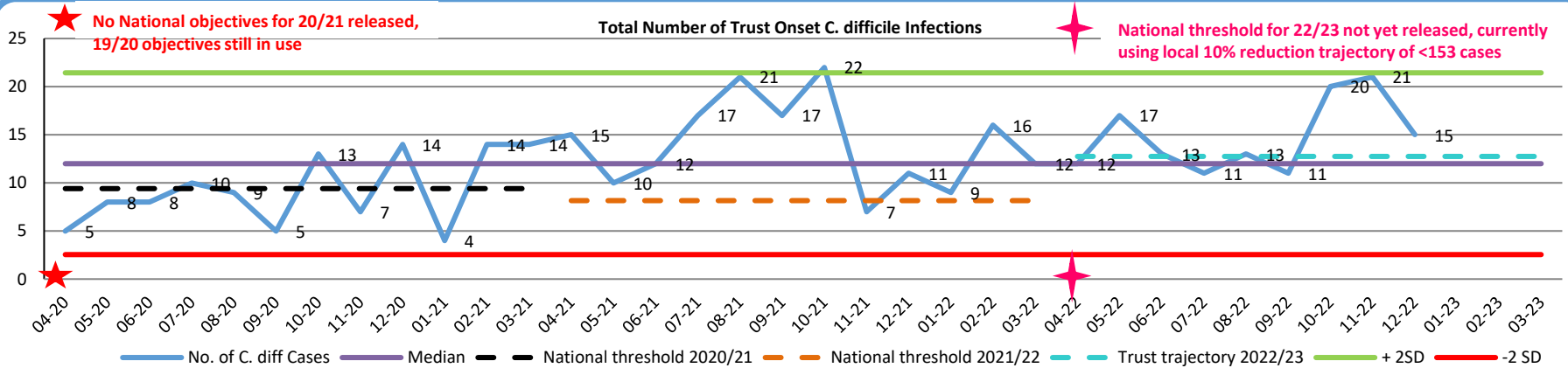
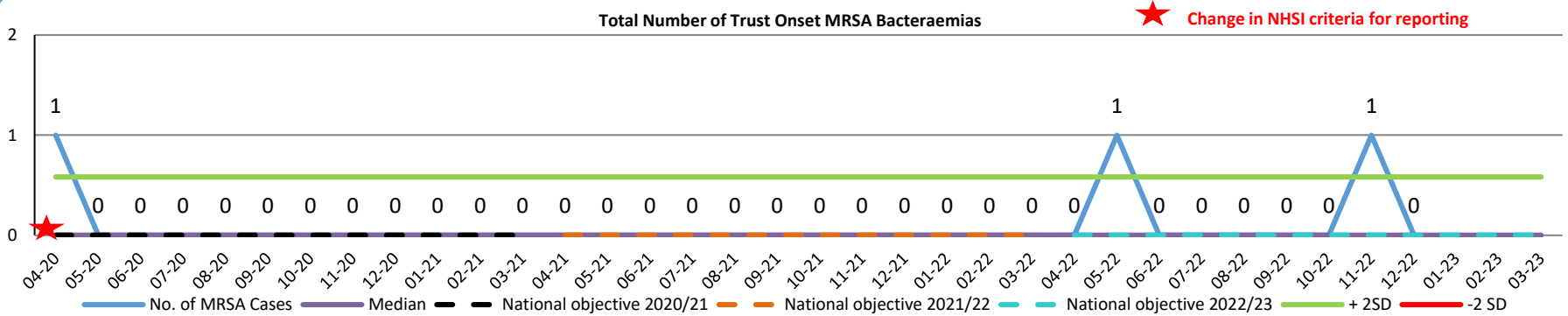
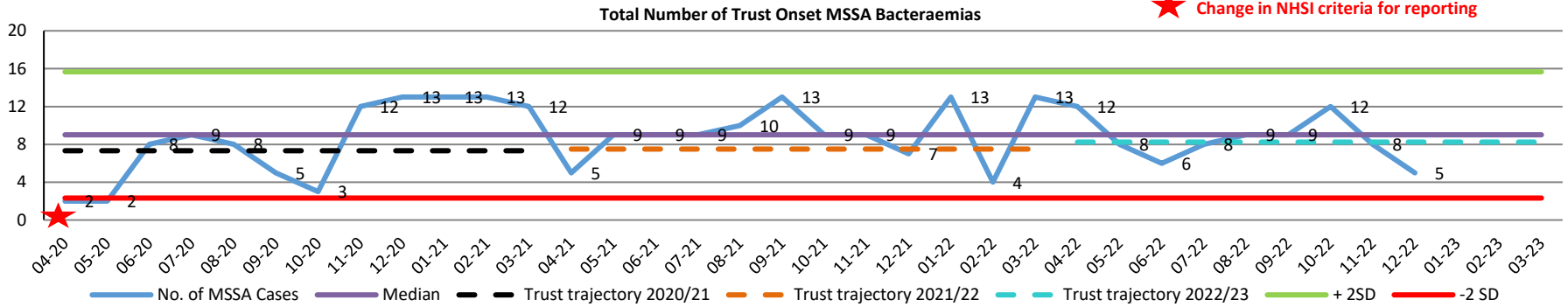
## People

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

## Finance

- Overall Financial Position

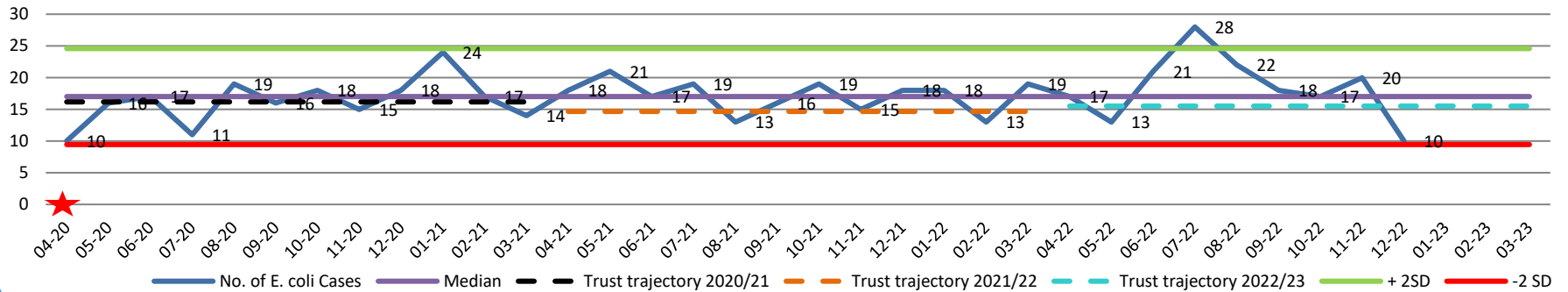
# Quality: Healthcare Associated Infections 1/2



# Quality: Healthcare Associated Infections 2/2

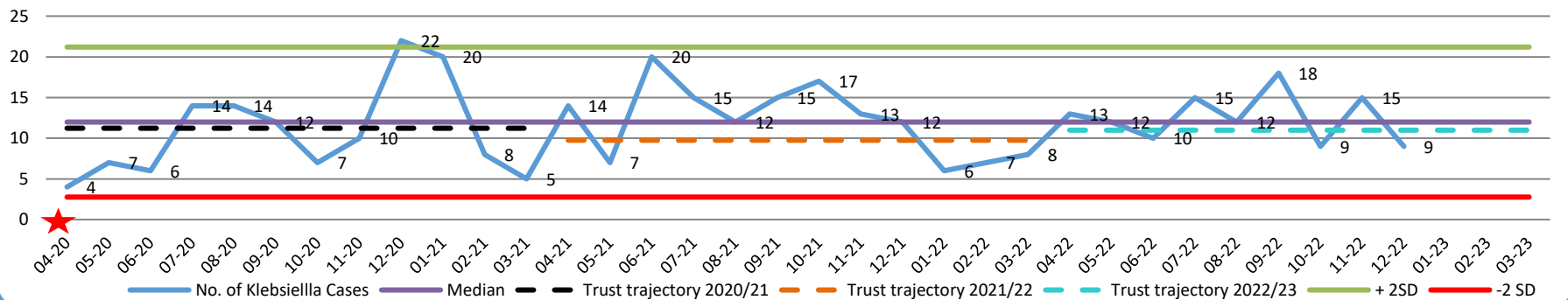
Total Number of Trust Onset E. coli Bacteraemias

★ Change in NHSI criteria for reporting



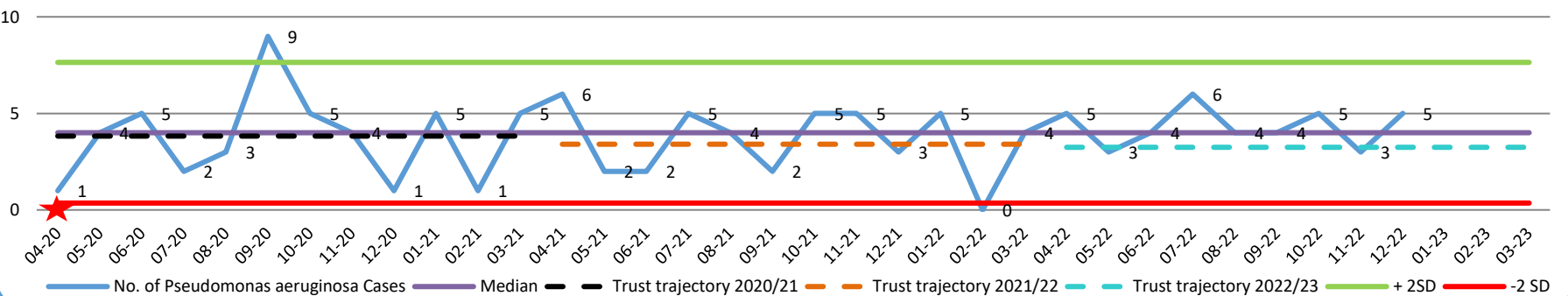
Total Number of Trust Onset Klebsiella Bacteraemias

★ Change in NHSI criteria for reporting



Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias

★ Change in NHSI criteria for reporting



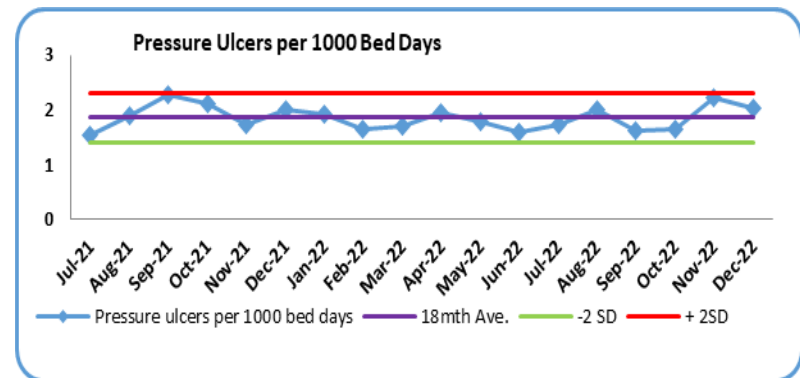
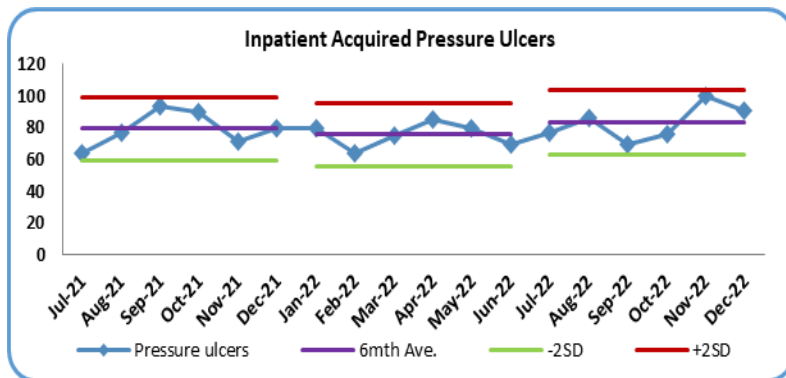
# Quality: Harm Free Care – Pressure Damage

The incidence of inpatient acquired pressure ulcers has decreased in December from 100 in November to 89 in the month.

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. There has been and continues to be a high number of medical borders across the Trust.

The tissue viability team are doing some focussed work with wards and departments with the highest incidence of pressure damage, focussing on education .

A pilot has been started to introduce a new risk assessment tool called PURPOSE T, this would replace Braden and help staff identify and plan care for those patients at risk of pressure damage.

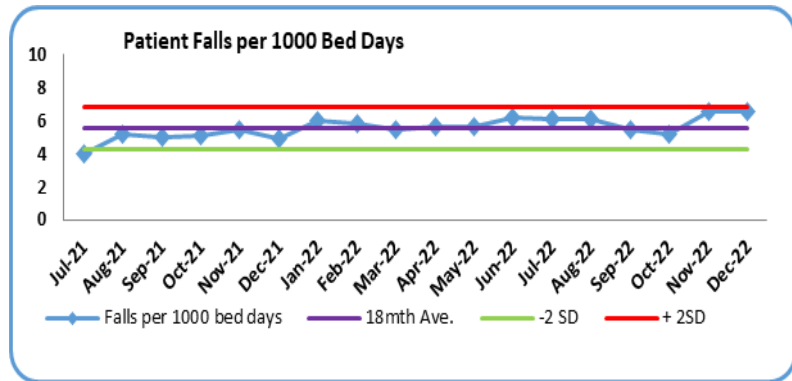
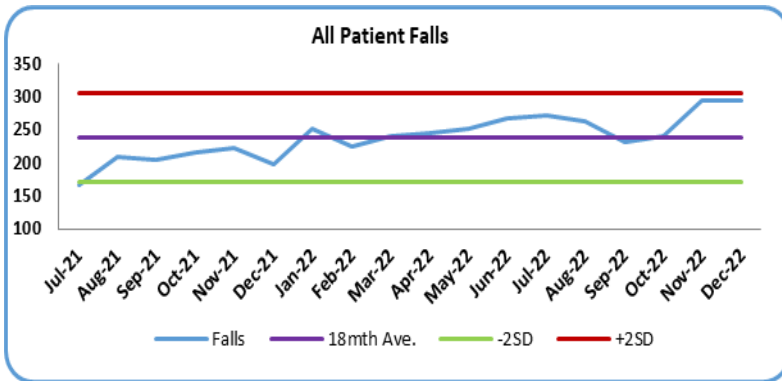


# Quality: Harm Free Care - Falls

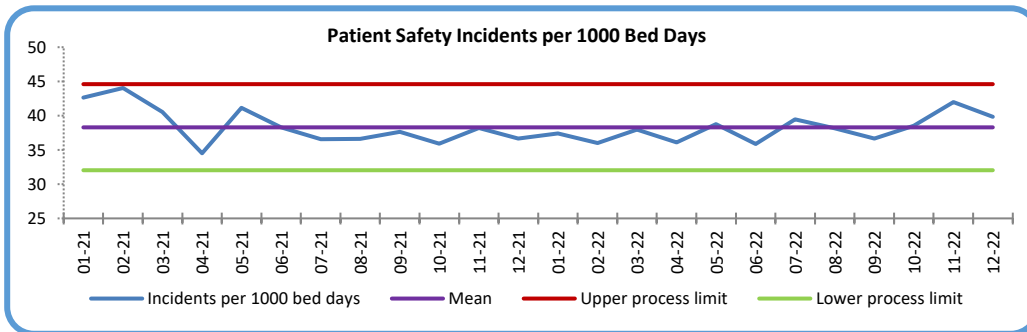
There was a significant increase in falls across the Trust in November showing 293 falls in the month the highest number this year despite on going prevention work with wards and departments this has continued into December with 294 falls.

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.

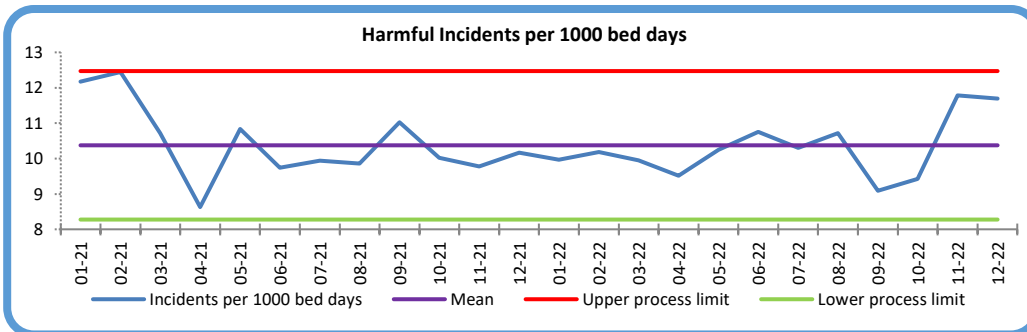
The Falls Prevention Coordinator has continued with work identifying, on a monthly basis, the wards with the highest incidence of falls, identifying contributing factors and identifying learning and solutions, with the aim to reduce numbers of falls in the Trust.



