

**Council of Governors' Meeting: Public Session** Thursday 7 December 2023 1445 h

Venue: Training rooms 3 & 4, Education Centre, Freeman Hospital (no dial in available)

**Agenda**

Item	Lead	Paper	Timing
<b>Business items</b>			14:45 – 15:10
1	Apologies for absence and declarations of interest	Kath McCourt	Verbal
2	Minutes of the meeting held on 17 August 2023 and Matters arising	Kath McCourt	Attached
3	Meeting action log	Kath McCourt	Attached
4	Chair's report	Kath McCourt	Attached
5	Chief Executive's report	Andy Welch	Attached
<b>Items for discussion</b>			
6	Freedom to Speak Up Guardian Update	Andrew Pike	Presentation 15:10 – 15:30
<b>Items to approve</b>			
7	Nominations Committee Report	Kelly Jupp	Attached 15:30 – 15:35
<b>Governor reports</b>			15:35 – 15:50
8.1	Lead Governor Update	Pam Yanez	Attached
8.2	Quality of Patient Experience (QPE) Working Group (WG); including: a. Vice Chair arrangements	Poonam Singh	Attached
8.3	Business and Development (B&D) WG	Eric Valentine	Attached
8.4	People, Engagement and Membership (PEM) WG a. Amendment to Terms of Reference	Judy Carrick	Attached
<b>Items to receive and any other business</b>			15:50 – 16:00
9.1	Integrated Board Report including Quality, People & Finance	Angela O'Brien	Attached
9.2	Performance Report	Vicky McFarlane Reid	Attached
9.3	Committee Chairs Report	Committee Chairs	Attached
9.4	Date and time of next meeting: Formal Meeting – Thursday 15th February 2024, 14:45 – 16:00	Kath McCourt	Verbal

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

*Professor Kath McCourt, Interim Chair*

*Mr Andy Welch, Deputy Chief Executive Officer*

*Mr Andrew Pike, Associate Director of Operations*

*Angela O'Brien, Director of Quality and Effectiveness*

*Vicky McFarlane Reid, Director of Enterprise & Business Development*

*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 17 AUGUST 2023

**Present:** Professor Kath McCourt [Meeting Chair], Deputy Chair  
Public Governors (Constituency 1 – see below)  
Public Governors (Constituency 2 – see below)  
Public Governors (Constituency 3 – see below)  
Staff Governors (see below)  
Appointed Governors (see below)

**In attendance:** Dame Jackie Daniel, Chief Executive Officer (CEO) *[until 15.04]*  
Mr Bill Macleod, Non-Executive Director (NED)  
Mr Graeme Chapman, NED  
Mrs Liz Bromley, NED  
Mrs Christine Brereton, Chief People Officer (CPO)  
Dr Victoria McFarlane-Reid, Executive Director of Business, Development and Enterprise (EDBDE)  
Mrs Jackie Bilcliff, Chief Finance Officer (CFO)  
Ms Maurya Cushlow, Executive Chief Nurse (ECN)  
Mr Andy Welch, Medical Director/Deputy Chief Executive Officer (MD/DCEO) *[until 15.20]*  
Mr Martin Wilson, Chief Operating Officer (COO) *[from 15.37]*  
Mrs Kelly Jupp, Trust Secretary (TS)  
Mrs Stella Wilson, Director of Operations, Family Health Clinical Board

**Secretary:** Mrs Abigail Martin, Governor and Membership Engagement Officer

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

The Deputy Chair welcomed all to the meeting.

### 23/14 **BUSINESS ITEMS:**

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

Apologies for absence were received from Governors: Claire Watson, Linda Pepper, Ian Frenette-Wood, Alex Holloway, Genna Bulley, and Tom Lawson; Non-Executive Directors Christine Smith and Jonathan Jowett; Associate NED Professor David Burn, Chairman Professor Sir John Burn; and Executive Team members Martin Wilson, Chief Operating Officer, Caroline Docking, Assistant Chief Executive, Rob Smith, Director of Estates and Angela O'Brien, Director of Quality and Effectiveness.

Regarding Declarations of Interest, Professor Home advised that he has an existing BMA membership and is a member of the International Diabetes Federation.

Agenda item 2

ii) **Minutes of the Meeting held on 15 June 2023 and Matters Arising**

Mr Waddell noted that he had sent his apologies for the meeting and asked for this to be reflected in the minutes.

Mr Black advised that he was recorded as being both present and in sending apologies for the Private meeting in June 2023, but had attended the Public meeting.

The minutes of the meeting held on 15 June 2023 were agreed to be a true record subject to the inclusion of Mr Waddell's apologies and the correction of Mr Blacks attendance as highlighted.

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

iii) **Meeting Action Log**

The action log position was received. The TS confirmed that the Corporate Governance Team would follow up the outstanding action [Action 1 from the June meeting – new appointment policies in podiatry] and share the information in the next available weekly governor update.

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

iv) **Chair's report**

The Deputy Chair presented the report, highlighting the following points:

- Recent Spotlight on Services sessions on Chaplaincy and Pharmacy.
- Governor activities since the previous Council meeting, which included the recent induction training for new Governors which she had been involved with.
- A successful Discussion Forum Member's Event held on 27 June 2023.
- Attendance at the North Integrated Care Partnership meeting of Foundation Trust Chairs.

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

v) **Chief Executive's report**

The CEO presented her report, noting the following points:

- The appointment of the new Chief Information Officer (CIO), Shauna McMahon, had recently been announced. The CEO highlighted that the recent Care Quality Commission (CQC) inspection had highlighted some areas that required improvement in relation to the use of digital technology and noted that Ms McMahon has a wealth of NHS experience to lead on these areas.

It was anticipated that Ms McMahon would commence in post on 15 January 2024.

Agenda item 2

Mr Chapman, NED, highlighted the good recruitment process undertaken, which progressed at pace and resulted in several high quality candidates. He noted that McMahon had a strong experience in delivering digital change/transformation and people management, and that this was a critical appointment for the future strategy of the Trust.

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

## 23/15 ITEMS FOR DISCUSSION

### i) Update on Paediatrics

Mrs Stella Wilson, Director of Operations within the Family Health Clinical Board gave an update on three topics requested by the Governors, namely:

- Waiting lists & any local issues with Paediatric waits .
- Children's diabetic waiting lists.
- Catheter re-usage.

Mrs Wilson advised that she was not aware of any specific issues regarding waiting lists for paediatric diabetic patients. She noted that in September 2022 the average waiting times for such patients for Newcastle Hospitals was 11 weeks compared to 18.6 nationally.

Mrs Wilson explained that General Paediatric Surgery covers many children's services but for specialty departments (such as neurosurgery, cardiology, plastics etc), surgeons manage their own waiting lists. She highlighted that a recruitment process was underway with the aim of centralising waiting lists further.

Fortnightly/weekly meetings are held by Specialities to review the scheduling within theatres and to manage the flow of patients between the Emergency Department (ED) and elective activity.

A pilot study had been undertaken recently regarding the Children's Holistic Assessment of Risk Tool (CHART) which had shown a positive improvement.

*[The CEO left the meeting at 15:04]*

With regards to the issue of catheter re-usage, Mrs Wilson explained that there has been a national supply issue and that contact had been made with several manufacturers to meet supply needs. Infection Prevention and Control (IPC) advice was sought regarding the matter and it was agreed that temporary guidance be issued regarding approval to re-use catheters for both hospital and community patients. The community paediatric team were available throughout to answer queries and help to manage the situation. Mrs Carrick queried how widely the guidance had been issued to support patients/their families in the appropriate re-usage of catheters to which Mrs Wilson advised that the guidance was issued to all families through the community paediatric nursing team.

Mrs Wilson invited Governors to share the source of their concern regarding the earlier reference to waiting lists for children with diabetes. Mrs Carrick explained that there had been a recent newspaper article discussing the rise in waiting lists for children's Mental

## Agenda item 2

Health needs and for diabetes treatment. She noted that she had been informed that there had been a 100% increase in referrals/amputations for diabetic children and queried the position in Newcastle Hospitals compared to the rest of the country. Miss Rowen advised that she had not witnessed that within the service area that she worked and the MD/DCEO referred to the significant advancement of technology in enabling better monitoring of blood glucose/improved outcomes for diabetic patients. Mrs Wilson offered to raise the query and feedback accordingly [**ACTION01**].

Mrs Hawley, brought attention to the new ELSA study for children's diabetes testing and wondered if this had had an impact in terms of earlier interventions/increased referrals.

Following a question raised by Dr Dearges-Chantler there was then some discussion of nationally reported delays in accessing children and young people's mental health services. Dr Dearges-Chantler queried the timeline regarding the CHART pilot and Mrs Wilson agreed to obtain the details as to the pilot numbers and timeline and feedback to Governors [**ACTION02**].

Dr Dearges-Chantler referred to the use of medical 'passports' for children. Miss Rowen noted that these are currently utilised for patients with learning disabilities/other identified needs and would be beneficial if rolled out more broadly.

The MD/DCEO expressed concern in relation to the challenges in accessing paediatric mental health services and advised that possibilities were being explored in relation to identifying inpatient beds for children with acute mental health needs.

Mrs Fitzgerald referred to the assessments for under 5's and the queried the numbers involved to which Mrs Wilson agreed to ascertain and feedback [**ACTION03**].

Mr McDonald referred to the supply issues detailed earlier and queried the strategy to resolve the issue to which the CFO confirmed that the Trust is looking at sourcing alternative providers. She highlighted that often when a national supply issue arises, regional providers will work together to alleviate the issue and cited a recent example regarding blood tube shortages.

*[The MD/DCEO left the meeting at 15:20]*

The Chair acknowledged the concerns regarding catheter reusage and queried the expected timeline to which the CFO agreed to follow up the alternative suppliers timeline and feedback accordingly [**ACTION04**]. It was agreed that Mrs Wilson would either provide a briefing note detailing the responses to the questions raised or would attend and present an update at a future meeting.

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

*[Mrs Wilson left the meeting at 15:23]*

## ii) Staff Survey results and People Plan Development

## Agenda item 2

The CPO gave a presentation on the Staff survey results and the development of the People Plan. The following points were noted:

- The results of the staff survey had been shared with the Council of Governors in May 2023. The majority of the People Promise results for the Trust matched the sector average with two being above the sector average and two below (albeit these had improved from the previous staff survey results).
- The results reflected a downward national trend across the NHS which was reflective of lower staff morale due to e.g. the increased cost of living.
- There were some areas which had deteriorated in comparison to other Shelford Group Trust results, which are being explored.
- Regarding the bespoke questions, 92% of staff said that the Trust was a good place to work.
- The results demonstrated concern in relation to areas such as staffing levels, increasing demands, rising levels of bullying and harassment experienced.
- The results from the staff survey were triangulated with other sources of information such as; Freedom to Speak Up Guardian reports, feedback from the Staff Networks and other HR data. This identified four key themes which the Executive Team agreed to focus on in April/May.
- The national workforce plan was issued on 28 June and included priority areas for organisations to concentrate on. Within Newcastle Hospitals an internal Workforce Planning Group had been established. It was evident that international recruitment was performed well within the Trust however there were opportunities to improve in other areas e.g. utilisation of the apprentice levy.
- There has been ongoing work to realign HR processes with the new clinical boards structure to allow for a seamless transition. An overarching People Plan was being pulled together, aligned to the People Promises to consolidate all of the initiatives underway with the intention of conducting staff focus groups, particularly picking up the areas identified within the staff survey results and the CQC feedback regarding culture, behaviours and supporting staff to speak up. The focus groups will also be used to remind staff of resources that are already available for them to draw on, such as the Staff networks and the Freedom To Speak Up Guardians. The focus groups will also be re-run to capture further feedback on this.
- The most recent DJD blog was focussed on the importance of listening to staff and acting on feedback received.

*[The COO joined the meeting at 15:37]*

The CPO outlined the governance structure and noted that she is also developing a 'People Programme Board'. In addition an Equality, Diversity and Inclusion steering group had recently been established. The People Plan will be launched in early 2024 and will be written/co-designed by staff.

Mrs Carrick referred to the WRES/WDES data and queried the specific areas of concern. The CPO noted that leadership behaviours was a key area of focus.

Mrs Heslop asked about arrangements for the focus groups to ensure that as many staff as possible can attend. The CPO stated that these would be held in a mixture of formats and different locations to encourage attendance.

Agenda item 2

Mr Warner questioned whether the rate of response (44%) yielded robust data and a discussion ensued regarding the validity of non-responses. Overall, it was concluded that the staff survey results are statistically significant, with the response rate achieved in Newcastle Hospitals being higher than average. The CPO added that groups with lower response rates, such as estates, will be offered alternative ways of completing the survey going forwards.

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

## 23/16 ITEMS TO APPROVE

### i) Nominations Committee Report

The TS presented the Nominations Committee report on behalf of the Chairman which included a summary of the Chair and NED appraisals and proposed objectives for the year ahead. A typographical error was noted regarding the duplication of an objective for Ms Baker and Mr Chapman.

The TS welcomed John McDonald and Bob Waddell as new committee members. She noted that the next meeting will focus on succession planning due some NEDs approaching the end of their terms of office and a requirement to consider changes in the new Code of Governance.

**It was resolved:** to **note** the outputs of the Chair and NED appraisal exercise for 2022/23; and to **endorse** the proposed corporate objectives and the personal objectives for the Chair and NED for 2023/24 as included in Appendix A to the report.

## 23/17 GOVERNOR REPORTS

### i) Lead Governor Update

Mrs Yanez, Lead Governor presented a short written report. She stated that she seeks to serve the Council of Governors as best she can by attending as many of the required meetings and ensuring that Governors continue to have a voice.

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

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

Mrs Singh presented the report, highlighting the following points:

- The QPE Working Group have undertaken several ward/service visits, details of which are included in the written report.
- Mrs Singh thanked Dr Dearges-Chantler for his support following his decision to stand down from the Group, and invited any Governor member of the Group who is interested in undertaking the Vice Chair role to express an interest to Mrs Martin.

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



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

Dr Valentine presented the report, noting the following points:

- Any new Governors are welcome to attend the next B&D Working Group meeting on 14<sup>th</sup> September.
- Christine Smith, newly appointed NED and Finance Committee Chair, attended the previous meeting to introduce herself.
- Chris Haynes, Assistant Finance Director, also attended the recent meeting to summarise the external audit tender process and provided an extensive briefing on the annual accounts, with no issues noted.
- The specification for the external audit would be drafted in September and it was anticipated that the process will be challenging due to current market conditions, with many audit firms moving away from public sector audits. Dr Valentine advised that it was intended to 'soft launch' the specification to gain interest in the market before putting out a full tender.

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

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

Mrs Carrick presented the report, highlighting the following:

- Two upcoming events being the Member's Event in September (focussing on research) and Mela, and invited Governors to attend. It was agreed that the dates be circulated to Governors as part of the next Governor update [**ACTION05**].
- The importance of Governors in signing up new Trust members.

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

The Chair took the time to thank all regular attendees of the Working Groups, highlighting that they are an important element of the Governor role.

**23/18 ITEMS TO RECEIVE AND ANY OTHER BUSINESS****i) Integrated Board Report including Quality, People & Finance**

The report was received.

Dr Dearges-Chantler noted that there had been an increase in falls as referenced in the report and queried what was being done to address this. He also asked about support for dementia care. The Chair suggested that these questions be directed to the ECN for a more complete answer, which the ECN will provide in due course [**ACTION06**].

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

**ii) Performance Report**

The report was received.

## Agenda item 2

Dr Dearges-Chantler referred to recent media coverage regarding cancer targets and potential changes, and queried whether the Trust data would need to be reconfigured in future iterations of the report. The EDBDE noted that a change in reporting targets was expected, with the 'two week' wait target likely to be removed and replaced by the 'ten day test to diagnosis'. The new target was being measured currently in shadow form. She adds that this will be covered further in a deep dive report for the September Private Board meeting.

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

**iii) Committee Chairs Report***Charity Committee*

It was noted that grant funding had been secured recently to support specific Communications activities for Governors and Members.

*People Committee*

Professor McCourt, provided an update on behalf of Mr Jowett and noted the following topics which were covered at the previous meeting :

- Industrial Action
- A Trade Union report
- People Priorities
- Staff Statutory and Mandatory training
- Equality, Diversity and Inclusion
- A Guardian of Safe Working update

*Quality Committee*

Mr Chapman noted the following points:

- Gratitude was expressed to all involved in the CQC inspection.
- Recent Committee discussions had focussed on maternity, Mental Health and Mental Capacity Act requirements.
- The standard agenda for the Quality Committee may be updated in line with the findings of the CQC inspection.  
There was a need for further discussion amongst Board members on digital governance arrangements within Newcastle Hospitals.

*Finance Committee*

Mr Chapman advised that the Committees focus had been on seeking assurance in relation to the delivery of the Cost Improvement Plan (CIP).

*Audit Committee*

Mr MacLeod presented the update, noted the following:

## Agenda item 2

- He had been interviewed as part of the CQC well-led inspection in his role as Audit Committee Chair.
- The Trust annual accounts had been submitted on time.
- At the July Committee meeting members discussed in detail the Board Assurance Framework (BAF) and risk register report; and received updates from Counter Fraud, Internal and External Auditors. The challenges in procuring a new risk system were discussed by Committee members.

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

**iv) NED Activity Report**

The NED Activity report was received.

Mrs Heslop noted the high volume of work undertaken by the NEDs, which is reflected in the report.

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

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

Formal Meeting – Thursday 7 December 2023, 14:45 – 16:00

**There being no further business, the meeting closed at 16:08.**

### GOVERNORS' ATTENDANCE – 17 August 2023

	Name	Y/N
1	Mr David Black	Yes
S	Miss Genna Bulley	Apologies
1	Mrs Judy Carrick	Yes
S	Mrs Sharon Chilton [Nursing & Midwifery]	Yes
1	Dr Alexandros Dearges Chantler	Yes
1	Mrs Aileen Fitzgerald	Yes
1	Mr David Forrester	Yes
2	Mr Ian Frenette-Wood	Apologies
S	Mr Gary Gibson [Volunteer]	Yes
S	Mrs Kelly Gribbon [Admin and Clerical]	Yes
S	Dr John Hanley [Medical & Dental]	No
1	Mrs Kate Hawley	Yes
2	Mrs Catherine Heslop	Yes
2	Mr Alex Holloway	Apologies
2	Professor Philip Home	Yes
3	Mr David Hughes	No
A	Professor Tom Lawson	Apologies
2	Mr John McDonald	Yes
2	Professor Pauline Pearson	No
2	Ms Linda Pepper	Apologies
2	Mr Shashir Pobbathi	Yes
S	Miss Elizabeth Rowen [Health Professional Council]	Yes
S	Mrs Poonam Singh [Nursing & Midwifery]	Yes
A	Cllr Ian Tokell [Newcastle City Council]	Yes
1	Dr Eric Valentine	Yes
2	Mr Bob Waddell	Yes
3	Mr Michael Warner	Yes
2	Mrs Claire Watson	Apologies
1	Mrs Pam Yanez	Yes

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Council of Governors Meeting Actions - Public

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
101	ACTION01	23/07 BUSINESS ITEMS iv) Chief Executive's Report	15-jun-23	The ECN agreed to look into a query from the Governors regarding the new appointment policies in Podiatry <b>[ACTION01]</b> .	MC	<u>11.08.23</u> - MC to provide a verbal update at the August Council of Governors meeting. <u>01.12.23</u> - Response received from Ewan Dick, MC to review prior to sending out.	
113	ACTION01	6. Update on Paediatrics	17-aug-23	Mrs Stella Wilson agreed to look into a query received regarding waiting lists for children with diabetes	SW	<u>22.11.23</u> AM followed up with SW <u>01.12.23</u> SW confirmed that there are no diabetic children waiting for an outpatient appointment and not aware of any child requiring surgery as a result of having diabetes Action closed	
114	ACTION02	6. Update on Paediatrics	17-aug-23	Mrs Stella Wilson agreed to find out details about the CHART pilot numbers and timeline.	SW	<u>22.11.23</u> AM followed up with SW <u>01.12.23</u> SW provided the following update: Here in GNCH 90 cases were in the pilot. The CHART is a paper document but will be progressing to an electronic version that can be saved into the Electronic Patient Record. We are working towards using the electronic form from March 2024 starting with the surgical departments within GNCH in the first instance then moving to departments that have children on waiting lists for surgery in the Surgical Clinical Boards to ensure a holistic approach to prioritisation. Action closed	
115	ACTION03	6. Update on Paediatrics	17-aug-23	Mrs Stella Wilson agreed to look into the numbers of under 5's receiving mental health assessments.	SW	<u>22.11.23</u> AM followed up with SW <u>01.12.23</u> SW confirmed that she is awaiting receipt of information on this point and will update in due course	
116	ACTION04	6. Update on Paediatrics	17-aug-23	The CFO agreed to follow regarding alternative suppliers for catheters and provide an update	JB	<u>22.11.23</u> AM followed up with JB <u>01.12.23</u> AM followed up with JB for update.	
117	ACTION05	9. Governor Reports	17-aug-23	The dates for Mela and the members event will be circulated in the next Governor update	AM	<u>22.11.23</u> Dates were circulated in the Governor's update on 11/08 and 18/08. Action complete.	
118	ACTION06	10.1 Integrated Board Report including Quality, People & Finance	17-aug-23	The ECN agreed to provide an update regarding the recent increase in falls reflected in the Integrated Board Report	MC	<u>01.12.23</u> AM followed up with the ECN for update.	

Key:

	No update/Not started
	In progress
	Completed
	On Hold



### COUNCIL OF GOVERNORS

Date of meeting	7 December 2023						
Title	Chairman’s Report						
Report of	Professor Sir John Burn, Chairman						
Prepared by	Professor Sir John Burn, Chairman Jayne Richards, 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 recent focus since the previous Board of Directors meeting, including:</p> <ul style="list-style-type: none"> <li>• Board activity</li> <li>• “Spotlight on Services” <ul style="list-style-type: none"> <li>• Newcastle Nutrition</li> </ul> </li> <li>• Governor and Member Activity</li> <li>• Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP)</li> <li>• Engagement with the Integrated Care Board (ICB) Chair and Foundation Trust Chair Forum</li> <li>• Celebratory Events</li> <li>• Reflection</li> </ul>						
Recommendation	The Council of Governors is asked to note the contents of the report.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>Pioneers – Ensuring that we are at the forefront of health innovation and research.</p>						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:

- Board activity
- "Spotlight on Services"
  - Newcastle Nutrition
- Governor & Member Activity
  - Annual Members Meeting
  - Extraordinary Council of Governors – Consideration of CEO Appointment
  - Living with HIV in 2023: stigma, issues and everyone's responsibility
  - Newcastle Hospitals Members Event
- Engagement with the Integrated Care Board (ICB) Chair and Foundation Trust Chair Forum
- Celebratory Events
  - People at Our Heart Awards
  - Kaleidoscope of Cultures
  - Armed Forces Network
  - Daft as a Brush House and Freeman Hospital Christmas Lights Switch on ceremonies

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



## CHAIRMAN'S REPORT

The November Board meeting marks the end of my 6 years as Chair of the Trust and is also the final Board meeting for our Chief Executive, Dame Jackie. I would like to thank Dame Jackie on behalf of the organisation for her dedication and commitment to improving the operation of our services during challenging times. I know we all want to wish her every success for her future endeavours.

I had the privilege to chair the appointment committee for her replacement and was delighted to welcome Sir Jim Mackey as Dame Jackie's successor. His reputation goes before him and I am confident that Newcastle Hospitals will thrive under his leadership.

I chaired a Board Development session on 26<sup>th</sup> October when we reviewed progress with our Care Quality Commission (CQC) assessment, with a particular focus on Cardiothoracic surgery and the work of our Freedom to Speak Up Guardian (FTSUG) in increasing awareness of the different ways for staff to raise any concerns within our organisation. We discussed feedback from our FTSUG on what staff are telling us we can do better through the FTSUG networks, and the role of Board members in relation to 'Speaking Up' - a very important area of focus considering the findings the Letby case.

We have enjoyed one "spotlight on services" since the last Board meeting; James Callaghan, Head of Newcastle Nutrition, and colleagues from the Nutrition and Dietetics team described the range of their services, the risks and challenges we face, service priorities, team priorities and examples of dietitian led developments. I also visited the Children's Holistic Integrated Palliative Care team (CHIPs) this week as my last team visit.

