

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

Thursday 19th of July 2018 in Function Rooms 137 and 138, Education Centre, Freeman Hospital,
Newcastle upon Tyne
Start time 13:30pm

Agenda			
Item		Lead	Paper
Business Items			
1	Apologies for Absence and Declarations of Interest	Chairman	Verbal
2	Minutes of the Meeting held on 17 th May 2018 and Matters arising	Chairman	Attached
3	Meeting Action Log	Chairman	Attached
4	Chairman's Report	Chairman	Verbal
5	Chief Executive's Report	Chief Executive	Attached
6	Trust Constitution Update with proposed changes	Trust Secretary	Attached
7	Governors Elections 2018 Results	Trust Secretary	Attached
8	Nominations Committee Update	Committee Chair	Attached
Quality and Patient Safety			
9(i)	Quality of Patient Experience Working Group Report	Working Group Chair	Attached
9(ii)	Integrated Quality Report	Medical Director	Attached
Strategy			
10	Business Development Working Group Report	Working Group Chair	Verbal
Performance & Delivery			
11	2018/19 Month 2 Finance Report	Finance Director	Attached

Engagement			
12	Community Engagement and Membership Working Group Report	Working Group Chair	Verbal
Partnerships			
13	Communications and media interest	Trust Communications Lead	Verbal
Items to Receive			
14	Inpatient Survey Results	Executive Chief Nurse	Attached
15	Governance Review	Trust Secretary	Attached
16	Policies Update	Trust Secretary	Attached
17	External Auditor report on the Quality Report	Trust Secretary	Attached
18	External Audit Letter – Annual Report and Accounts 2017-18	Trust Secretary	Attached
19	Date and Time of Next Meeting: Thursday 20 th of September 2018 in Function Rooms 137 and 138, Education Centre, Freeman Hospital	Chairman	Verbal

Governors will be provided with the opportunity to meet with staff representatives manning Trust Transformation project 'stalls' from 3.30pm.

The next Trust Members Event will be held on Tuesday the 24th of July 2018 at 5.30pm in the Trust Education Centre, Freeman Hospital.



**THIS PAGE IS INTENTIONALLY
BLANK**

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

MINUTES OF MEETING HELD ON 17th MAY 2018

Present: Professor Sir John Burn, Chairman (Chair)
Public Governors (Constituency 1)
Public Governors (Constituency 2)
Public Governors (Constituency 3)
Staff Governors

Appointed Governors
Dame Jackie Daniel, Chief Executive
Mr A Welch, Medical Director
Mrs L Robson, Deputy Chief Executive
Mrs A Dragone, Finance Director
Ms M Cushlow, Executive Chief Nurse
Professor K McCourt, Non-Executive Director
Mrs K Jupp, Trust Secretary

18/25 Apologies for Absence

Apologies were received from Dr Phil Laws, Mrs Susan Nelson, Dr Alan Johnson, Mrs Hillary Parker, Mr Jonathan Jowett, Dr Lucraft, Mr Fred Wyres and Mr Keith Godfrey.

18/26 Statutory Business

i) Nominations Committee Update

Dr Saunders presented the report and informed Governors that the recruitment process to fill Mrs Parkers Non-Executive Director post when her term of office ends in September 2018 had commenced.

Dr Saunders reminded Governors that Mr Stout had indicated his intention to stand down as a Non-Executive Director in 2018 following the completion of his second term of office. The Committee had therefore intended to advertise Mr Stout's post in April 2018. However due to a change in circumstances, Mr Stout asked that the Committee consider whether he could undertake a third and final three-year term of office rather than standing down.

Dr Saunders confirmed that the Committee had discussed the matter in detail with Mr Stout. The Committee considered Mr Stout's strong NHS financial expertise and the benefit of continuity from Mr Stout having served six years as a Non-Executive Director. This was noted to be of particular importance given the change in Board members over recent years.

The Committee concluded to recommend that the Council approve the appointment of Mr Stout for a third and final three-year term of office from 1st August 2018.

Dr Saunders explained that the annual appraisal process for Non-Executive Directors was due to be commenced. Meetings had been scheduled during June 2018 and it was intended that a report be brought back to the July Council meeting detailing the outcome of the appraisal discussions. Dr Saunders advised that it was likely that the appraisal meetings may need to be moved back slightly and therefore the appraisal report may need to be brought to the September Committee meeting instead.

It was noted that Mr Ramsden's Term of Office as a Public Governor was due to end on 31st May 2018 and that Mrs Jupp had sought expressions of interest to fill the vacant Committee member post with effect from 1st June 2018. Mrs Jupp informed Governors that only one expression of interest had been received from Mr Briggs and therefore it was recommended that Mr Briggs be appointed as a member of the Committee.

Dr Saunders and the Committee members thanks Mr Ramsden for all of his work in both being a member of former Chair of the Committee.

It was resolved: to i) receive the report ii) note that the recruitment process for a Trust Non-Executive Director was ongoing; iii) approve the appointment of Mr D Stout for a third and final 3 year term of office from 1st August 2018 to 31st July 2021, subject to annual review and iv) ratify the appointment of Mr Briggs as a member of the Committee.

ii) Governor Elections 2018

Mrs Jupp presented the report and highlighted the salient points.

Dr Saunders advised that he had not receiving any ballot papers to which Mrs Jupp explained that the seats in the constituency for County Durham, Tees Valley, Cumbria and beyond were uncontested therefore a ballot was not required. Mrs Jupp agreed that for future uncontested seats she would inform Trust Governors where this was the case.

Mr Ramsden informed Trust Governors that he had received the ballot information by email only and Mrs Errington added that she had not received any ballot documents. Mrs Jupp clarified that if Governors and Members had an email registered on the membership database then ballot papers were circulated by email only.

It was resolved: to receive the report.

iii) Trust Constitution Review

Mr Ramsden presented a tabled paper and explained that a meeting was held on 19th April with Mr Chaffer, Mr Briggs and Mr Ramsden representing the Governors and Mrs Caroline Parnell, Trust Communications Lead and former Company Secretary representing the Trust.

Mr Ramsden explained that the model Trust Constitution did not specify a cut off ceiling for the length of tenure for Governors and this was therefore left to individual Trusts to

decide. He added that the Trust current Constitution allows for three terms of three years. It was noted that some guidance on this matter was available in the Foundation Trust Code of Governance and that NHS Providers had issued a briefing document in 2016 in relation to the length of tenure of Governors.

Mr Ramsden explained that for Non-Executive Directors, two three year terms were recommended, and then annual review for a further three years, arriving at a maximum term of nine years in total. This was based on the view that after nine years it is difficult to remain independent. He added that similar principle should be applied for Governors and that the Group recommended that the maximum term of 9 years for Governors be retained.

Mr Bedlington expressed his concern that there was insufficient clarity in the Constitution wording regarding whether a Governor could serve nine years and then have a break before returning to serve as a Governor for a further period of time or whether the nine year was in totality. Mr Ramsden stated that a review of other Trust Constitutions had taken place and for example the wording in the Leeds Trust Constitution was not ambiguous regarding length of tenure.

Mr Richardson queried whether Governors serving more than 6 years should be appointed annually thereafter for the final three year term to which Mr Ions stated that in his view nine years was a good length of time to get the benefit from a Governors experience.

Sir John highlighted that there was a benefit from long-standing Governors in terms of their experience within the Trust but that length of time served also contributed to a reduced level of independence. He added that it was important not to consider 'individuals' and instead focus on the role.

The Group recommended that clauses related to the setting up of a foundation trust should be removed as were no longer relevant and that minor revisions be made related to wording around the duties of the 'Vice Chairman'.

Mr Ramsden explained that the Trust currently had 7 Non-Executive Directors, including representatives from both Newcastle University and Newcastle City Council. He added that the Non-Executives in addition to their contributions to the Board have significant other duties, including chairing Committee meetings and conducting Consultant appointment panels and therefore in some cases it can be difficult to meet these additional commitments.

Mr Ramsden informed Governors that the Trust Chairman, in view of this, at a recent meeting of the Nomination Committee raised the possibility of some changes being made to the present Board membership. It was agreed that the matter be discussed with input from Dame Jackie and that any recommendations be considered at the July Council of Governors meeting.

It was resolved: to receive the report and note that proposed changes to the Trust Constitution are brought to the July Council meeting.

18/27 Minutes of Meeting held on 27th March 2018, Matters Arising and Action Log

The minutes of the meeting were agreed as an accurate record.

Mr Bedlington referred to Page 7 of the minutes regarding the concerns over staffing changes within the current Trust external audit provider and asked whether Mrs Jupp had written to the external auditor on behalf of the Council of Governors. Mrs Jupp confirmed that there had been a small delay in feeding back Governor concerns to the external audit firm due to awaiting confirmation of the new audit partner for the Trust. She added that once confirmation had been received she had emailed the new audit partner, Mr Ian Looker, to highlight the concerns. On receipt of the email, Mr Looker had contacted Mrs Jupp and requested a face to face meeting to discuss the concerns. Meetings took place between both Mr Looker and Mrs Jupp and also Mr Looker and Mrs Dragone to discuss the matters and Mr Looker agreed to ensure action was taken to address Governor concerns.

Mrs Dragone informed the Trust Governors that there had been a lack of continuity in audit staffing due to sudden changes in the Audit Partner and the Audit Senior Manager however the feedback had been acted upon. The audit for the 2017/18 financial accounts had progressed well with little support required to be provided by the Trust finance team and the Audit Partner had been visible on site. A clean audit opinion was anticipated.

Mr Bedlington highlighted that the Council of Governors had not been kept up to date as would have been preferred regarding the liaison with PwC and it was agreed that more timely communications be circulated to ensure all Governors were informed timely regarding matters of concern. He added that a request had been made to PwC for a presentation to be made by them to the Governor Business and Development Working Group on the key headlines from the 2017/18 annual accounts.

The actions detailed in the log were discussed. The following updates were noted:

- i) ACTION14 (Number 21) - Mrs Perfitt asked whether a contribution could be sought from the associated charities to fund the extension to free TV usage in Childrens Wards to which Mr Bedlington explained that the charity did provide a number of 10% discount cards for patients.

Mrs Mitchinson explained that in some cases children were cared for in Wards for prolonged periods of time. Sir John queried whether the Social Workers hardship fund could be utilised to which Mrs Mitchinson explained that this fund was used for meals.

Mr Ramsden requested that Hospedia be further contacted to which Mrs Jupp explained that Hospedia had confirmed that it was possible to extend the free service to 9pm at an extra cost to the patient of £1 per day for the extra 2 hours.

Mrs Perfitt agreed to discuss the matter further via the Quality of Patient Experience Working Group (**ACTION01**). Dame Jackie recommended that a proposal be brought back to the Council of Governors in due course. Mrs Mitchinson recommended that consultation is undertaken with patients on their preference.

Mr Bedlington commented that consideration should be given as to the vacant appointed charity Governor seat on the Council and to having a charity representative on the Trust Board of Directors.

- ii) ACTION15 (Number 22) - Mrs Jupp confirmed that a formal agreement had been entered with Hospedia not to provide services which could be used by patients and visitors in the wards or at the bedside to access streaming media, including services such as iPlayer, movies and on-screen games. She added that under its agreement with Wi-Fi Spark the Trust had previously agreed to restrict the available bandwidth on the network to 5mbs.
- iii) ACTION07 (Number 29) - Mrs Jupp confirmed that the action had now been completed as the website had been updated.
- iv) ACTION10 (Number 32) - Ms Cushlow explained that a number of conversations had taken place regarding a bed washing unit and a trial was currently underway in relation to use of a UV Light Unit.

18/28 Current Issues: Chief Executive Report

Dame Jackie presented the report and asked for Governors to provide feedback on what areas and matters they would like to be included as part of Council of Governor meetings going forwards.

A discussion ensued regarding creating more informal time for Governors and Board members either within Council meetings or separately.

Dame Jackie explained that this was her third week in post and that since coming in to post she had met with a number of key partners and stakeholders from Local Authorities, Universities, Clinical Commissioning Groups and other local Trusts. Sir John highlighted the importance of effective collaboration and engagement across the region.

Dame Jackie expressed her gratitude to the Executive Team members and in particular to Mrs Robson and Mr Welch for leading the organisation during their Acting Chief Executive capacity.

Mr Ions commented on the recently aired Transplant Programme which featured Trust staff and patients. He commended those involved for their work and for the fantastic programme which directly contributed to an increase in organ donors by more than 3,000. Mr Andy Fisher commented that staff involved in the Programme had been overwhelmed by the positive response received and highlighted the importance of showcasing the work of the Transplantation Team. Mrs Robson added that the programme demonstrated the essential link between Cardiology and Transplantation services for Congenital Heart Disease patients.

Reference was made to planning for the NHS' 70th birthday celebrations.

Dame Jackie reported on the need to ensure effective communications and informed Governors that she was currently reviewing the leadership of Trust communications

function. She added that investment was required in improving the level and frequency of communications to staff, patients and stakeholders.

Professor McCourt expressed her gratitude to those involved in facilitating the successful Nursing Conference and commented on the very positive atmosphere within the conference.

Mr Welch confirmed that interviews had taken place for a new Guardian of Safe Working and that the Interview Panel included two Trust junior doctors.

Sir John referred to a recent visit by both the Chairs of NHS England and NHS Improvement. He commented that both had been very impressed by their visit.

It was resolved: to receive the report.

18/29 Quality of Patient Experience

i) Working Group - Update

Mrs Errington presented the report and highlighted the salient points.

Regarding the visits to Wards 8 and 9, Royal Victoria Infirmary, Mrs Errington explained that she had recommended that the Ward Sister consider making an application for Charitable Funds regarding the creation of a playroom/play space for children.

Mrs Houlston commented that the shortage of space for infusions in Ward 20 at the Freeman Hospital was of concern, despite an excellent ward visit and evident strong team-working.

Mr Stewart-David recognised the fantastic work of Trust staff, and in particular auxiliary staff who were very happy to approach and speak to Trust Governors during Ward visits. He added that very often domestic staff were seen talking to patients who did not have any visitors and recognised the importance of this in preventing loneliness for patients.

Mrs Errington queried whether Ward 1 at the Freeman Hospital was included in the Trust Ward refurbishment programme to which Ms Cushlow agreed to query with Mr Robert Smith, Trust Estates Director (**ACTION02**).

Mrs Perfitt referred to the national requirement for Patient Led Assessments of the Care Environment (PLACE) and explained that these were patient-led assessments undertaken over a 3 day period. A number of Trust Governors, PALS representatives and volunteers were involved with the assessments which took place across 13 Wards in the Royal Victoria Infirmary, 10 Wards in the Freeman Hospital and 4 Wards in the Campus for Ageing and Vitality.

Mrs Perfitt explained that overall the assessments had gone well and that there was a requirement for each assessment to be 'signed-off' by the patient lead to provide assurance that 'no undue pressure was exerted' during the assessment process.

Mrs McCalman reported that the CRESTA visit was extremely positive. Staff were noted to be calm, enthusiastic, highly experienced and very proud to work for the Trust. Mr Ions commented on the uniqueness of the facility and the benefits of this.

Mrs Errington commented on the fascinating presentation provided by Professor Ruth Plummer.

Reference was made to the reduction in the number of complaints as reported by Mrs Tracy Scott, Head of Patient Experience, in her presentation.

Mrs Errington confirmed that MRSA was agreed by the Group as the local indicator of choice for the external audit review.

It was resolved: to receive the report.

ii) Integrated Quality Report

Ms Cushlow and Mr Welch presented the report and highlighted the salient points.

Ms Cushlow explained that there were 9 cases of C. difficile in March bringing the total to 88 for the year to date. Following a number of successfully concluded appeals Ms Cushlow confirmed that the Trust had remained within target for the year.

A slight increase in the number of pressure ulcers was reported in March 2018 and Ms Cushlow agreed to provide a more detailed update for Trust Governors in two months' time (**ACTION03**).

Ms Cushlow confirmed that the Clinical Assurance Toolkit (CAT) continued to demonstrate a stable set of results and feedback on the national Friends and Family Test results was good.

It was noted that a baseline assessment was being undertaken by Mrs Tracy, Head of Patient Experience, to review complaints response times and identify actions in order to facilitate an improvement in complaints response times.

Mr Welch explained that Healthcare Associated Infections was one of the Trust Quality and Safety priorities for 2018/19.

Mr Ramsden queried whether the nature of the services provided meant that the Trust was more at risk of infections, particularly given the significant urological services undertaken within NuTH. Mr Welch explained that for gram negative bacteraemia then it was more likely that the Trust may see a greater number of catheter associated infections for urology patients, and this was often the case for patients with catheters in the community. He added that the Trust was working with local Clinical Commissioning Groups to ensure better management of patients with catheters in the community.

There were 12 MSSA bacteraemia reported in March. Mr Ramsden queried whether any specific reasons had been identified for the higher than expected number of MSSA cases to which Mr Welch explained that no specific reasons had been identified. A significant

focus had been placed on ensuring appropriate Aseptic Non Touch Technique (ANTT) training.

Dr Saunders asked whether the Council could be provided with a breakdown of pressure ulcer performance by unit to which Ms Cushlow agreed to provide a presentation to Trust Governors on this topic at a future meeting (**ACTION04**). She explained that work was underway in ensuring that the differences between moisture lesions and pressure ulcers were clear for all Ward staff to provide assurance that the reported pressure ulcers were correctly categorised as such.

Mr Richardson referred to page 20 and queried the why the Friends and Family Test (FFT) figures on the left hand side of the page did not match the figures on the right hand side of the page to which Ms Cushlow agreed to ascertain and report back (**ACTION05**).

In terms of Safeguarding performance Mr Richardson queried the reduction in the number of cases of female genital mutilation appeared positive. Ms Cushlow confirmed that Safeguarding was a City-wide priority and agreed to investigate the query (**ACTION06**).

Mrs Perfitt asked why the Cause for Concern figures for children were significantly down to which Ms Cushlow agreed to look into and report back at a future Council meeting (**ACTION07**).

Mr Ions commended the Trust Maternity Services for their work in caring for a family member and their 7 week old premature baby.

It was resolved: to receive the report.

iii) Freedom to Speak Up Guardian Report

Mrs Jupp presented the report for information and explained that the report detailed activity undertaken by the Trust's Freedom to Speak Up Guardian over the last 12 months. She highlighted that a number of actions were planned in response to the themes identified and that the Guardian was liaising directly with colleagues in the Trust Human Resources Department.

It was resolved: to receive the report.

iv) Children's Passport Governor Briefing

Professor McCourt presented the briefing and explained that the Passport had been created by staff in conjunction with the patients of the GNCH and their parents allow the patient to condense their information into a single document.

The Hospital Passport was split into three sections therefore condensing a significant amount of information into a more user friendly document. The Passport detailed key information about the patient including 'things you need to know about me', things that are important to me' and 'my likes and dislikes'. Professor McCourt advised that the Passport provided more evidence on how paediatric patients wanted to be cared for and

had proven very successful. She added that there was a need to ensure that the Passport was kept up to date.

It was noted that some of the nursing staff involved developing the Passport had given a presentation on the Passport to the Royal College of Paediatricians.

It was resolved: to receive the briefing.

18/30 Business and Development

i) Working Group Report

Dr Valentine presented the report and explained that he and Mr Bedlington had attended a number of the Trust Strategy development meetings and witnessed the evolution of the Trust Strategic Plan to date. He added that all of the Directorates had presented well and acknowledged that due to the large range of activities within the Trust, this added significant breadth and complexity to the process for strategy development.

Mrs Robson highlighted the importance of having a robust strategy development process, particularly when considered the Care Quality Commission Well-Led requirements.

Mrs Robson explained that in total 36 strategies had been drafted by the Directorates and were currently under review. The arrival of Dame Jackie had also prompted the need for the Trust Board and Executive Team to take a forward look at the strategy for the Trust over the next 5 to 10 years.

It was noted that once the 36 strategies had been reviewed and consolidated then a session would be scheduled with the Trust Council of Governors to provide an opportunity for Governors to input into the Trust strategy.

Sir John commented that the process for the strategy development had been a good opportunity for Directorates to communicate with each other and to learn from each other to identify potential further opportunities.

Mr Bedlington informed Governors that the Group had received a briefing from Mrs Joanna McCallum and Mr Iain Bestford regarding the Trust Operational Plan. He acknowledged the complexity of the Plan development and the requirement for the Trust to deliver its Cost Improvement Programme.

Mr Bedlington explained that there was no further update regarding the STP development. Mrs Robson explained that there was a requirement that all Operational Plans were aligned with and influenced by the STP.

It was noted that the tender process for the external auditor appointment was currently underway. Mr Bedlington explained that it was proving difficult to identify a date in June for the Group, along with representatives from the Trust Finance and Procurement teams to receive presentations from prospective external auditors. Mrs Dragone highlighted the importance of Finance colleagues being present for the presentations and agreed to work with Mr Bedlington to find a suitable date (**ACTION08**).

Mrs Dragone confirmed that the Trust current external auditors, PwC, were currently auditing the Trust Annual Report and Accounts for 2017/18. Mr Bedlington highlighted that he was not aware that the Group had received the annual audit letter from PwC for 2016/17.

Mr Bedlington informed Governors that this was his last Council of Governors meeting after 9 years as a Trust Governor. He commented on the transformation of the Trust during that time including the capital developments such as GNCH, Maggies, the MSCP, NCCC and the Institute of Transplantation.

Sir John expressed his sincere thanks to both Mr Bedlington and Mr Ramsden for their substantial contributions to the Trust over the nine years in which they had both been Trust Governors. He also expressed his gratitude to Mr Chaffer, Councillor Streater, Ms Coghill and Dr Johnson for their dedication and commitment to the Trust during their time as Governors.

It was resolved: to receive the report.

ii) Finance Report – Month 12

Mrs Dragone presented the financial position for the period ending 31st March 2018.

Mrs Dragone highlighted that operating income for the period exceeded £1 billion at £1,029.5 million, £12.6 million ahead of Plan and expenditure was £1,034.8 million, £13 million ahead of Plan.

Mrs Dragone explained that the reported position for 2017/18 was an underlying Income & Expenditure (I&E) deficit of £4.5 million. The receipt of £6.3 million STF improved the position to a reported surplus of £1.9 million.

The Trust attained an overall risk rating of '2' which was better than the Plan position which included a risk rating of 3.

The Cash balance at the end of the financial year was £85.7 million; £2.1 million higher than Plan. Circa £22 million had been spent on capital in the year. The difference in cash between Plan and actual was due to a £9.7 million under spend against the Capital Programme which was partially offset following the advanced payment of Tax and National Insurance for March 2018.

The Trust's revised Plan required £31.6 million of cost improvements and delivery for the year was £29 million, with a resulting shortfall of £2.6 million against the 2017/18 target.

Sir John commended the work of Mrs Dragone and all involved in the production of the Trust Annual Report and Accounts.

Mrs Robson explained that for 2018/19 additional capital could only be obtained through a STP capital submission process. She added that the Trust had submitted a series of bids in advance of the 13th June 2018 deadline for capital bids and it was anticipated that feedback would be provided relatively timely.

It was resolved: to receive and acknowledge the overall financial position for the period to 31st March 2018.

18/31 Community Engagement and Membership

i) Working Group Report

Mr Thompson provided a verbal update and advised that the membership and remit of the Group was under review due to the difficulties in attracting and retaining members.

The remit of the Group focussed primarily on the organisation of Members Events. The Event held in March 2018 was attended by circa 100 members. Mr Thompson expressed his gratitude to Mrs Jupp in organising the March event and to the Governors who attend to assist in the facilitation of the event.

Mr Cranston agreed to join the Community Engagement and Membership Working Group.

Mr Thompson highlighted that there was a need to review the frequency and content of communications to Trust members as membership levels had reduced by a small amount over recent years.

Mr Thompson advised that the next Members Event had been rescheduled from 13th June to 24th July and would include presentations on kidney disease and ophthalmology. Ideas were sought for future members' events.

Sir John left the meeting at 3:35pm and the remainder of the meeting was chaired by Professor McCourt.

It was resolved: to receive the update.

18/32 70 Years 70 Stories

As part of the 70 Years 70 Stories project the Council of Governors listened to three staff stories from:

- Mr Nigel Goodfellow – Trust Chaplain.
- Ms Joanne Moffett - Education and Welfare Officer.
- Ms Lynn McDonald - infant feeding coordinator.

18/33 Other Items for Discussion

i) Any issues which Governors wish to raise/Any Other Business

There were no issues which Governors wished to raise.

Mrs Jupp reminded Governors and Board members of the training and informal meeting scheduled for 28th June.

18/34 Items to Receive for Information

- i) NHS Providers: NHS Mandate briefing
- ii) NHS Providers: The Changing Nature of Regulation

Items i) and ii) were received for information.

18/35 Date and Time of Next Meeting

The next meeting will be held on Thursday, 19th July 2018 at 1:30pm in Function Rooms 137 and 138, Education Centre, Freeman Hospital.

The meeting closed at 3.40pm.

GOVERNORS' ATTENDANCE, 17th May 2018

1	Dr Amit Aggarwal	Resigned November 2017
A	Mr Derrick Bailey	Y
3	Mr John Bedlington	Y
2	Mr Graham Blacker	Y
3	Mr Paul Briggs	Y
1	Mr Adam Chaffer	Y
S	Ms Elaine Coghill	Left Trust May 2018
2	Mr Terence Coleman	Y
2	Mr Steven Cranston	Y
1	Miss Ruth Draper	N
2	Mrs Carole Errington	Y
A	Professor A Fisher [Newcastle University]	Y
S	Mrs Barbara Goodfellow	Y
S	Mrs Eleanor Houliston	Y
1	Mr Bill Ions	Y
3	Dr Alan Johnson	Apologies
S	Dr Phil Laws	Apologies
2	Dr Helen Lucraft	Apologies
1	Mrs Jean McCalman	Y
2	Dr Duncan McKinnon	N
S	Mrs Victoria Mitchinson	Y
1	Mrs Susan Nelson	Apologies
2	Mrs Carole Perfitt	Y
2	Mr Peter Ramsden	Y
S	Mr Wayne Reed	Left Trust October 2017
1	Mrs Elsie Richardson	Resigned October 2017
2	Mr Paul Richardson	Y
3	Dr Michael Saunders	Y
1	Mr David Stewart-David	Y
A	Councillor Jane Streather	Left the role as a City Councillor in March 2018
2	Mr Derek Thompson	Y
1	Dr Eric Valentine	Y
A	Professor Andrew Wathey	N
2	Mr Fred Wyres	Apologies

**THIS PAGE IS
INTENTIONALLY BLANK**

Council of Governors Meetings Actions

Agenda item: 3

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
9	ACTION02	18/04 Minutes of the Meeting held on 16th November 2018	18th January 2018	Mr Ramsden reminded Governors that the proposed changes were discussed initially at the September 2017 Council meeting and recommended that a small group be established to review the proposed changes and report back to a future Council meeting. Mr Ramsden offered to Chair the group and asked that fellow Governors consider joining the group. The Council of Governors agreed with Mr Ramsdens recommendation and Mr Ramsden agreed to work with Mrs Jupp to facilitate.	P Ramsden K Jupp	Meeting held on 19th April 2018. Tabled paper provided at 17th May 2018 Council meeting. Detailed paper on agenda for July Council meeting.	
10	ACTION03	18/04 Minutes of the Meeting held on 16th November 2018	18th January 2018	Mrs Robson referred to the outstanding action relating to the circulation of the STP decision tree and advised that a meeting was scheduled tomorrow to discuss the STP structure and therefore it was likely that the decision tree would be refreshed. Mrs Robson agreed to circulate the revised decision tree to the Council of Governors.	L Robson	Discussed at Council meeting in March 2018 - decision tree being further refined. To be circulated when available.	
14	ACTION07	18/05 Current Issues (i) Executive Report)	18th January 2018	Mr Briggs commented that better management of social media would allow more effective communication with Trust members. Mr Ions asked that consideration be given to developing a shorter, more regular communication to Trust members to which Mrs Jupp agreed to investigate.	K Jupp	Newcastle Cares newsletter circulated to members twice a year. New Deputy Trust Secretary working with Ms D Colvin-Laws (Newly elected Staff Governor) and Mrs L Watson (Comms) to review membership levels and engagement with members - update to be provided to the September 18 Council meeting.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
16	ACTION09	18/06 Business & Development - (i) Working Group Report	18th January 2018	Mrs Perfitt asked what the end point was following the strategy workshops and whether a presentation would be made to the Council of Governors. Mrs Robson agreed to run a single workshop session for Trust Governors.	L Robson	Further strategy sessions scheduled due to positive feedback received from staff - full Governors session to be scheduled on conclusion of staff sessions (which are scheduled for July 2018 and the Chair of the Governor BD Group has been invited).	
24	ACTION02	18/17 Current Issues	27th March 2018	Mrs Robson advised that there was a large communications team in place for the STP and Sir John commented that it would be useful to invite the team to attend a future Council of Governors meeting. Mrs Robson agreed to facilitate with Mrs Jupp.	L Robson/K Jupp	Was hoped to be scheduled for the July 2018 Council meeting however will now be scheduled in September 2018.	
27	ACTION05	18/19 Community Engagement and Membership (i) Working Group	27th March 2018	Mrs Jupp explained that the Group Chair had been unwell and therefore the Group had not met for a period of time. She agreed to liaise with the Chair of the Group to try to re-schedule meetings for the remainder of the calendar year	K Jupp	Ongoing - verbal update to be provided at the July 18 Council meeting.	
30	ACTION08	18/20 Quality of Patient Experience (i) Working Group	27th March 2018	Mr Ions confirmed that he had visited Ward 19 and noted a request from the Ward Sister for the Ward entrance doors to be replaced with less heavy doors. He added that a potential solution may be to install automatic doors or the use of door opener-close devices. Mrs Lamont agreed to explore the options available for Ward doors	M Cushlow	Reported to Estates, Fire Officer and highlighted as a potential falls risk at Falls review. Matron Saunders to follow up with Estates Director.	
31	ACTION09	18/20 Quality of Patient Experience (i) Working Group	27th March 2018	Sir John highlighted that the Healthcare Assistants had highlighted concerns over the colour of the scrubs to which Mrs Lamont advised that the matter was in hand and agreed to provide feedback to Governors once the matter had been resolved	M Cushlow	Discussions on-going - meeting scheduled 14.5.2018	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
32	ACTION10	18/20 Quality of Patient Experience (ii) Integrated Quality Report	27th March 2018	Sir John highlighted that in other Trusts a 'bed washing unit' was used to which Mrs Lamont advised that this could be possible in the Freeman Hospital but not at the RVI. She highlighted that information had been gathered from other Trusts regarding their bed cleaning arrangements which required further analysis and agreed to provide an update to a future Council meeting	M Cushlow	Ms Cushlow explained at the May 18 Council meeting that a number of conversations had taken place regarding a bed washing unit and a trial was currently underway in relation to use of a UV Light Unit.	
36	ACTION14	18/23 Governors' Education and Training	27th March 2018	Dr Laws agreed to share an electronic copy of the presentation slides with Mrs Jupp for sharing with Governors who were not able to attend the presentation today	P Laws	Awaiting confirmation of action status	
37	ACTION 1	18/27 Minutes of Meeting held on 27th March 2018, Matters Arising and Action Log (i) ACTION14	17th May 2018	Mrs Perfitt asked whether a contribution could be sought from the associated charities to fund the extension to free TV usage in Childrens Wards to which Mr Bedlington explained that the charity did provide a number of 10% discount cards for patients. Mrs Perfitt agreed to discuss the matter further via the Quality of Patient Experience Working Group	C Perfitt	Awaiting confirmation of action status	
38	ACTION 2	18/29 Quality of Patient Experience i) Working Group - Update	17th May 2018	Mrs Errington queried whether Ward 1 at the Freeman Hospital was included in the Trust Ward refurbishment programme to which Ms Cushlow agreed to query with Mr Robert Smith, Trust Estates Director	M Cushlow	Awaiting confirmation of action status	
39	ACTION 3	18/29 Quality of Patient Experience ii) Integrated Quality Report	17th May 2018	A slight increase in the number of pressure ulcers was reported in March 2018 and Ms Cushlow agreed to provide a more detailed update for Trust Governors in two months' time	M Cushlow	Awaiting confirmation of action status	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
40	ACTION 4	18/29 Quality of Patient Experience ii) Integrated Quality Report	17th May 2018	Dr Saunders asked whether the Council could be provided with a breakdown of pressure ulcer performance by unit to which Ms Cushlow agreed to provide a presentation to Trust Governors on this topic at a future meeting	M Cushlow	Awaiting confirmation of action status	
41	ACTION 05	18/29 Quality of Patient Experience ii) Integrated Quality Report	17th May 2018	Mr Richardson referred to page 20 and queried the why the Friends and Family Test (FFT) figures on the left hand side of the page did not match the figures on the right hand side of the page to which Ms Cushlow agreed to ascertain and report back	M Cushlow	Awaiting confirmation of action status	
42	ACTION 06	18/29 Quality of Patient Experience ii) Integrated Quality Report	17th May 2018	In terms of Safeguarding performance Mr Richardson queried the reduction in the number of cases of female genital mutilation appeared positive. Ms Cushlow confirmed that Safeguarding was a City-wide priority and agreed to investigate the query (ACTION06).	M Cushlow	Ms F Blackburn is looking into the reason for the possible reduction in FGM. Ms Cushlow explained that a possible reason may be that the Trust do not notify at every contact now if a case is already flagged however this will be verified.	
43	ACTION 07	18/29 Quality of Patient Experience ii) Integrated Quality Report	17th May 2018	Mrs Perfitt asked why the Cause for Concern figures for children were significantly down to which Ms Cushlow agreed to look into and report back at a future Council meeting	M Cushlow	Mrs Cushlow confirmed that there are less notifications because of the MASH and multiagency discussions / information sharing with the MASH - this has negated the need for some formal Cause for Concern notifications however MASH has been in place for 2+ years and the Trust is still seeing year on year drop. A threshold audit undertaken did not highlight any concern with our threshold for reporting but Ms Cushlow agreed to investigate further.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
44	ACTION 08	18/30 Business & Development i) Working Group Report	17th May 2018	It was noted that the tender process for the external auditor appointment was currently underway. Mr Bedlington explained that it was proving difficult to identify a date in June for the Group, along with representatives from the Trust Finance and Procurement teams to receive presentations from prospective external auditors. Mrs Dragone highlighted the importance of Finance colleagues being present for the presentations and agreed to work with Mr Bedlington to find a suitable date	A Dragone/ John Bedlington	Completed - interview panel held on 28 June 2018	

Key:

- Red = No update/Not started
- Amber = In progress
- Green = Completed

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	Chief Executive's Report		
Report of	Jackie Daniel Chief Executive Officer		
Prepared by	Caroline Parnell, Interim Communications Support Kelly Jupp, Trust Secretary Alison Greener, Executive PA to CEO		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	<p>The content of this report outlines:</p> <ul style="list-style-type: none"> • Chief Executive Officer (CEO) Overview • Financial Position • Emergency Department(ED) performance • Operational Plan • Good Governance Institute (GGI) work • Care Quality Commission (CQC) Inpatient Survey 2017 • Recruitment • Estate issues • Sunderland Medical School • Visibility • News and views 		
Recommendations	The Council of Governors are asked to note the contents of this report.		
Links to Strategic Goals	<ul style="list-style-type: none"> • Putting patients first and providing care of the highest standard focusing on safety and quality. • Maintaining sound financial management to ensure the ongoing development and success of our organisation. • Enhancing our reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do. 		

Agenda item: 5

Risks identified	Achievement of national performance targets – specifically the A&E 4 hour waiting time target.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
Reports previously considered by	If yes, please give additional information: Provides an update on key matters. Bi-monthly update report		

Chief Executives Report

1. CEO OVERVIEW

During the second month following my appointment I have continued to meet with a range of internal staff and teams and at the same time met leaders of our partner organisations. I have been given a warm welcome and I am struck by the huge commitment and energy of NUTH staff, as well as seeing first-hand the excellent quality of services provided by our teams. Outside the Trust, there is change being proposed and taking place at many levels, including nationally for both NHS England and the provider regulator NHS Improvement. The debate and announcements over recent weeks have centred around an increased financial offer for the NHS and a range of aligned offers to support staff including pay deals and lifting the cap on the recruitment of overseas staff wishing to join the NHS.

At this time of extensive change nationally; we are taking the time to refresh our own strategy. For Newcastle upon Tyne Hospitals (NuTH) this is a complex task. We interface with a range of partners at different levels; nationally and internationally, regionally as part of an integrated care system and locally in terms of our Newcastle plan with commissioners, providers and our local authority colleagues.

Although developing and agreeing the strategy is complex, a further and arguably more important piece of work is making sure our leaders are aligned and our governance and operating structures and processes are designed to support delivery of the strategy. So I have asked Louise Robson, Deputy Chief Executive Officer (CEO), to work with the leadership teams to look at the current management structures to make sure they are optimal and can best support us to deliver going forward. We are engaging with Trust leaders in this discussion and will consider carefully what changes may need to be made to strengthen the way we are organised and operate. Later on the agenda (item 15) is a paper outlining our approach to examining our current governance processes to ensure these too are aligned to support delivery.

