

**Council of Governors' Meeting: Public Session** Wednesday 14 February 2024 1445h

Venue: Training rooms 3 & 4, Education Centre, Freeman Hospital (dial in available)

**Agenda**

Item	Lead	Paper	Timing
<b>Business items</b>			14:45 – 15:00
1	Apologies for absence and declarations of interest	Kath McCourt	Verbal
2	Minutes of the meeting held on 07 December 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	Jim Mackey	Presentation
<b>Items for discussion</b>			
6	Public Health Update	Balsam Ahmad	Presentation 15:00 – 15:20
7	ICB/ICS/Provider Collaborative Summary	Alex Holloway/Dan Jackson	Presentation 15:20 – 15:40
<b>Governor reports</b>			15:40 – 15:50
8.1	Lead Governor Update	Pam Yanez	Attached
8.2	Quality of Patient Experience (QPE) Working Group (WG);	Poonam Singh	Attached
8.3	Business and Development (B&D) WG	Eric Valentine	Attached
8.4	People, Engagement and Membership (PEM) WG	Judy Carrick	Attached
<b>Items to receive and any other business</b>			15:50 – 16:00
9.1	Integrated Board Report	Angela O'Brien	Attached
9.2	Performance Report	Vicky McFarlane Reid	Attached
9.3	Nominations Committee Report	Kath McCourt	Attached
9.4	NED Activity Report	Kelly Jupp	Attached
9.5	Committee Chairs Report	Committee Chairs	Attached
9.6	Date and time of next meeting: Formal Meeting – Thursday 20 <sup>th</sup> June 2024, 14:45 – 16:00	Kath McCourt	Verbal

---

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*

*Sir Jim Mackey, Chief Executive Officer*

*Dr Balsam Ahmed, Consultant in Public Health*

*Alex Holloway, Public Governor*

*Dan Jackson, ICB Director of Policy, Public Affairs, and Stakeholder Affairs*

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

*Dr 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*

**COUNCIL OF GOVERNORS' MEETING: PUBLIC MEETING****DRAFT MINUTES OF THE MEETING HELD 7 DECEMBER 2023**

**Present:** Professor Kath McCourt, Interim Chair [Meeting 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:** Ms Liz Bromley, Non-Executive Director (NED)  
Mr Bill Macleod, NED  
Mr Graeme Chapman, NED  
Miss Christine Smith, NED  
Mr Jonathan Jowett, NED  
Mrs Christine Brereton, Chief People Officer (CPO)  
Dr Victoria McFarlane-Reid, Executive Director of Business, Development and Enterprise (EDBDE)  
Mr Andy Welch, Medical Director/Deputy Chief Executive Officer (MD/DCEO)  
Mrs Angela O'Brien, Director of Quality and Effectiveness (DQE) [from 14:58]  
Mr Andy Pike, Associate Director of Operations (ADO) and Freedom to Speak Up Guardian  
Mrs Kelly Jupp, Trust Secretary (TS)

**Observed by:** Mr Hugh Gallagher, Consultant Surgeon (CS)

**Secretary:** Jayne Richards, Corporate Governance Officer and PA to the Chair and Foundation Trust Secretary

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

The Chair welcomed all to the meeting.

**23/19 BUSINESS ITEMS:****i) Apologies for Absence and Declarations of Interest**

Apologies for absence were received from Governors: Genna Bulley, Sharon Chilton, Kelly Gribbon, Catherine Heslop, Kate Hawley and Michael Warner; from NEDs Ms Jill Baker and Ms Steph Edusei and Executive Team members Ms Maurya Cushlow, Executive Chief Nurse (ECN), Mrs Jackie Bilcliff, Chief Finance Officer (CFO), Mrs Caroline Docking, Assistant Chief Executive (ACE), Mr Martin Wilson, Chief Operating Officer (COO) and Dame Jackie Daniel, Chief Executive Officer (CEO). Sir Jim Mackey, incoming CEO, also provided his apologies due to his formal commencement date being 1 January 2024.

No declarations of interest were recorded.

The Chair advised that in the absence of the CFO should anyone have any questions for the Finance Team to circulate to Gillian Elsener, [Corporate Governance Officer PA Trust Secretary] for actioning.

### **Minutes of the Meeting held on 17 August 2023 and Matters Arising**

ii) The minutes of the meeting held on 17 August 2023 were agreed to be a true record.

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

iii) **Meeting Action Log**

The action log position was received.

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

iv) **Chair's report**

The Chair presented the report which had been produced by the previous Chair Professor Sir John Burn and highlighted the following points:

- A significant number of visits and meetings had been attended by the Chair since the previous meeting, including a Spotlight on Services session on nutrition within Newcastle Hospitals.
- Governor and Member activities since the previous Council meeting, which included the Annual Members Meeting, an Extraordinary Council of Governors meeting to consider and approve the CEO Appointment, a training and education session on Living with HIV in 2023: stigma, issues and everyone's responsibility and a Members Event.
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP), the Integrated Care Board (ICB) Chair and the Foundation Trust Chair Forum.
- Celebratory Events which included the People at Our Heart Awards.

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

v) **Chief Executive's report**

The CEO report was presented by Mr Andy Welch on behalf of Dame Jackie who had sent her apologies and best wishes to everyone. The MD/CEO noted the following points:

- When considering signs of quality across the organisation, patient experience surveys are overwhelmingly positive: with 96% of inpatients giving positive feedback and benchmarked scores in many national surveys such as the cancer experience survey being above comparable Trusts.
- Mortality rates are consistently below the benchmark for the Newcastle Hospitals case mix than compared with other Trusts.
- The reflections of Dame Jackie as detailed within the report, citing examples of the Northern Centre for Cancer Care in North Cumbria and the RVI staff restaurant.

Agenda item 2

- Recognition through the designation as an Academic Health Science Centre. An update on research was provided at the November Public Board meeting by Professor John Issacs, Honorary Consultant Rheumatologist.
- The new management structure of the eight clinical boards is in place and working well.
- Leading with People at Our Hearts is critical to retaining staff and providing the best possible patient care. Work continues on designing our new people programme that will address the issues that staff have said matter the most to them.
- Endoscopy Services at the Freeman Hospital and RVI have once again achieved JAG accreditation.
- Allied Health Professionals Day took place on 14<sup>th</sup> October and gave the opportunity to share the patient-centred initiatives led by Allied Health Professional staff, challenging traditional approaches, and breaking down barriers to improve care and outcomes.

*[The DQE joined the meeting]*

- Surgeons at the Freeman Hospital have demonstrated the benefits of robotic-assisted surgery for knee replacements, including increased accuracy, shorter recovery, and reduced pain after the operation.
- A new cancer treatment (Glofitamab) has been introduced into the Trust to help hundreds of people suffering from diffuse large B-Cell lymphoma.
- The atypical haemolytic uraemic syndrome (aHUS) clinical nurse specialists were named Winners for the Nursing Times 'Patient Safety Improvement' Award.
- Jenny Welford received a Royal College of Occupational Therapists Merit Award.
- The breast radiography team were winners of the Regional Teams of the Year Award at the Society of Radiographers Radiography Awards 2023.

Mrs Yanez gave thanks on behalf of the Council of Governors to Dame Jackie for all her work as CEO within the Trust.

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

## **23/20** ITEMS FOR DISCUSSION

### **i) Freedom to Speak Up Guardian Update**

Mr Andy Pike, Freedom to Speak Up Guardian (FTSUG) for the Trust gave a presentation to the Council of Governors and noted the following points:

- Following the Public Enquiry at the Mid Staffordshire NHS Foundation Trust in 2013, a new requirement was put in place to establish the role of the FTSUG within NHS organisations. Since that time, the role had further evolved.
- As part of the induction programme for new staff and the enhanced induction for new managers, the role of the FTSUG and associated support is described.
- Regular education and awareness sessions are held across the organisation.
- A Freedom to Speak Up Strategy was developed in 2022.
- The role of Freedom to Speak Up Champions was developed and six speak up champions have been appointed since October 2021.

## Agenda item 2

- Since the role was created there has been shift in the categories of staff who are utilising the FTSUG service, as well as changes in the 'themes' regarding concerns raised.
- The FTSUG role was initially created to encourage staff to speak up about any patient safety issues or any clinical risks however within the Trust, the most common issues raised initially were regarding inter-personal working relationship issues amongst staff however there had been a shift towards some clinical concerns being raised.
- The number of concerns raised was growing which reflected positively on the work conducted to raise awareness of the service.
- An overview of the themes arising from the concerns raised was provided which included communications, timeliness, and support.
- Following the Letby trial, NHSE wrote to Trusts to request additional actions be taken in response to the findings of the trial regarding speaking up support. A number of self-assessment tools had been issued for Boards to complete.

Mrs Singh advised that she had referred colleagues to the service and queried whether additional resources were available/needed. The CPO advised that a 0.6WTE post had now been funded to provide support to the FTSUG. In addition, the work of the FTSUG had been linked into the work underway to develop the People Programme and associated cultural improvements.

A discussion ensued regarding the benefits and weaknesses of having an employee as the FTSUG when compared with an independent externally appointed FTSUG.

Ms Pepper queried the number of cases per year to which the FTSUG advised that the Trust had gone from 15 concerns raised per year initially to 25 concerns raised per month.

The FTSUG explained the importance of signposting and differentiating between employment processes such as the disciplinary process.

Mrs Yanez queried the response to the NHSE letter following the Letby trial to which the FTSUG advised that a Board report had been prepared and a further report would be produced following the completion of the self-assessment tools.

Mr Pike agreed to come back to a future Council of Governors following the conclusion of the Letby inquest [**ACTION01**].

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

## **23/21** ITEMS TO APPROVE

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

The TS presented the report which outlined a summary of the Nominations Committee business since the previous Council meeting held in August 2023 and planned agenda items for the next Committee meeting.

The TS confirmed that the Interim Chair remuneration had been discussed and agreed at the earlier Private Council of Governors meeting.

**It was resolved:** to **approve** the report and **endorse** the Interim Chair remuneration.

## 23/22 GOVERNOR REPORTS

### i) Lead Governor Update

Mrs Yanez, Lead Governor presented the report which provided an update on the work of the Lead Governor since the last meeting of the Council of Governors on 17 August 2023. This included attendance at the meetings of the Chair with the Governor Working Group Chairs, the Governors Informal meetings, observing the interview process to appoint a new Chief Executive Officer and attendance at events which promoted membership and engagement with the Trust. Mrs Yanez thanked Dr Dearges-Chantler for his assistance in coordinating the educational meeting with the Blue Sky Trust on Living with HIV in 2023.

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

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

Mrs Singh presented the report, highlighting the following points:

- The October WG meeting had been cancelled however Committee members had met in November.
- Work has continued to improve the frequency and effectiveness of Governor visits programme and a new process will be undertaken in 2024, whereby visits will occur during part of the allocated time for the QPE meetings to ensure availability of the WG members. The Chair will decide on the areas to visit in 2024 using the information included within the Complaints reports.

#### a. **Vice Chair arrangements**

Gratitude was expressed to Dr Dearges-Chantler for his work as the Vice Chair of the Group. As Dr Dearges-Chantler had stood down from this role, Mrs Watson, Public Governor, had agreed to undertake the role of new Vice Chair of the WG which was supported by the WG members. The Council of Governors **approved** that Mrs Watson undertake the Vice Chair role for the QPE WG.

**It was resolved:** to **receive** the report and **approve** the appointment of Mrs Watson as Vice Chair of the QPE WG.

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

Dr Valentine presented the report, noting the following points:

- Mr Iain Bestford, Project Director from Newcastle Improvement attended a meeting to explain the role of Newcastle Improvement within Newcastle Hospitals and how the team had won a Q Factor 2023 award for reducing the referral to treatment time for the overactive bladder acupuncture clinic using the model for improvement.
- Mr David Hughes had decided to step down as a Public Governor and has been replaced by Professor Philip Home on the External Audit Tender sub-group. Changes to the tender specification were proposed, discussed, and approved by the WG.



Agenda item 2

- Mr Wayne Elliott, Associate Director, Commercial Enterprise Unit updated the WG on the current commercial strategy.
- Mr Macleod gave an Audit Committee update to Committee members and Ms Charis Pollard, Assistant Director of Business Planning and Strategy outlined the work being undertaken regarding reviewing/refreshing the Trust strategy.

*[Professor Pearson left the meeting at 15.38]*

- Mr James Dixon provided an update on the Trust sustainability ambitions and noted the associated funding difficulties.

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

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

Mrs Carrick presented the report, highlighting the following:

- The services of Charlie Comms had been procured, with the support of Newcastle Hospitals Charity funding, to provide communications support for Governor activities, events, and communications for the year ahead.
- A Governors handbook has been drafted, with input from some of the Governors in the WG. This would be circulated to other Governors for feedback following review by the TS.
- A request was made for Governor volunteers to attend the next careers day on the 13 April 2024. It was noted that some lessons had been learned from attendance at the previous event in relation to access to membership materials.

a. **Amendment to Terms of Reference**

Mrs Carrick proposed that a minor amendment be made to section 4.2.1 of the WG 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. The amendment was **agreed**.

**It was resolved:** to **receive** the report and **approve** the amendment to the WG terms of reference.

**23/23 ITEMS TO RECEIVE AND ANY OTHER BUSINESS**

i) **Integrated Board Report including Quality, People & Finance**

The report was received.

The DQE noted the following points:

- Continued reduction in the number of pressure ulcers and fall in the last six months due to improvement work which has been undertaken with the Institute for Healthcare Improvement.



## Agenda item 2

- A data inaccuracy was noted regarding the Mortality Data table on page 80 relating to changes made by NHS Digital to their data sets and the exporting of associated data. The problem was recognised and corrected, with a new set of data submitted. This had resulted in a spike in the standardised hospital mortality rate.

Mrs Yanez queried the maternity consultant cover in place outside of the hours of 10am – 8pm for emergency caesarean sections. The DQE explained that the Trust is funded for 98 hours of consultant cover on the labour ward per week. If a consultant is concerned about a patient, then they will regularly remain in work overnight. The RCOG guidance for a Trust the size of Newcastle Hospitals is 98 hours of consultant cover and anaesthetic consultant cover is available overnight.

Mrs Singh confirmed that there is always a senior registrar around and consultants will be contacted if a complex case arises.

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

ii) **Performance Report**

The report was received.

The EDBDE highlighted the following points:

- The report shows the impact of over 35 days of industrial action on the Trust performance metrics.
- Challenges remained in improving cancer and long waiting time performance targets.
- Discussions were continuing with commissioners in relation to securing additional neuro-rehabilitation beds, as well as seeking support from alternative providers.
- An error had been identified in the report relating to the 62-day backlog data for October which refers to ‘a decrease to 320 slightly below trajectory’ and this should read ‘above trajectory’. This relates to the high number of skin cancer cases and an issue with dermatoscope equipment used by GPs in the community. Discussions are underway with the ICB to resolve the dermatoscope matter.

Mrs Carrick queried the likelihood of extra beds being commissioned to which the EDBDE advised it was likely that an alternative commissioning model would need to be identified.

Dr Dearges-Chantler asked whether any further collaborations could be undertaken to alleviate the long waiting position and whether any preventative health programmes could help to which the EDBDE advised that a “waiting well” programme was in place to ensure patients are optimised for surgery.

Miss Rowen asked whether any further AHP capacity was being sought regarding the request for additional neuro rehabilitation beds to which the EDBDE advised that the ICB had conducted a piece of work to identify the number of additional beds required for rehabilitation and agreed to feedback [**ACTION02**].

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

Agenda item 2

iii) **Committee Chairs Report**

*Charity Committee*

Mr Chapman gave an update on Charity Committee and noted that:

- The Charity was in a relatively strong financial position.
- The Charity Commission guidance was followed regarding what the Trust Charity can and cannot spend its funding on.
- Historically a number of requests had been received for charity grants relating to staff well-being projects. The Charity team were therefore working closely with the COP and her team in relation to this.

The CPO commented that as part of the focus group sessions she had been asking staff what health and wellbeing they felt they needed so that a plan can be developed based on these responses. A separate conversation would be held with the charity team to ascertain what they can support in terms of wellbeing offers to staff.

*People Committee*

Mr Jowett provided an update on the People Committee meeting which took place 17<sup>th</sup> October 2023, noting the next meeting is due to take place on 19<sup>th</sup> December 2023.

Mr Jowett confirmed that he was scheduled to meet with Mrs Carrick as PEM WG Chair and noted that any people related themes arising from the CQC report will be used to identify agenda items for future Committee meetings.

*Quality Committee*

Mr Chapman noted the following points:

- The draft CQC inspection report had been received and a comprehensive response and associated action plan submitted back to CQC for consideration. Gratitude was expressed to the Executives and their teams in responding to the report.

Discussions were underway in relation to the provision of oversight for the execution of the action plan.

- Mr Bill Macleod was welcomed as a new member of the Quality Committee.
- Committee members discussed nursing staff experience levels.

Mr Chapman advised that he had attended a recent training session on the Patient Safety Incident Response Framework (PSIRF) and provided an overview of the purpose of the framework.

Dr Dearges-Chantler noted that he had observed the previous Public Board meeting which included a presentation from Dr Gus Vincent on patient safety and asked if this presentation could be shared with the Governors which the DQE agreed to action **[ACTION03]**.

Agenda item 2

*Finance Committee*

Ms Smith thanked Dr Valentine for his attendance at the last Finance Committee meeting as an observer.

Ms Smith advised that a comprehensive session was held at the last meeting discussing the financial position of the organisation and the associated challenges. A significant amount of time at the meeting was spent discussing and approving a number of tenders/business cases for investment e.g., outpatient pharmacy. Ms Smith noted that further work was being undertaken to improve the quality of business case/tender documentation.

*Audit Committee*

Mr MacLeod presented the update on the meeting which took place in October 2023, highlighting the next meeting is to take place in January 2024 and noted the following:

- Feedback from the auditors on the annual report and accounts for the Trust Charity. It was noted that a different audit firm was used to the auditors of the Trust accounts, as approved by the Council of Governors. Feedback was positive and the programme of work was on track.
- Internal auditors from the NHS consortium Audit One have just appointed a new managing director. Mr MacLeod confirmed that he would be attending the Audit One management board meeting next week.
- Representatives from the national counter fraud team had visited the Trust as part of an annual programme and spoke to Mr MacLeod as Audit Committee Chair. Feedback was extremely positive regarding the counter fraud services provided within Newcastle Hospitals.

Mr Waddell requested clarification regarding the two different sets of auditors and sought confirmation that audit fees had not been paid to two different auditors for the same piece of work to which Mr MacLeod confirmed that the audit fee had not been duplicated. The Chair recommended that email confirmation be sent to the Governors from the CFO to clarify/explain the fee arrangements **[ACTION04]**.

Dr Valentine confirmed that the change in auditors was agreed through the Council of Governors, with due process followed.

