Council of Governors' Meeting: Public Session   Thursday, 20 June 2024   1445h

Venue: Training rooms 3 & 4, Education Centre, Freeman Hospital

Agenda

	Item	Lead	Paper	Timing
Business items				14:45 – 15:00
1	Apologies for absence and declarations of interest	Kath McCourt	Verbal	
2	Minutes of the meeting held on 14 February 2024 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	
Items for discussion				
6	Digital Update	Shauna McMahon	Presentation	15:00 – 15:20
7	Revised Integrated Quality and Performance Report	Patrick Garner	Attached	15:20 – 15:35
Items to Approve				15:35 – 15:45
8	Governor Working Group (WG) Terms of Reference Review	Kelly Jupp	Attached	
9	Nominations Committee Update, including Terms of Reference Review	Kath McCourt/ Kelly Jupp	Attached	
10	Governor Roles	Kelly Jupp	Attached	
Items to receive [NB for information – matters to be raised by exception only]				15:45 – 16:00
11	Governor WG Reports including; i. Lead Governor ii. Quality of Patient Experience (QPE) WG iii. Business & Development (B&D) WG iv. People, Engagement and Membership (PEM) WG	Lead Governor/WG Group Chairs	Attached	
12	Governor Elections Report	Kelly Jupp	Attached	
13	Committee Chairs Report	Committee Chairs	Attached	

| 14 | Schedule of Business 2024 | Kelly Jupp | Attached |
| 15 | Date and Time of next meeting: Formal Meeting – Thursday 15th August 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

Professor Kath McCourt, Interim Chair

Sir Jim Mackey, Chief Executive Officer

Mr Patrick Garner, Deputy Director of Business Development and Enterprise

Mrs Shauna McMahon, Chief Information Officer

Mrs Kelly Jupp, Trust Secretary

NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING: PUBLIC MEETING

DRAFT MINUTES OF THE MEETING HELD 14 FEBRUARY 2024

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: Sir Jim Mackey, Chief Executive Officer (CEO)
Mr Martin Wilson, Chief Operating Officer (COO)
Mrs Caroline Docking, Director of Communications and Corporate Affairs (DCCA)
Mr Patrick Garner, Deputy Director of Business, Development and Enterprise (DDBDE)
Dr Michael Wright, Interim Medical Director (IMD)
Mr Rob Harrison, Managing Director (MD)
Mrs Annie Laverty, Chief Experience Officer (CExO)
Mrs Shauna McMahon, Chief Information Officer (CIO)
Mr Ian Joy, Deputy Chief Nurse (DCN)
Ms Jill Baker, Non-Executive Director (NED) (JB)
Mr Jonathan Jowett, Non-Executive Director (JJ)
Mr Bill Macleod, NED (BM)
Mr Graeme Chapman, NED (GC)
Miss Christine Smith, NED (CS)
Mrs Kelly Jupp, Trust Secretary (TS)
Dr Balsam Ahmad, Consultant in Public Health (for item 6)
Mr Dan Jackson, Integrated Care Board (ICB) Director of Policy, Public Affairs and Stakeholder Affairs (for item 7)

Observed by: Sam Volpe, Health Journalist

Secretary: Mrs Abigail Martin, Governor and Membership Engagement Officer (GMEO)

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

The Chair welcomed all to the meeting, including to the MD, CExO and CIO at their first Council of Governors meeting in Public.

24/01 BUSINESS ITEMS:

1. Apologies for Absence and Declarations of Interest

Apologies for absence were received from Mr Rob Smith, Director of Estates (DoE), Mrs Angela O'Brien, Director of Quality and Effectiveness (DQE), Mrs Maurya Cushlow, Executive

Chief Nurse (ECN), Dr .Vicky McFarlane-Reid, Director of Commercial Development and Innovation (DCDI) and Mrs Christine Brereton, Chief People Officer (CPO), from NEDs Ms Jill Baker, Mrs Liz Bromley, Mrs Steph Edusei, and from Associate NEDs Mrs Pam Smith and Professor David Burn.

Apologies were also received from Governors Mrs Sharon Chilton, Mr Bob Waddell, Dr Luisa Wakeling, and Mrs Aileen FitzGerald.

No declarations of interest were recorded.

2.   Minutes of the Meeting held on 7 December 2023 and Matters Arising

The minutes of the meeting held 07 December 2023 were agreed as a true record of the meeting.

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

3.   Meeting Action Log

The action log position was received. The TS noted the following:

- Actions 116, 118, 120, 121 and 122 have been completed.
- Action 119 is on hold and the remaining action 115 is being followed up with Mrs Stella Wilson.

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

4.   Chair's report

The Chair reported that it had been a busy time since the previous Council meeting, and noted a number of highlights being:

- The 'Spotlight on Services', which focussed on the Arts Programme supported by Katie Hickman, Arts Programme Manager, and funded by Newcastle Hospitals charity.
- The Board Development session in December where there had been discussions on oversight and governance, as well as undertaking a 'stocktake' following the receipt of the CQC inspection reports (in draft stage at that time).
- The creation of the Local Negotiating Committee (LNC), assisted by the CPO, which she noted had been very successful.
- Meetings with other CEOs and Chairs within the Alliance.

Mrs Heslop asked whether Sunderland Hospitals were included in the Alliance, and the Chair noted that while Newcastle Hospitals does interact regularly with South Tyneside and Sunderland NHS Foundation Trust from a service perspective, they will not be part of the Great North Healthcare Alliance. She provided an overview of the four organisations within the Alliance and advised that the COO was part of the team developing the Alliance workplan which was focussed on making improvements to patient pathways.

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

5. Chief Executive's report

The CEO shared an update which included the following:

- A Care Quality Commission (CQC) update.
- A round up of the last few weeks.
- Financial and operational performance.
- Looking ahead.

The CEO noted the following points:
- The importance of having a robust accountability mechanism.
- The Trust would submit its response to the Notice of Decision (NoD) today and then has a 28 day timeframe to provide assurance on the implementation of an Effective Governance System (EGS). A refresh of the governance framework was underway and it was hoped that the CQC would re-inspect the Trust before the end of December 2024.
- There had been some changes to the Executive Team member portfolios.
- Since the CEO had commenced in post there had been a significant focus on increasing visibility, as well as on engagement and listening, with the aim of creating a happier and safer culture for staff.

  A key part of the engagement activity had been centred around meeting staff and listing to their concerns. A number of staff roadshows have been held to reassure staff, and the CEO reported that he had spoken to circa 2,000 staff across the Trust during his first few weeks. He noted the positive welcome he had received from staff, and that staff were keen to have open and honest conversations. It was acknowledged that some staff were concerned by the results of the CQC inspections, with some sharing their embarrassment for the position that the Trust finds itself in.
- Recent actions undertaken included:
  - Accelerating the embedding of the Clinical Board structures.
  - Improving Ward to Board connectivity.
  - Specific oversight within the Cardiology Clinical Board, with fortnightly meetings with the senior leaders, as well as meetings with staff and clinicians in order to address the issues identified.
- Key messages discussed with staff as part of the roadshows included:
  - Supporting staff to feel confident in reporting/raising concerns and incidents.
  - The need for cultural improvements – underlined by the ongoing work on the People Promises and the People Plan focus groups.
  - The planned improvements to Trust technology such as eRecord, digital dictation, voice recognition and access to Wi-Fi for staff.
  - Clarity and timeliness of decision making, with a clear aim to improve.
  - Reviewing gaps in staffing levels e.g. for administrative staff.
  - The need to develop a Clinical Strategy for the organisation.
- The financial headlines with the Trust being on track to deliver its financial targets for 2023/24, however this is through 'one-off' measures. The CEO highlighted the work underway on its Financial Recovery Plan.

- The general deterioration in Emergency Care (EC) performance, both within the Trust and nationally. However it was noted that the Trust ranked 18th out of 200 Trusts for its 4-hour waiting time performance in January. The aim being to improve performance to 85% or higher.
- Elective care and cancer performance remained challenging however there had been a positive improvement in the long waiting position over recent weeks (particularly for 78 week waits). The Trust was positioned 14th nationally in December for its Referral to Treatment (RTT) performance however was the 10th worst nationally for both 104 and 78 week-wait performance.

  The CEO expressed his gratitude to the DDBDE and others for their work on improving the Trust waiting time performance and moving towards the removal of tiering.
- The CQC maternity survey results were published recently with the Trust achieving a 50% response rate. Scores remained relatively stable. More generally the maternity providers across the region had performed well.

  Ongoing challenges remained with midwifery and obstetric staffing however the strong partnerships in the Alliance mean that support has been provided where possible.
- Looking forward, the first CQC evidence submission would be required and the Trust would need to work closely with colleagues at CQC to initiate/agree the reinspection process.

Mrs Yanez, Lead Governor, acknowledged the impact and challenge that the inspection result will have on staff at all levels and offered the support of the Governors.

Mrs Yanez queried whether there was sufficient opportunity for Estates, Domestic and other staff working night shifts to attend one of the CEO roadshows to which the CEO advised that two online roadshows had been held which were well attended and options were being explored to hold a session during the evening.

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

24/02   ITEMS FOR DISCUSSION

6.   Public Health Update

Dr Ahmad gave a presentation on Public Health and highlighted the following points:
- Regular media campaigns regarding the crises in Social Care and health more generally, but that there is less attention on the crisis in Public Health, particularly in relation to poor health in early years which then continues later in life.
- Healthy life expectancy in adults is no longer improving. Women in Newcastle spend on an average of 21.6 years of their life in poor health, compared to 16.7 years for men, showing that poor health is becoming a factor earlier in life.
- The prevalence of 'multi-morbidities' in patients is increasing, and commencing earlier in life.

Clinicians have witnessed the complexity of patients conditions increasing which requires the involvement of multiple departments in these cases which can impact the length of the patient pathway and requires significant resource. The burden of treatment for these patients can fall on their families/carers, and on the patient themselves, which can impact mental health.

- One of the largest risk factors for co-morbidities is smoking. Dr Ahmad noted that of the patients with substance dependencies, 90% are also smokers.

  Over 50% of the population in Newcastle live in social housing and a significant proportion of individuals in social housing smoke compared to those who rent or own privately.

[The DCCA left the meeting at 15:08].

- An overview of Dr Ahmads role was provided, with Dr Ahmad being the only Consultant in Public Health within the Trust. Public Health sits within the Family Health Clinical Board and the first registrar has recently been appointed.
- The current focus of work was on the prevention agenda, with a particular focus on early intervention for babies and families.
- The Healthier Fairer work of the ICB was outlined, along with key priorities, the governance work conducted in Newcastle Hospitals, the Legal Mandate and the Trust Smoke Free Hospitals QI project.

[The DCCA returned to the meeting at 15:18].

- Research is a key aspect of Public Health prevention work.
- Funding is restricted, with available grants often short term and non-recurrent so it can be difficult to implement longer term projects.

Dr Valentine queried why Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust were not part of the Alliance to which the CEO advised that the Alliance was focussed on acute pathways initially however there was a desire to work more collectively with the mental health trust.

Mrs Yanez queried whether there was an opportunity to work with charities on specific disease groups to which Dr Ahmad confirmed that she works with a range of charities but these are focussed more on non-medical interventions such as digital inclusion, arts programmes, and work opportunities.

Mr Tokell queried the work on public health within primary care to which Dr Ahmad confirmed that she works closely with the local authority and with a number of GPs in deprived areas. She cited a project called 'The Deep End' as an example.

Mrs Watson noted the public health concerns with obesity and diet, and queried whether education on healthy eating could be targeted at older people and parents. Dr Ahmad noted that food insecurity is an issue in some areas, and that studies have shown that a family might need to spend up to 70% of available income of food in order to maintain a varied diet. She added that James Callaghan, Head of Nutrition & Dietetics, had commissioned studies on the use of the fruit and veg stalls on the hospital sites which had led to the

establishment of the stalls at the RVI and Freeman Hospital through the support of Newcastle Hospitals charity.

Professor Home asked whether staff are supported in relation to Public Health initiatives, noting the benefits to the Trust of maintaining an active and healthy workforce. Dr Ahmad agreed that this was a key area of focus as part of future initiatives.

Mrs Heslop queried that if smoking is seen more frequently in deprived areas, and whether there is evidence of parents attempting to suppress appetite in order to ensure their children receive a larger portion of food. Dr Ahmad stated that she did not have any evidence of this currently, but that studies have shown that 70% of smokers are hoping to stop, which shows that addiction is the key issue to address overall.

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

7.   ICB/ICS/Provider Collaborative Summary

Mr Jackson attended to provide an overview of the organisational changes within the Northeast healthcare system. He noted that the ICB commenced on 1 July 2022, taking over the statutory duties of the previous Clinical Commissioning Groups (CCG) and some of the functions held by NHSE.

Mr Jackson explained the Integrated Care Partnership (ICP), being a joint committee of the ICB and the 14 local authorities in the Integrated Care System (ICS) area. Place Committees are being formed for each of the local authority areas with delegated budgets.

Nationally, there are 42 ICB areas, and the North East and North Cumbria (NE&NC) is the largest with a population of over 3 million. Mr Jackson articulated the benefits of the size and scale of the NE & NC ICB.

The four objectives for ICBs were summarised, which include improving outcomes in population health and a new objective on helping the NHS support broader social and economic development (this includes through the supply chain and as an employer).

Mr Jackson noted that the goal is to develop an interdependent healthcare system with robust and transparent digital, communications and partner networks.

The ICB itself was noted to be managing significant changes in terms of the requirement to reduce its running costs by 30% in its first year.

An Integrated Care Strategy had been developed for the ICP named 'Better health and wellbeing for all'. It was agreed that a link to the strategy and the presentation slides would be shared with Governors [**ACTION01**].

Mr Jackson provided an overview of the Healthier and Fairer Programme as referenced earlier, citing some examples of projects such as the 'Waiting Well' prehabilitation project to improve outcomes for patients undergoing surgical procedures. There are significant challenges to these initiatives, as Mr Jackson reported that the North East has high levels of inactivity and homelessness, which adds complexity.

Mrs Carrick noted the impact of the budget cuts on patient and public involvement and highlighted that community involvement should be included at an early stage of key strategy projects. Mr Jackson noted that the public involvement strategy and principles for the ICB are still being worked on.

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

24/03   GOVERNOR REPORTS

8.   i.   Lead Governor Update

Mrs Yanez reported that she had met the Lead Governor from Northumbria Healthcare NHS Foundation Trust and that she is looking forward to building positive working relationships with other Governors within the Alliance.

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

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

Mrs Yanez referenced the QPE WG report content in the absence of the WG Chair Mrs Singh.

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

iii. Business and Development (B&D) WG

Dr Valentine noted that there has only been one B&D WG meeting since the last Council of Governors meeting, and that the WG had received a very thorough update from Estates.

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

iv. People, Engagement and Membership (PEM) WG

Mrs Carrick referenced the report content.

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

24/04   ITEMS TO RECEIVE AND ANY OTHER BUSINESS

9.   i. Integrated Board Report including Quality, People & Finance

The DDBDE reported that there has been good progress on reducing waiting times and reducing the size of the waiting list, but that cancer performance remains an area of concern. He noted that performance trajectories are currently being reset in line with NHSE requirements.

Professor Home queried the 62-day cancer targets, and whether the long waits can be attributed to delays from other providers. The DDBDE noted that circa half of referrals are received at an appropriate point in the pathway, but that the Trust continues to work with other Trusts and primary care to expedite these referrals. Mr Chapman noted that this has been a topic discussed at the Quality Committee.

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

ii. Performance Report

The performance report was received.

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

iii. Nominations Committee Report

The report was received as written.

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

iv. NED Activity Report

The Chair noted that the report had been included to outline Chair and NED activity. This was as a result of requests from Governors and will be submitted biannually going forwards.

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

v. Committee Chairs Report

The report was received and the following verbal updates provided to accompany the report:

Charity Committee
Mr Chapman noted that the Charity Team will be moving to a new location. He added that the Charity financial performance was very good, and that investments have performed well. The investment strategy had been discussed, along with the appropriateness of types of investment funds. Finally, Mr Chapman noted that the arts programme has made great improvements.

People Committee
Mr Jowett noted that the People Committee is currently focussing on compliance with statutory and mandatory training and appraisals.

Quality Committee
Mr Chapman noted that the Quality Committee are now meeting monthly. Given the broad remit of Quality Committee there have been discussions on how to streamline the focus, with a significant proportion of recent Committee agendas focussing on Maternity. Going forward there would be greater representation/agenda items at Clinical Board level.

Agenda item 2

Finance Committee

Miss Smith noted that extraordinary meetings had been held as appropriate for the finance plan development. The year end and forward planning will be a focus for the remainder of the financial year.

Audit Committee

Mr MacLeod reported that the Audit Committee focus had been on the Risk Register/Risk Management in relation to the findings in the CQC Report, and maintaining assurances.

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

iv)   Date and time of next meeting:

Formal Meeting – Thursday 20th June, 14:45 – 16:00.

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

GOVERNORS' ATTENDANCE – 14 FEBRUARY 2024 PUBLIC

	Name	Y/N
1	Mr David Black	Yes
S	Miss Genna Bulley	No
1	Mrs Judy Carrick	Yes
S	Mrs Sharon Chilton [Nursing & Midwifery]	Apologies
1	Dr Alexandros Dearges - Chantler	Yes
1	Mrs Aileen Fitzgerald	Apologies
1	Mr David Forrester	Yes
S	Mr Gary Gibson [Volunteer]	Yes
1	Mrs Kate Hawley	No
2	Mrs Catherine Heslop	Yes
2	Mr Alex Holloway	No
2	Professor Philip Home	Yes
2	Mr John McDonald	Yes
2	Professor Pauline Pearson	No
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	Professor John Unsworth	Yes
1	Dr Eric Valentine	Yes
2	Mr Bob Waddell	Apologies
A	Dr Luisa Wakeling	Apologies
3	Mr Michael Warner	No
2	Mrs Claire Watson	Yes
1	Mrs Pam Yanez	Yes

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Council of Governors Meeting Actions - Public

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
115	ACTION03	6. Update on Paediatrics	17 August 2023	Mrs Stella Wilson agreed to look into the numbers of under 5's receiving mental health assessments.	SW	22.11.23 AM followed up with SW. 01.12.23 SW confirmed that she is awaiting receipt of information on this point and will update in due course. 05.02.24 AM followed up with SW for update. 16.02.24 SW responded: There are approximately 320 children awaiting assessment. Children referred now will wait 18-24 months to be seen with a capacity in the assessment service to see 10 patients/month. Propose to close action.	🟩
119	ACTION01	6. Freedom to Speak Up Guardian Update	07 December 2023	Andy Pike agreed to return to the CoG to provide an update following the publication of the Letby Inquest.	AP	12/06/24 -To arrange once inquest is published. Action to remain on hold.	⬜
123	ACTION01	7. ICB/ICS/Provider Collaborative Summary	14 February 2024	An Integrated Care Strategy had been developed for the ICP named 'Better health and wellbeing for all'. It was agreed that a link to the strategy and the presentation slides would be shared with Governors	AM	12/06/24 - The following link was provided to the Strategy summary document. https://northeastnorthcumbria.nhs.uk/media/lxednbb5/better-health-and-wellbeing-for-all-summary-new-final-01-02.pdf Propose to close action.	🟩

Key:

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

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COUNCIL OF GOVERNORS

Date of meeting	20 June 2024
Title	Chair's Report
Report of	Professor Kath McCourt, Interim Chair
Prepared by	Professor Kath McCourt, Interim Chair Gillian Elsender, Corporate Governance Officer and PA to the Chair and Trust Secretary

Status of Report	Public	Private	Internal
	☒	☐	☒

Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒

Summary	This report outlines a summary of the Chair's activity and key areas of focus since the previous Board of Directors meeting, including:
	• Visits and Events
	• "Spotlight on Services"
	    • Long Term Ventilation
	    • Genetics
	    • End of Life Care
	• Governor and Member Activity
	• Board Activity
	• Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP)
	• Engagement with the NENC Foundation Trust Chair & CEO PwC Workshop
	• North Sub ICP Chairs, LA Leaders, Primary Care & Voluntary Organisation Representatives

Recommendation	The Council of Governors is asked to note the contents of 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. Pioneers – Ensuring that we are at the forefront of health innovation and research.

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☐	☐

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 Board of Directors meeting, including:

- Visits and Events
- "Spotlight on Services"
  - Long Term Ventilation
  - Genetics
  - End of Life Care
- Governor and Member Activity
- Board Activity
- Regional engagement with Foundation Trust Chairs of the North Integrated Care Partnership (ICP)
- Engagement with the NENC Foundation Trust Chair & CEO PwC Workshop
- North Sub ICP Chairs, LA Leaders, Primary Care & Voluntary Organisation Representatives

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

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CHAIR'S REPORT

Work at the Trust continues at a pace, tackling issues raised by the Care Quality Commission (CQC) as well addressing performance and efficiency targets.

The time since our last Council of Governors has proved to be busy with a visit from Professor Sir Stephen Powis, National Medical Director for NHS England, and the National Clinical Director for Stroke. They had a most useful discussion with Trust colleagues and a visit to our Thrombectomy service at the Royal Victoria Infirmary (RVI).

On 23 February 2024 I had the pleasure of being on the panel to interview for our new Medical Director. The process revealed that this was a lot for one person to undertake and as a result we decided on a joint/co-appointment and announced that Dr Lucia Pareja-Cebrian and Dr Michael Wright would be our new joint Medical Directors. In addition, Ian Joy was appointed our Executive Director of Nursing on an interim basis. Congratulations to you all!

On 1 March 2024 I was delighted to be invited to visit the Community Diagnostic Centre (CDC) at the Metrocentre where our CEO Jim Mackey and I signed a girder which would be installed as part of the building work.

On 7 March 2024 I undertook a late evening visit to wards at both the RVI and the Freeman Hospital (FH) to meet and connect with staff who work through the night in our hospitals.

I have also undertaken a series of clinical visits to the Great North Childrens Hospital, the Freeman Mortuary, the RVI Laboratories and the Patient Services Command Centre. These have all been most informative and display the huge amount of work that takes place across the organisation.

Along with a number of Trust staff I attended an Emergency Care Conference organised by the Great North Healthcare Alliance on 22 March 2024. This was a real opportunity for the alliance organisations to focus on this key area of health and develop collaborative ideas and plans.

The Great North Healthcare Alliance held its first formal meeting of all Board members on 2 May 2024. This was a well-received event with a positive atmosphere, and we made some real progress.

St James Park was the venue for our Annual Medical Education conference in April. Dr Ifti Hak, Director of Medical Education, and his team did an amazing job, attracting a large number of colleagues with Chris Turner, (Civility Saves Lives), as keynote speaker, alongside well attended workshops. I also attended the Medical Staff meeting with Sir Jim to receive an update and progress of the work of the Local Negotiating Committee.

We interviewed for our new clinical Non-Executive Director (NED) and have appointed Philip Kane, and we will welcome him to the Board of Directors from 24 June 2024.

Spotlight sessions with the NED's continue and most recently we have heard from Long Term Ventilation, Genetics and End of life Care teams.

- **Long Term Ventilation –** Ben Messer, Consultant Anaesthetist and Alison Armstrong from the North East Assisted Ventilation Service (NEAVS) shared a short presentation and answered questions. This was a really interesting presentation highlighting the history of treatment, equipment and its advances and how outcomes have improved. The service has also been awarded team of the year in 2023.

- **Genetics –** Michael Wright, Consultant Geneticist/Joint Medical Director, shared a presentation and discussed clinical genetics and what the national and regional opportunities are. Michael discussed the Human Genome Project and the development of the Genomic Medicine Service for England.

- **End of Life Care –** Dr Alexa Clark and Dr Jen Vidrine, Consultants in Palliative Care Medicine, along with Elizabeth Zabrocki, Nurse Specialist (End of Life Care), shared a presentation and discussions around supporting the delivery of high quality equitable palliative and end of life care across hospitals (RVI, FH including the Northern Centre for Cancer Care (NCCC)) and in the Newcastle Community.

Governor and Member activity since our last meeting has included:

- The QPE Working Group met on 5 March 2024 and discussions centred around the template for reporting on ward/department visits and its redesign; as well as a discussion on accommodation for patient's families. They met again on 7 May where a complaints update was given followed by a discussion regarding the visits process.

- The Business & Development (B&D) Working Group met recently where two presentations were given, one on the patient hub and patient engagement, the other was an update on capital expenditure given by Jackie Bilcliff, Chief Finance Officer.

- The People, Engagement and Membership (PEM) Working Group met on 9 April 2024 and discussed that membership has increased significantly since February. This has been because of work including increased communications through the support of Charlie Comms (funded through a grant from Newcastle Hospital Charity), elections communications and improvements in the membership materials. The Members Event had been successful. A guest speaker at the PEM WG meeting was Jake Turnbull from the Integrated Care Board (ICB) who explained who the ICB are and what they do.

  The PEM Working Group met again on 14 May 2024 and discussed management training in detail, Celebrating Excellence and the People at our hearts awards. Updates were given from the outreach community groups and plans for future member events were discussed.

