

# The Newcastle upon Tyne Hospitals

NHS Foundation Trust

## COUNCIL OF GOVERNORS' MEETING

Thursday 16<sup>th</sup> of May 2019 in Function Rooms 137 and 138, Education Centre,  
Freeman Hospital, Newcastle upon Tyne  
Start time 1:30pm

<b>Agenda</b>				
<b>Item</b>		<b>Lead</b>	<b>Paper</b>	<b>Timing</b>
<b>Business Items</b>				
1	Apologies for Absence and Declarations of Interest	Chairman	Verbal	10 mins
2(i)	Minutes of the Meeting held on 21 <sup>st</sup> March 2019 and Matters Arising: a. Trust Charity Review	Chairman Trust Secretary	Attached Attached	
2(ii)	Matters Arising from the Informal Governors Meeting	Working Group Chairs	Verbal	
3	Meeting Action Log	Chairman	Attached	
4	Chairman's Report	Chairman	Verbal	10 mins
5	Chief Executive's Report	Chief Executive	Verbal	10 mins
6	Nominations Committee Update	Committee Chair	Attached	2 mins
7	Governor Elections 2019 Update	Trust Secretary	Attached	5 mins
<b>Reports from Governor Working Groups</b>				
8(i)	Quality of Patient Experience Working Group Report	Working Group Chair	Attached	10 mins
8(ii)	Business Development Working Group Report	Working Group Chair	Verbal	10 mins
8(iii)	Community Engagement and Membership Working Group Report	Working Group Chair	Verbal	10 mins
<b>Quality and Patient Safety</b>				
9	Integrated Quality Report	Executive Chief Nurse	Attached	5 mins

Performance & Delivery				
10	2018/19 Month 12 Finance Report	Deputy Finance Director	Attached	5 mins
Items to Receive				
11(i)	Update from Committee Chairs and any Other Business	Chairman	Verbal	10 mins
11(ii)	Date and Time of Next Meeting: a) Private Council of Governors and Board of Directors Workshop - Thursday 18 July 2019 in Function Rooms 137 and 138, Education Centre, Freeman Hospital. b) Formal Council meeting held in Public – 19 September 2019 in Function Rooms 137 and 138, Education Centre, Freeman Hospital.	Chairman	Verbal	

Following a short break for refreshments:

*Governors' Education and Training:*

- 3:15pm: 'Trust Staff Survey Results 2019' – Dani Colvin-Laws, Staff Governor and Staff Experience and Engagement Officer.
- 3:35pm: 'Sustainable Healthcare in Newcastle (Shine)' – James Dixon, Head of Sustainability and Compliance.



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## COUNCIL OF GOVERNORS

### DRAFT MINUTES OF MEETING HELD ON 21 MARCH 2019

**Present:** Mr K Godfrey, Senior Independent Director (Chair)  
Mr A Welch, Medical Director  
Public Governors (Constituency 1 – see below)  
Public Governors (Constituency 2 – see below)  
Public Governors (Constituency 3 – see below)  
Staff Governors (see below)  
Appointed Governors (see below)

**In Attendance:** Mr J Jowett, Non-Executive Director  
Mr S Morgan, Non-Executive Director  
Ms M Cushlow, Executive Chief Nurse  
Mrs K Simpson, Interim Director of Business and Development  
Mrs K Jupp, Trust Secretary  
Mrs A Dragone, Finance Director  
Mr A Pike, Head of Quality Assurance & Clinical Effectiveness  
(Agenda item 19/09ii only)  
Mrs A M Troy-Smith, Quality Development Manager (Agenda item  
19/09ii only)

**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.***

#### 19/07 **BUSINESS ITEMS**

##### **i) Apologies for Absence and Declarations of Interest**

Mr Godfrey welcomed Governors and advised that he would be chairing in the Chairman's absence; the Chairman having previously submitted his apologies for this meeting due to a long-standing commitment which could not be altered.

It was noted that the staff survey presentation originally scheduled following the conclusion of the meeting today would now take place at the Council meeting on 16 May 2019.

Apologies were **received** from Governors Professor A Wathey, Mrs C Perfitt, Dr E Valentine, Mr G Blacker, Professor A Fisher, Dr P Laws, Mr D Thompson, Ms D Colvin-Laws, Mrs V Mitchinson, Mr P Richardson, Dr M Saunders, Mr M Warner and Councillor M Williams.

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Further apologies were **received** from Dame J Daniel, Chief Executive (Mr A Welch deputising), Mr M Wilson, Chief Operating Officer, Professor Sir John Burn, Trust Chairman (Mr K Godfrey deputising), Mr R C Smith, Director of Estates, Mrs D Fawcett, Director of Human Resources, Mrs C Docking, Director of Communications and Engagement, Mrs A O'Brien, Director of Quality and Effectiveness and Non-Executive Directors Professor K McCourt, Mr E Weir, Professor D Burn and Mr D Stout.

The Trust Secretary confirmed the meeting was quorate and there were no additional declarations of interest made at this time.

**It was resolved:** (i) to **note** the apologies and (ii) that no further interests had been **declared**.

**ii) Minutes of the Meeting held on 17 January 2019 and Matters Arising**

The minutes of the meeting were **agreed** as an accurate record subject to the correction of a typographical error in the last bullet point of section 19/01(vi).

There were no additional matters arising.

**It was resolved:** to (i) **accept** the minutes of the previous meeting as a true record subject to the correction outlined above and (ii) **note** no additional matters arose from those minutes.

**iii) Matters Arising from the Informal Governors Meeting**

Mr Stewart-David **provided** an update detailing the discussions undertaken during the informal meeting:

- Governors requested the opportunity for a more in depth discussion around specific topics be incorporated into the Council meeting agenda. Such topics could be identified in collaboration with Trust staff and Non-Executive Directors. Mr Stewart-David advised that potential topics for inclusion could be the Trust's overarching strategy and the Estates Strategy in relation to the Trust sites.

The Trust Secretary advised that the Trust's constitution currently stipulated that four Council of Governors meetings be held annually. Six meetings were currently scheduled throughout the year and therefore two of these dates, suggested as July and January, could be earmarked as Governor Workshops with Board members. It was **agreed** by the Council that the meeting scheduled for 18 July 2019 would be utilised as the inaugural Governor workshop rather than as a formal meeting of the Council.

Miss Draper asked that Governors be involved in agenda setting for such workshops to which the Trust Secretary asked that Governors feedback potential workshop agenda items to the Deputy Trust Secretary **[ACTION01]**.

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There was further discussion around the appropriate timing of such workshops to ensure that they were sufficiently attended. It was agreed that the Deputy Trust Secretary would contact Governors and Board members before the next meeting to gauge potential attendance for the proposed date in July **[ACTION02]**.

- Mr Stewart-David requested that all abbreviations, acronyms and initialisms be expanded out when first utilised throughout Governor papers and a glossary of terms be provided. The Deputy Trust Secretary agreed to facilitate this request going forward.
- It was requested that Governors were kept informed of local courses and events pertinent to the role. Governors were encouraged to sign up to mailing lists from NHS Providers and the Deputy Trust Secretary agreed to forward details of appropriate events that the Trust was made aware of to Governors **[ACTION03]**.

**It was resolved:** to (i) **receive** the update from the Informal Governors Meeting, (ii) note **agreement** that the meeting scheduled for the 18 July 2019 would be utilised as the inaugural Governor workshop rather than a formal Council meeting, (iii) that Governors **provide** feedback to the Deputy Trust Secretary around potential topics for discussion at the workshop and (iv) that the Deputy Trust Secretary **forward** on details of events of potential interest to Governors.

**iv) Meeting Action Log**

Progress in relation to the actions listed on the log was noted.

It was advised that Action 45 in relation to the completion of Disclosure and Barring Service (DBS) applications was being followed up directly with the Governor concerned.

**It was resolved:** to (i) **receive** the action log and note the progress.

**v) Senior Independent Director's (SID) Report**

Mr Godfrey presented the report and noted the following points:

- Mr Godfrey commenced the role of Senior Independent Director (SID) in November 2018 and a number of meetings have taken place to highlight awareness of the role; particularly with clinicians and nursing staff; with further meetings scheduled in the coming months. Further routine meetings had also been scheduled with Dame Jackie Daniel, Chief Executive Officer.
- As part of his role as a Non-Executive Director, Mr Godfrey had attended a number of leadership walkabouts on wards and departments throughout the Trust.
- It was noted that Mr Godfrey was also the Trust Non-Executive Director lead for 'Speaking Up' and therefore had met with the Trust's Freedom to Speak Up

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Guardian; as well as being the Non-Executive Director lead for Emergency Preparedness, Resilience and Response (EPRR), and Environmental Sustainability.

- Mr Godfrey expressed his intention to improve engagement between Trust Non-Executive Directors with Governors, either individually or in small groups through creating more opportunities to enable engagement.

Mr Godfrey acknowledged the positive change in culture in the previous two years, and following the appointment of the new Trust Chairman and Chief Executive. This was evident from the visits he had undertaken across the Trust, with staff highlighting increased collaboration, feeling more confident to raise concerns and transparency.

- The initial report from the recent Care Quality Committee (CQC) inspection process was anticipated at the end of March to allow for the Trust to correct any factual inaccuracies. The final report was expected to be received in April.

Mr Godfrey concluded by asking that if Governors had any queries for the SID or wished to meet with him then they should contact Mrs A Waterfall, Corporate Services Admin Manager in the first instance.

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

**vi) Medical Director's Report**

The Medical Director, deputising for the Chief Executive, provided a verbal report and highlighted the following areas to note:

- Organisational culture change and further system collaboration continued to progress well. This was reflected in the recent staff survey results which in particular revealed that staff were comfortable in reporting risks and incidents and were confident that they would be dealt with in a constructive and non-punitive manner. Further to this, the staff survey results also demonstrated that the Trust's commitment to staff's health and wellbeing through the Flourish initiative had been well received.

Further detail from the survey, along with some of the primary actions resulting from it, would be presented to the Council by Ms Colvin-Laws, Staff Experience and Engagement Officer, following the Council meeting in May 2019.

- The unannounced element of the CQC inspection took place in mid-January 2019 and primary feedback in relation to the visits to Radiology, End of Life Care, the Emergency Department and Assessment Suite had been overwhelmingly positive. A couple of minor areas for improvement were identified as expected but the organisation was able to provide satisfactory explanations.

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- The Well-Led element of the CQC inspection process was undertaken at the end of February 2019, with initial feedback advising that interviews went well. The Medical Director extended the gratitude of the Board of Directors to those Governors who were involved in the focus group part of the process.
- The sale of the Centre for Ageing and Vitality (CAV) site had been confirmed with the majority of site being sold to Newcastle University and Newcastle City Council. The sale of the site assists the Trust in achieving its Control Total for 2018/19.
- The 'Flourish at Work' initiative continued to gain momentum. The first 'Celebrating Excellence' awards event had been announced with the inaugural ceremony scheduled for June 2019 to celebrate the Trust's staff, volunteers and fundraisers.
- The Medical Director described the Trust partnership with McKinsey & Company in assisting the Trust to deliver our sustainability and improvement plan to optimise organisational performance and improving quality and efficiency. A number of workstreams had been established to aid delivery of opportunities/initiatives without compromising quality of care.
- The Trust had recently received a visit from the Trauma Audit Review Network (TARN), which determined that the Trust as a Major Trauma Centre had a statistically significant number of excess survivors when compared with other organisations. The Trust received particular commendation from Professor Chris Moran, National Clinical Director for Trauma, NHS England.
- In relation to Brexit, the Medical Director assured the Council that the Trust continued its work to understand the impact of, and minimise the potential consequences of, the UK's exit from the European Union.

Mrs Nelson queried the potential duplication between the Celebrating Excellence awards and the Trust Personal Touch awards. The Executive Chief Nurse advised that the Celebrating Excellence would take the form of a larger-scale annual gala event and exist in addition to the Personal Touch awards to allow for an additional opportunity to recognise Trust staff.

In relation the work streams identified as part of the collaboration with McKinsey & Company, Mr Briggs queried the workstream names and potential timescales. The Medical Director advised that a presentation would be given by Mr Iain Bestford, Project Director – Financial Improvement, following the conclusion of the meeting, which would answer the query. He noted however that the Trust was looking at initiatives such as reviewing length of stay, day cases and the number of follow up appointments.

**It was resolved:** to (i) **receive** the report.

**vii) Nominations Committee Update**



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Mr Stewart-David provided the update and referred to the confidential briefing note circulated privately to the Council of Governors. The following points were noted:

- The Committee had undertaken the recruitment process for an additional Non-Executive Director, with a clear focus on improving diversity. Following a competency based interview process, it was determined that three of the four interviewees were appointable, with a recommendation made to appoint Ms Gill Baker.
- The Committee discussed ensuring appropriate succession planning was in place for Non-Executive Directors with specific attention paid to the appointed Non-Executive Director for Newcastle City Council, given Mr Weir's term of office would conclude later in the year. It was further advised that the Trust's Chairman and Chief Executive were in discussion with the Council to pursue this.
- The ongoing membership of the Nominations Committee was under discussion given that two standing members were unavailable to partake in the recent Non-Executive Director appointment process. It was resolved that Governors unaffiliated with the Committee would be co-opted as required to ensure quorum going forward.

The Council formally **approved** the appointment of Ms Gill Baker as Non-Executive Director, subject to satisfactory completion of the required Human Resources (HR) procedures.

**It was resolved:** to (i) **receive** the report and (ii) **note** the approval of the appointment of Ms Gill Baker as Non-Executive Director, subject to the satisfactory completion of the required HR procedures.

**viii) Governor Elections 2019**

The Trust Secretary presented the report, which detailed the 10 seats available in the Governor Elections 2019 and the proposed timeline for the election process. It was further advised that there had been a delay to the recruitment of the appointed charity governor due to organisational change within the Newcastle Council of Voluntary Service (NCVS) and the Trust Secretary agreed to provide an update at the next Council meeting.

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

**19/08 REPORTS FROM GOVERNOR WORKING GROUPS**

**i) Quality of Patient Experience Working Group Report**

Mrs Errington presented the report, with the following areas noted:

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- Dr Lucraft described her visit to Ward 22 (RVI), which cared for frail elderly trauma patients who were generally poorly nourished on arrival. The feedback was overwhelmingly positive with the only recommendation being for the provision of a cooked breakfast to improve nourishment; however there was currently no heated trolley available to facilitate this. Further improvements were currently underway to make the day room increasingly dementia friendly.
- Mrs Houliston described her visit to Ward 31 (FH), which is a large Urology/Renal outpatient ward. The busy ward's staff worked well together to care for 135 patients per day from 7am to 12:30am. It was recommended that parking provision for dialysing patients and waiting arrangements for ambulances be reviewed.
- Mr Ions described his visit to Ward 19 (FH), which cared for Orthopaedic patients and noted the efficient way in which staff cared for patients. It was recommended that a review be undertaken to consider the replacement of toilet doors, which were difficult to use, and the removal of three shower trays, which impeded access. Mr Ions requested that the matter be raised with the Director of Estates to which the Deputy Trust Secretary agreed to facilitate **[ACTION04]**.
- Mrs Errington went on to describe her visit to Ward 7 (FH), which predominately cared for those with liver disease and hepatobiliary issues. Mrs Errington noted in particular the cleanliness of the ward and praised the staff for creating a positive atmosphere.
- Mrs Houliston advised that she had been invited to observe the work of the Trust parking team and would report back at a future meeting following her observations.
- The report went on to detail presentations and committees attended by members of the working group, noting in particular the update received by Ms Tracy Scott, Head of Patient Experience, regarding the Trust website and the Trust's Interpreting Services.
- Mr Errington further advised that the working group had reviewed and proposed revisions to its Terms of Reference, which had been received by the Trust Secretary to be reviewed and considered as part of the overall Trust Governance Review.

Mrs Yanez requested that further work be undertaken in attempt to resolve issues in relation to parking and the ambulance service for patients on kidney dialysis. The Interim Director of Business and Development advised that discussions were ongoing in this regard and would seek a status update from Ms Melanie Cunningham, Trust Wide Patient Flow Manager, and report back to the Council **[ACTION05]**.

**It was resolved:** to (i) **receive** the report, (ii) **note** the requirement for the Deputy Trust Secretary to report issues relating to Ward 19 (FH) to the Director of Estates for consideration and (iii) for the Interim Director of Business and Development to **report** back progress relating to provision for dialysis patients.

**ii) Business Development Working Group Report**

Mr Briggs provided the following points to note in the working group Chair's absence:

- The working group received an in depth presentation from the Director of Estates which detailed the development of the Trust's Estates Strategy, noting the magnitude of the strategy and the capital requirements. Mr Briggs recommended that Governors sufficiently acquaint themselves with the proposals due to their size, scale and potential future impact.
- In addition to this, Mr Briggs noted that the work to be undertaken would be done in collaboration with the overarching Trust strategy and queried when it was anticipated that this would be consulted upon. The Interim Director of Business and Development advised that the draft strategy would be available from April 2019. It was noted that the strategy would be published nationally in September 2019 and in the interim period, a number of discussions with the Trust's strategic partners were required.
- Mr Briggs further advised that the working group received a presentation from the Trust's Internal Audit department.

**It was resolved:** to (i) **receive** the report.

**iii) Community Engagement and Membership Working Group Report**

Mr Cranston provided the following points to note in the working group Chair's absence:

- A discussion took place during the last informal Governor meeting in January regarding further efforts required from the wider Governors to improve membership of the group and re-invigorate group meetings. It was advised that working group meetings for the rest of 2019 had been scheduled and communicated to the wider Council with the invitation extended to attend on a either a regular or ad-hoc basis.
- The working group discussed current membership arrangements and it was recommended that work be undertaken to establish membership targets and update the membership engagement strategy.
- The Director of Communications and Engagement attended the meeting to provide some insight into the anticipated changes to the Trust website and the importance of increasing the visibility of the Governors through utilisation of the communications channels available to the Trust.
- It was advised that a key focus of the working group was to determine ways in which future Member's Events could be utilised to generate new members.

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*[The Head of Quality Assurance and Clinical Effectiveness and Quality Development Manager joined the meeting at 14:15pm]*

- Mr Cranston expressed his gratitude to those Governors who attended the Members Event on 7 March 2019. A market place was set out to detail the patient's journey from booking to discharge and highlighted areas of transformation and improvement. Positive feedback was received and the input from staff acknowledged.

The second half of the event was dedicated to a presentation from Medical Physics, which highlighted the often-lengthy research and development approval process from idea to end result.

- Mr Cranston asked that Governors feedback potential ideas for future Members Event subject matters to the Deputy Trust Secretary.

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

**19/09 QUALITY AND PATIENT SAFETY**

**i) Integrated Quality Report**

The Medical Director presented the Integrated Quality Report highlighting the following areas:

- In relation to Healthcare Associated Infections (HCAIs), there were no cases of MRSA reported during January 2019, with the total for the year to date being 2. There had been 4 cases of c.difficile. The Trust had managed to sustain improvement in terms of HCAI rates with progress being made through the collaborative efforts of the Medical Director, the Executive Chief Nurse and the Director of Infection Prevention and Control.
- In relation to Harm Free Care, further progress in this regard had been maintained with a decrease in minor and insignificant falls.
- Figures for Trust wide incident reporting continued to increase which demonstrated the positive organisation safety culture.
- 11 Serious Incidents (SIs) and one Never Event (NE) were reported. The NE related to a retained guidewire. The report provided a comparison with Shelford Trusts with NuTH positioned mid table. The Medical Director advised that despite changes in NE criteria, no patients that were the subject of a NE at NuTH had suffered permanent harm.
- The Medical Director advised that the Trust utilised an ongoing programme of internal peer reviews, aligned to the CQC inspection approach, to successfully

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maintain quality of care. The Medical Director extended his thanks to the Head of Quality Assurance and Clinical Effectiveness for the continuing assurance the programme provided.

