

## Council of Governors' Meeting

Wednesday 23 October 2024 13:30 – 15:05

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

### Agenda

Item	Lead	Paper	Timing	
<b>Business items</b>				
1	Apologies for absence and declarations of interest	Paul Ennals	Verbal	13:30 – 13:31
2	Minutes of the Public Council of Governors meeting held on 15 August 2024 and matters arising	Paul Ennals	Attached	13:31 – 13:33
3	Chair's report	Paul Ennals	Attached	13:33 – 13:38
4	Chief Executive's report	Jim Mackey	Presentation	13:38 – 14:00
<b>Items for discussion</b>				
5	Alliance update	Martin Wilson	Presentation	14:00 – 14:20
6	Medium Term Plan	Patrick Garner	Presentation	14:20 – 14:30
7	Outpatient Transformation Programme including Waiting List Management	Nichola Kenny/Patrick Garner	Presentation	14:30 – 14:50
<b>Items to receive [NB for information – matters to be raised by exception only]</b>			14:50 – 15:00	
8	Governor Working Group (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	
9	Integrated Board Report Executive Summary	Paul Ennals/Committee Chairs	Attached	
10	Meeting Action Log	All	Attached	
<b>Any Other Business</b>			15:00 – 15:05	
11	Any other business or matters which the Governors wish to raise	All	Verbal	
12	Date and Time of next meeting:	Paul Ennals	Verbal	

Private Governors Workshop – Wednesday  
27 November 2024  
Formal Council of Governors – Wednesday  
29 January 2025

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

*Sir Paul Ennals, Interim Shared Chair*

*Sir Jim Mackey, Chief Executive Officer*

*Mr Patrick Garner, Director of Performance and Governance*

*Mrs Nichola Kenny, Deputy Chief Operating Officer*

*Mr Bill MacLeod, Senior Independent Director*

*Mrs Kelly Jupp, Trust Secretary*

## COUNCIL OF GOVERNORS' MEETING

### DRAFT MINUTES OF THE MEETING HELD 15 AUGUST 2024

- Present:** Sir Paul Ennals [Chair], Interim Shared 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)  
Mrs Angela O'Brien, Director of Quality and Effectiveness (DQE)  
Dr Michael Wright, Joint Medical Director (JMD-W)  
Dr Vicky McFarlane Reid, Director for Commercial Development and Innovation (DCDI)  
Mr Martin Wilson, Chief Operating Officer (COO)  
Ms Christine Brereton, Chief People Officer (CPO)  
Mrs Caroline Docking, Director of Communications and Corporate Affairs (DCCA)  
Mrs Annie Laverty, Director of Patient and Staff Experience [DPSE]  
Mrs Shauna McMahon, Chief Information Officer (CIO)  
Mrs Lisa Guthrie, Deputy Director of Nursing (DDN)  
Mrs Nichola Kenny, Deputy Chief Operating Officer (DCOO)  
Mrs Kelly Jupp, Trust Secretary (TS)  
Mrs Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary (CGM/DTS)  
Professor Kathleen McCourt, Non-Executive Director (NED)  
Mr Bill McLeod, NED  
Mr Jonathan Jowett, NED  
Mr Philip Kane, NED  
Ms Anna Stabler, Interim NED  
Mr Mark Outterside, Director, Forvis Mazars LLP (for item 5)
- Secretary:** Mrs Abigail Martin, Governor and Membership Engagement Officer (GMEO)
- Observers:** Mrs Andrea Raymont, PA to Dr Kate Cushing, Public Governor

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

#### **24/09 BUSINESS ITEMS**

##### **1. Apologies for absence and declarations of interest**

Apologies for absence were received from Public Governors Dr Alexandros Dearges-Chantler, Mr Shashir Pobbathi, Dr Peter Vesey, Mrs Claire Watson and Mr Michael Warner, Staff Governor Mrs Poonam Singh and Appointed Governors Professor John Unsworth and Doctor Luisa Wakeling. From the Executive Team, apologies were received from Mrs Jackie Bilcliff, Chief Finance Officer (CFO), Mr Rob Harrison, Managing Director (MD), Mr Ian Joy, Executive Director of Nursing (EDON), Dr Lucia Pareja-Cebrian, Joint Medical Director (JMD-PC) and Mr Rob Smith, Director of Estates (DoE). From the Non-Executive Directors, apologies were received from Mrs Liz Bromley and Mr Bernie McCardle.

## **2. Minutes of the Public Council of Governors meeting held on 20th June 2024 and matters arising**

The minutes of the previous meeting were discussed, and Dr Record highlighted that his query had been with regards to the difference in sickness absence between nursing staff and medical staff, and that the two staff groups had been recorded in the incorrect order in the minutes. Subject to this change, it was agreed that the minutes were a true record of the meeting.

**It was resolved:** to **approve** the minutes subject to the correction being made as highlighted.

There were no matters arising.

## **3. Chair's Report**

The Chair provided a brief summary of his activity since his commencement as Interim Shared Chair on 17 July 2024, including an informal meeting with Trust Governors, attendance at Board Committee meetings, meetings with Clinical Board leaders, participating in Town Hall events and a visit to the Dental Hospital.

The Chair added that he was grateful for the warmth of his reception.

## **4. Chief Executive's Report**

The CEO gave a brief update on the latest position regarding the application to remove the conditions on the Trust's Care Quality Commission (CQC) licence, noting that an error in the submission form and difficulties with the CQC's online portal had caused a delay in the receipt of a decision by CQC. The issues were being resolved; however, the CQC had commented favourably on the Trust's improved performance as well as the changes within the governance system.

The CEO noted the following points:

- The financial plan is behind at month 4, with a £6.9m shortfall against the planned Cost Improvement Programme (CIP). The Elective Recovery Fund (ERF) is ahead of target, despite the cost impact of industrial action. Two planning scenarios are to be presented to the Finance and Performance Committee on 19 August 2024 for consideration to bring the Trust to financial balance before moving back to a surplus position.

Agenda item 2

- The continued improvements in elective performance, particularly for patients waiting longer than 52 weeks. Elective long waits have decreased due to the focus on increased validation.
- Performance has improved within the Emergency Department to circa 83% following an investment in staffing.
- The initial real time patient and staff experience pilot results were seen to be very promising.
- The results of the National Cancer Patient Experience Survey were highlighted, with Trust performance being 'mid-range' compared to other Trusts within the region. Actions would be taken in response to the survey results.
- The excellent work delivered by the NHS England (NHSE) specialised Centre for aHUS (atypical Haemolytic Uremic Syndrome) team within the Renal department.
- The positive work undertaken in relation to research, with some examples referenced in the presentation slides.

The CEO highlighted the public disorder seen across the UK and the impact this had on some staff. He noted the impressive response from local communities and the collaborative impact of partners across the region and added that there would be a zero-tolerance approach taken across the Trust for any staff found to be involved.

The Chair invited questions from the Governors and said that it would be useful, where possible, to receive questions in advance of the Council of Governors meetings through the Corporate Governance Team to ensure appropriate members of the Executive Team are able to provide a response.

Mrs Carrick queried the compliance rates for Statutory and Mandatory Training, noting the current compliance of 92% against a target of 95%. Mr Jowett as a NED member of the People Committee acknowledged that this continues to be monitored through the Committee but noted that there have been significant improvements in recent years. He assured the Governors that an update will be provided at a future Council of Governors meeting by Mr McCardle as Committee Chair, following a review at the next People Committee meeting. The CPO confirmed that discussions have taken place with regards to the compliance target which had been revised to 90% to be more in line with other Trusts. She drew attention to the improvements in the figures, noting that medical and dental staff had improved to 85% compliance from 76%, however further improvement needed to be made.

A further question had been submitted with regards to the CIP targets, and whether a redundancy programme would be initiated to which the CEO confirmed that currently there is no risk of redundancies provided that the financial plan is delivered. However, he noted the significant growth in the workforce nationally (circa 20%) since the onset of Covid-19 in 2020. NHSE had initiated interventions in some Trusts with high workforce growth which had resulted in headcount reduction and workforce controls being applied.

Dr Record queried the focus placed on income generation to which the CEO advised that focussed work was taking place to increase elective activity and commercial income, which will lead to increased income overall. The CEO advised that a medium-term financial plan would be developed and shared with the Council of Governors in due course **[ACTION01]**.

Professor Home queried the current breakdown of 52-week waiters and asked what an appropriate waiting list would consist of. The CEO explained that the surgical waiting list at the Trust is small and that a waiting list of around 80,000 patients of varied wait time would be ideal for theatre management. Currently the waiting list size for Newcastle Hospitals is sitting at around 100,000.

Mrs Yanez queried whether the Realtime Patient Experience data included information about how carers and family were treated during their time staying with patients on the ward. The DPSE advised that these questions are included in the 2 week follow up post appointment survey and that patients are asked about involvement of family and carers during their hospital stay. Mrs Yanez suggested that specific questions be added to establish the interaction between the Trust and carers.

The Chair noted the amount of interest and questions that this section of the meeting had prompted and suggested that in future, 30 minutes be allocated for the CEO update with slides to be sent out in advance to the Council of Governors [**ACTION02**].

## **24/10 ITEMS TO DISCUSS**

### **5. External Audit Update: Annual Report and Accounts 2023/24 – Forvis Mazars**

Mr Mark Outterside attended from Forvis Mazars LLP to give an update on the process of the External Audit for 2023/24, noting that he had been involved as an audit manager at the time the audit had taken place.