- A Governor engagement session was held on the People Programme on 12 March 2024. This was led by Christine Brereton, Chief People Officer, and Donna Watson,

Head of Workforce Engagement & Information, and gave governors the opportunity to share thoughts and input into the development of the Trust People Plan.

- A Members Event on End of Life/Palliative Care was held on 18 March 2024 which was well attended. This included presentations by the Palliative Care Team, Macmillan and the Chaplains, as well as some group discussion.

- The Council of Governors met on 18 April 2024 for a private workshop and discussed the Governor Development Programme with representatives from the Value Circle, who shared feedback from the Governor survey and described the next phase of work. There was a Chief Executive update, discussions regarding the CQC report, the Trust's financial position and the Governor's plan for responding to the CQC report.

We held an Extraordinary Council of Governors on 29th April which I chaired. This was to discuss and update the Governors following a meeting Sir Jim and I had with the North East and North Cumbria Board Chair and the Regional Director of NHS England, to discuss the Trust Board composition and governance arrangements. This meeting was well attended by our Governors.

- **Governors Elections -** Our annual round of Governor elections has recently concluded. Voting closed at 5.00pm on Wednesday 29 May 2024 and I am pleased to welcome both new and re-elected Governors as noted below:

  - **Newcastle upon Tyne:** Pam Yanez, Eric Valentine, Kate Cushing, Fatema Rahman, Aileen Fitzgerald and Chris Record
  - **Northumberland Tyne and Wear (excluding Newcastle):** Philip Home, Catherine Heslop, Mrs Sandra Mawdesley, Peter Vesey and Kevin Windebank
  - **North East:** Michael Warner
  - **Staff Nursing & Midwifery:** Poonam Singh
  - **Staff Medical and Dental:** Hugh Gallagher
  - **Staff Ancillary and Estates:** William Jarrett
  - **Appointed - Newcastle City Council:** Lara Ellis

  For Governors who chose not to re-stand in this year's Elections, or who were unsuccessful in being re-elected, I want to express my gratitude for the time and commitment they all gave to Newcastle Hospitals.

- **New Governor Induction –** we held our New Governor Induction on 14 June 2024 where I was delighted to meet eight of our new Governors. Thankyou to all who attended to support the Induction session.

In terms of Board activity, I chaired an Extraordinary Private Trust Board of Directors Meeting on 12 February 2024 to discuss and agree our CQC response.

As well as our regular Board meetings in March and April I Chaired the first of a series of Board Development sessions with thevaluecircle in February. We focused on lessons learned from the CQC inspection, which included:

- Reviewing key themes and feedback from the individual Board 1:1 discussions with thevaluecircle.
- Group discussions, agreement of actions and next steps.
- An update for Non-Executive Directors on the CQC governance workstream.

At a regional level, I continue to engage with colleagues and have attended FT Chairs Forum on 23rd April , NENC FT Chair & CEO PwC Workshop on 25th April and North Sub ICP Chairs, LA Leaders, Primary Care & Voluntary Organisation Representatives.

RECOMMENDATION

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

Report of Professor Kath McCourt
Interim Chair
14 June 2024

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 June 2024
Title	Integrated Quality and Performance Report
Report of	Rob Harrison, Managing Director
Prepared by	Joanne Field, Senior Information Manager Elliot Tame, Senior Business Development Manager (Performance) Keith Wheldon, People Systems and Data Manager Pauline McKinney, Quality & Assurance Lead

Status of Report	Public	Private	Internal
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☐	☒	☐

Summary	This paper is to provide assurance to the Council of Governors on the Trust's performance against key Indicators relating to Quality, HR and Finance. In addition it also provides assurance to the Council of Governors on the Trust's progress against NHS England (NHSE) performance priorities 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	Sustainability
	☒	☐	☒	☒	☐	☐

Link to Board Assurance Framework [BAF]	Details compliance against national access standards which are written into the NHS standard contract. Details compliance against key quality targets.
Reports previously considered by	Regular report.

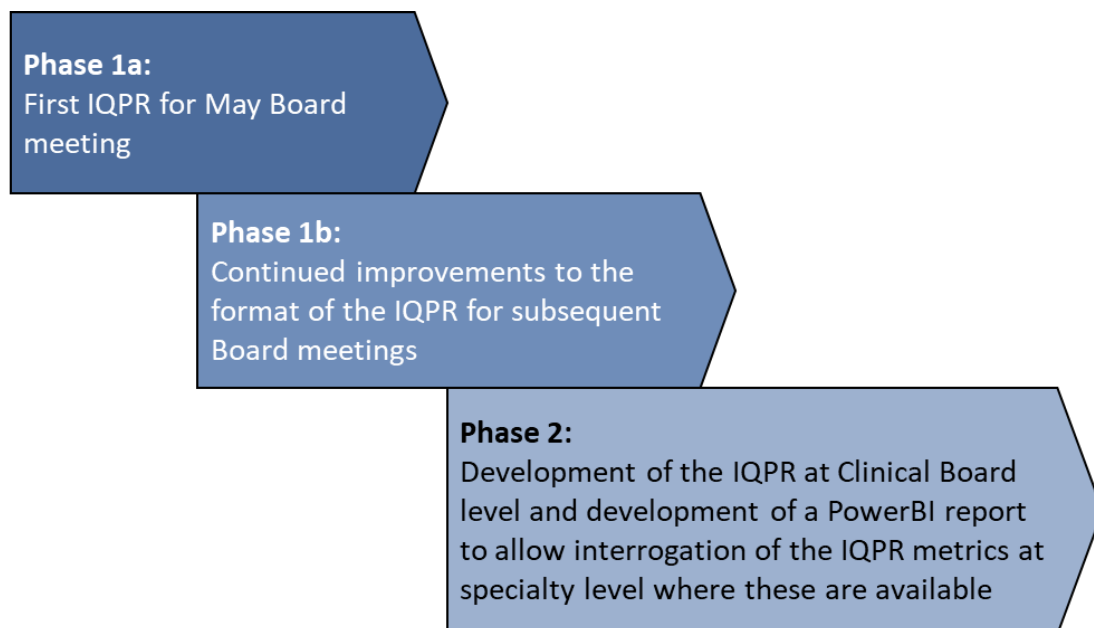# INTEGRATED QUALITY AND PERFORMACE REPORT

EXECUTIVE SUMMARY

The Council of Governors is asked to receive the report.

1. Development of the report

Prior to the June 2024 meeting the Council of Governors has received two separate reports a) an Integrated Board Report covering key quality, Human Resources (HR) and finance metrics and b) a Trust Performance report covering the key access targets and other performance targets as set put in the NHSE planning guidance, or within the NHS standard contract. As part of the response to the CQC report the Trust continues to look at ways to strengthen the approach to more integrated governance structures and reporting, combining these two reports into a single Integrated Quality and Performance Board Report (IQPR) is part of this work.

Whilst this first integrated report is an important step, it will need to develop and iterate and become not only a report to provide the Council of Governors and Trust Board with assurance, but also be used by the Clinical Boards within their governance arrangements. A summary of how the report will develop is shown below.

Phase 1a:
First IQPR for May Board meeting

Phase 1b:
Continued improvements to the format of the IQPR for subsequent Board meetings

Phase 2:
Development of the IQPR at Clinical Board level and development of a PowerBI report to allow interrogation of the IQPR metrics at specialty level where these are available

Planned improvements in Phase 1b include:

a) Expansion of the use of Statistical Process Control Charts and other aspects of the 'Making Data Count' guidance.
b) Better use of benchmarking data (at the Alliance, ICB and national levels).
c) Ensuring alignment with the outcome of the current consultation on the revised NHS Oversight and Assessment Framework. This will also provide an opportunity to potentially consolidate the number of metrics being reported. The implementation of the new framework is expected in July 2024.

d) Further development of metrics including: Health Inequalities reporting in accordance with NHSE statement on Health Inequalities and associated metrics; addition of a quality metric in relation to medicines reconciliation (percentage of patients having an emergency admission who have their medicines reconciled by pharmacy staff within 24 hours); and inclusion more timely patient and staff experience data, starting with the real time patient experience pilot work being rolled out to 13 wards with comparative data expected in September 2024.

e) Develop triangulation of the narrative across all four domains, picking up related issues to highlight.

f) Introduction of sub-section summary pages to more clearly highlight areas where improvement is required.

The phases of development of the report are being coordinated by a Task and Finish Group with representatives from each of the corporate team responsible for the different domains within the report and is being led by the Deputy Director, Business Development and Enterprise.

2. <u>Summary points to note – contents of the report</u>

Quality:

- Throughout the month of April 2024, the number of Trust onset Pseudomonas bacteraemia have increased since the previous publication in March 2024. MSSA, C. Difficile, E.Coli and Klebsiella have all decreased. MRSA bacteraemia remains the same with zero reporting.
- March 2024 showed a decrease in inpatient acquired pressure ulcers and falls since the previous publication in February 2024. The number of pressure ulcers causing serious harm has also decreased from six in February 2024 to three in March 2024.
- The number of moderate and above harmful incidents increased from March 2024 to April 2024 with the majority of incidents being reported by Therapy Services. One Never Event was reported in April 2024.
- The latest Mortality "SHMI" publication, shows the Trust to be at 0.92. This is within "expected limits" and one of the lowest within the region.
- The Trust received 48 formal complaints in April 24 with clinical treatment (General Medicine) n=9, being the most common category of complaint.
- Throughout the month of April 2024, the Maternity Unit reported an increase in emergency caesareans since the last publication in March 2024, whilst a decrease was reported for elective caesareans.

People:

- Total sickness absence reduced from 5.72% (May 2022 to April 2023) to 5.31% (May 2023 to April 2024).
- Top three reasons for sickness absence are 'anxiety/stress/depression/other psychiatric illnesses', 'other musculoskeletal problems' (11.30%) and 'Gastrointestinal problems'.
- Staff in post increased by 3.80% compared to the previous year with the biggest increase in nursing & midwifery and allied health professionals.
- Retention of staff with over 1-year service increased from 85.99% to 87.67% (March to April 2024).
- Turnover has been reducing since May 2023 and stands at 10.41% (April 2024) compared to target of 8%.
- Top reason for leaving was 'work-life balance' 17.22%.

- Top destinations on leaving were: 'no employment' 38.9% (half were accounted for by retirement, health and temporary contract); and other 'NHS organisation' 31.0%.
- Mandatory training compliance is 92.84% compared to target of 95%.
- Lowest rate of compliance is medical and dental staff 86.53%.
- Mandatory training courses below 80% compliance: 'local induction' 76.23%; 'moving and handling level 2' 79.98%.
- Appraisal compliance is 85.3% compared to target of 95%.

Performance:
- March 2024 saw the continued elimination of >104 week waits at Newcastle Hospitals and significant reductions in >78 week waits - just 7 by the end of March.
- The number of patients waiting over 65 weeks for elective treatment also improved significantly over March, down from 1,096 to 622. The H2 planning reset established an end of financial year target of 995, one that the organisation has significantly exceeded delivery against.
- The Trust achieved the 28-day faster diagnosis standard for the first time in seven months, with performance of 83.2% against the 75% target. Whilst the organisation failed to meet the other two newly consolidated standards in March, significant improvements were made (31-day performance 88%, +5.5%, and 62-day performance 61.1%, +5.2%).
- The end of March position for patients waiting over 62 days without receiving a diagnosis or starting treatment for cancer was 186, this back to pre-pandemic levels and below the system allocated target of 200.
- The improvements in performance for elective and cancer waits has resulted in confirmation that the Trust has been de-escalated from the mandated NHSE tiered support process.
- Organisational performance against the six week diagnostic standard declined in March, with 33.1% of patients now waiting over this length of time.
- The Trust also delivered performance below the revised 4-hour Accident & Emergency (A&E) arrival to admission/discharge target for April, with performance standing at 73.2% against the 78% target.

Finance:
- As at month 1, the Trust is reporting delivery against the planned deficit of £2m.
- From an income perspective the in-month position is an overall favourable variance, partly due to over-performance on matched drugs and devices.
- For expenditure the variance on employee expenses mainly relates to the impact of the Consultant Pay Reform expenditure accrued for April. The overspend on drugs expenditure is partly matched with income and an increase on the 2023/24 levels that will be monitored.
- Agency costs are at 0.8% of the gross staff costs. This is below the national target set at 3.2%. Although overall positive, there continues to be medical agency usage across a number of specialties where it is proven difficult to recruit on a permanent/substantive basis, resulting in cost pressures at a speciality level.

Executive Summary (i)

The Trust has experienced unusual pressure in April. Following closure of the winter ward and ceasing of the overnight transfer vehicle funded through Winter, there has been recurring Norovirus outbreaks across several wards on both acute sites, reducing bed availability and increasing the demand for specialist cleans, all directly impacting on patient flow and ambulance handovers. There has been where elective activity that has had to be cancelled in advance to help manage emergency demand but this has been minimal.

Quality Summary:
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- caesareans since the last publication in March 2024, whilst a decrease was reported for elective caesareans.

People:
- Total sickness absence reduced from 5.72% (May 2022 to April 2023) to 5.31% (May 2023 to April 2024)
- Top three reasons for sickness absence are 'anxiety/stress/depression/other psychiatric illnesses' (28.46%), 'Other musculoskeletal problems' (11.30%) and 'Gastrointestinal problems' (10.36%)
- Staff in post increased by 3.80% compared to previous year with biggest increase in nursing & midwifery, allied health professionals
- Retention of staff with over 1-year service increased from 85.99% (April 2023) to 87.67% (April 2024)
- Turnover has been reducing since May 2023 and stands at 10.41% (April 2024) compared to target of 8%
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Executive Summary (ii)

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Contents: May 2024

Quality

- Healthcare Associated Infections
- Harm Free Care – Pressure Damage
- Harm Free Care - Falls
- Incident Reporting
- PSIRF and Never Events
- Mortality
- Friends and Family Test and Complaints
- Maternity

People

- Sickness Absence
- Equality and Diversity
- Sustainable Workforce Planning
- Excellence in Education and Training

Performance

- Elective Waits
- Cancer Care
- Diagnostics
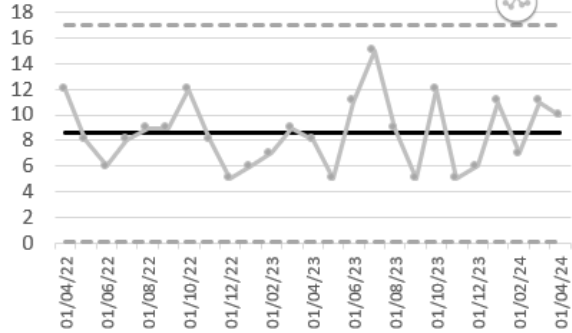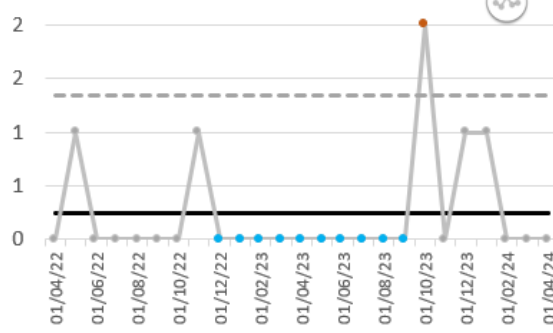- Emergency Care
- Access and Outcomes

Finance

- Overall Financial Position

# Quality
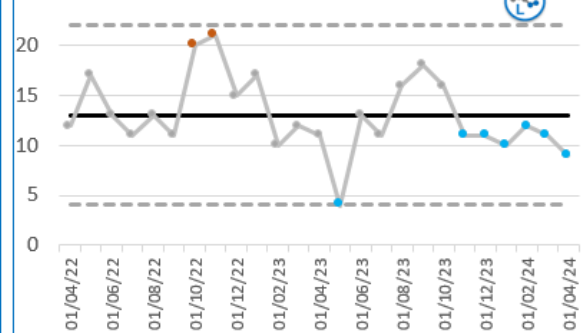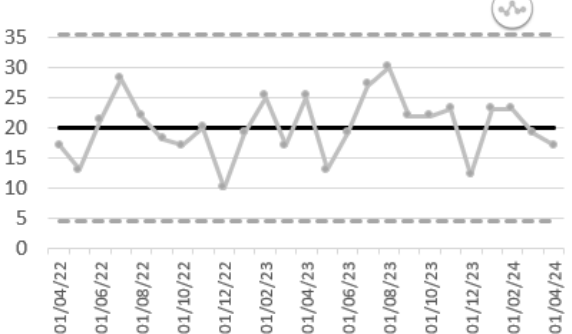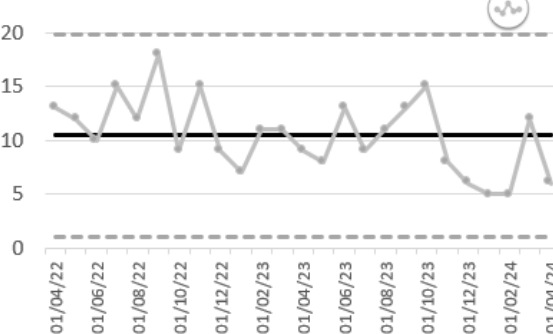
# Quality: Healthcare Associated Infections
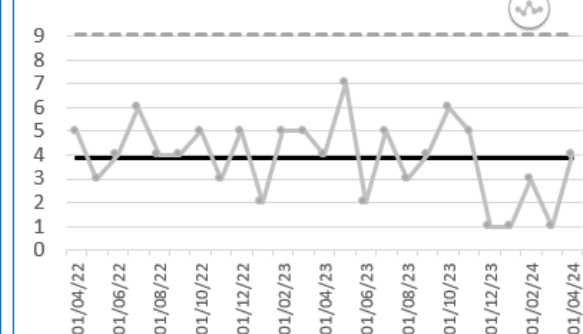
* National thresholds for 2024/25 are not yet available.

Quality: Harm Free Care – Pressure Damage

Current position:

- Since April 2023, there has been a sustained decrease in Trust acquired pressure ulcers, with the exception of December, whereby a rise occurred. This is consistent with winter months in previous years.

- Pressure ulcers per 1000 bed days in March was 1.02, this is the lowest rate since January 2020.

- The number of pressure ulcers causing serious harm also decreased from six in February 2024 to three in March.

- The Trust has not reported an inpatient acquired Category IV or above pressure ulcer since June 2022.
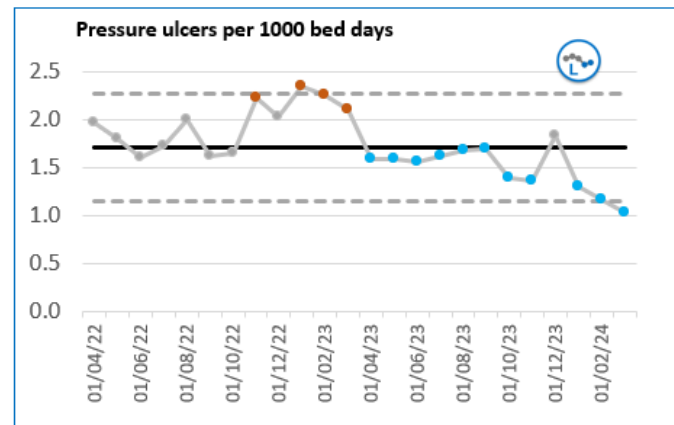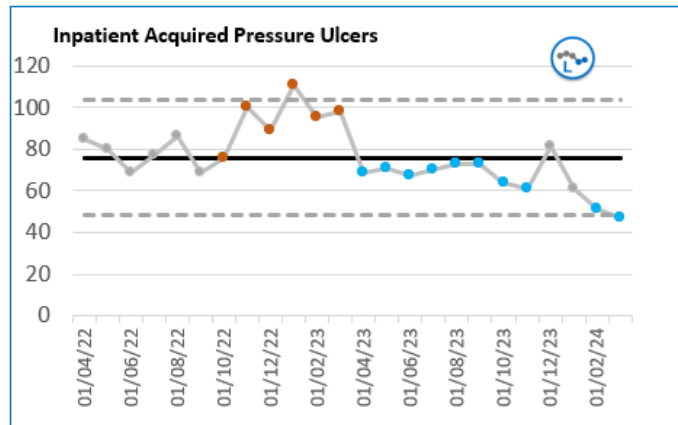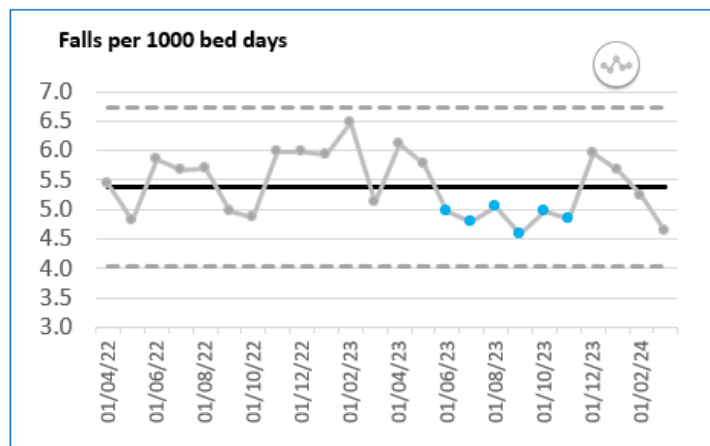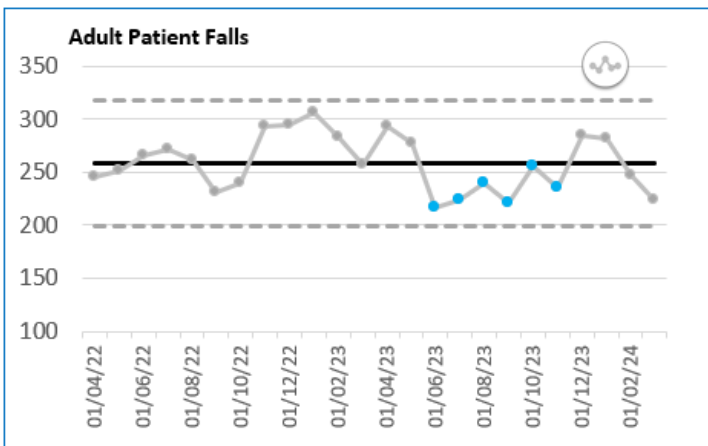

Current actions in place:

- Tissue Viability have implemented a structured programme of education for 2024 reflecting the themes identified through RCA. This includes both E-learning and face to face sessions.

- The Patient Safety Incident Response Framework (PSIRF) framework has been introduced in February for Pressure Ulcer's. The Tissue Viability team will identify Trust wide themes and quality improvement initiatives for implementation in line with the PSIRF framework . The first PSIRF pressure ulcer reviews identified some improvement and learning around documentation and staff training.

- Mattress Champion training has been reintroduced, there was excellent engagement from clinical teams, with 29 attendees in January . Further training is planned on a 3 monthly basis

Quality: Harm Free Care - Falls

Current position:

- Total falls reported in the Trust have fallen for the third consecutive month, in March there were 237. Of the total falls reported there were 218 in inpatient areas. A peak in falls did occur in January, however, this is consistent with previous years, with increased numbers of falls in the winter months.

- The National target for falls per 1000 bed days is 6.6. The Trust local target for falls per 1000 bed days is 6.0. In March 2024 the Trust reported 4.7 falls per 1000 bed days and an 18-month average of 5.4.


Current actions in place:

- The Falls Prevention Co-ordinator (FPC) continues to review 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.

- In February, the Patient Safety Incident Response Framework (PSIRF) was implemented for falls. The first PSIRF falls review took place in February, the clinical team were able to identify the need for some improvement work around Falls Risk Assessment, the correct assessment of Enhanced Care Observations and the use of flat lifting equipment post fall. An action plan has been developed with the ward. Themes and trends will be shared at the Clinical Boards Quality Oversight Group. Trust wide themes will be collated by the FBC, quality improvement initiatives will be commenced.

Quality: Incident Reporting

## Patient Safety Incidents per 1000 bed days
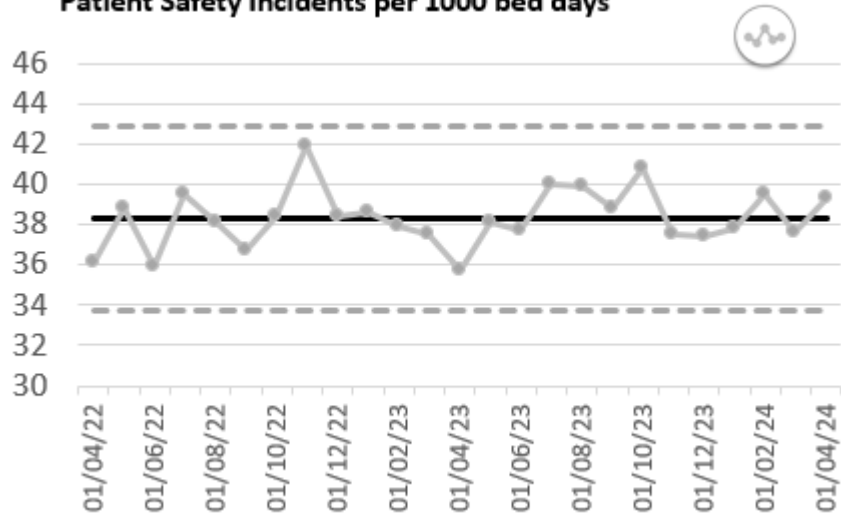
All patient incidents: The number of patient safety incidents per 1000 bed days reported in April 2024 has increased again from March.