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

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

Formal Meeting – Thursday 15 February 2024, 14:45 – 16:00

**There being no further business, the meeting closed at 16:03.**

**GOVERNORS' ATTENDANCE – 7 DECEMBER 2023 PUBLIC**

	Name	Y/N
1	Mr David Black	Yes
S	Miss Genna Bulley	Apologies
1	Mrs Judy Carrick	Yes
S	Mrs Sharon Chilton [Nursing & Midwifery]	Apologies
1	Dr Alexandros Dearges - Chantler	Yes
1	Mrs Aileen Fitzgerald	Yes
1	Mr David Forrester	Yes
S	Mr Gary Gibson [Volunteer]	Yes
S	Mrs Kelly Gribbon [Admin and Clerical]	Apologies
1	Mrs Kate Hawley	Apologies
2	Mrs Catherine Heslop	Apologies
2	Mr Alex Holloway	Yes
2	Prof Philip Home	Yes
2	Mr John McDonald	Yes
2	Prof Pauline Pearson	Yes
2	Ms Linda Pepper	Yes
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
A	Prof John Unsworth	Yes
1	Dr Eric Valentine	Yes
2	Mr Bob Waddell	Yes
A	Dr Luisa Wakeling	Yes
3	Mr Michael Warner	Apologies
2	Mrs Claire Watson	Yes
1	Mrs Pam Yanez	Yes

**THIS PAGE IS INTENTIONALLY  
BLANK**

Council of Governors Meeting Actions - Public

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
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. <u>05.02.24</u> AM followed up with SW for update.	Amber
116	ACTION04	6. Update on Paediatrics	17-Aug-23	The CFO agreed to follow up 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. <u>11.12.23</u> Update provided by JB and DS. Update shared with Governors Action closed	Green
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. This action is being dealt with via action 120 on the private action log. This action is therefore closed.	Green
119	ACTION01	6. Freedom to Speak Up Guardian Update	07-Dec-24	Andy Pike agreed to return to the CoG to provide an update following the publication of the Letby Inquest.	AP	To arrange once inquest is published	Grey
120	ACTION02	9.2 Performance Report	07-Dec-24	The EDBDE agreed to feedback on a query by ER regarding additional AHP capacity within Neurorehabilitation as the ICB were investigating how many additional beds were required.	VM-R	<u>07.12.23</u> VMR provided and update to ER immediately following the meeting and shared a copy of the business case. Action closed.	Green
121	ACTION03	9.3 Committee Chairs Report	07-Dec-24	The DQE agreed to share a presentation with the Governors that had been shared by Dr Gus Vincent at Public Board.	AoB	<u>07.12.23</u> This presentation was shared after the meeting. Action closed	Green
122	ACTION04	9.3 Committee Chairs Report	07-Dec-24	The CFO agreed to send a clarification on the fee arrangements for the external audit to the Council of Governors.	JB	<u>20.12.23</u> AM followed up with the CFO <u>05.02.24</u> AM chased up with JB. <u>06.02.24</u> - JB confirmed that the billing is correct and that the Trust external auditor and the Charity external auditor have not both been paid for 'duplicate' work.	Green

Key:

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



### COUNCIL OF GOVERNORS

Date of meeting	14 February 2024						
Title	Chair's Report						
Report of	Professor Kath McCourt, Interim Chair						
Prepared by	Professor Kath McCourt, Interim Chair Gill Elsender, Corporate Governance Officer and PA to the Chairman and Trust Secretary						
Status of Report	Public	Private	Internal				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Purpose of Report	For Decision	For Assurance	For Information				
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Summary	<p>This report outlines a summary of the Chair's activity and key areas of recent focus since the previous Council of Governors meeting, including:</p> <ul style="list-style-type: none"> <li>• Governor activity</li> <li>• "Spotlight on Services" <ul style="list-style-type: none"> <li>• Newcastle Hospitals Charity Arts Programme</li> </ul> </li> <li>• Board Activity</li> <li>• Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICB)</li> <li>• Engagement with the Integrated Care Board (ICB) Chair and Foundation Trust Chair Forum</li> <li>• Engagement with the NHS Confederation</li> <li>• The launch event for Patient Safety Incident Reporting Framework</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.						



## CHAIR'S REPORT

### **EXECUTIVE SUMMARY**

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

- Governor activity
- "Spotlight on Services"
  - Newcastle Hospitals Charity Arts Programme
- Board Activity
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICB)
- Engagement with the Integrated Care Board (ICB) Chair and Foundation Trust Chair Forum
- Engagement with the NHS Confederation
- The launch event for Patient Safety Incident Reporting Framework

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

## CHAIR'S REPORT

The Trust Board meeting on 25 January marked my first as Interim Chair of the Trust. At that time I formally welcomed Sir Jim Mackey to the Trust as our new Chief Executive Officer.

In December we enjoyed a "Spotlight on Services" which was hosted by our Newcastle Hospitals Charity. We were joined by Katie Hickman, Arts Programme Manager who delivered a short presentation on the work undertaken and the embedding of the Arts programme within the Trust. The embedding of the programme as core Chairty activity, was hugely timely as the drive for arts and health programmes increases with the new Creative Health Review launched in early December by the All-Party Parliamentary Group on Arts, Health and Wellbeing.

I chaired a Board Development Session on 14 December 2023 which focused on:

- The latest developments in system work and the impact for Newcastle Hospitals.
- A stocktake on the CQC inspection position and discussion on oversight and governance arrangements going forward.  
I am actively working with colleagues to address the actions arising from the CQC inspections.
- Discussion of current issues within Clinical Boards and how these will be governed.
- A briefing on the newly established Medical Staffing/Local Negotiating Committees.
- An update on Medical Education and Training.

At a regional level, I have engaged with both Foundation Trust Chairs and the Integrated Care Board (ICB). At the meeting on the 12 December 2023, we received updates on the priorities of the Provider Collaborative, finance and performance.

On a national level I participated in a Chairs meeting in December hosted by NHS Confederation where we were joined by May Li, Interim Director of Efficiency, NHS England and Ed Jones, Senior Policy Advisor, NHS Confederation. The session focused on productivity linking into the governments productivity review which is shaped around three workstreams - prevention, Artificial Intelligence (AI)/digital, and administration.

On Thursday 18 January I was delighted to be invited to the launch event of our new Patient Safety Incident Reporting Framework, a new approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

### **RECOMMENDATION**

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

**Report of Professor Kath McCourt**  
**Interim Chair**  
**14 February 2024**

**THIS PAGE IS INTENTIONALLY  
BLANK**

## COUNCIL OF GOVERNORS

Date of meeting	14 February 2024						
Title	Update from the Lead Governor						
Report of	Pam Yanez, Lead Governor						
Prepared by	Pam Yanez, Lead Governor 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 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 07 December 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 07 December 2023.

## UPDATE FROM THE LEAD GOVERNOR

### 1. UPDATE

In addition to attending the Governor Working Groups I have had meetings with Sir Jim Mackey, Chief Executive Officer and Professor Kath McCourt, Interim Chair to discuss the activities of the Governors and represent our views on current issues.

I led the Governors informal meeting on 11 January 2024 at which we formulated matters and any issues to be discussed with the Chair and Trust Secretary.

I observed the Public Board Meeting on 25 January 2024.

Kelly Jupp, Trust Secretary, Abigail Martin, Trust Governor and Membership Engagement Officer and I met with Laura Liu, Engagement Manager for Northumbria Healthcare NHS Foundation Trust and Keith Powell, Lead Governor for Northumbria Healthcare NHS Foundation Trust on 29 January 2024. In response to the development of the Alliance we plan to have further meetings to explore opportunities for mutual working with our local Councils of Governors.

I have attended the meeting of the Council of Governors with Sir Jim Mackey in relation to the briefing on the recent Care Quality Commission inspection reports.

### 2. RECOMMENDATION

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

**Report of Pam Yanez  
Lead Governor  
5 February 2024**

**THIS PAGE IS INTENTIONALLY  
BLANK**





**COUNCIL OF GOVERNORS**

Date of meeting	14 February 2024						
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.						
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 December 2023 to February 2024. 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. No meeting took place in December as per the agreed cycle of meetings.

### **2. GROUP ACTIVITIES**

Members of the QPE WG attend the following Groups and Committees:

#### **a) Complaints Panel**

Professor Home, Public Governor, attended the Complaints Panel and noted that the complaints process and following up with Clinical Boards was being well managed. No particular concerns were noted.

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

Professor Home, Public Governor, has attended the CAGG twice since the last Council of Governors meeting and commented that issues were being well managed.

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

Mr Holloway, Public Governor, will provide a verbal update at the next QPE WG meeting.

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

Mrs Watson, Public Governor, will provide a written report at the next QPE WG meeting

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

#### **January 2024**

The WG received a presentation from Eilis Moody, Nurse Specialist at the Centre for life, regarding her work in the fertility service. Mrs Moody gave the Governors an overview of the history of IVF, a summary of fertility support services and gave examples of the groundbreaking research undertaken at the Centre for Life. She also shared some heartwarming patient feedback from patients who had undergone successful treatments with her team.

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

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

The new 2024 Visits process began with the Governor Working group in January. The Governors attended the Newcastle Centre for Cancer Care and produced reports on Wards 33, 34 and 36 and for the Radiotherapy Department. These reports have been submitted for feedback and the findings will be discussed at the February WG meeting.

#### **5. RECOMMENDATIONS**

The Council of Governors are asked to receive the report.

**Report of Poonam Singh  
Chair of QPE Working Group  
05 February 2024**

**THIS PAGE IS INTENTIONALLY  
BLANK**



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	14 February 2024						
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 December 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 Public meeting of the Council of Governors in December 2023.



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

### **1. INTRODUCTION**

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

The WG is 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**

#### **2.1 Gavin Evans, Assistant Director of Estates - Estates Update**

GE attended to provide a detailed update on Estates related matters raised at the Council of Governors Formal Meeting held in August 2023. This included signage and wayfinding, the transfer of the Belsay Unit from the Centre for Ageing and Vitality (CAV) site and concerns regarding the estates environment for the breast screening unit on the Westgate Road.

GE explained that issues with signage often arise due to the vast size of the hospital estate and changes in service configuration meaning that signage can very quickly become redundant during times of change.

A Wayfinding project has been underway within the Trust for some time, but it faced significant delays in the wake of Covid. Work has centred on moving away from 'directional signage' to a greater focus on signage that supports easier travel throughout the hospital site(s). New signs have been ordered for both the Freeman Hospital and the RVI sites.

Letters to patients attending appointments will have more detail regarding what route to take, with better descriptions on entrances used. This work has been commissioned with a company named 'Perch and Ponder'.

In addition, there is now a 'Head of Building' in place for each main hospital site, who will both establish a Wayfinding Group for their respective sites to include representatives from Outpatients, the Communications Team, IT and Medical Records.

With regards to the Belsay Unit at the CAV site, there are 3 areas that are currently looking to move location. These are Falls and Syncope (Older People's medicine), Diabetes, and the Gait Laboratory. The relocation of these areas has been built into the capital plan for next year, with the Falls and Syncope service set to move into a space at the Freeman Hospital. Space is still being identified for the remaining two service areas, with challenges present due to the size of the space required.

The former Westgate Walk-in Centre was also discussed. The building has been rebranded and is now known as 'Westgate House', which contains the Breast Screening Service as well as Gynaecology and some sexual health services. General access has been improved and there is a new security access system, which has resolved some previous issues with access due to confusion regarding the building's change in usage. Minor improvements have also been made to the décor and environment.

### **3. RECOMMENDATION**

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

**Report of Eric Valentine  
Working Group Chair  
2 February 2024**

**THIS PAGE IS INTENTIONALLY  
BLANK**



**COUNCIL OF GOVERNORS**

Date of meeting	14 February 2024						
Title	People, Engagement and Membership (PEM) Working Group Report						
Report of	Judy Carrick – Chair of the PEM Working Group						
Prepared by	Judy Carrick – Chair of the PEM Working Group						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision		For Assurance		For Information		
	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		
Summary	The content of this report outlines the activities undertaken by the working group.						
Recommendation	The Council of Governors is asked to receive the report.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impact detail	Outlined within the report.						
Reports previously	Regular reports on the work of this Working Group are provided to the Council of Governors.						

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

### **EXECUTIVE SUMMARY**

This report provides an update to the Council of Governors on the ongoing work of the People, Engagement and Membership (PEM) Working Group since the last meeting of the Council of Governors on 07 December 2024. Please note that this report was submitted before the PEM meeting on 13 February 2024.

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

### 1. INTRODUCTION

The People, Engagement and Membership Working Group (PEM WG) continue to hold monthly meetings in person and virtually. There are no meetings in December or August. The last meeting was held on 10 January 2024 and PEM will meet again on 13 February 2024.

### 2. GROUP ACTIVITIES

The PEM WG continues to focus on increasing the number and diversity of members, with special reference to young members and underserved sectors of our constituencies in order to better represent the entire community. Further we focus on both engagement with the community and membership, and on improving communication. We are currently striving to improve our listening to our community and forwarding this communication back to the Trust.

### 3. ONGOING AREAS OF FOCUS

#### a. Membership

- Building on a second successful visit to Newcastle Sixth Form College, the PEM WG are working with fellow governors to make contact with other sixth forms and further education establishments, such as the Dental School and Northumbria University.
- To improve ease of application, the PEM WG has agreed a new, simplified application form which revisits the benefits of memberships and requires much less time to complete. This has now been approved by the Communications Team and the WG.

Members of the QPE WG will be invited to take these new forms on ward visits to engage patients, carers, and families.

- The PEM WG, with the help of Charlie Comms, plan to discuss ways to improve the Membership webpage.
- Finally, we took a critical look at our membership strategy and started to work to refocus our efforts with the help and support of Jill Baker, Non-Executive Director.

#### b. Engagement and Communication

- The PEM WG signed off on the final programme for the upcoming Discussion Forum in March; Writing Your Own Ending. We encourage governors to attend and take part as well as to meet members and support the table discussions.
- For our Newsletter, we have asked our new CEO to allow a profile when time permits and will do the same with our two new Executive Team members as they are onboarded.
- Further, we mapped out two key areas of our outward communication. We are currently looking at supporting the upcoming Governor elections. We have also set up a year plan for the membership newsletter. We will now supplement the regular spotlight on

Governors with a regular Day in the Life article which follows a staff member on duty. We plan for the first article to focus on Elizabeth Rowan, a governor who is an Allied Health Professional. We feel this is an area that is little understood by our community and hope this series will shed light on the breadth of activity and expertise in our hospitals and community services.

- We welcomed our media consultant, Charlie Pears-Wallace, who updated us on her initial news 'blasts' to members and discussed with us our priorities for further media communications and improvements to our current communications.

#### **4. RECOMMENDATIONS**

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

**Report of Judy Carrick  
Chair of the PEM Working Group  
06 February 2024**

**THIS PAGE IS INTENTIONALLY  
BLANK**





The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### Council of Governors

Date of meeting	14 February 2024						
Title	Integrated Board Report						
Report of	Angela O'Brien- Director of Quality and Effectiveness.						
Prepared by	Pauline McKinney, Quality & Assurance Lead and 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 November 2023, the numbers of Trust onset MSSA Bacteraemia (n=5), C-Diff Infections (n=11), Klebsiella (n=8) and pseudomonas (n=5) have all reduced since the previous publication.
2. Since April 2023, there has been a sustained reduction under the median of inpatient acquired pressure ulcers.
3. Since April 2023, there has been a sustained reduction under the median of patient falls per 1,000 bed days.
4. There were 23 Serious Incidents (SIs) reported in December 2023.
5. There were no Never Events reported in December 2023, bringing the number of Never Events reported to date in 2023/24 to 10.
6. There were 1,547 responses to the Friends and Family test from the Trust in October 2023 (published December 2023).
7. The Trust has opened 411 formal complaints for the financial year up to December 2023.
8. Sickness absence in December 23 is 5.74% which is lower than December 2022 (n=6.65%).
9. Staff turnover has decreased from 16.40% in December 2022 to 10.74% in December 2023.
10. Mandatory training compliance stands at 92.89% at end of December 2023.
11. As of the end of December 2023 appraisal compliance is 81.65%.
12. The Trust has agreed a break even position for the 2023-2024 financial plan.
13. Additional national funding has removed the financial impact of Industrial Action.

The Council of Governors is asked to receive the report.

# Integrated Board Report

Quality, People and Finance

January 2024

# 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**

November and early December have been very busy months with some of the highest volume of daily attendances in ED experienced this year. Over more recent weeks, the number of patients with infections has increased - COVID c40-50, Flu c20 and RSV c15. The hospital has remained under pressure following the New Year which is compounded by the ongoing Junior Doctor Industrial Action.

Quarter 3 performance fell below the national standard of 76%, 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 the volume of handovers over 60 minutes compared to last year and also an increase in 12 hours trolley waits as a symptom of increased volume, delayed discharges and wider system pressure. There has been no significant adverse impact on the elective programme which is dynamically reviewed for the week ahead and on the day with the exception of the periods of industrial action when it has been reduced. Additional bed capacity now on stream with Winter Ward 12 opening up at the Freeman, initially with 15 beds as part of the winter plan, and additional transport to transfer patients between sites is now operational. Over recent weeks there has been an increased focus on discharge practice in preparation for the peak of winter pressures.

The Trust is not seeing any significant increase in workforce absence which is positive. However, there continues to be financial pressure on surgical wards supporting medical boarders.

## **Report Highlights**

1. Throughout the month of November 2023, the numbers of Trust onset MSSA Bacteraemia (n=5), C-Diff Infections (n=11), Klebsiella (n=8) and pseudomonas (n=5) have all reduced since the previous publication.
2. Since April 2023, there has been a sustained reduction under the median of inpatient acquired pressure ulcers.
3. Since April 2023, there has been a sustained reduction under the median of patient falls per 1,000 bed days.
4. There were 23 Serious Incidents (SIs) reported in December 2023.
5. There were no Never Events reported in December 2023, bringing the number of Never Events reported to date in 2023/24 to 10.
6. There were 1,547 responses to the Friends and Family test from the Trust in October 2023 (published December 2023).
7. The Trust has opened 411 formal complaints for the financial year up to December 2023.
8. Sickness absence in December 23 is 5.74% which is lower than December 2022 (n=6.65%).
9. Staff turnover has decreased from 16.40% in December 2022 to 10.74% in December 2023.
10. Mandatory training compliance stands at 92.89% at end of December 2023.
11. As of the end of December 2023 appraisal compliance is 81.65%.
12. The Trust has agreed a break-even position for the 2023-2024 financial plan.
13. Additional national funding has removed the financial impact of Industrial Action.