# Quality: Incident Reporting

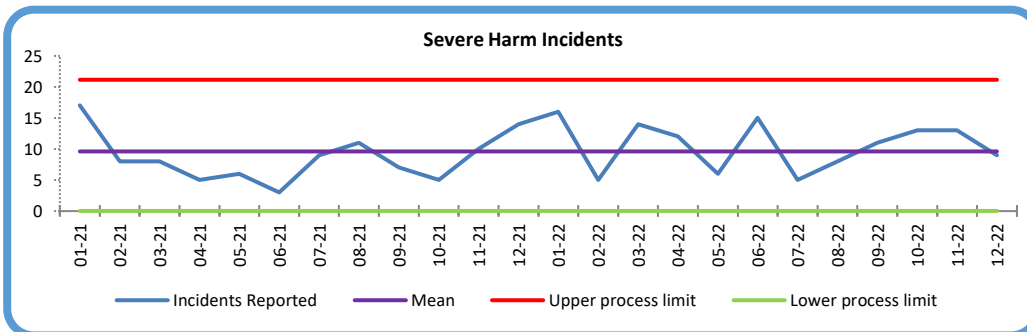


**All patient incidents:** The number of patient safety incidents per 1,000 bed days decreased slightly toward the mean for December 2022. This remains well within the expected common cause variation.



**Harmful incidents:** The number of \*harmful patient safety incidents per 1,000 bed days decreased slightly for December 2022. This remains within the expected common cause variation. 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.*

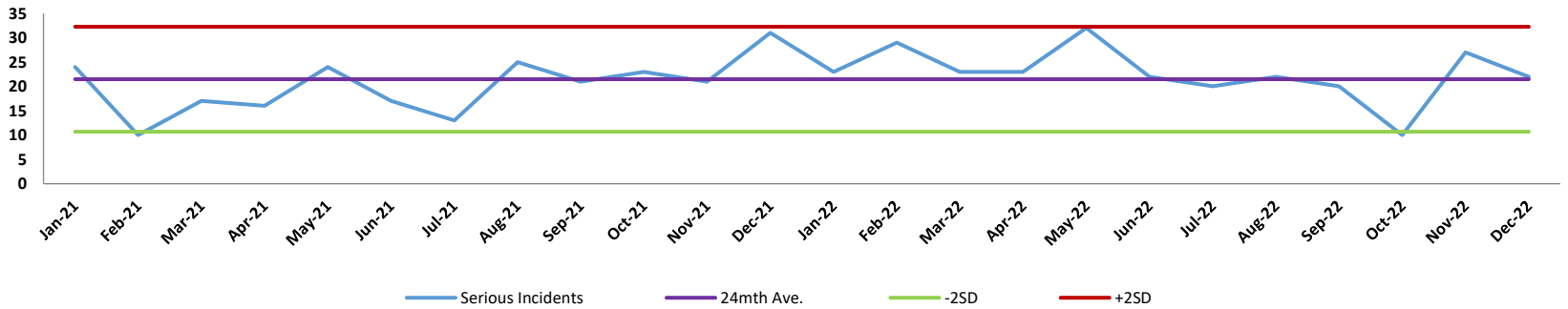


**Severe harm incidents:** There were 9 patient safety incidents reported which resulted in severe harm in December 2022. This demonstrates a decrease below the mean and remains within the common cause variation. Severity grading of reported incidents may be modified following investigation and is therefore subject to change in future reports.



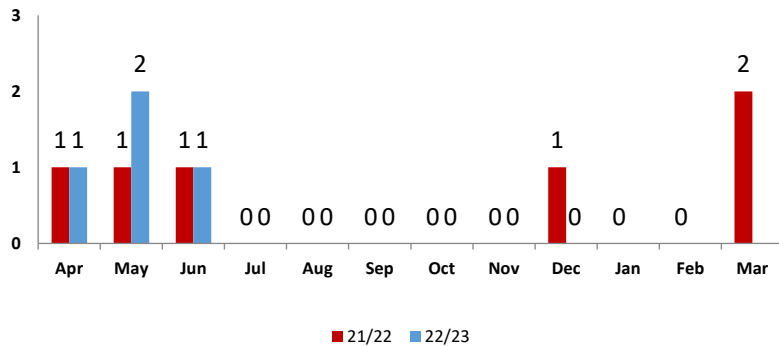
# Quality: Serious Incidents & Never Events

Number of Serious Incidents Reported



There were 22 Serious Incidents (SIs) reported in December 2022, demonstrating a decrease toward the mean since November 2022. 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 December 2022.

Total Number of Never Events Reported



Serious Incidents by Category



# Quality: Serious Incident Lessons Learned

## Learning identified from Serious Incident (SI) & Never Event (NE) investigations completed between 01.09.2022 – 31.12.2022

The following section outlines key learning from the 27 SI investigations completed between 1<sup>st</sup> September 2022 to 31<sup>st</sup> December 2022. This data excludes information on falls, pressure ulcers, deaths as a result of definite or probable hospital acquired Covid-19 and any SI cases subsequently de-registered during this period.

### **Maternity reportable cases - 5 cases**

- Strengthened safety netting processes to ensure clear and robust follow-up plans in place after each clinic appointment
- Strengthened simulation training on difficult airway scenarios provided and guidance strengthened to reflect national guidance
- Consistent use of medical history alerts re-enforced, whilst improved digital functionality awaited as part of e-patient record implementation
- Real time assessments strengthened in line with national practice frameworks and learning integrated within clinical skills training
- Decision tool for mode of delivery improved to provide clearer information for women, to better inform decision making
- Pathways of care and wellbeing assessments strengthened for surveillance in multiple pregnancies
- Wider MDT discussion in place to improve communication and ensure that planned tasks and defined roles are clear
- Re-enforced timely resuscitation team escalation requirement to ensure appropriate senior response
- Fetal monitoring guidelines and training strengthened in line with national guidance, to re-enforce escalation and management pathways
- Provision of debriefing sessions to offer staff additional support and reflection following learning events

### **Unexpected death - 3 cases**

- Targeted education sessions to upskill staff for managing patients with complex mental health conditions
- Standardised local procedure developed and agreed to guide staff for when patients are disclosing potential self-harm
- Rare but recognised complication re-enforced to doctors in training and learning shared at local governance forums
- Appointment of new Clinical Educators, creation of device Super Users and creation of workbook to strengthen training provision & audit
- Liaison with device manufacturer to review functionality to explore enhanced and improved usability

### **Medication incidents – 2 cases**

- Collaborative work with GPs and junior doctors, to review discharge process and documentation to inform pathway improvements
- Pharmacy Hub reconciliation processes strengthened to improve medicine safety netting for patients discharged in the community
- Digital e-Record solutions explored, to better alert staff to anomalies or extreme changes in height and weight measurements

### **Missed abnormal results – 2 cases**

- Use of digital functionality for critical notifications re-enforced to ensure requesting clinicians are consistently alerted to abnormal radiological results
- Solutions to strengthen specialty processes identified to enable timely Consultant review and actioning of all results
- Senior Quality and Patient Safety leadership oversight of proposed digital solutions to ensure sustainable improvements are identified

# Quality: Serious Incident Lessons Learned

## **Delayed diagnosis – 2 cases**

- Urgent referral pathway re-enforced through strengthened staff training and learning shared to ensure timely escalation & comprehensive documentation of decision making
- Bespoke mental health training programmes delivered to support and upskill staff caring for patients with complex mental health conditions
- Urinary catheter management guidance strengthened in collaboration with frontline staff, to provide clarity of expected practice
- Programme of local training and monthly audit in place for ongoing assurance of best practice in NEWS2 risk scoring.
- Digital solutions explored to identify opportunities for e-Record & NEWS2 e-system integration to better alert staff to urine output concerns

## **Incorrect treatment**

- Specialist training and technical support made available for all staff to ensure wider familiarity with the design of newly installed systems
- Liaison with manufacturer to ensure improvements to engineer hand overs, to provide assurance of robust assessments

## **Lost to follow-up**

- MDT 'outcome' processes strengthened to ensure that follow up appointment and onward referral (if required) are checked for robust onward planning, with audit of process to provide ongoing assurance

## **Complication of treatment**

- There was no local learning identified in this case and the patient received an outstanding standard of care

## **Complication of treatment**

- Training and standardised equipment set-up and safety checks strengthened in line with national guidance and audited for assurance of compliance
- Learning regarding equipment design improvements shared with manufacturer and MHRA to contribute to national learning

## **Complications of high risk surgery – 8 cases**

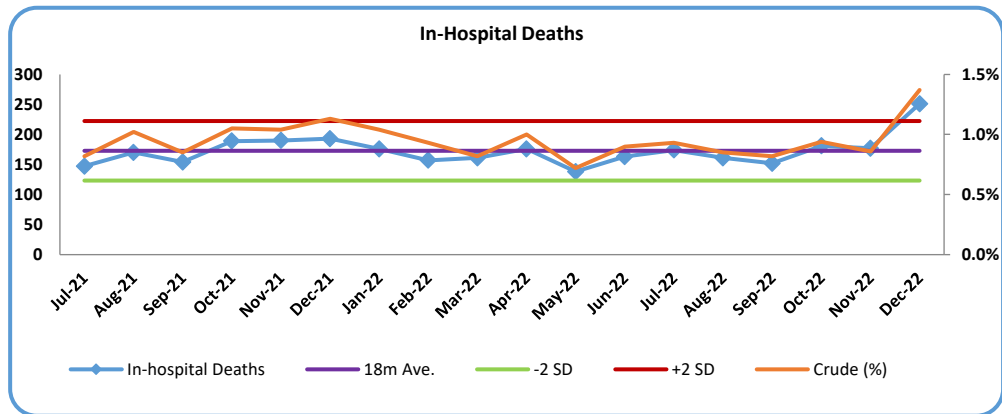
- Strengthen communication processes between specialist teams to support clinical decision making and ensure accurate documentation
- Develop more robust governance processes including MDT and M&M review, to promote effective communication and strengthen assurance processes

## **Healthcare Acquired Infection**

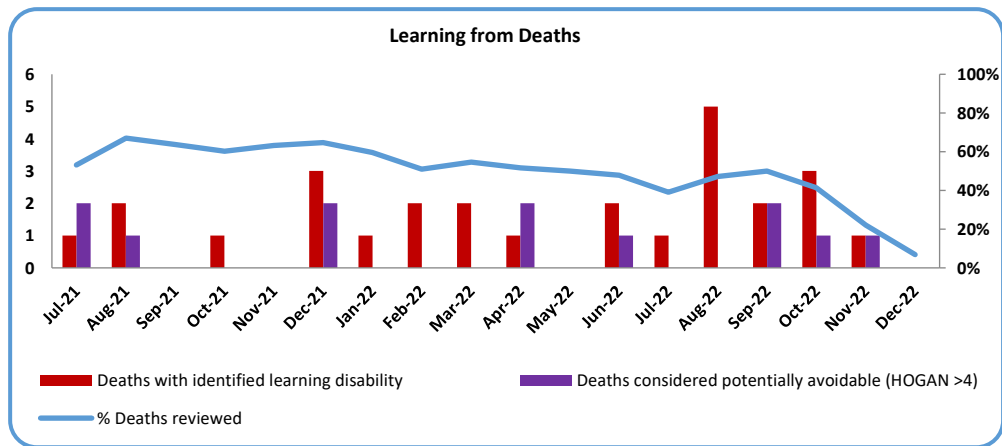
- Ongoing improvement work in relation to cannula care, with robust staff education and nominated Harm Free Care Lead support in place, to ensure consistent best practice

# Quality: Mortality Indicators 1/2

**In-hospital Deaths:** In total there were 251 deaths reported in December 2022, which is considerably higher than the amount reported 12 months previously (n=193). The high increase in deaths in December 2022 has been noted and will be subject to further analysis. Due to the increase in deaths, the crude death rate is 1.37%.

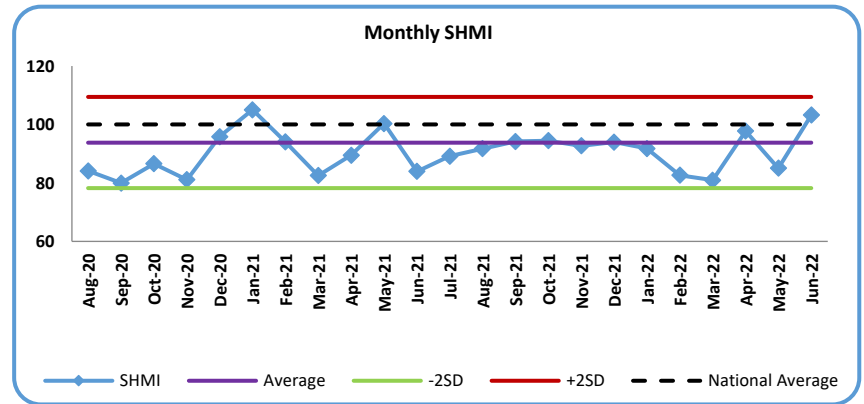
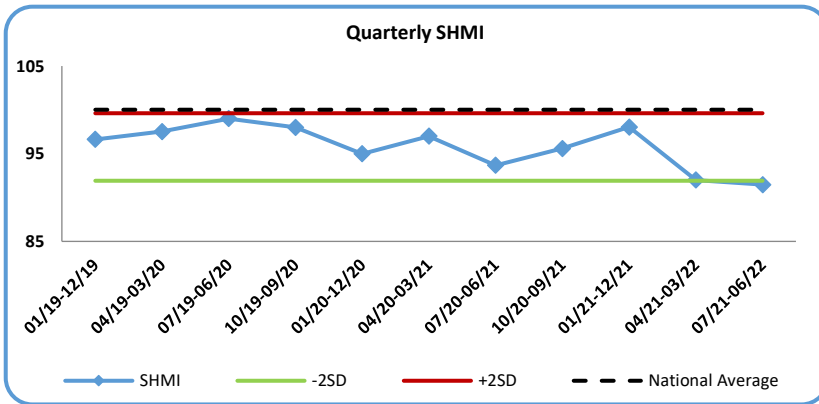


**Learning from Deaths:** Out of the 251 deaths reported in December 2022, seventeen patients have, to date, received a level 2 mortality review. However, these figures will continue to rise due to ongoing M&M meetings held over the forthcoming months. All figures will continue to be monitored and modified accordingly.

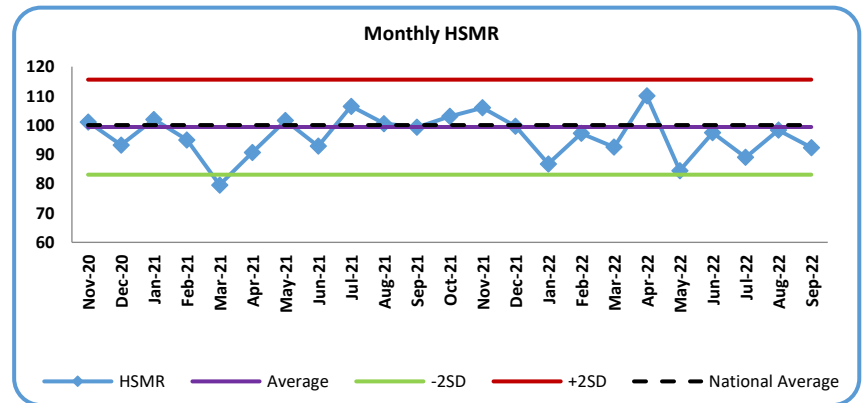
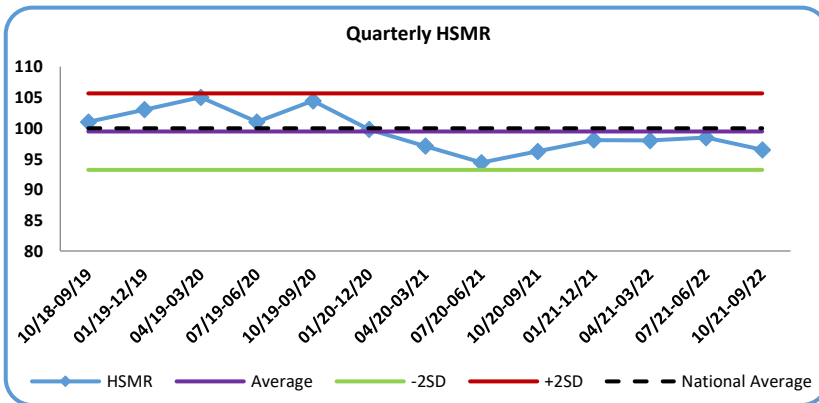


# Quality: Mortality Indicators 2/2

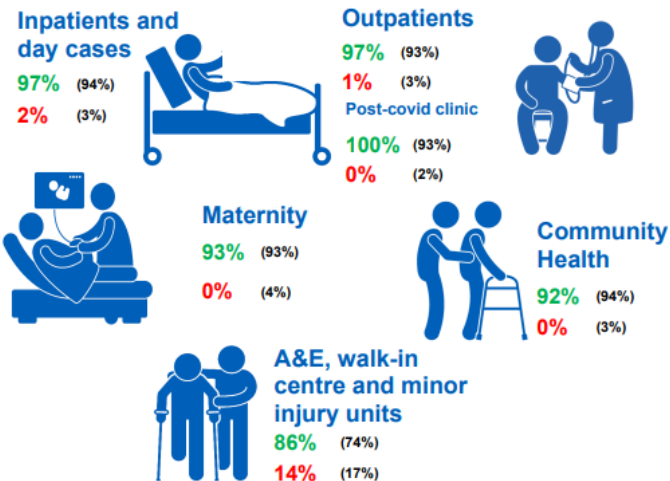
**SHMI:** The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 91 from months July 2021 – June 2022. This is below the national average and is within the "as expected" category. Monthly SHMI shows the Trust to be above the national average for June 22, however, is still 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. HSMR data is available up to September 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. Unlike SHMI data, HSMR data does not include deaths within 30 days of discharge.



# Quality: FFT and Complaints



## Friends and Family Test

The published data to date shows that there were 1,623 responses to the Friends and Family test from the Trust in October 2022 (published December 2022) compared to 1,560 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 409 (393 with identified patient activity) formal complaints up to December 22, an increase of 48 on last month's opened complaints.