Governor and Member activity since our last meeting has included the **Annual Members Meeting** on 27 September, prior to which we held a 'Market Place' where we were joined by some of our staff who showcased their innovative services. The event was well attended and included a wonderful video compilation to review the year.

The **Council of Governors formally endorsed the appointment** of Sir Jim as the new CEO at an extraordinary meeting on 16 October 2023, and approved the reappointment for a further year of my Deputy Professor Kath McCourt and the Senior Independent Director Mr Jonathan Jowett.

Other events included the **Living with HIV in 2023: stigma, issues and everyone's responsibility** on 7 November 2023 and a well-attended **Newcastle Hospitals Members Event** on 9 November 2023 in our newly refurbished Freeman Education Centre which focused on the high quality research carried out in the Trust. The governors were kind enough to invite me to summarise my own research to end the meeting.

At a regional level, I continued to engage with both Foundation Trust Chairs and the Integrated Care Partnership (ICP). The North ICP Area Meeting was held on 15 November 2023. We discussed a range of issues including the Balance Campaign which addresses Alcohol abuse and is currently focusing on achieving greater awareness of the increased

## Agenda Item 4

cancer risk associated with alcohol misuse. I attended the ICB Chair and Foundation Trust Chairs Forum on 17 October 2023 and chaired the preceding FT Chair meeting.

In October I joined Phil Powell, Director of Operations (Cancer and Haematology) to award a **People at Our Heart Award** to Gillian Reid, Nurse Specialist/Lead, whose team cares for the health needs of circa 700 children in social care. My wife Linda and I represented the Trust at the **Kaleidoscope of Cultures** evening celebrating our cultural diversity. We also attended the **Armed Forces Network** celebration to recognise our reservists. My final official duties were to switch on the festive lights for Daft as a Brush House and, alongside Jill Halfpenny, at the Freeman Hospital.

### Summary

It has been a great honour and genuine pleasure to fulfil the role of Chair for the last six years. We have had to withstand unprecedented challenges in the last three years; a pandemic, energy crisis and severe cost of living rise, all of which have placed extra burdens on our staff and the population we serve. I am proud of the way we responded.

The CQC have spent several months with us as part of a core service inspection process and have found shortcomings in some processes and activities, all of which are being or have been addressed and we await their final report. After years of asking more of frontline staff, such issues are not surprising.

We need to remember that our innovations and the anticipation of colleagues meant Newcastle was the safest city in the Covid-19 pandemic. We received the first NHS patients as one of the two centres of excellence for high consequence infectious disease, won a national award for training Care Home staff in use of protective equipment, partnered with the Barbour factory to make PPE, pioneered use of dexamethasone in Intensive Care, led the creation of the region's Nightingale Hospital in record time and built a regional testing laboratory which delivered 8 million tests in a single year with staff drawn from our most deprived communities. As the infection subsided, we were the first to recognise long Covid with a dedicated clinic.

Meanwhile we became the world's first healthcare organisation to declare a climate emergency, built a new day case centre on time and on budget and opened our 10,000th clinical trial. There is much to be proud of and we will continue to be the anchor organisation for the North East and North Cumbria, as the organisation of healthcare continues to evolve.

When I first set foot in the RVI in 1970 I thought it was a great hospital. As I return to my role as a research doctor, my opinion is unchanged.

### RECOMMENDATION

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

Agenda Item 4

**Report of Professor Sir John Burn  
Chairman  
27 November 2023**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	07 December 2023						
Title	Chief Executive's Report						
Report of	Dame Jackie Daniel, Chief Executive Officer (CEO)						
Prepared by	Lewis Atkinson, Principal Advisor Caroline Docking, Assistant Chief Executive Alison Greener, Executive PA to the CEO						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This report sets out the key points and activities from the Chief Executive. They include:</p> <ul style="list-style-type: none"> <li>• Reflections on leaving Newcastle Hospitals after more than 5 years as Chief Executive;</li> <li>• NHS priorities for the remainder of the financial year;</li> <li>• Our plans for winter and the staff vaccination programme;</li> <li>• CQC inspection update;</li> <li>• Work on our people programme including the 'Leading with people at our heart' event;</li> <li>• Our accreditation as a real living wage employer;</li> <li>• The latest research and innovation developments; and</li> <li>• An update on awards and recognitions for staff members.</li> </ul>						
Recommendation	The Council of Governors are asked to note the contents of this report.						
Links to Strategic Objectives	This report is relevant to all strategic objectives and the direction of the Trust as a whole.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.						

## 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:

- Reflections on leaving Newcastle Hospitals after more than 5 years as Chief Executive;
- NHS priorities for the remainder of the financial year;
- Our plans for winter and the staff vaccination programme;
- CQC inspection update;
- Work on our people programme including the 'Leading with people at our heart' event;
- Our accreditation as a real living wage employer;
- The latest research and innovation developments; and
- An update on awards and recognitions for staff members.

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

## CHIEF EXECUTIVE'S REPORT

### 1. MY FINAL COUNCIL OF GOVERNORS MEETING

I decided in June that I wished to step down as Chief Executive so that I could spend the next few years supporting the NHS in a different way. This Council of Governors meeting is my last at Newcastle Hospitals and my last as an NHS Chief Executive. I wanted to take this opportunity to share some reflections of the five years, where I have had the privilege of leading this organisation.

Despite the significant challenges that face Newcastle Hospitals, and the wider NHS, I am proud of what this organisation does and the difference we continue to make to the lives of the people of the North East every day.

It is those people who we exist to serve, and whose judgement ultimately matters. They overwhelmingly continue to choose us for their care and provide excellent feedback about our services. That is because of the leading treatments and outcomes that our staff provide.

When we consider the signs of quality across our organisation as a whole:

- Patient experience surveys are overwhelmingly positive: with 96% of inpatients giving positive feedback and our benchmarked scores in many national surveys such as the cancer experience survey being above comparable Trusts;
- Mortality is consistently below the benchmark for our casemix; and
- Newcastle Hospitals staff are much more likely than colleagues in other NHS organisations to recommend the organisation as a place to work and receive care.

All healthy organisations must continually evolve as they learn and respond to a changing world. Given what we have all experienced over recent years, with the intense demands on every member of the team, it's easy to forget the reality of people's experience in our organisation when I first arrived in Newcastle.

Our clinical excellence and expert staff were widely renowned, but I heard a lot from staff and leaders about the closed culture, their fear of speaking out and the traditional approach to management. There was little opportunity for staff to celebrate success or feel that they could have a say. There was poor engagement with others in the city and partners in the region.

Over the last five years it has been a particular joy to see and support the Trust becoming more diverse, open and empowered – we now have active staff networks, freedom to speak up champions and over 1,300 staff who have been trained in quality improvement methods.

Our facilities have also continued to develop: the new Day Treatment Centre at the Freeman Hospital, a new 'spoke' of the Northern Centre for Cancer Care in North Cumbria and a Royal Victoria Infirmary (RVI) staff restaurant.

Our strengths in research and innovation have been recognised by our designation as an Academic Health Science Centre.

## Agenda item 5

We have worked hard to move away from being in ‘fortress Newcastle’ – reaching out to civic, university and NHS partner organisations and working with them in a much more open and collaborative way than before.

With a new management structure of eight clinical boards also now in place, I am confident we have established the foundations for a better way of working in the future: staff empowered to make change in their area of work, greater clinical leadership, working openly with partner organisations in the city and region.

In saying all of this, I do not deny challenges facing this organisation and the wider NHS. The operating environment over the last three years has been the most difficult of my 40 year NHS career. There are undoubtedly areas within the Trust in which improvement continues to be required including elements of staff experience at work, consistency of clinical governance, how to increase our activity without an equivalent increase in resource. Our recent CQC inspection has also highlighted areas for further improvement particularly in relation to our culture.

After a long career as an NHS Chief Executive, I know that the job of developing organisations is never done. As I work to hand over the responsibility of leadership to Jim Mackey, I know that Newcastle Hospitals will, and must, continue to change and develop. I am confident that in the coming months and years it will do so and will continue to provide the best possible care for the people across the North East and further afield.

## **2. OVERVIEW OF KEY ISSUES**

### **NHS priorities for the remainder of the financial year**

Following discussions with the Treasury on the management of whole NHS’ financial and performance pressures caused by industrial action, NHS England has restated its priorities and reprofiled finances accordingly. No additional money was given to the NHS in the Chancellor’s Autumn Statement.

The NHS’ agreed priorities for the remainder of the financial year are to achieve financial balance, protect patient safety and prioritise elective performance and capacity, while protecting urgent care, high priority elective and cancer care. Elective activity targets have been revised down.

All NHS organisations were tasked with carrying out an exercise to confirm their plans to deliver these priorities in the period to April. I am grateful for the work of our finance, performance and operational leaders for quickly completing this piece of work.

Our winter surge capacity will be delivered by the opening of 27 escalation beds at the Freeman Hospital from December, and we have reconfirmed our existing plans on 4-hour Accident and Emergency (A&E) performance and reduction in cancer waits of more than 62 days.

The trajectories we set at the start of the year for the reduction of elective patients waiting over 78 and 65 weeks for treatment were not possible to deliver because of the significant



## Agenda item 5

impact of industrial action faced so far. However, in the event of no further industrial action, we believe we can reduce the number of such waiters by approximately a third from their current levels by April.

### **CQC inspection and response**

Following the CQC's inspection of the Trust over the summer, we have now received the CQC's draft report which we have been reviewing in detail to ensure its accuracy and understand the key issues raised. The whole Board has been involved in this process. While the normal pre-publication validation process continues, the CQC have decided to suspend the ratings given to the Trust at previous inspections. As I have stated in previous Council of Governors reports and in my communication to staff, the CQC have identified some areas for improvement for us. We accept these and are working to deliver the required improvements rapidly.

### **Leading with People at Our Hearts**

We are continuing work to design our new people programme that will address the issues that staff have told us matter the most to them. A Programme Board and two staff steering groups are now in place, all including a diverse range of colleagues. I am pleased to report that focus groups open to all staff have also been taking place and would like to thank everyone who has attended so far or provided feedback, including through filling in the annual NHS staff survey which closed on 24 November.

The whole programme is about developing how we work together, our relationships and our culture, all of which are critical for retaining staff and providing the best possible patient care.

In October, we held our annual leadership congress: an improvement event held in partnership with the Institute for Healthcare Improvement (IHI). This year we focused on what we will do to put our Trust values and leadership behaviours into action. Staff rightly expect to see managers and leaders at all levels operating inclusively with compassion and civility. I was proud to speak about my leadership journey here and how we can be 'firm on the issues and kind on the people'.

### **Real Living Wage**

Another example of commitment to our values is our accreditation as a Real Living Wage employer which became official in October. This marks a commitment by the Trust that we will always pay wages that allow staff to meet the essential cost of living. This undertaking will particularly support our staff on lower pay and was agreed following discussions with staff side representatives.

I have often talked about the links between health, wealth and wellbeing: we cannot tackle health inequalities and improve outcomes in the North East without also reducing poverty. Ensuring all workers receive a real living wage is a crucial step towards doing that – I am proud that we are now one of 14,000 organisations across the country signed up to do so and I hope this will encourage others, including other NHS organisations, to follow suit.

## Agenda item 5

The new Real Living Wage level for the coming year has been calculated at £12/hour. We now await the outcome of the national Agenda for Change pay review for 2024/2025 to see whether the national pay award takes the pay scales for the lowest paid staff to the level of the Real Living Wage. If it does not, then we will take local action to ensure that all staff are paid the Real Living Wage no later than May 2024.

### **3. NEWS FROM ACROSS THE TRUST**

#### **Staff vaccination programme**

Our staff vaccination programme comes to an end this month and at the time of writing my report, our teams had delivered 7,444 COVID-19 booster vaccinations and 8,888 flu jabs.

As well as the benefits of protecting patients and colleagues, Newcastle Hospitals Charity is kindly donating £1 towards the chaplaincy team's Helping Hands programme for every staff member vaccinated. The programme includes support for staff in financial need such as providing meal cards for our staff bistros and supporting direct access to Citizens Advice Services for any member of staff.

#### **Joint Advisory Group (JAG) accreditation**

Following a recent review our endoscopy services at the Freeman Hospital and RVI have once again achieved JAG accreditation.

The accreditation verified that our endoscopy services are meeting rigorous, high-quality standards which are used across the UK (and Republic of Ireland) to support improvement of endoscopy services. By participating in the JAG programme, we are ensuring that our patients received high quality care throughout our endoscopy services, and this was reflected in the report which said: *'The service aims to put patients at the centre of what they do and this was evident throughout the visit.'*

I know that achieving this reaccreditation was a huge undertaking for the entire endoscopy team across all areas from management, administrative and clinical and I want to say thank you to everyone for their hard work and dedication.

#### **Nursing, Midwifery and Allied Health Professionals (NMAHP) strategy**

Just over 12 months ago, Executive Chief Nurse, Maurya Cushlow, launched our new NMAHP Strategy laying out our aspirations to develop Newcastle Hospitals as a centre of excellence for nurses, midwives and allied health professional leadership, education, clinical practice and academic research.

In recognition of our first year, a week-long celebration event was held this month - developed by and for staff - to share the patient-centred initiatives they have led on, challenging traditional approaches and breaking down barriers to improve care and outcomes. There is still much more work to do to ensure that this strategy feels relevant and meaningful for staff in all wards and departments and that is a focus for the year ahead.

Agenda item 5

## **Theatre refurbishment**

Work has begun on a complete refurbishment and upgrade of our operating theatres at the RVI and Freeman Hospital starting with the Leazes Wing theatres 7 and 8 which have been revamped with new lighting, flooring and the latest state-of-the-art equipment and are now welcoming patients and staff.

Our staff rest areas on both sites have also been remodelled and transformed to provide a comfortable space to take a break and can also be opened-up to provide a space for training and development.

## **Celebrating our AHPs**

Throughout the week in the lead-up to Allied Health Professions Day on 14 October, we recognised our AHP workforce, who are vital members of the team who support work colleagues both in hospital settings and out in the community. This culminated in a special awards ceremony and you can find out more about our winners on the trust's website at <https://www.newcastle-hospitals.nhs.uk/news/celebrating-our-allied-health-professional-support-workers/>

## **Organ Donation**

As part of Organ Donation Week, a group of cyclists cycled 138 miles from Edinburgh to the Institute of Transplantation to raise awareness of living kidney donation.

They were met by the chair, Professor Sir John Burn, North of Tyne Mayor, Jamie Driscoll and members of Tyneside Kidney Patients Association (all of whom are kidney transplant recipients) who received their team baton, symbolising the giving and receiving of a kidney.

The visit was part of a 500-mile 'Transplant Tour' which raised an impressive £33,000 for the GiveaKidney charity. Many other teams were also involved in events throughout the week – my thanks to everyone for raising awareness about such an important subject.

## **Big Conversation**

The President of the Society of Radiographers, Dave Pilborough, recently visited the Freeman Hospital as part of his Big Conversation tour, speaking directly with therapeutic and diagnostic radiographers across the Trust to hear how the Society can support staff working in radiography.

Dave met with a wide range of radiographers from apprentices to service managers, as well as local Society of Radiographers representatives who shared feedback from members. This was a great opportunity for our teams to raise important issues about workforce challenges and the work we are doing to promote careers in radiography through apprenticeship opportunities and supporting advanced practice roles.

## **4. RESEARCH AND INNOVATION**

### **Healthtech research funding**

## Agenda item 5

Clinical trials and research are fundamental to improving healthcare and finding even more effective treatments. We've had a strong research programme at Newcastle Hospitals for many years, working with partners to stay at the forefront of advanced clinical trials and innovation and bring cutting-edge care to patients and thanks to a major new investment, this will be strengthened even further.

This month, the National Institute for Health and Care Research (NIHR) confirmed an injection of £3million in new funding, which will allow us to establish a HealthTech Research Centre – one of only 14 in the country – to expand vital research and diagnostic work with partners including Newcastle University.

The centre will help to grow the development of new diagnostic devices and digital technology, including the use of artificial intelligence, which will allow people to monitor their own health more easily, assist with earlier diagnosis of illness, and improve the management of health conditions.

The Department of Health and Social Care also confirmed this month, we had been successful in our bid to host the NIHR Clinical Research Network North East and North Cumbria for a further five years. This builds on a nine-year partnership, which has seen a number of ground-breaking successes in improving access to potentially life-changing clinical trials.

### **Pioneering robotic surgery**

Surgeons at the Freeman Hospital have demonstrated the benefits of robotic-assisted surgery for knee replacement, including increased accuracy, shorter recovery and reduced pain after the operation.

In a study involving over 100 patients who required total knee replacement due to advanced arthritis, individuals were randomly allocated either a standard knee replacement or robotic-assisted surgery.

The trial was the first of its kind and found that robotic-assisted surgery can reduce pain and potentially speed up recovery time, in addition to decreasing the requirement for ongoing pain relief. The results highlight the potential for expanding the use of robotic-assisted surgery in knee replacement operations across the NHS.

### **New cancer treatment**

Hundreds of people with an aggressive type of blood cancer, known as diffuse large B-cell lymphoma (DLBCL) are set to benefit from a potentially curative new treatment option on the NHS, with approval of the drug glofitamab.

John Sharp was one of the first patients to start his treatment with glofitamab at the Freeman Hospital via a compassionate access scheme, that enables the use of a drug before full approval.

## 5. RECOGNITION AND ACHIEVEMENTS

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

**Honours recognition** - Our warmest congratulations go to our Medical Director, Andy Welch, who recently received his OBE from Prince William, Prince of Wales at Windsor Castle. This recognises Andy's extensive contribution to the NHS and patients – and anyone who knows him will appreciate how dedicated he is to those patients that we serve.

**Nursing Times Awards** - The atypical haemolytic uraemic syndrome (aHUS) clinical nurse specialists, who lead the National aHUS nursing service from the RVI, were named Winners for the Nursing Times 'Patient Safety Improvement' Award.

The award recognises their life-changing initiative 'A Collaborative model of meningococcal vaccination response monitoring for patients receiving complement inhibition' which seeks to enhance effective monitoring to help prevent potentially life-threatening infections caused by a known side-effect of the lifesaving treatment patients with aHUS receive.

**Merit Awards** - Congratulations also to Jenny Welford who received a Royal College of Occupational Therapists' Merit Award in recognition of her contribution to her profession and significant achievements in recent months during in her role as advanced occupational therapist at the Northern Centre for Cancer Care in Newcastle.

**Radiography Awards** - The breast radiography team were winners of the Regional Team of the Year Award at the Society of Radiographers Radiography Awards 2023. Our Newcastle service provides three-yearly screening for over 140,000 patients across the region and, in addition, also supports a full symptomatic service with assessment clinics, one-stop clinics, young person clinics, tumour localisation and contrast enhanced mammography.

They are supported by an admin team who work tirelessly in the background to make sure clinics are set up and patients get their results in a timely manner. This award recognises the dedication, compassion and patient-centred focus of the whole team and is well deserved.

## 6. RECOMMENDATION

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

**Report of Dame Jackie Daniel**  
**Chief Executive**  
**24 November 2023**

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# Freedom to speak up

Having an open and responsive raising concerns culture where staff feel confident to speak up when things go wrong, is one of the key elements of ensuring a safe and effective workforce.

Speak to the Trust's **Freedom to Speak up Guardian** if you need to raise a concern about patient or staff safety.

The Trust's Freedom to Speak up Guardian is an independent, impartial point of contact to support, signpost and advise staff who wish to raise serious issues or concerns.

**Contact Andy Pike, our  
Freedom to Speak up Guardian:**

Tel: 07342 066 053

Email: [newcastle.speakupguardian@nhs.net](mailto:newcastle.speakupguardian@nhs.net)



## Newcastle Hospitals Freedom to Speak Up (FTSU) Service

Council of Governors

07 December 2023

## Brief Background to the FTSU Service

2013

**THE MID STAFFORDSHIRE  
NHS FOUNDATION TRUST  
PUBLIC INQUIRY**

Chaired by Robert Francis QC

“The NHS is blessed with staff who want to do the best for their patients. They want to be able to raise their concerns about things they are worried may be going wrong, free of fear that they may be badly treated when they do so, and confident that effective action will be taken.”

**Sir Robert Francis QC**



ABOUT THE NATIONAL GUARDIAN

### Dr Jayne Chidgey-Clark

Dr Jayne Chidgey-Clark is the National Guardian for the NHS.

She is a registered nurse with more than 30 years' experience in healthcare.

She has experience in the NHS, higher education, voluntary and private sectors, as a nurse, leader, board member – as director and non-executive director – and a Freedom to Speak Up Guardian.

Her specialist clinical area is end of life care in which she was awarded her PhD. She is the Independent Chair for the Oxfordshire Safeguarding Adults Board.

Over 1,000 Guardians nationally.

25,000 cases last year

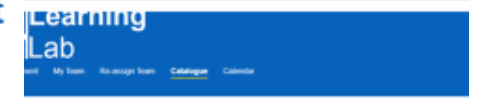
Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to do so by other routes. They also work proactively to support their organisation to tackle barriers to speaking up. Their role is independent and impartial.



## The Newcastle Service: Essential Networks



## Raising awareness of, and confidence in, Speaking Up



- **Direct engagement:** Education days, stalls, social media, forums, staff networks & posters
- **Education:** Apprentice, Junior Doctor, general and enhanced induction
- **Education:** Embedding 3 stage training packages in Learning Lab
- **Working with Directorates** and challenged teams directly
- Developed **FTSU strategy**
- Established and supporting a network of **FTSU Champions**



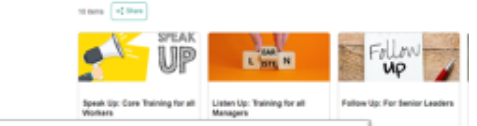
**Freedom to speak up**  
Speak to the Trust's Freedom to Speak up Guardian or Champions if you need to raise a concern about patient or staff safety.

