

The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

Thursday 15th of November 2018 in Function Rooms 137 and 138, Education Centre, Freeman Hospital, Newcastle upon Tyne
Start time 1:30pm

Agenda

| Item | | Lead | Paper |
|---|--|----------------------------------|----------|
| Business Items | | | |
| 1 | Apologies for Absence and Declarations of Interest | Chairman | Verbal |
| 2 | Minutes of the Meeting held on 20 th September 2018 and Matters arising | Chairman | Attached |
| | a. Informal Governors Meeting | Trust Secretary | Attached |
| | b. Governor Working Group Review | Trust Secretary | Attached |
| | c. Trust Charity Review Update | Director of Comms and Engagement | Verbal |
| 3 | Meeting Action Log | Chairman | Attached |
| 4 | Chairman's Report | Chairman | Verbal |
| 5 | Deputy Chief Executive's Report | Deputy Chief Executive | Verbal |
| 6 | Charity Governor Position Update | Trust Secretary | Attached |
| 7 | Nominations Committee Update | Committee Chair | Attached |
| Reports from Governor Working Groups | | | |
| 8(i) | Quality of Patient Experience Working Group Report | Working Group Chair | Attached |
| 8(ii) | Business Development Working Group Report | Working Group Chair | Verbal |
| 8(iii) | Community Engagement and Membership Working Group Report | Working Group Chair | Verbal |
| Quality and Patient Safety | | | |
| 9 | Integrated Quality Report | Medical Director | Attached |

Strategy

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|--------|-------------------------------------|------------------------|--------|
| 10(i) | Trust Strategy Development Update | Deputy Chief Executive | Verbal |
| 10(ii) | Estates Update – Cherryburn and CAV | Director of Estates | Verbal |

Performance & Delivery

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|----|--------------------------------|------------------|----------|
| 11 | 2018/19 Month 6 Finance Report | Finance Director | Attached |
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Items to Receive

| | | | |
|----|---|----------|--------|
| 12 | Date and Time of Next Meeting: Thursday 17 th January 2019 in Function Rooms 137 and 138, Education Centre, Freeman Hospital | Chairman | Verbal |
|----|---|----------|--------|

Governors' Education and Training:

15th November 2018 presentations:

- i) Carers Provision in Newcastle Presentation – Fiona Richardson, Carers Lead Officer at Newcastle City Council, will attend at 3pm to present this item.*
- ii) Healthcare Associated Infections Presentation – Dr Lucia Pareja-Cebrian, Director of Infection Prevention and Assistant Medical Director, will attend at 3:30pm to present this item.*

Future Presentations to be scheduled:

- i) Car Parking*
- ii) Trust Finances*
- iii) Good Governance Institute Review*



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THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

DRAFT MINUTES OF MEETING HELD ON 20th SEPTEMBER 2018

Present: Professor Sir John Burn, Chairman (Chair)
Dame Jackie Daniel, Chief Executive
Public Governors (Constituency 1 – see below)
Public Governors (Constituency 2 – see below)
Public Governors (Constituency 3 – see below)
Staff Governors (see below)
Appointed Governors (see below)
Mr A Welch, Medical Director
Mrs A Dragone, Finance Director
Ms M Cushlow, Executive Chief Nurse
Mrs L Robson, Deputy Chief Executive
Professor K McCourt, Non-Executive Director
Mr K Godfrey, Non-Executive Director
Mrs K Jupp, Trust Secretary

Secretary: Mrs F Darville, Deputy Trust Secretary (Minutes)

Minutes of this meeting are written as per the order in which items were discussed, not as per the agenda to reflect quoracy.

18/43 Statutory Business

i) Apologies for Absence and Declarations of Interest

Apologies were received from Governors Mr D Stewart-David, Mrs C Errington, Mrs E Houlston, Miss R Draper, Prof A Wathey, Mr D Thompson, Mr P Richardson and Mrs V Mitchinson; Mr J Jowett, Non-Executive Director and Mrs H Parker, Senior Independent Director.

Sir John referred to Mrs Parker's term of office which was due to end on 30th September 2018 and expressed his gratitude on behalf of the Council of Governors for the work that she had undertaken as Trust Senior Independent Director.

There were no Declarations of Interest.

ii) Minutes of the Meeting held on the 19th July 2018 and Matters arising

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

There were no matters arising from the minutes.

iii) **Action Log**

The Chair reminded Council that only those actions highlighted in 'red' would be discussed, unless there were further updates.

The following updates were noted:

- **Log Number 36 (ACTION14):** the Trust Secretary advised that a new electronic system to ensure the secure uploading of presentations had been sourced, the details of which would be circulated to those Governors interested in viewing the presentation from Dr Laws;
- **Log Number 37 (ACTION1):** Mrs Perfitt **noted** that this was not a Governors' matter and it was agreed to remove the action from the Council of Governors action log and progress through Executive action.

iv) **Chairman's Report**

Sir John provided a verbal report to Council, the following key points being **noted**:

- that his role as Chairman had been formally appraised and that appraisals had been undertaken for Non-Executive Directors (NEDs) as detailed within the Nominations Committee Update. Following discussion with the Nominations Committee, it had been recommended to recruit an additional Non-Executive Director for the Trust;
- that the Good Governance Institute (GGI) had near concluded their analysis of the Trust's corporate governance arrangements and the final report was expected in October 2018;
- that Sir John had accompanied Mr Simon Stevens (Chief Executive, NHS England) to Women's Services during his recent visit to the Trust, highlighting the Directorate's excellent work and the ambition to develop the Neonatal Unit;
- that substantial progress had been made with regard to the Genomics procurement exercise and the partnership with Sheffield and Leeds Foundation Trusts amongst others. A Scientific Director of GeNeQ had now been recruited with the organisation being fully established on the 1st October 2018; and

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- that Sir John had visited the Benfield Road Medical Group in order to gain an understanding of the services offered and view the premises themselves.

(Miss Colvin-Laws joined the meeting at 13:45pm.)

The Chair reiterated his welcome to all Governors to attend future public Board of Directors meetings as observers. A rota had been developed to accommodate even attendance. By attending the Board, it was believed that a closer working relationship between the Council and the Board would continue to develop.

Arising out of discussion, Mr Warner queried whether Trust NEDs routinely attended Council meetings. Sir John confirmed that all NEDs are duly invited to meetings and a number were in attendance at each meeting.

Mr Bailey requested a further presentation from Sir John to Governors on Genomics and suggested that it could be a potentially worthwhile topic for a future Members' Event. Sir John agreed to this (Trust Secretary to facilitate) **(ACTION01)**.

It was resolved: (i) to receive the report and **(ii) arrange** a presentation for Governors on Genomics.

v) Chief Executive's Report

The Chief Executive presented her report to Council, the following key points being highlighted:

- that following the 70th NHS celebrations and the commitment of additional funding, the Government had started to consider a new 10 year national plan, with the Trust being in a position to influence this prior to publication at the end of the year. Work was progressing to identify how the additional funding would be prioritised. Such a development coincided with the Trust's own strategy refresh which would consider the organisation's place in providing healthcare in line with the national plan;
- that the 'day job' of providing outstanding services to patients would continue alongside the strategic review and was made more difficult in the face of growing financial constraints. However, the Trust continued to perform well when compared to its peers but was cognisant of the impending winter challenges;
- that Dame Jackie and the Chair had met with strategic partners such as Sheffield FT, in order to connect and collaborate as part of a wider network;
- that the Trust had successfully agreed a Control Total which would allow access to additional funding, and assist the Trust in managing its finances effectively;

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- that the recruitment exercises for two new important Executive Team appointments had concluded with the successful candidates being Martin Wilson (a registered nurse), as Chief Operating Officer, and Caroline Docking as the new Director of Communications and Engagement;
- that the invitation to attend the Annual General Meeting (AGM) on 27th September 2018 at the Centre for Life was extended to the Council, it be commented that this meeting would be more interactive than previous years, being a showcase for staff and services;
- that the innovative 'Flourish at Work' campaign was generating a lot of positive staff interest and discussion. An organisation that takes time to actively consider the Health and Wellbeing of its staff can see a direct correlation to better patient outcomes;
- that the Trust had taken part in Organ Donation Week which had garnered a lot of attention in both the local and national press. It was noted, however, that many patients were still waiting for donor organs.

Arising out of discussion, Mrs McCalman queried the recent local press interest into the sale of the Sanderson site. Dame Jackie commented that the Trust was progressing with the sale taking appropriate legal advice.

In a response to a query from Mr Warner, the Finance Director confirmed that as the site was not in use it was financially prudent to progress the sale. Any sale proceeds from the site may be allocated to central 'pot' for the region however the Trust would receive the cash amount for the benefit of Trust services.

Dr Hammond queried whether the results of the GGI review had been received to which Dame Jackie advised that the work was still progressing. Workshops would be undertaken with Board members to discuss the detailed findings. Some early recommendations had been received which related to the Trust's Board Sub-Committee structure which required some refinement and simplification, along with identifying some areas to develop such as the creation of a Workforce Committee. It was acknowledged that there had been no surprises to the Trust in this regard thus far, as it was clear that the current committee structure had evolved over time and therefore required refinement and updating to accord with best practice.

The Chair further commented on the benefits of undertaking a review of this kind with the new Trust leadership in place. The opportunity had been taken to have an independent review of structures and to ensure that they were fit for purpose, now and in the future.

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Mr McCallum requested further information on the Flourish at Work initiative. Dame Jackie outlined the activity currently underway, commenting that further workshops were to be undertaken. The next event was scheduled at the Centre for Life on the 2nd October 2018 would be open to Governors being involved. A further update would be provided at the next meeting (**ACTION02**).

In regard to the Trust's performance, Mr Murthy queried whether there had been any noticeable impact to date following the issue of the letter to Directorate Managers. Dame Jackie advised that the Trust was quietly confident but not complacent when considering future performance. The pressures were real with more acutely ill patients attending hospital than ever before. The Trust was considering both the numbers and the skill mix of staff, and how the care provided impacts on social care. Mrs Robson was particularly looking at the plans for the City and NuTH's role in this regard.

Sir John highlighted that as reported at the recent Members' Event, initiatives such as improvements to delayed transfers of care demonstrated progress with regard to integrated community care. The Executive Chief Nurse commented that activity was underway in the Trust to stabilise the Medicine and Care of the Elderly Wards in advance of winter, particularly through the realignment of the nursing budget and proactive recruitment.

Mr Warner enquired whether there were any additional wards that could be utilised if necessary. In response, it was commented that there were no additional wards, but the Trust would maximise all beds throughout the winter period.

In respect of a recent BBC 'Inside Out' episode regarding the administration of drugs and use of wristbands matter, both the Chair and Medical Director reiterated that lessons had been learnt and activity undertaken to ensure that such a situation would not be repeated. Work was currently underway to improve wristband compliance rates in those areas where compliance was not as high as required. The Executive Chief Nurse confirmed that annual wristband audits were undertaken in all areas and monthly audits were completed within Children's Wards.

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

vi) Charity Governor Position

The Trust Secretary presented this report, reminding Council of the proposal (agreed at the last meeting) to recruit a Charity Governor to the vacant position. Following Mrs Nelson's suggestion, contact had been made with the Newcastle Council for Voluntary Service (CVS). The detail of the recruitment process was outlined in the paper.

Arising out of discussion, Council agreed to pursue recruitment of a Charity Governor through the CVSO.

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It was resolved: (i) to receive the report and **(ii) commence** the recruitment process.

v) Nominations Committee Update

Dr Saunders provided a brief update to Council, it being **noted** that NED appraisals had been duly undertaken and objectives discussed as outlined in the report.

Mrs Perfitt queried how the objectives had been developed to which it was explained that Sir John had led on the development of the objectives with input from Dr Saunders, the Trust Secretary and the NEDs themselves. Specific consideration was given to the skills of each NED.

Dr Saunders went on to note that discussions had taken place regarding the recruitment of an additional NED in order to increase the current number from seven to eight due to the significant time requirement of the role. The proposal to recruit an additional NED would require an appropriate change to the Trust's Constitution at the AGM. Dr Saunders invited Council to endorse the proposal.

Mr Murthy queried whether this had been proposed as part of the GGI review and enquired if the Constitution could be amended to include provision for nine NEDs in order to allow for future flexibility. The Chair advised that whilst the Trust was not averse to having more than eight NEDs, nine would represent a substantial percentage increase. The role of the NED would be reviewed as part of the work undertaken by GGI.

The Trust Secretary proposed that the Constitution be updated to state that the maximum number of NEDs at any one time could be between seven and nine. Council endorsed this proposal.

Discussion centred on the role of the Senior Independent Director (SID) and who would adopt this role following Mrs Parker's impending retirement from the Board. Sir John advised that discussions on this important matter would take place imminently. Mr Briggs suggested that as part of this process, the role of the SID in appraising the conduct of Governors should be reviewed.

It was resolved: (i) to receive the report; **(ii) to endorse** the recommendation to amend the Trust Constitution to allow for up to nine NEDs; and **(iii) to review** the role of the SID.

18/44 Strategy

i) Business Development Working Group Report

Dr Valentine presented this report highlighting the recent presentation to the Group from Ms N Bruce, Assistant Director (Business Strategy and Planning), regarding the refresh of

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the Trust's strategy. The Group had been informed that the refresh would be a long process with a number of key stages, including the collation of Departmental strategies and workshops with senior staff. The review would consider a variety of important matters, such as funding challenges, workforce, demand and social care.

It was planned that information would be collated and distilled before discussion at the Board Away Day on the 15th October 2018. Following this, content would be shared with staff and Governors.

The Deputy Chief Executive noted further that additional internal work had been undertaken to develop the strategy in the context of the Trust's position in relation to the external NHS environment and the overall 10 year plan. It was important to consider the Trust's place in providing services for the City of Newcastle in collaboration with the Council, GPs and Mental Health services, and the Trust's role in terms of the wider region: North Tyneside, Northumbria and Gateshead.

Dr Valentine thanked Mrs Robson for her report and noted the process was very thorough and well-managed. Sir John commented that the proposed strategic changes would alter the way the Trust's operations for the better, ensuring that work was more collaborative.

Dr Valentine strongly encouraged Council to attend the Business & Development Working Group meetings and noted that the request for a more gender equal attendance had been well received. Although a core membership was required, Governors could attend as necessary.

Regarding Governor attendance at the Public session of the Board of Directors meeting, Dr Valentine proposed that three Governors rather than two should attend each meeting.

Mr Warner proposed the introduction of an additional, less formal Governor meeting to allow for further discussion on subjects not on the agenda. Sir John suggested that a pre-meeting before Council might be an appropriate mechanism. Dame Jackie agreed, stating that this had been successful at other organisations and she would be happy to spend more informal time with the Governors (the Trust Secretary to canvas opinions amongst Governors for suitable timings). **(ACTION03)**.

The Trust Secretary further advised that as part of GGI's work, the historic Terms of References for the Council's Working Groups would require to be reviewed and invited Governors to contact her if they wished to be involved in this regard **(ACTION04)**. Further discussion occurred regarding the identification of future training topics for Governors and raising awareness of Board members and Governors across the Trust.

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Mr Murthy and Mrs Perfitt suggested that consideration be given to holding a briefing session to discuss the results of the GGI review (the Trust Secretary to progress).
(ACTION05).

(The Finance Director left the meeting 2:35pm).

It was resolved: (i) to **receive** the report; (ii) to **resolve** to canvas the Governors to decide on format of future informal meetings; (iii) to **establish** a forum to discuss Terms of Reference for Governor working groups; and (iv) **consider** the organisation of a briefing session for Governors on the GGI review.

ii) Trust Strategy Development Update

This item was discussed under item 18/44(i) above.

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

18/45 Quality and Patient Safety

i) Quality of Patient Experience Working Group Report

Mrs Nelson presented this report (on Mrs Errington's behalf) highlighting a number of key points. Mrs Nelson commented on the very detailed presentation provided to Governors by Professor Kath McCourt (Non-Executive Director), on her background and her role and responsibilities as a NED. Mrs Nelson stated that Professor McCourt was an inspiration for any young nurse starting their career.

Discussion centred on ward visits undertaken by the Group with Mrs Nelson particularly highlighting her experience in Ward 10 (RVI), Paediatric Orthopaedics. Governors learned that the ward was both well-resourced and had been adapted for the elective and trauma patients it cares for. Hospital play specialists had a variety of age appropriate games and books and the ward was a good example of multi-disciplinary working. Unfunded beds that were not currently in use were used for storage space. There were some negative comments from parents regarding parking provision.

(The Finance Director re-joined the meeting at 2:40pm.)

It was noted that a visit to End of Life Care had been scheduled for the 2nd October 2018.

Dr Hammond commented on her visit to the Great North Children's Hospital (GNCH) 'Pop Up' Hospital held at Newcastle University as part of the Great Exhibition of the North. She described how much the children in attendance had enjoyed the exhibits and believed that it would contribute to taking the fear away from attending hospital.

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(The Deputy Chief Executive left the meeting at 2:45pm.)

It was resolved: to receive the report.

ii) Integrated Quality Report

The Medical Director presented this report, particularly highlighting the work undertaken by the Director of Infection Prevention and Control for the proactive management to reduce rates of Healthcare Acquired Infections (HCAIs) over the last 6 months. It was noted that rates of MSSA were now back to the national average, with C.Difficile rates continuing to fall and with only occasional cases of MRSA. EColi still represented a challenge for the Trust.

In relation to incident reporting, it was noted that there had been no Never Events in June; seven Serious Incidents relating to falls with fractures and Grade 3 pressure ulcers. Few incidents were of a serious nature. Medication reporting also continued to be high.

Discussion centred on delays relating to letters being sent to GPs with Sir John highlighting the planned move to an electronic solution. The Medical Director noted that currently, a high percentage of communications were with the relevant GP within 2 hours which had reduced the average waiting time from 17 to 4 days.

In regard to the risk management process for the administration of medicines, the Medical Director confirmed that two members of staff were required to check medicines before they are given to patients. He revealed that the majority of drug errors were omissions rather than the mis-administration of incorrect drugs or an overdose. The Executive Chief Nurse highlighted the importance of proactive reporting.