Mr Outterside highlighted the following key points in relation to the Trust's Audit arrangements:

- Despite the ongoing challenges, the accounts and audit were successfully delivered in advance of the deadline of 28 June 2024.
- The Trust's finance team were extremely cooperative.
- Forvis Mazars issued an unqualified audit report, being the best audit outcome.
- The draft accounts were of a good quality and very few issues were identified. The following significant risks were identified:
  - Management override of controls
  - Risk of fraud in revenue recognition
  - Valuation of property
  - IFRS16 implementation. Mr Outterside noted that this was a highly complex piece of work which was a new addition for the year 2023/24. No additional issues were highlighted.

Mr Outterside reassured the Council of Governors that assurance was provided during the course of the audit regarding the risks identified above and no additional material issues were highlighted.

Mr Outterside briefly discussed the Trust's Value for Money (VFM) arrangements, noting that this was a key element of the audit and that VFM arrangements consist of financial

## Agenda item 2

sustainability, Governance and Economy, Efficiency and Effectiveness (the 3 E's). He noted that in light of the CQC report, a significant weakness in governance arrangements was detailed in the audit report however the CQC action plan was already in place to address the issues identified and that improvements have already been made. A small number of recommendations were also included in the Annual Auditors Report.

The Chair queried whether any additional audit issues had been identified outside of the CQC report, to which Mr Outterside confirmed that there had not. Professor Home asked when the full annual report and accounts would be available for Governors. The Trust Secretary advised that this would be made available once the design work had concluded and would be presented at the Annual Members' Meeting due to take place on 25 September 2024.

Mrs Stabler advised that the external audit team had been very complimentary of the finance team during the audit process.

Dr Valentine referred to the CQC inspection findings and asked whether there was any indication of any of the findings during the external audit for 2022/23 to which Mr Outterside outlined the restricted scope of the external audit work, which did not cover many of the areas considered as part of the CQC inspection.

Dr Cushing asked for confirmation as to who ensures the accuracy of the financial statements, including financial governance, to which Mr Outterside explained that Forvis Mazars LLP audit the financial statements and issue a response regarding the overarching VFM arrangements. The Chair underlined that the issues identified by the CQC were with the wider governance arrangements rather than specific financial governance issues.

## **6. People Plan Update**

The CPO gave a brief update on the People Plan, which had been developed using feedback from staff, had been formally signed off by the Trust Board and launched Trust wide on 22 July 2024.

Four key themes were agreed in line with the feedback from staff:

1. Health and Wellbeing
2. Behaviours and Civility
3. Valued and Heard
4. Leadership and Management

The CPO advised that the Plan has an aspirational statement and a set of commitments over the next three years, including actions and delivery targets which are focused on the year one delivery of the Plan to ensure that the impact is swift and measurable. The impact of the Plan will be measured through the staff experience programme, which is running alongside the patient experience programme.

Examples of the year one actions included:

- Development of a new Behaviour and Civilities Charter, which will apply to all staff.
- Development of a new Sexual Misconduct Policy.



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- The new Leadership Development Offer, which will focus on compassion and kindness.

The CPO agreed to share a copy of the slides with the Council of Governors **[ACTION03]**, with regular updates to be shared with the Council of Governors in the future.

## 7. Clinical Board Updates

The DCOO provided the update, noting the following points:

- Concerns had been raised previously through the Council of Governors with regards to pharmacy delays and a number of complaints made by patients. Several improvements have been made since the last update to Governors, including:
  - Waiting times have reduced significantly, with the Freeman Hospital completing 96% of prescriptions in 30 minutes and 91% at the Royal Victoria Infirmary (RVI).
  - There has been a reduction in the number of 'owings' with access to more medications and less need to issue partial prescriptions.
  - The number of formal complaints and submissions to the Patent Advice and Liaison Service (PALS) have reduced.
- The DCCO advised that the Trust have offered support to Lloyds Pharmacy to improve the service as follows:
  - Medi-boxes being completed by inpatient dispensaries.
  - Volunteers monitoring queues and waiting times and providing support where possible.
  - Splitting the workstream of patients within the pharmacies into those waiting and, those collecting at a later date and time.
  - Electronic displays were made available to senior managers who can then offer support if waiting times are seen to be increasing.
- To ensure the sustainability of the improvements, monthly improvement targets have been set and frequent Operational meetings are taking place. A request has been sent to Clinical Boards to prescribe fewer 'green drugs', which has not yet influenced the quantity of prescriptions. 'Green drugs' being either:
  - Medicines for which Primary Care prescribers are able to take full responsibility for initiating and on-going prescribing (subject to local prescribing guidelines or NICE guidance).
  - Medicines which are in routine use and can be prescribed within Primary Care with no special restrictions, specialist knowledge or experience.
- The planned collective action from GPs risks impacting the hospital pharmacies, and this will continue to be monitored. Key areas that this is expected to impact are:
  - The provision of 'green drugs' to community patients.
  - Prescriptions which require a Shared Care Agreement (SCA), as these will need to be managed instead by the hospital pharmacy.
  - Use of the advice and guidance pathway, which will result in queries being redirected to pharmacists and thereby increase workload.

Mr Forrester explained that some Governors had been monitoring the situation themselves and had noticed a significant improvement. He offered his congratulations to the DCOO and her team. This was echoed by Dr Record.



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Mr Waddell queried the length of the Lloyds contract, to which the CEO provided a confidential update for Governors on current developments.

Mr Waddell sought clarification with regards to whether the improvements included issuing discharge medications more quickly to aid in shortening the time it takes for patients to be discharged. The DCOO explained that this is an ongoing challenge and that there are plans to trial some solutions for this in the upcoming 'perfect week', including improved patient flow and discharge processes. The DPSE highlighted that the receipt of medications when leaving wards is also being monitored through the patient experience programme.

Ms Rahman asked whether the pharmacy still plans to offer delivery to patients who are unable to collect their medication to which the DCOO advised that this service is still operated by Trust staff and that this is based on assessment criteria.

Dr Gallagher advised that he had noticed increased difficulties with some patients struggling to access prescribed medications from primary and community care. The DCOO confirmed that Newcastle Hospitals have historically been an outlier in offering 'Green Drugs' and that conversations are ongoing with Primary Care to balance the capacity of both services with the needs of the patient. The CEO noted that he was aware that a recent complaint had been received with regards to a GP who had stopped prescribing a specified medication under an SCA. He assured the Governors that the situation was being closely monitored.

Dr Cushing referred to the GP collective action and the potential impact on collaborative working regarding prescriptions and medication management. The JMD-W noted that the Director of Operations, Chris Wright, had been working with Primary Care on several issues to develop more collaborative relationships. Ms Stabler advised that a representative from the ICB was also part of this conversation through the Quality Committee, and that the ICB's input was very welcome in finding a solution.

With regards to Medicines Management, this was raised during the CQC report in 2023. The DCOO explained that an independent review had been conducted in May 2024 and she provided an overview of the main findings.

An update has been provided to the CQC to advise that a Medicines Matron had been appointed for Medicines Management along with an updated action plan. Ms Stabler advised that the action plan had been refreshed and scrutinised at Quality Committee, who would monitor closely monthly given the CQC focus. A new Medicines Management Oversight Group had been set up, having met twice to date.

The Chair noted that Governors will be observing the Committees on a rotational basis starting from September.

Professor Home queried whether there had been a high-level review of the Clinical Board structure and performance. The CEO confirmed that there had been further discussion on the Clinical Board structure with some minor changes to be made regarding the Family Health Clinical Board and to reset the role of Directorates with the Trust Management Group members. The CEO noted that further reorganisation had not been felt to be beneficial to the Trust at this time, and that Clinical Board performance reviews are scheduled regularly.

- In relation to the backlog of unsent letters, of the circa 25,000 originally identified, 459 remained as of 5 August 2024 across three Clinical Boards. This was due to a number of issues including consultants having left employment at the Trust and some technical issues within the system.
- In relation to discharge summaries, several changes had been made to the process including increasing the standard of the document and improvements within the system, such as removing some of the older templates which are no longer used. It was noted that this had to be done gradually to ensure there was no impact to patient records. A programme of work will commence to adopt DEPART functionality, where a patient cannot be discharged until their discharge summary is finalised. Dr Gallagher commended this approach, noting that the slides showed that 70% of discharge summaries were now being sent out within 48 hours, which was a significant improvement. He also highlighted the importance of the discharge summary document, noting that these can include information such as follow up appointments, medication changes and cancer treatment arrangements. The Chair also complimented the progress to date.
- With regards to waiting lists, the Trust was on trajectory to clear all 78ww patients by September 2024, with the exception of patients waiting for Corneal grafts, for which there is a national shortage. The departments who are most at risk of maintaining 78ww are Ophthalmology and Trauma and Orthopaedics due to issues with capacity.
- Key actions agreed to manage long waiters, including cancer are as follows:
  - Increasing the volume of patients who had been given theatre dates.
  - Adoption of the 6-4-2 model.
  - Standardised booking and scheduling across the organisation.
  - Increasing theatre productivity.
  - Validation of RTT pathways (which would reduce waiting lists in many areas due to patients being placed on the wrong pathway).
  - Ongoing mutual aid with neighbouring Trusts such as Cumbria.

Ms Rahman queried whether this improvement to waiting lists would avoid later stage cancer diagnosis, to which the DCOO confirmed that with increased access straight to diagnostic testing, she would anticipate an increase in GP referrals at earlier stages.

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## ITEMS TO RECEIVE

### **8. 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**

It was resolved: to **receive** reports i to iv.

### **9. Reports from Trust Board:**

Agenda item 2

- i. **Integrated Board Report**
- ii. **Committee Chairs Report**

It was resolved: to **receive** reports i and ii.

**10. Briefing paper: Never Events and Patient Safety and Incident Response Framework (PSIRF)**

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

**JC left the meeting at 16:00.**

**11. Meeting Action Log**

ACTION04, Schedule of Business 2024 [*The value circle survey*] - The Chair advised that the survey will be recirculated towards the end of the calendar year to give newer Governors the opportunity to settle into their role. The DPSE would also be consulted in relation to the questions to be included in the survey.