**Freedom to Speak up Guardian**  
Andy Pike  
Tel: 07342 066 053  
Email: newcastle.speakupguardian@nhs.net

**Freedom to Speak up Champions**

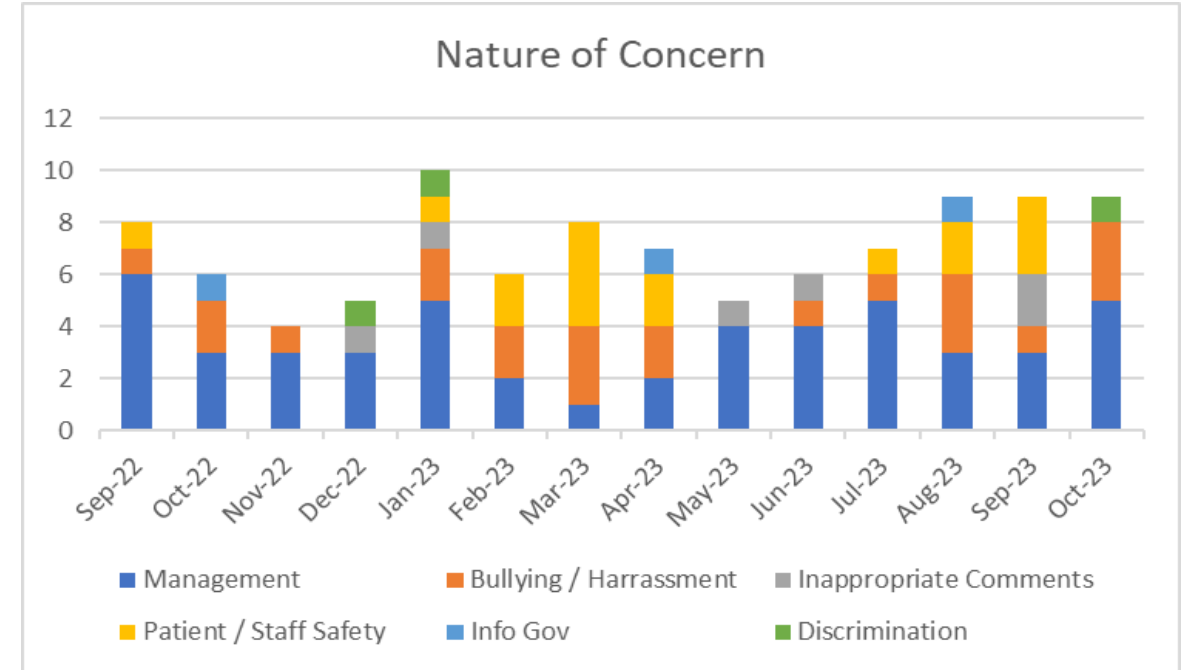
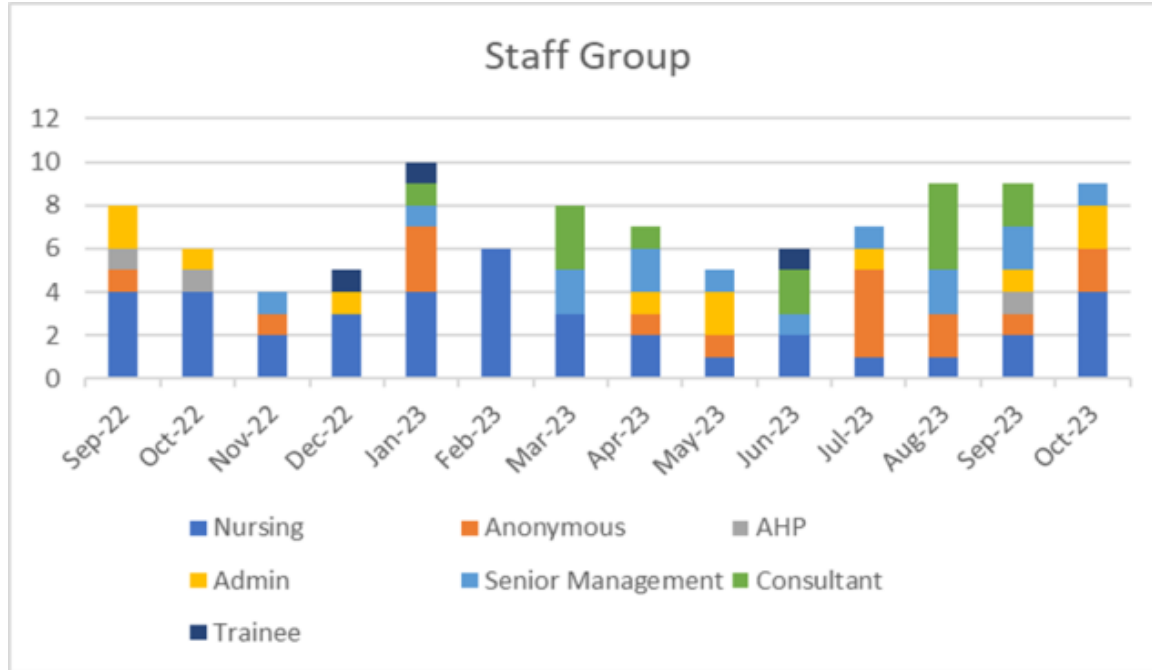
 Kelly Gribbon kelly.gribbon@nhs.net	 Dan Cook Daniel.cook4@nhs.net
 Lucy Craig lucy.craig1@nhs.net	 Joanne Borthwick joanne.borthwick@nhs.net
 Hloniphani Mpofu hloniphani.mpofu@nhs.net	

Healthcare at its best with people at our heart



Staff can also speak up via 'Work in Confidence' portal, Contact Officers, HR, Chaplains and line managers

## Who is speaking up and what are they telling us?

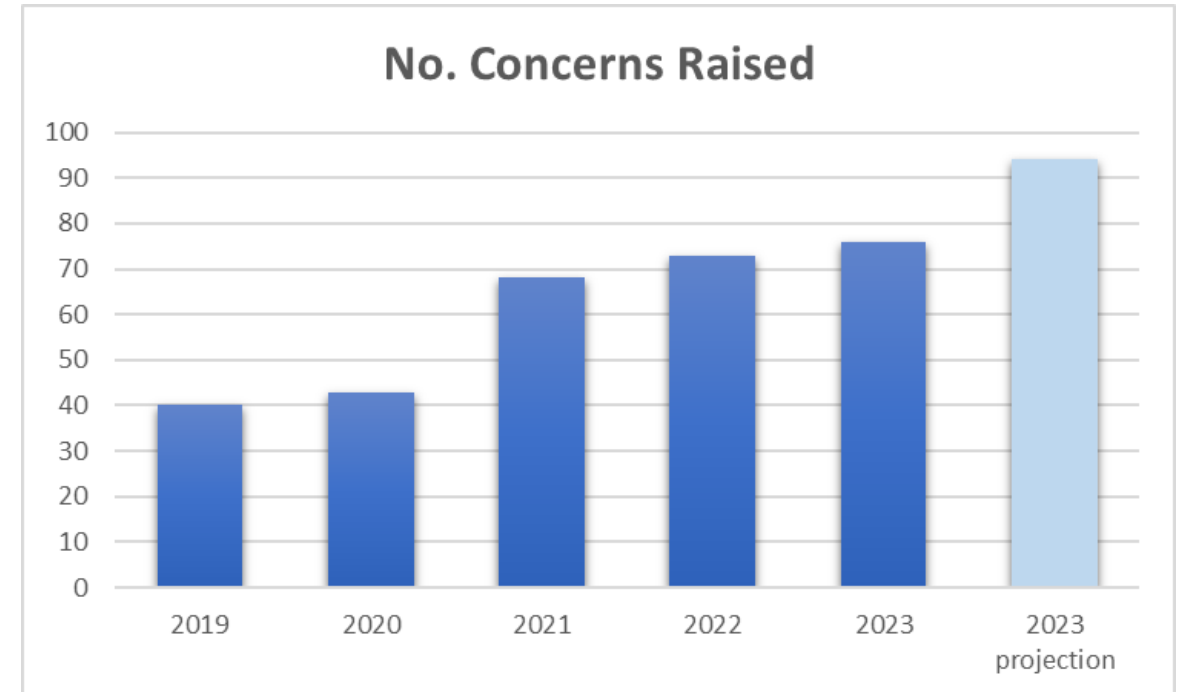
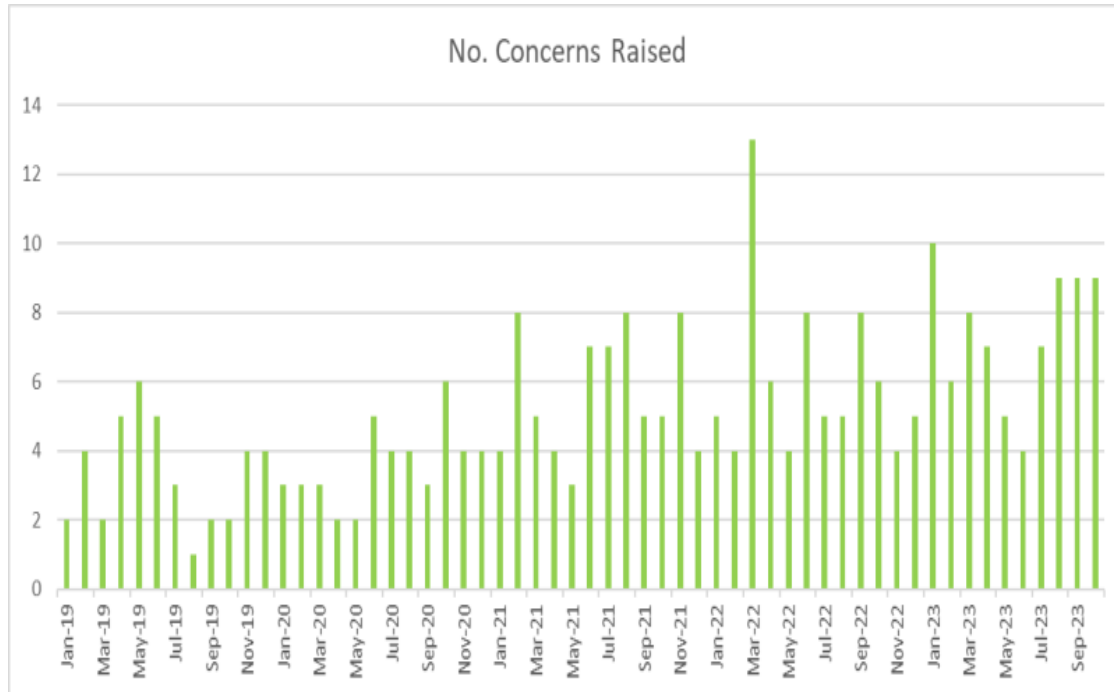


All staff who use the service are invited to provide feedback.

Of all the responses received since January 2019, 98% of staff rated their experience of using the service 5 out of 5 'Very Satisfied' and the remaining 2%, 4 out of 5 'Satisfied'.

100% of respondents stated that they would recommend the service to colleagues

## Awareness, engagement and confidence are increasing



\* 2023 data only to 19/10/23. Projected total based on weeks 94

## What are staff telling us we could do better?

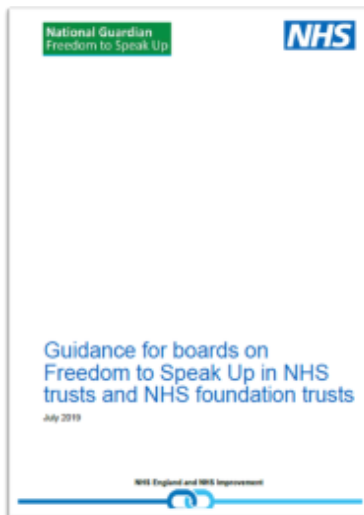
- **Improved mediation** offer at informal stage
- **Communication** regarding the progress and outcome of investigations
- The **timeliness of investigations** – impact on complainant and accused
- **Support** post-complaint for all parties
- **Disconnect** between ‘Words and Deeds’

## What are the expectations of the Board in relation to Speaking Up?

August 2023 NHS England letter following the verdict in the trial of Lucy Letby. NHS leaders and Boards must ensure proper implementation and oversight, urgently ensuring:

1. All staff have **easy access to information** on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are **aware of the national Speaking Up Support Scheme and actively refer** individuals to the scheme.
3. **Approaches or mechanisms** are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.
4. **Boards seek assurance** that staff can speak up with confidence and whistleblowers are treated well.
5. Boards are **regularly reporting, reviewing and acting upon** available data.

- Valuing speaking up
- Role-modelling speaking up
- Communicating about speaking up
- Responding to speaking up
- Learning from speaking up
- Supporting Freedom to Speak Up Guardians
- Tackling barriers to speaking up
- Continually improving speaking up culture
- Building cultural change



- Behave in a way that encourages workers to speak up
- Demonstrate commitment
- Have a strategy to improve your FTSU culture
- Support your FTSU Guardian
- Be assured your FTSU culture is healthy and effective
- Be open and transparent with external stakeholders

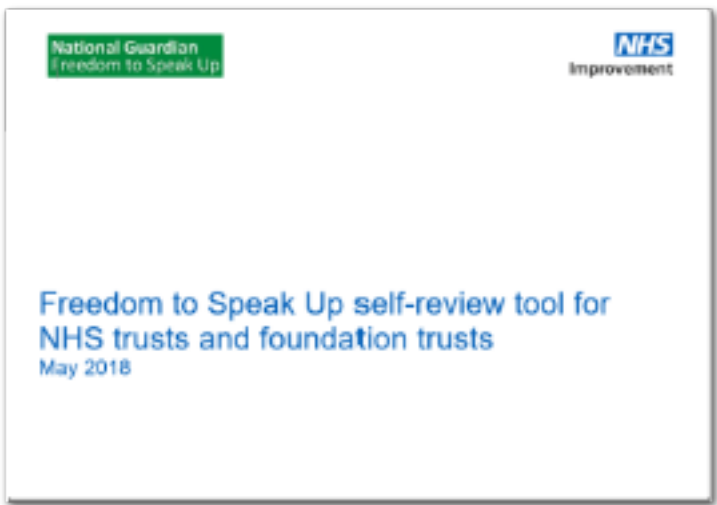
**Principle 2: Role-model speaking up and set a healthy Freedom to Speak up culture**  
Role-modelling by leaders is essential to set the cultural tone of the organisation.

Statements for senior leaders	Score 1-5 or yes/no
The whole leadership team has bought into Freedom to Speak Up	
We regularly and clearly articulate our vision for speaking up	
We can evidence how we demonstrate that we welcome speaking up	
We can evidence how we have communicated that we will not accept detriment	
We are confident that we have clear processes for identifying and addressing detriment	
We can evidence feedback from staff that shows we are role-modelling the behaviours that encourage people to speak up	
We regular discuss speaking-up matters in detail	

Enter summarised evidence to support your score

High-level actions needed to bring about improvement

- 1
- 2



Self review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
<b>Our expectations</b>			
<b>Leaders are knowledgeable about FTSU</b>			
Senior leaders are knowledgeable and up to date about FTSU and the executive and non-executive leads are aware of guidance from the National Guardian's Office		DM / CD awareness improved Execs and Board receive regular updates	FTSUG Board Reports via People Committee highlighting themes
Senior leaders can readily articulate the trust's FTSU vision and key learning from issues that workers have spoken up about and regularly communicate the value of speaking up.		Need to review vision and incorporate into wider Speak Up vision	Speak up we're listening policy detailing suite of options for staff
They can provide evidence that they have a leadership strategy and development programme that emphasises the importance of learning from issues raised by people who speak up.  Senior leaders can describe the part they played in creating and launching the trust's FTSU vision and strategy.			Staff Induction First Day KGI People Strategy (?)  People Plan
<b>Leaders have a structured approach to FTSU</b>			





**National  
Guardian**  
Freedom to Speak Up

**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

## Freedom to speak up

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Healthcare at its best  
with people at our heart

# Any Questions?



## COUNCIL OF GOVERNORS

Date of meeting	07 December 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 August 2023.						
Recommendation	The Council of Governors is asked to note the contents of this report.						
Links to Strategic Objectives	Learning and continuous improvement is embedded across the organisation. Our partnerships provide added value in all that we do. We maintain financial strength and stability.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact detail	Detailed within the report.						
Reports previously considered by	Regular report.						

## NOMINATIONS COMMITTEE UPDATE

### EXECUTIVE SUMMARY

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

The Committee met for two Extraordinary meetings on 11 September 2023 and on 19 October 2023.

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

## NOMINATIONS COMMITTEE UPDATE

### 1. COMMITTEE MEETINGS

The Committee held an Extraordinary meeting on 11 September 2023 to discuss the new Code of Governance and the impact on the Chair/NED reappointments falling due in Quarter 3 of 2023/24. A subsequent Extraordinary meeting was then held on 19 October 2023 to revisit the Chair reappointment.

The Committee meeting scheduled 28 November was stood down and the one item of business to be discussed was conducted through email correspondence with Committee members. Please refer to the Private Council meeting agenda regarding the proposed Interim Chair Remuneration.

### 2. FUTURE COMMITTEE BUSINESS

The next Committee will focus on:

- Chair recruitment (including associated remuneration and terms and conditions (T&Cs)).
- A review of NED Remuneration and T&Cs.
- A review NEDs position/succession planning arrangements.
- A review of the Chair/NED expenses policy.

### 3. RECOMMENDATIONS

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

**Report of Kelly Jupp**  
**Trust Secretary**  
**01 December 2023**

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### COUNCIL OF GOVERNORS

Date of meeting	07 December 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 17 August 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 checked="" type="checkbox"/>	<input checked="" 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 17 August 2023.

## UPDATE FROM THE LEAD GOVERNOR

### 1. UPDATE

I have continued to attend the Governor Working Groups meetings where there is good communication and engagement between the Non-Executive Directors and Governors with programmes of work in progress. I have also had regular meetings with Professor Sir John Burn, Trust Chairman, Dame Jackie Daniel, Chief Executive Officer (CEO), and some of the Non-Executive Directors.

I chair the Governors Informal meetings held bi-monthly. Governors raise matters for discussion and any issues arising which are then fed into the Council of Governors meetings or the Trust Corporate Governance Office for a response.

I attended, as an observer, the interview process to appoint the new Chief Executive Officer. I have also been part of several Nomination Committee meetings in respect of appointments and remuneration.

The Members Event held in November was attended by Members, Governors and Non-Executive Directors. Such events encourage membership participation. A diverse group of people attended including some young people.

The meeting with the Blue Sky Trust held on 7 November 2023 gave attendees an insight into the stigma faced by people with HIV.

A small group of Governors including myself attended the Newcastle Mela on the Bank Holiday weekend in August. We promoted membership and engagement with the Trust to the diverse communities that took part in this event. The group felt it very worthwhile in terms of engagement with constituents.

### 2. RECOMMENDATION

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

**Report of Pam Yanez**  
**Lead Governor**  
**29 November 2023**



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**COUNCIL OF GOVERNORS**

Date of meeting	07 December 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 checked="" 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, and to: <ul style="list-style-type: none"> <li>Approve the appointment of a new Vice Chair</li> </ul>						
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 August to December 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, however the October meeting was stood down. No meeting is planned for December as per the agreed cycle of meetings.

### 2. GROUP ACTIVITIES

It was agreed at the September QPE meeting that verbal reports could be given at WG meetings if members had attended associated meetings in the week of the scheduled QPE WG meeting. These verbal updates would provide more timely feedback than submitting a report and waiting for inclusion in the next meeting papers.

#### **Complaints Panel**

Professor Home, Public Governor, attended the Complaints Panel and reported the outcome to the WG. No particular concerns were noted.

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

Professor Home, Public Governor, also attended the Clinical Audit and Guidelines Group meeting. The following were discussed:

- NICE guidelines
- The findings of national audits
- Overview of local audits

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

Mr Holloway, Public Governor, attended the Patient Safety Group on 24 August 2023. The following points were discussed:

- The Duty of Candour policy
- A report on Serious Incidents and Significant Learnings within the Trust
- Central Alerting System (CAS) Alerts
- The Venous Thromboembolism (VTE) committee and arrangements for a replacement Chair

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

The Nutrition Steering Group met on 12 September 2023 and was attended by Mrs Watson, Public Governor. The group discussed the following:

- Nutrition and hydration support for those with cognitive impairment
- Malnutrition Screening
- Catering Dietitian Update – Regarding the provision and supply of special meals
- Electronic meal ordering
- Feedback from Audit/Inspections/Food Tasting, including the fruit and veg stalls
- The Nutrition and Hydration Conference, which took place on 10 November 2023

### 3. PRESENTATIONS/GUESTS

#### September 2023

The WG received a complaints update from Tracy Scott, Head of Patient Experience, who discussed the following:

- Complaints activity for the period from May to June 2023.
- The format for presenting the data in relation to the new Clinical Boards.
- Themes and trends – learning disability/autism, chaplaincy/pastoral care and palliative care/end of life.
- The role of the Advising on the Patient Experience Group.

The WG were very grateful to Mrs Scott for her update.

*There was no meeting in October*

#### November 2023

The meeting was scheduled for a shortened timeframe due to a presentation on HIV Stigma held for Governors and Non-Executive Directors. As such, there was no speaker in attendance for this meeting, and a written Complaints Update was provided by Mrs Scott.

The WG discussed the following:

- The new arrangements for QPE Governor ward visits.
- Meetings attended by members of the WG.
- The status of the Care Quality Commission (CQC) inspection process.
- Mrs Watson, Public Governor, agreed to undertake the role of new Vice Chair of the WG, subject to ratification to be sought at the next Council of Governors meeting.

### 4. WARD AND DEPARTMENT VISITS

The Belsay unit was visited in August by Public Governors Mrs Claire Watson and Dr Dearges-Chantler.

Work has continued to improve the frequency and effectiveness of visits and a new process will be undertaken in the New Year, whereby visits will occur during QPE meetings to ensure availability of the WG members. The Chair will decide on a new area of focus for visits in 2024 before the January meeting, which will be informed by the Complaints reports.

## **5. RECOMMENDATIONS**

The Council of Governors are asked to receive the report.

**Report of Poonam Singh  
Chair of QPE Working Group  
30 November 2023**

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**The Newcastle upon Tyne Hospitals**  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	7 December 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 August 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 August 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 Working Groups (WG) Terms of Reference.

The WG is generally well attended. The WG always welcomes 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 meetings including:

#### **2.1. Improvement processes at the Trust**

Iain Bestford, Project Director - Newcastle Improvement, attended the meeting to explain the role of Newcastle Improvement within Newcastle Hospitals and the work undertaken, including the development of a Quality Improvement (QI) community. Several aspects of the support available, training offered, key projects and future steps were described. A highlight for the partnership was being Q Factor 2023 award winners for reducing the referral to treatment time for the overactive bladder acupuncture clinic, using the model for improvement.

#### **2.2 External Audit Tender Evaluation Criteria**

Over the course of two meetings with the WG, Chris Haynes, Assistant Finance Director and Ewan Bond, Procurement Manager, worked with the group to finalise the procurement tender specification and evaluation criteria. The procurement framework to be utilised includes a list of 13 suppliers.

At the November WG meeting, changes to the tender specification proposed in these meetings were discussed and approved by the WG. Additional changes were also made to the method of application. The tender process can now move forwards and there will be a 6-week period for prospective external auditors to respond. The timeline will lead to a decision in March 2024.

The sub-group of the WG which is charged by CoG to lead this process consists of 3 governors. David Hughes, former Public Governor, has regrettably stepped down and has been replaced by Professor Philip Home, Public Governor.

#### **2.3 Commercial Update**

Wayne Elliot, Associate Director, Commercial Enterprise updated the WG on the five areas of focus in the current commercial strategy, being the pharmacy production unit, international patients, private patients, the North East Innovation Lab and Novopath. He advised that the current commercial strategy is being reviewed, with three new areas of focus: the patient recruitment centre, post market surveillance and the Newcastle Clinical Skills Academy. A number of examples were provided in relation to commercial team activity e.g. working with the breast oncology team to improve the visibility of patient eligibility for medicines/drugs and working with pharma companies.

Wayne also described the different support offered by the Commercial Enterprise Team and recent developments.

#### **2.4 Audit Committee Update**

Mr MacLeod, Audit Committee Chair, provided an extensive and detailed overview of the topics discussed at the July Audit Committee meeting. This included the annual report and accounts; a brief discussion on risks in relation to the pending outcomes of the CQC report; Standards of Business Conduct and Fit and Proper Persons Test requirements. The July Committee meeting also received updates on counter fraud, external audit, the annual Modern Slavery Statement (see Trust website) and a senior information risk owner report. Mr MacLeod advised that the new Chief Information Officer will be in post in January.

#### **2.5 Assistant Director, Business Planning & Strategy**

Mrs Charis Pollard introduced herself as the new Assistant Director for Business Planning & Strategy Management. She has been in the role for 2 months on a secondment basis and will remain until Summer 2024. Mrs Pollard explained that the original plan for 2023 was to undertake a light-touch refresh of the Planning Strategy, however this has evolved and there will now be a more in-depth update. Mrs Pollard hopes to create a timeline for this and have work underway running up to Summer 2024.

#### **2.6 Sustainability Update**

Mr James Dixon, Associate Director – Sustainability & Environment, attended to give the WG an update of current achievements and challenges in relation to Sustainability. He explained that Sustainability sits within Estates and that the Executive Lead is Vicky McFarlane-Reid, Executive Director of Business, Development & Enterprise.

Mr Dixon explained that all Trusts are expected to have a 'Climate Emergency Strategy', or a 'Green Plan' and that Newcastle Hospitals aims to be a sustainable leader. The Newcastle Hospitals strategy is a 5-year action plan and produces an annual Sustainable Healthcare in Newcastle (SHINE) report. Newcastle Hospitals has an ambitious Net Zero plan and has expressed that the NHS should be a leader in Net Zero due to the public health implications of greenhouse gases. This is in line with the staff survey which indicates that 90% of staff think that carbon emissions are a priority for the Trust.

Mr Dixon discussed several achievements from the Sustainability Team and the challenges (both current and future), which have been presented to a Trust Public Board meeting.

**3. RECOMMENDATION**

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

**Report of Eric Valentine  
Working Group Chair  
30 November 2023**

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**COUNCIL OF GOVERNORS**

Date of meeting	07 December 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 and: <ul style="list-style-type: none"> <li>To approve an amendment to the Terms of Reference for the Working Group.</li> </ul>						
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 on 17 August 2023. The PEM WG also ask that the Governors approve a minor amendment to the WG Terms of Reference as detailed in section 4 of the report.