Dr Saunders queried what measures were being taken to reduce pressure sores in the Trust. It was commented that Frances Blackburn, Deputy Director of Nursing, would give a presentation on the subject at the conclusion of Council.

It was resolved: to receive the report.

18/46 Performance & Delivery

i) 2018/19 Month 4 Finance Report

The Finance Director presented this report on the Trust's financial position at the end of July 2018.

It was reported that since the last meeting of Council, the Trust had agreed a Control Total which allowed the Trust to obtain additional funding in order to permit the Trust to

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break even at year end. It was noted that the proposed sale of land would play a part in this process.

At the end of July, the Trust had a deficit of £0.5m, had £116m in cash in the bank and had achieved £9.3m of £32.1m of the Capital Programme. It was noted that most other organisations did not have such flexibility in terms of purchasing equipment. The current risk rating stood at 3, largely related to the PFI impact.

The requirement to achieve £30m of CIP remained a challenge for the organisation. The Trust had taken a decision some time ago that savings would not be made in areas where they would impact negatively on patient care or quality.

Mr McCallum proposed that a presentation to explain the Trust's financial situation would be beneficial to the Governors which the Finance Director agreed to facilitate **(ACTION06)**.

It was resolved: (i) to receive the report and (ii) arrange a presentation on Trust finances.

18/47 Engagement

i) Community Engagement and Membership Working Group Report

Due to Mr Thompson's absence, the Trust Secretary provided an update from the Group.

It was noted that the Members' Event held at the Freeman on the 13th September 2018 had been very well attended, with presentations being given by Community Services and the Trust Counter Fraud Officer.

The Group would next meet on 8th October 2018.

It was resolved: to receive the report.

18/48 Partnerships

i) Annual General Meeting

This item was covered as part of the Chief Executive's Report under item 18/43.

It was resolved: to receive the item.

18/42 Items to receive for information

i) Date and Time of the Next Meeting

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The next meeting was confirmed as **Thursday the 15th November 2018** in Function Rooms 137 and 138, Education Centre, Freeman Hospital.

ii) Any Other Business

Discussion took place regarding the provision of car parking at the RVI, particularly highlighting potential risks to staff members when walking to other car parking facilities elsewhere in the city centre. It was queried whether any extra provision could be made for staff to park onsite.

Sir John noted the challenges the Trust faces in this regard due to the space constraints presented by having a city centre site with 8,000 staff. The Trust had plans to build a new Multi Story Car Park (MSCP) at the RVI to attempt to alleviate some of the capacity issues. Sir John further advised that he would be happy to speak to Mr Wyres separately in this regard in order to address the concerns raised appropriately (**ACTION07**). Dame Jackie commented on the difficulty some staff faced but stressed that provision had to work for all those who used the facilities, especially patients and visitors.

Mrs Nelson advised that the Trust Hopper service was often extended in the winter months from RVI to the car park at St James's and staff were regularly reminded not to walk through Leazes Park after dark.

Councillor Williams advised that she was a member of the 'Friends of Leazes Park' community group which was in constant liaison with the police to ensure the safety of residents and visitors. She noted that there had been some incidents in the park after dark, but suggested that the perception was worse than the reality. The police, both uniformed and plain clothed, were often in attendance along with University security staff and local residents.

There being no further business, the meeting closed at 3.15pm.

The meeting was followed by two Governor Education and Training sessions, being:
– *an External Audit briefing on the Trust Annual Report and Financial Statements from Victoria Smith and Kerry Wallace, PwC.*
– *a Pressure Ulcer Presentation from Frances Blackburn and Rachael Carter.*

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GOVERNORS' ATTENDANCE 20th SEPTEMBER 2018

| | | |
|---|---|-------------|
| A | Mr Derrick Bailey | Y |
| 2 | Mr Graham Blacker | Y |
| 3 | Mr Paul Briggs | Y |
| 2 | Mr Terrance Coleman | Y |
| S | Miss Dani Colvin-Laws | Y |
| 2 | Mr Steven Cranston | Y |
| 1 | Miss Ruth Draper | Apologies |
| 2 | Mrs Carole Errington | Apologies |
| A | Professor A Fisher [Newcastle University] | Y |
| 1 | Mr David Forrester | Y |
| S | Mrs Barbara Goodfellow | Y |
| 1 | Ms Vanessa Hammond | Y |
| 2 | Ms Catherine Heslop | Y |
| S | Mrs Eleanor Houliston | Apologies |
| 1 | Mr Bill Ions | Y |
| S | Dr Phil Laws | Y |
| 2 | Dr Helen Lucraft | Y |
| 2 | Mr Matthew McCallum | Y |
| 1 | Mrs Jean McCalman | Y |
| S | Mrs Victoria Mitchinson | Apologies |
| 3 | Mr Lakkur Murthy | Y |
| 1 | Mrs Susan Nelson | Y |
| 2 | Mrs Carole Perfitt | Y |
| 2 | Mr Paul Richardson | Apologies |
| 3 | Dr Michael Saunders | Y |
| 1 | Mr David Stewart-David | Apologies |
| 2 | Mr Derek Thompson | Apologies |
| 1 | Dr Eric Valentine | Y |
| 3 | Mr Michael Warner | Y |
| A | Professor Andrew Wathey | Apologies |
| A | Councillor Marion Williams | Y |
| 2 | Mr Fred Wyres | Y |
| 1 | Mrs Pam Yanez | Y |
| A | Vacant (Charity) | Vacant seat |
| S | Estates and Ancillary | Vacant seat |

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

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|--------------------------------------|---|--------------------------|--------------------------|
| Date of meeting | 15th November 2018 | | |
| Title | Informal Governors Meeting | | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Summary | The content of this report outlines: <ul style="list-style-type: none"> The collation of responses from Governors to schedule an Informal Meeting. | | |
| Recommendations | The Council of Governors is asked to receive the update and resolve to agree upon timings for future meetings. | | |
| Links to Corporate Objectives | NA | | |
| Links to Strategy and Clinical Risks | NA | | |
| 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 |
| | Sustainability | | X |
| | If yes, please give additional information: | | |
| Reports previously considered by | None – this report is in response to a suggestion made at the Council of Governors meeting held on the 20 th of September 2018. | | |

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

INFORMAL GOVERNORS MEETING

1. INTRODUCTION

During the Council of Governors meeting held on Thursday the 20th of September 2018, discussion took place around the desire to create the opportunity for informal Governors meetings to allow for more unstructured conversation between Governors outside of the predetermined agenda. It would also create a forum for further informal conversations to be held between the Governors, the Executive Team and the Non-Executive Directors.

To this end, the Trust Secretary contacted the Council following the meeting to canvas opinion on preferences as to whether such informal meetings be held on the same day as a scheduled formal Council meeting, and the timings and frequency of such informal meetings.

There were 22 responses from the Council of Governors which are summarised below.

2. PROPOSED DATE FOR THE MEETING

Of the 22 responses, 14 Governors requested that the meeting be held on the same day of the formal Council of Governors meeting. 7 Governors asked that the meeting be scheduled on a different day and 1 had no preference.

There were a number of comments provided as to why the informal meetings should to be held on a different day, including:

- The timing of other Governor working group meetings such as the Community Engagement and Membership Group and the Business Delivery Group, which are often held on the same day as the main Council of Governors meeting.
- It was suggested that having the informal session immediately prior to the established meeting could be ineffective as any actions or issues arising out of it would not be actioned until the following meeting due to the agenda having already been set.
- One Governor commented that having the meeting scheduled immediately prior would be too much, especially if other working groups had taken place that day.

3. PROPOSED TIMING FOR THE MEETING

Of the 14 who responded positively to the meeting to be held on the same day as the Council of Governors meeting, 10 members of the Council opted for a start time of 11:30am, whereas 2 would prefer a start time of 10:30am and 2 further members had no preference.

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Of the 7 responses for a meeting to be held on a different day, 3 Governors selected a start time of 11am, 1 Governor selected a start time of 1pm and 1 further Governor suggested a 4pm start time. 2 Governors had no preference.

One Governor suggested that the informal meeting be held prior to the Members Event which would ensure good attendance from Governors at these events. Another Governor also suggested that the meeting take place in the evening.

4. FREQUENCY OF INFORMAL MEETINGS

Of the 22 responses, 15 Governors requested that the informal meetings follow the same pattern as the formal session, 5 Governors asked that the meetings are held less frequently while 1 Governor asked that these take place more frequently. One Governor stated no preference.

Regarding those Governors suggesting that the meeting be held less frequently, there was a suggestion that they are held prior to the Members Event which is held three times a year. Another Governor suggested that it be held quarterly to allow for a review of the previous quarter and a look ahead to the next. They stipulated that this should be mostly verbal and not reliant on statistics and reports.

The Governor who requested more frequent informal meetings suggested that these be held monthly to allow for alternating general discussion and a 'topic focus'.

5. CONCLUSION

Following collation of the responses, the most popular option is for an informal Governor meeting is to be held on the day of the Council of Governors meeting at 11:30am.

6. RECOMMENDATIONS

The Council of Governors is asked to endorse the decision to create an Informal Governor meeting to be held immediately prior to the formal meeting at 11:30am for one hour from the January 2019 meeting going forward.

Report of the Deputy Trust Secretary

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

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|---|---|--------------------------|-------------------------------------|
| Date of meeting | 15th November 2018 | | |
| Title | Governors Working Group Review | | |
| 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 | <p>The content of this report outlines:</p> <ul style="list-style-type: none"> The outcome of the initial meeting held to review the current Council of Governors Working Group structure. The initial actions and next steps identified. | | |
| Recommendations | The Council of Governors is asked to receive the update and consider the next steps. | | |
| Links to Corporate Objectives | NA | | |
| Links to Strategy and Clinical Risks | NA | | |
| 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 |
| | Sustainability | | X |
| If yes, please give additional information: | | | |

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| Reports previously considered by | None – this report is in response to discussion held during the Council of Governors meeting on the 20 th of September 2018. |
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THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

GOVERNOR WORKING GROUP REVIEW

1. INTRODUCTION

Following a request for volunteers to assist with a review of the Council of Governors Working Group structure, the Trust Secretary and Deputy Trust Secretary met with two Public Governors, Dr Eric Valentine and Mr Matthew McCallum on the 16th of October 2018. The group convened to consider the historic proposals for the creation of the working groups, which were established back in 2010, and to explore the best method for reviewing the current Working Group structure.

It was agreed that there were both benefits and weaknesses to the working groups being 'self-maintained' as there was little corporate administrative support required when groups set their own agendas and managed their meetings autonomously. Conversely, this meant there was limited opportunity for advice and support to be provided by the Trust Secretary and other Trust staff on the matters discussed at the meetings.

2. WORKING GROUPS

2.1 Business Delivery (BD) Group

The group meets monthly with agendas set and notes taken. The group is chaired by Dr Eric Valentine. It was agreed that the frequency of the meetings and the development of agenda items should be further considered.

The group's role as a 'sounding board' for the Trust's recent Strategic development work was noted to be a positive but it was noted that there was currently no forum for other operational matters that Trust Governors were interested in being discussed in greater detail outwith the formal Council meeting.

It was advised that some of the matters that are discussed at the BD meetings would be of interest more widely to the Council of Governors as a whole.

The possibility of identifying a Governor lead for particular issues (such as Finance or Risk) was also discussed.

2.2 Community Engagement and Membership (CEM) Group

This working group is primarily tasked with the organisation of the Trust's Member's Events and ensuring that Trust Membership remains at a consistent level to meet the thresholds set in the Trust Constitution.

Agenda Item: 2b

The meetings are not held as routinely as other Working Groups.

It was noted that while Member's Events are currently well attended by regular members who find them very good however, they do not often generate new members attend them.

It was advised that previous methods to introduce new members such as Governor attendance at local events should be reconsidered and that the benefits of Trust Membership need to be clearly defined and advertised.

The potential benefits of the Trust opting all staff into Trust membership was discussed but it was agreed than a smaller and more engaged membership was more effective and manageable.

2.3 Quality of Patient Experience (QPE) Group

Meetings are currently held monthly and are well attended. The Group members demonstrate strong engagement with the Trust in terms of ward visits however consideration needs to be given as to the frequency and length of the meetings.

2.4 Nominations Committee

The Terms of Reference for this Committee have been reviewed within the last year and therefore it is assumed that this Committee remain outwith the review.

3. INITIAL ACTIONS

In the first instance, it was agreed that members of this group would attend all of the working groups to ascertain the current establishment and discuss the formulation of agendas with Chairs. In addition, a short report, being this report, detailing the primary output of this meeting go to the Council of Governors in November 2018 for further discussion.

4. NEXT STEPS

It was noted that the Trust Secretary and Deputy Trust Secretary would be working with a representative from the Good Governance Institute (GGI) to consider the current working group structure in line with the larger Trust-wide governance review to ensure that working groups are fit for purpose and reflect the Trust and the Governor's statutory obligations. A scope of review will be developed and Governors are asked to consider whether they would like to be involved in the review process.

5. RECOMMENDATIONS

The Council of Governors is asked to (i) receive the report and (ii) consider the initial actions and next steps as detailed.

Report of the Deputy Trust Secretary

09.11.18

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Council of Governors Meetings Actions

Agenda item: 3

| Log Number | Action No | Minute Ref | Meeting date where action arose | ACTIONS | Responsibility | Notes | Status |
|------------|-----------|--|---------------------------------|--|-----------------|--|---------|
| 10 | ACTION03 | 18/04 Minutes of the Meeting held on 16th November 2017 | 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. <u>11.09.18</u> - No further update. <u>02.11.18</u> - Item to close due to changes in the development of STPs/ICS'. | |
| 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 | <u>11.09.18</u> - Staff feedback sessions held in July/August 2018. Deputy Chief Executive developing a timeline for stakeholder engagement. Update to be provided at 20th September 2018 Council meeting. <u>02.11.18</u> - Strategy refresh work underway. Governors will be consulted in due course. | |
| 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 | <u>11/09/18</u> - This will be scheduled for the meeting in January 2019 due to the inclusion of other requested presentation topics for the September and November meetings. | ON HOLD |
| 30 | ACTION08 | 18/20 Quality of Patient Experience (i) Working Group | 27th March 2018 | Mr Ions confirmed that he had visited Ward 19 (RVI) 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 | <u>11/09/18</u> - Mrs Darville emailed Mr Smith regarding status of action - awaiting update. <u>01/11/18</u> - Reminder email sent to Mr Smith. <u>09/11/18</u> - Mr Smith to provide an update at the November 2018 meeting. | |
| 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 | <u>11/09/18</u> - Ms L Harris, Dep Dir of Nursing (RVI) confirmed that the trial was still underway and going extremely well-staff like it and it works well, and very quickly - it is likely a business case will be developed to purchase UV systems. An update will be provided once the trial has concluded. <u>01/11/18</u> - Ms Cushlow noted at the November Public Board meeting that the trial had been a success and the Trust was now looking to procure 3 UV units to assist with speeding up the time taken to clean beds (1hour rather than 4) which will improve to patient flow, particularly in the run up to winter. Item closed. | |

| Log Number | Action No | Minute Ref | Meeting date where action arose | ACTIONS | Responsibility | Notes | Status |
|------------|-----------|---|---------------------------------|--|----------------|--|--------|
| 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 | <p>Mrs Jupp stated that the slides have not yet been sent out due to their size and an alternative method of transfer will be explored.</p> <p><u>13/09/18</u> - Mrs Darville sent an email to Phil Laws to ascertain best method of making slides available for Governors.</p> <p><u>20/09/18</u> - Mrs Jupp advised that software to allow secure access (eGress) has been sources. Mrs Jupp to send out instructions to Governors to gain access.</p> <p>09/11/18 - the Trust Secretary advised that the egress switch solution had been utilised to ensure the secure uploading of presentations, the details of which would be circulated to those Governors interested in viewing the presentation from Dr Laws. Governors are invited to contact the Deputy Trust Secretary for access.</p> | |
| 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 | Dame J Daniel | <p>An update has been requested regarding the funding of TV usage on Children's Wards. A follow up of the status of this action will be provided at the 20 September 2018 meeting of the Council.</p> <p><u>20/09/18</u> - Mrs Perfitt noted that this action is not in the remit of Givernors to resolve issue. Dame Jackie agreed to progress and feedback to the Executive Team. Action has now been allocated to Dame Jackie.</p> <p><u>09/11/18</u> - Mrs Perfitt noted that this was not a Governors' matter and it was agreed to remove the action from the Council of Governors action log and progress through Executive action.</p> | |

| Log Number | Action No | Minute Ref | Meeting date where action arose | ACTIONS | Responsibility | Notes | Status |
|------------|-----------|---|---------------------------------|---|--------------------|--|---------|
| 45 | ACTION01 | 18/36 Statutory Business iv) Chairman's Report | 19th July 2018 | Council of Governors agreed with the proposal for all current, existing and future Governors to have DBS checks. Mrs Jupp agreed to action. | K Jupp/ F Darville | <u>11/09/18</u> - Action in progress. HR to attend prior to September meeting to assist with documentation required for check to be undertaken. <u>20/09/18</u> - HR attended prior to the CoG to assist Governors with applying for DBS clearance. Further sessions will be arranged to ensure all Governors have completed the necessary checks. <u>09/11/18</u> - This action is still in progress as the remaining Governors undergo the relevant checks. | |
| 46 | ACTION02 | 18/36 Statutory Business vi) Trust Constitution Update with proposed changes | 19th July 2018 | Mr Briggs highlighted that there were further areas to be considered and agreed to discuss these separately with Mrs Parnell. | P Briggs/C Parnell | <u>14/09/18</u> - Mrs Parnell met with Mr Briggs following the Council meeting to discuss the matter further. Mr Briggs agreed to email Mrs Parnell a list of areas which he believed required further consideration. <u>09/11/18</u> - Item is on hold to be considered as part of GGI review outcomes. | ON HOLD |
| 48 | ACTION04 | 18/36 Statutory Business vii) Governor's Elections Results | 19th July 2018 | Dame Jackie concluded that a review of charity work was required and that outcome from the review be brought back to the Council of Governors upon completion. | C Parnell | <u>11/09/18</u> - Proposal has been drafted for consideration by the Trust Board of Directors at the September 2018 meeting. <u>05/10/18</u> - A proposal to carry out review of the Trust Charity was considered at the Trust Board at the September meeting where it was approved. The proposal resolved to consider the current set up of the Trust charity, ensure it is still fit for purpose and resolve to improving the income. In the first instance, the Trust Charitable Committee will review the proposal and consider how the review will be carried out. Further update will be provided to the CoG in due course. <u>09/11/18</u> - This action has been assigned to Mrs Caroline Docking, Director of Communications and Engagement and an update will be given at the November 2018 meeting. | |
| 49 | ACTION05 | 18/37 Quality and Patient Safety i) Quality of Patient Experience Working Group | 19th July 2018 | Reference was made to the lack of toilet facilities in Ward 8B at RVI. Sir John recommended that the matter be discussed with Mr Robert Smith, Director of Estates and Mrs Jupp agreed to facilitate. | K Jupp | <u>11/09/18</u> - Mrs Darville emailed Mr Smith regarding status of action - awaiting update. <u>09/11/18</u> - Mr Smith to provide update at November 2018 meeting. | |