I have been struck by the amount of work which takes place in less formal structures – in networks, coalitions, and smaller groups of activity - and I want to encourage and support this. There is evidence that working in this way liberates potential and can complement an organisation's formal structures and processes. I am encouraging ways of working and communicating which I hope will serve to make some of this work more visible and shine light on some of our "unsung heroes" – staff who go those extra miles and do incredible, innovative and creative work. Examples of this include our work with staff with protected characteristics, supporting staff struggling with mental health issues, and raising awareness of the many and varied ways in which we can support our staff. I am very much looking forward to working with the 100+ staff volunteers who want to build a programme in Newcastle for our staff to #FlourishAtWork.

A number of additional areas are worthy of mention – the first is the range of activity we are leading in research and innovation. I am talking with staff and partners about

Agenda item: 5

how we might bring research and innovation together and understand how we leverage potential from the “sum of the parts”. This is key for our patients and to ensure we contribute to the sustainability of the NHS and reverse the worrying current trends in morbidity and lifestyle choices leading to premature death. The second area I see greatly contributing to our future success is digital and technological advancements.

2. FINANCIAL POSITION

It is disappointing to see a further deterioration in our financial position just month two into the financial year. This is due to slippage in delivery of our cost improvement programme as identified in the finance paper on the agenda under agenda item 11. While this represents less than 0.5% of our overall budget, we are working closely with our leadership colleagues to try to rapidly address the situation. It is important that everyone in the organisation plays their part in ensuring we operate as efficiently as possible if we are to continue to invest in services and provide outstanding care.

3. EMERGENCY DEPARTMENT PERFORMANCE

I attended a national discussion with Simon Stevens, NHS England, and Ian Dalton, NHS Improvement, on urgent and emergency care with the national lead, Pauline Phillips. While it was great to be one of the best performing organisations at that event, we do continue to face challenges in achieving the four hour A&E target.

These challenges include an increase in emergency demand, ambulance handovers, workforce shortages, Trust capacity and flow (including repatriation), IT challenges and activity from Ponteland Road and Battle Hill. We are working closely with our staff and partner organisations on a range of initiatives to address these areas, including expanding ambulatory care, and further investment in emergency department staffing.

Overall performance remains good at an average of 94.87% up to 19th June 2018. The average for June is 94.97% based on performance each day.

4. OPERATIONAL PLAN

The 2017–19 Planning Guidance published by NHS England and NHS Improvement in September 2016 outlined the requirement for Commissioners and Providers to develop a two year Operational Plan. This guidance was updated in February 2018 and NHS organisations were advised to update the 2018/19 year of the existing two-year plans in line with the guidance. The Board of Directors approved the updated plan which was submitted to NHS Improvement by the 30 April deadline. The Trust Chairman received a feedback letter from NHS Improvement on 8 June 2018, which set out some key elements of the plan that required further review and follow up action. A response to the feedback letter was drafted, approved by the Trust Board and sent to NHS Improvement.

Agenda item: 5

5. **GOOD GOVERNANCE INSTITUTE (GGI)**

We have commissioned an external independent organisation, the Good Governance Institute (GGI), to undertake a structural review of governance within the Trust during June and July 2018. A series of interviews will take place with the first being with myself on the 2 July 2018. Other members of the team may be contacted (Directorate Managers (DMs), Clinical Directors (CDs), Board members, Directors and Governors) to undertake interviews, and the GGI will also be observing a number of committees. They will issue their report in August and will be undertaking two board development workshops in July and September.

6. **CQC INPATIENT SURVEY 2017**

The results of the CQC Inpatient Survey undertaken in 2017 have been released and I am pleased to report that the Trust had a positive performance when compared locally and with our national peer group.

The Trust performed better than other Trusts in 21 of the 61 questions. There was significant improvement in one area (noise at night from staff) compared to the previous survey and NUTH did not score worse than other Trusts in any question. The response rate of patients who completed the questionnaire was 42.9%, which was above the national average of 38.3%.

Preparations are underway for the 2018 inpatient survey which will sample patients from July 2018 and the Trust will be piloting and testing a variety of different methods to survey patients to further improve response rates. Further information can be found in agenda item 14.

7. **RECRUITMENT**

Interviews took place for a Trust Non-Executive Director role on 8 June 2018 and a recommendation will be presented to the Council of Governors today for ratification.

A number of senior leadership roles have been out to advert. The interviews for the Director of Procurement and Supplies took place on 3 July 2018 and while we chose not to appoint on this occasion, arrangements are in place to deliver the responsibilities of this role. The Chief Operating Officer interviews took place on 18 July 2018 and the Director of Communications and Engagement interviews will be held on the 23 July 2018.

8. **ESTATE ISSUES**

There have been a number of issues due to the age and backlog maintenance around the Trust estate:-

8.1 **Power Outage**

On 1 June 2018, the power failed on both the Freeman and the RVI sites. Although this caused some disruption, all hospital and community services

Agenda item: 5

provided by the Trust still operated and patients were advised to attend appointments as normal.

The reasons for the power failure are still being investigated and will be discussed at the next Emergency Preparedness, Resilience and Response (EPRR) meeting but our staff should be congratulated for the efforts they made to minimise the impact to patients.

8.2 Cardio Theatre Closure

Cardio theatres were temporarily closed to address a ventilation problem. We are working on a short term solution to the issue, but investment may be required to fund a long term solution.

9. SUNDERLAND MEDICAL SCHOOL

I have discussed the development of the new Medical School in Sunderland with the Chairman and Professor Scott Wilkes from the School. It was agreed that their first cohort of students would be in conjunction with Sunderland Hospitals, which is geographically their natural primary partner, as well as Wear Valley. The first intake of students will be ready for clinical attachment in 2021.

10. INNOVATION AND SERVICE IMPROVEMENT

It was great to meet a number of Governors who joined Board members at a market place event on 28 June 2018 at the RVI to showcase just some of the service improvement and innovation going on across the Trust. New devices designed by our brilliant medical physics departments, an ambulatory care pilot clinic in the community and work to improve infection rates that also reduced length of stay were the themes of just some of the displays. It was a pleasure to talk to such enthusiastic staff about the work they are doing to make a real positive difference to the care of our patients and often, also being more efficient.

11. VISABILITY

11.1 Walkabouts

I am undertaking a rolling programme of visits to services and teams across the various sites we operate from. I have recently visited the Emergency Department Women's Services, ePod, Dermatology, Plastic Surgery, Renal Services, and the Institute of Transplantation. I have had the opportunity to talk to staff about the services they provide and the challenges they face and I was impressed by the excellent care being delivered by all of the services.

11.2 Flourish

The first meeting of staff interested in the #FlourishAtWork initiative is due to be held at the Centre for Life on 17 July 2018. More than 100 staff have expressed an interest in the initiative and I am looking forward to hearing their views on what #FlourishAtWork could mean for NUTH.

12. NEWS AND VIEWS

The NHS celebrated its 70th anniversary on 5 July 2018 and staff and services from many parts of the Trust were filmed for national and local programmes to mark the event. These include:

- “How the NHS Changed Our World: Tyneside Genetics Pioneers”, which was shown regionally on BBC 1 on 20 June 2018 and will also feature on BBC 2 tomorrow (29 June 2018) as part of a week of programmes
- the recent ITV/Mirror NHS Heroes Awards
- BBC 4’s “A People’s History of the NHS”
- A history of transplantation for Tyne Tees news

On 5 July 2018, the Trust unveiled two exhibitions at the RVI and Freeman Hospital looking back at the history of healthcare in Newcastle. We also proudly flew NHS flags on both sites, and every ward received a special anniversary cake for patients to join in the celebrations. We launched 70 Stories, a project featuring the work of 70 staff sharing their experiences of filling different roles in the NHS and in the evening, the RVI was floodlit blue alongside landmarks across the country.

13. AWARDS

For a Trust with so many innovative services and skilled staff, it is no surprise that we should feature in regional and national award programmes. Here are some of the most recent award winners:

- Christine Kyle, a Sister in Main Outpatients at the Freeman, was nominated as one of the BBC’s 20 real-life Angels of the North to mark the 20th anniversary of Antony Gormley’s iconic sculpture;
- The Trust won the Excellence in Supporting Armed Forces Talent category in the recent CIPD North East of England HR&D Awards;
- Laura McNeillie, an Advanced Physiotherapist, won the inaugural NICE into Action category at the Chief Allied Health Professional Officer’s Awards;
- Vijay Kunadian, an Academic Consultant Interventional Cardiologist at the Freeman, won a Rising Star in Healthcare Award;
- Treacey Kelly, a Community Matron, and Leah Rutter, a Tissue Viability Nurse, were both made a Queen’s Nurse by The Queen’s Nursing Institute.

**Report of Dame Jackie Daniel
Chief Executive Officer
5th July 2018**

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	Trust Constitution Review Report		
Report of	Caroline Parnell, Interim Communications Support		
Prepared by	Caroline Parnell, Interim Communications Support		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary	The content of this report outlines a summary of the proposed changes to the Trust Constitution.		
Recommendations	The Council of Governors are asked to consider and approve the proposed changes identified in the report.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	No direct risks.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal	X	
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Provides proposed changes to the Trust Constitution for Governors to consider.		
Reports previously considered by	New Report		

CONSTITUTION REVIEW

1. UPDATE

Each NHS Foundation Trust must have an approved constitution that sets out how the organisation is governed. These are generally developed in line with the model constitution as specified by NHS Improvement.

The current constitution for The Newcastle upon Tyne Hospitals NHS Foundation Trust was approved in 2006 as part of the organisation's application for Foundation Trust status. Since then the constitution has been subject to minor amendments on four occasions to reflect developments in regulatory and legal requirements.

Governors will be aware of ongoing work to review the Trust's constitution in line with the model constitution endorsed by NHS Improvement.

In September 2017 a proposed new constitution was presented to the Council of Governors. It was agreed that a small working group should be formed to consider the proposed amendments to the constitution and make recommendations to the Council of Governors.

On 19 April 2018 the working group met and it was made up of governors Mr Peter Ramsden as Chair, Mr Adam Chaffer and Mr Paul Briggs with Mrs Caroline Parnell, a former NHS Foundation Trust company secretary, in attendance to provide advice and guidance. The group compared the proposed new constitution to the model constitution and constitutions adopted by a number of other NHS Foundation Trusts.

At the last Council of Governors meeting Mr Ramsden presented a paper setting out the recommendations of the working group, which the Council supported in principle.

Mrs Jupp has subsequently reviewed the recommendations to ensure they reflect the Trust's governance arrangements and supports all of the recommendation apart from one relating to the use the Trust seal. The working group recommended that approval to use the seal should be the responsibility of the Board of Directors rather than the Trust Secretary. For practical operational reasons the Board had previously given delegated authority to the Trust Secretary to carry out this duty and the Trust Secretary maintains a register to record the relevant details as to when the Trust seal has been applied. Therefore it is proposed that this should not be amended in line with the working group recommendation.

The Trust's constitution has been amended to reflect all the proposed changes and a revised version of the constitution is attached.

To make any changes to the Trust's constitution requires:

- approval of the majority of governors at a Council of Governors meeting;
- approval by the majority of directors at a Board of Directors meeting; and
- approval by the regulator, NHS Improvement.

2. RECOMMENDATIONS

The Council of Governors is asked to:

- support the proposal not to amend the reference to the use of the Trust seal; and
- approve the proposed amended constitution as attached in Appendix 1.

Report of Caroline Parnell
Interim Communications Support
13th July 2018

|

NHS Foundation Trust

Model Core Constitution

(updated as per the Health and Social Care Act 2012)

April 2013

Introduction

Section 35(1) of the National Health Service Act 2006 (the 2006 Act) as amended by the Health and Social Care Act 2012 (the 2012 Act) provides that Monitor may grant authorisation as a foundation trust only if Monitor is satisfied that certain criteria are met. These include, in particular, the requirement of Section 35(2)(a) that the constitution will be in accordance with Schedule 7 of the 2006 Act and will otherwise be appropriate.

The model core constitution has been prepared by Monitor to reflect the requirements of Schedule 7 and what Monitor considers "otherwise appropriate", as set out in Appendix B8 of Monitor's publication, *Applying for NHS Foundation Trust Status: Guide for Applicants*. To assist NHS trusts in their application for foundation trust status and to facilitate Monitor's scrutiny of those applications and examination of draft constitutions, Monitor requires all applicant trusts to prepare their constitutions on the basis of this model core constitution. While applicant trusts may propose additions or amendments to the model core constitution, Monitor requires that any departure from the model core:

- a) be in accordance with Schedule 7;
- b) be clearly indicated as a tracked change; and
- c) be accompanied by an explanation for the intended departure from the model core.

The *NHS Foundation Trust Model Core Constitution* starts on page 4 of this document.

Interpretation

Unless otherwise stated, all references are to paragraph numbers in Schedule 7 of the 2006 Act as amended by the 2012 Act.

Unless otherwise stated, the Model Core Constitution reflects the relevant provisions of the 2006 Act as amended by the 2012 Act.

Where square brackets appear in the Model Core Constitution, these indicate either that relevant details are to be inserted where indicated, or that the text within the square brackets may or may not be appropriate, depending on the circumstances of the particular trust.

NHS Foundation Trust Model Core Constitution

TABLE OF CONTENTS

Paragraph

1. Interpretation and definitions	6
2. Name	6
3. Principal purpose	6
4. Powers	7
5. Membership and constituencies	7
6. Application for membership	8
7. Public Constituency	8
8. Staff Constituency	8
9. [Automatic membership by default – staff (optional)]	99
10. [Patients' Constituency (optional)]	99
11. [Automatic membership by default – patients (optional)]	104
12. Restriction on membership	11
13. Annual Members' Meeting	11
14. Council of Governors – composition	12
15. Council of Governors – election of governors	12
16. Council of Governors - tenure	12
17. Council of Governors – disqualification and removal	13
18. Council of Governors – duties of governors	14
19. Council of Governors – meetings of governors	14
20. Council of Governors – standing orders	15
21. Council of Governors – referral to the Panel	15
22. Council of Governors - conflicts of interest of governors	15
23. Council of Governors – travel expenses	16
24. [Council of Governors – further provisions (optional)]	16
25. Board of Directors – composition	16
26. Board of Directors – general duty	16
27. Board of Directors – qualification for appointment as a non-executive director	17

248.	Board of Directors – appointment and removal of chairman and other non-executive directors	17
29.	Board of Directors – appointment of initial chairman and initial other non-executive directors	17
2530.	[Board of Directors – appointment of deputy chairman (<i>optional</i>)	18
2634.	Board of Directors - appointment and removal of the Chief Executive and other executive directors	18
32.	Board of Directors – appointment and removal of initial Chief Executive	19 ¹⁸
2733.	Board of Directors – disqualification	19
2834.	Board of Directors – meetings	19
2935.	Board of Directors – standing orders.....	20 ¹⁹ 20
306.	Board of Directors - conflicts of interest of directors	20 ¹⁹ 20
317.	Board of Directors – remuneration and terms of office	21
328.	Registers	22 ²¹ 22
39.	[Admission to and removal from the registers (<i>optional</i>)	22
3340.	Registers – inspection and copies.....	22
3441.	Documents available for public inspection	23 ²² 23
3542.	Auditor.....	24
3643.	Audit committee	24
3744.	Accounts	24
3845.	Annual report, forward plans and non-NHS work	25 ²⁴ 25
406.	Presentation of the Annual accounts and report to the governors and members	26 ²⁵ 26
417.	Instruments	26
428.	Amendment of the constitution	26
439.	Mergers etc. and significant transactions	27
	ANNEX 1 – THE PUBLIC CONSTITUENCIES	29 ²⁸ 29
	ANNEX 2 – THE STAFF CONSTITUENCY	30 ²⁹ 30
	ANNEX 3 – THE PATIENTS’ CONSTITUENCY	31 ³⁰
	ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS	32 ³¹
	<u>ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS</u>	32
	ANNEX 5 –THE MODEL ELECTION RULES	34 ³² 34
	ANNEX 6 – ADDITIONAL PROVISIONS <u>DUTIES OF THE</u> –COUNCIL OF GOVERNORS.....	35 ³³ 35

ANNEX 7—STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS.....	37 ³⁴
<u>ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS.....</u>	<u>37</u>
ANNEX 8 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS	39 ³⁵ <u>39</u>
[ANNEX 9 – FURTHER PROVISIONS]	40 ⁴⁰ <u>36</u>
[ANNEX 10 – ANNUAL MEMBERS MEETING].....	41 ³⁷
<u>[ANNEX 10 – ANNUAL MEMBERS MEETING].....</u>	<u>41</u>

1. Interpretation and definitions

Unless otherwise stated, words or expressions contained in this constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012

Words importing the masculine gender only shall include the feminine gender; words importing the singular shall import the plural and vice-versa

the 2006 Act is the National Health Service Act 2006.

the 2012 Act is the Health and Social Care Act 2012.

Annual Members Meeting is defined in paragraph 103 of the constitution

constitution means this constitution and all annexes to it.

Monitor is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act.

the **Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

2. Name

The name of the foundation trust is [The Newcastle upon Tyne Hospitals](#) NHS Foundation Trust (the trust).¹

3. Principal purpose

3.1 The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England².

3.2 The trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other

¹ Enter name of trust (paragraph 2). The name of the applicant trust must include the words "NHS Foundation Trust". Monitor's publication, *Applying for NHS Foundation Trust Status: Guide for Applicants*, further states "applicant trusts should avoid terms that may be misleading, inaccurate or risk causing confusion. If appropriate, applicant trusts should consult over the proposed name."

² The principal purpose is as set out in sub-section 43(1) of the 2006 Act and must be included in the constitution by virtue of paragraph 2(2). The paragraphs which follow reflect other provisions in section 43.

purposes.

3.3 The trust may provide goods and services for any purposes related to—

3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 the promotion and protection of public health.

3.4 The trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

4. Powers

4.1 The powers of the trust are set out in the 2006 Act.³

4.2 All the powers of the trust shall be exercised by the Board of Directors on behalf of the trust.

4.3 Any of these powers may be delegated to a committee of directors or to an executive director.

5. Membership and constituencies

The trust shall have members, each of whom shall be a member of one of the following constituencies:

5.1 a public constituency, and

~~**5.2**—a staff constituency and~~

~~**5.3**—~~

~~**5.4**—a patients' constituency⁴~~

~~**5.5**—~~

³ see in particular sections 46 and 47 of the 2006 Act. Please note that the discharge of patients under section 45 of the Mental Health Act 2007 provides that such powers of discharge under that section may be exercised by any three or more "persons authorised by the board of the trust in that behalf each of whom is neither an executive director of the board nor an employee of the trust."

⁴ ~~The patients' constituency is optional (para 3(1)(c)). Strike out if not applicable. Monitor appreciates that the use of the word "hospital" may be sensitive to users of mental health services. The term "hospital" mirrors the statutory provision at para 3(1)(c) and is defined widely by section 275 of the 2006 Act. By way of concession, Monitor will accept the term "Trust premises" in place of "hospital" by applicant mental health trusts.~~

6. Application for membership

An individual who is eligible to become a member of the trust may do so on application to the trust.

7. Public Constituency

7.1 An individual who lives in ~~[the]~~ [an] area specified in Annex 1 as [the] [an] area for a public constituency may become or continue as a member of the trust.⁵

7.2 Those individuals who live in ~~[the]~~[an] area specified for a public constituency are referred to collectively as a Public Constituency.

7.3 The minimum number of members in ~~[the]~~[each] Public Constituency is specified in Annex 1.⁶

8. Staff Constituency

8.1 An individual who is employed by the trust under a contract of employment with the trust may become or continue as a member of the trust provided:

8.1.1 he is employed by the trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or

8.1.2 he has been continuously employed by the trust under a contract of employment for at least 12 months.

8.2 Individuals who exercise functions for the purposes of the trust, otherwise than under a contract of employment with the trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months. *(optional)*

8.3 Those individuals who are eligible for membership of the trust by reason of the previous provisions are referred to collectively as the

⁵ The constitution must specify an area/s for each public constituency (para 3(1)(a)). Each of these areas must be an electoral area for the purposes of local government elections in England and Wales or an area consisting of two or more areas (para 3(2)).

⁶ For each public constituency and each class within a staff or patient constituency, the constitution is to require a minimum number of members for each public constituency or class (para 5).

Staff Constituency.

8.4 ~~[The Staff Constituency shall be divided into six [specify the number] descriptions of individuals who are eligible for membership of the Staff Constituency, each description of individuals being specified within Annex 2 and being referred to as a class within the Staff Constituency.] (optional)⁷~~

8.5 The minimum number of members in [each class of] the Staff Constituency is specified in Annex 2.⁸

9. [Automatic membership by default – staff] (optional)⁹

9.1—An individual who is:

9.1.1—~~eligible to become a member of the Staff Constituency, and~~

9.1.2—~~invited by the trust to become a member of the Staff Constituency [and a member of the appropriate class within the Staff Constituency],~~

~~shall become a member of the trust as a member of the Staff Constituency [and appropriate class within the Staff Constituency] without an application being made, unless he informs the trust that he does not wish to do so.~~

10. [Patients' Constituency] (optional)¹⁰

10.1—~~An individual who has, within the period specified below, attended any of the trust's hospitals as either a patient or as the carer of a patient may become a member of the trust.~~

10.2—~~The period referred to above shall be the period of [] years immediately preceding the date of an application by the patient or carer to become a member of the trust.~~

⁷~~The constitution may divide the staff constituency into two or more descriptions of individuals (para 3(5)).~~

⁸ Refer to footnote 6.

⁹~~The constitution may provide for automatic membership of the staff constituency by default (para 6(2)). Trusts should consider whether and, if so, how they will inform staff that they are subject to automatic membership.~~

¹⁰~~Refer to footnote 4~~

~~10.3~~—Those individuals who are eligible for membership of the trust by reason of the previous provisions are referred to collectively as the Patients' Constituency.

~~10.4~~—[The Patients' Constituency shall be divided into [specify the number—at least 3] descriptions of individuals who are eligible for membership of the Patients' Constituency, each description of individuals being specified within Annex 3 and being referred to as a class within the Patients' Constituency.] (optional)¹⁴

~~10.5~~—An individual providing care in pursuance of a contract (including a contract of employment) with a voluntary organisation, or as a volunteer for a voluntary organisation, does not come within the category of those who qualify for membership of the Patient Constituency.

~~10.6~~—The minimum number of members in [each class of] the Patients' Constituency is specified in Annex 3.¹²]

11. [Automatic membership by default – patients] (optional)¹³

~~11.1~~—An individual who is:

~~11.1.1~~—eligible to become a member of the Patients' Constituency (otherwise than as a carer of a patient),—
and

~~11.1.2~~—invited by the trust to become a member of a specified constituency [and a member of a specified class within that specified constituency],

shall become a member of the trust as a member of that specified constituency [and specified class] without an application being made, unless he informs the trust that he does not wish to do so.

~~11.2~~—The constituency and, where applicable, the class to be specified:

~~11.2.1~~—if he is eligible to be a member of any public

¹⁴—If the constitution divides those who come within the Patients' Constituency into descriptions or classes of individuals, there must be at least three such descriptions or classes and one such description/class must comprise the carers of patients (para 3(7)).

¹²—Refer to footnote 6

¹³—The constitution may provide for automatic membership of the Patients' Constituency (if there is one) by default (para 6(3)). Trusts should consider whether and, if so, how they will inform patients that they are subject to automatic membership.

~~constituency, is that constituency,~~

~~11.2.2—~~

~~11.2.3—otherwise, is the Patients' Constituency and, where applicable, the class of which he is eligible to become a member.]~~

12.9. Restriction on membership

~~12.19.1~~ An individual who is a member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

~~12.29.2~~ An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

~~12.39.3~~ An individual must be at least ~~16~~ years old to become a member of the trust.

~~12.4—[Further provisions as to the circumstances in which an individual may not become or continue as a member of the trust are set out in Annex 9—Further Provisions.]¹⁴~~

13.10. Annual Members' Meeting¹⁵

~~13.110.1~~ The Trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.

~~13.210.2~~ ~~[Further provisions about the Annual Members' Meeting are set out in Annex 10 – Annual Members' Meeting].~~

¹⁴ ~~Provisions additional to those provided in the model core constitution may be inserted in Annex 9. These may include, for example, further provisions as to the circumstances in which an individual may not become or continue as a member of the trust (paragraph 10.4 of the model core constitution and para 3(8) of Schedule 7), how the eligibility criteria for members are to be applied as a condition of continued membership, the resolution of disputes and responsibilities of a trust secretary. Additional provisions with respect to the Council of Governors are to be inserted in Annex 6.~~

¹⁵ Foundation Trusts are required under paras 27A(1) and (2) to hold an annual members meeting open to the public. Inclusion of this paragraph is suggested but not mandatory. The trust may wish to include additional provisions about the annual members meeting in an Annex to the constitution.

14.11. Council of Governors – composition

14.111.1 The trust is to have a Council of Governors¹⁶, which shall comprise both elected and appointed governors.

14.211.2 The composition of the Council of Governors is specified in Annex 4.

14.311.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.¹⁷

15.12. Council of Governors – election of governors

15.112.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.

15.212.2 The Model Election Rules as published from time to time by the Department of Health form part of this constitution. The current Model Election Rules ~~current at the date of the trust's Authorisation~~ are attached at Annex 5.

15.312.3 A subsequent variation of the Model Election Rules by the Department of Health shall not constitute a variation of the terms of this constitution for the purposes of paragraph 48 of the constitution (amendment of the constitution).

15.412.4 An election, if contested, shall be by secret ballot.

16.13. Council of Governors - tenure

16.113.1 An elected governor may hold office for a period of up to ~~three~~ 3 years].

¹⁶ By para 7, the trust must have a Council of Governors, previously known as a 'Board of governors'

¹⁷ Section 60 of the 2006 Act requires persons standing for and voting in the elections to make a declaration setting out the particulars of their qualification to vote or stand as a member of the constituency (or class/area) for which the election is being held. The trust may want to consider including provisions to this effect in the constitution. NB: the requirement does not apply to staff governors (section 60(4) of the 2006 Act).

~~16.2~~13.2 An elected governor shall cease to hold office if he ceases to be a member of the constituency or class by which he was elected.

13.3 An elected governor shall be eligible for re-election at the end of his term.

~~16.3~~13.4 An elected governor may hold office for a period of up to a total of nine years.

~~16.4~~13.5 An appointed governor may hold office for a period of up to three~~[1]~~ years.

~~16.5~~13.6 An appointed governor shall cease to hold office if the appointing organisation withdraws its sponsorship of him.

13.7 An appointed governor shall be eligible for re-appointment at the end of his term.

~~16.6~~13.8 An appointed governor may hold office for a period of up to a total of nine years.

17.14. Council of Governors – disqualification and removal

~~17.1~~14.1 The following may not become or continue as a member of the Council of Governors:

~~17.1.1~~14.1.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

~~17.1.2~~14.1.2 a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;

~~17.1.3~~14.1.3 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.

~~17.2~~14.2 Governors must be at least ~~[16]~~ years of age at the date they

are nominated for election or appointment.¹⁸

~~17.3 [Further provisions as to the circumstances in which an individual may not become or continue as a member of the Board of Governors are set out in Annex 6.] (optional)¹⁹~~

~~17.4~~14.3 [The constitution is to make provision for the removal of governors.]²⁰

18.15. Council of Governors – duties of governors

18.115.1 The general duties of the Council of Governors are –
18.1.115.1.1 to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors, and
18.1.215.1.2 to represent the interests of the members of the trust as a whole and the interests of the public.²¹

15.2 The Trust must take steps to secure that the governors are equipped with the skills and knowledge they require in their capacity as such.²²

~~18.2~~15.3 Further provisions as to the duties of the Council of Governors is set out in Annex 6.

19.16. Council of Governors – meetings of governors

19.116.1 The Chairman of the trust (i.e. the Chairman of the Board of Directors, appointed in accordance with the provisions of paragraph ~~25~~2.1 or paragraph ~~23~~3.1 below) or, in his absence ~~[another person], [the Deputy Vice~~ Chairman (appointed in accordance with the provisions of paragraph ~~26~~4 below)], shall preside at meetings of the Council of Governors.

¹⁸ *Applying for NHS Foundation Trust Status: Guide for Applicants* sets out that, in order to be considered “otherwise appropriate”, the constitution should state that governors are to be at least 16 years old.

~~¹⁹ The constitution may make further provision as to the circumstances in which a person may not become or continue as a member of the Council of governors (para 8(2)).~~

²⁰ Para 14(1)(d) requires the constitution to make provision for the removal of governors. No mandated or suggested procedures are given in Schedule 7. Appropriate provisions should be determined by the applicant trust and inserted here.

²¹ This reflects para 10A.

²² This reflects para 10B.

~~19.2~~16.2 Meetings of the Council of Governors shall be open to members of the public. ~~[~~Members of the public may be excluded from a meeting for special reasons.~~]~~²³

~~19.3~~16.3 For the purposes of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the Trust's or directors' performance), the Council of Governors may require one or more of the directors to attend a meeting.²⁴

~~20.17.~~ **Council of Governors – standing orders**

The standing orders for the practice and procedure of the Council of Governors are attached at Annex 7.

~~21.18.~~ **Council of Governors – referral to the Panel**²⁵

~~21.1~~18.1 In this paragraph, the Panel means a panel of persons appointed by Monitor to which a governor of an NHS foundation trust may refer a question as to whether the trust has failed or is failing—
~~21.1.1~~18.1.1 to act in accordance with its constitution, or
~~21.1.2~~18.1.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

~~21.2~~18.2 A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

~~22.19.~~ **Council of Governors - conflicts of interest of governors**

If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he becomes aware of it. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

²³ Para 13(1) provides that meetings of the Council of Governors are to be open to members of the public. The constitution may, however, provide that members of the public may be excluded from a meeting for special reasons (para 13(2)).

²⁴ This reflects paragraph 10C.

²⁵ This reflects section 39A of the 2006 Act.

23-20. Council of Governors – travel expenses

The trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the trust.

24. [Council of Governors – further provisions] (optional)²⁶

~~Further provisions with respect to the Council of Governors are set out in Annex 6.]~~

25-21. Board of Directors – composition

~~25-1~~21.1 The trust is to have a Board of Directors, which shall comprise both executive and non-executive directors.²⁷

~~25-2~~21.2 The Board of Directors is to comprise:

~~25-2-1~~21.2.1 a non-executive Chairman

~~25-2-2~~21.2.2 ~~9]~~ other non-executive directors; and

~~25-2-3~~21.2.3 ~~6]~~ executive directors.

~~25-3~~21.3 One of the executive directors shall be the Chief Executive.

~~25-4~~21.4 The Chief Executive shall be the Accounting Officer

~~25-5~~21.5 One of the executive directors shall be the finance director

~~25-6~~21.6 One of the executive directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

~~25-7~~21.7 One of the executive directors is to be a registered nurse or a registered midwife.

26-22. Board of Directors – general duty²⁸

²⁶ ~~The constitution may make further provisions about the Council of Governors (para 14(2)).~~

²⁷ In accordance with the principles of good corporate governance, it is recommended that the constitution provide that at least half of the Board of Directors, excluding the Chairman, should be non-executive directors. Alternatively, in the event that the constitution provides for parity on the Board of Directors between executive and non-executive directors, the Chairman should have a casting vote.

²⁸ This reflects paragraph 18A.

The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the trust so as to maximise the benefits for the members of the trust as a whole and for the public.

27.23. Board of Directors – qualification for appointment as a non-executive director

A person may be appointed as a non-executive director only if –

~~27.123.1~~ he is a member of a Public Constituency, ~~or~~

~~27.2~~ ~~[he is a member of the Patients’ Constituency, or] (optional)~~²⁹

~~27.323.2~~ [where any of the Trust’s hospitals includes a medical or dental school provided by a university, he exercises functions for the purposes of that university] , and

~~27.423.3~~ he is not disqualified by virtue of paragraph ~~2833~~ below.

28.24. Board of Directors – appointment and removal of chairman and other non-executive directors

~~28.124.1~~ The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the chairman of the trust and the other non-executive directors.

~~28.224.2~~ Removal of the chairman or another non-executive director shall require the approval of three-quarters of the members of the Council of Governors.

~~28.3~~ ~~The initial chairman and the initial non-executive directors are to be appointed in accordance with paragraph 29 below.~~

~~29. Board of Directors – appointment of initial chairman and initial other non-executive directors~~³⁰

~~29.1~~ ~~The Council of Governors shall appoint the chairman of the applicant NHS Trust as the initial chairman of the trust, if he wishes to be appointed.~~

²⁹ Refer to footnote 4

³⁰ ~~Para 19 which provides for the appointment of the initial NEDs is marked for repeal, but the repeal will not take effect until all NHS Trusts have become FTs. These provisions will therefore continue to be relevant to all aspirant FTs.~~

~~29.2—The power of the Council of Governors to appoint the other non-executive directors of the trust is to be exercised, so far as possible, by appointing as the initial non-executive directors of the trust any of the non-executive directors of the applicant NHS Trust (other than the Chairman) who wish to be appointed.~~

~~29.3—The criteria for qualification for appointment as a non-executive director set out in paragraph 27 above (other than disqualification by virtue of paragraph 33 below) do not apply to the appointment of the initial chairman and the initial other non-executive directors in accordance with the procedures set out in this paragraph.~~

~~29.4—~~

~~29.5—An individual appointed as the initial chairman or as an initial non-executive director in accordance with the provisions of this paragraph shall be appointed for the unexpired period of his term of office as Chairman or (as the case may be) non-executive director of the applicant NHS Trust; but if, on appointment, that period is less than 12 months, he shall be appointed for 12 months.~~

30-25. Board of Directors – appointment of vice deputy chairman
(optional)³⁴

The Council of Governors at a general meeting of the Council of Governors shall appoint one of the non-executive directors as a deputy vice chairman.]

31-26. Board of Directors - appointment and removal of the Chief Executive and other executive directors

~~31.126.1~~ The non-executive directors shall appoint or remove the Chief Executive.

~~31.226.2~~ The appointment of the Chief Executive shall require the approval of the Council of Governors.

~~31.3—The initial Chief Executive is to be appointed in accordance with paragraph 32 below.~~

~~31.426.3~~ A committee consisting of the Chairman, the Chief Executive and the other non-executive directors shall appoint or remove the

³⁴ Provision for the appointment of a deputy chair is suggested. It is not a mandatory requirement. Where the constitution provides for the appointment of a deputy chairman, that appointment should be made by the Council of governors from the non-executive directors.

other executive directors.

32. Board of Directors – appointment and removal of initial Chief Executive³²

~~32.1~~ The non-executive directors shall appoint the chief officer of the applicant NHS Trust as the initial Chief Executive of the trust, if he wishes to be appointed.

~~32.2~~ The appointment of the chief officer of the applicant NHS trust as the initial Chief Executive of the trust shall not require the approval of the Council of Governors.

33.27. Board of Directors – disqualification

The following may not become or continue as a member of the Board of Directors:

~~33.127.1~~ a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.

~~33.227.2~~ a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it.

~~33.327.3~~ a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.

34.28. Board of Directors – meetings

~~34.128.1~~ Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.³³

~~34.228.2~~ Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of

³² Paragraph 19 which provides for the appointment of the initial Chief Executive is marked for repeal, but the repeal will not take effect until all NHS Trusts have become FTs. These provisions will therefore continue to be relevant to all aspirant FTs.

³³ This reflects paragraph 18E. Its inclusion is mandatory.

Governors.³⁴

35-29. Board of Directors – standing orders³⁵

The standing orders for the practice and procedure of the Board of Directors are attached at Annex 8.

36-30. Board of Directors - conflicts of interest of directors³⁶

36-130.1 The duties that a director of the trust has by virtue of being a director include in particular –

36-1-130.1.1 A duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the trust.

36-1-230.1.2 A duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

36-230.2 The duty referred to in sub-paragraph [36-1-1-31.1.1](#) is not infringed if –

36-2-130.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

36-2-230.2.2 The matter has been authorized in accordance with the constitution.

36-330.3 The duty referred to in sub-paragraph [316.1.2](#) is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

36-430.4 In sub-paragraph [316.1.2](#), “third party” means a person other than –

36-4-130.4.1 The trust, or

36-4-230.4.2 A person acting on its behalf.

36-530.5 If a director of the trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the trust, the

³⁴ This reflects paragraph 18D.

³⁵ Provision for standing orders for the practice and procedure of the Board of Directors is required in respect of paragraph 28 of the model core constitution. Provision relating to other aspects of the Board’s practice and procedure is suggested but not mandatory.

³⁶ These provisions reflect paragraphs 18B and 18C. Inclusion of provisions in the constitution about directors’ conflicts of interest is mandatory pursuant to paragraph 21.

director must declare the nature and extent of that interest to the other directors.