Work remains ongoing around the Trust to improve incident reporting rates and support staff in this process. This includes
- Asking clinical boards to review their incident data and identify 3-5 areas that are potentially lower reporters in order to work with them to promote incident reporting.

Moderate+ Patient Safety Incidents per 1000 bed days
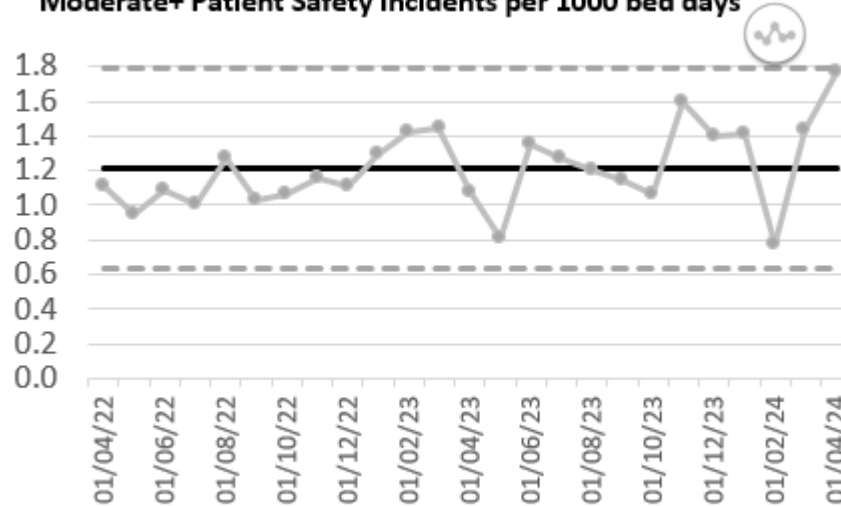
Moderate and above harm incidents: The number of moderate and above harmful incidents increased again in April 2024. This may be due, be in part, to the increased number of Datixes (one in March and seven in April submitted by Therapy Services in relation to reduced service capacity In the Disablement Service Centre leading to patient harm.

Quality: PSIRF and Never Events

The number of Patient Safety Incident Investigations and After Action reviews along with the themes identified in April 2024 can be found below:

Patient Safety Incident Investigation April 2024 (March 2024: n=4)

Theme	Number of cases
Never Event: Wrong lens surgery	1
Treatment delay	1
Failure to act on test results	1

After Action Reviews April 2024 (March 2024: n=4)

Theme	Number of cases
Treatment delay	3
Diagnosis delay	1
Failure to follow up patient	1
Medication incident	1

Never Events April 2024 (March 2024: n=0)

Theme	Number of cases
Wrong lens surgery	1

Duty of Candour has been initiated for all cases that meet the mandatory requirement. Please note under the new PSIRF guidance, the Trust may wish to investigate incidents to enhance learning and improve patient safety where the requirement to carry out Duty of Candour is not met.

In-hospital Deaths: In total there were 177 inpatient deaths reported in April 2024, which is higher than the amount reported 12 months previously (n=142). Nationally the deaths were high in December 2022, with influenza reported to be the main cause of death. The crude rate in April 2024 is 0.87%.
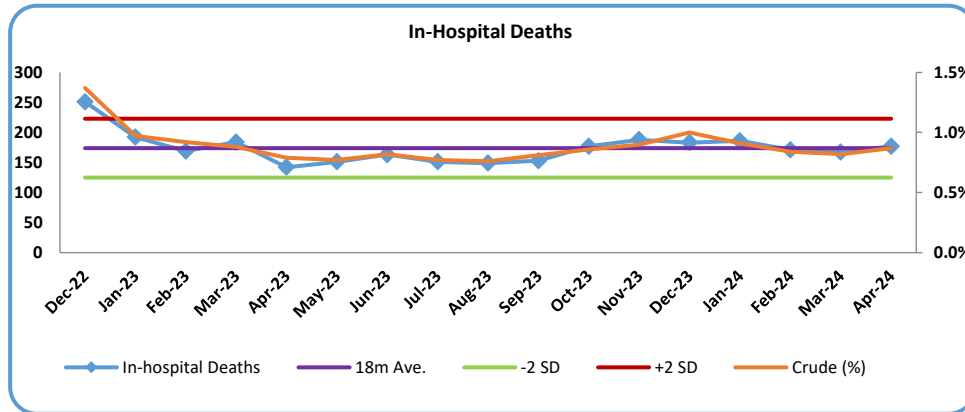
**Learning from Deaths:** Out of the 177 deaths reported in April 2024, eight patients have, to date, received a level 2 mortality review. However, these figures will continue to rise due to ongoing M&M meetings held over the forthcoming months. All figures will continue to be monitored and modified accordingly. One patient who died as an inpatient in April 2024, had an identified learning disability.
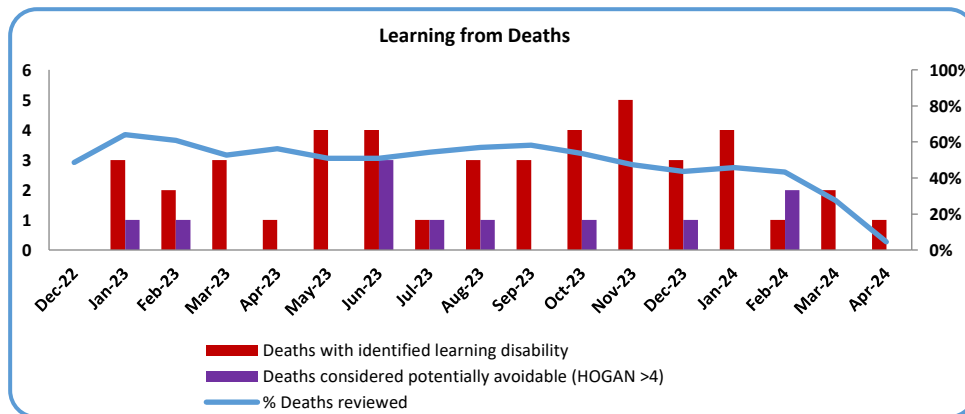
SHMI Trend Analysis – rolling 12 months
January 2019 – December 2019 to December 2022 – November 2023

The following graphs published by NEQOS, replace the historic graphs showing HSMR data. HSMR data is no longer monitored nationally or published in local NEQOS reports. This is primarily due to the data source for HSMR data being Dr Foster Intelligence, who no longer monitor the mortality performance within NHS Hospitals.

Rolling 12 month SHMI and 95% limits adjusted for over-dispersion - Newcastle
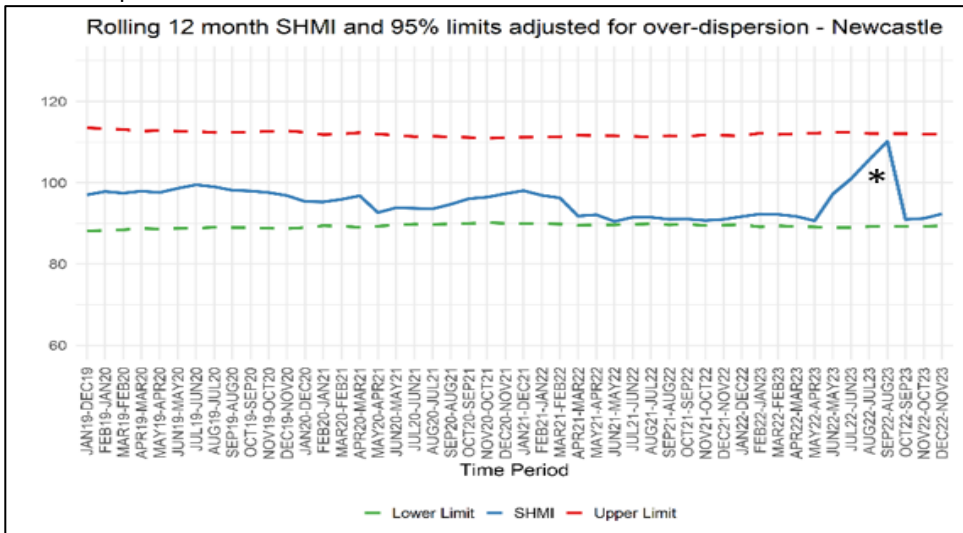
SHMI: Within the latest published quarterly SHMI data (December 2022 – November 2023) shows the Trust has scored 0.92. This is within the "as expected" category.

Rolling 12 month elective and non-elective coding depth - Newcastle
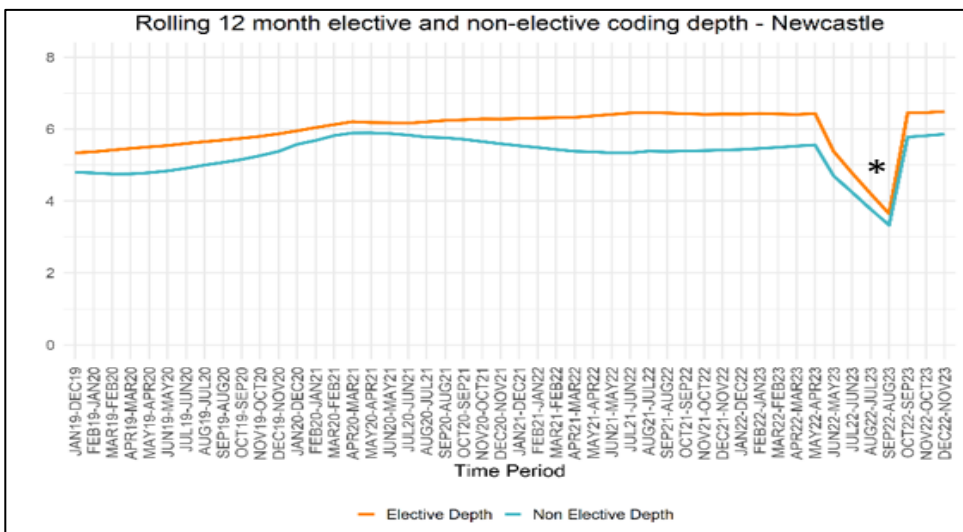
Coding depth (codes/spell): Coding depth has a substantial impact on mortality indicators. Within the latest published quarterly SHMI data (December 2022 – November 2023), the Trust has an elective coding depth of 6.5 and a non-elective coding depth slightly below of 5.9.

Data Source: NHS Digital Monthly SHMI publication

Count of SHMI Observed and Expected deaths - Newcastle
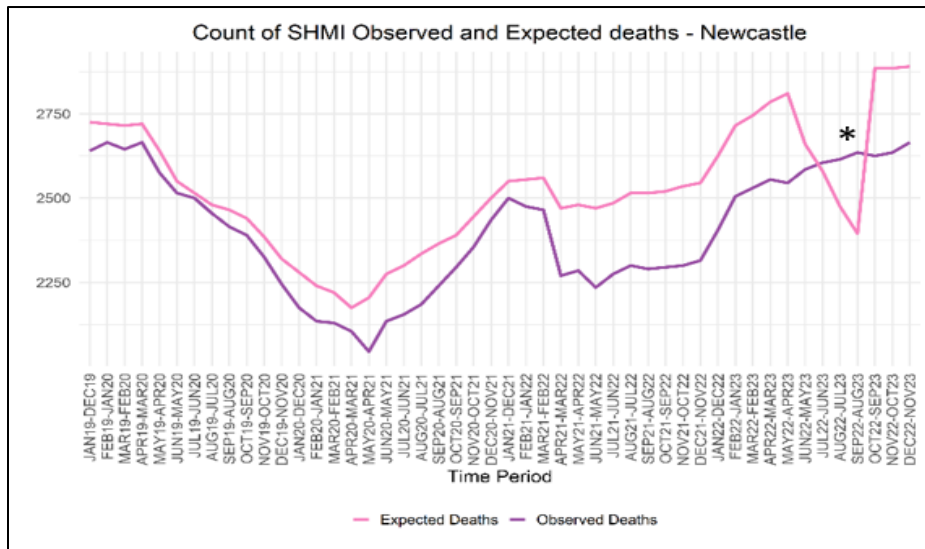
Observed/Expected deaths – Within the latest published quarterly SHMI data (December 2022– November 2023) the Trust has 2665 observed deaths and 2890 expected deaths.

Rolling 12 month proportion of spells with palliative care code - Newcastle
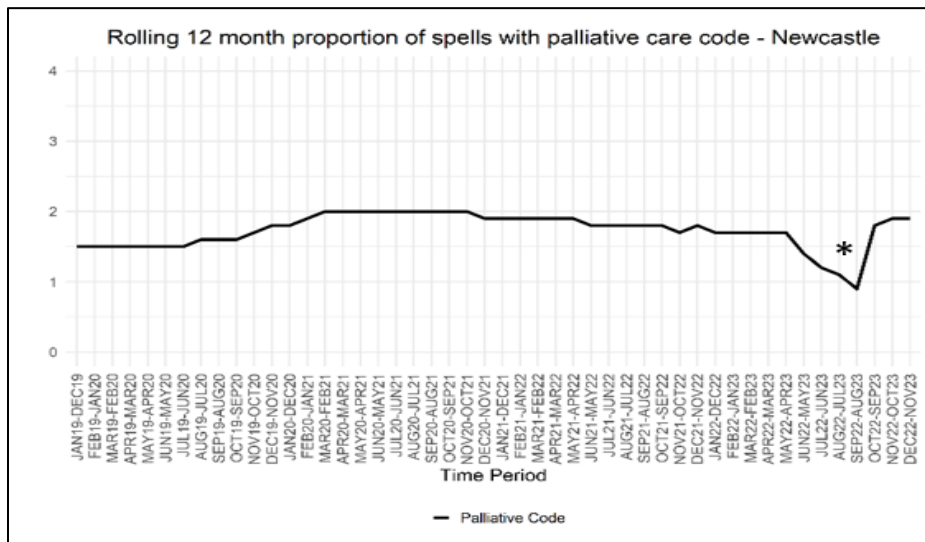
Spells with palliative care coding – Within the latest published quarterly SHMI data (December 2022 – November 2023) the Trust has a 1.9% palliative care coding rate.

* Trust data is as reported by NHS Digital, there was an issue with the Trust's SUS data flow which affected the clinical coding. This issue has now been resolved

Data Source: NHS Digital Monthly SHMI publication

Inpatients and day cases

96% (94%)
1% (3%)

Outpatients

97% (94%)
1% (3%)

Post-covid clinic

* (96%)
* (2%)

Maternity

* (93%)
* (4%)

Community Health

98% (94%)
0% (3%)

*Numbers too small to publish

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

69% (77%)
12% (15%)

*numbers too small to publish

Friends and Family Test

There were 1,464 responses to the Friends and Family test from the Trust in February 2024 (published April 2024) compared to 1,344 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/

Formal Complaints

The Trust has opened 48 formal complaints In April 2024. This is the same as the Trust average for the last financial year 23/24.

The chart opposite summarises the complaints for April 24, with Clinical Treatment (General Medicine) (n=9) Clinical Treatment (Obs & Gynae) (n=6) and Patient Care (n=6) being the top three themes.

Complaints Subjects - April 2024

Pie chart values: 19%, 13%, 11%, 9%, 6%, 6%, 6%, 6%, 6%, 4%, 4%, 4%, 2%, 2%, 2%

Legend:
- Clinical Treatment - General Medicine
- Clinical Treatment - Obstetrics & Gynaecology
- Patient Care
- Privacy, Dignity & Well-Being
- Admissions & Discharges
- Access To Treatment or Drugs
- Values and Behaviours
- Communication
- Appointments
- Clinical Treatment - Accident & Emergency
- Clinical Treatment - Paediatrics
- Prescribing
- Clinical Treatment - Dental
- Waiting Times

Stillbirths

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 two stillbirths in April 2024.

Early neonatal deaths (0-7 days)

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 Revi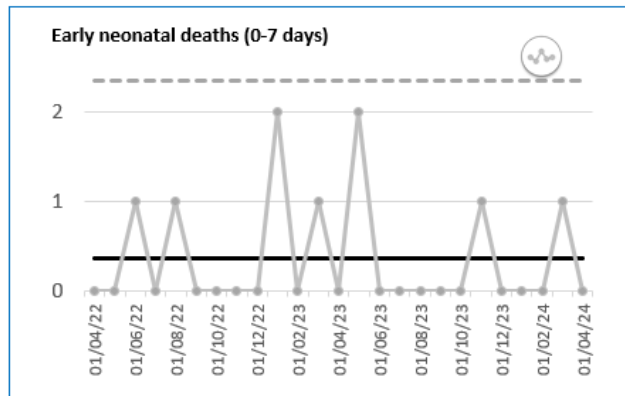ew panel (as are all neonatal deaths regardless of gestation) who will have oversight of the investigation and review process. Neonatal deaths of term infants are also reported to Maternity and Newborn Safety Investigations (MNSI was HSIB) and the Coroner. A post-mortem examination may be requested to try and identify the cause of death. In April 2024 there were no term early neonatal deaths.
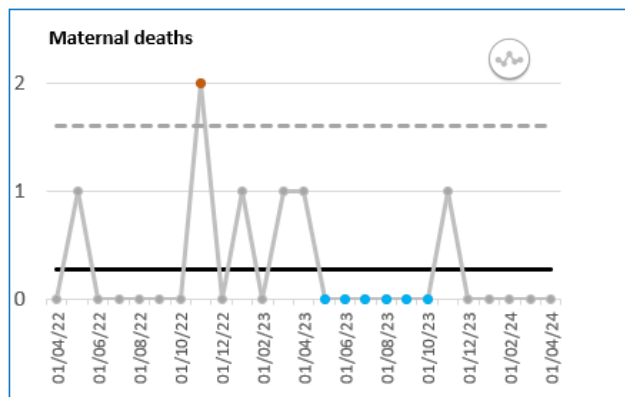
Maternal deaths

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 have been no maternal deaths reported in 2024.
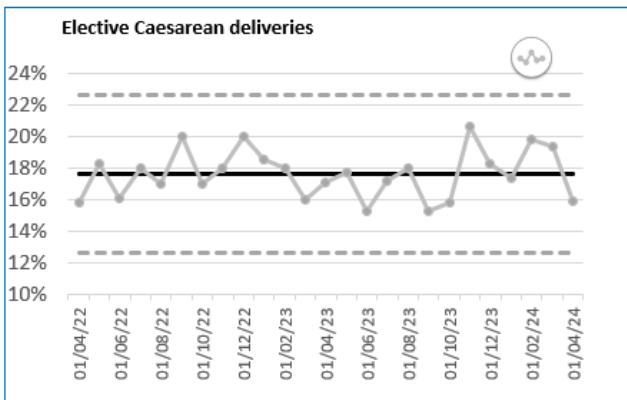
Elective Caesarean section

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.
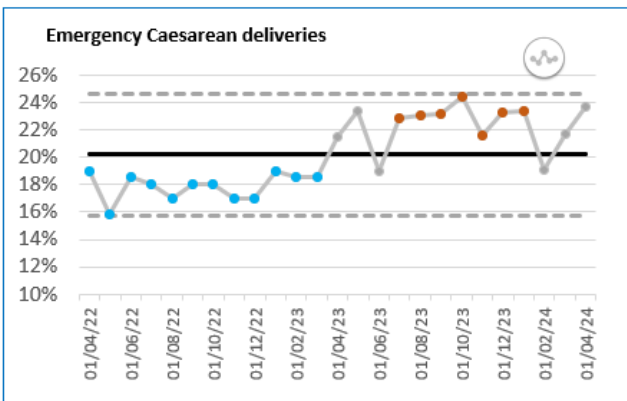
Emergency Caesarean section

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.
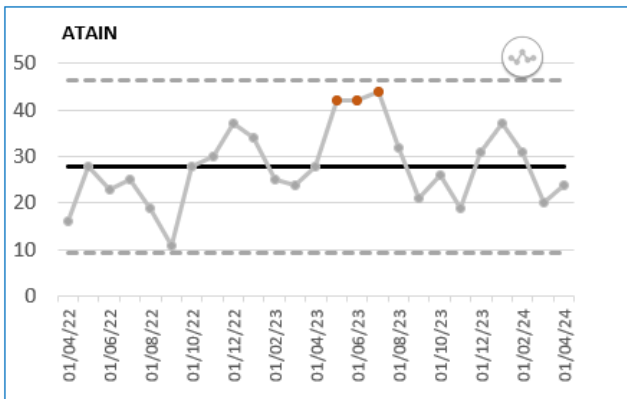
Avoiding Term Admission into Neonatal Units (ATAIN)

All unplanned admissions of term babies (37 – 41 weeks) into the neonatal unit are currently reviewed at a regular multi-disciplinary meeting and a quarterly report is produced and learning shared. Analysis for Quarter 4 (Jan-Mar) term admissions highlighted 8 avoidable admissions from a total of 89, with a rate of 8.9%, a rise from the previous quarter of 6.7%. The number of unplanned admissions has stayed the same as Quarter 3, however the birth rate has decreased hence the increased rate. There were 24 term admissions in April 2024. New maternity and neonatal services guidance recommends that Trusts now focus audit and quality improvement work toward transitional care admissions for babies born from 34 weeks to 36+6 weeks gestation. This is mandated through implementing the Saving Babies Lives Care Bundle version 3 (SBLCBv3) and a requirement of the Year 6 NHS Resolution Maternity Incentive Scheme.
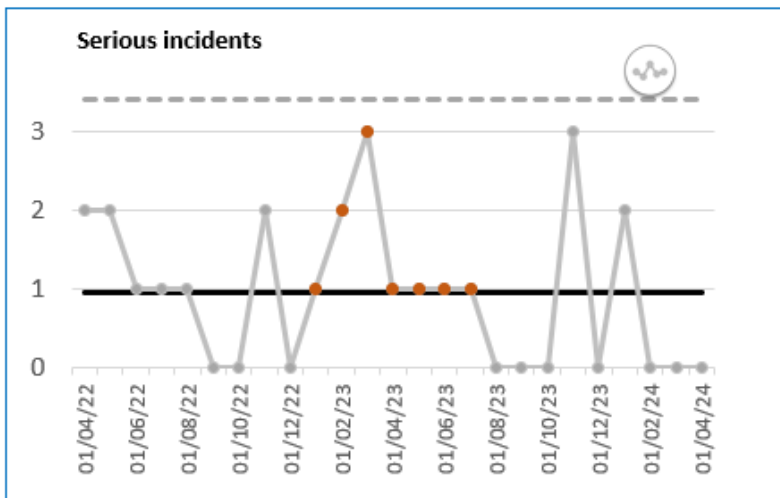
Serious Incidents

Working within the newly implemented Patient Safety Incident Response Framework (PSIRF), the Trust no longer uses the classification of 'Serious Incident'. These cases include outcomes involving potential or confirmed Hypoxic Ischaemic Encephalopathy (HIE), neonatal death, intrapartum stillbirth, antepartum intrauterine death and maternal death. There are national requirements for Trusts to refer cases involving HIE, Term Intrapartum Stillbirths, Neonatal deaths and Maternal deaths to Maternity and Newborn Safety Investigations (MNSI was previously known as HSIB) for external review. There have been no MNSI referrals in April 2024.
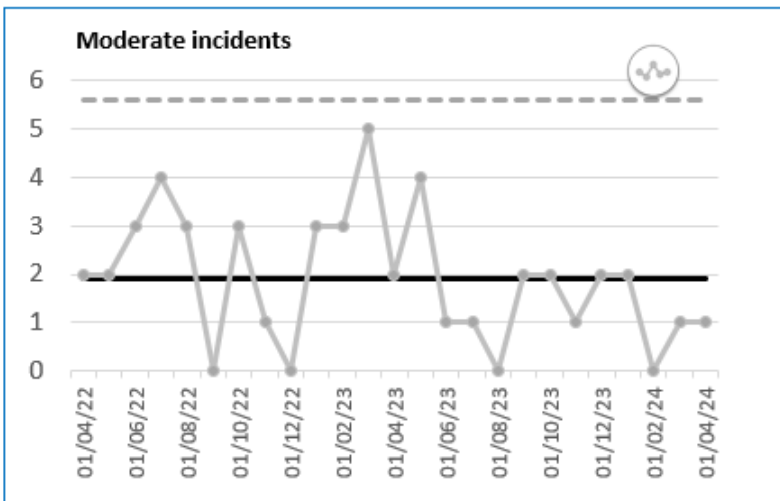
Moderate incidents

There was one moderate (and above) incident reported in Maternity this month involving the unexpected deterioration of a newborn baby. Working within the newly implemented Patient Safety Incident Response Framework (PSIRF), all moderate and above incidents will be reviewed by the maternity governance team and a multidisciplinary team rapid review undertaken. These cases will then be presented to a weekly Trust 'Response Action Review' meeting to agree grading, identify immediate learning/action and agree a proportionate response to each incident which may include local review, after action review of for more significant incidents a Patient Safety Incident Investigation (PSII). Thematic learning from incidents will also be gathered through this process.