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

### **1. INTRODUCTION**

The People, Engagement and Membership Working Group (PEM WG) met on 12 September, 17 October and 14 November 2023.

### **2. GROUP ACTIVITIES**

The PEM WG continues to work on communication and increasing the number and diversity of our Membership. We do this through the quarterly Newsletter, members' Events, Dame Jackie's blog, videos, and attending community events and networks in order to explain the role of Governors and Members and to feed back into the Trust.

We held an Innovations Event at the new Education Centre at the Freeman Hospital on 9 November 2023, where our Governors enjoyed listening directly to our community about what they would like to see from hospital research.

The PEM WG also benefited from the input of the Chief People Officer in November regarding the progress of the People Plan and culture change within the Trust. We plan to have regular 6-monthly inputs to ensure our work remains sighted on People developments. Finally, group members attended a Trust-wide Careers Day in order to engage with future employees and learners and with the general public who, by attending, have shown an interest in the work of the hospitals.

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

#### **3.1 Communication**

- Our upcoming newsletter will reflect on our recent activities and provide input on working groups in order to engage members to stand for election in the Spring. There will also be a focus on new governors, reflections from our recent successful Innovations Event and a brief article noting our Lead Governor's recognition at the Trust Celebrating Excellence event, where she won the Chair's Award. There is also an interview with one of our Members about his reasons for joining the Trust as a member.
- The PEM WG is currently working with Charlie Comms, a Communications Specialist, as a result of a successful bid to Newcastle Hospital Charity. This will help us engage with more areas of our community and use media to better effect to spread our messages.
- Members of the PEM WG attended the Annual General Meeting (AGM) in order to meet, speak with and engage members and solicit new members.
- The Group is planning a return trip to Newcastle Sixth Form College and have been invited to address the dental school and learners at Heaton.

#### **3.2 Membership**



There has been an increase in youth membership and staff membership; three new members attended the AGM and also the Innovations Event. At all Trust events, including those mentioned above, the Governors present have tried to engage new members and speak about their work.

Additionally, we have asked the Quality of Patient Experience Working Group (QPE) members to raise membership with patients and families on their visits.

The WG Chair attended the NHS Providers Engagement and Membership training day. Further, we have engaged with the Truth Poverty Network and explored the benefits of membership and engagement as a way of addressing health inequalities in our community.

The PEM WG continues to work to increase membership among young people who will be the NHS workforce of the future.

#### **4. TERMS OF REFERENCE**

Following a review of meeting attendance, it was identified that the quorum for the WG was inconsistent with other WG Terms of Reference which had resulted in issues with quoracy. It is therefore recommended to amend item 4.2.1 in the Terms of Reference to read:

*‘The quorum necessary for the transaction of business shall be three members, as defined in 4.1.1 above, including the Chair or Vice Chair’*

This amendment will bring the PEM Quoracy requirements in line with both the Business and Development, and the Quality of Patient Experience Working Groups.

#### **5. RECOMMENDATIONS**

The PEM WG asks the Council of Governors to receive this report and to approve the proposed change to the WG Terms of Reference.

**Report of Judy Carrick  
Chair of the PEM Working Group  
30 November 2023**

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**COUNCIL OF GOVERNORS**

Date of meeting	07 December 2023						
Title	Integrated Board Report						
Report of	Angela O'Brien - Director of Quality and Effectiveness.						
Prepared by	Gavin Snelson - PSIRF Implementation Lead Joanne Field- Senior Information 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 performance against key Indicators relating to Quality, People and Finance.						
Recommendation	For assurance.						
Links to Strategic Objectives	Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality. Supported by flourish, our cornerstone programme, we will ensure that each member of staff is able to liberate their potential. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	Strategic risk SO1.1 [Capacity and Demand] Strategic risk SO1.4 [Core standards – patient safety and quality of care]  Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets.						
Reports previously considered by	Regular report.						

## INTEGRATED BOARD REPORT

### EXECUTIVE SUMMARY

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

1. Throughout the month of September 2023, the numbers of Trust onset C.difficile infections (n=18), E.Coli Bacteraemias (n=22), Klebsiella Bacteraemias (n=13) are all above the median line.
2. Since April 2023, there has been a sustained reduction under the median of inpatient acquired pressure ulcers (n=73).
3. Since June 2023, there has been a sustained reduction under the median of patient falls per 1000 bed days (n=197).
4. There were 9 Serious Incidents (SIs) reported in October 2023.
5. There was one Never Event were reported in October 2023, bringing the number of Never Events reported to date in 2023/24 to 8.
6. There were 1,972 responses to the Friends and Family test from the Trust in September 2023 (published October 2023).
7. The Trust has opened 138 formal complaints in July to September (Q2), which is an increase of 16% from the previous quarter.
8. The 2022-23 Annual Sharps Report highlighted an 8.7% increase in sharps incidents from the previous year.
9. Analysis of ATAIN in Quarter 2 (July/Aug/September) shows 6% of unplanned admissions of term babies were classed as avoidable which is an increase from the previous quarter (2.6%).
10. Staff turnover has decreased from 16.68% in October 2022 to 11.02% in Oct 2023, against a target of 8.0%.
11. At the end of October 2023, mandatory training compliance stands at 92.75% and appraisal compliance was 80.69%.
12. The Trust is reporting an adverse variance of £10.9 million against the agreed financial plan for the period ending 31 October 2023.

The Council of Governors is asked to receive the report.

# Integrated Board Report

Quality, People and Finance

November 2023



# Executive Summary

## Purpose

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

## Current Operating Environment

Operational pressures continued to increase into October 2023. In addition to our patients being delayed in accessing assessment and packages of care and access to mental health beds, we have experienced increased activity and wider system pressures with an increased frequency of escalations in other Emergency Departments (EDs). COVID is being managed in the same way as any other infection, and there has been small number of Flu cases reported. Quarter 3 performance to date has dropped below the revised national standard of 76% with a difficult October, but the overall year to date performance remains slightly above this. There remains good management of ambulance handovers but there has been an increase in 12 hours trolley waits. There has been no significant adverse impact on the elective programme which is dynamically reviewed for the week ahead and on the day. Plans continue to progress aimed at increasing bed capacity as part of the winter plan to sustain recovery and ensure safe flow of emergency patients.

## Report Highlights

1. Throughout the month of September 2023, the numbers of Trust onset C.difficile infections (n=18), E.Coli Bacteraemias (n=22), Klebsiella Bacteraemias (n=13) are all above the median line.
2. Since April 2023, there has been a sustained reduction under the median of inpatient acquired pressure ulcers (n=73).
3. Since June 2023, there has been a sustained reduction under the median of patient falls per 1000 bed days (n=197).
4. There were 9 Serious Incidents (SIs) reported in October 2023.
5. There was one Never Event were reported in October 2023, bringing the number of Never Events reported to date in 2023/24 to 8.
6. There were 1,972 responses to the Friends and Family test from the Trust in September 2023 (published October 2023).
7. The Trust has opened 138 formal complaints in July to September (Q2), which is an increase of 16% from the previous quarter.
8. The 2022-23 Annual Sharps Report highlighted an 8.7% increase in sharps incidents from the previous year.
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10. Staff turnover has decreased from 16.68% in October 2022 to 11.02% in Oct 2023, against a target of 8.0%.
11. At the end of October 2023, mandatory training compliance stands at 92.75% and appraisal compliance was 80.69%.
12. The Trust is reporting an adverse variance of £10.9 million against the agreed financial plan for the period ending 31<sup>st</sup> October 2023.

# Contents: November 2023

## Quality

- Healthcare Associated Infections
- Harm Free Care – Pressure Damage
- Harm Free Care – Falls
- Incident Reporting
- Serious Incidents & Never Events
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity
- Clinical Audits (No updates)

## People

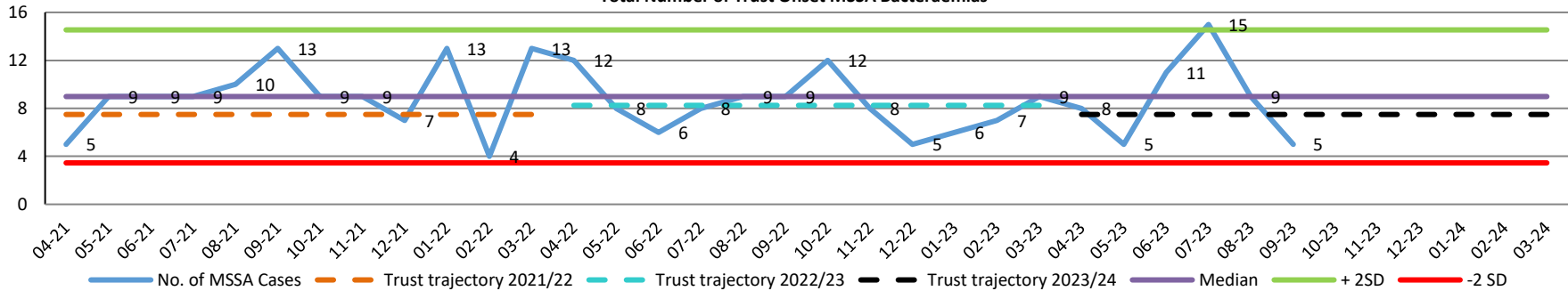
- Sickness Absence (including COVID-19)
- Equality and Diversity
- Sustainable Workforce Planning
- Excellence in Education & Training

## Finance

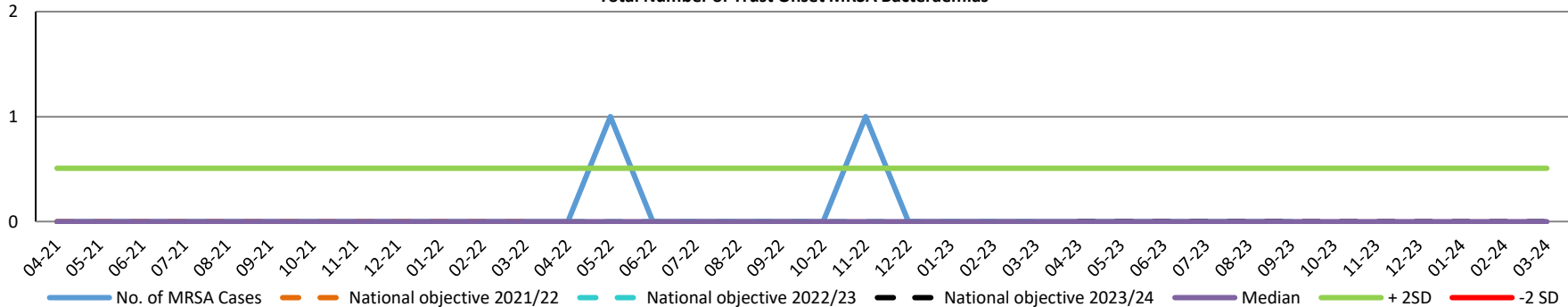
- Overall Financial Position

# Quality: Healthcare Associated Infections 1/2

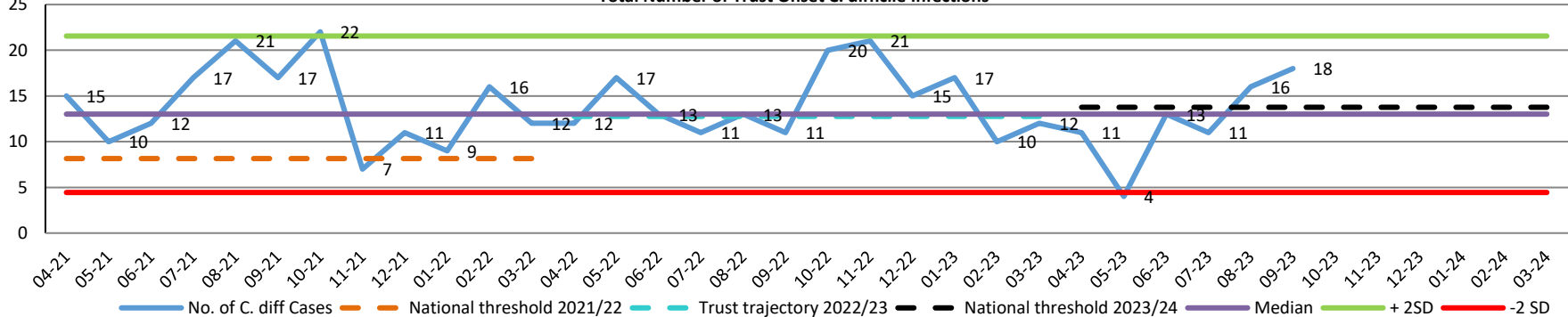
Total Number of Trust Onset MSSA Bacteraemias



Total Number of Trust Onset MRSA Bacteraemias



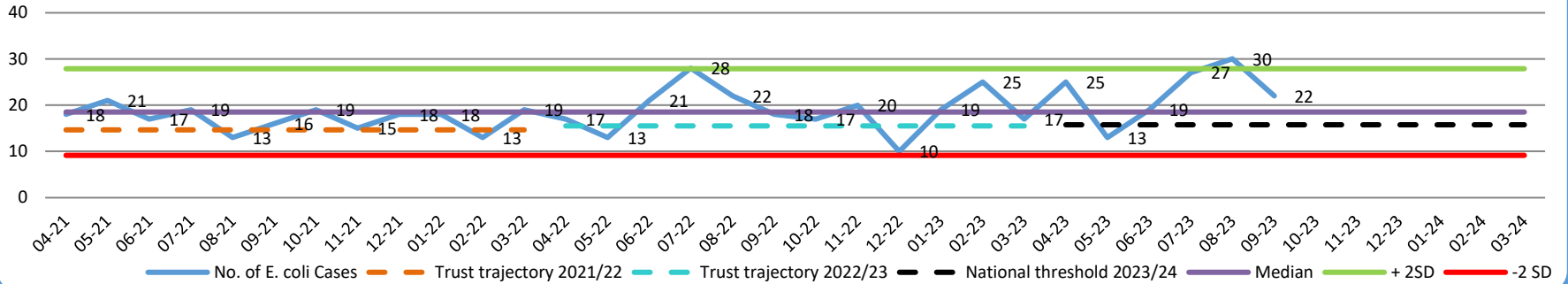
Total Number of Trust Onset C. difficile Infections



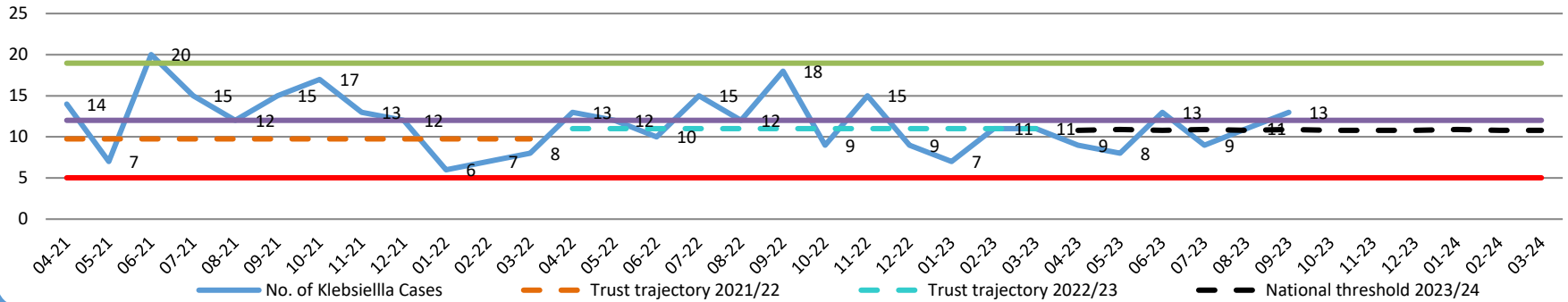


# Quality: Healthcare Associated Infections 2/2

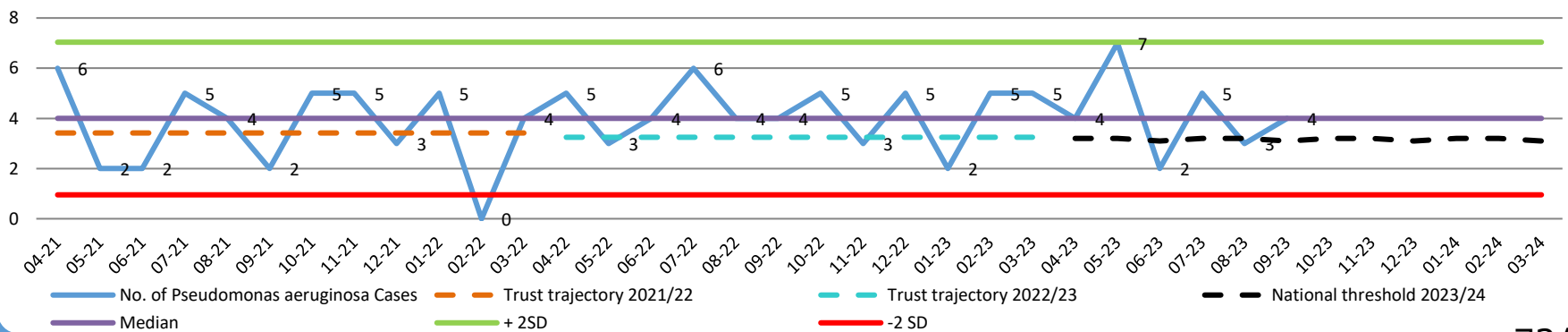
Total Number of Trust Onset E. coli Bacteraemias



Total Number of Trust Onset Klebsiella Bacteraemias



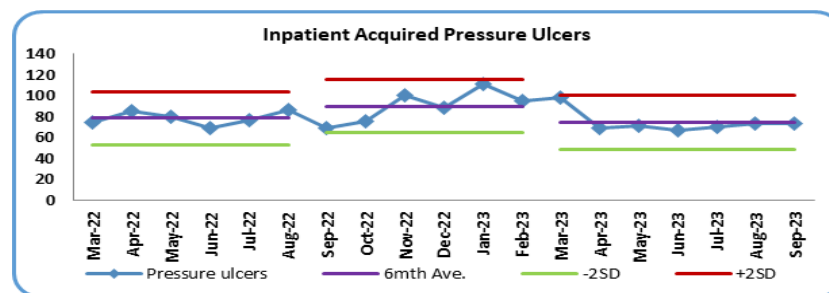
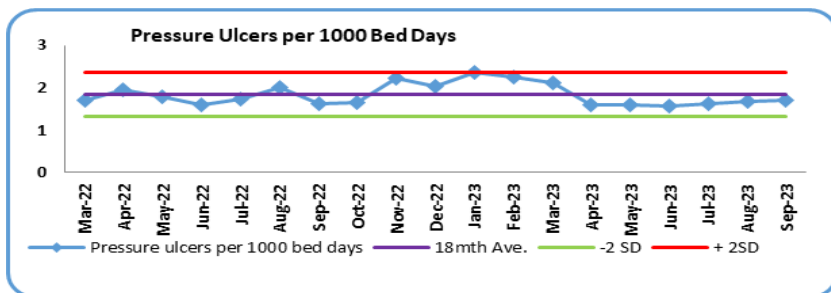
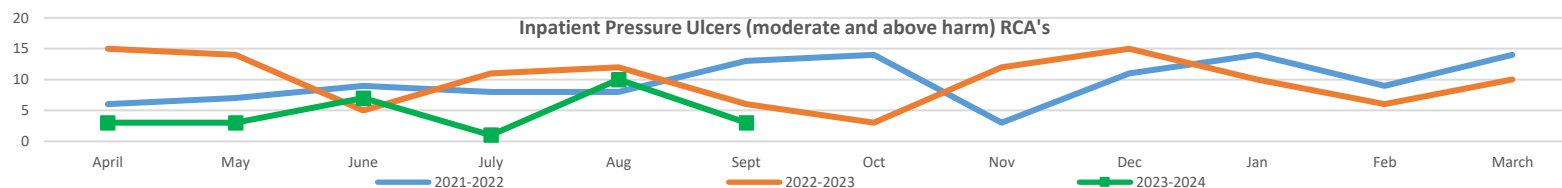
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias



# Quality: Harm Free Care – Pressure Damage

## Current position:

- There has been a 10% reduction in inpatient acquired pressure ulcers in the past 6 months compared to the same period (April to September) in 2022. The monthly average being 70 in 2023 compared to the monthly average of 78 last year.
- There was a peak in January 2023 of 111 cases, followed by 95 in February and 98 in March. From April we have reported a significant and sustained reduction both in terms of total numbers and per 1,000 bed days.
- The number of pressure ulcers causing serious harm also reduced in September, over all the number of serious incidents has reduced by 57% between April and September compared to the same period in 2022.



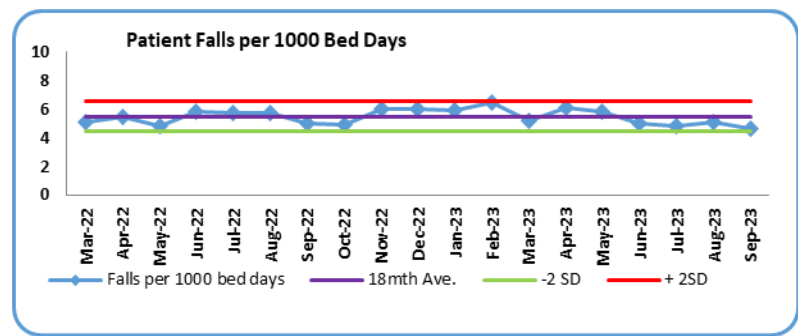
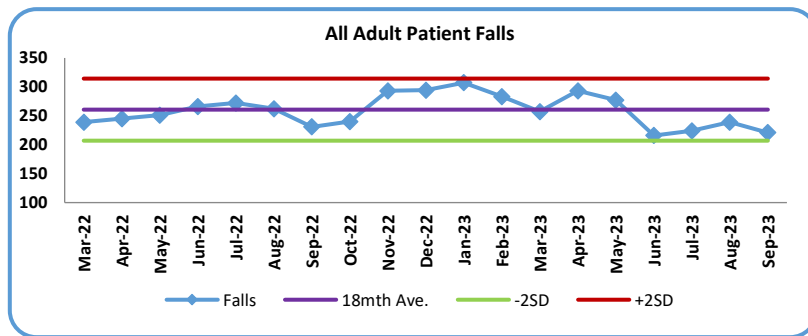
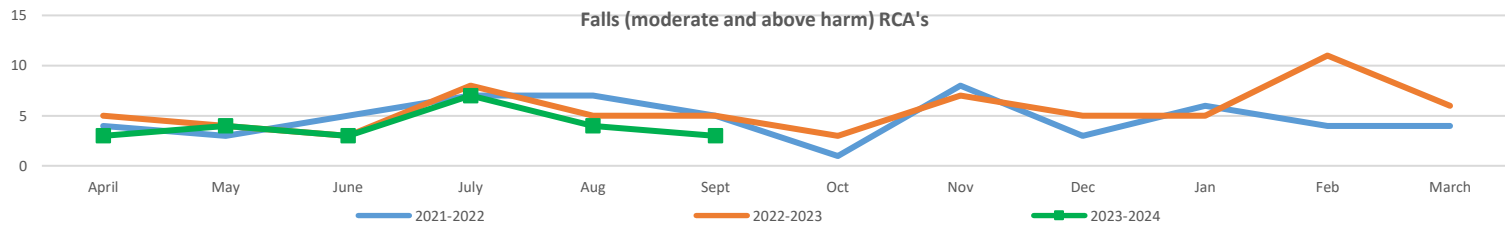
## Current actions in place:

- On a monthly basis, each inpatient ward area receives their harm free care dashboard to guide local improvement and inform good practice.
- All areas (excluding the Great North Childrens Hospital (GNCH)) were given a 20% improvement trajectory for 2022-23.
- The Tissue Viability Team identify areas of high incidence, undertaking focussed work where required. This includes staff education as well as examining themes of Root Cause Analysis' (RCA's), such as ensuring patients risk factors are identified and appropriate preventative measures are put in place, as well as assessing mattress quality.
- A pilot commenced in January (on wards RVI23 and then FH13) followed in August by FH14 to introduce a new risk assessment tool called PURPOSE T replacing the existing tool (Braden) and support staff to identify and plan care for those patients at risk of pressure damage. The results from this pilot demonstrate good utilisation of the tool, although daily skin assessment completion, which is a key component of Purpose T, has been variable. Work is ongoing to learn and improve this with education provided to ward leaders. Discussions are in place to trial this in critical care (FH21) and then maternity areas, with a planned complete Trust rollout early next year.