~~36.6~~30.6 If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

~~36.7~~30.7 Any declaration required by this paragraph must be made before the trust enters into the transaction or arrangement.

~~36.8~~30.8 This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.

~~36.9~~30.9 A director need not declare an interest –

~~36.9.1~~30.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;

~~36.9.2~~30.9.2 If, or to the extent that, the directors are already aware of it;

~~36.9.3~~30.9.3 If, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered –

~~36.9.3.1~~30.9.3.1 By a meeting of the Board of Directors, or

~~36.9.3.2~~30.9.3.2 By a committee of the directors appointed for the purpose under the constitution.

~~36.10~~ A matter shall have been authorised for the purposes of paragraph ~~36.2.2~~ if:

[insert relevant provisions]

~~37.31.~~ **Board of Directors – remuneration and terms of office**

~~37.131.1~~31.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chairman and the other non-executive directors.

~~37.231.2~~31.2 The trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other

executive directors.³⁷

38-32. Registers

The trust shall have:

~~38-132.1~~ 38-232.1 a register of members showing, in respect of each member, the constituency to which he belongs and, where there are classes within it, the class to which he belongs;

~~38-232.2~~ 38-332.2 a register of members of the Council of Governors;

~~38-332.3~~ 38-432.3 a register of interests of governors;

~~38-432.4~~ 38-532.4 a register of directors; and

~~38-532.5~~ 38-632.5 a register of interests of the directors.

39. Admission to and removal from the registers (optional)³⁸

40-33. Registers – inspection and copies

~~40-133.1~~ 40-233.1 The trust shall make the registers specified in paragraph ~~338~~ 338 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.

~~40.2~~ The trust shall not make any part of its registers available for inspection by members of the public which shows details of—
~~40.2.1~~ any member of the Patients' Constituency; or
~~40.2.2~~ any other member of the trust, if he so requests³⁹.

Alternative text where there is no Patients' Constituency:

~~40-333.2~~ 40-433.2 [The trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the trust, if the member so requests.]

³⁷ The constitution may make provision for these matters to be decided pending the establishment of such a committee (para 18(2)).

~~³⁸ The constitution may make further provision about the registers including, in particular, admission to, and removal from, the registers (para 20(2)).~~

~~³⁹ See the Public Benefit Corporation (Register of Members) Regulations 2004 (SI 2004 No. 539) as amended.~~

- 40.433.3** So far as the registers are required to be made available:
- 40.4.133.3.1** they are to be available for inspection free of charge at all reasonable times; and
 - 40.4.233.3.2** a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 40.533.4** If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

41.34. Documents available for public inspection⁴⁰

41.134.1 The trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:

- 41.1.134.1.1** a copy of the current constitution,
- 41.1.234.1.2** a copy of the latest annual accounts and of any report of the auditor on them, and
- 41.1.334.1.3** a copy of the latest annual report.

41.234.2 The trust shall also make the following documents relating to a special administration of the trust available for inspection by members of the public free of charge at all reasonable times:

- 41.2.134.2.1** a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act.
- 41.2.234.2.2** a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act.
- 41.2.334.2.3** a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act.
- 41.2.434.2.4** a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.
- 41.2.534.2.5** a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.
- 41.2.634.2.6** a copy of any notice published under section 65F (administrator's draft report), 65G (consultation

⁴⁰ This reflects para 22.

plan), 65H (consultation requirements), 65J (power to extend time), 65KA(Monitor's decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.

~~41.2.7~~41.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

~~41.2.8~~41.2.8 a copy of any final report published under section 65I (administrator's final report),

~~41.2.9~~41.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.

~~41.2.10~~41.2.10 a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

~~41.3~~41.341.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

~~41.4~~41.441.4 If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

~~42.35.~~ **Auditor**

~~42.1~~42.135.1 The trust shall have an auditor.

~~42.2~~42.235.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

~~43.36.~~ **Audit committee**

The trust shall establish a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate.

~~44.37.~~ **Accounts**

~~44.1~~44.137.1 The Trust must keep proper accounts and proper records in relation to the accounts.⁴¹

⁴¹ This reflect para 24(1)

~~44.237.2~~ Monitor may with the approval of the Secretary of State⁴² give directions to the Trust as to the content and form of its accounts.

~~44.337.3~~ The accounts are to be audited by the trust's auditor.

~~44.437.4~~ The trust shall prepare in respect of each financial year annual accounts in such form as Monitor may with the approval of the Secretary of State direct⁴³.

~~44.537.5~~ The functions of the trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

45.38. Annual report, forward plans and non-NHS work

~~45.138.1~~ The trust shall prepare an Annual Report and send it to Monitor.

~~45.238.2~~ The trust shall give information as to its forward planning in respect of each financial year to Monitor.

~~45.338.3~~ The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors.

~~45.438.4~~ In preparing the document, the directors shall have regard to the views of the Council of Governors.

~~45.538.5~~ Each forward plan must include information about –
~~45.5.138.5.1~~ the activities other than the provision of goods and services for the purposes of the health service in England that the trust proposes to carry on, and
~~45.5.238.5.2~~ the income it expects to receive from doing so.

~~45.638.6~~ Where a forward plan contains a proposal that the trust carry on an activity of a kind mentioned in sub-paragraph ~~45.5.1–39.5.1~~ the Council of Governors must –

~~45.6.138.6.1~~ determine whether it is satisfied that the carrying on of the activity will not to any significant

⁴² This reflects para 24(1A): initial arrangements for accounts. In time, the initial arrangements will be varied to enable the Secretary of State with the approval of Treasury to give directions as to FT accounts.

⁴³ This reflects para 25(1): initial arrangements for accounts. In time, the initial arrangements will be varied to enable the Secretary of State with the approval of Treasury to give directions as to the form of FT annual accounts.

extent interfere with the fulfillment by the trust of its principal purpose or the performance of its other functions, and

~~45.6.2~~38.6.2 notify the directors of the trust of its determination.

~~45.7~~38.7 A trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the council of governors of the trust voting approve its implementation.

46.39. Presentation of the annual accounts and reports to the governors and members

~~46.139.1~~ The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

~~46.1.139.1.1~~ the annual accounts

~~46.1.239.1.2~~ any report of the auditor on them

~~46.1.339.1.3~~ the annual report.

~~46.239.2~~ The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.⁴⁴

~~46.339.3~~ The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph ~~406.1~~ with the Annual Members' Meeting.⁴⁵

47.40. Instruments

~~47.140.1~~ The trust shall have a seal.

~~47.240.2~~ The seal shall not be affixed except under the authority of the [Trust Secretary, who has delegated authority from the](#) Board of Directors.

48.41. Amendment of the constitution

~~48.141.1~~ The trust may make amendments of its constitution only if –

⁴⁴ This reflects para 27A(3).

⁴⁵ This reflects para 28A.

48.1.141.1.1 More than half of the members of the Council of Governors of the trust voting approve the amendments, and

48.1.241.1.2 More than half of the members of the Board of Directors of the trust voting approve the amendments.⁴⁶

48.241.2 Amendments made under paragraph 428.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.⁴⁷

48.341.3 Where an amendment is made to the constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the trust) –

48.3.141.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and

48.3.241.3.2 The trust must give the members an opportunity to vote on whether they approve the amendment.

If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the trust must take such steps as are necessary as a result.⁴⁸

48.441.4 Amendments by the trust of its constitution are to be notified to Monitor. For the avoidance of doubt, Monitor's functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.⁴⁹

49.42. Mergers etc. and significant transactions

49.142.1 The trust may only apply for a merger, acquisition, separation

⁴⁶ This paragraph reflects section 37(1) of the 2006 Act.

⁴⁷ This paragraph reflects sections 37(2) and (3) of the 2006 Act

⁴⁸ This paragraph reflects paragraph 27A(4) and 27A(5).

⁴⁹ This reflects section 37(4) of the 2006 Act.

or dissolution with the approval of more than half of the members of the council of governors.⁵⁰

~~49.242.2~~ [The trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.⁵¹

~~49.3~~ “Significant transaction” means [insert descriptions⁵²];

Alternatively:

[49.2 The constitution does not contain any descriptions of the term ‘significant transaction’ for the purposes of section 51A of the 2006 Act (Significant Transactions).]⁵³

⁵⁰ This reflects section 56(1A), 56B, 56C and 57A of the 2006 Act.

⁵¹ This reflects section 51A(1) of the 2006 Act.

⁵² ~~The trust may insert descriptions of significant transactions pursuant to 51A(2) of the 2006 Act.~~

⁵³ If the trust does not wish to specify any descriptions of significant transactions, the constitution must specify that it contains no such descriptions (section 51A(3) of the 2006 Act).

ANNEX 1 – THE PUBLIC CONSTITUENCIES

(Paragraphs 7.1 and 7.3)

[Specify the public constituencies and the minimum number of members in each such constituency]

<u>Constituency</u>	<u>Area based on local authority boundaries</u>	<u>Minimum number of members</u>	<u>Governors</u>
<u>Newcastle upon Tyne</u>	<u>Newcastle upon Tyne</u>	<u>820</u>	<u>9</u>
<u>Northumberland, Tyne and Wear (excluding Newcastle upon Tyne)</u>	<u>Northumberland, North Tyneside, Gateshead, South Tyneside, Sunderland</u>	<u>910</u>	<u>11</u>
<u>Rest of England</u>	<u>All other local authority boundaries in England and Northern Ireland</u>	<u>270</u>	<u>4</u>
<u>Total</u>		<u>2,000</u>	<u>24</u>

ANNEX 2 – THE STAFF CONSTITUENCY

(Paragraphs 8.4 and 8.5)

[Specify the descriptions of individuals, each description of which is referred to as a class within the Staff Constituency, and the minimum number of members of each class. If there are no classes within the Staff Constituency, specify the minimum number of members in the Staff Constituency.]

<u>Class</u>	<u>Minimum number of members</u>	<u>Governors</u>
<u>Medical & Dental</u>	<u>Not less than 50</u>	<u>1</u>
<u>Nursing & Midwifery</u>	<u>Not less than 100</u>	<u>2</u>
<u>Health Professions Council</u>	<u>Not less than 50</u>	<u>1</u>
<u>Administrative & Clerical, Management & Hospital Chaplains</u>	<u>Not less than 50</u>	<u>1</u>
<u>Ancillary & Estates</u>	<u>Not less than 50</u>	<u>1</u>
<u>Volunteers</u>	<u>Not less than 20</u>	<u>1</u>
	<u>Not less than 1,750 in total</u>	<u>7</u>

ANNEX 3 – THE PATIENTS’ CONSTITUENCY

(Paragraphs 10.4 and 10.6)

~~[Specify the descriptions of individuals, each description of which is referred to as a class within the Patients’ Constituency, and the minimum number of members of each class. If there are no classes within the Patients’ Constituency, specify the minimum number of members in the Patients’ Constituency.]~~

The trust does not have a Patients’ Constituency

ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS⁵⁴

(Paragraphs 14.2 and 14.3)

~~[Elected governors— specify the number of governors to be elected by each constituency, or by each class within a constituency, as appropriate.~~

~~Appointed governors~~

- ~~—specify the local authority governors and their number;~~
- ~~—specify any mandatory university governors and their number;~~
- ~~—specify any other appointing organisations and their number and include a statement that they are specified for the purposes of sub-paragraph 9(7) of Schedule 7]~~

<u>Elected Governors</u>	<u>Number of Governors</u>
<u>Public</u>	
<u>Newcastle upon Tyne</u>	<u>9</u>
<u>Northumberland, Tyne & Wear (excluding Newcastle upon Tyne)</u>	<u>11</u>
<u>Rest of England</u>	<u>4</u>
<u>Staff</u>	

⁵⁴ More than half of the members of the Council of Governors are to be elected by members of the trust other than those who come within the Staff Constituency (para 9(1)). Therefore, there must be a majority of public and patient governors.

At least three members of the Council of Governors are to be elected by the Staff Constituency or, where there are classes within it, at least one member of the Council of Governors is to be elected by each class within the Staff Constituency and at least three members are to be elected altogether from the Staff Constituency (para 9(2)).

The 2012 Act abolishes the requirement for a primary care trust governor. There is no requirement for a commissioner governor to be appointed in place of former PCT governor/s though Trusts may wish to nominate a commissioner/s as an organisation specified for the purposes of appointing a governor.

At least one member of the Council of Governors is to be appointed by one or more qualifying local authorities. A qualifying local authority is a local authority for an area which includes the whole or part of an area specified in the constitution as a public constituency (para 9(4) and (5)).

If any of the trust's hospitals includes a medical or dental school provided by a university, at least one member of the Council of governors is to be appointed by that university (para 9(6)). The trust will be expected to make submissions in support of its position that one of its hospitals includes a medical or dental school provided by a university.

An organisation specified in the constitution for the purposes of sub-paragraph 9(7) of Schedule 7 may appoint one or more members of the Council of Governors (para 9(7)), but not more than the number specified.

Medical & Dental	1
Nursing & Midwifery	2
Health Professions Council	1
Administrative & Clerical, Management & Hospital Chaplains	1
Ancillary & Estates	1
Volunteers	1

<u>Appointed Governors</u>	<u>Number of Governors</u>
Newcastle Council	1
Northumbria University	1
Newcastle University	1
Community Advisory Panel	1
A regional charity as agreed by the Council of Governors	1

ANNEX 5 –THE MODEL ELECTION RULES

(Paragraph 15.2)

[To be added](#)

**ANNEX 6 – ADDITIONAL PROVISIONS – COUNCIL OF DUTIES OF THE
COUNCIL-GOVERNORS**

(Paragraph 15.317.3)

1. The general duties of the Council of Governors are:
 - to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors; and
 - to represent the interests of the members of the Trust as a whole and the interests of the public.
2. The Trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.
3. At a General meeting:
 - a) to appoint or remove (such removal to be effective on the approval of 75% of the Council of Governors) the Chairman and the other Non-Executive Directors;
 - b) to decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors;
 - c) to appoint or remove the Trust's auditor at a general meeting of the Council of Governors; and
 - d) to be presented with the annual accounts, any report of the auditor on them, and the annual report.
4. To approve (by a majority of the Council of Governors voting) an appointment by the Non-Executive Directors of the Chief Executive.
5. To give the views of the Council of Governors to Directors for the purposes of the preparation by the Directors of the document containing information as to the Trust's forward planning in respect of each financial year to be given to the independent regulator.
6. To respond as appropriate when consulted by the Directors.
7. To establish mechanisms for meetings and consulting with members of the Trust.
8. Governors are not to receive remuneration.

|

ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

(Paragraph 1720)

1.Meetings of the Council of Governors

1.1 The Chairman of the Trust appointed in accordance with the provisions of paragraphs ??, or in his absence the Vice-Chairman, shall preside at meetings of the Council of Governors.

1.2 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons, as set out in paragraphs ??

1.3 For the purposes of obtaining information about the Trust's performance of its functions or the non-executive directors performance of their duties (and deciding whether to propose a vote on the Trust's non-executive directors' performance) the Council of Governors may require one or more of the directors to attend a meeting.

1.4 The Council of Governors is to meet at least four times a year.

1.5 At a general meeting, within six months of the end of the financial year the Council of Governors is to receive and consider the annual accounts, any report of the auditor on them, and the annual report, including the annual quality accounts.

1.6 The Council of Governors is to adopt its own standing orders for its practice and procedure, in particular for its procedure at meetings (including general meetings) but these shall be in accordance with the processes set out below.

2. Standing Orders for the Council of Governors

The standing orders for the Council of Governors must provide for

2.1 A minimum notice period for meetings and the agenda and supporting papers of not less than two clear days

2.2 Provision for the conduct of meetings including:-

2.21 Notices of motion, petitions, the withdrawal of motions and motions to rescind resolutions including any special rules relating to motions under paragraph 14.1 (Disqualification of Governors) save that provision may be made to cover the position where there is a vacancy in the Public Governors.

2.22 Voting, which may not provide for voting otherwise than on the basis of one vote for each governor apart from the Chairman of the meeting.

2.23 Provision for proxies who must be governors in their own right.

2.24 Chairing the meeting in the absence of the Chairman.

2.25 Powers of the Chairman to determine the conduct of the meeting.

2.26 Circumstances where persons other than Governors may be allowed to speak at meetings.

2.27 Quorum, which must provide for there to be a majority of Public Governors at any meeting.

2.3 Provision for a record of attendance and the requirement for minutes of the meetings to be kept.

2.4 Provision for the approval of decisions without meetings where all Governors have been notified of the proposal and a majority of those eligible to vote have approved the resolution in writing within not less than four days.

2.5 Provision for the establishment of Committees, sub-committees and working groups.

Provision for the delivery to the Secretary at or immediately before the commencement of the meeting of a declaration in the form included in Annex

**ANNEX 8 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE
OF THE BOARD OF DIRECTORS**

(Paragraph 35)

[To be added](#)

[ANNEX 9 – FURTHER PROVISIONS]

(Paragraph [9.412.4](#))

[There are no further provisions](#)

[ANNEX 10 – ANNUAL MEMBERS MEETING]

(Paragraph 13.2)

[To be added](#)

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	Governors Elections 2018 Update		
Report of	Kelly Jupp, Trust Secretary		
Prepared by	Fay Darville, Deputy 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	The content of this report outlines a summary of the Governor Election results for 2018.		
Recommendations	The Council of Governors are asked to note the contents of this report.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	No direct risk identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Provides an update on the 2018 Election results.		
Reports previously considered by	Annual Elections.		

Governor Elections 2018 Update

1. **BACKGROUND INFORMATION**

Governors will recall that every year, approximately one third of the elected Governorships come up for re-election. In addition, any vacancies which have arisen in the past year, through resignations or having been held over from the previous year's elections, are included in the annual round.

2. **NUMBER OF SEATS**

For 2018, 12 Governorships were up for election, as follows:

Constituency and Class	Number of Seats
Public – Newcastle upon Tyne	5
Public – Northumberland Tyne and Wear	2
Public - County Durham, Tess Valley, Cumbria and beyond	2
Staff – Ancillary & Estates	1
Staff – Admin & Clerical, Management & Hospital Chaplains	1
Staff – Nursing and Midwifery	1

The seats that were available are listed in Appendix 1.

By the close of nominations on 18th April 2018:

- 10 nominations had been received in the Public – Newcastle upon Tyne constituency;
- 5 nominations had been received in the Public – Northumberland Tyne and Wear;
- 2 nominations had been received in the Public – County Durham, Tess Valley, Cumbria and beyond;
- 4 nominations had been received in the Staff – Admin & Clerical, Management & Hospital Chaplains;
- 0 nominations had been received in the Staff – Ancillary & Estates; and
- 2 nominations had been received in the Staff – Nursing and Midwifery.

The election closed at 5pm on 30th May 2018, with the count and declaration occurring on 31st May 2018.

The following nominees were returned unopposed:

1. Lakkur Murthy and Michael Warner - Public – County Durham, Tess Valley, Cumbria and beyond.

Agenda item: 7

2. Lorraine Lawson – Staff - Nursing and Midwifery.#

In all other constituencies the results were as follows:

- Newcastle constituency:
 - David Forrester (a new Governor)
 - Vanessa Hammond (a new Governor)
 - Pam Yanez OBE (a new Governor)
 - David Stewart-David (an existing Governor)
 - Jean McCalman (an existing Governor)
- Northumberland Tyne and Wear constituency:
 - Catherine Heslop (a new Governor)
 - Matt McCallum (a new Governor)
- Staff – Administrative & Clerical, Management and Hospital Chaplains:
 - Dani Colvin –Laws (a new Governor)
- Staff – Ancillary & Estates:
 - Vacant seat

The Trust Chairman and Trust Secretary delivered induction training on 26th June 2018.

Unfortunately following the communication of the Election Results, Ms Lawson informed the Trust Secretary that she was no longer able to take on the role of Trust Governor for the Nursing and Midwifery Constituency and therefore as there was only one nominated candidate for this seat then the seat will remain empty until the May 2019 Elections round.

3. APPOINTED GOVERNORSHIPS

Governors will recall that the Trust has a vacant appointed Governor seat for a charitable organisation. The seat has been vacant for over a year and therefore it is recommended that Governors give further consideration as to which charity should be approached to fill the seat.

Listed below are some charities who are closely associated with the Trust who could be contacted in order to fill the vacant appointed Governor seat:

1. League of Friends
2. Womens Royal Voluntary Service
3. Daft as a Brush
4. Charlie Bear for Cancer Care
5. Sir Bobby Robson Foundation
6. Bubble Foundation
7. The Sick Childrens Trust
8. Teenage Cancer Trust
9. Maggies
10. Childrens Heart Unit Fund

4. RECOMMENDATIONS

To i) receive the briefing, ii) note the election outcomes, and iii) consider which charitable organisation should be approached to fill the vacant appointed Governor seat.

Report of Kelly Jupp
Trust Secretary
9th July 2018

Appendix 1 – Seats which were available

Seat Available for Election: Governor Name	Constituency	Successful candidate: Governor Name:
J. McCalman	Newcastle upon Tyne	J. McCalman re-elected
Vacant seat (previously held by E Richardson who resigned in October 2017)	Newcastle upon Tyne	D Forrester
D Stewart-David	Newcastle upon Tyne	D Stewart-David re-elected
Vacant seat (previously held by A Aggarwal who resigned in November 2017)	Newcastle upon Tyne	V Hammond
A Chaffer	Newcastle upon Tyne	P Yanez OBE
P Ramsden	Northumberland, Tyne and Wear (excluding Newcastle)	C Heslop
D McKinnon	Northumberland, Tyne and Wear (excluding Newcastle)	M McCallum
J Bedlington	County Durham, Tess Valley, Cumbria and beyond	L Murthy
A Johnson	County Durham, Tess Valley, Cumbria and beyond	M Warner
Ms Elaine Coghill	Staff – Nursing and Midwifery	L Lawson
Vacant Seat since October 2017 (previously held by Mr W Reed)	Staff – Administrative & Clerical, Management and Hospital Chaplains	D Colvin-Laws
Vacant seat (seat not filled in 2017 Elections)	Staff – Ancillary and Estates	Vacant seat

Note: Governors will be aware that Governors are elected for three year terms and any Governor can remain in post for up to a maximum of 3 terms, subject to successful re-election on a continuous basis (9 years).

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	Nominations Committee business		
Report of	Dr Michael Saunders, Nominations Committee Chair		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting in May 2016.		
Recommendations	The Council of Governors are asked to approve the recommendations outlined within this report.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	No direct risk identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial	X	
	Human Resources	X	
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Appointment of a Trust Non-Executive Director has a financial implication and requires a number of HR procedures to be undertaken prior to appointment.		
Reports previously considered by	Regular report.		

Nominations Committee Business

1. **NON-EXECUTIVE DIRECTOR APPOINTMENT**

Since the previous Council meeting, interviews have been held to recruit to the Non-Executive Director Post currently held by Mrs Hilary Parker. Governors will recall that Mrs Parker's term of office is due to end on 30th September 2018.

Five candidates were shortlisted for interview on 23rd May 2018 however one candidate withdrew from the process as the interview dates clashed with their pre-booked annual leave. The Committee considered whether to reschedule the interview date to accommodate the candidate who had pre-booked leave however due to difficulties in setting the original interview date, the decision was taken to proceed with the interviews for the four available candidates.

The remaining four shortlisted candidates were interviewed on 8th June 2018. Of the four candidates interviewed, two were deemed not to be appointable due to not being able to demonstrate to the Interview Panel that they fully met the requirements of the Non-Executive Director job description and person specification.

The Committee have recommended that Mr Steven Morgan be appointed as a Trust Non-Executive Director with effect from 1st October 2018.

In terms of experience, Mr Morgan is a former Commercial Director at the Ministry of Defence. He has also worked as a Commercial Director at Sellafield for BNFL Ltd and managed three major PFI projects at BNFL Inc. Mr Morgan is a former Executive Director for Capital Programmes at BAA Limited. Whilst at BAA Limited, Mr Morgan had overall responsibility for the capital programme relating to the design and construction of the new Heathrow Terminal 2.

Previously Mr Morgan was a US Navy Officer and held a number of senior roles in the US Federal Service. In addition, he is an experienced Non-Executive Director having undertaken the role of NED Chairman at the Mid-Columbia Mental Health Hospital. He has been a Chief Financial Officer and is a Fellow of the Chartered Institute of Purchasing and Supply, the Institute of Civil Engineers and Cranfield University.

The Committee recommended Mr Morgan in preference due to his significant Non-Executive Director expertise, particularly in a health organisation, and his strong commercial background.

Governors will recall that previously Mr Ewen Weir, the Trust's Local Authority appointed Non-Executive Director, had indicated his intention to stand down as a Non-Executive Director. Following discussions with Newcastle City Council, Mr Weir has agreed to remain as a Non-Executive Director in the short term to aid continuity due to the recent changes in Board Members. The Trust is working closely with Newcastle City Council to identify a successor to Mr Weir.

2. NON-EXECUTIVE DIRECTOR APPRAISALS

As discussed during the May 2018 Council meeting, the appraisal meetings for Non-Executive Directors have been moved to August 2018. The Committee will meet early in September 2018 to discuss the appraisal meeting outcomes and Non-Executive Director objectives for the year ahead and then a report will be brought to the September 2018 Council meeting.

3. NEW COMMITTEE MEMBER

As discussed at the previous Council meeting, expressions of interest were sought for a new Committee member. Only one expression of interest was received and therefore there was no need to hold ballot of Public Governors. Mr Paul Briggs therefore became a Committee member with effect from 1st June 2018.

4. NEW COMMITTEE CHAIR

Dr Saunders confirmed that he will be stepping down as Chair of the Committee in October 2018 due to health reasons but will remain as a member of the Committee. The Committee agreed that Mr Stewart-David would take over as Chair of the Committee at that time.

**Report of Dr Michael Saunders
Committee Chair
10th July 2018**

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	Quality of Patient Experience (QPE) Working Group Update Report		
Report of	Carole Errington, Working Group Chair		
Prepared by	QPE members and 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	The content of this report outlines a summary of the findings from Ward Visits, meetings attended and presentations delivered to the Group.		
Recommendations	The Council of Governors are asked to receive the report for information.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	No direct risk identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Communicates the findings from Ward Visits and meetings attended by Group members.		
Reports previously considered by	Standing agenda item.		

QUALITY OF PATIENT EXPERIENCE WORKING GROUP REPORT

1. WARDS AND DEPARTMENTS VISITED

The following areas have been visited by members of the Group since the last meeting of the Council of Governors:

- Ward 3, Freeman Hospital - 17th May 2018 – visited by Mrs Errington. The ward was found to be very clean and tidy. Only one patient was available to speak with Mrs Errington as theatre sessions were scheduled therefore patients were either waiting for theatre or in recovery from theatre. The patient who spoke to Mrs Errington was very complimentary about the staff and stated that the food was edible however as she had been admitted as an emergency, she had not had the opportunity to select her own meal. There were no specific recommendations arising from the visit.
- Ward 18, Freeman Hospital – 17th May 2018 – visited by Mrs Errington. Ward 18 is a 28 bedded Ward which consists of four 6 Bedded Bays and four cubicles. The ward, and in particular the cupboards, were found to be beautifully clean and tidy, thanks to the efforts of the domestic staff and housekeeper. The staff on the ward were both kind and caring, a particular example being that Mrs Errington observed a support worker walking with her arm around a patient helping her to return to her cubicle safely. Mrs Errington was introduced to all staff on the Ward by Staff Nurse Pryke, including the Ward Sister who had been in a meeting at the time of the visit. Patient feedback was very positive. There were no specific recommendations arising from the visit.
- Ward 8B , Royal Victoria Infirmary – visited by Dr Lucraft and Mrs McCalman. The ward is a busy nurse-led ward which cares for children attending the Trust for Day Surgery and is open from Monday to Friday 7.30am until 8pm with around 25 children attending daily. Toys for children are in abundance and enthusiastically used but the available space is very limited space and there is shortage of toilet facilities. Feedback from both patients and children was very positive although it was noted that the waiting time for theatre was long and tedious for some. One mother asked if admission times could be staggered to reduce time waiting. The staff were described as lovely, caring, kind and responsive.
- The Sir Bobby Robson Centre, Freeman Hospital - visited by Mr Stewart-David and Mr Blacker. This is a well- equipped unit staffed by a caring team who take pride in their work. It was found to be very clean and tidy with a relaxed

Agenda item: 9(i)

atmosphere where quality of life was viewed equally as important as clinical treatment. There were no specific recommendations arising from the visit.

2. UPDATE ON COMMITTEE MEETINGS ATTENDED

The following meetings were attended:

- Mrs Errington and Mrs Nelson attended the most recent Complaints Panel meeting and observed a presentation from Ms Tracy Scott, Head of Patient Experience.
- Mr Stewart-David attended the two Business Development and Working Group meetings held in June which focussed on the procurement exercise for the appointment of the Trust auditors – please refer to agenda item 10 for further information.
- Dr Lucraft attended the previous Clinical Effectiveness, Audit and Guidelines Committee (CEAG). The meeting discussed the feedback from a number of National Clinical Audits including, Neurology and Breast Cancer Surgery; and also clinical guidelines relating to HIV testing and age related macular degeneration.

3. PRESENTATIONS

a) Complaints Update – Ms Tracy Scott, Head of Patient Experience

Ms Scott explained that she had now been in post for three months and had commenced a review of the Trust's Complaints Procedure. Early Intervention Meetings had proven to be very successful and the process is to be further streamlined with improvements in informed consent and shared decision making. It needs to be determined what level of information is appropriate to be shared in this case.

Consultation has begun with Directorate Managers (DM's) to look at who responds to complaints and whether sufficient training has been provided. DMs have stated that they require further information around the Complaints process in order to facilitate this.

It was determined that the Complaints response letters were formal by nature and could be tailored more appropriately, to include either an apology or condolence for a loved one if appropriate.

It was identified that there was a need to improve the culture around complaints to Directorates in order to create a more supportive and learning centred focus. In future, the word "investigation" will be removed to ensure staff feel supported and not blamed. The complaints quarterly performance data which is sent out to Directorates is to be simplified. A Duty of Candour audit will be carried out to ensure that this is adhered to appropriately.

Workforce Capacity was considered in respect to Complaints with roles and responsibilities found to be unclear; and timeframes not clearly defined.

Agenda item: 9(i)

The Complaints Panel agreed to focus on more serious complaints and be informed of trends in more minor complaints or any recurring issues.

Ms Scott will receive copies of Governor ward visit reports and will inform the Chair of the Quality of Patient Experience Group if any specific wards require a visit. This will improve communication between the groups.

Since her appointment, Ms Scott has been reviewing the process and response rates for complaints. Complaints are triaged as A/B/C/D with response days as 20/30/40/50 respectively. On review, these were noted to be not as strong as they could be as it was found that too many “holding letters” were sent to inform complainants which lengthened the time scale.

The Trust’s DATIX system will be used to aid the Complaints process. Feedback from complainants is to be requested once a final response has been completed. Staff will also be requested to provide feedback on the outcome of Early Intervention Meetings (EIM).

Historically, some responses to complaints have been viewed as ‘pompous’, ‘technical’ and ‘difficult to understand’. The Trust response style has been reviewed and amended in order to reduce the content of the response letter, make it more informal, and provide an apology in the first paragraph if appropriate. Staff will also contact the patient when a complaint is first received to ask what specific areas they require feedback on. The letters are about reassuring the complainant and being open and transparent.

The Complaints department are also looking at developing an Involvement Strategy to encourage more patients and their families to become involved with the Trust.

b) Outpatients Transformation Project – Sheila Alexander and Stacy Palfreeman, Trust Transformation Team

The project is focussed on exploring the potential to centralise some outpatient administrative functions including appointments, registrations and telephone calls. The aim being to identify how departments could work better in collaboration to deliver best practice in all outpatient areas across the Trust, thus enhancing the patient experience.

In Phase 1 of the project, initial work undertaken with staff in a number of departments identified variations in processes across the Trust. Approval was granted by the Trust Executive Team to proceed to Phase 2 of the project which will involve gathering more detailed information on outpatient processes, meeting and listening to staff in outpatient departments and looking at variations in processes across the entire Trust. Once this information has been gathered, it will be collated and presented back to the Executive Team with opportunities to improve the patient experience and a proposal for the steps required to help achieve this.

4. RECOMMENDATIONS

Agenda item: 9(i)

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

**Report of Mrs Carole Errington
Committee Chair
10th July 2018**

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	Integrated Quality Report		
Report of	Angela O'Brien, Director of Quality and Effectiveness		
Prepared by	CGARD/Patient Services team members		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines Trust Performance against key quality and safety metrics.		
Recommendations	The Council of Governors are asked to receive the report for information.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	There is a risk of not achieving the tight targets in the Quality Account.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety	X	
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Report communicates Trust performance against key quality & safety metrics.		
Reports previously considered by	Standing agenda item.		

Integrated Quality Report



Data provided by Patient Services and the Clinical Governance and Risk Department

May 2018

Included this month:



The Integrated Quality Report

Executive Summary:

Safe

- There were no cases of MRSA bacteraemia in May 2018.
- This year, the Trust's national target has been reduced by NHS Improvement to 76 cases. There were 4 cases of C. difficile in May 2018. The cumulative C. difficile rate per 100,000 bed days in May 2018 is 10.12 with a target for this year of 16.1 or less.
- There were 10 MSSA bacteraemia in May 2018 compared with 7 in May 2017.
- There were 20 cases of E. coli bacteraemia identified post 48 hours of admission in May 2018 compared with 17 in May 2017.
- The total number of falls for May 2018 was 240 and the falls/1000 occupied bed days rate was 5.6 which are both comparable to May 2017 (total falls 251 and falls rate 5.6).
- The total number of patient incidents reported this month is 1,486.
- Six SIs and one Never Event were reported in May 2018.

Effective

- In total there were 165 deaths reported in May 2018. The most recent SHMI results show that the Trust has scored 93 which is within the 'as expected category'.

Caring

- The national Friends and Family Test results for February are included.

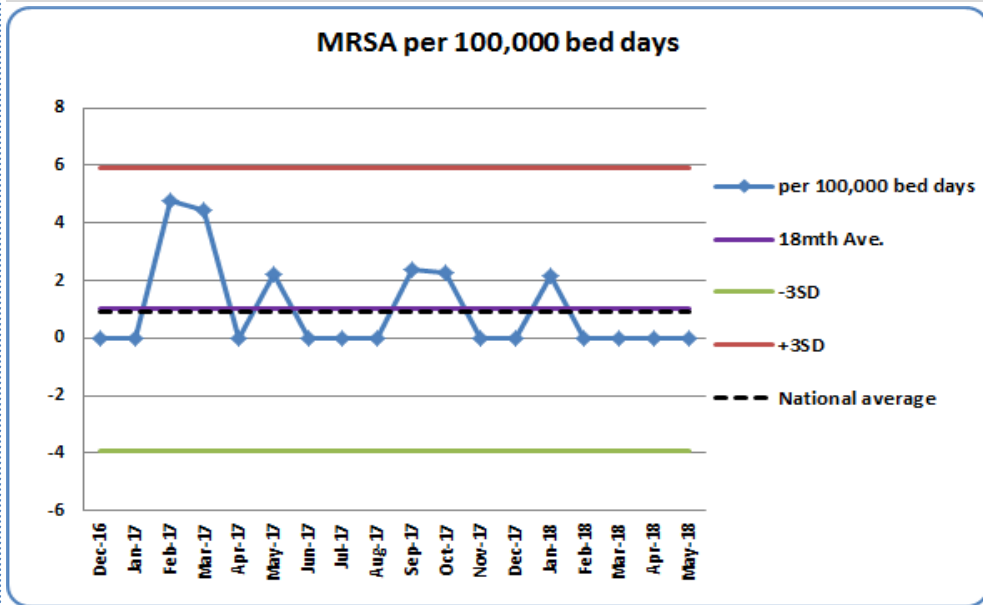
Responsive

- The Trust continues to provide robust responses to all complaints and claims, ensuring themes are identified and actions taken to improve the patient experience wherever possible. Efforts continue to address the timeliness of complaint responses.

Well-Led

- Examples of good practice from Well-Led element of Directorate Peer Review programme are included.
- Quarter 4 CQUIN data was submitted at the end of April 2018 and results are awaited.

After reviewing and revising the HCAI data to cover an 18 month period, it is presented to the Board using Statistical Process Control charts (SPC). This allows an analysis of current Trust performance against last year's average and against national average performance.



MRSA Bacteraemia (Target: zero tolerance)

The graph above shows the Trust average rates against the national rate. There were no cases of MRSA bacteraemia in May 2018.

C. difficile (Target: ≤ 76)

The Trust has achieved sustained reductions in C. difficile and this has brought the rates to be consistent with national average. This year, the Trust's national target has been reduced by NHS Improvement to 76 cases.