Mrs McCalman advised of a recent family bereavement resulting from hospital acquired Pneumonia and queried whether this was an area of concern for this Trust. The Medical Director advised that there were not any higher levels of deaths attributed to pneumonia than would be expected at an organisation of the Trust's type and size.

Dr Murthy queried the cause of the increase in needlestick and sharps injuries in the report and whether the causes of violence and aggression (V&A) against staff had been analysed. The Medical Director advised that the majority of instances of V&A were attributed to Care of the Elderly Wards as a result of cognitive disability as well as within the Emergency Department. The Trust continued to do all it could to appropriately protect staff and further security provision had been resourced for the Emergency Department.

In relation to the increase in needlestick injuries, the Medical Director advised that there was an innate fluctuation but often, the cause was unknown. There were a lot of factors that would affect the results.

Dr Murthy asked whether there was any organisational support provided to members of staff who were victims of V&A. The Executive Chief Nurse advised that she writes to every staff member personally and offers support by the Trust's Occupational Health Department.

Mrs Goodfellow advised that in her role as Matron in Internal Medicine, incidents involving V&A towards staff were taken seriously and the root cause continued to be examined to ensure that the ongoing treatment and management of a patient's symptoms was optimised.

*[The Medical Director left the meeting at 14:30pm]*

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

**ii) Quality Account for Governor Review**

The Head of Quality Assurance and Clinical Effectiveness and Quality Development Manager presented the Quality Account which detailed organisational priorities for the next 12 months. The presentation had been previously circulated amongst Governors for comment.

The Quality Development Manager advised that the Quality Account had been out to public consultation with a number of Governors being involved in the process earlier in the year.

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- Reduction in the rates of infection remains a top priority for the Trust, which was tracked in the Integrated Quality Report received at each Board and Governor meeting. This would be quantified by a 10% year on year reduction in instances of MSSA Bacteraemia along with a 25% reduction in E.coli and other Gram-negative bacteraemia by 2021. This would equate to the reduction continuing at the current trajectory.
- A further priority was to reduce the rate of inpatient acquired pressure ulcers and improve the current position by identifying areas of good practice across the organisation and sharing this learning Trust-wide. Significant work had been undertaken by the Trust Tissue Viability Team.
- The third organisational priority was to improve the management of abnormal results and strengthen the communication channels when unexpected results from diagnostic tests were received. The Head of Quality Assurance and Clinical Effectiveness advised that this was a nationally recognised area for improvement and the Trust would implement a 'red flag' system on electronic patient records to alert staff.
- The Trust had identified the need to create a single system (SAMM) to oversee all internal and external clinical effectiveness action plans to allow for complete organisational oversight. The Trust would further empower staff to undertake small Quality Improvement (QI) projects and the single system would allow for these incremental gains to be shared more widely across the organisation.
- In relation to the 'Deciding Right' initiative, Trust staff would be further encouraged and supported to have the necessary discussions with patients around their continuing care. This would further develop work undertaken in the last year to ensure that all Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) decisions were correctly discussed and documented.
- The Trust would also be seeking to appropriately implement the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) guidance, in collaboration with the Northumberland, Tyne and Wear (NTW) NHS Foundation Trust to ensure that all patients have their specific physical and mental health needs addressed. In relation to learning disability, training, awareness and responsiveness would be further embedded across the organisation.

The Quality Development Manager advised that external assurance would be sought as part of the external audit work undertaken by Mazars LLP on the Trust's Quality Account. The Trust external auditors would consider both the Accident and Emergency (A&E) 4hour wait target and the 62 day Cancer referral to treatment time target as part of their audit work. Further to this, the Governors had agreed that the Summary Hospital-level Mortality Indicator (SHMI) be used as the locally selected indicator for external auditor consideration.

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Dr Murthy queried recent media coverage regarding changes to the A&E 4hour wait target, with the Interim Director of Business and Development advising that no change has as yet come into effect. The proposed changes were being consulted upon nationally and the Trust would continue to monitor the situation closely.

**It was resolved:** to (i) **receive** the report and (ii) **note** the contents.

*[The Head of Quality Assurance and Clinical Effectiveness and the Quality Development Manager left the meeting at 14:42pm.]*

**19/10 PERFORMANCE AND DELIVERY**

**i) 2018/19 Month 10 Finance Report**

The Finance Director presented the Month 10 finance report:

- The financial plan for 2018/19 forecasts the Trust will meet all of its financial obligations and will achieve its Financial Plan. This further demonstrated organisational financial strength.
- With a turnover of £1.07bn, the Trust was the 9<sup>th</sup> largest NHS Trust in the country and it was important that the Trust maintained a strong financial position as an 'anchor' organisation in the region.
- The Trust was on course to deliver the full Cost Improvement Programme (CIP) of £30m for the financial year, which was a positive achievement, however the requirement to deliver a further £32m in 2019/20 would be challenging. By engaging with McKinsey & Company, the Trust would be able to identify further opportunities that would provide long-term recurrent savings.
- At Month 10, the Trust had a risk rating of 2 under the NHS Improvement (NHSI) Use of Resources (UoR) metrics. At year end, this would reduce further to a 1, the best possible outcome.

Mr Briggs queried the current position in relation to changes to tariffs and annual contract sign-off. The Finance Director advised that contract negotiations were still underway and contracts were due to be signed today however the unavailability of the new tariff details meant that such contracts could not be concluded as yet.

Mr Briggs further queried whether the capital funding for the next financial year had yet to be determined to which the Finance Director advised that this would not be known until tariff information had been issued. It was further advised that the organisation had placed bids for capital funding for use in 2019/20 but had not been successful. Due to the Trust's strong cash balance, it was able to create a £32m capital programme to invest where required but noted some external funding may need to be sought for initiatives such as co-location of Paediatric CHD services.

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

**19/11 ITEMS TO RECEIVE**

**i) Any Other Business**

The Trust Secretary advised that work was underway to review and update the Trust's Constitution. An initial piece of work to assess potential amendments required had been undertaken by DAC Beachcroft and the Trust Secretary advised that Governors interested in being involved with the review process would be contacted in due course. The Deputy Trust Secretary agreed to contact Governors once the process for the review had been finalised [**ACTION06**].

Mrs Errington advised that the Governor role and responsibility matrix was being circulated amongst Governors for comment and clarification and asked that responses be returned to the Deputy Trust Secretary who agreed to update the matrix and circulate the final version to Governors in advance of the next meeting [**ACTION07**].

**ii) Date and Time of Next Meeting**

The next meeting was confirmed as **Thursday 16 May 2019** in Function Rooms 137 and 138, Education Centre, Freeman Hospital.

**19/07 BUSINESS ITEMS**

**iii) Minutes of the Meeting held on 17 January 2019 and Matters Arising**

**a. Trust Charity Governor**

This item was addressed under agenda item 19/07 viii.

**Meeting closed at 14:49pm.**



### GOVERNORS' ATTENDANCE 21 MARCH 2019

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

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## COUNCIL OF GOVERNORS

Date of meeting	16 May 2019		
Title	Charity Review Update		
Report of	Caroline Docking, Director of Communications and Engagement		
Prepared by	Caroline Docking, Director of Communications and Engagement		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	This paper outlines the progress to undertake a review of the Trust Charity.		
Recommendations	The Council of Governors is asked to receive the report for information.		
Links to Corporate Objectives	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Links to Strategy and Clinical Risks	Utilisation of Charitable funds to assist in putting patients first and providing care of the highest standard focusing on safety and quality.		
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
Reports previously considered by	The Council previously received a verbal update in January 2019.		

## REVIEW OF THE TRUST CHARITY

### 1. BACKGROUND

The Board of Directors agreed in September 2018 to commission a review into the Trust Charity to ensure that it is fit for purpose and able to rise to the challenge of maintaining and, potentially increasing income to support the Trust's aspirations for local NHS services.

The Director of Communications and Engagement has undertaken a search for an appropriate partner to undertake this work, and following agreement from the Charity Trustees, Tarnside Consulting has been asked to undertake this review.

Tarnside is an experienced consultancy which has undertaken similar processes with other NHS Charities most notably for Leeds Teaching Hospitals NHS Trust and South Tees Foundation Trust, with positive results. We have engaged directly with South Tees, Manchester Hospitals Charity and The Association of NHS Charities as part of selecting this partner.

The review will include two elements, a strategy workshop with key stakeholders to influence the proposed ambition and strategic direction we wish to follow, and a review of fundraising. Both processes will take place over the next 3 – 4 months, with a final report expected in the Summer.

Trustees and other members of the Board are important stakeholders in the process, and it is important that we have good engagement in the workshop and interviews held as part of the overall review.

The recommendations provided will include areas such as:

- administration and management arrangements,
- governance model,
- approach to fundraising, and
- arrangements for working in partnership with other charities to achieve common aims.

### 2. RECOMMENDATIONS

The Council of Governors is asked to note this progress of the review process.

**Report of Caroline Docking**  
**Director of Communications and Engagement**  
17<sup>th</sup> April 2019

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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
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	<p><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.</p> <p><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.</p> <p><u>09/11/18</u> - This action is still in progress as the remaining Governors undergo the relevant checks.</p> <hr/> <p><u>05/12/18</u> - As of this date, there are two Governors who are required to complete their DBS checks.</p> <p><u>07/01/19</u> - Further reminders have been sent to those Governors that have yet to complete the DBS approval process.</p> <p><u>12/02/19</u> - There were still two Governors that require completion. One had been submitted but no response received as yet and the other was yet to be commenced.</p> <p><u>07/03/19</u> - There is only one Governor who needs to complete the process. A reminder has been sent out this week with the offer to complete the process in advance of the March meeting.</p> <p><u>05/04/19</u> - As the remaining Governor was not present at the last meeting, further communication has been made to attempt to resolve the matter.</p> <p><u>02/05/19</u> - Further contact has been made with the outstanding Governor to complete the process.</p>	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
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	<p><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.</p> <p><u>09/11/18</u> - Item is on hold to be considered as part of GGI review outcomes.</p> <p><u>07/01/19</u> - Item will be reviewed following the finalisation of the Trust's Governance Structure in April 2019.</p> <p><u>05/04/19</u> - Work on the Trust constitution has recommenced in collaboration with DACBeachcroft and this action has been superseded by Action Log Number 82.</p>	
61	ACTION02	18/43 Business Item ii) Minutes and Matters Arising c. Trust Charity Review Update	15th November 2018	The Trust proposed to tender for the services of an external consultant to perform an independent review. It was anticipated that the Council would receive an update on the work of the external consultant before the Spring 2019 ( <b>ACTION02</b> ).	C Docking	<p><u>09/01/19</u> - External advisor yet to be appointed by the Trust's Charitable Funds Committee. An update will be provided at the next Committee meeting.</p> <p><u>14/03/19</u> - Update to be provided at the next meeting of the Council.</p> <p><u>05/04/19</u> - Update to be provided at the next meeting of the Council.</p> <p><u>09/05/19</u> - Paper provided for May 2019 meeting.</p>	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
37	ACTION 1	18/27 Minutes of Meeting held on 27th March 2018, Matters Arising and Action Log (i) ACTION14	17th May 2018	Mrs Perfitt asked whether a contribution could be sought from the associated charities to fund the extension to free TV usage in Childrens Wards to which Mr Bedlington explained that the charity did provide a number of 10% discount cards for patients. Mrs Perfitt agreed to discuss the matter further via the Quality of Patient Experience Working Group.	F Darville	<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> <p><u>07/01/19</u> - Action reinstated to track progress. Matter discussed at a Trust Executive Team meeting in December 2018 and agreed to consider running a survey for patients following a review of the contract. An update will be given at the next meeting of the Council.</p> <p><u>17/01/19</u> - It was advised at the meeting that the contract was currently under review.</p> <p><u>15/03/19</u> - Following discussion with the Head of Patient Experience, the Deputy Trust Secretary to attend the Young Persons Advisory Group to discuss TV provision.</p> <p><u>27/03/19</u> - YPAG to survey attendees at meeting on 9th May to gauge response and provide clarity as to situation within the directorate. A response will be provided at the May meeting of the Council.</p> <p><u>08/05/19</u> - Meeting between Dep. Trust Secretary, Childrens Services Directorate Manager and Lead for the Young Person's Advisory Committee to take place mid June with a presentation to take place at the September Council meeting to resolve action.</p>	
67	ACTION02	19/01 Business Items iii) Matters Arising from the Informal Governors Meeting	17th January 2019	It was suggested that a mentoring scheme be established to align new Governors to existing Governors following the induction process to provide a further information sharing and support mechanism. The Trust Secretary agreed to consider mentoring options during the Governor Elections process for 2019 [ACTION02].	K Jupp	<p><u>14/03/19</u> - Governors election process due to commence in April 2019 therefore Trust Secretary to meet with the Trust Nominations Committee Chair during April to discuss the matter further.</p> <p><u>10/05/19</u> - Meeting scheduled for Monday 13 May 2019 to discuss.</p>	



Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
68	ACTION03	19/01 Business Items iii) Matters Arising from the Informal Governors Meeting	17th January 2019	Members of the group requested that the profile of Trust Governors be raised via promotion on the website and other platforms. The Deputy Trust Secretary agreed to discuss with the Trust Communications Team <b>[ACTION03]</b> .	F Darville	<u>14/03/19</u> - Meeting scheduled for the 15th of April with the Trust Communications Team to discuss strategies for raising profile of Trust Governors. Update to be provided during the Trust Secretary update for Governors on 21st March 2019. <u>08/05/19</u> - Photographs of Governors to accompany profiles to be taken during the July Governors workshop.	
73	ACTION08	19/02 Reports from Governor Working Groups i) Quality of Patient Experience Working Group Report	17th January 2019	Dr Pedley stated that as co-chair of the Charlie Bear Foundation, he would take this forward as an area that the charity may consider funding regarding the courtyard usage <b>[ACTION08]</b> .	I Pedley	<u>12/02/19</u> - Update requested. <u>12/03/19</u> - Matter to be discussed at the next Charlie Bear meeting scheduled for the 5th of April. <u>08/05/19</u> - Update requested.	
74	ACTION09	19/02 Reports from Governor Working Groups i) Quality of Patient Experience Working Group Report	17th January 2019	In relation to recommendations outlined on Ward 9 (FH), the Deputy Trust Secretary agreed to follow up with the Executive Chief Nurse and report back to the Council <b>[ACTION09]</b> .	F Darville/M Cushlow	<u>12/02/19</u> - Email communications with Ewan Dick, Directorate Manager of Medicine advised that the matters pertaining to the provision of electricity which was affecting use of the assessment kitchen and heating in the assessment treatment room has been resolved. The other issues (relating to the provision of a one to one private room and the provision of some outdoor space) are a result of the move from CAV to FH. The re-provision of these are under review by the Head of Therapies and Estates accordingly. <u>09/05/19</u> - Paula Coulson, Nurse Specialist (Vulnerable Older Adults), advised of progression in a range of schemes to provide outdoor space for patients at both FH and RVI. For Ward 9, plans to provide a zoned Dementia friendly outdoor space is underway. Linda Morgan, Matron for Ward 9, advised that the team have utilised the space available (such as a bookable MDT room and physio gym) and has not identified an immediate need for a 1-2-1 therefore propose action closed.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
76	ACTION11	19/04 STRATEGY i) Governor Working Group Review	17th January 2019	The paper outlined actions to be completed, which include a revision of the Terms of Reference. The Deputy Trust Secretary agreed to follow up responses from each working group and collate opinion to further inform the Trust wide governance review <b>[ACTION11]</b> .	F Darville	<u>12/03/19</u> - Terms of References have been discussed at 2 of the 3 working groups - CEM to discuss at the April meeting of the group. Following feedback of all comments, amendments will be considered collectively in light of the wider Trust governance review and will be discussed at the Governor workshop in July 2019.	
77	ACTION01	19/07 Business Items iii) Matters Arising from the Informal Governors Meeting	21st March 2019	Miss Draper asked that Governors be involved in agenda setting for such workshops to which the Trust Secretary asked that Governors feedback potential workshop agenda items to the Deputy Trust Secretary <b>[ACTION01]</b> .	All Governors	<u>09/05/19</u> - Confirmed email circulated to Governors.	
78	ACTION02	19/07 Business Items iii) Matters Arising from the Informal Governors Meeting	21st March 2019	There was further discussion around the appropriate timing of such workshops to ensure that they were sufficiently attended. It was agreed that the Deputy Trust Secretary would contact Governors and Board members before the next meeting to gauge potential attendance for the proposed date in July <b>[ACTION02]</b> .	F Darville	<u>09/05/19</u> - Confirmed email circulated to Governors.	
79	ACTION03	19/07 Business Items iii) Matters Arising from the Informal Governors Meeting	21st March 2019	It was requested that Governors were kept informed of local courses and events pertinent to the role. Governors were encouraged to sign up to mailing lists from NHS Providers and the Deputy Trust Secretary agreed to forward details of appropriate events that the Trust was made aware of to Governors <b>[ACTION03]</b> .	F Darville	<u>09/05/19</u> - Confirmed email circulated to Governors.	
80	ACTION04	19/08 Reports from Governor Working Groups i) Quality of Patient Experience Working Group	21st March 2019	Mr Ions described his visit to Ward 19 (FH), which cared for Orthopaedic patients and noted the efficient way in which staff cared for patients. It was recommended that a review be undertaken to consider the replacement of toilet doors, which were difficult to use, and the removal of three shower trays, which impeded access. Mr Ions requested that the matter be raised with the Director of Estates to which the Deputy Trust Secretary agreed to facilitate <b>[ACTION04]</b> .	F Darville	<u>10/05/19</u> - Matter has been raised with the Director of Estates. Issue has been progressed within the Estates department and will be progressed by Gavin Evans, Deputy Director of Estates, with an update to be received at a future CoG meeting.	

Log Number	Action No	Minute Ref	Meeting date where action arose	ACTIONS	Responsibility	Notes	Status
81	ACTION05	19/08 Reports from Governor Working Groups i) Quality of Patient Experience Working Group	21st March 2019	Mrs Yanez requested that further work be undertaken in attempt to resolve issues in relation to parking and the ambulance service for patients on kidney dialysis. The Interim Director of Business and Development advised that discussions were ongoing in this regard and would seek a status update from Ms Melanie Cunningham, Trust Wide Patient Flow Manager, and report back to the Council <b>[ACTION05]</b> .	K Simpson	<u>10/05/19</u> - <b>Update to be provided at the May meeting of the Council.</b>	
82	ACTION06	19/11 Items to Receive i) Any Other Business	21st March 2019	The Trust Secretary advised that work was underway to review and update the Trust's Constitution. An initial piece of work to assess potential amendments required had been undertaken by DAC Beachcroft and the Trust Secretary advised that Governors interested in being involved with the review process would be contacted in due course. The Deputy Trust Secretary agreed to contact Governors once the process for the review had been finalised <b>[ACTION06]</b> .	F Darville	<u>08/05/19</u> - Action on hold whilst finalisation of governance structure work.	
83	ACTION07	19/11 Items to Receive i) Any Other Business	21st March 2019	Mrs Errington advised that the Governor role and responsibility matrix was being circulated amongst Governors for comment and clarification and asked that responses be returned to the Deputy Trust Secretary who agreed to update the matrix and circulate the final version to Governors in advance of the next meeting <b>[ACTION07]</b> .	F Darville	<u>09/05/19</u> - Matrix re-circulated.	

