

Council of Governors' Meeting: Public Session Thursday 15 June 2023 1455 h

Venue: Boardroom, Freeman Hospital and Microsoft Teams

Agenda

Item	Lead	Paper	Timing
Business items			14:55 – 15:05
1	Apologies for absence and declarations of interest	John Burn	Verbal
2	Minutes of the meeting held on 16 February 2023 and Matters arising	John Burn	Attached
3	Meeting action log <i>[No open actions]</i>	John Burn	Verbal
4	Chair's report	John Burn	Attached
5	Chief Executive's report	Andy Welch	Attached
Quality & Patient Safety; Performance & Delivery			15:05 – 15:20
6(i)	Integrated Board Report including Quality, People & Finance	Andy Welch/ Jackie Bilcliff	Attached
6(ii)	Performance Report	Vicky McFarlane-Reid	Attached
Discussion topic			15:20 – 15:25
7	Introduction to Christine Smith	John Burn	Verbal
Items to approve			15: 25– 15:35
8	Nominations Committee Report	John Burn / Kelly Jupp	Attached
9	Non-Audit Services Policy	Kelly Jupp	Attached
Governor reports			15:35 – 15:45
10.1	Lead Governor Update	Pam Yanez	Attached
10.2	Quality of Patient Experience (QPE) Working Group (WG)	Poonam Singh	Attached
10.3	Business and Development (B&D) WG	Eric Valentine	Attached
10.4	People, Engagement and Membership (PEM) WG	Judy Carrick	Attached
Items to receive and any other business			
11.1	Updates from Committee Chairs	Committee Chairs	Attached 15:45 – 15:59
11.2	Date and time of next meeting: Formal Meeting – Thursday 17 August 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

Professor Sir John Burn, Chairman

Mr Andy Welch, Medical Director/ Deputy Chief Executive

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

Mrs Jackie Bilcliff, Chief Finance Officer

Mrs Kelly Jupp, Trust Secretary

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 16 FEBRUARY 2023

- 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
 Mr Jonathan Jowett, NED
 Mrs Liz Bromley, NED (*from 2.58pm*)
 Ms M Cushlow, Executive Chief Nurse (ECN)
 Dr Victoria McFarlane-Reid, Executive Director of Business, Development and Enterprise (EDBDE)
 Mrs Jackie Bilcliff, Chief Finance Officer (CFO)
 Mrs Angela O'Brien, Director of Quality and Effectiveness (DQE)
 Mr Graham King, Chief Information Officer (CIO)
 Mr Patrick Garner, Deputy Director of Business Development & Enterprise (DDBDE)
 Mrs Kelly Jupp, Trust Secretary (TS)
- Secretary:** Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary
- Observer:** Mr I Frenette-Wood, Member of the Public

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

The Chairman welcomed the DDBDE to his first Newcastle Hospitals Council of Governors meeting.

23/01 BUSINESS ITEMS:

i) Apologies for Absence and Declarations of Interest

Apologies for absence were received from Governors Dr Ian Wilson, Mr Graham Blacker, Mrs Kate Pine, Mrs Madeleine Elliott, Mr David Evans, Mrs Claire Watson, Mrs Catherine Heslop, Dr Alexandros Dearges-Chantler and Mrs Emma Vinton, Non-Executive Directors, Ms Steph Edusei, Associate Non-Executive Director (ANED) Professor David Burn, Dame J Daniel, Chief Executive Officer, Mr A Welch, Medical Director/Deputy Chief Executive Officer, Mrs C Docking, Assistant Chief Executive, Mr M Wilson, Chief Operating Officer, and Mrs C Brereton, Chief People Officer.

There were no declarations of interest made at this time.

i) Minutes of the Meeting held on 8 December 2022 and Matters Arising

The minutes of the previous meeting held on 8 December 2022 were agreed as a true record and there were no matters arising.

It was resolved: to **approve** the minutes.

ii) Meeting Action Log

The action log position was received, with the remaining action number 101 [regarding conducting a Private briefing for Trust Governors on Cancer Performance] having been completed in the Private Session of the meeting held earlier today.

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

iii) Chair's report

The Chairman presented the report, highlighting the following points:

- Wishing success to Mr Steven Morgan, former Non-Executive Director of Newcastle Hospitals, who recently took on the role of Chair of the North Cumbria Integrated Care NHS Foundation Trust.
- Two 'Spotlight on Services' sessions have been held in both Endoscopy, and Paediatric Immunology since the last report to the Council of Governors. With regards to paediatric immunology, the Chairman stressed the importance of the innovative services provided within Newcastle Hospitals in providing stem cell transplants to treat overseas patients with severe combined immunodeficiency (SCID). Reference was made to the resourcing pressures and the need to maintain staffing levels so that this vital research can be continued.
- The Trusts research team recently won an award in America for their work with regards to bowel cancers.

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

iv) Chief Executive's report

The ECN presented the report on behalf of the CEO, highlighting the following key points:

- The unprecedented challenges in the NHS over the previous two months, including the impact of industrial action and winter pressures. It was noted that attendances at the Trusts Accident & Emergency (A&E) department at the Royal Victoria Infirmary (RVI) were 27.2% higher than they were in December 2019. This was due in part to peaks of Influenza and Covid-19 impacting both staff resources and numbers of inpatients.
- Bed occupancy regularly exceeded 95% in December and January, resulting in a peak of 220 patients 'boarding' in alternative wards to where they would normally have been admitted. This has unfortunately contributed to long waits in the A&E department and in inpatient admissions, however ambulance handover delays remained low.

Agenda item 2

- Industrial action was held on 15 and 20 December 2022 with a further two days announced for March 2023. Ambulance worker strikes were also held on 21 December 2022. Work was undertaken to manage the associated staffing risks, but patients were inevitably impacted with cancelled or rescheduled appointments/surgical dates. Between 25% and 26% of nursing staff opted to strike during the industrial action dates in December.
- The focus in 2023/24 is to deliver the national targets and to continue to work to reduce elective waiting times.
- In the coming months, the Trust will be introducing a new leadership and management structure which will reduce the number of separate management units (directorates), bringing services together into eight new clinical boards. Further work is being progressed and recruitment is currently taking place for the Directors of Operations for the clinical boards.
- Newcastle Hospitals welcomed Christine Brereton who has joined the Executive Team as Chief People Officer in January 2023.

Mr Warner sought clarification as to whether a certain number of consultants was mandated to be available to treat a certain number of patients in A&E at any one time. The ECN explained that guidance is issued by the Royal Colleges and that the Trust undertakes benchmarking.

[Mrs Bromley joined the meeting]

The ECN confirmed that the numbers are not mandated but are recommended. She highlighted that nurse staffing levels are monitored using the Safer Nursing Care Tool. The Chairman noted that as the Trust is a major trauma centre, the A&E department attracts and retains high quality staff.

Mr Hughes referred to resource planning and the current pressures on staff resulting in increased rates of sickness absence due to stress/depression. He highlighted the positive news in relation to the development of a Community Diagnostic Hub and noted the importance of planning resources/recruiting staff to match the increased demand for diagnostic services. The ECN highlighted the challenges regarding diagnostic capacity e.g. in relation to the national targeted lung health check programme which positively increased the numbers of patients screened but resulted in additional diagnostic demand.

The EDBDE explained that the staff shortages are also linked to the numbers of training posts and that a joined-up approach to workforce planning was required. The Trust is currently awaiting the publication of a national workforce plan. The Chairman advised that discussions were currently underway with Mrs Bromley in relation opportunities for training more directly into roles.

It was resolved: to receive the report.

23/02 QUALITY & PATIENT SAFETY; PERFORMANCE & DELIVERY

ii) Integrated Board Report including Quality, People & Finance

Agenda item 2

The DQE presented the report, highlighting the following:

- The deterioration in the Trusts quality metrics in the period which was due to a combination of Covid-19, Influenza and other Winter viruses, delayed discharges and staff sickness.
- There was an increase in staff shortages due to the impact of norovirus and staff participating in industrial action.
- The numbers of incidents reported in relation to patient harm e.g. falls, increased, which was due in part to rising patient acuity levels.
- In terms of mortality, there was a 'spike' in performance in December with a peak of 250 which was a result of Influenza and a combination of other viruses. The average for this time of year is usually between 180-200, and the peak in December was consistent with the regional and national pattern.
- The Trust is performing well on several national clinical audits, with the stroke audit highlighting the Trust as outperforming the national average regarding the management of stroke patients. The clinical audits on diabetes and pulmonary rehabilitation were both discussed at the December 2022 Clinical Audit and Guidelines Group meeting, with no areas for improvement identified.

In terms of the financial position, the CFO advised that at month 9, the Trust has a total surplus of just over £4 million compared to a target of £5 million. The year-end target was originally a surplus of £10.7 million however this has been revised to a £3.7 million target as agreed with the Integrated Care Board (ICB). It was noted that the recent operational challenges had impacted on the Trust financial position.

The CFO confirmed that planning for 2023/24 was underway and a future update would be provided on the 2023/24 plan position and key challenges.

Mr Hughes highlighted that the current capital spend is below expected levels and queried whether capital spend would 'catch up' during the final quarter of the financial year. The CFO acknowledged that the Trust is aiming to hit the capital target however has had to incorporate flexibility into which schemes can be progressed. Such schemes are discussed in detail at the Capital Management Group.

It was resolved: to receive the report.

iii) Performance Report

The EBDBE presented the report, highlighting the following:

- As referenced earlier, a number of operational pressures arose during December however despite this the Trust is still performing well.
- With regards to the industrial action which took place on 6 and 7 February 2023, the Trust estimated a loss of activity of circa 429-day cases, 80 inpatient cases and 2,400 outpatient procedures over the 2-days. Alternative dates were being sought for the patients impacted.
- The Trust has made great progress in relation to long waiters and remains on track to deliver to the agreed targets. The Plan trajectories were backloaded into the last quarter of the year with March being the month with the highest amount of activity scheduled. In terms of the long waiting patients, significant focus has been placed on

Agenda item 2

those specialties with the highest numbers of patients waiting, being dermatology, ophthalmology, trauma & orthopaedics and spinal.

- Following the publication of the Planning Guidance, work is ongoing to develop the Trust activity plan for 2023/24. The guidance requires a planned level of activity of 109% for 2023/24. In 2022/23 the Trust planned to deliver 104% of activity but it is likely that 100% will be achieved. The Trust is working through strategies such as maximising theatre capacity to achieve the higher level of activity required.

Mr Warner sought clarification with regards to if the Trust continues to be paid based on a payment by results (pbr) tariff. The EDBDE explained that some funding is dependent on activity through the Elective Recovery Fund (ERF), however most of the Trust income is now based on block contracts.

Professor Home referred to the challenges within spinal surgery and queried whether this was due to resourcing constraints due to the significant expertise required. The EDBDE advised that the majority of the long waiting patients relate to complex deformity cases. A business case was developed and agreed with specialised commissioners therefore an additional consultant has been recruited. In addition, the Trust is utilising the work of the Get it Right First Time (GIRFT) programme and is commissioning further capacity via the independent sector and Northumbria Healthcare NHS Foundation Trust.

It was resolved: to receive the report.

23/03 **DISCUSSION TOPIC****i) Introduction of Digital Appointments**

The CIO presented the update, highlighting the following areas:

- The introduction of digital appointments is included within the Trusts strategy to commit to improving patient experience through effective (and appropriate) digitisation of the patient journey. The 'Great North Care Record' was highlighted as an enabler which creates a single 'front door' for patients to receive information/communicate via the NHS App. This will be rolled out in MSK in Newcastle next month and expanded further thereafter.
- The current appointment booking process was discussed and that patients currently can have varied experiences due to the different processes in place across the region. The challenges experienced with using printed letters were highlighted.
- Work is underway in making the appointments process more digitised and integrating through the NHS App, a secure and centrally validated application. Patients would receive notifications and can request changes to their appointments. Various information including directions, parking, appointment letters and documentation will be available to download. The service will potentially include a pay for parking online option and patient feedback.

A patient survey was carried out which indicated that 83% of patients would use a service like this.

Agenda item 2

- The benefits of the system would be to improve the patient experience, reduce the cost of printing letters and reduce the Trusts carbon footprint. In order to be financially sustainable, the service requires a 20% take up.

Professor Pearson sought clarification with regards to the roll out of the digital service and the alternatives for patients who do not use digital technology. The CIO confirmed that use of the digital service was not mandatory and would work alongside improvements to the existing process for those patients who wished to continue to receive hard copy appointment letters.

Miss Rowen noted the need to support different patient groups in different ways, such as patients with learning disabilities, and queried whether the service was opt in/opt out. The CIO confirmed that patients would need to have the NHS App and an associated login, however the application allows others such as designated carers to have access. He also noted the current work ongoing to support homeless members of the public and hard to reach groups.

The CIO confirmed that the service would be 'opt-in' and the application will ask patients to consent for their information to be linked and will store preferences with regards to communication.

Mr Black raised concerns that it may create further digital exclusion and stated that the Trust would need to provide support to patients to ensure understanding. The CIO confirmed that the application would be accessible and searchable via the app store and that there would be a step-by-step process to follow to ensure ease of use.

Dr Valentine commended the developments and asked whether it would be available in other regions. The CIO acknowledged that once rollout starts it will expand further across the North East region, with Gateshead, North Tees, County Durham and Darlington all lined up to launch the service.

With regards to the application compatibility, Mrs Singh asked whether it the App will 'track' patients to which the CIO explained that the Covid-19 application was a separate App and was designed to track when an individual has come into close contact with someone who has tested positive for Covid-19. The NHS App has been designed for access to records and will not track any patient's location.

Mrs Yanez, Lead Governor, sought clarification with regards to if all services are using e-Record and whether it would fully link appointments with different departments. The CIO advised that this function is under development, with a focus on the sequencing of appointments.

Mrs Fitzgerald noted the positive potential presented by the service and highlighted that it would be excellent if primary care services were also linked into the application.

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

22/04 **ITEMS TO APPROVE**

i) Nominations Committee Report

The Chairman advised that a number of minor changes have been made to the Terms of Reference and sought endorsement for Mrs Heslop to remain as a member of the Nominations Committee, to which the Council of Governors approved.

The Chairman explained that Mr Steven Morgan, a former Trust NED, left the Trust in January and a recruitment process was underway for a new NED with Gatenby Sanderson. He highlighted that Mr Morgan was the Chair of the Trust Finance Committee until his departure and that Mr Graeme Chapman will be acting as interim Finance Committee Chair until a new NED is appointed and inducted. For the new appointment the Nominations Committee agreed that financial expertise was essential, with other skills agreed as desirable.

Mr Hughes noted the importance of the financial competence and highlighted the desirable skills in relation to 'commercial' and 'procurement' expertise. He queried whether the advert was too 'broad' and asked about the selection process.

The TS outlined the selection process and advised that the advert had not been 'narrowed' too much in terms of the skills being sought to encourage diversity of applicants. The TS explained that Gatenby Sanderson are fully briefed on the Trusts requirements in terms of skillset. She highlighted that experience would need to be demonstrated at the interview and that external advisors will be present to assist the panel. The Chairman highlighted that that both Mr Chapman and Mr Jowett both have commercial expertise.

It was resolved: to **receive** the update, **endorse** the updated Nominations Committee Terms of Reference and approve that Mrs Heslop remains as a member of the Nominations Committee for a further term.

23/05 GOVERNORS REPORT

i) Lead Governor Update

Mrs Yanez reiterated the importance of the working groups and recommended that Governors should join whenever possible as they focus on a wide range of topics and activities. Mrs Yanez explained that she plans to engage with fellow Lead Governors and to interact with key stakeholders at the Integrated Care Partnership (ICP) and ICB.

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

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

Mrs Singh presented the report, highlighting the following:

- The WG continues to receive updates from the various groups such as the Complaints Panel, Patient Safety Group, Clinical Audit and Guideline Group and Nutrition Steering Group.

Agenda item 2

- Graeme Chapman, NED, attended the WG in January to provide updates on a number of key issues including:
 - Accident and Emergency (A&E) 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 into the challenging areas.

The WG found this information incredibly helpful and thanked Mr Chapman for his contribution.

Mr John Thompson, Head of Facilities attended the WG in February. He provided an update in relation to the portering and security services, Catering Department and Hotel Services. This update was also well received.

With regards to the QPE WG ward / department visits, due to the lack of availability over the festive period, the group has not undertaken any additional visits since November 2022. Further visits have been arranged and the WG will share the findings in due course.

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

iii) Business and Development (B&D) WG

Dr Valentine thanked Mrs L Thompson for her contribution to drafting the WG report and to the CFO for attending. He noted that the February meeting was stood down due to the number of apologies received.

Dr Valentine advised that the External Audit pre-procurement exercise will start in February and asked that all WG members read the slides shared in relation to the 2023/24 Planning Guidance in advance of the next meeting. He advised that there will be updates at future WG meetings with regards to the ICB, Collaborative Newcastle, Audit Committee and Commercial activity.

Dr Valentine highlighted that in order to progress the WGs plans it is important to have Governor attendance at the WG meetings.

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

iv) People, Engagement and Membership (PEM) WG

Mrs Carrick advised that the February meeting was also stood down due to the number of apologies received. In March, the WG will be attended by Mr Jowett, NED and Mrs Christine Brereton, Chief People Officer and in April by the new leader of Healthwatch Newcastle. There will also be a meeting with the nursing cohort at Northumbria University to raise the profile of the Trusts membership and the role of the Governors.

Mrs Carrick confirmed that the Disability Discussion Forum will be arranged once the new education centre at the Freeman is completed as this will have disabled access. She

Agenda item 2

highlighted that if any Governor has any ideas/suggestions with regards to the content of the forum, this would be most welcomed.

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

23/06 ITEMS TO RECEIVE AND ANY OTHER BUSINESS

i) Updates from Committee Chairs

People Committee

Mr Jowett advised that the Trust and the Unions are communicating effectively in order to manage the impact of the industrial action, with a focus on ensuring patient safety is maintained. The CPO and Mr Jowett will be meeting to review the Committee Risk Report.

Charity Committee

Ms Baker advised that the Charity Committee is currently meeting monthly to discuss grant applications to ensure there is no delay.

Quality Committee

Mr Chapman noted a downward trend in some quality metrics but acknowledged the hard work of the teams involved. He also noted the openness and honesty evident during the Quality Committee meetings.

Finance Committee

Mr Chapman advised that he will be interim Chair of the Committee until a new Non-Executive Director is appointed. He noted the challenging financial environment and the hard work taking place within the Finance team.

Audit Committee

Mr Macleod explained that detailed discussions take place in relation to the Board Assurance Framework (BAF) at each Audit Committee meeting. At the last meeting there was a focus on the Finance Committee risks and Audit Committee members felt assured that sufficient mitigating actions are being taken. In terms of the Well Led Review, it was recommended that a clearer process be established to capture matters discussed at Committee meetings which require escalation to the Trust Board. Mr Macleod confirmed that a new process had been implemented.

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

ii) Non-Executive Director (NED) Activity Report

The Chairman advised that the report is for the Council of Governors information and was discussed at the Nominations Committee.

It was resolved: to **receive** the updates and the activity report.

iii) Date and time of next meeting:

Agenda item 2

The next formal meeting of the Council of Governors was scheduled for Thursday 15 June 2023, 14:45 – 16:00

The Chairman highlighted the importance of Governors completing their mandatory training.

There being no further business, the meeting closed at 16:10.

DRAFT

GOVERNORS' ATTENDANCE – 16 February 2023

	Name	Y/N
S	Mrs Glenda Bestford	Yes
1	Mr David Black	Yes
2	Mr Graham Blacker	Apologies
S	Miss Genna Bulley	Yes
1	Mrs Judy Carrick	Yes
1	Ms Jill Davison	Yes
1	Dr Alexandros Dearges Chantler	Apologies
A	Professor Justin Durham	Yes
2	Mrs Madeleine Elliott	Apologies
2	Mr David Evans	Apologies
1	Mrs Aileen Fitzgerald	Yes
1	Mr David Forrester	Yes
S	Mr Gary Gibson	Yes
S	Dr John Hanley	Yes
2	Mrs Catherine Heslop	Apologies
2	Professor Philip Home	Yes
3	Mr David Hughes	Yes
A	Prof Tom Lawson	Yes
2	Mr John McDonald	Yes
2	Professor Pauline Pearson	Yes
S	Mrs Kate Pine	Apologies
S	Miss Elizabeth Rowen	Yes
S	Mrs Poonam Singh	Yes
A	Cllr Ian Tokell	Yes
1	Dr Eric Valentine	Yes
1	Ms Emma Vinton	Apologies
2	Mr Bob Waddell	Yes
3	Mr Michael Warner	Yes
2	Mrs Claire Watson	Apologies
2	Dr Ian Wilson	Apologies
1	Mrs Pam Yanez	Yes

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COUNCIL OF GOVERNORS

Date of meeting	15 June 2023						
Title	Chairman’s Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Gillian Elseder, 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"> • Appointment of a new Trust Non-Executive Director • Board Development Session • “Spotlight on Services” – Dental Laboratory • Governor Activity • Attendance at the Strategic Leaders Programme • Participated in the judging panel for the Children's Garden Design Competition • Attendance at celebratory events in the Trust and region • Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP) • National engagement with the Chairs of the NHS Confederation Trusts 						
Recommendation	The Council 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"/>
Link to the Board Assurance Framework [BAF]	No direct link however 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:

- Appointment of a new Trust Non-Executive Director
- Board Development Session
- "Spotlight on Services" – Dental Laboratory Governor Activity
- Attendance at the Strategic Leaders Programme
- Participated in the judging panel for the Children's Garden Design Competition
- Attendance at celebratory events in the Trust and region
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP)
- National engagement with the Chairs of the NHS Confederation Trusts

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

CHAIRMAN'S REPORT

Following a robust recruitment process I am pleased to announce that we have appointed Christine Smith as a new Non-Executive Director to the Board who will also take up the role of Chair of the Finance Committee. Christine is a Non-Executive Director with over 20 years' experience delivering Board and Senior leadership roles in Financial and Commercial functions across a number of industries including Retail, Financial Services – Retail Banking, Manufacturing, Education and business-to-business (B2B) Services. She has a passion for Environmental, Social and Governance (ESG) and is a strong advocate for social mobility, equality, diversity and inclusion.

Our Board Development Session on 29 April covered several topics including:

- Discussion in relation to the latest developments in system work and the impact for Newcastle Hospitals.
- Briefing on the 2022/23 year-end position (activity and finance) and 2023/24 plan.
- Briefing and position update on key Directorate matters, including the creation of the Clinical Boards.
- Briefing on the Estates Strategy.
- Discussion on the latest guidance on Sustainability in the NHS and the Board received an update on the status of the Trusts Climate Emergency Strategy.
- A briefing on the role of the Trust Clinical Ethics Committee and key risks/challenges regarding clinical ethics.

Since our last Council of Governors meeting, we have undertaken one "Spotlight on Services". Bill MacLeod, Non-Executive Director and I experienced an absolutely fascinating morning at our Dental Labs. We were shown around the labs by Mark Pickersgill, Dental Laboratory Manager where we were privileged to see world class reconstruction prostheses made by expert technicians who work with 3 Dimensional reconstructions alongside our maxillofacial surgical team.

Governor activity since our last meeting has included:

- **Governor Elections:** Our latest round of Governor Elections opened on 30 March with the nomination's deadline closing on 17 April. As all nominations were unopposed, I am pleased to welcome both new and re-elected Governors as noted below:
 - **Public: Newcastle upon Tyne:** Tom Forster and Kate Hawley
 - **Public: Northumberland, Tyne & Wear (Excluding Newcastle):** Ian Frenette-Wood, Jill Gregory, Alex Holloway, John McDonald, Pauline Pearson, Linda Pepper and Shashir Pobbathi
 - **Staff: Admin, Clerical, Managerial and Chaplains:** Kelly Gribbon
 - **Staff: Nursing and Midwifery:** Sharon Chilton

The new Governors commenced on 1 June 2023 and undertake the Corporate Induction on Friday 9 June 2023 which will cover the roles and responsibilities of

Agenda Item 4

being a Governor, Governor activities, the expectations as well as the support and tools in place to assist Governors in fulfilling their role.

- A **Council of Governors Private Workshop** which was Co-chaired by my deputy, Professor Kath McCourt and Mr Jonathan Jowett, Senior Independent Director. The workshop was well attended and was joined by members of the Executive Team who provided updates in relation to Quality & Patient Safety, Performance & Delivery
- **Governor Induction Training/Annual Training Task and Finish Group** I was joined by a number of Governors who provided valuable input to the development of our new induction programme and ongoing training for Governors.

I was delighted to be invited to attend the Strategic Leaders Programme currently running for our Senior Managers and spoke alongside Jackie Bilcliff, Chief Finance Officer. Upon completion the programme aims to enable participants to be able to apply new frameworks, mindsets, leadership behaviours and tools to lead advancement of Trust-wide priorities, take part in and lead collaborative coaching as well as planning how to incorporate NHS-wide changes into a local context. I was asked to share an element of my own leadership journey.

I was also invited to judge on the Children's Garden Design Competition for the play area next to the Children's Outpatients department. The plan is to develop the area into a biodiverse garden which will feature accessible play opportunities as well as a focus on learning about climate change, biodiversity, and healthy lifestyles. It was important for the space to be co-designed with the patients of the Great North Children's Hospital.

I have also attended a number of celebratory events including:

- Q Factor Awards which highlight the excellent work taking place across in-hospital and community services including improvements in patient safety and experience. This year's Q Factor Winners Award recognised Newcastle's pelvic health physiotherapy team for their commitment to improving the patient experience for people affected by overactive bladders using an innovative Quality Improvement (QI) approach.
- Newcastle College University Centre, as a stakeholder from across the region, at their 10 in 10 Celebration Event to recognise the development of Newcastle College University Centre and its growth over the last decade, reaching the milestone of 10,000 graduates in 10 years.
- People at our Hearts Awards where I presented Jill Goodfellow, Nurse Practitioner – Colposcopy who was nominated as a member of staff who best illustrates providing healthcare at its very best – with people at our heart.

At a regional level, I continue to engage with both Foundation Trust Chairs and the Integrated Care Partnership (ICP).

On 22 March 2023 I attended a meeting of the North Area ICP. The session included:

- Role of ICPs within Integrated Care Systems and their relationships to Health and Wellbeing Boards and Place-Based Partnerships.

Agenda Item 4

- Role of ICB Area and Place-based teams.
- Update on the Integrated Care Strategy and opportunities for joint working on the social and economic determinants of health.
- Key themes from public feedback.
- Forward Planning.