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**ANY OTHER BUSINESS**

**12. Non-Audit Services Policy**

It was resolved: to **approve** the minor changes to the policy.

**13. Governor Vacancies Update including:**  
- **Northumberland, Tyne and Wear Governor Vacancy**

The Council of Governors discussed the report and agreed to adopt the following option 4 as detailed in section 2 of the report on Governor vacancies, being:

*To invite the next highest polling candidate for that seat at the most recent election, who is willing to take office, to fill the seat until the next annual election, at which time the seat will fall vacant and subject to election for a new term of office.*

It was resolved: to **approve** the above course of action regarding the newly vacated Northumberland, Tyne and Wear Public Governor seat.

**14. Any other business or matters which the Governors wish to raise including:**  
- **Update on Shared Care Agreements (SCAs)**

The JMD-W confirmed that this significant work was taking place due to concerns as to the elimination of some new Shared Care Agreement arrangements in Newcastle.

**15. Date and Time of next meeting:**

Private Governors Workshop – Wednesday 25 September, 1pm.

**AS left the meeting at 16:01**

DRAFT

### GOVERNORS' ATTENDANCE –15 AUGUST 2024

	Name	Y/N
A	Mr David Black [APEX]	Y
1	Mrs Judy Carrick	Y
S	Mrs Sharon Chilton [Nursing & Midwifery]	Y
1	Dr Kate Cushing	Y
1	Dr Alexandros Dearges-Chantler	Apologies
A	Mrs Lara Ellis [Newcastle City Council]	Y
1	Mrs Aileen Fitzgerald	Y
1	Mr David Forrester	Y
S	Mr Hugh Gallagher [Medical and Dental]	Y
2	Mrs Catherine Heslop	Y
2	Mr Alex Holloway	Y
2	Professor Philip Home	Y
S	Mr William Jarrett [Estates and Ancillary]	N
2	Mrs Sandra Mawdesley	Y
2	Ms Linda Pepper	Y
2	Mr Shashir Pobbathi	Apologies
1	Miss Fatema Rahman	Y
1	Dr Chris Record	Y
S	Miss Elizabeth Rowen [Allied Health Professionals and Scientists]	Y
S	Mrs Poonam Singh [Nursing & Midwifery]	Apologies
A	Professor John Unsworth	Apologies
1	Dr Eric Valentine	Y
2	Dr Peter Vesey	Apologies
2	Mr Bob Waddell	Y
A	Dr Luisa Wakeling	Apologies
2	Mrs Claire Watson	Apologies
3	Mr Michael Warner	Apologies
2	Dr Kevin Windebank	Y
1	Mrs Pam Yanez	Y

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## COUNCIL OF GOVERNORS

Date of meeting	23 October 2024					
Title	Chair's Report					
Report of	Sir Paul Ennals, Interim Shared Chair					
Prepared by	Sir Paul Ennals, Interim Shared Chair Lauren Thompson, Corporate Governance Manager / Deputy Trust Secretary Kelly Jupp, Trust Secretary					
Status of Report	Public	Private	Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance	For Information			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Summary	<p>This report outlines a summary of the Chair's activity and key areas of recent focus since the previous Council of Governors meeting, including:</p> <ul style="list-style-type: none"> <li>• Board Activity.</li> <li>• Governor and Member Activity.</li> <li>• NHS Providers Chairs and Chief Executives Network.</li> <li>• North Integrated Care Partnership (ICP) Chairs, Local Authority (LA) Leaders, Primary Care &amp; Voluntary and Community Sector representatives monthly meeting.</li> <li>• Alliance Steering Group.</li> <li>• The Net Zero North East England Board.</li> </ul>					
Recommendation	The Council of Governors is asked to note the contents of the report.					
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focusing on safety and quality.</p> <p>Pioneers – Ensuring that we are at the forefront of health innovation and research.</p>					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link to the Board Assurance Framework [BAF]	No direct link however provides an update on key matters.					
Reports previously considered by	Previous reports presented at each meeting. This report was presented in the Public Board meeting in September 2024.					



## CHAIR'S REPORT

I would first like to thank every staff member from the Trust for making me feel so welcome since I joined Newcastle Hospitals on 17 July 2024 as Interim Shared Chair. My first eight weeks have been focussed on getting to know the organisation, as well as understanding the key issues that we are facing at this current time. Such issues have included:

- Understanding the overall performance of the Trust, in relation to Quality, People, Finances, and Health Inequalities – identifying in particular the stand-out areas of strength and weakness, and the most significant risks and opportunities.
- Understanding the latest position within Cardiac Surgery following the CQC report and other external reviews conducted.
- Seeking assurance over areas where performance has deteriorated e.g. pharmacy services waiting times and delivery of recurrent Cost Improvement Programme schemes.
- The overarching Care Quality Commission (CQC) inspection findings and the associated Delivery Plan. We were notified in August that the conditions applied to our CQC licence have been lifted which is a fantastic achievement by all involved.
- Changes in the Trust Board composition which will require further recruitment of Non-Executive Directors, and a review of our Board Development Programme.
- Beginning to sketch out our ambitions for the years ahead, in the light of the new Government agenda and the opportunities that working within the Alliance offer us.

We interviewed for a Non-Executive Director (NED) with clinical expertise on 12 August and subsequently appointed Anna Stabler as a new substantive NED. Anna commenced with us an Interim NED in May 2024 and we are delighted to welcome her on a permanent basis to our Board, where she Chairs the Quality Committee with skill and drive.

I have been fortunate enough to have had introductory meetings with many staff members, as well as with members of the Board of Directors and Clinical Board leaders. I have also attended a number of Committee meetings, and the Trust Management Group (TMG), in order to better understand emerging issues, risks, assurances and any gaps in assurance.

My visits include to the Dental Hospital and the Centre for Life. In the future we will include the report on the Leadership Walkabouts and NED informal visits undertaken within the Public Board meeting papers for information.

Working collectively as a Council of Governors we are trialling some new ways of working, including meeting more frequently, but for shorter periods, introducing 'drop in' sessions to allow more informal time to discuss queries or feedback, creation of a 'Reading Room' and providing the opportunity for more Governors to observe Board Committees more frequently.

Governor and Member activity since our last Public Board meeting has included:

- Meetings of the Governor Working Groups - Quality of Patient Experience (QPE), Business & Development (B&D), and People, Engagement and Membership.

## Agenda Item 3

- Behaviours and Civilities Training, facilitated by our Chief People Officer, Christine and this meeting was well attended.
- A formal Council of Governors meeting.
- A briefing session on recent developments with the Great North Healthcare Alliance.
- The first of the monthly “Drop In” Sessions where I meet governors informally for an hour to discuss current issues.

At a national level, I attended the NHS Providers Chairs and Chief Executives Network on 17 September 2024 where we discussed strategic policy developments, developing the NHS ten-year health plan and hearing from Trusts that have leveraged their role as anchor institutions to boost local employment opportunities and work collaboratively with system partners. I hope that our own work within the Trust on developing our next Five year plan can feed into the national discussions of an NHS Ten Year Plan.

At a regional level, I attended the North Integrated Care Partnership (ICP) Chairs, Local Authority (LA) Leaders, Primary Care & Voluntary and Community Sector representatives monthly meeting on 12 September 2024 which provides the opportunity for leaders of the various sectors to share informal views on key developments. On this occasion we discussed in particular the current industrial action within primary care, and considered how best to mitigate against any negative impacts on patients. To that end I have also been meeting with leaders within Newcastle of the Primary Care community – the Chair and CEO of the Newcastle Federation, and the Integrated Care Board (ICB) lead on primary care for Newcastle.

The Alliance Steering Group held its monthly meeting in early September where we spent time developing our aspirations for the work of the Alliance, and strengthening the ever-expanding work plan. The mood is positive amongst Alliance members, though we are all conscious of moving at a measured pace that retains the commitment of all partners and key stakeholders.

I represent the local NHS community on the Net Zero North East England Board, chaired jointly by the regional Mayor Kim McGuinness and the Chief Executive Officer (CEO) of Northumbria Water Heidi Mottram. The NHS – and our Trust in particular – has an important role to play in ensuring the region plays its full part in moving as fast as feasible to a position where our carbon emissions reach Net Zero.

### **RECOMMENDATION**

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

**Report of Sir Paul Ennals**  
**Interim Shared Chair**  
**18 September 2024**

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# Medium Term Plan

Council of Governors: 23<sup>rd</sup> October 2024



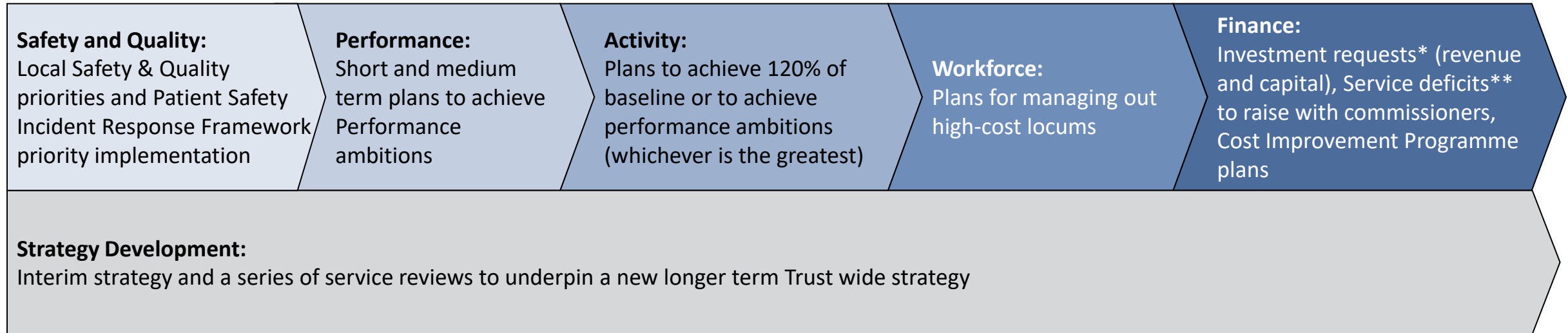
Healthcare at its best  
with people at our heart

# Medium Term Plans....

- The Process:
  - Central team support but ownership by Clinical Board and Directorate teams
  - Challenge and prioritisation
  - Commissioner issues
  - People and succession planning
  - Capital investment
  - Noise....
  - Hope and confidence.....