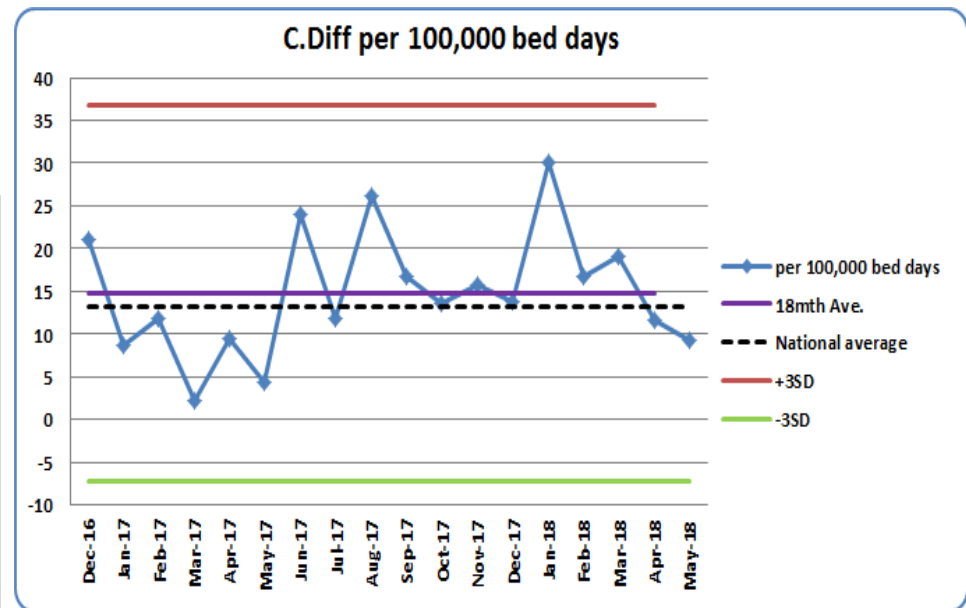
There were 4 cases of C. difficile in May 2018. Nine cases have been reported for the year-to-date, with 1 successful appeal so far this year (with a potential further 3 cases being considered for appeal) resulting in 8 cases counted against the Trust's target. This compares with 4 in the same period 2016/17 and is within the current year's trajectory (target is 12).

The cumulative C. difficile rate per 100,000 bed days in May 2018 is 10.12 with a target for this year of 16.1 or less.

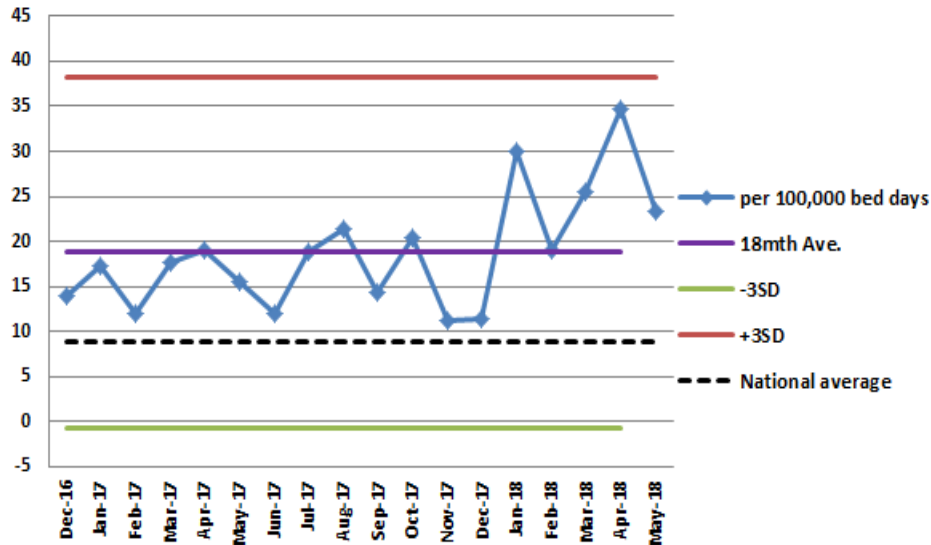
Where cases of HCAI have occurred a Root Cause Analysis (RCA) is completed by the clinical staff involved in the case and the IPC Team. The findings of these individual reviews, good practice, lessons learned and trends are discussed at a Serious Infection Review Meeting (SIRM). Learning is important and clinical staff are actively engaged

The following lessons were learned from cases discussed at SIRM:

- ANTT should be followed every time for invasive procedures
- IV devices should always be removed as soon as possible
- Daily antiseptic washes are important
- Microbiology advice is essential for antibiotic prescribing
- Stool sample transit times are part of a focused piece of improvement work
- Communication of infection alerts on transfer/handover should always be clear
- Comprehensive Diarrhoea and C. difficile Care Pathways are in place and followed, documentation in these is not always completed although care delivered
- Isolation of patients can be delayed on occasions due to competing priorities



MSSA per 100,000 bed days



MSSA Bacteraemia (no target)

This graph shows the Trust average rates (between 15 and 20 cases per 100,000 bed days) against the national rate (around 5 per 100,000 bed days).

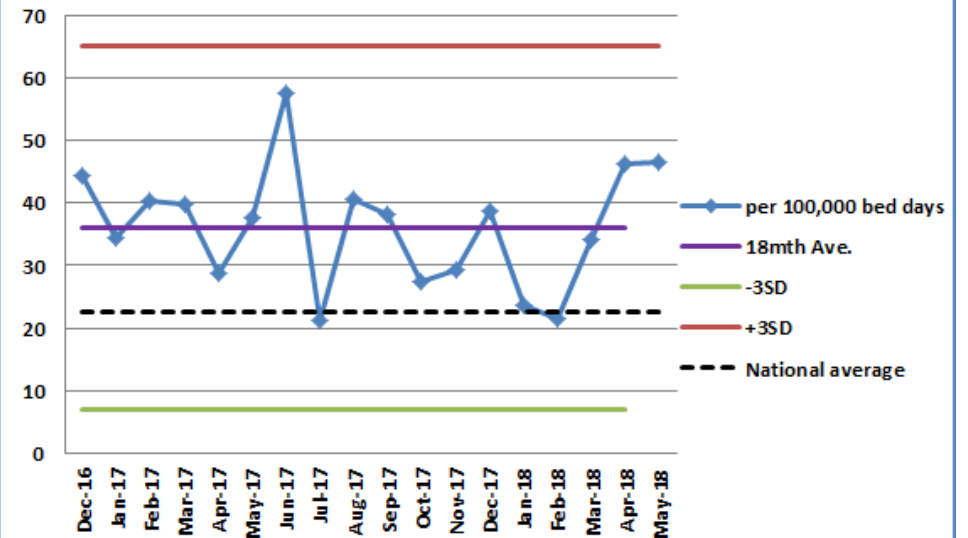
There were 10 MSSA bacteraemia in May 2018 compared with 7 in May 2017.

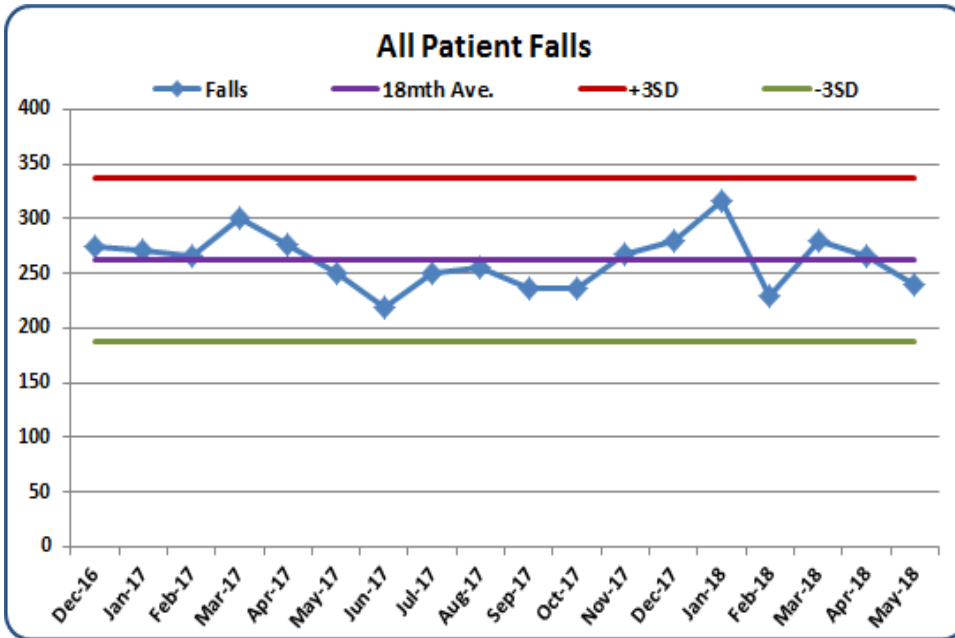
Gram Negative Bacteraemia (no target)

This graph shows the Trust average rates against the national rate. There is a national ambition to achieve a 50% reduction in cases by 2021, as advised by the Department of Health.

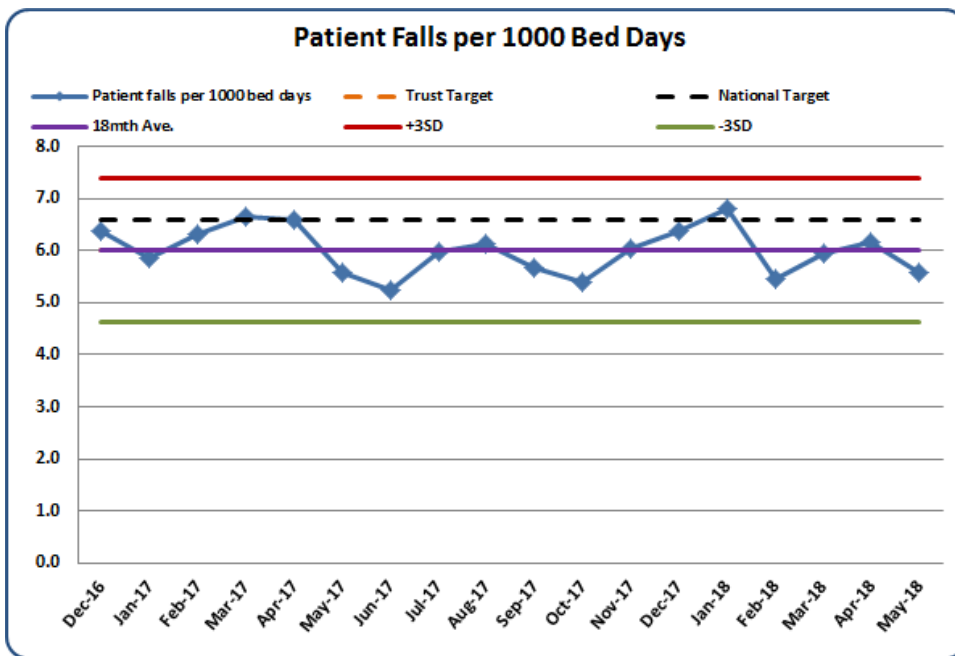
There were 20 cases of E. coli bacteraemia identified post 48 hours of admission in May 2018 compared with 17 in May 2017.

E Coli Per 100,000 bed days





The total number of falls for May 2018 was 240 and the falls/1000 occupied bed days rate was 5.6 which are both lower than April 2018 (total falls 266 and falls rate 6.2). The falls/1000 occupied bed days rate (average) for 2017/18 was 6.0 therefore the lower rate of 5.6 achieved in May 2018 is under target and brings the running average for 2018/19 to 5.9 to date, sustaining the falls/1000 occupied bed days rate target of 6.0 or below.

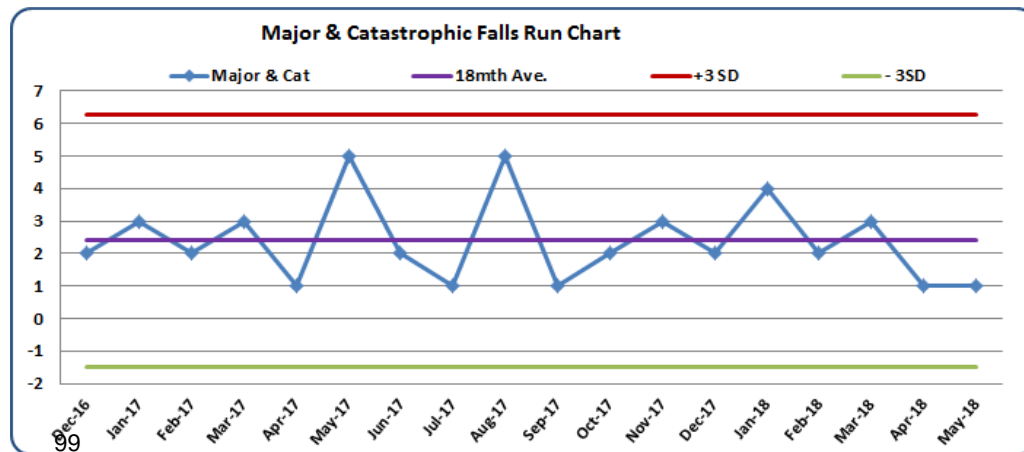
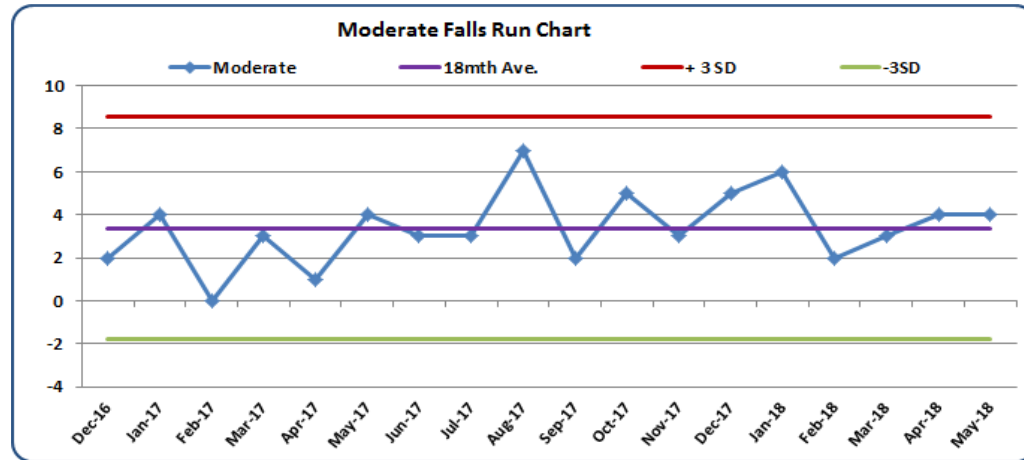
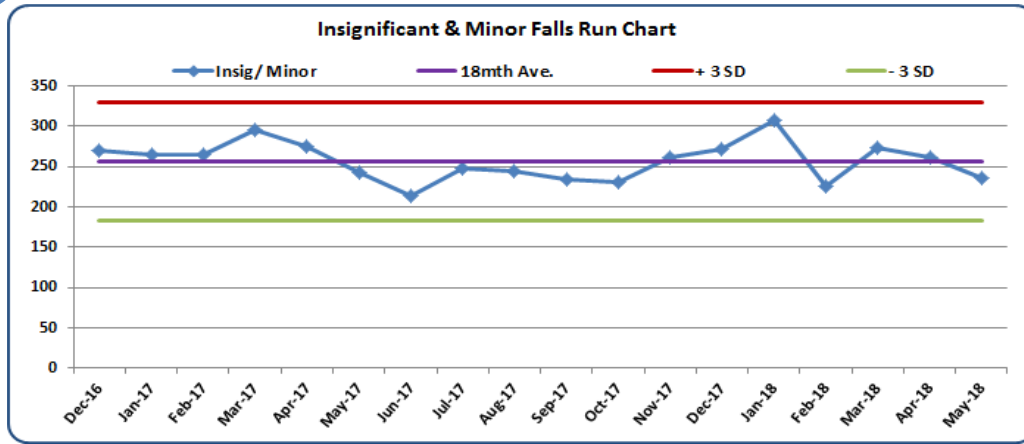


Learning from Falls SIs (October 2017 - March 2018)

The prevention of falls is highly complex as there is no single intervention that will prevent a fall. Best practice evidence is that each patient's falls risk should be individually assessed and therefore patients with different risk factors require different intervention plans.

In cases where there has been serious harm following a fall, the findings from the investigations have revealed:

- The majority of these patients had a falls risk assessment commenced within 12 hours of admission and were assessed accurately on the Falls Care Bundle
- The majority of these patients were identified as being at high risk of falls during staff handover and for all of these patients, the call bell was to hand and appropriate footwear was available at the time of the fall
- However we learnt only 61% of these patients had appropriate footwear in situ at the time of the fall and although 42% of these patients were being nursed in higher visibility beds, only 14% of the falls were witnessed. Of these incidents there was a very slight increase early in the morning (05.00—06.00) and late afternoon (15.00—16.00) but this does not appear significant.

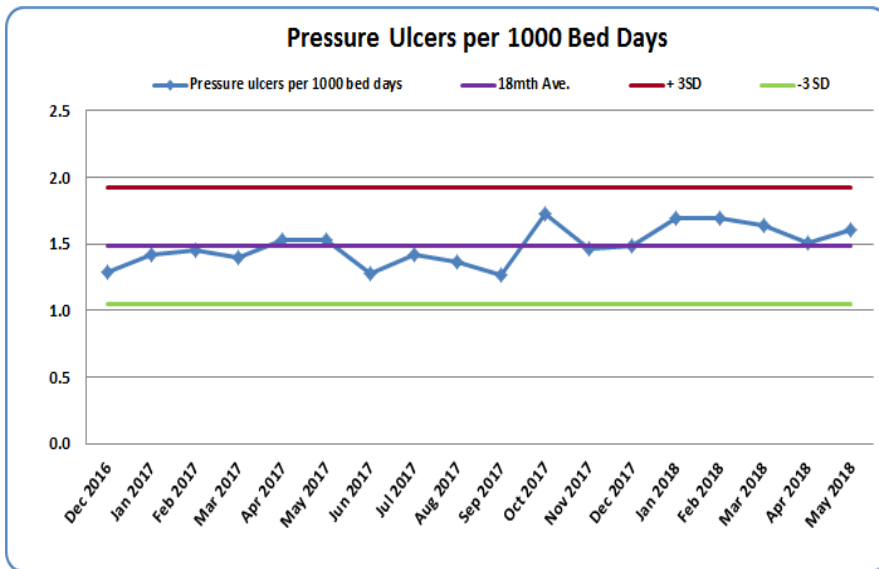
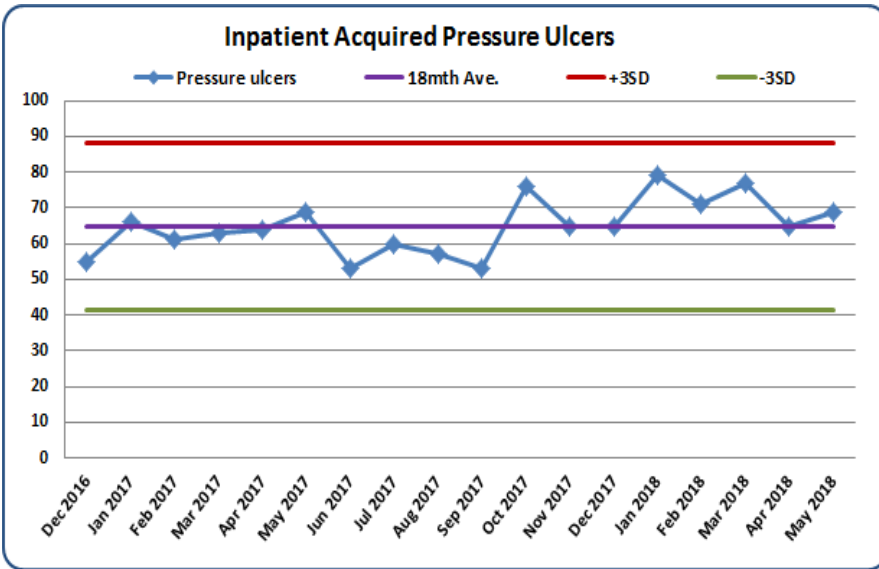


Having achieved a sustained reduction in falls with no harm or minor harm between May and October 2017, it is clear that this was difficult to sustain over the winter months, however April and May have seen a reduction.

In May there were 4 falls with a grading of 'moderate' which were spread across the organisation resulting in varying injuries including a fractured wrist, fractured clavicle, a small intracranial bleed and a fracture to the lumbar spine. This highlights the difficulty in making significant reductions to this category of falls as they often occur in a wide population of patients in multiple directorates.

In May there was one fall with major harm. This was a fractured hip sustained by a patient on a Urology ward. The patient was admitted for a planned procedure but developed a delirium post operatively and fell as a result of mobilising without assistance. This occurred on a nightshift when the nursing staff were occupied in another bay. This highlights the difficulty in maintaining levels of observation, particularly when staffing levels are lower but deemed accurate for the level of acuity of the patients.

All of the moderate and major incidents have undergone a Root Cause Analysis. These are reviewed individually by the ward teams and also collectively by the Falls Prevention Coordinator every six months to identify recurring themes and learning opportunities.



Work continues to support clinical teams to prevent Pressure Damage occurring within the Trust. Data has been shared with all clinical teams to ensure they understand their incidents relative to their peers and year on year performance. Wards have been asked to achieve a 20% reduction relative to the incidents that occurred in their areas in 2017/18.

The Tissue Viability Team have been working to develop a new E-learning Package for Nursing Staff to complete which covers the core requirements and interventions required to prevent Pressure damage. This will be available for staff in July 2018.

The Trust guidelines for pressure damage prevention are in line with the best practice guidance available. However, there is variation in the ability of teams to consistently apply and / or document the application and delivery of care in line with guidance. E-learning will ensure all staff are aware of best practice and the focus at local level needs to be the delivery of this in practice. Work to look at an audit tool that can support teams to measure their performance with a continuous improvement approach is being developed.

The Executive Chief Nurse is leading a project to take a ward team through a formal Quality Improvement Intervention with a focus on team engagement and development to lead quality improvement in their area.

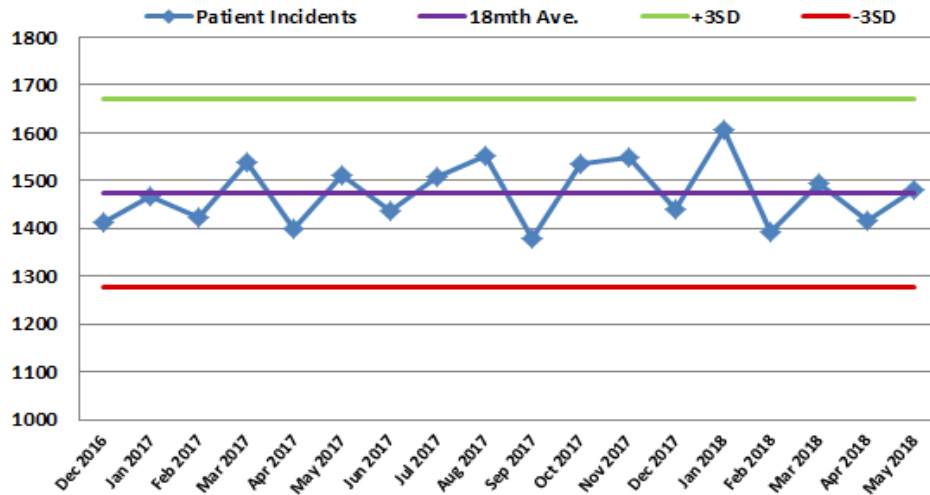
Learning from Pressure Ulcer incident Investigations

The best strategy for pressure ulcer prevention is skin care and repositioning. At times hourly turns are necessary however therapy mattresses, heel elevation and other pressure relieving equipment are also used to prevent pressure ulcers.

When pressure damage does occur, clinical teams and Tissue Viability Nurses undertake a Root Cause Analysis (RCA) of all Trust acquired category III or IV pressure ulcers. From these reviews we can identify key themes to help us learn so we can prevent future cases occurring. The findings tell us:

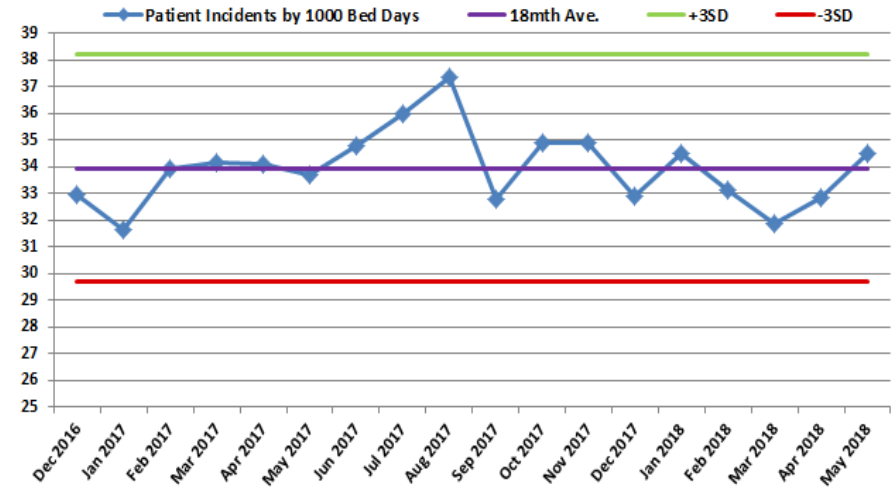
- The practice of turning patients frequently and use of pressure relieving aids should be consistently employed.
- Documentation is not always consistently completed; this includes documentation of skin assessment on arrival and transfer to wards and departments.
- Changes in patient condition may lead to an increased risk of pressure damage; this can happen very quickly in a deteriorating patient.
- When patients visit diagnostic and interventional departments, it is important to ensure frequent position changes.

Total Patient Incidents



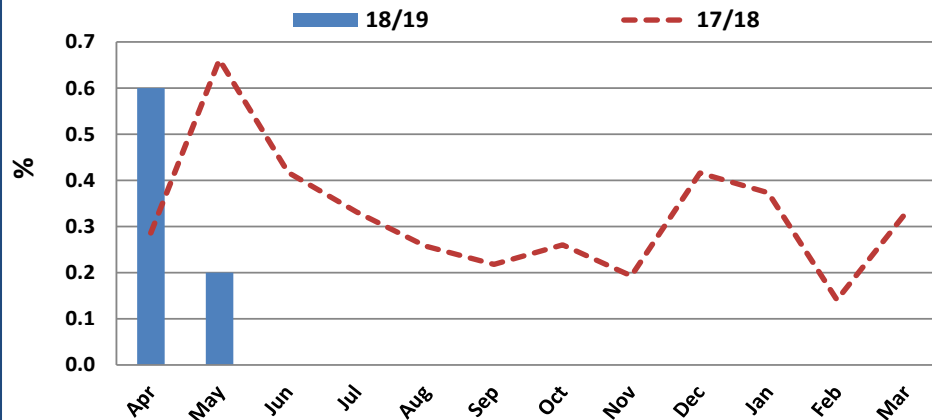
The total number of patient incidents reported has decreased slightly this month (1,482). This is comparable with the same time period last year.

Patient Incidents per 1000 Bed Days

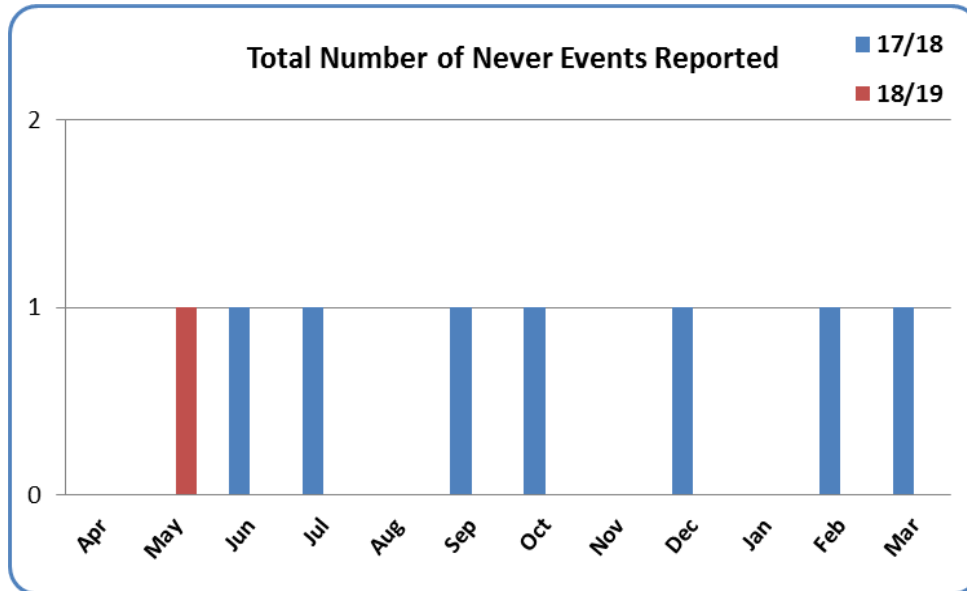


Incident rates continue to meet the Trust average rate reported in 2016/17.

% of Patient Safety incidents that result in severe harm or death

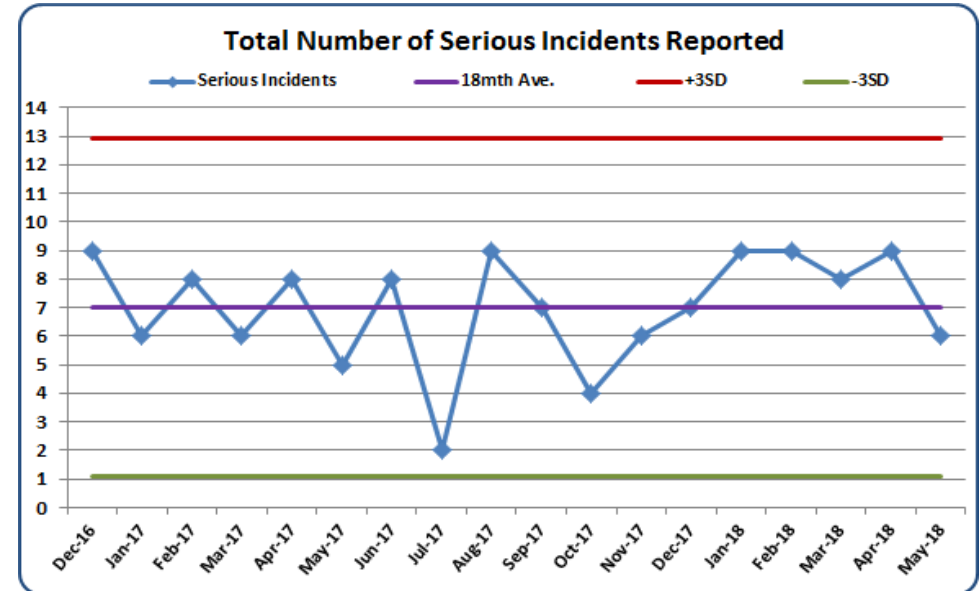


The percentage of incidents that resulted in severe harm or death in May 2018 is low at 0.2%. It is also worth noting that not all incidents have been fully investigated so the percentage is likely to reduce further once severity is confirmed.



Never Events

One Never Event involving the wrong inter-uterine device implanted.



Serious Incidents (SIs)

There were six SIs reported in May 2018:

General

- Two Falls resulting in a fracture.
- One Pressure Ulcer.
- Two incidents related to failure/delay following up on diagnosis/treatment.
- One Never Event - wrong device implanted.

Learning from SIs Quarter 4 2017/18

Failure/delay in diagnosis and/or treatment:

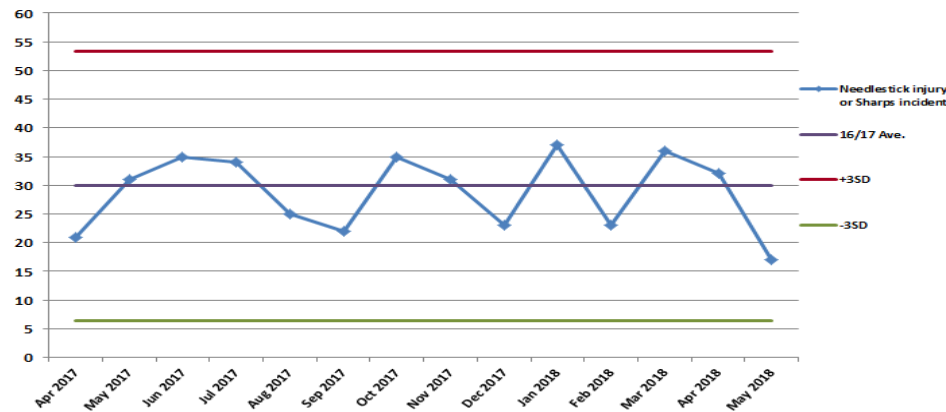
- Development of a trustwide electronic flagging system to ensure abnormal radiological findings are always appropriately escalated—working group are addressing this as part of GDE program.

Dental - wrong side nerve block:

- Simplification of WHO checklist to reduce the likelihood of error from multiple checking mechanisms.

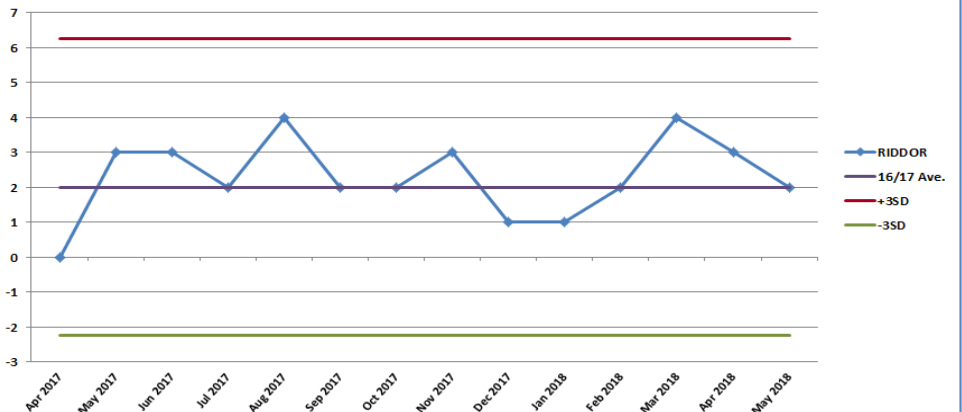
There are currently 1312 health and safety incidents recorded on the Datix system between 1st April 2017 to 1st June 2018, which represents an overall rate of 92.9 per 1000 staff. In addition to the health and safety incidents, there are currently 800 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1st April 2017 to 1st June 2018, which represents an overall rate per 1000 staff of 56.7. The highest reporting directorate rates per 1000 staff over this period of aggressive behaviour are the Directorate of Medicine (221.6), Surgical Services (103.1), Community (100.0), Patient Service (59.3), Cardiothoracic (63.2) and MSU (89.2).

Needlestick injury or other incident connected to Sharps



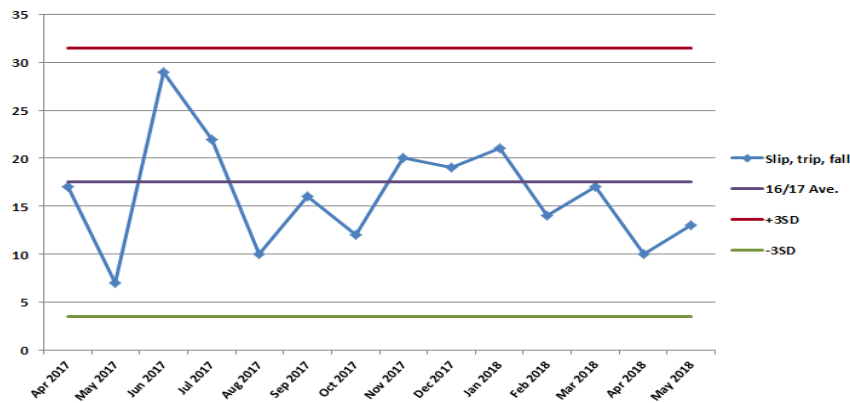
The average number of all sharps injuries monthly is 30.4 over the period April 2016 to June 2018 based on Datix reporting. 15.5% of the reports over this period relate to clean or non medical sharps incidents. The average number of dirty sharps incidents over the period April 2016 to June 2018 is 25.5 per month

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)



The most common reasons for reporting accidents and incidents to the HSE over the period April 2017 to June 2018 include physical assault (7), struck by object (4), trips (5), slips on wet floor (3) and lifting and handling (10). These account for 51.78% of reportable accidents over the period.

Slip, Trip, Fall











































The most common types of staff and visitor fall are slips on wet floor, fall on level ground and tripped over an object. Collectively these account for 61.3% of falls over the period April 2016 to June 2018.




Fall as a result of a faint, fit or other similar event and falls from a chair account for 12.1% of the incidents recorded.

20.1% of the falls reported over the period April 2016 to June 2018 relate to visitors/members of the public.

The Trust strategy action plan for slips, trips and falls contains a range of measures to prevent falls. Each department has a falls related risk assessment. Monitoring is undertaken by the health and safety team periodically and on the identification of any areas on concern.