# Contents: January 2024

## Quality

- Healthcare Associated Infections
- Harm Free Care – Pressure Damage
- Harm Free Care - Falls
- Incident Reporting
- Serious Incidents & Never Events
- Serious Incident Lessons Learned
- Mortality
- Friends and Family Test and Complaints
- Health and Safety
- Maternity
- Quality Account
- National Clinical Audits – Next update February 2024

## People

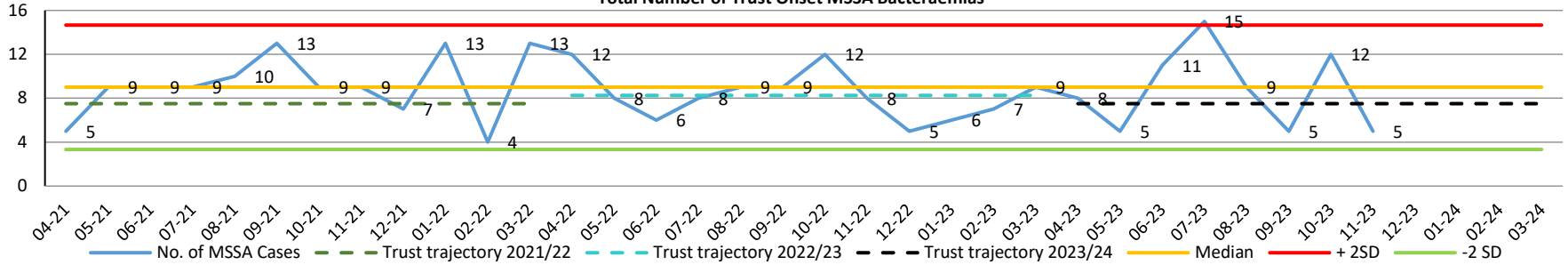
- Sickness Absence (including COVID-19)
- Equality and Diversity
- Sustainable Workforce Planning
- Excellence in Education & Training

## Finance

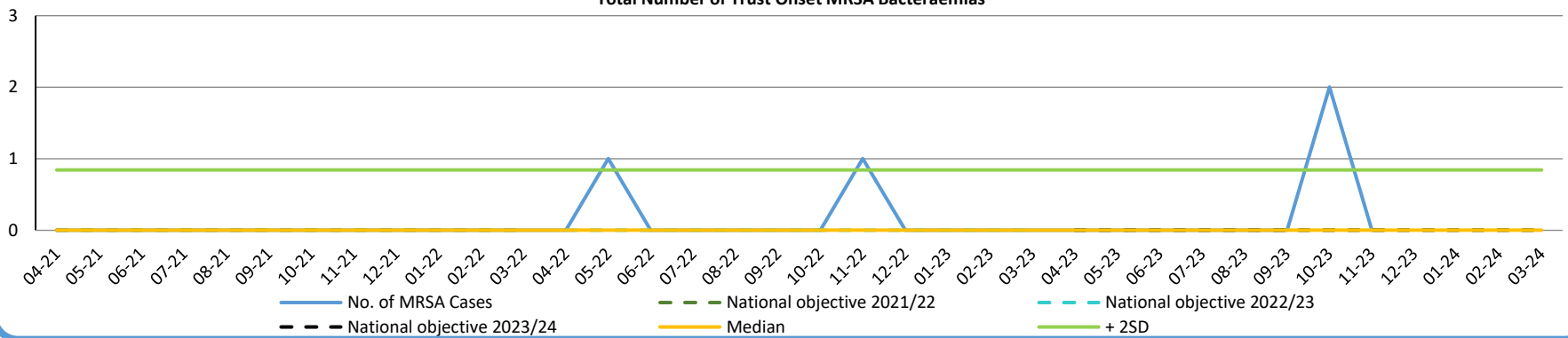
- Overall Financial Position

# Quality: Healthcare Associated Infections 1/2

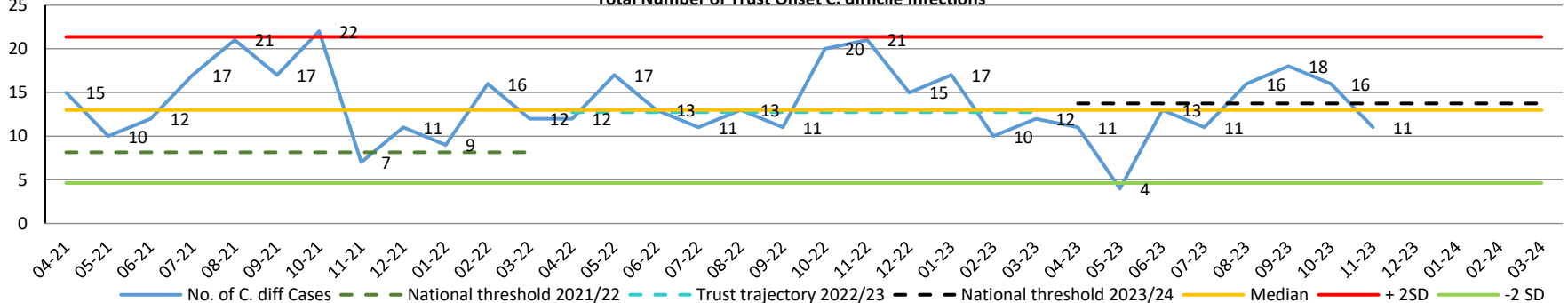
Total Number of Trust Onset MSSA Bacteraemias



Total Number of Trust Onset MRSA Bacteraemias

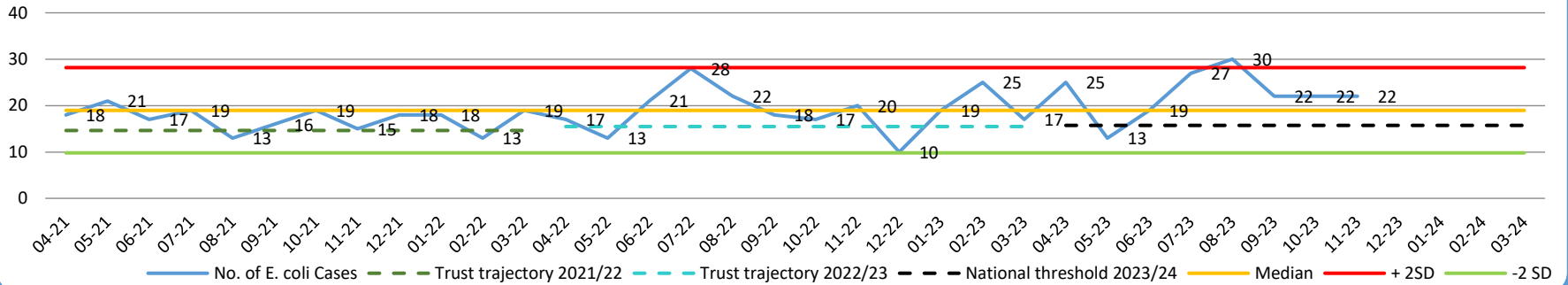


Total Number of Trust Onset C. difficile Infections

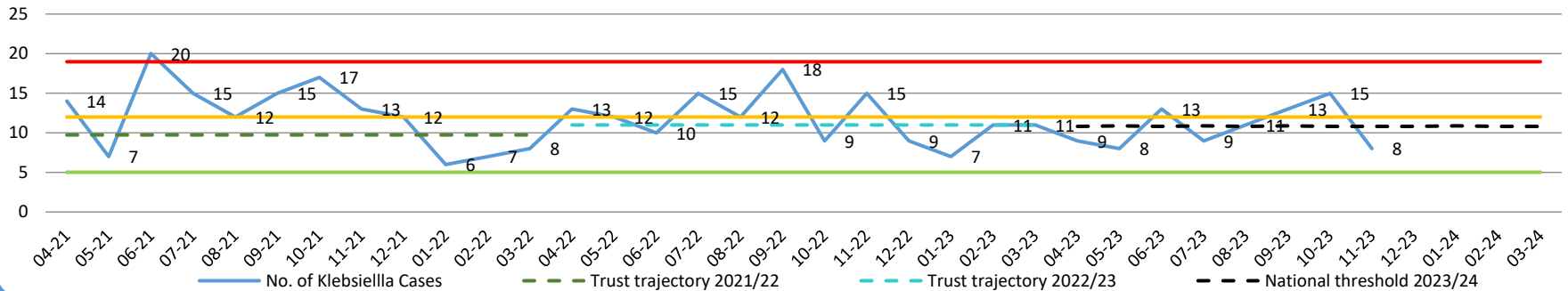


# Quality: Healthcare Associated Infections 2/2

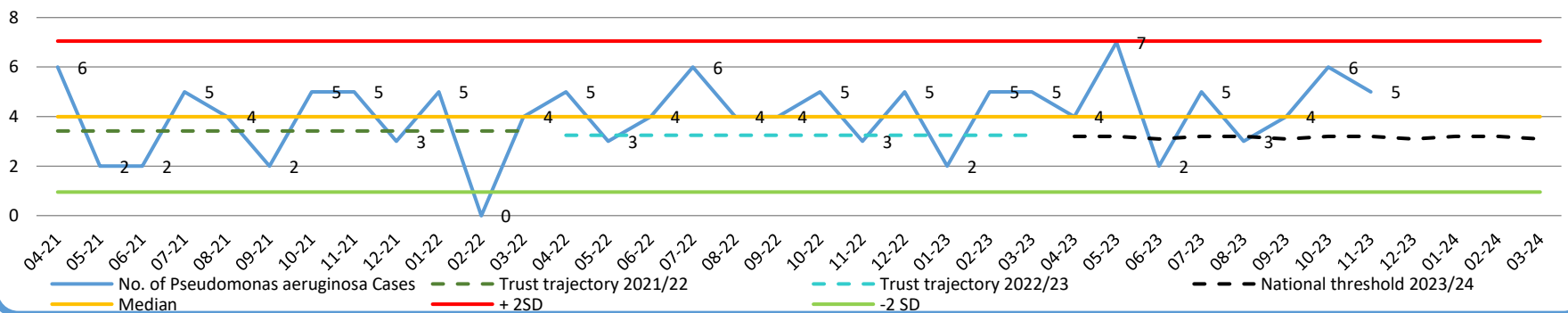
Total Number of Trust Onset E. coli Bacteraemias



Total Number of Trust Onset Klebsiella Bacteraemias



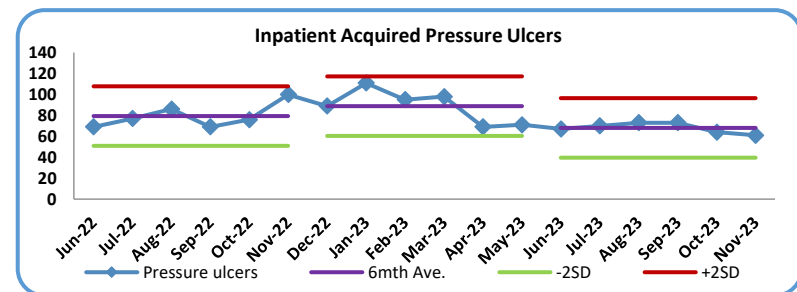
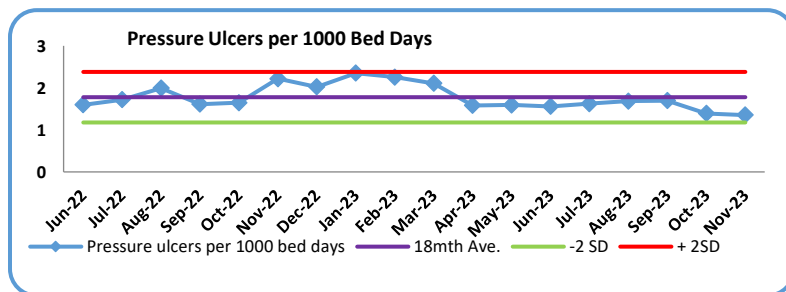
Total Number of Trust Onset Pseudomonas Aeruginosa Bacteraemias



# Quality: Harm Free Care – Pressure Damage

## Current position:

- The reduced incidence of pressure ulcers has been maintained from April 2023 up until and including November, with the Trust reporting the lowest number of inpatient acquired pressure ulcers in an 18 month period.
- There has been a 14.5 % reduction in inpatient acquired pressure ulcers in the past 6 months compared to the same period (June to Nov) in 2022. The 6 month average being 68 in 2023 compared to the monthly average of 79.5 in 2022.
- The number of pressure ulcers causing serious harm also reduced in September and October, however this increased slightly to 5 in the month of November. The 6 month average for June-November 2023 was 4.8 which demonstrated a 41% decrease from June - November 2022 when the 6 month average was 8.2. This has decreased annually as the same time period in 2021 showed an average of 9.1 incidents per month.



## Current actions in place:

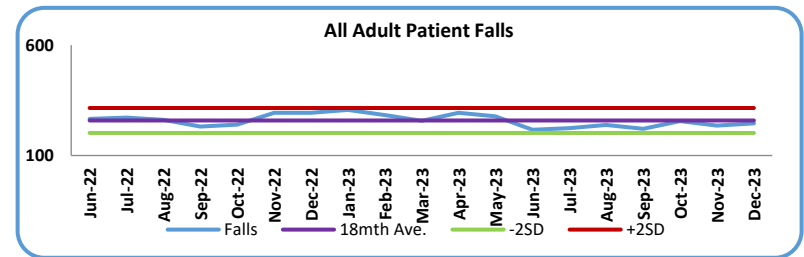
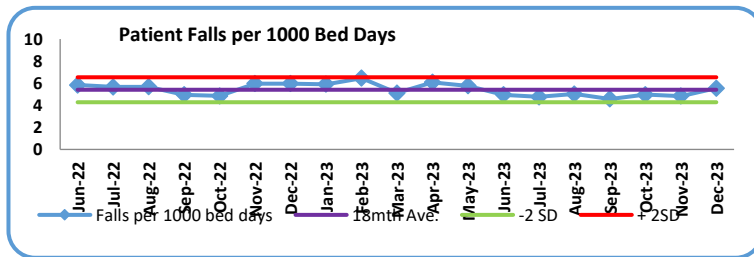
- On a monthly basis, each inpatient ward area receives their harm free care dashboard to guide local improvement and inform good practice.
- The Associate Director of Nursing for Clinical Standards and the Clinical Standards Lead are meeting bi-monthly with the Clinical Board Matrons and Head of Nursing to ensure actions are put into place to inform and monitor improvements in practice. This includes a clinical dashboard which is rag rated and progress on actions is monitored through an action log. This is a newly established process and will be reviewed mid-year.
- A pilot commenced in January 2023 (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 and support staff to identify and plan care for those patients at risk of pressure damage. Prior to a Trust wide rollout and based on learning from the pilot areas, some amendments are required to the electronic patient record. This work is on-going.



# Quality: Harm Free Care - Falls

## Current position:

- All falls have remained at lower levels since June 2023, with a noted 23% reduction in comparison to the same period last year (June-Nov). The total number of falls in the Trust dropped in November to 236. Inpatient falls also dropped from 229 to 218 in month.
- Falls causing serious harm increased in November to 5 from a previous monthly average of 4 (June-November 2023). All falls with harm have had a Root Cause Analysis (RCA) review. These reviews have identified additional education is required in regard to Enhanced Care Observation (ECO) level identification and ensuring all risk assessments are completed in line with guidance. This work is on-going.
- Despite this small increase, falls with harm as a percentage of total falls remain broadly consistent at an average of less than 2%.



## Current actions in place:

- The Falls Prevention Co-Ordinator (FPC) reviews ward level data on a monthly basis. Wards with the highest incidence of falls are reviewed to identify contributory factors and understand any learning or potential quality improvements. Medicine and Older Peoples Medicine Wards continue to be the wards with the highest number of falls and improvement work is focused in these areas.
- In line with Trust assurance measures, focused auditing has taken place to monitor compliance with the Trust's ECO assessments. Ensuring the right level of observation is a key contributory factor in reducing falls. The purpose of the audit was to validate that individual risk factors were correctly identified, and secondly that appropriate provision of care was implemented according to risk. The audit demonstrated that the ECO level was regularly documented on eRecord in the Nursing Shift Assessment but at times this level of observation delivered was compromised due to high acuity and dependency or staffing shortfalls. Improvement work has commenced. A pilot of prompt cards issued to staff to remind them of ECO levels has commenced on RVI44. Freeman Ward 17 will undertake a similar pilot prior to wider roll out.
- The FPC is also supporting wards to undertake audits to measure compliance with the measuring of a lying and standing blood pressure on all patients over 65 years of age who are admitted to the Trust. Overall, during the project there has been an increase in compliance in all participating areas. Different ward areas have used different methods of prompting staff to record this for example clinical notes, on handovers and visual prompts. This will be audited again in 6 months and results and learning shared.

# Incident reporting

## **New incident reporting service**

NHS England have introduced a new service for recording patient safety events and grading levels of harm. This new service is called Learn from Patient Safety Events (LFPSE) and it replaces the National Reporting and Learning System (NRLS) that was previously used across the NHS. The LFPSE service introduces a range of innovations to support the NHS to improve learning from all patient safety events recorded each year in order to make care safer.

LFPSE will initially provide two services:

- Record a patient safety event – organisations, staff and patients will be able to record the details of patient safety events, contributing to a national NHS wide data source to support learning and improvement.
- Access data about recorded patient safety events – providers can access data that has been submitted by their teams, in order to better understand their local recording practices and culture, and to support local safety improvement work.

The expectation is that the LFPSE service will grow and evolve in response to user feedback

The LFPSE service was implemented across the Trust on 1<sup>st</sup> November 2023.

## **Impact of LFPSE on Trust incident reporting data**

As with NRLS, the LFPSE service degree of harm recording relates to the actual impact on a patient from the particular incident being reported. Previously in the NHS, harm grading included psychological harm as well as physical harm within one measure. Following feedback from staff, patients and families, physical and psychological harm have been separated out and are now recorded separately in the LFPSE service. The recording of physical and psychological harm are mandatory when reporting an incident.

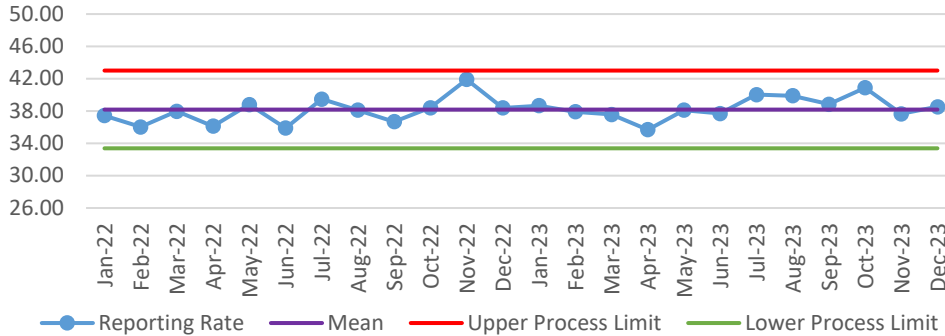
This change in how harm is recorded, as well as new definitions for grading harm, has led to an increase in moderate and above incidents reported on Datix, which will be reflected in the harmful rate per 1000 bed days. For example, in October there were 48 incidents graded as Moderate harm. In November (start of LFPSE service and new harm gradings) there were 72 Moderate harm incidents as below:

- 49 moderate physical harm incidents with no/low psychological harm
- 10 moderate psychological harm incidents with no/low physical harm
- 13 incidents where physical and psychological harm is graded as moderate

This change (recording physical and psychological harm) is evident on the following slide where it can be seen that the harmful patient safety incidents per 1000 bed days rose from a rate of 11.15 in October to 13.43 in November 2023 and 19.19 in December 2023.

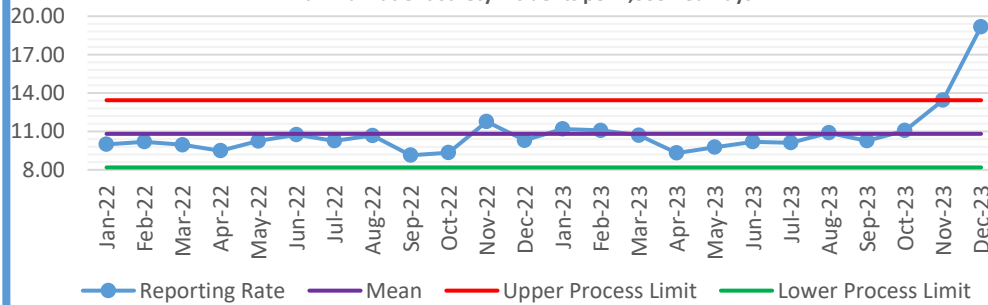
# Quality: Incident Reporting

Patient Safety Incidents per 1,000 Bed Days



**All patient incidents:** The number of patient safety incidents per 1,000 bed days reported in December 2023 remains around the mean and is very similar to the reporting rate of December 2022.

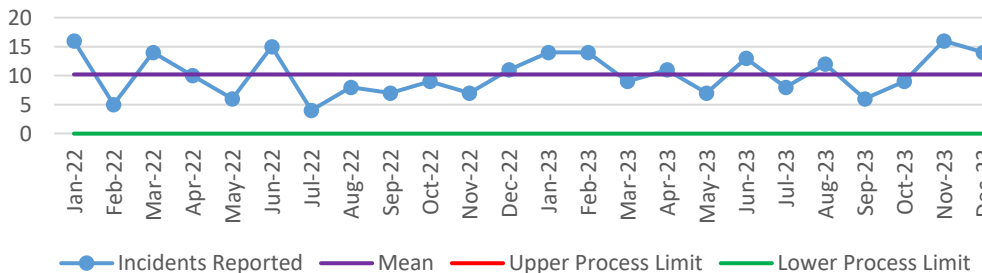
Harmful Patient Safety Incidents per 1,000 Bed Days



**Harmful incidents:** The number of \*harmful patient safety incidents per 1,000 bed days has continued to rise significantly in December 2023. This is due to the introduction of the LFPSE service (described on the previous slide) and new ways to define and grade harm and while the number of recorded incidents is above the upper process limit, this is not unexpected.