Key:

- No update/Not started
- In progress
- Completed

Future Presentation Topics:
Staff Survey - May 2019
The Role of the External Auditor (Mazars) - July 2019
Car Parking - TBC

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## COUNCIL OF GOVERNORS

Date of meeting	16 May 2019		
Title	Nominations Committee Update		
Report of	Mr David Stewart-David, Nominations Committee Chair		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines a summary of the Nominations Committee business since the previous Council meeting held in March 2019.		
Recommendations	The Council of Governors are asked to note the content of the report.		
Links to Strategic Goals	Putting patients first and providing care of the highest standard focusing on safety and quality.		
Risks identified	No direct risk identified.		
Impact	Tick yes or no as appropriate	Yes	No
	Quality and Safety		X
	Legal		X
	Financial		X
	Human Resources		X
	Equality and Diversity		X
	Engagement and communication	X	
	If yes, please give additional information: Routine update to communicate to Council members.		
Reports previously considered by	Regular report.		

## **NOMINATIONS COMMITTEE UUPDATE**

### **1. NON-EXECUTIVE DIRECTOR APPOINTMENT**

The Committee has not met since the previous Council of Governors meeting on 21 March 2019. At that meeting, the Council approved the appointment of Ms Gillian Baker. The required HR and Fit and Proper Person checks have now been undertaken and Ms Baker will commence formally as a Non-Executive Director on 1 July 2019. Ms Baker will attend the meeting of the Council in May 2019 as an observer.

### **2. COMMITTEE ACTIONS**

As referred to at the last Council meeting, a further Committee meeting is being scheduled to review Committee membership and consider the succession planning policy for Non-Executive Directors.

### **3. RECOMMENDATIONS**

The Council are asked to receive the report.

**Report of Mr David Stewart-David  
Committee Chair  
7 May 2019**

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The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

### COUNCIL OF GOVERNORS

Date of meeting	16 May 2019		
Title	Governor Elections 2019 Update		
Report of	Kelly Jupp, Trust Secretary		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines an update on the Governors Elections process 2019.		
Recommendations	The Council is asked to (i) note the election update for 10 Governorships and the position regarding appointed Governors; (ii) provide feedback regarding potential charities to be approached for nominees for the Charity Governor vacancy; and (iii) consider whether a further election process be initiated to fill the vacant seats or agreed to hold the vacant seats until the 2020 elections.		
Links to Corporate Objectives	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	
	Engagement and communication	x	
	Sustainability		x
	If yes, please give additional information: The election of Governors ensures the Trust complies with its legal requirements as a Foundation Trust. The Trust is aware of its obligation to ensure that its Governorship is representative of the community it serves and actively promotes Equality and Diversity.		
Reports previously considered by	Reports are received by the Council of Governors on an annual basis and during the elections process - the last report received was reported to the Council meeting held in March 2019.		



## GOVERNOR ELECTIONS 2019

### 1. INTRODUCTION

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

### 2. NUMBER OF SEATS

For 2019, 10 Governorships are up for election, as follows:

Constituency and Class	Number of Seats
Public – Newcastle upon Tyne	2
Public – Northumberland, Tyne and Wear (excluding Newcastle)	3
Public – County Durham, Tees Valley, Cumbria and Beyond	0
Staff - Volunteers	1
Staff - Medical	1
Staff – Allied Health Professionals	1
Staff – Nursing	1
Staff – Ancillary and Estates	1

The seats available are listed in Appendix 1.

By the close of the nominations on 17 April 2019:

- 8 nominations were received for the Public constituency of Newcastle upon Tyne where 2 seats are available.
- 9 nominations were received for the Public constituency of Northumberland, Tyne and Wear (excluding Newcastle) where 3 seats are available.
- 0 nominations were received for the Staff class of Volunteers where 1 seat is available.
- 0 nominations were received for the Staff class of Medical and Dental where 1 seat is available.
- 1 nomination was received for the Staff class of Allied Health Professionals where 1 seat is available – please refer to section 3 below.
- 6 nominations had been received for the Staff class of Nursing and Midwifery where 1 seat is available.
- 1 nomination was received for the Staff class of Ancillary and Estates where 1 seat is available – please refer to section 3 below.

The elections opened on 7 May 2019 and will close on 31 May 2019.

### 3. APPOINTED GOVERNORSHIPS

A vacancy in the Council for an appointed Governor from the Charity sector has existed since 2017. The Trust has explored a number of avenues to appoint into the role and it was previously agreed that the Newcastle Council for Voluntary Services (NCVS) facilitate the appointment process on behalf of the Trust. Unfortunately, NCVS have advised that they are no longer able to facilitate the appointment process due to resource constraints.

To this end, Governors are asked to consider an appropriate charity to be represented on the Council. At the July 2018 meeting of the Council, Governors were asked to consider a list of charities associated with the Trust to identify those which should be approached to nominate a representative. The list of charities presented at that time was as follows:

- League of Friends
- Women’s Royal Voluntary Service
- Daft as a Brush
- Charlie Bear for Cancer Care
- Sir Bobby Robson Foundation
- Bubble Foundation
- The Sick Children’s Trust
- Teenage Cancer Trust
- Maggie’s
- Children’s Heart Unit Fund

Governors are asked to consider whether any further charities should be approached and feed this back to the Trust Secretary within two weeks of the meeting. Following this, those charities identified will be approached to nominate an individual for consideration.

Following the local elections on 2 May 2019, unfortunately, Councillor Marion Williams lost her seat and therefore the Trust will work with Newcastle City Council to ascertain next steps.

### 4. TIMETABLE FOR ELECTION PROCESS

The timetable for the 2019 elections is:

Notice of Election published	1 <sup>st</sup> April 2019
Close of Nominations	17 <sup>th</sup> April 2019
Publication of Statement of Nominations (SOPN)	18 <sup>th</sup> April 2019
Deadline for candidate withdrawals	24 <sup>th</sup> April 2019
Notice of Poll/Issue of Ballot Packs	7 <sup>th</sup> May 2019
Close of Poll – 5pm	31 <sup>st</sup> May 2019
Count and Declaration of Result	3 <sup>rd</sup> June 2019

The SOPN was published slightly later than scheduled on 25 April due to the requirement to resolve a number of membership/constituency queries however this has not impacted on delaying the remainder of the timetable.

Following the publication of the SOPN and the deadline for candidate withdrawals, only one nominee was received for the following two governorships, which have therefore been unopposed (therefore no ballot is required):

- Staff – Ancillary and Estates
- Staff – Allied Health Professionals

Unfortunately no nominations were received for the following categories:

- Staff – Medical
- Staff – Volunteers

The Council of Governors is asked to consider the potential impact of this, especially given that there will be no representative from the Medical and Dental staff class which accounts for a large proportion of the Trust's staff. Consideration should be given as to whether to run a further election process for these seats during the year (at an additional cost) or wait until the 2020 elections, meaning that the vacant seats would remain empty for 1 year.

The SOPN and information on voting can be found at: <https://nom.ukevote.uk/newcastle-hospitals>.

The Trust has utilised the many communication channels available during the elections process such as promotion on social media channels such as Twitter and Facebook and the Trust's website. Information about the Trust has been included on the election website.

## **5. RECOMMENDATIONS**

The Council is asked to (i) note the election update for 10 Governorships and the position regarding appointed Governors; (ii) provide feedback regarding potential charities to be approached for nominees for the Charity Governor vacancy; and (iii) consider whether a further election process be initiated to fill the vacant seats or agreed to hold the vacant seats until the 2020 elections.

**Report of Kelly Jupp  
Trust Secretary  
5 May 2019**

**Appendix 1 – Seats Available**

<b>Governor Name</b>	<b>Constituency</b>
Seats included within the 2019 Elections process:	
Mr Bill Ions	Newcastle upon Tyne
Mrs Susan Nelson	Newcastle upon Tyne
Mrs Carole Errington	Northumberland, Tyne and Wear
Dr Helen Lucraft	Northumberland, Tyne and Wear
Mr Paul Richardson	Northumberland, Tyne and Wear
Mrs Eleanor Houliston	Staff – Voluntary
Dr Phil Laws	Staff – Medical
Mrs Victoria Mitchinson	Staff – Allied Health Professional
Vacant Seat since 2018	Staff – Nursing
Vacant Seat since 2017	Staff – Ancillary and Estates
Seats to be progressed directly with the Appointing Bodies (i.e. out with the elections process above):	
Vacant Seat since 2017	Appointed – Charity

Note: Governors will be aware that Governors are elected for three year terms and any Governor can remain in post for up to a maximum of 3 terms, subject to successful re-election on a continuous basis (9 years). As outlined previously Governors may not hold office for longer than 9 years therefore Mrs Eleanor Houliston will be unable to stand for re-election this year.

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**COUNCIL OF GOVERNORS**

Date of meeting	16 <sup>th</sup> May 2019		
Title	Quality of Patient Experience Working Group Report		
Report of	Carole Errington, Chair of Group		
Prepared by	Kelly Jupp, Trust Secretary		
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Summary	The content of this report outlines the 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"> <li>Putting patients first and providing care of the highest standard focusing on safety and quality.</li> <li>Working in partnership to deliver fully integrated care and promoting healthy lifestyles to the people of Newcastle.</li> <li>Enhancing the reputation as one of the country's top, first class teaching hospitals, promoting a culture of excellence in all that we do.</li> </ul>		
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: Ward visits undertaken allow Governors to engage with staff and patients to ascertain what works well and what could be improved.		
Reports previously considered by	Regular reports on the work of this Working Group are given to the Council of Governors.		

## QUALITY OF PATIENT EXPERIENCE WORKING GROUP REPORT

### 1. WARDS AND DEPARTMENTS VISITED

#### 1.1 Ward 1a (RVI)

Mrs Nelson and Dr Hammond visited Ward 1a, RVI which is a medical ward specialising in caring for patients who are under the care of the Renal and Gastroenterology teams.

The ward has 22 beds with only 18 in use at the time of the visit. This is due to staff vacancies however six newly qualified staff were due to take up posts shortly.

The ward is spacious and consists of 2 bays with 4 beds in each. The remaining beds are single en-suite cubicles. If a child is being treated on the ward, parents are encouraged to stay with their child. Each cubicle has a pull-down bed as well as recliner chairs.

The ward has a parent's room where hot drinks and food can be prepared, though it is sparsely furnished and could be made to feel more homely. There is a doctor's office as well as a doctor's work station. The Sister in attendance during the visit expressed a desire to review allocation of office space. The ward is spacious with a small, but well used play area. A small reception area has been converted into a sensory area.

At time of the visit, safeguarding concerns were evident which can be challenging for staff.

All staff were friendly and welcoming. Menus were often repeated and choices were poor. The staff receive good support from dieticians and specialist nurses.

No recommendations were identified other than that the Directorate consider reviewing the use of office space.

#### 1.2 Ward 37 (RVI)

Mrs Errington visited Ward 37, RVI. The Trust website states that Ward 37 is the Burns Unit. At the time of the visit, the ward housed Intensive Care Unit (ICU) and High Dependency Unit (HDU) while refurbishment was under way.

The ward is adequately staffed and there is a teaching cohort for Junior Doctors who have protected education time.

Attached to the Unit is an out-reach team where staff throughout the Trust can access the team for advice and support. The team can be contacted to triage patients away from critical care by dealing with ill patients before their condition worsens.

The HDU was very busy with lots of necessary equipment around the bedside. Despite this, the whole unit was immaculate and a credit to the cleaning team who often work in difficult

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circumstances. Support Workers and qualified staff have a formal check-list of tasks to be completed daily. These were all signed and up to date.

Burns patients are nursed in cubicles in a separate area from HDU and ICU for infection control purposes.

The ITU has 10 beds and space limitations were again noted due to the presence of equipment required. This area was also immaculately clean but felt smaller than it was due to the equipment.

The ITU does not currently use an electronic white board however one would be installed following refurbishment. The current board is hand written and is constantly updated. Both units have very little cross infection due to vigilant staff.

There is no relative's room available for visitors and no place for visitors to stay overnight. All patients spoken to had nothing but praise for the staff.

This is a unit staffed by a very friendly, caring team. The staff all support and value each other in a unit which can be challenging. The atmosphere within the unit was happy despite the difficult work undertaken. Credit should be given to the leadership of the ward for maintaining this.

It was recommended that if possible, a relative's room with emergency accommodation should be provided for visitors with critically ill relatives.

### **1.3 Ward 24 and 24A (FH)**

Mrs Errington visited Ward 24 and 24A at Freeman, a Cardiology and Coronary Care Unit staffed by one team who rotate every two weeks between wards.

While enroute, the ambulance service contacts the Red Phone in the department where one of the two senior nurses on duty triage the call and contact the Consultant on call if it is agreed the patient is having an Myocardial Infarction (MI). The patient is brought to a separate entrance and transported immediately to catheter lab for a stent. NHS guidelines suggest within 72 hours but this unit has one of the fastest times in the country and constantly try to improve the time.

Patients are referred from other hospitals locally and nationally with Non-ST Elevation. Symptoms are chest pain with damage to the heart. Patients also attend for Pacemakers for complex cases, internal defibrillators and ablations.

The Sister advised that the team had recently started an "employee of the month" award which this month has been awarded to one of the support workers.

Despite the presence of equipment, the ward was very clean and tidy. At the Nurses station, there is a monitor so staff can see at a glance the condition of each patient. The room where medicines are stored has a pharmacy style drug cupboard, which makes access more efficient. A supply of pre-labelled drugs assists the discharge process.



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There is a relative's room and also a lovely, light and airy conservatory for the patients, leading to a small outdoor leisure area with seats. Recently some of the ambulant patients provided plants and have undertaken some gardening, which has improved the area.

The three patients I spoke to were very complimentary about the hard working, friendly staff. One did not like the food, another patient thought the food was "spot on".

The unit is run by a dedicated team with excellent leadership. Friendly staff who work really hard to make the patients feel special. The Sister said she was very proud of the team.

## **2. UPDATE ON COMMITTEE MEETINGS ATTENDED**

### **2.1 Food Tasting and Nutritional Steering Group**

Mrs Houlston attended Food Tasting on Ward 43, RVI. An update will be provided at the Council meeting in May 2019.

Following a visit to Ward 1A (RVI) where comments were made about menus, Mrs Houlston will request a food tasting session on this ward.

Mrs McCalman attended the Trust's Nutritional Steering Group. All sandwiches have allergen information labels and a traffic light label to indicate its contents. Electronic meal ordering is under consideration. This will reduce waste as meals will be ordered on the day and will help in identifying special dietary needs. Parental perceptions of on-site hospital food outlets was discussed by PFI holder Compass.

A case for a Lead Catering Dietician over a two year fixed term to help improve nutrition across the Trust was made. The link nurse group has identified that the current nasal bridles for nasogastric tubes may be contributing to tissue damage.

A group has been set up to ensure continuity of supplies in the event of a No Deal Brexit.

### **2.2 Clinical Effectiveness and Audit Group (CEAG)**

Dr Lucraft attended Clinical Effectiveness, Audit and Guidelines Committee (CEAG).

In relation to National Clinical Audits, all acute NHS Hospitals in England and Wales participated in the Care at End of Life Audit. Newcastle Hospitals achieved at and above the national average. For the Prostate Cancer Audit, Newcastle Hospitals performed at or better than the national average.

The Cardiothoracic Directorate presented their annual report. Perioperative Critical Care was unable to provide an annual report due to resourcing challenges at the RVI and a business case has been submitted to address this.

### **2.3 Patient Experience Steering Group (PESG)**

Mrs Errington attended the PESG meeting. A presentation on the Patient Experience Headlines Tool was postponed due to equipment difficulties. The National Survey Programme was discussed and preliminary results were given.

Agenda Item: 8(i)

## **2.4 Patient, Carer and Public Engagement Group (PCPE)**

Mrs R Draper attended the PCPE.

## **3. PRESENTATIONS**

### **3.1 Coaching Model Pilot**

The pilot has been devised by the Nursing and Midwifery Council (NMC) to support Student Nurses (SN) and Paramedics. The pilot is in collaboration with Northumbria University and is intended to discover whether if Student Nurses coach each other, this would further increase SN autonomy. Wards 47, 52, 29 at Freeman are taking part in the pilot with 12 extra student nurses allocated to each ward. Patient Experience is being considered in the Trust as part of the pilot.

100 patients were interviewed regarding their experience and the results were very positive. It was found that the students communicated very well and buzzers were answered very quickly. One patient commented that the SN was exceptional while she was feeling at her worst. Along with focussing on the safety aspects within the ward, preserving privacy and dignity was paramount to the students.

Patients asked if SNs could help with social activities on the Ward when they are not busy. Hand Gel use increased on the wards were the pilot was taking place possibly due to the vigilance of the students. SNs were also able to help further at meal times.

It was found that while qualified nurses were good at introducing themselves, students were not so good at giving their name. Feedback was given to Northumbria University and permission sought for students to play card games or read to patients in down time.

### **3.2 Research and Innovation**

Tony McCormack, Business Development Manager, gave a presentation on Research and Innovation, describing the partnership between Newcastle University and Newcastle Hospitals to support the development, implementation and delivery of world class research.

Newcastle Hospitals Research and Development has been the country's top performing Trust for the number of studies supported for the past seven years. Ideas and creations are protected with patents, trademarks and designs copyright. The Innovation team provides Trust-wide Intellectual Property (IP) support.

Trust Innovation provides the point of entry for ideas and evaluates and supports the realisation of ideas. It also processes problems and enquiries. IP has been introduced to the

Trust by presentations to Directorates. Anyone can provide an idea to be processed and developed if viable. Successful ideas have included two clinical board games and reorganisation of the Paediatric incontinence service.

**Report of Carole Errington  
Chair of QPE  
8 May 2019**

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# Integrated Quality Report



Included this month:



# The Integrated Quality Report

## Executive Summary:

### Safe

- There were no cases of MRSA bacteraemia in March 2019 attributed to the Trust. The total for the year to date is 2 cases.
- There were 6 cases of C. difficile in March 2019, bringing the total for the year-to-date to 77 cases reported, with 26 successful appeals so far this year.
- February saw a slight decrease in MSSA (5 cases) rates. This brings the total number of cases this year to 91 which is 5 cases more than the same time last year.
- There were 11 cases of E. coli bacteraemia identified post 48 hours of admission in March.
- The total number of falls for March 2019 was 218 and the falls/1000 occupied bed days rate was 4.9.
- The total number of patient incidents reported this month is 1,561.
- Eleven SIs and no Never Events were reported in March 2019. Lessons learned from SIs is included.
- Medication incidents reported and lessons learned are detailed in this months report.

### Effective

- An overview of the National Bowel, National Audit for Care at the End of Life in hospitals and National Prostate Cancer Audits are included.
- In total there were 140 deaths reported in March 2019 which is lower than the amount of deaths reported 12 months previously (n=142). The most recent published SHMI results show that the Trust has scored 98 for the months Oct 2017 - Sep 2018 which is higher than the previous quarter. However, this still remains lower than the national average and is within the 'as expected category'.

### Caring

- The national Friends and Family Test results for January 2019 are included.

### Responsive

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

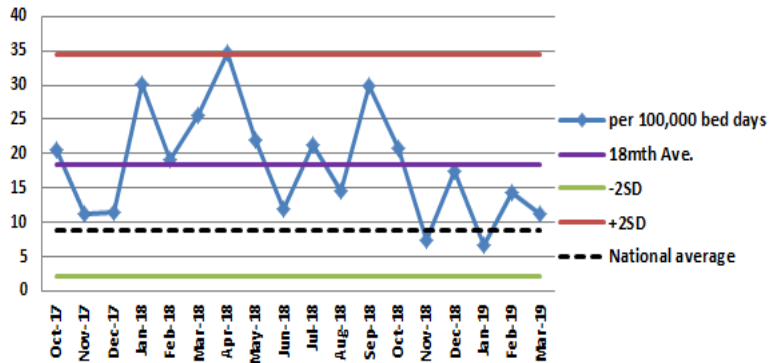
### Well-Led

- An overview of the Quality Account/Quality Report progress is included.
- An overview for the System for Action Management & Monitoring (SAMM) is included with the 2019/20 plan outlined.