People

Sickness absence by Staff Group and Clinical Board

270,845 FTE working days were lost due to sickness, compared to 280,530 for the previous year - a reduction of 3.45%

Total sickness absence reduced from 5.72% (May 2022 to April 2023) to 5.31% (May 2023 to April 2024).

The top three reasons for sickness absence are S10 Anxiety/stress/depression/other psychiatric illnesses (28%), S12 Other musculoskeletal problems (11%), and S25 Gastrointestinal problems (10%).
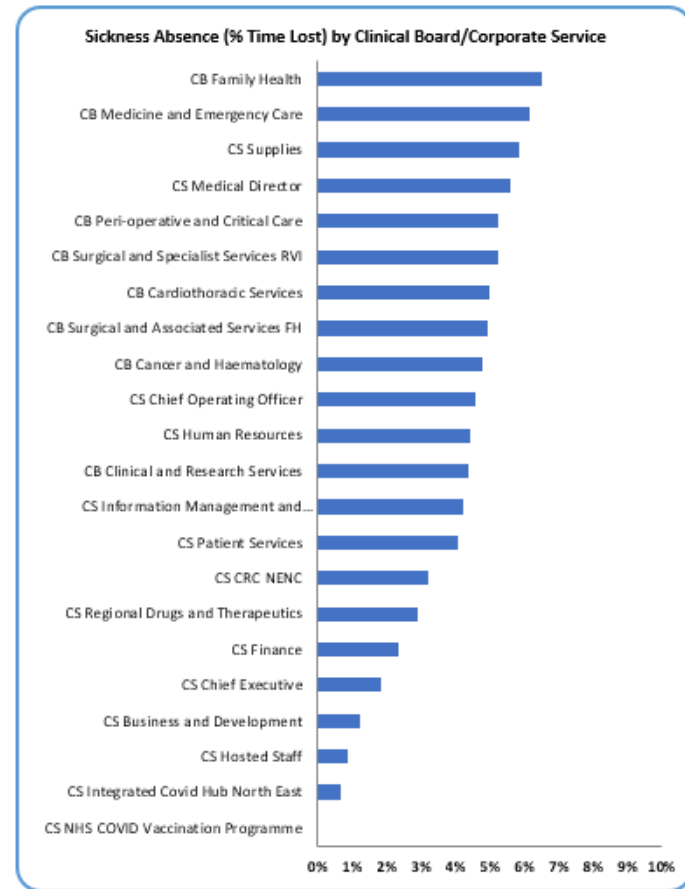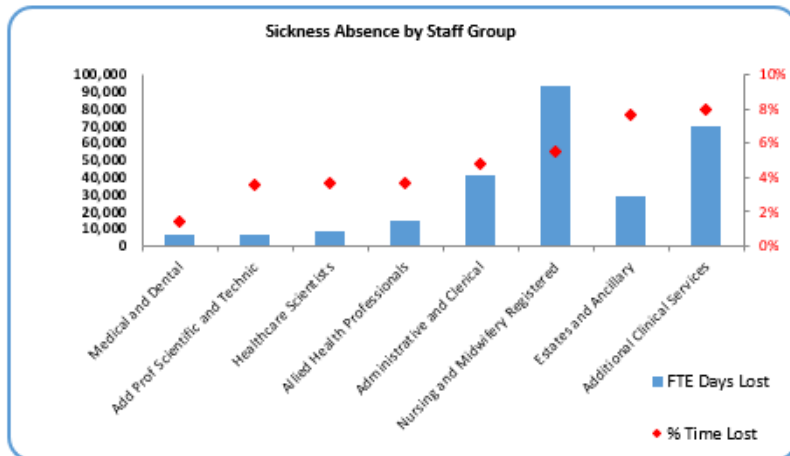
Sickness absence April 2024 (target 3%)

Metric	Assurance		Variation	
Sickness – Overall %	(F)	Consistently fail target		Common Cause
Sickness – ST %				Common Cause
Sickness – LT %				Common Cause

For the month of April 2024, sickness absence is reporting 5.28%, this is demonstrating a consistent trend above the 3.00% target with long term sickness the main contributing factor.

Sickness – Short Term %   1.86%

Sickness - Short Term %- starting 01/03/23

Sickness – Overall %   5.28%

Sickness - Overall %- starting 01/03/23

Sickness – Long Term %   3.42%

Sickness - Long Term %- starting 01/03/23
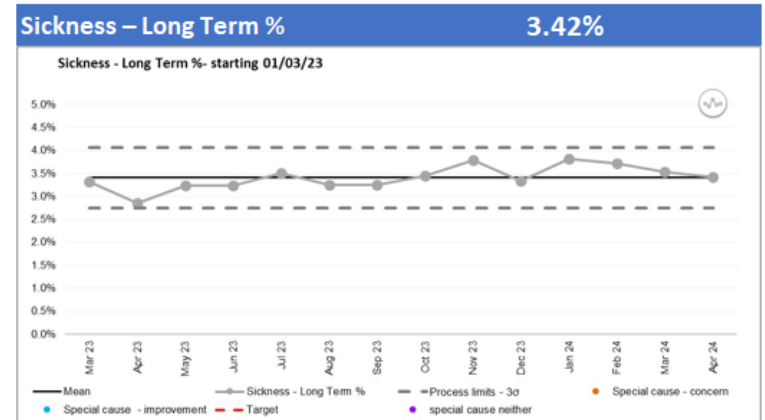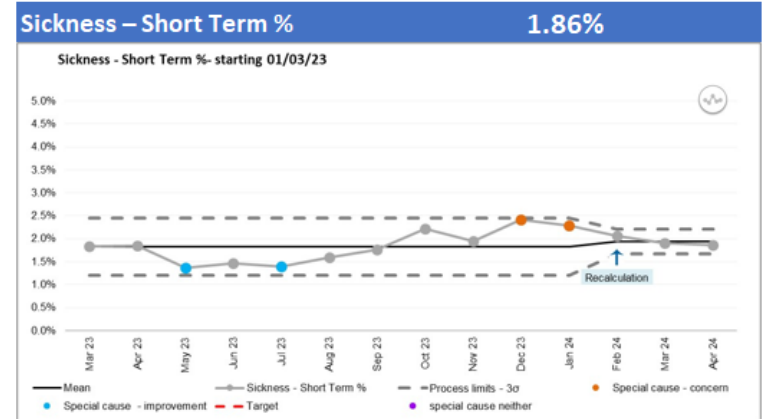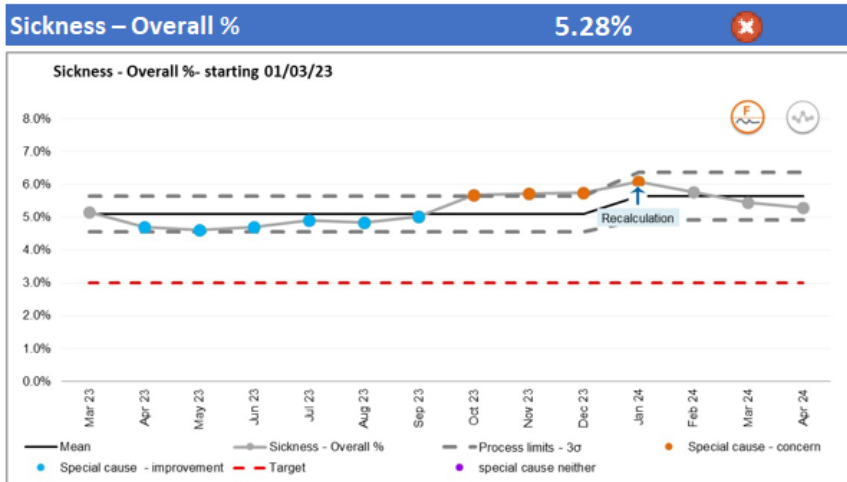
Top three sickness reasons May 2023 to April 2024 (%FTE)

Metric	Variation	
S10 Anxiety/stress/depression/other psychiatric illnesses	(icon)	Common cause
S12 Other musculoskeletal problems	(H icon)	Common cause
S25 Gastrointestinal problems	(icon)	Common cause

Overall sickness absence for Anxiety/stress/depression/other psychiatric illnesses is 28.46%, this has remained at 'Common Cause variation'. Other musculoskeletal problems has seen an increase to 11.30% in April 24 from 9.11% in March 24.

S12 Other musculoskeletal problems — 11.30%

Sickness reason S12 Other musculoskeletal problems- starting 01/03/23

S10 Anxiety/stress/depression/other psychiatric illnesses — 28.46%

Sickness reason S10 Anxiety/stress/depression/other psychiatric illnesses- starting 01/03/23

S25 Gastrointestinal problems — 10.36%

Sickness reason S25 Gastrointestinal problems- starting 01/03/23

People: Equality and diversity

The tables identify by disability and ethnicity the recruitment outcome of applicants during the twelve months ending April 2024.

Disability %	April 2023	April 2024	
Yes	4.74%	5.00%	⬆
No	80.96%	82.26%	⬆
Not recorded	14.30%	12.74%	⬇

Ethnicity %	April 2023	April 2024	
BME	13.32%	16.18%	⬆
White	85.31%	82.58%	⬇
Not recorded	1.38%	1.24%	⬇

The charts identify, by headcount, the percentage of staff in post in April 2023 and April 2024 by disability and ethnicity.

The percentage of staff employed disclosing a disability has increased (year on year) from 4.74% to 5% and the percentage of BAME staff has increased from 13.32% to 16.18%

Recruitment

Analysis of Recruitment Activity by Disability

- % of All Applicants who are Short-listed
- % of All Short-listed Applicants who are Appointed
- % of All Applicants who are Appointed
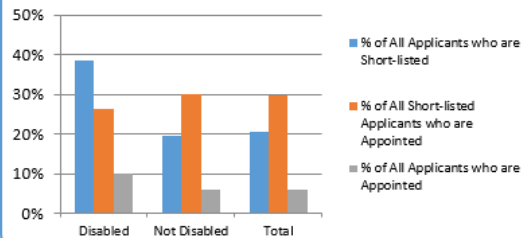
Analysis of Recruitment Activity by Ethnicity

- % of All Applicants who are Short-listed
- % of All Short-listed Applicants who are Appointed
- % of All Applicants who are Appointed
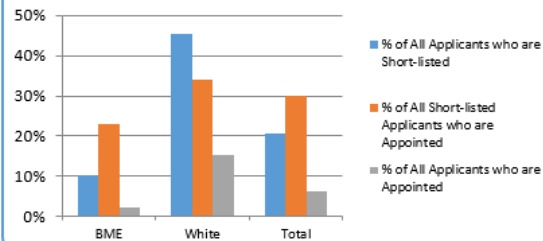
Staff in post and staff retention

Staff in Post

Staff Group	April 23	April 24	% Increase April 23 to April 24
Add Prof Scientific and Technic	531	547	2.98%
Additional Clinical Services	2385	2426	1.73%
Administrative and Clerical	2304	2393	3.89%
Allied Health Professionals	1035	1077	4.00%
Estates and Ancillary	1052	1053	0.14%
Healthcare Scientists	656	670	2.18%
Medical and Dental	1180	1194	1.21%
Nursing and Midwifery Registered	4536	4838	6.66%
Total	13,678	14,198	3.80%

Staff in post has increased by 3.8% since April 23. The staff groups with the largest increase are Nursing and Midwifery Registered and Allied Health Professionals.

Retention for staff over 1 year service is 87.67%, an increase from 85.99% in April 23

Staff Retention

Category	2022	2023	2024
Over 1 year service	86.73%	85.99%	87.67%
Less than 1 year service	13.27%	14.01%	12.33%

Staff Group (2024)	Over 1 year service	Less than 1 year service
Add Prof Scientific and Technic	90.30%	9.70%
Additional Clinical Services	84.72%	15.28%
Administrative and Clerical	86.44%	13.56%
Allied Health Professionals	88.57%	11.43%
Estates and Ancillary	88.18%	11.82%
Healthcare Scientists	92.71%	7.29%
Medical and Dental	85.80%	14.20%
Nursing and Midwifery Registered	88.94%	11.06%

Workforce turnover (target 8%)

Turnover (rolling 12 months)	10.41%	✗
Clinical Board	**Turnover**	**Achieved**
317 CS Integrated Covid Hub North East	0.00%	✓
317 CS NHS COVID Vaccination Programme	0.00%	✓
317 CS Business and Development	3.03%	✓
317 CS CRC NENC	7.25%	✓
317 CB Peri-operative and Critical Care	8.02%	✓
317 CS Patient Services	9.07%	✗
317 CB Medicine and Emergency Care	9.23%	✗
317 CB Surgical and Specialist Services RVI	9.71%	✗
317 CB Surgical and Associated Services FH	9.71%	✗
317 CB Cancer and Haematology	10.07%	✗
317 CB Clinical and Research Services	10.39%	✗
317 CB Cardiothoracic Services	10.87%	✗
317 CS Supplies	11.04%	✗
317 CS Finance	11.45%	✗
317 CB Family Health	11.77%	✗
317 CS Chief Executive	12.21%	✗
317 CS Human Resources	12.26%	✗
317 CS Estates	12.42%	✗
317 CS Information Management and Technology	12.95%	✗
317 CS Regional Drugs and Therapeutics	13.70%	✗
317 CS Hosted Staff	14.08%	✗
317 CS Medical Director	17.07%	✗
317 CS Chief Operating Officer	31.58%	✗
Trust Total	**10.41%**	✗

Metric	Assurance	Variation
Turnover (rolling 12 months)	Consistently fail target	Common Cause Improving Variation

Turnover (12 month rolling)- starting 01/03/23

Mean — Turnover (12 month rolling) — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither
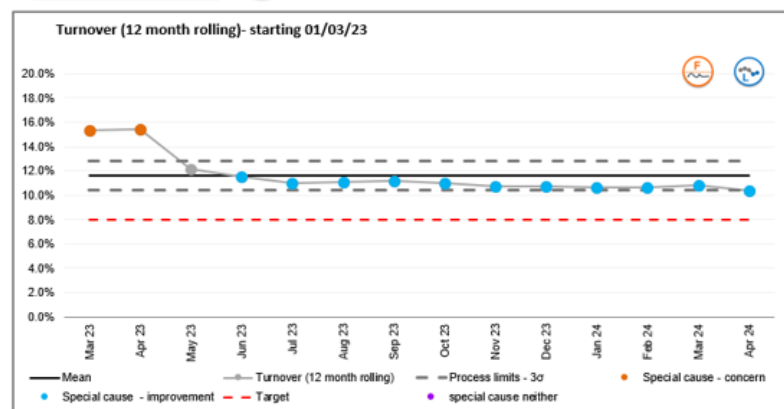
Staff turnover has decreased from 15.46% in April 2023 to 10.41% in April 2024, target is 8.0%.

The total number of leavers in the period May 2023 to April 2024 was 1,672.

Workforce turnover - reasons and destination

Top 5 Leaving Reasons

Top Five Leaving Reasons

Reason	Value
Voluntary Resignation - Promotion	157
Flexi Retirement	194
Retirement Age	202
Voluntary Resignation - Relocation	205
Voluntary Resignation - Work Life Balance	288

Leaving Reasons by Staff Group

Staff groups:
- Add Prof Scientific and Technic
- Healthcare Scientists
- Allied Health Professionals
- Estates and Ancillary
- Medical and Dental
- Additional Clinical Services
- Administrative and Clerical
- Nursing and Midwifery Registered

Legend:
- Voluntary Resignation - Work Life Balance
- Voluntary Resignation - Relocation
- Retirement Age
- Flexi Retirement
- Voluntary Resignation - Promotion

Destination on Leaving

Destination	%
Armed Forces	0.1%
Prison Service	0.1%
No Longer Valid - Private...	0.2%
(blank)	0.3%
Unknown	0.3%
Abroad - EU Country	0.6%
Death in Service	0.7%
Self Employed	0.8%
General Practice	1.4%
Education Sector	1.6%
Education or Training	2.3%
Private Health Care	3.9%
Abroad - Non EU Country	3.9%
Other Private Sector	6.8%
Other Public Sector	7.1%
NHS Organisation	31.0%
No Employment	38.9%

31% of leavers across the Trust disclosed they were going to another NHS organisation.

Bank/Agency

Bank (Whole Time Equivalent - wte)

Metric	Variation
Bank WTE	Common cause

Bank wte is demonstrating 'Special Cause Concerning' Variation. This is present when a random pattern of variation with all points within the control limits.

When a control chart shows common cause variation, a process measure is said to be in statistical control or stable.

Bank WTE- starting 01/03/23

Legend: ─── Mean | ──○── Bank WTE | --- Process limits - 3σ | ● Special cause - improvement | ── Target | ● Special cause - concern | ● special cause neither

Outlier(s)

Staff Group	Variation
Band 3 Nurse Bank	Special Cause Concerning Variation

There is 'Special Cause Concerning' Variation for Band 3 Nurse Bank staff.

Special causes are a signal to act to make the process improvements necessary to bring the process measure back into control.

Note, increase is due to Band 2 Nurse bank staff being re-banded to Band 3 Nurse Bank since July 23.

Band 3 Nurse Bank

Bank Staff Group		Variation
Admin & Clerical Bank		Common cause
AHP Bank		Common cause
Band 2 Nurse Bank		Special Cause Improving Variation
Band 3 Nurse Bank		Special Cause Concerning Variation
Band 4 Nurse Bank		Special Cause Improving Variation
Band 5 Nurse Bank		Common cause
Band 6 Nurse Bank		Common cause
Band 7 Nurse Bank		Common cause
Band 8 Nurse Bank		Special Cause Improving Variation
Healthcare Scientist		Common cause
Scientific, Therapeutic & Technical		Special Cause Improving Variation
Support Staff		Common cause

Bank/Agency (continued)

Bank Utilisation (£)

Staff Group	May 22 - Apr 23	May 23 - Apr 24	Difference
Admin & Clerical	£1,311,184	£330,033	-£981,150
Ancillary	£361,319	£1,147,304	£785,985
Estates			-
Nursing & Midwifery (Registered)	£6,784,623	£5,738,089	-£1,046,533
Nursing & Midwifery (Unregistered)	£8,065,001	£9,024,629	£959,628
Professional & Technical	£1,446,256	£946,736	-£499,520

Agency Utilisation (£)

Staff Group	May 22 - Apr 23	May 23 - Apr 24	Difference
Admin & Clerical	£850,643	£719,690	-£130,953
Ancillary	£40,649	£15,801	-£24,848
Estates	£107,914	£55,806	-£52,107
Nursing & Midwifery (Registered)	£108,165	£78,549	-£29,616
Nursing & Midwifery (Unregistered)	£2,563,343	£2,789,146	£225,803
Professional & Technical	£855,301	£936,579	£81,277

Internal Medical & Dental Bank Utilisation

Metric	Variation	
Trainee Grades		Special Cause Improving Variation

Trainee Grades Utilisation- starting 01/02/23
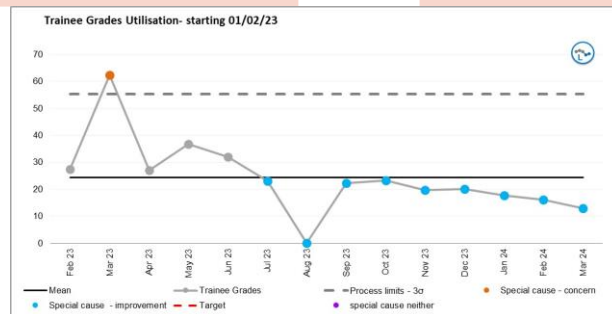
Metric	Variation	
Non-Consultant Career Grade		Special Cause Improving Variation

Non-Consultant Career Grades Utilisation- starting 01/02/23
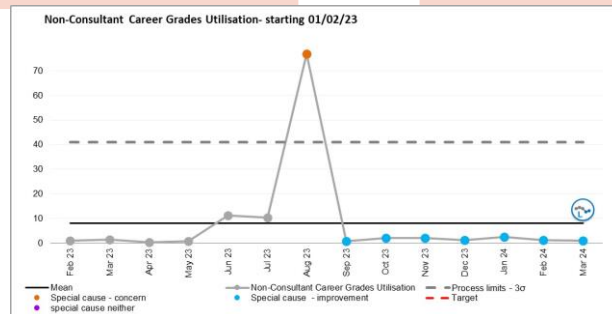
Mandatory training

Mandatory Training Compliance (target 95%)		92.84% ✖
Metric	**Assurance**	**Variation**
Mandatory Training Compliance %	(F) Consistently fail target	(H) Special Cause Improving Variation

Mandatory training compliance is 92.84% at end April 2024, target is 95%.

Medical and Dental are the staff group with the lowest training compliance at 86.53%

Staff Group	Compliance	Achieved
Medical and Dental	86.53%	✖
Senior Staff (Band 8c and Above)	91.84%	✖
Nursing and Midwifery Registered	92.62%	✖
Allied Health Professionals	92.07%	✖
Additional Clinical Services	93.46%	✖
Estates and Ancillary	92.55%	✖
Add Prof Scientific and Technic	93.41%	✖
Healthcare Scientists	94.54%	✖
Administrative and Clerical	95.90%	✔

Mandatory Training Compliance (target 95%)

Statutory & Mandatory Training Compliance- starting 01/03/23

Legend: Mean — Process limits – 3σ — Special cause - improvement — Statutory & Mandatory Training Compliance — Special cause - concern — Target
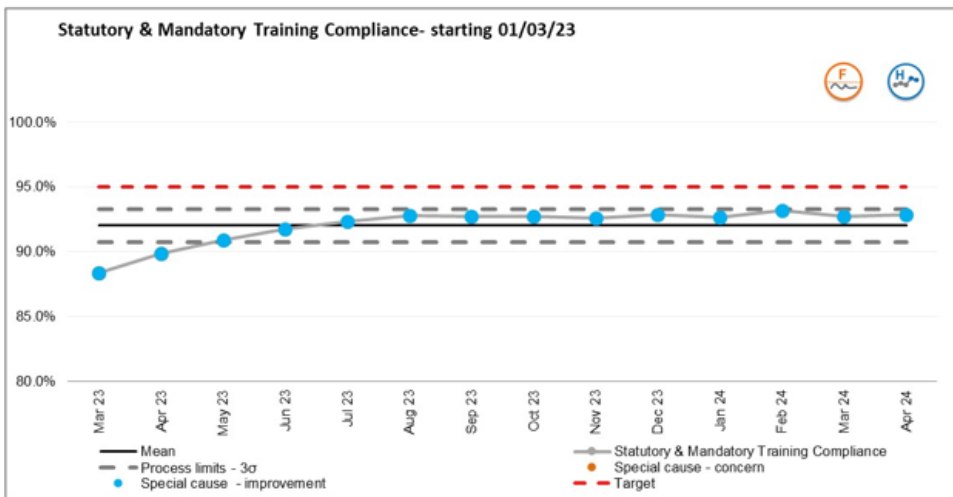
Mandatory training (continued)

Mandatory Training Compliance (target 95%)	92.84%	❌
Mandatory Training	**Compliance**	**Achieved**
Local Induction	76.23%	❌
Moving and Handling Level 2	79.98%	❌
Paediatric Basic Life Support	81.18%	❌
Fire Safety	84.37%	❌
Adult Basic Life Support	85.86%	❌
Infection Prevention and Control (Level 2)	86.79%	❌
Moving and Handling Level 1	89.66%	❌
Information Governance	89.95%	❌
Infection Prevention and Control (Level 1)	93.99%	❌
Trust Induction	94.22%	❌
Prevent WRAP	95.93%	✅
Prevention of Patient Falls	96.36%	✅
Health and Safety	96.38%	✅
Prevent Awareness	96.43%	✅
Equality and Diversity	96.51%	✅
Safeguarding Adults (Level 1)	96.69%	✅
Safeguarding Children (Level 1)	96.91%	✅
Anti-Bribery and Corruption	97.34%	✅
Conflict Resolution	97.63%	✅

Lowest Two Mandatory Training Compliance %		
Staff Group	**Local Induction**	**Moving and Handling Level 2**
April 2024	**76.23%**	**79.98%**
Add Prof Scientific and Technic	72%	89%
Additional Clinical Services	77%	82%
Administrative and Clerical	81%	60%
Allied Health Professionals	89%	84%
Estates and Ancillary	83%	93%
Healthcare Scientists	80%	15%
Medical and Dental	28%	61%
Senior Staff (Band 8c and Above)	30%	8%
Nursing and Midwifery Registered	84%	79%

At end April 2024, mandatory training compliance was 92.84%

Appraisal compliance

Appraisal Compliance (target 95%)		85.30% ❌
Staff Group	**Compliance**	**Achieved**
Medical and Dental	79.71%	❌
Add Prof Scientific and Technic	82.85%	❌
Additional Clinical Services	83.47%	❌
Allied Health Professionals	84.45%	❌
Administrative and Clerical	84.46%	❌
Healthcare Scientists	84.47%	❌
Nursing and Midwifery Registered	87.31%	❌
Estates and Ancillary	89.71%	❌
Manager Band 8c and Above	91.80%	❌

Appraisal compliance stands at 85.30% at end April 2024, target is 95%.