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

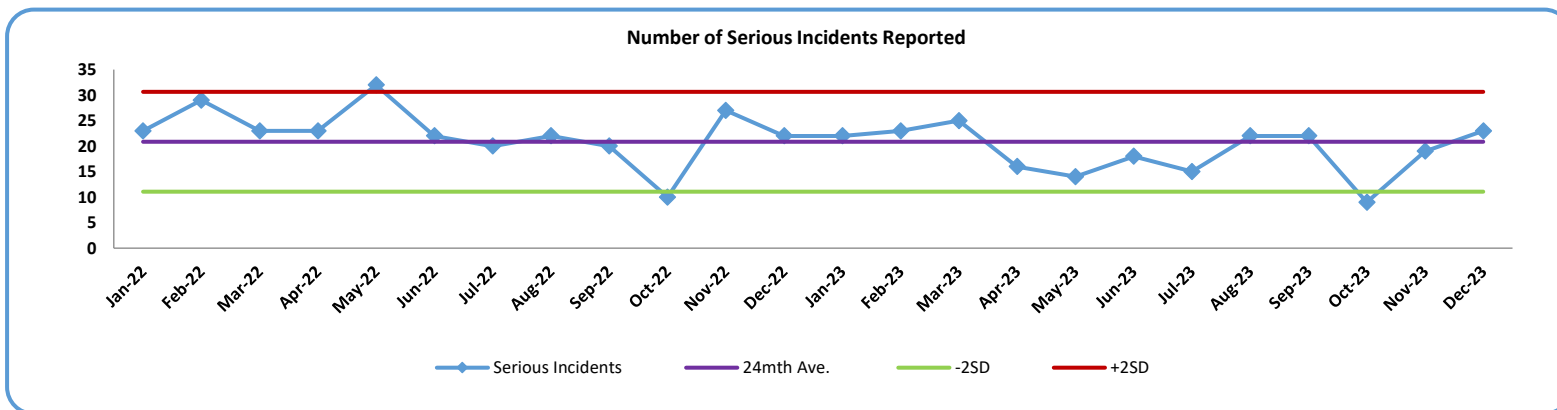
Severe Harm Incidents Reported



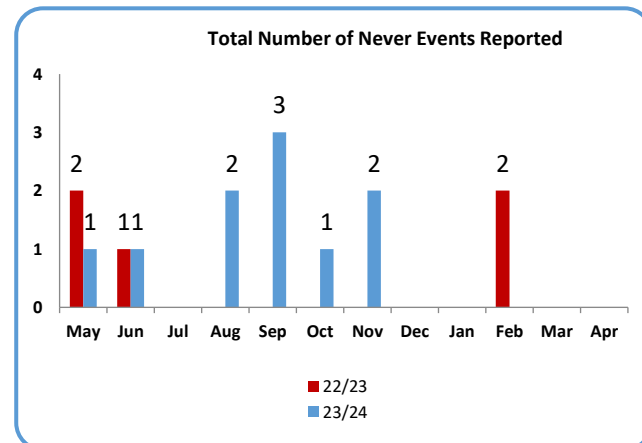
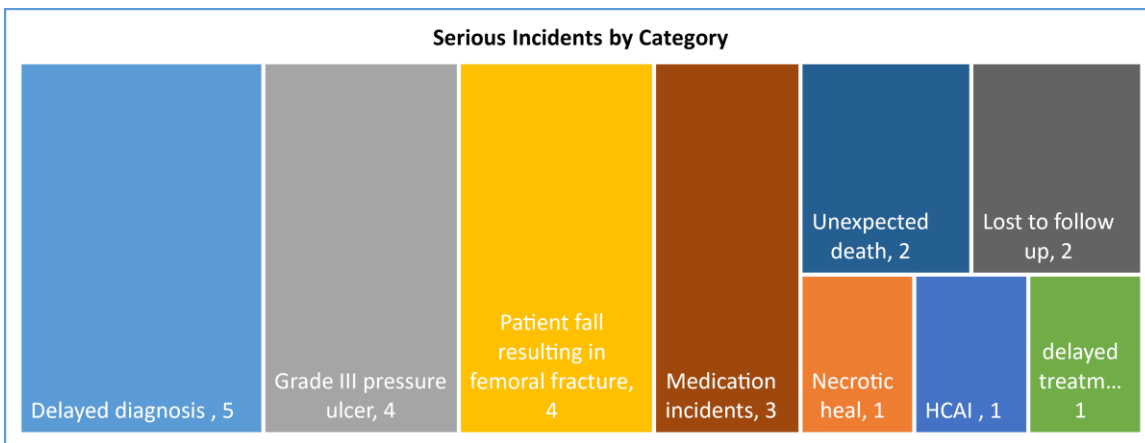
**Severe harm incidents:** There were 14 patient safety incidents reported that resulted in severe harm in December 2023. The increased number of severe harm incidents is due to a change in the definition, meaning more incidents were categorised as severe harm.

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



There were 23 Serious Incidents (SIs) reported in December 2023, which is similar to the number reported in December 2022 (22). 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 December 2023.



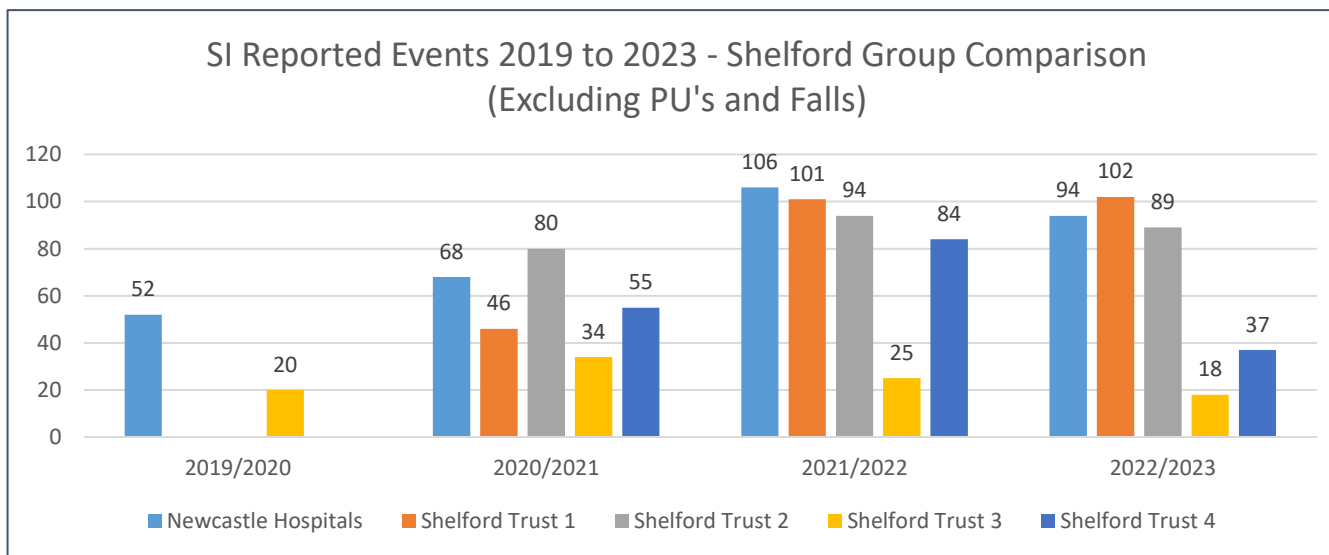
The categories of reported SIs for December 2023 are displayed in the table above. The highest number of SIs relate to delayed diagnosis, of which there were 5.

No Never Events were declared in December 2023.

# SI reported events compared to other Shelford Trusts

The previous page demonstrates that so far there are fewer SIs reported in NUTH in 2023/2024 than in the reporting period of 2022/2023 and previous NUTH data shows that there were fewer reported serious incidents in 2022/2023 than 2021/2022.

The bar chart below demonstrates that this data is in keeping with other similar NHS Trusts and as such the reduction in reported serious incidents within NUTH does not represent a cause for concern.



Please note limited data is available for 2019/2020 for Shelford Trusts 1, 2 and 4.

# Quality: Serious Incident Lessons Learned (1/3)

## **Learning identified from Serious Incident (SI) & Never Event (NE) investigations completed between 01.09.2023 – 31.12.2023**

The following section outlines key learning from the 40 SI investigations completed between 1<sup>st</sup> September 2023 to 31<sup>st</sup> December 2023. This data excludes information on falls, pressure ulcers, deaths as a result of definite or probable hospital acquired Covid-19 and any SI cases subsequently de-registered during this period.

### **Never Events – 4 cases**

#### **Wrong site surgery (3):**

- Treatment plan format agreed to ensure the information is presented in a consistent manner
- Education provided to all staff to provide evidence underpinning the safety requirement for using the WHO checklist
- Use of LocSSIPs reviewed, updated and audited to ensure consistency across all theatres

#### **Retained Guidewire (1):**

- Guideline insertion policy reviewed and updated and shared at CRG

### **HCAI– 1 case**

- Antimicrobial guidelines reviewed and amended to ensure comprehensive guidance in place to support staff in the management of complex MSSA bacteria
- Education and support provided for staff in relation to completing documentation when undertaking line insertion

### **Maternity (Not HSIB) – 2 cases**

- Local SOP developed for managing day case patients who require and overnight stay
- Education and training provided on the use of NEWS and MEWS
- Local guidance around jaundice screening when discharging newborn babies updated and shared
- Guideline developed for paediatric ED to support the management of neonates presenting with suspected jaundice
- Change in lab process in relation to escalation of abnormal results
- Education package developed and delivered as part of the vulnerable neonates training package

### **Maternity (HSIB) – 1 case**

- No safety recommendations made – care was found to be very good

# Quality: Serious Incident Lessons Learned (2/3)

## **Delayed diagnosis – 7 cases**

- Local practice reviewed and amendments made to standard operating procedure and education provided to relevant staff groups on the wards and in the laboratories
- Education has been provided to ensure radiology staff are confident and competent to use the critical results notification function in the electronic patient record
- A trust-wide IT project is in progress to develop an electronic closed-loop investigation system for laboratory results
- A trust-wide project has commenced to explore solutions for strengthening internal referral systems
- Service improvement projects have been implemented to review capacity and demand, admin process and the use of a failsafe team within relevant clinical teams

## **Delayed treatment – 5 cases**

- Handover process standardised and a locally agreed care pathway developed, including a rolling education program included for all staff in the ward induction
- Regular meetings undertaken to review capacity and demand, increasing theatre capacity and reducing waiting times
- Current theatre staffing establishment reviewed and a business case developed to support additional theatre sessions
- Cancer care coordinator recruited to strengthen oversight of waiting times and the patient tracking processes
- F1 induction reviewed and updated to include clerking and communication requirements as well as the for ordering blood tests on high risk patients
- Consideration given to the develop the Electronic Patient Record System to enhance communication between specialties

## **Complication of treatment – 5 cases**

- Local process reviewed and agreed with respect to advanced planning and agreeing key personnel required for specific procedures
- Consent process reviewed and amended to reflect the complexities associated with each procedure
- Introducer devices reviewed and agreement reached in relation to theatre stock provision
- Local SOP reviewed and amended in order to provide robust guidance for the escalation process in relation to deteriorating post-op patients, including updating local protocols to strengthen advice for managing condition-specific post-op complications
- CVC insertion Policy reviewed and updated
- Induction handbook for new trainees and epidural guideline reviewed and updated

## **Medical Device-related incident – 1 case**

- Immediate action taken to ensure all patients aware of safety concern and device changes made at the earliest opportunity

# Quality: Serious Incident Lessons Learned (3/3)

## **Lost to follow up – 8 cases**

- Department refurbished to provide additional clinic rooms
- Failsafe officer appointed to ensure appointments are allocated for all patients as per outcome form. SOP developed to support this process
- Use of request queue implemented to strengthen the management patient clinic outcomes and appointments
- Patient information leaflets reviewed and amended
- Appointment cancellation process reviewed and amended to include escalation to responsible clinician
- Education and training sessions provided to improve knowledge and documentation in the Electronic Patient Record system
- A trust-wide project has been undertaken to explore solutions for strengthening internal referral systems

## **Medication Related incident - 1 case**

- Support nursing staff to complete training on medicine administration on eRecord and relevant staff to complete consent training
- Trustwide protocol for the safe administration of uncommon antivirals developed and implemented

## **Near Miss - 1 case**

- Safeguards for Invasive Procedures Policy reviewed and updated and audit planned to monitor adherence to the policy

## **Communication incident – 2 cases**

- Education and training package reviewed and strengthened with respect to supporting patient nutrition and hydration
- Local SOPs reviewed and updated and training competencies amended and revised assessments used to support local practice

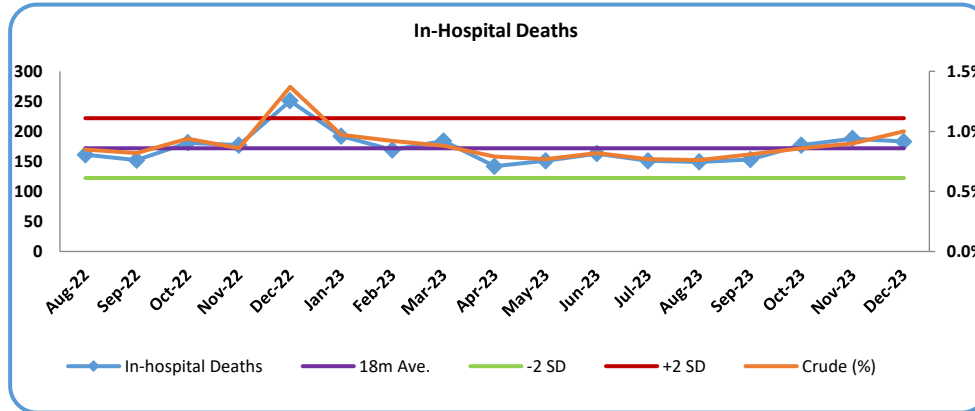
## **Safeguarding– 2 cases**

- Feedback provided to external company for wider learning and action
- Data Protection and Subject Access policies reviewed and updated and training provided to ensure anonymity of all involved when releasing information to patients

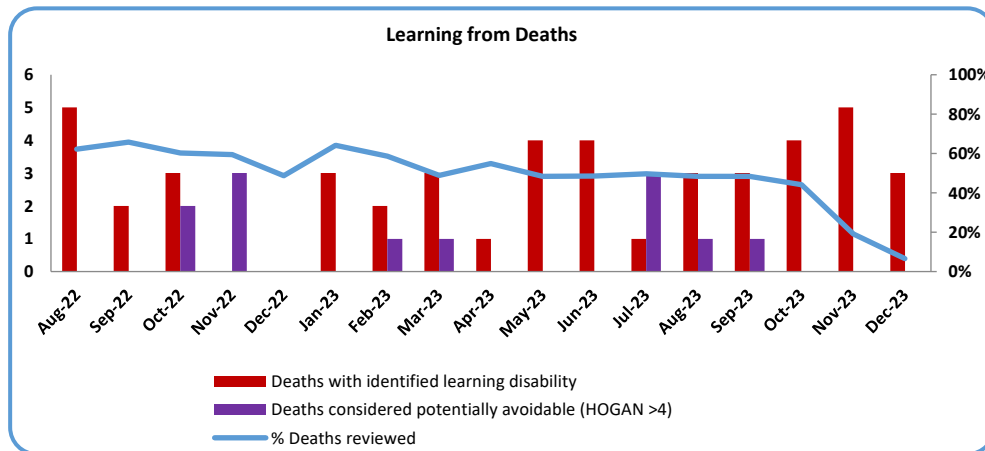


# Quality: Mortality Indicators (1/2)

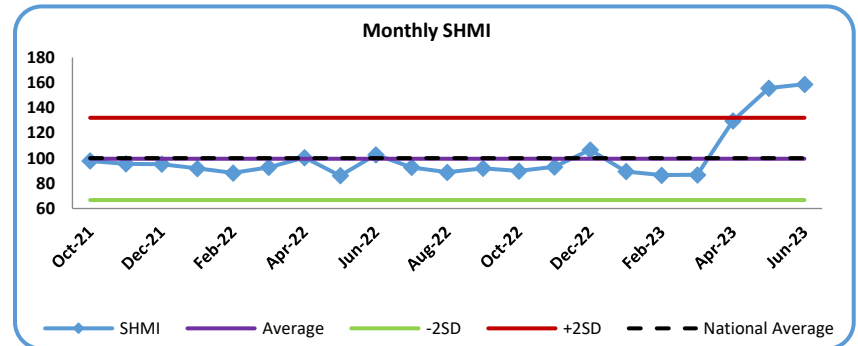
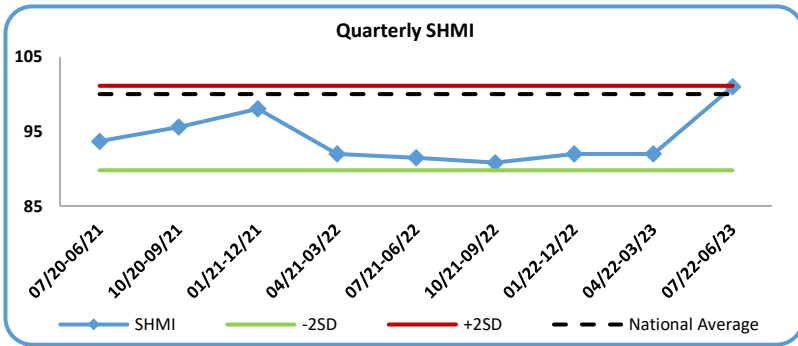
**In-hospital Deaths:** In total there were 183 deaths reported in December 2023, which is significantly lower than the amount reported 12 months previously (n=251). Nationally the deaths were high in December 2022, with influenza reported to be the main cause of death. The crude rate in December 2023 is 1% which is expected for this Trust.



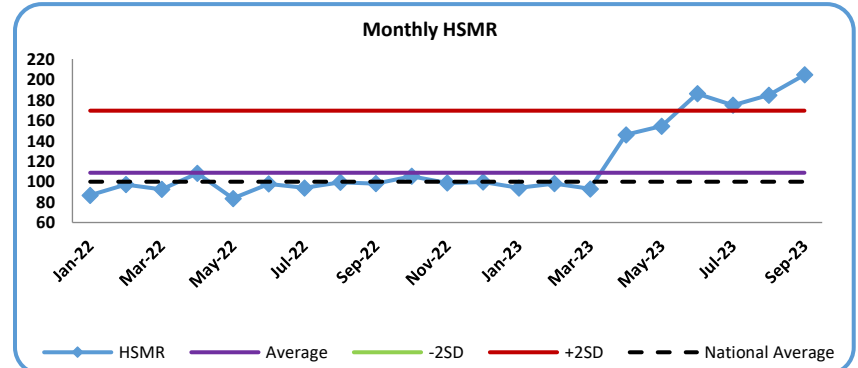
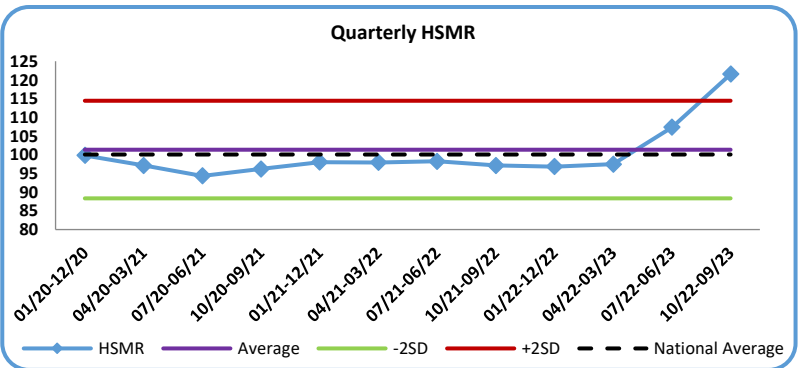
**Learning from Deaths:** Out of the 183 deaths reported in December 2023, 13 patients have, to date, received a level 2 mortality review. However, these figures will continue to rise due to ongoing M&M meetings held over the forthcoming months. All figures will continue to be monitored and modified accordingly. Three patients had an identified learning disability. No patients had a HOGAN grading  $\geq 4$ .