Following guidance received from NHSI the Trust now report using +/- 2 standard deviations on the Statistical Process Control charts (SPC). The Trust were also advised against publishing a negative count for HCAI's. However, because the numbers are so small for MRSA and Pseudomonas the count may at times be zero.

**MSSA per 100,000 bed days**



**MSSA Bacteraemia (no National objective)**

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

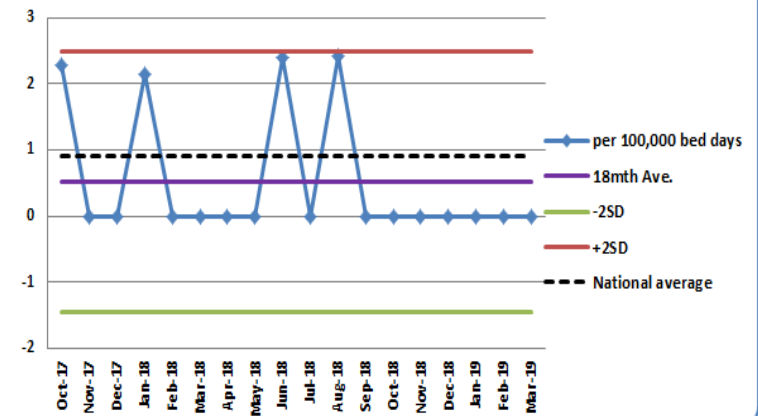
March saw a slight decrease (5 cases) in rates. This brings the total number of cases for 2018/19 to 91 which is 5 cases less than the same time last year.

In March, Cardiothoracic Services had 3 bacteraemia cases and Surgical Services had 2. Since November 2018 the Trust has been below its 18 month average which shows an improvement which is demonstrated in the graph to the left.

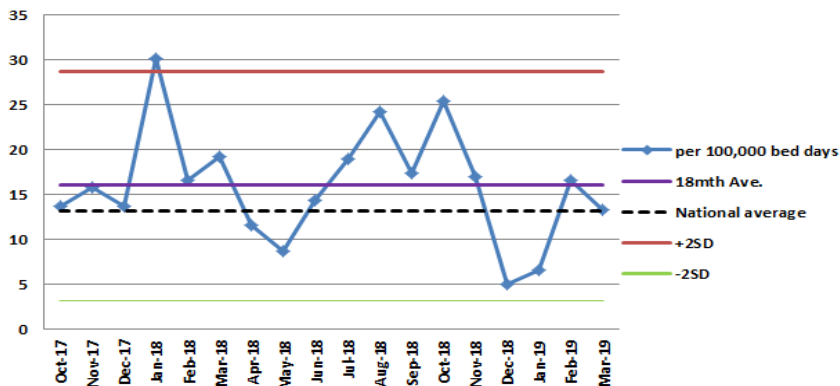
**MRSA Bacteraemia (Objective: zero tolerance)**

This graph shows the Trust average rates against the national rate. This is a positive position. There were no cases of MRSA bacteraemia in March 2019 attributed to the Trust. The total for 2018/19 is 2 cases. This compares to 4 cases in 2017/18.

**MRSA per 100,000 bed days**



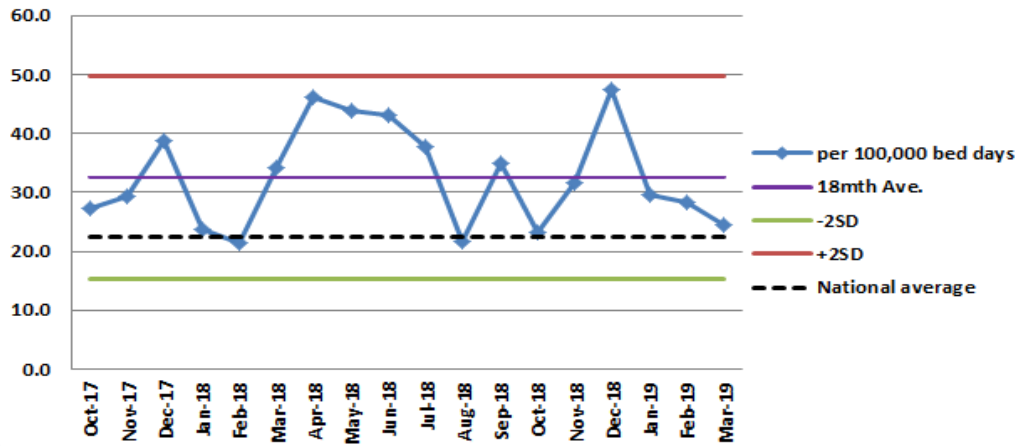
**C. difficile per 100,000 bed days**



**C. difficile (Objective: ≤ 76)**

In 2018/19, the Trust's objective was reduced by NHS Improvement to no more than 76 cases for this period. There were 6 cases of C. difficile in March 2019, bringing the total for the year-to-date to 77 cases reported, with 26 successful appeals so far in 2018/19 (with potentially further cases being considered for appeal in April with in final 2018/19 meeting). This results in 51 cases counted against the Trust's objective. This compares with 77 (88 cases minus 11 successful appeals) in the same period 2017/18 and meets 2018/19's trajectory (objective is no more than 76 cases). This shows significant improvement with the final position for 2018/19 not yet confirmed due to pending appeals. The cumulative C. difficile rate per 100,000 bed days in March 2019 is 16.32 which is slightly above the objective for this year of 16.1 or less due to one additional case above trajectory. 2019/20's objective has now been set at ≤113 with a rate of ≤24.9 per 100,000 bed days for the Trust. The increase is due to a change in the reporting.

**E. coli Per 100,000 bed days**



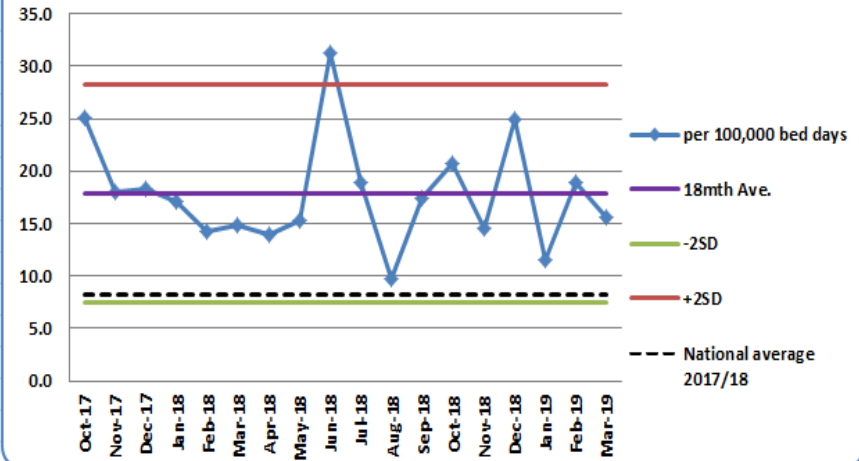
**Gram Negative Bacteraemia - E. coli**

This graph shows the Trust average rates against the national rate. There is a national ambition to reduce GNBSI by 25% by 2021/22 with the full 50% reduction by 2023/24, as advised by DH. There were 11 cases of E. coli bacteraemia identified post 48 hours of admission in March 2019 compared to 16 cases in March 2018. This brings the total for 2018/19 to 180 cases compared to 173 cases in 2017/18.

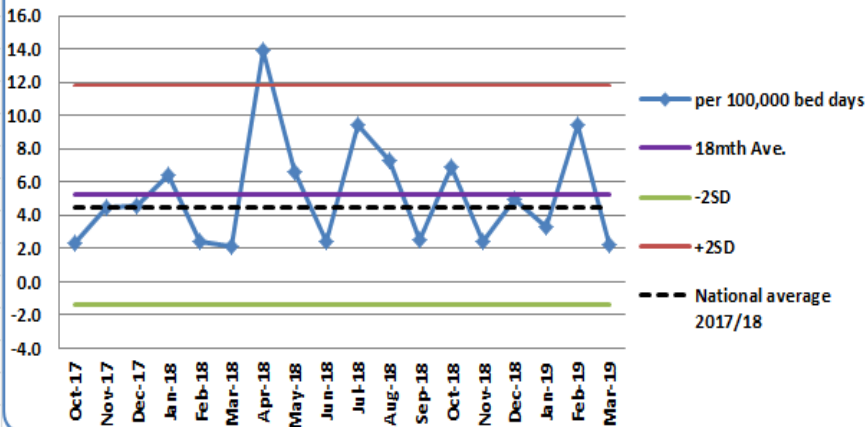
**Gram Negative Bacteraemia - Klebsiella**

There is a national ambition to reduce GNBSI by 25% by 2021/22 with the full 50% reduction by 2023/24, as advised by DH. The Trust started collecting data for Klebsiella in April 2017. There were 7 cases of Klebsiella bacteraemia identified post 48 hours of admission in March 2019 which is on par with March 2018. This brings the total for 2018/19 to 92 cases compared to 75 cases in 2017/18.

**Klebsiella Per 100,000 bed days**



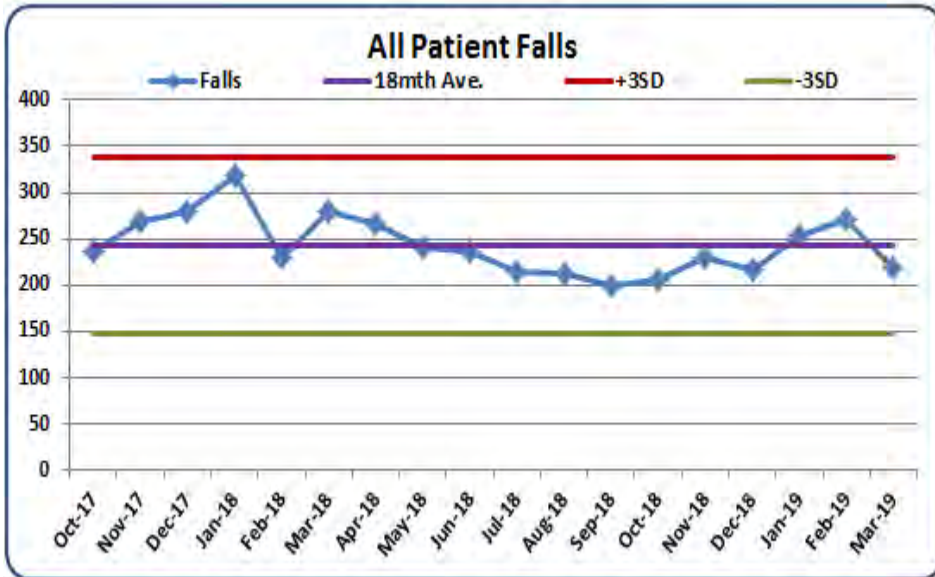
**Pseudomonas Per 100,000 bed days**



**Gram Negative Bacteraemia - Pseudomonas**

There is a national ambition to reduce GNBSI by 25% by 2021/22 with the full 50% reduction by 2023/24, as advised by DH. The Trust started collecting data for Pseudomonas in April 2017. There was 1 case of Pseudomonas bacteraemia identified post 48 hours of admission in March 2019 which is on par with March 2018. This brings the total for 2018/19 to 32 cases compared to 20 cases in 2017/18.

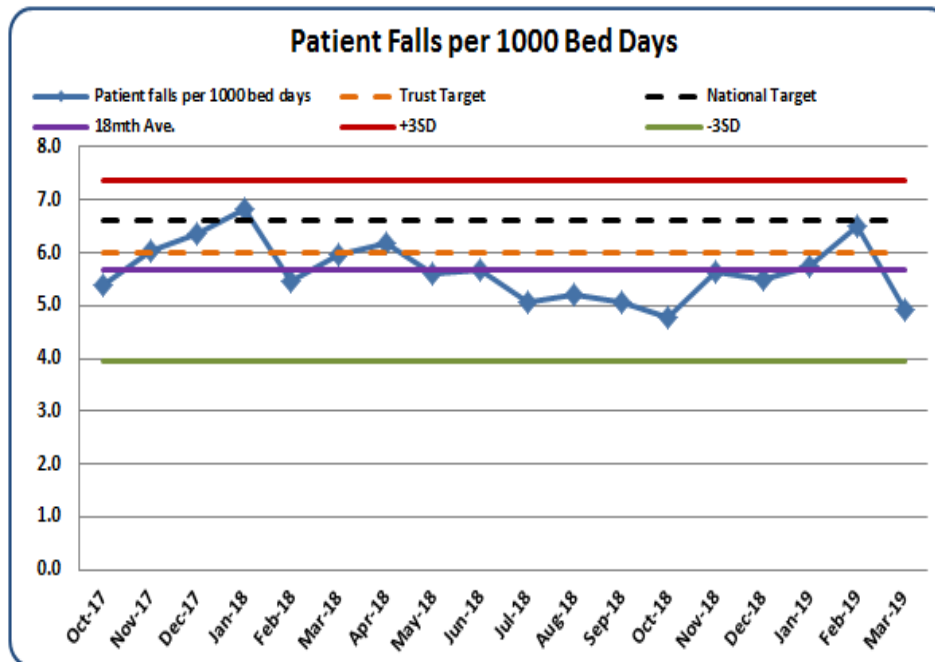


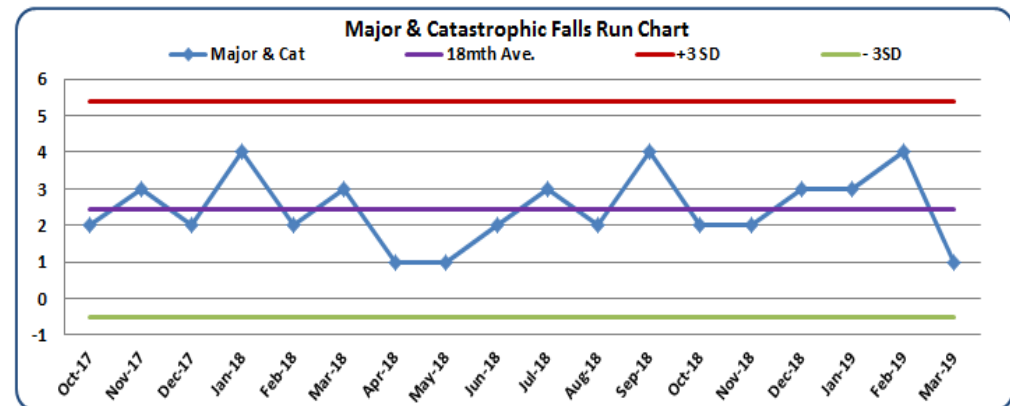
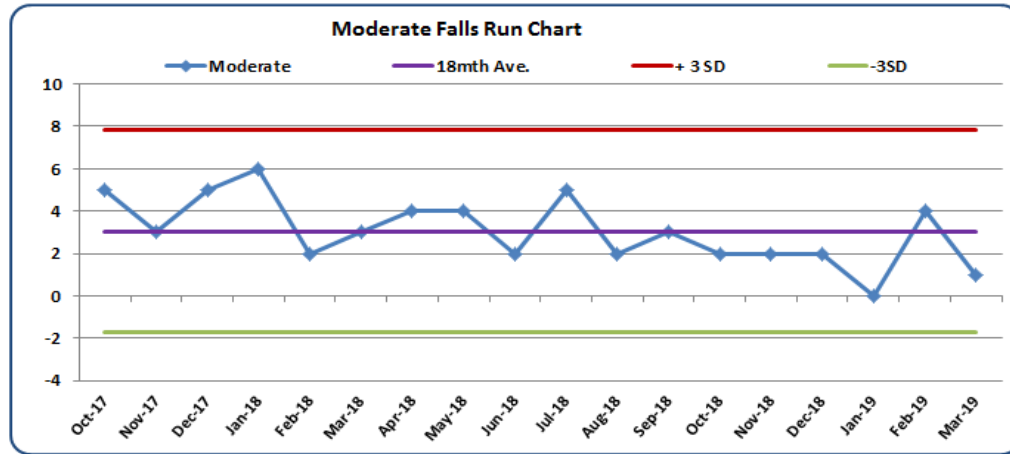
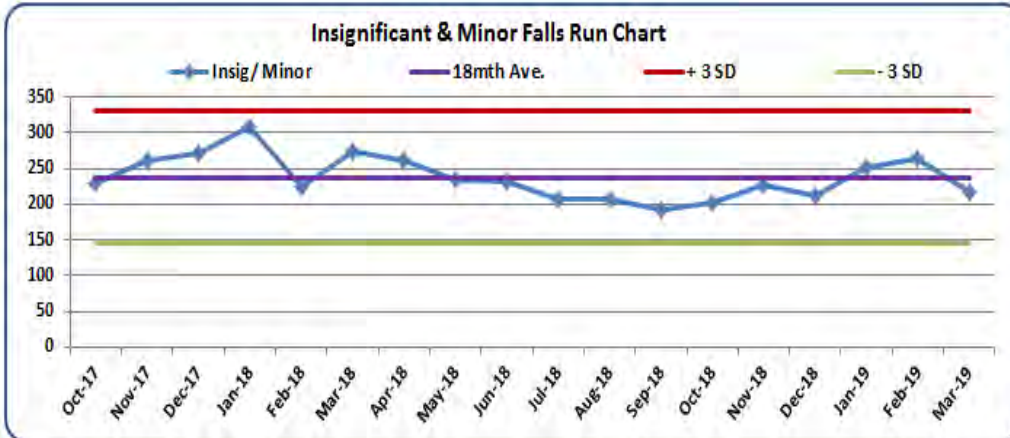


The total number of falls for March 2019 was 218 and the falls/1000 occupied bed days rate was 4.9. This takes the falls/1000 occupied bed days rate (average) for 2018/19 to 5.5 compared to 6.0 in 2017/18. The total number of falls in 2018/19 has reduced by 10% compared to 2017/18 (at total of 2765 falls Vs. 3098 falls).

There was a statistically significant reduction in total number of falls and falls rate between May and December 2018 but this was not sustainable during January and February 2019. This shows seasonal variation which would be expected during the winter months and increased acuity of patients.

The increase in January and February was predominantly reported in the Directorate of Medicine/Older People's Medicine which was not unexpected due to the increase in admissions of the highest risk patients. In March 2019 there has been a reduction in falls Trust wide.