# Quality: Harm Free Care - Falls

Analysis of data has demonstrated the following key points:

- Falls have remained at low levels since June 2023, with a noted reduction in comparison to last year of 4% with 221 falls in September 2023.
- The monthly average for falls has also fallen from 255 to 245 over the past 6 months.
- This downward trend is also reflected in adult in patient falls with falls per 1,000 bed days being at its lowest point in September.
- Falls resulting in significant harm has also continued to fall following a peak in July.

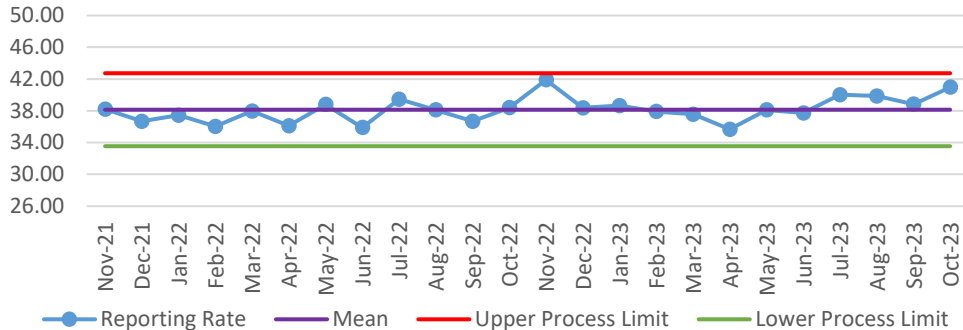


Current actions in place:

- The Falls Co-ordinator reviews ward level data on a monthly basis. Wards with the highest incidence of falls, contributory factors are reviewed with learning and solutions being identified. The aim is to reduce numbers of falls in the Trust.
- In line with Trust assurance measures, focused auditing has taken place to monitor compliance with the Trust's Enhanced Care Observations (ECO) assessments. The purpose of which, was firstly to validate that individual risk factors were correctly identified, and secondly that appropriate provision of care was implemented according to risk. A pilot of prompt cards issued to staff to remind them of ECO levels has commenced on RVI44, FH17 will undertake a similar pilot as part of learning identified in an RCA.

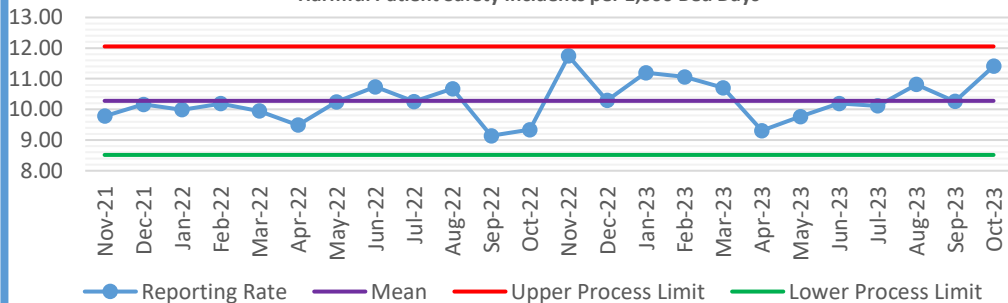
# Quality: Incident Reporting

Patient Safety Incidents per 1,000 Bed Days



**All patient incidents:** The number of patient safety incidents per 1,000 bed days reported in October 2023 has risen. This is similar to the trend seen in from July to October 2022 where a downward trend from July to September was followed by an increase in incidents reported in October. This might indicate a seasonal pattern, although it is acknowledged that the overall number of incidents is higher in 2023 compared to that same time period in 2022.

Harmful Patient Safety Incidents per 1,000 Bed Days

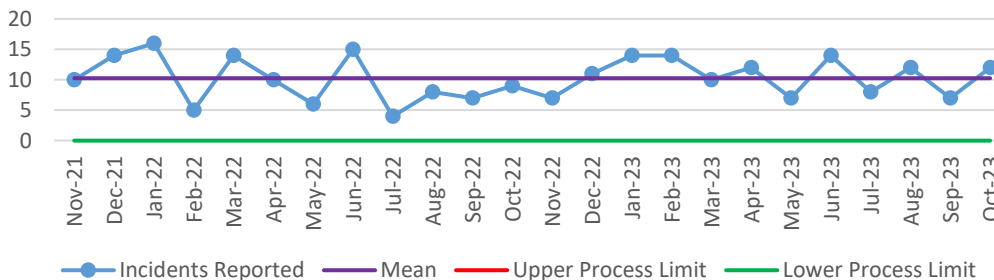


**Harmful incidents:** The number of \*harmful patient safety incidents per 1,000 bed days has risen in October 2023. This is similar to the increase seen between December 2022 and January 2023 and is likely to reflect the high occupancy levels seen across the Trust.

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

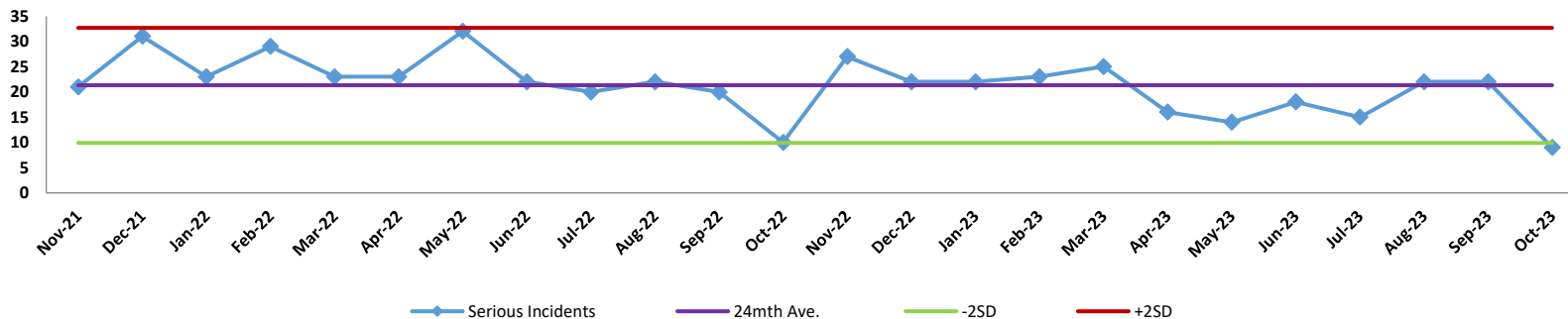


**Severe harm incidents:** There were 12 patient safety incidents reported that resulted in severe harm in October 2023, which is the same number that was reported in August. It can be seen from the chart that severe harm incidents have consistently fluctuated around the mean since March 2023.

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

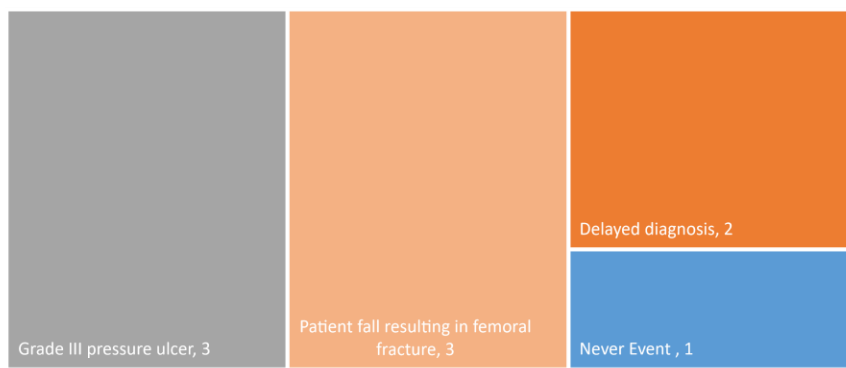
# Quality: Serious Incidents and Never Events

Number of Serious Incidents Reported



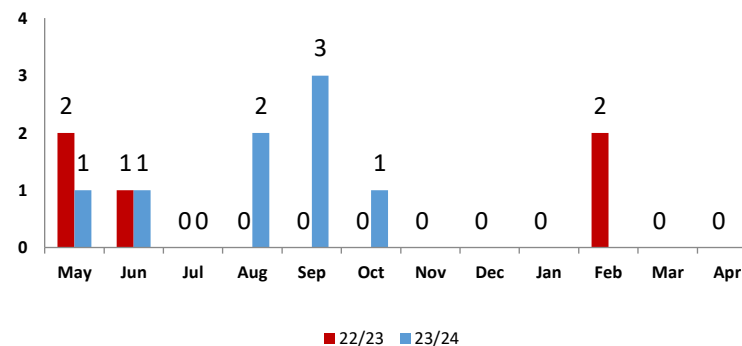
There were 9 Serious Incidents (SIs) reported in October 2023, which is 1 lower than the number reported in October 2022 and the lowest number that have been reported in 2023. The statutory requirement Duty of Candour (DoC) applies to patient safety incidents that occur when providing care and treatment 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 October 2023.

Serious Incidents by Category



The categories of reported SIs for October 2023 are displayed in the table above. The highest number of SIs relate to Grade III pressure ulcers and patient falls resulting in femoral fracture, of which there were 3 of each.

Total Number of Never Events Reported

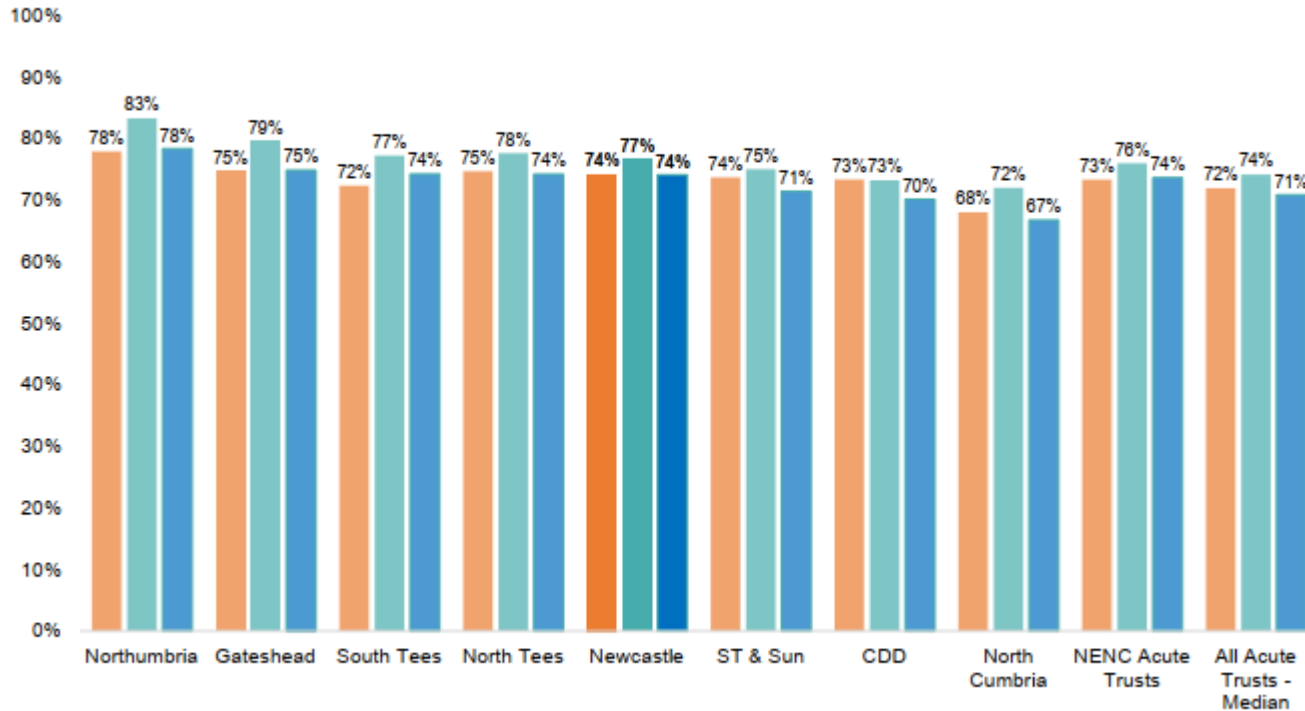


One Never Event were reported in October 2023, bringing the number of Never Events reported to date in 2023/24 to 8. All cases prior to the newly reported Never Event have been presented to the Integrated Care Board (ICB) as part of the usual Quality Review Group meeting and work is well underway to investigate and identify actions to minimise the risk of these events happening in the future.

# Quality: Safety Reporting Metrics

Q19a: "I would feel secure raising concerns about unsafe clinical practice."

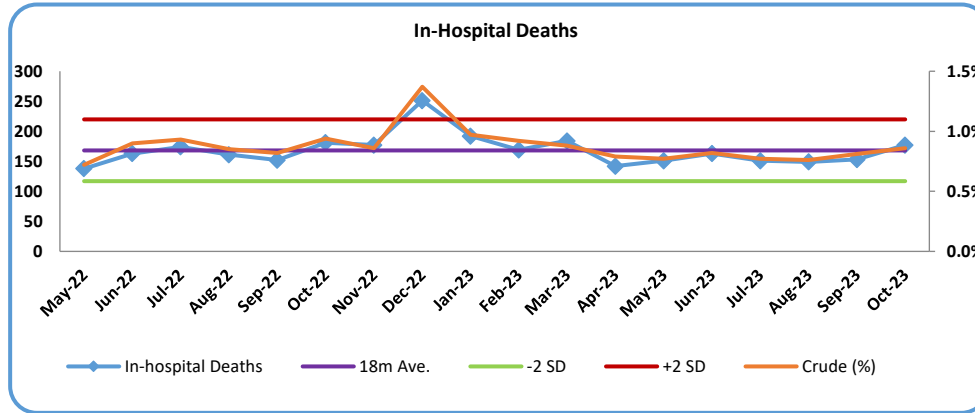
2020 2021 2022



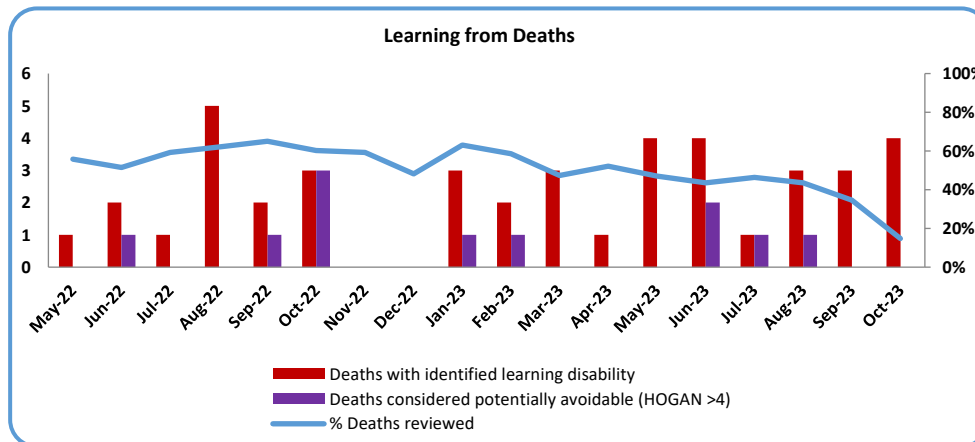
Our safety reporting metrics taken from previous NHS Staff Surveys show that in 2022 74% of staff within Newcastle Hospitals would feel secure about raising concerns about unsafe clinical practice. This is the same as the regional average for acute Trusts and higher than the national statistic of 71%. This indicates that while there is room for improvement, there is a positive culture around reporting patient safety events within the Trust when compared to other NHS organisations across England.

# Quality: Mortality Indicators (1/2)

**In-hospital Deaths:** In total there were 177 deaths reported in October 2023, which is slightly higher than the amount reported 12 months previously (n=168). The crude death rate is 0.86%. Nationally the deaths were high in December 2022, with influenza reported to be the main cause of death.

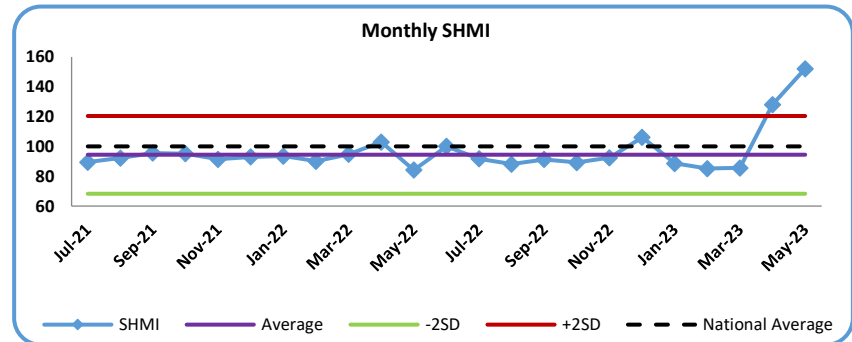
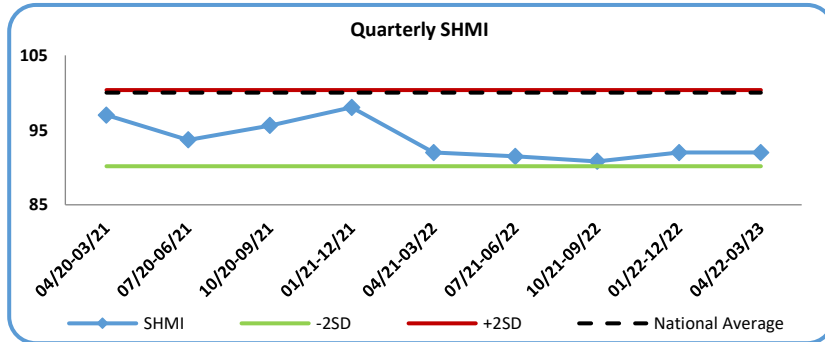


**Learning from Deaths:** Out of the 177 deaths reported in October 2023, 26 patients have, to date, received a level 2 mortality review. However, these figures will continue to rise due to ongoing M&M meetings held over the forthcoming months. All figures will continue to be monitored and modified accordingly. Four patients had an identified learning disability. No patients had a HOGAN grading  $\geq 4$ .

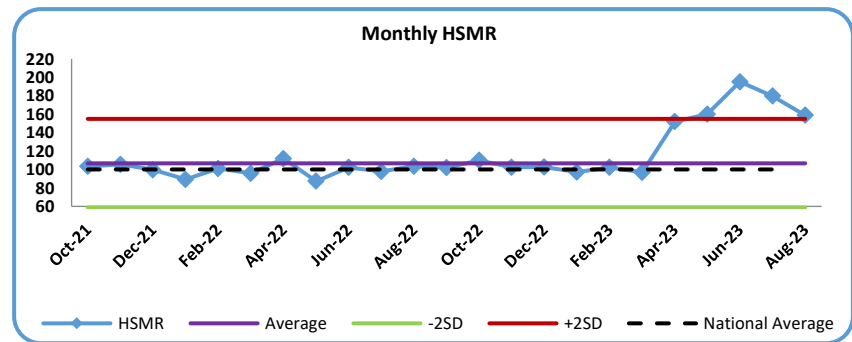
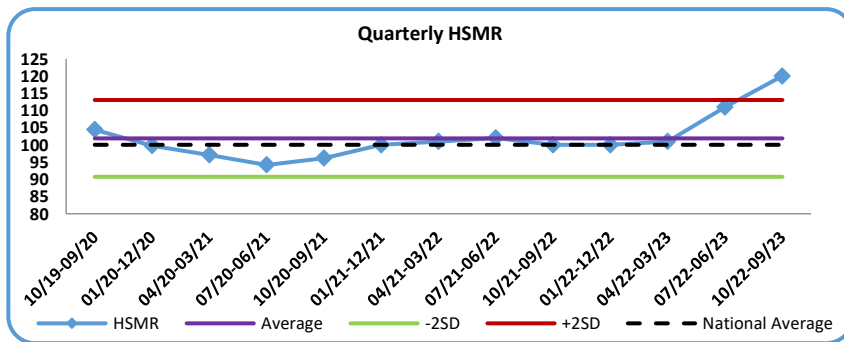


# Quality: Mortality Indicators (2/2)

**SHMI:** The latest published quarterly SHMI data from NHS England shows the Trust has scored 92 from months April 2022 to March 2023. This is below the national average and is within the "as expected" category. Monthly SHMI data is published up to May 2023. As expected, the SHMI has shown an increase. This is due to an ongoing technical issue where secondary diagnoses are not being uploaded into the Trust commissioning data set. SHMI and HSMR are heavily dependent on secondary diagnosis, due to using this information to risk adjust.

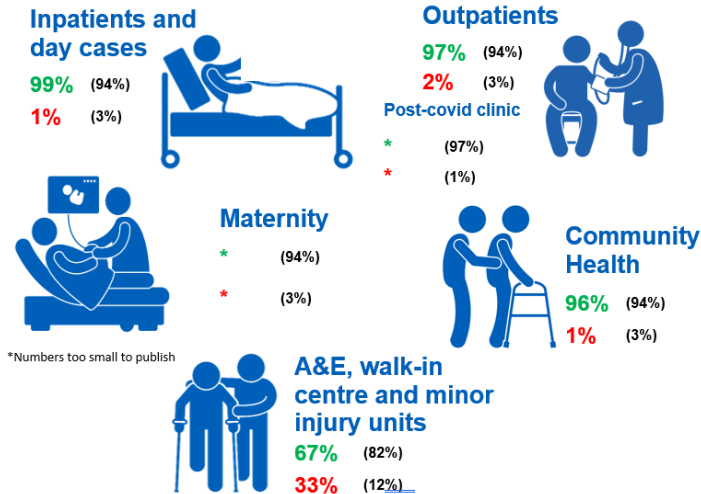


**HSMR:** The HSMR data shows a 12-month rolling score by quarter which is published up to September 23, as well as monthly data published up to August 2023. Both have shown a recent increase due to the issue raised above. Information Services are working on this as a priority. A new upload into the commissioning data set is planned within the next few weeks which is expected to address this issue retrospectively and prospectively.





# Quality: FFT and Complaints



## Friends and Family Test

There were 1,972 responses to the Friends and Family test from the Trust in September 2023 (published October 2023) compared to 2,268 in the previous month.

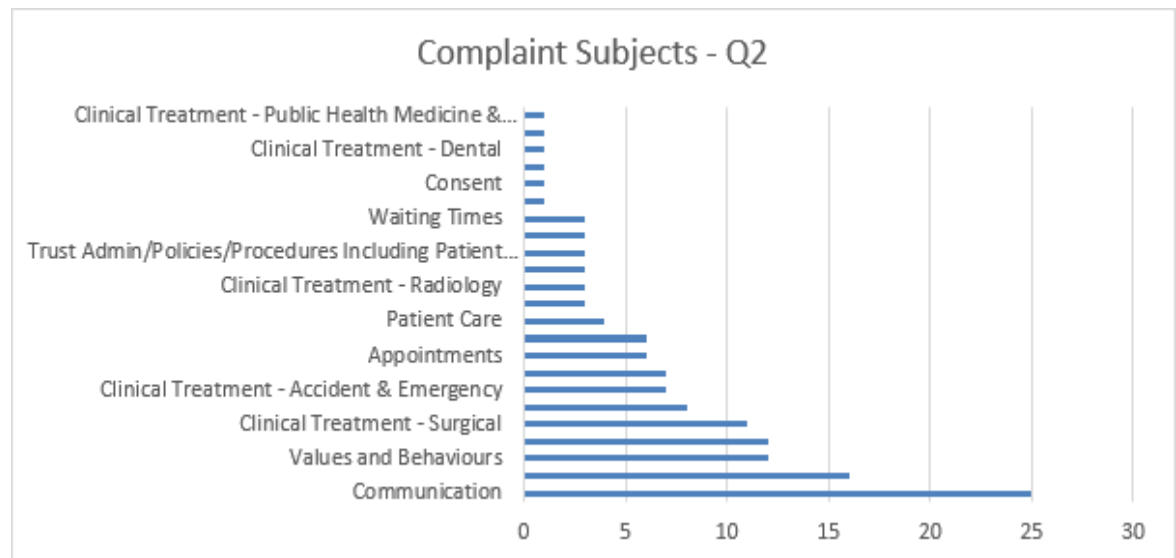
The infographic shows the proportion of patients who give a positive or negative rating of the care they received. The national average results are shown in brackets for comparison.