# Quality: Mortality Indicators (2/2)

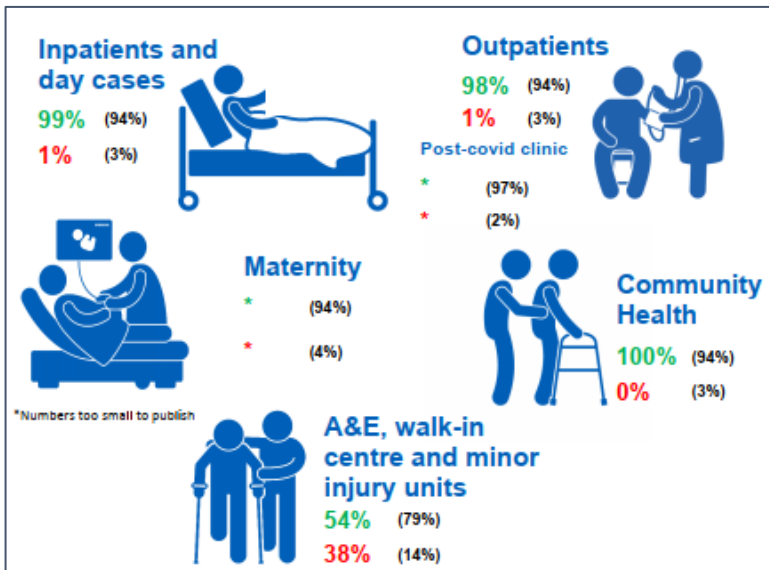


**SHMI:** The latest published quarterly SHMI data from NHS England shows the Trust has scored 101 from months July 2022 to June 2023. This is slightly above the national average and just within the "as expected" category. Monthly SHMI data is published up to June 2023. As expected, the SHMI continues to show an increase. This was due to a technical issue where secondary diagnoses were not being uploaded into the Trust commissioning data set. SHMI and HSMR are risk adjusted and heavily dependent on secondary diagnosis. This issue has been resolved by Information Services; however, the data was published before the new upload which is expected to address the issue retrospectively and prospectively. This will be continually monitored and amended accordingly.



**HSMR:** The HSMR data shows a 12-month rolling score by quarter as well as monthly. Both are published up to September 2023. Both have shown a recent increase due to the issue raised above. This will be continually monitored and amended accordingly.

# Quality: FFT and Complaints



## Friends and Family Test

There were 1,547 responses to the Friends and Family test from the Trust in October 2023 (published December 2023) compared to 1,695 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.

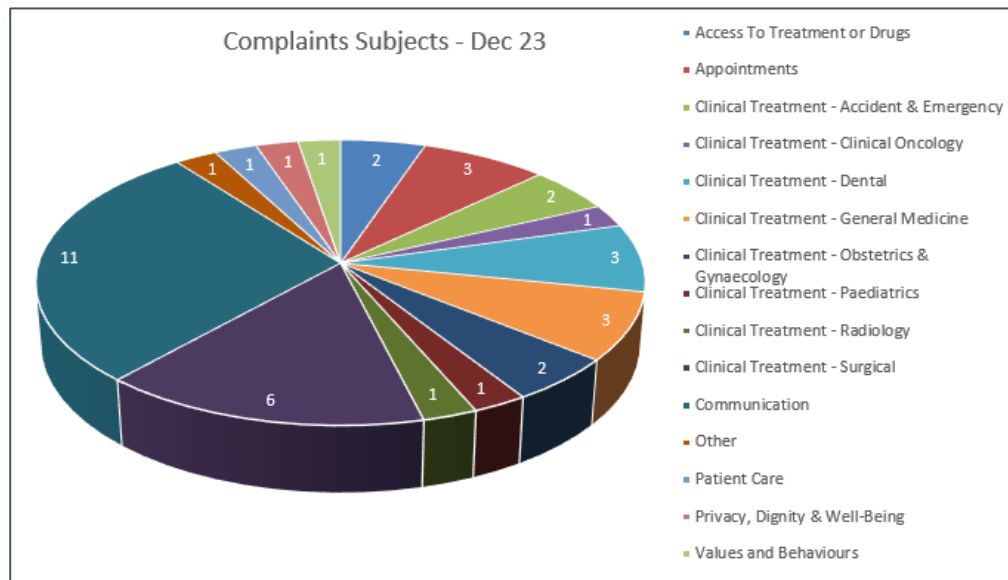
All data is available at: [www.england.nhs.uk/fft/friends-and-family-test-data/](http://www.england.nhs.uk/fft/friends-and-family-test-data/)

\*numbers too small to publish

## Formal Complaints

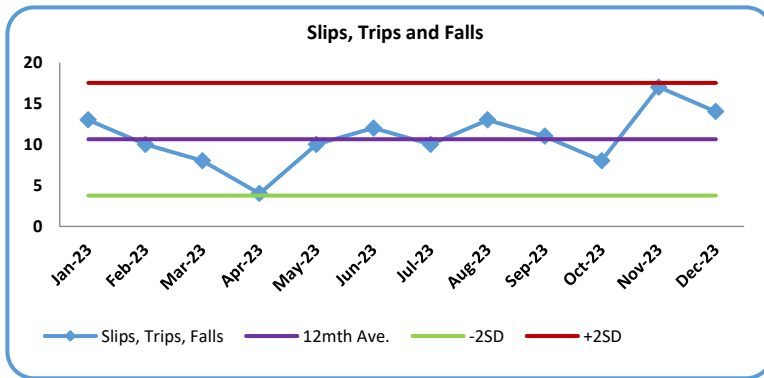
The Trust has opened 411 formal complaints for the financial year up to December 23, which is an increase of 39 complaints from the previous month. The Trust has received on average 46 formal complaints per month, which is consistent with the overall average for 2022/23.

The chart opposite summarises the 39 complaint themes for December 23, with communication being the primary concern with 11 complaints.

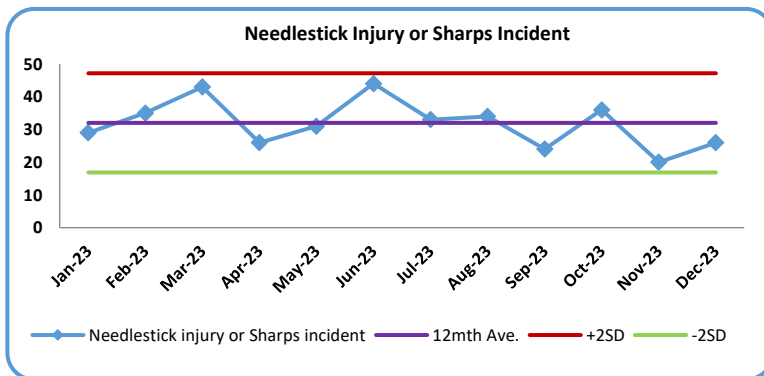


# Quality: Health and Safety (1/2)

There are currently 1236 health and safety incidents recorded on the Datix system from the 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2023. This represents an overall rate of 76 per 1,000 staff. The Clinical Boards with the highest number of health and safety incidents over this period are Clinical and Research Services (187), Family Health (162) and Peri-operative & Critical Care (1,142). 31% of these incidents are linked to needlestick injuries (see below for further details). The overall trend for health and safety incidents remains relatively static with no significant increases or areas of statistical significance.

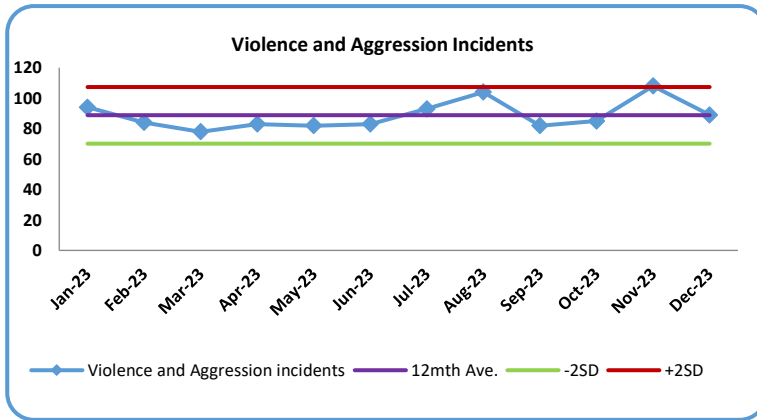


130 incidents were reported between 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2023. 48% of these incidents were related to trips and slips. The year-on-year comparison for slips, trips and falls shows an increasing trend more recently. Regular zonal inspections take place every month by Estates and any areas of concern are reported immediately with the Estates Helpdesk and acted upon. A Slips, Trips and Falls dashboard has been built, which provides the ability to further analyse incidents and identify key themes and trends. For example, incidents have recently been reported that an increasing number of patients / visitors are attempting to access the escalators from the top, which isn't possible as they are both set to the 'up' position. This has recently been added to the Datix system and has increased the overall numbers; although no falls have been recorded and these have been recorded as near misses. Multiple controls have been put in place to reduce the risks of falls on the escalators, for example slowing the speed of the escalators, both escalators operate in up direction, accessible stop controls and the placement of volunteers.



There have been 381 incidents during 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2023 (average 32 incident per month, 74% of these involve used needles) a slight decrease in comparison to previous months. Further data breakdown has shown a marked decrease in incidents during administration of insulin, following interventions with respective clinical teams. Detailed analysis is now possible via the Safer Sharps Incident Dashboard, which has recently been upgraded. Non-safe sharps risk assessments have been re-evaluated and the tracker updated, covering all non-safe sharps. The format of risk assessment is now completed and modelled against the North Cumbria version, which has approval from the Health and Safety Executive. The new Safer Sharps Training package is under development and due to be shared with the TEL team for further work to upgrade this into an e-learning package.

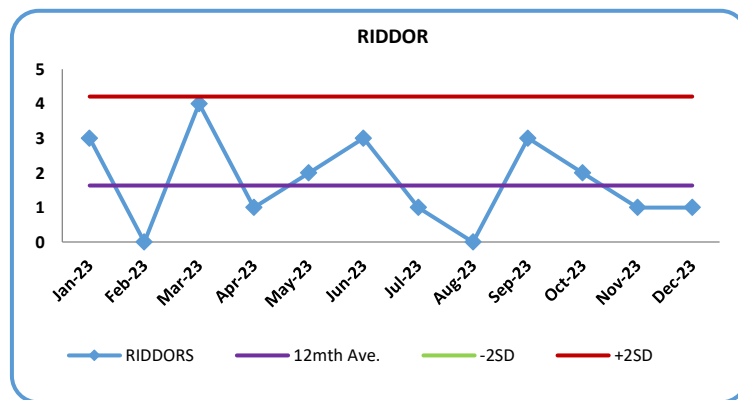
# Quality: Health and Safety (2/2)



1,065 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2023. This represents an overall rate of 66 per 1,000 staff during this period. The yearly trend for physical assaults on staff shows a 5% decrease in 2023 in comparison to 2022 (calendar year).

The Trust Violence Reduction Group meets every quarter. Several initiatives to reduce these incidents are already underway, for example:

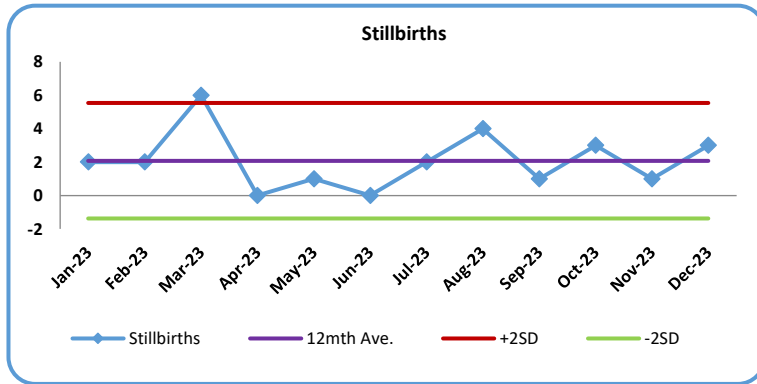
- The Trust Violence Reduction Strategy was approved at May 2023 Health and Safety Committee.
- Further improvements to our overall compliance with the National Violence Reduction Standards.
- Further development of the violence data dashboards to provide improved analysis.
- The introduction of ED Navigators in Q4 2023-24.
- Ward based violence and aggression risk assessments currently being re-evaluated in line with HSE expectations.
- Ward violence and aggression questionnaires have been developed and are currently being considered on Wards 43 (RVI) 47 (RVI) 20 (RVI) and Renal Services are interested following an increase in challenging behaviour.



Incidents reportable to the Health and Safety Executive in line with RIDDOR expectations remain relatively low. Incidents are scrutinised on a daily basis and any incidents meeting the threshold for RIDDOR are further investigated prior to information being shared with the Health and Safety Executive. A majority of the incidents reported via RIDDOR are either Slips, Trips and Falls or Moving and Handling type incidents; however, no significant themes have been identified recently. RIDDOR breakdown by incident category during the period is as follows:

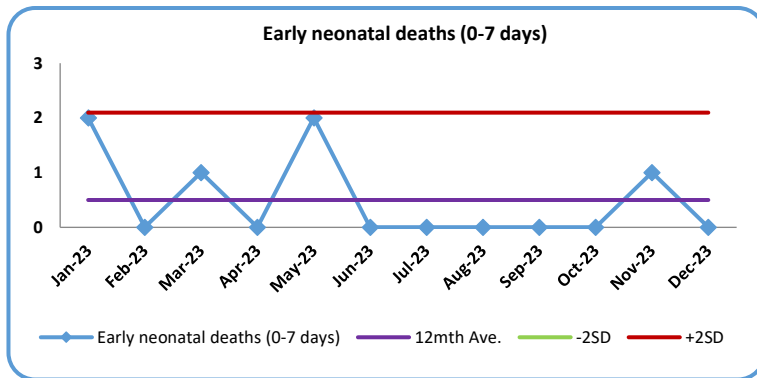
- Manual Handling – 6 incidents
- Non-Patient Slips Trips and Falls – 6 incidents
- Accident Involving Staff – 6 incidents
- Violence and Aggression – 3 incidents

# Quality: Maternity (1/3)



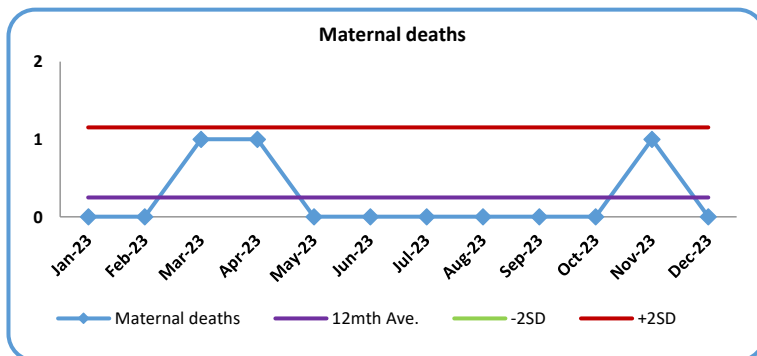
## Stillbirths

As NuTH is a tertiary referral Fetal Medicine Unit, complex cases are often referred to the Trust from other units within the region, with women opting to deliver here rather than return to their local unit. This data 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 December 2023.



## Early Neonatal Deaths

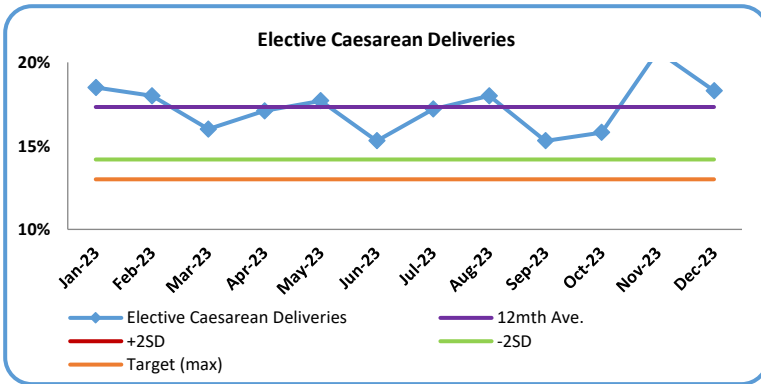
These figures are for term infants (born between 37 and 41 weeks) who delivered at the Trust but sadly died within the first week of life. These deaths are reported to the Child Death Review panel (as are all neonatal deaths regardless of gestation) who will have oversight of the investigation and review process. Neonatal deaths of term infants are also reported to HSIB (Healthcare Safety Investigation Branch) and the Coroner. A post mortem examination may be requested to try and identify the cause of death. In December 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 Maternity and Newborn Safety Investigations (MNSI previously known as HSIB), investigation is dependent on certain criteria. There were no maternal deaths in December 2023.

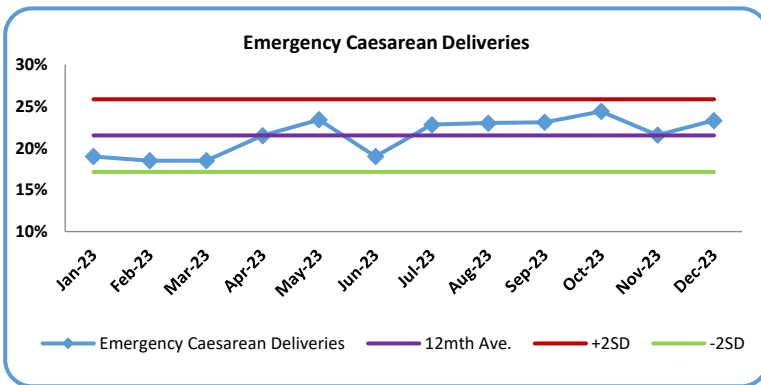
# Quality: Maternity (2/3)



## Elective Caesarean section

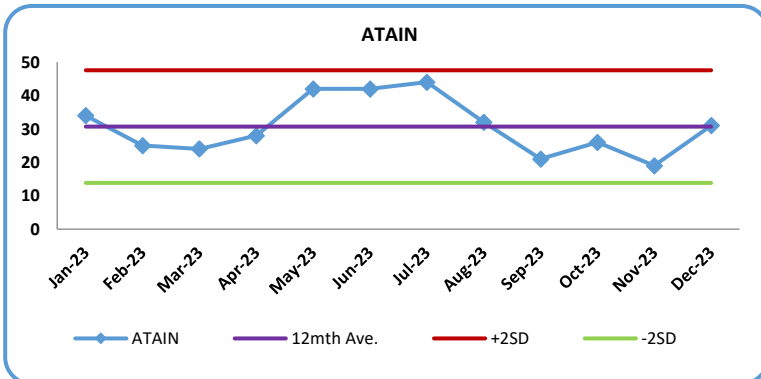
Maternity at the Trust is an outlier for elective Caesarean section compared to other UK Trusts. However, the rates are comparable to that of other tertiary centres in the UK.