On 18 April 2022 I attended a meeting of the ICS Foundation Trust Chairs where we were joined by Ken Bremner, Chief Executive of South Tyneside and Sunderland NHS Foundation Trust who provided an update on the Provider Collaborative. Discussion then centred on the Annual Planning Process. A meeting of the Integrated Care Board and Foundation Trust Chairs then followed where the agenda included updates on Finance and planning, Learning and Improvement System update, combined Authorities and Public Sector Reform and place Based working.

At a national level I attended a virtual meeting on 17 April 2023 with the Chairs of the NHS Confederation Trusts. The session focused on the Hewitt Review which considered how the oversight and governance of Integrated Care Systems (ICSs) can best enable them to succeed, balancing greater autonomy and robust accountability. We were joined by Rt Hon Patricia Hewitt, the author of the report and Chair of NHS Norfolk and Waveney and Dr Kathy McClean OBE, Chair, Nottingham and Nottinghamshire Integrated Care Board.

RECOMMENDATION

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

Report of Professor Sir John Burn
Chairman
6 June 2023

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 June 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 checked="" 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"> • Performance at the end of the 2022/23 financial year; • Further industrial action; • The Trust’s plans for 2023/24; and • Headlines from other key areas, including the Chief Executive Officer’s networking activities, Trust awards and achievements. 						
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"/>
Link to Board Assurance Framework [BAF]	This is a high-level report from the Chief Executive Officer covering a range of topics and activities.						
Reports previously considered by	Regular report. The report was presented at the 25 May 2023 Board of Directors meeting.						

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:

- The performance position of the Trust at the end of 2022/23, including the extent to which waits were reduced for cancer and elective patients;
- The Trust's response to industrial action by the Royal College of Nursing;
- Agreed plans for 2023/24, including a challenging cost reduction requirement and a continued focus on improving quality, staff experience and reducing waiting times;
- The introduction of the Care Coordination System (CCS) to improve theatre scheduling and productivity;
- Strengthening clinical leadership in the Trust as part of our new operational management structure;
- The publication of the Care Quality Commission's (CQC's) report into aspects of the Trust's maternity services;
- Senior staff changes;
- My work with local, regional and national networks;
- An update on research awards and recognitions for staff members.

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

CHIEF EXECUTIVE'S REPORT

1. OVERVIEW

Celebrating what we achieved in 2022/23 – and preparing for the future

In this Council of Governors meeting, the first since the conclusion of the 2022/23 year, we will be formally reporting the year-end financial and performance position that we delivered against the targets that we were set. Given the number and severity of challenges faced last year – including a very difficult winter and unprecedented and sustained industrial action – it is important that we put our delivery in context and that we take a moment to celebrate what our staff collectively achieved.

A key focus for the Government and the whole NHS has been the reduction of patients who have waited the longest. We ended the year with 75% less patients waiting more than 78 weeks for elective treatment, and with a 33% reduction in patients waiting more than 62 days on a cancer pathway. This delivery was only possible because of the efforts of staff combined with the results of the decisions we made to expand capacity – for example, the Day Treatment Centre at the Freeman Hospital delivered more than 2,600 procedures since its opening, helping cut waiting times and freeing up capacity elsewhere in the Trust for other patients.

What our staff delivered in 2022/23 cannot be fully expressed in numbers. Every individual act of care and compassion made an impact on our patients and their families. This is true even when we know that, especially during the winter, too much of that care was delivered in conditions of extreme operational pressure that impacted the whole NHS and the wider health and care system.

It is our job as leaders to not just maximise delivery today, but to also work for an improved, more sustainable future with conditions that allow for the delivery of better care. In that spirit I am currently focused on working with partners, both within Collaborative Newcastle and in neighbouring acute Trusts, to ensure plans are in place to reduce demand pressures next winter and to maximise the collective resilience of our services.

Industrial action

Members of the Royal College of Nursing took further industrial action on Sunday 30 April and Monday 1 May as part of their ongoing pay dispute with the government. For the first time the national strike action included staff based in accident and emergency, intensive care and cancer services. The inclusion of these staff increased the level of planning and contingencies required to deliver safe services over the affected bank holiday weekend. While 'derogations' were finally agreed on safety grounds, these arrived uncomfortably late. I want to again place on record my thanks to all who have been involved in the coordination of the Trust's response to industrial action, particularly our Executive Chief Nurse, Maurya Cushlow, and her team.

Sustained industrial action over the last six months has taken up a significant amount of clinical and management capacity and has resulted in the cancellation of elective care and outpatient appointments. I am hopeful that the recent majority decision of the NHS Staff Council to accept the Government's pay offer for Agenda for Change staff will reduce future uncertainty for both staff and patients, though I recognise that the British Medical Association and Royal College of Nurses both remain in dispute.

There is no sustainable future for the NHS without a sustainable workforce that feels valued and is properly remunerated. I hope the promised national NHS workforce plan will be published soon and provides the necessary funding required to increase both the retention of existing staff and the training of our future workforce.

Our plans for 2023/24

The NHS' planning process for the 2023/24 year has now concluded and the Trust has set its own performance and finance plans in line with this. It is clear that the NHS as a whole is facing a challenging year financially as it, like the whole country, faces the economic impact of high inflation and cost pressures alongside the operational impact of increased patient acuity. Increased productivity and efficiency will be required to deliver the care our patients expect within the budget available.

In this context, after significant and sometimes difficult conversations with partners within the North East and North Cumbria Integrated Care System, the Trust has set its financial plan to break-even which requires the delivery of 4% cost reductions within the year – a total of £57m. Every part of the organisation, each clinical board and corporate service, has now been allocated their share of this significant cost reduction requirement and all are drawing up plans to deliver.

It should also be noted that within this financial environment, there is regrettably very limited resource available to invest in any area or initiative. However, there are still opportunities to improve quality and staff experience without additional resource. As part of the planning process, the Executive Team recently signed off the organisation's delivery goals for the year across all domains of our Trust strategy. In the 'patients' domain our goals for the year include implementing the 'care for me, with me' programme to improve how we support those with mental health and learning disabilities as well as the new national patient safety strategy and patient safety incident response framework. We want to continue to improve staff experience by implementing a new Trust People Plan, reviewing our health and wellbeing offer to staff and enhancing our diversity and inclusion work.

As part of the planning process, we have also set trajectories to continue to reduce the number of patients waiting over 62 days for cancer treatment, and over 65 weeks for elective non-cancer care in line with national expectations. Our plan requires levels of elective activity around 9% higher than we delivered in 2019/20, the year before the pandemic.

To meet our challenging financial, activity and performance plans our focus on improvement, reducing waste and increasing productivity must redouble. I can report that a new Newcastle Change Board is now in place to oversee this work. It will bring together the disciplined focus on change delivery and benefits from the Programme Management Office with the enabling skills of Newcastle Improvement. We will report on progress at future Council of Governors meetings.

Digital improvement

Implementing and optimising digital systems is a key route through which we have the potential to deliver needed improvements in productivity. I am pleased to report that our new Care Co-ordination System (CCS) to support us in optimising our theatre capacity went live in Urology at the end of March. For the first time, CCS is now providing a single consistent waiting list view that is visible to our clinicians, schedulers, theatre teams, operational managers, and administration staff.

No longer do our Urology waiting list team have to review multiple systems, paper diaries or Excel spreadsheets; they have all the information at their fingertips to ensure patients are treated at the right time, in the right clinical priority order and within required timeframes.

In addition, our Freeman theatre management team have deployed CCS to support their 6-4-2 theatre scheduling meetings to achieve optimal use of operating sessions and promote safe and efficient throughput of our patients, whilst preventing unavoidable same-day cancellations and maximising the use of staffing resource including surgeons, anaesthetists, and theatre teams. The roll-out to all theatre specialties is now planned and I look forward to seeing the ongoing benefits for patients and staff.

Agenda item 5

Strengthening clinical leadership and how we deliver change

Since my last report, I am pleased to confirm that we have appointed eight senior medics to serve as the Chairs of our new Clinical Boards. This new operational management structure is already helping to increase the join-up between our services and ensure that there is clear vision and strategic leadership, driven by clinical staff, for their future.

The Clinical Board Chairs are working alongside the Directors of Operations of each Clinical Board, who perform the senior general management roles that focus on day-to-day operational delivery. Work is continuing to appoint a senior nurse in each Clinical Board to complete the leadership triumvirates.

A key part of our new leadership arrangements is the formation of the 'Trust Leadership Group' (TLG) which comprises of the Executive Team and the eight Clinical Board Chairs and will meet on a monthly basis to oversee key items of Trust business. I was pleased to chair the first meeting of TLG on 3 May where discussion focused on how we will work together to both ensure delivery of our plans for the coming year and our long-term ambitions to continue to be an outstanding local, regional, and national healthcare provider.

CQC report – maternity services

In January, the Care Quality Commission carried out an unannounced focused inspection of our maternity services at the RVI as part of a wider programme of work they are doing across the country into standards of maternity care. The team specifically looked at how safe and well-led our services were and their visit included the main delivery suite, post and ante-natal wards, assessment areas and clinics and the Newcastle Birthing Centre.

This month, the CQC published their report and despite the many positive findings it contains, maternity services were rated as requires improvement. While the well-led element is good, safety was rated as requires improvement.

This is very disappointing and on review of the report's full findings - which are positive in many areas – it is difficult to understand the resultant rating which we do not think is a fair reflection of the maternity service and dedicated care that our teams provide every day.

The report described how our staff work well together for the benefit of women and birthing people, how they managed safety well - focussing on the needs of those receiving care - and that everyone was committed to improving services continually.

We are proud of our team for the dedication, professionalism, and caring attitude that they show each day whilst supporting those in our care and that is reflected in other national benchmarking – for example in the CQC's national maternity survey and in achieving all 10 of NHS Resolutions Maternity Safety Actions for four consecutive years.

As a trust which also provides tertiary and quaternary (highly specialist) level care to women with complex medical conditions our neonatal and maternal outcomes are amongst the best in the country when benchmarked against peers.

There were three areas the CQC highlighted where we must take immediate action around equipment checks, staff appraisals and medicines management, all of which have been addressed, and four areas of outstanding practice were identified in the report for wider learning across the NHS.

Whatever the rating, our response will always be to focus on learning and improvement as it is for any external or internal service review. The safety of women and birthing people and their children

Agenda item 5

is of the utmost importance to us all and we will prioritise listening and learning to ensure we can provide the high-quality care our patients deserve.

Celebrating Excellence Awards

In April we launched our 2023 Celebrating Excellence Awards, which this year includes 15 categories and – in honour of NHS 75 – we have included a Lifetime Achievement Award. As always, everyone working across Newcastle Hospitals should be eligible for at least one category and we are also giving people the opportunity to recognise the huge contribution that our volunteers and charity supporters make to the trust. The closing date for nominations is Friday 2 June - full details are on the trust's website.

Freedom to Speak Up strategy

Across the trust, we are committed to promoting an open and transparent culture to ensure every member of staff feels safe and confident to speak out about any issues that concern them.

A Freedom to Speak Up strategy has been developed which provides guidance to all staff on the behaviours expected to ensure everyone is treated respectfully at work and the services available to any staff needing support. This is an important document as it underpins the development of a culture that embraces transparency and supports raising concerns to improve patient safety. It can be found on the 'Speak up we're listening' page of the trust's intranet.

'Veteran Aware'

I'm delighted to share Newcastle Hospitals has been successfully reaccredited as a 'Veteran Aware' trust. This reaccreditation affirms our commitment to providing the best standards of care to the Armed Forces community – past and present – and their families based on the principles of the Armed Forces Covenant. My thanks to everyone involved.

Senior staff changes

Graham King, who has served as our Chief Information Officer since 2014 is leaving the Trust to pursue other opportunities. Graham was instrumental in the Trust becoming a global digital exemplar and implementing our Paperlite programme in 2019, moving clinical documentation into a digital format. The progress made was recognised by the award in 2022 of the prestigious level 6 digital maturity accreditation of the international Healthcare Information Management Systems Society (HIMSS), becoming one of only eight NHS organisations to have reached that level. We wish Graham well for the future and will shortly begin recruitment of his permanent replacement. I am pleased that Lisa Sewell, a senior member of the informatics team, has agreed to act as interim CIO in the coming months.

Finally, I want to welcome Christine Smith as our new non-executive director to her first formal Council of Governors meeting. Christine has over 20 years' experience delivering Board and senior leadership finance and commercial roles across a number of industries. We are grateful to have secured her expertise which will be put to good use as a Board member and chair of our Finance Committee.

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 and meetings

In my visit to our dental laboratory, I was impressed by the level of personalised care offered to patients and the skill and artistry involved in making perfectly fitting bespoke prosthetics. Visiting

Agenda item 5

the ophthalmology service, I was struck by the way in which the multi-disciplinary team is building links with community providers and the commitment with which they are changing their service to maximise productivity and to try and reduce the long waits that built during the pandemic.

Last month it was also an honour to welcome two major philanthropic donors on a visit to the robotics surgery team, to show them the impact made by their significant donation to Newcastle Hospitals Charity to purchase a Da Vinci surgical robot. Inspired by the vision of the robotics surgery team, the generosity and compassion shown by these supporters was very moving and a testament to appreciation our community has for the work that we do here at Newcastle Hospitals. The donors wish to maintain a low profile and prefer that we do not publicise their names.

Partnership work in Newcastle and across the region

There is no sustainable NHS without sustainable general practice and therefore I was pleased to spend a morning with colleagues from Newcastle GP Services (NGPS) discussing the current challenges involved in providing quality primary care to the 300,000 residents of Newcastle. A visit to Thornfield Medical Group in Byker complemented our discussions about how to recruit and retain the primary care workforce of the future. I look forward to continuing to work with NGPS colleagues directly and through the Collaborative Newcastle partnership as we seek to renew our focus on integrating services within the city.

I continue a regular programme of meetings with colleagues across the North East and North Cumbria Integrated Care Board and Provider Collaborative. This includes co-chairing, along with Jim Mackey, a monthly bilateral team-to-team executive meeting with colleagues from Northumbria Healthcare NHS Foundation Trust to ensure good relationships and a collective approach to common challenges – including the sharing of elective referrals to enable the lowest possible waiting times for patients.

National policy and influencing

I continue to participate in a range of national engagements through my roles in the Shelford Group and as Vice-Chair of the NHS Confederation. Since the last Council of Governors meeting, these have included a meeting with Shadow Secretary of State Wes Streeting and a working dinner with Amanda Pritchard, CEO of NHS England.

Earlier in the year I was honoured to be again named as one of the NHS' 'top chief executives' by the Health Service Journal (HSJ). I recently participated in a themed forum for these CEOs hosted by HSJ discussing the leadership that is required in the coming challenging year and how we can demonstrate the NHS' values through this difficult time.

I was delighted to be asked by Amanda Pritchard to play a guiding role in NHS England's programme to develop and support NHS CEOs and Executive Leaders. As a result, I attended the first national NHS management and leadership advisory group. I look forward to working with colleagues from across the country to support developing leadership for improvement in the coming months.

3. RECOGNITION AND ACHIEVEMENTS

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

Research leadership

- The trust is leading the **IDEA-FAST** study, which aims to find effective ways to monitor symptoms in patients with neurodegenerative and inflammatory diseases, where fatigue and disturbed sleep can have a major impact on quality of life. The study involves patients wearing

Agenda item 5

small devices to monitor these physiological signals throughout the day and the study is being led by **Professor Fai Ng**, honorary consultant rheumatologist at Newcastle Hospitals and professor of rheumatology in the Translational and Clinical Research Institute at Newcastle University.

- Matron for the clinical research directorate, **Fiona Yelnoorkar**, is one of 35 nurses and midwives nationally and one of two regionally who have been appointed to the National Institute for Health and Care Research (NIHR) Senior Research Leader programme. The three-year programme aims to develop the research delivery workforce locally and regionally and promote an integrated research culture to improve care for patients.
- Specialist paediatric dietitian **Paige Alsop** has been awarded Newcastle's first Researcher Development Institute Embedded Researcher Fellowship. Paige specialises in the nutritional needs of children and young people with cystic fibrosis at The Great North Children's Hospital.
- Our work on the 'Development of a New Hazardous Patient Transport Device' won the Outstanding Industry Collaboration category in the Bright Ideas in Health Awards while the **Newcastle Centre for Bowel Disease Stoma Programme team** who took home the Cross-organisation Working to Deliver Research award. Both winners receive a cash prize and support from innovation experts at the Academic Health Science Network for the North East and North Cumbria to progress their ideas.

Team and individual recognition

- Maternity health advisor **Jenny Reed** was awarded a prestigious Chief Midwifery Officer Maternity Support Worker Award for her exemplary work supporting women and families across Newcastle. Jenny received her award from Dr Tracey Cooper MBE, regional chief midwife for the North East and Yorkshire, on International Day of the Midwife.
- **Audrey Tapang**, senior nurse for international recruitment, was honoured with an invitation to attend the first of three Royal Garden Parties on the lawns of Buckingham Palace in early May to celebrate the forthcoming Coronation of King Charles III in Westminster Abbey.
- The **procurement team** have been shortlisted as a finalist at this year's UK National GO Awards - the UK's leading public procurement excellence awards – in the Infrastructure or Capital Project 2022/2023 category, for their Integrated Covid Hub North East (ICHNE) entry.
- The **Newcastle Specialist Continence Team** were named not only overall 'Gold' winners for the Continence Nurse of the Year Award at the British Journal of Nursing Awards but were also 'silver winners' in the same category. The Gold Award was presented for their RIISE project (Reducing and identifying infection using surveillance and education) and the Silver Award for their bowel and bladder assessment project.
- Our **new patient information website** for heart and lung transplant assessment patients has won an award from the Society for Cardiothoracic Surgery in Great Britain and Ireland. The trust has been working in partnership with the University of Northumbria on the development of this site, funded by Newcastle Hospitals Charity, which aims to help patients better understand, prepare and recover from a heart or lung transplant. It also comes after the team was recently highly commended for this work for excellence in education by NHS Blood and Transplant.
- Two members of the **paediatric oncology team** from the Great North Children's Hospital were recognised at the recent Children's Cancer and Leukaemia Group conference. **Professor Rod**

Agenda item 5

Skinner, consultant paediatric oncologist, was joint winner of the Johann Visser Award for Outstanding Contribution while **Louise Ollett**, clinical educator for paediatric oncology, received the Innovation in Practice Award.

4. RECOMMENDATION

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

Report of Dame Jackie Daniel
Chief Executive
16 May 2023

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COUNCIL OF GOVERNORS

Date of meeting	15 June 2023						
Title	Integrated Board Report						
Report of	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				
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Summary	This paper is to provide assurance to the Council of Governors 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
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Link to the Board Assurance Framework [BAF]	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. The report was presented to the Board of Directors on 25 May 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. Throughout the month of April 2023, the Trust has had **no cases of MRSA bacteraemia**. The number of **E.coli bacteraemias has decreased by 8 cases**.
2. In April 2023 there has been an **increase in the number of falls across the Trust (n=293) and a reduction in pressure ulcers (n=69)**.
3. There were **16 Serious Incidents (SIs)** reported in April 2023.
4. The Trust has opened a total of **31 (29 with identified patient activity) formal complaints in April 23**. There were **1,220 responses to the Friends and Family test** from the Trust in February 2023 (published April 2023) compared to 1,240 in the previous month.
5. There was a **reduction in sharps incidents** throughout April 2023 (n=24).
6. There was **one indirect maternal death in April 2023**.
7. Overall **sickness absence (including COVID-19 related sickness) is 5.72%, which is down from end of Dec 2022** position of 6.45% (% FTE Time Lost).
8. **Staff turnover has increased from 11% in February 2022 to 14.29% in April 2023**, against a target of 8.5%.
9. **Mandatory training compliance stands at 89.95%** at end of April 2023, against an end of year target of 95%. **Appraisal compliance stands at 79.05%**, at end of April 2023, against an end of year target of 95%.
10. In the period to 30 April the Trust incurred expenditure of £119.5 million, and received/accrued income of £111.9 million, leaving a deficit in line with the Plan of £7.6 million.

The Council of Governors is asked to receive the report.

Integrated Board Report

Quality, People and Finance

May 2023



Healthcare at its best
with people at our heart

Purpose

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

Current Operating Environment

Operational pressures continue to persist. The main challenges are patient discharge, leading to a high occupancy rate, and overall flow out of ED into specialty base ward beds. The teams work hard to achieve one of the better performances for the Emergency Department four-hour standard both regionally and nationally, and there remains good management of ambulance handovers, with few delays occurring.

The elective programme continues to be impacted by ongoing periods of Industrial Action.

Report Highlights

1. Throughout the month of April 2023, the Trust has had **no cases of MRSA bacteraemia**. The number of **E.coli bacteraemias has decreased by 8 cases**.
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Contents: May 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

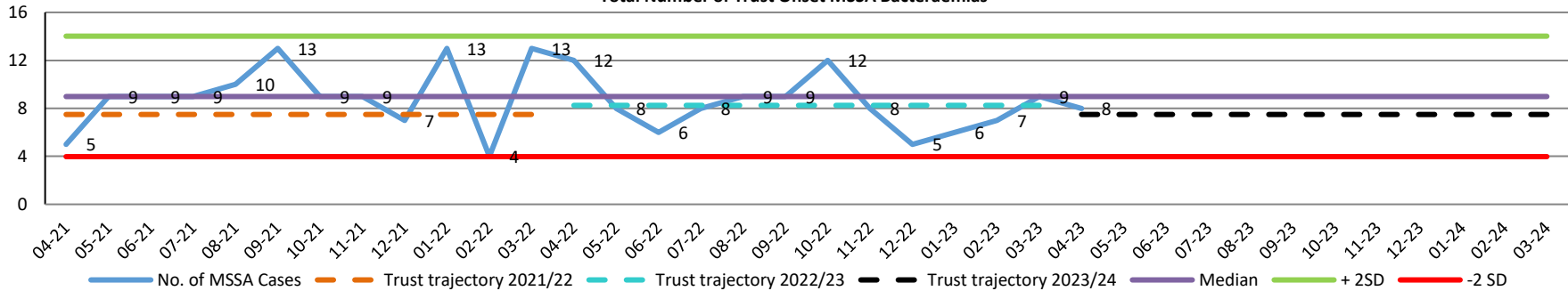
- Sickness Absence (including COVID-19)
- Equality and Diversity
- Sustainable Workforce Planning
- Excellence in Education & Training

Finance

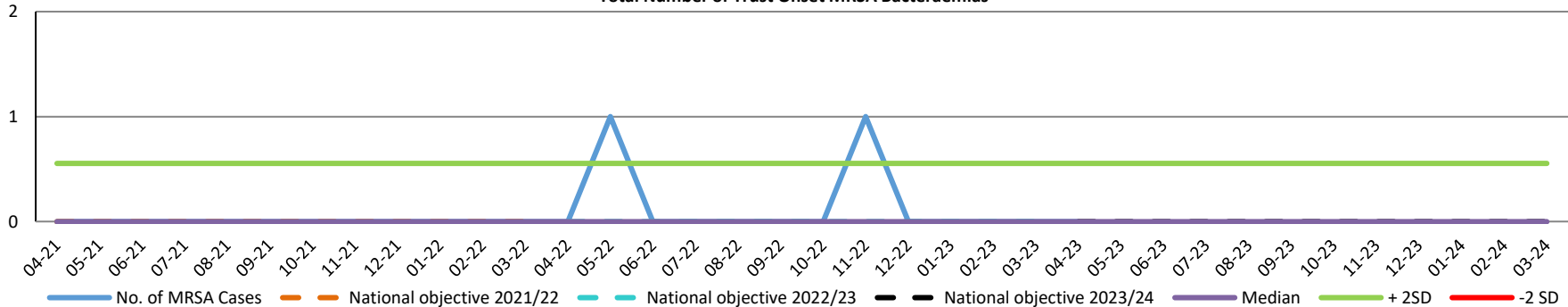
- Overall Financial Position

Quality: Healthcare Associated Infections 1/2

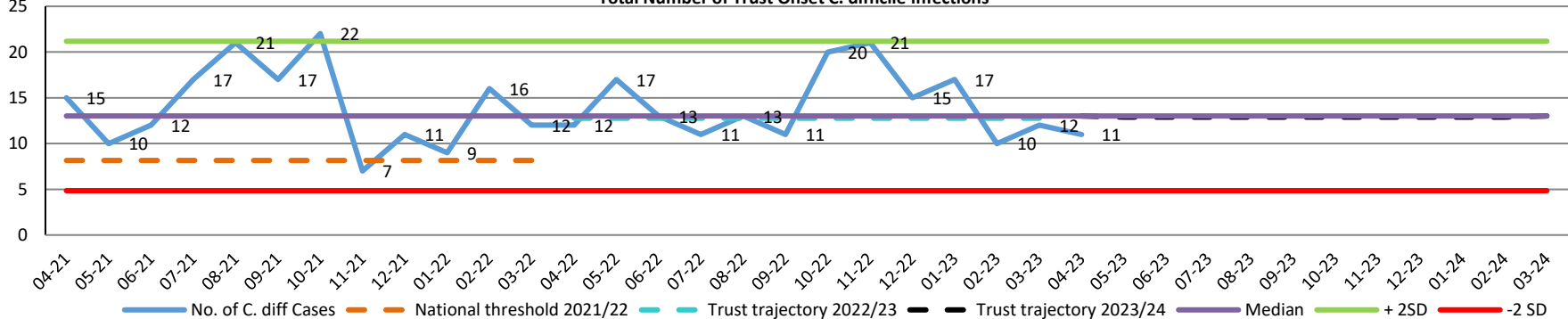
Total Number of Trust Onset MSSA Bacteraemias