# Medium term plan scope

## Directorate based plans to cover the minimum



\*Linked to performance and activity delivery

\*\*Linked to quality and safety concerns

In combination negating the need for the majority of business cases through the year

- Continued performance improvement is a core part of the medium-term plan - it is not acceptable for our patients to wait as long as they are for treatment/diagnostics.
- Performance ambitions have been set based on the following rationale:
  - Two-year time horizon, in line with expectations that the NHS will get back to the delivery of constitutional standards by the end of this parliamentary term.
  - Used current top quartile performance as a guide, with added stretch to account for a generally improving position on many targets.
  - Supported and agreed at Trust Management Group (TMG) earlier this month.



# Performance ambitions

KPI	Current national standard	Latest performance	Ambition	Timeframe	Last met Ambition
4 hour Emergency Department (ED) standard	78%	76.5%	<b>85%</b> <b>90%*</b>	End of 2025/26 End of 2026/27	May 2021
Ambulance handovers	65% < 15 mins 95% < 30 mins 0 > 60 mins	59.9% 88.8% 36	<b>65% &lt; 15 mins</b> <b>95% &lt; 30 mins</b> <b>0 &gt; 60 mins</b>	End of 2025/26	Jul 2023 Jan 2023 Sep 2022
Activity delivery	107% (2019/20 baseline)	107%	<b>120%</b>	Throughout 2025/26	N/A
52 week waits (ww)	Reduction in year	2,560	<b>Zero</b>	End of Q1 2025/26	Oct 2019
Referral to Treatment (RTT) Performance	92%	67.7%	<b>80%</b> <b>90%</b>	End of 2025/26 End of 2026/27	Jun 2019
Cancer: Faster Diagnosis Standard (FDS)	77% by March 2025	73.0%	<b>85%</b> <b>90%</b>	End of 2025/26 End of 2026/27	Never (2WW – Dec 2018)
Cancer: 62 days	70% by March 2025	60.0%	<b>75%</b> <b>85%</b>	End of 2025/26 End of 2026/27	May 2018
> 6 week diagnostics target	5%	38.3%	<b>15%</b> <b>5%</b>	End of 2025/26 End of 2026/27	Feb 2020

# Performance ambitions

- More detailed trajectories to be built up through the planning process.
- Supporting metrics will also need to be included:
  - For ED this will include time to initial assessment, speciality response standards, time from ready to proceed to bed etc.
  - For activity delivery and RTT this will include theatre productivity metrics.
  - For cancer this will include performance against key time points in the pathways, for example time to CT or MRI.
- Some areas will also need greater areas of focus, e.g. neuro radiology and audiology for diagnostics, Spinal surgery and Trauma & Orthopaedics for RTT.



- Investments will be costed and included within annual financial plan, no expectation of further investment in year.
- Aiming to more devolved financial arrangements, this will depend on meeting targets/expectations. Will involve resetting budgets and income alignment.
- Requirement for CIP plans (c. £40m for 2025/26 and 2026/27) with a greater proportion recurrent CIP expected, standard expectation of efficiency in line with tariff expectations.
- Financial plan will contain the costed activity plan with marginal returns.
- Inflationary assumptions in line with national funding.

# Strategy Development – Short term

Interim strategy to cover the next 12 months while longer term strategy development undertaken, engagement with Clinical Boards and wider organisation to sense check:

- Suggest building on the previous Trust Strategy 2019-2024, will continue to be centred around the 5Ps – Patients, People, Partnerships, Pioneers & Performance.
- Our strategic objectives for 2025 will be underpinned by:
  - The developing Clinical Strategy
  - Clinical Board Improvement Plans
  - The Big Signals

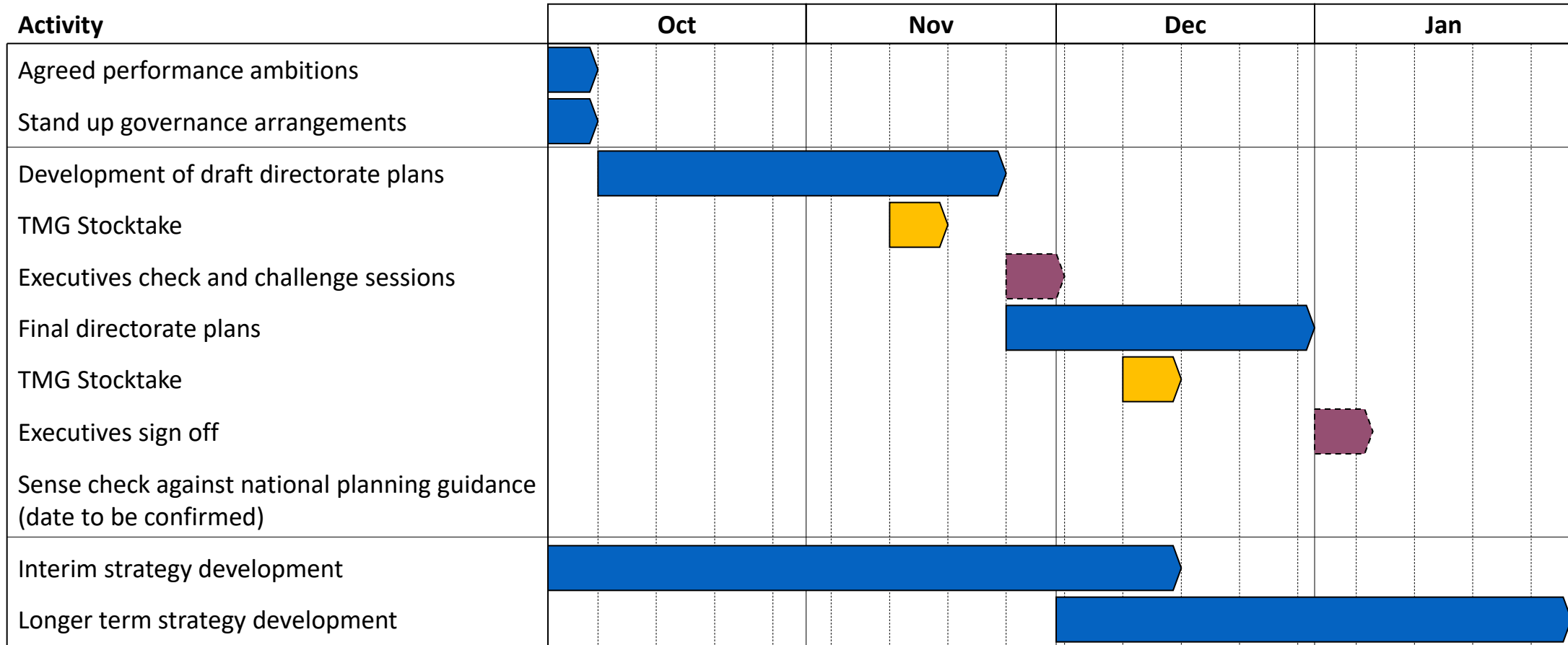
And enabled by:

People Plan, Digital Strategy, Estates strategy, SHINE strategy, Research strategy, Commercial strategy

# Strategy Development – Long term

- Reset the Trust strategy in the context of:
  - The Clinical Strategy
  - Service Reviews
  - Darzi Report
  - NHS 10 year plan
  - Great North Alliance
- There will be broad engagement across the Trust and Key Stakeholders to set a strategic framework for the next 3-5 years.
- Engagement is vital – done properly, this should be an organisational development as well as a strategic planning exercise.

# Timetable



Through into new  
financial year



- Planning Co-ordination Group stood back up w/c 7<sup>th</sup> October – mix of corporate and operational leads.
- Data packs and templates to be shared with teams as soon as possible.
- Engagement owned by Clinical Boards Leadership teams through their Directorates is essential. There is an expectation that this work will feature prominently through internal Clinical Board governance activities over the next few months.
- Support provided by Assistant Director of Strategy and Planning, Performance Team, Information Services, Clinical Board Finance Managers, Workforce colleagues and other corporate teams as required.
- Updates on progress through Executive Team and TMG.



# Questions and Comments

Including how do we involve Governors in this work moving forward?