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

\*numbers too small to publish

The Trust has opened 138 formal complaints in July to September (Q2), which is an increase of 16% from the previous quarter. The Trust has received, on average, 46 formal complaints per month, which is an increase of 5% for the same quarter in the previous financial year but is consistent with the overall average for 2022/23.

The table opposite summarises the complaint themes for Q2, with communication being the primary concern.



# Quality: Health and Safety (1/2)

## Staff Safety: Sharps Incidents (Thematic Review)

The 2022-23 Annual Sharps Report highlighted an 8.7% increase in sharps incidents from the previous year. Reasons for this sustained increase are multi-factorial and likely to include:

- Staff fatigue and significant service demand in the aftermath of the pandemic.
- The impact of industrial action meaning that some staff were deployed to alternative clinical areas where they may not have been as familiar with the devices used. This is in addition to increased pressures on remaining staff, to deliver safe care with a reduced workforce.
- Increased reporting of incidents across all categories.
- Supply issues affecting the usual sharps products used within the Trust. This meant staff were using devices that they may not be as familiar with, consequently increasing the risk of sharps injury.

Chart A: demonstrates sharps incidents reported since April 2021, illustrating a majority of sharps injuries involved used (dirty) sharps. None of the incidents reported met the threshold for reporting to the HSE under RIDDOR. Chart C demonstrates the number of incidents per Clinical Board.

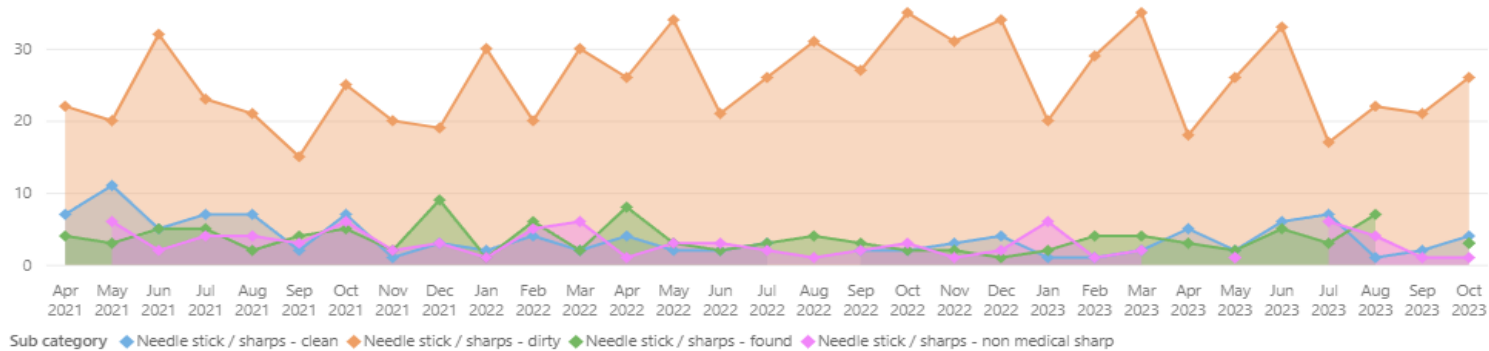
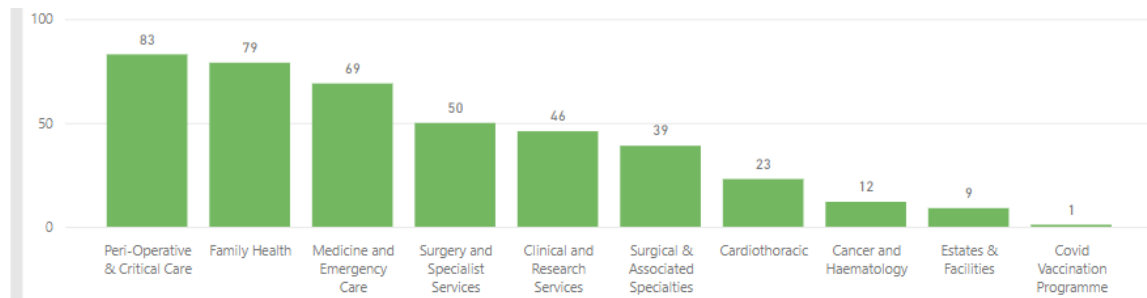


Chart B: Needlestick by Severity – Last 12 Months



Chart C: Needlestick Incidents by Clinical Board Last 12 Months



# Quality: Health and Safety (2/2)

## Regulatory Responsibilities:

Sharps injuries are a well-known risk in the health and social care sector. Sharps contaminated with an infected patient's blood can transmit more than 20 diseases, including hepatitis B, C and human immunodeficiency virus (HIV). 'Sharps' are needles, blades (such as scalpels) and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin. The safe use of sharps is legislated by the **Health and Safety (Sharp Instruments in Healthcare) Regulation 2013** and covers a number of areas including:

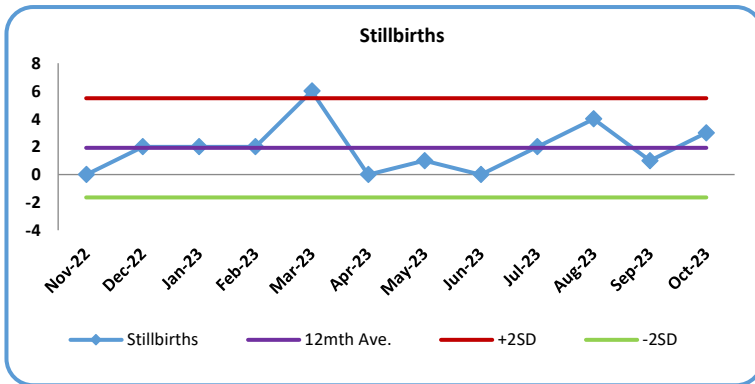
- The safe use and disposal of sharps.
- Training requirements.
- Procedures for responding to sharps injury.

The Health and Safety Executive can undertake regulatory inspections in relation to the safe use of sharps.

## Safer Sharps Review Group /Trust-wide Initiatives:

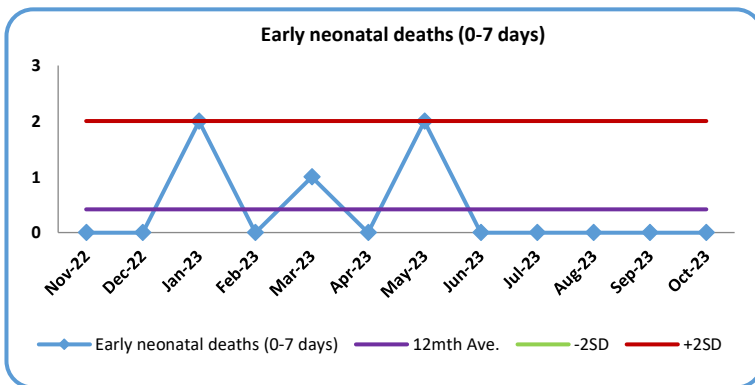
- Trust Occupational Health Services (OHS) and the Clinical Governance & Risk Department (CGARD) continue to jointly monitor incidents involving sharps injuries. This ensures consistent reporting and the provision of accurate compliance data with the staff sharps injury OHS pathway alongside comprehensive support and treatment for those staff affected.
- An eLearning module is currently under development, with a plan for this to be launched in 2023/2024. A paper to support the module becoming mandated is also planned to be submitted to the Learning, Education and Training Group.
- CGARD have developed a comprehensive incident data dashboard, which will enable clinical teams to analyse 'real-time' incident data to help identify themes and trends. This has already provided information to facilitate change and reduce incidents e.g. changes in practice including Diabetes staff not accessing patients own equipment via their personal diabetes cases / bags. It has been challenging to provide this data within the context of Trust activity i.e., number of sharps injuries per sharps use or per patient contact. This remains a work in progress that will continue into 2023/24.
- The non-safer sharps risk assessments have been updated and modified using a template recently approved by the Health and Safety Executive as part of a focussed inspection within another Trust.
- The quarterly self-assessment Health and Safety Compliance Audit includes a specific area around the safe use of sharps. In the last audit (Q1 2023-24) the compliance score was 98%. This is further scrutinised as part of the Health and Safety Inspection Programme and any gaps from either programme are fed back into the Safer Sharps Review group for further consideration.
- The clinical waste department actively reviews the way the Trust disposes of all sharps, considering not just safety but also the Trust's environmental footprint. These developments are discussed in the SSRG (Safer Sharps Review Group) by the Trust waste manager.

# Quality: Maternity (1/3)



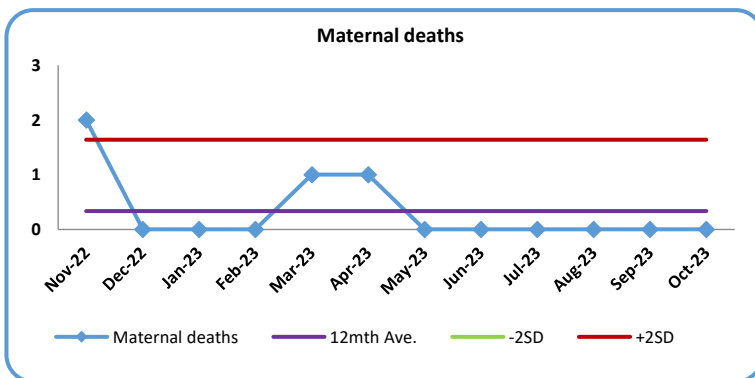
## Stillbirths

As Newcastle Hospitals 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 therefore 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. There were three stillbirths in October 2023.



## Early Neonatal Deaths

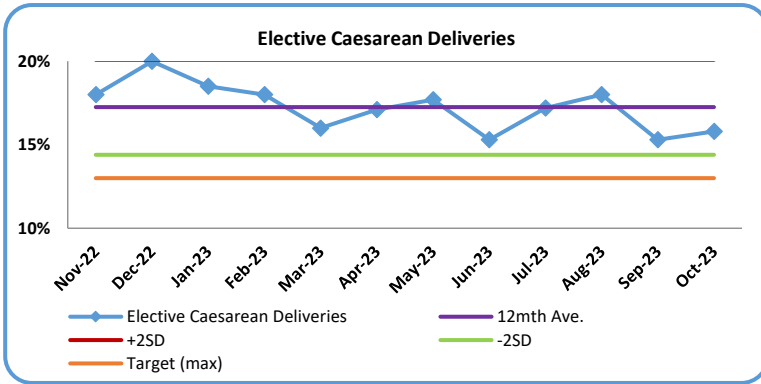
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died within the first week of life. These deaths are reported to the Child Death Review panel (as are all neonatal deaths regardless of gestation) who will have oversight of the investigation and review process. Neonatal deaths of term infants are also reported to HSIB (Healthcare Safety Investigation Branch) and the Coroner. A postmortem examination may be requested to try and identify the cause of death. In October 2023 there were no term early neonatal deaths.



## Maternal Deaths

Maternal deaths are reported to MBRRACE-UK and a national report is provided annually. Early maternal deaths are categorised as the death of a woman while pregnant or within 42 days of pregnancy (including termination of pregnancy). Late maternal deaths are reported from 42 days and within a year of pregnancy. Direct deaths are those resulting from obstetric complications of the pregnant state. Indirect deaths are those from pre-existing disease or disease that developed but has no direct link to obstetric cause and was aggravated by pregnancy. Early maternal deaths are also reported to HSIB, investigation is dependent on certain criteria. There were no cases reported in October 2023.

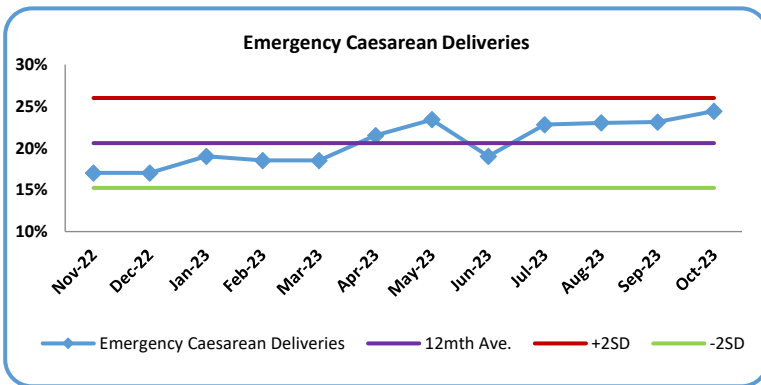
# Quality: Maternity (2/3)



## Elective Caesarean section

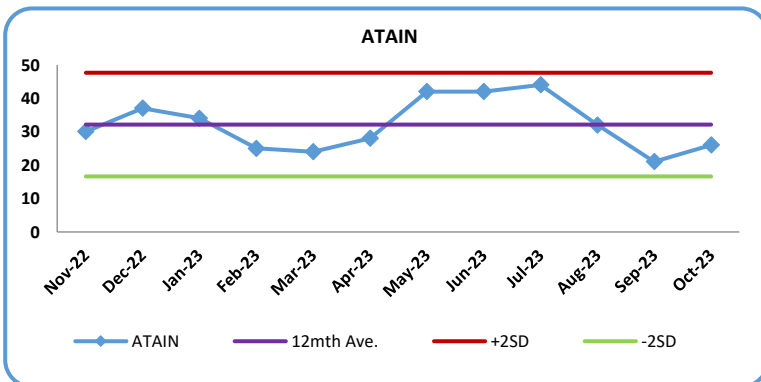
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However, the rates are comparable to that of other tertiary centres in the UK.

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

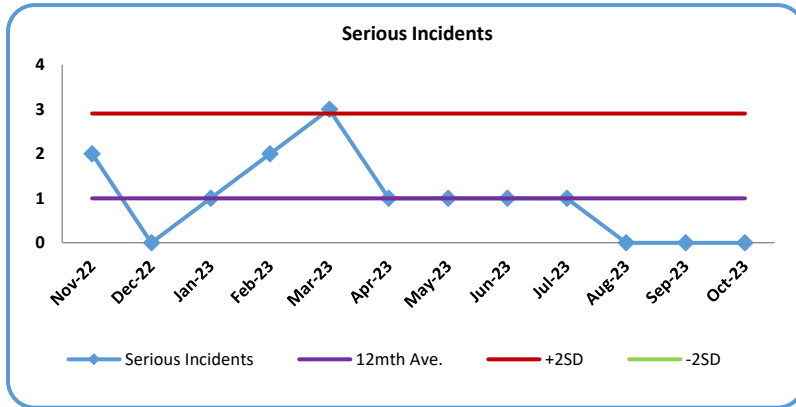
The emergency Caesarean section rate is comparable to other Trusts. Maternity is a consultant led service with dedicated consultant presence on Labour Ward 8am-10pm daily, consultant led multi-disciplinary ward rounds occur twice daily. The majority of obstetric consultants remain onsite overnight, from 10pm-8am and are involved with all decisions for emergency Caesarean section.



## ATAIN

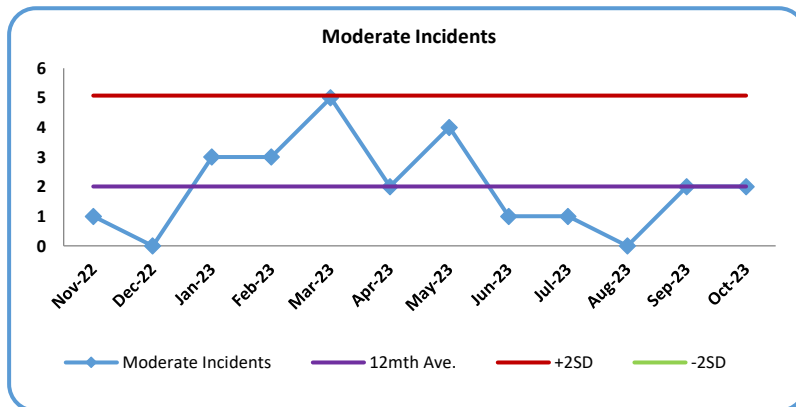
All unplanned admissions of term babies (37 – 41 weeks) into the neonatal unit are reviewed at a weekly multi-disciplinary meeting and a quarterly report is produced and shared. Following review, some cases will be investigated in more detail if they have been identified as a Serious Incident. There were 26 term admissions in October, audit for which is not yet complete. Analysis of Quarter 2 (July/Aug/September) admissions shows 6% were classed as avoidable which is an increase from the previous quarter (2.6%). A key theme is optimising thermal support for the newborn, learning from Quarter 1 and Quarter 2 has been shared with staff. Further support for staff is planned through the re-introduction of 'Vulnerable Infants' training.

# Quality: Maternity (3/3)



## Serious Incidents

There have been 12 incidents escalated as Serious Incident'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. There have been no Serious Incidents in October 2023.



## Moderate incidents

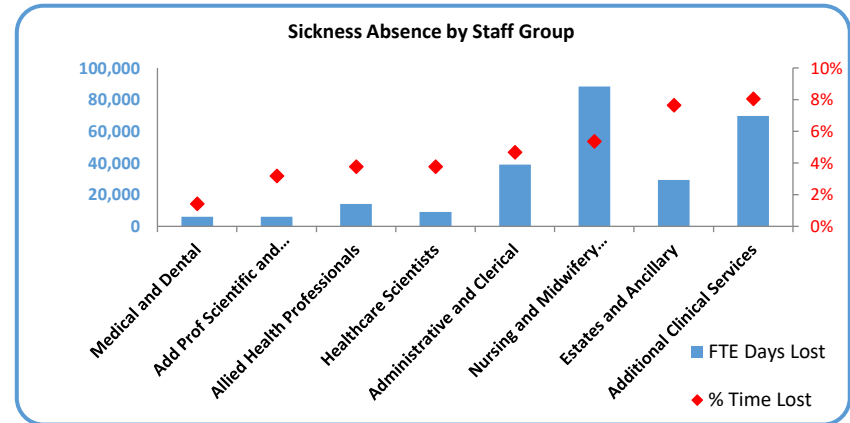
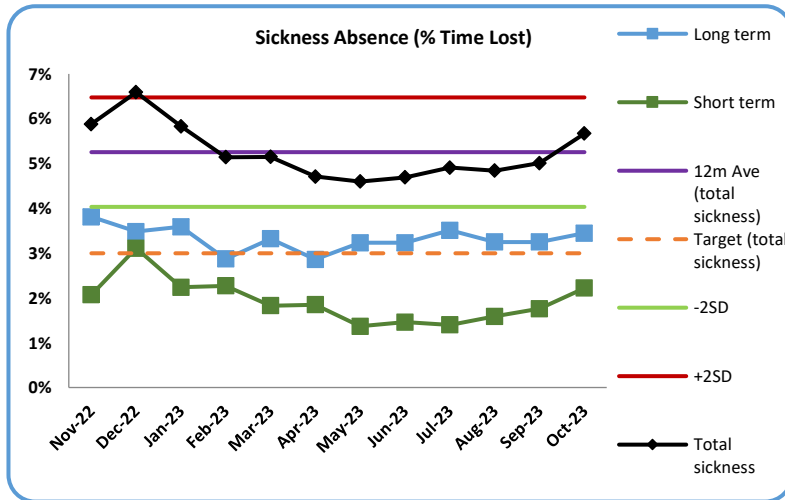
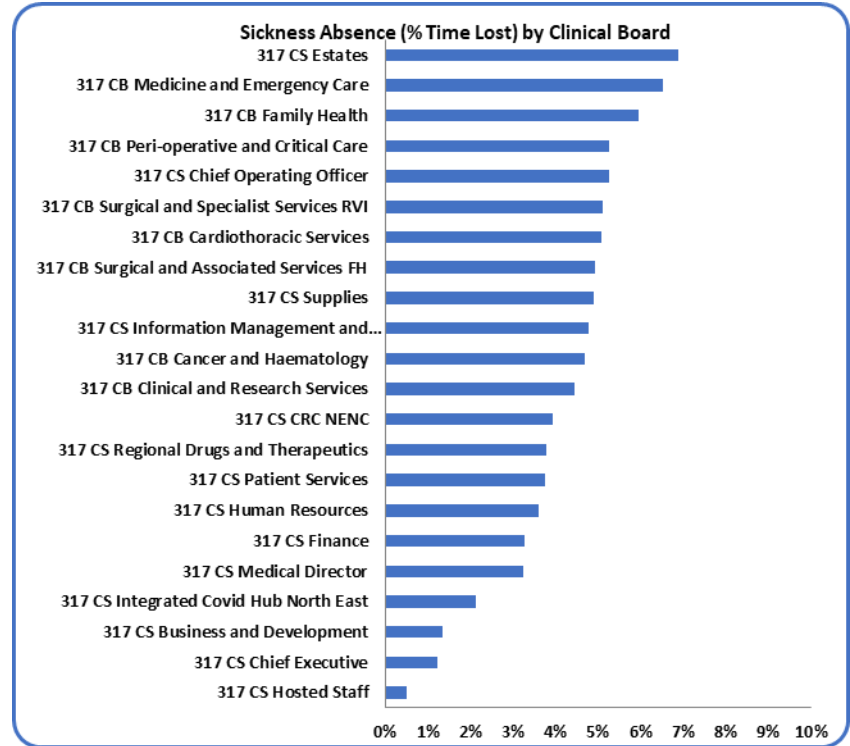
There were two moderate (and above) incidents reported in Maternity this month. All incidents are carefully reviewed by the Maternity Governance team and are graded appropriately after completion of a rapid review (48hr report). In the past 12 months, the majority of the moderate graded incidents were 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.

# People: Sickness Absence 1/2

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

	Oct-22	Oct-23	
Long-term	3.06%	3.45%	↑
Short-term	2.90%	2.22%	↓
Total	5.96%	5.67%	↓

- 261,522 FTE working days were lost due to sickness (including COVID-19 related sickness) in the year to October 2023, compared to 323,935 for the previous year.
- Overall sickness absence (including COVID-19 related sickness) is 5.67%, which is down from end of October 2022 position of 5.96% (% FTE Time Lost).
- The top three reasons for non-COVID related sickness absence are Anxiety/stress/depression/other psychiatric illnesses (28%), Cold, Cough, Flu (16%) and Other Musculoskeletal (9%).