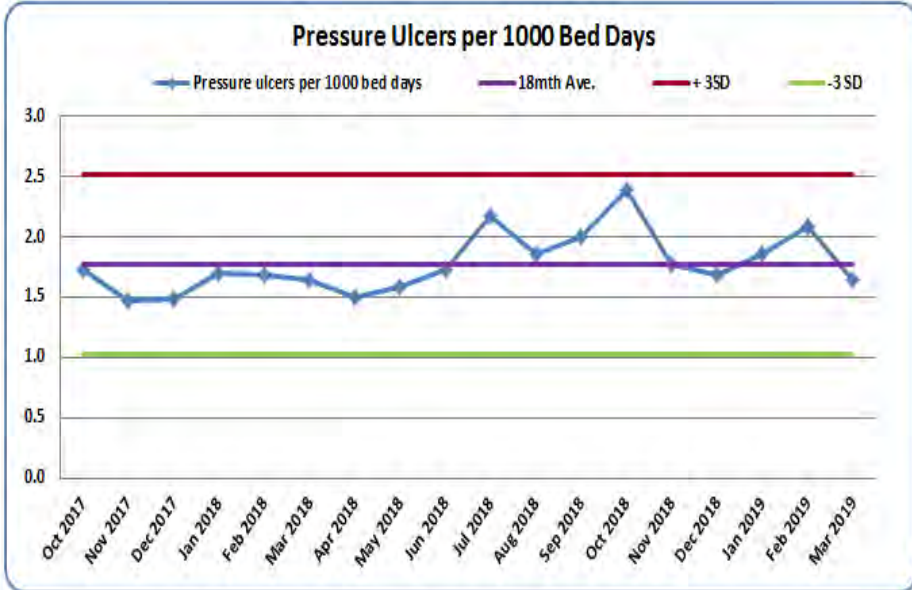
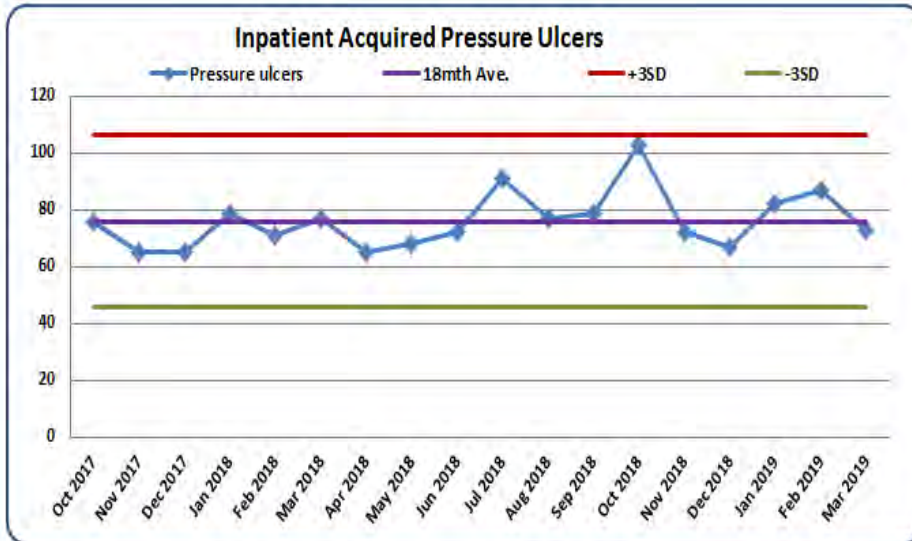




In March 2019 there were 2 falls graded as moderate or above; 1 fall was graded as moderate and 1 fall was graded as major. There were no falls reported graded as catastrophic. A total of 2 incidents graded as moderate or above is a reduction compared to February where there were 4 incidents.

The incident graded as moderate occurred in the Medicine/Older People's Medicine Directorate and was a fall that resulted in fractured ribs. The incident graded as major was a fall that resulted in a fractured neck of femur and occurred within the Neurosciences Directorate. Both incidents have been investigated using the Root Cause Analysis process and key learning points have been identified and action plans agreed for the individual ward teams.

The challenge of reducing serious harm from falls remains a priority but is also a challenge due to the increasing levels of frailty seen in the acute setting. The total reduction in falls has been most apparent in the falls incidents graded as insignificant or minor, which is still a positive outcome as these falls incidents are often the precursor to more serious falls.

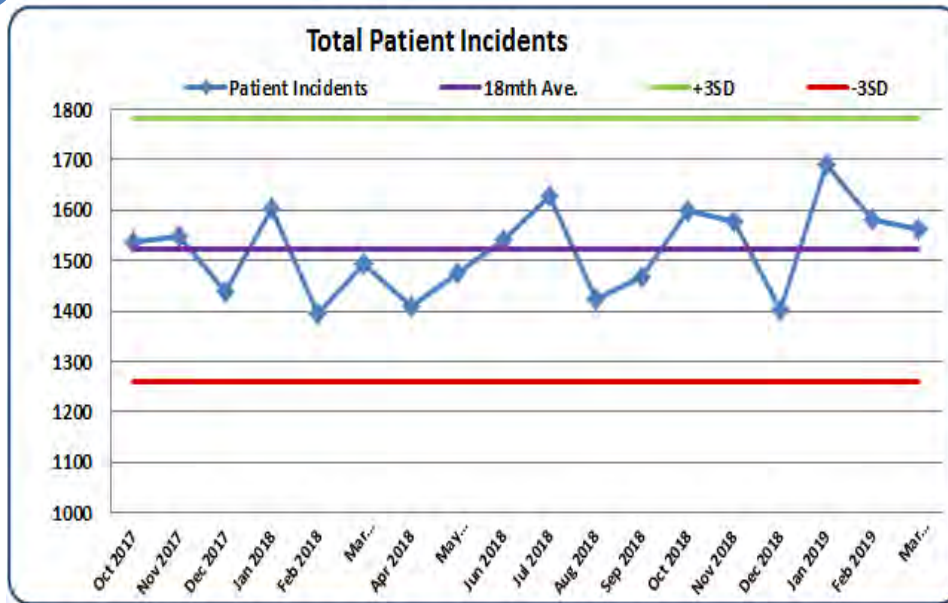


The incidence of Pressure Ulcer (PU) in acute care has reduced slightly this month to a total of 73 incidents (category II to category IV) which is below the average of 76 incidents per month. PU prevention remains a Quality Account priority for 2019/20 because a significant reduction has not yet been achieved. However, since October 2018 there has been a reduction in levels of variation which suggests that a change is in process.

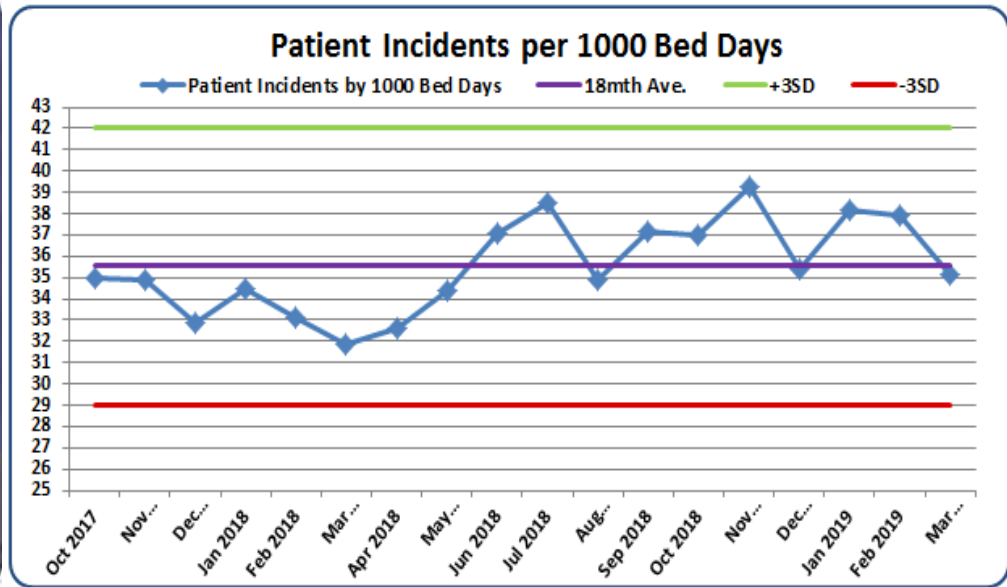
The highest incidence in terms of category of PU is still category II pressure damage. Out of the 73 incidents reported in March, 72 were category II and 1 was a category III PU. The category III PU has undergone a Root Cause Analysis (RCA) investigation and the key learning has been discussed with the ward team and an action plan has been developed. There were no category IV incidents reported in March 2019.

The aim for the Clinical Improvement Lead for Falls and PU is coordinating a joint approach to harm reduction from falls and PU. Currently the specialist teams do not have the capacity to target all of the areas that need support, or training and education around quality improvement methodology to reduce PU and falls. Work with local ward teams is therefore a crucial measure to ensure continued improvement.

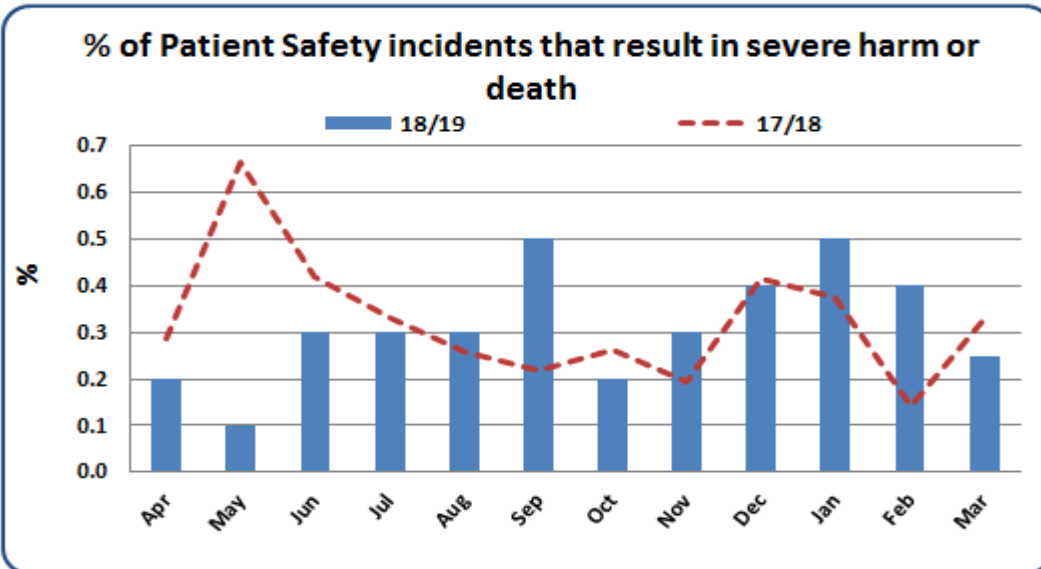
The priority remains to reduce hospital acquired pressure damage across the organisation and there are plans in place to review the current processes around skin inspection, assessment of risk and the way training and education is delivered. However, all of these initiatives require time to develop and additional resources are being scoped to be able to deliver this plan of improvement.



The total number of patient incidents reported this month is 1,561.

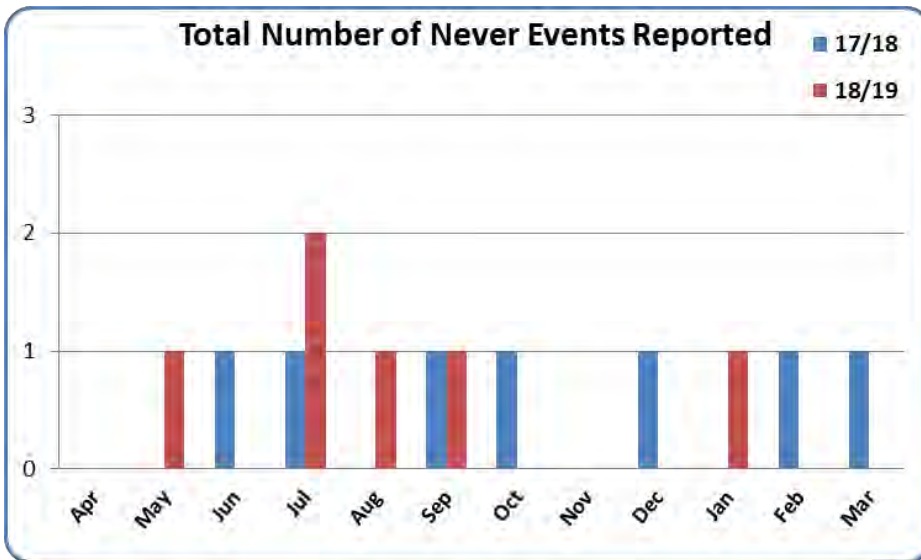


The incident reporting rate is 35.1 per 1000 bed days this month.



The percentage of incidents that resulted in severe harm or death in March 2019 is 0.3%. Nationally we report fewer incidents that result in severe harm or death than other similar providers.

This data is subject to change in future reports as severity grading is modified following investigation.



### Never Events

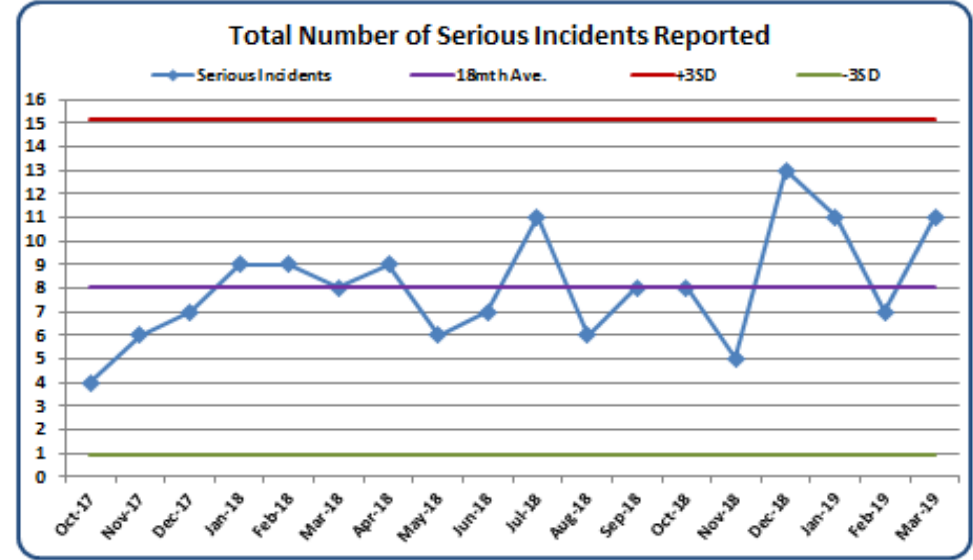
There were no Never Events reported in March.

\*Incidents involving babies are reported as SIs in line with the agreement of a regional 'trigger list' within the Northern Maternity Clinical Network group. This agreement is that all cases reported to the Royal College of Obstetrics & Gynaecology (RCOG) as fulfilling the criteria for the 'Each Baby Counts' national quality-improvement initiative should (by default) be notified as Serious Incidents, acknowledging the potential for de-escalation if it becomes clear during the investigation that there is good reason to do so.

The trigger list includes the following:

All babies at 37+0 weeks onwards with

- Intrapartum stillbirth
- Early neonatal death (i.e. at days 0-6 from any cause other than congenital anomalies)
- Severe brain injury diagnosed in the first 7 days of life, when the baby was diagnosed with grade III HIE, or was therapeutically cooled
- Has decreased ventral tone AND was comatose AND had seizures of any kind



### Serious Incidents (SIs) and Duty of Candour (DoC)

Duty of Candour applies to patient safety incidents that occur when providing care and treatment that results in moderate harm, severe harm or death. It is a statutory requirement for the Trust to be open and transparent ensuring that patients/ their families are informed about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences.

In March there were 11 cases reported as SIs. The Duty of Candour process was initiated in all but one case, as this was not applicable.

#### General

- Three Falls resulting in harm - DoC completed in one case and in progress in two cases.
- One pressure ulcer - DoC completed.
- One incorrect radiological investigation - DoC completed.
- Two surgical complication - DoC completed for one case and in progress for the other.
- One Medication Safety Incident - DoC completed.
- One Information Governance Incident - DoC not applicable.
- One delayed treatment - DoC in progress.
- One case reported under \*Each Baby Counts criteria - DoC in progress.

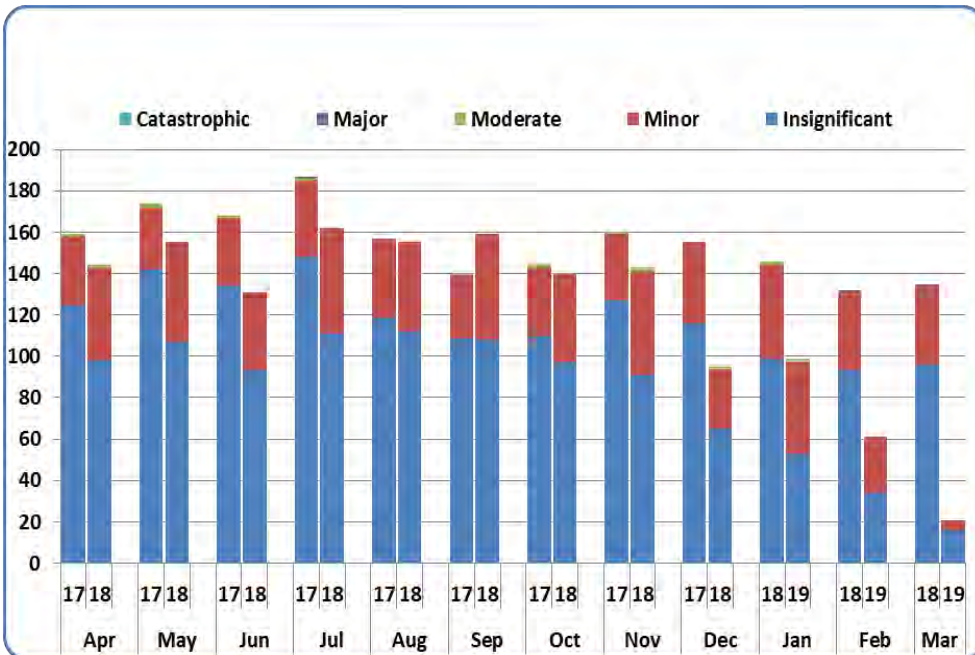
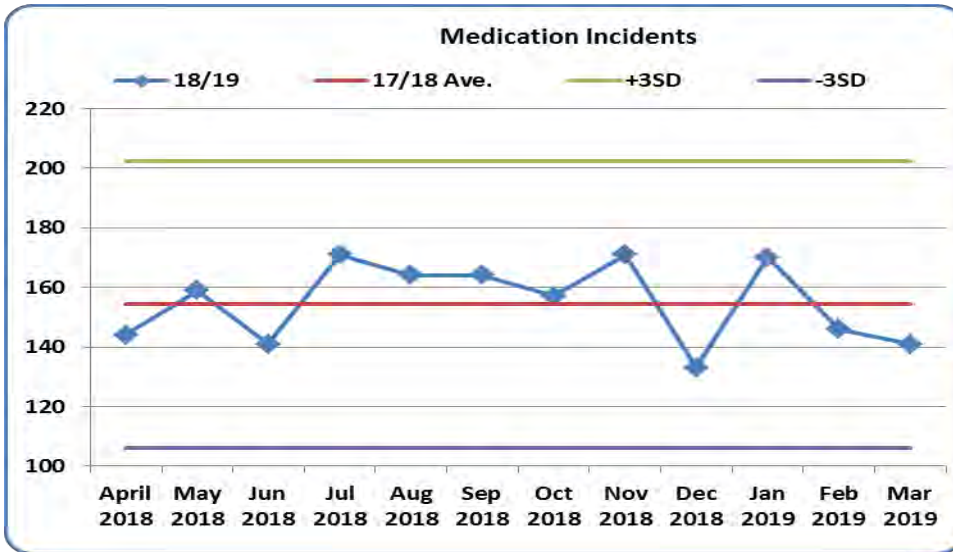


**Learning from PU SIs**

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

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

- Workload pressures may impact on the frequency of position changes and pressure relieving aids for heels are not always consistently used.
- Documentation can be improved; this includes documentation of skin assessment on arrival and transfers to wards and departments.
- Changes in condition may lead to an increased risk of pressure damage; this can happen very quickly in a deteriorating patient and staff need to be alert to this risk.
- Turning and repositioning of the patient must continue when patients visit diagnostic and interventional departments.



### Medication Incidents: Lessons Learned

#### Learning from incidents\* which have been fully investigated since the last report.

Since the last report there have been four incidents, which resulted in moderate harm.

Three incidents relate to the prevention of venous thromboembolism.

- 1) A patient did not receive adequate tinzaparin cover when their treatment rivaroxaban was suspended. One contributing factor was the addition of an incorrect stop date to the prescription on e-record.
- 2) Another patient was admitted for surgery but did not receive any tinzaparin during their hospital stay. They were readmitted three days later.
- 3) A third patient was to receive extended prophylaxis for 28 days post-surgery but this was omitted from the discharge prescription. Follow-up communication made with the GP once the error was detected. The patient was readmitted to hospital.