# Outpatients Recovery and Transformation Update October 2024

# Key Challenges - 1

- **Appointment Booking Centre (ABC) manages ~45% of all outpatient activity**
  - **Too much variability out-with the ABC Team and limited standardisation**
- **Examples of poor patient experiences, i.e. appointment mix up, multiple contacts**
- **Clinic templates have not been reviewed since Paperlite**
- **The system holds a lot of historical information – c70,000 unused clinics**
- **Limited reports to support operations – i.e. unfilled slot report**

## Key Challenges - 2

- **CERNER (electronic record system) not been optimised since implementation, and the system has not been upgraded**
- **The configuration of the system and how outpatient services operate has hampered integration with the Patient Engagement Platform (PEP) – implementation and roll out**
- **Not tackled the Accessible Information Standard (AIS) until recently**
- **Lots still on paper**
- **GP Collective action impact – monitoring the situation**

# 2024/25 Reset Priorities

- **Demand and capacity exercise**
- **Clinic template review and rebuild**
- **Aligned and optimised estate strategy**
- **Addressing Data Quality and workflows (links to CERNER optimisation), use of Standard Operating Procedures (SOPs) Trust-wide, training and development packages**

## 2024/25 Reset Priorities

- **Ongoing patient validation with NETCALL – continue to cleanse waiting lists**
- **Programme of digitisation**
- **Reset of Patient Initiated Follow Up (PIFU) – new measure for 2024/25 is to increase the proportion of New and Procedure appointments (of all appointments) above 46%**
- **Did Not Attend (DNA) reduction**
- **Coding and Counting**

# Coding and counting - example

- **Procedures recording audit completed demonstrated poor compliance, multiple specialties both Royal Victoria Infirmary and Freeman Hospital main outpatients**
- **Surgical and Associated Services (SAS) Clinical Board reviewed all procedures on the e-outcome form and had their forms updated**
- **Promotion to improve recording within the Board and risk of lost income**
- **Engagement with the Coding Team to support the work**
- **Estimated £700,000 increased income per annum**
- **Presentation of the work to the Outpatient Improvement Group last month**
- **Coding Team now has a slot on all Clinical Board's operational groups/specialty meetings, with a plan to replicate the work for every Specialty**
- **Aim to develop an electronic solution for procedure recording within ERS clinical work flow**



# Outpatient Transformation Work Programme

**Partial Booking Solution :25/26**

**Estates Review :25/26**

**Digital records :25/26**

- Cleanse of all paper forms
- Creation of e-forms
- ✓ Team training scheduled
- ECG digital solution

**Launch new training materials, standardisation :Dec 25**

- ✓ Clinic utilisation information
- ✓ Vacant slot report
- Electronic triage outcomes

**Reporting Suite :Dec 25**

**Clinic Review and Rebuild :Aug 24**

**Cerner (Oracle) Optimisation :23-25**

- ✓ Synertec spool file forwarder and access
- ✓ Cancellation data/reports eRecord
- Future orders/booking investigations (end 2024)
- X Access restriction (prevent scheduling outside of slot)
- System configuration for letter transfer
- Digital imaging uploads and review

**System Cleanse :23/24**

- ✓ Removal of all inactive clinics
- ✓ Transfer of patients to working Consultants
- Appoint to be made at later date (reviews)

**25/26: Fit For Purpose Virtual Platform**

- Service specification
- Procurement of new solution
- Virtual att. product replacement

**25/26: Digital Prescription Solution**

**25/26: Compliance with Accessible Information Standard**

**Paused: Development & Adoption of e-Outcomes**

**Oct 24: Re-establish accurate coding and counting**

**Data Quality** ONGOING

**SPRINT SEPT 24: Waiting List (WL) Administration Validation with NetCall**

- ONGOING
- Part of a national sprint pilot

**Sept 24: PIFU Relaunch** RELAUNCH ✓

**Aug 24: Voice Recognition Software** GO LIVE Aug 2024 ✓

**Apr 24: PEP Adoption**

- Pilot complete ✓
- Correspondence Review
- Commence Project Rollout
- Digitise correspondence Oct 24



Healthcare at its best  
with people at our heart

# Clinic template review and rebuild

- **Review and validate clinic baseline**
- **D&C exercise**
- **Clinic utilisation to inform**
- **New to review ratio benchmarking comparisons**
- **Agree design principles**
- **Estate mapping/ allocation exercise**



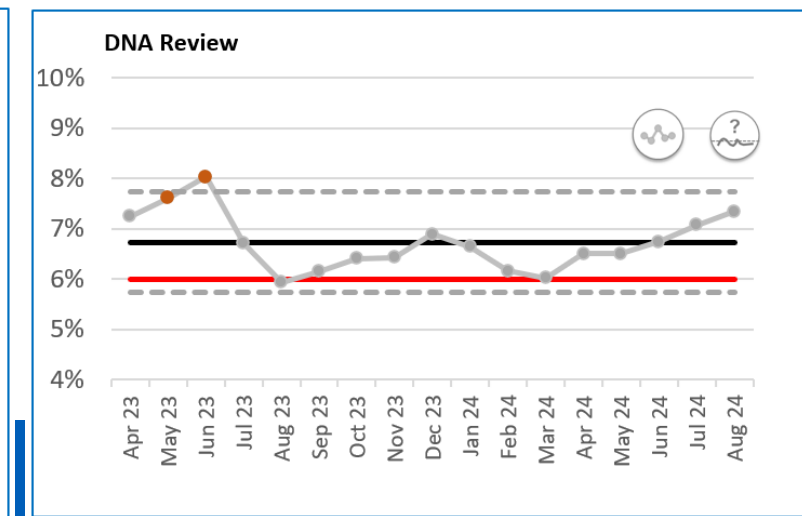
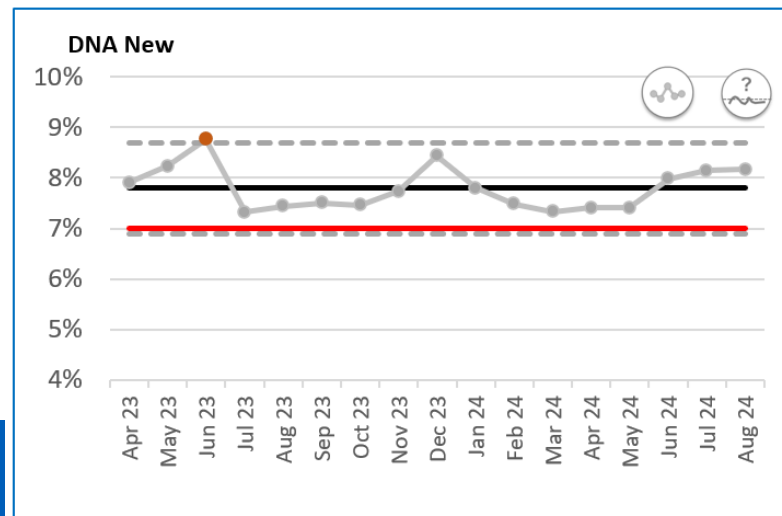
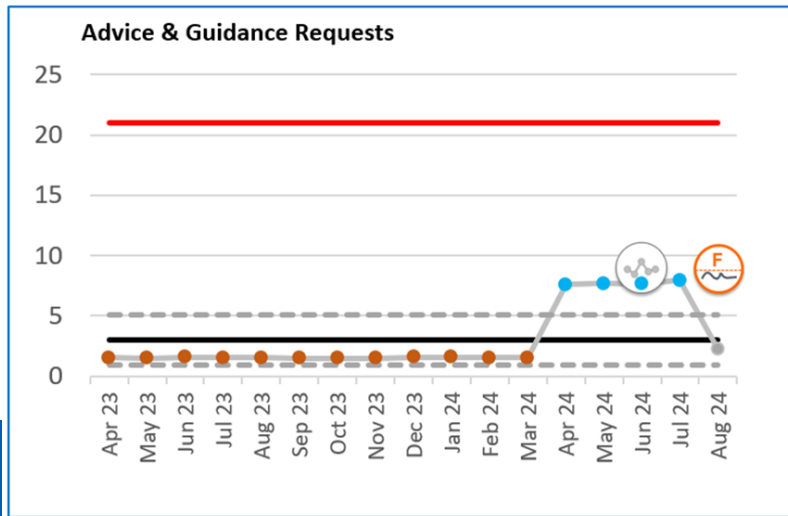
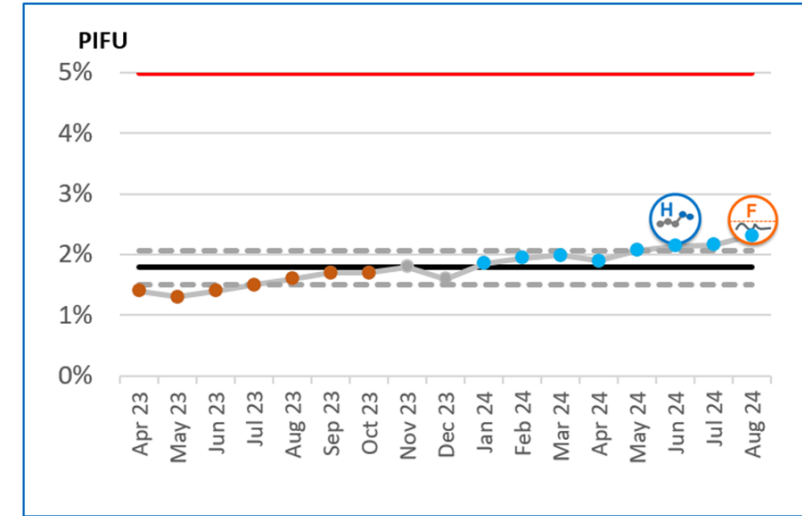
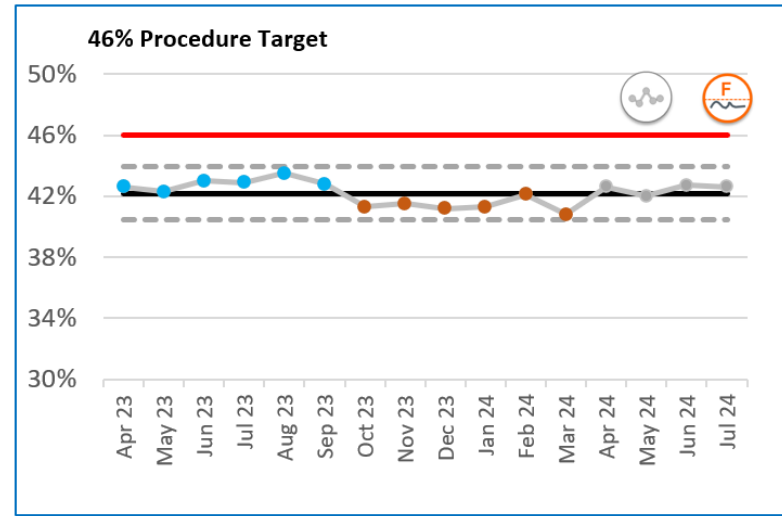
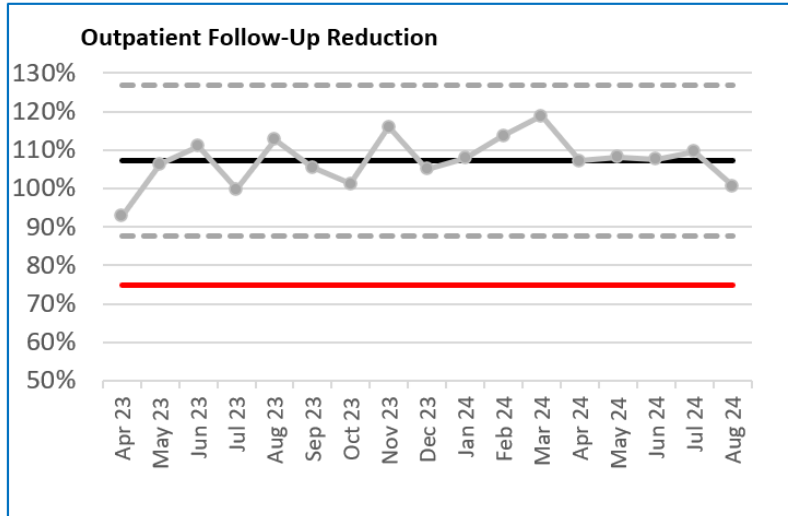
- 1. Majority i.e. 90% of clinics are set up as either Face to Face (F2F) only or Digital only to ensure the most optimal use of prime clinical space is optimised for face to face clinics. To seek rationale for a mixed economy clinic.**
- 2. Clinics are named F2F or Telephone/ Video to enable Primary Care to support patient booking patients into the most suitable clinic given not all patients will be able to participate in a digital consultant and not all clinics will be suitable.**
- 3. Achieve an optimal ratio of New to Review, and one that supports a planned reduction of review appointments**