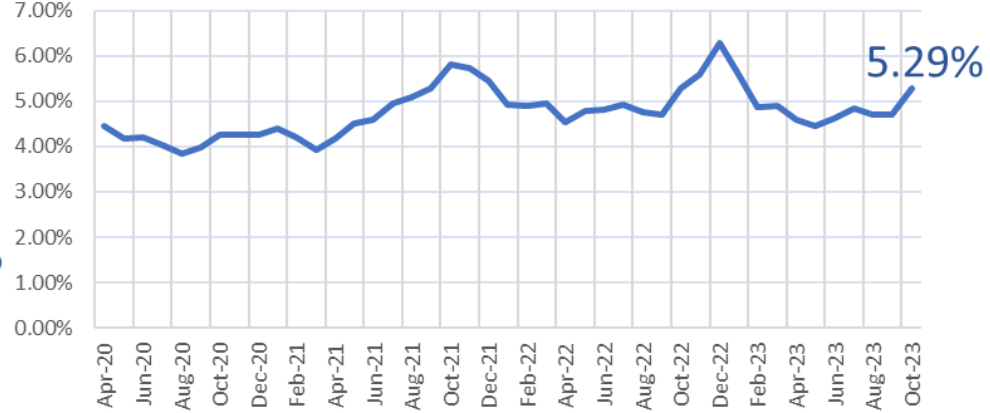


# People: Sickness Absence 2/2

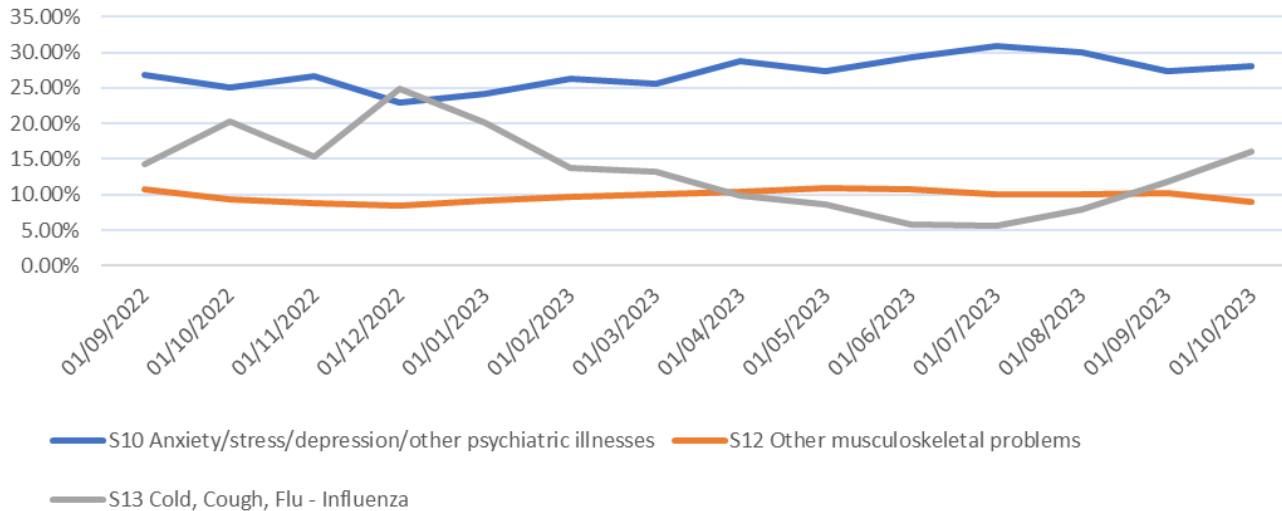
COVID-19 Related Sickness Apr 20 – Oct 2023 (%FTE)



Non-COVID-19 Related Sickness Apr 2018 – Oct 2023 (%FTE)



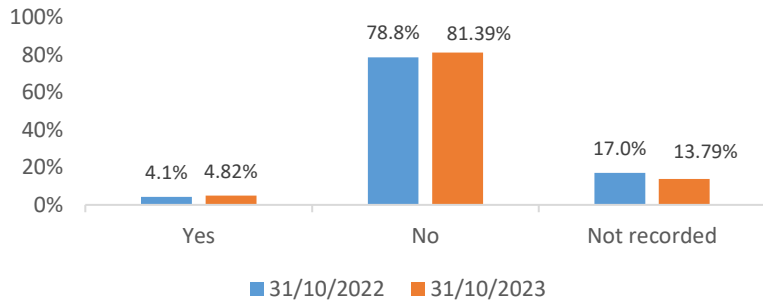
Top 3 Sickness Reasons September 2022 - October 2023 (%FTE)  
S13 includes Covid sickness



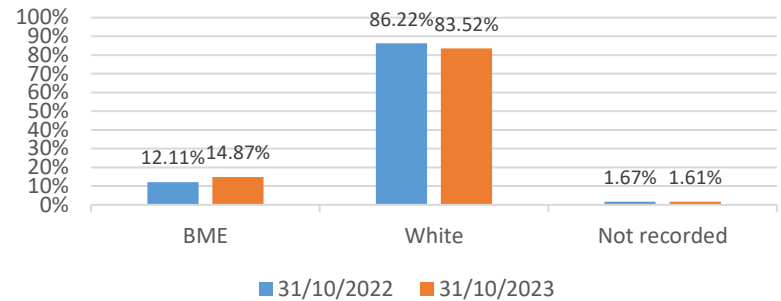


# People: Equality and Diversity

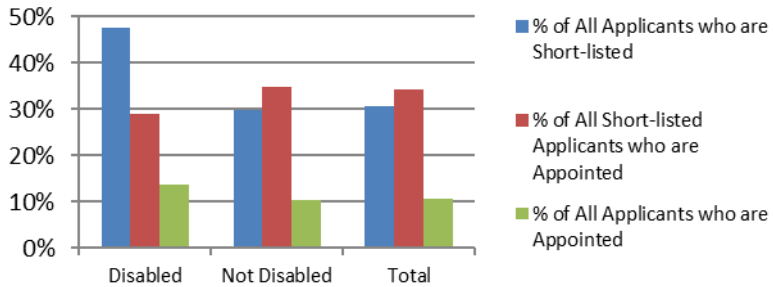
### Disability %



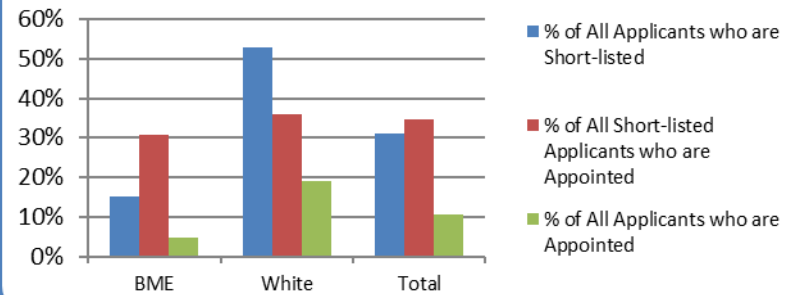
### Ethnicity %



### Analysis of Recruitment Activity by Disability

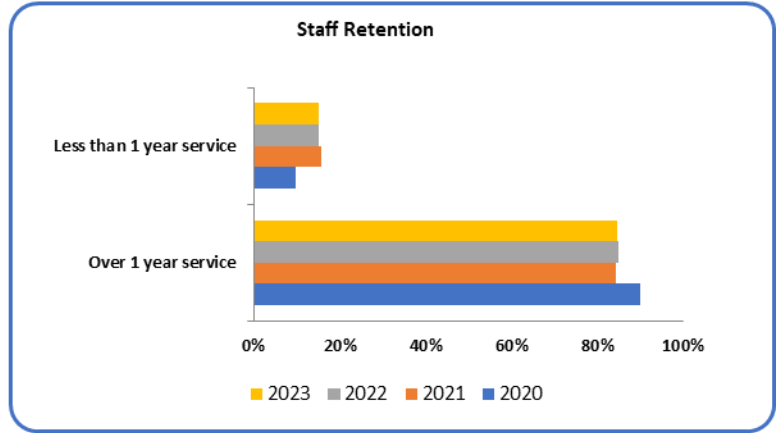
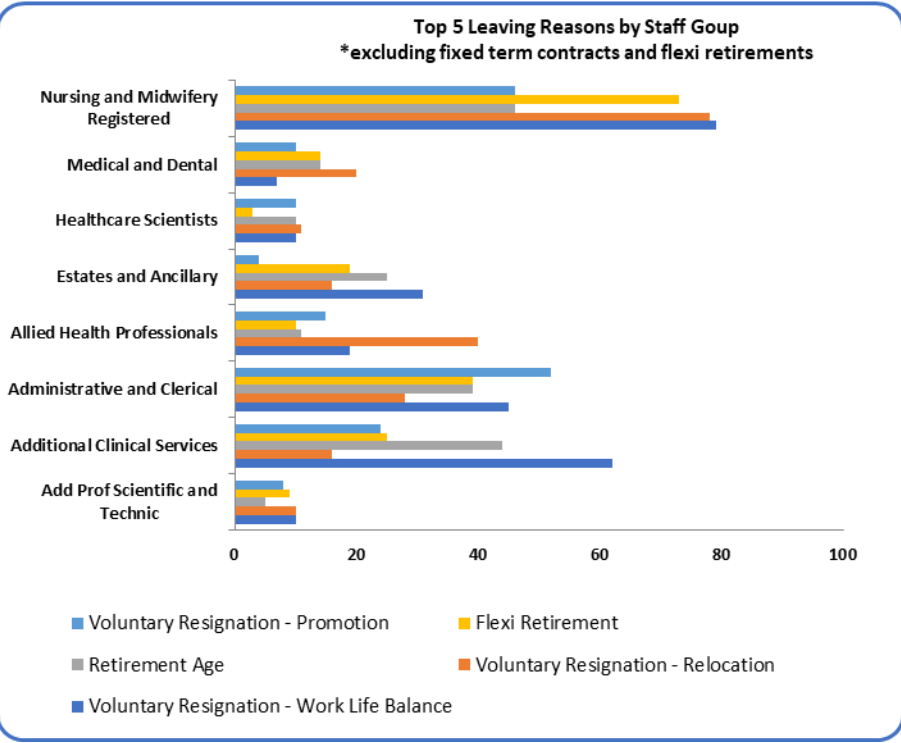
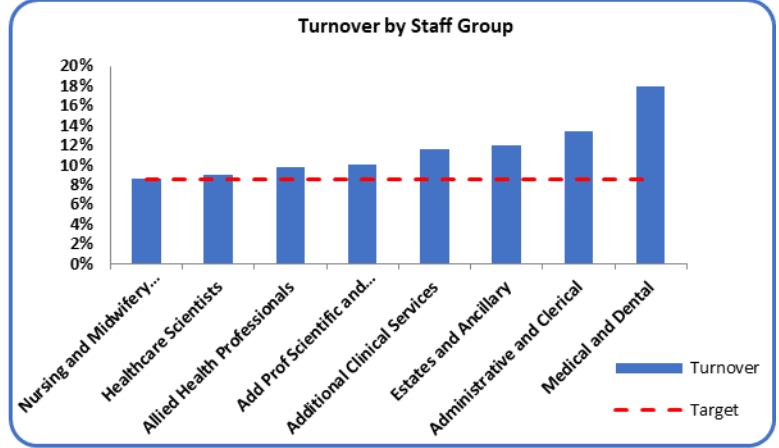
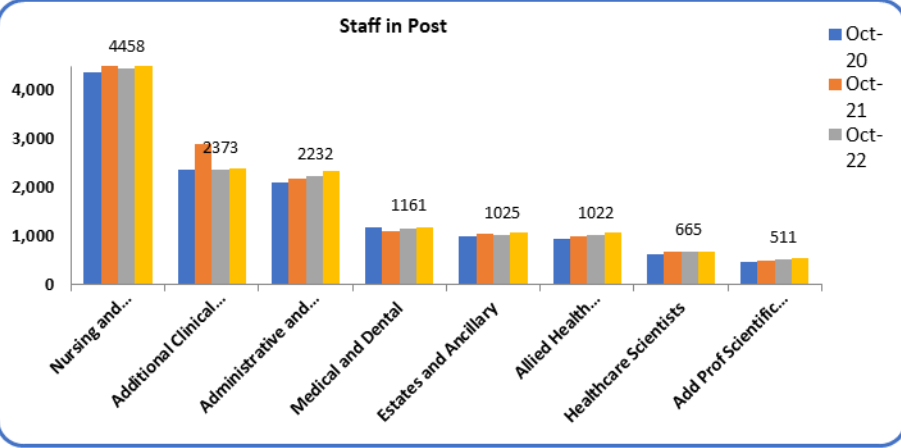


### Analysis of Recruitment Activity by Ethnicity



- The percentage of staff employed disclosing a disability has increased from 4.15% to 4.82% and the percentage of BAME staff has increased from 12.11% to 14.87%.

# People: Workforce 1/3



- Staff in post has increased by 4.18% since Oct 2022. The staff groups with the largest increase are Add Prof Scientific and Technical and Nursing and Midwifery Registered.
- Staff turnover has decreased from 16.68% in October 2022 to 11.02% in Oct 2023, against a target of 8.0%.
- The total number of leavers in the period November 2022 to October 2023 was 1,766.
- Retention for staff over 1 year service is 84.69%, an increase from 84.82% in October 2022.

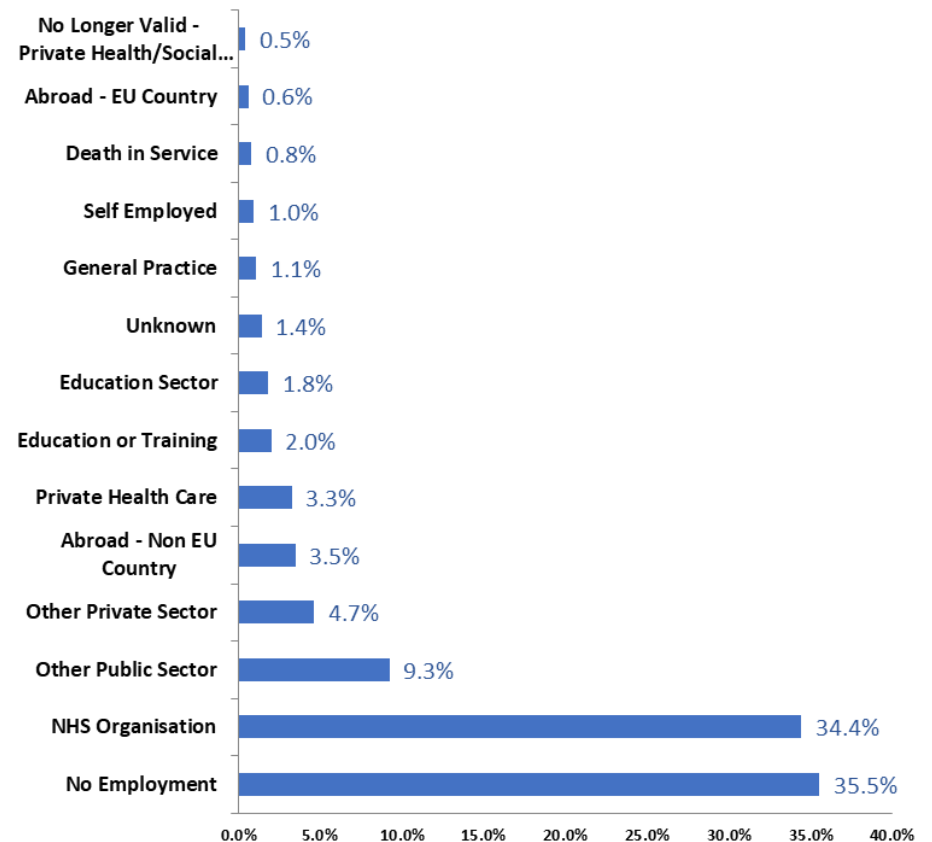
# People: Workforce 2/3

## Turnover by Clinical Board

Clinical Board	Turnover
317 CS CRC NENC	4.38%
317 CS Chief Operating Officer	5.13%
317 CB Cancer and Haematology	7.98%
317 CS Regional Drugs and Therapeutics	8.45%
317 CB Peri-operative and Critical Care	8.78%
317 CS Business and Development	9.09%
317 CB Medicine and Emergency Care	9.12%
317 CS Patient Services	9.34%
317 CB Surgical and Associated Services FH	10.21%
317 CB Clinical and Research Services	10.54%
317 CB Surgical and Specialist Services RVI	10.67%
317 CB Cardiothoracic Services	11.38%
317 CS Estates	11.66%
317 CS Finance	12.61%
317 CS Supplies	12.66%
317 CB Family Health	14.00%
317 CS Information Management and Technology	14.31%
317 CS Human Resources	15.61%
317 CS Medical Director	16.22%
317 CS Chief Executive	16.51%
317 CS Integrated Covid Hub North East	30.43%
317 CS NHS COVID Vaccination Programme	36.62%
<b>Trust Total</b>	<b>11.02%</b>

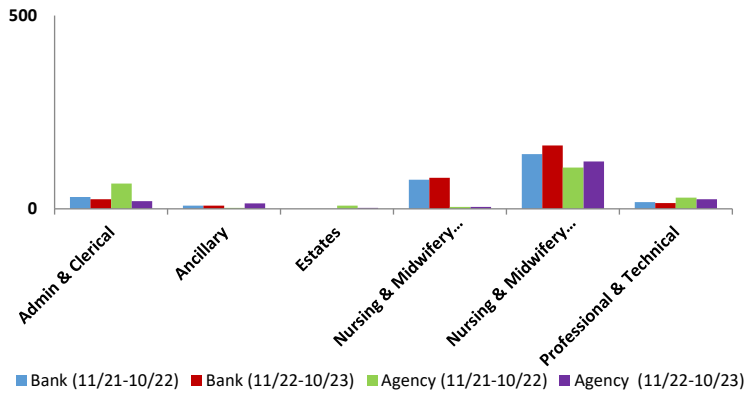
- 34.4% of leavers across the Trust disclosed they were going to another NHS organisation.

### Destination on Leaving

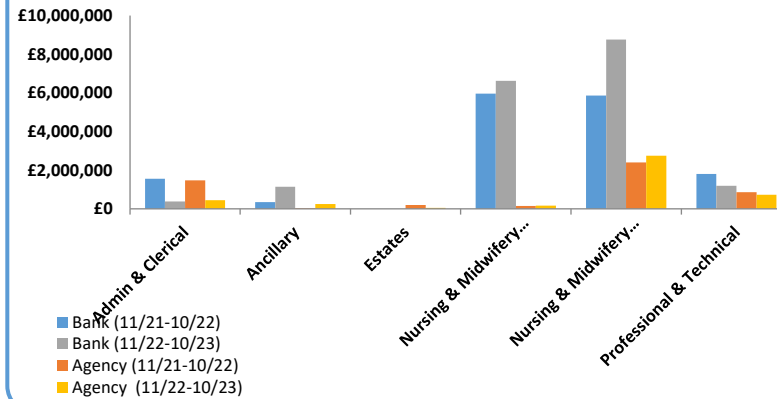


# People: Workforce 3/3

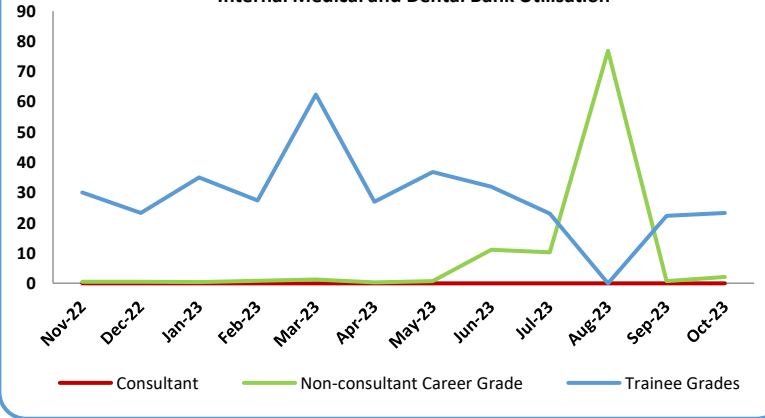
Bank and Agency Utilisation by Staff Group (FTE)



Bank and Agency Utilisation by Staff Group (Cost)



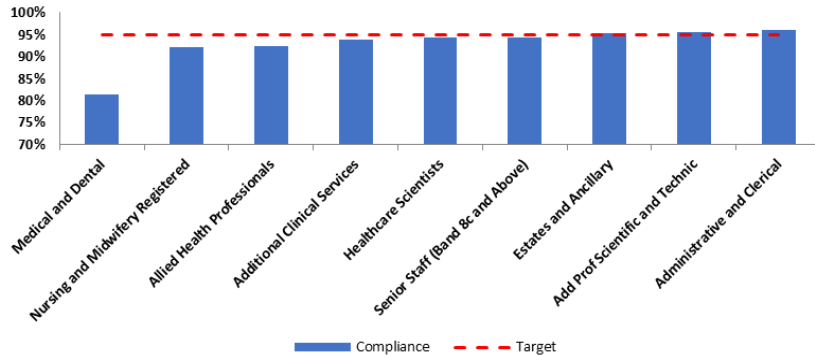
Internal Medical and Dental Bank Utilisation



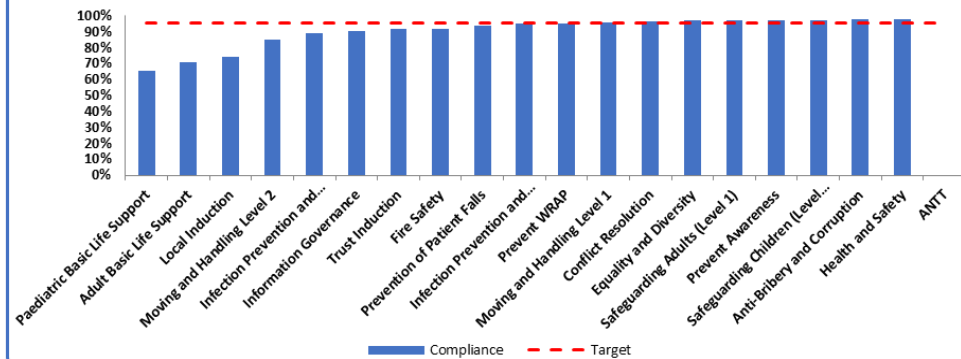
Comparing the periods November 2021 – October 2022 to November 2022 – October 2023, overall bank utilisation increased from 272 wte to 291 wte and agency utilisation has decreased from 213 wte to 186 wte.

# People: Delivering Excellence in Education & Training

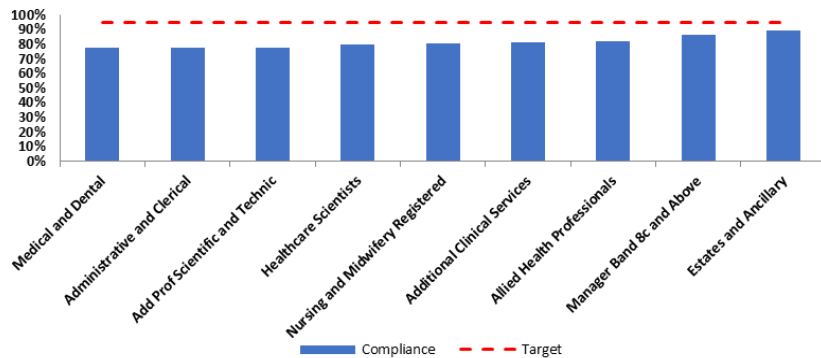
Mandatory Training by Staff Group



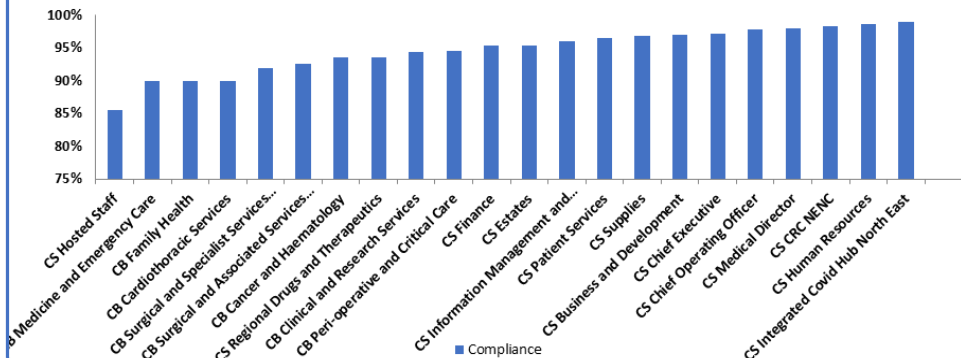
Mandatory Training by Topic



Appraisals



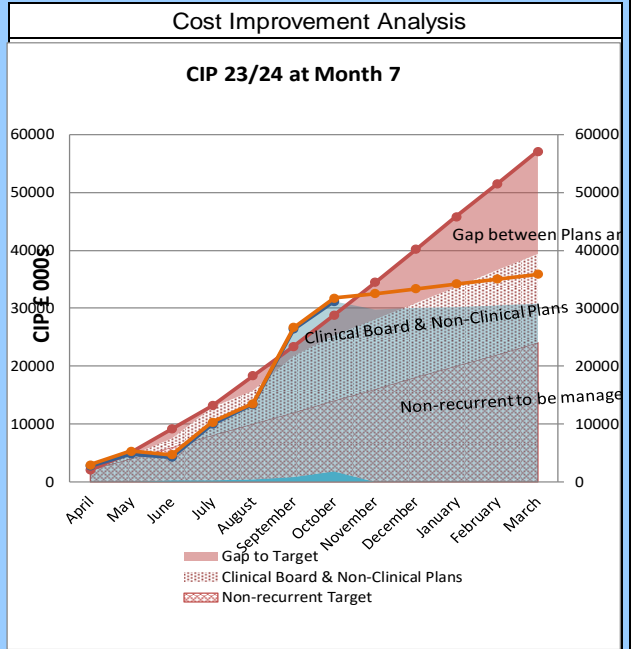
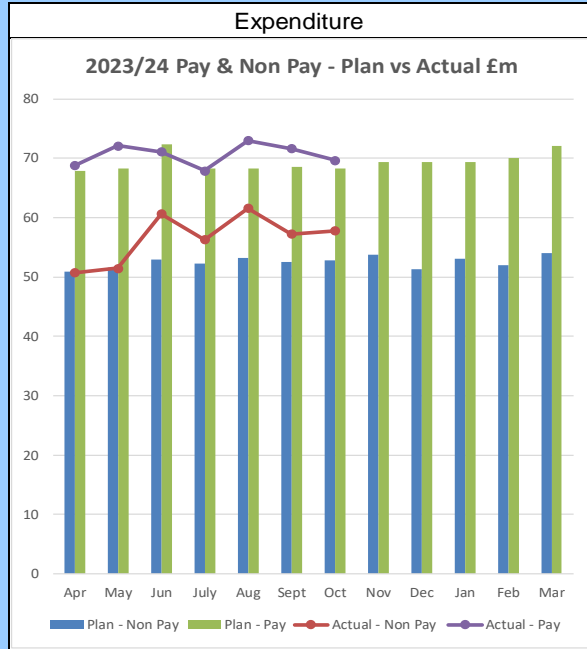
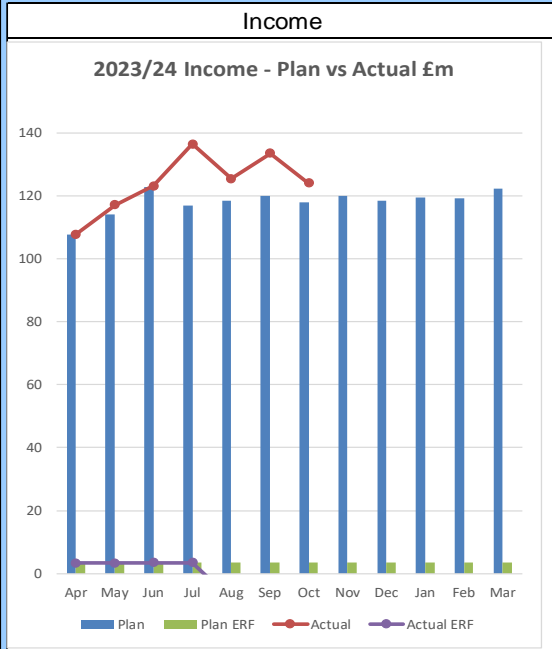
Mandatory Training by Clinical Board



- Mandatory training compliance stands at 92.75% at end of October 2023, against an end of year target of 95%. The October 2022 position was 88.40%.
- Medical and Dental are the staff group with the lowest training compliance at 81.41% in October 2023 compared to 72.44% in October 2022.
- Appraisal compliance stands at 80.69%, at end of October 2023, against an end of year target of 95%, this is compared to 75.5% in October 2022. Interventions are in hand to improve this position.