| Log Number | Action No | Minute Ref | Meeting date where action arose | ACTIONS | Responsibility | Notes | Status |
|------------|-----------|--|---------------------------------|---|-------------------|---|---------|
| 53 | ACTION01 | 18/43 Statutory Business iv) Chairman's Report | 20th September 2018 | Mr Bailey requested a further presentation from Sir John to Governors on Genomics and suggested that it could be a worthwhile topic for a future Member's Event. Sir John agreed and Mrs Darville and Mrs Jupp agreed to facilitate (ACTION01) . | F Darville/K Jupp | <u>05/10/18</u> - Sir John will present an update on Genomics at the Governor Training session to be held on the 25th of October 2018. <u>09/11/18</u> - Training session delivered. | |
| 54 | ACTION02 | 18/43 Statutory Business v) Chief Executive's Report | 20th September 2018 | A further update on the Flourish at Work initiative will be provided in Dame Jackie's report at the next meeting (ACTION02) . | Dame J Daniel | <u>01/11/18</u> - Item deferred to January 2019 meeting. The next Flourish at Work Event is scheduled to be held on the 13th of December. | ON HOLD |
| 55 | ACTION03 | 18/44 Strategy i) Business Development Working Group Report | 20th September 2018 | Mr Warner proposed the introduction of an additional, less formal Governor meeting to allow for further discussion on subjects not on the agenda. Sir John suggested that a pre-meeting before Council might be an appropriate mechanism. Dame Jackie agreed, stating that this had been successful at other organisations and she would be happy to spend more informal time with the Governors (the Trust Secretary to canvas opinions amongst Governors for suitable timings). (ACTION03) . | K Jupp | <u>24/09/18</u> - Mrs Jupp emailed out for Governor preference for informal meeting. Responses are being collated with options for timings and dates shared in due course. A paper detailing outcomes will be presented at the November 2018 meeting. | |
| 56 | ACTION04 | 18/44 Strategy i) Business Development Working Group Report | 20th September 2018 | The Trust Secretary further advised that as part of GGI's work, the historic Terms of References for the Council's Working Groups would require to be reviewed and invited Governors to contact her if they wished to be involved in this regard (ACTION04) . | K Jupp | <u>24/09/18</u> - Mrs Jupp emailed out to Governors for volunteers to review the historic terms of reference. Volunteers will be contacted, meetings established and feedback shared with the Committee. <u>01/11/18</u> - Meeting took place between Mrs Jupp, Mrs Darville, Dr Valentine and Mr McCallum. Report presented for review for November 2018 meeting. | |
| 57 | ACTION05 | 18/44 Strategy i) Business Development Working Group Report | 20th September 2018 | Mr Murthy and Mrs Perfitt suggested that consideration be given to holding a briefing session to discuss the results of the GGI review (the Trust Secretary to progress). (ACTION05) . | F Darville/K Jupp | <u>01/11/18</u> - As the GGI final report is yet to be received, this item has been put on hold until it has been received and reviewed by the Trust. The session is likely to be held in early 2019. | ON HOLD |
| 58 | ACTION06 | 18/46 Performance & Delivery i) 2018/19 Month 4 Finance Report | 20th September 2018 | Mr McCallum proposed that a presentation to explain the Trust's financial situation would be beneficial to the Governors which the Finance Director agreed to facilitate (ACTION06) . | A Dragone | <u>01/11/2018</u> - This will be scheduled for inclusion in early 2019 due to the inclusion of other requested presentation topics for November's meeting. | ON HOLD |
| 59 | ACTION07 | 18/42 Items to receive for Information ii) Any Other Business | 20th September 2018 | Regarding car parking provision on site at the Trust, Sir John further advised that he would be happy to speak to Mr Wyres separately in this regard in order to address the concerns raised appropriately (ACTION07) . | Sir John Burn | <u>09/11/18</u> - Sir John met with Mr Wyres. Outcome of meeting to be feedback to Car Parking for further consideration. | |

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

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|--------------------------------------|---|--------------------------|-------------------------------------|
| Date of meeting | 15 th November 2018 | | |
| Title | Charity Governor Position 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 | <p>The content of this report outlines:</p> <ul style="list-style-type: none"> The steps taken following the decision at the Council of Governors meeting in September 2018 to utilise the services of the Newcastle Council for Voluntary Service (NCVS) to assist with the recruitment of a Charity Governor. The proposed timeline for the position to be advertised, shortlisted, and for the interviews to take place with a view to recruiting by the end of December 2018. | | |
| Recommendations | The Council of Governors are asked to receive the report and acknowledge the actions taken. | | |
| Links to Corporate Objectives | <ul style="list-style-type: none"> Putting patients first and providing care of the highest standard focusing on safety and quality. Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle | | |
| Links to Strategy and Clinical Risks | NA | | |
| Impact | Tick yes or no as appropriate | Yes | No |
| | Quality and Safety | | x |
| | Legal | | x |
| | Financial | | x |
| | Human Resources | | x |
| | Equality and Diversity | x | |

Agenda Item: 6

| | | | |
|----------------------------------|--|--|---|
| | Engagement and communication | | x |
| | Sustainability | | x |
| | If yes, please give additional information: The Trust is cognisant of the need to improve the diversity profile of the Council of Governors. | | |
| Reports previously considered by | The Council of Governors received the first report relating to this matter in September 2018. | | |

COUNCIL OF GOVERNORS

CHARITY GOVERNOR POSITION UPDATE

1. BACKGROUND INFORMATION

Governors will recall that during the meeting of the Council in September 2018, a report was received detailing the need to fill the vacant Charity Appointed Governor seat in the Trust.

The report also noted that the Trust had made contact with the Newcastle Council for Voluntary Service (NCVS) to discuss the use of their services to this end.

2. UPDATE

Mrs Jupp and Mrs Darville met with Mr Martin Gollan and Ms Pam Jobbins from NCVS on the 8th of November 2018 to discuss the Trust's requirements in more detail. It was agreed that ideally the Charity appointed Governor should represent a local voluntary organisation, which has an association with Health and Social Care.

The appointment will be made in line with the requirements of the Trust Constitution, particularly with regard to independence.

The Trust is also cognisant of the need to effectively represent the city of Newcastle and the members of the constituencies in which the Governors service and is looking to improve the diversity of the Council in terms of race and age profile.

The Trust will draft the person specification to be disseminated amongst the NCVS' organisations. The specification will detail the following:

- The expectations for the role, which will include the statutory requirements along with the time commitment expected in terms of attendance at meetings.
- The provision of both formal induction and informal training sessions in matters pertaining to the Trust.
- The expectation that the individual will undertake an enhanced Disclosure and Barring Service (DBS) check.
- The role of the Governors within the Corporate Governance structure of the Trust.
- That the role not remunerated and there is an expectation that the role be filled by another individual at the voluntary organisation should the original appointee leave the organisation.

3. NEXT STEPS

The NCVS covers around 740 organisations in both Newcastle and Gateshead and the person specification agreed by the Trust would be included in both the NCVS e-bulletin and advertised on their website. In addition, this would also be shared on the Trust's website and through the Trust's social media channels.

Agenda Item: 6

When the person specification has been agreed, it will be published on the 14th of November 2018 to allow for shortlisting prior to interviews taking place during the week commencing the 10th of December 2018. This will allow the position to be recruited into before Christmas and the newly appointed Charity Governor will be available to attend their first Council of Governors meeting in January 2019.

4. RECOMMENDATION

To i) receive the report and ii) note the proposed timeline for the recruitment process for a Charity appointed Governor with the Newcastle Council for Voluntary Service.

**Fay Darville
Deputy Trust Secretary**

**Kelly Jupp
Trust Secretary
8th November 2018**

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

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|--------------------------------------|--|--------------------------|-------------------------------------|
| Date of meeting | 15 November 2018 | | |
| Title | Nominations Committee Update | | |
| Report of | Mr David Stewart-David, Chair of Nominations Committee | | |
| 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 | <p>The content of this report outlines:</p> <ul style="list-style-type: none"> • Details regarding the planned agenda item for the 19th November 2018 Committee meeting • Non-Executive Director re-appointment | | |
| Recommendations | The Council of Governors are asked to receive the report and endorse the recommendations made. | | |
| Links to Corporate Objectives | <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. | | |
| Links to Strategy and Clinical Risks | NA | | |
| 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 |
| | Sustainability | | x |

Agenda item 7

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| | If yes, please give additional information: |
| Reports previously considered by | Regular reports on the work of this Committee are given to the Council of Governors. |

COUNCIL OF GOVERNORS

NOMINATIONS COMMITTEE

1. COMMITTEE MEETING – 19TH NOVEMBER 2018

The Committee is scheduled to meet on 19th November 2018 to discuss and agree the commencement of the recruitment process for a new Trust Non-Executive Director. Governors will recall that approval was given to create a new Trust Non-Executive Director post at the meeting on 20th September subject to an amendment to the Trust Constitution. Subsequently approval of an amendment to the Trust Constitution to permit an increase in the number of Trust Non-Executive Directors was granted at the Trust Annual General Meeting on 27th September 2018.

There has been no formal Committee meeting since the 20th September 2018 Council of Governors meeting to report on.

2. PROFESSOR K. MCCOURT TERM OF OFFICE

Professor Kath McCourt was appointed on 1st December 2015 for a three-year term therefore her term of office is scheduled to expire on 30th November 2018.

A verbal update will be given by Mr David Stewart-David at the Council meeting.

3. RECOMMENDATION

To receive the report and verbal update at the meeting on 15th November 2018.

David Stewart-David
Chairman – Nominations Committee
9th November 2018

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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

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|--------------------------------------|---|--------------------------|-------------------------------------|
| Date of meeting | 15th November 2018 | | |
| Title | Quality of Patient Experience Working Group Report | | |
| Report of | Carole Errington, Chair of Group | | |
| 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 | <p>The content of this report outlines:</p> <ul style="list-style-type: none"> The activities undertaken by the working group including ward visits made and meetings and presentations attended. | | |
| Recommendations | The Council of Governors are asked to receive the report. | | |
| Links to Corporate Objectives | <ul style="list-style-type: none"> Putting patients first and providing care of the highest standard focusing on safety and quality. Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle. Enhancing the reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do. | | |
| Links to Strategy and Clinical Risks | NA | | |
| 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 |
| | Sustainability | | X |

Agenda Item: 8(i)

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|----------------------------------|--|
| | If yes, please give additional information: |
| Reports previously considered by | Regular reports on the work of this Working Group are given to the Council of Governors. |

THE NEWCASTLE HOSPITALS NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

QUALITY OF PATIENT EXPERIENCE WORKING GROUP

REPORT NOVEMBER 2018

1. WARD/DEPARTMENT VISITED

- Visit to Emergency Department RVI – 28th August 2018 visited by Mrs Errington.

The team consists of 11 qualified staff on shift each morning and 12 qualified staff on shift each afternoon and night. Due to the workload, the aim is to increase staff to 14 per shift. Senior Consultants and numerous Doctors work in the department. Triage was explained and the value of triage was irrefutable.

As the Emergency Department is a major trauma centre, the Ambulance Service or Ambulance personnel can pre-alert staff to be ready to receive critically ill or injured patients who bypass protocol. If a patient is from outside the catchment area, a Consultant or Senior Doctor can be contacted about the most appropriate way to manage the care. The department also receives helicopter alerts. Patient's notes are placed in racks, are categorised and are accessed by staff to be processed.

The visit took place on one of the few quieter days in the year. Both patients spoken to were full of praise for the staff and the department. The department presented as very clean and tidy despite the workload.

A Security Guard is based within the department and although the individual can be called to other areas, they are a valuable member of the team. The Sister commented on what a superb service the security team provide.

- Visit to Ward 33, Freeman Hospital – visited by Mrs Jean McCalman and Mrs Eleanor Houlston.

Ward 33 is based within the NCCC and provides acute care for patients undergoing investigations and treatment for Haematological disorders. Aftercare is provided including psycho-social support provided by the multidisciplinary team. Patients have direct access to the ward while undergoing treatment to avoid them going to A & E if problems occur. A helpline is offered to support patients.

The ward atmosphere was very calm and the ward was spotless. Staffing is adequate but an additional trainee nurse at night would be ideal.

Agenda Item: 8(i)

There are no restrictions to visiting as many patients come from a distance and relatives travel many miles to visit. Isolation patients have 2 named visitors but other visitors can be accommodated where necessary and can see patient through a glass screen.

Without exception, the patients and visitors spoken to at the visit had nothing but praise for the team. The only negatives were the cost of car parking, television service and occasionally the food.

The Governors were very impressed by the team and there were no recommendations at this visit.

Other visits updates:

- Ms Houlston visited the Pop-up Hospital in the Herschel Building at Newcastle University during the Great North Exhibition.
- Ms Houlston also visited Newcastle Surgical Training School and has suggested that the QPE would benefit from a visit.
- Visits to both NCCC and Ophthalmology have been scheduled.

2. UPDATE ON COMMITTEE MEETINGS ATTENDED

Mrs Nelson attended Complaints Panel.

Dr Lucraft attended the Clinical Effectiveness and Audit Guidelines meeting in September.

National Audits were presented by A&E on Fractured Neck of Femur and Pain control in Children.

Nice Guidelines NG60 on recommendations of HPV testing recommendations.

A number of QPE Governors attended a very interesting afternoon session titled “Exploring the Patient Experience in Newcastle”.

3. PRESENTATIONS

Caroline McGarry, Patient Experience and Involvement Officer, gave a presentation and update on Complaints and the Patient Experience. There has been a 19% drop in complaints compared to last year. Timeliness of responses has improved by 14%: 45% of complaints were responded to within the agreed timescale, compared to 31% last year.

The Trust has achieved very good results in two National Surveys - Maternity and Cancer patient survey, the results of which are to be presented to the Board first so were not disclosed in detail. The Community Advisory Panel (CAP) has been reconstituted as APEX (Advising on Patient Experience).

Agenda Item: 8(i)

Dr Anne Pelham gave a very informative and interesting presentation on End of Life Care which was originally designed for Cancer patients but increasingly used for other patients. Practical support is provided as well as holistic care. There is no provision at present for family overnight accommodation but this is a possibility for the future. It is planned to use a legacy at the RVI to create an “Oasis Suite” where families sitting with dying patients can go for a break.

Report of Carole Errington
Chair of the QPE Working group
November 2018

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Integrated Quality Report



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

September 2018

Included this month:



The Integrated Quality Report

Executive Summary:

Safe

- There were no cases of MRSA bacteraemia in September 2018 bringing the total for the year to date to 2 cases.
- There were 7 cases of C. difficile in September 2018, bringing the total for the year-to-date to 40 cases reported, with 8 successful appeals so far this year.
- September saw an increase in MSSA Bacteraemia (12 cases) rates. This brings the total number of cases this year to 57 which is 14 cases more than the same time last year.
- There were 14 cases of E. coli bacteraemia identified post 48 hours of admission in September 2018 compared with 16 in September 2017.
- The total number of falls for September 2018 was 198 and the falls/1000 occupied bed days rate was 5.0.
- The total number of patient incidents reported this month is 1,486, which is comparable to the same period last year.
- Eight SIs and one Never Events were reported in September 2018.

Effective

- In total there were 144 deaths reported in September 2018. A problem has occurred with retrieving the latest published SHMI mortality data out of HED. HED has informed all Trusts of an issue with receiving data from NHS Digital and therefore, they are unable to publish any new monthly data for the time being. The latest published data is for Dec 2017.

Caring

- The national Friends and Family Test results for July 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.
- An overview of patient compliments can be found as a new addition to this section.

Well-Led

- 'Time to Shine Brighter' - Preparing for the 2018 Well-led inspection.

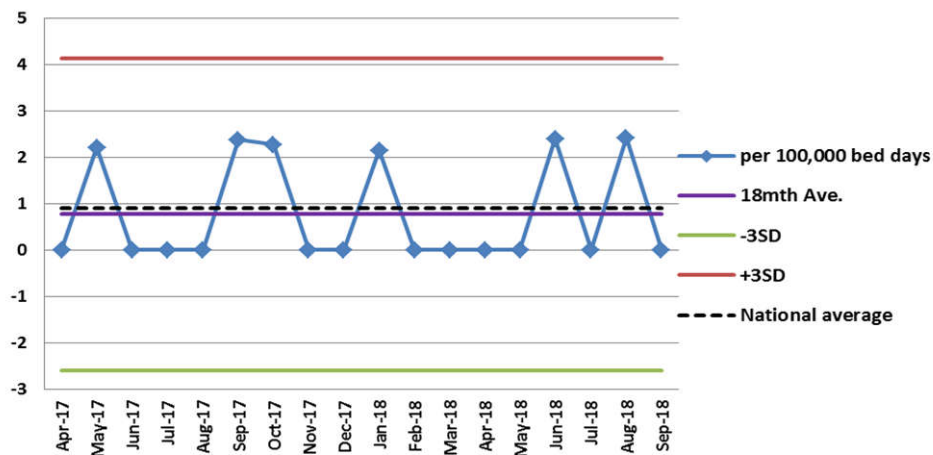
Safe

Healthcare-Associated Infections

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.