There has been one other incident which relates to primary care prescribing and a failure to communicate changes with the patient.

A GP changed the dose of a patient's anti-epileptic in line with guidance from the consultant. However the GP also prescribed a new drug which the patient thought was to replace the anti-epileptic. The patient was admitted for several days as a result.

The following learning was identified from these cases:

- New staff and bank staff must receive training on the use of the e-prescribing system and be advised where to seek help if required
- New protocols can take a while to embed into practice and continual staff education is required.
- Thromboprophylaxis is the responsibility of all members of the multi-disciplinary team
- Communication with GP surgeries should be clear and follow-up with patients may be required to ensure changes have been implemented correctly.

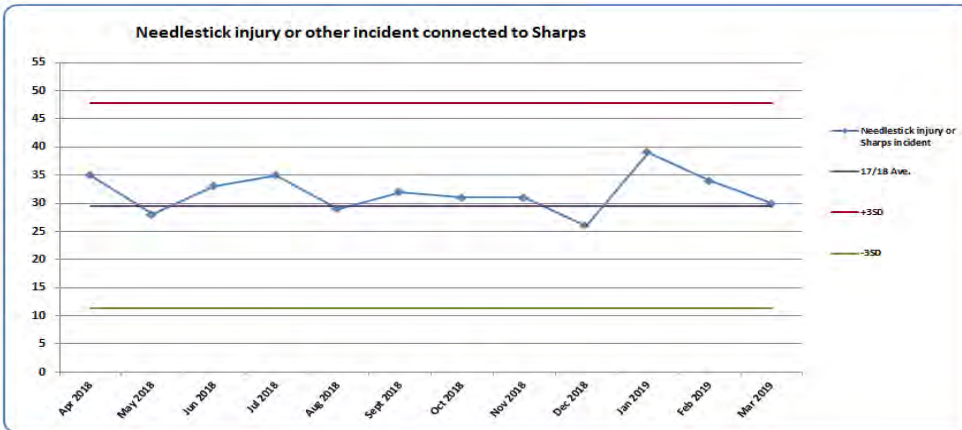
\* excludes Serious Incidents and Never Events.

## Overview covering the period April 2018 to 1<sup>st</sup> March 2019

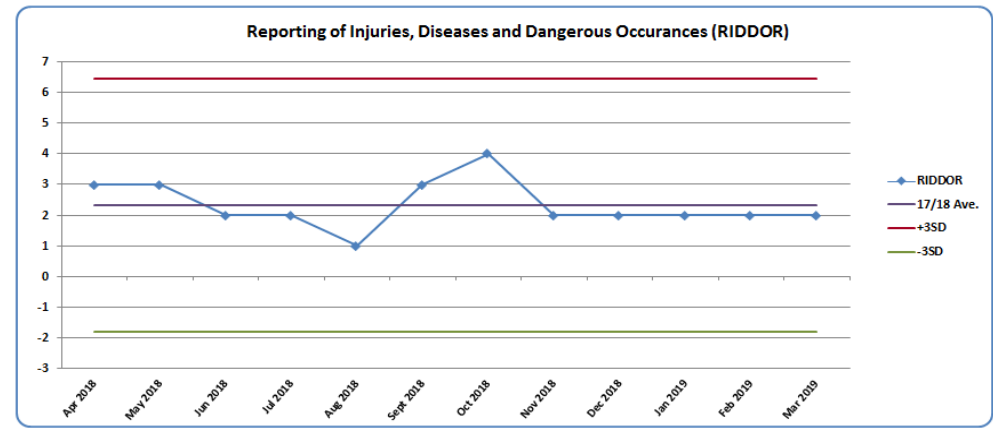
There are currently 2270 health and safety incidents recorded on the Datix system from the 1<sup>st</sup> April 2017 to 1st April 2019, this represents an overall rate per 1000 staff of 152.1. Patient Services reported the highest number of health and safety incidents over this period (353).

## Incidents of Aggression on Staff

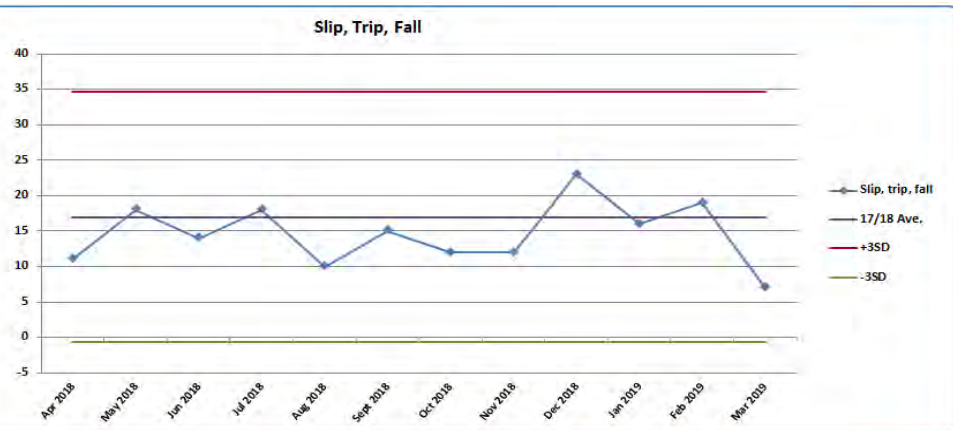
In addition to the health and safety incidents, there are 1423 incidents of physical and verbal aggression against staff by patients, visitors or relatives recorded on the Datix system from the 1<sup>st</sup> April 2017 to 1st April 2019, this represents an overall rate per 1000 staff of 95.3. Directorate rates per 1000 staff over this period for the highest reporting services of aggressive behaviour are Directorate of Medicine (395.1), Neurosciences (202.9), Community (172.4), MSU (153.2), Surgical Services (141.4), Urology and Renal (113.6) and Patient Services (106.7).



The average number of all sharps injuries monthly is 30.8 over the period April 2017 to April 2019 based on Datix reporting. 14.4% 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 April 2019 is 25.0.



The most common reasons for reporting accidents and incidents to the HSE over the period April 2017 to April 2019 include slips and falls (21), Physical Assault (6) and lifting and handling (11). These account for 70.9% of reportable accidents over the period.

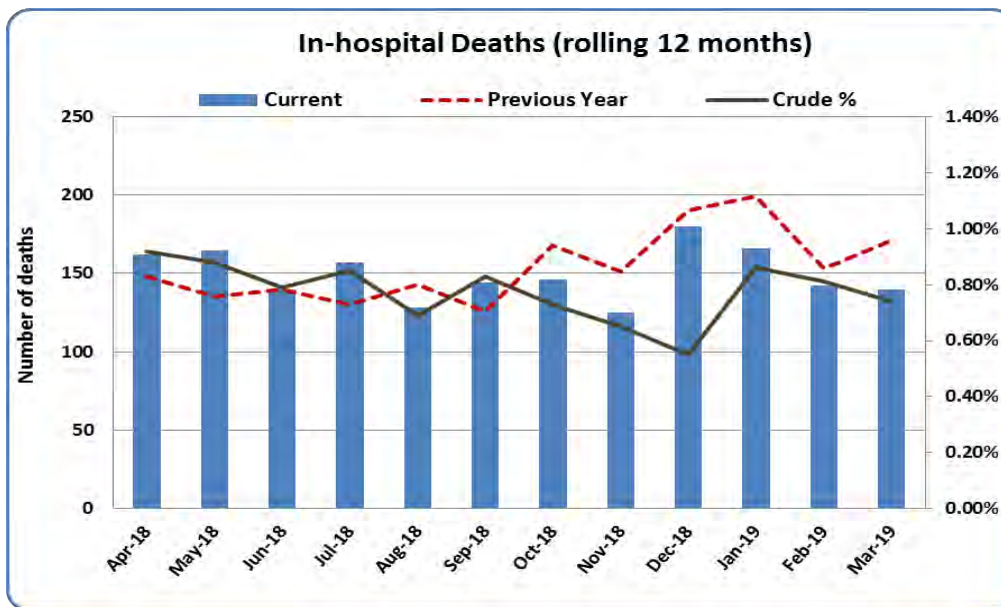


Slips on wet surface, fall on level ground and tripped over an object collectively account for 55.2 % of falls over the period April 2017 to April 2019. Fall as a result of a faint, fit or other similar event, collision with an object and falls from a chair account for 19.6% of the incidents recorded. 19.4% of the falls reported over the period April 2017 to April 2019 relate to visitors/members of the public. The Trust Policy and action plan relating to non-clinical falls contains a range of measures to prevent falls. Each department has a falls related risk assessment. Monitoring is undertaken by the health and safety team periodically and on identification of any areas on concern.

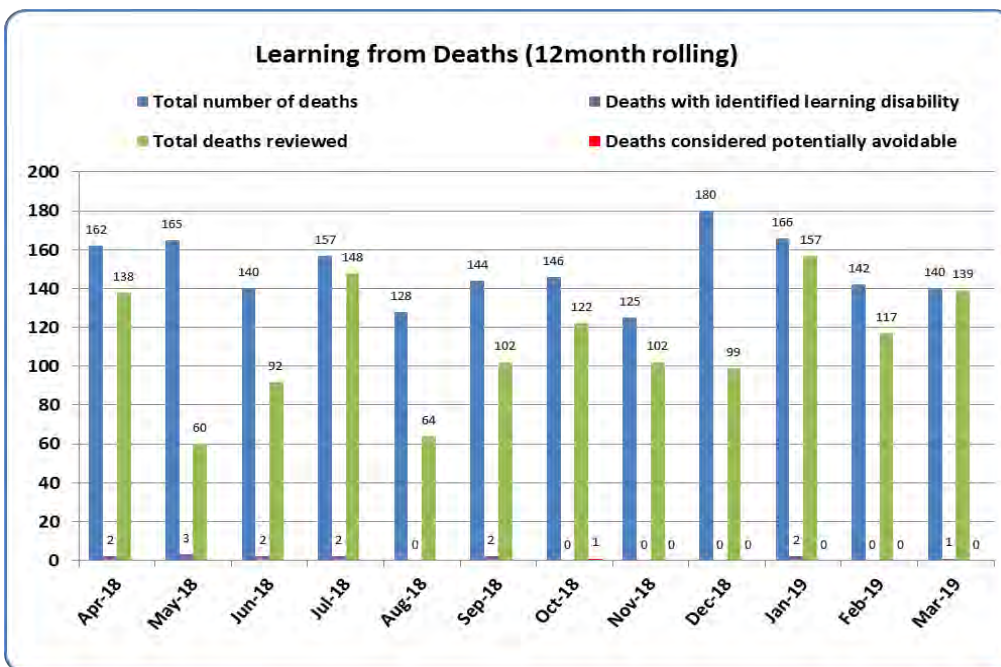


Audit / NCEPOD	Date of Release	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Bowel Audit	December 2018	<ul style="list-style-type: none"> <li>• Trust achieved 100% case ascertainment.</li> <li>• Achieved the best 2 year mortality rate in the North East despite being the regional and complex cancer centre with a 2 year mortality of 14.7% (14.4% adjusted).</li> <li>• Laparoscopic surgical rates were high at 79% of cases.</li> <li>• More than 94% had more than 12 lymph nodes reported following colonic resection (a marker of quality of surgery).</li> <li>• 90 day mortality rate of 3.2%.</li> <li>• Lowest abdomino-perineal excision of rectum rate (APER) in the North East despite dealing with more complex cancers.</li> </ul>	There were no areas identified.	Discussed at February 2019 Clinical Effectiveness, Audit and Guidelines Committee.

Audit / NCEPOD	Date of Release	Areas of Good Practice	Recommendations for improvement	Action Plan Developed
National Audit for Care at the End of Life (EoLC) in hospitals	February 2019	<ul style="list-style-type: none"> <li>• The Trust was above or equal to national average scores in all 8/9 Domains. The domains related to recognising the possibility of imminent death, communication with the dying person, communication with families and others, Involvement in decision-making, needs of families and others, Individual care plans, governance and workforce / Specialist Palliative care.</li> <li>• The Trust gained full marks in Governance – which includes Trust Board representation, policies, rapid discharge guidelines and a care plan to support the 5 priorities of care</li> <li>• The Trust gained full marks in workforce/specialist palliative care – which includes EoLC inclusion in Induction and Mandatory training, availability of communication skills training, education and Specialist Palliative Care Team availability.</li> </ul>	<ul style="list-style-type: none"> <li>• Part of the audit was a survey of bereaved relatives. The response rate both nationally and in Trust was poor. The Trust response rate was 5, therefore this was not valid and not given a score</li> </ul>	Discussed at March 2019 Clinical Effectiveness, Audit and Guidelines Committee.
National Prostate Cancer Audit	March 2019	<ul style="list-style-type: none"> <li>• The Trust performed better or equal to the national average in 12 performance indicators out of a possible 14. The 12 included:               <ul style="list-style-type: none"> <li>- Proportion of men with low risk localised prostate cancer undergoing radical prostate cancer therapy</li> <li>- Proportion of patients who had an emergency readmission within 90 days of radical prostatectomy</li> <li>- Proportion of patients experiencing at least one severe genitourinary (GU) complication within 2 years of radical prostatectomy</li> <li>- Proportion of patients experiencing at least one severe gastrointestinal (GI) complication within 2 years of radical external beam radiotherapy</li> <li>- Proportion of patients who were given the ‘right amount’ of information about their condition and treatment</li> <li>- Proportion of patients who were involved as much as they wanted to be in decisions about their treatment and care</li> <li>- Proportion of patients who were given the name of a clinical nurse specialist</li> <li>- Proportion of patients rating their overall care as eight or above</li> <li>- Mean urinary incontinence score after radical prostatectomy</li> <li>- Mean sexual function score after radical prostatectomy</li> <li>- Mean bowel function score after radical external beam radiotherapy</li> <li>- Mean sexual function score after radical external beam radiotherapy.</li> </ul> </li> </ul>	Whilst the Trust is not an outlier: <ul style="list-style-type: none"> <li>• 22% of Trust patients present with metastatic cancer in comparison with national average of 16%.</li> <li>• The Trust offers 59% of patient’s local radical treatment for locally advanced disease in comparison to national average of 67%.</li> </ul>	Discussed at March 2019 Clinical Effectiveness, Audit and Guidelines Committee.



In total there were 140 deaths reported in March 19 which is lower than the amount of deaths reported 12 months previously (n=142).

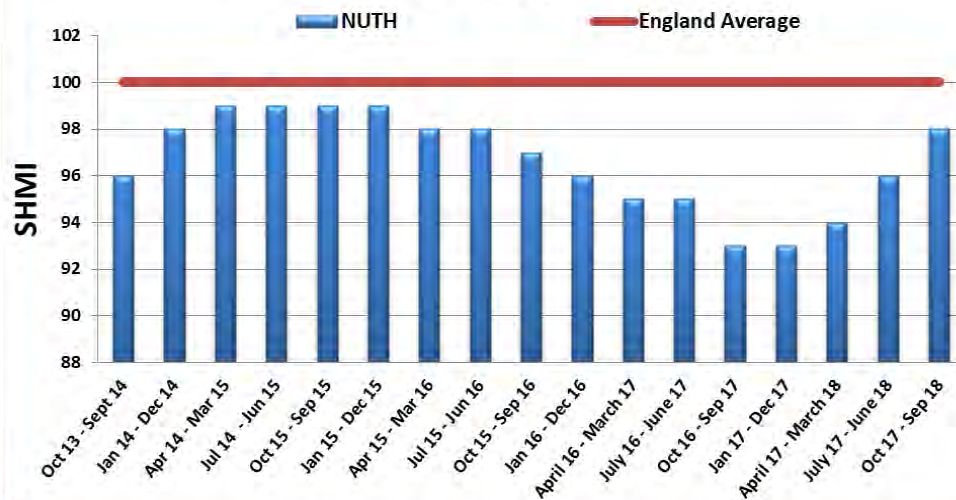


The data opposite shows the total number of all inpatient deaths, total number of reviews recorded into the mortality database from M&M meetings as well as deaths identified with a learning disability for the past 12 months.

In March 2019, 140 deaths were recorded within the Trust and 139 patients received a full in-depth review. The variation between monthly reviews can be explained by some specialities reviewing deaths bi-monthly or quarterly.

One patient was identified as having a learning disability and no deaths were recorded as being potentially avoidable  $\geq$ HOGAN 5.

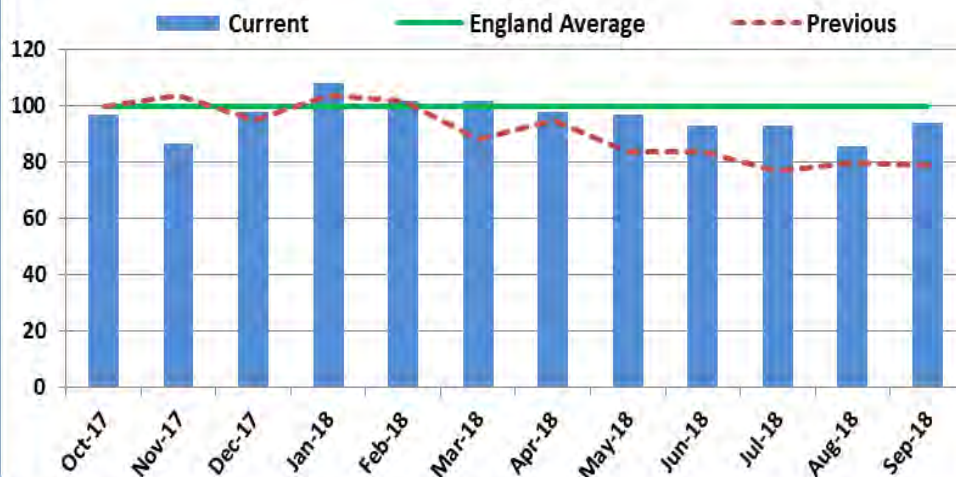
**SHMI for Newcastle upon Tyne Hospitals (NUTH) Foundation Trust vs National Average for England**



### Summary-level Hospital Mortality Indicator (SHMI)

The most recent published SHMI results show that the Trust has scored 98 for the months Oct 2017 - Sep 2018 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**



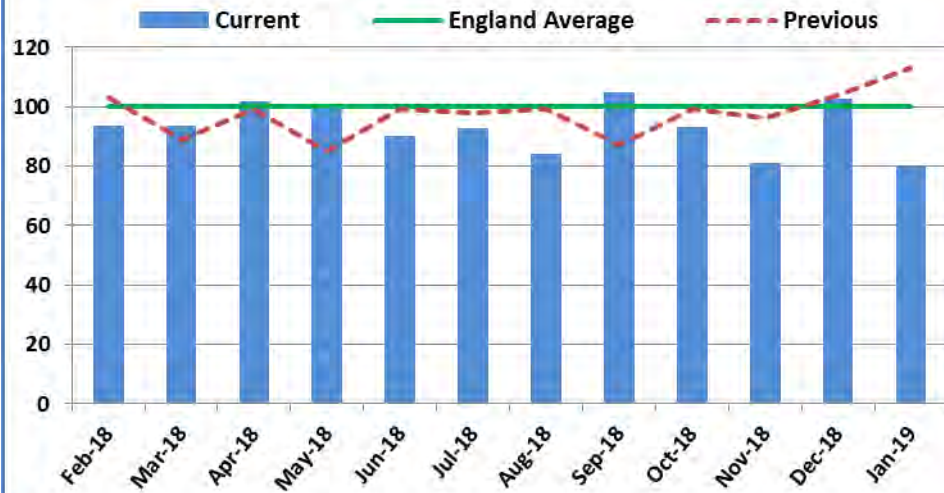
### Summary-level Hospital Mortality Indicator (SHMI) by month

The latest SHMI result in Sep18 of 94 is slightly higher than the previous month, however still lower than the national average, this may change as the percentage of discharges coded increases.