Total Number of Trust Onset MRSA Bacteraemias

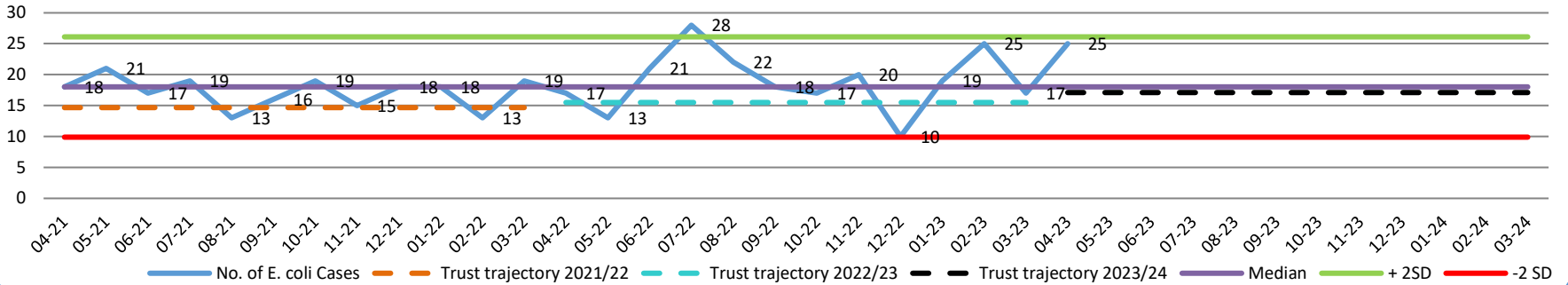


Total Number of Trust Onset C. difficile Infections

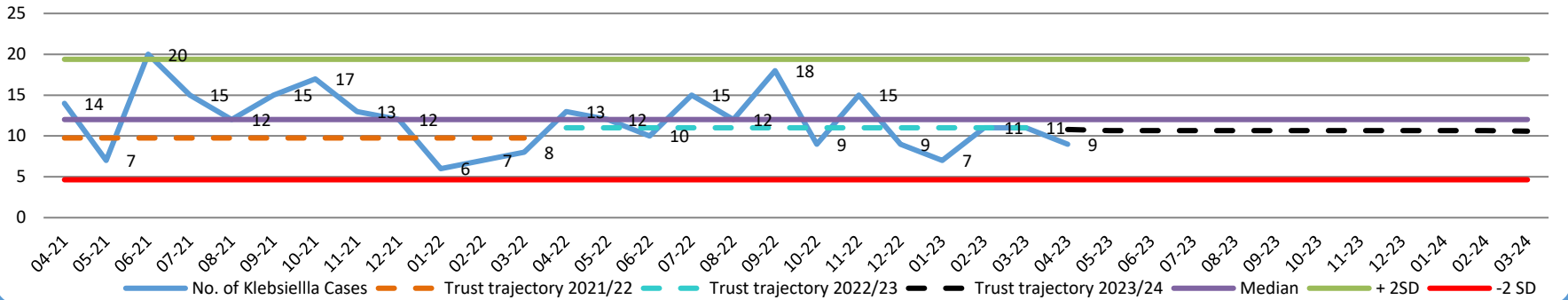


Quality: Healthcare Associated Infections 2/2

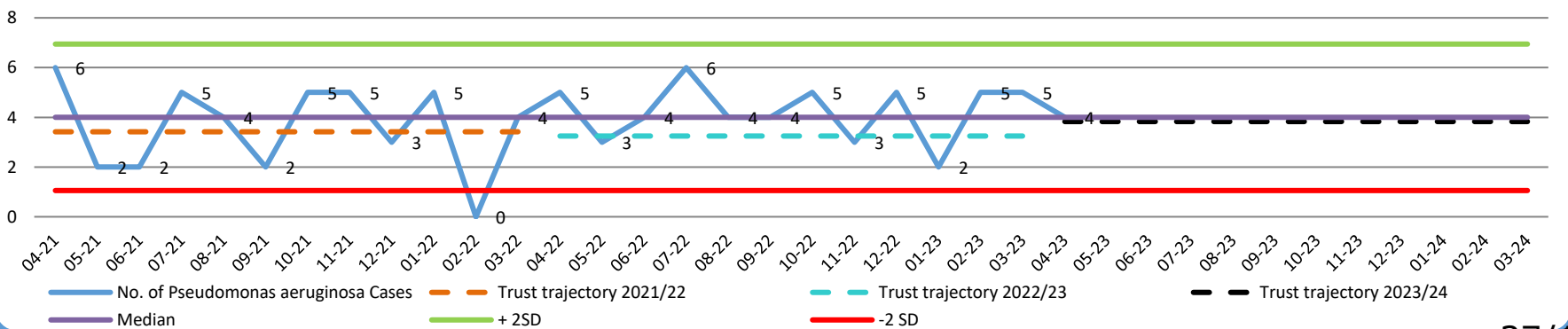
Total Number of Trust Onset E. coli Bacteraemias



Total Number of Trust Onset Klebsiella Bacteraemias



Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias



Quality: Harm Free Care – Pressure Damage

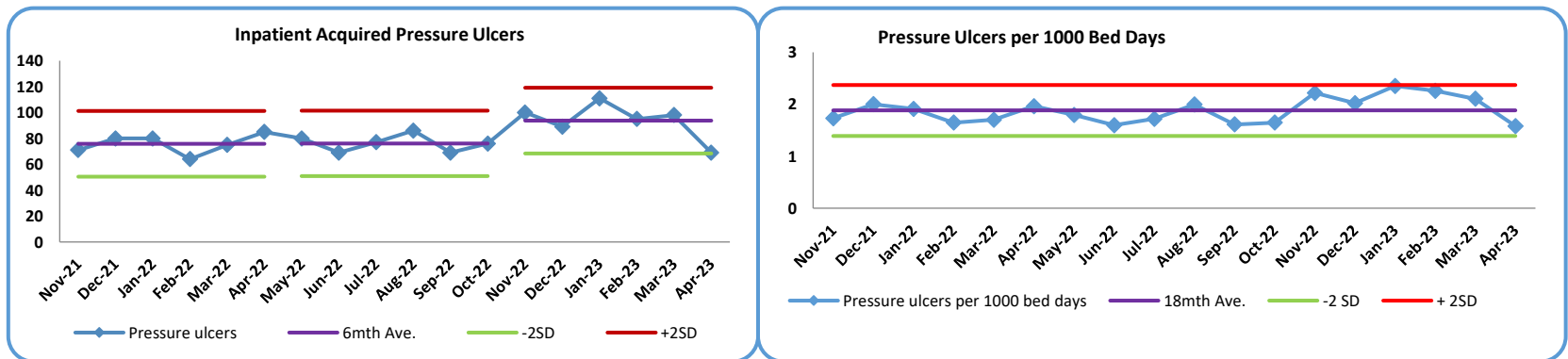
The number of inpatient pressure ulcers has significantly decreased in the month of April 2023 to 69. There was also a decrease in serious incidents requiring root cause analysis (RCA) from March (10) to April (3).

During February 2022 we had a dip to 60, however the six month average (November 21-April 22) was 80, so this was a one off low score. For the following 6 months (May 22-October 22) the average remained at 80. This did increase from November 2022 to April 2023 to an average of 90, with a high data point in January 2023 of 110. Pressure Ulcers were 69 this month so this will bring the average back down. It was noted that from the February 2022 figures to January 2023 the average number of pressure ulcers nearly doubled. However these would be classed in data as 'special causes' and not statistically representative of the six month average.

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 undertaking focussed work in wards and departments with the highest incidence of pressure damage, focussing on education.

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

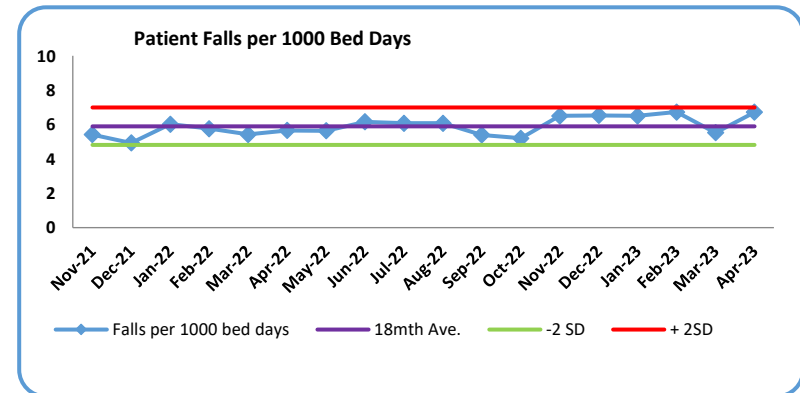
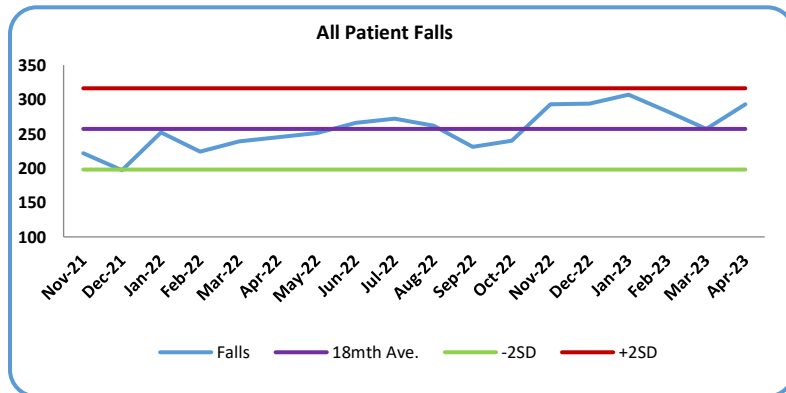


Quality: Harm Free Care - Falls

The number of inpatient falls during April 2023 has increased to 293. There was 1 moderate and 1 major fall in April.

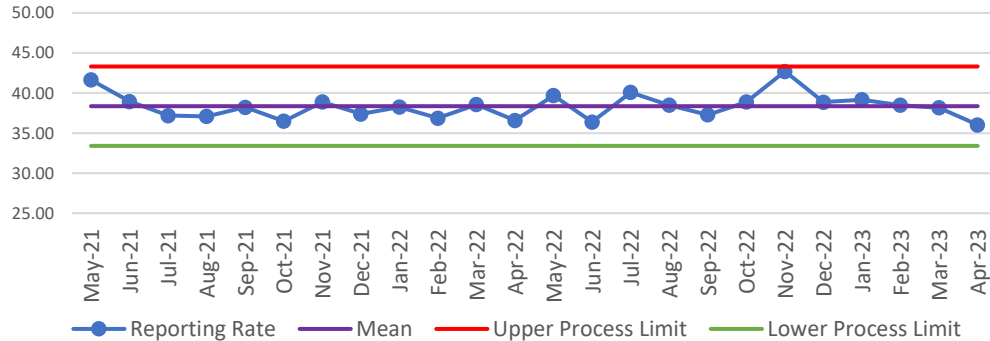
In 2022 the Trust experienced significant pressures, particularly in relation to bed occupancy levels, which have remained high throughout. Significant increases in the cohort of medical patients, particularly those over 65 were evident and led to the requirement to convert many surgical wards to medicine, and have remained so for the last two years. Evidence produced by the National Falls Audit (2021) illustrates higher 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, recognising contributing factors and identifying learning and solutions, with the aim to reduce numbers of falls in the Trust.



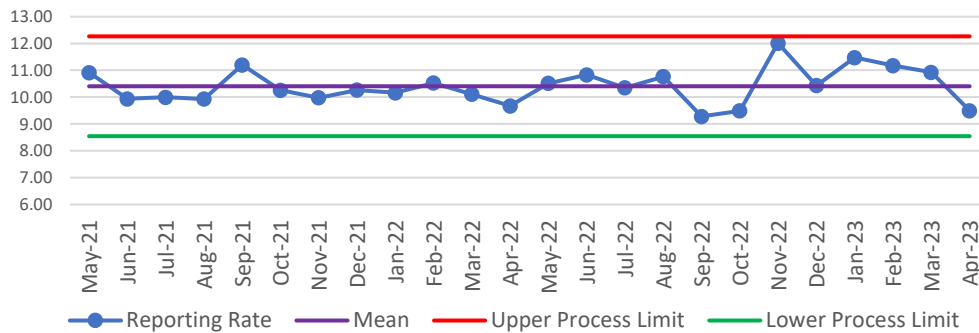
Quality: Incident Reporting

Patient Safety Incidents per 1,000 Bed Days



All patient incidents: The number of patient safety incidents reported per 1,000 bed days continues to remain within close proximity to the mean from December 2022, with a slight reduction in April 2023. This remains well within the expected common cause variation.

Harmful Patient Safety Incidents per 1,000 Bed Days

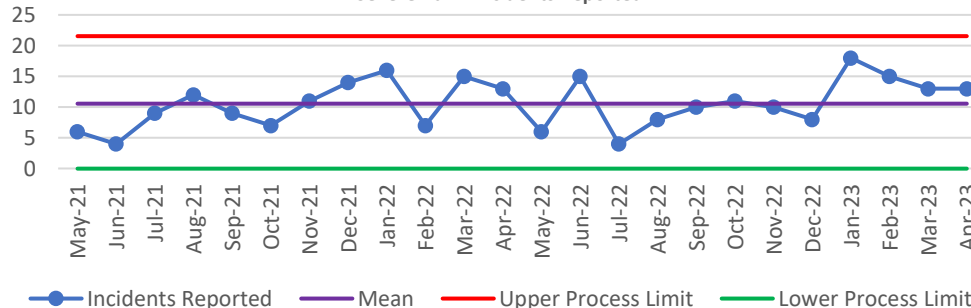


Harmful incidents: The number of *harmful patient safety incidents per 1,000 bed days shows a decrease below the mean in April 2023, but remains within the expected common cause variation.

Severity grading of reported incidents may be modified following investigation and is therefore subject to change in future reports.

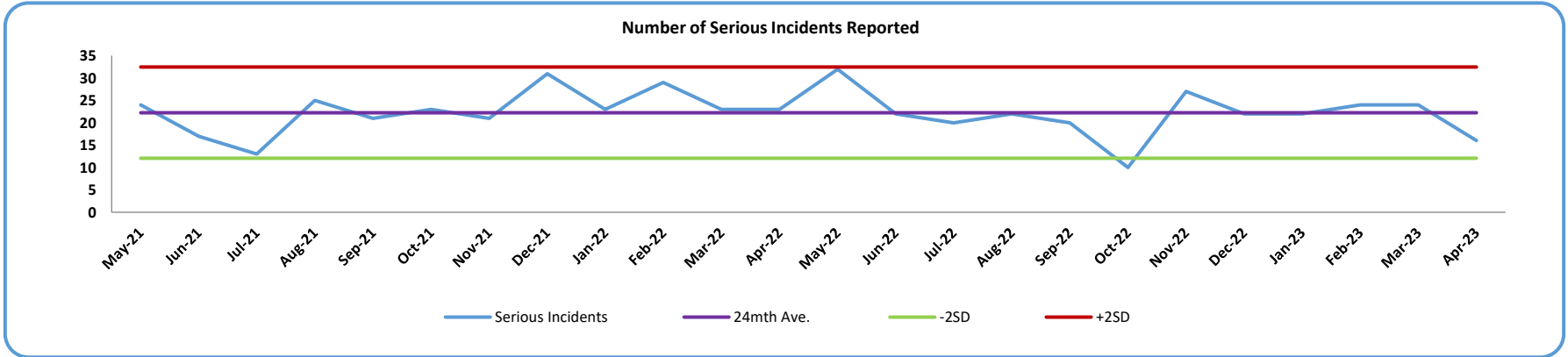
**includes all levels of harm from minor to catastrophic. Excludes patient safety incidents that resulted in no patient harm.*

Severe Harm Incidents Reported

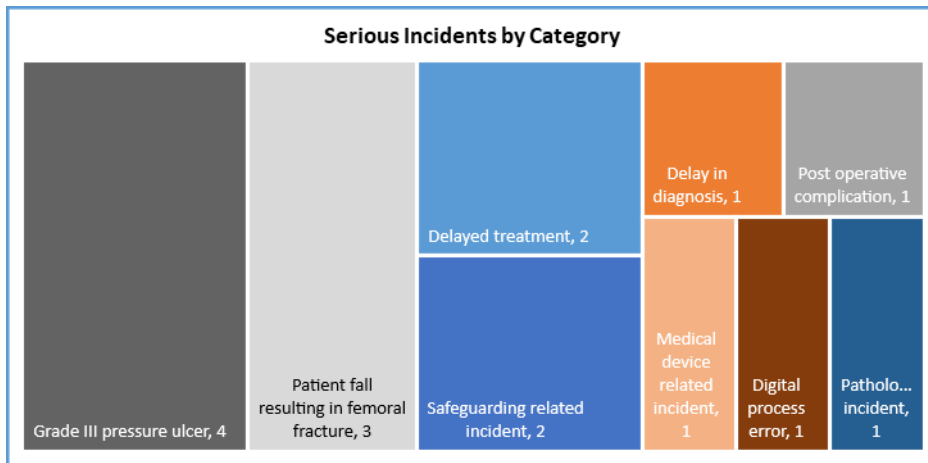


Severe harm incidents: There were 13 patient safety incidents reported that resulted in severe harm in April 2023. This remains within close proximity to the mean and is a decrease from January 2023, well within the common cause variation. Severity grading of reported incidents may be modified following investigation and is therefore subject to change in future reports.

Quality: Serious Incidents

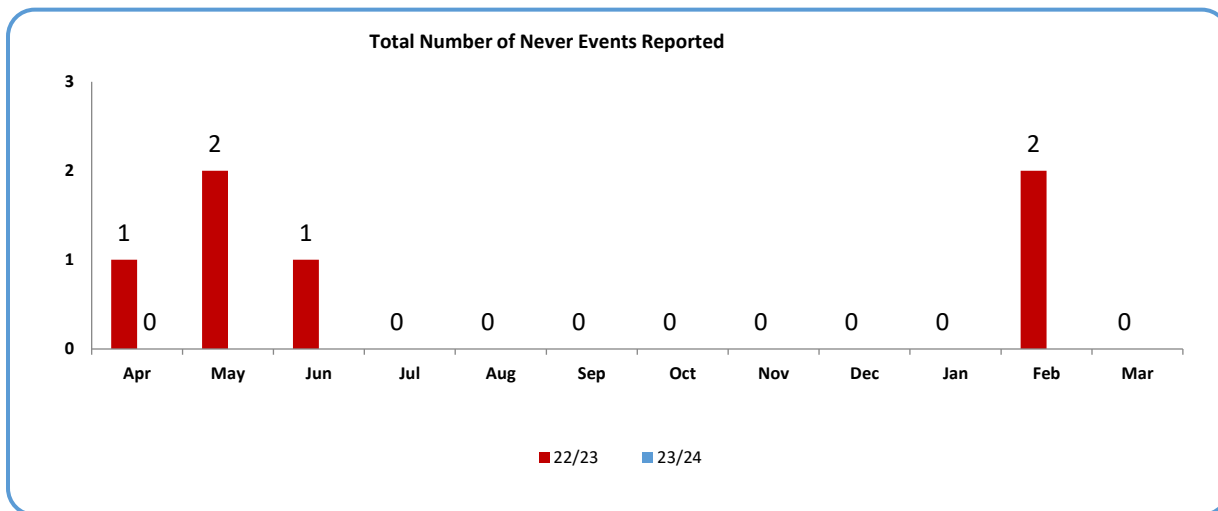


There were 16 Serious Incidents (SIs) reported in April 2023, which is below the mean and well within the accepted common cause for variation. The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment that results in moderate, severe harm or death and requires the Trust to be open and transparent with patients and their families. The DoC process has been initiated for all cases reported in April 2023.



The categories of reported SIs for April 2023 are displayed in the table to the left. The highest number of SIs relate to grade III pressure damage, followed by patient falls resulting in harm.

Quality: Never Events



There were 6 Never Events reported in the Trust in 2022/23 and to date no never events reported in 2023/24

Quality: Serious Incident Lessons Learned

Learning identified from Serious Incident (SI) & Never Event (NE) investigations completed between 01.01.2023 – 30.04.2023

The following section outlines key learning from the 38 SI investigations completed between 1 January 2023 to 30 April 2023. 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 case – 7 cases

- Local policies strengthened to improve support to staff when caring for high-risk women and complex presentations
- Debriefs re-enforced as routine practice to offer effective staff support in distressing cases
- Bereavement checklist enhanced to ensure early family support and counselling is consistently offered
- Escalation processes clearly defined and enhanced training in place to re-enforce expected practice
- Antenatal CTG classification differences highlighted in training and audits of practice
- Language appropriate information leaflets consistently provided to ensure equality of information provided to all women
- NEWTT chart use and audit of practice undertaken to promote early detection of deterioration regardless of antenatal risk factors
- SBAR to be incorporated into new maternity electronic patient record (Badgernet) functionality to strengthen handover & communication
- Strengthened MAU triage clinical assessment process put in place to improve prioritisation of women on presentation
- Clarity on MDT roles & responsibilities for antibiotic prescribing and administration to better facilitate timely response to the sepsis six pathway

Incorrect treatment – 2 cases

- Coding and cross-checking processes reviewed and updated to further strengthen laboratory treatment pathways
- Trust wide environmental checking processes improved, and requirements disseminated to all relevant clinical staff to ensure robust practice in place

Missed/delayed diagnosis or treatment – 5 cases

- Enhanced provision of Point of Care pregnancy testing equipment and use re-enforced to communicate expected practice
- Strengthened profession-specific clinical assessments to support clear documentation and handover in relation to identified concerns regarding elderly patients
- Processes for requesting investigations re-enforced to ensure correct information is included to enable results to be reported to appropriate clinician
- Paper-based junior doctor checklist developed during Covid to ensure that VTE risk assessments are consistently undertaken when patients' admission varies from usual pathway

Missed patient deterioration – 2 cases

- Trust level Quality Improvement work commenced to identify system improvements in relation to IV fluid management, prescribing & recording
- Ongoing development of the PEWS electronic observations system to strengthen and incorporate senior escalation functionality, modelled on the existing Trust adult patient proforma

Quality: Serious Incident Lessons Learned

Complication of treatment – 5 cases

- Local guideline reviewed and expected practice agreed in relation to post procedure monitoring for high-risk patients
- Appropriate storage and equipment identification clarified and communicated to all theatre staff
- WHO checklist processes re-enforced and audited to ensure consistent engagement by the full multidisciplinary team
- Local guideline and training strengthened to support prompt escalation of concern and Consultant led review of imaging
- Trust-wide policy & practice review underway to address and strengthen checking procedures to mitigate against risk of retained guidewires, in the absence of a nationally engineered solution
- Review of national and local practice undertaken, with local practice and training amended in accordance with findings

Complication of surgery – 6 cases

- Excellent practice, leadership and MDT engagement identified in relation to investigation into complex processes, resulting in effective preventative measures being put in place
- Clear escalation & out of hours processes agreed to ensure prompt clinical assessment and communication with microbiology in urgent cases
- Strengthened communication and collaborative working between surgical specialty teams to support clinical decision making for patients at higher risk of complication
- Consent requirements re-enforced to ensure reconfirmation takes place on day of surgery as appropriate
- Pre-op and WHO checklist processes for bilateral surgery reviewed and roles and responsibilities clarified to ensure all theatre team are aware of surgical plan

Fall from bed/trolley – 2 cases

- Enhanced education provided to staff and information displayed in wards in relation to falls awareness and prevention
- ED admission safety assessment tool updated to include falls risk assessment, with work underway with digital team to launch electronic version

Medication related incidents – 4 cases

- E-Record functionality and e-prescribing training improved, highlighting a new default view of medication list to reduce risk of prescribing errors
- Trust-wide work overseen by Trust Medication Safety Group, to support prescribers managing patients at risk of harmful drug interaction

Lost to follow-up – 4 cases

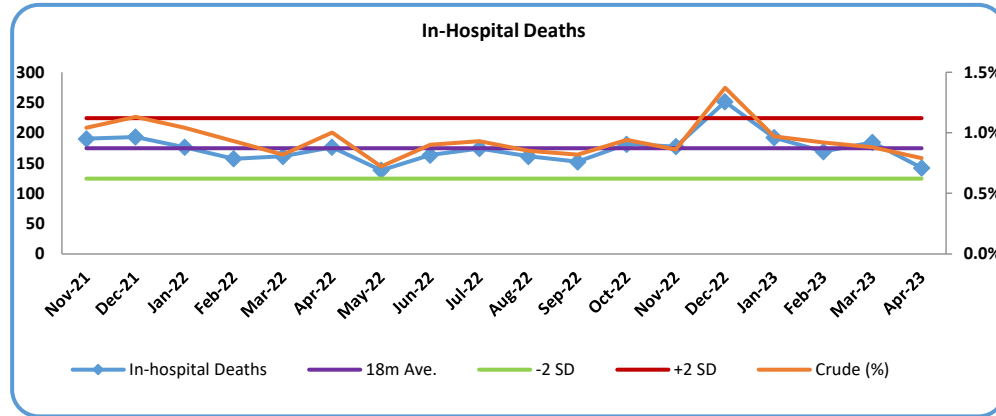
- Strengthen communication processes, including implementation of electronic referral systems, to ensure patients are provided with appointments and followed up appropriately
- Strengthened, centralised, appointment booking system now established, whereby specialty teams are notified of cancellations and processes audited

Safeguarding related incident – 1 case

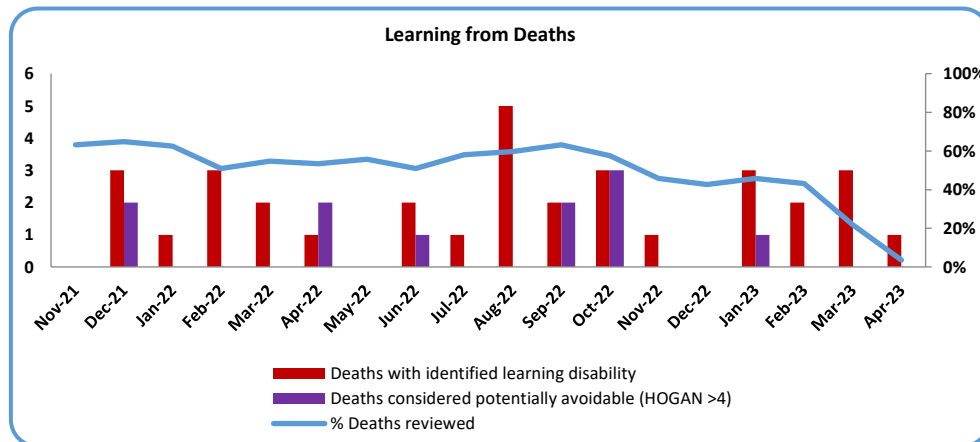
- Review of policies, procedures and training underway as part of the Trust 'Care for me, with me' workstream, to inform best practice when caring for vulnerable patients

Quality: Mortality Indicators 1/2

In-hospital Deaths: In total there were 142 deaths reported in April 2023, which is lower than the amount reported 12 months previously (n=176). The crude death rate is 0.79%. Nationally the deaths were high in December 2022, with influenza reported to be the main cause of death

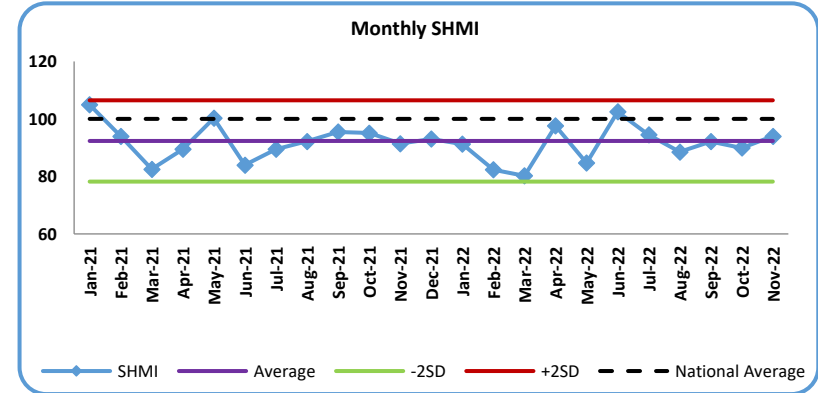
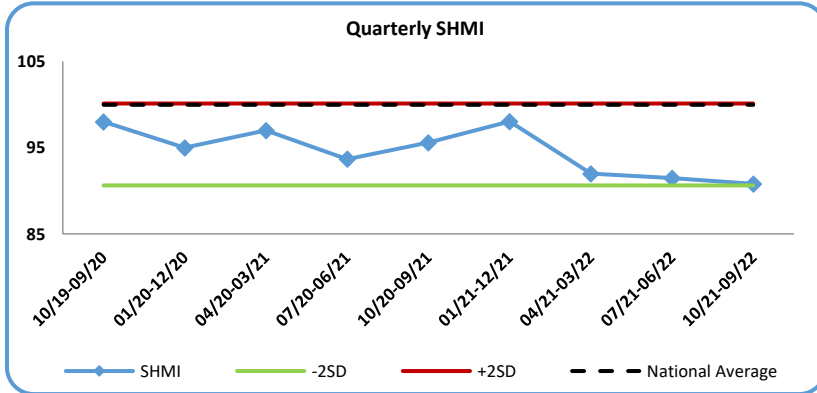


Learning from Deaths: Out of the 142 deaths reported in April 2023, five patients have, to date, received a level 2 mortality review. However, these figures will continue to rise due to ongoing M&M meetings held over the forthcoming months. All figures will continue to be monitored and modified accordingly.