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

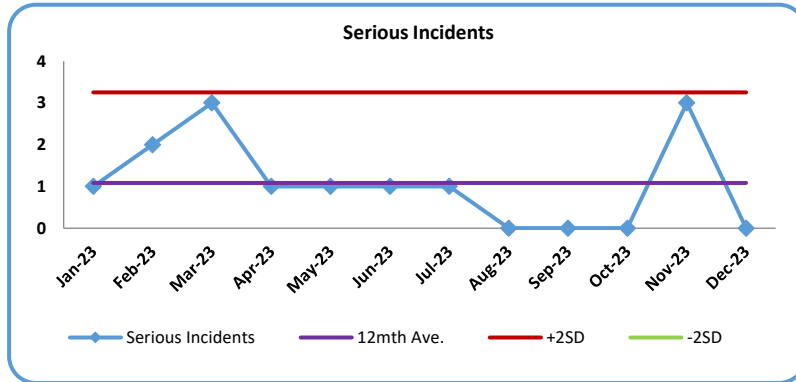
The emergency Caesarean section rate is comparable to other Trusts. Maternity is a consultant led service with dedicated consultant presence on Labour Ward 8am-10pm daily, consultant led multi-disciplinary ward rounds occur twice daily. The majority of obstetric consultants remain onsite overnight, from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



## ATAIN

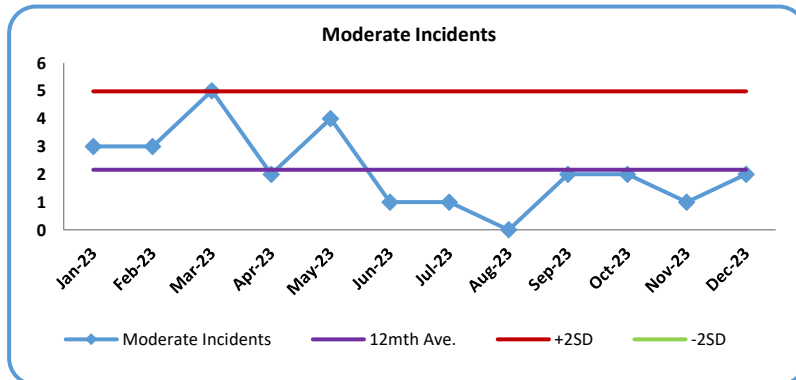
All unplanned admissions of term babies (37 – 41 weeks) into the neonatal unit are reviewed at a weekly multi-disciplinary meeting and a quarterly report is produced and shared. Following review, some cases will be investigated in more detail if they have been identified as a Serious Incident. Due to a lag in reporting, November's admissions have risen from 13 to 19, audit for these cases is not yet complete. There has been a rise to 31 term admissions in December, analysis for which is not yet complete. Analysis for Quarter 3 (Oct-Dec) term admissions is also in progress and will be reported in the next integrated board report.

# Quality: Maternity (3/3)



## Serious Incidents

There have been 13 Serious Incidents 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 Maternity and Newborn Safety Investigations (MNSI was previously known as HSIB) for external review. There were no Serious Incidents declared by the Trust in December 2023.



## Moderate incidents

There were two moderate (and above) incidents reported in Maternity this month; these were graded moderate for psychological harm and involved intrauterine death, they will be reviewed formally through the Perinatal Mortality Review Tool (PMRT). There have been changes to the reporting system which enables reporting of both physical and psychological harm. 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 involving therapeutic cooling of Babies born at term will be referred to MNSI for consideration for external review.



# Quality: Quality Account Priorities Update

## **Priority 4a Introduction of a formal triage process on the Maternity Assessment Unit (MAU):**

### **Progress to Date**

- Appointed a new Band 7 post to lead Birmingham Symptom Specific Obstetric Triage System (BSOTS) implementation and training.
- Successfully applied for a BSOTS licence, enabling access to the BSOTS team for meetings for advice on implementation and training materials.
- Successfully moved elective workload away from the Maternity Assessment Unit (MAU). This has been achieved by the development of a new maternity Day-care unit, within the antenatal ward. This has included a complete refurbishment of the clinical area and guidance has been developed for place of care/referral pathways. The women attending MAU are now emergencies only, meaning footfall has reduced dramatically, which will support the implementation of electronic triage.
- Visited the maternity unit at a local Trust, who implemented BSOTS 18 months ago, enabling the implementation team to observe BSOTS working in practice.
- Implemented a training package for the core team of midwives and medical staff.
- Continued to use the paper version of the current triage system on MAU in the interim and collected baseline audit data to monitor effectiveness.
- Implementation of BSOTS proceeded as planned on December 18<sup>th</sup> 2023.

## **Priority 4b – Modified Early Obstetrics Warning Score (MEOWS):**

### **Progress to Date**

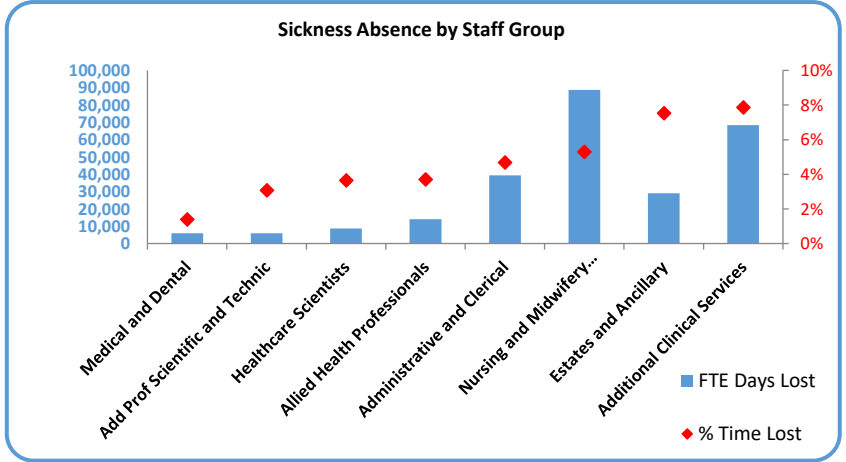
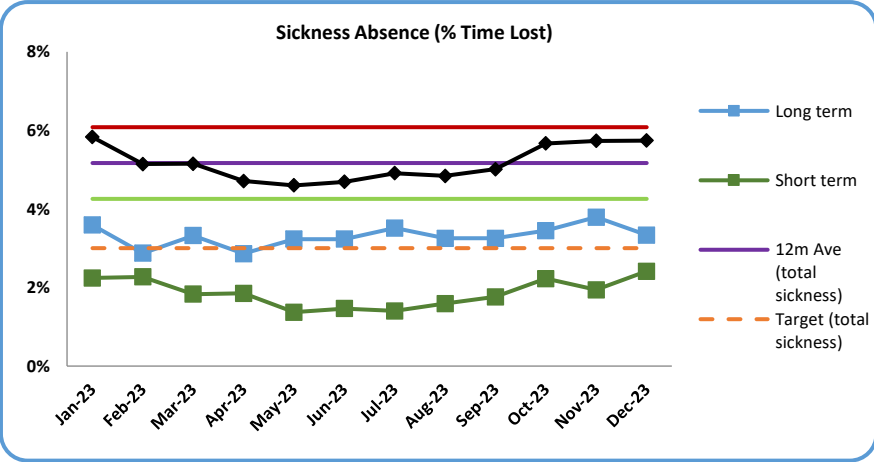
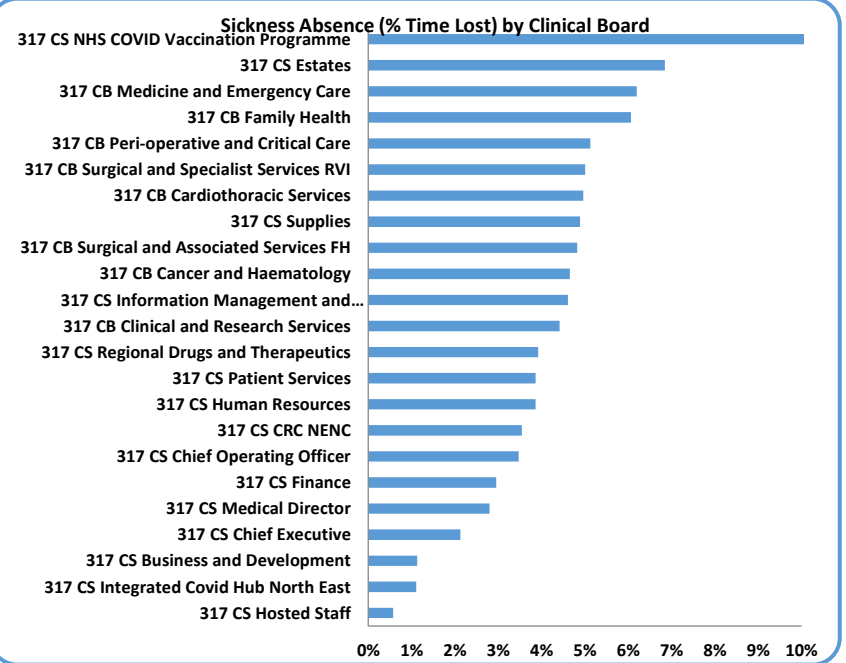
- Development and integration of a question in the admission documentation within the Electronic Patient Record (EPR) to identify patients who are pregnant or have been pregnant in the previous 42 days. This allows identification of all patients meeting this criterion within the Trust, particularly for those in a non-maternity setting.
- Within maternity an electronic Modified Early Obstetrics Warning Score (MEOWS) chart has been created for use i.e. e-Obs. Electronic observations went live in May 2023 within maternity areas, with the exception of the Maternity Assessment Unit (MAU). This requires further IT development of the admission process, and this request has been approved but not yet progressed. A quality impact assessment has been requested to enable prioritisation of work within the remit of the clinical boards.

# People: Sickness Absence 1/2

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

	Dec-22	Dec-23	
Long-term	3.98%	3.33%	↓
Short-term	2.60%	2.41%	↓
Total	6.65%	5.74%	↓

- 260,481 FTE working days were lost due to sickness (including COVID-19 related sickness) in the year to December 2023, compared to 319,895 for the previous year.
- Overall sickness absence (including COVID-19 related sickness) is 5.19%, which is down from end of December 2022 position of 6.47% (% FTE Time Lost).
- The top three reasons for non-COVID related sickness absence are Anxiety/stress/depression/other psychiatric illnesses (29%), Cold, Cough, Flu (13%) and Other Musculoskeletal (8%).