Appraisal Compliance by Corporate Service / Clinical Board

Appraisals- starting 01/03/23
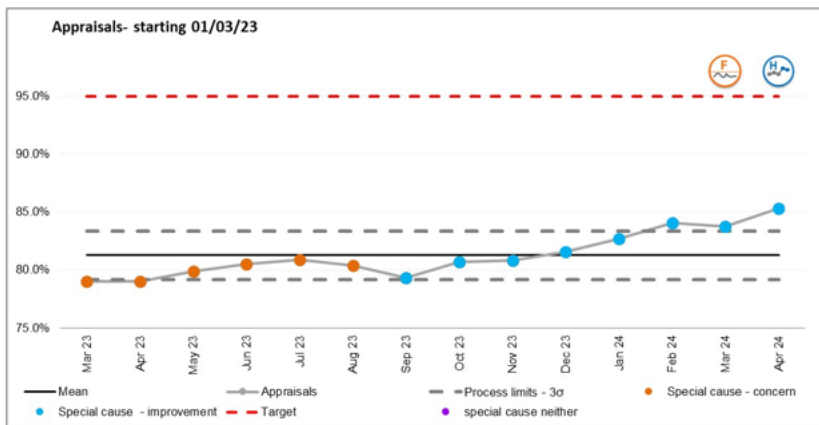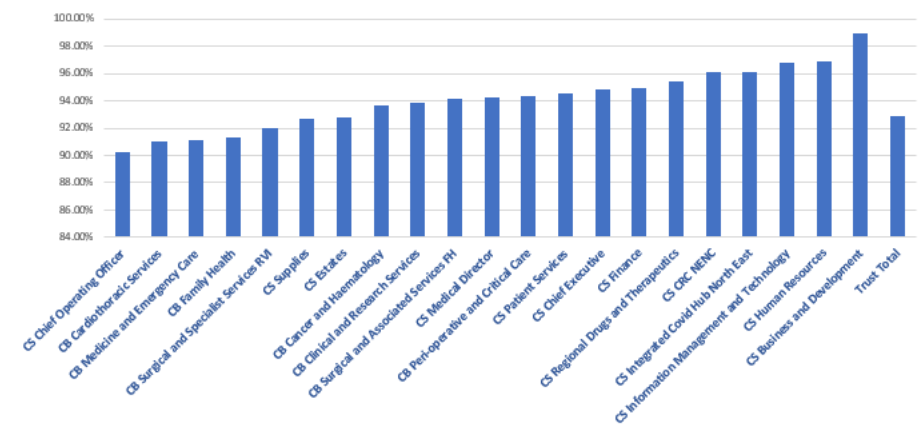
Metric	Assurance	Variation
Appraisal Compliance	Consistently fail target	Common Cause Improving Variation

Appraisal compliance is demonstrating 'Special Cause Improving' Variation. This is present when a pattern of variation demonstrates a consistent improvement.

However, the reported values consistently fail to meet the target of 95%.

Performance

Performance: Elective Waits

Reporting Month: March 2024	RAG Rating

RTT 18 Week Performance - %- starting 01/04/22

Legend: Mean — RTT 18 Week Performance - % — Process limits - 3σ — Special cause - concern ● Special cause - improvement ● Target ● special cause neither ●

RTT Waiting List Size

Legend: Total RTT WL

RTT Long Waiters

Legend: 52-64 Weeks ● 65-77 Weeks ● 78-103 Weeks ● >=104 Weeks ●
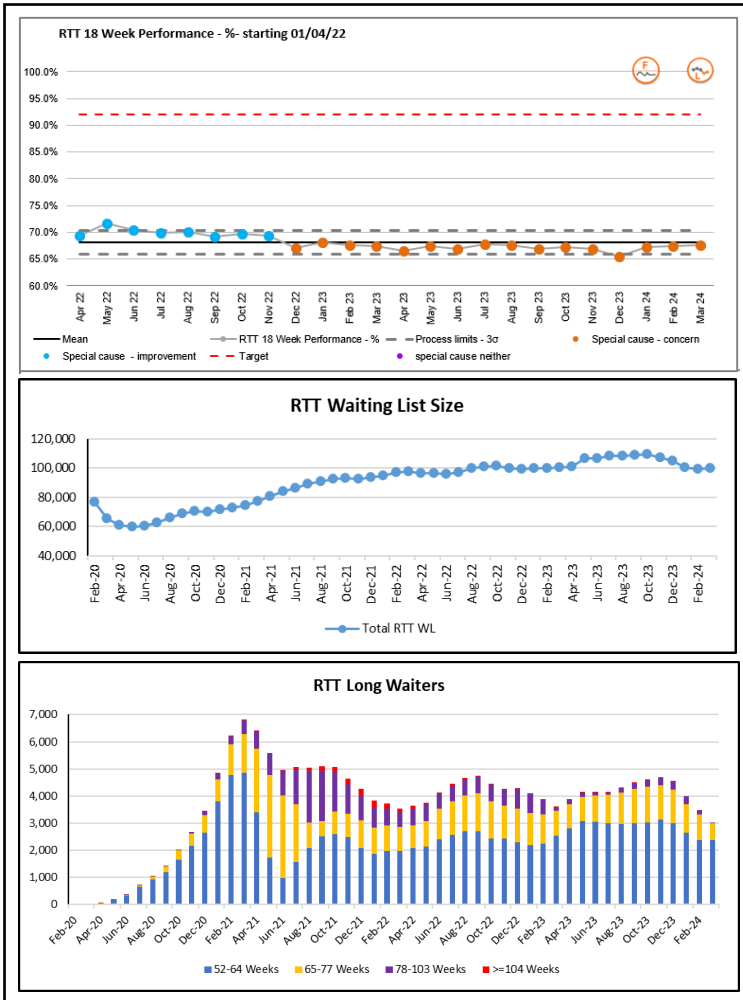
Current position:
- March saw the continued elimination of >104 week waits at Newcastle Hospitals.
- The total number of patients waiting >78 weeks dramatically reduced to just 7 compared to 163 in February, with the number of patients waiting over 65 weeks also falling significantly to 622. This is the lowest level for these two metrics since 2020.
- The total waiting list (WL) size remained largely stable compared to February - 99,884 overall. The total number of patients waiting >18 weeks stood at 32,413, with RTT 18 week performance standing at 67.5%.

Underlying Issues:
- The inability to deliver a full elective care programme throughout the pandemic, persistent staffing gaps, growth in demand for non-elective and cancer care, increased cancellations and higher DNA rates have all contributed to an increased backlog of patients waiting to receive treatment over recent years. Previous industrial action has also been a factor.
- Whilst considerable progress continues to be made in the reduction of long waiters, there are number of issues that continue to hamper progress. These include:
    - Consultant vacancies in Urology, T&O and Ophthalmology.
    - Short-term sickness in sub-specialties within Ophthalmology and Gynaecology.
    - Increased cancer demand generally, but particularly in Dermatology.
    - Increased urgent cases taking clinical priority, particularly in Plastic & Spinal Surgery.

Actions undertaken:
- The implementation of the spinal business case outlined in previous reports, continues to see the improvement in the numbers of patients waiting for spinal surgery.
- The Trust also continues to work with both South Tees and Northumbria Healthcare FTs in the repatriation of referrals back to these providers where that it is clinically appropriate.
- A new consultant Foot and Ankle surgeon has started in February (previously flagged a key workforce gap).
- The recent improvements that have been seen have been driven by a combination of:
    - Improved engagement in the development and monitoring of trajectories.
    - Enhanced provision of progress reporting to the operational teams.
    - Better use of targeted additional sessions.
    - More rigorous validation and application of the Trust's access policy.
    - Improved pooling of patients across the consultant teams in some specialties.
    - Additional scrutiny around booking patients in order for surgery.

Performance: Cancer Care

Reporting Month: March 2024	RAG Rating

28 Day FDS Performance (March 2024)

Legend:
- Breast
- Brain
- Breast Symptomatic
- Childrens
- Gynae
- Haem
- Head & Neck
- Lower GI
- Lung
- Sarcoma
- Skin
- Testicular
- Urological
- Upper GI
- Standard
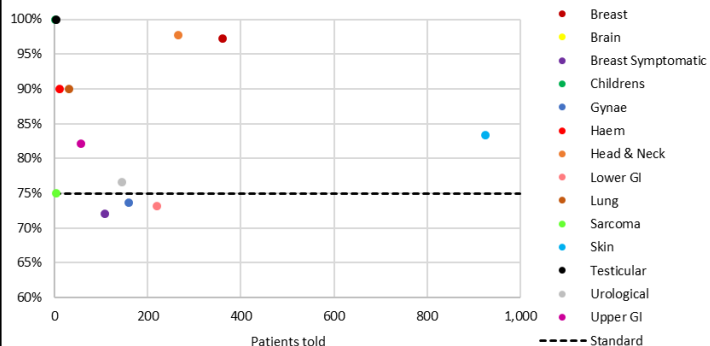
Cancer 62 Day (Referral to Treatment) Compliance

Legend: Under 62 Days | Over 62 Days | 62 Day Compliance | Target
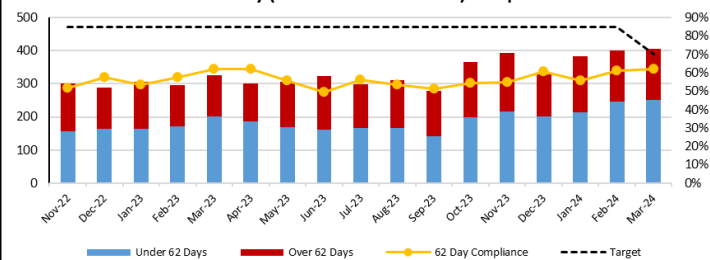
62 DAY PERFORMANCE – MARCH 2024

Brain	100%	Head & Neck	75.4%	Skin	88.3%
Breast	82.9%	Lower GI	51.9%	Testicular	100%
Gynae	60.0%	Lung	41.5%	Upper GI	26.7%
Haem	83.3%	Sarcoma	52.4%	Urological	50.86%
Newcastle Hospitals Total					**61.9%**

Current position:
- The 75% 28 Day Faster Diagnosis Standard (FDS) was achieved for the second successive month (84.6%), increasing by 1.4% from February.
- 62 Day compliance was 61.9% in March. Lower GI, Lung, Upper GI and Urological tumour groups delivered the lowest performance levels – all below 52%.
- 31 Day performance improved by 1.1% to 89.1% in March.

Underlying Issues:
- Diagnostic delays including within Pathology, Radiology and Endoscopy mean that the majority of patients waiting 40-62 days are still awaiting diagnosis. CT capacity is particularly impacting Urology performance and there have been delays for cystoscopies.
- Circa 50% of tertiary cancer referrals are received from Trusts after the 38 day deadline, with Lung the most heavily affected tumour group.
- Various tumour groups have limited theatre capacity and staff shortages – there is a limited appetite from staff to undertake additional theatre work, whilst theatre refurbishments have also impacted Lung in particular.
- Workforce gaps are significantly impacting Gynae and Upper GI cancer performance, with Gynae capacity further impacted by annual leave.

Actions undertaken:
- Radiology: The service continue to push to shorten MRI request to report times to 10 days and CT request to report times to 7 days. Mobile units for MRIs and PET CT scans have been extended to provide additional temporary capacity.
- Urology: Staff are currently being trained to be able to provide specialist TURT processes. The service are also risk stratifying patients to ensure patients are seen in order of urgency.
- Head & Neck: Risk stratifying referrals into high & low-risk groups and managing high risk into <7day waits with the aim to shorten the diagnostic pathways for patients with cancer.
- Skin: Additional theatre sessions, supported by the Plastics team, took place in February/March. The waiting list team was been instructed to solely book cancer backlog patients onto these lists where clinically appropriate. In addition the team continue to validate all long waiters to ensure all are fit for treatment, with demonstrable improvements in performance in recent months.

Performance: Diagnostics

Reporting Month: March 2024	RAG Rating

Diagnostic Performance & WL Size
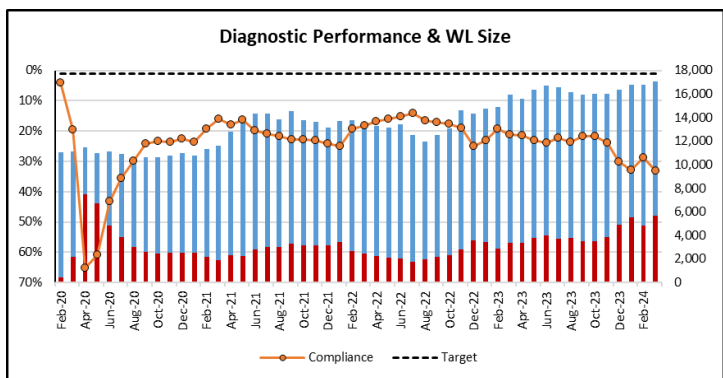
MARCH 2024		Total WL	Breaches	Compliance
Imaging	MRI	5,777	2,496	43.2%
	CT	1,817	251	13.8%
	Non-obs Ultrasound	3,669	106	2.9%
	Barium Enema	1	0	0.0%
	DEXA	428	6	1.4%
Physiological Measurement	Audiology	3,324	2,242	67.4%
	ECHO	735	319	43.4%
	Electrophysiology	37	22	59.5%
	Periph. Neurophysiology	367	70	19.1%
	Sleep Studies	58	29	50.0%
	Urodynamics	29	5	17.2%
Endoscopy	Colonoscopy	287	31	10.8%
	Flexi sigmoidoscopy	99	10	10.1%
	Cystoscopy	52	5	9.6%
	Gastroscopy	346	45	13.0%

Current position:
- Performance against the 5% standard declined compared to February, with 33.1% of patients waiting longer than six weeks for their test (-4.3%).
- The volume of activity delivered per working day increased by 2.3% from February.
- The total WL size grew by 268 patients from the previous month, with the total 6-week breaches increasing by 811 over the same period (5,637, +16.8%). The volume of patients waiting >13 weeks fell by 50 to 1,817.

Underlying Issues:
- Staffing deficits continue to constrain the volumes of activity several of our diagnostic services can undertake. ECHO have been short of physiologists due to maternity leave and Audiology have had long standing issues with staffing levels.
- Endoscopy have seen a shift in diagnostic requests towards tests that require longer slots per patient following a recent change in GP referral processes and direct to test availability.
- Throughout 23/24 MRI have experienced an increase in referrals across both inpatient and outpatient settings that has far exceeded expectations, resulting in deteriorating waiting time performance. The complexity/casemix of requested scans has also impacted waits, such as Cardiac & GA MRIs which are increasingly referred to NuTH by other DGHs, as has the need to prioritise suspected cancer cases at the expense of more routine referrals.

Actions undertaken:
- A whole service review is being undertaken within Audiology to determine the actions required to establish a long-term sustainable service and reduce the number of inappropriate referrals received. The team are also working with Newcastle Improvement to test and measure a variety of pathway changes.
- ECHO continue to utilise insourcing providers to increase capacity. Clinic schedules are presently being amended to maximise efficiency.
- Endoscopy have stepped up their outsourcing provision to minimise waiting times as well as mitigate against the negative impacts of industrial action.
- Radiology continue to share use of the CT and MRI scanners at the CDC, as well as utilising two additional MRI vans at the Freeman. An internal capacity and demand exercise continues to definitively establish the level of additional resource required to reduce long waits on a sustainable basis.

Performance: Emergency Care

Reporting Month: April 2024	RAG Rating

ED Performance - All types %- starting 01/04/22

Legend: Mean — ED Performance - All types % — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Total A&E Attendances

■ Type 1 ■ Type 2 ■ Type 3

A&E 12 hour Trolley Waits

→ >12 hour trolley waits

Current position:
- Type 1 and overall performance slightly improved from the previous month to 57.1% (+0.2%) and 73.2% (+0.4%) respectively.
- Handovers >60 minutes reduced from a high of 75 in March to 54 in April. There were 342 handovers >30 mins.
- Trolley waits >12 hours dramatically increased from March (122 vs 32).

Underlying Issues:
- Waits to be seen by a clinician continue to be one of the primary delays in a patient's ED attendance due to a capacity and demand imbalance between the current workforce and volume of attendances.
- Exit block due to lack of bed availability contributes to breaches and overcrowding.
- The current configuration of the ED estate contributes to issues with flow and was not designed for the current volume of attendances.
- High numbers of patients with mental health issues are seeking help in the department, with no improvement in waiting times for crisis/mental health beds. CNTW staffing issues continue to exacerbate this.

Actions undertaken:
- A workforce review has taken place and business case approved for additional medical staff to reduce waits to see a clinician - recruitment commencing from April 2024.
- A number of initiatives have been implemented to improve flow front of house. These include a consultant "See and Treat" shift, streaming patients to alternative services (e.g. SDEC and SAU), additional nursing resource to reduce time to assessment at peak times, and ambulatory cardiology pathways.
- A workstream has been established to review discharge lounge provision with a view to this being made permanent.
- Review of ED, AS and SDEC estates has taken place to review if any changes can be made in the short term to improve flow.
- An ICB commissioned Mental Health "Crisis Hub" is due to open in Spring 2024.
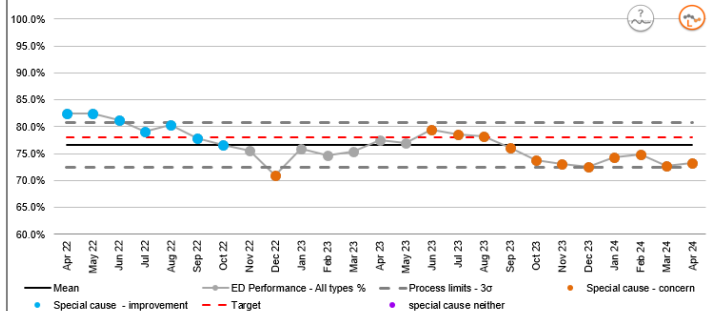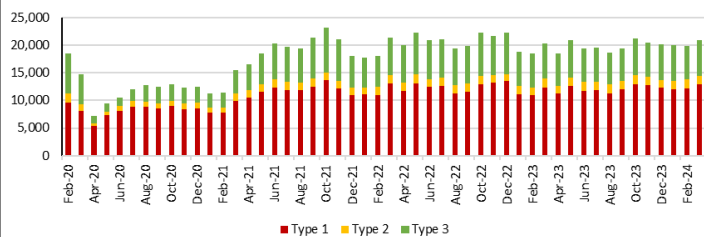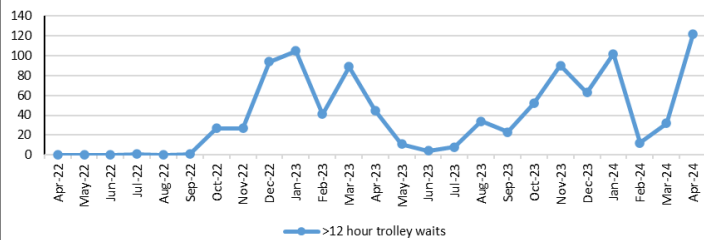
Theme	Standard		Jan-24	Feb-24	Mar-24	Apr-24		Num.	Den.
Activity & Elective Care									
Total Activity (Elective Recovery)			99.1%	100.1%	97.2%	**91.3%**		49,360	54,089
Day Case			93.1%	98.7%	98.4%	**98.7%**		10,954	11,103
Elective Overnight	**100%** of Plan (equivalent to **107%** of 19/20 value-weighted activity)		66.9%	75.5%	83.5%	**98.3%**		1,762	1,792
Outpatient New			99.5%	98.7%	99.0%	**101.4%**		23,079	22,764
Outpatient Procedures			106.4%	105.9%	96.1%	**70.1%**		13,565	19,361
Outpatient Review			114.5%	107.6%	111.0%	**110.6%**		59,102	53,437
RTT 18 Week Wait	**92%**		67.3%	67.5%	**67.5%**	TBC		67,471	99,884
>78 Week Waiters	**Zero**		308	163	**7**	TBC		7	
>65 Week Waiters	**Zero** (by Sep-24)		1,362	1,096	**622**	TBC		622	
>52 Week Waiters	As per submitted trajectory		4,009	3,478	**3,017**	TBC		3,017	
RTT Waiting List Size	As per submitted trajectory		100,624	99,066	**99,884**	TBC		99,884	
Diagnostic Activity	**120%** of 19/20 activity		110.9%	111.3%	**118.3%**	TBC		20,319	17,828
Diagnostic 6 week wait	<=**5%** (local target of <=15%)		32.9%	28.8%	**33.1%**	TBC		5,637	17,026
Urgent Ops. Cancelled Twice	**Zero**		0	0	**0**	TBC		0	
Cancelled Ops. Rescheduled >28 Days	**Zero**		9	3	**8**	TBC		8	
OP Activity Ratio: New/Procedure	**46%**		41.3%	41.9%	**38.7%**	TBC		37,812	97,804
>12 Week Waiters Validated	**90%**		54.2%	56.6%	62.4%	**61.2%**		18,789	30,676
Outpatient Review Reduction	**25%** reduction vs 19/20 baseline		106.2%	106.4%	109.5%	**93.4%**		78,236	79,743
PIFU Take-up (%)	>=**5%** of all OP atts. (by Mar-25)		2.5%	2.6%	2.7%	**1.7%**		1,341	78,236

Theme	Standard		Jan-24	Feb-24	Mar-24	Apr-24		Num.	Den.
Cancer Care									
28 Day Faster Diagnosis	**77%** (by Mar-25)		72.0%	83.2%	**84.6%**	TBC		1,946	2,299
31 Days (DTT to Treatment)	**96%**		82.5%	88.0%	**89.1%**	TBC		1,185	1,330
62 Days (Referral to Treatment)	**70%** (by Mar-25)		55.9%	61.1%	**61.9%**	TBC		251	406
>62 Day Cancer Waiters			264	212	186	**167**		167	
Urgent & Emergency Care									
A&E Arrival to Admission/Discharge	**>=78%** under 4 hours (by Mar-25)		74.3%	74.9%	72.8%	**73.2%**		14,152	19,332
	<=2% over 12 hours		3.1%	1.8%	2.2%	**3.6%**		703	19,332
A&E Decision to Admit to Admission	**Zero** over 12 hours		102	12	32	**122**		122	
Adult General & Acute Bed Occupancy	**<=92%**		91.2%	90.2%	89.8%	**91.0%**		1,294	1,422
Ambulance Handovers <15 mins	**65%**		57.2%	58.6%	55.8%	**52.7%**		1,589	3,018
Ambulance Handovers <30 mins	**95%**		88.5%	89.3%	86.7%	**86.9%**		2,622	3,018
Ambulance Handovers >60 mins	**Zero**		36	26	75	**54**		54	
Urgent Community Response Standard	**>=70%** under 2 hours		79.9%	80.4%	82.0%	**82.0%**		337	411
Safe, High Quality Care									
Mixed Sex Accommodation Breach	**Zero**		114	89	**78**	TBC		78	
VTE Risk Assessment	**95%**		95.5%	95.9%	**95.1%**	TBC			
Sepsis Screening Treat. (Emergency)	**>=90%** (of sample) under 1 hour		66.0%	66.0%	**66.0%**	TBC			
Sepsis Screening Treat. (All)			64.0%	64.0%	**64.0%**	TBC			

Finance

Financial Overview as at 30th April 2024

Income

2024/25 Income - Plan vs Actual £m

Legend: Plan, Plan ERF, Actual, Actual ERF

Expenditure

2024/25 Pay & Non Pay - Plan vs Actual £m

Legend: Plan - Non Pay, Plan - Pay, Actual - Non Pay, Actual - Pay
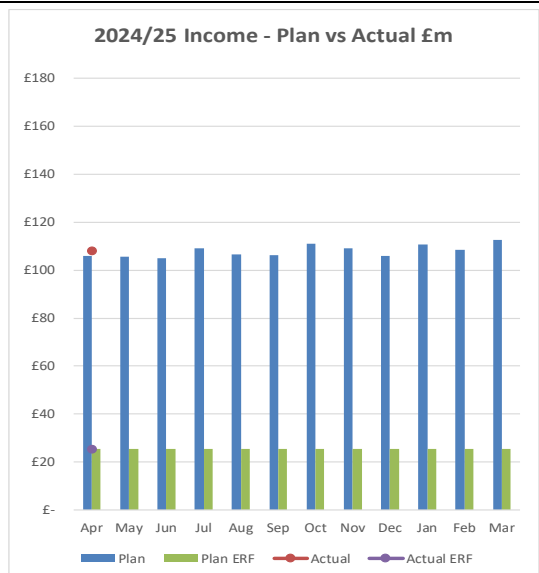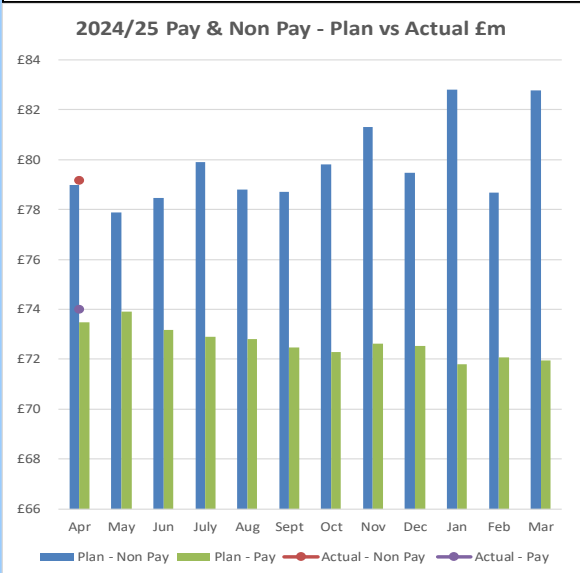
Cost Improvement Analysis

CIP Delivery vs Target

Legend: Recurrent, Non-Recurrent, Target
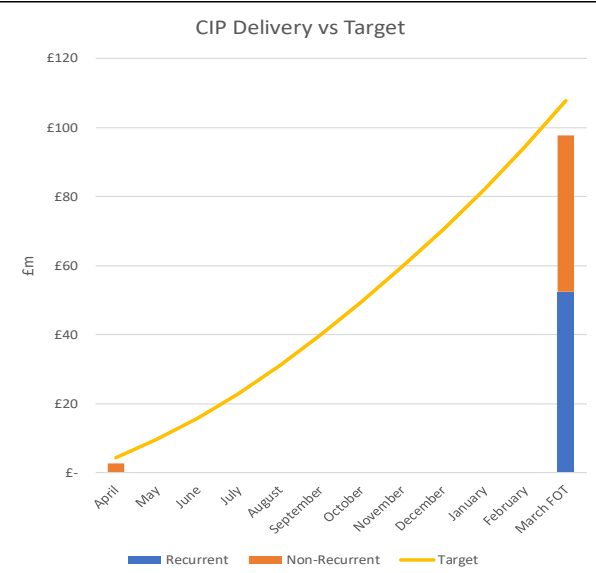
Commentary

This page summarises the financial position of the Trust for the period ending 30th April 2024. The Trust has agreed a Financial Plan for 2024/25 with a break-even position. As at Month 1 the Trust is reporting delivery against the planned defiict of £2 million (after Contol Total). The financial information includes the costs of the Consultant Pay Reform agreement for 2023/24 accrued for the April estimated impact of arpound £760k, which is contributing to the overspend on pay, with a pressure on drugs, partly off-set with income. The delivery of the plan has a siginficant Cost Improvment Plan (CIP) and a number of non-recurrent factors.