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 and trends are discussed at a Serious Infection Review Meeting (SIRM). For these meetings the Directorates create and own an Action Plan which includes timelines for when identified issues are to be completed.

MRSA per 100,000 bed days



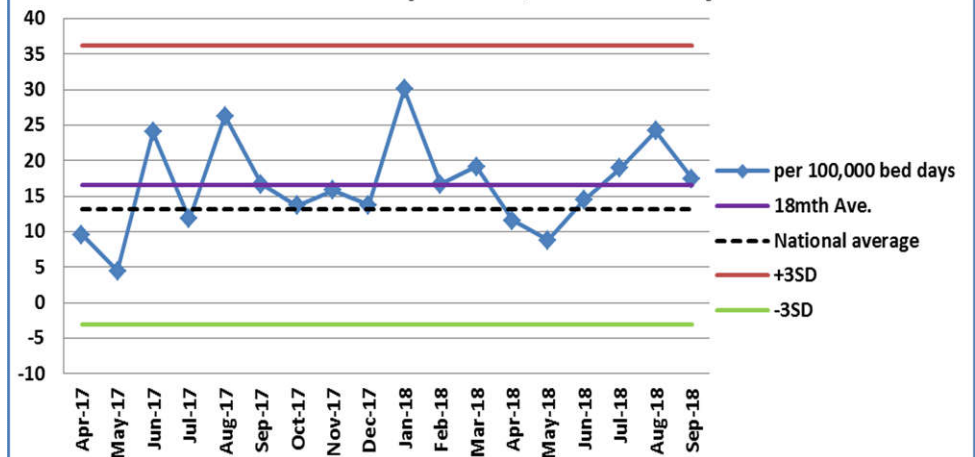
MRSA Bacteraemia (Target: zero tolerance)

This graph to the left, shows the Trust average rates against the national rate. There were no cases of MRSA bacteraemia in September 2018 bringing the total for the year to date to 2 cases. This is the same as this period last year.

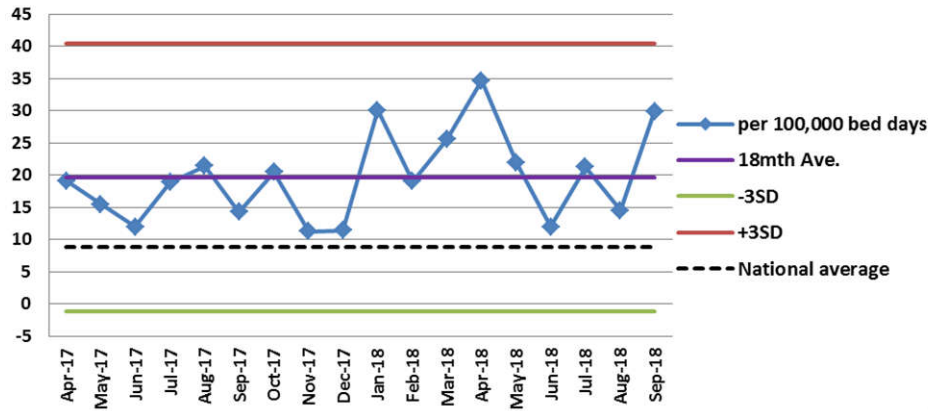
C. difficile (Target: ≤ 76)

This year, the Trust's national target has been reduced by NHS Improvement to 76 cases. There were 7 cases of C. difficile in September 2018, bringing the total for the year-to-date to 40 cases reported, with 8 successful appeals so far this year (with a potential further case being considered for appeal). This results in 32 cases counted against the Trust's target. This compares with 33 (39 cases minus 6 successful appeals) in the same period in 2017/18 and is within the current year's trajectory (target is 37). The main reason why the Trust has not been able to appeal more cases has been the lack of complete documentation, especially in relation to Stool Charts. The change of documentation which now combines the Diarrhoea Pathway with the C. difficile Pathway (instead of being 2 separate documents) will help with this in the future. The cumulative C. difficile rate per 100,000 bed days in September 2018 is 15.73 with a target for this year of 16.1 or less.

C. difficile per 100,000 bed days



MSSA per 100,000 bed days



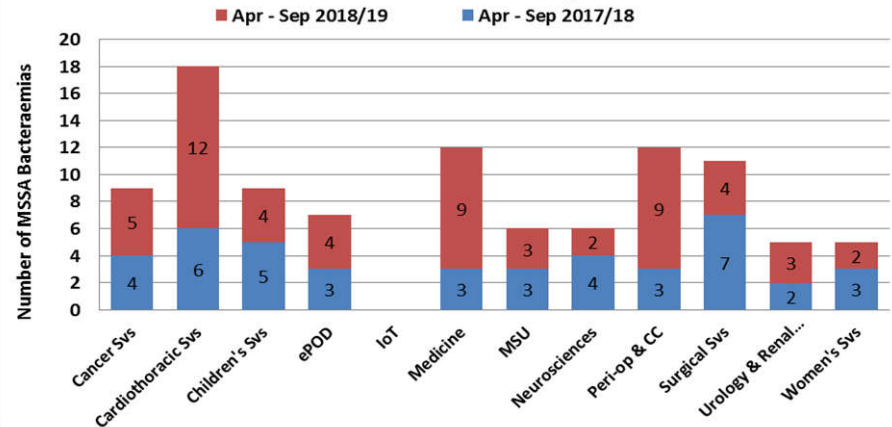
MSSA Bacteraemia (no target)

This graph shows the Trust average rates (between 15 and 20 cases per 100,000 bed days) against the national rate (around 5 per 100,00 bed days). September saw an increase (12 cases) in rates. This brings the total number of cases this year to 57 which is 14 cases more than the same time last year. In September, Cancer Services & Clinical Haematology, Children's Services and Peri-operative & Critical Care all had 2 cases of bacteraemias each. Overall, through the year, the Directorates with most bacteraemias have been Cardiothoracic Services, Medicine and Peri-operative & Critical Care. The main source overall is still line related. Lessons learned from RCAs have been reflected on the action plan of individual Directorates.

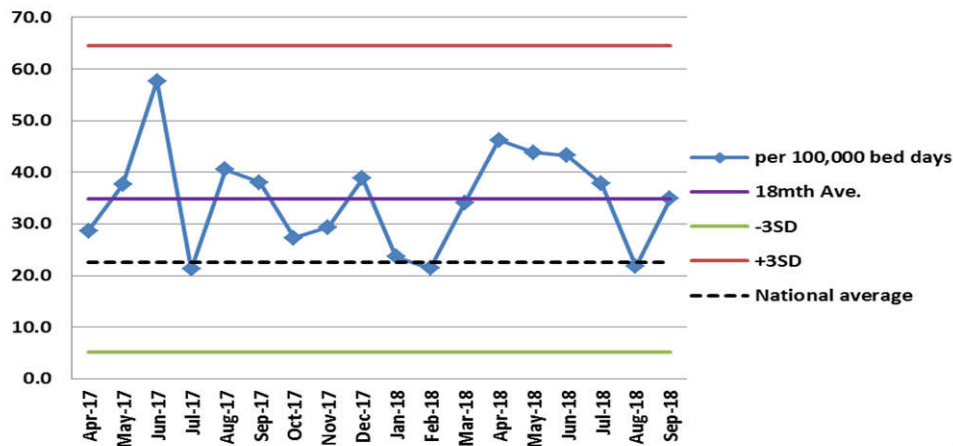
MSSA Bacteraemia Directorate 6 month Comparison

This graph is new for this month and shows a comparison, by Directorate, for the first 6 months of this financial year against last year's figures. As can be seen, there have been an increase in most Directorates with the exception of Children's Services, Neurosciences, Surgical Services and Women's Services where there has been a decrease. MSU is on a par.

Directorate 6 month Comparison

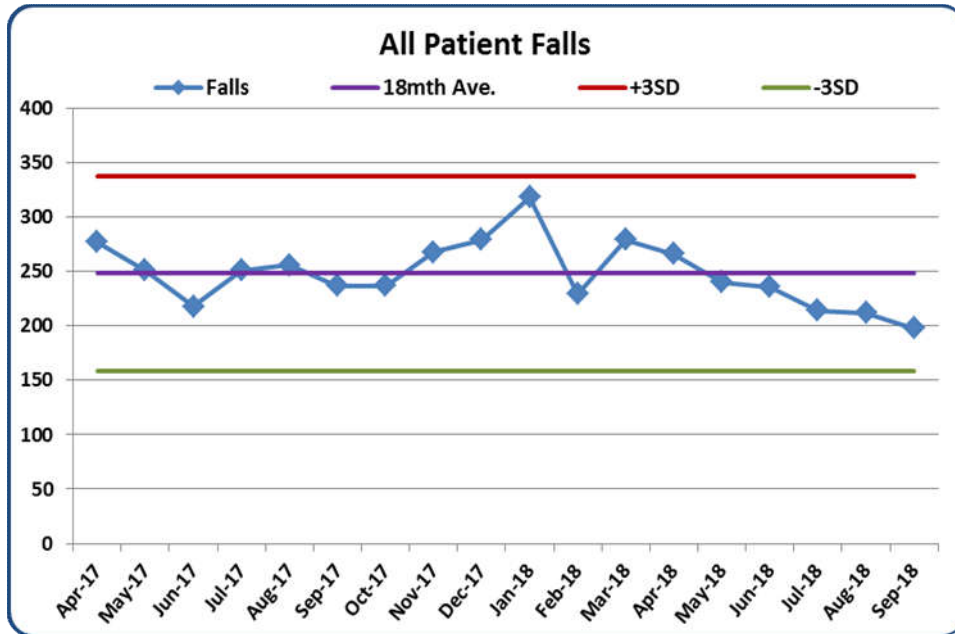


E. coli Per 100,000 bed days



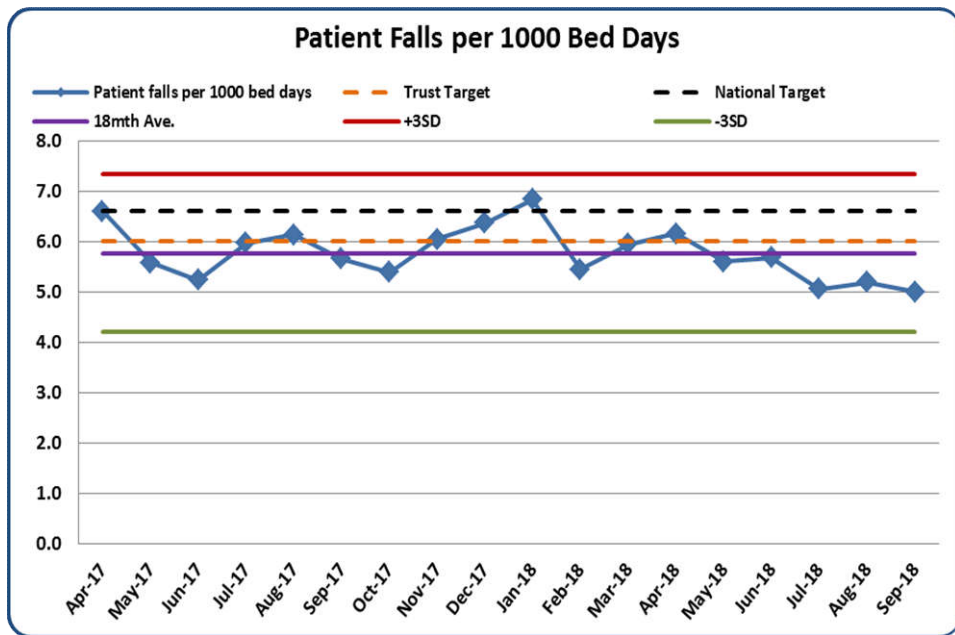
Gram Negative Bacteraemia - E. coli

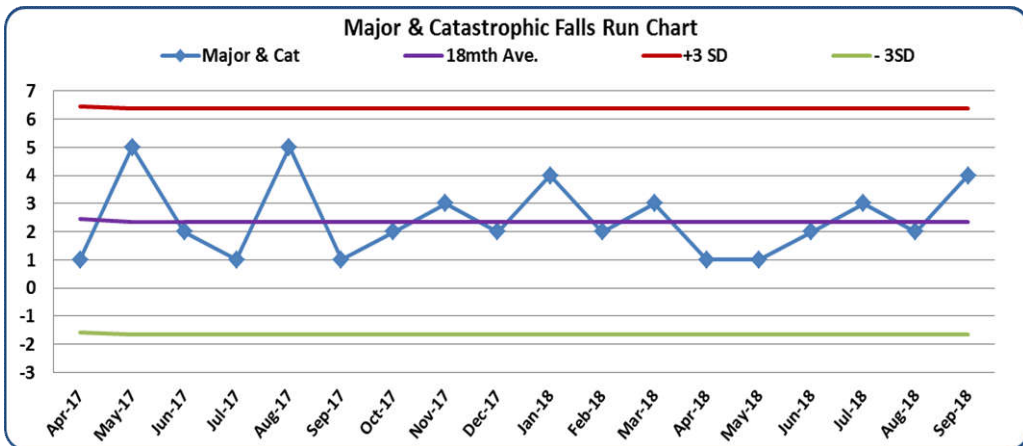
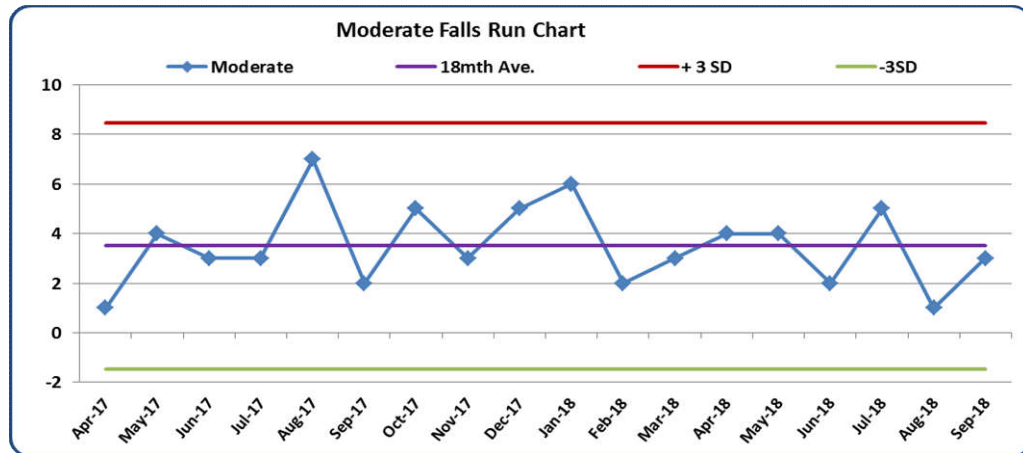
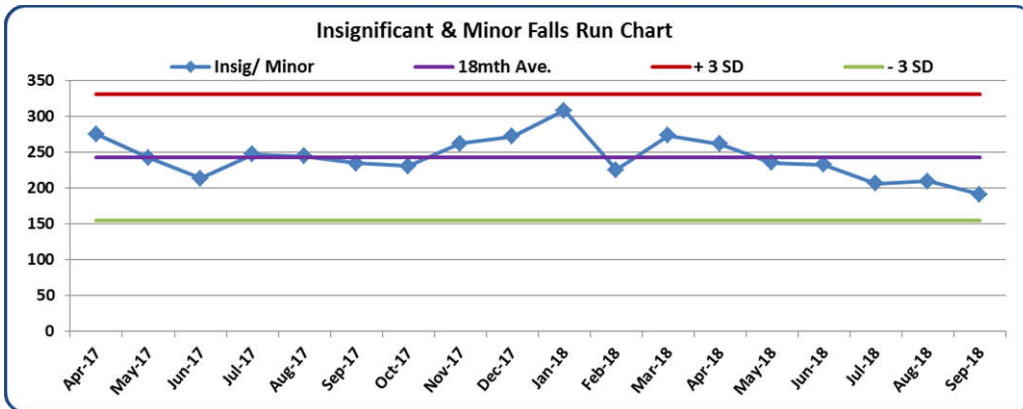
This graph shows the Trust average rates against the national rate. There is a national ambition to achieve a 50% reduction in cases by 2021, as advised by DH. There were 14 cases of E. coli bacteraemia identified post 48 hours of admission in September 2018 compared with 16 in September 2017. Urinary Tract Infections (UTIs), Hepatobiliary (HPB) and lines are the highest causes for E. coli bacteraemia with specific actions plans in place for each Directorate. The most recent figures have resulted in a slight improvement on the Trust's position nationally, likely associated with reductions in CAUTI. The Trust is participating in a collaborative initiative with NHSI, working in partnership on a quality improvement programme to focus on interventions to reduce healthcare associated UTIs (including CAUTIs) in response to the Trust's gram negative blood stream infections (GNBSI) position.



The total number of falls for Sept 2018 was 198 and the falls/1000 occupied bed days rate was 5.0. The falls/1000 occupied bed days rate (average) for 2017/18 was 6.0, therefore the lower rate of 5.0 achieved in Sept 2018 is under target and brings the running average for 2018/19 to 5.5. This sustains the falls/1000 occupied bed days rate target of 6.0 or below.

There has been a reduction in the total number of falls since February 2018, but this is not yet a significant reduction. This has been mirrored in the falls/1000 bed days rate since April 2018.