The Trust has received an average of 45 new formal complaints per month, which is one less than the 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 0.05% (5 per 10,000 contacts). The lowest complaint percentages are with Dental, community, NCCC and EPOD who have 0.01%.

Services	2022-23				21-22 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	16	74,492.00	0.021%	1:4656	1:3128
Children's Services	24	54,334.00	0.044%	1:2264	1:3275
Community Services	7	54,854.00	0.013%	1:7836	1:4546
Dental Services	5	73,267.00	0.007%	1:14653	1:10120
Medicine	37	107,626.00	0.034%	1:2909	1:3053
Medicine (ED)	24	134,434.00	0.018%	1:5601	1:4866
ENT, Plastics, Ophthalmology & Dermatolog	29	267,662.00	0.011%	1:9230	1:7356
Musculoskeletal Services	22	74,978.00	0.029%	1:3408	1:3505
Cancer Services & Clinical Haematology	21	154,322.00	0.014%	1:7349	1:6347
Neurosciences	28	75,839.00	0.037%	1:2709	1:3067
Patient Services	95	31,051.00	0.306%	1:327	1:1934
Peri-operative & Critical Care	10	26,661.00	0.038%	1:2666	1:3499
Surgical Services	26	54,766.00	0.047%	1:2106	1:1698
Specialist Services	14	46,932.00	0.030%	1:3352	1:3090
Women's Services	35	106,039.00	0.033%	1:3030	1:3341
<b>Trust (with activity)</b>	<b>393</b>	<b>1,337,257.00</b>	<b>0.029%</b>	<b>1:3403</b>	<b>1:3994</b>

"Communication" is the highest primary subject area of complaints at 24% of all the subjects Trust wide.

# Quality: Health and Safety

## Overview

There are currently 1,102 health and safety incidents recorded on the Datix system from the 1st January 2022 to 31st December 2022. This represents an overall rate of 71 per 1,000 staff. The Directorate with the highest number of incidents is Peri-Op reporting 156 health and safety incidents over this period. The highest reporting Directorates per capita are Peri-Operative & Critical Care (108) Internal Medicine (86), ENT (61) at incident rates per 1,000 staff.

## Incidents of Violence & Aggression to Staff

In addition to the incidents above, there are 980 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from 1st January 2022 to 31st December 2022. This represents an overall rate of 63 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:

- The Trust Violence Reduction Strategy has been developed and will be ratified at February's Health and Safety Committee
- Further improvements to the overall compliance of the National Violence Reduction Standards
- Violence data dashboards have been further developed to provide improved analysis
- Agreement in principle, with Police and Crime Commissioner, to introduce ED Navigators

## Sharps Incidents

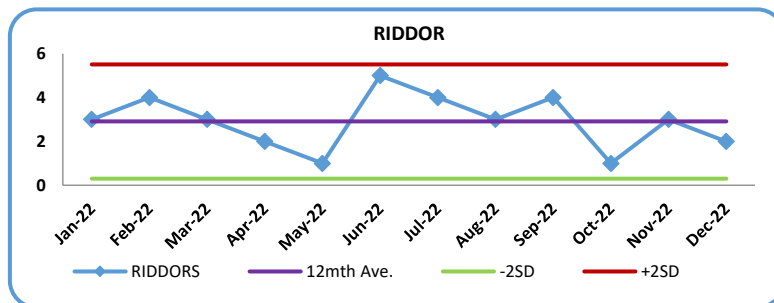
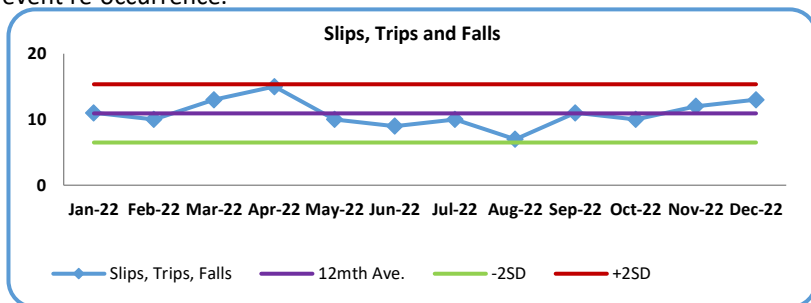
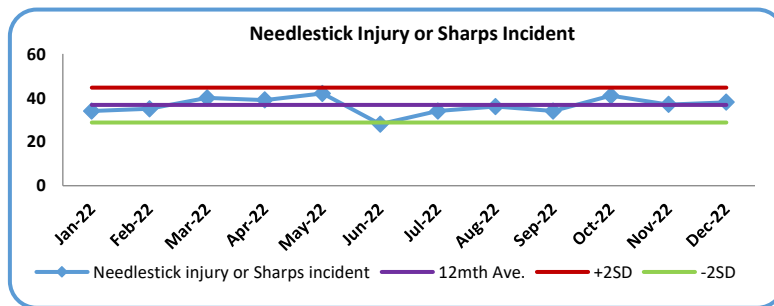
There have been 438 incidents during 1st January 2022 to 31st December 2022 (average 37 incident per month, 79% of these involve used needles). The recent sustained increase aligns with a number of factors, which are currently being discussed at the Trust Safer Sharps User Group. These include increased 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

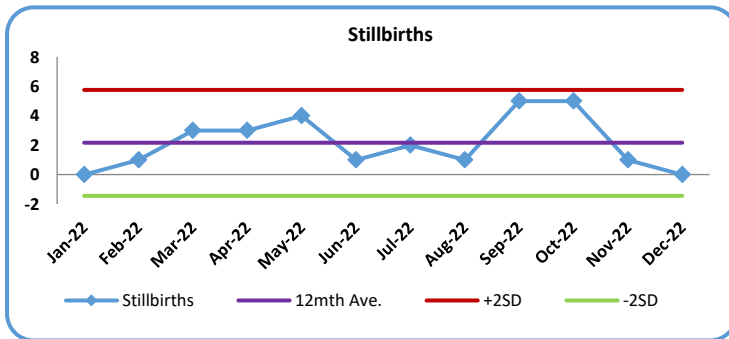
129 incidents were reported between 1st January 2022 to 31st December 2022. 64% of these incidents were related to trips and slips on wet floors. Regular zonal inspections take place every month and data analysis is acted upon, feeding into the Slips, Trips and Falls Group, which meets quarterly. For example, issues were raised following incidents within Catering at Freeman and following this further work has been identified around housekeeping and control of contractors.

## RIDDOR

There have been 35 RIDDOR incidents reported between 1st January 2022 to 31st December 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. (7) and Aggression & Violence (4). All RIDDOR reportable incidents are investigated fully and, where necessary, remedial actions are undertaken to prevent re-occurrence.



# Quality: Maternity (1/3)

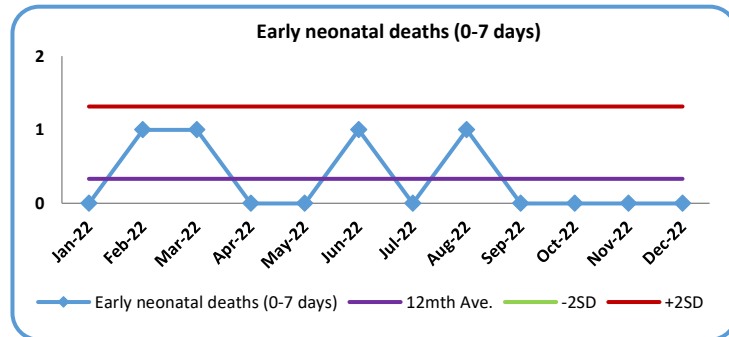


## Perinatal deaths

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

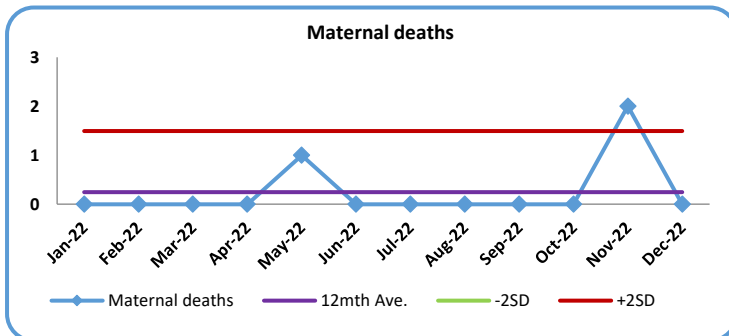
## Stillbirths

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 December there were no stillbirths to report. 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 December.

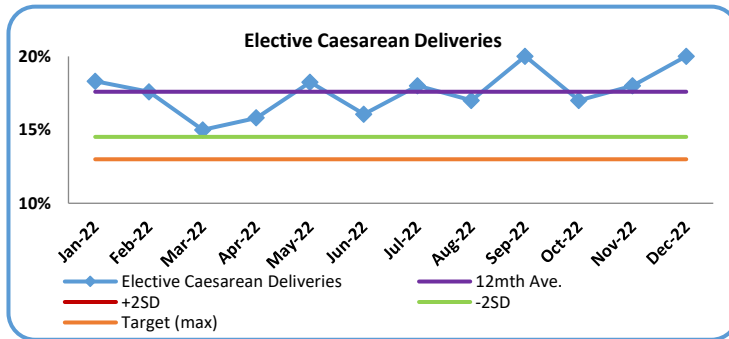


## Maternal Deaths

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. Sadly there were two indirect maternal deaths in November which have been reported to MBRRACE-UK and HSIB. Both cases were pregnancies of less than 20 weeks gestation. There have been no cases of maternal death in December.



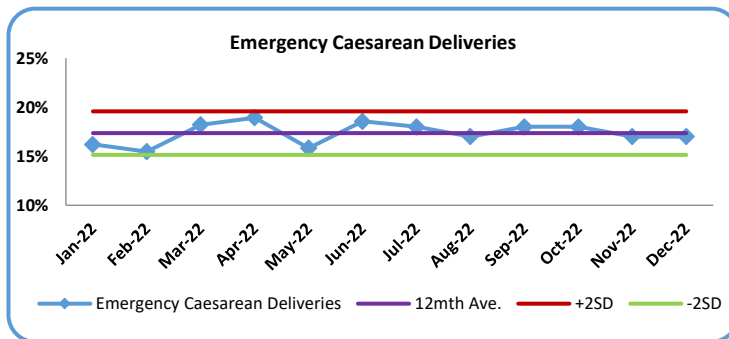
# Quality: Maternity (2/3)



## Elective Caesarean section

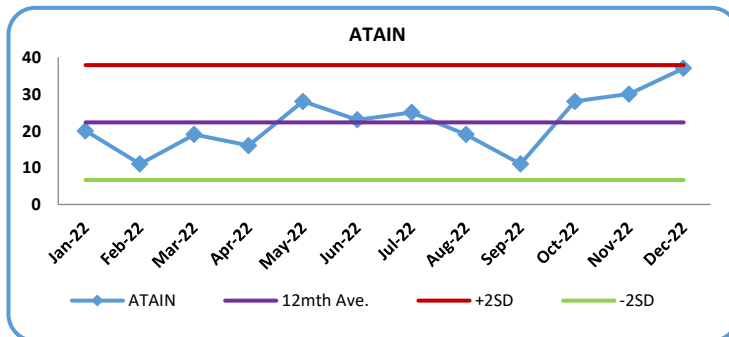
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However, the rates are comparable to that of other tertiary centres in the UK.

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. For the past 3 months there has been an increase in the number of term admissions. There were 37 in December, 30 in November and 28 in October. The average prior to this was 22 per month. This increase will be reviewed and a report available for the next Obstetric Group meeting in February 2023.

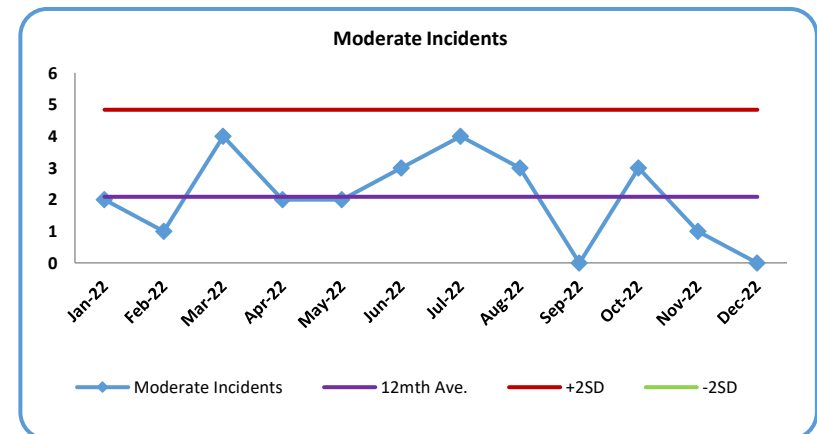
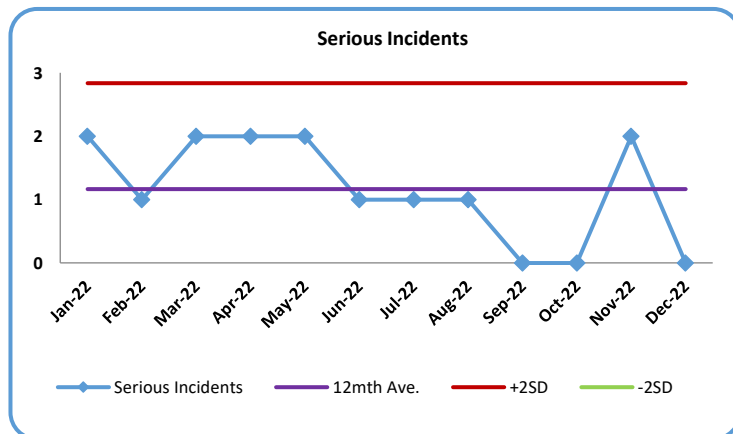
# Quality: Maternity (3/3)

## Serious Incidents

There have been 14 incidents escalated as Serious Incidents in the Trust in the past 12 months. These include six cases of potential Hypoxic Ischaemic Encephalopathy (HIE), two neonatal deaths, one bowel injury, two intrapartum stillbirths and three maternal deaths. The HIE, Intrapartum Stillbirths, Neonatal deaths and Maternal death were all reported to HSIB (Healthcare Safety Investigation Branch) for external review.

## 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: Clinical Audit 1/7

Audit / NCEPOD	Date of Report	Areas of Good Practice	Areas for improvement	Action Plan Developed
Paediatric Intensive Care Audit Network (PICANet)	11 February 2021 & 13 February 2022	<ul style="list-style-type: none"> <li>100% GNCH admission records completed within three months of discharge (National Average 89.2%, 2020)</li> <li>Level 2 resource benchmarking and capacity inventory led by Operational Delivery Network &amp; GIRFT resulted in money being identified to increase level 2 capacity</li> <li>Risk adjusted mortality within expected range despite staffing shortages &amp; one of the most complex patient bases in the UK</li> <li>Paediatric ODN and Adult Critical Care Network agreed on mutual aid process, meaning the region remained a fully functioning unit despite pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>Don't have required nursing and administrative staff therefore often breach time limits for data submission to PICANet</li> <li>Do not meet 30-minute retrieval target 70% of the time due to staffing challenges</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Emergency Laparotomy Audit (NELA)	12 November 2020	<ul style="list-style-type: none"> <li>Rapid access to CT examinations (ED &amp; Radiology)</li> </ul> <p>Better than the national average in regard to:</p> <ul style="list-style-type: none"> <li>Mortality rate</li> <li>Case ascertainment</li> <li>Arrival in theatre timescale</li> <li>Preoperative input (Surgery &amp; Anaesthetics)</li> </ul>	<ul style="list-style-type: none"> <li>No out of hours consultant led service (only supervisory)</li> <li>Embed NELA pathway in all services throughout the Trust.</li> <li>Requirement for increased elderly care input (including MDT discussion) and access to ED Physician</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Audit of Pulmonary Hypertension	20 January 2022	<ul style="list-style-type: none"> <li>98% of patients had a timely diagnosis</li> <li>88% of patients seen or discharged within 30 days</li> <li>100% of patients receiving a PH drug had a PH diagnosis recorded</li> <li>100% of first line drug therapy for Pulmonary Arterial Hypertension was a PDE5 inhibitor</li> <li>97% of patients had quality of life recorded</li> <li>98% of patients receiving a PH drug had an annual consultation</li> </ul>	<ul style="list-style-type: none"> <li>Nil identified</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Ophthalmology Database	20 May 2022	<ul style="list-style-type: none"> <li>Case ascertainment 100%</li> <li>Complication rate 0.82% (National Average 1.1%)</li> </ul>	<ul style="list-style-type: none"> <li>Nil identified</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group