# Finance: Overall Financial Position

## Financial Overview as at 31st October 2023



## Commentary

This page summarises the financial position of the Trust for the period ending 31st October 2023. The Trust has agreed a Financial Plan for 2023/24 with a break-even position. As at Month 7 the Trust is reporting an adverse variance of £10.9 millions against the agreed Financial Plan. This mainly relates to the financial impact of industrial action that is apparent within the spend trajectory and the impact of showing the adverse effect on delivering the against the ERF. The Trust incurred expenditure of £890 million and received income of £875 million, leaving a deficit of £15 million.

The delivery of the plan relies on a number of factors which are subject to significant risk

- Delivery of required levels of activity compared with 2019/20 activity levels. This target is subject to change due to the impact of industrial action on activity plans.
- Reliance on non-recurrent income and expenditure benefits
- Achievement of CIP targets
- Assumptions relating to inflation, subject to change and unfunded



## Capital Expenditure

The Plan for October is £25 million and the year to date expenditure is £12 million creating a variance of £13 million to date. This is expected to catch up.

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### COUNCIL OF GOVERNERS

Date of meeting	07 December 2023						
Title	Trust Performance Report						
Report of	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	<p>This paper is to provide assurance to the Board on the Trust's elective recovery progress as well as performance against NHS England (NHSE) priorities for 2023/24 and key operational</p> <ul style="list-style-type: none"> <li>indicators.</li> </ul>						
Recommendation	For assurance.						
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p>Performance – Being outstanding now and in the future.</p>						
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]	<p>Strategic Risk SO1.1 [Capacity and demand pressures]</p> <p>Strategic Risk SO5.8 [Activity delivery]</p> <p>Details compliance against NHSE plan priorities for 2023/24.</p> <p>Details compliance against national access standards which are written into the NHS standard contract.</p>						
Reports previously considered by	Regular report.						



## TRUST PERFORMANCE REPORT

### EXECUTIVE SUMMARY

This report provides an overview of the Trust's continuing recovery of elective activity as well as performance against both contracted national access standards and the priorities for the year outlined by NHS England (NHSE) as part of the 2023/24 planning round.

- Provisional data suggests activity delivery levels (volumes) in October were below both plan and the revised 105% target across all points of delivery except for New Outpatient appointments (104.8% delivery against a plan of 103.5%). Cumulatively for 2023/24 to date (months 1-7) total activity delivery stands at 101% of the rebased 2019/20 baseline.
- The Trust delivered day case activity equivalent to 103.3% of the re-based 19/20 baseline in October, whilst overnight elective activity delivery measured at 80.5%. Delivery has been impacted by ongoing industrial action as well as a significant increase in Adult General and Acute average bed occupancy, which grew for the third successive month up to 91.5% (with peaks above the target of 92%) causing significant difficulties in maintaining patient flow. Optimum bed occupancy levels to maximise flow should be closer to 85%.
- Across 2023/24 to date outpatient procedures measure at 104% of 2019/20 levels, below the expected trajectory of 107%. However, work continues to clear a backlog of coding activity related to ophthalmology procedures which should improve cumulative activity delivery levels over the coming months.
- Newcastle Hospitals delivered performance below the revised 4-hour Accident & Emergency (A&E) arrival to admission/discharge target, with performance standing at 73.8% against the 76% target. This was the first month that the Trust has failed to hit the 76% target.
- The Trust failed all nine cancer standards in September 2023, including the 28 Day Faster Diagnosis Standard (FDS) for the second successive month. This is largely due to the continuing high levels of demand on the Skin service, although some technical issues also continue with the dermatoscopes used in primary care, impacting on the tele-dermatology pathway that has previously been delivering improvements.
- The volume of patients waiting >62 days for cancer treatment decreased in October to 320, slightly below trajectory (288). This decrease is due to a further validation of the cancer Patient Tracking List (PTL), particularly relating to skin pathways. Performance against the 62-day cancer standard remains poor across most of the tumour sites.
- At the end of October the Trust had 13 patients waiting >104 weeks, all waiting for spinal surgery. 246 patients had a waiting time of >78 weeks, with the majority of these waiting for non-spinal care – the Trust had been asked by NHSE to reduce waiters in this category to zero by the end of June 2023.

The Council of Governors is asked to receive the report.

# Trust Performance Board Report

**Produced: November 2023**

**Data: October 2023**



# NHSE Plan Requirements 2023/24

Metric	Requirement	Jul-23	Aug-23	Sep-23	Oct-23	RAG Rating: Oct-23*	
						Plan	Target
<b>Cumulative Activity Delivery (Spec. Acute)</b>							
Day Case	<b>109%</b> of 19/20 value-weighted activity (overall, monthly cumulative)  <b>N.B. Currently being reported by volume, not VWA</b>	103.0%	102.8%	102.7%	<b>102.7%</b>	112.1%	105.0%
Elective Overnight		81.0%	82.3%	82.9%	<b>82.5%</b>	113.3%	105.0%
Outpatient New		99.1%	99.0%	98.4%	<b>99.4%</b>	103.2%	105.0%
Outpatient Procedures		101.8%	104.7%	106.8%	<b>103.6%</b>	106.6%	105.0%
Total		100.1%	101.0%	101.5%	<b>100.8%</b>	106.5%	105.0%
<b>Urgent &amp; Emergency Care</b>							
A&E Arrival to Admission/Discharge	<b>&gt;=76%</b> under 4 hours (by Mar-24)	78.6%	78.3%	76.1%	<b>73.8%</b>	75.8%	<b>&gt;=76%</b>
Adult General & Acute Bed Occupancy	<b>&lt;=92%</b>	85.5%	87.2%	88.9%	<b>91.5%</b>	90.7%	<b>&lt;=92%</b>
Urgent Community Response Standard	<b>&gt;=70%</b> under 2 hours	87.0%	78.0%	84.0%	<b>79.6%</b>	N/A	<b>&gt;=70%</b>
<b>Cancer Care</b>							
>62 Day Cancer Waiters	Reduce to <b>&lt;=200</b> (by Mar-24)	255	328	397	<b>320</b>	288	<b>&lt;=200</b>
28 Day Faster Diagnosis	<b>&gt;=75%</b> (by Mar-24)	80.0%	74.7%	<b>68.9%</b>	TBC	70.0%	75%
<b>Elective Care</b>							
>104 Week Waiters	<b>Zero</b>	15	15	14	<b>13</b>	8	0
>78 Week Waiters	<b>Zero</b>	114	156	229	<b>246</b>	9	0
>65 Week Waiters	<b>Zero</b> (by Mar-24)	1,157	1,310	1,515	<b>1,575</b>	823	0 (Mar-24)
>52 Week Waiters	<b>Reduction</b> (Zero by e/o Mar-25)	4,152	4,296	4,504	<b>4,593</b>	3,650	0 (Mar-25)
>12 Weeks Validation	<b>90%</b> (by Oct-23)	N/A	N/A	23.0%	<b>38.0%</b>	N/A	90% (by Oct-23)
<b>Diagnostics</b>							
Diagnostic Activity**	Appropriate levels to reduce waits	113.3%	109.2%	106.9%	<b>110.8%</b>	107.8%	N/A
>6 Weeks Waiters	<b>&lt;=5%</b> (by Mar-25)	22.2%	23.5%	21.8%	<b>21.8%</b>	N/A	<b>&lt;=5%</b>
<b>Outpatient Transformation</b>							
PIFU Take-up	<b>&gt;=5%</b> of all OP atts. (by Mar-24)	2.6%	2.8%	2.8%	<b>3.0%</b>	2.75%	5.0% (Mar-24)
Outpatient Follow-up Reduction	<b>&lt;=75%</b> of 19/20	108.0%	106.7%	104.8%	<b>104.4%</b>	105.7%	<b>&lt;=75%</b>

\* 1 month prior for 28 Day FDS

\*\* CT, MRI, Non-obs US, Endoscopy & ECHO.

# Operational Standards (1/2)

Metric	Standard	Jul-23	Aug-23	Sep-23	Oct-23	RAG Rating: Oct-23*
<b>Urgent &amp; Emergency Care</b>						
Ambulance Handovers	Zero over 60 mins	17	16	15	24	
A&E Arrival to Admission/Discharge	>=76% under 4 hours (by Mar-24)	78.6%	78.3%	76.1%	73.8%	
	<2% over 12 hours	0.7%	1.4%	1.2%	2.4%	
Urgent Community Response Standard	70% under 2 hours	87.0%	78.0%	84.0%	79.6%	
<b>Cancer Care</b>						
Two Week Wait (Suspected Cancer)	93%	49.4%	65.6%	66.0%	TBC	
Two Week Wait (Breast Symptomatic)	93%	50.9%	67.3%	74.4%	TBC	
28 Day Faster Diagnosis	75% (by Mar-24)	80.0%	74.7%	68.9%	TBC	
31 Days (First Treatment)	96%	82.9%	85.4%	82.3%	TBC	
31 Days (Subsq. Treat. - Surgery)	94%	58.7%	64.7%	63.7%	TBC	
31 Days (Subsq. Treat. - Drugs)	98%	95.5%	92.6%	94.5%	TBC	
31 Days (Subsq. Treat. - Radiotherapy)	94%	84.0%	92.8%	83.2%	TBC	
62 Days (Treatment)	85%	55.2%	53.9%	49.2%	TBC	
62 Days (Screening)	90%	80.2%	66.7%	75.6%	TBC	

\* 1 month prior for Cancer Care

# Operational Standards (2/2)

Metric	Standard	Jul-23	Aug-23	Sep-23	Oct-23	RAG Rating: Oct-23*
<b>Elective Care</b>						
18 Weeks RTT	92%	67.8%	67.7%	66.9%	67.3%	
>65 Week Waiters	Zero (by Mar-24)	1,157	1,310	1,515	1,575	
>6 Weeks Diagnostic Waiters	<=1%	22.2%	23.5%	21.8%	21.8%	
Cancelled Ops. Rescheduled >28 Days	Zero	9	8	10	12	
Urgent Ops. Cancelled Twice	Zero	0	0	0	0	
<b>Other</b>						
Duty of Candour	Zero	0	0	0	0	
Mixed Sex Accommodation Breach	Zero	70	Data unavailable	Data unavailable	128	
MRSA Cases	Zero	0	0	0	2	
C-Difficile Cases	<=165 (FY Cumulative)	39	55	73	89	
VTE Risk Assessment	95%	95.2%	95.1%	96.3%	95.8%	
Sepsis Screening Treat. (Emergency)	>=90% (of sample) under 1 hour	54.0%	54.0%	54.0%	TBC	
Sepsis Screening Treat. (All)		55.0%	55.0%	55.0%	TBC	

\* 1 month prior for Cancer Care

# Other Metrics (1/2)

Metric	Jul-23	Aug-23	Sep-23	Oct-23
<b>Emergency Care</b>				
Ambulance Arrivals	3,056	2,976	2,928	<b>3,204</b>
Ambulance Handovers <15 mins	68.1%	64.0%	63.4%	<b>64.9%</b>
Ambulance Handovers <30 mins	94.0%	91.9%	91.7%	<b>91.9%</b>
Ambulance Handovers <60 mins	99.4%	99.5%	99.5%	<b>99.3%</b>
Type 1 Performance (A&E 4 hour)	65.5%	65.0%	61.9%	<b>58.2%</b>
Type 1 Attendances (Main ED)	11,839	11,265	11,960	<b>12,958</b>
Type 2 Attendances (Eye Casualty)	1,562	1,585	1,482	<b>1,622</b>
Type 3 Attendances (UTC)	5,124	4,858	4,943	<b>5,477</b>
<b>Patient Flow</b>				
Covid Inpatients (average)	4	30	38	<b>31</b>
Emergency Admissions	6,158	6,098	6,093	<b>6,522</b>
G&A Bed Occupancy	85.5%	87.2%	88.9%	<b>91.5%</b>
Critical Care Bed Occupancy	64.9%	63.7%	63.9%	<b>70.9%</b>
Bed Days Lost (average)	31	41	38	<b>33</b>
Medical Boarders	31	59	69	<b>67</b>
Length Of Stay >7 Days	701	717	735	<b>791</b>
Length Of Stay >21 Days	331	328	329	<b>330</b>

# Other Metrics (2/2)

Metric	Jul-23	Aug-23	Sep-23	Oct-23
<b>Cancer Care</b>				
2WW Appointments	2,676	2,796	<b>2,344</b>	TBC
Cancer First Treatments	526	576	<b>531</b>	TBC
<b>Planned Care</b>				
2WW Referrals	3,063	2,974	2,868	<b>2,764</b>
Urgent Referrals	5,636	5,788	5,608	<b>6,130</b>
Routine Referrals	25,663	25,129	25,283	<b>26,798</b>
Specialist Advice Requests (% of New OP Atts.)	8.9%	9.6%	9.2%	<b>8.4%</b>
Day Case Activity (Specific Acute (SA))	10,346	10,639	10,266	<b>11,107</b>
Overnight Elective Activity (SA)	1,688	1,757	1,670	<b>1,761</b>
New Outpatient Attendances (SA)	21,741	21,248	21,158	<b>24,750</b>
Outpatient Procedure Activity (SA)	17,961	19,772	19,735	<b>15,096</b>
Review Outpatient Attendances (SA)	59,041	57,561	59,150	<b>66,588</b>
Diagnostic Tests	20,157	20,440	19,380	<b>20,822</b>
Outpatient DNA Rate	7.2%	6.7%	6.8%	<b>7.1%</b>
Virtual Attendances	13.5%	13.6%	13.3%	<b>13.5%</b>
RTT Waiting List Size	108,281	108,298	108,603	<b>109,149</b>

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## COUNCIL OF GOVERNORS

Date of meeting	7 December 2023						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Mrs Gillian Elsander, PA to Chairman and Trust Secretary / Corporate Governance Officer Miss Molly Bowater, Corporate Governance Administrator						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Council of Governors in August 2023:</p> <ul style="list-style-type: none"> <li>• People Committee – 17<sup>th</sup> October 2023</li> <li>• Audit Committee – 24<sup>th</sup> October 2023</li> <li>• Charity Committee – 16<sup>th</sup> November 2023</li> <li>• Quality Committee – 21<sup>st</sup> November 2023</li> <li>• Finance Committee – 29<sup>th</sup> November 2023</li> </ul>						
Recommendation	The Council of Governors is asked to (i) receive the update and (ii) note the contents.						
Links to Strategic Objectives	Links to all strategic objectives						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 August 2023.

## UPDATE FROM COMMITTEE CHAIRS

### 1. PEOPLE COMMITTEE

A meeting of the People Committee took place on 17<sup>th</sup> October 2023. During the meeting, the main areas of discussion included:

- An update on Industrial action from the Head of HR.
- The new and emerging risks.
- An update on Medical and Dental staffing from the Medical Director.
- The Fit for the Future update was delivered by Chief Operating Officer and the Chief People Officer.
- The Chief People Officer discussed the People Priorities Delivery update as well as Leadership Development, Talent and Succession Planning.
- The Assistant Chief Executive delivered an update on the Communications Strategy and an external engagement update.
- The People and Culture dashboard was presented by the Head of Human Resources.
- Minutes of the following Groups were received:
  - Learning and Education Group (19<sup>th</sup> June 2023)
  - Sustainable Health Care Committee (7<sup>th</sup> September 2023)
- The following Reports were received:
  - Freedom to Speak Up Guardian Report.
  - Guardian of Safe Working Report.

The next formal meeting of the Committee will take place on 19<sup>th</sup> December 2023.

### 2. AUDIT COMMITTEE

A meeting of the Audit Committee took place on 24<sup>th</sup> October 2023. During the meeting, the main areas of discussion included:

- Updates from the Committee Chairs regarding risk and assurance by exception.
- The Chief Operating Officer and the Assistant Chief Executive led on a discussion in relation to the assurance from management as to the processes in place for responding to the CQC inspection reports.
- The Head of Corporate Risk and Assurance Manager presented the Board of Assurance Framework and an update on the Risk Management Module procurement exercise was included.
- The Charity External Audit report and Annual Financial Statements were discussed and a Director of Robson Laidler attended to present the audit report.
- An update on the Scheme of Delegation, Standing Financial Instructions and Standing Orders Updates was presented by the Trust Secretary and Deputy Chief Finance Officer, with the proposed amendments approved.
- The Internal Audit Progress Report was presented by the Chief Auditor.
- The Counter Fraud Activity Report was presented by the Fraud Team Specialist Manager, which included the fraud response log.

- The External Audit update including the Final Auditors Annual Report from 2022/23 was presented.
- A review of the following items was presented by the Deputy Chief Finance Officer and the Assistant Finance Director:
  - Schedule of approval of single tender action and breaches and waivers exception report (there was 2 quarters of waiver reports for this meeting).
  - Debtors and creditors balances.
  - Schedule of losses and compensation.
- The minutes of the following meetings were received:
  - Finance Committee- 26<sup>th</sup> July 2023 (FINAL) and 25<sup>th</sup> September 2023 (DRAFT).
  - People Committee- 22<sup>nd</sup> June 2023 (FINAL) and 22<sup>nd</sup> August 2023 (FINAL).
  - Quality Committee- 18<sup>th</sup> July 2023 (FINAL).

The next meeting of the Committee will take place on 23<sup>rd</sup> January 2024.

### **3. CHARITY COMMITTEE**

A meeting of the Charity Committee took place on 16<sup>th</sup> November 2023. During the meeting, the main areas of discussion included:

- Grant Programmes presented by the Associate Director of Funding and Partnerships, including:
  - Grants for committee approval
  - Summary of Grants agreed since the last committee meeting
- The Charity Director provided an update on strategy and governance which included VAT, Liabilities and the Investment task Group.
- Annual Reports and Accounts.
- The Charity Director provided an update Team Growth and Accommodation, and the Draft Reserves policy.
- The following grants were approved:
  - Identifying & Responding to Health Needs in Asylum / Refugee families – Specialist Public Health Nurse 0-19 Service - £129,756
  - Learning Disability: Engagement, Quality Checks and Easy Read with Skills for People - £79,700
  - Phagenyx dysphagia medical device speech and language therapy - £52,155
  - MRI compatible DVD players - £28,600
  - RVI Leazes Wing Level 3 Junior Doctors Rest Room Refurbishment – Up to £700,000
  - Henderson Suite Refurbishment - £209,000
- The Financial Accountant for the Charitable Funds provide and update on the financial reports, Summary of Investments to June 2023 including Summary Investment Report.
- The Chair discussed the Dashboard re Operational KPI's and Communication, along with the Charity Risk Assessment, Connected Charities Checklist, and the Minutes of Associated Meetings as follows:
  - Great North Children's Hospital - 18<sup>th</sup> May 2023
  - Charity Committee Away Day - 10<sup>th</sup> October 2023

The next meeting of the Committee will take place on 12<sup>th</sup> February 2024.

#### **4. QUALITY COMMITTEE**

A meeting of the Quality Committee took place on 16<sup>th</sup> November 2023. During the meeting, the main areas of discussion included:

- The Management group Chair Reports were presented as follows:
  - Patient Safety Group by Vascular Consultant Surgeon
  - Clinical Outcomes and Effectiveness Group Chairs regular report by Consultant Anaesthetist
  - Compliance and Assurance Group Annual Report by Consultant Clinical Geneticist
  - Patient Experience and Engagement Group (PEEG) Chairs Report by Executive Chief Nurse
- The Director of Quality and Effectiveness presented the Quality Account Report.
- The Deputy Chief Nurse raised provide an update on the wards of concern.
- Quality and Performance Board Reports were discussed by the Director of Quality and Effectiveness and Consultant Microbiologist.
- Consultant Anaesthetist of Pre-Operative and Critical Care, and Implementation Lead of Patient Safety and Risk delivered a presentation on the National Patient Safety Strategy Update including Patient Safety Incident Response Plan.
- Updates on the current CQC position were provided by the Executive Chief Nurse and Director of Quality and Effectiveness.
- Quarter 2 reports as noted below were presented by Executive Chief Nurse and Deputy Chief Nurse:
  - Safeguarding
  - Learning Disability
- Dr Alexa Clark joined the meeting to present the End of Life and Palliative Care Bi-Annual Report.
- Leadership walkabouts updates and legal updates were received.
- Minutes of the following meetings were received.
  - Clinical Outcomes and Effectiveness Group- 11th August 2023
  - Compliance and Assurance Group- 20th July 2023
  - Patient Experience and Engagement Group- 22nd August 2023

The next meeting of the Committee will take place on 16<sup>th</sup> January 2024.

#### **5 FINANCE COMMITTEE**

A meeting of the Finance Committee took place on Wednesday 29<sup>th</sup> November 2023.

During the meeting, the main areas of discussion included:

- An overview of the Month 7 Finance position including CIP and Capital Expenditure provide by the Chief Finance Officer and the Director of Estates.
- The Executive Director of Business, Development & Enterprise provided an update on the month 7 performance data.

### Agenda item 9.3

- Commercial Strategy update by The Executive Director of Business, Development & Enterprise.
- Tenders (PR) and Business Cases (BC) for approval included:
  - Outpatient Pharmaceutical Dispensing Service (PR)
  - PSDS Works (PR)
  - Data Circuits (PR)
  - Pharmacy Immunoglobulin Deliveries (PR)
  - MRI Scanner (PR) & (BC)
  - Rapid Gas Isolator (BC)
  
- Receipt of minutes from:
  - Capital Management Group 12 September 2023 & 13 October 2023
  - Commercial Strategy Group 8 September 2023
  - Community Diagnostics Centres Strategic Oversight Group 29 August 2023 & 4 October 2023

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

**Report of Molly Bowater**  
**Corporate Governance Administrator**  
**24 November 2023**

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