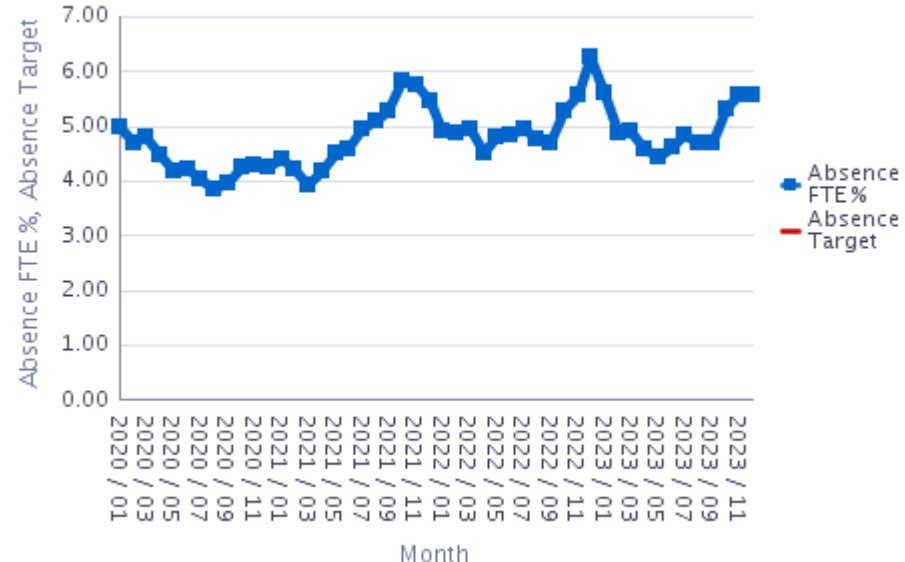


# People: Sickness Absence 2/2

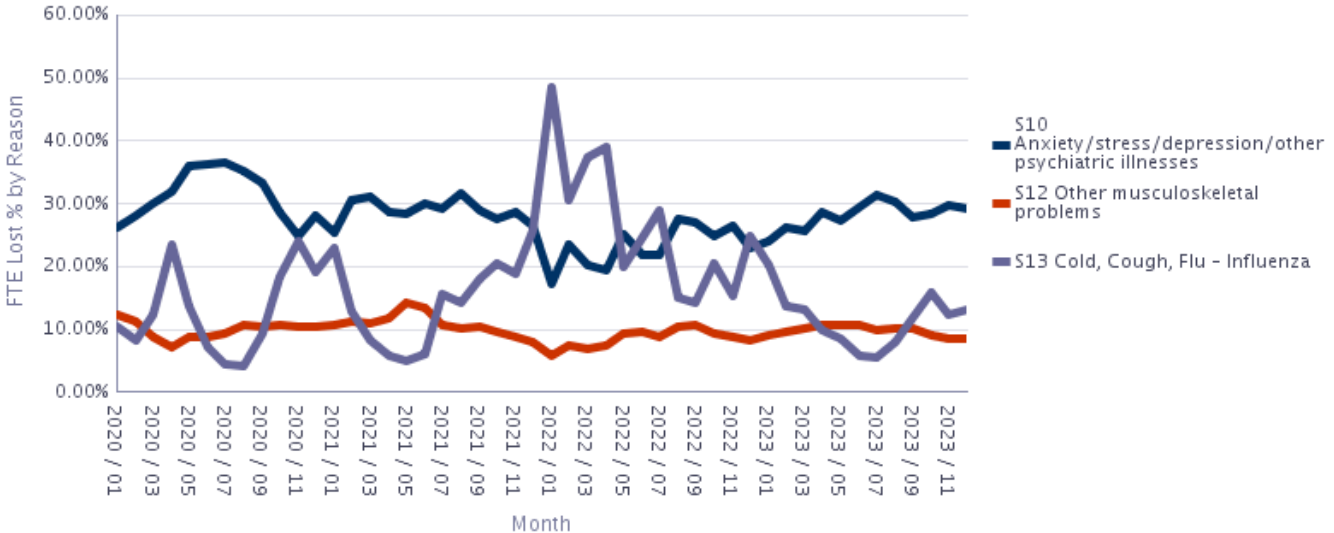
Covid-19 Related Sickness



Non Covid-19 Related Sickness

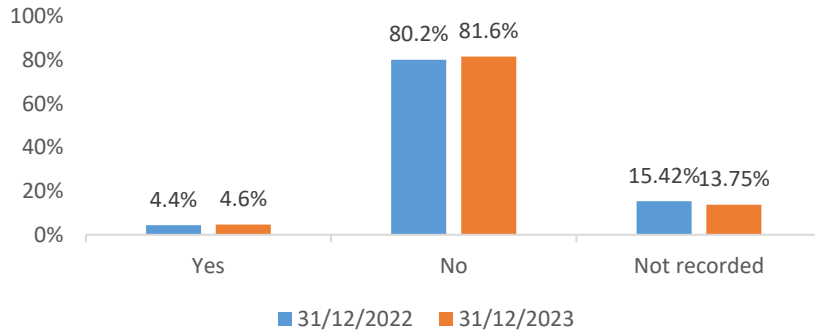


Top 3 Sickness Reasons - S13 includes Covid sickness

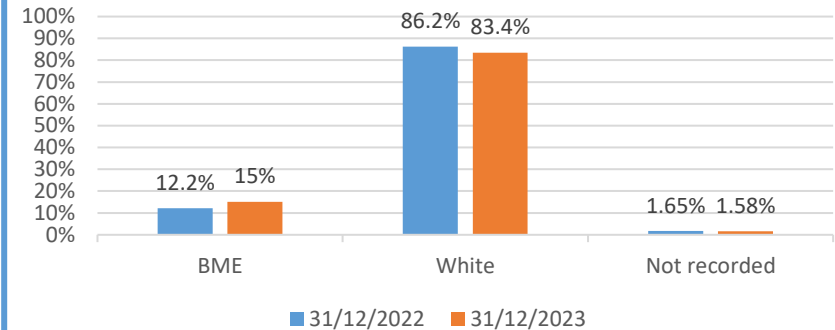


# People: Equality and Diversity

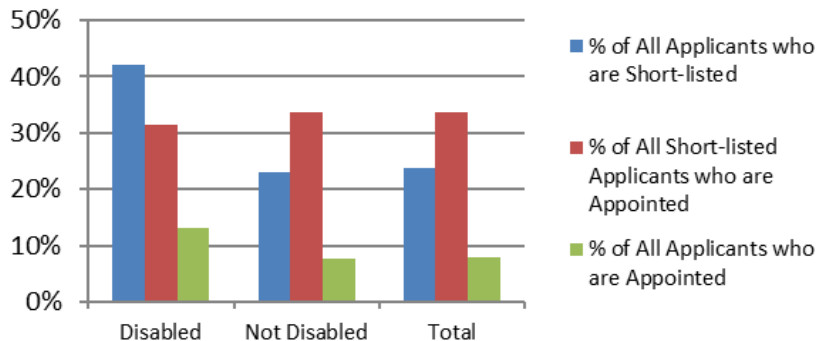
## Disability %



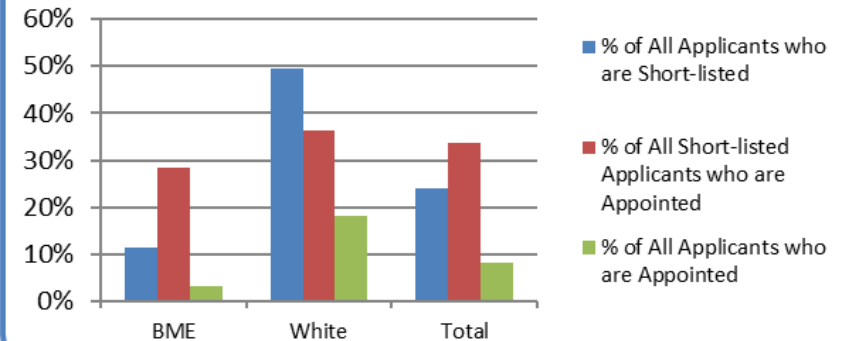
## Ethnicity %



## Analysis of Recruitment Activity by Disability

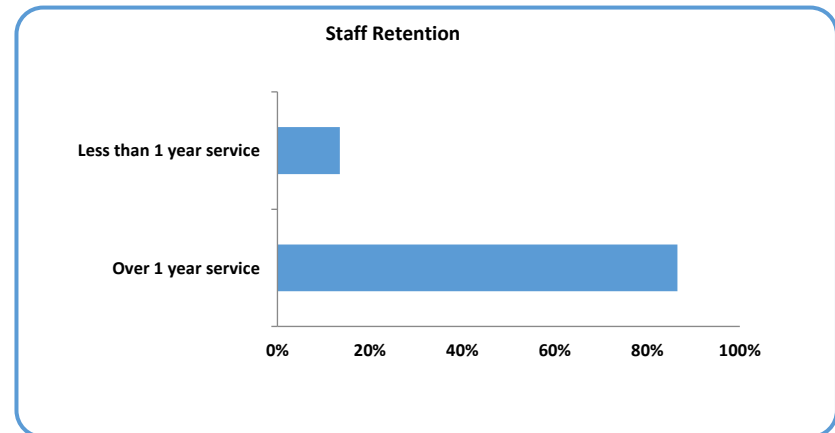
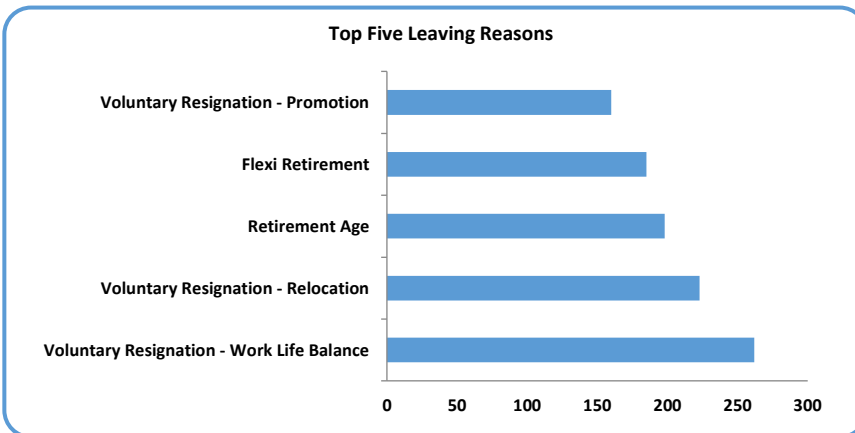
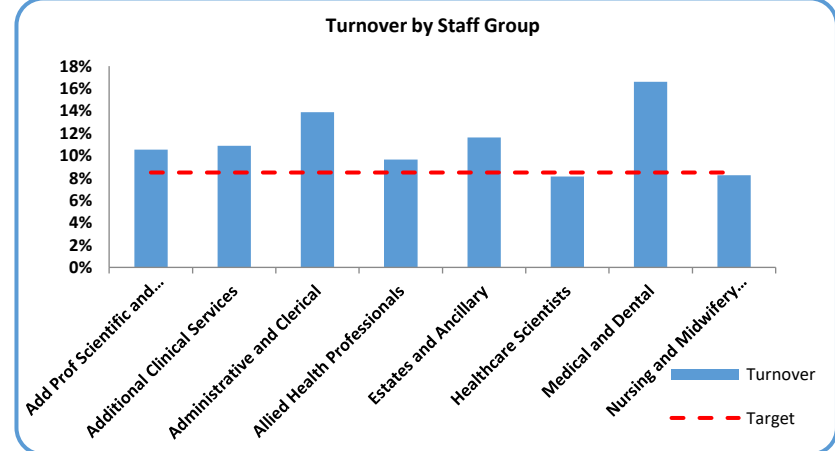
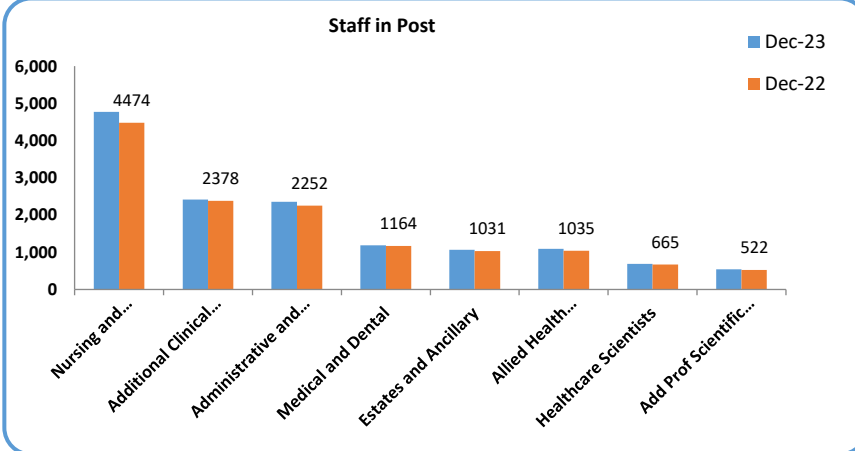


## Analysis of Recruitment Activity by Ethnicity



- The percentage of staff employed disclosing a disability has increased from 4.38% to 4.63% and the percentage of BAME staff has increased from 12.19% to 15.03%.

# People: Workforce 1/3



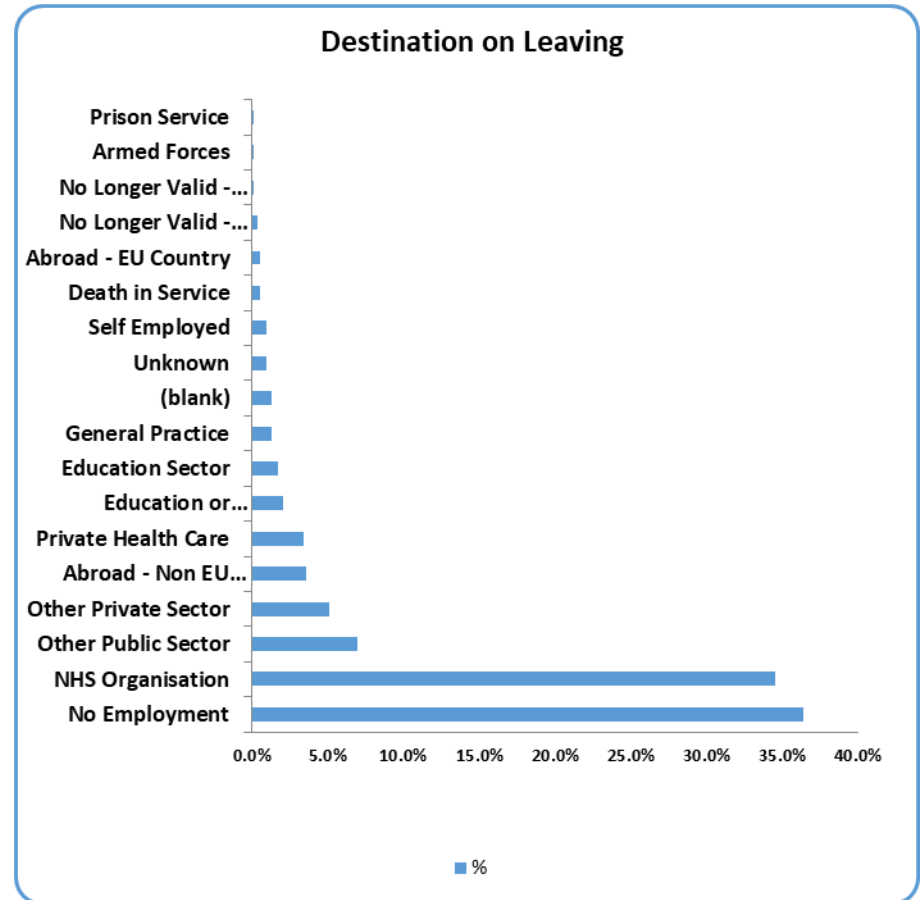
- Staff in post has increased by 4.22% since Dec 2022. The staff groups with the largest increase are Allied Health Professionals and Nursing and Midwifery Registered.
- Staff turnover has decreased from 16.40% in Dec 2022 to 10.74% in Dec 2023, against a target of 8.0%.
- The total number of leavers in the period Jan 2022 to Dec 2023 was 1,724.
- Retention for staff over 1 year service is 86.52%, a decrease from 85.93% in December 2022.

# People: Workforce 2/3

## Turnover by Clinical Board

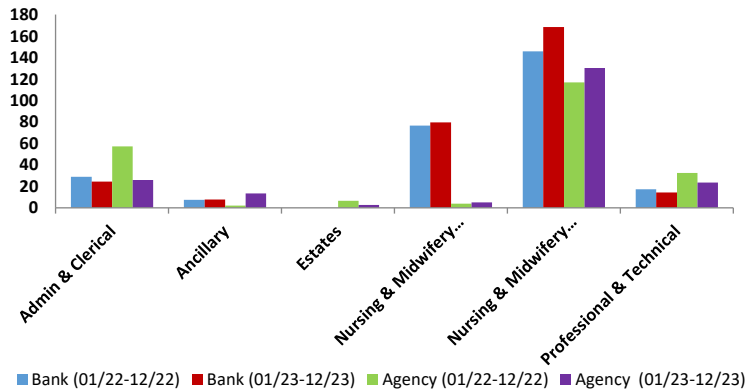
Clinical Board	Turnover
317 CS CRC NENC	4.38%
317 CB Cancer and Haematology	8.32%
317 CB Peri-operative and Critical Care	8.33%
317 CS Regional Drugs and Therapeutics	8.70%
317 CB Medicine and Emergency Care	8.99%
317 CS Business and Development	9.09%
317 CB Surgical and Associated Services FH	9.40%
317 CB Surgical and Specialist Services RVI	10.40%
317 CS Patient Services	10.68%
317 CB Clinical and Research Services	10.70%
317 CB Cardiothoracic Services	11.04%
317 CS Estates	11.42%
317 CS Finance	12.50%
317 CB Family Health	13.08%
317 CS Supplies	13.92%
317 CS Information Management and Technology	14.31%
317 CS Human Resources	15.00%
317 CS Chief Executive	16.67%
317 CS Medical Director	18.92%
317 CS Chief Operating Officer	21.05%
317 CS Integrated Covid Hub North East	29.27%
317 CS NHS COVID Vaccination Programme	60.00%
<b>Trust Total</b>	<b>10.74%</b>

- 34.5% of leavers across the Trust disclosed they were going to another NHS organisation.

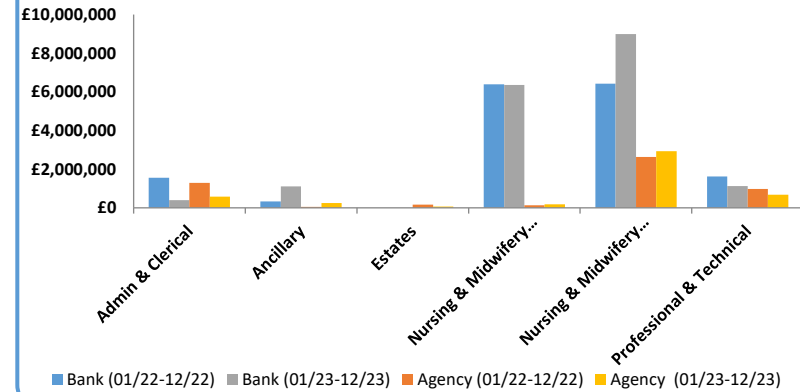


# People: Workforce 3/3

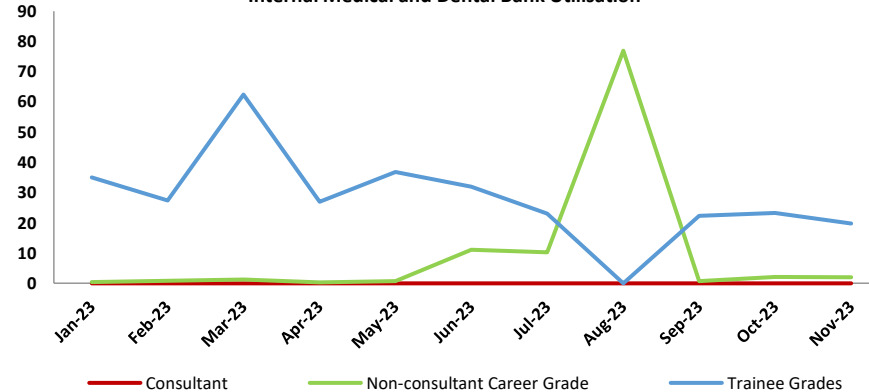
### Bank and Agency Utilisation by Staff Group (FTE)



### Bank and Agency Utilisation by Staff Group (Cost)

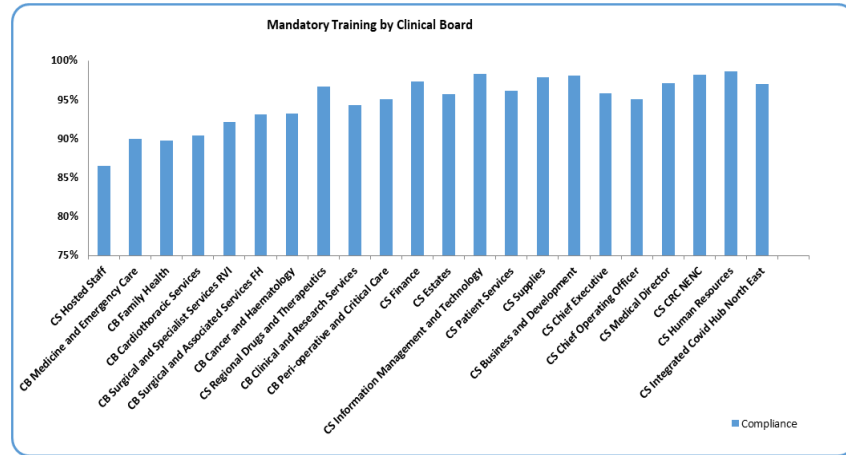
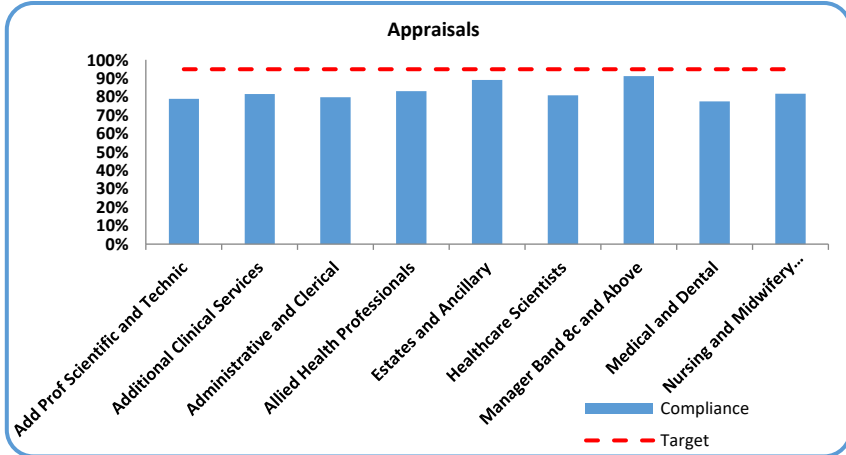
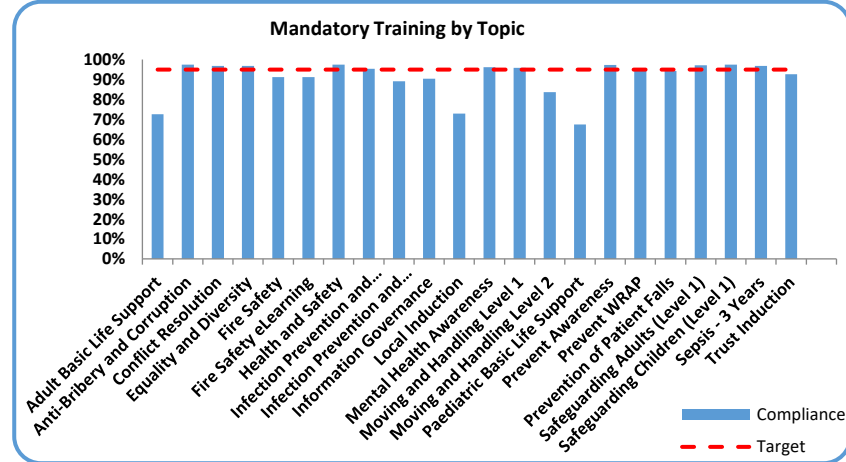
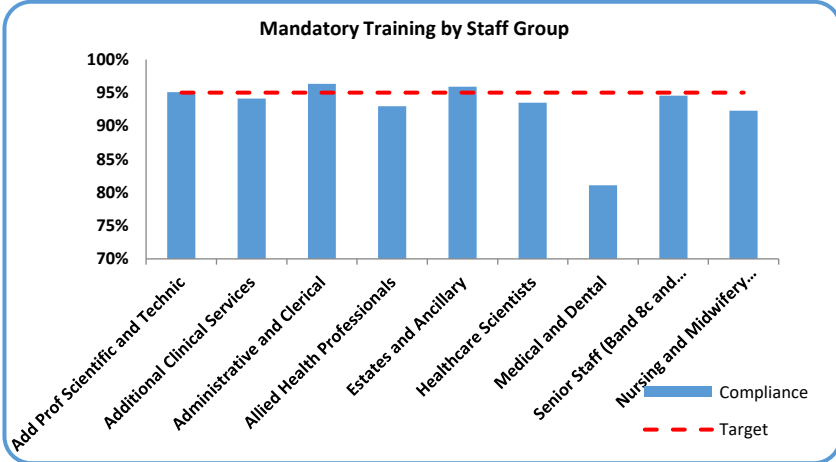


### Internal Medical and Dental Bank Utilisation



Comparing the periods January 2021 – December 2022 to January 2022 – December 2023, overall bank utilisation increased from 275 wte to 294 wte and agency utilisation has decreased from 218 wte to 200 wte.

# People: Delivering Excellence in Education & Training

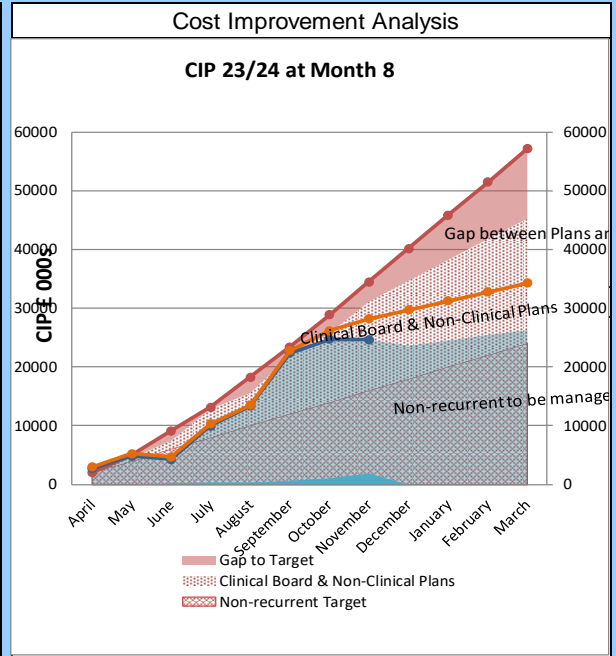
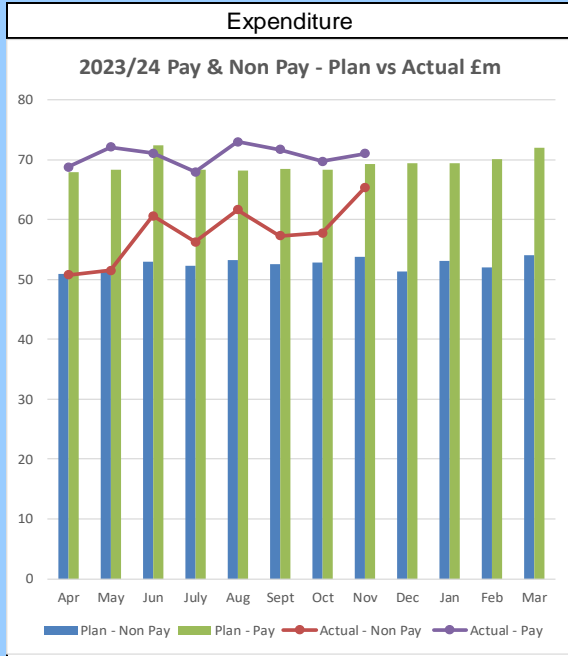
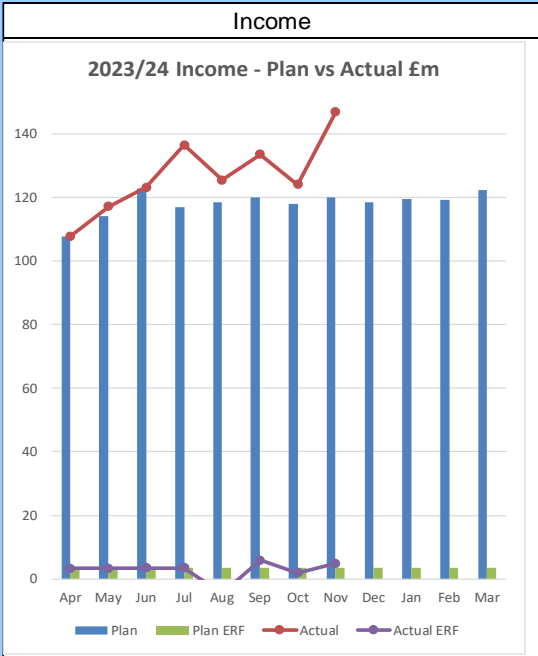


- Mandatory training compliance stands at 92.89% at end of December 2023, against an end of year target of 95%. The December 2022 position was 88.88%.
- Medical and Dental are the staff group with the lowest training compliance at 81.08% in October 2023 compared to 72.66% in December 2022.
- Appraisal compliance stands at 81.65%, at end of December 2023, against an end of year target of 95%, this is compared to 77.26% in December 2022. Interventions are in hand to improve this position.