# Quality: Clinical Audit 2/7

Audit / NCEPOD	Date of Report	Areas of Good Practice	Areas for improvement	Action Plan Developed
Perioperative Quality Improvement Programme (PQIP)	1 September 2022	<ul style="list-style-type: none"> <li>No recommendations or Trust level data published, national data only. Nil identified for the Trust to assess.</li> </ul>		Discussed at December 2022 Clinical Audit and Guidelines Group
British Spine Registry	1 November 2022	<ul style="list-style-type: none"> <li>No recommendations or Trust level data published, national data only. Nil identified for the Trust to assess.</li> </ul>		Discussed at December 2022 Clinical Audit and Guidelines Group
National Hip Fracture Database	8 September 2022	<p>KPI Performance:</p> <ul style="list-style-type: none"> <li>Admission to specialist ward: 18% vs 7% (National Average)</li> <li>Prompt orthogeriatric review: 97% vs 86% (National Average)</li> <li>Prompt surgery: 78% vs 59% (National Average)</li> <li>NICE compliant surgery: 79% vs 69% (National Average)</li> </ul> <p>Top quartile in the following:</p> <ul style="list-style-type: none"> <li>Admitted to orthopaedic ward within four hours</li> <li>Perioperative medical assessment</li> <li>Surgery on day of, or day after admission</li> <li>Surgery supervised by consultant surgeon and anaesthetist</li> <li>Spinal anaesthetic and nerve block (of all spinal anaesthetics)</li> <li>Acute length of stay (days)</li> <li>Documented final discharge destination</li> </ul>	<ul style="list-style-type: none"> <li>Mental test score recorded on admission</li> <li>Number of patients mobilised out of bed by the day after surgery</li> <li>Nutritional risk assessment</li> <li>Subtrochanteric fractures treated with an Intra Medullary nail</li> <li>Overall hospital length of stay</li> <li>Documented not to have developed a pressure ulcer</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Maternity and Perinatal Audit	16 June 2022	<ul style="list-style-type: none"> <li>A lower percentage of small for gestational age babies born after 40 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Higher than average for induction of labour</li> <li>Higher than average maternal postnatal readmission after birth</li> <li>Slightly lower than average episiotomy rate</li> <li>Lower than average for birth intervention without augmentation</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group

# Quality: Clinical Audit 3/7

Audit / NCEPOD	Date of Report	Areas of Good Practice	Areas for improvement	Action Plan Developed
National Adult Asthma Secondary Care Audit	16 June 2022	<ul style="list-style-type: none"> <li>100% of patients reviewed within 24 hours of arrival in hospital</li> <li>88% of patients received steroids at discharge</li> <li>38% of patients administered systemic steroids within one hour of arrival at hospital (26% nationally)</li> </ul>	<ul style="list-style-type: none"> <li>Nil identified</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Diabetic Inpatient Harms (NaDIA)	12 November 2020 & 8 July 2021	<ul style="list-style-type: none"> <li>Early adopter of e-Record, highlighting anyone admitted with Type 1 diabetes to all healthcare professionals</li> <li>Submitted data to NaDIA Harms audit since inception (some Trust's do not participate)</li> </ul>	<ul style="list-style-type: none"> <li>Nil identified</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Diabetes Audit: Care processes and treatment targets	12 August 2021 & 14 July 2022	<ul style="list-style-type: none"> <li>Trust has regular MDT meetings between secondary and primary care staff working in Diabetes care</li> <li>Innovative integrated care model called Newcastle Integrated Diabetes Care led by Diabetes Specialist Nurses. This ensures there is access to specialist teams for patients across the city.</li> </ul>	<ul style="list-style-type: none"> <li>Nil identified</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Type 1 Diabetes Audit	12 August 2021	<ul style="list-style-type: none"> <li>Highlight specialist Type 1 MDT service</li> <li>NHS England pilot site of insulin pump closed loop studies</li> </ul>	<ul style="list-style-type: none"> <li>Nil identified</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group

# Quality: Clinical Audit 4/7

Audit / NCEPOD	Date of Report	Areas of Good Practice	Areas for improvement	Action Plan Developed
National Diabetes Foot Care Audit	11 May 2022	<ul style="list-style-type: none"> <li>• Dedicated band 7 inpatient podiatrist</li> <li>• Hub and spoke model for diabetes podiatry – shared learning across podiatry team</li> </ul>	<ul style="list-style-type: none"> <li>• Nil identified</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Pulmonary Rehabilitation Audit	14 July 2022	<ul style="list-style-type: none"> <li>• Completion rate numbers for COPD patients.</li> <li>• Repeat walk tests started in August 2022.</li> <li>• The team now has one phone number; it is a central contact with a voicemail attached and linked to laptops so can be picked up on all locations.</li> <li>• Taxi initiative is improving completion rates and evidence of good practice.</li> <li>• Standardisation of education programme across all classes.</li> <li>• Reinstated live MDT input.</li> <li>• Collaborating with other services for onward maintenance and giving patients a menu of current community exercise/activity options.</li> <li>• Home exercise programme has been developed and being administered.</li> <li>• Discharge appointments for patients is currently under review.</li> </ul>	<ul style="list-style-type: none"> <li>• Nil identified</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Early Inflammatory Arthritis Audit (NEIAA)	13 October 2022	<p>Trust was compliant with six of the quality standards in this audit:</p> <ul style="list-style-type: none"> <li>• Patients referred to specialist within three working days</li> <li>• Time to initiation of cDMARD therapy</li> <li>• Provision of patient education within first three months</li> <li>• Treatment target agreed with patient</li> <li>• Access to emergency care</li> <li>• Treatment response information documented at follow up appointments</li> </ul>	<ul style="list-style-type: none"> <li>• NuTH flagged as an outlier. 31% of patients were seen within three weeks, compared with a national average reported by the NEIAA of 48%. Following early insight, necessary actions have been taken and 2022/23 data shows improvement (88%).</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group

# Quality: Clinical Audit 5/7

Audit / NCEPOD	Date of Report	Areas of Good Practice	Areas for improvement	Action Plan Developed
National Perinatal and Mortality Review Tool (PMRT)	30 September 2022	<ul style="list-style-type: none"> <li>PMRT review group in neonates exceeds national averages for representation</li> </ul>	<ul style="list-style-type: none"> <li>No capacity to provide external review to regional colleagues</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Audit of Breast Cancer in Older Patients (NABCOP)	12 May 2022	<ul style="list-style-type: none"> <li>Breast reoperation rates below national average (18% vs 22% National Average)</li> <li>Higher surgical rates of breast cancer (90% vs 89% national average)</li> <li>Higher rates of women receiving triple diagnostic assessment in breast clinic (85% vs 70% national average)</li> <li>Higher number of women reviewed by clinical nurse specialist (99% vs 96% National average)</li> <li>Data capture via NABCOP is better than national average across all domains</li> </ul>	<ul style="list-style-type: none"> <li>Improve recurrence information on patients with breast cancer in cancer registration datasets. No specific part of data capture that looks at whether cancer is a recurrence.</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
Sentinel Stroke National Audit Programme (SSNAP)	10 November 2022	<ul style="list-style-type: none"> <li>The service is scoring above national average across all key indicators and is the second best performing service on a national ranking. Well above national average in regard to:               <ul style="list-style-type: none"> <li>patients directly admitted to stroke unit, specialist stroke nurse assessments, time to CT scan, occupational and physiotherapy compliance against therapy targets.</li> <li>Our speech and language therapy service is performing above national average but occasionally below level A (highest performing) on SSNAP indicators, due to staffing issues.</li> <li>Improvements in dietician input over the past few years.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Nil identified</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group

# Quality: Clinical Audit 6/7

Audit / NCEPOD	Date of Report	Areas of Good Practice	Areas for improvement	Action Plan Developed
National Heart Failure Audit	16 June 2022	<ul style="list-style-type: none"> <li>84% case ascertainment</li> <li>66.5% Cardiology Inpatients (48% nationally)</li> <li>65.1% receive input from Cardiologist (47% nationally)</li> <li>High level of prescribing of ACE/ARB/ARNI and Beta-blockers</li> </ul>	<ul style="list-style-type: none"> <li>Improve access to echo within 48 hours of admission</li> <li>Improve access to early specialist follow-up</li> </ul>	Discussed at December 2022 Clinical Audit and Guidelines Group
National Adult Cardiac Surgery Audit	10 December 2020, 14 October 2021 & 16 June 2022	<ul style="list-style-type: none"> <li>Proportion of first time Coronary Artery Bypass Graft (CABG) performed as an urgent case - 2019/20 &amp; 2020/21: Expectation that at least 50% of CABG operations should be performed urgently, Freeman Hospital (FH) performed 56% urgently.</li> <li>Post-op length of stay following first time CABG – 2019/20: mean days 7.2, FH in upper-quartile.</li> <li>Post-op bleeding following CABG – 2020/21: FH in upper-quartile.</li> <li>New post-op Cerebrovascular Accident or Transient Ischaemic Attack following CABG – 2020/21: FH in upper-quartile.</li> <li>Waiting times for elective CABG – 2021/22: Less than target of 84 days, improved performance, FH in upper-quartile.</li> <li>Mean target of 7 days to urgent CABG after diagnostic angiography met - 2021/22.</li> </ul>	<ul style="list-style-type: none"> <li>Urgent CABG performed within 7 days of coronary angiography National Target 75%, NUTH 53%</li> <li>Day of surgery admission for elective CABG National Target 50%, NUTH 19%</li> </ul>	Discussed at January 2023 Clinical Audit and Guidelines Group
Young people with type 2 diabetes	12 August 2021	<ul style="list-style-type: none"> <li>Dedicated young patient clinic</li> <li>Trust recently awarded significant bid for improving transition care in diabetes, includes extra funding for psychology support workers and diabetes educators</li> </ul>	<ul style="list-style-type: none"> <li>Newcastle Integrated Model looking at how to engage people from ethnic minority groups, particular from west end of Newcastle where there is a higher need</li> </ul>	Discussed at January 2023 Clinical Audit and Guidelines Group
National Pregnancy in Diabetes Audit	14 October 2021	<ul style="list-style-type: none"> <li>Audit outcomes in National Pregnancy Audit favourable in comparison to Shelford Hospitals including need for neonatal special care admission and rates of Large for Gestational Age</li> </ul>	<ul style="list-style-type: none"> <li>MDT team exploring how preconception service can reach people with Type 2 diabetes in more deprived areas. Integrated Care Model means this issue is being highlighted regularly at a practice level. Diabetes Master Classes for Primary Care staff to highlight preconception care</li> </ul>	Discussed at January 2023 Clinical Audit and Guidelines Group



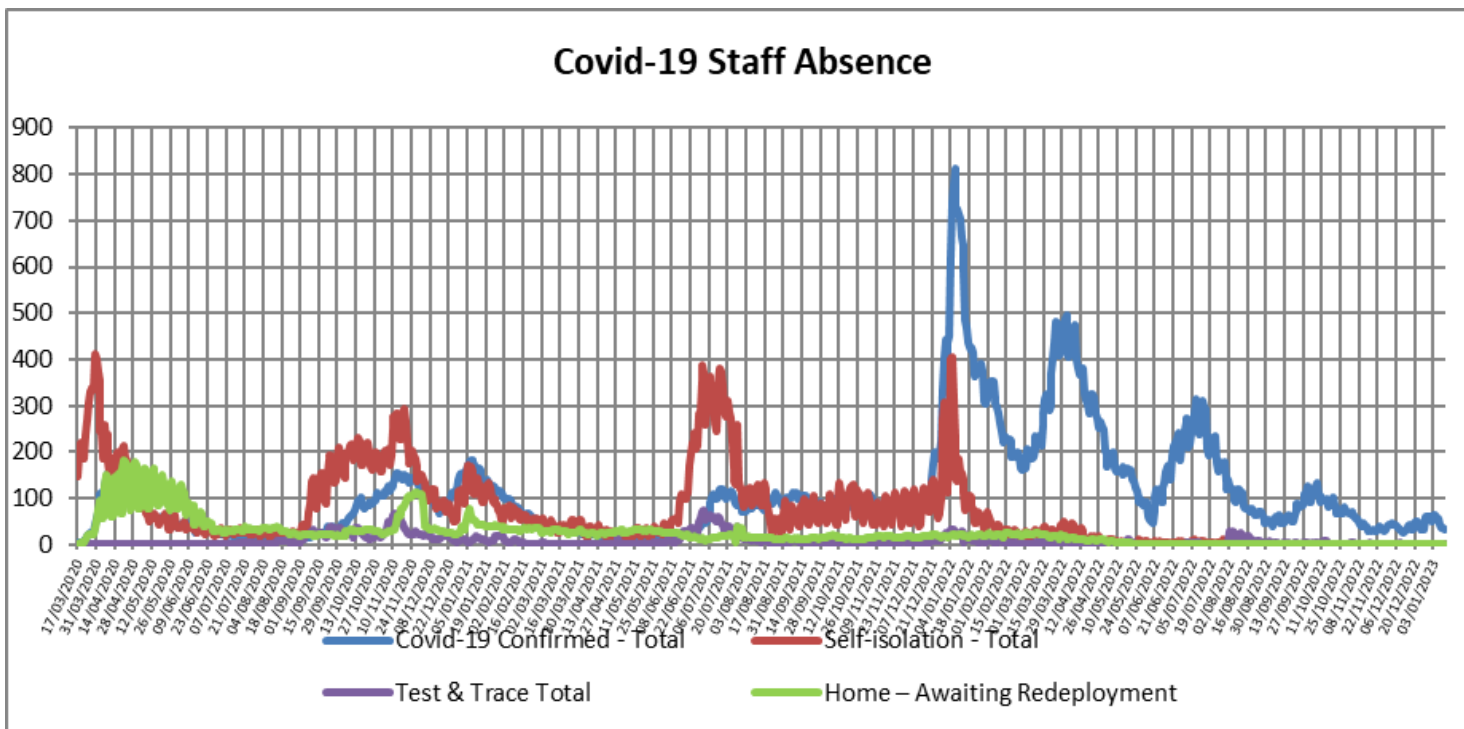
# Quality: Clinical Audit 7/7

Audit / NCEPOD	Date of Report	Areas of Good Practice	Areas for improvement	Action Plan Developed
Antenatal and Newborn National Audit Protocol 2019-2021	1 November 2022	<ul style="list-style-type: none"> <li>Fetal anomaly ultrasound – 99% (National Standard 90%)</li> <li>HIV – 99.8% (National Standard 95%)</li> <li>Hepatitis B – 99.8% (National Standard 95%)</li> <li>Syphilis – 99.8% (National Standard 95%)</li> <li>Antenatal screening – 99.9% (National Standard 95%)</li> <li>Timeliness of antenatal screening – 62.9% (National Standard 50%)</li> <li>Coverage of CCG responsibility at birth – 98.4% (National Standard 95%)</li> </ul>	<ul style="list-style-type: none"> <li>Completion of family origin questionnaire 93.1% (National Standard 95%)</li> </ul>	Discussed at January 2023 Clinical Audit and Guidelines Group
National Smoking Cessation Audit	1 March 2022	<ul style="list-style-type: none"> <li>In 2021 the Trust documented smoking status in 93.4% of patients, compared to 88.0% in 2019 (the 2021 national average 78.6%)</li> <li>The smoking rate in 2021 was 17.5% compared to 22.1% in 2019 (the national average in 2021 was 20.9%)</li> <li>In 2021 we offered 80% of patient's nicotine products to support a cessation attempt, compared to 42.9% in 2019 (the national average in 2021 was 32.4%)</li> </ul>	<ul style="list-style-type: none"> <li>Ensure the Trust adheres to standards set in NG209</li> <li>Review Smoking Cessation Forms in e-record to reflect the changes in national and ICS data collection guide</li> <li>Undertake all necessary steps to build a system for data reporting and schedule submissions to NHSEI and NECS (ICS) on a quarterly basis</li> <li>Ensure ongoing referrals to the community stop smoking service for all smokers in all inpatient wards</li> <li>Recruitment of additional tobacco advisors in the service to ensure that the service covers all inpatient wards across the two hospital sites</li> </ul>	Discussed at January 2023 Clinical Audit and Guidelines Group
Muscle Invasive Bladder Cancer Audit	19 August 2022	<ul style="list-style-type: none"> <li>Time from referral to Trans urethral removal of bladder tumour</li> </ul>	<ul style="list-style-type: none"> <li>Nil identified</li> </ul>	Discussed at January 2023 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> December 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.

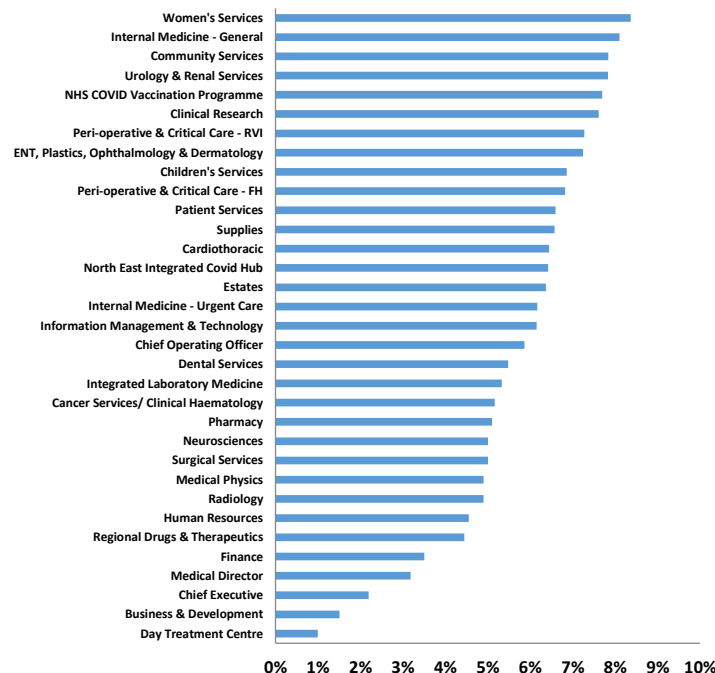
# People: Sickness Absence 1/2

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

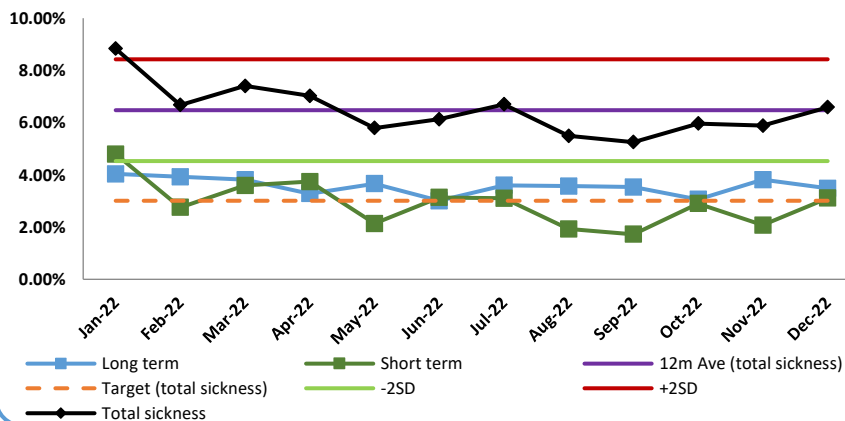
	Dec-21	Dec-22	
Long-term	1.67%	3.69%	↑
Short-term	3.78%	2.78%	↓
Total	5.45%	6.47%	↑

- 320,981 FTE working days were lost due to sickness (including COVID-19 related sickness) in the year to December 2022, compared to 275,267 for the previous year.
- Overall sickness absence (including COVID-19 related sickness) is 6.47%, which is down from end of Oct 2022 position of 6.50% (% FTE Time Lost).
- The top three reasons for non-COVID related sickness absence are Anxiety/stress/depression/other psychiatric illnesses (24%) Gastrointestinal problems (7%), and other musculoskeletal (9%).
- The top reason for “Other” absences is Maternity Leave (50% of total absence).
- Nursing and Midwifery have the highest number of Maternity Leave at 4% (%FTE Lost).