SHMI rates will continue to be closely monitored.



### HSMR for Newcastle upon Tyne Hospitals vs National Average



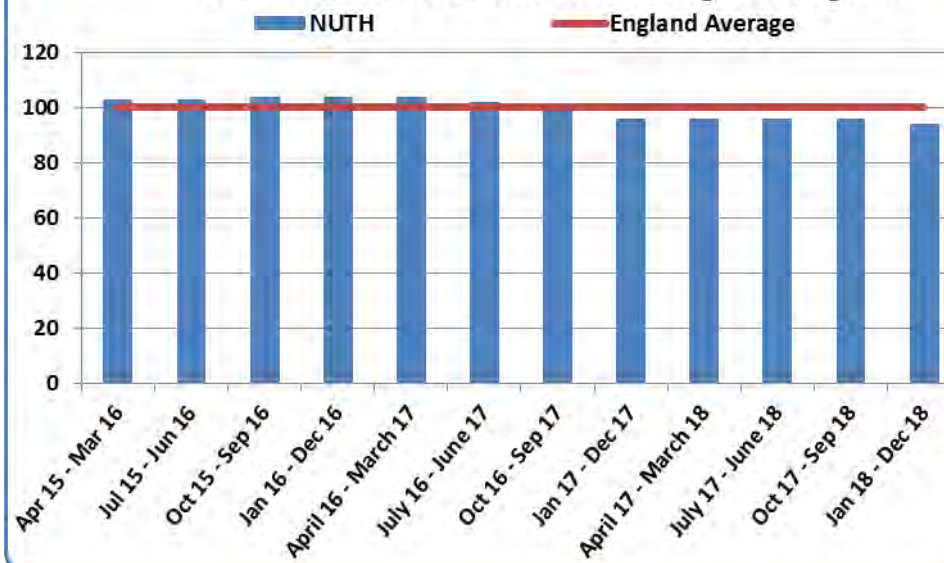
### Hospital Standardised Mortality Ratio (HSMR)

The graph to the left shows HSMR by month, which for Jan 2019 is lower than the national average, however continues to be within expected limits. However, this number may rise slightly as the percentage of discharges coded increases.

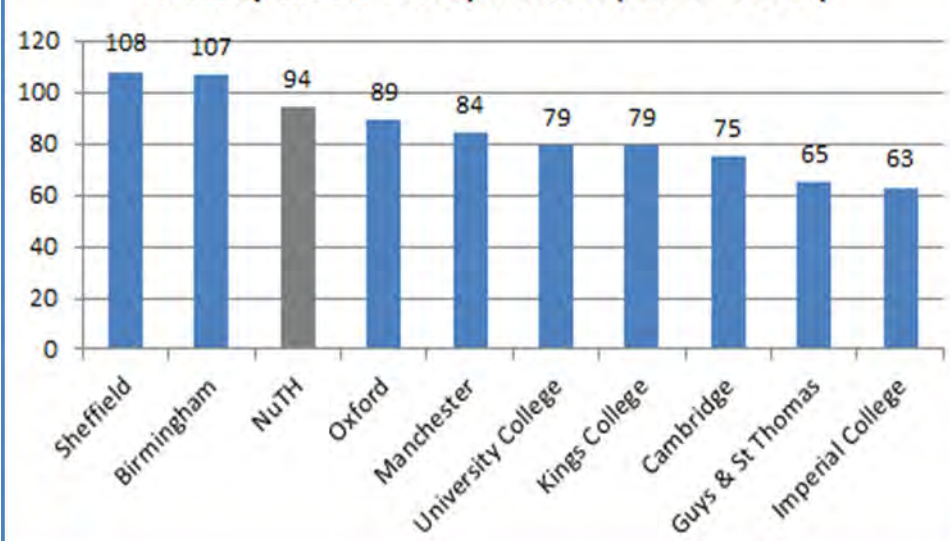
The graph below, left, shows a 12 month rolling HSMR score by quarter. The most recently available quarterly data shows a score below the national average. All scores are 'as expected'.

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



### HSMR by Shelford Group Member (Jan 18 - Dec 18)



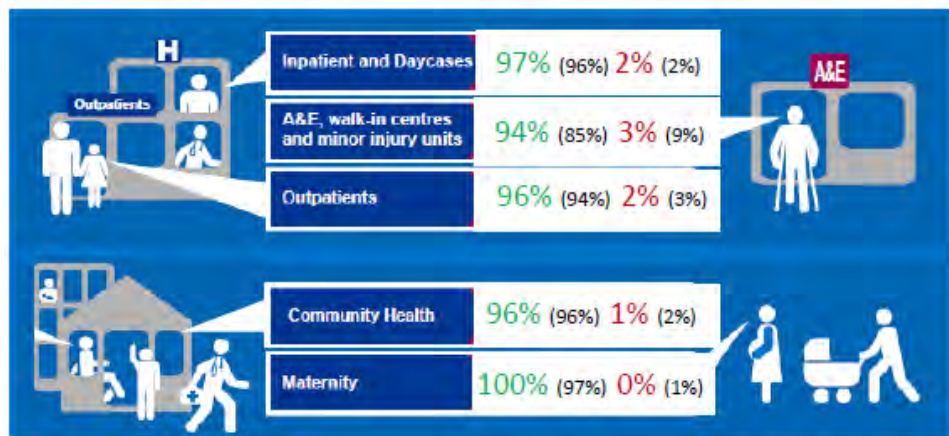


The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

## The NHS Friends and Family Test

Take 2 minutes ... See how we did in February 2019

We got 4,203 responses to the Friends and Family Test in February 2019. 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. (National results are shown in brackets in black font.)



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

Thank you

Healthcare at its very best - with a personal touch

### Summary for February 19 (compared to Jan 19 **worse/better/same**):

Area	Recommendation rate	National rate
Inpatients	97% (0%)	96%
ED	94% (0%)	85%
Outpatients	96% (0%)	94%
Community	96% (+2%)	96%
Maternity (birth)	100% (+2%)	97%

#### Points of note:

The total number of responses overall was 4,203 in February compared to 4,285 in January.

**Inpatients:** A response rate of 11.4% was achieved in February which has decreased from 14.2% 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 over three years.

**Emergency Department:** The results from 218 patients give us 94% recommendation rate for the Emergency Department. The Walk-in centres and Eye ED contribute to this performance. The response rate has increased slightly from 1.2% in January 2019 to 1.3% in February but this is still a very small proportion of attendees to the Emergency Department.

**Outpatients:** This month there were 2,036 responses which is a good increase from the 1,456 responses in January. The recommendation rate has stayed the same at 96% and compares well the national rate of 94%

**Community Services:** The number of responses has dropped from 124 in January to 68 in February and as usual the largest contributor in the Community in the Community Response and Rehabilitation Team (CRRT). Community recommendation rate increased to 96% this month.

**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 100% was received in relation to 'birth' services from 22% response rate and 98% in relation to the 'Postnatal ward' question from 113 responses. However a score was not provided for question 1 (no responses) or Q4 (no responses). The Trust only needs to get 5 responses or more for these questions in order for a recommendation rate to be published.

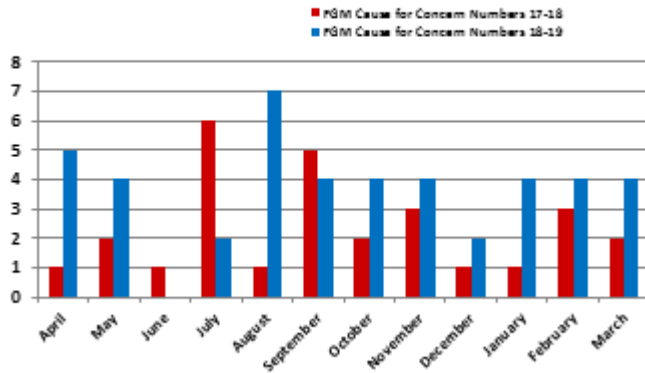
**For information** - NHS England has been carrying out a review of the Friends and Family Test across the country, with a view to publishing refreshed FFT Guidance by end April 2019. This may impact on the actual FFT question and methodology and a timetable for implementation will be included in the new guidance..

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

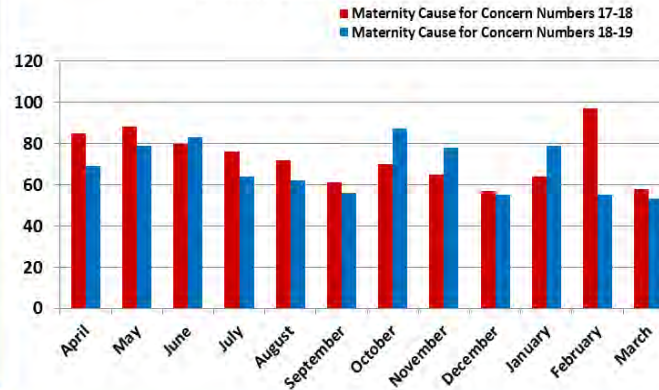
<http://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/>



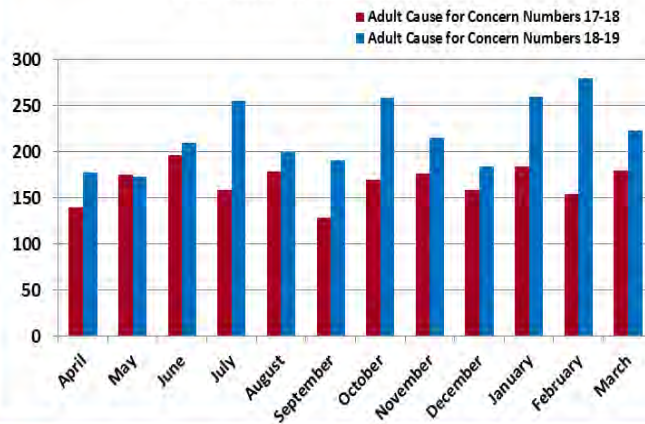
**Female Genital Mutilation Cause for Concern Numbers**



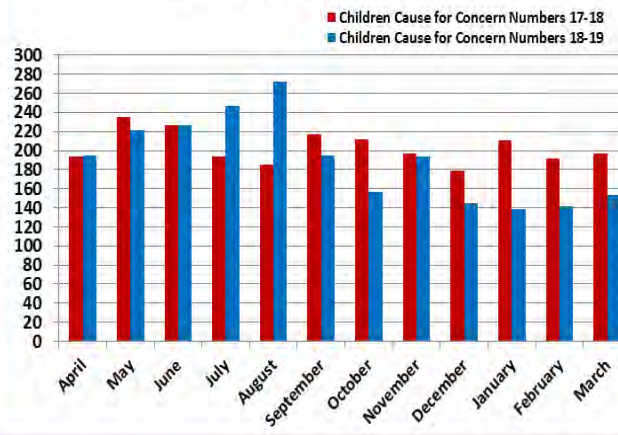
**Maternity Cause for Concern Numbers**



**Adult Cause for Concern Numbers**



**Children Cause for Concern Numbers**



## Safeguarding

Safeguarding activity for Quarter 4 in 2018/2019 evidences 1341 “Cause for Concerns” (CFC) / referrals across the safeguarding teams; 130 case discussions in the MASH by the Children’s Nurse Advisor’s; 288 deprivation of liberty safeguards (DoLS) applications and 464 contacts with the LD team for advice and support.

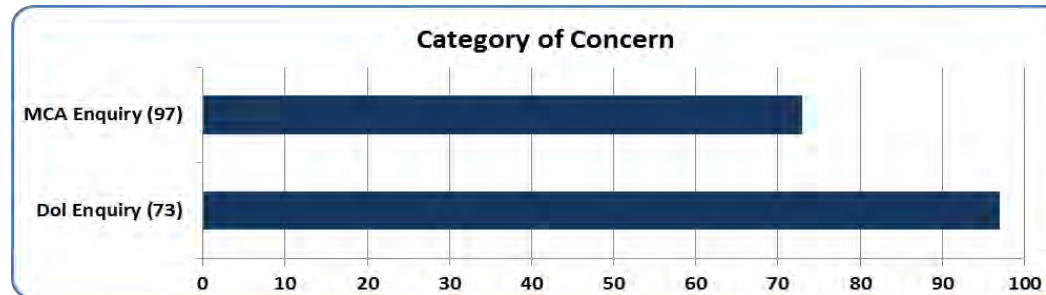
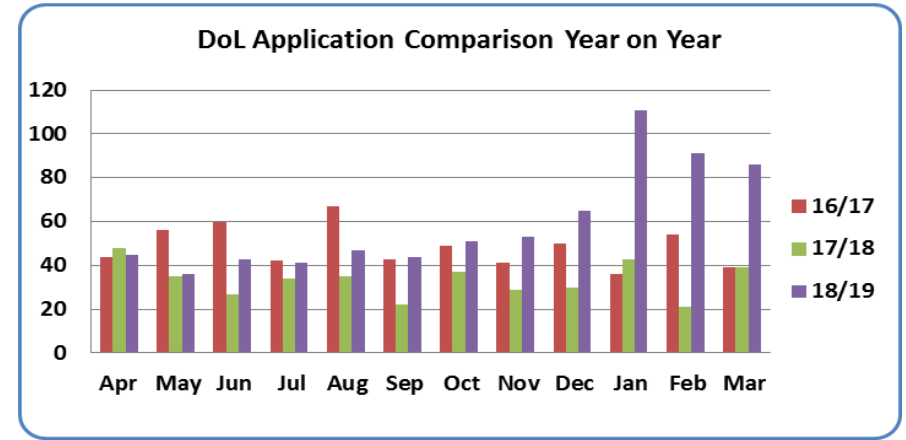
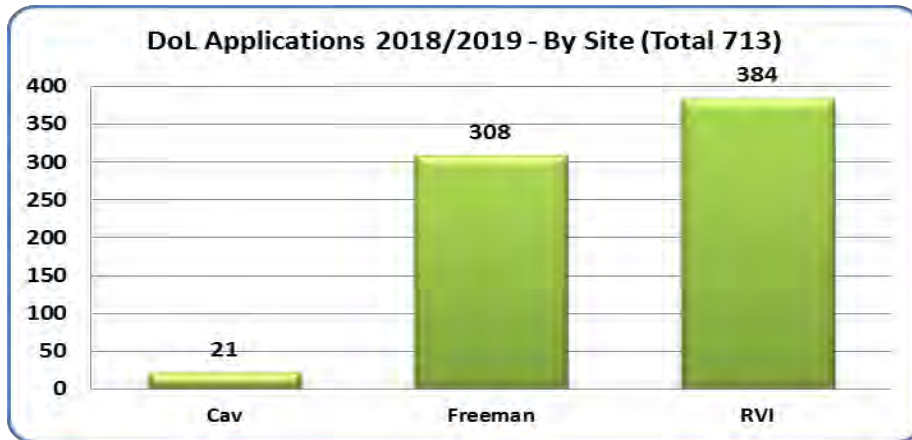
The Trust’s safeguarding teams continue to deliver a high quality service that serves to promote the safety and well-being of adults at risk and vulnerable children. They are extremely responsive to staff, providing advice and support to meet the demands of a motivated and vigilant workforce. The teams respond to national guidance to improve practice developments, undertake significant work to review processes to provide assurance processes are robust and identify areas for development. The work of the safeguarding teams continues to increase in relation to case numbers, complexity, training expectations and the need to provide assurance; there are a number of risks they are working to mitigate.

The total number of Deprivation of Liberty Safeguards (DoLS) applications is 713 which evidences the impact of the efforts made by the MCA/DoLS Lead and Safeguarding Team to increase staff confidence in completing DoLS applications and awareness of the statutory requirement for doing so. This is a 78% increase on the DoLS applications for 2018/18 and is the highest number of applications made in a single year by the Trust.

Total 17/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total 18/19
400	124	132	169	288	713

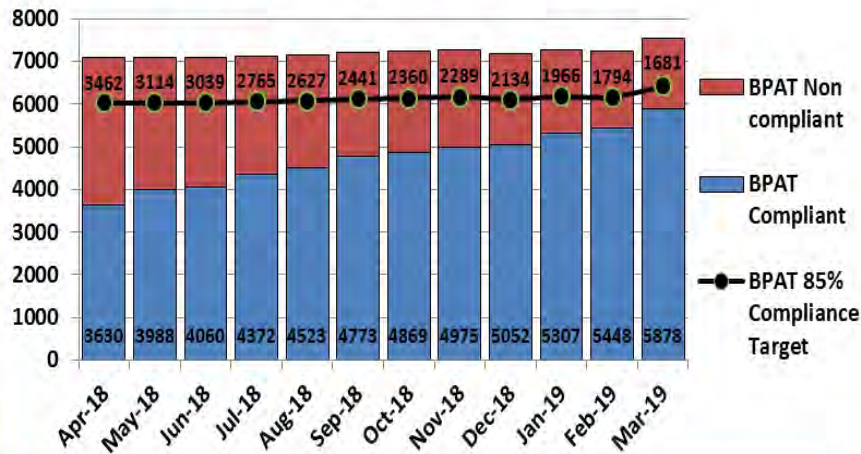
The increase in applications started in Quarter 3 and continued to rise in Quarter 4. Although the number of DoLS applications is expected to plateau, a decline in total numbers is not anticipated. The number of

applications for 18/19 has averaged approx. 60 per month and this will be the target that the team will strive to maintain / improve on during 2019/2020. This has resulted in a demonstrable increase in workload for the MCA/DoLS Lead, safeguarding Adults Team and the Safeguarding Admin Team. The completion of the documentation is completed by ward staff but the processing and monitoring of the DoLS is managed within the safeguarding teams. Every single application is administratively intensive and also requires a CQC notification when the outcome of the application is known. The DoLS flowchart remains under review. Training sessions for MCA / DoLS will continue to be provided as will ward based support from the MCA/DoLS Lead to ensure momentum is not lost.





### BPAT Training Compliance 2018-2019



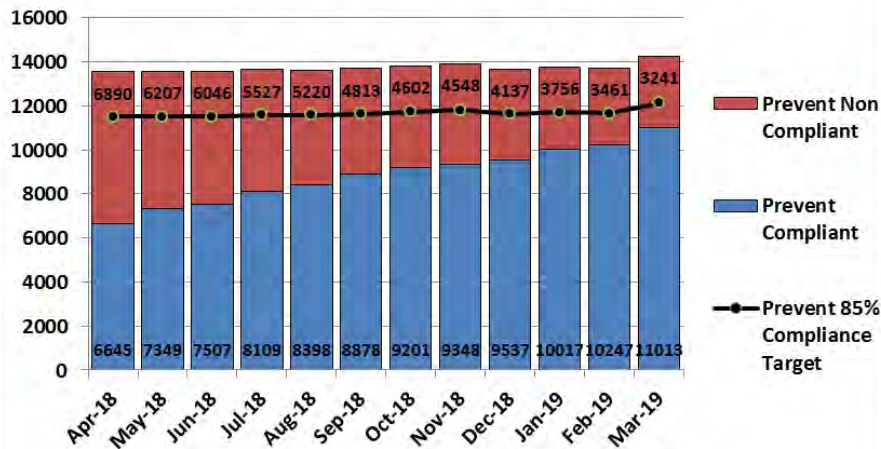
### Prevent training

At the end of March the preliminary Prevent training compliance has been reported as 77.26% which is a significant improvement from 40% at the end of March 2018. The training data has been provided by the 03 April 2019 to comply with end of year requirements for reporting purposes. However, this does not enable ESR to update re staff who are on long term sickness absence or maternity leave. This is a challenge when data is dependent on information from multiple systems. It is anticipated that when a more refined report is available and extracts LTS, the overall Prevent compliance may increase.