# Agreeing clinic design principles

4. Re-alignment of 2ww capacity to updated Demand and Capacity profiles
5. To provide assurance of access to clinics that support a reduction in health inequality (i.e. travel, access, DNA analysis by site).
6. Clear overbooking rules
7. Streamline clinic room requirements
8. Remove all non-value added steps



# Key Performance Indicators



# Waiting List Management - Context

## Current waiting list volumes

*Waiting lists continue to be higher than pre-covid but are reducing. We currently have 102,870 patients waiting.*

- 17,990 patients on admitted pathway
- 84,880 patients on non-admitted pathway, of those ~30% have a first appointment booked
- No partial booking system

## Multiple routes in for referrals

- ERS
- E-mails
- Non-standardised letters
- Other services i.e. TIMs (Tyneside Integrated Musculoskeletal Services)

## Multiple patient tracking lists (PTL) and different systems

- Cancer PTL by tumour group
- Inpatients (IP), Outpatients (OP) (RTT and non-RTT)
- Local use of spreadsheets for diagnostics
- Local tracking at Speciality level
- Patients on multiple pathways, duplications



# Good Practice Waiting List Management

## IP and OP PTL Management

Good practice patient level reporting for various PTLs ✓

Access policy in place ✓

Weekly RTT/Non-RTT meetings all Specialties ✓

Data Quality reports in place ✓

- *Work ongoing to improve real-time availability of diagnostic PTL*
- *Cancer reports not fit for purpose*

Weekly PTL Review for each tumour group ✓

## Validation

18 week team waiting list validation >40 week

>12 weeks administration validation with Netcall (text service)

>12 weeks clinical validation with Netcall (text service)

Non-RTT validation (New)

- *Plan to reduce back to >12 weeks when overall volumes reduce*

- *Achieving c75%, recent recruitment will see this increase >90%*

- *Variable by Specialty*

- *Ongoing*

## Harm review

Non-cancer: Harm reviews >52 week ✘

Cancer: Harm reviews >104 days ✘

- *Improvement plan in place*

- *Improvement plan in place*

See Appendix 1: PTL Management Assessment



# Good Practice Waiting List Management – wider than PTL monitoring

## Expected Standards

- Patients booked in order of clinical priority and waiting time
- Patients that are not on an RTT pathway also booked in as above
- Trust-wide RTT Meeting in place to support escalations and address any issues/themes.  
Reforming into Trust Access Board
- Separate Cancer focussed Meeting
- Separate Long wait focussed meetings
- Harms reviews to be completed



# More opportunities to improve

Challenges	Key Actions currently being progressed by the relevant 3 Service Improvement Groups – Outpatients (OP), Diagnostics, Surgical Improvement and other established working groups
Referral and waiting list management is siloed	<ul style="list-style-type: none"> <li>• Centralised appointment booking service (medium to long term) (OP Improvement Group)</li> <li>• Centralised waiting list booking service (medium to long term) (Surgical Improvement Group)</li> <li>• Adoption of Standardised Processes trust-wide – ongoing (OP Improvement Group)</li> <li>• Refreshed training programme on PTL management and RTT rules – ongoing (OP &amp; Surgical Improvements Groups)</li> <li>• Building resilience across teams within Clinical Boards – ongoing, i.e. GNCH in process of establishing a centralised booking and scheduling function (Surgical Improvement)</li> </ul>
Limited use of system functionality and some teams have had to revert to working on paper and spreadsheets, inefficient workarounds	<ul style="list-style-type: none"> <li>• PAS Optimisation work programme (All improvement groups &amp; Care Optimisation Group)</li> <li>• Development of Request Queue functionality, supports shift towards partial booking (OP Improvement Group)</li> <li>• Exploring use of digital partners who are expert in WLM (OP Improvement Group)</li> </ul>
No visibility of patient wait status regarding diagnostic work up, time on cancer pathways	<ul style="list-style-type: none"> <li>• Trialling Dr Dr System in Radiology Qtr 4 (Diagnostics Improvement Group)</li> <li>• Exploring systems that can improve visibility of Cancer pathways (Cancer Operational Group &amp; OP Improvement Group)</li> </ul>
Limited management reports i.e. OP slot utilisation report	<ul style="list-style-type: none"> <li>• Digital enabler programme in place, recently developed slot utilisation report - needs to embed (Improvement Groups and Care Optimisation Group)</li> </ul>
Ongoing mandatory requirement to undertaken PTL validation	<ul style="list-style-type: none"> <li>• Sprint pilot ongoing (RTT Group &amp; Performance)</li> <li>• Exploring auto-validation software (RTT Group)</li> </ul>

## COUNCIL OF GOVERNORS

Date of meeting	23 October 2024					
Title	Update from the Lead Governor					
Report of	Pam Yanez, Lead Governor					
Prepared by	Pam Yanez, Lead Governor					
Status of Report	Public	Private	Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance	For Information			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Summary	This report updates on the work of the Lead Governor since the last meeting of the Council of Governors on 15 August 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of the Lead Governor are provided to the Council of Governors.					

## **UPDATE FROM THE LEAD GOVERNOR**

### **1. UPDATE**

I have continued to participate in the work of the Nominations Committee and attended several meetings in relation to the Great North Healthcare Alliance and appointment of a permanent Chair for the Trust.

I continue to attend the Governor Working Groups to be involved in the activities of these as noted by the Group Chairs in their reports to Council. Most recently the developments in the IT offer have been of particular interest.

I have met with Sir James Mackey, CEO to discuss matters relevant to Governors. Governors continue to press for consideration of the accommodation availability for relatives of patients who stay for longer periods, and also the proposals for accommodation for parents of children in the cardiothoracic unit as developments occur for this service.

The Governors Informal meeting was held on 13 August 2024 and this continues to be a forum for Governors to discuss items to be taken forward for discussion at the Council of Governors.

The increase in the frequency of Governor Workshops and Council of Governor meetings has increased the time commitment of myself and all Governors.

With other Governor Colleagues I attended the Trust Annual Celebrating Excellence Awards Ceremony on 27 September 2024 at St. James' Park. It is a joy to celebrate such excellent practice in the Trust.

### **2. RECOMMENDATION**

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

**Report of Pam Yanez  
Lead Governor**

**15 October 2024**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

Date of meeting	23 October 2024					
Title	Report of the Quality of Patient Experience Working Group					
Report of	Claire Watson, Chair of the Governors Quality of Patient Experience Working Group					
Prepared by	Claire Watson, Chair of the Governors Quality of Patient Experience Working Group					
Status of Report	Public	Private	Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance	For Information			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Summary	This report details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) in August 2024.					
Recommendation	The Council of Governors is asked to note the contents of this report.					
Links to Strategic Objectives	Performance- Being outstanding now and in the future.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	Impact detailed within the report.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

## **REPORT OF THE QUALITY OF PATIENT EXPERIENCE (QPE) WORKING GROUP (WG)**

### **1. INTRODUCTION**

The QPE WG continues to meet monthly, in person and via Microsoft Teams. The WG currently has oversight of the following areas arising out of the CQC Report; Caring, Cardiothoracic Surgery, and Maternity; and has asked the NEDs responsible for each area, via the Corporate Governance Team, to attend the WG meetings to provide assurance.