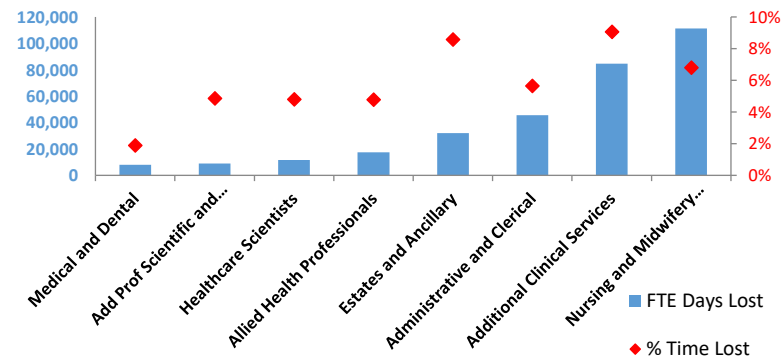
Sickness Absence (% Time Lost) by Directorate



Sickness Absence (% Time Lost)



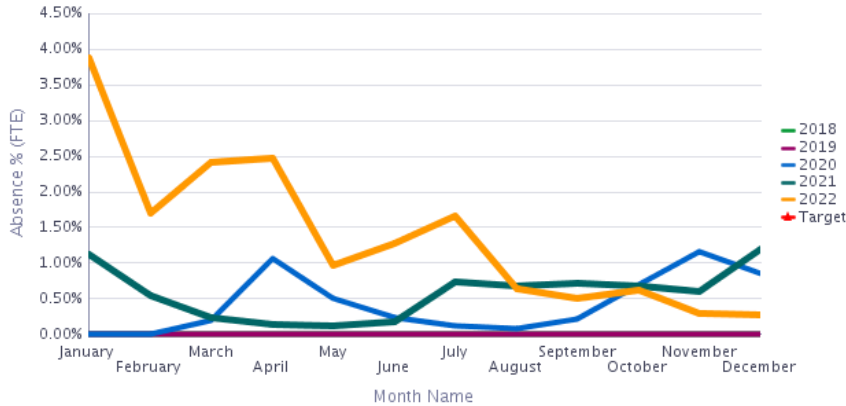
Sickness Absence by Staff Group



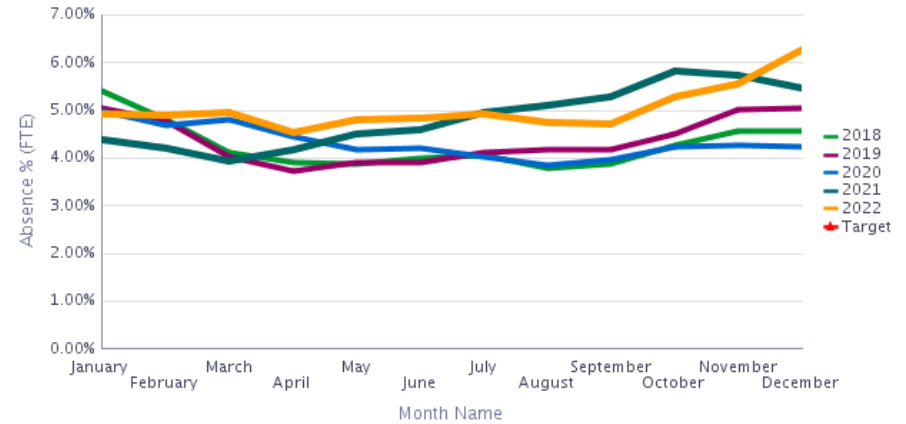
\*COO Directorate includes Outpatients / ABC Service

# People: Sickness Absence 2/2

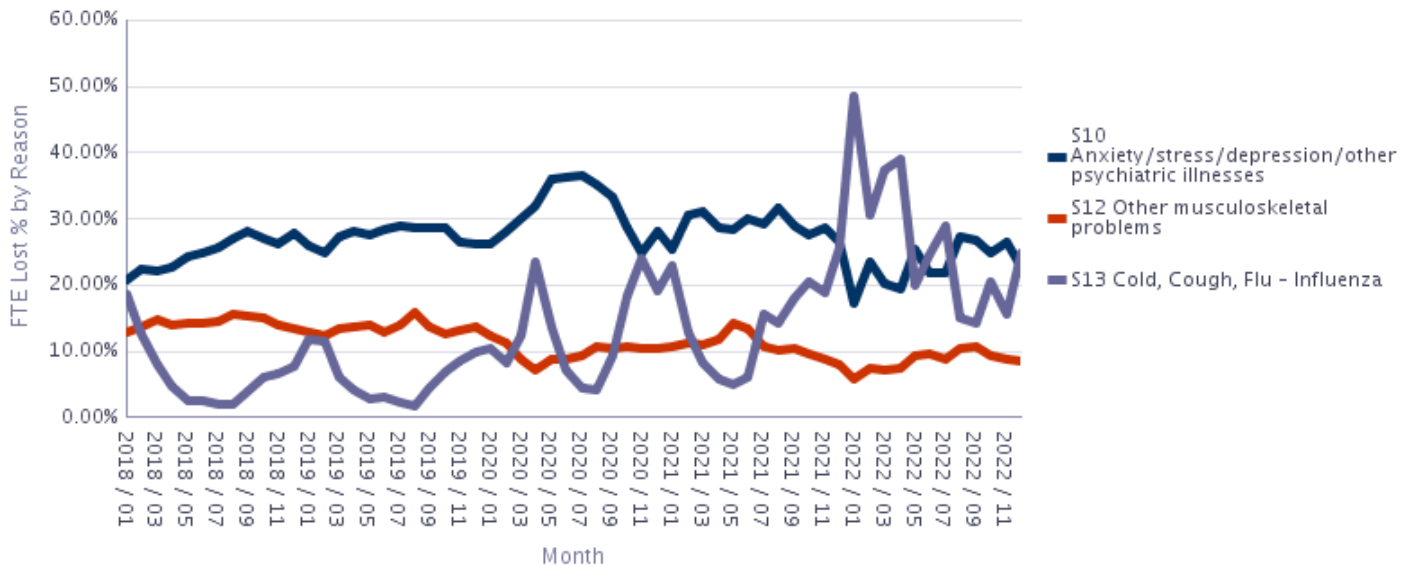
COVID-19 Related Sickness Jan 2018 - December 2022 (%FTE)



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

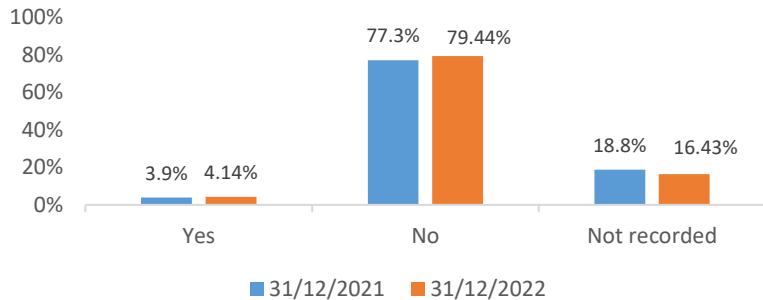


Top 3 Sickness Reasons Jan 2018 - Dec 2022 (%FTE)  
*S13 includes Covid sickness*

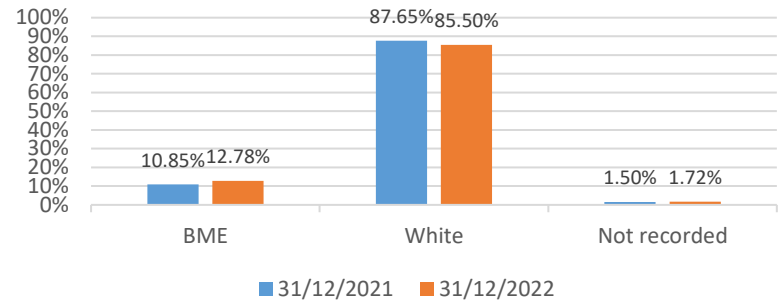


# People: Equality and Diversity 1/2

### Disability %

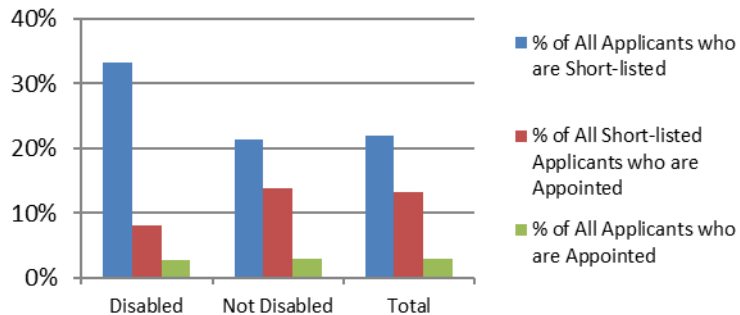


### Ethnicity %

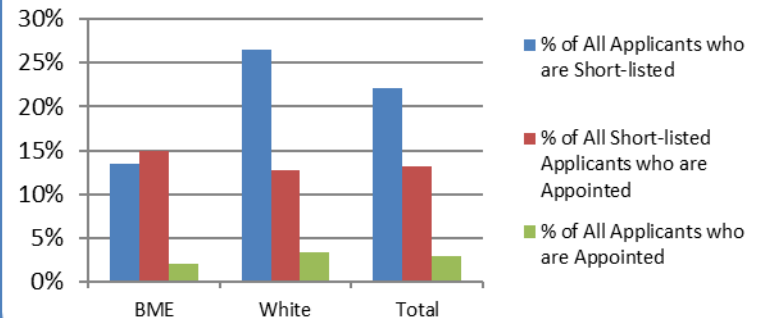


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending December 2022.

### Analysis of Recruitment Activity by Disability



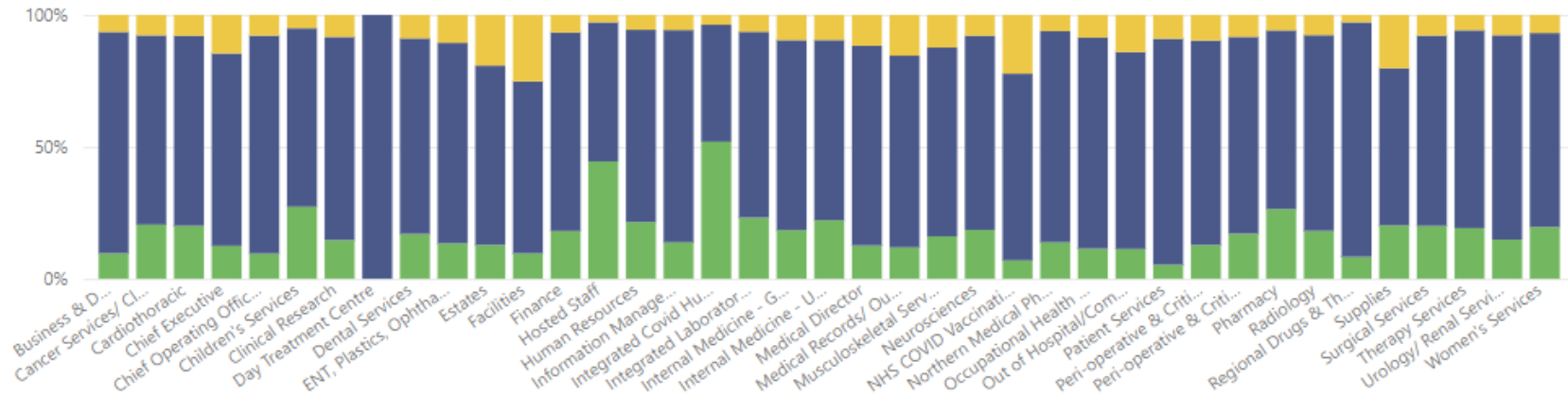
### Analysis of Recruitment Activity by Ethnicity



- The graphs above identify, by headcount, the percentage of staff in post in December 2021 and December 2022 by disability and ethnicity. The percentage of staff employed disclosing a disability has improved from 3.94% to 4.14% and the percentage of BAME staff has increased from 10.85% to 12.78%.

# People: Equality and Diversity 2/2

Age Band 2 ● 16-29 ● 30-59 ● 60 plus

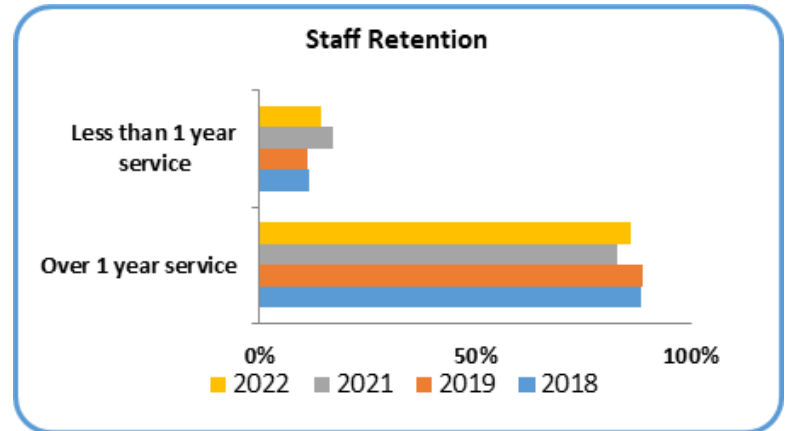
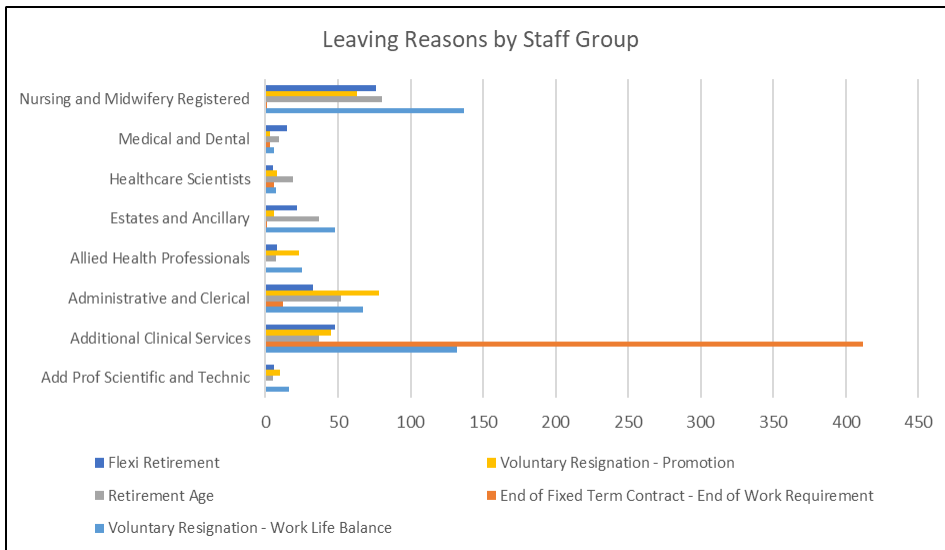
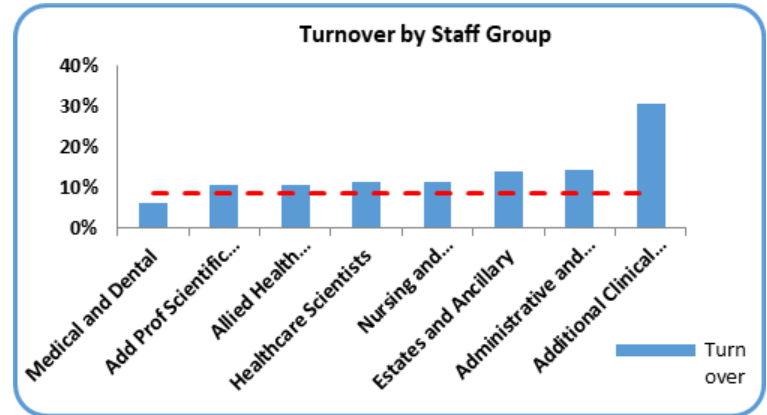
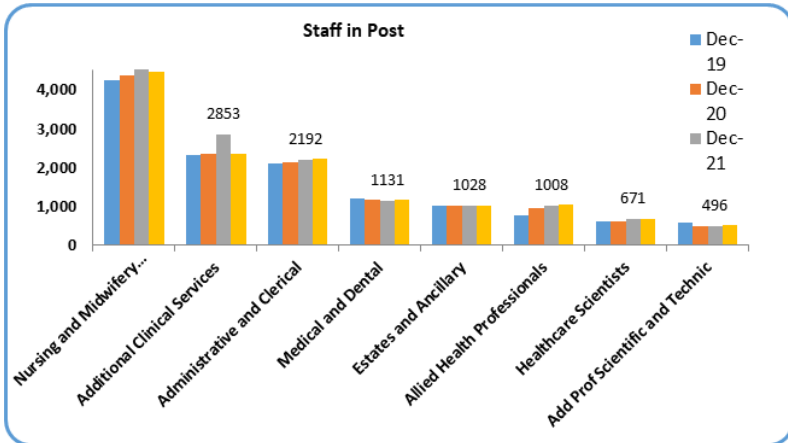