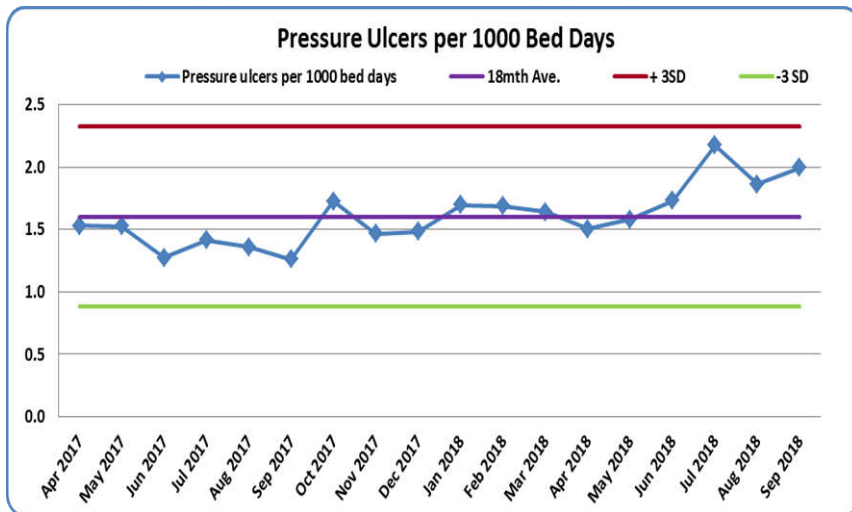
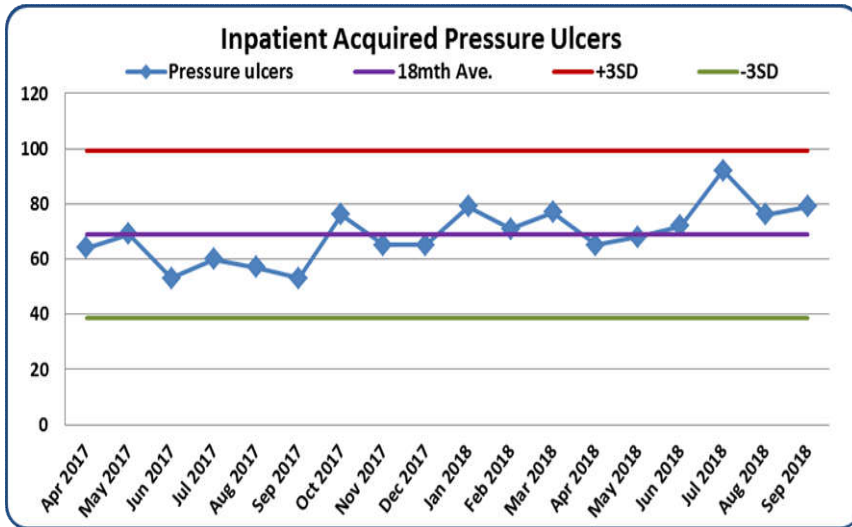
Whilst it is recognised that there has been a reduction in the total number of falls and falls/1000 bed days, this is reflective of a reduction in falls graded in the ‘insignificant’ or ‘minor’ categories and has not been replicated in the falls resulting in more serious harm. However, whilst the numbers of falls resulting in serious harm have not been significantly reduced, they are still within the normal levels of variation.

In September there were three falls with a grading of ‘moderate’, three falls with a grading of ‘major’ and one fall graded as ‘catastrophic’. The three ‘moderate’ incidents occurred in different directorates and included an intracranial bleed, a fractured pubic rami and a fractured skull. The circumstances of each incident were very different and did not show any recurring themes on Root Cause Analysis (RCA).

The three incidents graded as ‘major’ included two patients who sustained a fractured hip and a patient who sustained a fracture to the tibia and fibula. Again, these incidents occurred in different directorates and were all investigated using the RCA tool. Action plans have been identified for each area which are being followed up by the Trust Clinical Improvement Lead for Falls and Pressure Ulcers.

The incident graded as ‘catastrophic’ was a fall which resulted in a patient death from a head injury. This again has been investigated via the RCA investigation tool and findings discussed with the Directorate team.

It is clear from the data that there has not yet been a sustained reduction in falls resulting in serious harm (moderate and above), however the Trust is reporting a lower total number of these incidents compared to the same period last year (33 incidents reported to date in 2018/19 Vs. 35 incidents for the same period in 2017/18).



The incidence of Pressure Ulcer (PU) and Moisture Lesion (ML) in acute care has remained above average (but within normal level of variation) this month. Whilst the pattern of pressure damage across the organisation is changeable, the overall trend for acquired PU's is upward.

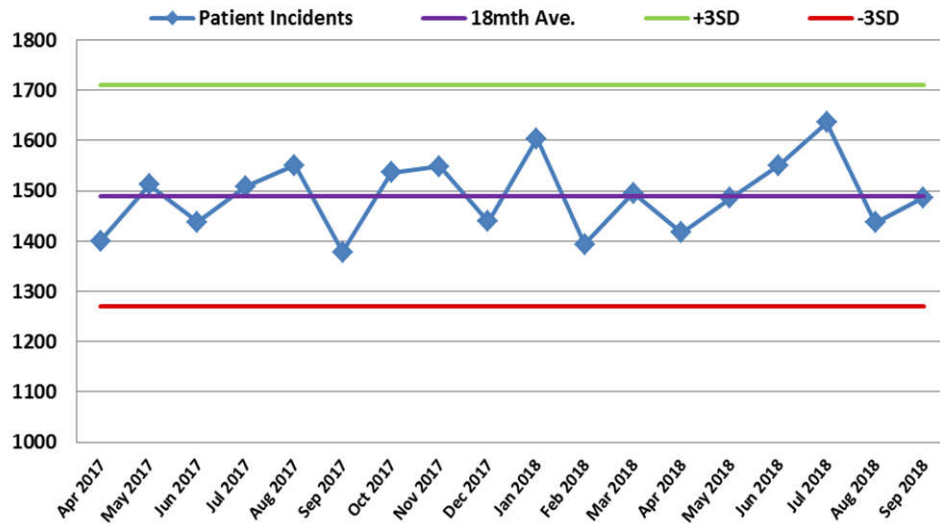
The pattern of incidence is not universal, some wards are maintaining a sustained reduction through the successful implementation of initiatives to reduce PU incidence whilst others have struggled and are continuing to see an increase. It is also now well recognised that successful change needs to be led at a local, ward level i.e. the picture at ward level is unique to the ward, the leader and the team on that ward.

The new initiative being led by the Trust Clinical Improvement Lead for Falls and Pressure Ulcers in using QI methodology to reduce PU is in the early stages, but has already shown some reductions in areas where work has been targeted e.g. Ward 22 RVI have reduced their incidence of pressure damage over the last 2 months and are now in the 'green' for achieving their target. In addition, wards 30 and 31 at the RVI have achieved 100% on their weekly FOCUS Chart audits with targeted work from one of the Tissue Viability Specialist Nurses.

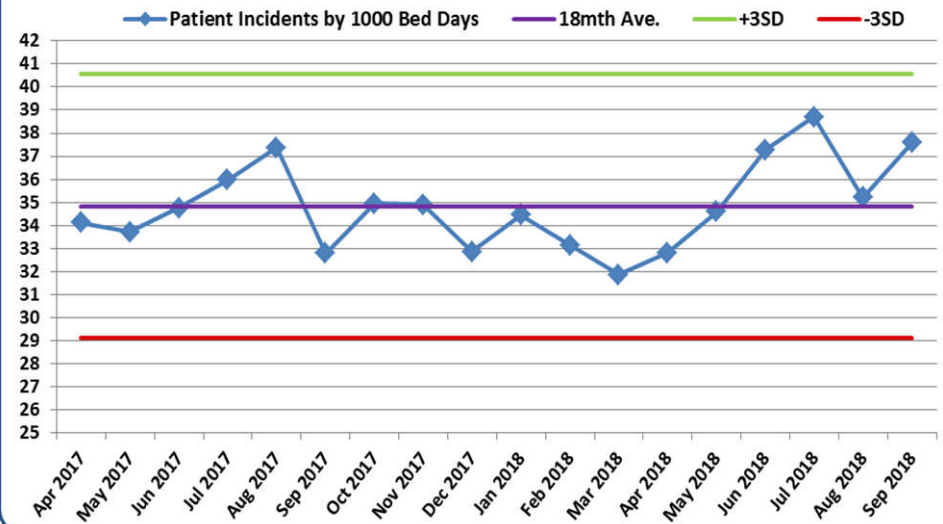
There remains a great challenge to reduce acquired pressure damage across the organisation. However, it is expected that with targeted work to assist ward leaders and staff to take ownership of their change for improvement initiatives, this will result in an overall downward trend across the Trust.

Running alongside these initiatives will be the continued RCA process for acquired PU category III or above. This will continue to inform areas of improvement and recurrent themes/learning will be regularly reported back to Trust Board.

Total Patient Incidents



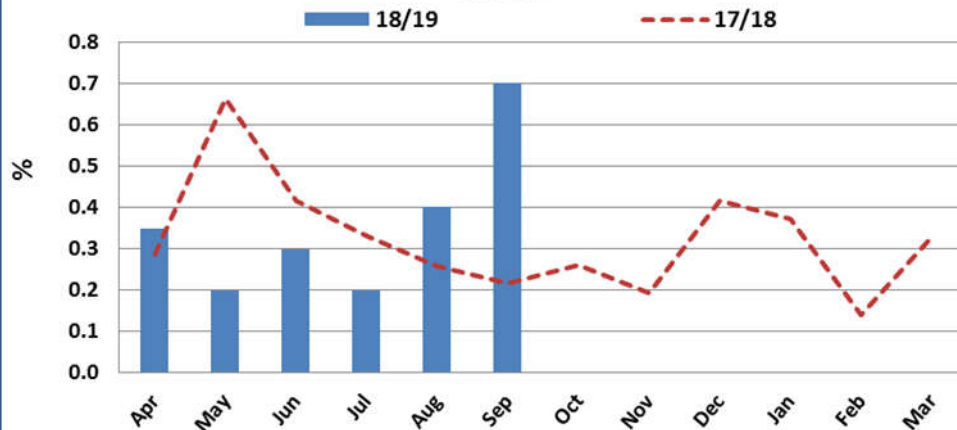
Patient Incidents per 1000 Bed Days



The total number of patient incidents reported has decreased this month (1,486). This is comparable with the same time period last year.

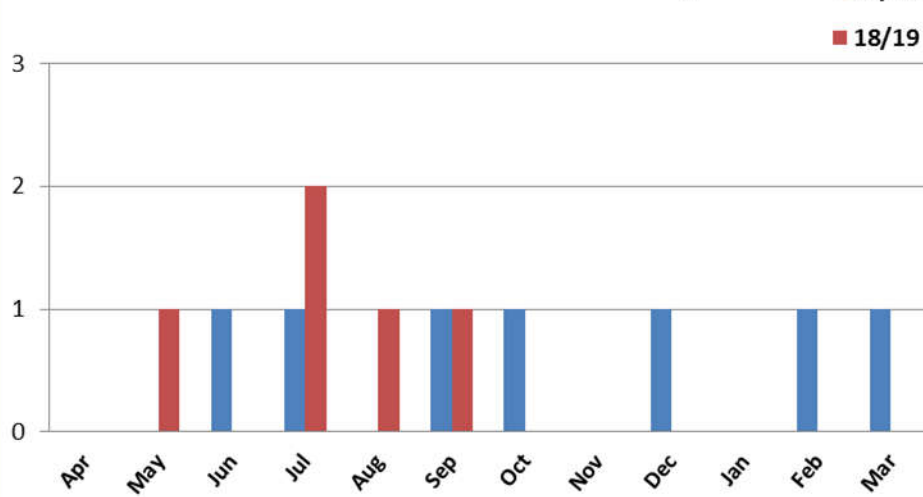
Incident rates continue to meet the Trust average rate reported in 2017/18. There is a continued focus on improving incident reporting rates by promoting incident reporting and sharing lessons learned. Following a steady increase in reporting rates over past 4 years the level of reporting has plateaued.

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



All patient incidents categorised major or catastrophic have been reviewed for the whole year (2018/19) and adjusted accordingly.

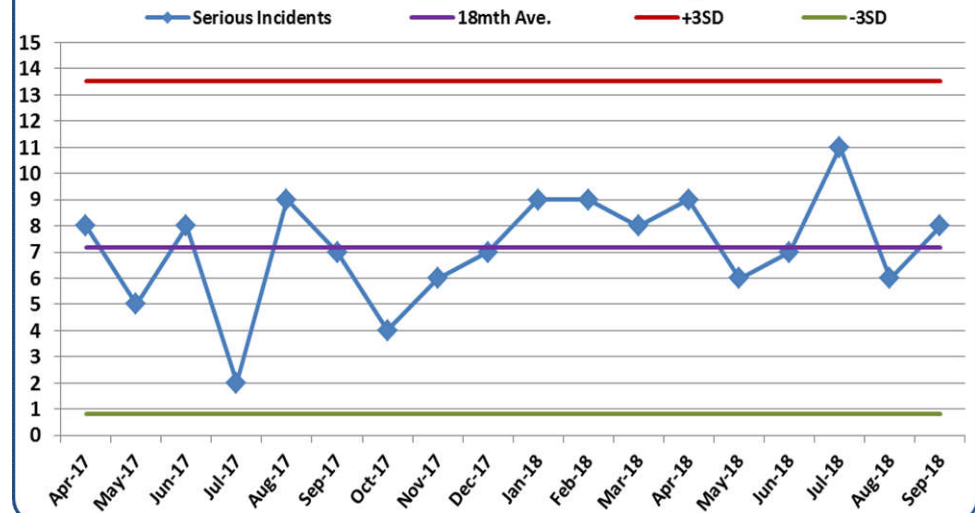
Total Number of Never Events Reported



Never events

One never event was reported in September which involved a wrong tooth extraction.

Total Number of Serious Incidents Reported



Serious Incidents (SIs)

There were eight SIs reported in September 2018:

General

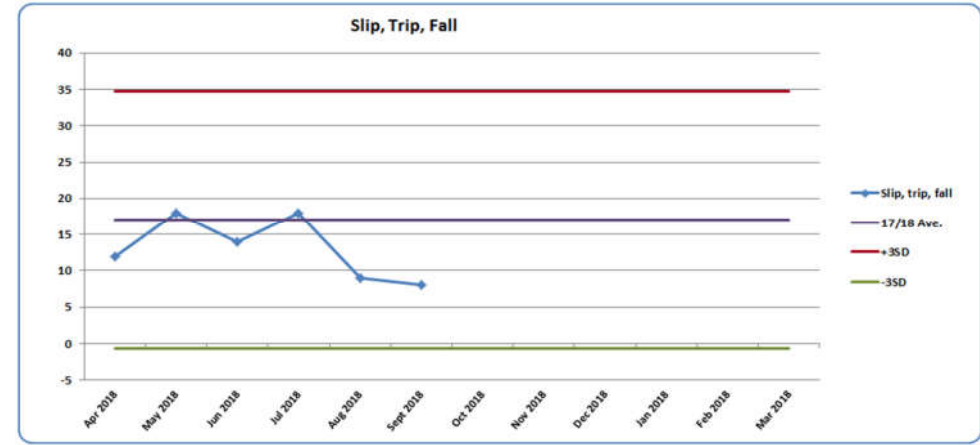
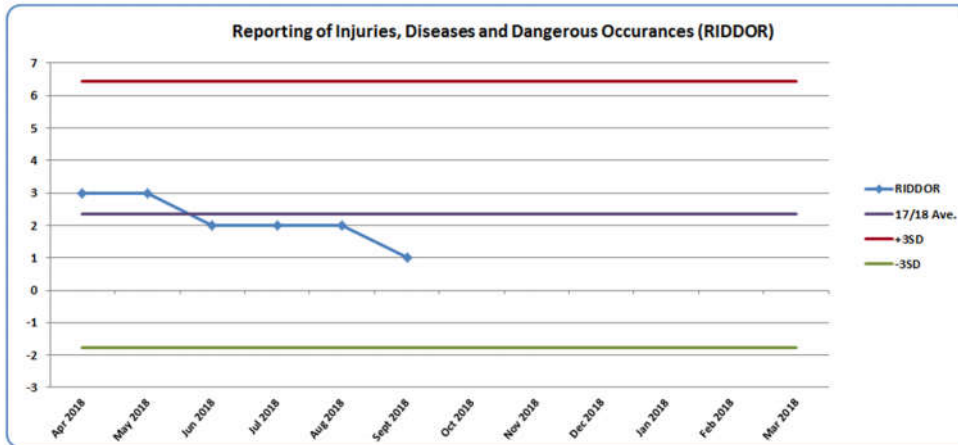
- One Never Event.
- Three missed treatment/diagnosis.
- Three Falls; one resulting in a fracture; one resulting in a return to theatre.
- One Medication error.

Overview covering the period April 2017 to 1st October 2018

There are currently 1721 health and safety incidents recorded on the Datix system from the 1st April 2017 to 1st October 2018. This represents an overall rate per 1000 staff of 121.9.

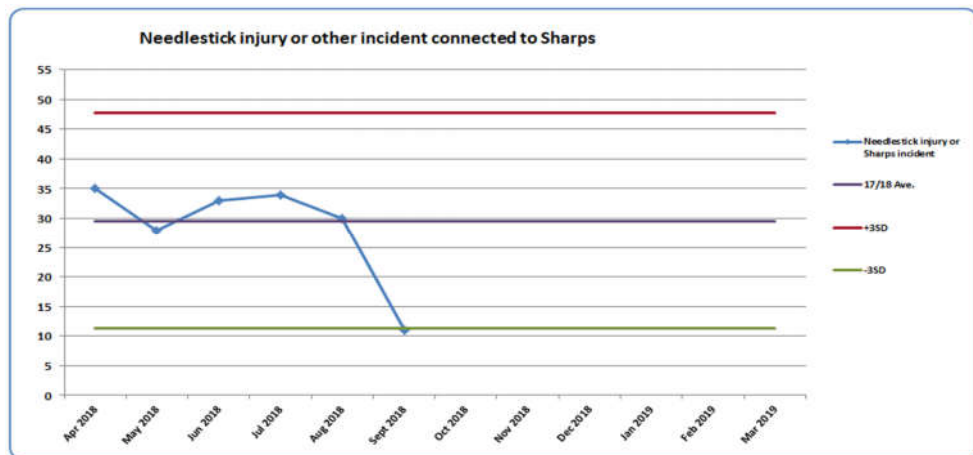
Incidents of Aggression on Staff

In addition to the health and safety incidents, there are 1090 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 October 2018. This represents an overall rate per 1000 staff of 77.2. A task and finish group has been established to review Trust arrangements for violence and lone working. A multidisciplinary forum has also been established by the Directorate of Medicine to consider the increasing level of aggression reported by staff and a report will be delivered at the next Trust Health and Safety Committee.