Trend

Month	Environmental Cleanliness - Total	Assurance Measures - Total	Clinical Assurance - Total	Staff Knowledge - Total	Total CAT
May 2017	97.70% 	96.86% 	97.39% 	93.86% 	96.57% 
Jun 2017	97.57% 	97.18% 	97.72% 	93.09% 	96.47% 
Jul 2017	97.69% 	97.67% 	97.35% 	93.82% 	96.77% 
Sep 2017	97.64% 	97.69% 	97.29% 	93.31% 	96.64% 
Nov 2017	97.69% 	96.47% 	97.45% 	92.98% 	96.29% 
Jan 2018	97.07% 	96.14% 	97.03% 	93.74% 	96.21% 
Mar 2018	97.88% 	95.34% 	96.59% 	92.96% 	96.14% 
May 2018	97.57% 	96.24% 	97.74% 	93.59% 	96.50% 

	Less than 91%
	Between 91% and 97.9%
	98% or more

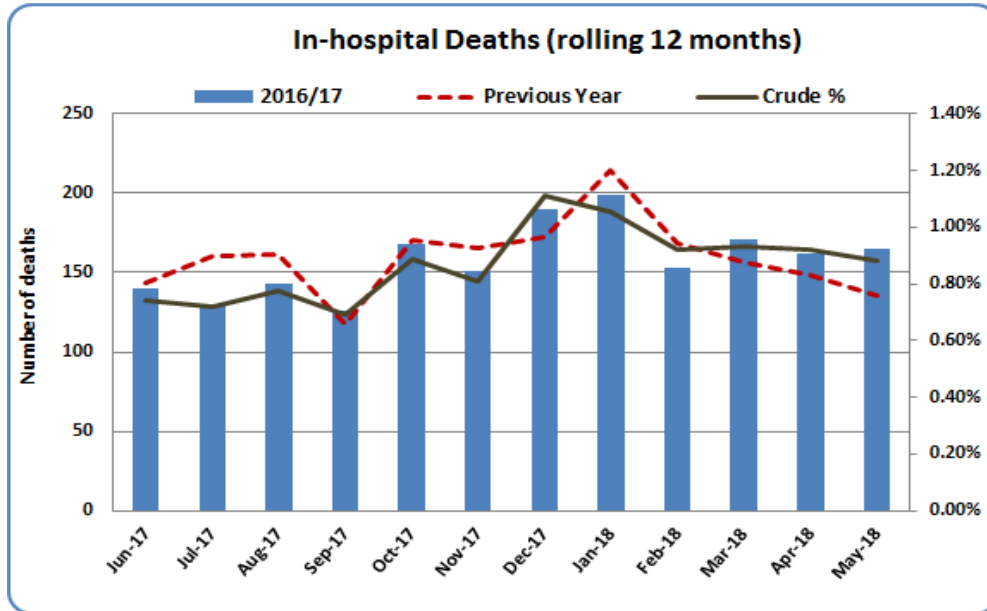
Clinical Assurance Toolkit

Trend

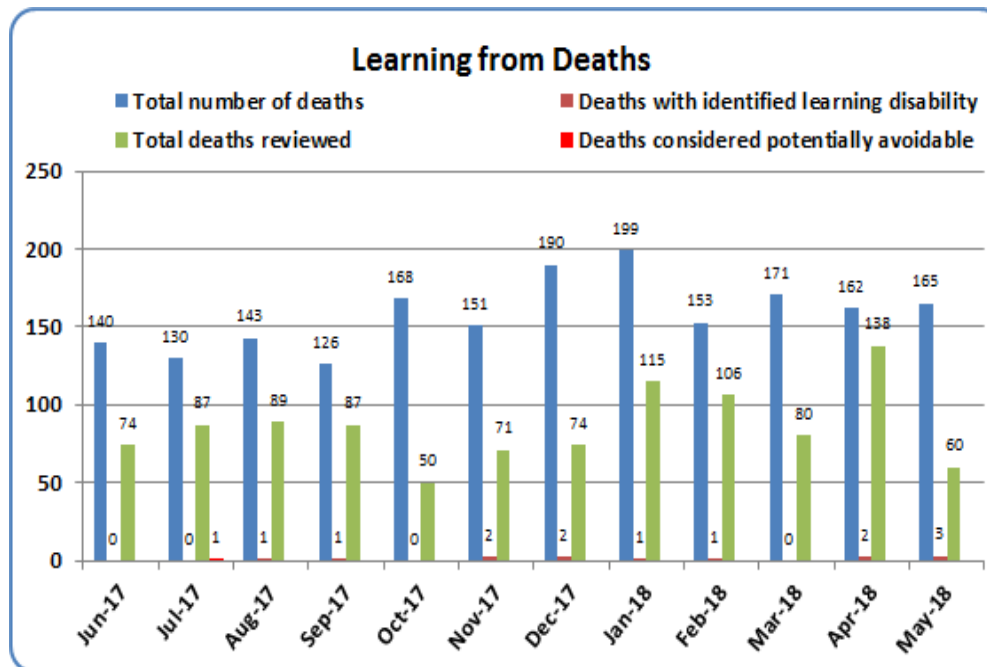
For the last reports the trend has been around 96% for the overall CAT score. The staff knowledge score trend is around 93%.

Star of the Month

87% of areas completing the CAT have now achieved at least one ACE Award. Work is ongoing with the Matrons to increase achievement against all categories.



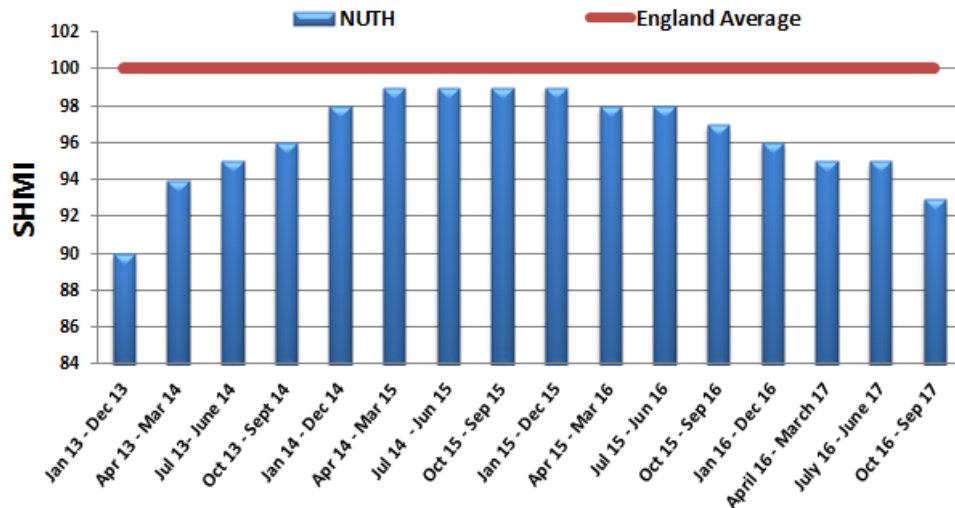
In total there were 165 deaths reported in May 2018 which is slightly higher than the number of deaths reported 12 months previous (n=135).



The data opposite shows the total number of all inpatient deaths, total number of reviews recorded in the mortality database from M&M meetings as well as deaths identified with a learning disability. As expected, during the winter months the number of deaths has risen.

In May 2018, 165 deaths were recorded in the Trust with 60 receiving a full in-depth review. Three deaths were identified as having a learning disability and no deaths were recorded as being potentially avoidable (HOGAN ≥ 4).

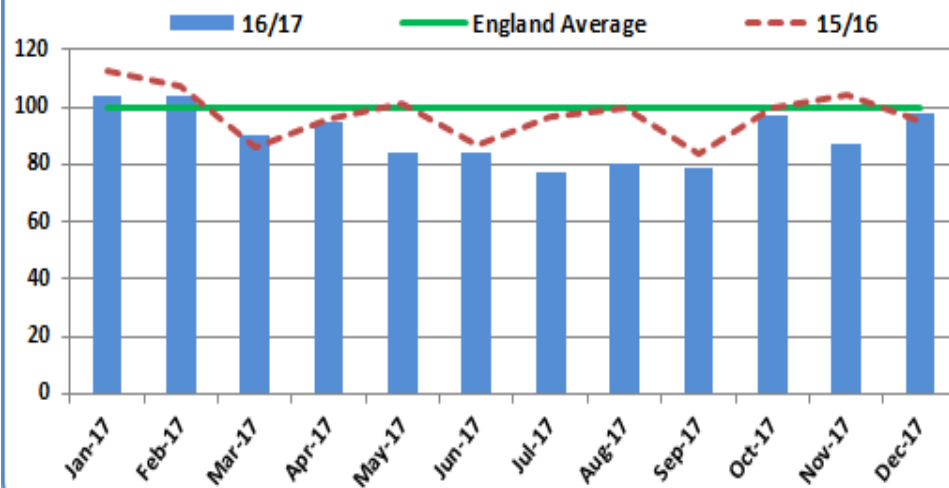
SHMI for Newcastle upon Tyne Hospitals (NUTH) Foundation Trust vs National Average for England



Summary-level Hospital Mortality Indicator (SHMI)

The most recent published SHMI results show that the Trust has scored 93 for the months Oct 16 - Sep 17, which is lower than the previous quarter. This remains lower than the national average and is within the 'as expected category'.

SHMI for Newcastle upon Tyne Hospitals Vs National Average

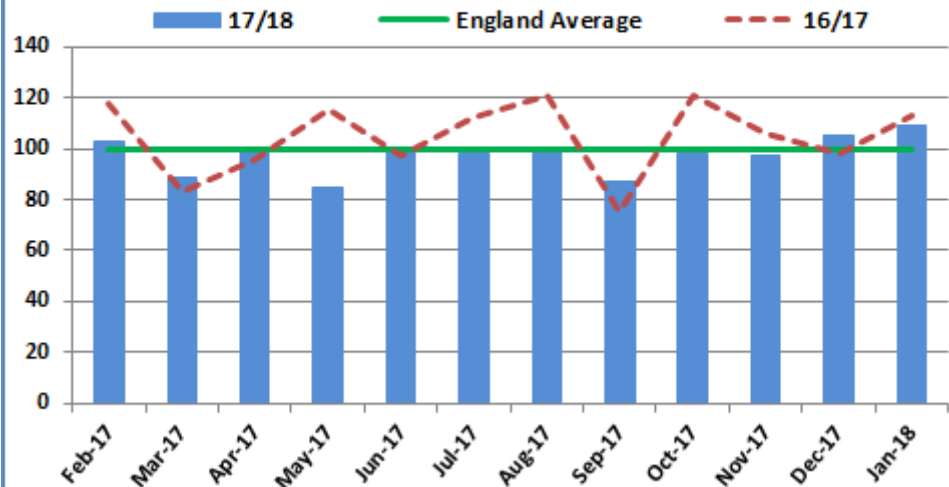


Summary-level Hospital Mortality Indicator (SHMI)

The latest SHMI result in December 2017 of 98 is slightly higher than the previous month, however still lower than the national average. This may change as the percentage of discharges coded increases.

SHMI rates will continue to be closely monitored.

HSMR for Newcastle upon Tyne Hospitals vs National Average



Hospital Standardised Mortality Ratio (HSMR)

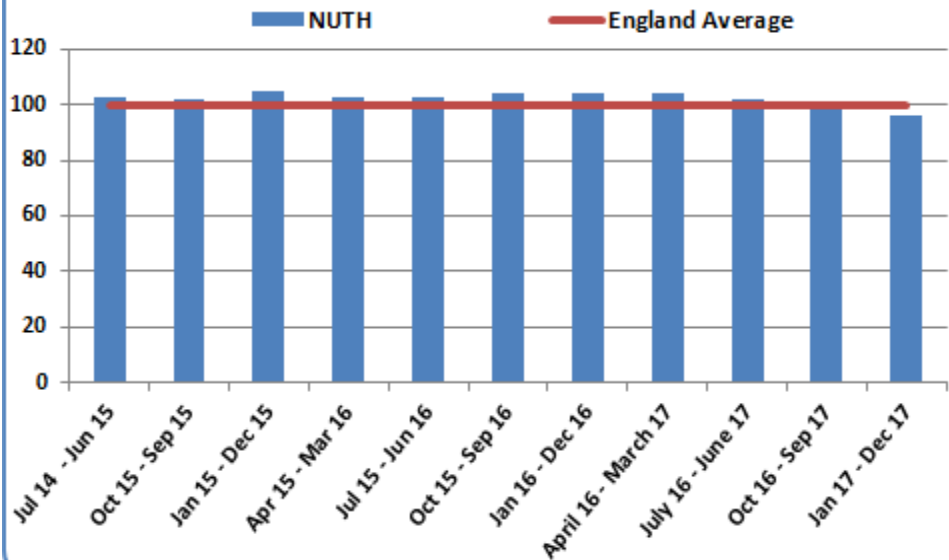
The graph to the left shows HSMR by month, although slightly higher than national average, this continues to be within expected limits.

The graph below, left, shows a rolling HSMR score by quarter. The most recently available data shows a score below the national average. Despite the variation in scores seen over recent years, particularly in 2015/16, all scores are 'as expected'.

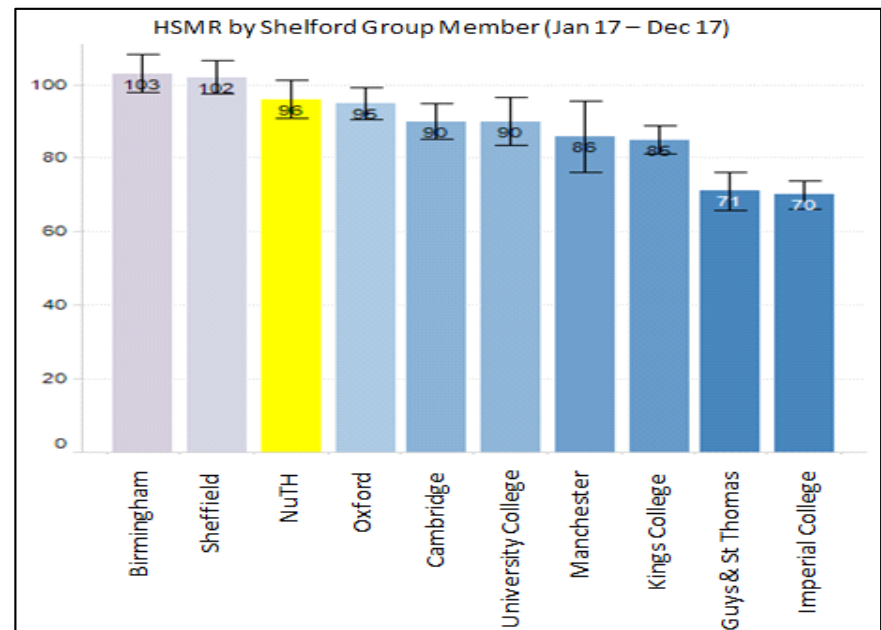
The graph below shows the Trust's position in relation to our Shelford colleagues. Historically, the London Trusts have always performed well on the HSMR measure – it is believed that this can be explained by their case mix (i.e. the number of elderly people in their population compared to other locations in the UK).

Please note: A problem has occurred with retrieving the latest published mortality data from HED. HED has informed all Trusts that they are experiencing problems retrieving data via NHS Digital and therefore are unable to publish any new data for the time being.

HSMR for NUTH vs National Average for England



HSMR by Shelford Group Member (Jan 17 – Dec 17)



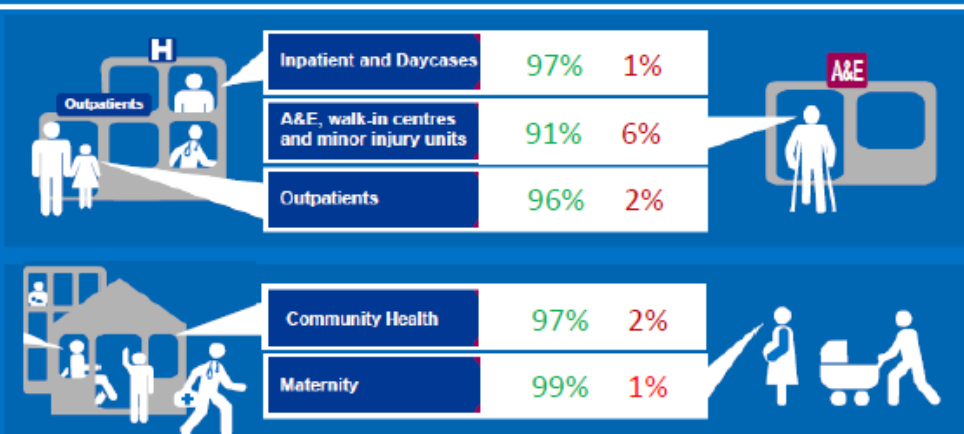


The Newcastle upon Tyne Hospitals
NHS Foundation Trust

The NHS Friends and Family Test

Take 2 minutes ... See how we did in March 2018

We got 5,204 responses to the Friends and Family Test in March 2018. The following numbers show the proportion of people that would recommend or not recommend these services to a friend or family member if they needed similar care or treatment.



If you have used one of our services, please complete the survey given to you by staff or visit www.fftnewcastle.co.uk to leave your feedback online.

Thank you

Healthcare at its very best - with a personal touch

Summary for Mar 2018 (compared to Feb 18):

Area	Recommendation rate
Inpatients	97% (-1%)
ED	91% (-1%)
Outpatients	96% (-%)
Community	97% (+4%)
Maternity (birth)	99% (+2%)

Points of note:

The total number of responses overall has increased this month from 4,936 in February to 5,204 in March.

Inpatients: A response rate of 10.5% was achieved in March which is slightly lower than February at 13%. 97% of respondents stated that they would recommend the Trust with 1% stating that they would not. The recommendation rate continues at 97% or above for 27 consecutive months. A stock refresh is currently underway to ensure all areas have cards to give to patients.

Emergency Department: The results from 474 patients give us a 91% recommendation rate for the Emergency Department. The Walk-in centres and Eye ED contribute to this performance. The response rate has remained the same 3.1%.

Outpatients: There were 2723 responses in March, a slight dip on last month which was the highest recorded since August 2015 and the recommendation rate of 96% has remained the same. The number of responses is the highest figure in the local area but the third lowest in the Shelford group.

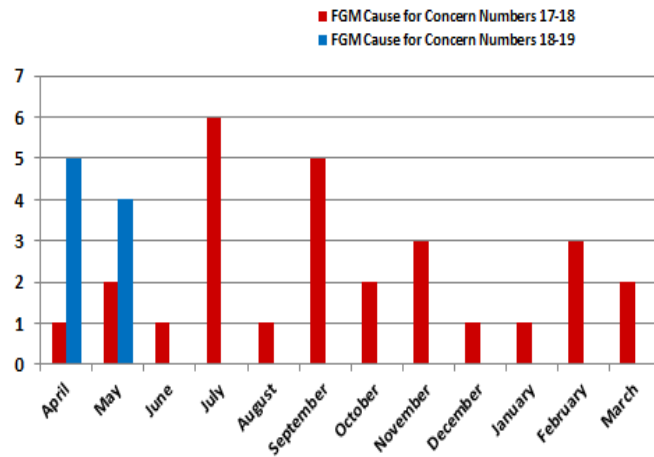
Community Services: The number of responses has increased from 85 in February to 87 in March. The Community recommendation rate increased from 4% to 97%. The number of responses continues to be monitored carefully.

Maternity Services: Response rates vary significantly between the questions relating to 'Antenatal Community', 'Birth', 'Postnatal Care' and 'Postnatal Community' which is consistent for all Trusts. A recommendation rate of 99% was received in relation to 'birth' services from 154 responses to the question. However a score was not provided for Question 1 or 4 as no responses were collected. The Trust only needs to get 5 responses or more for these questions in order for a recommendation rate to be published.

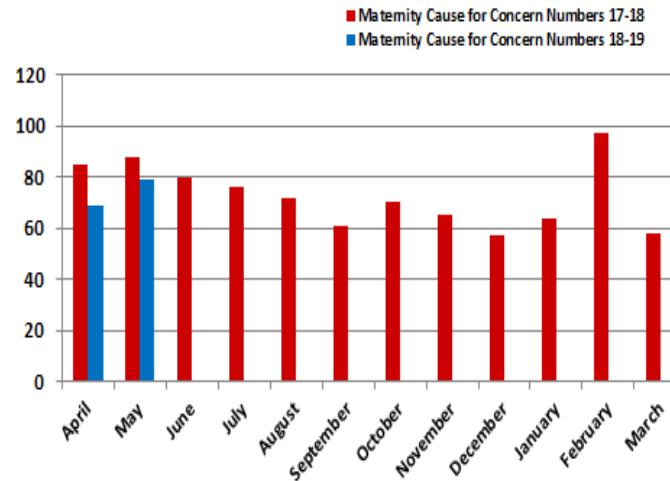
If you would like to see the results in full detail – the easiest way is via the NHS England website at the link below.

<http://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/>

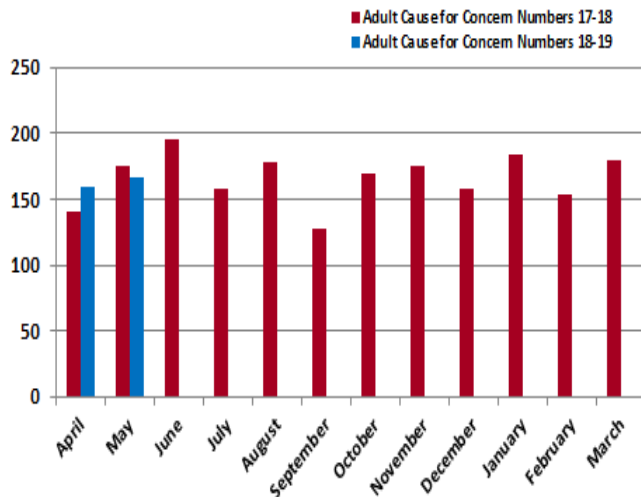
Female Genital Mutilation Cause for Concern Numbers



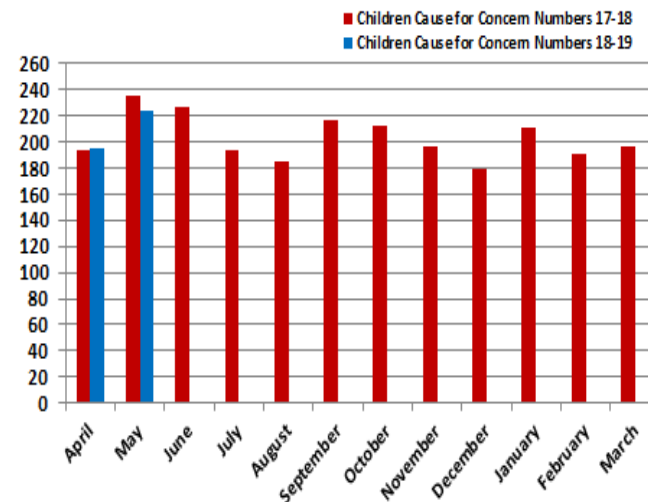
Maternity Cause for Concern Numbers



Adult Cause for Concern Numbers



Children Cause for Concern Numbers



Safeguarding

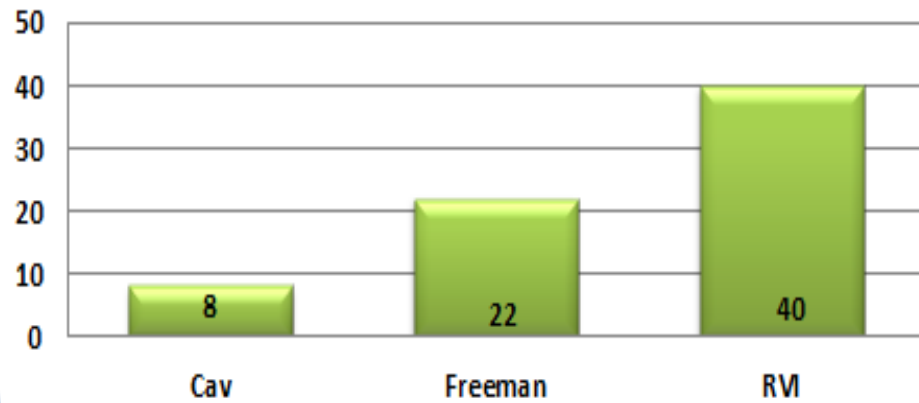
The Safeguarding teams continue to respond to a high volume of cause for concerns across all areas. Safeguarding enquiries are becoming increasingly more complex and time consuming due to the ever changing context of safeguarding. For adult safeguarding there is a high number of younger adults considered within safeguarding where substance misuse, mental health, chaotic lifestyles and homelessness are factors. The highest number of contacts is for self-neglect with 438 concerns raised in 2017/18.

Sexual exploitation is becoming more evident as evidenced in the Joint Serious Case review. Due to the demographic population of Newcastle we are also starting to see safeguarding concerns for trafficking and modern slavery within adults, children's and maternity safeguarding.

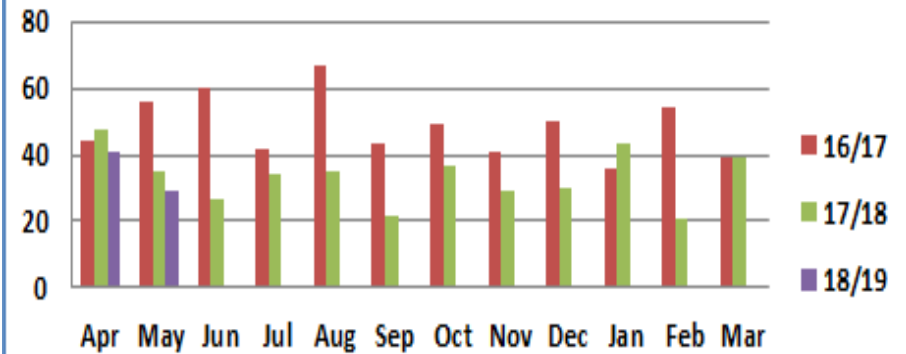
The number of FGM figures reported is dependent on how many individuals attend Trust services who self-report FGM, or it is visually confirmed through medical assessment. This number is always likely to fluctuate as all cases need to be captured for national reporting mechanisms.

It has been noted in the safeguarding dashboards that the number of Deprivation of Liberty Safeguards (DoLS) applications have reduced since May 2017. This coincides with a change in the process whereby ward staff are supported to complete the DoLS applications which are subsequently processed and monitored by the MCA / DoLS Lead and the Adult Safeguarding Team. This has been discussed at the MCA Steering Group on 07 February 2018 and a detailed action plan is in place. Overall, the recommendations found that there is a need for enhanced training and education for ward staff in order to fulfil their responsibilities in accordance with Trust policy.

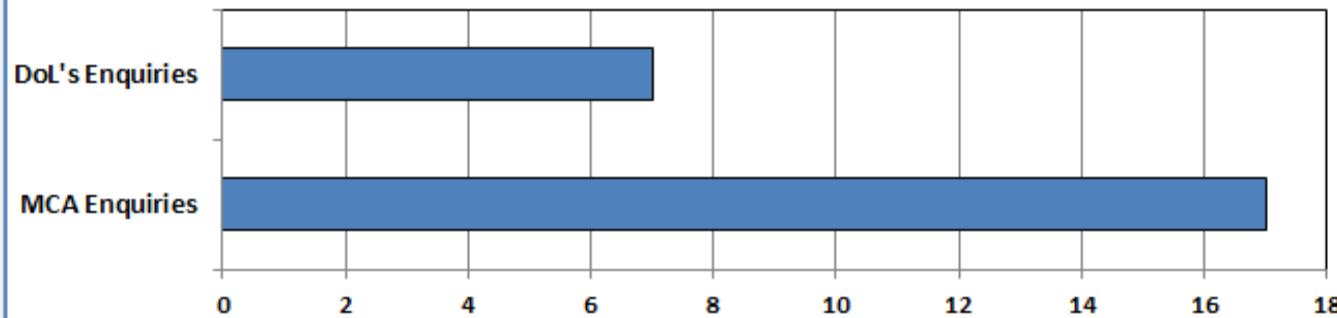
DoL Applications 2018/2019 - By Site (Total 70)



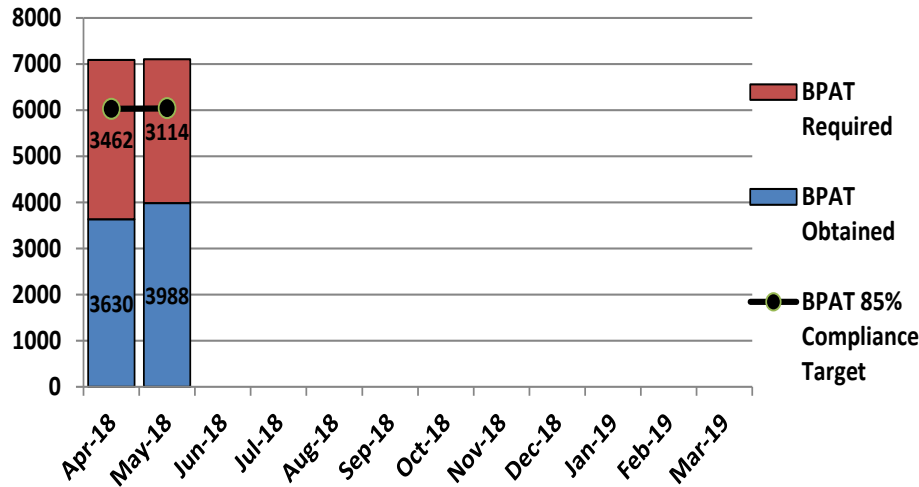
DoL Application Comparison Year on Year



Category of Concern May 2018



BPAT Training Compliance 2018-2019



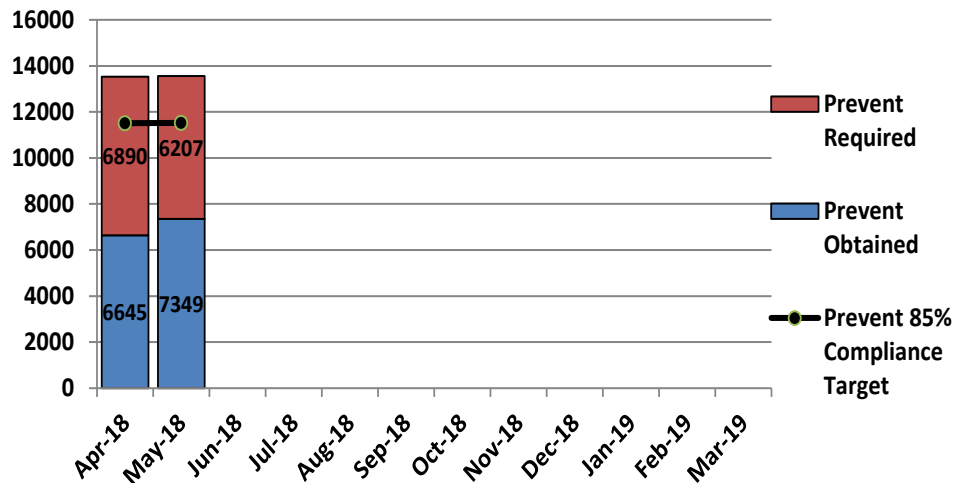
Prevent training

Prevent training was made mandatory for all staff in the Trust in April 2018 to meet national requirements for training. Work is ongoing with training and education to define the staff groups for each level of Prevent training.

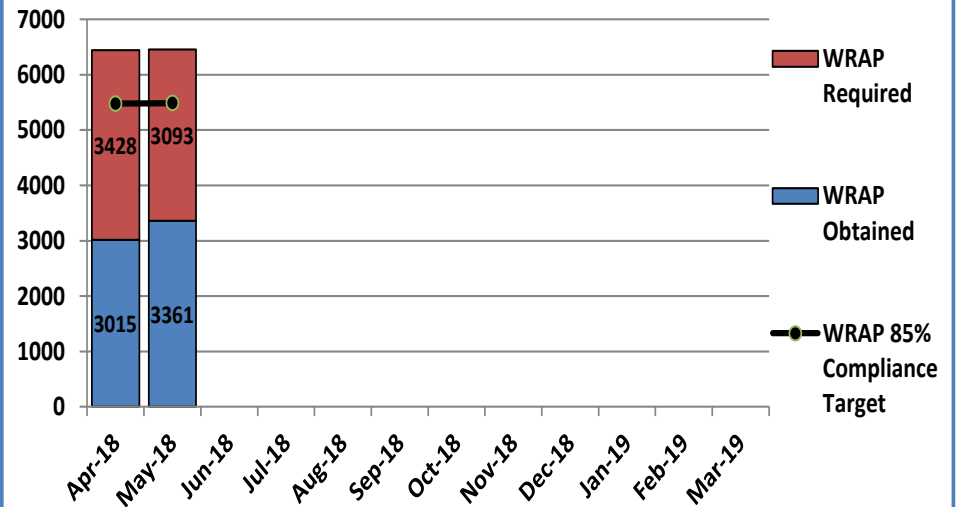
The staff groups who should complete WRAP (Workshop to Raise Awareness of Prevent) training are nursing and midwifery staff, medical and dental staff, allied health professionals and student health visitors, school nurses and midwives. Chaplains, counsellors, clinical psychologists and psychotherapists are also identified as requiring WRAP training. If staff in these groups have a job role that involves no patient contact, they will be able to complete the lower level of Prevent training.

All other staff groups require BPAT (Basic Prevent Awareness Training). Over 2500 staff have completed Prevent training in April & May; this continues to be actively promoted with additional face to face sessions being made available to achieve the national target set by NHS England for WRAP which is 85%.

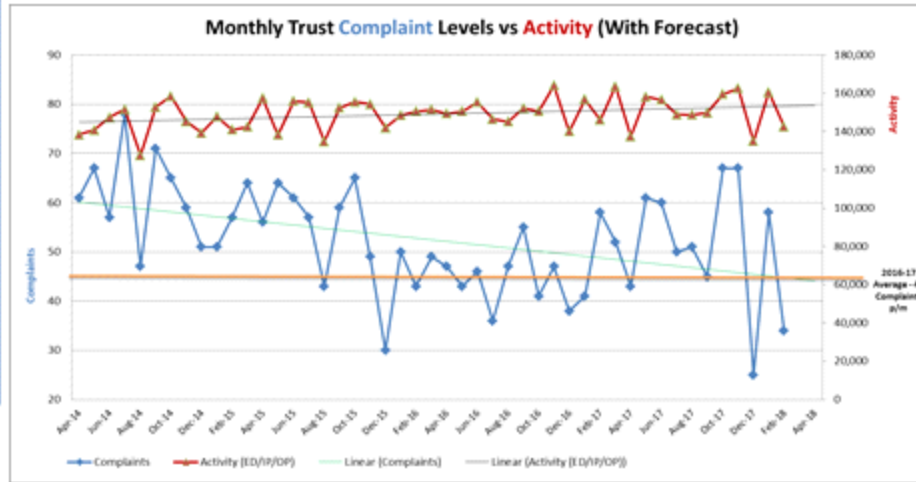
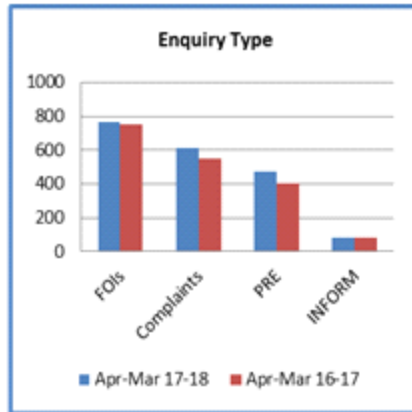
Prevent Training Compliance 2018-2019



WRAP Training Compliance 2018-2019



Complaints Activity Apr-Mar 17-18 (12 mth)

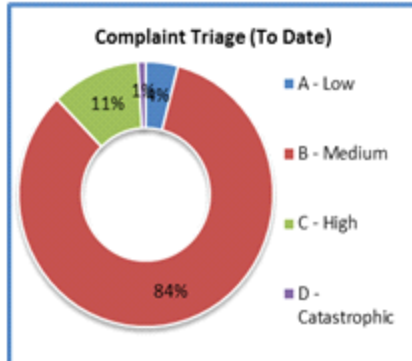


For the period to date:

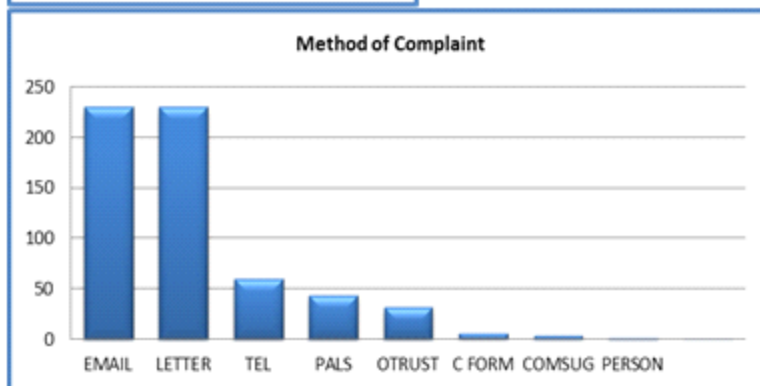
For every 2972 patients attending the Trust we have received 1 complaint (3303:1 for previous full year FCEs/OP/ED).