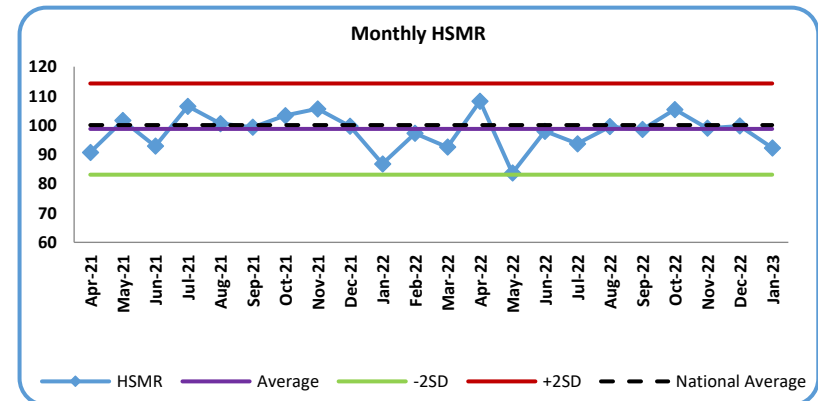
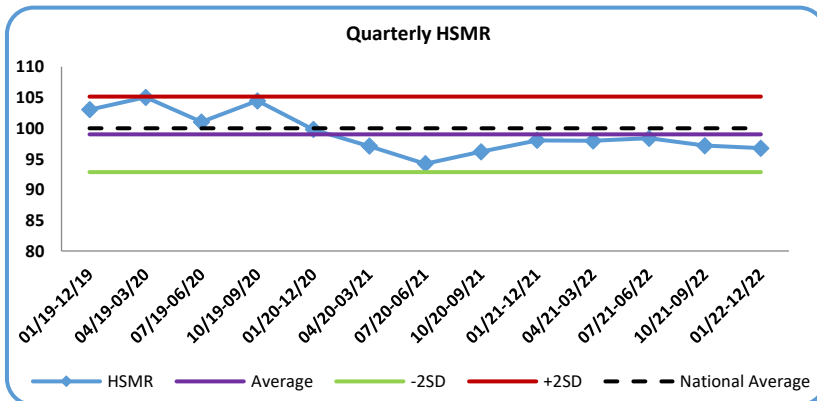


Quality: Mortality Indicators 2/2

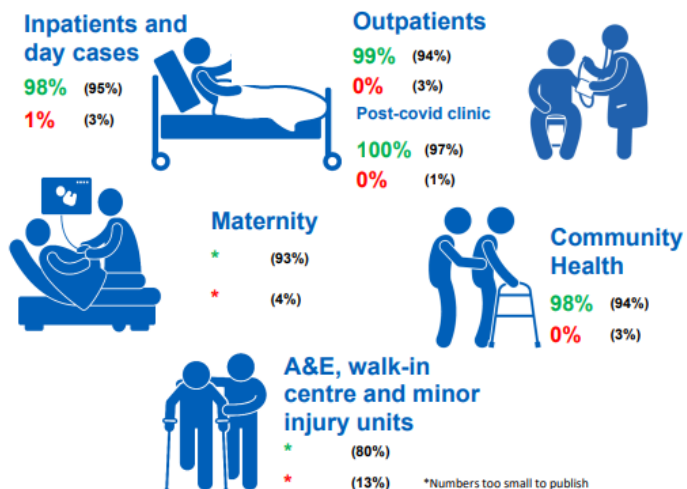
SHMI: The most recent published SHMI quarterly data from NHS Digital shows the Trust has scored 92 from months January 2022 – December 2022. This is below the national average and is within the "as expected" category. Monthly SHMI is published up to November 2022 and shows the Trust to be below the national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



HSMR: The HSMR data shows a 12 month rolling HSMR score by quarter as well as monthly data. HSMR data is published up to December 2022 for quarterly data and January 23 for monthly data, and is showing just 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



Trust Complaints 2023-24

The Trust has opened a total of 31 (29 with identified patient activity) formal complaints in April 2023.

The Trust has opened an average of 31 new formal complaints per month, which is 2 less than the average complaints for the last full financial year 2022-23.

Taking into consideration the number of patients seen and areas with patient contact, the highest percentages of patients complaining to date are within Medicine (ED) with 0.05% (5 per 10,000 contacts). The lowest complaint percentages are with Perioperative Care and Cancer Services who are yet to receive a complaint.

Friends and Family Test

The published data to date shows that there were 1,220 responses to the Friends and Family test from the Trust in February 2023 (published April 2023) compared to 1,240 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/

*numbers too small to publish

Directorates	2023-24				22-23 Ratio (Full Year)
	Complaints	Activity	Patient % Complaints	Ratio (YTD)	
Cardiothoracic	2	7,572.00	0.026%	1:3786	1:3974
Children's Services	1	5,418.00	0.018%	1:5418	1:2137
Community Services	1	5,880.00	0.017%	1:5880	1:7837
Dental	1	6,543.00	0.015%	1:6543	1:15521
Medicine	3	10,062.00	0.030%	1:3354	1:2780
Medicine (ED)	7	14,108.00	0.050%	1:2015	1:5184
ENT, Plastics, Ophthalmology & Dermatolog	6	28,378.00	0.021%	1:4730	1:8802
Musculoskeletal	1	7,241.00	0.014%	1:7241	1:3883
Cancer Services & Clinical Haematology	0	11,588.00	0.000%	1:0	1:8154
Neurosciences	1	7,848.00	0.013%	1:7848	1:3280
Patient Services	2	3,290.00	0.061%	1:1645	1:544
Peri-operative & Critical Care	0	2,752.00	0.000%	1:0	1:3167
Surgery	1	4,675.00	0.021%	1:4675	1:1845
Urology & Renal	1	4,994.00	0.020%	1:4994	1:2926
Women's Services	2	10,967.00	0.018%	1:5484	1:3304
Trust (with activity)	29	131,316.00	0.022%	1:4528	1:3759

“Communication” is the highest primary subject area of complaints at 26% of all the subjects Trust wide.

Quality: Health and Safety

Overview

There are currently 1,131 health and safety incidents recorded on the Datix system from the 1 May 2022 to 30 April 2023. This represents an overall rate of 72 per 1,000 staff. The Clinical Boards with the highest number of health and safety incidents over this period are Clinical Board 8 (155), Clinical Board 3 (150) and Clinical Board 1 (143).

Incidents of Violence & Aggression to Staff

In addition to the incidents above, there are 1,012 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from 1 May 2022 to 30 April 2023. This represents an overall rate of 65 per 1,000 staff during this period. 406 of these incidents involved physical assaults on staff. The Trust Violence Reduction Group meets every quarter. 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 May'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
- Introduction of ED Navigators in Spring 2023

Sharps Incidents

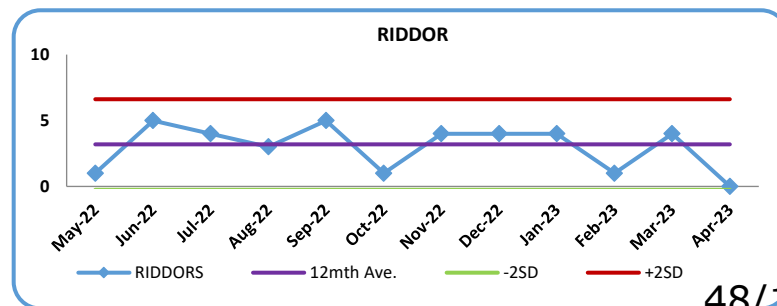
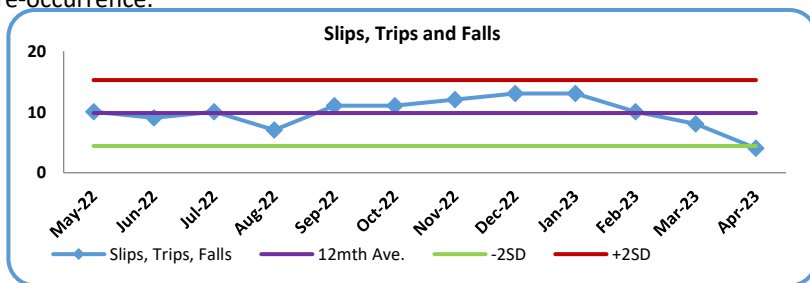
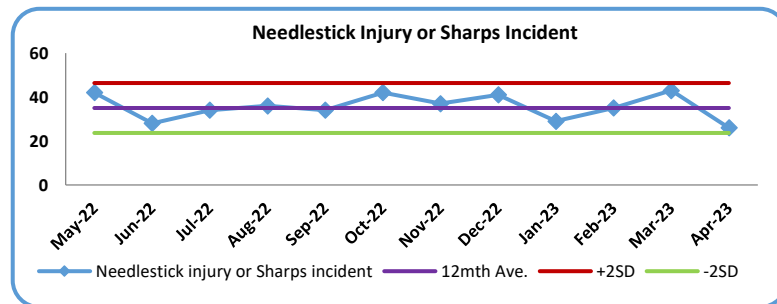
There have been 427 incidents during 1 May 2022 to 30 April 2023 (average 36 incident per month, 79% of these involve used needles) a slight reduction in comparison to previous months, which have been higher than usual. The recent sustained increase aligns with a number of factors, which are currently being discussed at the Trust Safer Sharps User Group. These include increased activity and 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 greater detail and the ability to analyse sharps incidents further in addition to producing an online education package for staff.

Slips, Trips and Falls

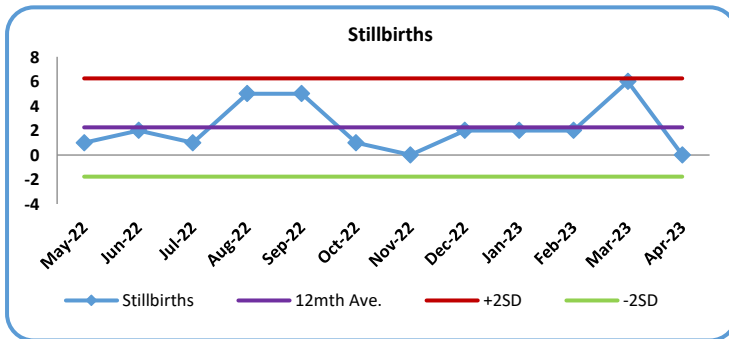
118 incidents were reported between 1 May 2022 to 30 April 2023. 60% of these incidents were related to trips and slips. Regular zonal inspections take place every month and data analysis is acted upon, feeding into the Slips, Trips and Falls Group, which currently meets quarterly. For example, issues were raised following incidents within Catering at Freeman and following this, further work has been identified around housekeeping and control of contractors. Generally the trend for this type of incident is reducing and with no thematic findings.

RIDDOR

There have been 32 RIDDOR incidents reported between 1 May 2022 to 30 April 2023. The most common reasons of reporting accidents and incidents to the HSE are; Moving and Handling (11), Slips, Trips and falls (7), Accidents involving staff, visitors etc. (6) and Aggression & Violence (6). All RIDDOR reportable incidents are investigated fully and, where necessary, remedial actions are undertaken to prevent re-occurrence.



Quality: Maternity (1/3)

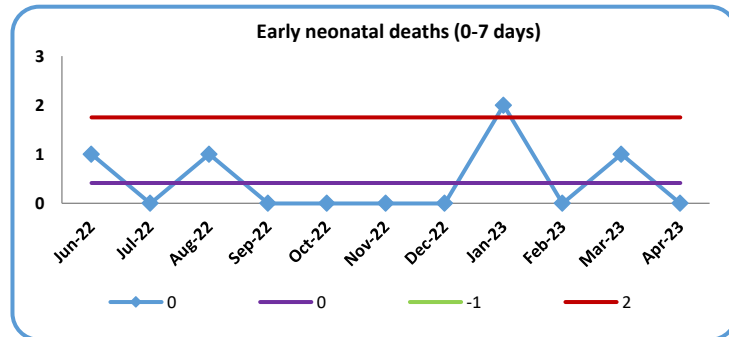


Perinatal deaths

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

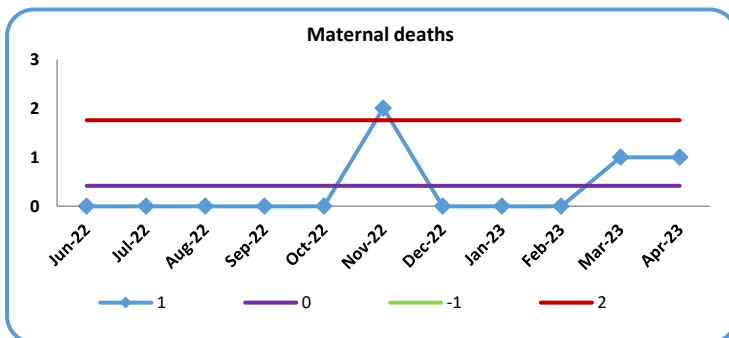
Stillbirths

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. All cases undergo an initial local review and then a more detailed multidisciplinary team review including external input. Findings and actions required as a result of reviewing each case are then shared with the family involved.



Early Neonatal Deaths

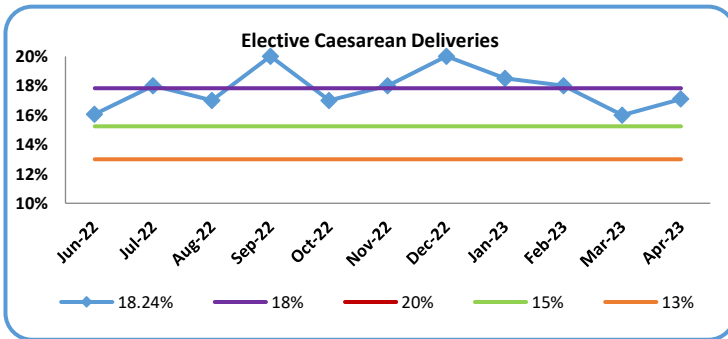
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died within the first week of life. These deaths are reported to the Child Death Review panel who will have oversight of the investigation and review process. These cases are also reported to HSIB and the Coroner. A post mortem examination may be requested to try and identify the cause of death.



Maternal Deaths

Maternal deaths are reported to MBRRACE-UK and a national report is provided annually. They are also reported to HSIB if the woman died during pregnancy or before 42 days postpartum. An investigation is dependant on certain criteria. Maternal deaths can be categorised as Direct or Indirect. It is rare to have a direct Maternal death in Newcastle. In May 2022 there was one direct maternal death. Sadly there have been 4 more deaths reported since then but these have all been indirect deaths. One of these deaths has been accepted by HSIB and is under investigation.

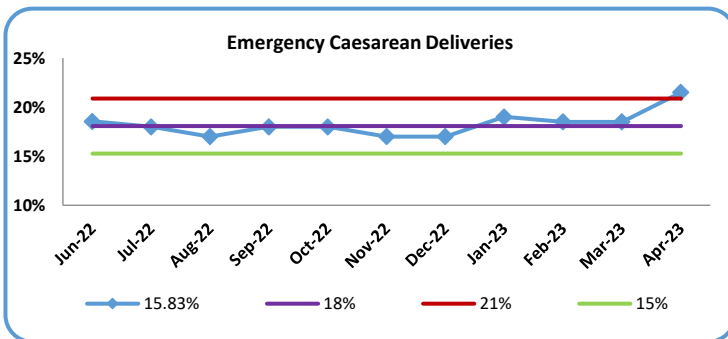
Quality: Maternity (2/3)



Elective Caesarean section

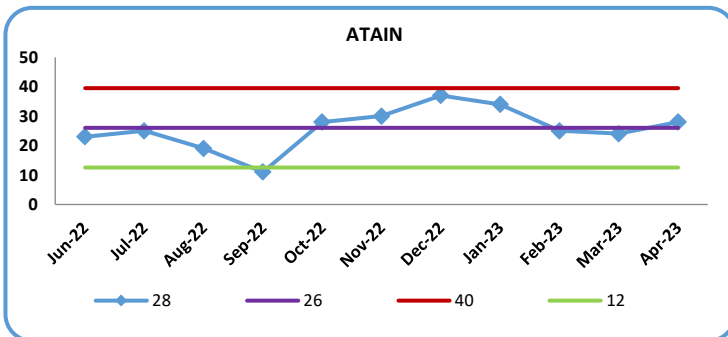
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However, the rates are comparable to that of other tertiary centres in the UK.

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. In quarter 3 (Oct-Dec) there was an increase in the number of term admissions and these have all been reviewed. Admissions in March and April have reduced. Work is ongoing to identify learning and improvement to reduce avoidable term admissions.

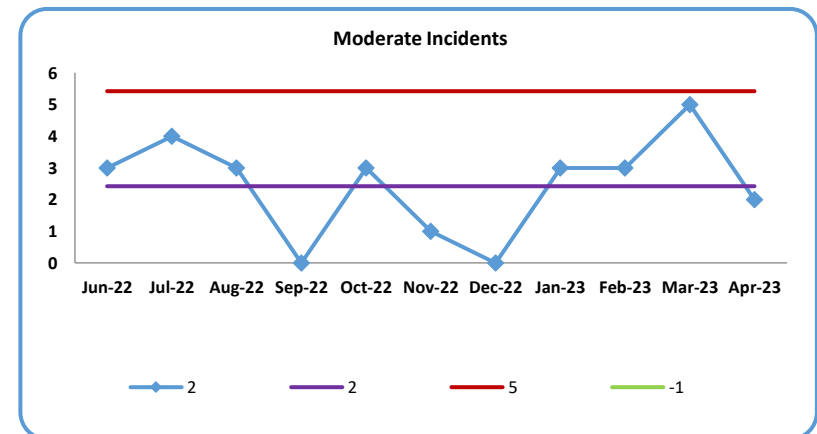
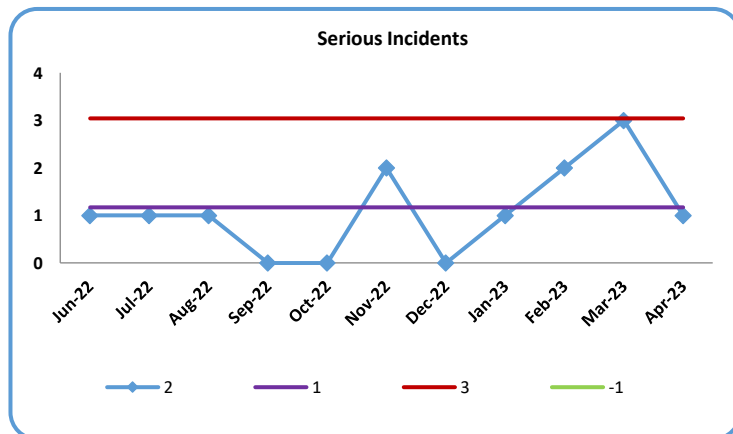
Quality: Maternity (3/3)

Serious Incidents

There have been 14 incidents escalated as SI's within the last 12 months. These include cases of potential or confirmed Hypoxic Ischaemic Encephalopathy (HIE), neonatal death, maternal bowel injury, intrapartum stillbirth, antepartum intrauterine death and maternal death. The HIE, Intrapartum Stillbirths, Neonatal deaths and Maternal deaths were all reported to HSIB (Healthcare Safety Investigation Branch) for external review. Lesson learnt from Serious Incidents in Maternity are highlighted on page 11.

Moderate incidents

There were two moderate incidents reported in Maternity this month. 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: Audit 1/2

Audit / NCEPOD	Date of Report	Areas of Good Practice	Areas for improvement	Action Plan Developed
National Bowel Cancer Audit	12 January 2023	<ul style="list-style-type: none"> 94% of patients had complete pre-treatment staging (national average 86%) 99% of patients had their performance status recorded (national average 88%) 95% data completeness for patients having major surgery (national average 87%) 89% of patients seen by clinical nurse specialist (national average 85%) 100% of colon cancer patients had the number of lymph node involvement recorded (national average 94%) 100% of patients undergoing surgery had their margin status recorded (national average 89%) Risk adjusted length of stay >5 days: 69% (national average 56%) Observed 90-day mortality: 2.7% (national average 2.9%) Adjusted 90-day mortality: 2.6% (national average 2.9%) Observed 2-year mortality rate: 14.4% (national average 17.7%) Adjusted 2-year mortality rate: 13.8% (national average 17.7%) Observed Cancer Specific 2-year mortality rate: 11.6% (national average 14.3%) Adjusted Cancer Specific 2-year mortality rate: 11.2% (national average 14.3%) 	<ul style="list-style-type: none"> 30-day unplanned return to theatre: 10.8% (national average 7.6%) Administration of adjuvant chemotherapy following major resection for stage III cancer: 37% (national average 60%) 	Discussed at March 2023 Clinical Audit and Guidelines Group
UK Parkinson's Audit	1 February 2023	<ul style="list-style-type: none"> National data available only, therefore no recommendations or Trust level data published. 		Discussed at April 2023 Clinical Audit and Guidelines Group

Quality: Audit 2/2

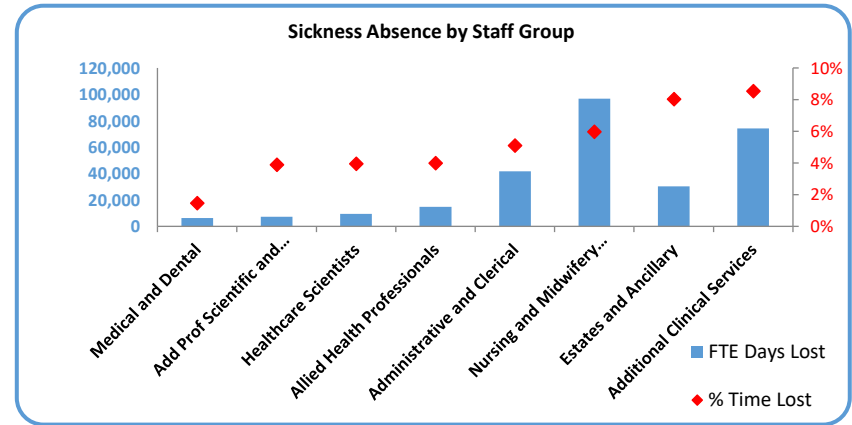
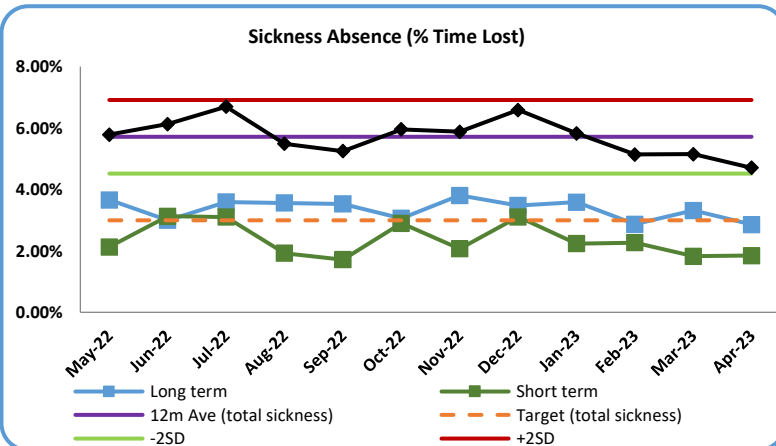
Audit / NCEPOD	Date of Report	Areas of Good Practice	Areas for improvement	Action Plan Developed
National Oesophago-Gastric Cancer Audit	9 December 2021 & 12 January 2023	<ul style="list-style-type: none"> • 100% of first diagnosis confirmed by second pathologist (national average 88.7%) • 100% of High Grade Granular Dysplasia plans discussed at MDT (national average 91.9%) • First treatment surveillance rate: 22.7% (national average 11.9%) • 99% of patients had staging CT scan recorded (national average 85.9%) • 63.4% of patients had a plan for non-curative treatment (national average 60.6%) • 48.5% of patients with non-curative plans had chemotherapy or radiotherapy (national average 42.8%) • Length of Stay: 10 days (national average 11 days) • 99% of operations examined 15 or more lymph nodes (national average 87.9%) • 30-day postoperatively mortality: 0.8% (national average 1.6%) • 90-day postoperative mortality: 2% (national average 3.2%) 	<ul style="list-style-type: none"> • Re-examine pathways in relation to stage 4 cancer for earlier diagnostic opportunity and discussion at MDT. • Review patients diagnosed after emergency admission and undertake root cause analysis where appropriate to identify opportunities to reduce rates of emergency diagnosis. 	Discussed at April 2023 Clinical Audit and Guidelines Group

People: Sickness Absence 1/2

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

	Apr-22	Apr-23	
Long-term	3.90%	3.36%	↓
Short-term	2.44%	2.36%	↓
Total	6.34%	5.72%	↓

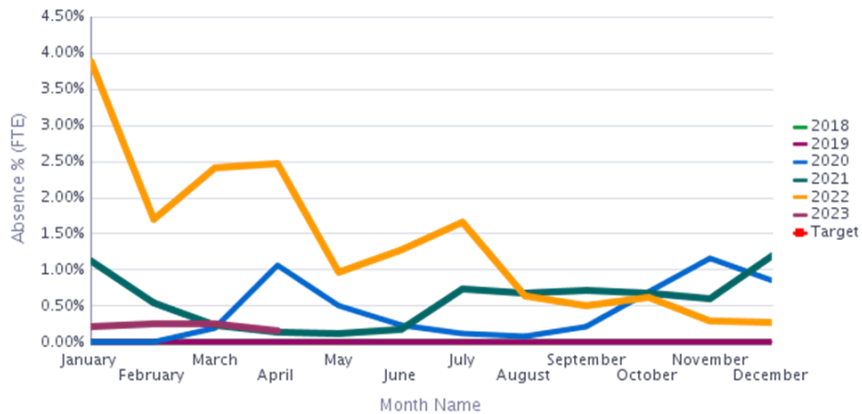
- 281,911 FTE working days were lost due to sickness (including COVID-19 related sickness) in the year to April 2023, compared to 323,724 for the previous year.
- Overall sickness absence (including COVID-19 related sickness) is 5.72%, which is down from end of Dec 2022 position of 6.45% (% FTE Time Lost).
- The top three reasons for non-COVID related sickness absence are Anxiety/stress/depression/other psychiatric illnesses (25%), Other Musculoskeletal (11%), and Cold, Cough, Flu (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 3.78% (%FTE Lost).