The average number of all sharps injuries monthly is 29.2 over the period April 2017 to October 2018 based on Datix reporting. 14.8 % 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 2017 to October 2018 is 23.4.

The most common reasons for reporting accidents and incidents to the HSE over the period April 2017 to October 2018 include physical assault (5), slips and falls (14), and lifting and handling (9). These account for 73.7% of reportable accidents over the period.






































Slips on wet surface, fall on level ground and tripped over an object collectively account for 57% of falls over the period April 2017 to October 2018.




Fall as a result of a faint, fit or other similar event and falls from a chair account for 15.5% of the incidents recorded.

18.7% of the falls reported over the period April 2017 to October 2018 relate to visitors/members of the public.

The Trust Policy and action plan relating to non-clinical falls has recently been updated and 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 |
|----------|--|---|--|--|--|
| 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%  |
| Jul 2018 | 98.22%  | 95.97%  | 97.86%  | 93.80%  | 96.74%  |
| Sep 2018 | 97.45%  | 95.88%  | 96.84%  | 93.20%  | 96.18%  |

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

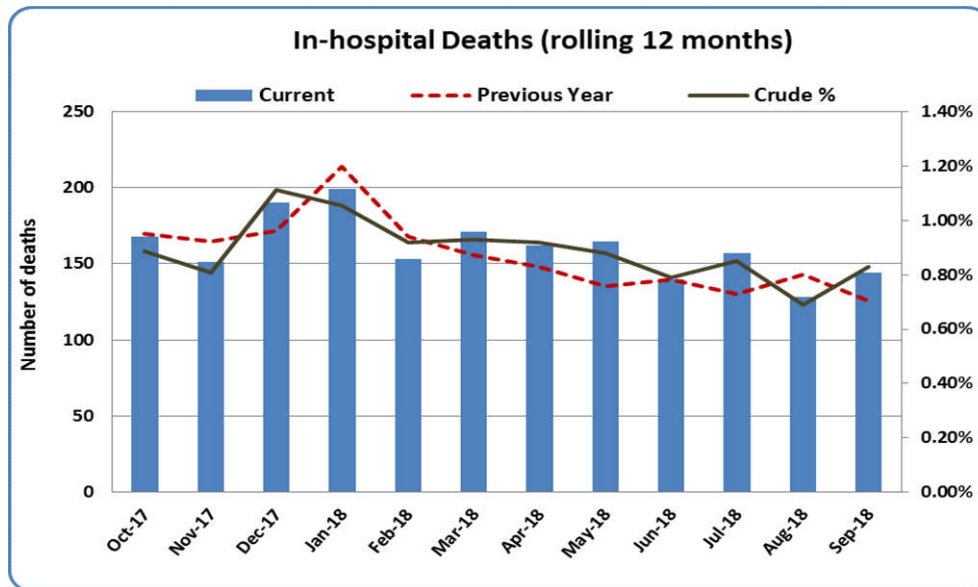
Clinical Assurance Toolkit

Trend

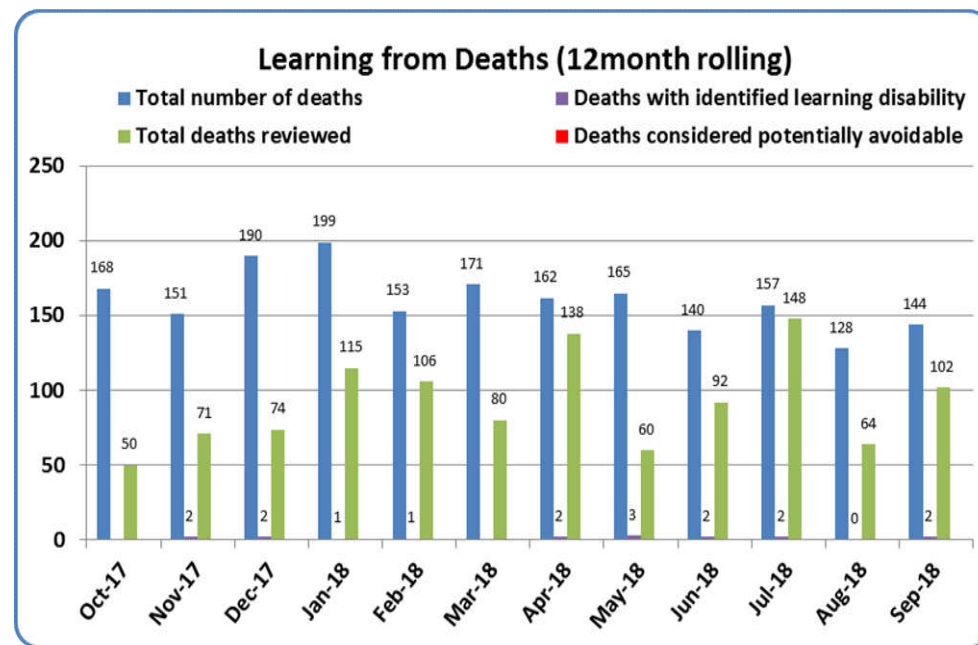
For the last reports, the trend has been around 96% for the overall CAT score. The staff knowledge score trend is around 93%.

Star of the Month

91% 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.



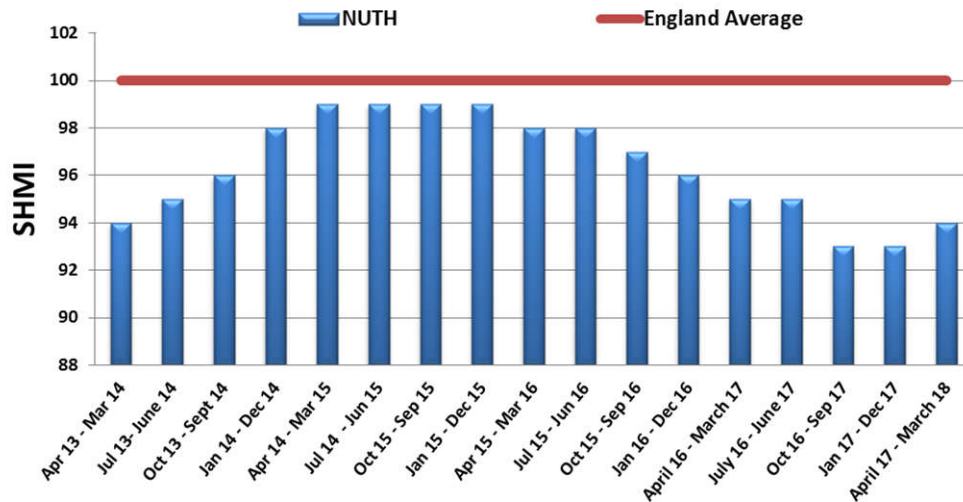
In total there were 144 deaths reported in September 2018 which is higher than the amount of deaths reported 12 months previously (n=126).



The data opposite shows the total number of all inpatient deaths, total number of reviews recorded into the mortality database from M&M meetings as well as deaths identified with a learning disability for the past 12 months.

In September 2018, 144 deaths were recorded within the Trust and 102 patients received a full in-depth review. The variation between monthly reviews can be explained by some specialities reviewing deaths bi-monthly or quarterly. Two deaths were identified as having a learning disability and no deaths were recorded as being potentially avoidable (HOGAN ≥ 4).

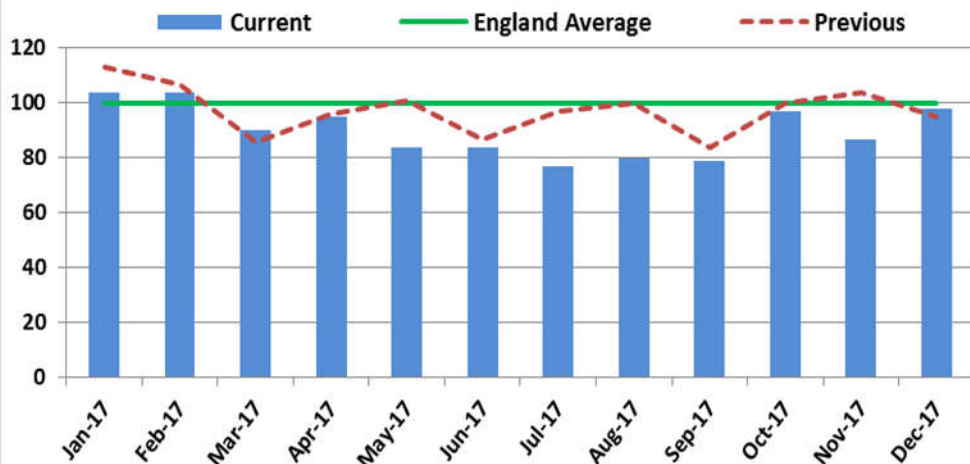
SHMI for Newcastle upon Tyne Hospitals (NUTH) Foundation Trust vs National Average for England



Summary-level Hospital Mortality Indicator (SHMI)

The most recently published SHMI results show that the Trust has scored 94 for the months April 17 - March 18 which is higher than the previous quarter. However, this still remains lower than the national average and is within the 'as expected category'.

SHMI for Newcastle upon Tyne Hospitals Vs National Average



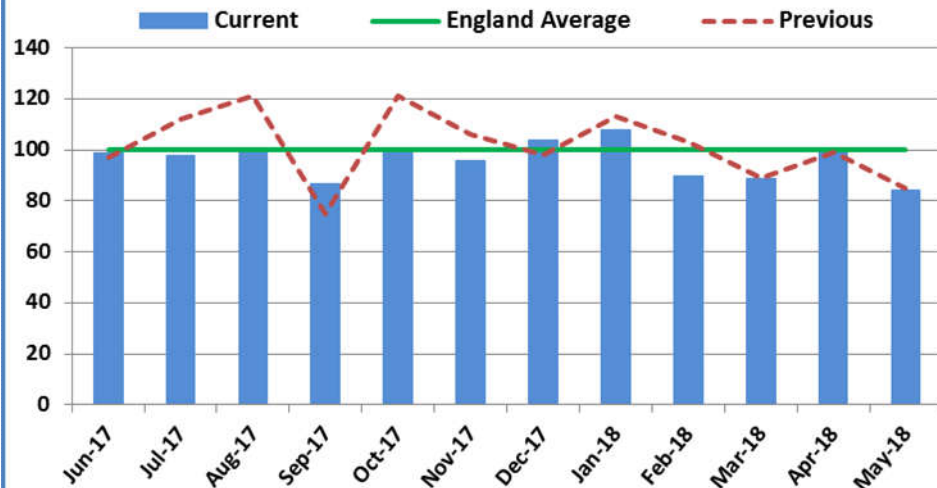
Summary-level Hospital Mortality Indicator (SHMI) by month

The latest SHMI result in December 2017 of 98 is slightly higher than the previous month. However this remains lower than the national average and this may change as the percentage of discharges coded increases.

SHMI rates will continue to be closely monitored.

Please note: A problem has occurred with retrieving the latest published SHMI mortality data out of HED. HED has informed all Trusts that there is a problem with retrieving data from NHS Digital and therefore they are unable to publish any new monthly data for the time being. The latest published data is for Dec 2017.

HSMR for Newcastle upon Tyne Hospitals vs National Average



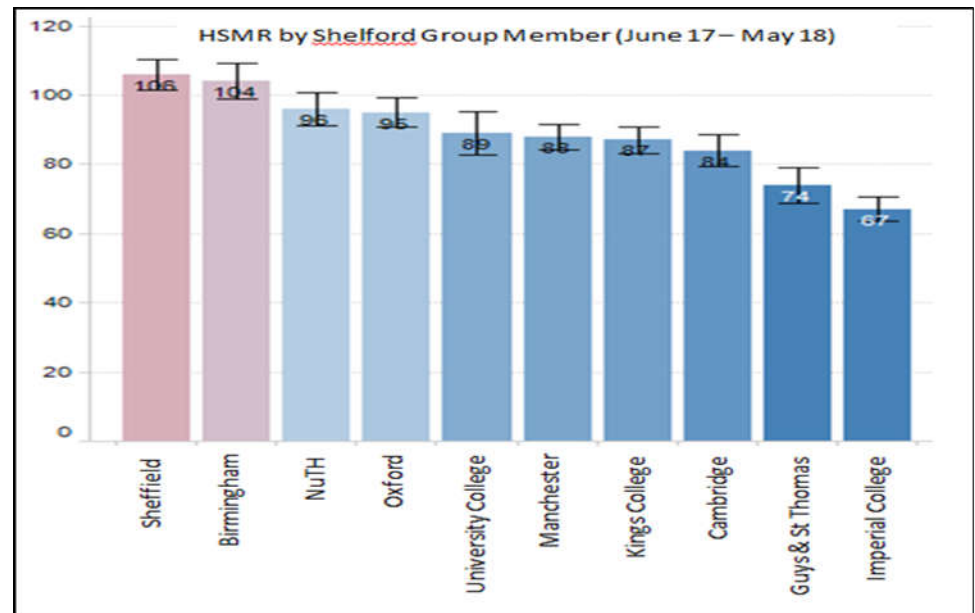
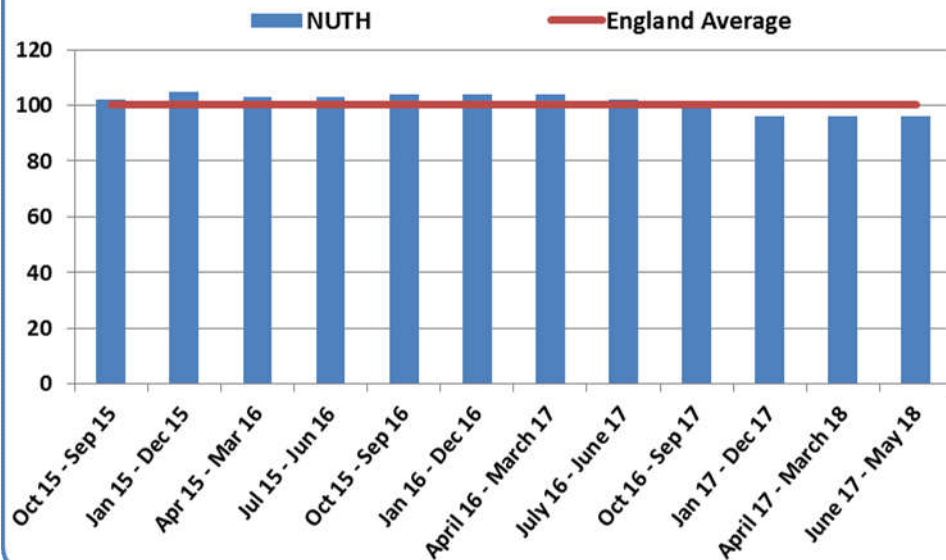
Hospital Standardised Mortality Ratio (HSMR)

The graph to the left shows HSMR by month, May 18 (the latest published data) shows lower than the national average and continues to be within expected limits.

The graph below, left, shows a 12 month rolling HSMR score. The most recently available data shows a score below the national average. 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).

HSMR for NUTH vs National Average for England



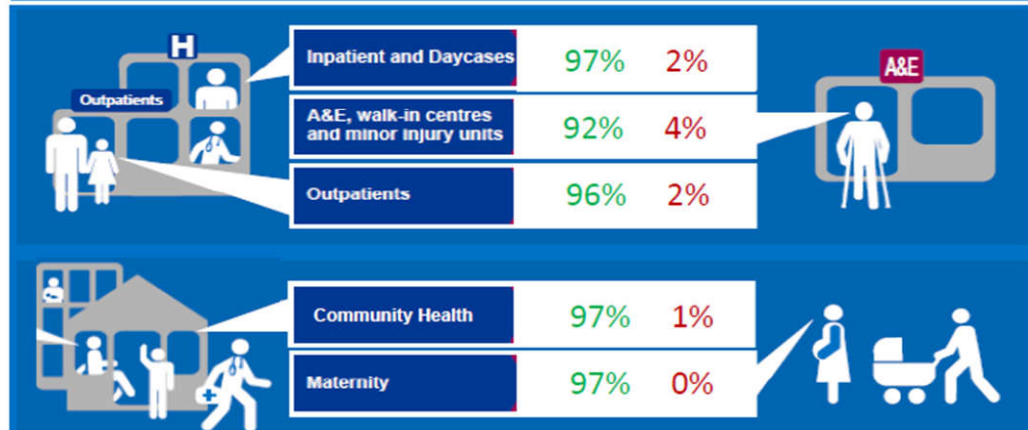


The Newcastle upon Tyne Hospitals
NHS Foundation Trust

The NHS Friends and Family Test

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

We got 5,517 responses to the Friends and Family Test in August 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

Summary for August 18 (compared to July 18 **worse/better/same**):

| Area | Recommendation rate |
|-------------------|---------------------|
| Inpatients | 97% (-1%) |
| ED | 92% (-2%) |
| Outpatients | 96% (+1%) |
| Community | 97% (+1%) |
| Maternity (birth) | 97% (-1%) |

Points of note:

The total number of responses overall has increased this month from 5,162 in July to 5,517 in August.

Inpatients: A response rate of 12.4% was achieved in August which has increased 1% on last month. 97% of respondents stated that they would recommend the Trust with 2% stating that they would not. The recommendation rate continues at 97% or above for 32 consecutive months.

Emergency Department: The results from just 257 patients give us 92% recommendation rate for the Emergency Department. The Walk-in centres and Eye ED contribute to this performance. The response rate has dipped slightly from 2.0% last month to 1.8% of Emergency Department patients.

Outpatients: This month there were 3,010 responses, which is an increase on the previous month. The recommendation rate has increased 1% up to 96% and the number of responses is the highest figure in the local area, however the second lowest within the Shelford Group.