- 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 April is £0.7 million and the year to date expenditure is £0.8 million creating a variance of £0.1 million to date.

Risk

Income & Expenditure Statement	In Month (April 2024)			Year To Date (April)		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Operating income from patient services	(116,514)	(118,136)	(1,623)	(116,514)	(118,136)	(1,623)
Other operating income	(15,022)	(15,430)	(408)	(15,022)	(15,430)	(408)
Employee expenses	73,505	73,995	490	73,505	73,995	490
Operating expenses excl. employee expenses	53,597	55,989	2,392	53,597	55,989	2,392
OPERATING SURPLUS/(DEFICIT)	**4,434**	**3,583**	**(852)**	**4,434**	**3,583**	**(852)**
Finance income	(248)	(1,522)	(1,274)	(248)	(1,522)	(1,274)
Depreciation	3,379	3,086	(293)	3,379	3,086	(293)
Finance expense	21,917	20,007	(1,910)	21,917	20,007	(1,910)
PDC dividends payable/refundable	81	81	0	81	81	0
NET FINANCE COSTS	**25,129**	**21,652**	**(3,477)**	**25,129**	**21,652**	**(3,477)**
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(20,695)**	**(18,070)**	**2,625**	**(20,695)**	**(18,070)**	**2,625**
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR - CONTROL TOTAL	**(2,041)**	**(2,041)**	**(0)**	**(2,041)**	**(2,041)**	**(0)**

The reported performance for April 2024 is as follows:-

Income
- The in-month position is an overall favourable variance of £480k, partly due to over-performance on matched drugs and devices and miscellaneous income behind plan currently.

Expenditure
- The variance on employee expenses mainly relates to the impact of the Consultant Pay Reform expenditure accrued for April. There is an overspend on drugs expenditure partly matched with income and an increase on the 2023/24 levels that will be monitored.

Agency Expenditure - Trend

Legend: Actual 2022/23 | Actual 2023/24 | Agency Cap 3.2% | Actual 2024/25 | Linear (Agency Cap 3.2%)
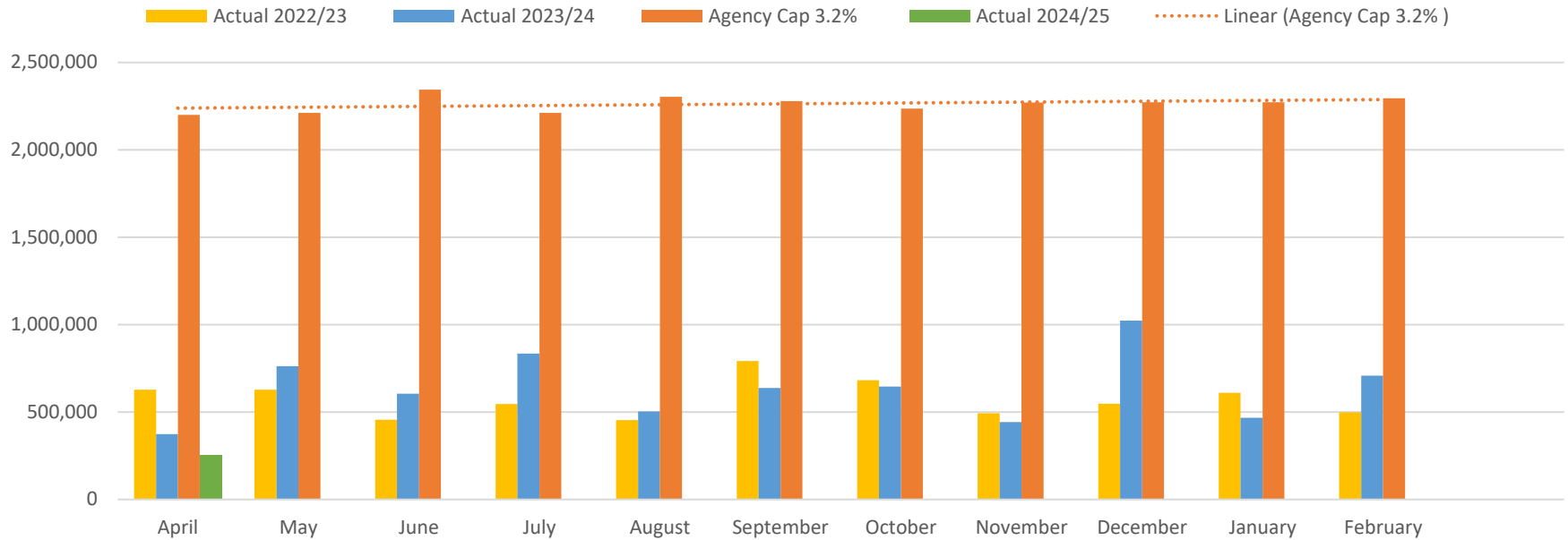
Agency
- The above chart provides the overall trend in relation to agency usage over the last couple of years. This is running at around 0.8% of the gross staff costs. This is below the national target set at 3.2%. Although the analysis is positive, there continues to be medical agency usage across a number of specialties where it is proven difficult to recruit on a permanent/substantive basis. This will continue to be managed and monitored on an ongoing basis to reduce the reliance on agency.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 June 2024
Title	Governor Working Group - Terms of Reference Review
Report of	Kelly Jupp – Trust Secretary
Prepared by	Abigail Martin – Governor and Membership Engagement Officer

Status of Report	Public	Private	Internal
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☒	☐	☐

Summary	The content of the report includes the proposed updated Terms of Reference for the People, Engagement and Membership, Quality of Patient Experience and Business and Development Working Groups.
Recommendation	The Council of Governors is asked to receive the report, and to approve the changes contained within
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	Sustainability
	☒	☒	☐	☐	☒	☐

Impact detail	Outlined within the report.
Reports previously considered by	Working Group terms of reference are approved at the Council of Governors on a bi-annual basis.

GOVERNOR WORKING GROUPS – TERMS OF REFERENCE REVIEW

EXECUTIVE SUMMARY

The content of the report includes the proposed updated Terms of Reference for the People, Engagement and Membership, Quality of Patient Experience and Business and Development Working Groups.

The Working Group Terms of Reference were due for review during April 2024 and therefore were reviewed by the respective Working Groups. Due to the governance system rewrite work, the Trust Secretary has also subsequently reviewed and proposed some minor amendments to the Terms of Reference, as shown in tracked changes in the appended Terms of Reference.

GOVERNOR WORKING GROUPS – TERMS OF REFERENCE REVIEW

1. **REVIEW OF WORKING GROUP TERMS OF REFERENCE**

Each of the three Governor Working groups were given the opportunity to review their Terms of Reference during February 2024 as detailed below. In addition, the Trust Secretary subsequently reviewed the documents following the changes to the Trust governance structure in March 2024 and has proposed some minor amendments for approval as listed below (and as shown in tracked changes in the appended Terms of Reference documents):

a. **Quality of Patient Experience (QPE) WG**

The Terms of Reference were reviewed at the meeting held on Tuesday, 6th February 2024 and it was agreed that no amendments were required.

The Trust Secretary has subsequently reviewed and suggested an amendment to reflect that there is no longer a requirement for the external auditor to undertake audit work on the local performance indicator within the Quality Account and to correct a typographical error.

b. **People, Engagement and Membership (PEM) WG**

The Terms of Reference were reviewed at the meeting held on Wednesday, 13th February 2024 and it was agreed that subject to the existing amendment agreed at the Council of Governors Formal meeting on 7 December 2023, no further amendments should be made.

The Trust Secretary has subsequently reviewed and not identified any suggested amendments.

c. **Business and Development (B&D) WG**

The Terms of Reference were reviewed at the meeting on Thursday, 8th February 2024. The Group agreed that the document required no further update and no amendments were required.

The Trust Secretary has subsequently reviewed and noted that due to the change in name of both the Audit and Finance Committees, the Terms of Reference need to be amended to the correct names of Audit, Risk and Assurance Committee and the Finance and Performance Committee.

2. **RECOMMENDATIONS**

The Council of Governors is asked to approve the minor changes outlined above to the Working Group terms of Reference. The next review will be undertaken in April-May 2026.

Report of Kelly Jupp
Trust Secretary
13 June 2024

_____

Terms of Reference – Quality of Patient Experience (QPE) Working Group

1.   Constitution of the Group

1.1   The QPE Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the quality of care to the Trust's patients, specifically in relation to patient experience.

2.   Purpose and function

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

2.1   that the Trust Board has appropriate quality governance structures, systems, processes and controls in place to achieve consistently safe high-quality care and to meet the Trust's legal and regulatory obligations;

2.2   that any shortcomings in the quality and safety of care identified as part of a Governor Site Visit (in person or virtual) or through complaints raised directly to Trust Governors are addressed in a systematic and effective manner;

2.3   that the local performance indicator selected by the Group for inclusion in the Annual Trust Quality Account if required is accurate and any recommendations arising from any external ~~auditor~~ work on the indicator or associated data are progressed accordingly; and

2.4   on the effectiveness of mechanisms used for the involvement of patients and the public, Governors, staff, partners and other stakeholders in improving the patient experience.

3.   Authority

The Group is:

3.1.   a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;

3.2   authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Governor and Membership Engagement Officer, to provide information by request at a meeting of the Group to support its work, as and when required; and

3.3   authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).

3.4   The Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

4.   Membership

**4.1	Group Composition and Attendance**

4.1.1	Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff).

4.1.2	One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Trust Secretary and will serve a maximum term of three years as Chair of the Group (or until the Governor term of office ends).

4.1.3	A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.

4.1.4	The Chair of the Council of Governors, the Trust Secretary and the Governor and Membership Engagement Officer shall not be members of the Group, but may be in attendance from time to time.

4.1.5	Other than as specified above, members of the Group have the right to participate in Group meetings however other Governors are welcome to attend and contribute. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.

4.1.6	In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.

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

4.1.8	Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.

4.1.9	The Governor and Membership Engagement Officer, shall provide support as necessary for example in arranging Group agendas, meeting presentations, taking meeting notes and maintaining an action log.

**4.2	Quorum**

4.2.1	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.

4.2.2	Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

**5.	Duties**

**5.1	Cycle of Business**

The Group will:

5.1.1   set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

5.2   Strategy

The Group will:

5.2.1   agree the local performance indicator for inclusion in the Trust Quality Accounts (where requi~~red)~~red) ~~and consider any reports provided by the Trust external auditor on the Quality Account~~; and

5.2.2   review the Trust's Quality Strategy and Quality Account, and provide feedback to the Council on their robustness, comprehensiveness and relevance to the Trust's vision, values, strategic objectives and impact.

5.3   Learning and communication

The Group will:

5.3.1   develop and oversee a programme of Site Visits (in person or virtual) to engage members directly in quality assurance processes and to ensure that such processes include the establishment of a procedure to review, distil and implement the learning from the visits; and

5.3.2   be assured of the effectiveness of communication, engagement and development activities designed to support patient safety and improve clinical governance.

5.4   Patient and public engagement

The Group will:

5.4.1   be assured of the effectiveness of a credible process for assessing, measuring and reporting on the 'patient experience' in a consistent way over time, including the appropriateness and effectiveness of processes for patient engagement in support of the Trust's strategic goals and programmes of work.

6.   Reporting and Accountability

6.1   The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

7.   Committee Administration

7.1   The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Governor and Membership Engagment Officer, shall require.

7.2   The Chair may at any time convene additional meetings of the Group (or a subgroup) to consider additional business or business that requires urgent attention.

7.3   The agenda will be set in advance by the Chair, with the Governor and Membership Engagement Officer, reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4   Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

7.5   The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.

7.6   The Governor and Membership Engagement Officer notes the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes will be filed by the Governor and Membership Engagement Officer.

7.7   The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

Procedural control statement: 13 June 2024
Date approved: [TBA]
Approved by: Working Group and Council of Governors
Review date: June 2026

Terms of Reference – People, Engagement and Membership (PEM) Working Group

1.   Constitution of the Group

The PEM Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the Trust membership; this includes the recruitment and retention of a membership that seeks to reflect the population the Trust serves, engagement and communication with members regarding the activities of the Trust, the oversight of Member Events and membership materials.

2.   Purpose and function

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

2.1   on the effectiveness of communications and engagement, with internal and external stakeholders, local communities and partners, with the People Committee acting as the oversight Committee;

2.2   that the Trust membership is diverse, inclusive and representative of the population it serves; and meets the minimum levels prescribed within the Trust Constitution;

2.3   that the processes are in place for improving communications and engagement with members to ensure that the views of members are considered, including the scheduling of Members Events up to four times a year; and

2.4   in relation to effective liaison and communication between Governors and Members.

3.   Authority

The Group is:

3.1.   a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;

3.2   authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Governor and Membership Engagement Officer, to provide information by request at a meeting of the Group to support its work, as and when required; and

3.3   authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).

3.4   the Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

4. Membership

4.1 Group Composition and Attendance

4.1.1 Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff), with at least one member of the Group being a Staff Governor and one member of the group being a Public Governor.

4.1.2 One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Governor and Membership Engagement Officer and will serve a term of three years as Chair of the Group (or until the Governor term of office ends).

4.1.3 A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.

4.1.4 The Chair of the Council of Governors, the Trust Secretary and the Governor and Membership Engagement Officer shall not be members of the Group, but may be in attendance.

4.1.5 Other than as specified above, members of the Group have the right to participate in Group meetings however other Governors are welcome to attend and contribute. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.

4.1.6 In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.

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

4.1.8 Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.

4.1.9 The Governor and Membership Engagement Officer shall provide support as necessary for example in arranging Group agendas, meeting presentations, taking meeting notes and maintaining an action log.

4.2 Quorum

4.2.1 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.

4.2.2 Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

5. Duties

5.1   Cycle of Business

The Group will:

5.1.1   set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

5.2   Membership Communications & Engagement

The Group will:

5.2.1   review the coherence and comprehensiveness of the ways in which the Trust engages with existing and potential members; and

5.2.2   development of the Trust's membership strategy and review the effectiveness of internal communications and engagement.

5.2.3   refresh the Membership Strategy when due and submit for approval by the Council of Governors.

5.2.4   provide input into the updating of Membership Materials as and when required for example membership posters, membership forms, the welcome letter from the Chair of the Working Group and certificate received when becoming a member of the Trust.

6.   Reporting and Accountability

6.1   The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement may be needed.

7.   Committee Administration

7.1   The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Governor and Membership Engagement Officer, shall require.

7.2   The Chair may at any time convene additional meetings of the Group to consider additional business or business that requires urgent attention.

7.3   The agenda will be set in advance by the Chair, with the Governor and Membership Engagement Officer, reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4   Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

7.5   The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.

7.6   The Governor and Membership Engagement Officer shall note the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes will be filed by the Governor and Membership Engagement Officer.

7.7   The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

Procedural control statement: 13 June 2024
Date approved: **[To be added]**
Approved by: Working Group and Council of Governors
Review date: June 2026

Terms of Reference – Business and Development (B&D) Working Group

1.   Constitution of the Group

The B&D Working Group is a non-statutory Group established by the Trust Council of Governors to report to the Council on the Trust business and development activities, including Trust strategy development, Trust financial sustainability and the audit arrangements in place.

2.   Purpose and function

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

2.1   that the Trust Board has appropriate governance and risk management structures, systems, processes and controls in place to achieve financial sustainability, as considered by the Trust Audit, Risk and Assurance Committee, and to meet the Trust's associated legal and regulatory obligations;

2.2   that the Trust financial performance and value for money is scrutinised appropriately through assurances received from the Finance & Performance Committee;

2.3   that an external auditor is appointed, following a robust appointment process, in order to undertake the audit of the Trust Annual Report and Accounts, and to receive external audit updates/feedback;

2.4   that the Trust Annual Operational Plan has been robustly prepared, assumptions have been adequately challenged and the financial implications of business and developments included have been fully considered; and

2.5   that the Trust overarching Strategy and associated key strategies e.g. Estates Strategy, has been developed through an appropriate engagement approach to consider the views of key stakeholders.

3.   Authority

3.1   The Group is:

3.1.1   a non-statutory Group of the Trust Council of Governors, reporting directly to the Council, and has no executive powers;

3.1.2   authorised by the Council of Governors to investigate any activity within its Terms of Reference, to seek any information it requires from any officer of the Trust, and to invite any employee, through liaison with the Governor and Membership Engagement Officer, to provide information by request at a meeting of the Group to support its work, as and when required; and

3.1.3   authorised by the Council of Governors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary).

3.2   The Terms of Reference must be approved by the Trust Council of Governors and reviewed every two years.

4.   Membership

4.1   Group Composition and Attendance

4.1.1   Members of the Group must be elected or appointed Trust Governors who form part of the Trust Council of Governors. The Group shall be made up of least four Governors (Public or Staff).

4.1.2   One of the members of the Group will be appointed by the Council of Governors as the Chair of the Group. The Chair will be appointed through a nominations and ballot process, facilitated by the Governor and Membership Engagement Officer and will serve a term of three years as Chair of the Group (or until the Governor term of office ends).

4.1.3   A further member of the Group shall be appointed as Vice-Chair, likewise by the Council of Governors.

4.1.4   The Chair of the Council of Governors, the Trust Secretary and the Governor and Membership Engagement officer shall not be members of the Group, but may be in attendance.

4.1.5   Other than as specified above, members of the Group have the right to participate in Group meetings however other Governors are welcome to attend and contribute. Other non-Group members for example Trust Staff members may be invited to attend and assist the Group from time to time, according to particular items being considered and discussed.

4.1.6   In the absence of the Group Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings where possible.

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

4.1.8   Members of the group may serve a term of up to three years (dependant on when their term of office as a Trust Governor ends). No more than three consecutive terms may be served.

4.1.9   The Governor and Membership Engagement Officer, shall provide support as necessary for example in arranging Group agendas, meeting presentations, taking meeting notes and maintaining an action log

4.2   Quorum

4.2.1   The quorum necessary for the transaction of business shall be three members, as defined in 4.01 above, including the Chair or Vice Chair.

4.2.2   Members unable to attend a meeting of the Group may nominate another Governor to attend on their behalf, agreed with the Chair of the Group. Nominated attendees will count towards the quorum.

5. Duties

5.1 Cycle of Business

The Group will:

5.1.1 set an annual plan for its work and report to the Council of Governors on its progress at every Council meeting.

5.2 Strategy

The Group will:

5.2.1 provide input through the Council of Governors into the development of the Trust's overarching Strategy – Vision, Values and Objectives as part of the Strategy engagement and development process; and

5.2.2 receive a briefing on the development of the Trust Annual Operational Plan, including key assumptions included within and provide feedback to the Council of Governors.

5.3 Financial Performance and Sustainability

The Group will:

5.3.1 receive regular updates on progress and performance against the approved Trust Operational Plan and the Trust financial position.

5.4 External Audit

The Group will:

5.4.1 oversee the appointment process for the Trust external auditor, in conjunction with representatives from the Trust's Finance and Procurement Teams, as well as the Trust Secretary; and

5.4.2 make a recommendation to the Council of Governors on the Trust's appointment of the Trust external auditor.

6. Reporting and Accountability

6.1 The Group Chair will report formally to the Trust Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement may be needed.

7. Committee Administration

7.1 The Group shall meet a minimum of four times a year and at such other times as the Chair of the Group, in consultation with the Governor and Membership Engagement Officer, shall require.

7.2 The Chair may at any time convene additional meetings of the Group to consider additional business or business that requires urgent attention.

7.3 The agenda will be set in advance by the Chair, with the Governor and Membership Engagement Officer reflecting an integrated cycle of business, which is agreed each year, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.4 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Group, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

7.5 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the notes accordingly.

7.6 The Governor and Membership Engagement Officer shall note the proceedings of all Group meetings, including recording the names of those present and those in attendance. Meeting notes will be filed by the Governor and Membership Engagement Officer

7.7 The Committee shall, at least once a year, review its own performance, using a template agreed for all Working Groups by the Council of Governors.

Procedural control statement: 13 June 2024
Date approved: [To be added]
Approved by: Working Group and Council of Governors
Review date: June 2026

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 June 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
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☒	☐	☒

Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in February 2024.
Recommendation	The Council of Governors is asked to note the contents of this report and to approve the proposed changes to the Nominations Committee ToR.
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	Sustainability
	☐	☒	☒	☒	☐	☐

Impact detail	Detailed within the report.
Reports previously considered by	Regular report.

NOMINATIONS COMMITTEE UPDATE

EXECUTIVE SUMMARY

The Nominations Committee have met on a number of occasions since the previous Public Council of Governors meeting on 12 February 2024. This report details the meetings held and the main topics discussed during those meetings.

The Council of Governors is asked to note the contents of this report and to approve the proposed changes to the Nominations Committee ToR.

NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

NOMINATIONS COMMITTEE UPDATE

1.   COMMITTEE MEETINGS

The Committee met as follows:

a. On **12 February 2024 (ordinary)** to consider the following agenda items:

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

A verbal update was given at the Private Council of Governors meeting held on 14 February 2024.

b. On **14 March 2024 (extraordinary)** to consider and agree the recruitment process for a NED with clinical expertise.

c. On **25 April 2024 (extraordinary)** to undertake the shortlisting for the Clinical NED position and to receive a Chairs update on NED membership of the Board. Committee members agreed to recommend to the Council of Governors that two further NEDs be recruited, one with legal expertise and one with financial expertise, which was subsequently approved.

d. On **3 May 2024** a sub-group of the Nominations Committee met to undertake the Interviews for the NED with clinical expertise. A recommendation was made that Mr Phil Kane be appointed which was subsequently approved by the Council of Governors.

Mr Kane will commence in post on 24 June 2024.

e. On **10 May 2024 (ordinary)** to consider the following agenda items:

- NED recruitment update – Committee members conducted a debrief on the Clinical NED recruitment exercise, plans for the shortlisting/interviews for the NEDs with financial expertise and legal expertise, and diversity considerations.

- Annual Report of the Committee 2023/24, including the Terms of Reference Review [please refer to section 3 below] and Schedule of Business for 2024/25.

    The Annual Report of the Committee was drafted by the Trust Secretary outlining:
    o Committee responsibilities and achievements for 2023/24;
    o Committee membership and meetings; and
    o Key areas to revisit during 2024/25.

Specific sections of the report will be included in the Trust Annual Report for 2023/24 as mandated. The documents were reviewed and approved by Committee members.

- Fit and Proper Persons Test – a verbal update was provided by the Chief People Officer and Trust Secretary on the annual DBS checks for the Chair and NEDs.

- Chair Update – the Chair provided an update on the NED membership of the Board.

f. On **17 May 2024 (extraordinary)** to undertake shortlisting for the finance and legal NED positions and to receive a Chairs Update.