The average monthly number of complaints received for the year so far is 51 which equates to 5 more per month on last year's monthly average of 46.

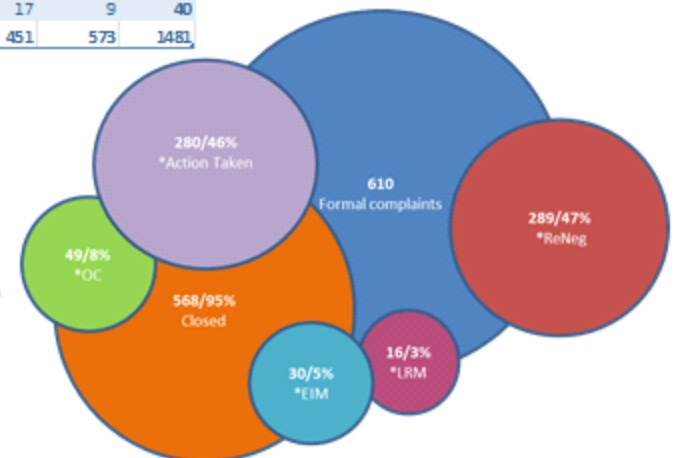
The average monthly activity currently stands at 151,090 down - 576 on previous year's monthly average.



Top 5 Subject Areas	15/16	16/17	17/18 (to date)	Totals
All aspects of clinical treatment	332	338	465	1135
Communication	42	41	48	131
Attitude of staff	30	26	35	91
Appointments, delay/cancellations - Out-patients	39	29	16	84
Appointments, delay/cancellations - In-patients	14	17	9	40
Totals	457	451	573	1481



*OC - Outstanding Concern i.e. second response required
 EIM - Early Intervention Meeting
 LRM - Local Resolution Meeting
 ReNeg - Re Negotiated timescales for response
 Action Taken - Evidence of any action to address complaint



Monthly Complaints Panel Feedback

What are patients telling us that we could do better?

Key Themes from June 2018

Learning from Complaints

Patients and members of the public express concerns in various ways when they are dissatisfied with their experience. Many of those concerns are dealt with and resolved on a daily basis, however despite this we still receive formal complaints.

In 2017/18 the Trust received the equivalent of 1 complaint per 3151 patient contacts. The introduction of the HELP protocol and complaints video has helped to empower patients and families to raise concerns which has provided the Trust with valuable feedback.

The complaints panel are very aware that complaints can be perceived as a threat with negative feelings attached to them. We would like to begin to challenge this and begin to think differently about the way we explore and manage concerns and formal complaints.

Efforts are being made to make the formal complaints process as straightforward as possible, with the aim to be responsive to our patient's expectations and individual needs. The panel would like to acknowledge the excellent performance and thank the staff for their efforts when dealing with patients and members of the public who raise concerns and formal complaints.

The system did not work for the patient

Stay calm, pause, step back and listen. Any criticism of your work or that of your team can be hard to hear. Please try not to take it personally as the concern is often in relation to the dissatisfaction with the service or process. When patients or families complain focus on how to help them and avoid the urge to get defensive. Instead of feeling that you've somehow failed try to see it as an opportunity to learn and to improve.

Apologise without pointing fingers. Even if the concern is not in relation to you or your team offer a genuine apology when someone has had a poor experience. The patient or member of the public will appreciate that someone cares. Overcome the temptation to blame someone else as this will not help.

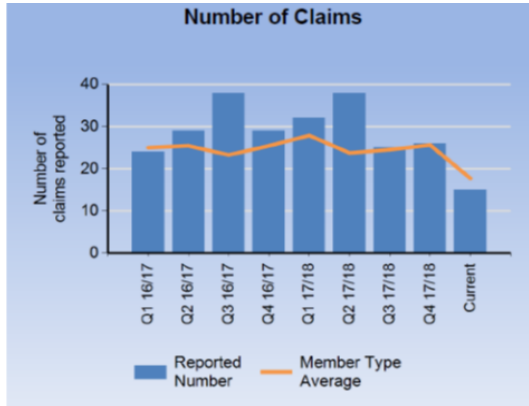
Explore the concerns carefully and agree on a solution. Patients who complain tell us they have done so to avoid the same situation happening to someone else. Therefore it is important to find out what happened, and why? What factors were involved? What elements influenced decision-making, and how? Did the patient perception and understanding conflict with what happened in reality?

Learning and responding to formal complaints

A formal complaint should not be seen as a personal criticism. Consider the complaints process to support you to :

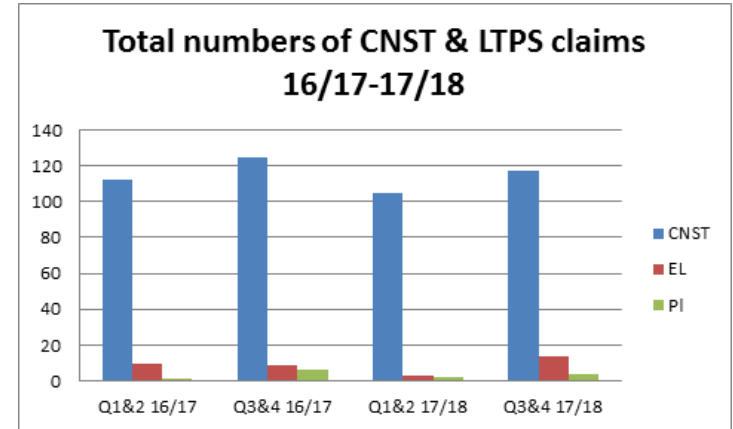
- Highlight key areas where your service needs improving.
- Identify staff members who may need more training or support.
- Monitor service levels and consistency between shifts, departments, locations and teams.
- Reflect on your own experience
- Provide opportunity to put patients at the heart of everything we do.

The Patient Relations Team are very keen to help and support you through this process

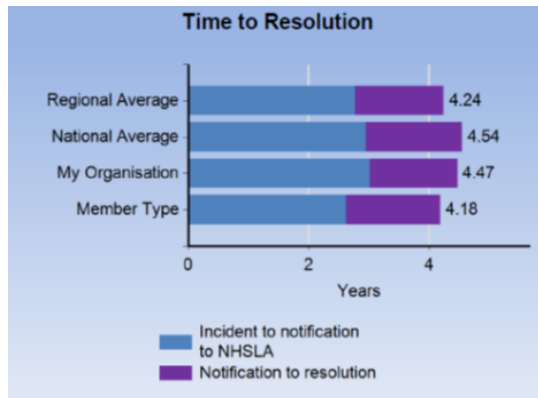


The chart on the left shows the number of claims per quarter reported by this Trust to the NHSR compared to the member type average between Quarter 1 16/17 to date.

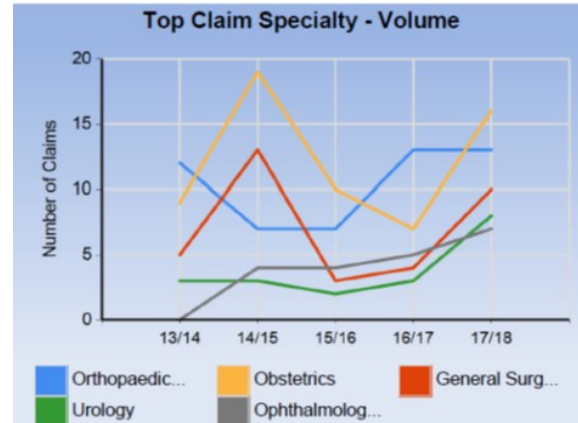
Year	Number of Inquests
2014/2015	386
2015/2016	448
2016/2017	389
2017/2018	439



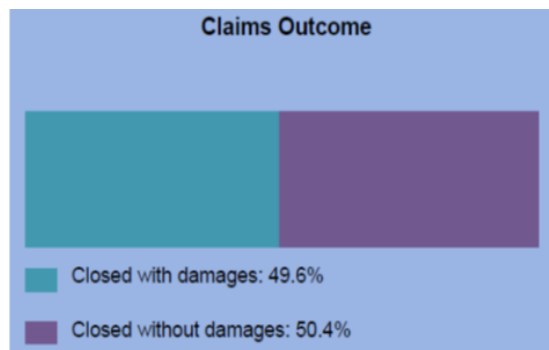
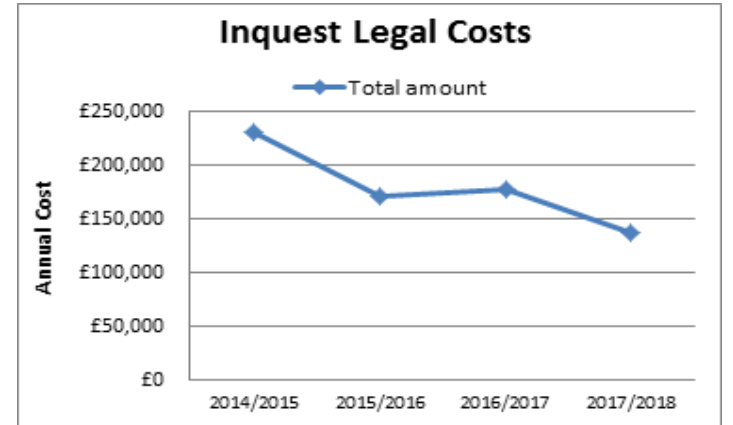
Year	Total amount
2014/2015	£230,016
2015/2016	£171,394
2016/2017	£177,392
2017/2018	£137,917



The chart above shows time to resolution of our organisation compared to the regional/national and member type average. Time to resolution for this Trust is currently 4.47 years which is marginally lower than the national average but slightly higher than the regional and member type average.



The chart above shows the number of claims reported to the NHSLA per speciality annually.



The chart to the left shows the claims outcome for the last financial year. The chart shows the number of CNST claims closed by NHSR with and without damages. However, this table is not a direct indicator of the Trust's claims profile. If NHSR have not heard from the Claimant's solicitor within 3 months claims are generally closed without damages, however, these often reopen at a later stage.

Quality Assurance Strategy – Internal Peer Reviews

The Trust has developed a robust quality surveillance programme aligned to the CQC inspection methodology to provide assurance to the Board that high quality care is being delivered across all services and quickly identify areas for improvement.

A peer review is undertaken with each Directorate annually, led by the CGARD link, involving a multidisciplinary team of peer inspectors from across the Trust. This review process provides detailed scrutiny of the Directorate with reference to an updated Data Pack containing a variety of indicators. During the inspections clinical practice is observed, documentation is reviewed and frontline staff and patients/carers are interviewed in relation to the five CQC domains (Safe, Effective, Caring, Responsive and Well-led).

Once all necessary information has been reviewed the inspection team agree a rating for each domain and an overall rating for the Directorate.

The process of agreeing ratings is led by the CD for Patient Safety and Quality and CQC domain evaluation guides are referred to throughout, ensuring that judgements are consistent and based on the available evidence and professional judgement.

The rating of all five domains are considered when aggregating but the rating for 'safe' and 'well-led' have extra weighting. The aggregated rating will be limited to 'requires improvement' where a rating of 'requires improvement' is given for 'safe' or 'well-led'.



Comments from the Well-led domain review of selected services in 2018-19

The Directorate has clear and robust clinical governance structures in place with arrangements for auditing and monitoring services. The Management Team had clear processes in place to monitor mandatory training and appraisal rates. Leadership throughout the service was highly visible at all levels, approachable, responsive and led by example.

Respect amongst staff for fellow professionals was evident as was a positive 'team' approach. There were numerous examples of effective leadership through various means of communication including the Directorate newsletter. Staff generally feel well supported and are happy to raise concerns. Staff reported being well supported by the matrons who are very visible and approachable. Staff on wards described having an awareness of a number of Trust wide projects (such as IV lines and HCAI) and a recent refocus on falls prevention as a result of sharing data. 'How we are doing boards' are used to share information and good practice.

There is a robust Mortality & Morbidity process and clear lines of communication. Staff acknowledged the impact made by the ward sister talking to each patient every day.

Staff were very aware of the direction and improvements the Head of Department wanted to pursue with an open door policy. Diversity has led to better team working. Staff were described as going the 'extra mile' to support the work undertaken.

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	2018/19 Month 2 Financial Report		
Report of	Angela Dragone, Finance Director		
Prepared by	Finance		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines a summary of the Trust financial position at month 2.		
Recommendations	The Council of Governors are asked to receive the report for information.		
Links to Strategic Goals	Maintaining sound financial management to ensure the ongoing development and success of our organisation.		
Risks identified	The Trust has not yet signed a Control Total for 2018/19 which remains to be negotiated with NHSI.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial	X	
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication		X
	If yes, please give additional information:		
Reports previously considered by	Standing agenda item.		

2018/19 MONTH 2 FINANCIAL REPORT

1. INTRODUCTION WARDS AND DEPARTMENTS VISITED

This paper summarises the financial position of the Trust for the period ending 31st May 2018.

2. 2018/19 FINANCIAL PLAN

The 2018/19 Financial Plan forecasts an Income & Expenditure (I & E) deficit outturn position of £14.3 million. If a Control Total is agreed with NHSI then the position would be improved to a deficit of £11.9 million due to the amelioration of CCG penalties.

The annual cost efficiency requirement is £30 million.

3. CONSOLIDATED RESULTS

At Month 2, the Trust has an I & E deficit of £2.5 million.

Table 1: Key Financial Performance Indicators - Overall Financial Position

	Annual Plan £'000	Month 2 Plan £'000	Month 2 Actual £'000	Month 2 Variance £'000
Income	1,033,573	170,652	171,553	901
Expenditure	994,708	162,430	165,309	2,879
EBITDA*	38,865	8,222	6,244	(1,978)
Income outside EBITDA	1,000	166	120	(46)
Expenditure outside EBITDA	54,255	8,979	8,880	(99)
I&E Position (before impairment)	(14,390)	(591)	(2,516)	(1,925)

Closing Cash	73,708	100,591	107,936	7,345
Capital Programme	32,128	4,632	4,241	(391)

**EBITDA - Earnings before Interest, Tax, Depreciation and Amortisation*

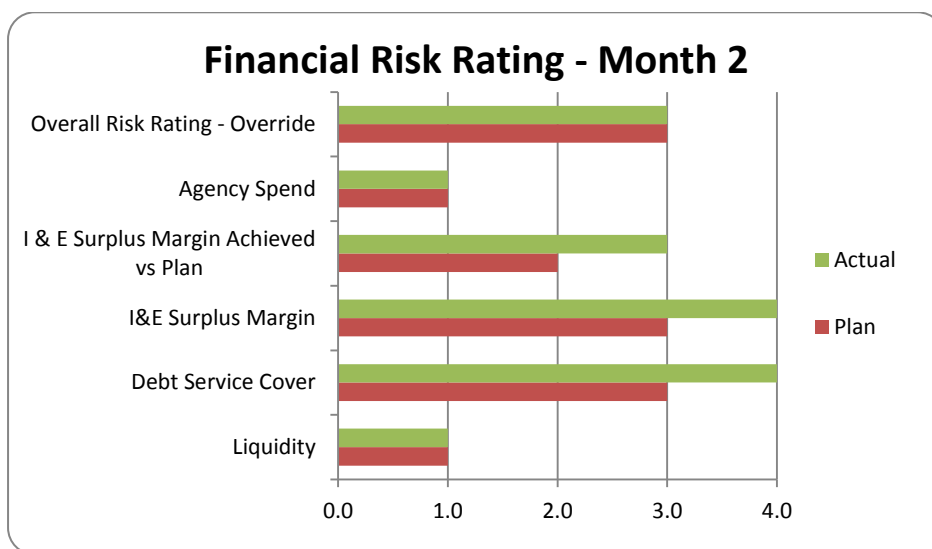
The Trust has not yet agreed a Control Total and the I & E position does not therefore include any Provider Sustainability Fund (PSF).

4. FINANCIAL RISK RATING

The NHS Improvement Use of Resources (UoR) metric considers five aspects of performance; liquidity and ability to service debt from revenue, underlying performance, variance from the Trust’s Plan and agency expenditure compared to Plan.

The metrics consolidate into a single Risk Rating which rates an organisation on a scale of 1 to 4, where ‘1’ reflects a low Risk Rating and ‘4’ reflects the highest Risk Rating.

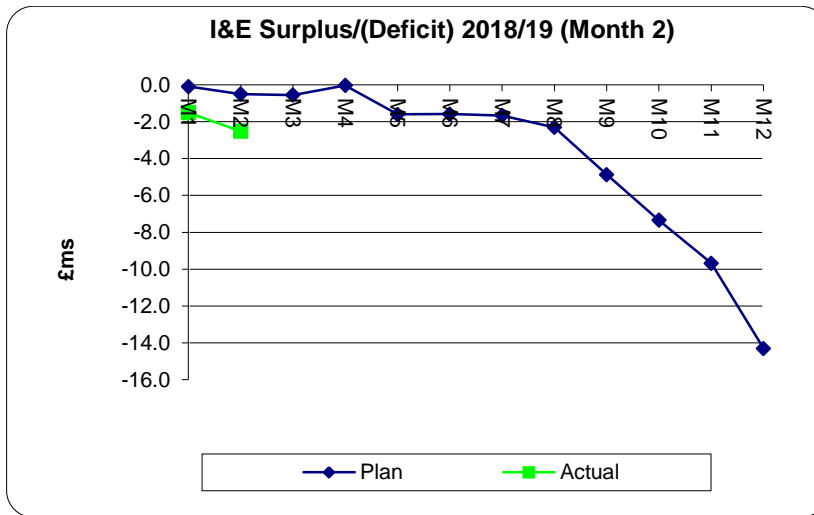
Based on these metrics the Trust would attain an overall Risk Rating of ‘3’. The profile is as follows:



5. KEY ISSUES

Key issues to note are:

- i) Operating income for the period ending 31st May 2018 is £171.6 million £855k ahead of Plan.
- ii) Total operating expenditure for the period to Month 2 is £174.2 million, £2.8 million more than Plan.
- iii) The Trust has an EBITDA surplus of £6.2 million which is £2.4 million less than Plan.
- iv) The Trust reports an I & E deficit of £2.5 million at Month 2. The I & E deficit profile as the year progresses is as follows:



- v) The Trust's Plan requires a very challenging £30 million cost improvement target. The Trust has a Transformation and Financial Improvement team who are focused on identifying and driving out all efficiency opportunities.

- vi) The Capital Plan for the year is £32.1 million and year to date expenditure is £4.2 million, behind Plan by £0.4 million.

- vii) The Cash balance at the end of May 2018 is £107.9 million; £7.3 million higher than Plan.

6. RECOMMENDATION

To receive the overall financial position for the period to 31st May 2018.

Report of Mrs Angela Dragone
Finance Director
12th July 2018

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	Inpatient Survey Results Report – July 2018		
Report of	Maurya Cushlow Executive Chief Nurse		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines the Trust Inpatient Survey Results 2017.		
Recommendations	The Council of Governors are asked to note the contents of this report.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	No direct risks identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Provides an update on the Trust Inpatient Survey Results 2017.		
Reports previously considered by	Annual Update report		

Inpatient Survey Results Report – July 2018

1. **BACKGROUND INFORMATION**

This briefing provides an update for the Trust Council of Governors in relation to the latest results of the Care Quality Commission (CQC) National Patient Survey of Inpatients 2017 benchmark results which were published on 13th June 2018 on the CQC website.

The Trust's National Patient Survey of Inpatients was undertaken by Picker Institute Europe in Autumn 2017, with the initial results received in January/February 2018.

The CQC benchmark results show the Trust performed better than other Trusts in 21 of the 61 questions and has improved significantly in one area compared to the 2017 survey (noise at night from staff). The Trust does not score worse than other Trusts in any question and no results have significantly worsened since the last survey. Overall the Trust shows a very favourable performance when compared to the local Trusts and Trusts in the national peer group.

2. **SURVEY RESULTS**

Nationally, the CQC report results from the 72,778 participants and 148 acute and specialist trusts across England.

The benchmark data shows how the Trust scored for each question in the survey, compared with the range of results from all other trusts (148 trusts) that took part. It uses an analysis technique called the 'expected range' to determine if the trust is performing 'about the same', 'better' or 'worse' compared with other trusts.

The Care Quality Commission detailed report attached to this document demonstrates that:

- The Trust performed better than other Trusts in 21 of the 61 questions and has improved significantly in one area compared to the 2017 survey (noise at night from staff).
- The Trust does not score worse than other Trusts in any question and no results have significantly worsened since the last survey.
- The Trust shows a very favourable performance when compared to the local Trusts and Trusts in the national peer group.

Based on this survey the Trust performs well compared with national peer group Trusts and scores 'Better than other Trusts' in four sections of the survey whilst all of the other national peer group Trusts score 'Average' for all sections.

When compared locally, both this Trust and Northumbria have four section categories which score 'better than average'. Gateshead score 'Better than average' in three

Agenda item: 14

sections, South Tyneside in two and Sunderland in one section. The remaining Trusts all score within the 'Average' range.

Compared to the last survey in 2017, the Trust score for both 'Doctors' and 'Overall experience' has changed from 'Average' to 'Better than other Trusts' though the score for the 'Leaving Hospital' section has dropped from 'Better' to 'Average'.

3. RECOMMENDATION

To receive the briefing and acknowledge the findings of the CQC benchmark data published on the CQC website on 13th June 2018.

Report of Maurya Cushlow
Executive Chief Nurse
12th July 2018

Patient survey report 2017

Survey of adult inpatients 2017
The Newcastle Upon Tyne Hospitals NHS Foundation Trust

NHS Patient Survey Programme

Survey of adult inpatients 2017

The Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care, and we encourage care services to improve. Our role is to register care providers, and to monitor, inspect and rate services. If a service needs to improve, we take action to make sure this happens. We speak with an independent voice, publishing regional and national views of the major quality issues in health and social care.

Survey of adult inpatients 2017

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used health services to tell us about their experiences.

The fifteenth survey of adult inpatients involved 148 acute and specialist NHS trusts across England. Responses were received from 72,778 people, a response rate of 41%. Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital and were not admitted to maternity or psychiatric units. Trusts sampled patients discharged during July 2017¹. Trusts counted back from the last day of July 2017, including every consecutive discharge, until they had selected 1250 patients (or, for a small number of specialist trusts who could not reach the required sample size, until they had reached 1st January 2017). Fieldwork took place between September 2017 and January 2018.

Surveys of adult inpatients were also carried out in 2002 and annually from 2004 to 2016. They are part of a wider programme of NHS patient surveys, which cover a range of topics including emergency departments, children's inpatient and day-cases, maternity services and community mental health services. To find out more about our programme and for the results from previous surveys, please see the links contained in the further information section.

The Care Quality Commission will use the results from this survey in our regulation, monitoring and inspection of NHS acute trusts in England. We will use data from the survey in our system of CQC Insight, which provides inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health and Social Care will hold them to account for the outcomes they achieve. NHS Improvement will use the results to guide its work to improve the quality of care provided by NHS Trusts and Foundation Trusts.

Interpreting the report

This report shows how a trust scored for each question in the survey, compared with the range of results from all other trusts that took part. It uses an analysis technique called the '**expected range**' to determine if your trust is performing 'about the same', 'better' or 'worse' compared with other trusts. For more information, please see the 'methodology' section below. This approach is designed to help understand the performance of individual trusts, and to identify areas for improvement.

A 'section' score is also provided, labelled S1-S11 in the 'section scores'. The scores for each question are grouped according to the sections of the questionnaire, for example, 'the hospital and ward', 'doctors', 'nurses' and so forth.

This report shows the same data as published on the CQC website (<http://www.cqc.org.uk/surveys/inpatient>). The CQC website displays the data in a simplified way, identifying whether a trust performed 'better', 'worse' or 'about the same' as the majority of other trusts for each question and section.

¹37 trusts sampled additional months because of small patient throughputs.

Standardisation

Trusts have differing profiles of people who use their services. For example, one trust may have more male inpatients than another trust. This can potentially affect the results because people tend to answer questions in different ways, depending on certain characteristics. For example, older respondents tend to report more positive experiences than younger respondents, and women tend to report less positive experiences than men. This could potentially lead to a trust's results appearing better or worse than if they had a slightly different profile of people.

To account for this, we standardise the data. Results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to ensure that no trust will appear better or worse than another because of its respondent profile. This helps to ensure that each trust's age-sex-admission type profile reflects the national age-sex-admission type distribution (based on all of the respondents to the survey). Standardisation therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess the trusts. For example, they may be descriptive questions such as Q1 asking respondents if their inpatient stay was planned in advance or an emergency; or they may be 'routing questions' designed to filter out respondents to whom following questions do not apply. An example of a routing question would be Q44 "During your stay in hospital, did you have an operation or procedure?" For full details of the scoring please see the technical document (see further information section).

Graphs

The graphs in this report show how the score for the trust compares to the range of scores achieved by all trusts taking part in the survey. The black diamond shows the score for your trust. The graph is divided into three sections:

- If your trust's score lies in the grey section of the graph, its result is 'about the same' as most other trusts in the survey
- If your trust's score lies in the orange section of the graph, its result is 'worse' compared with most other trusts in the survey.
- If your trust's score lies in the green section of the graph, its result is 'better' compared with most other trusts in the survey.

The text to the right of the graph states whether the score for your trust is 'better' or 'worse' compared with most other trusts in the survey. If there is no text the score is 'about the same'. These groupings are based on a rigorous statistical analysis of the data, as described in the following 'methodology' section.

Methodology

The 'about the same,' 'better' and 'worse' categories are based on an analysis technique called the '**expected range**' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other trusts. If the trust's performance is outside of this range, it means that it performs significantly above/below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

In some cases there will be no orange and/or no green area in the graph. This happens when the expected range for your trust is so broad it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and / or a lot of variation in their answers.

Please note that if fewer than 30 respondents have answered a question, no score will be displayed for this question (or the corresponding section). This is because the uncertainty around the result is too great. A technical document providing more detail about the methodology and the scoring applied to each question is available on the CQC website (see further information section).

Tables

At the end of the report you will find tables containing the data used to create the graphs. These tables also show the response rate for your trust and background information about the people that responded.

Scores from last year's survey are also displayed. The column called 'change from 2016' uses arrows to indicate whether the score for this year shows a statistically significant increase (up arrow), a statistically significant decrease (down arrow) or has shown no statistically significant change (no arrow) compared with 2016. A statistically significant difference means that the change in the results is very unlikely to have occurred by chance. Significance is tested using a two-sample t-test.

Where a result for 2016 is not shown, this is because the question was either new this year, or the question wording and/or the response categories have been changed. It is therefore not possible to compare the results as we do not know if any change is caused by alterations in the survey instrument, or variation in a trust's performance. Comparisons are also not able to be shown if a trust has merged with other trusts since the 2016 survey, or if a trust committed a sampling error in 2016. Please note that comparative data are not shown for sections as the questions contained in each section can change year on year.

Notes on specific questions

Please note that a variety of acute trusts take part in this survey and not all questions are applicable to every trust. The section below details modifications to certain questions, in some cases this will apply to all trusts, in other cases only to some trusts.

All trusts

Q36: Two new response options, "I was not given any information about my treatment or condition" and "Don't know/ can't remember", were added to question 36 ("How much information about your condition or treatment was given to you?"). As a result data is no longer comparable to the same question in 2016.

Q50 and Q51: The information collected by Q50 "On the day you left hospital, was your discharge delayed for any reason?" and Q51 "What was the main reason for the delay?" are presented together to show whether a patient's discharge was delayed by reasons attributable to the hospital. The combined question in this report is labelled as Q51 and is worded as: "Discharge delayed due to wait for medicines/to see doctor/for ambulance."

Q52: Information from Q50 and Q51 has been used to score Q52 "How long was the delay?" This assesses the length of a delay to discharge for reasons attributable to the hospital.

Q53 and Q56: Respondents who answered Q53 "Where did you go after leaving hospital?" as "I was transferred to another hospital" were not scored for question Q56 ("Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?"). This decision was taken as there is not a requirement for hospital transfers.

Trusts with female patients only

Q11: If your trust offers services to women only, a trust score for Q11 "While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?" is not shown.

Trusts with no A&E Department

Q3 and Q4: The results to these questions are not shown for trusts that do not have an A&E department.

Questions added and removed for 2017

The following questions are new for 2017 and will therefore have no comparative results:

Q11: "While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?"

Q13: "Did the hospital staff explain the reasons for being moved in a way you could understand?"

Q22: "During your time in hospital, did you get enough to drink?"

Q31: "Did you have confidence and trust in any other clinical staff treating you (e.g. physiotherapists, speech therapists, psychologists)?"

Q43: "If you needed attention, were you able to get a member of staff to help you within a reasonable time?"

Q63: "Did the doctors or nurses give your family, friends or carers all the information they needed to help care for you?"

Q71: "Did you feel well looked after by the non-clinical hospital staff (e.g. cleaners, porters, catering staff)?"

The following questions were removed from the 2017 questionnaire (2016 numbering):

Q13: "After you moved to another ward (or wards), did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?"

Q14: "While staying in hospital, did you ever use the same bathroom or shower area as patients of the opposite sex?"

Q18: "How clean were the toilets and bathrooms that you used in hospital?"

Q19: "Did you feel threatened during your stay in hospital by other patients or visitors?"

Q44: "How many minutes after you used the call button did it usually take before you got the help you needed?"

Q46: "Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?"

Q47: "Beforehand, did a member of staff explain what would be done during the operation or procedure?"

Q50: "Before the operation or procedure, were you given an anaesthetic or medication to put you to sleep or control your pain?"

Q51: "Before the operation or procedure, did the anaesthetist or another member of staff explain how he or she would put you to sleep or control your pain in a way you could understand?"

Q73: "During your time in hospital did you feel well looked after by hospital staff?"

For more information on questionnaire redevelopment and the rationale behind adding or removing individual questions please refer to the Survey Development Report, available here:

<http://www.nhssurveys.org/survey/2008>

Further information

The full national results are on the CQC website, together with an A to Z list to view the results for each trust (alongside the technical document outlining the methodology and the scoring applied to each question):

<http://www.cqc.org.uk/inpatientsurvey>

The results for the adult inpatient surveys from 2002 to 2016 can be found at:

<http://www.nhssurveys.org/surveys/425>

Full details of the methodology of the survey can be found at:

<http://www.nhssurveys.org/surveys/1084>

More information on the programme of NHS patient surveys is available at:

<http://www.cqc.org.uk/content/surveys>

More information about how CQC monitors hospitals is available on the CQC website at:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals>

Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Section scores

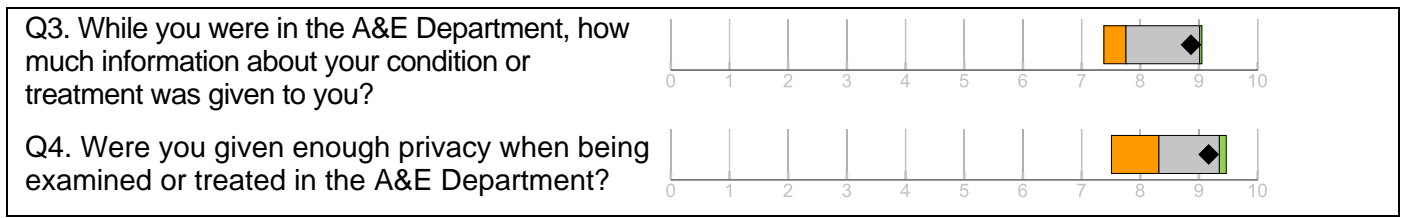


■ Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
■ About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
■ Worst performing trusts		

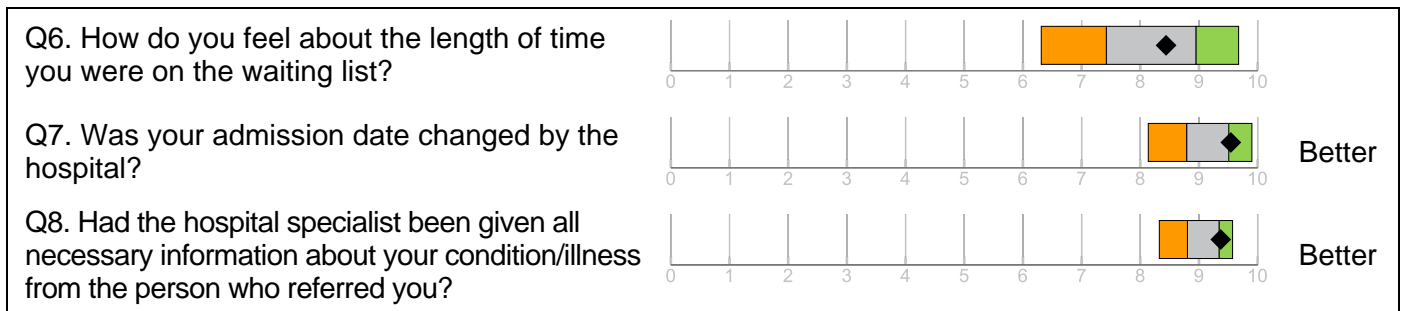
Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

The Accident & Emergency Department (answered by emergency patients only)



Waiting list or planned admissions (answered by those referred to hospital)



Waiting to get to a bed on a ward

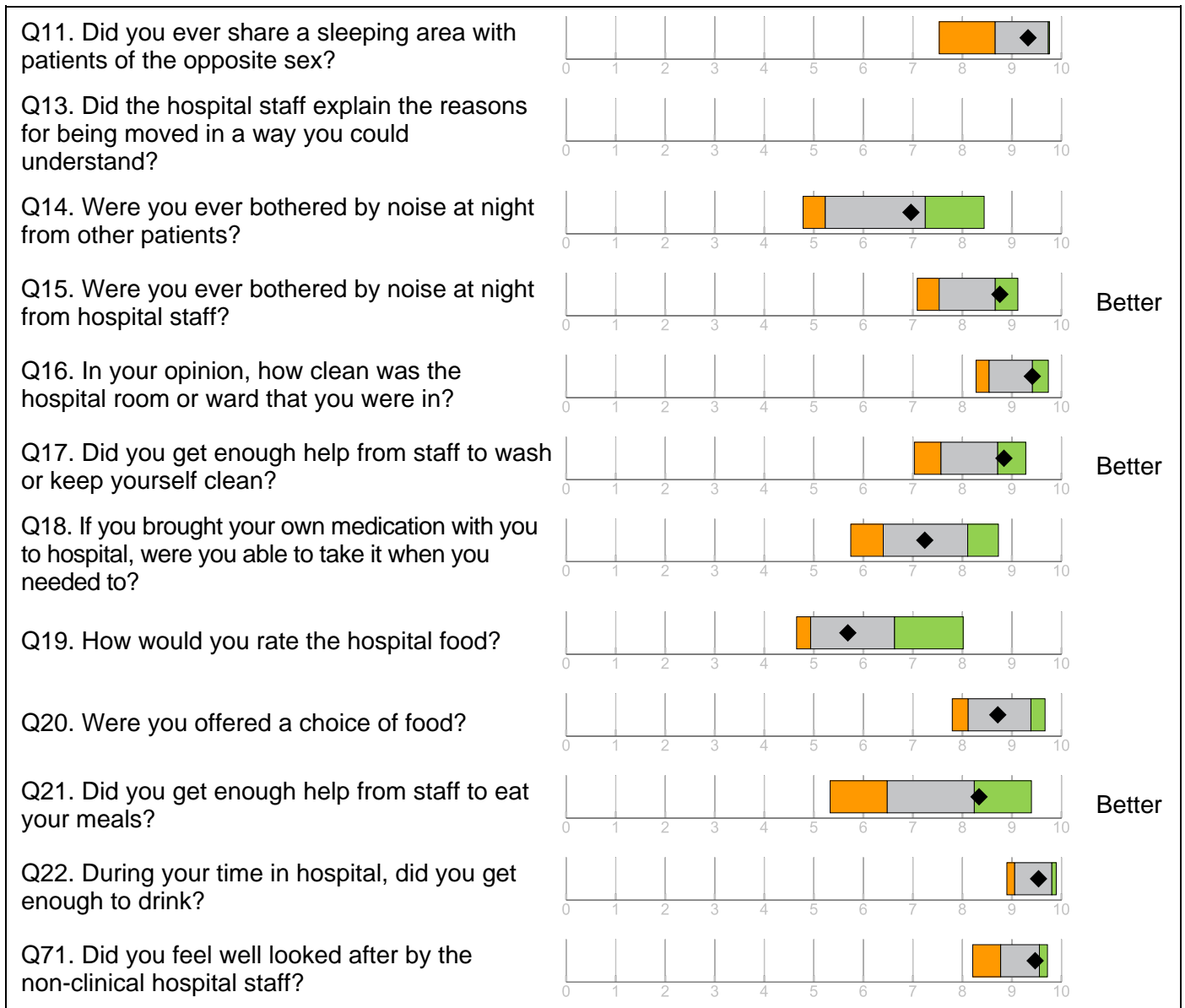


	Best performing trusts		
	About the same		
	Worst performing trusts		
		'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
			This trust's score (NB: Not shown where there are fewer than 30 respondents)