Age Band 2 ● 16-29 ● 30-59 ● 60 plus



- 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 1/3



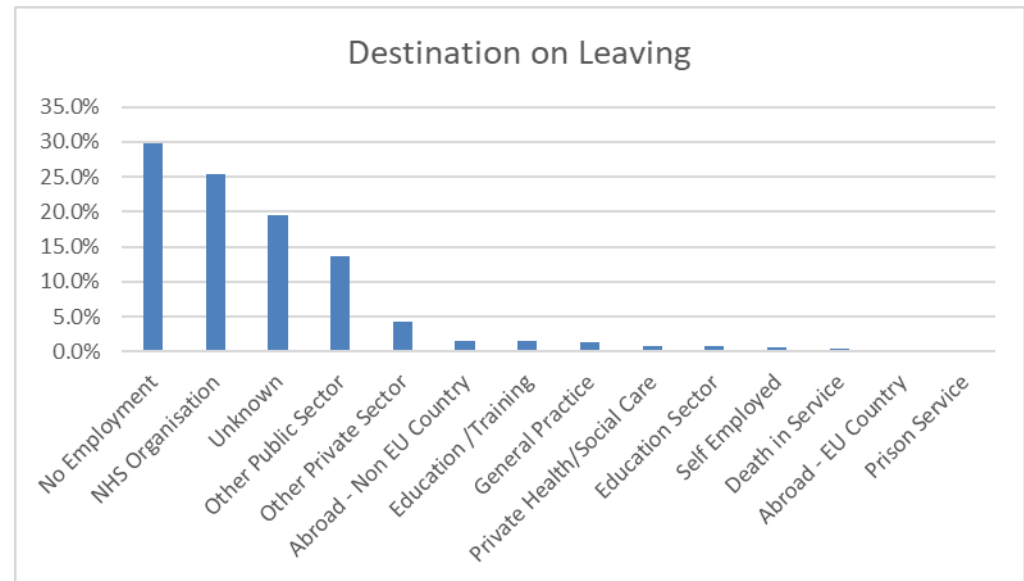
- Staff in post has increased by 4.88% since October 2019. The staff groups with the largest increase are Administrative and Clerical and Allied Health Professionals.
- Staff turnover has increased from 11% in December 2021 to 15.4% in December 2022, against a target of 8.5%.
- The total number of leavers in the period January 2022 to December 2022 was 2,432.
- Retention for staff over 1 year service is 85.89%, an increase from 82.94% in December 2021.

# People: Workforce 2/3

## Turnover by Directorate

Directorate	Turnover
Day Treatment Centre	0.00%
Chief Executive	4.72%
Neurosciences	6.44%
Urology & Renal Services	7.53%
Medical Director	7.73%
Peri-operative & Critical Care - FH	8.13%
Medical Physics	8.43%
Surgical Services	9.22%
Internal Medicine - Urgent Care	9.71%
Business & Development	10.17%
Children's Services	10.34%
Cancer Services/ Clinical Haematology	10.52%
Internal Medicine - General	10.57%
Pharmacy	10.57%
ENT, Plastics, Ophthalmology & Dermatology	10.69%
Musculoskeletal Services	10.84%
Clinical Research	11.06%
Radiology	11.17%
Chief Operating Officer	11.56%
Dental Services	11.78%
Peri-operative & Critical Care - RVI	11.79%
Cardiothoracic	12.05%
Women's Services	12.09%
Integrated Laboratory Medicine	12.09%
Community Services	13.45%
Patient Services	13.76%
Regional Drugs & Therapeutics	14.29%
Estates	14.39%
Information Management & Technology	15.53%
Finance	17.54%
Human Resources	23.71%
Supplies	25.15%

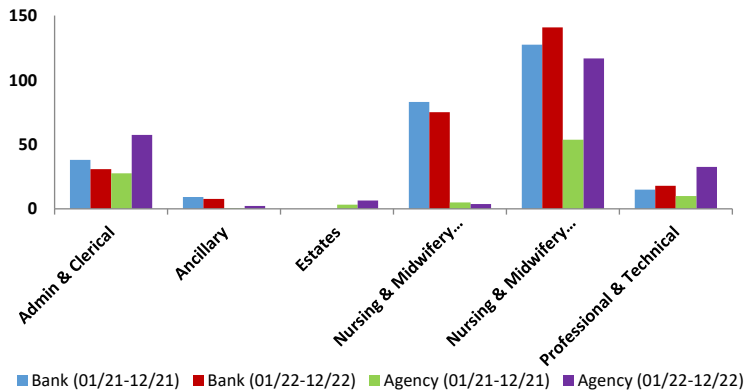
- Only 25% of leavers across the Trust disclosed they were going to another NHS organisation.



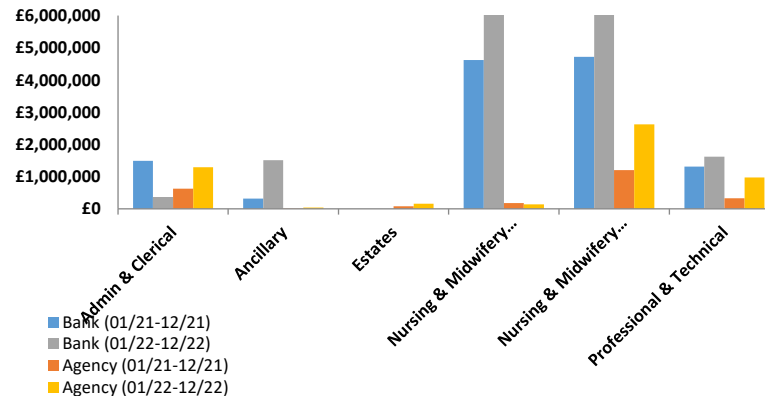


# People: Workforce 3/3

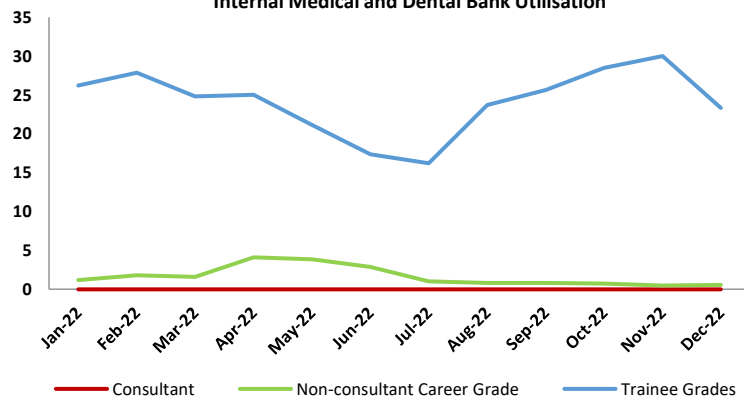
Bank and Agency Utilisation by Staff Group (FTE)



Bank and Agency Utilisation by Staff Group (Cost)



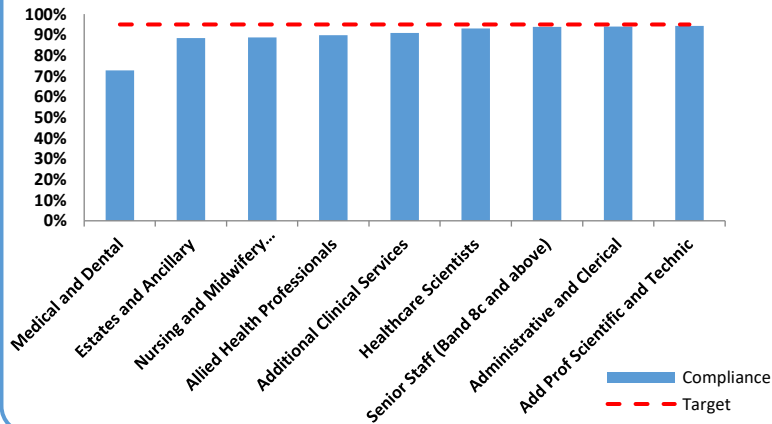
Internal Medical and Dental Bank Utilisation



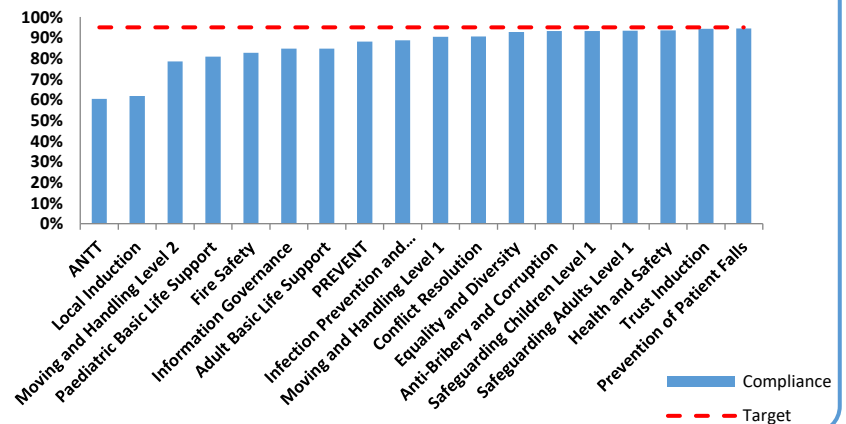
- Comparing the periods January 2021 – December 2021 to January 2022 – December 2022, overall bank utilisation has remained the same at 272.08 wte and agency utilisation has increased from 99 wte to 218 wte.

# People: Delivering Excellence in Education & Training

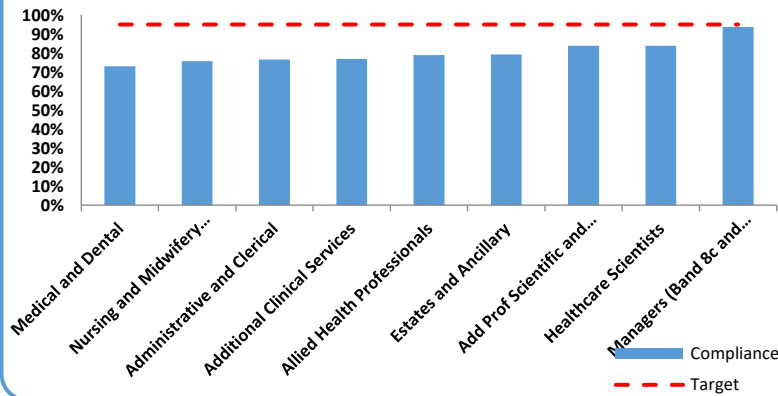
### Mandatory Training by Staff Group



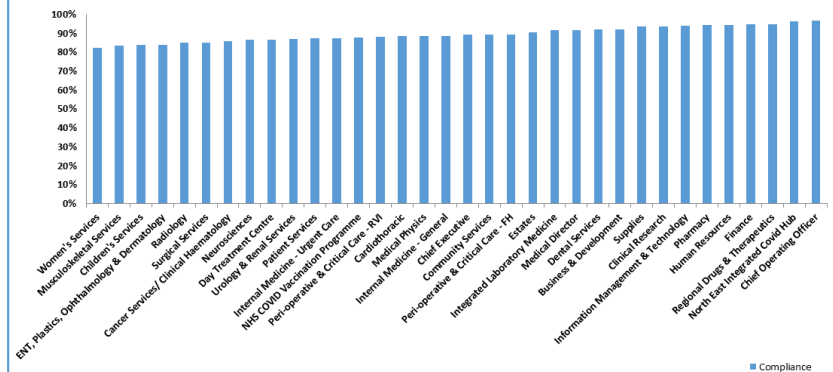
### Mandatory Training by Topic



### Appraisals



### Mandatory Training by Directorate



- Mandatory training compliance stands at 88.8% at end of December 2022, against an end of year target of 95%. The December 2021 position was 87.8%.
- Medical and Dental... are the staff group with the lowest training compliance at 72.7% in December 2022 compared to 68.9% in December 2021.
- Appraisal compliance stands at 77.3%, at end of December 2022, against an end of year target of 95%. The December 2021 position was 76.9%. 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> December 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> December the Trust incurred expenditure of £1,042.3 million, and accrued income of £1,046.8 million on mainstream budgets and incurred expenditure of £5.5 million on the programmes outside the block envelope (vaccine roll-out programme), leading to a surplus of £4.2 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 £4.2 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> December the Trust had spent £38.6 million capital, £10.8 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 9 Budget £'000	Month 9 Actual £'000	Month 9 Variance £'000
Income	1,016,593	1,046,774	30,181
Expenditure	1,010,690	1,042,584	31,894
I & E position (excl impairment) - (Deficit)/Surplus	5,902	4,189	(1,713)
Capital Programme	49,409	38,569	(10,840)

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
Title	Trust Performance Report						
Report of	Martin Wilson – Chief Operating Officer & Vicky McFarlane-Reid – Director of Business, Development & Enterprise						
Prepared by	Elliot Tame – 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. This report was presented to the Trust Board at their meeting on 26 January 2023.						

## 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 decreased in December compared to November. Overnight elective activity delivery fell back to 75% of 2019/20 volumes, and Newcastle Hospitals delivered day case activity equivalent to 95% of December 2019 levels. Outpatient procedure activity provisionally measured at 88.6%, whilst outpatient appointments were close to December 2019 levels (new attendances were 99.3% and review attendances were 105.2%).
- The Trust did not achieve the 95% Accident and Emergency (A&E) 4-hour (hr) standard in December with overall performance of 70.9%, and the Trust saw 12 ambulance handovers greater than 60 minutes - unprecedented levels of performance for Newcastle Hospitals. Additionally, December was the first month in 2022/23 when the Trust has not been compliant with the <2% 12-hour Emergency Department (ED) waits requirement, with performance having significantly worsened from 1.3% in November to 3.4% in December.
- Six out of nine cancer standards fell short of target in November 2022; however, this represents a significant improvement from October when only 1 of these 9 standards was met. The improvement in November included Newcastle Hospitals achieving the 28 Day Faster Diagnosis Standard (FDS) for the first time in 6 months.
- At the end of December, the Trust still had 24 patients waiting >104 weeks, falling from 27 in the previous month and still ahead of trajectory (41). December did however see a substantial rise in the number of >78-week waiters, up by 20% to 753. Referral to Treatment (RTT) compliance was 67.1%.

The Council of Governors is asked to receive the report, which was presented to the Trust Board at their meeting on 26 January 2023.