2.   FUTURE COMMITTEE BUSINESS

The next Committee meeting will take place on 27 June 2024 and will consider the following agenda items:
- Fit and Proper Persons Test requirements (Chair and NEDs);
- Interim Shared Chair arrangements;
- Chair appraisal.

In addition a sub-group of the Committee will meet on 3 July 2024 in order to undertake the interviews for the NED with financial expertise and the NED with legal expertise. Seven candidates have been shortlisted for interview, four with legal expertise and three with financial expertise.

Due to the significant recruitment activity undertaken, the review of the documents listed below was deferred to the August Committee meeting:
- A review of NED Remuneration and T&Cs.
- A review of NEDs position/succession planning arrangements.
- A review of the Chair/NED expenses policy.

3.   TERMS OF REFERENCE (ToR) REVIEW

The ToR have been reviewed by the Trust Secretary and representatives from thevaluecircle (tvc). Minor amendments have been suggested as highlighted in tracked changes in the appended ToR. In summary:
- To amend the Committee membership to state Five Public Governors 'or Four Public Governors and One Appointed Governor' to reflect the change in Governorship of Mr Black.

  Committee members agreed to revisit the membership of the Committee following the Governor elections.
- To update references for changes to Committee names and guidance.
- Clarifying the wording on the role of the Committee in terms of making recommendations to the Council of Governors regarding appointable candidates.

- Adding in a specific reference to reviewing the structure, size and composition of the 'Chair and Non-Executive membership' of the Trust Board.
- Noting the approval of the Terms of Reference by the Council of Governors.
- A specific reference to attendance requirements.

These changes were agreed at the Nominations Committee meeting on 10 May 2024 and are recommended for approval by the Council of Governors.

4.   RECOMMENDATIONS

The Council of Governors is asked to note the contents of this report and to approve the proposed changes to the Nominations Committee ToR.

Report of Kelly Jupp
Trust Secretary
13 June 2024

Terms of Reference – Nominations Committee

1.   Constitution of the Committee

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

2.   Purpose and function

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

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

3.   Authority

The Committee is:

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

3.2   Authorised by the Council of Governors to:

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

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

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

4.   Membership and quorum

Membership

4.01   The Committee will comprise:

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

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

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

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

4.05   Conditions of membership:

i)   Governors shall be in the voting majority at any meeting of the Committee.

ii)   Governors shall serve a term of up to three years (dependent upon the remaining term of their Governorship), after which the Council of Governors shall consider whether re-appointment be granted (subject to condition (iv) below).

iii)   Governors who have already served on the Committee may stand again.

iv)   No Governor may serve more than three consecutive terms.

v)   Should there be more applications than vacancies on the Committee; the Trust Secretary shall conduct a secret ballot of all Public Governors or Staff Governors (as appropriate) to determine which applicants shall be appointed to the Committee.

vi)   Meetings of the Committee shall be arranged by the Secretary of the Committee at the request of the Chair of the Committee.

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

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

4.08   An attendance record shall be held for each meeting and an annual register of attendance will be included in the Annual Report of the Committee.

4.09   In the absence of the Trust Chair, the Committee Vice-Chair shall chair the meeting. Further the Committee Vice Chair will also Chair the meeting when there is a potential conflict of interest involving the Trust Chair.

4.10   Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.

4.11   The Trust Secretary, or their designated deputy, shall act as the Committee Secretary. The Trust Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, shall attend all meetings of the Committee.

4.12   All members of the Committee shall receive training and development support before joining the Committee, if required, and on a continuing basis to ensure their effectiveness as members.

Quorum

4.13   A minimum four members are required to be present for the meeting to be quorate, three of which being Public Governors, and one being the Trust Chair or SID.

4.14   A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

5.   Duties

5.01   The Committee shall, taking into account the composition of the Board and the likely needs of the Trust at the relevant time, prepare selection criteria for the Non-Executive Directors and Trust Chair.

5.02   To oversee the process for the development of, or review as necessary, the job description and person specification for the following posts, as they fall vacant:
- Non-Executive Directors, including where required a person with a Finance background, who shall then also Chair the Audit, Risk and Assurance Committee of the Board.
- The Trust Chair and Deputy Chair.

5.03   To oversee the development of a search strategy to identify potential candidates who are strong matches to the applicable person specification and to ensure that the Trust publicly advertises the posts to be filled.

5.04   To develop an appointments structure which a) abides by the principles set out in the applicable NHS England Monitor's Code of Governance (or any superseded equivalent guidance) and b) will allow a shortlist of candidates for each post to be recommendationed to the Council of Governors for approval of an appointable candidate/candidates. The Committee will ensure that any recruitment process considers candidates from a wide range of backgrounds and will assess applicants on merit against objective criteria.

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

5.05   Annually review the structure, size and composition (including the skills, knowledge and experience) required of the Chair and Non-Executive membership of the Trust Board and make recommendations with regard to any changes.

5.06   Give full consideration to succession planning for the Trust Chair and Non-Executive Directors in the course of its work, taking into account the challenges and opportunities facing the Trust, and what skills and expertise are therefore needed on the Board in the future. Further to consider the balance between the need for continuity and the need to progressively refresh the Board when re-appointing/commencing new appointments.

5.07   Keep under review the Non-Executive leadership needs of the organisation with a view to ensuring the continued ability and sustainability of the organisation.

5.08   Ensure that on appointment to the Board, Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment and committee service.

5.09   Ensure that an annual appraisal exercise is conducted for the Trust Chair and Non-Executive Directors.

5.10   To recommend remuneration arrangements and related terms and conditions for the Trust Chair and Non-Executive Directors.

5.11   Ensure that the Trust Chair and other Non-Executive Directors are recommended to conduct an initial term of office of three years (subject to satisfactory annual appraisal by the Committee) and may be recommended for reappointment for a second term of three years, subject to satisfactory annual appraisal. Any further extensions to terms of office should be subject to a comprehensive review taking into account the principles detailed within the applicable Monitor Code of Governance as well as the Trust Non-Executive Director and Chair Appointment and Reappointment Process.

5.12   The Committee will set an annual plan for its work and will comply with Monitor's the applicable "Code of Governance" and Monitor's "Your statutory duties: a reference guide for NHS FT governors" (or any superseded equivalent guidance).

6.   Reporting and accountability

6.1   The Nominations Committee will be accountable directly to the Council of Governors.

6.2   The minutes of all the Nominations Committee meetings shall be formally recorded and confidentially stored by the Trust Secretary. The Committee Chair shall report to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.

6.3   Any changes to these terms of reference must be approved by the Committee meeting in quorum; and subsequently the Council of Governors.

6.4   The Committee shall make a statement in the Annual Report about its activities and the process used to make appointments. The Committee shall report to the Council of

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

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

7. Committee Administration

Frequency of meetings

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

Responsibility of members and attendees

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

Declarations of interest

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

Review

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

Administration

7.5 The agenda will be set in advance by the Chair, with the Trust Secretary, reflecting an integrated cycle of meetings and business, which is agreed each year to ensure it fulfils its duties and responsibilities in an open and transparent manner.

7.6 Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less

than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

7.7   Committee papers shall include an outline of their purpose and key points, in line with the Trust's Committee protocol, and make clear what actions are expected of the Committee.

7.8   The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.

7.9   The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee.

Procedural control statement: 5 May 2024
Approved by: Nominations Committee [10 May 2024], Council of Governors [TBA]
Review date: June 2026

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NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 June 2024
Title	Governor Roles
Report of	Kelly Jupp – Trust Secretary
Prepared by	Abigail Martin – Governor and Membership Engagement Officer

Status of Report	Public	Private	Internal
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☒	☐	☐

Summary	The content of the report advises on several Governor roles which were due for review following the elections 2024, being: • The Lead Governor • The B&D WG Chair & Vice Chair • The QPE WG Chair & Vice Chair • The PEM WG Vice Chair • The Nominations Committee Staff Governor Vacancy
Recommendation	The Council of Governors is asked to receive the report, and to approve appointments into the Governor roles as specified.
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	Sustainability
	☒	☒	☐	☐	☒	☐

Impact detail	Outlined within the report.
Reports previously considered by	Governor roles are allocated in accordance with the Constitution and Working Group Terms of Reference, and then submitted to approval to the Council of Governors.

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GOVERNOR ROLES

EXECUTIVE SUMMARY

Governor roles are allocated in accordance with the Constitution and Working Group Terms of Reference, and then submitted for approval to the Council of Governors. This document covers the following Governor roles:

- Lead Governor
- B&D WG Chair & Vice Chair
- QPE WG Chair & Vice Chair
- PEM WG Vice Chair
- Nominations Committee Staff Governor Vacancy

GOVERNOR ROLES

1. INTRODUCTION

A number of Newcastle Hospital Governors reached the end of their terms of office on 31 May 2024 and therefore specific Governor roles were required to be reconsidered for appointment.

The Governor and Membership Engagement Officer, on behalf of the Trust Secretary, contacted all Governors for expressions of interest in the following:

- Lead Governor
- B&D WG Chair & Vice Chair
- QPE WG Chair & Vice Chair
- PEM WG Vice Chair
- Nominations Committee Staff Governor Vacancy (Staff Governors Only)

As a result, a number of expressions of interest were received, resulting in either contested or uncontested appointments as set out below.

2. CONTESTED

i. People, Engagement and Membership Vice Chair:

Two expressions of interest were received for the role of People, Engagement and Membership Vice Chair. All Governors were therefore provided with the candidate statements and invited to vote on who they would like to take the position. A deadline of 17th June 2024 was given for Governors to submit their votes.

Candidates: Catherine Heslop and Poonam Singh

A verbal update will be provided to the Council of Governors on 20th June 2024 with the results of the vote.

ii. Nominations Committee Staff Governor Vacancy

Two expressions of interest were received for the role of Nominations Committee Staff Governor. All Staff Governors were therefore provided with the candidate names and invited to vote on who they would like to take the position. A deadline of 19th June 2024 was given to submit their votes.

Candidates: Hugh Gallagher and Poonam Singh

A verbal update will be provided to the Council of Governors on 20th June 2024 with the results of the vote.

3.   UNCONTESTED

The following roles had only one expression of interest and are therefore submitted for approval on an uncontested basis. Until approved at the Council of Governors meeting on 20 June 2024, these individuals will fulfil their respective roles in an 'acting' capacity.

•   Lead Governor – Pam Yanez
•   Quality of Patient Experience Working Group Chair – Claire Watson
•   Business & Development Working Group Chair – Eric Valentine
•   Business & Development Working Group Vice Chair – Philip Home

4.   RECOMMENDATIONS

The Council of Governors is asked to approve the positions outlined in section 3 above, as well as the verbal updates given on the two contested positions.

Report of:

Kelly Jupp
Trust Secretary

Abigail Martin
Governor and Membership Engagement Officer

13 June 2024

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NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 June 2024
Title	Update from the Lead Governor
Report of	Pam Yanez, Acting Lead Governor
Prepared by	Pam Yanez, Acting Lead Governor Kelly Jupp, Trust Secretary

Status of Report	Public	Private	Internal
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒

Summary	This report updates on the work of the Lead Governor since the last meeting of the Council of Governors on 14 February 2024.
Recommendation	The Council of Governors is asked to (i) receive the update and (ii) note the contents.
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	Sustainability
	☒	☐	☐	☐	☒	☐

Impact detail	Outlined within the report.
Reports previously considered by	Regular reports on the work of the Lead Governor are provided to the Council of Governors.

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

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 held on 14 February.

UPDATE FROM THE LEAD GOVERNOR

1.   UPDATE

I have continued to attend the Business and Development and Quality of Patient experience Working Groups, undertaking ward visits with other Governor colleagues.

I was part of the Interview Panel for the post of Medical Director. As a member of the Nominations Committee I participated in the interview process for the Non-Executive Director (NED) (Clinical) and the shortlisting for two further NEDs who will be interviewed on 3rd July 2024.

I attended the People Plan stakeholder meeting led by Donna Watson, Head of HR Strategy and Transformation and Christine Brereton, Chief People Officer. This session gave insight into the plan's development.

I attended the Public Board meetings in March and May along with other Governor colleagues.

Governors David Black, Philip Home, Judy Carrick and I attended a Patient Safety Experience meeting on 23 May 2024.

In addition to the above I have chaired our bi-monthly Governors Informal Meeting, and had numerous meetings with Sir James Mackey CEO, Professor Kath McCourt, Interim Chair and Kelly Jupp, Trust Secretary to support the continuing progress with improvements as required by the NHSE and ICB following the CQC Report of January 2024.

2.   RECOMMENDATION

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

Report of Pam Yanez
Acting Lead Governor
Lead Governor to 31 May 2024

12 June 2024

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NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 June 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
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☒	☒
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	Sustainability
	☒	☐	☐	☐	☐	☐

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.

NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

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 QPE Working Group (WG) during the period of February 2024 to June 2024. It provides a summary of:

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

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

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

1.   INTRODUCTION

The QPE WG continues to meet monthly, in person and via Microsoft Teams.

2.   GROUP ACTIVITIES

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

a) Complaints Panel

Professor Home, Public Governor, attended the Complaints Panel and noted at the April meeting that responsibility for the overall complaints process now sits with Mr Ian Joy, Executive Director of Nursing. This has resulted in significant changes to the process.

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

Professor Home, Public Governor, attended the CAGG meeting and noted at the April meeting that Newcastle as a region had performed poorly in the national audit on child death. This was being examined in more detail to establish the cause.

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

No report was provided from the PSG during this period of time.

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

Mrs Watson, Public Governor, regularly attends the NSG meetings and provides a written report to Governors. She noted in the April meeting that work continued on nutrition screening at the Trust to ensure full compliance with national standards due to a range of factors including technology issues and that the NSG will continue to monitor this.

3.   PRESENTATIONS/GUESTS

There were no speakers at the February and March meeting because the WG used a large amount of the meeting time to conduct the ward visits.

April 2024

The WG received a presentation from Mrs Annie Laverty, Chief Experience Officer, regarding her work on Realtime and RightTime Patient Feedback, a programme which has been set up through a grant from Newcastle Hospitals Charity. Mrs Laverty offered to continue to meet with the WG to share data and report the findings.

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

May 2024

Mrs Tracy Scott, Head of Patient Experience, attended to provide a complaints update, and explained that the new Patient Safety Incidence Response Framework (PSIRF) is now established.

She also updated the Governors on a number of projects within Patient Experience including:
• Skills for People, including improving work with patient passports.
• The Trust's work with Deaflink, improving services for deaf patients.
• The Trust Mental Health Strategy.
• The new Realtime and RightTime Patient Feedback

4.   WARD AND DEPARTMENT VISITS

Visits were undertaken to the following locations:
- The Emergency Department and assessment suite at the Royal Victoria Infirmary
- Cardiac Outpatients Department, Freeman Hospital
- Ward 24/24A (Cardiac Surgery), Freeman Hospital
- Breast Screening, Royal Victoria Infirmary
- Ward 15 (Spinal Surgery), Royal Victoria Infirmary

WG Members provide written reports of visits to the Corporate Governance Team, which are then passed on to Mr Ian Joy, Executive Director of Nursing for review. Members of the WG discuss findings and recommendations in meetings in order to identify any trends that they may wish to seek further assurance on.

5.   RECOMMENDATIONS

The Council of Governors are asked to receive the report.

Report of Poonam Singh
Chair of QPE Working Group
07 June 2024

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COUNCIL OF GOVERNORS

Date of meeting	20 June 2024
Title	Business and Development (B&D) Working Group Report
Report of	Eric Valentine – Acting Chair of B&D Working Group
Prepared by	Philip Home – Acting Vice Chair of B&D Working Group

Status of Report	Public	Private	Internal
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒

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 thehighest standard focusing on safety and quality.

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☒	☒	☐	☐	☐

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.

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

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

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Governors' B&D WG since the report to the last Public Meeting of the Council of Governors in February 2024.

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

1. INTRODUCTION

The B&D WG has held monthly meetings in person and via Microsoft Teams in March to June 2024. Topics covered relate to the WG's Terms of Reference.

The B&D WG always welcomes new Governors who would like to join as members and welcomes any Governor who may wish to attend a specific meeting (the next follows a Governors' informal meeting on 11 July).

This report is prepared on behalf of Eric Valentine (WG Chair, and standing for re-election) who is on holiday. In preparing the report Philip Home (Deputy WG Chair, and standing for re-election) has relied on the draft minutes in regard of the May meeting, as he was on holiday.

2. EXTERNAL AUDIT SUB GROUP

This met early in February to consider written submissions from two external audit firms for the contract to perform statutory financial audit of the Trust. Both companies had completed the needed templates previously agreed within the Trust. The Sub-Group and members of the Trust financial department examined the submissions point by point and made a unanimous recommendation to Trust Governors to accept the bid from the then Mazars, a recommendation which was accepted at a CoG meeting in February 2024.

The WG officers thank Alexandros Dearges-Chantler for being a member of the Sub-Group.

3. PRESENTATION AND DISCUSSIONS

Note: positions are given according to those at the time or presentation, as is appropriate. Some individuals made have changed roles since.

3.1   Jackie Bilcliff, Chief Financial Officer and Russell Jones, Deputy Director of Estates attended in May to give a perspective on NuTH capital expenditure.

This included that the capital amount is set nationally, split by Integrated Care Boards (ICBs), and allocated to Trusts. Newcastle Hospitals have been allocated a budget of £33 million for 2024/25, out of an ICB total of £180 million – this allocation is very low compared to previous years. This is not unusual for Shelford Group Trusts. Consideration is being given at ICB level to a needs-based distribution model.

Estates budget 2024/2025 is principally allocated to background maintenance, transfer of services from the Centre for Aging and Vitality (to be completed this year), theatre and ward refurbishment, and sustainability (net zero) initiatives. At that time (May) risks to patient care, including for example failing equipment were regarded as too high to trim the set budget of £37 million, but the

position was under review.

3.2   Lisa Sewell, Head of Digital Innovation & Delivery and Michael Lowdon, Communications Manager gave an update on the Patient Hub and Patient Engagement Portal.

They reiterated that the aim of the Patient Hub and Patient Engagement Platform are to interact with the NHS app and provide patient remote access – monitoring their information online and managing their appointments and health information. To date 300 000 notifications had been sent out through the NHS app and 200 000 appointments have taken place. Issues from this limited roll out have been identified, needing clarity on the purpose of appointments, and inclusion of critical missing information. These are being addressed through the supplier as intended. Perceived patient privacy considerations is holding up some needs. There had been some push back to adoption from some clinical services – reasons and solutions were being addressed.

Discussion of other issues such as smartphone access, service providers, and integration with the Great North Care Record took place.

3.3   Wayne Elliot attended in June to provide an update on Trust commercial activities. The Commercial Strategy has just been finalised and electronically published. The intent is to expand the commercial surplus giving funds to support patient care in the Trust. The total UK market is upwards of £100 bn, so the opportunities potentially large. Currently it is hoped that funds equivalent to 1 week's expenditure over the 3 years might be achieved with the new strategy.

Areas of activity range from pharmacy drug preparation services, through data partnerships, a skills/education academy, innovative diagnostics, and fee-paying patients. Work through local alliances in the NHS is included. Relationships with operational Trust staff are an important part of the Strategy, which is supported by the Trust Executive Team. The WG will request further feedback in due course on progress with the strategy.

3.4   Mark Outterside and Mark Kirkham, of Mazars (now Forvis Mazars), the auditors recently reappointed to the Trust for the financial audit, attended to inform the WG on their risk assessment, audit plan, and individual roles. Governors asked about experience and leadership, and risks from familiarity with Trust financial officers from previous audits and received appropriate reassurance.   Mazars personnel would have also to consider the CQC opinion on Trust 'well-led' aspects, and consequential management changes going forward, including the relationship with the ICB. Mazers are already engaging with the Trust Performance Team, and as before will attend some Audit, Risk and Assurance Committee meetings.

3.5   Christine Smith, then Non-Executive Director (NED) (CS) and Joanne Mason, Deputy Chief Finance Officer (JM) attended the February WG to provide an update on the financial plan for 2024/25. This included the potential £50 million deficit, difficulties related to cost improvement, increases in activity, and inability to hit Elective Recovery Fund targets. Industrial action by medical staff impacted some of these. At the time discussions to agree a 3-year plan had taken place, with a deficit for 2024/25, a lower deficit in 2025/26 and a balance or small surplus achieved in 2026/27, and better recurrent cost savings. Members expressed their concern over the potential impact on patient care.

The WG questioned whether other similar Trusts were in the same position, and JM noted many

Trusts were already in a deficit position. Newcastle Hospitals currently accounted for about 30 % of the projected ICB deficit. CS noted some Trusts with a different clinical base have been able to achieve a surplus with appropriate resource management, and that Newcastle Hospitals needs to explore efficiencies as the Trust has not been as successful at reducing recurring costs. Historically at Newcastle Hospitals the achieved surplus revenue has been created through revenue generation.   The Executive Team was now reviewing the financial position on a weekly basis, robust action plans were being developed, and reports made to the Finance Committee.

4. <u>OTHER ACTIVITIES</u>

Outside WG meetings the Chair and the Deputy Chair have met on a number of occasions the Trust officers and non-Executive Directors, including in support of the Lead Governor, and attended other Trust committees.

5. <u>RECOMMENDATIONS</u>

The Council of Governors is asked to note the contents of this report. Comments to the WG officers are welcome.

Report of Philip Home on behalf of Eric Valentine
Acting Vice Chair of B&D WG
13 June 20245

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 June 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
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒

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 thehighest standard focusing on safety and quality.

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☒	☐	☐	☐	☒	☐

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.

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

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

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors (CoG) on the ongoing work of the PEM WG since the last meeting of the CoG on 14 February 2024.

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

1. <u>INTRODUCTION</u>

The 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 11 June 2024, however, please note that this report was written in advance of the June meeting.

2. <u>GROUP ACTIVITIES</u>

The PEM WG have two overarching aims which we revisit monthly: membership, and communication and engagement. Since the post-CQC reset plan was agreed by the Council of Governors, we have a third aim: to monitor the data on Leadership and Culture.

3. <u>ONGOING AREAS OF FOCUS</u>

1. <u>Leadership and Culture Data:</u>

We have reviewed the training programme data supplied by Mrs Christine Brereton, Chief People Officer, to People Committee on 15th May 2024. Her report was discussed at the May WG meeting and produced a raft of questions, largely regarding the effectiveness and selection criteria. We have sent our questions to the training team in the People Department, and they have offered to discuss the Leadership Development Offer at a future Council of Governors meeting. We are grateful for the comprehensive report and will use it to ask the Non-Executive Directors (NEDs) for assurance that the programme' s ambitious aims are being met and reviewed. A report from PEM to the entire CoG will follow.

2. <u>Membership:</u>

Member numbers are on the rise after remaining relatively static for a long period of time and we have identified several reasons for this. Our membership social media campaign, using Charlie Comms (funded through the support of Newcastle Hospitals Charity), is beginning to be fruitful. Our election campaign has stimulated members who wish to run for election to the CoG to recruit into their constituencies. Finally, we attended the spring Careers Event as a 6-person team and were able to engage and sign up new members. It was a successful day.

We held our last discussion forum in March and are currently planning an event for 1st August focusing on health inequalities issues around food and nutrition. An active event is planned which will involve a panel of experts and three discussion questions.

3. <u>Communication and Engagement:</u>

We have disseminated the newsletter for winter and the spring edition will go out in June with a focus on Our Staff.

We continue to benefit from the input of media specialist Charlie Comms to supply information and reminders on social media.

PEM has begun to share out the tasks of engaging with underserved communities. The WG formed three sub-groups which each focus on a different group in order to raise awareness and increase membership. These include: young people and the elderly, marginalised and deprived neighbourhoods and people with mental or physical disabilities. As part of the engagement work, we will explain our role in health presentation while encouraging membership and further engagement with the Governors. The breadth of the field in the recent governor elections bears witness to our success as we had a diverse group of nominated candidates in terms of area, ethnicity, and age.

Key points to note are our continuing relationship with Newcastle Sixth Form College and our annual visit to the Newcastle University Medical School to co-deliver a session on governance, our planned visits to the East End Women's Centre and Food Bank and our continuing work with third sector organisations, including those focusing on disability. Although it is too early to make a valid conclusion, there is evidence that these teams are effective in working more closely with our community.

We hope to be joined in September by a speaker from Connected Voice.

4. RECOMMENDATIONS

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

Report of Judy Carrick
Chair of the PEM Working Group
15 May 2024

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 June 2024		
Title	Governor Elections Report		
Report of	Kelly Jupp, Trust Secretary		
Prepared by	Abigail Martin, Governor and Membership Engagement Officer		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒
Summary	This report details the voting and outcome of the Governor Elections for the Newcastle upon Tyne Hospitals NHS Foundation Trust in 2024.		
Recommendation	The Council of Governors is asked to note the contents of this report and consider potential actions to take regarding the vacant seats detailed within the 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	Sustainability
	☐	☒	☒	☐	☐	☐

Impact detail	Impact detailed within the report.
Reports previously considered by	Annual report provided during the Elections period.

GOVERNOR ELECTIONS UPDATE 2024

EXECUTIVE SUMMARY

This report details the progress of the Governor Elections for Newcastle Hospitals from 12 April 2024 to the Declaration of Results at the end of May 2024. The changes to the Council of Governors composition are outlined in the report.