# Finance: Overall Financial Position

## Financial Overview as at 30th November 2023



### Commentary

This page summarises the financial position of the Trust for the period ending 30th November 2023. The Trust has agreed a Financial Plan for 2023/24 with a break-even position. As at Month 8 the Trust is reporting an adverse variance of £0.3 million against a planned deficit of £3.3 million at Month 8. The financial impact of industrial action has been removed with additional funding received nationally at Month 8. 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.
- 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 November is £28 million and the year to date expenditure is £14 million creating a variance of £14 million to date. This is expected to catch up.



**THIS PAGE IS INTENTIONALLY  
BLANK**



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	14 February 2024						
Title	Trust Performance Report						
Report of	Martin Wilson, Chief Operating Officer Vicky McFarlane-Reid, Director of Commercial Development & Innovation						
Prepared by	Elliot Tame, Senior Business Development Manager (Performance)						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	This paper is to provide assurance to the Council of Governors on the Trust's elective recovery progress as well as performance against NHS England (NHSE) priorities for 2023/24 and key operational indicators.						
Recommendation	For assurance.						
Links to Strategic Objectives	Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality. Performance – Being outstanding now and in the future.						
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	Strategic Risk SO1.1 [Capacity and demand pressures] Strategic Risk SO5.8 [Activity delivery] Details compliance against NHSE plan priorities for 2023/24. Details compliance against national access standards which are written into the NHS standard contract.						
Reports previously considered by	Regular report. The report was presented to the Trust Board at the 25 January 2024 meeting.						

## 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 December were below both plan and the revised 103% target across all points of delivery except for New Outpatient appointments (106.2%) and Day Cases (103.2%). Cumulatively for 2023/24 to date (months 1-9) total activity delivery stands at 102.3% of the re-based 2019/20 baseline.
- The Trust delivered overnight elective delivery measured at 85.1%. Delivery has been impacted by ongoing industrial action as well as a significant increase in Adult General and Acute average bed occupancy, causing significant difficulties in maintaining patient flow.
- Across 2023/24 to date outpatient procedures measure at 107.2% of 2019/20 levels, just below the trajectory of 108.5%, but with some activity in December still to be coded. Performance has improved in recent months owing to the clearance of a backlog of coding activity related to ophthalmology procedures.
- Newcastle Hospitals delivered performance below the revised 4-hour A&E arrival to admission/discharge target, with performance standing at 72.5% against the 76% target. This was the third successive month that the Trust has failed to hit the target.
- The Trust failed all three newly consolidated cancer standards in November 2023, with metrics having been simplified into three clear targets - the 28 Day Faster Diagnosis Standard, 31 days from decision to treat to treatment (combined) and 62 days from referral to treatment (combined). This is largely due to the continuing high levels of demand on the Skin service, as well as late referrals from other organisations and ongoing diagnostic/theatre capacity issues. The Trust was escalated into Tier 1 interventions by NENC ICB/NHSE for cancer care in December as a consequence of this as well as the continuing distance between the volume of patients waiting over 62 days for treatment and the end of year 'fair-share' target (200) – at the end of December 314 patients were experiencing this length of wait.
- At the end of October the Trust had just 5 patients waiting >104 weeks, all waiting for spinal surgery. 322 patients had a waiting time of >78 weeks, with the majority waiting for non-Spinal care – the Trust had agreed a revised trajectory with NHSE to bring the number of patients waiting this length of time down to 167 by the end of March 2024, but has now gone further with the ambition to eliminate 78 week waits by the end of March 2024, as well as reduce 65WWs by a third.

The Council of Governors is asked to receive the report.

# Trust Performance Board Report

**Produced: January 2024**

**Data: December 2023**



# NHSE Plan Requirements 2023/24

Metric	Requirement	Sep-23	Oct-23	Nov-23	Dec-23	RAG Rating: Dec-23*	
						Plan	Target
<b>Cumulative Activity Delivery (Spec. Acute)</b>							
Day Case	<b>103%</b> of 19/20 value-weighted activity (overall, monthly cumulative)  <b>N.B. Currently being reported by volume, not VWA</b>	102.7%	102.8%	102.6%	<b>102.7%</b>	111.9%	103.0%
Elective Overnight		82.9%	82.5%	82.8%	<b>83.0%</b>	113.0%	103.0%
Outpatient New		97.9%	98.7%	99.5%	<b>100.2%</b>	104.5%	103.0%
Outpatient Procedures		110.8%	109.5%	109.6%	<b>107.2%</b>	108.5%	103.0%
Total		102.6%	102.5%	102.8%	<b>102.3%</b>	107.6%	103.0%
<b>Urgent &amp; Emergency Care</b>							
A&E Arrival to Admission/Discharge	<b>&gt;=76%</b> under 4 hours (by Mar-24)	76.1%	73.8%	73.1%	<b>72.5%</b>	70.0%	<b>&gt;=76%</b>
Adult General & Acute Bed Occupancy	<b>&lt;=92%</b>	88.9%	91.5%	91.3%	<b>86.9%</b>	88.7%	<b>&lt;=92%</b>
Urgent Community Response Standard	<b>&gt;=70%</b> under 2 hours	84.0%	79.6%	84.2%	<b>84.5%</b>	N/A	<b>&gt;=70%</b>
<b>Cancer Care</b>							
>62 Day Cancer Waiters	Reduce to <b>&lt;=200</b> (by Mar-24)	397	320	290	<b>314</b>	244	<b>&lt;=200</b>
28 Day Faster Diagnosis	<b>&gt;=75%</b> (by Mar-24)	68.8%	72.2%	<b>70.0%</b>	TBC	75.0%	75%
<b>Elective Care</b>							
>104 Week Waiters	<b>Zero</b>	14	13	12	<b>5</b>	2	0
>78 Week Waiters	<b>Zero</b>	229	246	269	<b>322</b>	5	0
>65 Week Waiters	<b>Zero</b> (by Mar-24)	1,515	1,575	1,533	<b>1,558</b>	610	0 (Mar-24)
>52 Week Waiters	<b>Reduction</b> (Zero by e/o Mar-25)	4,504	4,593	4,672	<b>4,549</b>	3,400	0 (Mar-25)
>12 Weeks Validation	<b>90%</b> (by Oct-23)	23.0%	38.0%	<b>44.7%</b>	TBC	N/A	90% (by Oct-23)
<b>Diagnostics</b>							
Diagnostic Activity**	Appropriate levels to reduce waits	106.9%	110.8%	105.1%	<b>113.6%</b>	113.0%	N/A
>6 Weeks Waiters	<b>&lt;=5%</b> (by Mar-25)	21.8%	21.8%	23.9%	<b>30.1%</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)	2.8%	3.0%	3.2%	<b>3.1%</b>	3.5%	5.0% (Mar-24)
Outpatient Follow-up Reduction	<b>&lt;=75%</b> of 19/20	104.9%	104.8%	108.9%	<b>108.0%</b>	109.7%	<b>&lt;=75%</b>

\* 1 month prior for 28 Day FDS  
\*\* CT, MRI, Non-obs US, Endoscopy & ECHO.

# Operational Standards

Metric	Standard	Sep-23	Oct-23	Nov-23	Dec-23	RAG Rating: Dec-23*
<b>Urgent &amp; Emergency Care</b>						
Ambulance Handovers	Zero over 60 mins	15	24	44	65	
A&E Arrival to Admission/Discharge	>=76% under 4 hours (by Mar-24)	76.1%	73.8%	73.1%	72.5%	
	<2% over 12 hours	1.2%	2.4%	1.6%	3.0%	
Urgent Community Response Standard	70% under 2 hours	84.0%	79.6%	84.2%	84.5%	
<b>Cancer Care</b>						
28 Day Faster Diagnosis	75% (by Mar-24)	68.8%	72.2%	70.0%	TBC	
31 Days (DTT to Treatment)	96%	83.2%	86.0%	84.6%	TBC	
62 Days (Referral to Treatment)	85%	51.2%	54.2%	55.0%	TBC	
<b>Elective Care</b>						
18 Weeks RTT	92%	66.9%	67.3%	67.0%	65.5%	
>65 Week Waiters	Zero (by Mar-24)	1,515	1,575	1,533	1,558	
>6 Weeks Diagnostic Waiters	<=1%	21.8%	21.8%	23.9%	30.1%	
Cancelled Ops. Rescheduled >28 Days	Zero	10	12	4	16	
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	Data unavailable	128	114	99	
MRSA Cases	Zero	0	2	0	1	
C-Difficile Cases	<=165 (FY Cumulative)	73	89	100	111	
VTE Risk Assessment	95%	96.3%	95.8%	96.2%	TBC	
Sepsis Screening Treat. (Emergency)	>=90% (of sample) under 1 hour	54.0%	56.0%	56.0%	56.0%	
Sepsis Screening Treat. (All)		55.0%	81.0%	81.0%	81.0%	

\* 1 month prior for Cancer Care

# Other Metrics (1/2)

Metric	Sep-23	Oct-23	Nov-23	Dec-23
<b>Emergency Care</b>				
Ambulance Arrivals	2,928	3,204	3,056	<b>3,127</b>
Ambulance Handovers <15 mins	63.4%	64.9%	62.6%	<b>61.5%</b>
Ambulance Handovers <30 mins	91.7%	91.9%	89.3%	<b>88.4%</b>
Ambulance Handovers <60 mins	99.5%	99.3%	98.6%	<b>97.9%</b>
Type 1 Performance (A&E 4 hour)	61.9%	58.2%	57.4%	<b>55.8%</b>
Type 1 Attendances (Main ED)	11,960	12,958	12,733	<b>12,362</b>
Type 2 Attendances (Eye Casualty)	1,482	1,622	1,497	<b>1,289</b>
Type 3 Attendances (UTC)	4,943	5,477	5,206	<b>5,413</b>
<b>Patient Flow</b>				
Covid Inpatients (average)	38	31	23	<b>21</b>
Emergency Admissions	6,093	6,522	6,464	<b>6,186</b>
G&A Bed Occupancy	88.9%	91.5%	91.3%	<b>86.9%</b>
Critical Care Bed Occupancy	63.9%	70.9%	66.6%	<b>64.7%</b>
Bed Days Lost (average)	38	33	23	<b>25</b>
Medical Boarders	69	67	79	<b>73</b>
Length Of Stay >7 Days	735	791	762	<b>742</b>
Length Of Stay >21 Days	329	330	338	<b>371</b>



# Other Metrics (2/2)

Metric	Sep-23	Oct-23	Nov-23	Dec-23
<b>Planned Care</b>				
2WW Referrals	2,859	2,761	2,539	<b>1,992</b>
Urgent Referrals	5,645	6,098	5,796	<b>5,020</b>
Routine Referrals	25,387	27,542	27,741	<b>21,221</b>
Specialist Advice Requests (% of New OP Atts.)	9.1%	8.5%	8.1%	<b>8.4%</b>
Day Case Activity (Specific Acute (SA))	10,267	11,160	11,238	<b>9,336</b>
Overnight Elective Activity (SA)	1,669	1,760	1,863	<b>1,515</b>
New Outpatient Attendances (SA)	21,328	24,408	23,905	<b>18,993</b>
Outpatient Procedure Activity (SA)	19,775	18,077	19,320	<b>11,061</b>
Review Outpatient Attendances (SA)	59,232	64,840	66,188	<b>56,529</b>
Diagnostic Tests	19,380	20,822	20,276	<b>17,325</b>
Outpatient DNA Rate	6.8%	7.1%	7.1%	<b>7.7%</b>
Virtual Attendances	13.3%	13.5%	13.4%	<b>13.7%</b>
RTT Waiting List Size	108,603	109,149	107,234	<b>104,965</b>

**THIS PAGE IS INTENTIONALLY  
BLANK**



## COUNCIL OF GOVERNORS

Date of meeting	14 February 2024						
Title	Nominations Committee Update						
Report of	Professor Kath McCourt, Nominations Committee Chair						
Prepared by	Kelly Jupp, Trust Secretary						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>		
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in December 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**

There have been no Nominations Committee meetings since the previous Public Council meeting in December 2023. The next meeting is scheduled for 12 February 2024 and therefore a verbal update will be provided at the Council of Governors meeting.

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

## NOMINATIONS COMMITTEE UPDATE

### 1. COMMITTEE MEETINGS

The Committee is scheduled to meet on 12 February 2024 to consider the following agenda items:

- Chair recruitment;
- Interim Deputy Chair arrangements;
- NED and Associate NED composition; and
- NED activities in the previous 6 months (NED activity report).

A verbal update will be provided at the Council of Governors meeting.

### 2. FUTURE COMMITTEE BUSINESS

The next Committee meeting will focus on:

- 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**  
**14 February 2024**

**THIS PAGE IS INTENTIONALLY  
BLANK**



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	14 February 2024						
Title	Update from Committee Chairs						
Report of	Non-Executive Director Committee Chairs						
Prepared by	Mrs Gillian Elsener, PA to Chairman and Trust Secretary / Corporate Governance Officer						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input 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:</p> <ul style="list-style-type: none"> <li>• People Committee – 8 January 2024</li> <li>• Charity Committee – Grants Meetings 8 December 2023 &amp; 12 January 2024</li> <li>• Quality Committee – 16 January 2024</li> <li>• Finance Committee – 22 January 2024</li> <li>• Audit Committee – 23 January 2024</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 formal Council of Governors in December 2023.



## UPDATE FROM COMMITTEE CHAIRS

### 1. PEOPLE COMMITTEE

A meeting of the People Committee took place on 8 January 2024. During the meeting, the main areas of discussion included:

- People Committee Risk Report (BAF) and new and emerging risks.
- Areas of focus included:
  - An Education and Training Update delivered by the Associate Director of Education, Training & Workforce Development.
  - A People Priorities Delivery Update including the Staff Survey which was delivered by the Chief People Officer and the Head of Workforce Engagement & Information respectively.
  - The Guardian of Safe Working Quarter 2 Report delivered by the Trust Guardian of Safe Working Hours.
- The Chief People Officer discussed Leadership Development, Talent and Succession Planning.
- The People and Culture dashboard was presented by the Head of Human Resources together with the Workforce Profile & Demographics update.
- Minutes of the Learning and Education Group were received for the 21 August 2023 [FINAL] and 16 October 2023 [DRAFT] meetings.

The next formal meeting of the Committee will take place on Tuesday 20 February 2024.

### 2. CHARITY COMMITTEE GRANTS MEETING

A Charity Committee Grants meeting took place on 8 December 2023 where the following grants were approved:

- EXT048 – Provision of Music Therapy for two years in GNCH - £71,500.
- SA1520 – Newcastle MND Care Centre Welfare Benefits Advisory Service – £20,000.
- SA1789 – DTC Diathermy Equipment - £48,086.
- EXT037 – Crawford House ‘Home from Home’ Family Accommodation - £42,260.
- GA065 – Activity & Mobility Volunteer Project Co-Ordinator’s - £36,235.57.

A Charity Committee Grants meeting took place on 12 January 2024 where the following grants were approved:

- SA1949 - Ex-Vivo Liver Perfusion, £100,000.
- SA1986 – Newcastle Community Stroke Service and Healthworks Health & Wellbeing Stroke Group - £87,287.
- SA1948 – Funding for Clinical Psychologist 0.6WTE, Peri-Op and Critical Care and 0.2WTE Cardiac Critical Care - £57,083.
- EXT049 – SPACE (Social Prescribing and Community Resources for Children and Young People) Pilot - £27,000.
- SA1983 – Ward 25 & 30 additional telemetry monitors - £27,500.

The next meeting of the Charity Committee will take place on 12 February 2024.

### **3. QUALITY COMMITTEE**

A meeting of the Quality Committee took place on 16 January 2024. During the meeting, the main areas of discussion included:

- Quality Committee Risk Report (BAF) and new emerging risks.
- A comprehensive update on Maternity Services was provided covering the following:
  - Ockenden Assurance Visit Report
  - MBRRACE Report (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries)
  - Thirlwall return
  - CNST Report (Clinical Negligence Scheme for Trusts)
- Quality and Performance Board Reports were discussed by the Director of Quality and Effectiveness and the Director of Infection Prevention Control.
- Updates on the current CQC position were provided by the Executive Chief Nurse and Director of Quality and Effectiveness.
- The Quarter 2 report on Mortality / Learning from Deaths presented by the Director of Quality and Effectiveness.
- Leadership walkabouts updates and legal updates were received.
- Minutes of the following meetings were received:
  - Clinical Outcomes & Effectiveness Group – 13 October 2023
  - Patient Experience and Engagement Group - 23 October 2023

The next meeting of the Committee will take place in February 2024.

### **4. FINANCE COMMITTEE**

A meeting of the Finance Committee took place on Monday 22 January 2024. During the meeting, the main areas of discussion included:

- The Finance Committee Risk Report.
- An overview of the Month 9 Finance position including CIP and Capital Expenditure provided by the Chief Finance Officer and the Director of Estates.
- The Planning Guidance Headlines.
- The Director for Commercial Enterprise and Innovation provided an update on the Month 9 performance data.
- The draft Procurement Plan for 2024/25 was delivered by the Procurement & Supply Chain Director.
- The draft Capital Plan/Programme for 2024/25 was delivered by the Director of Estates.
- Tenders (PR) and Business Cases (BC) for approval included:
  - P23 (Backlog Maintenance) (PR)
  - Scan4Safety (BC)
- Receipt of minutes from:
  - Capital Management Group - 14 November 2023 & 12 December 2023
  - Commercial Strategy Group - 8 December 2023

- Community Diagnostics Centre Strategic Oversight Group - 31 October 2023
- Supplies & Services Procurement Group 3 November 2023

The next meeting of the Finance Committee will take place 25 March 2024.

## 5. AUDIT COMMITTEE

A meeting of the Audit Committee took place on 23 January 2024. During the meeting, the main areas of discussion included:

- Updates from the Committee Chairs regarding risk and assurance by exception.
- The Audit Committee role in response to matters raised in the CQC Report.
- The Head of Corporate Risk and Assurance Manager presented the Board Assurance Framework and risk register report.
- An update on the Scheme of Delegation, was presented by the Assistant Finance Director.
- 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 (EA) progress report and Plan for 2023/24 were presented.
- A review of the following items was presented by 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 SIRO report was received.
- The minutes of the following meetings were received:
  - Finance Committee – 29 November 2023 (Ordinary) and 18 December 2023 (Extraordinary) [DRAFT]
  - People Committee – 17 October 2023 [FINAL]
  - Quality Committee – 19 September 2023 and 21 November 2023 [FINAL]

The next meeting of the Committee will take place on 23 April 2024.

### **Report of Gillian Elsander**

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

**08 February 2024**

THIS PAGE IS INTENTIONALLY BLANK