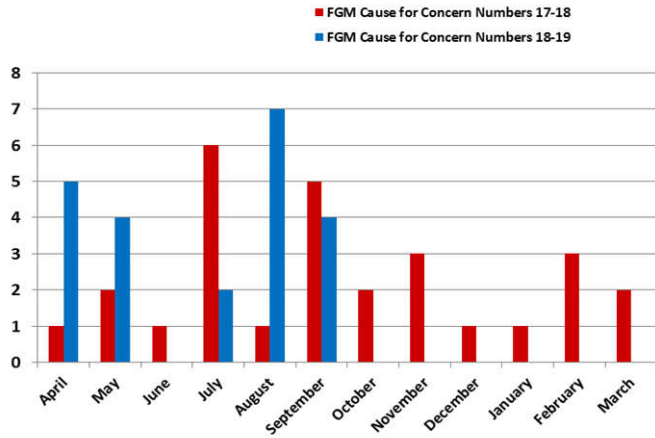
Community Services: The number of responses has decreased by 13 in to 69. Community recommendation rate increased from 96% recommended to 97%.

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 97% was received in relation to 'birth' services from 138 responses and 96% in relation to the 'Postnatal ward' question from 136 responses. However a score was not provided for question 1 (no responses) or Q4 (only 3). The Trust only needs to get 5 responses or more for these questions in order for a recommendation rate to be published.

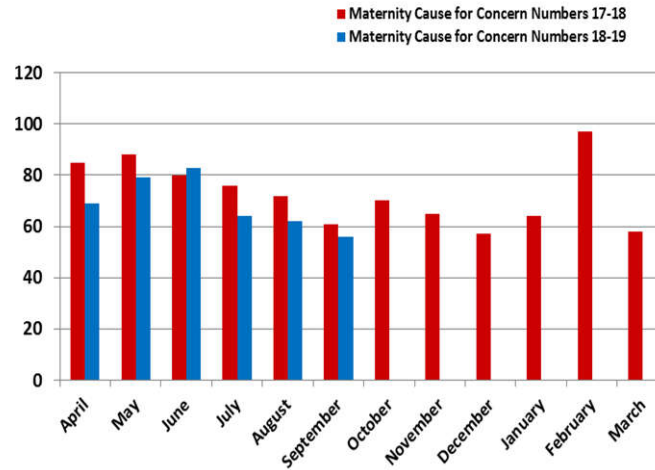
If you would like to see the results in full detail – the easiest way is via the NHS England website at the link below.

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

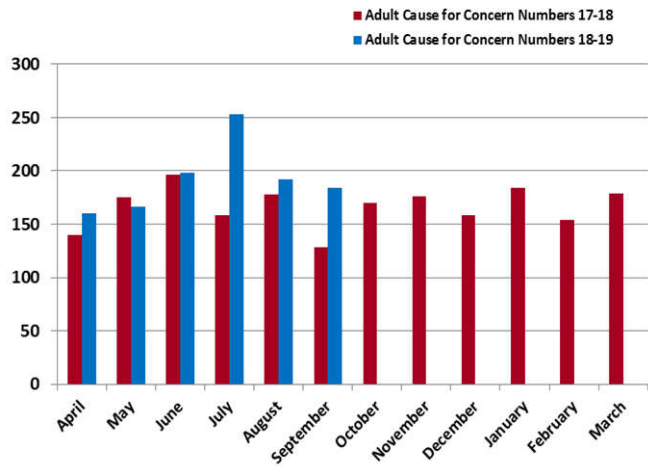
Female Genital Mutilation Cause for Concern Numbers



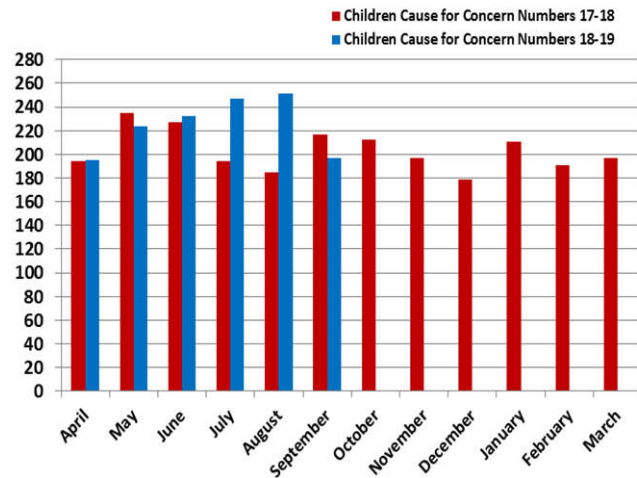
Maternity Cause for Concern Numbers



Adult Cause for Concern Numbers



Children Cause for Concern Numbers



Safeguarding

There is a substantial amount of work being undertaken in partnership with the Training Department to revise mandatory requirements for safeguarding training (including Prevent). The aim is to simplify the flow chart and make it easier for staff to understand the level of training they are required to complete. The allocation of competencies to role are also being reviewed to ensure staff complete the level of training relevant to their role within the Trust. This is particularly important in light of the publication of Intercollegiate Guidance for Adult Safeguarding Skills and Competencies earlier this year.

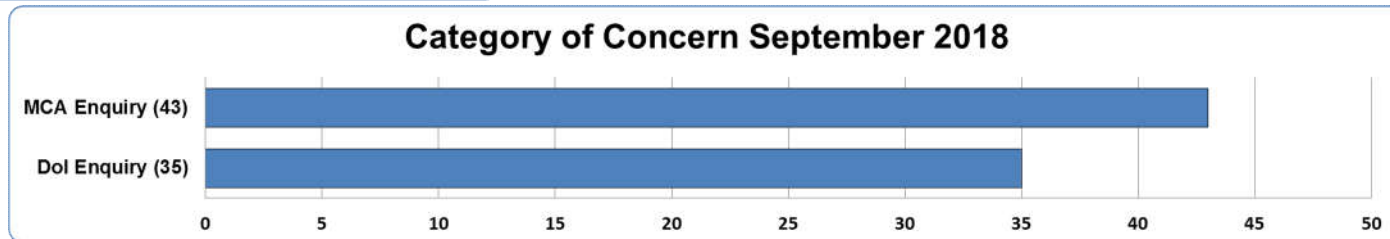
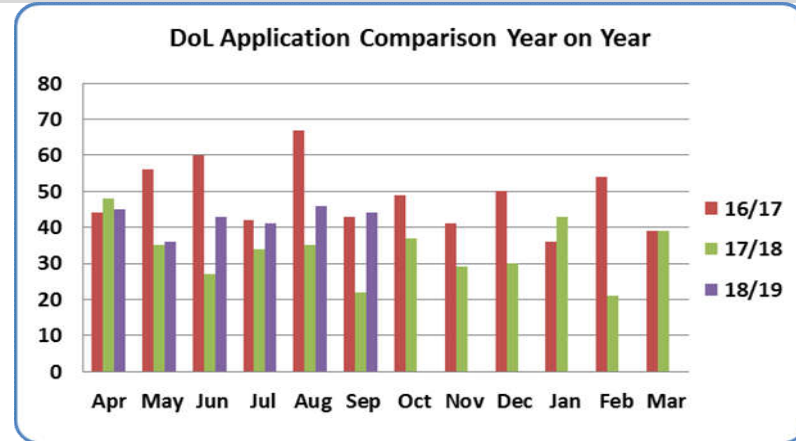
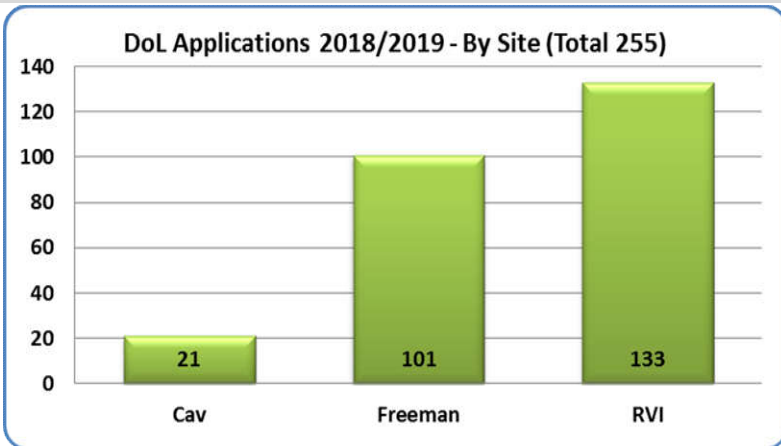
The Learning Disability Liaison Nurses are part of the safeguarding team and a key risk identified is completion of LD mortality reviews. This will be prioritised and reviews will be completed in October for cases that are not subject to coroners inquests or SI reporting.

The teams remain very busy and have prioritised work in response to some sickness absence across the service.

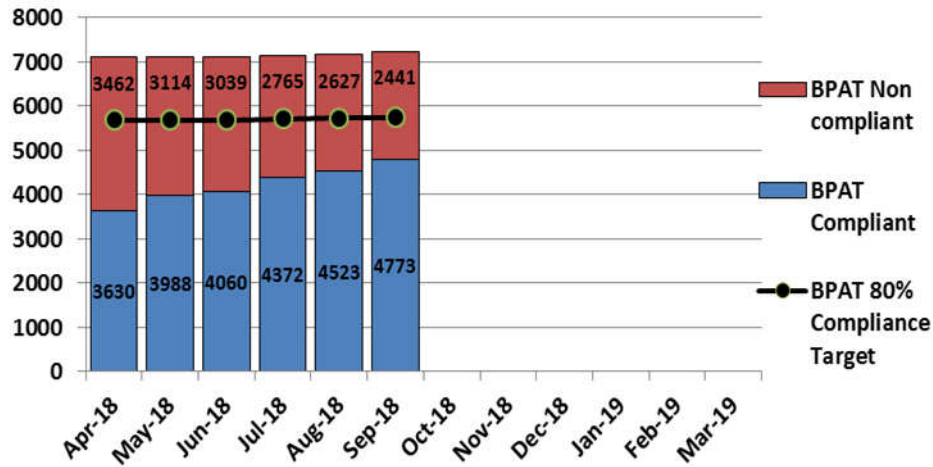
Deprivation of Liberty Safeguards applications made by the Trust are low with the number of applications this year is averaging 40 per month. This is a slight improvement on 2017/18 but needs to improve substantially as this is not a proportionate number of applications in relation to the size and nature of the Trust.

- The MCA Lead & Safeguarding Team are revising the DoLS flowchart to make it easier to understand and apply.
- A new timetable of ward visits/audits is being devised to target areas where we would expect to see more DoLS. This will be shared with matrons for dissemination to wards. On the days identified, the respective wards will be visited to identify how many patients on the ward a) have a DoLS in place and b) how many should have a DoLS – but don't. This will take place with the nurse in charge or other key member of staff & will proceed as a record review if staff are unable to participate.
- A mini teaching session will be offered on the ward for staff & will go through the process of how to complete a DoLS application to support staff if needed.
- Ward staff will have a defined time to complete a DoLS application and if a DoLS application is not completed, this will be escalated via completion of a Datix.
- There are 2 meetings planned on the 25th & 26th October for matrons and other senior staff including medics to further highlight the ongoing concerns around MCA & DoLS, share the timetable of ward visits and to explore what else we can do to support ward teams.
- A series of lunchtime lectures will be offered commencing in November. These will last for 1 hour and will be relevant for all registered nurses and medical staff & AHP's, social workers or other staff involved in assessing patients' needs. This will provide the 'Fundamentals of MCA & DoLS'. Additional Master Classes will be scheduled at a later date to supplement the learning.
- The MCA Lead / Safeguarding Team will provide Directorate Managers with a monthly update on the number of DoLS applications and feedback from the ward visits/audits as soon as the results become available.

We have some excellent examples of matrons and clinical educators who are doing some fantastic work around DoLS & MCA with superb poster presentations on wards. We also have some ward areas that are good at completing DoLS and supporting patients who lack capacity & we want this good practice to be embedded across the Trust. The Safeguarding team will also present to Clinical Policy Group re DoLS to ensure medical leadership/ownership and awareness .



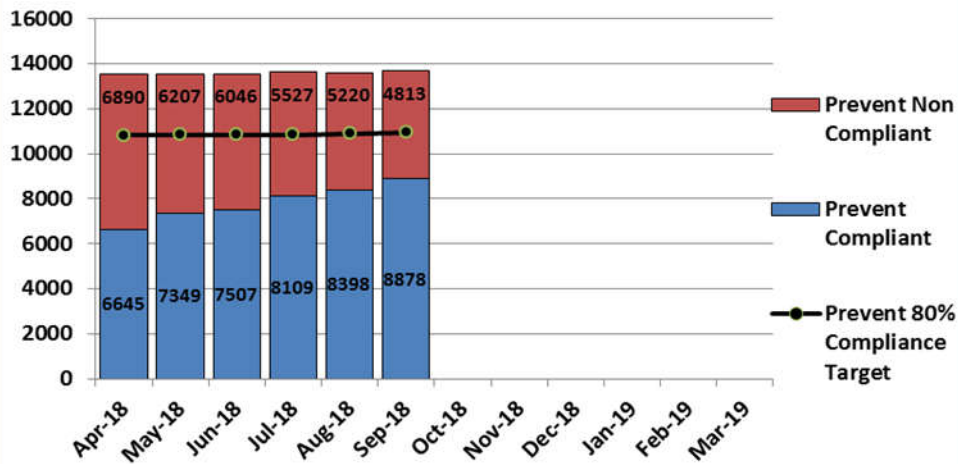
BPAT Training Compliance 2018-2019



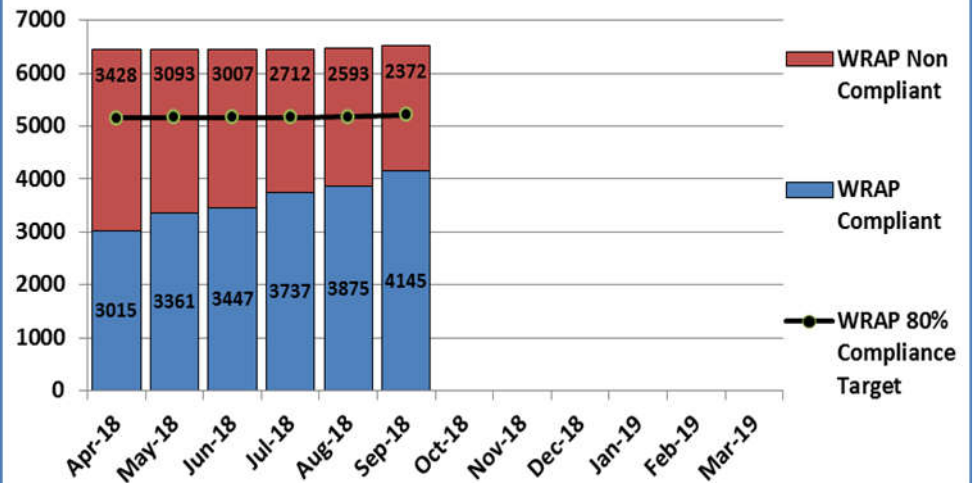
Prevent training

In Quarter 2 almost 1400 additional staff have been trained in Prevent at either the basic level (BPAT) or advanced level (WRAP). Although numbers continue to increase, the Trust’s overall compliance level now sits at 65%; a further 2074 staff need to complete Prevent training to achieve 80% compliance. There have been 34 face to face sessions offered in the last 3 months which are open to all Trust staff and provided training opportunities to accommodate in excess of 3000 staff. The training continues to be advertised weekly in ‘In Brief’ and Directorate Managers receive monthly compliance data and reminders to encourage staff attendance at training. Directorates with low compliance are being targeted and will be provided with a breakdown of staff who need to complete training.

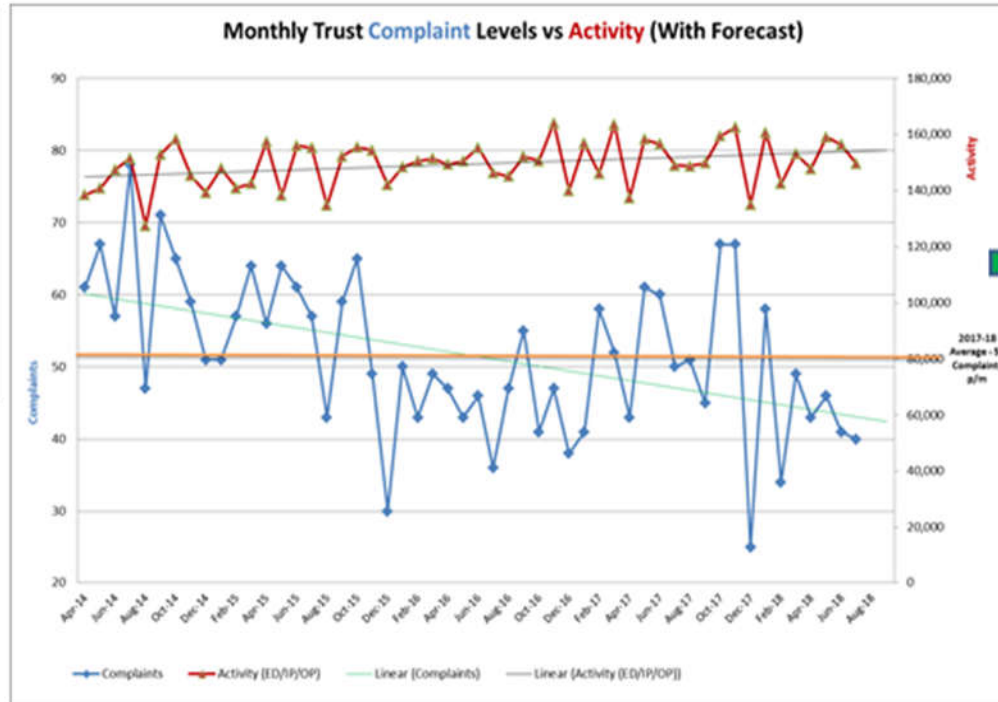
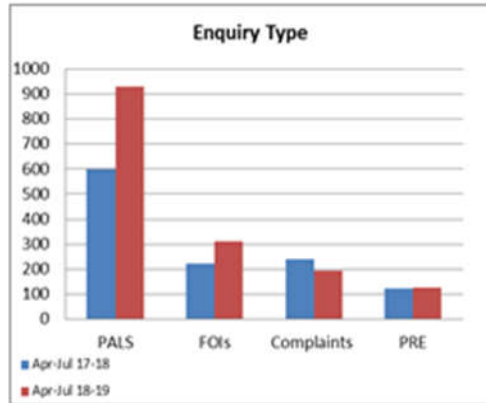
Prevent Training Compliance 2018-2019



WRAP Training Compliance 2018-2019



Complaints Activity Apr to Jul 18-19 (4 mth)

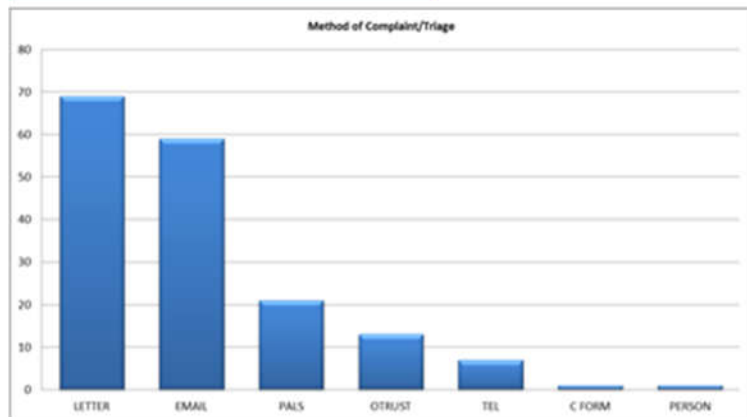
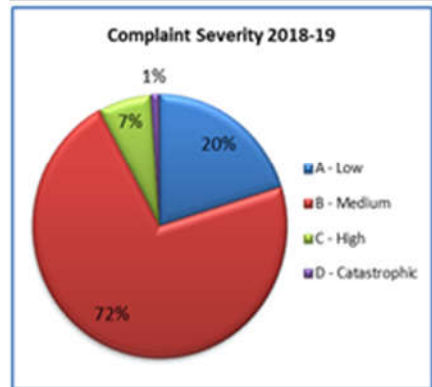


For the period to date:

For every **3,605** patients attending the Trust we have received **1** complaint, which is **633** more patients per complaint compared to last year (2972:1 for previous full year FCEs/OP/ED).