The Council of Governors is asked to note the contents of this report and to consider potential actions to take regarding the vacant seats detailed within the report.

GOVERNOR ELECTIONS UPDATE 2024

1.   INTRODUCTION

This report provides an update to the Council of Governors regarding the 2024 Governor Elections from 12th April to the Declaration of Results at the end of May.

2.   GOVERNOR ELECTIONS

2.1 Election seats available:

As detailed in the previous update to the Council of Governors circulated on 12 April 2024, a total of 20 seats were advertised during the 2024 Governor Elections.

Significant work was undertaken to promote the elections, this included:
- Communications were circulated internally via email to the Trust Management Group, the staff 'In Brief' Communications, to all Clinical Board Chairs and Clinical Board Directors of Operations, the internal Staff Networks, the Medical Staff Committee and the Local Negotiating Committee. Posts were also added to the Internal Staff Noticeboard
- The Volunteering Team contacted all active Volunteers with information on the elections on two occasions and were encouraged to apply for the role. The list of active volunteers was also shared with the Corporate Governance Team and used to update the membership database to ensure that only eligible active Volunteer Members were registered.
- All Public and Staff Members who were eligible were contacted to remind them of the Elections and to encourage them to nominate themselves for Governorship.
- The Notice of Election was circulated to Newcastle City Council, Northumbria and Newcastle University to advertise internally.
- A full page advert appeared in the Chronicle on 9 March 2024.
- All Governors due to end their terms were sent two email reminders that they would need to re-apply and be successfully elected to maintain their Governor role.
- Social media posts were shared on several platforms including Facebook, Twitter/X and LinkedIn by the Communications Team. Charlie Comms was engaged with the help of the Trust Charity and provided social media content to raise the profile of the Governors.
- Nomination Forms were provided at the Members' Event on 18 March 2024 and attendees were encouraged to consider applying during the event.
- The Members' Spring Newsletter heavily featured the elections and was shared with all Members on 28 March 2024.
- All Members within the Newcastle upon Tyne, Northumberland, Tyne and Wear and North East constituencies were sent an 'Engager' leaflet via post or electronic mail depending on their stated communication preferences. Two further reminders were sent during the Nominations period (on 26 March and on 4 April).

As a result of the above 44 valid nominations were received during the Nominations Period which is the highest number received for a substantial time.

Constituency/Class	Seats available	Valid Nominations received	Contested/ Uncontested
Public – Newcastle upon Tyne	6	20	Contested
Public – Northumberland, Tyne and Wear	5	14	Contested
Public – North East	4	1	Uncontested
Staff – Admin, Clerical, Managerial and Chaplains	1	0	N/A
Staff – Estates and Ancillary	1	1	Uncontested
Staff – Medical and Dental	1	3	Contested
Staff – Nursing and Midwifery	1	4	Contested
Staff - Volunteers	1	0	N/A
	20	**43***	

*Of the 44 valid nominations one candidate withdrew their name from consideration prior to voting commencing.

2.2   Voting

Contested Seats:

Where a constituency was contested, nominations were subject to a vote by the Members of that constituency.

A summary of actions taken during the voting period are included below:

- The Notice of Poll was published on 1st May 2024. All votes were required to be received by the independent Elections Provider, Civica, by 5pm on 29th May 2024.
- Members were sent either a postal voting form or an email with details on to vote online by Civica. A total of 8,192 Members were eligible to vote in this year's elections.
- To raise awareness of the process, social media posts were shared during the election period on Trust social media platforms including Facebook, Twitter/X and LinkedIn by the Communications Team.
- An email reminder was sent out by Civica on 22nd May 2024.
- The Elections Provider set a standard target voting turnout of 15%. A total of 1,127 votes were cast by members during the nominations period, resulting in an **overall turnout of 13.8%.**

- • A recount of all votes within the Newcastle Constituency took place prior to the declaration of results on 30th May 2024. This was due to a particularly close result in the Newcastle upon Tyne constituency.

Turnout Percentages by Year:

The table below shows the turnout percentages for each year during the period 2021 to 2024. Whilst there were improvements in the turnout percentages for Public constituencies 1 and 2, there was a deterioration in the turnout percentages for both the Nursing and Midwifery, and the Medical and Dental Staff classes. In addition, there were still a number of seats which were unopposed across a number of Public and Staff Governor seats. It is recommended that this be discussed in detail at a future Governor workshop.

Year	Turnout (%)							
	Newcastle upon Tyne (1)	**Northumberland, Tyne and Wear (Excluding Newcastle) (2)**	**North East (3)**	**Admin and Clerical**	**Ancillary and Estates**	**Nursing and Midwifery**	**Medical and Dental**	**Allied Health Professionals**
2021	14.99	14.89	Unopposed	20.18	9.7	11.45	N/A	N/A
2022	14.23	14.33	N/A	N/A	N/A	N/A	33.46	Unopposed
2023	Unopposed	Unopposed	N/A	Unopposed	N/A	Unopposed	N/A	N/A
2024	16.0	14.4	Unopposed	N/A	Unopposed	7.2	24.6	N/A

Uncontested Seats:

Where a constituency was uncontested, nominees were elected unopposed.

2.3   Successful Candidates

The successful candidates for each constituency were as follows:

Public – Newcastle Upon Tyne:
Dr Kate Cushing
Dr Eric Valentine
Mrs Aileen FitzGerald
Dr Chris Record
Mrs Pam Yanez
Miss Fatema Rahman

Public – Northumberland, Tyne and Wear (excluding Newcastle)
Mrs Sandra Mawdesley
Professor Philip Home
Dr Peter Vesey
Dr Kevin Windebank
Mrs Catherine Heslop

Public – North East*: Mr Michael Warner

Staff – Ancillary and Estates*: Mr William Jarrett

Staff – Medical and Dental: Dr Hugh Gallagher

Staff – Nursing and Midwifery: Mrs Poonam Singh

* Indicates where a candidate was elected uncontested

The Trust would like to thank Miss Genna Bulley, who chose not to reapply for her Staff Governor seat on this occasion and Dr Alexandros Dearges-Chantler, who was unsuccessful in being re-elected.

Gratitude is also expressed to Professor Reverend Pauline Pearson, Mr Gary Gibson, Mrs Kelly Gribbon, Dr John Hanley, Mr Ian Tokell, Dr Tom Lawson, Dr Justin Durham, and Mr Ian Frenette-Wood who all stepped down from their Governor roles prior to 1 June 2024.

2.4   **Feedback**

Members were invited to leave feedback on the process and were given the option to provide their email address so that the Trust can contact them more effectively. 120 Members left feedback on the voting process and were asked the following questions. For each question there was the option to leave additional written comments:

'How satisfied are you with your experience voting online today?'
- 85% of respondents gave the process 8, 9, or 10 out of 10.

'How easy was it for you to access and login to the voting site?'
- 90% responded 'extremely easy' or 'very easy'.
- Many respondents used words such as 'easy', 'simple' and 'straightforward' to describe their experience.
- Respondents also commented positively on the QR code and the fact that the login details auto-filled when clicking through from an email, which made the process easier.
- One user noted that they would have liked to see a confirmation page after inputting their email address.

'Are you satisfied with the amount of information available before casting your vote?'
- 74% responded 'extremely satisfied' or 'very satisfied'.
- A number of comments queried the length of the statements, suggesting that a longer word count would be beneficial.
- Three respondents stated that photos should be required for all candidates.
- Other suggestions included:
  - Candidates being required to disclose previous Governorships at other Trusts.
  - Requirement for candidates to provide career information.
  - Using set questions rather than a statement in order to allow better

comparisons between candidates.

'How easy was it for you to navigate around the pages of the voting site?'
- 87.5% responded 'extremely easy' or 'very easy'.
- 'Streamlined' and 'straightforward' were comments used to describe the navigation of the website.

'How easy was it to cast your vote?'
- 91.7% responded 'extremely easy' or 'very easy'.
- One member responded 'not so easy' but gave no further detail on what would have improved their experience.

3.   NEWCASTLE UPON TYNE VACANCY

Mrs Kate Hawley stepped down from her Governor role on 2nd May 2024. At this point, it was not appropriate to include this vacancy in the current elections process as both the Notice of Poll and Notice of Election had been published detailing the available seats.

The Governors will be invited to discuss a course of action for this seat in the Private Council of Governors meeting on 20th June 2024.

4.   OTHER VACANCIES

The following seats did not receive any nominations and as a result will remain vacant unless the Council wish to consider further action, such as calling a further election:

- Staff – Administrative, Clerical, Managerial and Chaplains
- Staff – Volunteers
- Public – North East (x3)

There is particular concern noted with the three North East vacant seats, of which there are only 4 seats in total. The Governors are invited to consider these vacancies and suggest their preferred course of action in filling these seats.

In addition, the appointed Charity Governor seat remains vacant, with work currently ongoing. An update will be shared at the next Governors meeting in relation to this.

5.   RECOMMENDATIONS

The Council of Governors is asked to note the content of the report, and to <u>discuss</u> potential actions to take regarding the vacant seats.

Report of Kelly Jupp

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Trust Secretary

Abigail Martin
Governor & Membership Engagement Officer

14 June 2024

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NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	20 June 2024
Title	Update from Committee Chairs
Report of	Non-Executive Director Committee Chairs
Prepared by	Mrs Gillian Elsender, PA to Interim Chair and Trust Secretary / Corporate Governance Officer

Status of Report	Public	Private	Internal
	☒	☐	☐

Purpose of Report	For Decision	For Assurance	For Information
	☐	☐	☒

Summary	The report includes updates on the work of the following Trust Committees that have taken place since the last meeting of the Trust Board in March 2024: ○ People Committee – 20 February, 16 April and 15 May 2024 ○ Quality Committee – 26 February, 19 March, 23 April 2024 and 14 May 2024 ○ Digital & Data Committee – 18 April and 4 June 2024 ○ Finance & Performance Committee – 25 March, 22 April 2024 and 20 May 2024 ○ Audit, Risk & Assurance Committee – 23 April 2024 ○ Charity Committee - 11 March 2024
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	Sustainability
	☒	☒	☒	☒	☒	☐

Link to Board Assurance Framework [BAF]	No direct link.
Reports previously considered by	Regular report.

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

UPDATE FROM COMMITTEE CHAIRS

EXECUTIVE SUMMARY

This report provides an update to the Council of Governors on the ongoing work of the Trust's Committees for those meetings that have taken place since the last meeting of the Council of Governors in February 2024.

UPDATE FROM COMMITTEE CHAIRS

1.   PEOPLE COMMITTEE

A meeting of the People Committee took place on 20 February, 16 April 2024 and 15 May 2024.

During the meeting on 20 February 2024, the main areas for discussion included:
- CQC Action Plan (People matters).
- Nursing, Midwifery and AHP (NMAHP) update
- A People Priorities Update.
- Equality, Diversity and Inclusion (EDI) Improvement Plan
- The Head of Workforce Engagement & Information shared Performance and Delivery – People and Culture Dashboard.
- Items to consider included Employee Industrial Action the People Committee Risk Quarterly Report (BAF), New and Emerging Risks,
- Minutes of the Sustainable Healthcare Committee 11 January 2024 were received.

During the meeting on 16 April, the main areas of discussion included:
- CQC Action Plan (People matters).
- Freedom to Speak Up / speak in confidence triangulation report.
- A People Priorities Update.
- Education and Training – Apprenticeships update.
- The Head of Workforce Engagement & Information shared Performance and Delivery – People and Culture Dashboard.
- Items to consider included Employee Relations, Legal cases update, the People Committee Risk Quarterly Report (BAF), New and Emerging Risks, the Annual Report of the Committee and Maternity Safety Champion.
- Minutes of the Learning and Education Group for the 29 January 2024 meeting were received.

During the meeting on 15 May 2024, the main areas of discussion included:
- The CQC Action Plan (People matters).
- The People Programme / People Priorities Update.
- The Leadership and Management Development Offer.
- The Staff Survey 2023 and Internal Staff Survey.
- A Clinical Board Update.
- The Chief People Officer shared the People and Culture Data.
- Items to consider included WRES &WDES Reports, People Strategy, New and Emerging Risks.
- Minutes of the Learning and Education Group meeting were received, along with minutes from the EDI Steering Group, the Health & Wellbeing Group, and the Sustainable Healthcare Committee.

The next formal meeting of the People Committee will take place on Monday 24 June 2024.

2.   QUALITY COMMITTEE

Meetings of the Quality Committee took place on 26 February, 19 March, 23 April 2024 and 14 May 2024.
During the meeting on 26 February 2024, the main area of discussion were:

- An in-depth update on the PSIRF (Patient Safety Incident Response Framework) Implementation Update

During the meeting on 19 March 2024, the main area of discussion were:

- Management Group Chairs Reports
  - Patient Safety Group
  - Clinical Outcomes & Effectiveness Group
  - Patient Experience & Engagement (PEEG)
- Quality Priority 5
- Clinical Research Biannual Report
- Cardiac Oversight Group
- Board Reports:
  - Quality (IBR)
  - Performance
- Mortality / Learning from Deaths Q3 Report
- Quarter 3 Report for
  - Safeguarding
  - Learning Disability
- Leadership Walkabouts Update
- Maternity Update
- Receipt of Minutes from:
  - Compliance & Assurance Group
  - Clinical Outcomes & Effectiveness Group

During the meeting on 23 April 2024, the main area of discussion were:

- Cancer Patient Harms Review
- Outpatient Transformation Programme
- Wards of Concern
- Cardiac Oversight Group
- Patient Safety Incident Response Framework (PSIRF) Priorities Internal Referrals
- Maternity Update
- Patient & Staff Experience
- Board Reports:
  - Quality (IBR)
  - Performance
- Quality Committee Risk Report (BAF)
- Summary of feedback from NED Informal visits

The main areas of focus during the meeting on 14 May 2024 included:

- End of Life and Palliative Care
- Cardiac Oversight Group Update

- o CQC:
  - Medicines Management Reconciliation Governance
  - NECTAR
- o Maternity Report
- o CNST – Year 6
- o PSIRF Update
- o Marthas Rule
- o Enhanced care observation internal audit report
- o Duty of candour
- o Patient Experience and Engagement Group (PEEG) Management Group Report
- o Mortality / Learning from Deaths Q4 Report
- o Quality Account
- o Board Reports:
  - Quality (IBR)
  - Performance
- o Annual Report of the Committee
- o Legal Cases Update
- o Paediatric Audiology Visit
- o Receipt of Minutes from:
  - Compliance & Assurance Group.
  - Patient Experience & Engagement Group (PEEG).
  - Patient Safety Group.

The next meeting of the Quality Committee will take place on 18 June 2024.

3. **DIGITAL & DATA COMMITTEE**

The Digital & Data Committee took place on Thursday 18 April and 4 June 2024. During the meeting on 18 April the main areas of discussion included:

- o Chief Information Officer (CIO) Report including digital performance report and partnerships update
- o SIRO Report including Data Security & Protection (DSPT), Information Governance and Cyber Security.
- o Digital/Data incident review.
- o External/Internal audit/review reports related to Digital & Data.
- o Emerging risks.
- o Strategic Digital & Data Priorities/Updates.
- o Overview of Digital change projects.
- o Digital financial plan/position/investments.

During the meeting on 4 June the main areas of discussion included:

- o Chief Information Officer (CIO) Report including digital performance report and partnerships update
- o Digital Maturity Assessment
- o BAF / risk report and emerging issues

o Update on Electronic Patient Record - Adoption Coaches
o Options for LIMS Path 5 (Laboratory Information Management System)
o Digital & Data Priorities/Updates.
o Digital financial plan/position/investments.

The next meeting of the Digital & Data Committee will take place on 16 August 2024.

4. FINANCE & PERFORMANCE COMMITTEE

Meeting of the Finance & Performance Committee took place on Monday 25 March, Monday 22 April, and Monday 20 May 2024.

During the meeting of 25 March, the main areas of discussion included:
o Month 11 Revenue and Capital Update
o Financial Recovery
  o Surgical & Associated Services Clinical Board
  o Commercial Update
o Draft Planning Submission 2024/25
  o Incorporating Path to Zero for 78 ww to 31 March 2024
o Month 11 Finance Report
o Financial Plan 2024/25
o Schedule of Business Cases for 2024/25
o Critical Infrastructure Risk (CIR) breakdown of schemes
o Tenders
  o Microsoft Licensing
o Business Cases
  o Emergency Department
  o Freeman Theatre refurbishment (Theatre 6)
  o RVI Theatre refurbishment phase 4 (Theatres 3&4)
  o RVI Roche equipment upgrade
  o Relocate FASS/OPM to Freeman from CAV
  o Relocate Diabetes to Freeman from CAV
  o Freeman Ward 10, 10a & 11 refurbishment
o Receipt of Minutes from:
  • Capital Management Group
  • Community Diagnostics Centre Strategic Oversight Group
  • Supplies & Services Procurement Group

During the meeting of 22 April, the main areas of discussion included:
o Emergency Department Performance Recovery Plan.
o Month 12 Finance Report.
o Month 12 Performance Report.
o Planning Submission 2024/25.
o Finance & Activity.
o Tenders (PR) and Business Cases (BC) for approval included:

- Medicines Manufacturing Centre (formerly known as the Aseptics Hub)
  - o New/emerging risks.

During the meeting of 20 May, the main areas of discussion included:
  - o Month 1 Finance Report
  - o ERF Performance 2023/24
  - o Financial Recovery Plan Update
  - o Subsidiary Company Options
  - o Emergency Department Performance Recovery Plan
  - o Month 1 Performance Report
  - o Commercial Strategy Update
  - o Capital Plan Update
  - o Annual Report of the Committee, including Terms of Reference Review and Schedule of Business 2024/25
  - o Tenders
    - o Procurement of Endoscopy Equipment Maintenance Services Contract – 5 Year Term
  - o Receipt of Minutes from:
    - Capital Management Group
    - Community Diagnostics Centre Strategic Oversight Group
    - Supplies & Services Procurement Group
    - Strategy, Planning & Capital Investment Group
  - o

The next meeting of the Finance & Performance Committee will take place on 24 June 2024.

5.   AUDIT, RISK AND ASSURANCE COMMITTEE

A meeting of the Audit, Risk and Assurance Committee took place on 23 April 2024. During the meeting, the main areas of discussion included:
  - o An overview of the refreshed risk management structure and risk escalation arrangements including risk profile by Clinical Board and Corporate Departments.
  - o Risk Management Policy, which was approved subject to some minor amendments.
  - o The Annual Board Assurance Framework and Risk Management Report including the end of year position including Development of the new BAF.
  - o Compliance and Assurance Group reporting.
  - o Escalations from other Board Committees to ARAC.
  - o Internal Audit
    - Progress Report
    - Annual Plan 2024/25
    - Draft Head of Internal Audit Opinion
  - o Counter Fraud
    - Activity Report including Fraud response log
    - Annual Plan and Annual Self Review Tool

- o The External Audit Strategy Memorandum 2023/24.
- o Trust Annual Financial Statements and TACs, including financial reporting/timetable matters, Accounting Policies, Estimates and Judgements
- o The Going Concern Statement.
- o Progress in drafting the Annual Governance Statement.
- o Annual Review of Special Severance Payments/Settlement Agreements
- o Committee Self-Assessment of effectiveness and Audit Committee Annual Report including Terms of Reference/Schedule of Business.
- Items to receive included a review of the schedule of approval single tender action and breaches and waivers exception report, Debtors and Creditors balances and the Schedule of losses and Compensation.
- Minutes of the Finance Committee, People Committee and Quality Committee were received.
- AuditOne Benchmarking report

The next meeting of the Audit, Risk and Assurance Committee will take place 25 June 2024.

6. **CHARITY COMMITTEE**

Meeting of the Charity Committee took place on 12 February and 31 May 2024. During the meeting on 12 February 2024, the main areas of discussion included:
- o Grant Making for Nurses, Midwives & Allied Health Professionals (NMAHP) Research Programme Update
- o Grant Programmes
- o Charity Director Update
- o Investment Project update
- o Sir Bobby Robson Institute (SBRI) Proposal
- o Finance Reports – Month 6 Accounts
- o Summary of Investments to June 2023 including Summary Investment Report
- o Dashboard re Operational KPI's and Communication
- o Charity Risk Statement
- o Connected Charities Checklist

During the meeting on 31 May 2024, the main areas of discussion included:
- o Funding Programmes including:
  - o Funding proposals for Committee approval
  - o Summary of funding agreed since the last Committee meeting
- o Charity Director Update including
  - o 2023/24 year end summary and impact
  - o Volunteering update
- o Draft Corporate Trustee Handbook
- o Draft Shared Resources Agreement
- o Charity Strategy – development advisory committee
- o Finance Report including,
  - o Cash-flow 24/25
- o Summary of Investment to 31 March 24 including:

- o Summary Investment Report
- o Annual Investment benchmarking
- o Newton's Quarterly Investment Report
- o CCLA Quarterly Investment Report
- o Charity Risk Statement
- o Draft Update to Charity Committee Terms of Reference, Schedule of Business and Annual Review of Charity Committee
- o Operational Plan 2024/25
- o Charity Policy (updated)
- o 2022/23 Impact Report

The next meeting of the Charity Committee is on 5 September 2024

Report of Gillian Elsender
PA to Interim Chair and Trust Secretary / Corporate Governance Officer
14 June 2024

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COUNCIL OF GOVERNORS

Date of meeting	20 June 2024		
Title	Schedule of Business		
Report of	Kelly Jupp, Trust Secretary		
Prepared by	Abigail Martin, Governor and Membership Engagement Officer		
Status of Report	Public	Private	Internal
	☒	☐	☐
Purpose of Report	For Decision	For Assurance	For Information
	☒	☐	☐
Summary	This report details the proposed Schedule of Business for the Council of Governor meetings during the remainder of 2024.		
Recommendation	The Council of Governors is asked to note the contents of this report and provide any feedback on the proposed Schedule of Business for approval.		
Links to Strategic Objectives	Performance - Being outstanding now and in the future.		

Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	☐	☒	☒	☐	☐	☐

Impact detail	Impact detailed within the report.
Reports previously considered by	Standalone report.

SCHEDULE OF BUSINESS 2024

EXECUTIVE SUMMARY

This report includes the proposed Schedule of Business for the Council of Governor (CoG) meetings during the remainder of 2024 which has been developed using the Governor presentation slides discussed at the April 2024 Governors Workshop.

In addition a standing agenda item to cover Clinical Board matters will be added to each Private meeting (covered by Rob Harrison, Managing Director); and Governor and Non-Executive Director (NED) meetings will be scheduled prior to every CoG which will give the Governors the opportunity to converse with the NEDs in a less formal setting.

Three further workshops will be arranged with The Value Circle as part of a Governor Development Programme.

The Council of Governors is asked to note the contents of this report and provide any feedback on the proposed Schedule of Business for approval.

The Newcastle upon Tyne Hospitals
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Proposed Schedule of Business – Council of Governor (CoG) Meetings for the remainder of 2024*

Date	Private Governor Meeting	Public Governor Meeting
20 June 2024	CQC/Cardiac Surgery/Oversight arrangements/Culture improvement work – Sir Jim Mackey, Chief Executive Officer (CEO) Pharmacy Update – Rob Harrison, Managing Director (MD) Audiology Update – Rob Harrison, MD, Chris Wright, Director of Operations and Lucia Pareja-Cebrian, Joint Medical Director.	Revised Integrated Quality and Performance Report (IQPR) (including performance position and plan, metrics monitoring and engagement) – Patrick Garner, Deputy Director of Business Development & Enterprise Digital update/IT matters – Shauna McMahon, Chief Information Officer (CIO)
15 August 2024	Clinical Board Governance and Safety Update – Lucia Pareja-Cebrian and Michael Wright (Joint Medical Directors) Cardiac Surgery update (including structure) - Lucia Pareja-Cebrian and Michael Wright (Joint Medical Directors) Annual Report and Accounts – Mazars (External Auditors)	Maternity Update – Jenna Wall, Director of Midwifery People Plan / Leadership Development Offer – Gill Long, Associate Director - Education Training & Workforce Development/Christine Brereton, Chief People Officer (CPO)
25 September 2024	Culture, Freedom to Speak Up (FTSU) and Bullying – Andy Pike, Head of Culture and Jill Taylor, FTSU Guardian Board Assurance Framework (BAF), including top three risks, Rob Harrison, Managing Director (MD) Leadership Visibility/Patient and Staff Surveys – Annie Laverty, Chief Experience Officer	
23 October 2024	Waiting List Management – Patrick Garner, Deputy Director of Business Development & Enterprise	Outpatient Transformation Programme – Nichola Kenny, Deputy Chief Operating Officer Sexual Health update – Lisa Jordan, Associate Director of Operations
27 November 2024	Podiatry – Ian Joy, Executive Director of Nursing	
18 December 2024	Estates and wayfinding update – Rob Smith, Director of Estates/Russell Jones, Deputy Director of Estates Charity presentation – Teri Bayliss, Charity Director	

*Presenters have been confirmed for the 20 June meeting and for the remaining meetings presenters will be finalised.

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