# Trust Performance Board Report

**Produced: January 2023**

**Data: December 2022**



Healthcare at its best  
with people at our heart

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

Metric	Requirement	RAG Rating		Sep-22	Oct-22	Nov-22	Dec-22	Trendline
		Trajectory	Target					
<b>Activity Delivery</b>								
Day Case	104% of 19/20 levels combined (Reviews fixed at 85% of 19/20)	114.6%	104.0%	93.9%	94.6%	97.6%	95.0%	
Elective Overnight		103.5%	104.0%	82.8%	74.6%	81.5%	74.6%	
Outpatient New		104.4%	104.0%	97.9%	97.5%	112.0%	99.3%	
Outpatient Procedures		103.2%	104.0%	102.6%	102.8%	102.8%	88.6%	
Outpatient Reviews		103.4%	85.0%	101.0%	101.6%	109.7%	105.2%	
Diagnostics*	120% of 19/20 levels	115.3%	120.0%	111.6%	113.7%	111.5%	111.3%	
<b>Emergency Care</b>								
Ambulance Handovers	>=65% under 15 mins	N/A	65.0%	74.1%	73.3%	72.3%	75.2%	
	>=95% under 30 mins		95.0%	96.1%	95.1%	95.6%	94.0%	
	100% under 60 mins		100.0%	100.00%	99.70%	99.80%	95.70%	
A&E Arrival to Admission/Discharge	<2% over 12 hours		<2.0%	1.3%	1.9%	1.3%	3.4%	
<b>Cancer Care</b>								
>62 Day Cancer Waiters	Reduce to <=213 by e/o Mar-23	400	<=213	493	343	320	362	
28 Day Compliance	>=75%	80.0%	75.0%	63.3%	71.9%	77.5%	TBC	
<b>Elective Care</b>								
>104 Week Waiters	Zero by e/o Jun-22	41	0	22	21	27	24	
>78 Week Waiters	Zero by e/o Mar-23	500	0 (Mar-23)	629	632	624	753	
>52 Week Waiters	Reduction (Zero by e/o Mar-25)	2,179	0 (Mar-25)	4,733	4,442	4,273	4,288	
<b>Outpatient Transformation</b>								
Specialist Advice Requests	16 in every 100 New OP atts.	N/A	16.0%	8.3%	8.8%	8.0%	8.1%	
Virtual Attendances	>=25% Non-F2F	25.0%	25.0%	16.0%	16.0%	15.0%	17.0%	
PIFU Take-up	>=5% of all OP atts. by e/o Mar-23	3.5%	5.0% (Mar-23)	0.8%	0.9%	1.6%	1.6%	
Outpatient Follow-up Reduction	<=75% of 19/20	102.9%	<=75%	100.1%	100.5%	105.4%	100.7%	

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



# Operational Standards

Metric	Standard	RAG Rating	Sep-22	Oct-22	Nov-22	Dec-22	Trendline
<b>Emergency Care</b>							
Ambulance Handovers	Zero >60 mins	Red	0	9	5	12	
A&E Arrival to Admission/Discharge	95% <4 hours	Red	77.8%	76.7%	75.6%	70.9%	
	<2% over 12 hours	Red	1.3%	1.9%	1.3%	3.4%	
<b>Cancer Care</b>							
Two Week Wait (Suspected Cancer)	93%	Red	56.4%	70.0%	69.0%	Cancer data runs one month behind	
Two Week Wait (Breast Symptomatic)	93%	Red	69.7%	80.0%	53.1%		
28 Day FDS	75%	Green	63.3%	71.9%	77.5%		
31 Days (First Treatment)	96%	Red	78.4%	81.5%	80.5%		
31 Days (Subsq. Treat. - Surgery)	94%	Red	60.2%	53.5%	67.9%		
31 Days (Subsq. Treat. - Drugs)	98%	Green	95.8%	97.3%	98.7%		
31 Days (Subsq. Treat. - Radiotherapy)	94%	Green	97.4%	97.7%	97.3%		
62 Days (Treatment)	85%	Red	44.1%	45.3%	49.9%		
62 Days (Screening)	90%	Red	58.8%	45.6%	50.0%		
<b>Elective Care</b>							
18 Weeks RTT	92%	Red	69.2%	69.8%	69.4%	67.1%	
>104 Week Waiters	Zero	Red	22	21	27	24	
>6 Weeks Diagnostic Waiters	<=1%	Red	17.1%	17.7%	19.1%	25.0%	
Cancelled Ops. Rescheduled >28 Days	Zero	Red	17	14	11	7	
Urgent Ops. Cancelled Twice	Zero	Green	0	0	0	0	
<b>Other</b>							
Duty of Candour	Zero	Green	0	0	0	0	
Mixed Sex Accommodation Breach	Zero	Red	77	78	109	91	
MRSA Cases	Zero	Green	0	0	1	0	
C-Difficile Cases	<=153 (FY cumulative)	Red	77	97	118	133	
VTE Risk Assessment	95%	Green	97.3%	96.7%	95.1%	TBC	
Sepsis Screening Treat. (Emergency)	90% (of sample) <1 hour	Green	90.0%	TBC	TBC	TBC	
Sepsis Screening Treat. (All)		Red	60.0%	TBC	TBC	TBC	

# Other Metrics (1/2)

Metric	Sep-22	Oct-22	Nov-22	Dec-22	Trendline
<b>Emergency Care</b>					
Ambulance Arrivals	2,891	2,979	2,857	2,768	
Type 1 Performance (A&E 4 hour)	62.7%	60.6%	60.4%	52.5%	
Type 1 Attendances (Main ED)	11,577	12,976	13,141	13,513	
Type 2 Attendances (Eye Casualty)	1,493	1,423	1,494	1,205	
Type 3 Attendances (UTC)	5,834	6,733	5,924	6,498	
<b>Patient Flow</b>					
Covid Inpatients (average)	35	57	42	48	
Emergency Admissions	5,701	6,308	6,203	6,245	
G&A Bed Occupancy	87.3%	90.1%	92.8%	87.9%	
Critical Care Bed Occupancy	74.1%	68.8%	72.6%	70.9%	
Bed Days Lost (average)	72	54	50	63	
Medical Boarders	66	85	77	109	
Length Of Stay >7 Days	778	795	810	880	
Length Of Stay >21 Days	389	386	369	370	

# Other Metrics (2/2)

Metric	Sep-22	Oct-22	Nov-22	Dec-22	Trendline
<b>Cancer Care</b>					
2WW Appointments	2,773	2,574	2,527	1,982	
Cancer First Treatments	547	558	533	TBC	
<b>Planned Care</b>					
2WW Referrals	2,571	2,497	2,446	1,755	
Urgent Referrals	5,379	5,713	6,062	4,866	
Routine Referrals	25,147	26,239	27,942	20,836	
Day Case Activity (Specific Acute (SA))	9,626	9,875	11,045	9,221	
Overnight Elective Activity (SA)	1,662	1,606	1,862	1,451	
New Outpatient Attendances (SA)	21,636	21,995	25,437	18,703	
Review Outpatient Attendances (SA)	57,027	58,622	64,791	53,801	
Outpatient Procedure Activity (SA)	16,689	16,942	17,436	12,078	
Diagnostic Tests	19,831	20,287	21,433	17,744	
Outpatient DNA Rate	9.2%	9.3%	9.0%	9.2%	
RTT Waiting List Size	100,733	101,932	100,098	99,511	

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## COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
Title	Nominations Committee Update						
Report of	Professor Sir John Burn, Nominations Committee Chair						
Prepared by	Kelly Jupp, Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in December 2022.						
Recommendation	The Council of Governors is asked to note the contents of this report, and specifically: i) Consider and approve the reappointment of Mrs Catherine Heslop as a member of the Committee for a second three-year term.						
Links to Strategic Objectives	Learning and continuous improvement is embedded across the organisation. Our partnerships provide added value in all that we do. We maintain financial strength and stability.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Regular report.						

## NOMINATIONS COMMITTEE UPDATE

### EXECUTIVE SUMMARY

The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in December 2022.

The Committee met on 19 December 2022 and on 13 January 2023. The following matters were considered:

- Succession Planning / Non-Executive Director (NED) composition;
- The Annual Review of the Committee Terms of Reference;
- An updated Committee Schedule of Business;
- The new NED Activity Report format and content;
- Committee membership and training; and
- NED recruitment activity.

This report provides further detail in relation to the matters listed above.

The Council of Governors is asked to note the contents of this report, and specifically:

- i) Consider and approve the reappointment of Mrs Catherine Heslop as a member of the Committee for a second three-year term.

## NOMINATIONS COMMITTEE UPDATE

### 1. COMMITTEE MEETINGS

Committee members met on 19 December 2022 and on 13 January 2023. The following matters were considered:

- Succession Planning / Non-Executive Director (NED) composition;
- The Annual Review of the Committee Terms of Reference;
- An updated Committee Schedule of Business;
- The new NED Activity Report format and content;
- Committee membership and training; and
- NED recruitment activity.

### 2. SUCCESSION PLANNING /NED COMPOSITION

Committee members were briefed on the NED terms of office which were due for consideration in 2023.

### 3. TERMS OF REFERENCE AND SCHEDULE OF BUSINESS REVIEW

A review of the Committee Terms of Reference was undertaken, and the following amendments agreed by Committee members:

- An amendment to the quorum to change the reference to 3 Public Governors instead of 2 Public Governors and the Lead Governor.
- Minor amendments to update job titles/roles e.g. Chief People Officer.
- Minor amendments to remove duplication/improve clarity of processes.

The updated Terms of Reference and Schedule of Business are appended to this report.

### 4. NED ACTIVITY REPORT

Committee members requested that a report be produced, at least bi-annually, to detail the breadth and depth of the Chair and NED activities undertaken. A report template was developed and agreed at the December Committee meeting – the first report has therefore been included within the Council of Governors papers for information under agenda item 10.2.

### 5. COMMITTEE MEMBERSHIP AND TRAINING

As part of the review of the Terms of Reference, Committee members discussed both annual training and developing focussed induction training for new Committee members. It was agreed that the current training material be revisited and updated by the Trust Secretary, the Chairman, and the Lead Governor.

In accordance with the Committee Terms of Reference, Governors are asked to consider the re-appointment of Mrs Catherine Heslop as a Committee member. Nomination Committees members have expressed their support for Mrs Heslop's reappointment.

## **6. NED RECRUITMENT ACTIVITY**

Following the departure of Mr Steven Morgan, NED, and Chair of the Trust Finance Committee, at the end of January 2023, Committee members have commenced the recruitment process for a new Trust NED. Committee members discussed and agreed that sourcing a NED with financial skills was required, with the successful applicant to chair the Trust Finance Committee.

Mr Graeme Chapman, NED, will chair the Finance Committee on an Interim basis, and Mrs L Bromley will join the Finance Committee as a member on an Interim basis until the new NED is recruited.

The Trust is working with Gatenby Sanderson to source candidates and the NED advert went live on 1 February with a closing date of 27 February 2023. Applications are requested to be made via a dedicated microsite, being: <https://newcastlehospitalsfutures.co.uk/>

Governors are asked to note that an extraordinary Council of Governors meeting will be required to approve the appointment of a new NED. The date for this meeting is currently being scheduled.

## **7. FUTURE COMMITTEE BUSINESS**

The Committee will next meet as follows:

- 3 March – a sub-group of Committee members will meet to undertake longlisting for the NED recruitment exercise.
- 14 March – Committee members will meet to undertake shortlisting for the NED recruitment exercise and to consider the following:
  - A review of the Chair/NED Remuneration, Terms and Conditions and expenses policy; and
  - Succession Planning for NEDs whose terms of office are due to end in 2023.
- 27 March – a sub-group of Committee members will meet to undertake the interview for the NED recruitment.

## **8. RECOMMENDATIONS**

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

**Report of Kelly Jupp**  
**Trust Secretary**  
**8 February 2023**



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**Agenda item 8**

**Nominations Committee Schedule of Business**

<b>Tasks</b>	<b>2022 November</b>	<b>2023 February</b>	<b>2023 May</b>	<b>2023 July</b>
Review Committee Terms of Reference and produce new Schedule of Business for the year	X			
Review of Chair/NED appraisal outcomes and objectives for the year ahead				X
Review Chair/NED Remuneration and T&Cs		X		
Review Chair/NED expenses policy		X		
Consider Deputy Chair role				X
Review NEDs position/succession planning arrangements and consider Chair/NED skills in light of anticipated future changes in the Trust and the wider NHS	X	X [Policy]	X[BM & GC]	X [JJ & KM]
Annual Committee self-assessment/review of effectiveness			X	

**NED Terms of Office due for consideration in 2023:**

- **Bill MacLeod and Graeme Chapman:** First Term of Office runs to 29 July 2023
- **Jonathan Jowett:** In final 3 year Term of Office - first year of annual renewal runs to 31 October 2023
- **Kath McCourt:** In final 3 year Term of Office - annual renewal (2/3) runs to 30 November 2023

## Terms of Reference – Nominations Committee

### 1. Constitution of the Committee

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

### 2. Purpose and function

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

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

### 3. Authority

The Committee is:

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

3.2 Authorised by the Council of Governors to:

- i) investigate any activity within its Terms of Reference or appoint investigators to investigate any activity within its terms of reference;
- ii) seek any information it requires from any officer of the Trust;
- iii) invite any employee to provide information by request at a meeting of the Committee to support its work, as and when required; and
- iv) secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary and/or Chief People Officer).

3.3 The Committee shall have the power to establish, in exceptional circumstances, sub-committees and / or task and finish groups for the purpose of addressing specific tasks or areas of responsibility, if approved by the Council of Governors. In accordance with the Trust's Standing Orders, the Committee may not delegate powers to a sub-committee or task and finish group unless expressly authorised by the Council of Governors.

## Agenda item 8

- 3.4 The Terms of Reference, including the reporting procedures of any sub-committees or task and finish groups, must be approved by the Council of Governors and reviewed no less than every two years.

### 4. Membership and quorum

#### Membership

- 4.01 The Committee will comprise:

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

- 4.02 The Trust Deputy Chair may also attend in a non-voting capacity.

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

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

- 4.05 Conditions of membership:

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

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

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

## Agenda item 8

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

### **Quorum**

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

## **5. Duties**

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

## Agenda item 8

Further the Committee will utilise open advertising and engage the services of external providers to facilitate the search for candidates for appointment where appropriate.

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

## **6. Reporting and accountability**

- 6.1 The Nomination Committee will be accountable directly to the Council of Governors.
- 6.2 The minutes of all the Nomination Committee meetings shall be formally recorded and confidentially stored by the Trust Secretary. The Committee Chair shall report to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 6.3 Any changes to these terms of reference must be approved by the Committee meeting in quorum.
- 6.4 The Committee shall make a statement in the Annual Report about its activities and the process used to make appointments. The Committee shall report to the Council of

## Agenda item 8

Governors annually on its work in support of the Annual Report. The Annual Report shall also set out clearly how the Committee is discharging its responsibilities.

- 6.5 The Annual Committee Report shall include an assessment of compliance with the Committee's Terms of Reference and a review of the effectiveness of the committee.

## 7. Committee Administration

### Frequency of meetings

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

### Responsibility of members and attendees

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

### Declarations of interest

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

### Review

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

### Administration

- 7.5 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of meetings and business, which is agreed each year to ensure it fulfils its duties and responsibilities in an open and transparent manner.
- 7.6 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

## Agenda item 8

- 7.7 Committee papers shall include an outline of their purpose and key points, in line with the Trust's Committee protocol, and make clear what actions are expected of the Committee.
- 7.8 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.
- 7.9 The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee.

**Procedural control statement: 19 December 2022**

**Approved by:** Nominations Committee [19 December 2022]

**Review date:** November 2024



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## COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
Title	Update from the Lead Governor						
Report of	Pam Yanez, Lead Governor						
Prepared by	Pam Yanez, Lead Governor						
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 updates on the work of the Lead Governor since the last meeting of the Council of Governors on 8 December 2022.						
Recommendation	The Council of Governors is asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives							
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impact detailed within the report.						
Reports previously considered by	Regular report.						

## **UPDATE FROM THE LEAD GOVERNOR**

### **EXECUTIVE SUMMARY**

This report provides an update to the Council for the period since the last meeting of the Council of Governors on 8 December 2022.

## UPDATE FROM THE LEAD GOVERNOR

### 1. UPDATE

Pam Yanez, Lead Governor continues to ensure good communication with her fellow Governors and Non-Executive Directors by attending the meetings of the three Governor Working Groups and the Nominations Committee. Pam ensures matters raised at these meetings and the bi-monthly Governors Informal Meeting are discussed at the Council of Governors or have a response from the appropriate party.

Pam along with other Governors, attended the meeting held in January 2023 to select the priorities for the Quality Account.

As part of a group of Governors, Pam visited the new Day Treatment Centre (DTC). The building is very impressive and will assist in the recovery programme for elective surgery. In December a small group of Governors from the People, Engagement and Membership Working Group (PEM WG) attended Newcastle Sixth Form College to engage with a group of students encouraging them to become Members of the Trust and for them to learn about the role of the Council of Governors. Further detail is included within the PEM WG report (agenda item 9.4).

In the coming months, Pam looks forward to engaging with several of the Lead Governors from the Trusts within the North Integrated Care Partnership (ICP).

### 2. RECOMMENDATION

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

**Report of Pam Yanez  
Lead Governor  
2 February 2023**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	16 February 2023						
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 December 2022 to February 2023. 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 WG continues to meet monthly, in person and via Microsoft Teams.

### 2. GROUP ACTIVITIES

#### **Complaints Panel**

Apologies were sent to the Complaints Panel in December 2022 and the meeting was stood down in January 2023.

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

David Black attended the Clinical Audit and Guidelines Group in December 2022 which was a comprehensive meeting.

Philip Home and David Black attended the January 2023 meeting and highlighted the following key points:

- Progress in terms of the NICE guidelines and guidance;
- Two specialist reports were presented;
  - National Audit of Paediatric Diabetes Care; and
  - National Audit of end-of-life care.
- The importance of clinical input into the group was noted.

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

The Patient Safety Group did not take place in December 2022.

Kate Pine attending the meeting on 27 January 2023 and the following key points were highlighted:

- A discussion took place in relation to the Harm Free Care Group Annual Report;
- An update was provided with regards to the rise in respiratory infections during Winter;
- Progress on digital systems implementation was outlined, which included BadgerNet and Zebra; and
- A devices update was provided in relation to training and medical device co-ordinated support. A project is ongoing to create a dashboard for all medical devices.

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

Alexandros Dearnley-Chantler attended the Nutrition Steering Group on 10 November 2022.



The following key points were highlighted:

- In terms of malnutrition screening, a compliance dashboard is being sent daily to all wards to support the monitoring of compliance. Online modules have been developed for staff members to provide additional support;
- Nutrition and Hydration Observational ward visits take place to look at the importance of support, supervision and adherence to protected meal times;
- A refresh of the Food and Drink Strategy is currently underway and a key part of the strategy will be the Electronic Meal Ordering system; and
- Nutritional analysis of patient menus continues, with work ongoing in relation to accessibility.

Alexandros also attended the meeting on 9 January 2023 and the following key points were highlighted:

- The Malnutrition screening continues to make good process across wards, with some reaching daily figures of 100%;
- Research is taking place in relation to the type of hardware for the Electronic Meal Ordering system;
- A discussion took place in relation to food supplies and other alternative sources available; and
- Work is ongoing to complete the Food and Drink Strategy and members of the steering group will review.

It was noted that in the future, Governors may have the opportunity to be involved in food tasting for new dishes on the menu. The Nutrition Steering Group would be grateful for the QPE Working Group members to check that each ward displays and has laminated snack menus available for patients during their QPE ward / department visits.

### **3. PRESENTATIONS/GUESTS**

#### **January 2023**

Graeme Chapman, Non-Executive Director and Chair of the Quality Committee attended the WG.

Graeme provided an update on the following key areas:

- Accident and Emergency and Operational Pressures Escalation Level (OPEL);
- The general flow through the hospital;
- The recent Royal College of Nursing (RCN) industrial action;
- A discussion took place in relation to Elective Care and the Day Treatment Centre (DTC); and
- Assurance with regards to Quality Committee Deep Dives.