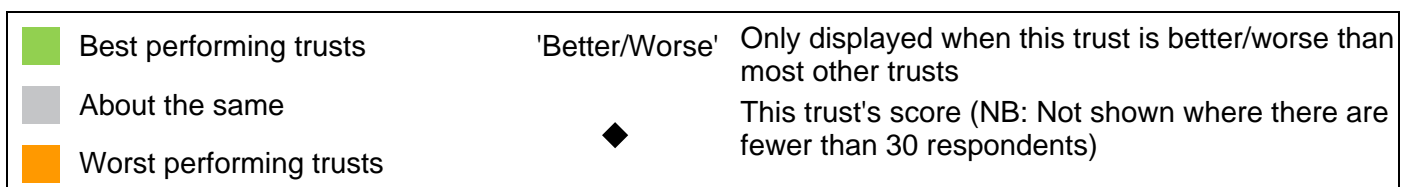
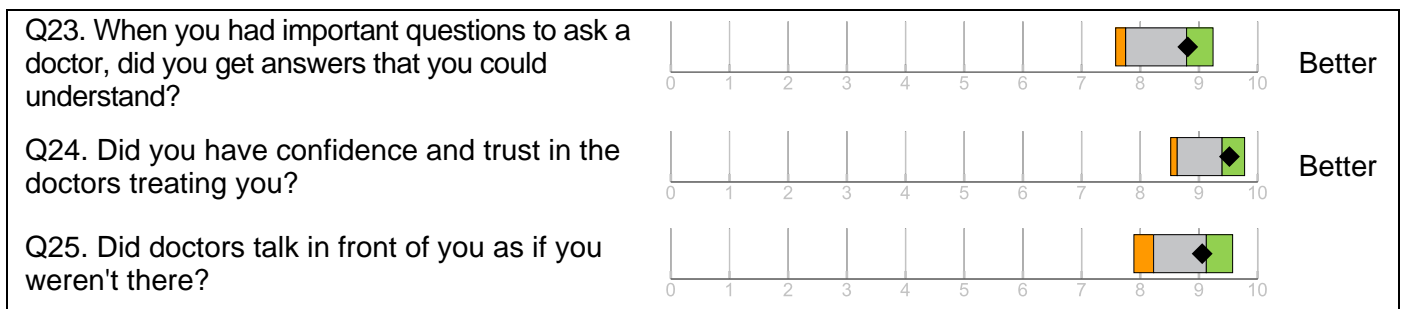
Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

The hospital and ward



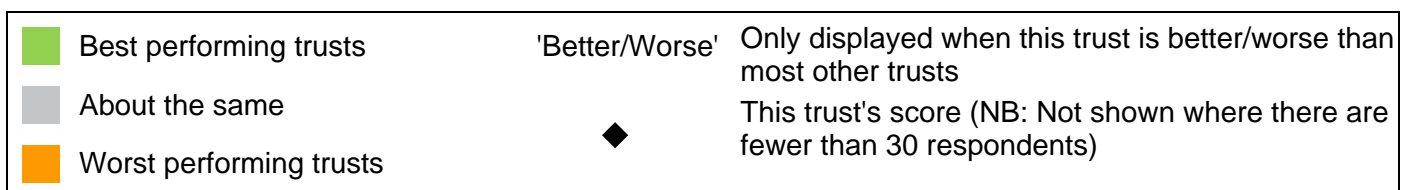
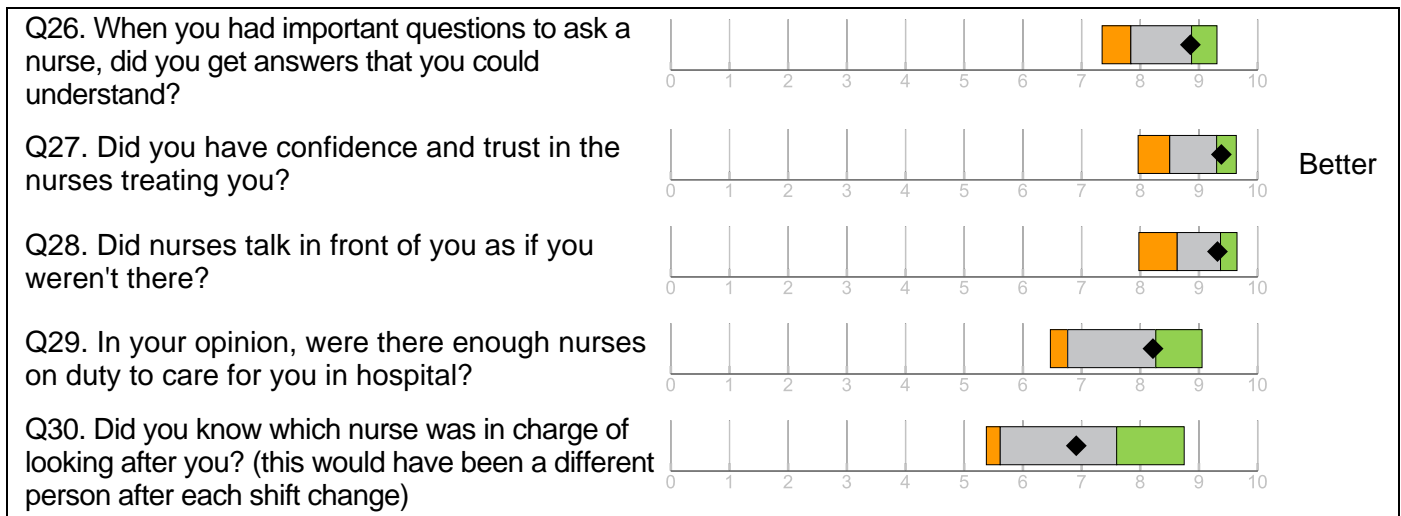
Doctors



Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

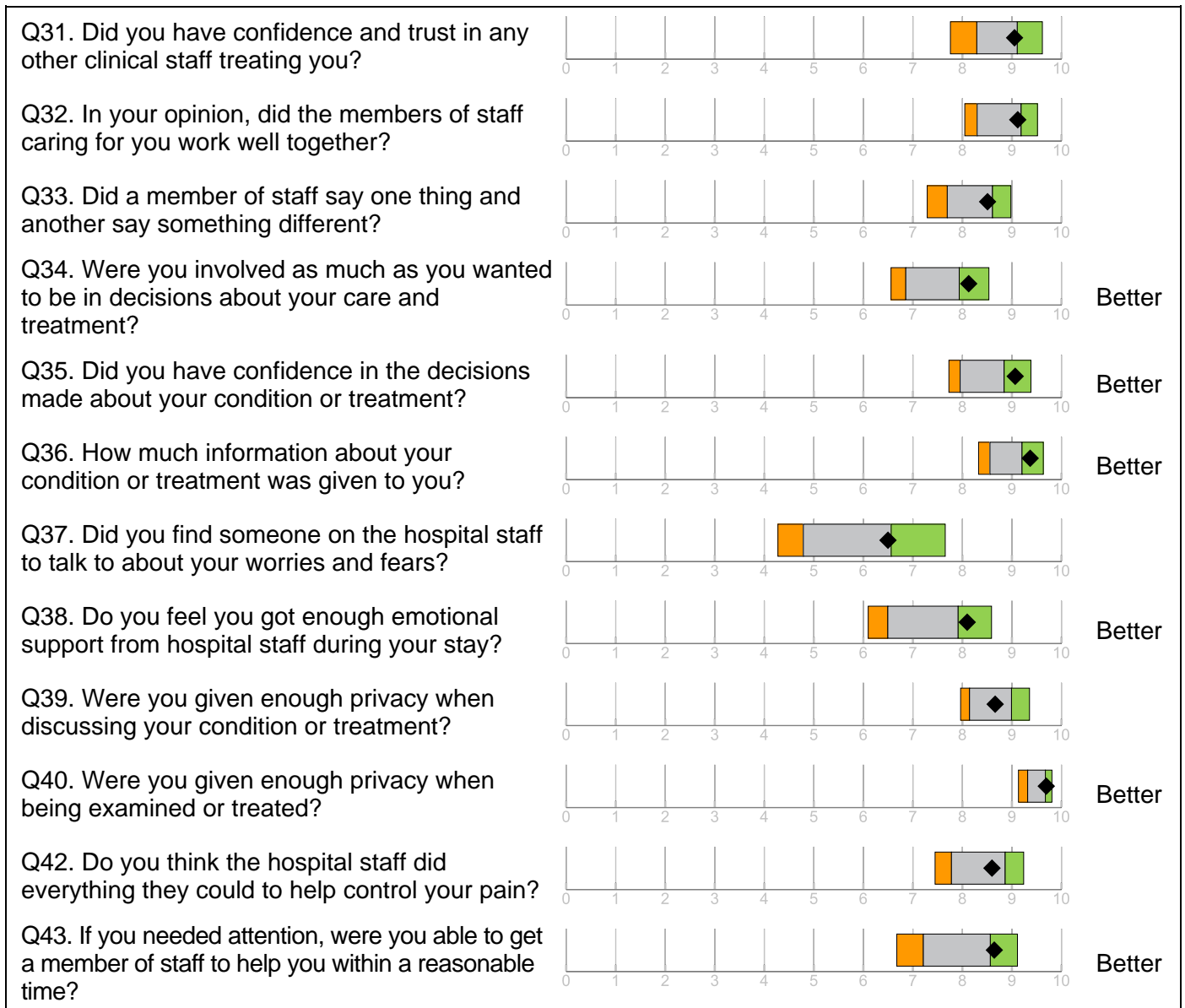
Nurses



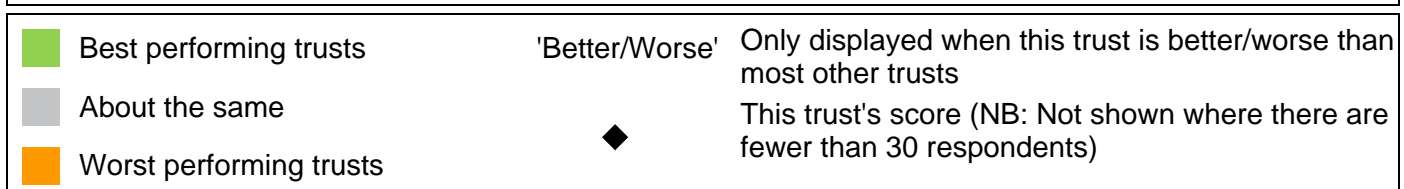
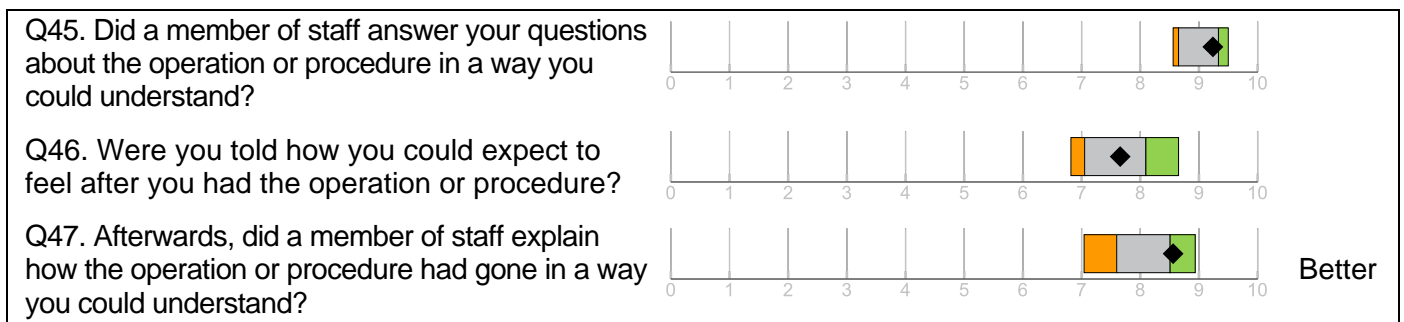
Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Your care & treatment



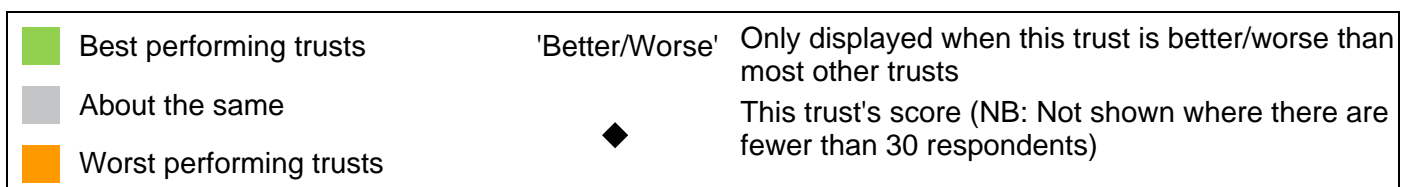
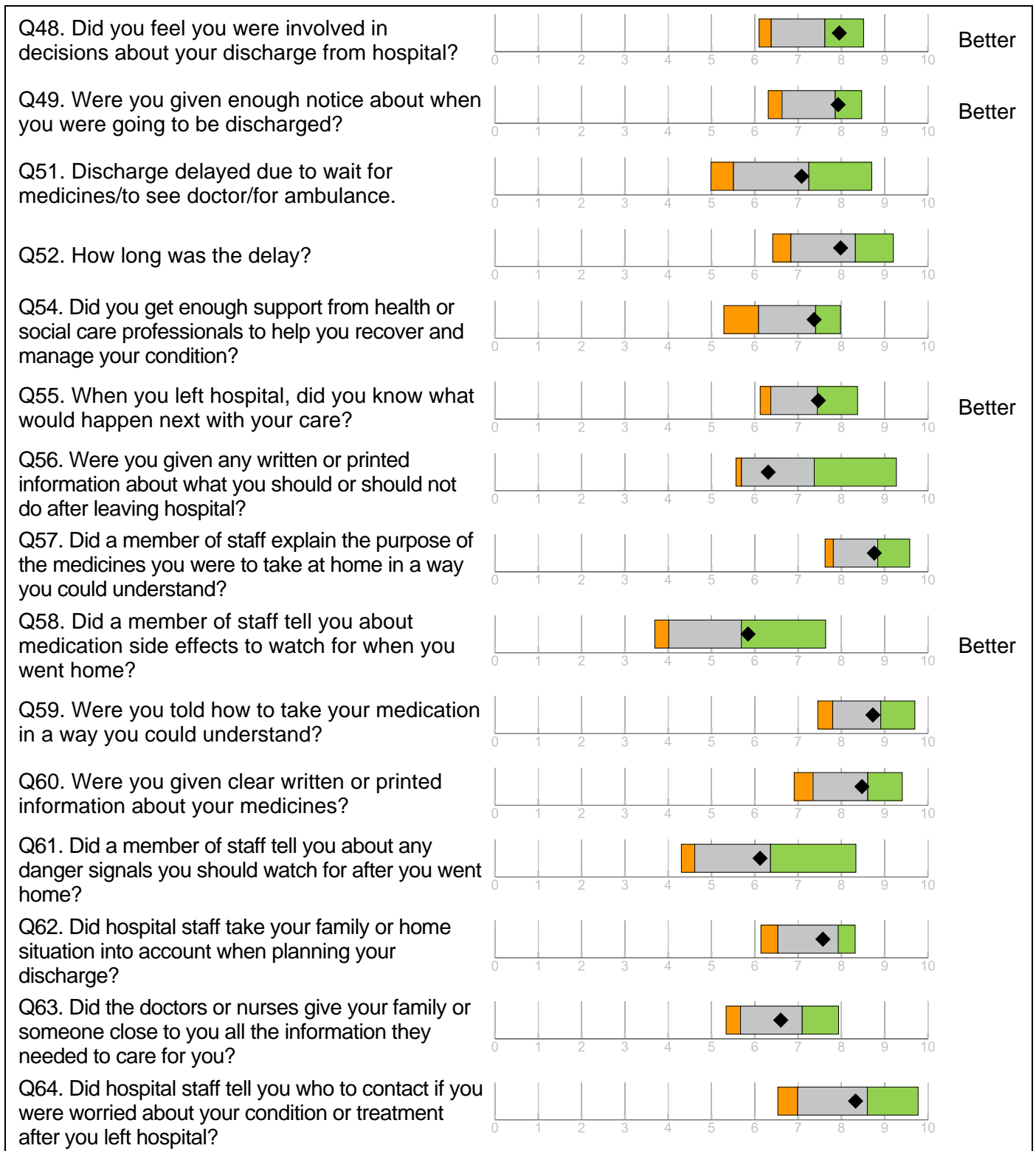
Operations & procedures (answered by patients who had an operation or procedure)



Survey of adult inpatients 2017

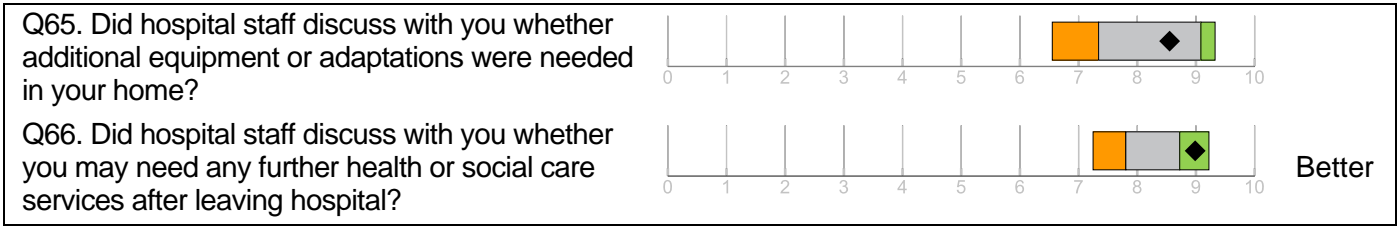
The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Leaving hospital

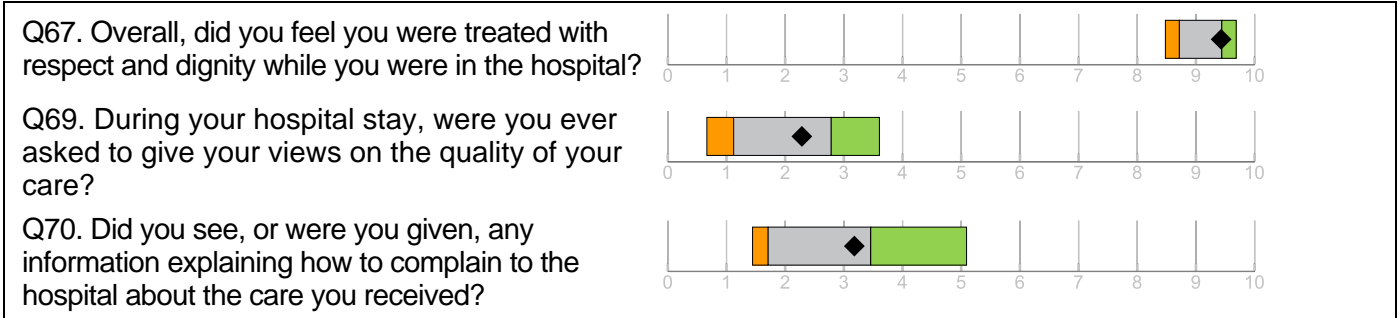


Survey of adult inpatients 2017

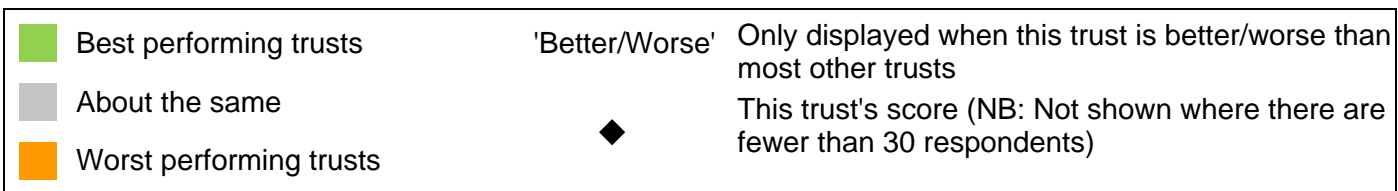
The Newcastle Upon Tyne Hospitals NHS Foundation Trust



Overall views of care and services



Overall experience



Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

		Scores for this NHS trust			Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
		Lowest trust score in England	Highest trust score in England				
The Accident & Emergency Department (answered by emergency patients only)							
S1	Section score	9.0	7.5	9.2			
Q3	While you were in the A&E Department, how much information about your condition or treatment was given to you?	8.9	7.4	9.1	112	8.7	
Q4	Were you given enough privacy when being examined or treated in the A&E Department?	9.2	7.5	9.5	117	9.1	
Waiting list or planned admissions (answered by those referred to hospital)							
S2	Section score	9.1	8.2	9.7			
Q6	How do you feel about the length of time you were on the waiting list?	8.4	6.3	9.7	343	8.7	
Q7	Was your admission date changed by the hospital?	9.5	8.1	9.9	347	9.3	
Q8	Had the hospital specialist been given all necessary information about your condition/illness from the person who referred you?	9.4	8.3	9.6	345	9.3	
Waiting to get to a bed on a ward							
S3	Section score	8.7	5.8	9.7			
Q9	From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	8.7	5.8	9.7	505	8.5	

↑ or ↓

Indicates where 2017 score is significantly higher or lower than 2016 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
The hospital and ward						
S4 Section score	-	7.3	8.9			
Q11 Did you ever share a sleeping area with patients of the opposite sex?	9.3	7.5	9.8	508		
Q13 Did the hospital staff explain the reasons for being moved in a way you could understand?	-	5.2	8.9			
Q14 Were you ever bothered by noise at night from other patients?	7.0	4.8	8.4	510	6.8	
Q15 Were you ever bothered by noise at night from hospital staff?	8.8	7.1	9.1	506	8.2	↑
Q16 In your opinion, how clean was the hospital room or ward that you were in?	9.4	8.3	9.7	511	9.4	
Q17 Did you get enough help from staff to wash or keep yourself clean?	8.8	7.0	9.3	279	8.9	
Q18 If you brought your own medication with you to hospital, were you able to take it when you needed to?	7.2	5.7	8.7	305	7.7	
Q19 How would you rate the hospital food?	5.7	4.7	8.0	489	5.8	
Q20 Were you offered a choice of food?	8.7	7.8	9.7	501	8.9	
Q21 Did you get enough help from staff to eat your meals?	8.3	5.3	9.4	93	8.5	
Q22 During your time in hospital, did you get enough to drink?	9.5	8.9	9.9	501		
Q71 Did you feel well looked after by the non-clinical hospital staff?	9.5	8.2	9.7	470		
Doctors						
S5 Section score	9.1	8.1	9.5			
Q23 When you had important questions to ask a doctor, did you get answers that you could understand?	8.8	7.6	9.2	471	8.8	
Q24 Did you have confidence and trust in the doctors treating you?	9.5	8.5	9.8	509	9.3	
Q25 Did doctors talk in front of you as if you weren't there?	9.1	7.9	9.6	509	8.9	

↑ or ↓

Indicates where 2017 score is significantly higher or lower than 2016 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Nurses						
S6 Section score	8.5	7.2	9.2			
Q26 When you had important questions to ask a nurse, did you get answers that you could understand?	8.9	7.3	9.3	449	8.9	
Q27 Did you have confidence and trust in the nurses treating you?	9.4	8.0	9.6	511	9.3	
Q28 Did nurses talk in front of you as if you weren't there?	9.3	8.0	9.6	510	9.3	
Q29 In your opinion, were there enough nurses on duty to care for you in hospital?	8.2	6.5	9.1	510	8.0	
Q30 Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)	6.9	5.4	8.7	509	6.5	

↑ or ↓

Indicates where 2017 score is significantly higher or lower than 2016 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Your care & treatment						
S7 Section score	8.6	7.5	9.0			
Q31 Did you have confidence and trust in any other clinical staff treating you?	9.1	7.8	9.6	320		
Q32 In your opinion, did the members of staff caring for you work well together?	9.1	8.0	9.5	495	9.3	
Q33 Did a member of staff say one thing and another say something different?	8.5	7.3	9.0	508	8.6	
Q34 Were you involved as much as you wanted to be in decisions about your care and treatment?	8.1	6.6	8.5	502	7.8	
Q35 Did you have confidence in the decisions made about your condition or treatment?	9.1	7.7	9.4	504	8.8	
Q36 How much information about your condition or treatment was given to you?	9.4	8.3	9.6	492		
Q37 Did you find someone on the hospital staff to talk to about your worries and fears?	6.5	4.3	7.7	281	6.6	
Q38 Do you feel you got enough emotional support from hospital staff during your stay?	8.1	6.1	8.6	288	7.9	
Q39 Were you given enough privacy when discussing your condition or treatment?	8.7	8.0	9.4	504	8.9	
Q40 Were you given enough privacy when being examined or treated?	9.7	9.1	9.8	508	9.7	
Q42 Do you think the hospital staff did everything they could to help control your pain?	8.6	7.4	9.2	319	8.9	
Q43 If you needed attention, were you able to get a member of staff to help you within a reasonable time?	8.6	6.7	9.1	441		
Operations & procedures (answered by patients who had an operation or procedure)						
S8 Section score	8.5	7.6	9.0			
Q45 Did a member of staff answer your questions about the operation or procedure in a way you could understand?	9.2	8.6	9.5	365	8.7	
Q46 Were you told how you could expect to feel after you had the operation or procedure?	7.7	6.8	8.7	392	7.7	
Q47 Afterwards, did a member of staff explain how the operation or procedure had gone in a way you could understand?	8.6	7.0	8.9	390	8.3	

↑ or ↓ Indicates where 2017 score is significantly higher or lower than 2016 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Leaving hospital						
S9 Section score	7.7	6.3	8.4			
Q48 Did you feel you were involved in decisions about your discharge from hospital?	8.0	6.1	8.5	492	7.8	
Q49 Were you given enough notice about when you were going to be discharged?	7.9	6.3	8.5	504	8.1	
Q51 Discharge delayed due to wait for medicines/to see doctor/for ambulance.	7.1	5.0	8.7	480	7.2	
Q52 How long was the delay?	8.0	6.4	9.2	477	8.3	
Q54 Did you get enough support from health or social care professionals to help you recover and manage your condition?	7.4	5.3	8.0	295	7.4	
Q55 When you left hospital, did you know what would happen next with your care?	7.5	6.1	8.4	437	7.7	
Q56 Were you given any written or printed information about what you should or should not do after leaving hospital?	6.3	5.6	9.3	492		
Q57 Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	8.8	7.6	9.6	364	8.8	
Q58 Did a member of staff tell you about medication side effects to watch for when you went home?	5.8	3.7	7.6	312	5.4	
Q59 Were you told how to take your medication in a way you could understand?	8.7	7.5	9.7	320	8.8	
Q60 Were you given clear written or printed information about your medicines?	8.5	6.9	9.4	323	8.4	
Q61 Did a member of staff tell you about any danger signals you should watch for after you went home?	6.1	4.3	8.3	366	5.9	
Q62 Did hospital staff take your family or home situation into account when planning your discharge?	7.6	6.1	8.3	302	7.8	
Q63 Did the doctors or nurses give your family or someone close to you all the information they needed to care for you?	6.6	5.3	7.9	316		
Q64 Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	8.3	6.5	9.8	483	8.6	
Q65 Did hospital staff discuss with you whether additional equipment or adaptations were needed in your home?	8.6	6.6	9.3	130	9.1	
Q66 Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	9.0	7.2	9.2	278	8.9	

↑ or ↓ Indicates where 2017 score is significantly higher or lower than 2016 score (NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

	Scores for this NHS trust	Lowest trust score in England	Highest trust score in England	Number of respondents (this trust)	2016 scores for this NHS trust	Change from 2016
Overall views of care and services						
S10 Section score	5.0	3.8	6.0			
Q67 Overall, did you feel you were treated with respect and dignity while you were in the hospital?	9.4	8.5	9.7	509	9.6	
Q69 During your hospital stay, were you ever asked to give your views on the quality of your care?	2.3	0.7	3.6	437	2.1	
Q70 Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?	3.2	1.4	5.1	370	3.1	
Overall experience						
S11 Section score	8.7	7.5	9.2			
Q68 Overall...	8.7	7.5	9.2	504	8.5	

↑ or ↓

Indicates where 2017 score is significantly higher or lower than 2016 score
(NB: No arrow reflects no statistically significant change)
Where no score is displayed, no 2016 data is available.

Survey of adult inpatients 2017

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Background information

The sample	This trust	All trusts
Number of respondents	516	72778
Response Rate (percentage)	43	41
Demographic characteristics	This trust	All trusts
Gender (percentage)	(%)	(%)
Male	53	47
Female	47	53
Age group (percentage)	(%)	(%)
Aged 16-35	7	5
Aged 36-50	9	8
Aged 51-65	32	23
Aged 66 and older	51	64
Ethnic group (percentage)	(%)	(%)
White	96	90
Multiple ethnic group	0	1
Asian or Asian British	1	3
Black or Black British	1	1
Arab or other ethnic group	1	0
Not known	2	5
Religion (percentage)	(%)	(%)
No religion	19	16
Buddhist	1	0
Christian	76	77
Hindu	0	1
Jewish	0	0
Muslim	1	2
Sikh	0	0
Other religion	1	1
Prefer not to say	2	2
Sexual orientation (percentage)	(%)	(%)
Heterosexual/straight	96	94
Gay/lesbian	1	1
Bisexual	0	0
Other	0	1
Prefer not to say	3	4

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	Governance Review Report		
Report of	Jackie Daniel Chief Executive Officer		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines a summary of the Trust Governance Review project.		
Recommendations	The Council of Governors are asked to note the contents of this report.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	No direct risk identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Provides an update on the Trust Governance Structure Review.		
Reports previously considered by	New report.		

Governance Structure Review

1. BACKGROUND INFORMATION

The Trust participated in a pilot governance review undertaken by Ernst & Young in late 2013/early 2014 as part of the development of the Monitor Code of Governance and guidance for Foundation Trusts on the requirement for external (independent) governance reviews.

Under the updated NHS Improvement external governance review requirements, Trusts are now required to have an external governance review every 3 to 5 years.

Following the appointment of a new Chief Executive Officer (CEO), the need for an external governance review was discussed and it was agreed that a review of our governance systems was necessary in order to make sure the Trust governance structure was fit to deliver the strategy for Newcastle Hospitals in the future.

2. GOOD GOVERNANCE INSTITUTE PROJECT

The Good Governance Institute (GGI) were commissioned to undertake two activities:

1. Review the governance structure within the Trust; and
2. Facilitate two board development workshops on governance and strategy.

The review of the governance structure will involve a number of tasks such as:

- Consideration of Board agendas, the balance of information between the public and private meetings, the creation of a 'wiring diagram' that details key Groups and Committees, their roles and their relationship to the Board Assurance Framework.
- Consideration of the Governance structures within the Directorates and reviewing how the structures promote the board-to-ward and ward-to-board line of sight.
- Review and development of the Trust's risk system and risk escalation processes.

The structural review will be undertaken during June and July 2018 and will include the following activities:

- Interviews with board members, the executive team, the directorates (including a sample of Clinical Directors), a selection of Governors and key governance team members. This will need to be undertaken mid-June.
- Observations of governance meetings and committees.
- Review of key documents, reports and governance papers, such as the Trust risk registers, Board and Committee agendas papers, the Trust Standing Orders, the Trust Constitution, the Trust Board Terms of Reference and Board Sub-Committee Terms of Reference.

GGI will identify key findings from the review and will compile a list of recommendations for the Trust to deliver. Initially feedback will be provided in the form of a summary of findings for the first Board development session in July, followed by a more detailed report in August 2018. A summary of the main findings will be shared with the Council of Governors at the September 2018 meeting.

Agenda item: 15

The second workshop will be held in September 2018 and will focus on the strategic process.

Report of Dame Jackie Daniel
Chief Executive Officer
6th July 2018

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	Policies and Publications Update		
Report of	Jackie Daniel Chief Executive Officer		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines a summary of recent policies and publications and Trust actions in response to those.		
Recommendations	The Council of Governors are asked to note the contents of this report.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	No direct risk identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Provides an update key policies and actions taken by the Trust in response to this.		
Reports previously considered by	New report.		

POLICY AND PUBLICATIONS UPDATE

1. Charging for Overseas Visitors (Published by NHS Providers on 29 March 2018)

The briefing outlines that as of 2015 the Government significantly changed the way NHS Trusts charge overseas visitors who receive NHS treatment during their stay in the UK. Since then, a number of updates have been made to these regulations, with the most recent amendments coming into force in October 2017.

Key headlines:

- Since October 2017 NHS trusts were required by law to charge overseas visitors in advance for non-urgent treatment. If payment is not received, trusts are mandated to withhold treatment from the patient.
- For the first time since the regulations were introduced, non-NHS providers (such as those in the voluntary and private sectors) involved in the delivery of NHS services are also required to charge up front.
- Treatment in A&E departments and at GP surgeries remains exempt from these regulations.

Trust Director Lead: Deputy Chief Executive

Revised charging regulations for Overseas Visitors (OSV) came into force from October 2017. The updated guidance was anticipated to have a minimal impact on the Trust as the majority of patients attend via emergency admissions.

All required changes have been reviewed by the Trust and a range of actions have been undertaken to ensure compliance with the published guidance. The Trust has engaged with Primary Care partners to ensure Trust processes for identifying OSVs are robust.

2. Foundation Trust Membership and GDPR (NHS Providers Published on 5 April 2018)

NHS Providers have received a number of enquiries from Foundation Trusts concerned about the implications of the new General Data Protection Regulations (GDPR) for their membership databases.

Together with solicitors Mills & Reeve LLP they have put together a briefing note to explain how GDPR applies to membership databases and the action trusts should have taken before 25th May 2018.

The briefing note stated that Trusts should have undertaken the following before 25th May 2018:

Agenda item: 16

- Appoint a Data Protection Officer who has the skills, experience and knowledge they will need for their role.
- Ensure that relevant personnel within their organisation understand the Trust's obligations under GDPR.
- Review the data they hold and consider whether they need it and why (and destroy any data they do not need).
- Review their member recruitment process, to ensure that prospective members are given the information required to comply with GDPR, explaining clearly what data will be used for and the legal basis for doing so (which may be different for different data sets).
- Notify existing members of the information the Trust holds, the basis on which it is held and the legal justification for holding it.
- Ensure their systems are compliant and secure, including applying the latest software patches and that data is kept in a form that permits identification of data subjects for no longer than is necessary.
- Ensure that their contracts with data processors contain the mandatory provisions required by the GDPR.

Trust Director Lead: Trust Secretary

An assessment of the new requirements has been undertaken. The existing Trust Membership will be informed of the GDPR requirements and the actions that the Trust has taken to meet its obligations. This will include declaring the information the Trust holds, the basis on which it is held and the legal justification for holding it for new members the Trust will review its member recruitment process, to ensure that prospective members are given the information required to comply with GDPR, explaining clearly what data will be used for and the legal basis for doing so.

3. The State of Care in Independent Acute Hospitals (Published by CQC on 24 April 2018)

This publication presents findings from the CQC's programme of inspections of independent acute hospitals.

The CQC introduced their new comprehensive inspection programme for independent acute hospitals in 2015. This involved expert led specialist inspections that focused on what matters most to people using services – whether they were safe, caring, effective, responsive and well-led.

Performance ratings were introduced, the ratings being 'outstanding', 'good', 'requires improvement' and 'inadequate' to help people make informed choices about their healthcare.

The CQC inspected and rated 206 independent hospitals in England (at an overall level and for their core services) against these criteria.

Agenda item: 16

CQC's actions were found to be driving improvements in care for people. Providers had been quick to respond to inspection findings, addressing areas of further work to improve patient care.

Of the 13 hospitals that had been re-inspected:

- Seven had improved
- Four had improved from an initial rating of inadequate

As of 2 January 2018 CQC rated 62% of independent hospitals as good and 8% as outstanding.

CQC found the greatest concerns in safety and leadership. For safety:

- 41% of hospitals required improvement
- 1% were inadequate

For how well-led they were:

- 30% of hospitals required improvement
- 3% were inadequate

Specific CQC concerns included:

- Some surgeons were not following every step of the World Health Organisation surgical checklist.
- Some hospitals failed to prepare for the possibility that a patient's condition could deteriorate.

The CQC will continue to hold these providers to account and will share the good practice found in order to encourage further improvement.

Trust Director Lead: Director of Quality & Effectiveness, Medical Director and Trust Secretary

As part of the Trust preparation for its next CQC Inspection, this publication will be used as a reference document to identify good practice and tailor our approach to the next Inspection.