The average monthly number of complaints received for the year so far is **43** which equates to **8** less per month on last year's monthly average of 51.

The average monthly activity currently stands at **153,224** up **2,134** on previous year's monthly average.



| Top 5 Subject Areas | 16/17 | 17/18 | 18/19 | Totals |
|--|------------|------------|------------|-------------|
| All aspects of clinical treatment | 338 | 465 | 126 | 929 |
| Communication | 41 | 48 | 12 | 101 |
| Attitude of staff | 26 | 35 | 12 | 73 |
| Appointments, delay/cancellations - Out-patients | 29 | 16 | 6 | 51 |
| Appointments, delay/cancellations - In-patients | 17 | 9 | 2 | 28 |
| Totals | 451 | 573 | 158 | 1182 |

Monthly Complaints Panel Feedback October 2018

What are patients telling us that we could do better?

What have we changed as a result?

Learning from complaints

The panel discussed several complaints where the patient or family member expressed that they would like the Trust to learn from their personal experience and for the same experience not be repeated for other patients.

It is acknowledged that receiving and handling a patient complaint is often stressful and time consuming. As difficult as it may be, complaints should represent an opportunity for us all to learn, reflect, and improve the care we are delivering to our patients.

You should try and reflect on a complaint; acknowledging why it was made, what went wrong from the patient, carer or family perspective; ways it could have been prevented and what, if anything could be done differently next time. The panel would like to further encourage all staff involved in the complaints process to thoroughly complete your action plans to help share learning across the Trust.

Patient Relations are also very interested in hearing about any service improvement and quality projects which have been influenced by patient feedback. Please contact tracy.scott5@nuth.nhs.uk who can help you raise awareness and share learning.

Action Plan Template

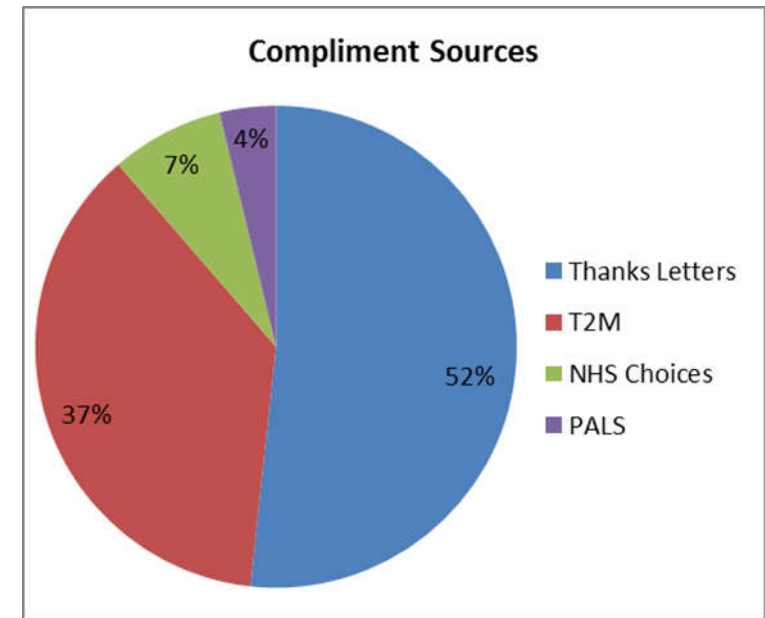
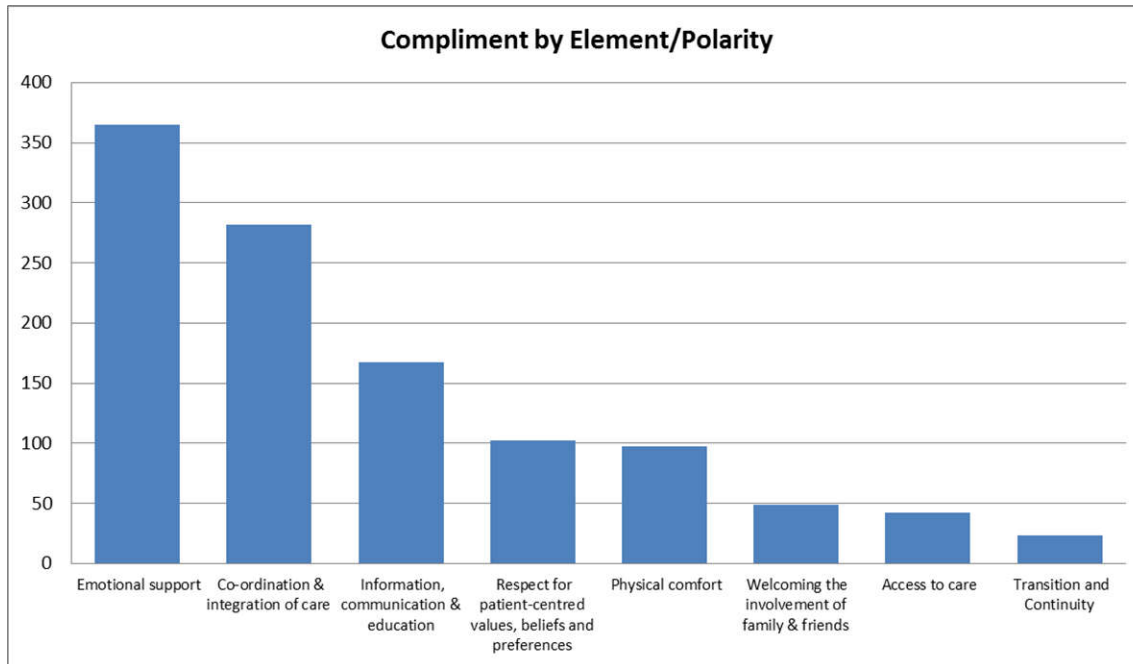
Complaint Action Plan – Name of Patient – Complaint ID

Date:

Please note: This plan should reflect outstanding changes / actions as well as any which have been immediately implemented as a result of the complaint.

| Actions (please identify all actions taken): | Date for Completion | Evidence Provided/To Be Provided: | Directorate Lead (contact for follow up) |
|--|---------------------|-----------------------------------|--|
| | | | |
| Procedural Changes: | | | |
| | | | |
| Learning Identified: | | | |
| | | | |
| Date Discussed at Clinical Governance/Mortality and Morbidity: | | | |
| | | | |

If no Actions/Procedural Change/ Learning please provide details of why:



The majority of patient compliments come from thank you letters with 1,127 received for Q1 18-19 accounting for 52% of the feedback from thank you letters, take 2 minutes, NHS choices and PALS. (but excluding Family and Friends Test).

Emotional support is the main area of feedback for compliments with 365 items received (32% of all feedback). This feedback is formally registered with the Patient Relations Department, however we are aware that a lot of feedback is given directly to staff at ward level and is often not captured within this data.

- **Our mam died last week on ward 29 FRH. We would like to pass on our thanks to the staff and the Hospital Chaplains , bereavement officer and staff in the chapel for their kindness and support . (Thanks Letter)**
- **Just a thank you for looking after my son. Both at A&E in the RVI and then on ward 10 at the Freeman. He was admitted with a very sore throat. Being about 6 hours away and snowed in we couldn't get to see him. So we're grateful for the attention and help he got. He was very complimentary. Thank you. (Thanks Letter)**
- **Very, very satisfied. Nurses are lovely and they look after us well. (T2M)**

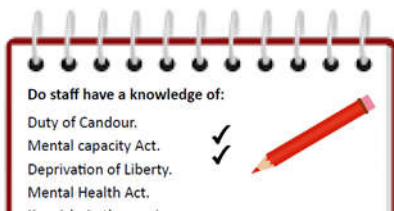


The Well-led inspection will focus on leadership, management, governance and use of resources within Trusts. Well-led inspections involve inspecting the five key questions in at least one core service, followed by an inspection of how well-led a provider is. The number of services to be inspected may vary and core service inspections will normally be unannounced. The inspection of the well-led key question at Trust level will follow the core service(s) inspection. This will be announced after the Regulatory Planning Meeting to allow time to schedule the appropriate interviews.

The 'Time to Shine Brighter' toolkit has been designed to gather information and provide guidance to help staff feel confident and ready for the CQC visit. The document has been produced to let leaders know what they can do to prepare for the inspection, ensuring that services shine as brightly as possible, and staff are confident to speak about the great work we do, how innovative we are, how our patients value the service we provide and how proud staff are to be part of this team.

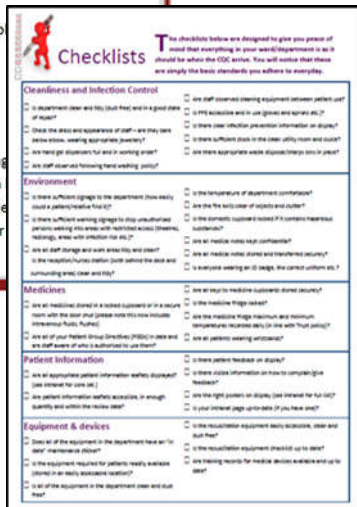
The pack contains:

- Message from Dame Jackie Daniel
- What are the topics the CQC are likely to explore?
- Quality Improvement
- How to create a 'Good Practice Folder'
- The Importance of Quality improvement
- Ideas for gathering best practice / Quality improvement examples and sharing them with staff
- FAQs regarding the inspection
- Themes from peer reviews
- How to prepare yourself for an interview
- Key checklist.



Is there robust:

- Dementia & Delirium screening
- M&M process & Learning from
- Reasonable adjustments for spe (such as Learning Disabilities or needs).



The CGARD team is sharing information with Trust leaders across all services about the inspection process and the resources which are available to support their preparation. Information sessions also include what the CQC expect of a mature Quality Improvement culture. Staff will be able to proudly discuss their achievements and successes, and improvements to the services they provide.



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The Newcastle upon Tyne Hospitals

NHS Foundation Trust

COUNCIL OF GOVERNORS

| | | | |
|----------------------------------|---|--------------------------|-------------------------------------|
| Date of meeting | 15 th November 2018 | | |
| Title | 2018/19 Month 6 Financial Report | | |
| Report of | Angela Dragone, Finance Director | | |
| Prepared by | Angela Dragone, Finance Director | | |
| 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 6. | | |
| 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 | | | |
| 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: The paper summarises the Trust's financial position. | | |
| Reports previously considered by | Standing agenda item. | | |

2018/19 MONTH 6 FINANCIAL REPORT

1. INTRODUCTION

This paper summarises the financial position of the Trust for the period ending 30th September 2018.

2. 2018/19 FINANCIAL PLAN

The 2018/19 Re-submitted Financial Plan forecasts an Income & Expenditure break-even position including Profits on Sale of Assets. This has been revised in line with an agreed Control Total with NHS Improvement (NHSI) and an improvement due to the amelioration of CCG penalties.

The annual cost efficiency requirement is £30 million.

3. CONSOLIDATED RESULTS

At Month 6, the Trust has an Income and Expenditure surplus of £2.9 million. This result is reported as:-

Table 1: Key Financial Performance Indicators - Overall Financial Position

| | Annual Plan £'000 | Month 6 Plan £'000 | Month 6 Actual £'000 | Month 6 Variance £'000 |
|--|----------------------|-----------------------|-------------------------|---------------------------|
| Income | 1,045,578 | 519,825 | 532,186 | 12,361 |
| Expenditure | 1,036,100 | 516,915 | 529,245 | 12,330 |
| I&E Position (including PSF) | 12,227 | 2,910 | 2,941 | 31 |
| I&E Position (after impairment) | 11,419 | 2,910 | 2,941 | 31 |
| Closing Cash | 100,759 | 95,141 | 111,918 | 16,777 |
| Capital Programme | 32,128 | 17,388 | 13,121 | (4,267) |

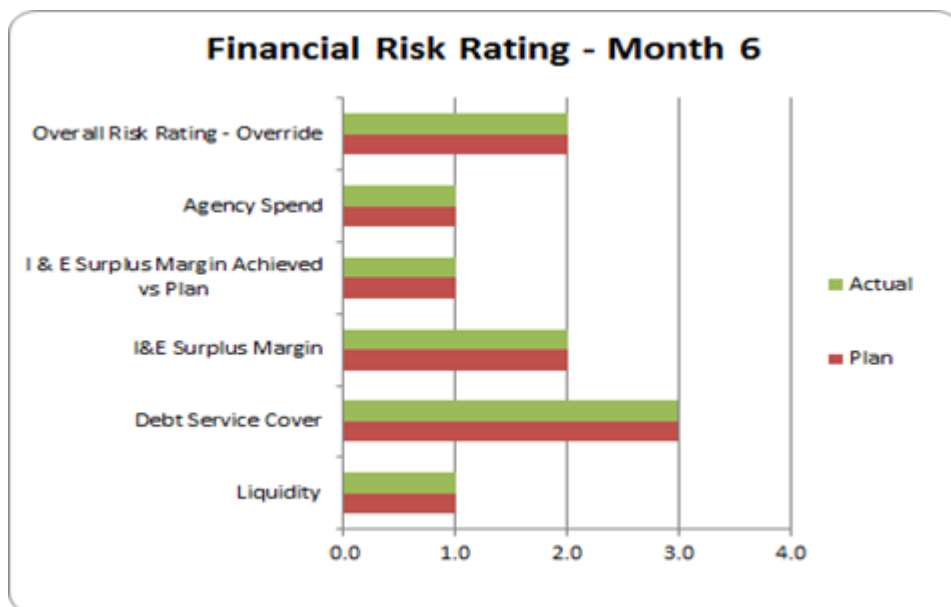
The Income & Expenditure position now includes Provider Sustainability Fund (PSF) agreed with NHSI at £4,531k year to date and forecast of £12,947k.

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 an organisation with a low level of financial risk and ‘4’ reflects the highest level of Financial risk.

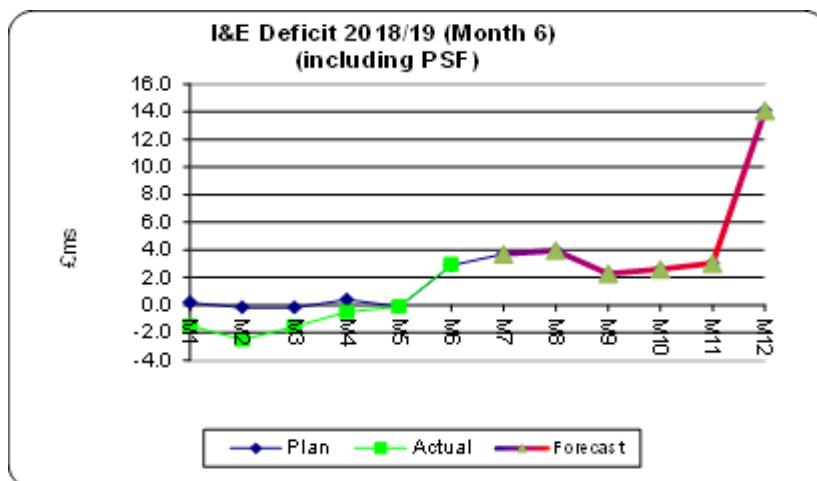
Based on these metrics the Trust would attain an overall Risk Rating of ‘2’. The profile is as follows:-



5. KEY ISSUES

Key issues to note are:

- i) Operating income for the period ending 30th September 2018 is £532.2 million £12.4 million ahead of Plan.
- ii) Total operating expenditure for the period to Month 6 is £529.2 million, £12.3 million more than Plan.
- iii) The Trust reports an Income & Expenditure surplus of £2.9 million at Month 6. The Income & Expenditure profile as the year progresses is as follows:-



- iv) The Trust's Plan requires a very challenging £30.1 million cost improvement target. Current plans total £20 million resulting in an anticipated shortfall of £10 million. As at the end of September a total of £10.4 million of plans have been recognised as delivered with the remainder phased across the latter month of the Financial Year. A recovery plan to close the gap on the £30.1 million is prepared.
- v) The Capital Plan for the year is £32.1 million and year to date expenditure is £13.1 million behind Plan by £4.3 million.
- vi) The Cash balance is healthy and ahead of Plan.

6. **RECOMMENDATION**

To receive the overall financial position for the period up to 30th September 2018.

Report of Mrs Angela Dragone
Finance Director
7th November 2018

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