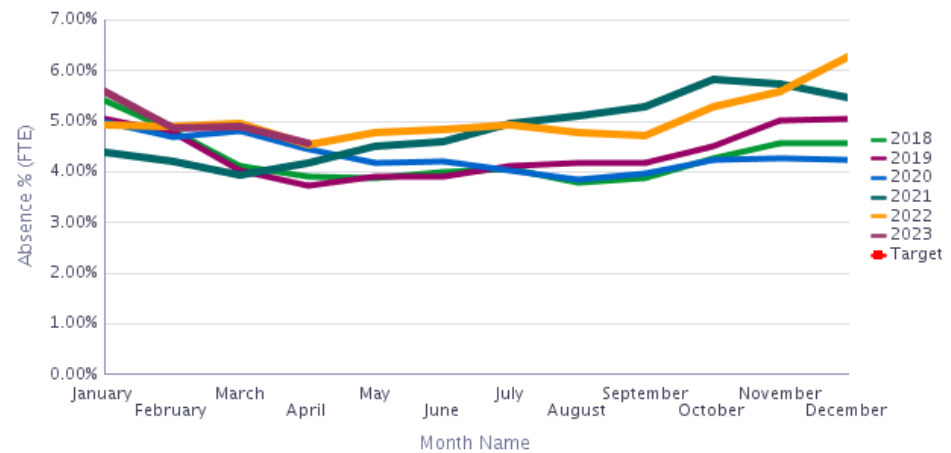
*COO Directorate includes Outpatients / ABC Service

People: Sickness Absence 2/2

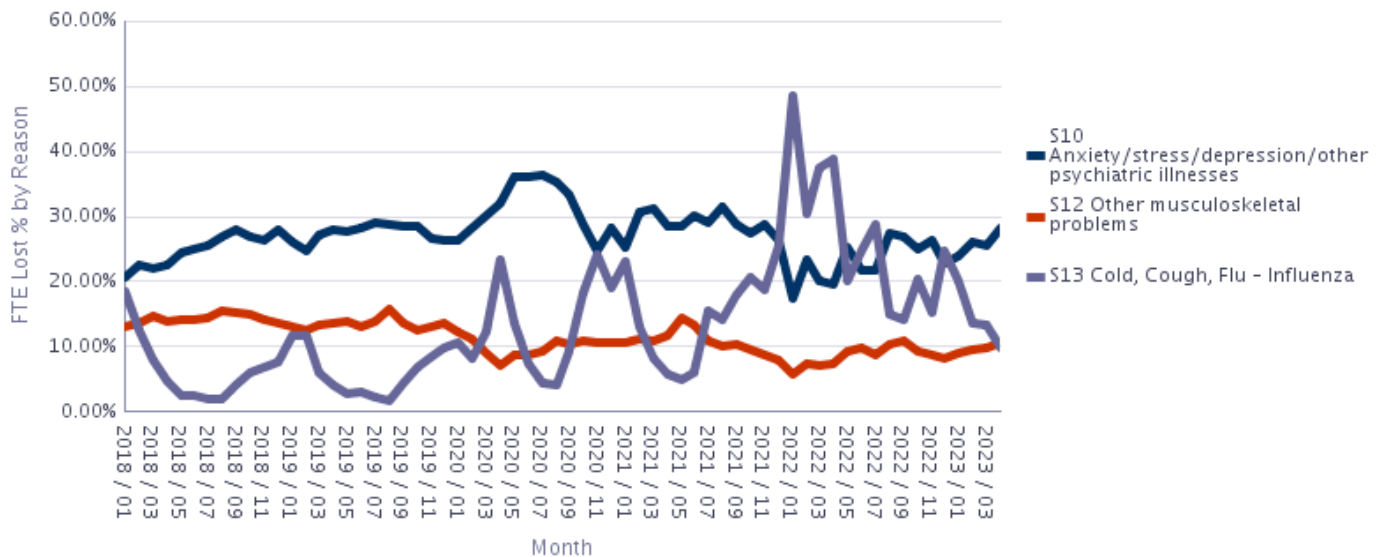
COVID-19 Related Sickness January 2018 – April 2023 (%FTE)



Non-COVID-19 Related Sickness January 2018 – April 2023 (%FTE)

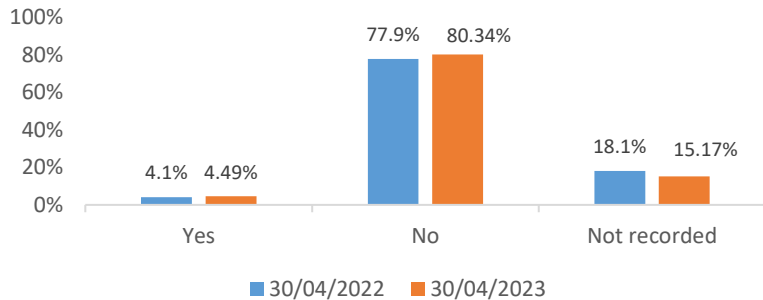


Top 3 Sickness Reasons January 2018 - February 2023 (%FTE)
S13 includes Covid sickness

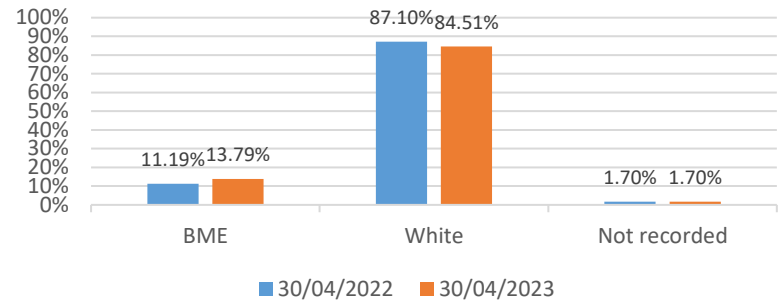


People: Equality and Diversity

Disability %

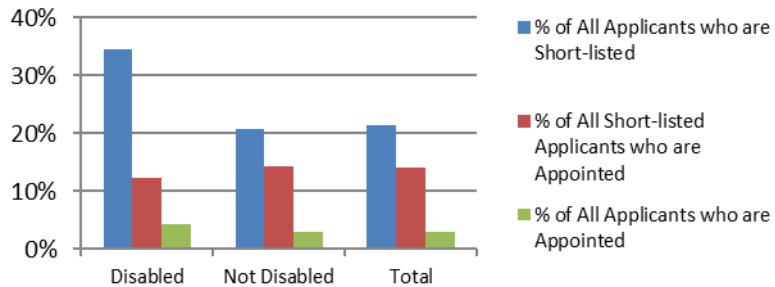


Ethnicity %

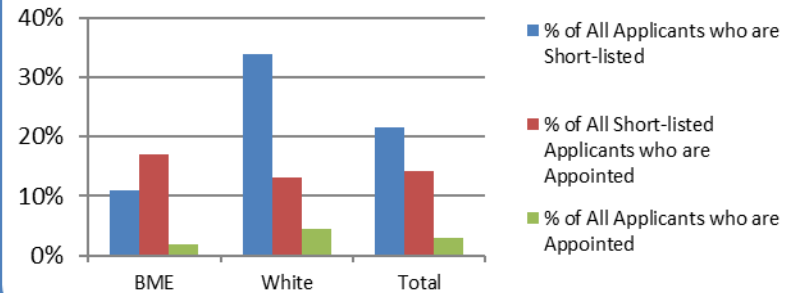


- The graphs above identify, by disability and ethnicity, the recruitment outcome of applicants during the twelve months ending April 2023.

Analysis of Recruitment Activity by Disability

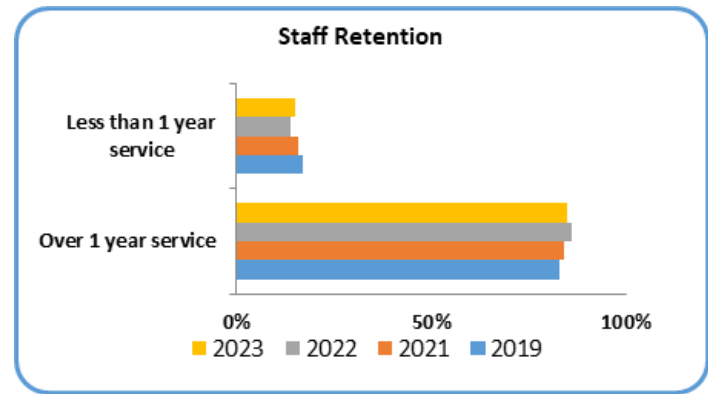
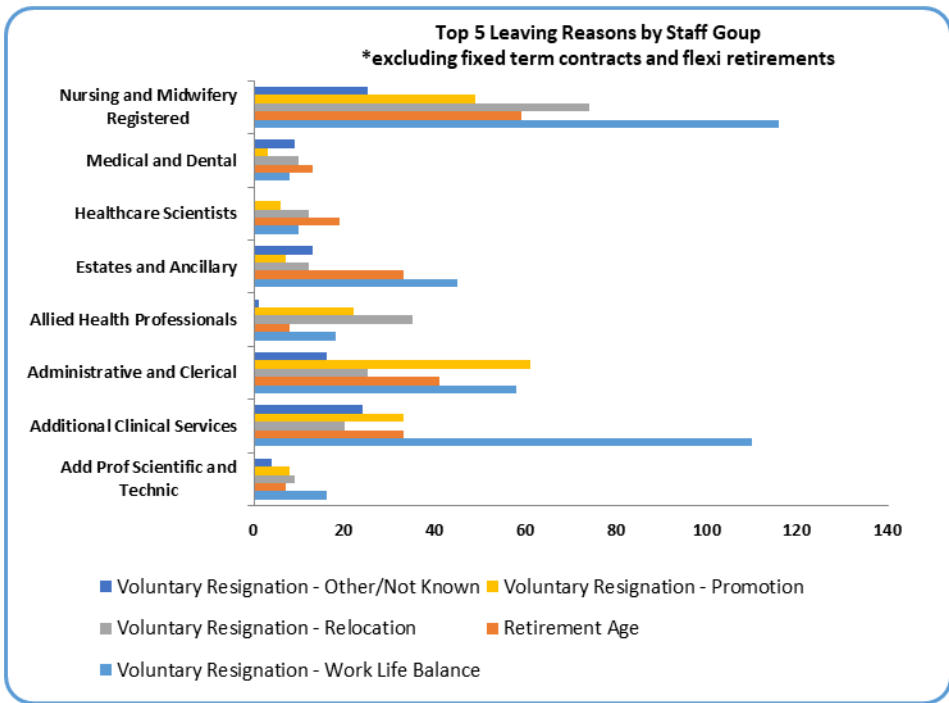
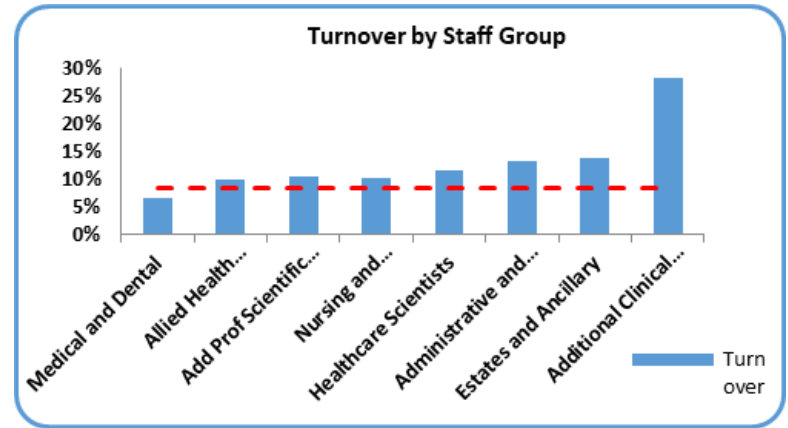
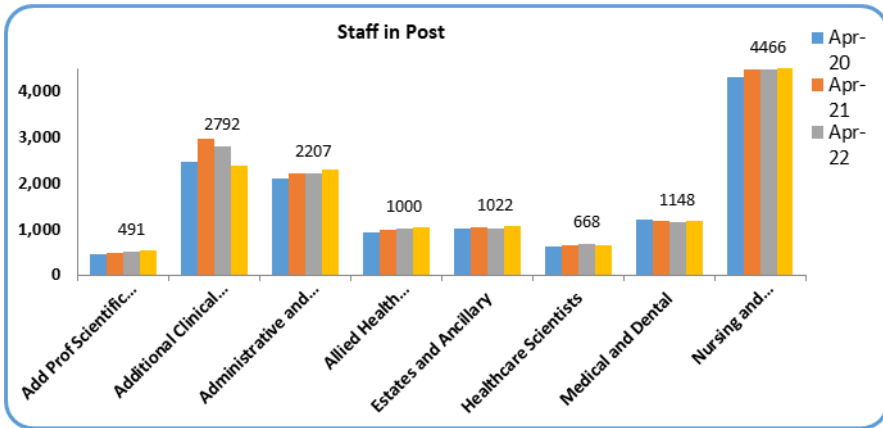


Analysis of Recruitment Activity by Ethnicity



- The graphs above identify, by headcount, the percentage of staff in post in April 2022 and April 2023 by disability and ethnicity. The percentage of staff employed disclosing a disability has increased from 4.07% to 4.49% and the percentage of BAME staff has increased from 11.19% to 13.79%.

People: Workforce 1/3



- Staff in post has increased by 4.72% since April 2020. The staff groups with the largest increase are Additional Scientific and Allied Health Professionals.
- Staff turnover has increased from 11% in February 2022 to 14.29% in April 2023, against a target of 8.5%.
- The total number of leavers in the period March 2022 to February 2023 was 2,237.
- Retention for staff over 1 year service is 85%, an decrease from 86.04% in April 2022.

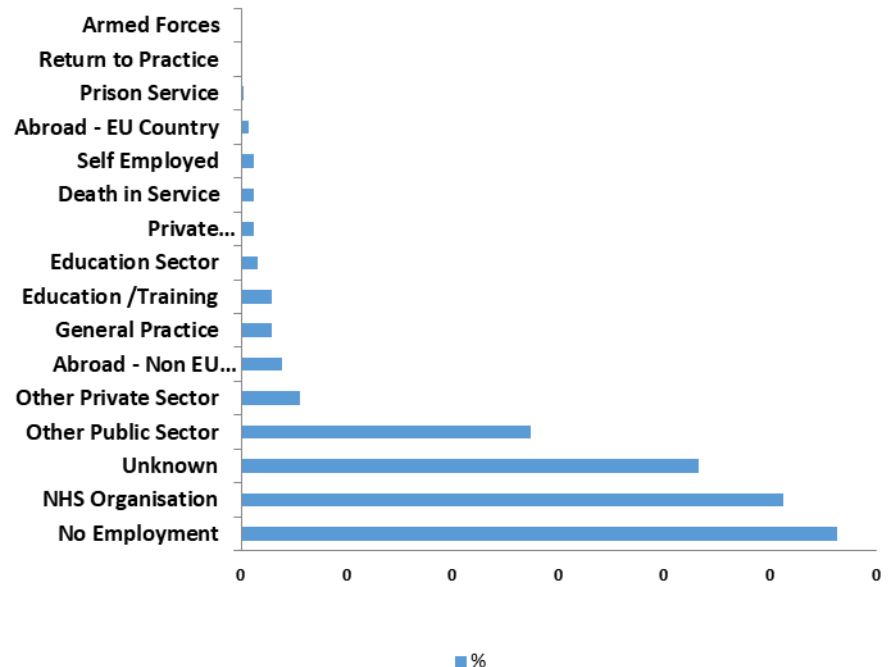
People: Workforce 2/3

Turnover by Directorate

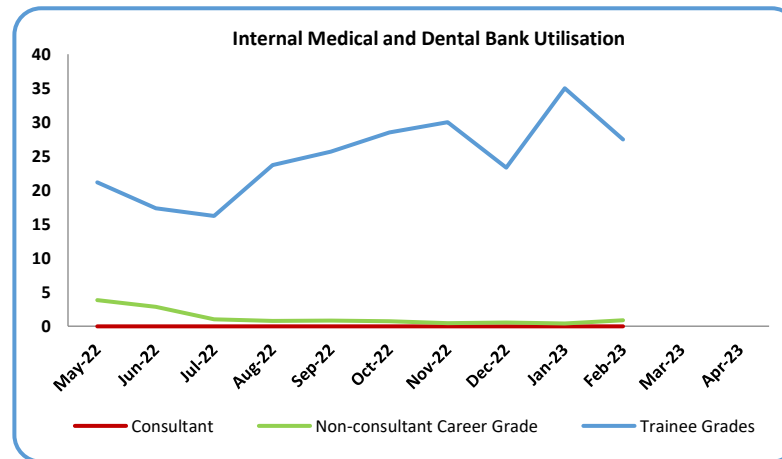
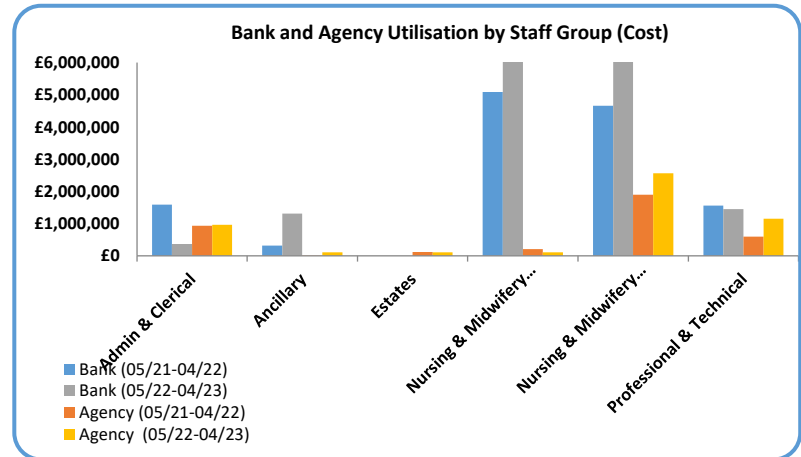
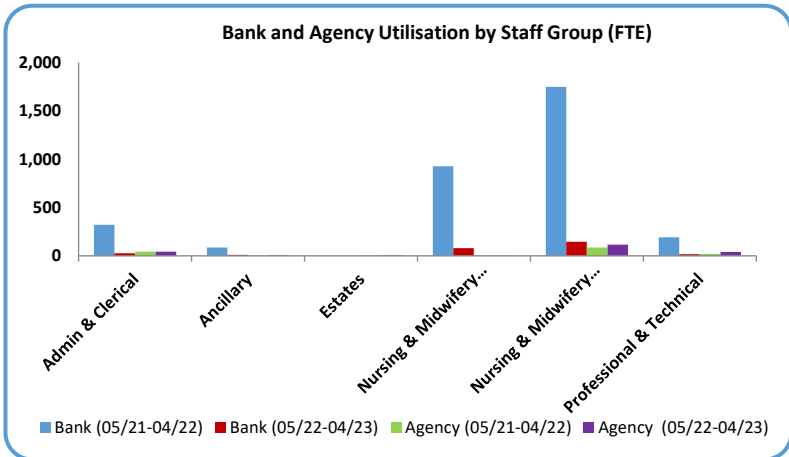
Directorate	Turnover
Day Treatment Centre	0.00%
Medical Director	4.72%
Regional Drugs & Therapeutics	5.48%
Urology & Renal Services	7.17%
Peri-operative & Critical Care - FH	7.37%
Neurosciences	8.70%
Surgical Services	8.85%
Musculoskeletal Services	8.96%
ENT, Plastics, Ophthalmology & Dermatology	8.97%
Internal Medicine - Urgent Care	9.12%
Clinical Research	9.28%
Business & Development	9.84%
Internal Medicine - General	9.93%
Medical Physics	10.04%
Dental Services	10.17%
Cancer Services/ Clinical Haematology	10.21%
Radiology	10.29%
Children's Services	10.51%
Peri-operative & Critical Care - RVI	10.53%
Cardiothoracic	10.64%
Integrated Laboratory Medicine	10.78%
Pharmacy	11.58%
Women's Services	11.85%
Chief Executive	12.08%
Community Services	12.99%
Chief Operating Officer	13.11%
Patient Services	13.29%
Information Management & Technology	14.72%
Estates	15.82%
Finance	18.58%
Human Resources	19.31%
Supplies	24.69%
Trust Total	14.29%

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

Destination on Leaving

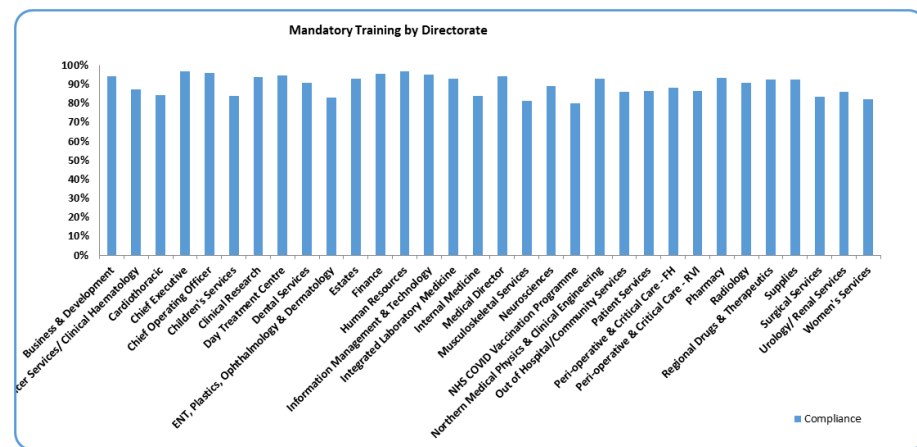
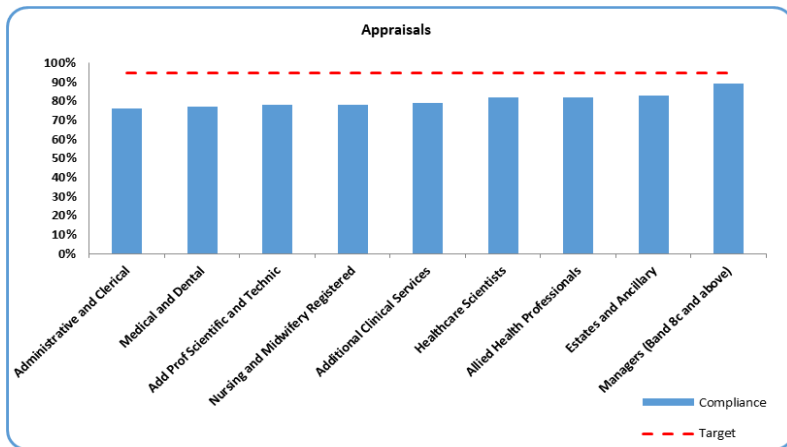
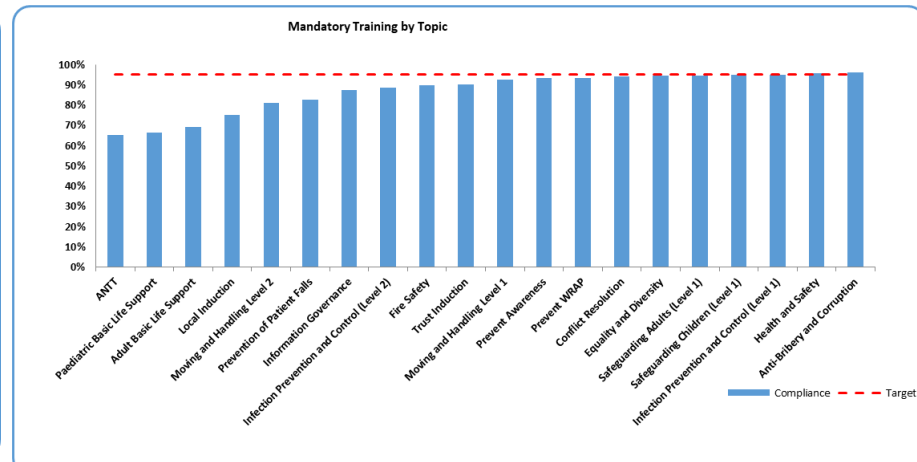
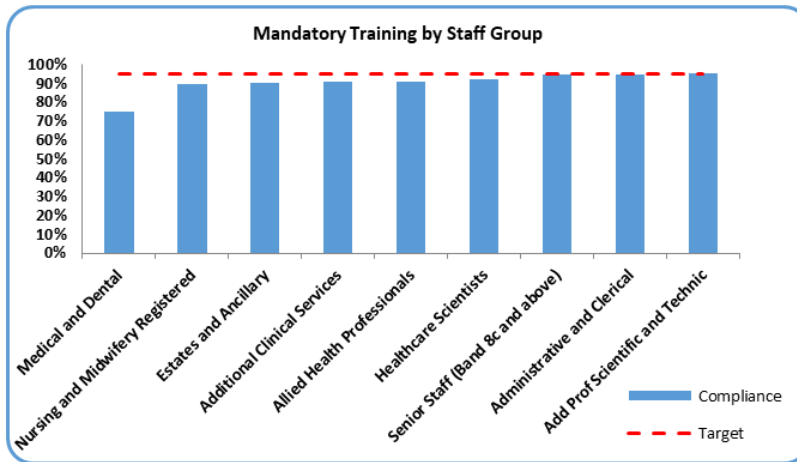


People: Workforce 3/3



Comparing the periods May 2021 – April 2022 to May 2022 – April 2023, overall bank utilisation decreased from 277 wte to 272 wte and agency utilisation has increased from 155 wte to 209 wte.