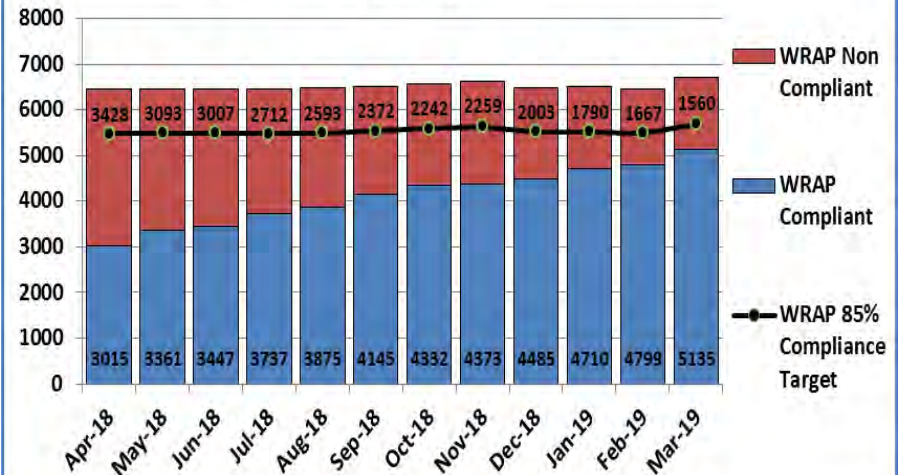
Despite this, the Trust's compliance rate is still short of the 85% target defined by NHS England. The Trust is 1 of 12 in the Northern region that is being classed as an outlier regarding the low Prevent compliance therefore every effort is being made to encourage the uptake of training.

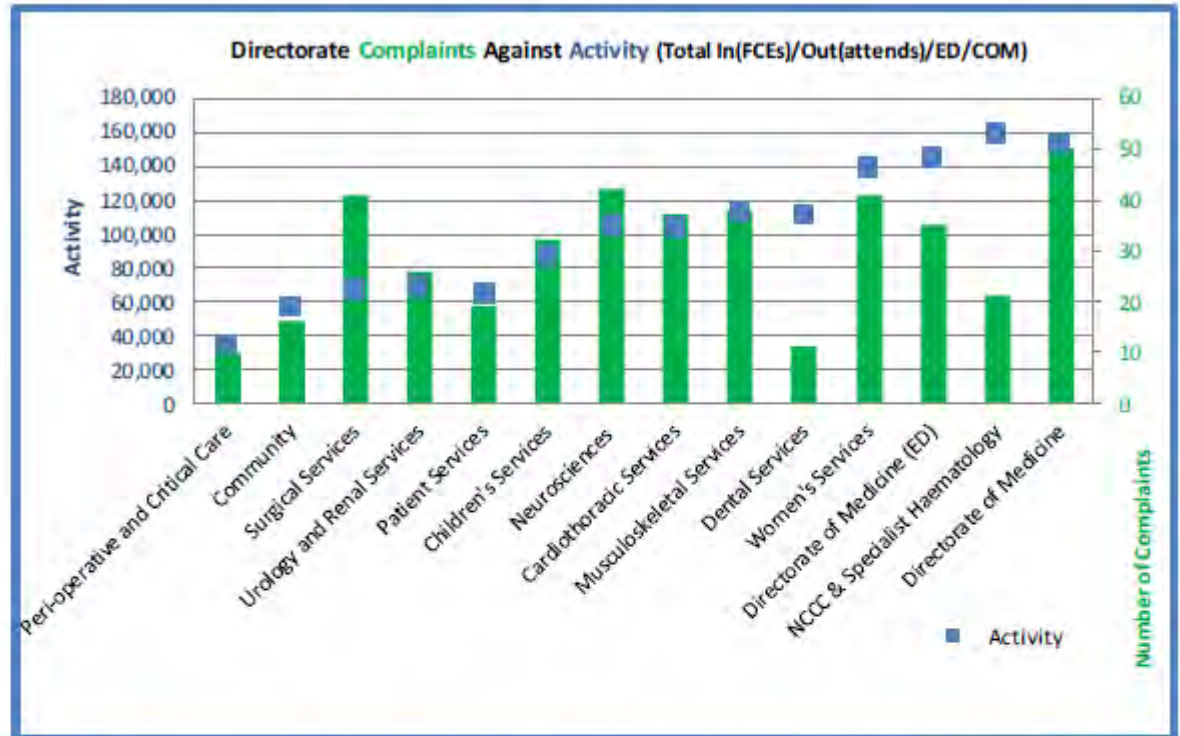
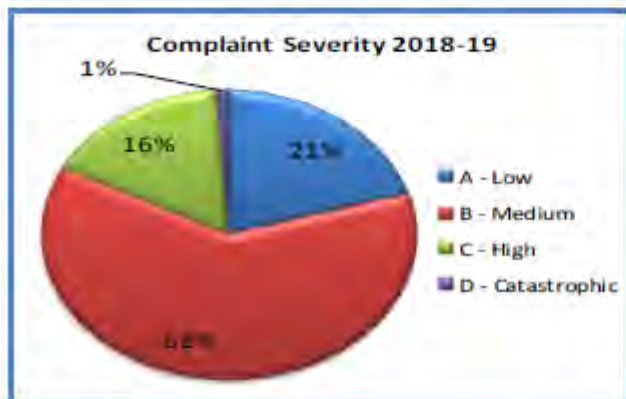
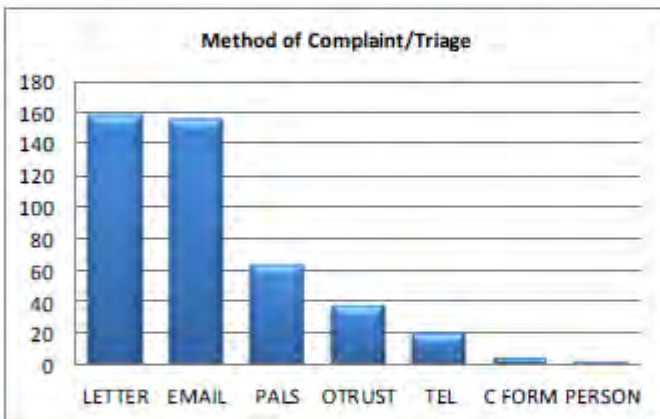
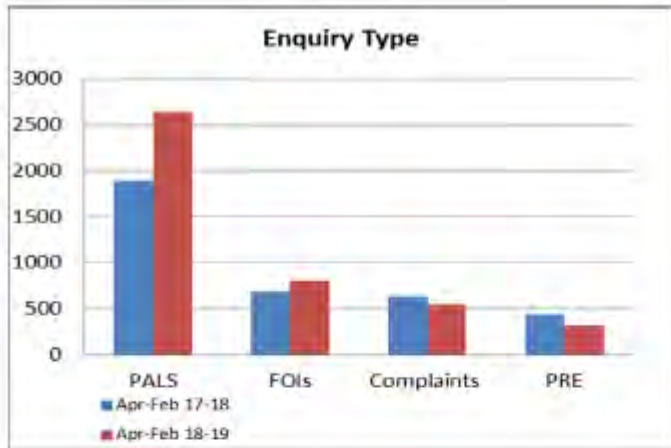
Up to 1100 more staff need to complete Prevent training to meet the target. This can be done via eLearning or face to face training. Additional dates are being arranged for quarter 1 on both Freeman and RVI sites.

### Prevent Training Compliance 2018-2019



### WRAP Training Compliance 2018-2019





There are a total of 485 complaints opened year to date in comparison to 561 last year (76 fewer complaints vs same time last year).

This is a significant improvement and reflects high levels of patient satisfaction with the services provided.

All aspects of clinical treatment remains the most common category of complaint, which include Nursing and Medical care issues, issues relating to infections, medication, falls and progression of care.



## Monthly Complaints Panel Feedback – April 2019

What are patients telling us that we could do better?

What can we change as a result?

### Misleading Information

The Trust has received several complaints from patients who have felt they were misled when they have been informed of waiting times and follow up appointments.

- Patient letters have clearly have stated to expect an appointment within six weeks and this has not happened
- Clinical staff stating that they would be in contact in three months to arrange next appointment , however no contact has been made
- Patient contacts a Consultant's secretary who advises that the message will be passed on and someone 'will get back to you'. The patient has then expected a call the same day or soon afterwards but received no contact for several weeks.
- Follow up procedures recommended for six months, however patient had no appointment allocated 9 months later
- Discharge letter clearly stated a follow up appointment will be made, but patient has received no further contact from the Trust

These instances can lead to anxiety, concern, disappointment and a feeling of being forgotten by patients and their families.

Could all staff please reflect on these examples and consider how information sharing could be improved in their areas of work.

### Complaint Training

The complaints panel have identified that complaints investigations , complaints responses, completion and follow up of action plans can be variable and of a different quality across the Trust. The panel are looking into a variety of opportunities to deliver training and would very much welcome your input:

- Are you aware of how your directorate investigates a complaint?
- What kind of training would you find useful in your directorate?
- Do you feel you have the right skills to investigate a complaint?
- Do you feel you have the right skills to write a complaint response?
- Do you feel supported during the complaint process
- How could we do things differently?

Please contact [Rachel.Smith2@nuth.nhs.uk](mailto:Rachel.Smith2@nuth.nhs.uk) if you are willing to offer feedback or share your experiences with colleagues.

Providers of NHS healthcare are required to publish a Quality Account each year (Health Act 2009). NHS Improvement also requires all NHS Foundation Trusts to produce a Quality Report as part of their Annual Report. The required content is developed as one and changed to suit the requirements of each document. The 2018/19 Quality Account/Report is in early stages of production with the following having taken place or in progress:

- Patient and Public Consultation event (January 2019) Overview & Scrutiny Committee (OSC)/CCG/Governors/Healthwatch/Volunteers).
- Presentations to outside agencies:
  - Northumbria OSC March 2019.
  - Newcastle OSC/ CCG & APEX May 2019.
- All data & 2018/19 priority updates requested for submission by April 3rd 2019.
- 2019/20 Quality Priority work streams agreed.
- Quality Report (first draft) to be ready for Trust external auditor by April 23rd 2019 (updated reports to be submitted until all final and validated data received) - final document submitted to Monitor May 31st.
- Indicators for assurance by external auditors include mandatory indicators which are (1) A&E four hour wait (2) 62 day cancer wait and (3) one local indicator which is SHMI.
- Quality Account to be published i.e. submitted to Department of Health, NHS Choices website and NuTH website by June 28th 2019.



## Quality Priorities

### Patient Safety

- Reducing Infection
- Pressure Ulcer Reduction
- Management of Abnormal Results

### Clinical Effectiveness

- Alignment of Quality & Clinical Effectiveness – SAMM (Systems for Action Management and Monitoring)
- Enhancing capability in QI

### Patient Experience

- Deciding Right
- Implementation of “Treat as one”
- Ensure reasonable adjustments are made for patients with suspected or known Learning Disability

**SAMM - System for Action Management & Monitoring**

There is a drive to establish a robust system to ensure action plans identified through internal and external accreditations/reviews are monitored, prioritised, reviewed and completed within given timescales. All actions were captured in a variety of different formats and not available centrally in order to allow prioritisation and discussion.

SAMM will be an centralised IT system that will provide support for directorates in implementing action plans and provide enhanced governance.

To date, the following steps have been undertaken:

- Key meetings with all directorate management teams to discuss SAMM and its benefits.
- Individual directorate profiles have been mapped out (looking at key requirements within in each area).
- Commenced a horizon scanning exercise in order to see if there is a suitable IT system that can provide what is required.
- Key meetings with the Trust IT development team, in order to discuss the project and if there is another IT system that is Trust supported and suitable to the requirements of the project.
- Process mapped and proposed a process that will enable action plans to be recorded/monitored/prioritised/alerted/reviewed/completed.
- Establishment of the Trusts multi-disciplinary SAMM Task and Finish group. This group is made up of key individuals who have a particular interest, knowledge or influence. The group has key involvement in the design/functionality processes of SAMM, as well as reviewing and supporting during the pilot and final roll out phases.
- Pilot directorates in place ready to test SAMM.

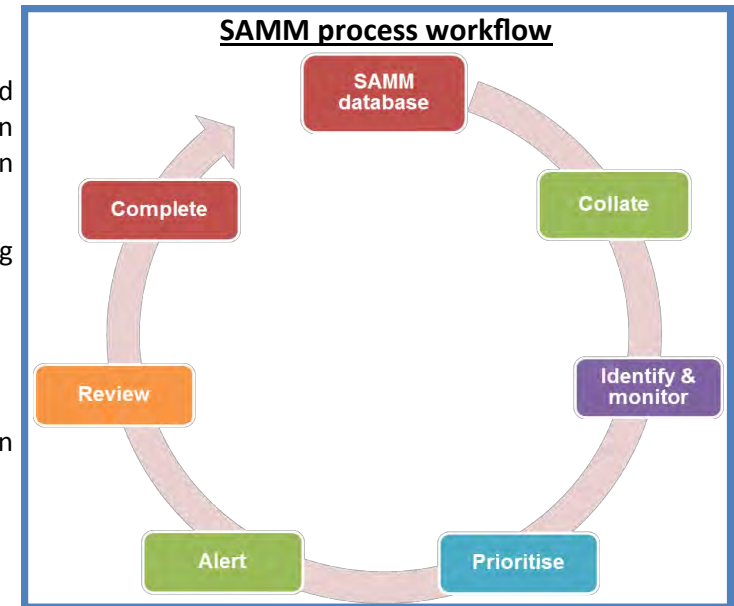
**2019/2020 plan**

**Create-** An IT system will be built or sourced that encompasses the scope of the project and has the functionality that is required. SAMM will incorporate a reporting function that will enable monitoring reports and dashboards to be produced at both directorate and corporate levels. This will ensure that key themes and trends are identified in order to allow prioritisation.

**Communication plan/consultation** - SAMM Task and Finish Group monthly meetings who will meet to discuss the design/functionality of SAMM and support its roll out Trust wide.

**Test & Refine** - Once a IT system has been sourced, the plan will be to test SAMM in a number of pilot directorates. This will involve staff training for end users. Evaluating SAMM over time, and refine the system if required.

**Plan roll out Trust wide** - Once SAMM is established and embedded in pilot directorates, we plan to roll out Trust-wide.



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### COUNCIL OF GOVERNORS

Date of meeting	16 <sup>th</sup> May 2019		
Title	2018/19 Month 12 Financial Report		
Report of	Angela Dragone, Finance Director		
Prepared by	Finance Department		
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 12.		
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	N/a		
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: Detailed within the report.		
Reports previously considered by	Standing agenda item.		

## 2018/19 MONTH 12 FINANCIAL REPORT

### 1. INTRODUCTION

This paper summarises the financial position of the Trust for the period ending 31<sup>st</sup> March 2019.

### 2. CONSOLIDATED RESULTS

The Trust will report a surplus of £24.3 million in its final accounts.

As the Trust met its Financial Control Total (which was break-even), the Trust received an initial £12.9 million Provider Sustainability Funding (PSF), followed by a further £11.3 million allocated by NHS Improvement, and this resulted in a reported surplus to £24.3 million. In the absence of PSF the Trust's surplus would be £127k (before impairments).

**Table 1: Key Financial Performance Indicators - Overall Financial Position**

	Annual Plan £'000	Month 12 Actual £'000	Month 12 Variance £'000
Income	1,047,519	1,087,090	39,570
Expenditure	1,036,100	1,067,866	31,766
I&E Position (including PSF)	11,419	19,224	7,804
<b>I&amp;E Position (before impairment)</b>	12,946	24,334	11,387
<b>I&amp;E Position (excluding PSF &amp; Impairment)</b>	0	127	127
Closing Cash	100,760	94,724	(6,036)
Capital Programme	32,128	34,829	2,701

### 3. KEY ISSUES

Key issues to note are:

- i) Operating income for the period ending 31<sup>st</sup> March 2019 is £1,087.1 million £39.6 million ahead of Plan.
- ii) Total operating expenditure for the period to Month 12 is £1,067.9 million, £31.8 million more than Plan.



Agenda item 10

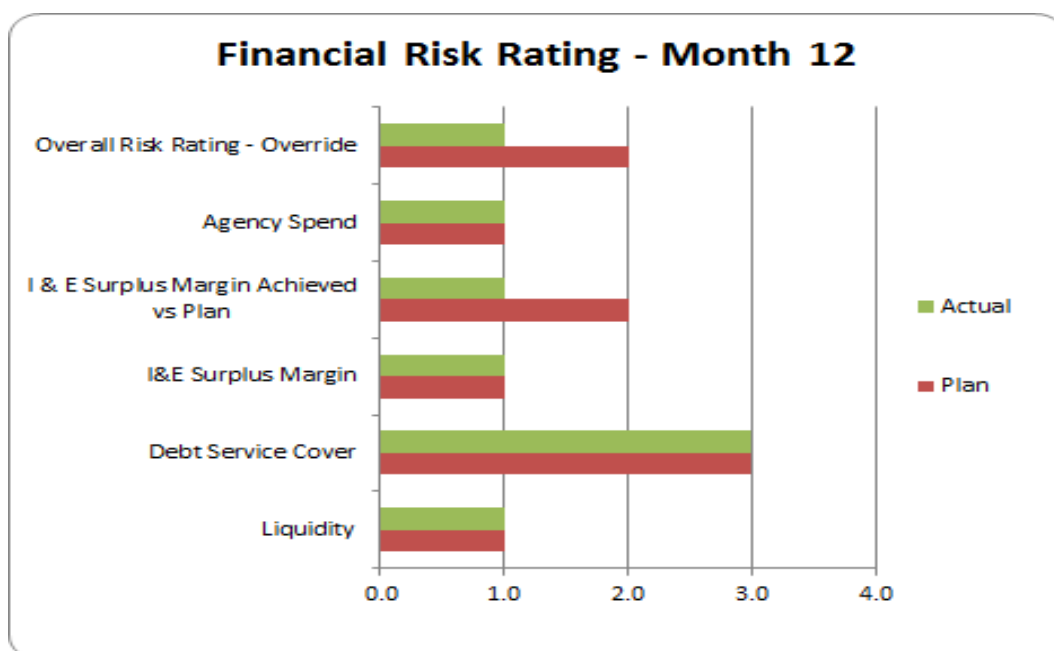
- iii) The cost efficiency requirement for 2018/19 was £30.1 million and this was fully delivered. However, as in 2017/18, some of this efficiency was delivered on a non-recurrent basis resulting in a shortfall of £5.8 million carried forward to 2019/20.
- iv) Capital expenditure totalled £34.8 million. Capital expenditure was primarily for the replacement of medical equipment, including a replacement MRI scanner and a further two linear accelerators, backlog maintenance and IT and Estate infrastructure.
- v) The Cash balance is healthy and higher than anticipated in Plan.

**4. FINANCIAL RISK RATING**

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

The metrics consolidate into a single Risk Rating which rates an organisation on a scale of 1 to 4, where ‘1’ reflects a low Financial Risk and ‘4’ reflects a Trust with high financial risk.

Based on these metrics the Trust would attain an overall Risk Rating of ‘1’ which is a strong outcome. The profile is as follows:-



**5. MCKINSEY AND COMPANY**

The Trust’s engagement with McKinsey has continued to support the development of initiatives to assist in the delivery of the challenging £32 million efficiency requirement in 2019/20. A significant number of initiatives have now progressed to having detailed plans

and it is anticipated that implementation will commence for these initiatives in the coming weeks.

The Trust is also working to deliver on a series of previously identified efficiency opportunities and there are wider cross-Directorate workgroups being established to ensure co-ordination and avoid duplication of effort.

## **6. RECOMMENDATIONS**

To receive the overall financial position for the period up to 31<sup>st</sup> March 2019.

**Report of Mrs Angela Dragone**  
**Finance Director**  
**9<sup>th</sup> May 2019**

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