4. Freedom to Speak Up: Guidance for Boards (Published by NHS Improvement on 2 May 2018)

NHSI have published practical guidance to help organisations to identify areas for development and improve the effectiveness of leadership and governance arrangements in relation to Freedom to Speak Up (FTSU).

Ian Dalton and National Guardian, Henrietta Hughes, have also outlined NHSI's expectations of boards and board members, which include using the guidance to take your board through a self-review exercise and create an improvement action plan.

Trust Director Lead: Chief Executive Officer

A report will be brought back to the Board in due course. This Trust was one of the first Trusts to appoint an independent Freedom to Speak Up Guardian. The Trust Speak Up We're Listening Policy is well embedded throughout the Trust and directs staff to the different routes available for raising concerns.

5. NHS Seeks out 'Standout Stars' (Published by NHS England on 2 May 2018)

Health and care staff who have gone over and above the call of duty are in line for UK-wide recognition as part of the NHS's 70th birthday celebrations.

Patients, staff and the public were invited to nominate employees that have made an exceptional contribution to patient care, health and care services and local communities over the last 70 years. Nominations were put to a public vote in May, culminating in a shortlist of Health and Care's Top 70 Stars.

Anyone who has worked for NHS and wider health and care sector over the past 70 years in England, Wales, Scotland or Northern Ireland could be nominated, whether still living or since passed.

Launched by the NHS Confederation, in partnership with NHS England and NHS Improvement, the list of the UK's 'top 70' standout staff was revealed at the NHS Confederation's annual conference on 13 and 14 June, just three weeks before the NHS celebrates its 70th anniversary on 5 July.

Trust Director Lead: Chief Executive Officer

The Trust continues to support and promote all NHS70 activities and events, with such activities and events being promoted across the organisation through established communication channels, Trust social media and intranet site.

6. Recent Reports on Mental Health and Learning Disabilities Provision (NHS Providers Published on 9 May 2018)

The briefing outlined that three significant reports have been published with a focus on mental health and learning disabilities, but with relevance to all NHS Foundation Trusts and Trusts.

Agenda item: 16

The reports being:

- The Government's Green Paper on mental health: failing a generation – a joint report by the Health and Social Care Select Committee and the Education Select Committee
- The Learning Disabilities Mortality Review (LeDeR) Programme – the annual report by the Healthcare Quality Improvement Partnership, on behalf of NHS England
- The interim report of the Independent Review of the Mental Health Act – the review being chaired by Professor Sir Simon Wessely and commissioned by the Department of Health and Social Care

Trust Director Lead: Executive Chief Nurse & Medical Director.

The contents of these reports have been considered and the actions identified in the reports will be used to supplement existing Trust processes.

7. Better health and care for all: A 10-point plan for the 2020s (Published by IPPR - Lord Darzi June 2018)

This final report of the Lord Darzi Review puts forward a 10-point plan to achieve better health and care for all, as well as a 10-point offer to the public which sets out what the health and care system will be able to offer if this plan for investment and reform is adopted.

Trust Director Lead: Executive Team

The content of this report will be considered by the Trust Executive Team and in particular in light of the development of the new Trust Strategy.

8. Reducing long stays in hospital - to reduce patient harm and bed occupancy (Letter from Pauline Philip, National director of urgent and emergency care – 13th June 2018)

The letter announced a new national ambition to reduce the number of beds occupied by long-stay patients by 25% by December 2018.

Trust Director Lead: Executive Chief Nurse

The content of this letter will be considered by the Executive Chief Nurse as part of the development of the Trust Winter Plan.

9. Beyond Barriers – local system reviews reports (CQC – 3rd July 2018)

Agenda item: 16

The report looks at how services are working together to support and care for people aged 65 and over. CQC completed a review of local health and social care systems in 20 local authority areas and have also published a report for each area in the programme. Of the 20 areas covered by the programme, two were from within the Northern region being Hartlepool and Cumbria. Three key areas were considered which included:

- Maintaining people's health and wellbeing at home;
- Care and support when people experience a crisis; and
- Supporting people when they leave hospital.

News in Brief:

- 6th July 2018 – Government reshuffle following Cabinet resignations - Rt Hon Matt Hancock MP appointed as Secretary of State for Health and Social Care and Dominic Raab MP appointed as Secretary of State for Exiting the European Union.
- 17th June 2018 - Theresa May - The NHS in England is to get an extra £20bn a year by 2023. The £114bn budget will rise by an average of 3.4% annually. The Prime Minister said this would be funded partly by a "Brexit dividend". Queries remain over the funding of the increase.
- The Government launched its draft [Health Service Safety Investigations Bill](#) in September 2017 which if granted would make the Healthcare Safety Investigation Branch (HSIB) a statutory body. Queries have arisen recently regarding the potential overlap in responsibilities and independence of reporting.

Report of Dame Jackie Daniel
Chief Executive Officer
12th July 2018

**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	External Auditor report on the Trust Quality Report		
Report of	PwC, Trust External Auditors		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines a summary of the outcome of the External Auditor work on the Trust Quality Report.		
Recommendations	The Council of Governors are asked to note the contents of this report.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focussing on safety and quality.		
Risks identified	No direct risks identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial	X	
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	X
	If yes, please give additional information: Provides an update on the External Auditor work on the Trust Quality Report.		
Reports previously considered by	Annual Report		

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Quality Report 2017/18

Government and
Public Sector

May 2017

Contents

<i>Background and scope</i>	<i>1</i>
<i>Summary of findings</i>	<i>3</i>
<i>Detailed findings</i>	<i>6</i>
<i>Appendices</i>	<i>14</i>
<i>Appendix A: Matters arising from our limited assurance review of the Foundation Trust's 2017/18 Quality Report: Content review</i>	<i>15</i>
<i>Appendix B: Matters arising from our limited assurance review of the Foundation Trust's 2017/18 Quality Report: Performance indicators</i>	<i>16</i>

Scope of this work

We have performed this work in accordance with the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the “Detailed requirements for quality reports 2017/18” issued by NHS Improvement (“NHSI”).

Reports and letters prepared by external auditors and addressed to governors, directors or officers are prepared for the sole use of the NHS Foundation Trust, and no responsibility is taken by auditors to any governor, director or officer in their individual capacity, or to any third party. The matters raised in this report are only those which have come to our attention arising from or relevant to our work that we believe need to be brought to your attention. They are not a comprehensive record of all the matters arising, and in particular we cannot be held responsible for reporting all risks in your business or all internal control weaknesses. This report has been prepared solely for your use in accordance with the terms of our engagement letter dated 19th April 2018 and for no other purpose and should not be quoted in whole or in part without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose.

Background and scope

Background

NHS foundation trusts are required to prepare and publish a Quality Report each year. The Quality Report has to be prepared in accordance with the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the “Detailed requirements for quality reports 2017/18” issued by NHS Improvement (“NHSI”).

As your auditors, we are required to undertake work on your Quality Report under NHSI’s “Detailed requirements for external assurance for quality reports 2017/18” (‘the detailed guidance’) which was published in February 2018.

The purpose of this report is to provide the Board of Directors and Council of Governors of The Newcastle upon Tyne Hospitals NHS Foundation Trust (“the Trust”) with our findings and recommendations for improvements, in accordance with NHSI’s requirements. It is referred to by NHSI as the “Governors report”.

Scope of our work

We are required by NHSI to review the content of the 2017/18 Quality Report, test three performance indicators and produce two reports:

- Limited assurance report: This report is a formal document that requires us to conclude whether anything has come to our attention that would lead us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the “Detailed requirements for quality reports 2017/18”;
- The Quality Report is not consistent in all material aspects with source documents specified by NHSI; and
- The specified indicators have not been prepared in all material respects in accordance with the criteria set out in the FT ARM and the “Detailed requirements for external assurance for quality reports 2017/18”.

A limited assurance engagement is less in scope than a reasonable assurance engagement (such as the external audit of accounts). The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited compared to a reasonable assurance engagement.

- Governors report: A private report on the outcome of our work that is made available to the Trust’s Governors and to NHSI.

Our limited assurance report is restricted, as required by NHSI, to the content of the Quality Report, consistency of specified documents to the Quality Report; and two mandated performance indicators only. The Governors report covers all of our work and, therefore, the third local indicator which is chosen by the Governors.

Content of the Quality Report

We are required to issue a limited assurance report in relation to the content of your Quality Report. This involves:

- Reviewing the content of the Quality Report against the requirements of NHSI’s published guidance, as specified in the FT ARM and the “Detailed requirements for quality reports 2017/18”; and
- Reviewing the content of the Quality Report for consistency with the source documents specified by NHSI in the detailed guidance.

Performance indicators

We are required to issue a limited assurance report in respect of two out of four for acute national priority indicators specified by NHSI in their detailed guidance.

The indicators for the year ended 31 March 2018 which were chosen by the governors and subject to our limited assurance (the “specified indicators”) are marked with the symbol **A** in the Quality Report and consist of:

Specified Indicators	Specified indicators criteria
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	Criteria can be found on page 237 of the Annual Report and Accounts.
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.	Criteria can be found on page 237 of the Annual Report and Accounts.

Our procedures included:

- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgments made by the Trust in preparation of the specified indicators; and
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosure.

Local indicator

We are also required to undertake substantive sample testing of one further local indicator. This indicator is not included in our limited assurance report. Instead, we are required to provide a detailed report on our findings and recommendations for improvements in this, our Governors report. The Trust’s Governors select the indicator to be subject to our substantive sample testing. The indicator selected is:

- MRSA

Summary of findings

Content of the Quality Report

No issues have come to our attention that lead us to believe that the Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the “Detailed requirements for quality reports 2017/18”.

For further information refer to page 6.

Limited Assurance Report

As a result of our work, we are able to provide an unqualified limited assurance report in respect of the content of the Quality Report.

Consistency with Other Information

No issues have come to our attention that lead us to believe that the Quality Report is not consistent with the other information sources defined by NHSI’s “Detailed requirements for quality reports 2017/18”.

Limited Assurance Report

As a result of our work, we are able to provide an unqualified limited assurance report in respect of the consistency of the Quality Report with the “Detailed requirements for quality reports 2017/18”.

For further information refer to page 6.

Selected Performance indicators

Our findings relating to the performance indicators are summarised as follows:

Performance indicators included in our limited assurance report	Findings
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	Four issues identified; none impact on our limited assurance opinion.
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	We identified one data quality issue in our initial sample. As a consequence of this we asked management to cleanse and then re-run the data, so that we could re-test. Having completed testing of the cleansed data, no issues were identified.

For further information refer to page 8.

Limited Assurance Report

As a result of our work, we are able to provide an unqualified limited assurance report in respect of the mandated performance indicators.

Performance indicator not included within our limited assurance report	Findings
MRSA	Eight cases of MRSA have been reported by the Trust. Two control recommendations raised.

For further information refer to page 10.

Annual Governance Statement

No issues relevant to the Quality Report.

No statement referencing the Quality report was included in the Annual Governance Statement. This has been raised with management and amendments were made. No further issues noted.

For further information refer to page 8.

Detailed findings

Review against the content requirements

We reviewed the content of the Quality Report against the content requirements which are specified in the FT ARM and the “Detailed requirements for quality reports 2017/18”.

A number of amendments were made to the draft Quality Report as a result of the work we performed. These are summarised in Appendix A. Once the amendments were made by the Trust, no further issues came to our attention that led us to believe that the Quality Report has not been prepared in line with the FT ARM and the “Detailed requirements for quality reports 2017/18”.

Review consistency against specified source documents

Our work is underway to review the content of the 2017/18 Quality Report for consistency against the source documents specified by NHSI. We will provide a verbal update on this at the audit committee.

We reviewed the content of the 2017/18 Quality Report for consistency against the following source documents specified by NHSI:

- Board minutes for the financial year, April 2017 to April 2018;
- Papers relating to quality report reported to the Board over the period April 2017 to April 2018;
- Corroborative feedback from Newcastle Gateshead, Northumberland and North Tyneside Clinical Commissioning Groups (CCGs) for Newcastle upon Tyne Hospitals NHS Foundation Trust Quality Accounts dated 24th May 2018;
- Feedback from Governors dated 11th April 2018 and 1st May 2018;

Hospitals NHS Foundation Trust

- Feedback from Local Healthwatch organisations Healthwatch Newcastle, Gateshead and North Tyneside and Healthwatch Northumberland dated 23rd May 2018;
- Feedback from Overview and Scrutiny Committee dated 14th May 2018 and 18th May 2018;
- The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30th June 2017;
- The latest national and local patient survey dated August 2017;
- The latest national and local staff survey dated 6th March 2018;
- Care Quality Commission inspection, dated 6th of June 2016 and
- The Head of Internal Audit’s annual opinion over the Trust’s control environment dated 22nd May 2018.

No issues came to our attention that led us to believe that the Quality Report is not consistent with the information sources detailed above.

Performance indicators on which we are required to issue a limited assurance conclusion

As required by NHSI we have undertaken sample testing of two performance indicators on which we issued our limited assurance report:

- A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge.

- Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway.

We are required to obtain an understanding of the key processes and controls for managing and reporting the indicators and sample test the data used to calculate the indicator. Our work is performed in accordance with the detailed guidance and included:

- Identification of the criteria used by the Trust for measuring the indicator;
- Confirmation that the Trust had presented the criteria identified above in the Quality report in sufficient detail that the criteria are readily understandable to users of the Quality Report and are in accordance with NHSI mandatory performance indicator definitions set out in Annex C of the NHSI Detailed requirements for external assurance for quality reports 2017/18’;
- Updating our understanding of the key processes and controls for managing and reporting the indicator through making enquiries of Trust staff and through performing a walkthrough;
- Checking the Trust’s reconciliation of the reported performance in the Quality Report to the data used to calculate the indicator from the Trust’s underlying systems;
- Testing a sample of relevant data used to calculate the indicator; and
- Obtaining representations that the data used to calculate the indicator is accurately captured at source and that no sources of information/data relevant to the indicator performance have been excluded.

We tested only a sample of data, as stated above, to supporting documentation. Therefore, the errors reported below are limited to this sample. We have also not tested the underlying systems, for example the patient administration system and the data extraction and recording systems.

Our findings are set out below. Recommendations arising from these findings are presented in Appendix B.

Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

Reported performance:

2017/18 Threshold: **95%**

2017/18 Actual: 93.7%

Criteria identified:

We confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

- **The indicator is defined within the technical definitions that accompany *Everyone counts: planning for patients 2014/15 - 2018/19* and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf**
- **Detailed rules and guidance for measuring A&E attendances and emergency admissions can be found at <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/03/AE-Attendances-Emergency-Definitions-v2.0-Final.pdf> with the exception of the following:**
-

Issues identified through work performed:

No.	Issue	Impact on limited assurance report
1.	Out of our sample of 15 we identified three items where the clock start time was incorrect. As per the guidance, the clock start time should be the earlier of the ambulance handover time and 15 minutes after the arrival. This has been defined as a difference.	<i>As this did not change the patients from breach/non-breach category this did not impact our limited assurance report.</i>
2.	Out of a sample of 15 we identified one item where the clock stop time was incorrect.	<i>As this did not change the patients from breach/non-breach category this did not impact our limited assurance report.</i>

Overall Conclusion:

Our substantive testing of the indicator identified four differences.

Given no errors were identified in respect of our testing, we have issued an unmodified opinion in respect of the 4 Hour A&E wait indicator.

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

Reported performance:

2017/18 Threshold: **92%**

2017/18 Actual: 94.7%

Criteria identified:

We confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

- **The indicator is expressed as a percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period;**
- **The indicator is calculated as the arithmetic average for the monthly reported performance indicators for April 2017 to March 2018;**
- **The clock start date is defined as the date that the referral is received by the Foundation Trust, meeting the criteria set out by the NHSI guidance; and**
- **The indicator includes only referrals for consultant-led service, and meeting the definition of the service whereby a consultant retains overall clinical responsibility for the service, team or treatment.**

Issues identified through work performed:

No.	Issue	Impact on limited assurance report
1.	We identified one data quality issue in our initial sample.	<i>The trust chose to cleanse the data and no errors were noted on retest.</i>

Overall Conclusion:

Our substantive testing of the cleansed indicator data identified no errors.

Given no errors were identified in respect of our retest, we have issued an unmodified opinion in respect of the RTT indicator.

Performance indicators not included within our limited assurance report

NHSI also requires us to undertake substantive sample testing of a local indicator selected by the Governors, the results of which are not included within our limited assurance report.

We obtain an understanding of the key processes and controls for managing and reporting the indicator and sample test the data used to calculate the indicator back to supporting documentation.

We tested only a sample, as stated above. Our reported differences below are limited to this sample.

Our findings are detailed as follows:

MRSA

Reported performance:

2017/18 Actual: 8 cases reported (4 assigned)

Criteria identified:

We confirmed the Trust uses the following criteria for measuring the indicator for inclusion in the Quality Report:

The NHS England 'reporting and monitoring arrangements and post infection review process for MRSA bloodstream infections from April 2014'.

As per the Quality Report, the definition of MRSA is *Staphylococcus Aureus* (*S. aureus*) is a bacterium that commonly colonises human skin and mucosa (e.g. inside the nose) without causing any problems. Although most healthy people are unaffected by it, it can cause disease, particularly if the bacteria enters the body, for example through broken skin or a medical procedure. MRSA is a form of *S. aureus* that has developed resistance to more commonly used antibiotics. MRSA bacteraemia is a blood stream infection that can lead to life threatening sepsis which can be fatal if not diagnosed early and treated effectively.

Following each case of MRSA bacteraemia a Post Infection Review (PIR) Toolkit is completed, with the findings submitted to Public Health England (PHE). This information is collated in a quarterly report, which facilitates the sharing of lessons learned and best practice Trust-wide.

Issues identified through work performed:		
No.	Issue	Impact
1.	<p>The Trust reports the number of cases of MRSA within the Integrated Quality Report on a monthly basis. Our testing identified that the annual total number of cases of MRSA identified within the lab reports matches the total number of cases of MRSA reported on within the integrated quality report. However, there are discrepancies between the months that the cases of MRSA are identified as per the lab reports and the month they are reported on within the Integrated Quality Report.</p> <p>There was no appropriate and detailed audit trail behind one of the instances of MRSA that was reported by the Trust but not attributed to the Trust.</p>	<p><i>This does not impact the number of cases reported and therefore does not result in a breach.</i></p>
Conclusion:		
<p>There were two issues identified within testing:</p> <ul style="list-style-type: none"> • There are discrepancies in the months cases of MRSA are reported on within the Integrated Quality Report and the month they are identified as per the lab reports. • There was no appropriate and detailed audit trail behind one of the instances of MRSA that was reported by Trust within the Integrated Quality Report, but not attributed to the Trust. 		

The recommendations associated with these findings are presented in Appendix B.

Annual Governance Statement

NHSI require Foundation Trusts to include a brief description of the key controls in place to prepare and publish a Quality Report as part of the Annual Governance Statement (“AGS”) in the 2017/18 published accounts. The requirements for the content of the AGS are set out in Annex 5 of Chapter 2 of the NHS Foundation Trust Annual Reporting Manual 2017/18.

The Annual Governance Statement, within the Foundation Trust’s 2017/18 Annual Report, includes the following statement specific to the Quality Report:

‘Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare quality Accounts for each financial year. NHS Improvement issues guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports, which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Quality Account represents a balanced view and there are appropriate controls in place to ensure the accuracy of the data.

We have put controls in place to ensure the quality of care provided and accuracy of the data used in the Quality Account. This is not an exhaustive list but key policies include:

- *Management and reporting of accidents and incidents*
- *Concerns and complaints policy*
- *Clinical records policies*
- *Data quality policy*
- *Standards of Business Conduct policy*

The core principles of the Trust’s Data Quality Policy is to improve and maintain the quality of patient related data and this is underpinned by a range of regular audit reports and initiatives such as regular validation of clinical and administrative data, in particular inpatient and outpatient waiting lists and the production of regular data quality reports to identify and collect missing data items and errors. Furthermore, the Trust’s Referral to Treatment (RTT) team liaise with Directorate management teams and outpatient managers in routine validation of patients waiting for treatment.

We have an extensive range of clinical governance policies and these are reviewed at appropriate intervals but no later than three years to ensure our operating policies reflect the best practice.

In terms of governance and leadership, the Trust has a robust Performance Management Framework (PMF) to define the structure and process for effectively managing performance throughout the Trust, with processes, roles and responsibilities defined at all levels of the organisation. The Framework is firmly integrated into management structures so that Directorate/ Department level processes and systems feed into and support the high level organisational objectives, whilst also taking direct ownership of performance targets and objectives.

A key component of the PMF is the Directorate Quality and Performance Reviews (QPRs) which focus on performance at a Directorate level (across a range of metrics). The purpose of Performance Reviews is to ensure that Trust Directorates and Departments are progressing in line with their strategic aims and objectives, as well as focussing on any outliers in performance metrics.

The Directorates operate within a devolved clinical structure remaining directly accountable for the quality of services delivered to patients within an agreed financial budget.

Services to patients are delivered by highly qualified, motivated and skilled individuals. Our 2017 NHS Staff Survey provides some excellent results however we will continue to focus on areas for improvement.

We have robust policies for the recruitment and the development of staff. In addition mandatory and statutory training of staff is a key performance indicator and this is also reported to the Board of Directors at quarterly intervals.

To assure the data used in the Quality Report and Quality Account, the Trust has a Digital Governance Steering Group that meets bi-monthly. Chaired by the Chief Information Officer, the group reviews data quality and associated workflows to ensure that NHS data standards are adhered to. This provides assurance to the Board that data is regularly validated and reviewed.

The work of the group is evidenced through regular data quality reports that are shared with directorates and departments for review and data correction. The Information Team continues to support and train system users and suppliers to improve real time validation.'

As part of our report on the financial statements we were required to:

- Review whether the Annual Governance Statement reflects compliance with FT ARM Annex 5 of Chapter 2 in respect of Quality Report requirements and NHSI's Detailed requirements for external assurance for quality reports 2017/18; and
- Report if it does not meet the requirements specified by NHSI or if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements.

The work we undertook on the Annual Governance Statement as part of our work on the financial statements identified the following issues:

- No statement referencing the Quality Report was included in the Annual Governance Statement. This has been raised with management and amendments were made. No further issues noted.

Appendices

Appendix A: Matters arising from our limited assurance review of the Foundation Trust’s 2017/18 Quality Report: Content review

	Observation	Recommendation
	Review of the content requirements	
1.	<ul style="list-style-type: none"> • Schedule - item 2 to 2.8 – wording update NHS to relevant health services”. • Schedule - item 2 to 2.8; - Number of clinical audits reviewed by the provider is required. • NHSI requirement detailed on page 10, a reference made for associated prior period payment. • Schedule – item 5 to 5.1 – sentence omitted. • Schedule - item 9 – sentence not included. • Schedule - item 10 to 10.1 – sentence not included • Schedule 27.5, update required for clarity. • Schedule - item 27.3 – Brief explanation required as to what HOGAN evaluation score is. • Schedule - item 27.4 – Information regarding what has been learnt to be added. • Schedule - item 28.9 - Description required of the HOGAN measurement technique. • Point 26 – National average or highest and lowest information to be included. • Criteria to be added for the two mandatory indicators. • Error on contents page tie through. • @ symbol to be added to two mandatory indicators. 	No recommendations noted. All points raised were updated.

Appendix B: Matters arising from our limited assurance review of the Foundation Trust's 2017/18 Quality Report: Performance indicators

	Observation	Recommendation
	4 hour A&E wait times	
1.	<p>In relation to A&E wait times, as per the guidance, the clock start time should be the earlier of the ambulance handover time and 15 minutes after the arrival. We have identified 2 instances from our testing where the clock start time was incorrect.</p> <p>We would recommend that a review be performed by the Trust of the data obtained.</p>	The Trust should perform a review on a periodical basis of a sample of the data in order to verify that the clock start time is correct.
2.	<p>In relation to A&E wait times, as per the guidance, the clock stop time should be taken as the time of discharge, admission or transfer. We identified one instance where an incorrect clock stop date was taken.</p>	We would recommend that all relevant staff are reminded of the importance entering data accurately into the First Net System.

	Observation	Recommendation
	Maximum time of 18 weeks from point of referral to treatment (RTT)– patients on an incomplete pathway	
3.	In relation to the maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway, our testing identified that one patient was left on the July report, however, had a clock stop date of the 10/01/2017. Therefore, the patient should not have been included within the data. We would recommend that the Trust cleanses the indicator data on a quarterly basis to minimise the risk that patients are erroneously included within the data.	We would recommend that the Trust cleanses the indicator data on a quarterly basis to minimise the risk that patients are erroneously included within the data.
	Annual number of Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia attributed to the Trust	
4.	The Trust reports the number of cases of MRSA within the Integrated Quality Report on a monthly basis. Our testing identified that the annual total number of cases of MRSA identified within the lab reports matches the total number of cases of MRSA reported on within the integrated quality report. However, there are discrepancies between the months that the cases of MRSA are identified as per the lab reports and the month they are reported on within the Integrated Quality Report.	We would recommend that the Trust performs a quarterly review of the Integrated Quality Report and reallocates instances of MRSA identified within the lab reports to the correct month within the Integrated Quality Report.
5.	There was no appropriate and detailed audit trail behind one of the instances of MRSA that was reported by the Trust but not attributed to the Trust.	We would recommend that the Trust maintains a clear audit trail behind all cases of MRSA that are reported on within the Integrated Quality Report.



**THIS PAGE IS INTENTIONALLY
BLANK**



The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

Date of meeting	19 July 2018		
Title	External Audit Letter 2017/18		
Report of	PwC, Trust External Auditors		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines a summary of the outcome of the External Audit of the Trust Annual Report and Accounts 2017/18.		
Recommendations	The Council of Governors are asked to note the contents of this report.		
Links to Strategic Goals	Maintaining sound financial management to ensure the ongoing development and success for the organisation.		
Risks identified	No direct risks identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial	X	
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	X
	If yes, please give additional information: Provides an update on the Trust Annual Report and Accounts 2017/18.		
Reports previously considered by	Annual External Audit Letter		

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Annual Audit Letter

Year ended 31 March 2018

**Government &
Public Sector**

May 2018





The Council of Governors
The Newcastle upon Tyne
Hospitals NHS Foundation
Trust

Freeman Road
High Heaton
Newcastle Upon Tyne
NE7 7DN

May 2018

Report to the Council of Governors

Dear Ladies and Gentlemen,

We are pleased to present our Annual Audit Letter summarising the results of our audit for the year ended 31 March 2018.

Yours faithfully

PricewaterhouseCoopers LLP

Reports and letters prepared by external auditors and addressed to governors, directors or officers are prepared for the sole use of the NHS Foundation Trust and no responsibility is taken by auditors to any governor, director or officer in their individual capacity, or to any third party.

PricewaterhouseCoopers LLP, Central Square South, Orchard St, Newcastle upon Tyne, NE1 3AZ
T: [+44 (0) 20 7583 5000], F: [+44 (0) 20 7212 4652], www.pwc.co.uk

PricewaterhouseCoopers LLP is a limited liability partnership registered in England with registered number OC303525. The registered office of PricewaterhouseCoopers LLP is 1 Embankment Place, London WC2N 6RH. PricewaterhouseCoopers LLP is authorised and regulated by the Financial Conduct Authority for designated investment business.

Contents

1. Introduction	1
2. Audit findings	2
Appendices	4
Appendix 1: Summary of uncorrected misstatements	5
Appendix 2: 'Enhanced auditor reporting' relating to our work on 'Value for Money'	5
Appendix 3: Summary of recommendations (financial statements audit)	8
Appendix 4: Summary of recommendations (Quality Report)	9

1. Introduction

The purpose of this document

This letter provides the Council of Governors of The Newcastle upon Tyne Hospitals NHS Foundation Trust (“the Trust”) with a high level summary of the results of our audit for the year ended 31 March 2018, in a form that is accessible for you and other interested stakeholders.

We have already reported the detailed findings from our audit work to the Audit Committee in the following reports:

- audit opinion on the financial statements for the year ended 31 March 2018;
- report to those charged with governance (ISA (UK) 260);
- limited assurance opinion on the Trust’s Quality Report for the year ended 31 March 2018; and
- the ‘Governors Report’ (long form report) setting out the findings arising from our work on the Quality Report for the year ended 31 March 2018.

Scope of work

We performed our audit in accordance with the International Standards on Auditing (UK) (“ISAs UK”) and the Comptroller and Auditor General’s Code of Audit Practice (“the Code”), which was issued in April 2015. Our reports and audit letters are prepared in accordance with the ISAs (UK) and the Code and all associated Audit Guidance Notes issued by the National Audit Office and relevant requirements of the NHS Act 2006.

The Board of Directors is responsible for preparing and publishing the Trust’s financial statements, including the Annual Governance Statement. The Board of Directors is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the Trust’s resources.

As auditors we need to:

- form an opinion on the financial statements;
- review the Trust’s Annual Governance Statement;
- form a conclusion on the arrangements in place to secure economy, efficiency and effectiveness in the use of the Trust’s resources; and
- perform procedures on the Trust’s Quality Report, including:
 - provide an opinion on the content of the Trust’s Quality Report and the consistency of the document with a number of information sources specified by NHS Improvement;
 - provide an opinion on two performance indicators included within the Trust’s Quality Report, as specified by NHS Improvement; and
 - provide a summary of findings arising from our work on one performance indicator selected by the Governors.

We carried out our audit work in line with our 2017/18 Audit Plan that we issued in January 2018.

2. Audit findings

Financial statements

We completed our audit work over the financial statements during May 2018 and issued an unqualified audit opinion on the financial statements on 25th May 2018.

We have identified one misstatement for reporting to the Audit Committee as part of our audit and this is set out in Appendix 1 of this report. We also raised two control recommendations, which are summarised in Appendix 3.

Value for Money

Under the Code of Audit Practice, we must satisfy ourselves, by examination of the financial statements and otherwise, that you have made proper arrangements for securing economy, efficiency and effectiveness in your use of the Foundation Trust's resources. As part of our audit we are required to conclude on whether the Trust had in place, for the year ended 31 March 2018, proper arrangements to secure economy, efficiency and effectiveness in its use resources.

We issued an unmodified conclusion on 25th May 2018 in respect of Value for Money.

We are also required to disclose, either in our auditor's report on the financial statements or in this letter, 'enhanced auditor reporting' information about the scope of our work relating to the Value for Money work that we perform. This is included in Appendix 2.

Annual Governance Statement

The aim of the Annual Governance Statement ("AGS") is to give a sense of how successfully the Foundation Trust has coped with the challenges it faced, drawing on evidence on governance, risk management and controls. We reviewed the AGS and considered whether it complied with relevant guidance and whether it was misleading or inconsistent with what we know about the Foundation Trust.

We found no areas of concern to report in this context.

Quality Report

We were required by NHS Improvement to review the content of the 2017/18 Quality Report, test three performance indicators and produce two reports:

1. **Limited assurance report:** This report is a formal document that requires us to conclude whether anything has come to our attention that would lead us to believe that:
 - The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the “Detailed requirements for quality reports for foundation trusts 2017/18”;
 - The Quality Report is not consistent in all material aspects with source documents specified by NHS Improvement; and
 - The specified indicators have not been prepared in all material respects in accordance with the criteria set out in the FT ARM and the “Detailed requirements for external assurance for quality reports for foundation trusts 2017/18”.

As a result of our work we issued an unqualified opinion.

2. **Governors report:** A private report on the outcome of our work that is made available to the Trust’s Governors and to NHS Improvement. This includes the findings in respect of the two mandatory indicators and the local indicator selected by the Trust’s governors.

We identified one recommendation as a result of our testing over the quality report indicators. This is shown in Appendix 4.

Appendices

Appendix 1: Summary of uncorrected misstatements

No misstatements in respect of The Newcastle upon Tyne Hospitals NHS Foundation Trust were identified during our 2017/18 audit.

One misstatement was identified for The Newcastle Hospitals NHS Charity. Both management and the Audit Committee were satisfied that this misstatement remained uncorrected as it did not have a material impact on the Group's financial statements.

No	Description of misstatement (factual, judgemental, projected)	Income statement		Balance sheet	
		Dr	Cr	Dr	Cr
Applicable to The Newcastle Hospitals NHS Charity					
1	Dr Accruals Cr Operating expense Duplicate entries in respect of purchases made through both the Harlequin and Efin system.			£57,000	
			£57,000		
	Total uncorrected misstatements		£57,000	£57,000	
	Net impact on the income statement of uncorrected items	57,000			

Appendix 2: ‘Enhanced auditor reporting’ relating to our work on ‘Value for Money’

We are required to provide ‘Enhanced auditor reporting’ in relation to the work supporting our conclusion on whether the Trust had in place, for the year ended 31 March 2018, proper arrangements to secure economy, efficiency and effectiveness in its use of resources. As permitted by Application Guidance Note 7 ‘Auditor reporting’, issued by the NAO on 21 December 2017, we have elected to include this reporting in this letter.

The scope of our audit

The scope of our work is determined by the requirements outlined in Application Guidance Note 3 ‘Auditor’s work on Value for Money (VFM) arrangements’ (AGN 03) issued by the NAO on 9 November 2015.

As part of designing our work on VFM, we considered materiality and assessed the risks of the Foundation Trust not having put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

AGN 03 requirements us to use the following evaluation criterion to form our opinion:

“In all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people”.

In order to help us consider this overall evaluation criterion, the NAO have outlined the following sub-criteria which are intended to guide our work and reach an overall judgement;

- informed decision making;
- sustainable resource deployment; and
- working with partners and other third parties.

These criteria are not separate and we are not required to reach a distinct judgement against each one.

Key audit matters

Key audit matters are those matters that, in the auditors’ professional judgement, were of most significance in forming the conclusion on whether the Trust had in place proper arrangements to secure economy, efficiency and effectiveness in its use resources and include the most significant assessed risks of failing to put in place proper arrangements identified by the auditors, including those which had the greatest effect on:

- the overall audit strategy;
- the allocation of resources in our work; and
- and directing the efforts of the engagement team.

These matters, and any comments we make on the results of our procedures thereon, were addressed in the context of our work on arrangements to secure value for money as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these matters. This is not a complete list of all risks we identified.

We determined that there were no key audit matters applicable to the Trust to communicate in our report.

How we tailored the scope of our work

We tailored the scope of our work to ensure that we performed enough work to be able to report on whether the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its Use of Resources.

Appendix 3: Summary of recommendations (financial statements audit)

Deficiency	Recommendation	Management's response
<p>Journal authorisation</p> <p>During the course of our work performed to understand the process of posting journals, we have noted that there is no system control to prevent an individual posting a journal without authorisation.</p> <p>We do however, acknowledge that there is a manual authorisation process and that monthly reviews of the management accounts take place and that this review acts as a mitigating control and thus we do not consider the lack of formal authorisation to represent a high impact finding.</p>	<p>Consideration should be given as to whether the current control environment would be improved by the implementation of system controls for the authorisation off all manual journals above a set monetary threshold.</p>	<p>Management considered there to be appropriate mitigating controls in place that would identify any material fraud.</p> <p>Management will consider this going forward and discuss with the Finance Systems Team.</p> <p>Journals with an excess of 50 lines are authorised by an appropriate manager and uploaded to the system via the systems team.</p>
<p>Monthly accounting process</p> <p>In relation to the adjustment above for purchases made through Harlequin and Efin we identified that no process was in place to ensure that an adjustment was made for the merger of expenses and has resulted in the double counting of unpaid purchases at the year end.</p>	<p>We recommend that a manual adjustment is made to the monthly management accounts and year-end financial statements to net down the expenses and liabilities that effectively being double counted.</p>	<p>Management agreed to implement the monthly review.</p>

Appendix 4: Summary of recommendations (Quality Report)

Observation

Recommendation

4 hour A&E wait times

1. In relation to A&E wait times, as per the guidance, the clock start time should be the earlier of the ambulance handover time and 15 minutes after the arrival. We have identified two instances from our testing where the clock start time was incorrect.

The Trust should perform a review on a periodical basis of a sample of the data in order to verify that the clock start time is correct.



In the event that, pursuant to a request which you have received under the Freedom of Information Act 2000 (as the same may be amended or re-enacted from time to time) or any subordinate legislation made thereunder (collectively, the “Legislation”), you are required to disclose any information contained in this report, we ask that you notify us promptly and consult with us prior to disclosing such information. You agree to pay due regard to any representations which we may make in connection with such disclosure and to apply any relevant exemptions which may exist under the Legislation to such information. If, following consultation with us, you disclose any such information, please ensure that any disclaimer which we have included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

© 2018 PricewaterhouseCoopers LLP. All rights reserved. In this document, “PwC” refers to PricewaterhouseCoopers LLP (a limited liability partnership in the United Kingdom), which is a member firm of PricewaterhouseCoopers International Limited, each member firm of which is a separate legal entity. Please see www.pwc.com/structure for further details 161103-141803-AK-OS

**THIS PAGE IS INTENTIONALLY
BLANK**