People: Delivering Excellence in Education & Training



- Mandatory training compliance stands at 89.95% at end of April 2023, against an end of year target of 95%. The April 2022 position was 87.5%.
- Medical and Dental are the staff group with the lowest training compliance at 75.1% in April 2023 compared to 69.6% in April 2022.
- Appraisal compliance stands at 79.05%, at end of April 2023, against an end of year target of 95%. The April 2022 position was 72%. 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 30 April 2023.

The Trust has agreed a Financial Plan for 2023-24 with a break-even position.

The Plan relies upon recurrent (£33 million) and non-recurrent (£24 million) of Cost Improvements Programmes (CIP), ERF funding, non-recurrent support from the ICP, and some non-recurrent benefit from the balance sheet. The Plan has been converted into an income Plan and operational budgets issued to Clinical Boards, along with their CIP targets. That allows the Trust to set up the standard monthly reporting structure that forms the basis of the monthly reporting. This report covers Month 1 - clearly, as this is just the first month there is little movement from budget.

In the period to 30 April the Trust incurred expenditure of £119.5 million, and received/accrued income of £111.9 million, leaving a deficit in line with the Plan of £7.6 million. There are a number of risks that will be monitored and managed throughout the course of the year.

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.

The Capital Programme is yet to be agreed.

	Month 1 Budget £'000	Month 1 Actual £'000	Month 1 Variance £'000
Income	111,161	111,857	696
Expenditure	118,757	119,453	695
I & E position (excl impairment) - (Deficit)/Surplus	(7,596)	(7,596)	0
Capital Programme - Not included	0	0	0

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	15 June 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 of Governors on the Trust's elective recovery progress as well as performance against NHS England (NHSE) priorities for 2023/24 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"/>
Link to Board Assurance Framework [BAF]	Strategic Risk SO1.1: [Capacity and demand pressures] Strategic Risk SO5.9 [Activity delivery] Details compliance against NHSE plan priorities for 2023/24. Details compliance against national access standards which are written into the NHS standard contract.						
Reports previously considered by	Regular report. The report was presented to the Board of Directors on 25 May 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 2023/24 planning round.

- The Trust delivered day case activity volumes equivalent to 104.1% of the re-based 2019/20 baseline (adjusted for working days and changes in service provision), exceeding the submitted trajectory of 96.2% for April. New outpatient activity was also delivered at an equivalent of 98.8% of 2019/20 volumes, exceeding the trajectory of 88.1%.
- However, overnight elective activity delivery measured at 80.9% of baseline (against a trajectory of 97.2%), whilst outpatient procedure delivery is currently being recorded at 76.2% (trajectory 88.5%) although this figure is subject to potential improvement as the Trust is managing a slight coding backlog of outpatient procedures at this point in time.
- Future editions of this report will detail combined delivery of value-weighted activity (VWA), for which the Trust will ultimately be measured against a target of 109% of 2019/20 activity delivery and determine the level of elective recovery funding the Trust will receive.
- Newcastle Hospitals achieved the 76% 4-hour Accident and Emergency (A&E) standard in April with overall performance of 77.5%. Adult General & Acute bed occupancy averaged 89.3%, 4% lower than previous months and below the newly established target level of occupancy prescribed by NHSE (92%).
- Seven out of nine cancer standards fell short of target in March 2023; however, Newcastle Hospitals did achieve the 28 Day Faster Diagnosis Standard for the fifth month in a row, also exceeding trajectory.
- At the end of April, the Trust still had 21 patients waiting >104 weeks, all waiting for either spinal surgery or corneal grafts – both of which are treatments with capacity issues recognised nationally. 164 patients had a waiting time of >78 weeks, with 98 of these waiting for non-Spinal care – the Trust has been asked by NHSE to reduce waiters in this category to zero by the end of June 2023, two months ahead of trajectory.
- In February 2023 the Trust was moved into Tier 1 of NHS England's tiering system due to the ongoing prevalence of >78 week waiters, including within non-Spinal specialties - tier 1 classification means that the Trust is receiving additional targeted regional/national support and oversight. However, the Trust is no longer in a classified tier for cancer care delivery following the significant and sustained reduction in patients waiting >62 days for treatment.
- At the beginning of May 2023, the Trust was moved into segment 2 within the NHS Oversight Framework ratings (previously segment 1). This decision was taken in light of a few specific, clearly defined issues including the primary driver of the ongoing prevalence of elective waiting times over 65 weeks. Progress will be reviewed by NHSE at the end of September 2023 with a view to returning to segment 1.

The Council of Governors is asked to receive the report.

Trust Performance Board Report

Produced: May 2023

Data: April 2023

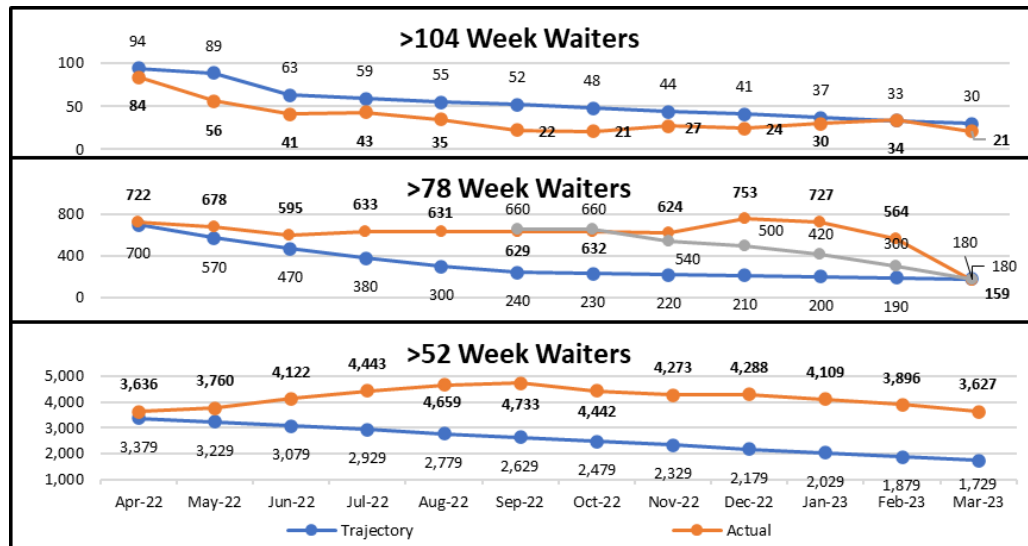


Healthcare at its best
with people at our heart

NHSE 22/23 Plan Outturn (1)

Elective Long Waiters

Metric	Requirement	RAG rating		Jan-13	Feb-23	Mar-23
		Trajectory	Target			
>104 week waiters	Zero by e/o Jun-22	30	0	30	34	21
>78 week waiters	Zero by e/o Jun-22	180	0 (Mar-23)	727	564	159
>52 week waiters	Reduction (Zero by e/o Mar-25)	1,879	0 (Mar-25)	4,109	3,896	3,627

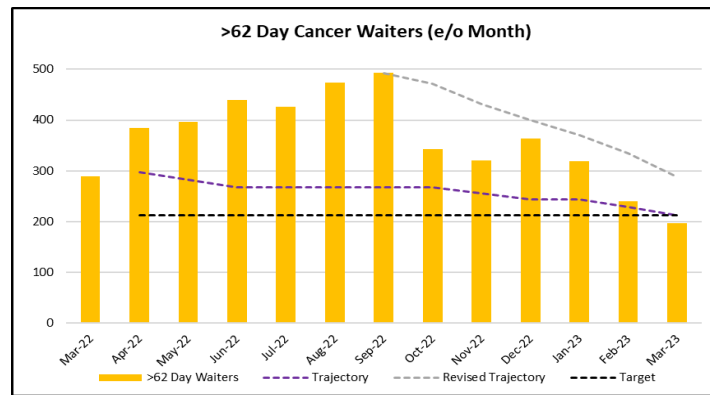


- The total number of >104WW was 21 in March, below the trajectory submitted to NHSE at the start of the year (30). The majority (19) were in spinal surgery, with one ophthalmology patient and one gynaecology patient.
- >78WW volumes fell dramatically to 159 in March from 564 in February. This was below the trajectory of 180, however as they were in specialties other than spinal surgery the Trust is now in Tier 1 mandated support from NHS England.

NHSE 22/23 Plan Outturn (2)

Cancer Care

Metric	Requirement	RAG rating		Jan-13	Feb-23	Mar-23
		Trajectory	Target			
> 62 day Cancer Waiters	Reduce to < 213 by e/o Mar-23	289	<213	319	240	197
28 Day FDS compliance	Zero by e/o Jun-22	80%	75%	78.1%	84.2%	82.7%



- The >62 day backlog increased throughout the first six months of 2022/23, but fell considerably in the second half of the year and at the end of March 2023 stood at 197, below the 2022/23 NHSE Planning target (213). Tumour groups which saw particularly notable decreases in their backlogs in March were Skin, Upper GI and Lower GI.
- The 28 day Faster Diagnosis Standard (FDS) 75% standard was achieved in February 2023 for the fourth consecutive month, with performance of 84.2% - the highest performance achieved of the financial year, and representing strong performance against both the standard and our peer group.

SHELFORD BENCHMARKING – 28 DAY FDS – FEBRUARY 2023			
Cambridge University Hosps	85.9%	King’s College Hospital	78.8%
Oxford University Hospitals	84.2%	Guy’s and St Thomas’	77.9%
NuTH	84.2%	Manchester University	76.9%
UCL Hospitals	80.5%	University Hosps Birmingham	74.1%
Imperial College Healthcare	80.2%	Sheffield Teaching Hospitals	69.6%

NHSE 22/23 Plan Outturn (3)

Activity Delivery / Emergency Care

Metric	Requirement	RAG Rating		Dec-22	Jan-23	Feb-23	Mar-23
		Trajectory	Target				
Activity Delivery							
Day Case	104% of 19/20 levels combined (Reviews fixed at 85% of 19/20)	112.9%	104.0%	95.1%	99.0%	95.6%	96.0%
Elective Overnight		102.7%	104.0%	74.6%	67.4%	69.5%	67.1%
Outpatient New		103.9%	104.0%	99.1%	96.8%	97.7%	98.2%
Outpatient Procedures		102.8%	104.0%	101.9%	112.7%	102.2%	77.5%
Outpatient Reviews		103.2%	85.0%	103.2%	104.9%	104.2%	108.9%
Diagnostics*	120% of 19/20 levels	113.2%	120.0%	111.3%	117.2%	116.1%	98.0%
Emergency Care							
Ambulance Handovers	>=65% under 15 mins	N/A	65.0%	75.2%	73.6%	76.3%	74.0%
	>=95% under 30 mins		95.0%	94.0%	95.1%	94.8%	94.8%
	100% under 60 mins		100.0%	99.6%	99.7%	99.7%	99.5%
A&E Arrival to Admission/Discharge	<2% over 12 hours		<2.0%	3.4%	2.3%	2.3%	2.5%

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

A&E ACCESS STANDARD - SHELFORD BENCHMARKING – MARCH 2023

Sheffield Teaching Hospitals	75.6%	Manchester University	62.9%
NuTH	75.4%	King's College Hospital	60.8%
Guy's & St. Thomas'	75.0%	University Hosps Birmingham	50.9%
UCL Hospitals	65.8%	Cambridge University Hosps	Unav.
Oxford University Hospitals	64.7%	Imperial College Healthcare	Unav.

- Non-elective pressures have had a significant impact on the ability to deliver against activity targets (particularly overnight elective activity) as well as emergency care metrics.
- Nonetheless performance in emergency care remains ahead of our peers.

Mar-23 Accident and Emergency (A&E) 4hr Performance: 75.41% | Rank: 42nd of 132 Trusts

NHSE Plan Requirements 23/24 (2/4)

Metric	Requirement	Jan-23	Feb-23	Mar-23	Apr-23	RAG Rating: Apr-23*	
						Trajectory	Target
Activity Delivery (Spec. Acute)**							
Day Case	109% of 19/20 value-weighted activity (overall, monthly cumulative) N.B. Currently being reported by volume, not VWA	95.9%	96.1%	96.2%	104.1%	96.2%	109.0%
Elective Overnight		81.5%	80.6%	79.4%	80.9%	97.2%	109.0%
Outpatient New		99.6%	99.5%	99.3%	98.8%	88.1%	109.0%
Outpatient Procedures		100.4%	100.7%	99.3%	76.2%	88.5%	109.0%
Total		98.4%	98.5%	97.9%	91.4%	90.2%	109.0%
Urgent & Emergency Care							
A&E Arrival to Admission/Discharge	>=76% under 4 hours (by Mar-24)	76.0%	74.7%	75.6%	77.5%	81.6%	>=76%
Adult General & Acute Bed Occupancy	<=92%	93.3%	93.0%	93.3%	89.3%	89.8%	<=92%
Urgent Community Response Standard	>=70% under 2 hours	91.0%	91.0%	90.0%	89.0%	N/A	>=70%
Cancer Care							
>62 Day Cancer Waiters	Reduce to <=200 (by Mar-24)	319	240	197	231	215	<=200
28 Day Faster Diagnosis	>=75% (by Mar-24)	78.1%	84.2%	82.7%	TBC	80.0%	75.0%
Elective Care							
>104 Week Waiters	Zero	30	34	21	21	13	0
>78 Week Waiters	Zero	727	564	159	164	114	0
>65 Week Waiters	Zero (by Mar-24)	1,906	1,637	1,075	1,051	1,335	0 (Mar-24)
>52 Week Waiters	Reduction (Zero by e/o Mar-25)	4,109	3,896	3,627	3,877	4,150	0 (Mar-25)
Diagnostics							
Diagnostic Activity**	Appropriate levels to reduce waits	117.2%	116.1%	98.0%	111.0%	108.5%	N/A
>6 Weeks Waiters	<=5% (by Mar-25)	23.0%	19.3%	21.1%	21.6%	N/A	<=5%
Outpatient Transformation							
PIFU Take-up	>=5% of all OP atts. (by Mar-24)	1.9%	1.6%	1.3%	1.7%	1.25%	5.0% (Mar-24)
Outpatient Follow-up Reduction	<=75% of 19/20	103.5%	101.6%	102.6%	101.6%	85.5%	<=75%

* Mar-23 for 28 Day FDS

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

Operational Standards

Metric	Standard	Jan-23	Feb-23	Mar-23	Apr-23	RAG Rating: Apr-23*
Urgent & Emergency Care						
Ambulance Handovers	Zero over 60 mins	9	7	14	8	
A&E Arrival to Admission/Discharge	>=76% under 4 hours (by Mar-24)	76.0%	74.7%	75.6%	77.5%	
	<2% over 12 hours	2.3%	2.3%	2.5%	1.6%	
Urgent Community Response Standard	70% under 2 hours	91.0%	91.0%	90.0%	89.0%	
Cancer Care						
Two Week Wait (Suspected Cancer)	93%	85.8%	87.2%	84.5%	TBC	
Two Week Wait (Breast Symptomatic)	93%	74.2%	34.8%	43.7%	TBC	
28 Day Faster Diagnosis	75% (by Mar-24)	78.1%	84.2%	82.7%	TBC	
31 Days (First Treatment)	96%	83.2%	86.3%	86.3%	TBC	
31 Days (Subsq. Treat. - Surgery)	94%	60.5%	63.5%	57.6%	TBC	
31 Days (Subsq. Treat. - Drugs)	98%	95.2%	97.7%	96.1%	TBC	
31 Days (Subsq. Treat. - Radiotherapy)	94%	97.9%	98.4%	100.0%	TBC	
62 Days (Treatment)	85%	47.7%	58.7%	60.4%	TBC	
62 Days (Screening)	90%	82.2%	74.4%	85.0%	TBC	
Elective Care						
18 Weeks RTT	92%	68.1%	67.6%	67.4%	66.5%	
>65 Week Waiters	Zero (by Mar-24)	1,906	1,637	1,075	1,051	
>6 Weeks Diagnostic Waiters	<=1%	23.0%	19.3%	21.1%	21.6%	
Cancelled Ops. Rescheduled >28 Days	Zero	14	4	10	4	
Urgent Ops. Cancelled Twice	Zero	0	0	0	0	
Other						
Duty of Candour	Zero	0	0	0	0	
Mixed Sex Accommodation Breach	Zero	103	88	112	70	
MRSA Cases	Zero	0	0	0	0	
C-Difficile Cases	FY Cumulative (Target TBC)	150	160	172	11	
VTE Risk Assessment	95%	96.9%	96.3%	97.1%	96.0%	
Sepsis Screening Treat. (Emergency)	>=90% (of sample) under 1 hour	66.0%	66.0%	66.0%	TBC	
Sepsis Screening Treat. (All)		59.0%	59.0%	59.0%	TBC	

* Mar-23 for Cancer Care / Sepsis Screening

Other Metrics (1/2)

Metric	Jan-23	Feb-23	Mar-23	Apr-23
Emergency Care				
Ambulance Arrivals	2,881	2,770	3,016	2,967
Ambulance Handovers >15 mins	73.6%	76.3%	74.0%	76.2%
Ambulance Handovers >30 mins	95.1%	94.8%	94.8%	94.8%
Ambulance Handovers >60 mins	99.7%	99.7%	99.5%	99.7%
Type 1 Performance (A&E 4 hour)	60.1%	58.0%	60.2%	63.7%
Type 1 Attendances (Main ED)	11,136	10,905	12,258	11,182
Type 2 Attendances (Eye Casualty)	1,454	1,378	1,677	1,426
Type 3 Attendances (UTC)	5,214	5,252	5,359	4,933
Patient Flow				
Covid Inpatients (average)	49	48	59	46
Emergency Admissions	6,091	5,499	6,382	5,734
G&A Bed Occupancy	93.3%	93.0%	93.3%	89.3%
Critical Care Bed Occupancy	72.7%	68.7%	71.5%	67.0%
Bed Days Lost (average)	57	62	50	36
Medical Boarders	140	98	116	105
Length Of Stay >7 Days	772	818	807	759
Length Of Stay >21 Days	384	396	383	353

Other Metrics (2/2)

Metric	Jan-23	Feb-23	Mar-23	Apr-23
Cancer Care				
2WW Appointments	1,864	2,023	2,260	2,111
Cancer First Treatments	536	496	604	TBC
Planned Care				
2WW Referrals	2,339	2,332	2,662	2,298
Urgent Referrals	5,535	5,260	5,842	5,029
Routine Referrals	26,930	24,010	26,562	21,378
Specialist Advice Requests (% of New OP Atts.)	8.4%	8.7%	9.0%	8.7%
Day Case Activity (Specific Acute (SA))	10,793	9,837	11,254	9,341
Overnight Elective Activity (SA)	1,402	1,574	1,824	1,451
New Outpatient Attendances (SA)	21,616	20,777	23,579	18,879
Outpatient Procedure Activity (SA)	18,048	16,797	15,704	11,822
Review Outpatient Attendances (SA)	62,318	56,614	67,348	54,949
Diagnostic Tests	20,550	19,135	20,512	17,657
Outpatient DNA Rate	8.8%	8.2%	7.9%	7.6%
Virtual Attendances	14.5%	15.1%	14.4%	14.2%
RTT Waiting List Size	99,710	99,721	100,156	101,000

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COUNCIL OF GOVERNORS

Date of meeting	15 June 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 February 2023.						
Recommendation	<p>The Council of Governors is asked to note the contents of this report, and approve the following:</p> <ul style="list-style-type: none"> i) The reappointment of Mr G Chapman and Mr B MacLeod, Non-Executive Directors, for a second 3-year term of office from 30 July 2023; ii) The updated Chair/NED Appointments and Reappointments Process and Chair/NED succession policy; iii) The updated NED Terms and Conditions; and iv) The updated Chair/NED expenses guidance. 						
Links to Strategic Objectives	<p>Learning and continuous improvement is embedded across the organisation. Our partnerships provide added value in all that we do. We maintain financial strength and stability.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Regular report.						

NOMINATIONS COMMITTEE UPDATE

EXECUTIVE SUMMARY

The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in February 2023.

The Committee met on three occasions during March 2023. The following matters were considered:

- NED recruitment activity;
- Succession Planning and NED reappointments; and
- Review of key documents/matters (as outlined in the sections that follow).

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 approve the following:

- i) The reappointment of Mr G Chapman and Mr B MacLeod, Non-Executive Directors, for a second 3-year term of office from 30 July 2023;
- ii) The updated Chair/NED Appointments and Reappointments Process and Chair/NED succession policy;
- iii) The updated NED Terms and Conditions; and
- iv) The updated Chair/NED expenses guidance.

NOMINATIONS COMMITTEE UPDATE

1. COMMITTEE MEETINGS

Committee members met as follows:

- 3 March – a sub-group of Committee members met to undertake longlisting for the NED recruitment exercise.
- 14 March – Committee members undertook shortlisting for the Non-Executive Director (NED) recruitment exercise and considered a number of documents for review.
- 27 March – a sub-group of Committee members met to undertake the interviews for the NED recruitment.

Committee members also considered:

- A review of the Chair/NED Remuneration, NED Terms and Conditions and expenses guidance;
- The Annual Report of the Committee for 2022/23; and
- Succession Planning for NEDs whose terms of office are due to end in 2023, in particular the proposed reappointment of Mr Graeme Chapman and Mr Bill MacLeod for a second three-year term as Non-Executive Directors.

2. NED RECRUITMENT ACTIVITY

Governors will recall that a detailed NED recruitment update was provided at the Private 31 March 2023 Extraordinary Council meeting. At that meeting it was agreed that Miss Christine Smith be appointed as a Trust NED for a 3-year term following completion of the required fit and proper persons checks in early May 2023. Miss Smith formally commenced on 3 May 2023 and is currently undertaking her induction programme.

3. SUCCESSION PLANNING

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

Both Mr Graeme Chapman and Mr Bill MacLeod's first 3-year term of office as a Trust NED is due to end on 29 July 2023. Committee members considered and agreed to recommend to the Council of Governors that both Mr Chapman and Mr MacLeod be re-appointed for a second 3-year term of office from 30 July 2023.

4. DOCUMENTS REVIEWED/MATTERS CONSIDERED BY COMMITTEE MEMBERS

Committee members reviewed/considered the following:

- 1) Chair/NED Appointments and Reappointments Process and Chair/NED succession policy [Appendix 1] – minor changes to the process and policy were proposed (and

Agenda item 8

agreed) to reflect the transition from the Monitor Code of Governance to the NHS England Code of Governance for Provider Trusts, to remove the reference to the 'Insight Programme' which had stopped during the pandemic and to make references to posts gender neutral.

- 2) NED Terms and Conditions [Appendix 2] – minor changes to the document were recommended to reflect the transition from the Monitor Code of Governance to the NHS England Code of Governance for Provider Trusts, to update policy names, to note the expenses guidance relates to both the NEDs and the Chair, and to make references to posts gender neutral. Committee members agreed the changes recommended.

Committee members also reviewed the NED remuneration level and agreed that no changes be proposed.

- 3) Chair/NED expenses guidance [Appendix 3] – minor changes to the guidance were proposed (and agreed) to reflect updated national guidance, to update policy names, to reference the use of the electronic system utilised for expenses within the Trust, and to ensure better alignment to the staff expenses policy.
- 4) The Annual Report of the Committee for 2022/23 – the Annual Report of the Committee was drafted by the Trust Secretary outlining:
 - Committee responsibilities and achievements for 2022/23;
 - Committee membership and meetings; and
 - Key areas to revisit during 2023/24.

Specific sections of the report will be included in the Trust Annual Report for 2022/23 as mandated.

The document was approved by Committee members.

5. **FUTURE COMMITTEE BUSINESS**

The Committee will next meet as follows:

- 1 August 2023 – Committee members will receive a report on the Chair and NED appraisals for consideration and will also consider the Chair/NED terms of office coming to end in November to December 2023.

The 6-monthly Chair and NED activity report and an updated Schedule of Business will also be received at the August meeting.

- 28 November 2023 – Committee members will review the Terms of Reference and consider the NED terms of office due to come to an end during the calendar year 2024.

6. **RECOMMENDATIONS**

Agenda item 8

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

Report of Kelly Jupp
Trust Secretary
6 June 2023

Appendix 1 - CHAIR/NON-EXECUTIVE DIRECTOR (NED) APPOINTMENTS AND REAPPOINTMENTS PROCESS AND SUCCESSION POLICY

1. Appointments/Reappointment Process

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

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

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

Annual Appraisals of the NEDs will be carried out by the Chair. Annual Appraisals of the Chair will be carried out by the Senior Independent Director and in doing so the guidance specified in the NHS England and NHS Improvement (NHSE&I) Provider Chair Appraisal Framework will be considered.

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

Agenda item 8

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

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

The NHS Foundation Trust/Provider Code of Governance specifies:

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

Good succession planning:

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

The absence of a robust succession policy (for Board members and staff) and plan can undermine an organisation's effectiveness and its sustainability. It can also be a sign that the organisation is not sufficiently clear about its purpose, and the culture and behaviours it wishes to promote in order to deliver its strategy.

Key elements of the Trust Succession Plan:

Agenda item 8

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

The criteria for independence of Non-Executive Director is specified within the latest applicable Code of Governance.

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

The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent.

Circumstances to be considered include whether a director:

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

Appendix A.1: Legal and constitutional requirements

Any appointments process must

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

What the Trust constitution says

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

Appendix A.2: The Code of Governance

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

The Code of Governance states that:

- *All Non-Executive Directors and elected governors should be submitted for re-appointment or re-election at regular intervals.*
- *Non-Executive Directors, including the Chairman, should be appointed by the Board of Governors for specified terms subject to re-appointment thereafter at intervals of no more than three years and to the 2006 Act provisions relating to the removal of a Director.*

Any term beyond six years (e.g. two three year terms) for a Non-Executive Director should be subject to particularly rigorous review.

Appendix A.3: Membership and duties of the Nominations Committee

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

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

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

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

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

Approved by the Nominations Committee – 14 March 2023

Reviewed by Council of Governors – [TBC]

Appendix 2 - NON-EXECUTIVE DIRECTOR TERMS AND CONDITIONS

The Newcastle upon Tyne Hospitals NHS Foundation Trust (“the Trust”)

1 Conduct

You must note and comply with the following current codes of conduct and policy guidance, which can be varied from time to time without your agreement or notice and changes will automatically apply to your role:

- a) Nolan principles of Conduct in Public Life;
- b) Corporate governance codes of conduct and accountability including the Trust Constitution, Standing Orders, Scheme of Delegation and Standing Financial Instructions;
- c) NHS Foundation/Provider Trust Code of Governance;
- d) The Trust Standards of Business Conduct; and
- e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 – Fit and proper persons: Directors.