The WG would like to thank Graeme for attending.

## **February 2023**

John Thompson, Head of Facilities gave a presentation.

John provided an update on the following key areas:

- Facilities include Portering and Security Services, Catering Services and Hotel Services;
- An update on the roles and responsibilities for the porters which included:
  - 175 portering staff working on the Freeman Hospital, RVI and Regent Point sites;
  - Mail transfers;
  - Movement of furniture and equipment including disposal; and
  - Waste movement.
- An update on the roles and responsibilities for the security team which included:
  - 34 Newcastle Hospitals Security Officers and 3<sup>rd</sup> party contracted security;
  - Circa 1,500 CCTV cameras;
  - Support to all clinical staff;
  - To provide a safer environment for patients, visitors and staff; and
  - Management of the control room / CCTV.

The WG would like to thank John for the comprehensive update.

## **4. WARD AND DEPARTMENT VISITS**

Due to the festive period and availability, no visits have taken place since 23 November 2022. Further visits will be arranged from February onwards.

## **5. RECOMMENDATIONS**

The Council of Governors are asked to receive the report.

**Report of Poonam Singh**  
**Chair of QPE Working Group**  
**2 February 2023**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
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 Lauren Thompson, Corporate Governance Manager / 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	This report details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) in December 2022.						
Recommendation	The Council of Governors is 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 December 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.

The WG is well attended, and it always welcomes any new Governors who would like to join, as well as Governors who may wish to attend a specific meeting.

Unfortunately, the February Working Group was stood down due to the number of apologies received. We look forward to welcoming Martin Wilson, Chief Operating Officer and Lisa Jordon, Assistant Director of Business Strategy and Planning to the March WG.

### **2. PRESENTATION TOPICS**

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

#### **2.1 An introduction with Jackie Bilcliff, Chief Finance Officer**

The WG were delighted to meet Jackie Bilcliff, who started as the new Chief Finance Officer in early September 2022. Jackie updated the WG on her past experience and employment. A discussion took place in relation to Jackie's key priorities including filling current vacancies within the Finance Team, 2022/23 financial position leading into 2023/24, the planning phase for 2023/24 and the Productivity and Improvement Programme.

#### **2.2 External Audit Tender**

The External Audit Tender will be a standard item on the WG agenda going forward and a discussion with regards to the pre-procurement exercise will start in February 2023 with the internal Finance and Procurement Teams.

### **3. RECOMMENDATION**

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

**Report of Eric Valentine  
Working Group Chair  
9 February 2023**

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### COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
Title	People, Engagement and Membership (PEM) Working Group Report						
Report of	Judy Carrick – Chair of the PEM Working Group						
Prepared by	Judy Carrick – Chair of the PEM Working Group						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	The content of this report outlines the activities undertaken by the working group.						
Recommendation	The Council of Governors 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 (WG) 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 December 2022.

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

### **1. INTRODUCTION**

The People, Engagement and Membership (PEM) Working Group (WG) met on 8 November, 2022, 10 January 2023 and 14 February 2023.

### **2. GROUP ACTIVITIES**

The PEM WG has continued to make links and forge partnerships with the community with two main goals: increasing numbers and widening the breadth of membership and communicating the values and aspirations of Newcastle Hospitals to the community.

### **3. ONGOING AREAS OF FOCUS**

#### **3.1 Communication**

- The winter newsletter has been sent out to all Trust members.
- Short videos have been recorded by volunteer Governors explaining why Governors serve and the role of the Governor. The volunteer Governors also appeared in the 2022 Newcastle Hospitals Christmas video.
- The next instalment of Governor news will appear in Dame Jackie's blog in February 2023.

#### **3.2 Membership**

- New partnerships and working relationships include the staff Armed Forces Network, Healthwatch Newcastle, Blue Skies Trust and Healthworks. Ongoing links continue to be encouraged.
- The 1 December 2022 Members' Event was well received and well attended.
- Four Governors attended a special "mock Informal Governors Meeting" with aspiring medical and dental students at Newcastle Sixth Form College to show them what being a Governor is like and discussing health representation. As a result, the Trust received 12 new members. This will lead to further events at other establishments and will allow the group to continue research into engaging younger members and youth Governors.
- An onscreen engagement activity with some nursing students at Northumbria University took place on 10 February 2023.
- Plans are moving forward with the first Disability Discussion Forum which we hope will take place in May 2023.

### **4. RECOMMENDATIONS**

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

Agenda item 9.4

**Report of Judy Carrick  
Chair of the PEM Working Group  
1 February 2023**

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## COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
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 of Governors in December 2022:</p> <ul style="list-style-type: none"> <li>• People Committee – 6 January 2023;</li> <li>• Charity Committee – 2 December 2022 and 13 January 2023;</li> <li>• Quality Committee – 17 January 2023;</li> <li>• Audit Committee – 24 January 2023; and</li> <li>• Finance Committee – 19 January 2023.</li> </ul>						
Recommendation	The Council of Governors is 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	Detailed within the main body of the report.						
Reports previously considered by	Regular report and was previously considered at the January meeting of the Trust Board.						

## **UPDATE FROM COMMITTEE CHAIRS**

### **EXECUTIVE SUMMARY**

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

## UPDATE FROM COMMITTEE CHAIRS

### 1. PEOPLE COMMITTEE

A meeting of the People Committee took place on 6 January 2023. During the meeting, the main areas of discussion included:

- An Industrial Action status update was provided.
- The Chief Nurse provided a comprehensive overview of Nursing, Midwifery and Allied Health Professions staffing.
- The People Committee Risk report was received.
- A detailed update was provided in relation to staff experience including What Matters to You and Staff Health and Wellbeing.
- The Chief Operating Officer shared the latest position regarding Directorate management structure review.
- The Head of Workforce Engagement and Information Systems provided an update on the 2022 NHS Staff Survey.
- The Associate Director of Education, Training and Development gave a summary from the recent Learning and Education Group meeting.
- The Head of Human Resources provided an update on the People Dashboard and Workforce Age Profile and Demographics.
- A recruitment and retention update was received.

The next formal meeting of the Committee will take place on 21 February 2023.

### 2. CHARITY COMMITTEE

A meeting of the Charity Committee took place on 2 December 2022. The meeting was convened primarily to discuss a number of grant applications in advance of the next formal meeting in February.

During the meeting, the Committee approved applications which totalled £61,075.20 as follows:

- Cardiothoracic Services: Physicians Associate Preceptorship in Partnership with Health Education England - £8,161.
- Chief Executive Directorate: A 'festive thank you' to Trust staff - £31,489.60.
- Chief Executive Directorate: Free television for England World Cup games - £13,263.60.

A further Charity Committee meeting took place on 13 January 2023. The meeting was convened primarily to discuss a number of grant applications in advance of the next formal meeting in February.

## Agenda item 10.1

During the meeting, the Committee approved applications which totalled £612,215.00 as follows:

- Cancer Services: Radiotherapy Treatment Equipment - £600,000.00.
- Patient Services: Create a 'End of Life Haven' Facility on the Freeman Hospital Site - £12,215.00.

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 17 January 2023. During the meeting, the main areas of discussion included:

- A comprehensive update was received from the Patient Safety Group Chair.
- The Director of Quality and Effectiveness provided a summary of the Annual Peer Review Process.
- The Director of Infection Prevention and Control, the Director of Quality and Effectiveness, and the Chief Operating Officer presented the quality and performance elements of the Integrated Board Report.
- A Royal College review update was provided.
- A comprehensive Maternity update was given by the Chief Nurse and the Director of Quality and Effectiveness, which included reports on Ockenden and the Clinical Negligence Scheme for Trusts (CNST).
- The Director of Quality and Effectiveness provided an overview of the following areas:
  - Mortality and learning from deaths;
  - National Patient Safety Strategy; and
  - CQC Action Plan update.
- The Committee received a legal update and an update on the leadership walkabouts / spotlight on services.

The next meeting of the Committee will take place on 21 March 2023.

### **4. AUDIT COMMITTEE**

A meeting of the Audit Committee took place on 24 January 2023. During the meeting, the main areas of discussion included:

- Committee Chairs provided updates relating to risk and assurance in relations to their specific areas of focus.
- The Assistant Chief Executive presented the Board Assurance Framework and Risk Report.
- The financial statements timetable and plan for 2022/23 was discussed.
- Mazars LLP provided a progress update on the external audit including an outline risk assessment.



## Agenda item 10.1

- A progress update was provided from Internal Audit, along with a Governance proposal document and a waivers benchmarking report.
- Counter Fraud provided an update report including the fraud response log.
- The Committee received a number of reports including:
  - A review of debtors and creditors balances, schedule of approval of single tender action and losses and compensation;
  - The Senior Information Risk Owner (SIRO) report; and
  - A summary of Governance documents published.

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

## 5. FINANCE COMMITTEE

A meeting of the Finance Committee took place on 19 January 2023. During the meeting, the main areas of discussion included:

- The Head of Corporate Risk and Assurance presented the Committee Risk Report.
- The Finance Report for month 9 was received.
- An update on the financial position was provided including the following:
  - Year-end forecast review including capital;
  - Productivity and Efficiency Programme Delivery; and
  - Activity recovery including month 9 activity report and an overview of productivity process work.
- The Planning Guidance for 2023/24 was presented by the Chief Finance Officer and the Executive Director of Business, Development & Enterprise.
- A verbal Procurement update was provided by the Procurement and Supply Chain Director.
- Tenders and Business Cases were presented for approval.
- The Committee received an update on the Digital Strategy including Digital Investment Proposal Deliverables.

The next meeting of the Committee will take place on 22 March 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**  
**17 January 2023**

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## COUNCIL OF GOVERNORS

Date of meeting	16 February 2023						
Title	Non-Executive Director (NED) Activity Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary Gillian Elsener, Corporate Governance Officer / PA to 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>A recommendation was made at a previous Nominations Committee meeting that a report be developed detailing Chair and Non-Executive Director (NED) activities for sharing at the Council of Governors meetings twice-yearly (for information). The aim being to demonstrate the breadth of Chair and NED activity, as well as engagement, across the Trust.</p> <p>This report therefore details the Chairman and Non-Executive Director roles and activity from 1 September 2022 to 30 November 2022. The draft report format was presented and agreed at the 19 December 2022 Nominations Committee meeting.</p>						
Recommendation	The Council of Governors is asked to note the content of the report.						
Links to Strategic Objectives	Performance – Being outstanding, now and in the future. Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Impacts on those highlighted at a strategic and reputational level.						
Reports previously considered by	New report which will be presented to the Council of Governors twice a year. The report format and content was shared/discussed at the Nominations Committee meeting on 19 December 2022.						

## **NON-EXECUTIVE DIRECTOR (NED) ACTIVITY REPORT TEMPLATE**

### **EXECUTIVE SUMMARY**

This report provides an update on the Chairman and Non-Executive Director roles and activity from 1 September 2022 to 30 November 2022 including:

- Board of Directors;
- Board Development Workshop;
- Committee meetings;
- Trust Annual Members Meeting (AMM);
- Spotlight on Services;
- Leadership Walkabouts;
- Governor Working Groups; and
- Other Trust meetings / activity.

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

## NON-EXECUTIVE DIRECTOR (NED) ACTIVITY REPORT

### 1. CHAIRMAN AND NON-EXECUTIVE DIRECTOR ROLES

- Sir John Burn [SJB]:
  - Chair of the Board of Directors, Council of Governors, Nominations Committee, Annual Members Meeting and Research Innovation and Infrastructure Projects Group;
  - Member of Appointments and Remuneration Committee, North ICP Chairs Meeting, ICS Foundation Trust Chairs Meeting; and
  - Participates in the North ICP Chief Executive and Chair Meeting, NHS Confederation Chairs Group Meeting, Local Authority Leaders Meeting, Voluntary and Community Sector Representatives Meeting.
  
- Bill Macleod [BM]:
  - Chair of the Audit Committee;
  - Member of the Finance Committee, Charity Committee, Appointments and Remuneration Committee, Research and Innovation Infrastructure Projects Group and Day Treatment Centre Strategic Oversight Group; and
  - Participates in the Local Clinical Excellence Awards Committee.
  
- Steven Morgan [SM]:
  - Chair of the Finance Committee and Day Treatment Centre Strategic Oversight Group;
  - Member of the Audit Committee; and
  - NED Lead for Emergency Preparedness.
  
- Kath McCourt [KM]:
  - Member of the Quality Committee, People Committee and Appointments and Remuneration Committee;
  - NED Lead for learning from deaths; and
  - NED Lead for Maternity – including Maternity Board Safety Champion and Breastfeeding Guardian.
  
- Graeme Chapman [GC]:
  - Chair of the Quality Committee and Commercial Strategy Group;
  - Member of the Finance Committee, Charity Committee and Audit Committee; and
  - Participates in the Digital Delivery Programme Board.
  
- Jill Baker [JB]:
  - Chair of the Charity Committee; and
  - NED Lead for Palliative Care and End of Life.
  
- Jonathan Jowett [JJ]:

## Agenda item 10.2

- Chair of the People Committee and Appointments and Remuneration Committee; and
  - Member of the Audit Committee, Nominations Committee and Day Treatment Centre Strategic Oversight Group.
- Steph Edusei [SE]:
    - Member of the Quality Committee and People Committee; and
    - Freedom to Speak Up NED lead; and
    - Wellbeing Guardian.
  - Liz Bromley [LB]:
    - Currently observing all Committees as part of the NED induction programme.
  - David Burn [DB] (Associate NED – Non-voting, non-remunerated):
    - Substantive role as Pro-Vice-Chancellor of the Faculty of Medical Sciences at Newcastle University;
    - Director of Newcastle Health Innovation Partners; and
    - Member of the Strategic Research Group.
  - Pam Smith [PS] (Associate NED – Non-voting, non-remunerated):
    - Substantive role as Chief Executive of Newcastle City Council.

Subsequent reports will include any changes to roles.

## **2. CHAIRMAN AND NON-EXECUTIVE DIRECTOR ACTIVITY**

- Private and Public Board of Directors – 29 September 2022.
  - No NED apologies received for either the Public or Private Board meetings.
- Private and Public Board of Directors – 24 November 2022.
  - NED apologies received for Private Board: Jonathan Jowett, Steph Edusei, Pam Smith and David Burn.
  - NED apologies received for Public Board: Steph Edusei, Liz Bromley and David Burn.
- Board Development Workshop.
  - No NED apologies received.
- Trust Committee meetings:
  - Quality Committee – 20 September 2022 and 15 November 2022;
  - Finance Committee – 28 September 2022 and 30 November 2022;
  - People Committee – 18 October 2022;
  - Audit Committee – 25 October 2022;
  - Extraordinary Finance Committee – 26 October 2022;
  - Charity Committee – 2 September 2022; and
  - Charity Committee Grants Meeting – 21 October 2022.

## Agenda item 10.2

The Corporate Governance Office hold an agenda setting meeting prior to each Committee meeting with the Chair of each Committee.

- The Annual Members Meeting (AMM) – 27 September 2022.
- Spotlight on Services:
  - Cardiothoracic Services – 9 September 2022 (Chairman and 4 NEDs attended);
  - Digital Dermatology – 26 September 2022 (Chairman and 4 NEDs attended);
  - Outpatients Transformation Programme - 11 October 2022 (Chairman and 3 NEDs attended); and
  - Ophthalmology – 8 November 2022 (Chairman and 5 NEDs attended).
- Leadership Walkabouts conducted with NEDs:
  - Ward 16 (RVI - Neurology) - BM;
  - Catering Department (FH) - JB;
  - Ward 22 (RVI - MSU) - KM;
  - Dental Hospital - GC;
  - Ward 20 (RVI - EPOD - Ophthalmology) - BM;
  - Ward 32 (RVI - Women's) - KM;
  - Ward 37 (RVI - Plastics) - JB;
  - Ward 6 (RVI - Surgery) - BM;
  - Ward 2A (RVI - Children's) - GC;
- Governor Working Groups:
  - Business and Development (B&D) Working Group – 8 September 2022. Steven Morgan attended.
  - Business and Development (B&D) Working Group – 10 November 2022. Bill Macleod attended.
  - People, Engagement and Membership Working Group – 13 September 2022. Steph Edusei attended.
  - People, Engagement and Membership Working Group – 8 November 2022. Kath McCourt and Jill Baker attended.
- Other Trust meetings / activity which Trust Chairman and NEDs participated in during the quarter:
  - Day Treatment Centre Strategic Oversight Group;
  - Day Treatment Centre opening;
  - Visit to the Maternity Unit;
  - Digital Delivery Programme Board;
  - North ICP Chairs Meeting;
  - Local Authority Leaders Meeting;
  - Visit and discussion with regards to Collaborative Newcastle;
  - Health Service Journal (KSJ) Awards;
  - Internal Long Service Awards;
  - Voluntary and Community Sector Representatives Meeting;
  - Opening of the NHS Retirement Fellowship Meeting;
  - NHS Confederation Chairs Group Meeting;

Agenda item 10.2

- Commercial Strategy Group;
- Strategic Leaders Programme;
- Celebrating Excellence Awards;
- Education Quality Meeting;
- Strategic Research Group;
- Newcastle Health Innovation Partners;
- Academic Health Science Centre;
- Community Forum in Cumbria;
- Human Resources Activity;
- Engagement with local universities; and
- Palliative Care Team meeting.

**3. RECOMMENDATIONS**

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

**Lauren Thompson**

**Corporate Governance Manager / Deputy Trust Secretary**

**Gillian Elsander**

**Corporate Governance Officer / PA to Chairman and Trust Secretary**



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