### **2. GROUP ACTIVITIES**

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

#### **a. Complaints Panel**

Philip Home, Public Governor, attended the Complaints Panel on 6 August and 3 September. Most recent observations of note covered inequitable service provision (between funded and block-contract services), and longer than desired waiting times for children (which potentially impacts negatively on education in health due to worsening conditions) within the Psychology Directorate. In addition, Neurosciences acknowledged a high complaint rate compared to other Clinical Boards with similar activity relating to medical-related complaints with adult spinal surgery difficult clinically, and issues of culture with a small number of senior staff. These issues are known about at both directorate level and Clinical Board level, with action being taken by the Clinical Boards to address this.

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

Philip Home, Public Governor, and David Black, Appointed Governor for the Advising on the Patient Experience (APEX) Group, attended the CAGG meeting. Of note were 12 NICE guidelines reported as on the Risk Register with a risk of medium or above, and 5 similarly from national audits. Psychology and physiotherapy were identified as having service issues in terms of resourcing. There was some success noted in resolving pharmacy problems and in organ/tissue handling.

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

There were no PSG meetings reported to the WG within this period.

#### **d. Quality Committee**

Claire Watson, Public Governor, observed the Quality Committee meetings on 17 September and 15 October. Reports have been provided to the QPE Working Group but as a summary, these are currently very long meetings with a lot of paperwork to digest in advance. In part this is because of the lifting of the licence conditions meaning that CQC reports are now reported into the Quality Committee rather than a stand-alone group.

Anna Stabler is the Chair of the Quality Committee and has a very good understanding of all the issues it covers. Current areas of focus from a QPE WG point of view are:

- Cardiac oversight;
- Medicines management;
- The Patient Safety Incident Response Framework (getting this embedded throughout the Trust);
- Maternity (mainly post-natal care and the birthing centre);
- Lack of Freedom to Speak-Up Champion within NECTAR (although this will most likely feed into the PEM working group);
- Duty of Candour;
- Therapy Services (in particular the amputee pathway); and
- Incidences of C-Difficile.

**e. Nutrition Steering Group (NSG) [meets quarterly]**

Claire Watson, Public Governor, regularly attends the NSG meetings and provides a written report to Governors.

At the most recent meeting on 17 September, it was noted that a charity decision on funding of the Electronic Meal Ordering system was still awaited. Malnutrition screening is slowly being embedded and whilst some wards are fully compliant, the Trust as a whole still needs to improve on this.

In terms of NasoGastric tube insertion, the new dashboard is now on the reporting hub, although compliance levels are particularly low. This should improve over time with the training being rolled out and the availability of the dashboard on the hub. This will also feed into the Patient Safety Group. The issue of the snack menu was discussed, and there is some disappointment that not all wards are providing patients with this. A lot of work went into the production of the snack menu and the provision of snacks so this will be followed up.

An error in the recording of measurements on e-record in paediatrics was discussed and is being looked into with a task and finish group. The digital team are aware.

**3. PRESENTATIONS/GUESTS**

At the October meeting of the QPE WG, we received a presentation from Emma Prendergast, Nurse Consultant, and Cheryl Teasdale, Associate Director of Nursing, to include a review of the Dementia Care Briefing Paper. This was a very well received presentation, provoking a lot of questions and discussion amongst members and it was good to see the progress that is being made within the Trust and the wider community in dementia care. Members were even encouraged to share knitting patterns for calming sensory “Twiddle Muffs” which are used by a number of dementia patients. The QPE WG would like to record their thanks to Emma and Cheryl for an excellent presentation.

Also at the October meeting, we were joined by Liz Bromley, Non-Executive Director, who attended to provide assurance in relation to her role as Maternity Safety Champion. It was good to see that Liz's experience and understanding triangulated with what had been observed on a QPE WG ward visit (and later following observance of the Quality Committee) and that she had a good understanding of the issues at hand. Liz provided the required assurance with a promise to share a future update. The QPE WG would like to record their thanks to Liz Bromley for her attendance and the assurance provided.

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

A visit was undertaken to the following location using the new visit template:

- Ward 33 and 34 (Post-Natal), Royal Victoria Infirmary (RVI)

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 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 Claire Watson**  
**Chair of QPE Working Group**  
**Dated: 17 October 2024**



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NHS Foundation Trust

**COUNCIL OF GOVERNORS**

Date of meeting	23 October 2024					
Title	Report of the Business and Development Working Group					
Report of	Eric Valentine, Chair of the Governors Business and Development Working Group					
Prepared by	Eric Valentine, Chair of the Governors Business and Development Working Group					
Status of Report	Public	Private	Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance	For Information			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Summary	This report details the activities of the Business and Development Working Group since the last report to the Council of Governors (CoG) in August 2024.					
Recommendation	The Council of Governors is asked to note the contents of this report.					
Links to Strategic Objectives	Performance- Being outstanding now and in the future.					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	Impact detailed within the report.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

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

### **1. INTRODUCTION**

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

The WG is generally well attended. However, following the Governor elections and consequent change of members, the WG particularly welcomes new Governors who would like to join, as well as Governors who may wish to attend a specific meeting. There has been two B&D WG meetings since the last report.

### **2. PRESENTATION TOPICS**

Please note that all topics are discussed in greater detail in the Working Group notes, which are distributed in advance of every meeting to all Governors. Governors are invited to read these and to attend future WG meeting should they wish to know more about a given topic.

#### **2.1 September - Bill MacLeod – NED Update**

Bill MacLeod attended the WG and provided updates on the following:

- Changes to the chairing arrangements for the Board Committees.
- The Trust's Risk Management process.
- Updates to the Risk Register, which were also discussed by Natalie Yeowart, Head of Corporate Risk and Assurance, and Patrick Garner, Director of Performance and Governance at the Council of Governors (CoG) workshop on 25 September 2024.

The WG also discussed the following topics:

- The Annual Accounts 2023/24 and the associated External Audit process, which had a very positive outcome.
- The extensive number of risks in relation to estates risks, and the Trust's management of these.
- The 'Big Build' project.
- The use of the Datix system to monitor risk and the transition to a new risk management system.
- The upcoming Care Quality Commission (CQC) re-inspection, and the need to manage issues raised in cardiothoracic and with medicines management.

#### **2.2 October - Digital Innovation Update**

Lisa Sewell, Head of Digital Innovation & Delivery attended to provide an update on Digital Innovation and gave an update on the following topics:

- The Patient Engagement Portal.

- Dental Hospital Digitalisation.
- Identification of Venous Thrombo-Embolicism (VTE).
- Digitalisation of research.
- Metrocentre Community Diagnostics Centre (CDC).
- Benefits realisation.
- Critical care visualisation.

### **2.3 Private Healthcare Update**

Helen Steadman, Assistant Director of Service & Business Development, attended the WG to discuss Private Healthcare at the Trust and discussed the following:

- The recovery of Private Healthcare since the pandemic.
- The ways in which Private Healthcare can support funding for NHS patients.
- The soft launch of the private healthcare portal.
- The balance between provision of private healthcare for the purposes of funding with the need to continue to reduce NHS waiting lists.

### **3. Report on Board Committee observation**

#### **3.1 September: Finance and Performance**

Alexandros Dearnley-Chantler, Public Governor, reported briefly on his observation of the Finance and Performance Committee. He noted the volume of papers received was significant (over 400 pages) and expressed concern that the volume was too high. He noted that the Chair had indicated that more attention would be paid to performance in relation to the Clinical Boards in future Committee meetings. Alexandros also noted that there was significant time pressure to cover all the necessary business, and he hoped that future meetings would have additional discussion.

#### **3.2 September: Audit Risk and Assurance**

No update has yet been shared by the Governor who observed this Committee.

### **4. RECOMMENDATION**

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

**Report of Eric Valentine  
Working Group Chair  
17 October 2024**

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**COUNCIL OF GOVERNORS**

Date of meeting	23 October 2024					
Title	People, Engagement and Membership (PEM) Working Group Report					
Report of	Judy Carrick – Chair of the PEM Working Group					
Prepared by	Judy Carrick – Chair of the PEM Working Group					
Status of Report	Public	Private	Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance	For Information			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Summary	<p>The content of this report outlines the activities undertaken by the working group since the previous Council of Governors meeting on 15 August 2024.</p> <p>The PEM Working Group meets monthly and attends community events in order to engage with our community, explain our function in governance and health representation and encourage membership.</p>					
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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]	No direct link.					
Reports previously considered by	Regular reports on the work of this Working Group are provided to the Council of Governors.					

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

### **1. INTRODUCTION**

The People, Engagement and Membership Working Group (PEM WG) continue to hold monthly meetings in person and virtually. There are no meetings in December or August. The last meeting was held on 9 October 2024 and the PEM WG will meet again on 13 November 2024.

### **2. GROUP ACTIVITIES**

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

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

#### **Membership:**

Building on a second successful visit to Newcastle Mela, Governors visited the Indian Independence Day celebrations and gained new members at each event. We also attended the Autumn Careers Day event and recruited a further 30 new members on the day. We enjoyed our first visit to the Dental School at Newcastle University and will continue to engage there. We are planning our annual visit to Newcastle Sixth Form College and also to several centres in the West End of the city to increase membership and engage effectively.

These membership successes must be considered in light of the age profile of our membership where we lose members monthly when they leave the region, retire as staff members or pass away.

#### **Engagement and Communication:**

The PEM WG are in the process of finalising the programme for the upcoming event on community dentistry in early December, led by Professor Luisa Wakeling, Appointed Governor (Newcastle University). We encourage Governors to attend and take part as well as to meet members and support the table discussions. We plan to focus on One Newcastle, One Community (Living Better in Newcastle) for our annual discussion forum in the Spring and welcome suggestions from colleagues for discussion questions.

For our Newsletter, we will focus on Unsung Heroes of the Trust for our next two issues. The first will highlight our Adult Weight Management Team and the work that led them to receive a People at our Hearts Award last year.