2 Appointment

- 2.1 This appointment letter constitutes neither a contract for services nor a service contract. Your appointment is for an initial term of three years commencing on [Date TBA] unless terminated earlier by either party giving to the other party three month’s written notice.
- 2.2 Your appointment is subject to the Trusts Constitution. Nothing in your terms and conditions shall be taken to exclude or vary the terms of the Constitution as they apply to you as Non-Executive Director of the Trust.
- 2.3 Continuation of your engagement is also contingent on satisfactory performance and any relevant statutory provisions relating to the removal of a Director.
- 2.4 Non-Executive Directors are typically expected to serve two, three year terms but may in exceptional circumstances be invited by the Council of Governors to serve for an additional period. Any term renewal is subject to review by the Nominations Committee and approved by the Council of Governors. Notwithstanding any mutual expectation, there is no right to renomination by the Council of Governors either annually or after any three-year period.
- 2.5 You will be required to serve on one or more committees of the Board or the Council of Governors.
- 2.6 You will be provided with the relevant terms of reference on your appointment to such a committee.
- 2.7 You also may also be asked in the future to serve as a Non-Executive Director on the Board of any of the Trusts subsidiaries or joint ventures (as may be established), or as the Senior Independent Director or Deputy Chair. Any such appointment will be covered in a separate communication.

3 Duties

- 3.1 The duties of the post are outlined in your job description and person specification and may be changed from time to time to meet the needs of the Trust. Your key performance

Agenda item 8

objectives will be based on the Trust objectives and your personal objectives will be set by the Nominations Committee in liaison with the Chair of the Trust.

- 3.2 You are expected to make the care and safety of patients your first concern in everything you do in discharging your duties and responsibilities. You are expected to foster a spirit of candour and a culture of humility, honesty and integrity to enable the Trust and its staff to communicate clearly and openly with patients, relatives and carers at all times.
- 3.3 You are expected to aspire to the highest standards of performance and professionalism in the provision of high quality care that is safe, effective and focussed on patient experience.
- 3.4 You will exercise your powers in your role as a Non-Executive Director having regard to relevant obligations under prevailing law and regulation, including the Companies Act 2006.

4 Independence and Outside Interest

- 4.1 The Trust has determined you to be independent, taking account of the guidance contained in the NHS Foundation/Provider Trust Code of Governance.
- 4.2 You have already disclosed to the Trust the commitments you have outside this role. You must inform the Trust in advance of any changes to these commitments. In certain circumstances, the agreement of the Council of Governors may have to be sought before accepting further commitments, which either might give rise to a conflict of interest or a conflict of any of your duties to the Trust or which might affect the time that you are able to devote to your role at the Trust.
- 4.3 It is accepted and acknowledged that you may have business interests other than those of the Trust and have declared any conflicts that are apparent at present. In the event that you become aware of any further potential or actual conflicts of interest, these should be disclosed as soon as they become apparent and, again, the agreement of the Council of Governors may have to be sought.

5 Time Commitment

- 5.1 You will be expected to devote such time as is necessary for the proper performance of your duties and you should be prepared to spend an average of three to five days per month on Trust business after the induction phase. This is based on preparation for and attendance at:
- Corporate induction;
 - Scheduled Board meetings;
 - Board away days;
 - The Annual Members' Meeting; and
 - Briefing meetings/training/Board development sessions.
- 5.2 Unless urgent and unavoidable circumstances prevent you from doing so, it is expected that you will attend the meetings outlined above. By accepting the Appointment, you confirm that you are able to allocate sufficient time to perform your role.
- 5.3 In addition, you will be invited to attend:
- Meetings of the Non-Executive Directors;
 - Meetings with stakeholders; and
 - Meetings of the Council of Governors.

Agenda item 8

6 Board Membership

- 6.1 As a Board level Director you will be expected to adhere to and implement all lawful, professional and reasonable instructions and do your utmost to promote the interests of the Trust.
- 6.2 You will keep the Chairman fully informed, and provide any explanation or information required in the spirit of the Code of Conduct for NHS Managers, Standards of Business Conduct Policy.
- 6.3 You must fully and faithfully adhere to the arrangements of the NHS and the Trust including Standing Orders and all other relevant policies, codes and guidelines as amended from time to time.
- 6.4 There is a mutual duty of trust and confidence, which should be preserved at all, times. If there is a loss of trust and confidence in you, your appointment will be terminated.
- 6.5 By accepting this appointment you undertake that, taking into account all other commitments you may have, you are able to, and will, devote sufficient time to your duties as a Non-Executive Director.

7 Pay

You will be paid monthly by credit transfer. Your basic salary is £15,000 per annum. A review of NED pay will be addressed on an annual basis by the Nominations Committee.

8 Pension

You will have no entitlement to participate in the NHS Pension Scheme.

9 Expenses

Reimbursement of any appropriate expenses incurred in the course of your duties will be reimbursed to you in accordance with the Trust Chair and Non-Executive Directors expenses guidance.

10 Control of Infection

It is a condition of your appointment that so far as is reasonably practicable, you minimise the risk of infection to yourself, colleagues, patients, relatives and visitors and, in so doing, you must:

- a) Be familiar with, and adhere to Trust policies and guidance on infection prevention and control.
- b) Attend the Trust Non-Executive Director Induction and statutory education programmes on infection prevention and control.
- c) Include infection prevention and control as an integral part of your continuous personal/professional development.
- d) Take personal responsibility as far as is reasonably practicable, in helping ensure that effective prevention and control of health care acquired infections is embedded into everyday practice and applied consistently by you and your colleagues.

Agenda item 8

11 Termination

- 11.1 Your engagement may be terminated with immediate effect and without compensation if you:
- a) Commit any act of gross misconduct; commit a material breach of your obligations under this letter; or repeat the behaviour or performance or conduct after written warning any other breach of duty.
 - b) Lose the trust and confidence of the Newcastle upon Tyne Hospitals NHS Foundation Trust Board.
 - c) Are guilty of any fraud or dishonesty or conduct that, in the reasonable opinion of the Board, brings or is likely to bring this organisation or the NHS into serious disrepute.
 - d) Are convicted of any criminal offence (excluding any offence under Road Traffic legislation in the United Kingdom or elsewhere for which you will not be sentenced or imprisoned whether immediate or suspended). It will be for the Chair or their nominated deputy to decide if the offence is sufficiently serious to warrant termination of the engagement.
 - e) Commit any act of dishonesty relating to this organisation or any other part of the Health Service. This relates to employees, patients and otherwise.
 - f) Become grossly incompetent in the performance of your duties.
 - g) Commit any serious or repeated breach or non-observance of your obligations to the Trust (which include an obligation not to breach your duties to the Trust, whether statutory, fiduciary or common-law).
 - h) Are declared bankrupt or have made an arrangement with or for the benefit of your creditors.
 - i) Are disqualified from acting as a Director.
- 11.2 On termination of your appointment, you shall at the request of the Trust resign from your office as a Director of the Trust (and all other offices held by you connected with the Trust).

12 Information Governance

It is a condition of your engagement that you comply fully with Information Governance standards and responsibilities with regard to data protection, confidentiality, and information security. In doing so you:

- a) Must regard all identifiable personal information relating to patients and staff as confidential and at all times maintain appropriate standards of confidentiality.
- b) Must not disclose confidential information to any other person unless in pursuit of your duties or where specific permission is given.
- c) Must familiarise yourself with Trust policies and procedures for the control and appropriate sharing of patient information with other agencies, taking account of relevant legislation.
- d) Are responsible for implementing good records management (where appropriate) in line with the Trust's records retention policy and following the Trust's guidelines for

enabling information to be disclosed within the requirements of the Trust's 'Freedom of Information and Environmental Information Regulations' policy.

- e) Must ensure Information Governance is an integral part of your continuous personal/professional development.
- f) Must take personal responsibility so far as is reasonably practicable, in helping to ensure that Information Governance is embedded into everyday practice and applied consistently by you and your colleagues.

13 Confidential Information

- 13.1 Confidential and sensitive information gained in the course of your engagement, including information about the policies and business of the Trust and other relevant organisations will amount to trade secrets and may be confidential because of commercial or political sensitivity. Disclosure of such information may be detrimental to the business of the Trust and other relevant organisations.
- 13.2 In accepting this post you agree not to disclose such information and to accept the following restrictions unless specifically required to do so in the furtherance of your duties.
- 13.3 In accordance with Trust Standards of Business Conduct, Code of Conduct for NHS Managers, and Governance policies including Standing Orders relating to this organisation, you will not obtain financial advantage, directly or indirectly, from a disclosure acquired by yourself in the course of your engagement. Your duty of non-disclosure continues after termination of engagement.
- 13.4 You will not either during your engagement or after termination, for your own purposes or those of other relevant organisations or individuals, communicate any secret or confidential information, or information constituting a trade secret discovered by yourself in the course of your engagement with this organisation.
- 13.5 The exception to this is where a disclosure is authorised by the Chief Executive (or nominated deputy); or is necessary as part of your duties; or is required by a court of competent jurisdiction; or by an appropriate regulatory authority; or as required by law in particular disclosure made in accordance with the Public Interest Disclosure policy.

14 Financial Interests in Contracts

You must inform the Finance Director of the Trust as soon as it comes to your notice that you have a financial interest in a contract into which the Trust has entered, or proposes to enter into, whether or not you are party to the contract. In the case of a married couple, the interest of one is deemed to be the interest of the other.

15 Ethical Conduct and Integrity

- 15.1 The Trust is committed to the highest standards of ethical conduct and integrity in its activities and will not tolerate any form of bribery by, or of, employees. You will not offer, promise, give, request, and agree to receive, or accept any bribes in the course of your engagement, when conducting Trust business or when representing the Trust in any capacity. You must comply with all applicable procedures and Standards of Business Conduct that are in force.
- 15.2 The Trust acknowledges that you have business interests other than those of the Trust and that you have declared any conflicts that are apparent at present. In the event that you

Agenda item 8

become aware of any potential conflicts of interest, these should be disclosed to the Chair and Trust Secretary as soon as they become apparent.

16 Independent Professional Advice

Circumstances may occur when it will be appropriate for you to seek advice from independent advisers at the Trusts expense. A copy of the Boards agreed procedure under which Directors may obtain independent advice would be provided. The Trust will reimburse the reasonable costs of expenditure incurred by you in accordance with its policy.

17 Changes to Personal Details

You shall advise the Trust Secretary promptly of any changes in address or other personal contact details.

18 Deductions from pay - Overpayment of Salary

The Trust is entitled to and will recover any overpayment of salary from subsequent salary payments. It is your responsibility to check your payslip upon receipt and to notify the Trust immediately if you notice any errors or discrepancies relating to your pay. In view of this duty, the Trust will deem that you have reasonable notice and knowledge of any overpayment identified on your payslip regardless of whether or not you have in fact checked your payslip. The Trust will not accept alleged failure to check your payslip as a reason not to recover the overpayment of salary.

19 Health and Safety

19.1 The Trust undertakes, so far as is reasonably practicable, to provide and maintain a safe working environment, equipment and safe systems of work. You are required to exercise reasonable care for the health, safety and welfare of yourself and all other persons who may be affected by your acts or omissions at work.

19.2 It is a condition of your engagement that you cooperate with the Trust as regards any duty or requirement imposed upon it by any relevant statutory provision:

- a) Fire - a detailed fire procedure document is available on all wards and departments. It is your responsibility to familiarise yourself with the content and to act in accordance with it. It is also a condition of your engagement that at least once a year you attend one of the Fire Lectures run by the Trust and to partake in fire drills as and when they occur.
- b) Security - all Non-Executive Directors are issued with an Identity Card. It is a condition of your engagement that you wear it at all times during visiting the Trust sites.

20 Intellectual Property

You will comply with our procedures for intellectual property, which are in line with: 'The NHS as an Innovative Organisation. A Framework and Guidance on the Management of Intellectual Property in the NHS'.

21 Use of Private Motor Vehicle(s) on Trust Business

If you use a vehicle in connection with your appointment, you must ensure at all times that you hold a valid driving licence, have appropriate insurance which covers you for business use and an accident to a third party, and the vehicle is roadworthy with valid road tax and MOT

Agenda item 8

(where applicable). If your driving licence or insurance expires, you must inform the Chair immediately and stop driving any vehicle in connection with your engagement. If your road tax or MOT expires, you must only continue using the vehicle where permitted by law and renew these immediately.

22 'No Smoking' – Smoke Free Zone Policy

The Trust is a 'smoke free' zone and does not permit smoking on any of its premises. You are not permitted to smoke in any buildings or grounds of the Trust.

23 Equal Opportunities Policy

The Trust is committed to a policy of equality of opportunity and it is a condition of your engagement that you act in accordance with the spirit of the Trust's Equal Opportunities Policy and that you comply with any relevant statutory provisions.

24 Police Investigations

24.1 It is a condition of your engagement that you inform the Chair at the earliest opportunity if for any reason you are the subject of action by the police. Action includes but is not restricted to the following: investigation; summons; arrest; bind-over; caution; reprimand; warning; driving offence; charge; conviction; or imprisonment.

24.2 If you are in any doubt about what to do, you should speak to the Chair immediately. A delay or failure to inform will be regarded as a serious breach of the Trust's Disciplinary Rules and could lead to disciplinary action.

25 Gifts and Gratuities

You are required to comply with the Trust's rules and procedures governing the acceptance of gifts and hospitalities as outlined within the Standards of Business Conduct Policy.

26 Social Networking Sites and Use of the Internet

26.1 This refers to the use of Web software that supports social networking (e.g. blogs, wikis, Facebook) and media sharing (e.g. YouTube, Flickr).

The Trust does not allow access to any social networking sites and will regard any breach of this condition as a disciplinary offence. You must not utilise the Trust's computer systems to engage in political activities where this might be construed as representing the Trust. The Trust reserves the right to monitor all emails and internet use by the individual.

26.2 Internet libel is the publication of a defamatory statement in permanent form, which includes publication on the internet. The Trust will undertake swift action if it becomes aware of statements posted on websites, which may be considered defamatory. Any form of harassment, including defamatory statements or other unacceptable content, will be given serious consideration by the Trust and appropriate action will be taken.

26.3 If you become aware of a statement on a website, which could be considered defamatory, you should contact the IT Services Help Desk with the following information: your name and contact details; location of the statement; and the nature of the complaint i.e. why you object to the statement.

Agenda item 8

- 26.4 The Trust reserves the right to secure the removal of any such statement and will carry out an investigation into how such a statement was posted.
- 26.5 The Trust has strict rules around the use of its network services (intranet and internet) including use of email and access to certain websites. It is your responsibility to be aware of these rules, to familiarise yourself with Trust policies in this regard, and to adhere to these policies at all times. Failure to do so will be considered a serious disciplinary offence.

Last updated: 8 March 2023

Last reviewed: 14 March 2023 [Nominations Committee] and Council of Governors [TBC]

Appendix 3 - CHAIR AND NON-EXECUTIVE DIRECTOR (NED) EXPENSES GUIDANCE

1. Introduction

- 1.1 The annual cost of the Chair and Non-Executive Director (NED) expenses is included in the Trust's Annual Report as part of the wider Board reporting requirements in line with the NHS England (NHSE) Annual Reporting Manual and best practice advice included within the prevailing Code of Governance.
- 1.2 This document sets out the guidelines under which the Trust Chair and NEDs may be reimbursed for expenses incurred in the course of their duties. This is in addition to the remuneration levels as set out in the Trust's Annual Report.

2. Trust Principles

- 2.1 Trust staff are permitted to claim expenses when incurred as part of Trust business. The Trust's Expenses & Travel Policy seeks to reimburse any 'out of pocket' expenses which are reasonably, wholly, exclusively and necessarily incurred in the performance of duties for the Trust.
- 2.2 Regarding Trust related travel, the Trust policy specifies that travel should be by the most cost effective and environmentally friendly means, having regard for:
 - time and duration of journeys (and connecting travel);
 - requirement for flexibility of itinerary;
 - our commitment to reduce carbon emissions;
 - booking as early as possible to attract discounts; and
 - accessibility.
- 2.3 The Trust will reimburse the following expenses for the Trust Chair and NEDs (and Associate NEDs):
 - i. **Travel expenses** to attend:
 - All Board of Directors' Meetings, Annual Members' Meetings and Board Seminars/Workshops/Development sessions;
 - All Board Committee Meetings as required by the relevant Terms of Reference;
 - External Chair/NED training sessions as agreed with the Trust Secretary; and
 - Any other meeting or event that the Chair or NEDs attend as part of their duties as a Board Member of this Trust.

Where travel by public transport is not possible or feasible, then mileage will be reimbursed.

ii. Parking expenses

Agenda item 8

- If required, NEDs will be provided with a Trust-wide car parking permit to be used only when attending the Trust whilst in these capacities. The provision of a parking permit will be managed through the Trust Travel Team.

iii. Subsistence allowance/overnight accommodation

The Trust policy will be followed with reimbursement for the necessary extra costs of meals, accommodation and travel arising as a result of official duties away from the Trust.

Any costs incurred for meals, incidental expenses, night allowances etc., whilst on Trust business will be reimbursed at the level of actual expenditure but no more than the maximum rates detailed in the appropriate section of the relevant NHS Terms and Conditions of Service Handbook. All costs must be accompanied by associated receipts; actual costs (up to the maximum rates) will be reimbursed.

In general, the booking of hotels and travel is undertaken by the Corporate Governance Team in consultation with the NED and the Trust Secretary.

Under no circumstances will claims for alcohol be reimbursed.

3. Travel Expenses

- 3.1 For a NED, home is their office and where the majority of their preparation for Trust meetings takes place.
- 3.2 The Trust will pay expenses, including home to work mileage, at the same rates as for staff as detailed in the appropriate section of the NHS Terms and Conditions of Service Handbook.
- 3.3 For rail travel, journeys at the Trust's expense should normally be standard class.
- 3.4 For taxis, where the use of a taxi is agreed, these should be pre-booked using the Trust's taxi provider on the Trust account by calling 0191 2231818. Reference should be made to the Trust Taxi Policy prior to any booking being requested. If the taxi is required outside of the Newcastle area, a local taxi should be used and costs reclaimed via this policy, supported with an original receipt.
- 3.5 The Trust will not reimburse expenses incurred by a spouse or partner accompanying an individual on business travel.

4. Submission of Claims

- 4.1 Claimants remain responsible for the accuracy and appropriateness of their claims and ensuring that the claim complies with the guidelines outlined above for reimbursement of reasonable expenses.
- 4.2 Expenses should be claimed using the online Trust Expenses system, details of which are included in the Selenity expenses guide.

- 4.3 Travel and expenses claims made by the Chair and NEDs are publicly available and this should be considered when making any claim. Every effort must be made to minimise both financial cost and the environmental impact of travel arrangements.

5. Receipts

- 5.1 The Trust's policy requires that, when claiming for expenses other than mileage, all receipts must be submitted with the claim form. Further, all claims must be completed, certified and submitted within six weeks of the date the costs were incurred.
- 5.2 Payment will be made by BACS direct into the claimant's nominated bank account at the earliest opportunity.

6. Review and monitoring

- 6.1 The Council of Governors' Nominations Committee will in future review the guidelines annually along with the Terms and Conditions for the Chair and NEDs.

Last reviewed and updated: 14 March 2023 – Nominations Committee
Approved by the Nominations Committee and Council of Governors – [TBC]

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COUNCIL OF GOVERNORS

Date of meeting	15 June 2023						
Title	Non-Audit Services Policy						
Report of	Kelly Jupp, Trust Secretary						
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	<p>The Non-Audit Services Policy has been reviewed, with minor changes proposed for approval. The changes include:</p> <ul style="list-style-type: none"> • Amendments to reflect updated guidance e.g. the latest Ethical Standard. • Changes to reflect the transition from the Monitor NHS Foundation Trust Code of Governance to the NHS England Code of Governance for Provider Trusts. • Amendments to reflect updated references e.g. to the FRC's Ethical Standard last revised in 2019. • Changes in role titles. <p>The changes were considered and approved at the 25 April 2023 Audit Committee meeting.</p>						
Recommendation	The Council of Governors are asked to approve the updated Non-Audit Services Policy.						
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	None identified.						
Reports previously considered by	Annual review. Considered at the 25 April 2023 Audit Committee meeting.						

Non-Audit Services Policy

Version No.:	2.0
Effective From:	[TBA]
Expiry Date:	[TBA]
Date Ratified:	[TBA]
Ratified By:	Audit Committee (25 April 2023) and Council of Governors ([TBA])

1. Introduction

NHS Foundation Trust auditors are required to comply with the latest version of the National Audit Office's (NAO) Code of Audit Practice, and the NHS Act 2006 (the 'Act'). Further auditors must have regard to the Auditor Guidance Notes (AGNs) issued by the NAO.

The statutory responsibilities and powers of the auditor are set out in the Act. In satisfying these specific statutory responsibilities and powers, auditors are required to carry out their work in accordance with the Code.

The Code of Governance for NHS Provider Trusts states that the Audit Committee should: "Develop and implement a policy on the engagement of the external auditor to supply non-audit services".

This paper describes the policy the Trust will adopt when considering the provision of non-audit services with its external auditor that falls outside its statutory audit responsibilities.

This policy covers both the Trust (The Newcastle upon Tyne Hospitals NHS Foundation Trust) and its subsidiary company/companies. References to the Trust within this policy also cover the subsidiary/subsidiaries and any associated employees.

2. Scope

Auditors are required to comply with relevant ethical standards and guidance issued or adopted by their professional accountancy bodies. This includes the Ethical Standards issued by the Financial Reporting Council.

The ethical standards and guidance require that a member of a professional accountancy body should act with objectivity, independence and integrity in all professional and business activities and relationships. The Institute of Chartered Accountants in England and Wales sets out threats to independence as the following:

- Self-interest – where an interest in the outcome of their work or in a depth of relationship with the Trust may conflict with the auditor's objectivity;

- Self-review – where the auditors may be checking their own colleagues’ work and might feel constrained from identifying risks and shortcomings;
- Advocacy – which may be present in engagement but could become a threat if an auditor becomes an advocate for an extreme position in an adversarial matter;
- Familiarity or trust – where the level of constructive challenge provided by the auditor is diminished as a result of assumed knowledge or relationships that exist.

The ethical standard requires that auditors have procedures to identify and deal with potential conflicts of interest and threats to independence. The external auditor will be required to continue to confirm its compliance with the requirements of the ethical standards in both the Annual Audit Plan and the Annual Audit Letter (or the ISA260 report to those charged with governance (the ‘ISA260 report’)) agreed with the Trust, as well as in the Engagement Letter for each piece of additional services work.

The FRC’s Ethical Standard was revised in 2019 and places limitations on the non-audit services that can be provided by an entity’s external auditor. These principles were reflected in expectations set by the NAO in an Auditor Guidance Note to accompany its Code of Audit Practice. The requirements set by the NAO are also adopted by NHS England and NHS Improvement.

A list of services which cannot be provided to an organisation by its external auditor is contained in Annex 1 of the NHS England and NHS Improvement ‘Audit and assurance: a guide to governance for providers and commissioners’ issued in December 2019.

This document applies to Executive Directors, Senior Managers and budget holders who are authorised to commit resources directly e.g. by the approval of contracts or the ordering of goods; as well as the Trust External Auditors.

3. Duties (Roles and responsibilities)

Role	Responsibility
Council of Governors	<p>The Council of Governors is responsible for the appointment of the External Auditors and for ratifying this policy. They are also responsible for approving any additional services that are outside of the scope of the annual external audit requirements.</p> <p>It is important however, that any additional work undertaken can be approved in a timely manner, with reference to the work already being performed by the external auditor and in the light of knowledge of the existing risk and controls framework. The Audit Committee is ideally placed to</p>

Role	Responsibility
	perform this role on behalf of the Council of Governors, and this would be consistent with the Audit Committee’s responsibility for monitoring the quality of the external audit service to the Trust.
Finance Director	The Chief Finance Officer is the Executive Lead with responsibility for ensuring all requests for non-audit services are reviewed appropriately and monitored in line with this policy.
The Audit Committee	<p>The Audit Committee is responsible for:</p> <ul style="list-style-type: none"> • Approving any additional services to be undertaken and providing a report to the Council of Governors at least annually of non-audit services that have been approved; • Considering and confirming whether the external auditors are best placed to provide the service and are able to undertake their statutory responsibilities without compromise by the performance of any additional work; • Ensuring an Engagement Letter is agreed with the external auditor covering each piece of additional work, which will specify the scope of the work, timetable for delivery and fee. The Letter will also explain how the work does not compromise the independence of the external auditor; • Ensure any additional work is included in the Annual Report and the external auditor’s Management Letter. • Will report to the Board of Directors and Council of Governors as soon as possible if there are any matters arising from any such additional work, where significant concerns are raised.
The Auditor	<p>The Auditors (and their staff) have a responsibility to:</p> <ul style="list-style-type: none"> • Carry out their work with

Role	Responsibility
	independence, integrity and objectivity. The auditors’ opinions, conclusions and recommendations should both be, and be seen to be, impartial. <ul style="list-style-type: none"> • Exercise their professional judgement and act independently of the NHS Foundation Trust ensuring that they maintain an objective attitude at all times and that they do not act in any way that might give rise to, or be perceived to give rise to, a conflict of interest. • Provide written confirmation that proposed appointments adhere with the relevant ethical guidelines and do not compromise independence and objectivity prior to undertaking any non-audit services.

4. Non- Audit Services

4.1. Non-audit services which the external auditor are prohibited from supplying to the Trust.

There may be occasions when the External Auditor is best placed to undertake particular accountancy, advisory and consultancy work on behalf of the Trust. However, the following services are specifically prohibited:

- Work related to accountancy records and financial statements that will ultimately be subject to external audit;
- Management of, or significant involvement in, internal audit services;
- Work that involves making judgements and taking decisions which are the responsibility of Trust Management;
- Any work where a mutual interest is created that could compromise the independence of the external auditor, or might give rise to a reasonable perception that there independence could be impaired, including any work that involves acting as an advocate of the Trust; and
- Any other work that is prohibited by UK ethical standards.