Our ongoing work with Charlie Comms has resulted in a membership survey resulting in over 400

responses. The responders were very generous their comments about what matters to them and what issues they see as important. This is an invaluable tool for the Council of Governors because it is the first time we have heard directly from our constituents and can see emerging themes. They want to see how their input is valued and acted on; discussions are underway to determine how best to do this. They want to use their voices and provide the Trust with feedback more regularly on a range of strategic and operational issues which they experience in their own lives and in their communities. Emerging themes are links with social care and wellbeing, transparency and clearer communication and, of course, waiting lists. The PEM WG proposes a discussion at full Council of Governors meeting on the information gleaned from the survey and how best to address it as it cuts to the core of the Governors' representative functions.

#### **4. RECOMMENDATIONS**

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

**Report of Judy Carrick  
Chair of the PEM Working Group  
16 October 2024**



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## COUNCIL OF GOVERNORS

Date of meeting	23 October 2024					
Title	Council of Governors					
Report of	Rob Harrison, Managing Director Patrick Garner, Director of Performance & Governance Louise Hall, Deputy Director of Quality & Effectiveness					
Prepared by	Elliot Tame, Senior Business Development Manager (Performance)					
Status of Report	Public	Private	Internal			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Purpose of Report	For Decision	For Assurance	For Information			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Summary	<p>This report is a summary of performance against key Indicators relating to Quality &amp; Safety, Access, People, Finance and Health Inequalities, for the Trust Council of Governors.</p> <p>The detailed report which accompanies this summary has been included in the Council of Governors Reading Room on AdminControl.</p>					
Recommendation	For assurance.					
Links to Strategic Objectives	<p>Patients – Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p>Performance – Being outstanding now and in the future.</p>					
Impact (please mark as appropriate)	Quality	Legal	Finance	Human Resources	Equality & Diversity	Sustainability
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link to Board Assurance Framework [BAF]						
Reports previously considered by	This is a regular paper provided to Trust Board and the Council of Governors.					

## INTEGRATED BOARD REPORT

This summary provides an integrated overview of the Trust's position across the domains of Quality & Safety, Performance, People, Finance and Health Inequalities.

### Quality:

- The number of Methicillin-resistant Staphylococcus aureus (MSSA) cases remain slightly below the mean and monthly standard, with six recorded in August.
- August saw an increase in Clostridium Difficile cases compared to the previous month (26 v 18) - and the highest number of cases seen in a singular month since 2010. Special cause variation of a concerning nature has been highlighted. Cases are predominantly spread across three large Clinical Boards with complex cohorts of patients. All HOHA (hospital acquired) cases are reviewed and of the 24 cases, 10 were deemed unavoidable, eight avoidable and the remaining six cases still under investigation (community cases are not investigated).

Cases deemed avoidable were attributed to poor antimicrobial stewardship (example prolonged courses of broad-spectrum antibiotics e.g. Co-amoxiclav and Tazocin), delay in sampling / isolation, and poor documentation of bowel management.

- August 2024 continues to show special cause variation of an improving nature for both the numbers of falls and inpatient acquired pressure ulcers.
- In September 2024 there were five early neonatal deaths. Three infants were born extremely premature, one was born before 37 weeks of pregnancy, one term infant had significant congenital anomaly diagnosed prior to birth. These figures were previously reported for term infants only. The Trust are now reporting for liveborn infants from 20 weeks of pregnancy/weighting >400g (if unknown gestation).

In 2023 the Trust was highlighted as an outlier for postpartum haemorrhage (PPH) >1,500ml per 1000 births, this is no longer the case, and the Trust has a PPH rate less than England and NENC average.

There were 47 term admissions in September 2024. The Trust previously reviewed cases where admission time on NICU was >4hours. The Trust is now reviewing all admissions including those babies who required minimal intervention leading to any period of separation from the mother.

### Performance:

- Type 1 and overall performance improved from the previous month to 62.5% (+1.4%) and 76.5% (+1%) respectively. Waits to be seen by a clinician continue to be one of the primary delays in a patient's Emergency Department (ED) attendance due

## Agenda item 9

to a capacity and demand imbalance between the current workforce and volume of attendances.

- Trolley waits >12 hours significantly reduced again in August (3 vs 14 in July). The current configuration of the ED estate contributes to issues with flow and was not designed for the current volume of attendances.
- The total waiting list (WL) size decreased slightly to 102,589 overall, with RTT 18-week performance recorded at 67.7% (-1.0%). RTT performance continues to consistently fail to hit the target.
- August saw slight increases in the number of >65 & >52 week waits at Newcastle Hospitals. The total number of patients waiting >78 weeks increased to 32, with the number of patients waiting >65 weeks growing to 273 (+51).
- In July the 77% 28 Day Faster Diagnosis Standard (FDS) was failed for the first time since January 2024 - performance dropped to 73.0%.
- 62 Day compliance also dropped in July, falling to 60.0% (from 65.3% in June). The 70% target has not been achieved by the Trust for many years, though overall special cause variation of an improving nature has been identified.
- Performance against the 5% standard declined in August, with 38.3% of patients waiting longer than six weeks for their test (-2.4%). Special cause variation of a concerning nature has been identified. MRI continue to experience high demand as well as facing ongoing pressure to deliver prompt scans for patients on cancer pathways. The increased complexity of scans required has also impacted performance.

## People:

- Total sickness absence remained at 5.42%; target 4.50%.

Top reasons for sickness: anxiety/stress/depression 32%; other musculoskeletal 9%, cold/cough/flu 8%.

Short-term sickness 1.64%, long term sickness 3.30%.

- Total turnover reducing since May 2023 to 9.79%; target 10%. Special cause variation of an improving nature has been identified.

Top reason for leaving: work-life balance 17.87%.

Top destinations: no employment 38.2%; NHS organisation 31.15% (includes retire-return).

- Mandatory training compliance performance 92.75%; target 90%. Lowest performance in Medical and Dental: 83.89%.

## Agenda item 9

Paediatric basic life support only mandatory training below 80%.

- Appraisal performance 84.93%; target 90%. Special cause variation of an improving nature has been identified.
- Disabled staff increased to 5.40%. Improving special cause variation.
- BAME staff increased to 16.95%. Improving special cause variation.

### Finance:

- As at Month 5 the Trust is reporting an overspend of £1.4 million against the planned deficit of £5.9 million (after Control Total). This variance relates to the additional cost of the Junior Doctors Strike.
- The in-month position is an overall favourable variance of £1,822k partly due to over-performance on matched drugs and devices and an over achievement on Non-recurrent income CIP. ERF income is on plan despite the impact of industrial action.
- Pay costs are £4.9m over plan at month 5 and include the costs associated with industrial action. Total operating expenditure is £22.7m above plan due to increased costs relating to drugs and clinical supplies (including circa £4.3m that is matched with income) and unachieved CIP (£4.2m behind on expenditure).
- Elective Recovery performance: up to week 22, total delivery is £904k away from the agreed plan (on the basis of the weekly model), however this is expected to improve back to target as outpatient procedures are coded.

### Health Inequalities:

- This is the fourth Integrated Board Report containing a section on Health Inequalities. This update contains information on emergency attendances disaggregated by age, sex, ethnicity and deprivation.

The Council of Governors are asked to receive the report.

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Council of Governors Meeting Actions - Public

Agenda item: 10

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
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	<u>12.06.24</u> -To arrange once inquest is published. Action to remain on hold.	Grey
125	ACTION02	2. i. Digital Update	20 June 2024	Mr Jarrett noted some digital issues in relation to portering systems agreed to discuss further with the CIO.	SM/WJ	<u>06.08.24</u> - AM followed up with WJ/SM for updates <u>07.08.24</u> - SM offered a comprehensive update on the project and offered to connect with WJ separately. AM will confirm this with WJ once he returns from annual leave. <u>17.10.24</u> - AM followed up with WJ/SM to establish if the meeting has taken place	Amber
126	ACTION03	2. ii. Revised Integrated Quality and Performance Report	20 June 2024	Mrs Yanez asked what benchmarking had been done on the IQPR compared to other NHS Trusts and the DDBDE offered to meet and talk through.	PG	<u>06.08.24</u> - AM followed up with PY/PG for updates <u>07.08.24</u> - PY noted that the Governors plan to further discuss the information they would like to see and will arrange this in September. <u>14.10.24</u> - AM followed up with PY to discuss how to proceed with this action.	Amber
127	ACTION04	4. iv. Schedule of Business 2024	20 June 2024	Mrs Yanez suggested that in light of the new Governors who have joined the Council and the low response rate for the tvC Governor survey, that tvC should be requested to re-issue their survey to the whole Council of Governors. The TS agreed to raise with tvC.	KJ	<u>08.08.24</u> - KJ contacted Wendy Saviour from the value circle who has confirmed that the survey could be re-run. KJ requested a copy of the original survey questions to share with Sir Paul for review/further consideration. <u>15.08.24</u> - Paul Ennals confirmed that the survey would be re-run later in the year. Action to be placed on hold.	Grey
128	ACTION01	4. Chief Executive Report	15-Aug-24	The CEO advised that a medium-term financial plan would be developed and shared with the Council of Governors in due course	JB	<u>14.10.24</u> - An update on this will be provided at the CoG on 23 October 2024. Propose close action.	Green
129	ACTION02	4. Chief Executive Report	15-Aug-24	It was agreed that in the future, 30 minutes should be allocated for the CEO update with slide to be sent out in advance	The Corporate Governance Team	<u>02.09.24</u> - This will be taken into account and 30 minutes will be allocated to the Business Items section in the agenda (including the CEO update) at future CoG meetings. Propose to close action.	Green
130	ACTION03	6. People Plan Update	15-Aug-24	The CPO agreed to share a copy of the slides to the Council of Governors	AM	<u>23.08.24</u> - All slides from the meeting were shared with governors in the weekly Governor update. Propose to close action.	Green

Key:

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