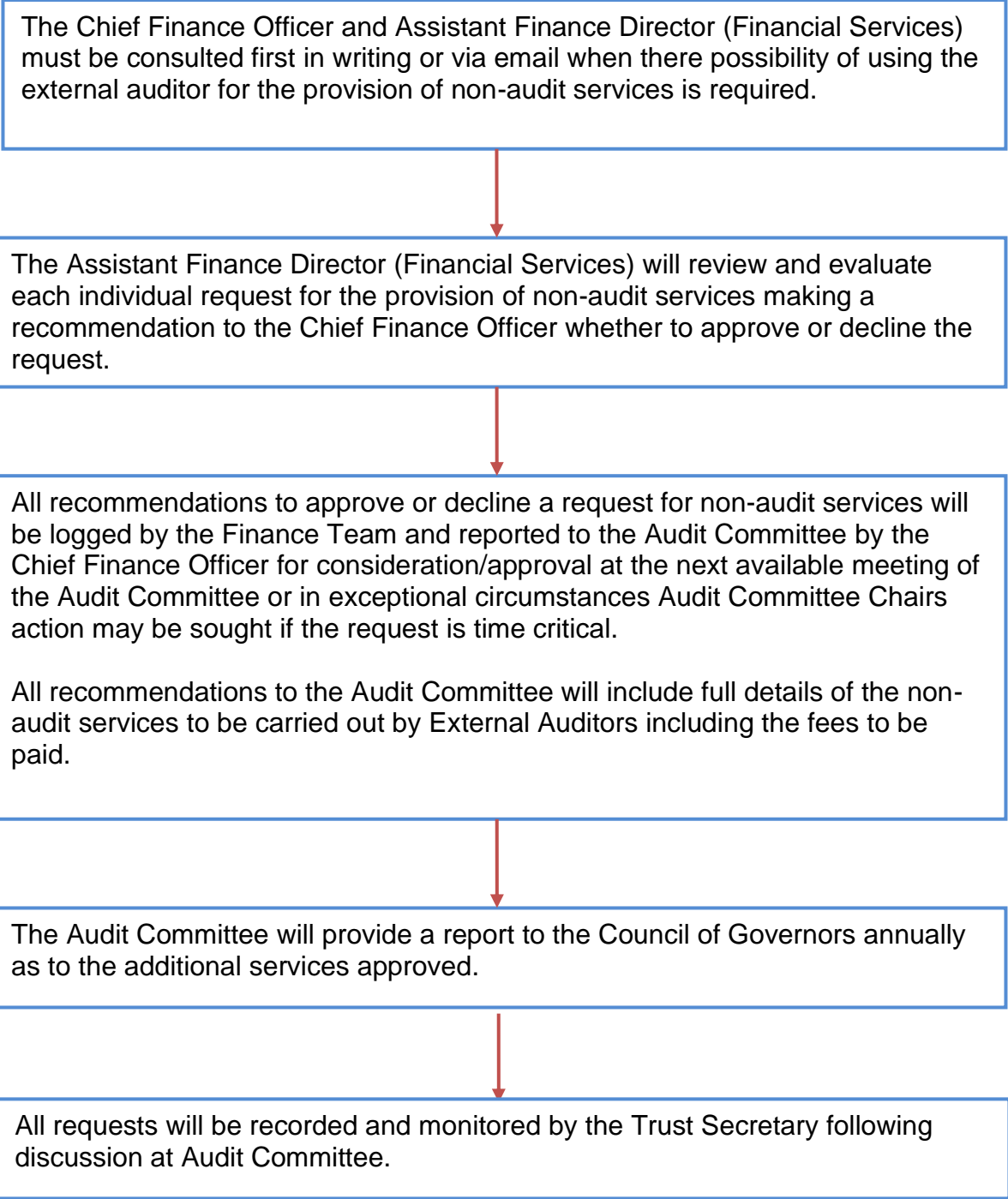
4.2. Provision of Non-Audit Services to the Trust by the External Auditor.

Agenda Item 9

The procurement of non-audit services to the Trust by the External Auditor shall at all times comply with the Trust Standing Orders, tendering and contracting procedures as well as the process and provisions including in this policy.

In line with the requirements set by the National Audit Office, the total fees for non-audit services should not exceed 70% of the total fee for all audit work carried out in respect of the Trust in any one year.

The following process should be followed when the provision of non-audit services are to be considered.



5. Training

No other formal training is required in relation to this Policy. Staff are advised to contact the Trust Secretary for advice in relation to this policy.

6. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed. The Equality Analysis Form can be found in Appendix 1.0

7. Monitoring Compliance

Arrangement for the monitoring of compliance with this policy and its effectiveness are detailed below.

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
The Finance Team will maintain a log of all non-audit services requests	The log and supporting evidence for decisions will be reviewed.	Trust Secretary	Audit Committee	Annually
In line with the requirements set by the National Audit Office, the total fees for non-audit services should not exceed 70% of the total fee for all audit work carried out in respect of the Trust in any one year.	Calculate the cost of non-audit services as a proportion of audit work fees.	Trust Secretary	Audit Committee	Annually
Auditors must provide written confirmation that proposed appointments adhere with the relevant ethical guidelines and do not compromise independence and objectivity	For all items on the log where a non-audit service has been provided, evidence of written or email confirmation will be reviewed.	Trust Secretary	Audit Committee	Annually
The provision of non-audit services will be disclosed in the Annual Report, the Audit Committee's Annual Report and the auditor's management letter.	Review listed documents to ensure they are appropriate and consistent for disclosure.	Trust Secretary	Audit Committee	Annually

8. Consultation and review

This policy has been reviewed in consultation with the Trust Secretary, the Chief Finance Officer, the Deputy Finance Director, the Assistant Finance Director (Financial Services), the Head of Corporate Risk and Assurance and the Chair of the Audit Committee.

9. Implementation (including raising awareness)

This policy will be circulated to all appropriate staff and will be available on the Trust policy database.

10. References

- The Code of Governance for NHS provider trusts 2022
- National Health Service Act 2006, the Health and Care Acts 2012 and 2022
- Audit Firm Governance Code 2022, Financial Reporting Council
- UK Corporate Governance Code 2018, Financial Reporting Council
- Revised Ethical Standard 2019, Financial Reporting Council
- National Audit Office's Code of Audit Practice
- National Audit Office's Auditor Guidance Note 1 (AGN 1)
- NHS England and NHS Improvement: Audit and assurance: a guide to governance for providers and commissioners, December 2019

11. Associated documentation

This policy does not directly impact upon other Trust policies and procedures.

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COUNCIL OF GOVERNORS

Date of meeting	15 June 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 16 February 2023.						
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 16 February 2023.

UPDATE FROM THE LEAD GOVERNOR

1. UPDATE

I continue to ensure good communication with fellow Governors and Non-Executive Directors by attending the meetings of the three Governor Working Groups and the Nominations Committee. I look to ensure that 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.

As part of the Nominations Committee, I was involved in the shortlisting committee for the recently appointed Non-Executive Director, Christine Smith, whose appointment was endorsed at an Extraordinary meeting of the Council of Governors held on 31 March 2023. Along with other Governors, I also attended the Private Governor Workshop held in April 2023.

I attended a Task and Finish Group to review the training for new Governors and was part of a Group which reviewed training of the Nominations Committee.

Along with Abigail Martin, Governor and Membership Engagement Officer, I visited the Queen Elizabeth Hospital (QEH) in Gateshead to meet with their Lead Governor and Membership Secretary. This meeting laid the foundation for further meetings to share ideas for membership and inclusion. Meetings with other Lead Governors locally have been considered for the future and we will keep the Council updated on this.

More recently, together with fellow Governor David Black, I attended the annual NHS Providers Governor Focus Conference held at the Kia Oval in London on 23 May 2023. I plan to feedback on the topics discussed to the rest of the Governors. Overall, I found the event very interesting and enjoyed networking with other Governors and the opportunity to discuss the work of Governors at individual Trusts.

2. RECOMMENDATION

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

Report of Pam Yanez
Lead Governor
15 June 2023

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COUNCIL OF GOVERNORS

Date of meeting	15 June 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 Abigail Martin, Governor and Membership Engagement Officer						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	The content of this report outlines 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 (WG) during the period of March 2023 to June 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

Philip Home, WG member, attended the Complaints Panel in April and May and submitted a report to the group. In both cases no particular concerns were noted.

Key points raised during these meeting included:

- Communication.
- Provision of interpretation services, in particular sign language interpreter provision.
- Staff and patient experience.
- Coroner and medical examiner handling of deaths, particularly out of hours.

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

Philip Home and David Black (WG members) attended the Clinical Audit and Guidelines Group in March and April. Key matters discussed included:

- Implementation of NICE guidelines and guidance.
- The transition from Directorates to Clinical Boards.
- The results of the Venous thromboembolism management national cancer audit.

Philip Home attended the Clinical Audit and Guidelines Group in May 2023 and submitted a written report highlighting the following:

- A presentation was provided by the winner of the Q factor award demonstrating their initiative.
- Service pressures in relation to psychology resources.

Patient Safety Group (PSG) [meets quarterly]

The Patient Safety Group did not take place in April 2022. Currently, the WG are seeking a new representative to attend the PSG going forward.

Nutrition Steering Group (NSG) [meets quarterly]

Alexandros Dearges-Chantler attended the Nutrition Steering Group in May and had no particular matters to raise. The development of the Nutrition and Hydration Strategy was discussed in detail.

3. PRESENTATIONS/GUESTS

March 2023

Julie Samuel, Director of Infection Prevention and Control (DIPC) attended the WG to provide an update on healthcare acquired infections within the Trust.

Tracy Scott, Head of Patient Experience, provided the quarter 3 update on patient complaints and covered the following areas:

- Categorising patient complaints.
- National surveys and benchmarking.
- The Friends and Family Test (FFT).

The WG would like to thank Julie and Tracy for attending.

April 2023

Chris Plummer, Chief Clinical Information Officer, and Richard Atkinson, Senior Project Manager, attended the WG to provide an update on Digital Health initiatives within the Trust.

This included information on the following key areas:

- The development to the NHS app.
- Data sharing and the Great North Care Record (GNCR).
- The patient engagement platform.
- Piloting the NHS app at Newcastle Hospitals.

The WG would like to thank Chris and Richard for their comprehensive presentation.

May 2023

Tracy Scott attended to provide the quarter 4 complaints update which included:

- New themes seen within complaints, and the process established for resolving these.
- A focus on medication issues including feedback from pharmacy staff at the Complaints Panel.
- Small claims cases with regards to missing patient belongings and the importance of maintaining an audit trail.
- The Patient Experience Strategy.

4. WARD AND DEPARTMENT VISITS

The Governors are currently conducting ward and department visits within the Medicine Directorate, with a focus on Older People's Medicine.

Due to the availability of WG members and the need to cancel a visit due to infection control reasons, only one ward visit took place in May, to ward 31 at the RVI. Plans are in place to undertake further visits in June.

5. RECOMMENDATIONS

The Council of Governors are asked to receive the report.

**Report of Poonam Singh
Chair of QPE Working Group
8 June 2023**

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COUNCIL OF GOVERNORS

Date of meeting	15 June 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						
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 February 2023.						
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 February 2023.

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

1. INTRODUCTION

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

The WG is generally well attended. However, Jill Davison, Graham Blacker and Ian Wilson have stepped down as Governors at the end of their terms. The WG always welcomes any new Governors who would like to join, as well as Governors who may wish to attend a specific meeting.

2. PRESENTATION TOPICS

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

2.1 Planning Guidance update – Lisa Jordon, Assistant Director of Business Strategy and Planning

Lisa provided background on the timescales for Planning. There are 3 core priorities, which are national objectives. These are to improve ambulance response and A&E waiting times; reduce elective long waits and cancer backlogs, and to make it easier for people to access primary care services. The Trust is currently experiencing difficulties in meeting the national targets however does have several actions in place to improve the position.

2.2 Nichola Kenny, Deputy Chief Operating Officer (on behalf of Martin Wilson, Chief Operating Officer) – Integrated Care System/Integrated Care Board (ICS /ICB) Developments and Collaborative Newcastle

Nichola joined us to talk through the ICS/ICB developments. She explained that the ICB is a statutory organisation that has been in place since July 2022 and is tasked with meeting the health needs of the population and managing budgets. The North Integrated Care Partnership (ICP) is accountable to the ICB and NHS England with regards to financial and system performance. The ICB will allocate funds based on priorities. The current focus is on structure, governance and aligning to the ICB/ICS requirements.

2.3 Wayne Elliott, Associate Director Commercial Enterprise – Commercial Update

Wayne was appointed as Associate Director of the Commercial Enterprise team in January 2023. The Commercial Enterprise Team was formed during the Covid-19 pandemic, and despite this, many achievements were made. The team have been benefiting from an increased online presence and has achieved £4.7million in Grants. It is currently cost-neutral and shared its 5-year vision with the Board in February 2023. He described the commercial

Agenda item 10.3

schemes for 2023/24 and highlighted the Clinical Entrepreneur Programme as an innovation initiative within the Trust.

2.4 Bill Macleod, Non-Executive Director - Audit Committee update

Bill MacLeod chairs the Trust Audit Committee and provided a thorough and clear update of the main issues discussed at the previous meeting, including the recent external 'Well Led' review.

A discussion took place with regards to the ongoing pressures at the Emergency Department (ED) and ophthalmology. A brief update was provided on the external audit tender and discussion around the Trust's use of the Oracle system. The Committee discussed the risk appetite of the Trust and noted that there was a higher appetite for opportunities for growth, such as within Commercial Enterprise, but a very low tolerance for any impact on patient safety.

2.5 Jackie Bilcliff, Chief Finance Officer – Update on financial position

Jackie Bilcliff provided a finance update and reported on the end-of-year position for 2022/23, being the achievement of the revised Finance Plan. The Trust accounts for 2022/23 are now being audited by Mazars.

It was noted that the Financial Plans for the ICS for 2023/24 are challenging. All Trusts within the ICS have significant Cost Improvement Programme (CIP) targets and this is universal across the country (all Trusts having at least a 4% CIP target).

3. RECOMMENDATION

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

**Report of Eric Valentine
Working Group Chair
4 June 2023**

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COUNCIL OF GOVERNORS

Date of meeting	15 June 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 February 2023.

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

1. INTRODUCTION

The People, Engagement and Membership Working Group (PEM WG) has met on 14 March, 11 April 2023 and 9 May 2023.

2. GROUP ACTIVITIES

The PEM WG continues to work on communication and increasing the number and diversity of members through the members' newsletter, members' events, Dame Jackie's blog, videos and attending community events and networks to explain the role of governors and members and to feed back into the Trust.

The group enjoyed input from the new local lead for Healthwatch, Yvonne Probert, and from Paul Court, CEO of Healthworks at the April and May meetings respectively.

Currently we are planning the first Trust Discussion Forum and have undertaken our yearly review and set targets for the coming year.

3. ONGOING AREAS OF FOCUS

3.1 **Communication**

Building on the success of the newsletter, we are implementing several key improvements to it, for example including questions to members to stimulate 2-way communication and including photos of governors at work in the community, engaging and listening to our constituents. The upcoming issue will focus on the role of the working groups. Our targets for the coming year are to increase two-way communication and to use multiple media to reach the underserved in our community.

3.2 **Membership**

There has been an increase in youth membership and staff membership but an overall decline in public member numbers. We have set an ambitious target of 5% growth in each of our communities for the coming year. Links have been forged with Haref, a subgroup of Connected Voice, who will include an article in their upcoming newsletter and Healthwatch who will support us with their Youthwatch programme in attracting young members and publicising health representation. We have added another key community group to our engagement activities: the community of people with mental health needs, beginning with focusing on people with dementia and the carers of those suffering dementia. We hope their input as members will give us a better insight into their patient experience and allow us to represent their community better.

4. RECOMMENDATIONS

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

Report of Judy Carrick
Chair of the PEM Working Group
12 May 2023

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COUNCIL OF GOVERNORS

Date of meeting	15 June 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 Trust Board in March 2023:</p> <ul style="list-style-type: none"> • People Committee – 21 February 2023 and 18 April 2023; • Charity Committee – 16 February 2023, 10 March 2023, 6 April 2023 and 11 May 2023; • Quality Committee – 21 March 2023 and 16 May 2023; • Finance Committee – 22 March 2023, 26 April 2023 [Extraordinary] and 24 May 2023; and • Audit Committee – 25 April 2023. 						
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"/>
Link to Board Assurance Framework [BAF]	No direct link.						
Reports previously considered by	Regular report.						

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Council of Governors in February 2023.

UPDATE FROM COMMITTEE CHAIRS

1. PEOPLE COMMITTEE

A meeting of the People Committee took place on 21 February 2023. During the meeting, the main areas of discussion included:

- An Industrial action status update was provided.
- The People Committee Risk report was received and discussed.
- A deep dive into staff turnover and the General Medical Council (GMC) training survey / training and education which were comprehensive updates.
- The Assistant Chief Executive provided an update in relation to communications and engagement which included the new Trust communications strategy.
- The Chief People Officer shared the latest position regarding the People Strategy Workplan.
- The People Dashboard was received and discussed.
- The Guardian of Safe Working Quarterly report and Sustainability Quarterly update were received.

A meeting of the People Committee took place on 18 April 2023. During the meeting, the main areas of discussion included:

- An industrial action status update was provided.
- The People Committee Risk report was received and discussed.
- The Chief People Officer shared the WRES and WDES submission.
- A presentation with regards to the People Priorities for 2023/24 was provided.
- A detailed update was provided in relation to the 2022 staff survey results and next steps.
- A comprehensive annual update in relation to apprenticeships was received.
- The People dashboard was received and discussed.
- The Freedom to speak up Guardian gave a comprehensive update.
- A Legal Cases update was received.
- The Committee ratified the Annual Report of the Committee, including review of Schedule of Business and Terms of Reference.

The next formal meeting of the Committee will take place on 22 June 2023.

2. CHARITY COMMITTEE

A meeting of the Charity Committee took place on 16 February 2023. During the meeting, the main areas of discussion included:

- The Charity Director provided a general Charity update.
- Guidance in relation to the principles/approach to developing an Investment Strategy/Policy was discussed.

Agenda item 11.1

- The following grant was approved which totalled £15,000:
 - Children’s Services: Collaborative Newcastle – Children and Families Newcastle – Integrated Early Years Centre (uplift to existing).
- The Charity Finance reports were received and discussed.
- The Committee discussed the Summary of Investment to 31 December 2022 including the Quarterly Summary Investment reports from:
 - Newton’s; and
 - CCLA.
- A verbal update was provided by the Finance Manager regarding the Financial Processes initial findings/priorities.
- The Committee received the Dashboard of Operational Key Performance Indicators (KPI’s) and Communication, the Charity Risk Statement and the £1m Donor Due Diligence Form.

A meeting of the Charity Committee took place on 10 March 2023. The meeting was convened primarily to discuss several grant applications in advance of the next formal meeting.

During the meeting, the Committee approved applications which totalled £618,889 as follows:

- SA1228 – Surgical Services Directorate: The Northern Oesophago-gastric Unit Data Analyst and Support Analyst - up to £153,940;
- SA1244 – Perioperative and Critical Care Directorate: Robotic Table - £86,731;
- EXT011 – Blue Sky Trust, ‘Living Well with HIV’ project - £75,000 with HoGP given flexibility to approve more in line with Full Cost Recovery principles;
- EXT015 – Northumbria Blood Bikes, Volunteer training and development programme - £30,000;
- EXT016 – Citizens Advice Gateshead, ‘A Helping Hand: Social Welfare Advice for Trust Staff - £59,796;
- EXT018 – Citizens Advice Gateshead, ‘Direct access to social welfare advice for families at GNCH - £188,422; and
- EXT017 – Children’s Foundation, ‘The baby box – supporting first time mothers’ – up to £25,000.

A meeting of the Charity Committee took place on 6 April 2023. The meeting was convened primarily to discuss several grant applications in advance of the next formal meeting.

During the meeting, the Committee approved applications which totalled £263,667.60 as follows:

- Cancer Services: Cancer Treatment Scalp Cooling Machines - £38,433.00.
- Patient Services: Replacement of Ward / Departments ‘How We Are Doing’ Boards - £84,257.60.
- Chief Executive Directorate: GA045 – Celebrating Excellence Awards 2023 - £25,037.00.
- Developing a Patient Public & Engagement Strategy - £115,940.00.

Agenda item 11.1

A meeting of the Charity Committee took place on 11 May 2023. During the meeting, the main areas of discussion included:

- The Charity finance reports were received and discussed.
- The Committee discussed the summary of investments to 31 March 2023 including the quarterly summary investment reports from:
 - Newton's; and
 - CCLA.
- The Charity Director provided a general charity update.
- An update on the Arts programme was received.
- The following grants were approved:
 - Chief Executive Directorate: NHS 75 – up to £37,281.14;
 - New Writing North: Writer in Residence, Newcastle Hospitals – up to £25,000;
 - Cancer Services: Purchasing Wall Art for Ward 35 – up to £28,304.30;
 - EPOD: Optos California Diagnostic Device – up to £35,000;
 - Children's Services/Cancer Service: Clinical Sustainability Fellowships: Paediatrics and Oncology Pilot – up to £226,399; and
 - Chief Executive Directorate: Provision of Freeview TV across the RVI and Freeman Hospitals – up to £50,000.
- The Committee received the Dashboard of operational Key Performance Indicators (KPI's), the Operational Plan for 2023/24, an update on the draft progress against the Strategy and the Charity Risk Statement.

The next meeting of the Committee will take place on 10 August 2023.

3. QUALITY COMMITTEE

A meeting of the Quality Committee took place on 21 March 2023. During the meeting, the main areas of discussion included:

- The Quality Committee Risk Report was received and discussed.
- The Committee received two management group reports for consideration:
 - Clinical Outcomes & Effectiveness Group; and
 - Patient Experience and Engagement Group.
- A comprehensive assurance update was received regarding Clinical Research.
- An update was provided in relation to the Trust's response to the recent Care Quality Commission (CQC) inspections.
- 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.
- The Director of Quality and Effectiveness providing an update regarding learning disability.
- A comprehensive maternity update was given by the Chief Nurse which included a report on Ockenden.
- The Committee received and discussed three quarter 3 reports:

Agenda item 11.1

- Safeguarding
- Learning Disability
- Mortality/Learning from Deaths
- The Committee received an update on the leadership walkabouts / spotlight on services and a Royal College Review update.

A meeting of the Quality Committee took place on 16 May 2023. During the meeting, the main areas of discussion included:

- The Patient Experience and Engagement Group report was received and discussed.
- The Deputy Director of Quality and Safety provide an update on the quality account consultation.
- The Director of Infection, Prevention and Control, the Deputy Director of Quality and Safety and the Chief Operating Officer presented the quality and performance elements of the Integrated Board Report.
- An update was provided with regards to the National Patient Safety Strategy.
- The Committee received a Minimising Nitrous Oxide Exposure update.
- An update was provided in relation to the Trust's response to the recent Care Quality Commission (CQC) inspections.
- The Committee received and discussed three quarter 4 reports:
 - Safeguarding;
 - Learning Disability; and
 - Mortality/Learning from Deaths.
- The End of Life and Palliative Care Bi-annual report was received and discussed.
- The Committee received a legal update and an update on leadership walkabouts / spotlight on service.
- An update was received in relation to Maternity including the Ockenden report.
- The Chief Nurse provided an update on the proposed Patient and Public Engagement Strategy launch.
- The Committee ratified the Annual Report of the Committee, including review of Schedule of Business and Terms of Reference.

The next meeting of the Committee will take place on 18 July 2023.

4. FINANCE COMMITTEE

A meeting of the Finance Committee took place on 22 March 2023. During the meeting, the main areas of discussion included:

- The Head of Corporate Risk and Assurance presented the Committee Risk Report.
- An update on the financial position was provided including the following:
 - Financial Position Update - Month 11 Finance report;
 - Productivity & Efficiency Programme delivery;
 - Finance Plan, Capital Plan and Budget 2023/24;
 - Capital Programme 2022/23 update; and

Agenda item 11.1

- Activity Recovery including the month 11 Performance Report and Operational Planning Guidance.
- Tenders and Business Cases were presented for approval.
- The Committee received a verbal update on the Private Finance Initiative (PFI).

Extraordinary meetings of the Finance Committee took place on 23 February, 9 March and 16 March 2023 to approve Business Cases and Tenders prior to Trust Board submission before the year end.

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

- The Chief Finance Officer provided an update on the month 12 / year end finance position.
- The Chief Finance Officer and Executive Director of Business, Development and Enterprise updated on the 2023/24 plan position.
- The 2022/23 draft Annual Accounts were discussed in detail.
- The Committee ratified the Annual Report of the Committee, including review of Schedule of Business and Terms of Reference.

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

- The Head of Corporate Risk and Assurance presented the Committee Risk Report.
- An update on the financial and performance position was provided including the following:
 - Productivity & Efficiency Programme;
 - Capital Programme 2023/24 update;
 - Month 12 Performance Report including activity recovery; and
 - Commercial Strategy update.
- A procurement update was provided by the Procurement and Supply Chain Director.
- Tenders and Business Cases were presented for approval.
- The Chief Operating Officer provided an update on the Integrated Covid Hub for the North East (ICHNE), Nightingale Hospital North East (NHNE) and the Day Treatment Centre (DTC).
- An update was provided in relation to the Community Diagnostic Centre (CDC).

The next meeting of the Committee will take place on 26 July 2023.

An extraordinary meeting is scheduled on 27 June 2023 to approve the annual report/accounts.

5. AUDIT COMMITTEE

A meeting of the Audit Committee took place on 25 April 2023. During the meeting, the main areas of discussion included:

Agenda item 11.1

- Committee Chairs provided updates relating to risk and assurance in relation to their specific areas of focus.
- The Assistant Chief Executive presented the Board Assurance Framework (BAF) risk management annual report including the risk appetite statement and the draft Annual Governance Statement (AGS).
- The financial statements including draft accounts 2022/23 and going concern statement 2022/23 were discussed.
- An update was provided from Internal Audit (IA) which included the IA progress report, draft head of opinion 2022/23, IA charter and final annual plan 2023/24.
- Counter Fraud provided an update report including the fraud response log and the annual plan / Counter Fraud financial standard return.
- Mazars LLP provided an update on External Audit including the audit strategy memorandum – Trust and Charity/Annual Audit Plan and those charged with governance (TCWG) request – Trust and Charity.
- The Audit Committee annual report and self-assessment which included the draft TCWG response, Committee Terms of Reference and Schedule of Business were reviewed.
- The Non-Audit Services policy was reviewed, and changes approved.
- The Committee received a number of reports including:
 - Review of schedule of approval of single tender action and breaches and waivers exception report;
 - Debtors and creditors balances;
 - Schedule of losses and Compensation; and
 - Annual review of special severance payments/settlement agreements.

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

An extraordinary meeting is scheduled on 28 June 2023 to approve the annual report/accounts.

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
6 June 2023

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